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THE LOCAL HEALTH DEPARTMENT PROGRAM IN HOUSING¹

By LEONARD M. BOARD, *S. A. Sanitary Engineer, United States Public Health Service*

The need for health departments to participate in community housing programs is indisputable. Speakers in this field have emphasized this need, and the literature is replete with reports emphasizing a definite obligation to the community on the part of the health department.

In April 1940, Surgeon General Parran of the United States Public Health Service said: "It is becoming increasingly apparent that health officers must turn their attention to strong assistance and a solution of another age-old and basic health problem—the problem of adequate housing. Programs now being carried on under recent housing legislation have made a real beginning in the amelioration of conditions of substandard housing. The health departments have a tremendous stake in these programs, both from the standpoint of physical, as well as mental, health benefits that may be derived from improvement in housing conditions" (1).

As further evidence of the recognition of the necessity for health departments to assume their responsibility in this field, the American Public Health Association has organized, in addition to its Joint Committee on the Hygiene of Housing, a committee on housing in the health officers' section. The national organization for public health nursing also has created a housing committee.

¹ Presented at University of Minnesota Seminar on Housing Sanitation, July 31, 1946.

In a paper for the University of Maryland Bulletin of the School of Medicine, Wilmer H. Schulze introduced the subject of "Housing as a Public Health Responsibility" with the following paragraph (2):

"How discouraging it must be for the health officer investigating a case of meningococcus meningitis, or a public health nurse making a home visit to a tuberculosis patient, to find families living in grossly overcrowded condition, four or more persons sleeping in a dark, damp basement without light or ventilation, one choked and overflowing yard toilet being used by several families, the entire house overrun by rats and vermin, ceilings falling because every time it rains the roof acts merely as a sieve and extreme dampness permeating the house, plumbing deterioration to the degree that sewage leaks from the upper floors into the basement, and the entire structure presenting a picture of dilapidation. Living under such conditions, how ironic it must seem to endeavor to tell those families anything about hygienic living, public health, or preventive medicine."

Continuing, Mr. Schulze quotes from an address given by Mrs. Edith Wood: "The Bureau of Animal Industries in the Department of Agriculture issues a long series of farmers' bulletins on the housing of livestock—dairy cattle, beef cattle, horses, sheep, hogs, and poultry. These bulletins stress 'dryness, good ventilation, and freedom from drafts as the first requisites of buildings for sheep. If little pigs are to get the right kind of a start in life, they must have plenty of sunshine. Growing chicks and laying hens need comfortable homes that are dry and roomy with plenty of fresh air and sunlight. It never pays to overcrowd them.' Fortunate farm animals."

It is the opinion of the Director of Region VIII of the Federal Public Housing Authority that official health agencies are directly concerned with housing programs, and that they are in a position to initiate and conduct them on a comprehensive scale.

State departments of health, whose duties are recognized as primarily consultative and supervisory, are neither organized nor equipped to administer community housing programs. Usually they are not in close touch with housing problems of the individual community nor with the local agencies and officials concerned. As in other activities primarily of an inspection nature, it becomes the responsibility of the local health department to administer such programs.

Many local health departments are active in fields directly related to housing, such as: enforcement of heating, ventilation, and air conditioning requirements in public buildings, industries, and multiunit dwelling structures; control of atmospheric pollution as a nuisance; promoting standards of illumination in schools, industries, and public buildings; supervision of water supplies and sewerage works; plumbing inspection; rodent and vermin control; nuisance abatement, such as insanitary premises, garbage, and rubbish; accident prevention, usu-

ally in cooperation with other agencies; refrigeration of perishable foods in public establishments; and educational activities for householders (3).

A program of housing inspection will extend the coverage of such sanitation programs as plumbing inspection and nuisance control and will make possible adequate controls to prevent any new housing construction in unsuitable areas.

Contrary to the claims of many local officials, housing problems are not limited to large centers of population, but are also present in small towns and rural areas. Reports of the National Health Survey and the United States Bureau of the Census supply evidence for this statement. The 1940 census reports indicate that 6,900,000 of 7,600,000 rural farm dwellings needed major repairs or lacked modern plumbing fixtures (4, 5, 6).

The current emergency created by an acute shortage of housing facilities has been responsible for intensive pressure on local governing bodies to develop adequate measures for housing control. An official of the National Housing Agency recently said: "There is a definite need for new houses at the rate of 1,500,000 a year for the next 10 years, representing a 50 percent increase in the urban dwelling units in the United States. During the 10-year period preceding the war, construction of new dwelling units averaged 300,000 per year, with the record year's production—900,000."

LOCAL HEALTH DEPARTMENT HOUSING PROGRAMS

The present housing crisis caused an increased demand for surveys of housing conditions and needs. Such surveys have been popular for the past decade and, although it is granted that they are often undertaken with good intentions of employing the findings for the development of a comprehensive program, too often these findings are permitted to lapse without achieving measurable results. The American Public Health Association Committee on the Hygiene of Housing has developed an "Appraisal Method of Measuring the Quality of Housing," which offers a maximum utilization of findings and gives consideration to the need for, and methods of, maintaining a current picture of community housing (7).

It has been a common practice for health departments to venture into the field of housing on an extremely limited basis. They have confined their activities to investigations and to the establishment of requirements for new structures through permit-approval regulations. Often such programs fail to achieve even limited success, partly because of responsibilities shared with other agencies which cause duplication and confusion.

A comprehensive inspection program integrated with the over-all community housing program seems to be the most promising contribu-

tion open to the health department (8). The trend among city health departments is definitely in the direction of such programs.

The American Public Health Association Committee on Postwar Sanitary Engineering Problems in its 1944 report (8) discusses housing needs and concludes with:

“The desirable housing activities of a local health department engineer should include:

1. Study of housing needs for the community.
2. Definition of minimum standards for existing houses and securing community agreement thereon.
3. Determination of cost of meeting the minimum standard for existing housing.
4. Preparation of a housing code.
5. Examination of standards in use to control new houses and communities in comparison with public-housing standards.
6. Preparation of a sound program for the department of health in relation to an overall housing program of the city.
7. Development of a comprehensive inspection program properly integrated with the total effort of the area.

“The public health engineer in each urban area should take an active and leading part in initiating studies and in coordinating housing effort. This is one of the most challenging problems before the public health engineer today. It is late, but a start should be made, as there is no short cut to a sound housing program.”

It is not intended that a community housing program should be the sole responsibility of the health department. Participation in a community housing program offers excellent opportunity for the development of cooperative working relations with numerous official and nonofficial agencies. In large areas there is a demand for metropolitan planning and zoning commissions to serve not only the principal city but also the suburban communities and unincorporated areas. A city health department engineer should consider the desirability of serving with a metropolitan agency, as it is likely that unincorporated areas on the urban fringe eventually will become part of the city.

The closest possible coordination with the building and fire departments is necessary in order to arrive at a proper definition of responsibilities and to avoid duplication and confusion. It is customary for the enforcement of various housing regulations to be shared by the health, building, and fire departments. There are numerous examples of excellent results produced by the combined efforts of these three agencies (9).

In Baltimore, at the request of the mayor, an advisory committee on housing law enforcement has been organized, consisting of the chief engineer, commissioner of health, city solicitor, director of public welfare, chief inspector of police, chairman of the commission on city

planning, chairman of the board of fire commissioners, chairman of the Baltimore Housing Authority, buildings engineer, and engineer of street cleaning.

A 1945 housing report for Cleveland, Ohio, was prepared by a committee of 43 members and 117 advisors, representing almost that many official and unofficial agencies concerned with the problem. Similar broad interest will be found in every community where attempts are made to evoke a common effort.

Social welfare agencies are vitally interested in housing conditions and their effect on agency clients. The Health Department Nursing Division also is concerned, as most of its clients are poorly housed (10).

HOUSING INSPECTION PROGRAMS

Housing inspection programs are designed variously as health, safety, or fire-prevention measures, or a combination of such measures. Their objectives, depending on their scope, are usually to improve housing standards, eliminate substandard dwellings, arrest the progress of blight, provide current data necessary to maintain a composite picture of housing conditions, and to furnish factual material to be employed in modernizing applicable codes such as housing, building, fire, safety, plumbing, electrical, etc. A program developed to achieve all these objectives will obviate the numerous special surveys and studies required by various agencies.

A housing inspection program is primarily an enforcement program and as such may apply to the use, occupancy, and maintenance of buildings. Included in the maintenance requirements are items such as cleanliness, overcrowding, heating, vermin control, garbage and rubbish, maintenance of plumbing, general repair, fire escapes, sewerage, light, ventilation, and use of buildings and facilities. All these factors are related to public health and should be a primary responsibility of the health department. At the same time, control of new buildings, usually vested in the building department, must be coordinated with the control of existing structures.

Recent consideration has been given to the possibility of integrating the housing inspection program with the complaint investigation and nuisance abatement program. M. Allen Pond, in his analysis of nuisance-control practices in municipal health departments, shows from 44 to 77 percent of sanitation complaints are of problems usually included in a housing inspection program such as refuse, plumbing, housing, rodents, vermin, and heating (11). Other major nuisance classifications are animals and safety. Obviously there are advantages in the integration of these activities.

Housing inspection programs belong in the sanitation section of the health department (8, 12). Detroit, Baltimore, Los Angeles, Mem-

phis, and Milwaukee already have organized their departments along these lines.

The necessary staff usually consists of an adviser and a number of specialized inspectors, in some cases supplemented by assistance from general duty sanitary inspectors. The entire staff is placed under the supervision of the engineer in charge of the sanitation section. Staffs in three cities include:

Baltimore—1 chief, 9 inspectors, 2 stenographers, 1 clerk.

Detroit—2 principal health inspectors, 12 senior health inspectors.

Los Angeles—1 supervisor, 8 special inspectors, assisted by general duty inspectors.

Reports from these three cities on their housing inspection programs indicate that costs, in terms of personnel, vary from 3 to 5 cents per capita. Baltimore, with a population of 860,000 in 1940, has a 1946 budget of \$28,390 for salaries, a per capita cost of .033. Los Angeles' budget is \$70,000, or \$0.047 per capita, which includes the time spent on housing by general duty inspectors. Detroit spends about \$45,000, or \$0.031 per capita, annually. These figures include clerical and secretarial personnel. Obviously housing inspection programs save the individual property owners many times the budget costs by protecting property values and the public health of the community.

Competent engineering direction is essential to the success of housing inspection programs. The American Public Health Association Committee on Professional Education, reporting June 14, 1946, on educational qualifications of public health engineers, recognizes this fact by including housing, slum elimination, and urban redevelopment in its listing of activities and programs for which public health engineers are responsible (12). Those experienced in conducting housing inspection programs have pointed out the need for intensive in-service training for inspectors who will be engaged in housing appraisal surveys. Charles L. Senn of Los Angeles expresses the belief that the American Public Health Association Committee Appraisal Technique provides a valuable tool for in-service training.

The scheduling of inspection activities is customarily on a block-unit basis and may consist of proportionate sampling or may include all structures. Inspectors' complaint calls may be included in the inspectors' schedules. Joint inspections with representatives of the fire and building departments are made only in problem cases. But it is not uncommon for the health department inspector to be accompanied by the fire department inspector on routine schedules. In addition to the routine inspections and complaint investigations, inspection visits are required for permit approvals of rooming houses, hotels, trailer camps, etc. Los Angeles requires permits for apart-

ment houses of five or more units, hotels and rooming houses of six or more rooms, trailer camps, house courts, and single trailers parked on residential property.

It is often the practice, as in Detroit, to concentrate inspection activities in slum areas of substandard dwellings, as revealed by real property surveys, census reports, etc. Careful consideration must be given to areas in the path of encroaching blight. Although it is true that housing inspections are performed primarily for enforcement purposes and may call for the inspection of all dwellings within a given area, the collection of additional data may be included on a complaint, or sampling, basis.

Inspection personnel should be properly instructed and equipped to take pictures of conditions which may become the subject of court action, or may be useful for educational purposes. Baltimore has made generous use of such photographs for newspaper publicity (13).

Enforcement procedures in different communities vary according to constitutional and statutory provisions and local custom. The serving of enforcement orders may be performed by the inspector, the housing supervisor, or the health commissioner. Premises may be ordered vacated by the health commissioner. Health department approval may be required to remodel buildings for new types of re-occupancy. The building department, or city engineer, is customarily empowered with authority to enforce the demolition of dilapidated, or unsafe, buildings. Enforcement orders, notice to vacate, or demolition orders may be served in the joint names of the departments involved, thus strengthening the case in the event of court action. Statutory provision for permit revocation without court procedure is a convenient and time-saving instrument, as is the provision for appeal by the offending person to the health commissioner or board, rather than directly to the courts. Baltimore has achieved an enviable record of successful court prosecutions, including appealed cases (14).

The legal basis of housing regulations may be established by State statute, local ordinance, or health department regulations. The city housing code of Baltimore consists of an ordinance requirement of a general nature, supported by rules and regulations promulgated by the health commissioner. The flexibility of this type of regulation is an advantage.

The engineer responsible for the administration of a housing inspection program should train the inspection personnel adequately in order to meet any difficulties which may arise. Among the more troublesome arguments and pleas to be expected are attempts to exert pressure through personal or political alliance for delays and exceptions to the enforcement of orders; the current shortage of materials and labor; absentee ownership; confusion caused by lack of coordina-

tion with other agencies; and a lack of understanding by the general public of the operation and purposes of the program. Furthermore, dealing with problems relating to the current housing shortage requires the utmost discretion in order to avoid arousing public sympathy in behalf of offenders. Careful and thorough preparation of evidence for court cases will do much to overcome the criticism and lack of cooperation sometimes encountered in the courts.

L. M. Graves and A. H. Fletcher have conducted extensive studies showing the magnitude of the part played by economics in any community housing program (15). They say: "The solution, in its entirety, must include provisions for people who are poor; those who have no steady jobs; those on relief; those who are old or blind; those whose husbands may be habitual drunkards . . . ; those whose incomes will permit the payment of only \$1 a week rent for the entire unit, whether they need 1 room or 5; those who can pay only \$2 a week; and those who can pay only \$3 a week rent for the entire living unit. In Memphis this group includes approximately 50 percent of the population, of which 80 percent are Negroes." Among their conclusions is the observation: "The poorest people must, of necessity, live in the poorest houses, and wherever the poorest people live, they will sooner or later produce the poorest houses because of the inevitable lack of sufficient funds to maintain the minimum requirements. It may be conversely expressed as: 'Any raising of the standard of existing housing must be followed by a corresponding increase in rents if the improvements are to be permanent.'"

Such problems as gaining admission to the premises, obtaining the desired information from the householder, and proper interpretation of inspection items depend for solution on the training and personality of the individual inspector.

An analysis of some of the results and achievements of housing inspection programs may be obtained from the following reports:

Milwaukee.—During the 12 years 1930–42, 7,337 buildings, including 4,155 dwelling units, were condemned by the building inspector and subsequently razed. The buildings razed during the period 1935–37 had an assessed value of \$469,000. New buildings on these same lots have an assessed value of \$3,546,000. Although the WPA real property survey data indicate an average of 13.8 percent of the buildings in 202 cities were unfit for use, the report for Milwaukee shows 0.7 percent of the buildings unfit for use (16).

Detroit.—Substandard housing inspection resulted in 612 court cases filed and \$1,220 in fines imposed.

Since the inception of substandard housing inspection in February 1941, a total of 12,767 buildings were completely inspected by December 1945. These structures housed 27,819 family units. This represents a total of 630 blocks, 347 on the east side and 283 on the west

side. All work during 1945 was confined to the area west of Woodward Avenue, with 91 total blocks completed during the year. Within these areas a total of 212 dwelling structures have been demolished as a result of orders issued. Fifty were city owned and 12 State owned. Fifty-six dwellings were demolished during 1945.

In the face of adverse conditions, such as the extreme housing shortage and inability of owners to secure materials and labor, much improvement has been made in maintenance on the substandard dwellings inspected. The ultimate benefit of substandard housing inspection will not be realized until economic and social conditions so improve as to make possible the construction of thousands of low-cost and low-rent dwelling units.

Los Angeles.—Over 1,500 dwelling units vacated in less than 2 war years. Nearly all since renovated to comply with standards.

Conditions would have been deplorable but for a vigorous enforcement program. Routine housing inspection of all residential units, including single family buildings, should be a regular health department function in those problem areas where living conditions are substandard. Complaint investigations only is a totally inadequate method of handling the housing problem. Persons in better residential areas complain about the noise of a dripping faucet, or other equally trivial matters. On the other hand, a recent visit to a 60-family apartment building on a Saturday afternoon disclosed that all of the baths were out of order and only 1 water closet was in working condition. The tenants reported this condition had existed for about 10 days, but they were afraid to complain for fear that the department would close the building.

Baltimore.—In 1943, 257 dwellings were improved after notification; 94 dwellings were posted as unfit and to be vacated; 1,042 dwelling units were improved; 49 posted dwellings were rehabilitated; and 189 frostproof yard hoppers were removed.

The continuous collection of sufficient data to portray the community housing situation will enable the health department administration to make a periodic analysis of results. Public realization that the program is being administered firmly and equitably will cause many property owners to make improvements prior to an inspection visit. Of far reaching import are the possible contributions to more intelligent planning, control, and development, which may be made by providing all interested agencies with data on prevailing housing conditions.

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PLAGUE INFECTION REPORTED IN THE UNITED STATES IN 1946¹

No human case of plague was reported in the United States in 1946. The last reported case acquired in nature occurred in Siskiyou County, Calif., in August 1943. A case of laboratory infection of primary pneumonic plague occurred in June 1944, in a medical officer of the Public Health Service who was engaged in research at the Plague Laboratory in San Francisco. The patient recovered.

PLAGUE INFECTION IN WILD RODENTS AND THEIR ECTOPARASITES

During 1946, plague infection was reported in wild rodents or their ectoparasites from 9 counties of California and 1 county each in Oregon, Kansas, and Texas.² The proved area of infection in wild

¹ Consolidation of reports received from the Plague Laboratory of the United States Public Health Service in San Francisco, Calif., and the California State Department of Health and published currently in the *PUBLIC HEALTH REPORTS*. For a similar report for 1945 see *PUBLIC HEALTH REPORTS*, **62**: 431-433 (March 21, 1947), and for 1944 and a summary of human cases of plague reported in the United States from 1900 to 1944, inclusive, see *PUBLIC HEALTH REPORTS*, **60**: 1361-1365 (November 16, 1945).

² Plague infection in wild rodents was found in Texas for the first time in 1946. Positive findings were reported in pools of fleas from four different animal species, distributed over an area of approximately 300-400 square miles in Cochran County, in the western part of the State.

rodents of western United States was extended further east during the year by positive findings in a tissue specimen from a prairie dog (*Cynomys* sp.) and in a pool of fleas from prairie dogs collected in Scott County, Kans., 12 miles west of Scott City.

In 1945, infection was reported found in Cheyenne and Morton Counties, Kans., the farthest east that positive specimens had been found in wild rodents of the United States up to the end of that year. The specimens were collected in two locations in Cheyenne County,³ and later information furnished by the medical officer in charge of plague suppressive measures in San Francisco indicates that the area from which the specimens were collected extended into the adjoining area of Nebraska, which may be considered an area of proved infection.

Plague infection was proved during the year in specimens of tissue or ectoparasites from the following listed animal species: Ground squirrels (*Citellus beecheyi*, *C. beecheyi fisheri*, *Otospermophilus grammurus fisheri*, *C. oregonus*, *C. tridecemlineatus*, *Sciurus douglasii albolimbatus*, *Callospermophilus* sp.); chipmunks (*Eutamias* sp.); field mice (*Microtus* sp.), grasshopper mice (*Onychomys* sp.); white-footed mice (*Peromyscus maniculatus*); rats (*Rattus rattus*, *R. alexandrinus*, *R. norvegicus*), kangaroo rats (*Dipodomys* sp.); prairie dogs (*Cynomys* sp.); and 1 cottontail rabbit (*Sylvilagus* sp.).

The pools of ectoparasites found infected during the year were of fleas, ticks, and lice.

The reports summarized in the accompanying table should not be interpreted as a complete delineation of the areas in which plague infection was present in wild rodents of the Western States in 1946 nor a quantitative measure of the amount of infection in the areas in which it was found by the field units. These field surveys are limited by the number of field units and personnel engaged in the work, the extent of the areas in which operations were conducted, and the seasonal periods favorable for field activities. At best, they are essentially sampling procedures. In 1946, the United States Public Health Service had, on the average, a total of six or seven field units operating during the season. Surveys were conducted in the following States: Arizona, California, Colorado, Kansas, Montana, Nebraska, North Dakota, Oregon, South Dakota, Texas, Utah, and Wyoming. Mobile field units were also operated during the year by the State health departments of California, Montana, Oregon, and Washington.

In the reports presented in the accompanying table, plague infection in animal tissue or ectoparasites was proved in each instance by laboratory procedures. A pool of tissue means a portion of the tissues of

³ PUBLIC HEALTH REPORTS 62: 431 (March 21, 1947).

several animals of the species indicated, collected in one hunting area on the same day. A pool of fleas is the total obtained from all animals of the same species collected in one hunting area in 1 to 3 days. A hunting area in the field is an area usually of 5 to 25 square miles.

TABLE 1.—*Plague infection in wild rodents and their ectoparasites reported to the United States Public Health Service during 1946*

(Species as reported by the Plague Laboratory, San Francisco, Calif., the California State Department of Health, and other sources)

State and county	Date ¹	Infections found in—
CALIFORNIA		
El Dorado County	Sept. 19 ^b	A pool of 18 fleas from 3 Tamarack squirrels <i>Sciurus douglasii albolimbatus</i> , taken at Eagle Falls Public Camp, El Dorado National Forest, Emerald Bay, Lake Tahoe.
Kern County	Aug. 13 ^a	A pool of 200 fleas and 98 lice from 25 ground squirrels, <i>Citellus beecheyi</i> , taken at Horsethief flat, 9 miles west of Cummings Valley School, and a pool of 200 fleas and 191 lice from 15 ground squirrels, same species, taken 6 miles west of Cummings Valley School.
	Aug. 21 ^a	A pool of 200 fleas from 27 ground squirrels, <i>C. beecheyi</i> , taken 4 miles west and 2 miles south of Tehachapi; a pool of 40 lice from 6 ground squirrels, same species, taken 6 miles west and 2 miles south of Tehachapi; a pool of 217 fleas from 18 ground squirrels, same species, taken 2 miles south of Cummings Valley School.
	Sept. 11 ^b	A pool of 97 lice and a pool of 5 ticks from 24 ground squirrels, <i>C. beecheyi</i> , taken 1 mile south and 2 miles east of El Tejon School.
Orange County	Sept. 17 ^b	A pool of 400 fleas from 45 ground squirrels, <i>C. beecheyi</i> , taken 1½ miles east and ½ mile north of Lebec, on east side of Castair Lake.
	Apr. 25 ^b	A pool of 107 fleas from 7 ground squirrels, <i>C. beecheyi</i> , taken 11 miles south and 1 mile west of Santa Ana.
Placer County	July 22 ^b	A pool of 173 fleas from 49 ground squirrels <i>C. beecheyi</i> , taken at Tahoe National Forest, 2½ miles northeast of Tahoe City.
	Aug. 26 ^b	A pool of 7 fleas from 12 chipmunks, <i>Eutamias</i> sp., taken at Kings Beach No. 2, Lake Tahoe.
	Sept. 5 ^b	A pool of 30 fleas from 3 ground squirrels, <i>C. beecheyi</i> ; a pool of 14 fleas from 16 chipmunks, <i>Eutamias</i> sp., and a pool of 17 fleas from 2 Tamarack squirrels, <i>Sciurus douglasii albolimbatus</i> , taken 1 mile north of Kings Beach, Lake Tahoe; and a pool of 9 fleas from 7 golden mantled squirrels, <i>Callospermophilus</i> sp., shot on Brockway-Truckee Road northwest of Kings Beach, Lake Tahoe.
San Benito County	Feb. 23 ^a	A pool of tissue from 11 squirrels taken 5 miles east of Tres Pinos, and tissue from 5 squirrels taken 7 miles east of Tres Pinos. (Species not stated.)
	Mar. 15 ^a	A pool of organs from 7 field mice, <i>Microtus</i> sp., taken 7 miles east and 5 miles south of Tres Pinos.
	Mar. 25 ^a	A pool of 207 fleas from 4 ground squirrels, <i>C. beecheyi</i> , taken 5 miles east of Tres Pinos.
	Apr. 22 ^a	A pool of 600 fleas from 42 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east of Tres Pinos.
	Apr. 23 ^a	A pool of 400 fleas from 20 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east of Tres Pinos.
	May 28 ^a	A pool of tissue from 2 ground squirrels, <i>C. beecheyi</i> , and a pool of 311 fleas from 12 ground squirrels, same species, taken 7 miles east and 3 miles south of Tres Pinos.
	May 29 ^a	A pool of 107 fleas from 12 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east and 3 miles south of Tres Pinos, and a pool of 41 fleas from 5 ground squirrels, same species, taken 13 miles south-east of Tres Pinos.
	May 30 ^a	A pool of tissue from 5 ground squirrels, a pool of 407 fleas from 46 ground squirrels, and a pool of tissue from 11 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east of Tres Pinos.
	May 31 ^a	A pool of tissue from 11 and a pool of 407 fleas from 27 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east of Tres Pinos.
	July 1 ^a	A pool of 266 fleas from 18 ground squirrels, <i>C. beecheyi</i> , taken 5 miles east of Tres Pinos.
July 2 ^a	A pool of 200 fleas from 56 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east and 3 miles north of Tres Pinos.	

¹ a, Date proved positive; b, date specimen was received at the laboratory; c, date specimen was collected.

TABLE 1.—*Plague infection in wild rodents and their ectoparasites reported to the United States Public Health Service during 1946—Continued*

State and county	Date ¹	Infections found in—
CALIFORNIA—con.		
San Benito County...	July 3 ^e	A pool of tissue from 6 ground squirrels, and a pool of 1,200 fleas from 57 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east of Tres Pinos.
	July 5 ^e	A pool of 705 fleas from 73 ground squirrels, and tissue from 27 ground squirrels, <i>C. beecheyi</i> , taken 7 miles east of Tres Pinos.
	July 6 ^e	A pool of 397 fleas from 18 ground squirrels, <i>C. beecheyi</i> , taken 5 miles east of Tres Pinos.
San Bernardino County.	June 3 ^b	A pool of 31 fleas from 6 ground squirrels, <i>C. fisheri</i> , (<i>Otospermophilus grammurus fisheri</i>), taken in Big Green Valley, 7 miles west of Big Bear Lake.
San Luis Obispo County.	March 1 ^b	Tissue from 1 squirrel (species not stated) found dead 1 mile north of Pozo.
	Apr. 22 ^b	A pool of 400 fleas from burrows, taken 4 miles south and 1 mile east of Atascadero.
	Apr. 23 ^b	A pool of 393 fleas from burrows, and tissue from 5 ground squirrels, <i>C. beecheyi</i> , collected 1 mile north of Pozo.
	Apr. 25 ^b	A pool of 200 fleas from 16 ground squirrels, <i>C. beecheyi</i> , taken 2 miles west of Pozo.
	Apr. 26 ^b	A pool of 200 fleas from burrows, taken 2 miles north of Pozo and a pool of 512 fleas from 90 ground squirrels, <i>C. beecheyi</i> , taken 2 miles west and 4 miles north of Pozo.
	May 3 ^b	A pool of 178 fleas and a pool of 200 fleas from burrows, taken 1 mile north of Pozo.
	May 10 ^b	A pool of 224 fleas from 11 ground squirrels, <i>C. beecheyi</i> , taken east of Pozo.
	May 29 ^b	A pool of 200 fleas from burrows and a pool of 400 fleas from 76 ground squirrels, <i>C. beecheyi</i> , taken 3 miles west, and a pool of 223 fleas from burrows taken 2 miles southwest of Santa Margarita; a pool of 387 fleas from burrows taken 4 miles south and 1 mile east of Atascadero; a pool of 136 fleas from burrows taken at Salinas Dam area, 7½ miles east of Santa Margarita on Pozo Road.
	June 10 ^b	A pool of 58 fleas from 5 ground squirrels, <i>C. beecheyi</i> , taken 1 mile north of Pozo.
	June 21 ^b	A pool of 200 fleas from 27 ground squirrels, <i>C. beecheyi</i> , taken 2 miles east and 1 mile north, and a pool of 207 fleas from 18 ground squirrels, same species, taken 6 miles east of Santa Margarita.
Santa Barbara County.	Apr. 18 ^a	Tissue from 1 ground squirrel, <i>C. beecheyi</i> , taken 1 mile south of Buellton.
	Apr. 22 ^a	A pool of 31 fleas from 3 ground squirrels, and a pool of 198 fleas from 5 ground squirrels, <i>C. beecheyi</i> , taken 1½ miles southeast of Buellton.
	May 1 ^a	A pool of 128 fleas from 9 ground squirrels, <i>C. beecheyi</i> , taken 1 mile south of Buellton.
Ventura County.....	Apr. 7 ^a	Tissue from 1 rat, <i>Rattus norvegicus</i> , taken 2 miles east of Santa Paula.
	Apr. 8 ^e	A pool of 6 fleas from 1 rat, <i>R. rattus</i> , taken 1 mile south and 2 miles east of Santa Paula.
	Apr. 9 ^e	Tissue from 3 rats and a pool of 30 fleas from 14 rats, <i>R. rattus</i> , taken 1 mile south and 2 miles east of Santa Paula.
	Apr. 10 ^a	A pool of 4 fleas from 8 harvest mice <i>Reithrodontomys megalotis</i> , taken 1 mile south and 2 miles east of Santa Paula.
	Apr. 11 ^e	Tissue from 3 rats, <i>R. rattus</i> , taken 1 mile south and 2 miles east, and tissue from 1 ground squirrel, <i>C. beecheyi</i> , taken 1½ miles south and 1 mile east of Santa Paula.
	Apr. 12 ^e	Bone marrow from 1 ground squirrel, <i>C. beecheyi</i> , and a pool of 28 fleas from 3 white-footed mice, <i>Peromyscus maniculatus</i> , taken 1 mile south and 2 miles east of Santa Paula.
	Apr. 16 ^a	A pool of 58 fleas from 1 ground squirrel, <i>C. beecheyi</i> , taken ½ mile south and 1 mile east of Santa Paula.
	Apr. 26 ^a	Tissue from 1 cottontail rabbit, <i>Sylvilagus</i> sp., taken ½ mile south and 2 miles east of Santa Paula.
	Apr. 30 ^a	Tissue from 4 rats, <i>R. alexandrinus</i> , taken ½ mile south and 2 miles east of Santa Paula.
	May 1 ^a	A pool of 90 fleas from 4 rats, <i>R. alexandrinus</i> , taken ½ mile south and 2 miles east of Santa Paula.
	May 6 ^a	Tissue from 1 ground squirrel, <i>C. beecheyi</i> , taken ½ mile south and 2 miles east of Santa Paula.
	June 3 ^b	A pool of tissue from 2 ground squirrels, and a pool of 40 fleas from 2 ground squirrels, <i>C. beecheyi</i> , found dead ½ mile west of Ozena Public Camp.
June 21 ^b	A pool of 42 fleas and tissue from 2 ground squirrels, <i>C. beecheyi</i> , taken 1½ miles south of Moorpark.	

¹a, Date proved positive; b, date specimen was received at the laboratory; c, date specimen was collected.

TABLE 1.—*Plague infection in wild rodents and their ectoparasites reported to the United States Public Health Service during 1946—Continued*

State and county	Date ¹	Infections found in—
KANSAS		
Scott County.....	July 20 ^e	A pool of 312 fleas from 49 prairie dogs, <i>Cynomys</i> sp., taken 12 miles west of Scott City and 6 miles north of State Highway No. 96. ²
	Aug. 16 ^e	Tissue from 1 prairie dog, <i>Cynomys</i> sp., taken 12 miles west of Scott City and 6 miles north of State Highway No. 96.
OREGON		
Klamath County.....	June 26 ^e	A pool of 9 fleas from 11 ground squirrels, <i>Citellus oregonus</i> , taken on road to Keno from 2 to 7 miles northeast of Worden.
	June 27 ^e	A pool of 4 fleas from 8 ground squirrels, <i>Citellus oregonus</i> , taken 5 to 10 miles southwest of Klamath Falls.
TEXAS ³		
Cochran County.....	Apr. 27 ^e	A pool of 31 fleas from 26 prairie dogs, <i>Cynomys</i> sp., a pool of 12 fleas from 8 ground squirrels, <i>C. tridecemlineatus</i> , and a pool of 15 fleas from 14 grasshopper mice, <i>Onychomys</i> sp., all collected at a location 5 miles west on an unmarked road from a point 5 miles south of Morton on State Highway No. 214; a pool of 50 fleas from 31 prairie dogs, <i>Cynomys</i> sp., collected 10 miles west on an unmarked road from a point 5 miles south of Morton on State Highway No. 214.
	Apr. 30 ^e	A pool of 85 fleas from 30 prairie dogs, <i>Cynomys</i> sp., collected 10 miles east on an unmarked road from a point on State Highway No. 214, 10 miles south of Morton; a pool of 15 fleas from 17 grasshopper mice, <i>Onychomys</i> sp., a pool of 25 fleas from 11 prairie dogs, <i>Cynomys</i> sp., and a pool of 6 fleas from 31 kangaroo rats, <i>Dipodomys</i> sp., all taken on an unmarked road 5 miles east of a point 20 miles south of Morton on Highway No. 215.

¹ a, Date proved positive; b, date specimen was received at the laboratory; c, date specimen was collected.

² This location is the farthest east in which plague infection had been reported in wild rodents or their ectoparasites in the United States up to the end of 1946.

³ This is the first report of plague in wild rodents in Texas, although repeated surveys had previously been made in this district. The specimens were collected over an area of approximately 300 square miles.

DEATHS DURING WEEK ENDED AUG. 16, 1947

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

	Week ended Aug. 16, 1947	Correspond- ing week, 1946
Data for 93 large cities of the United States:		
Total deaths.....	8,835	7,673
Median for 3 prior years.....	7,673	-----
Total deaths, first 33 weeks of year.....	310,167	305,057
Deaths under 1 year of age.....	680	701
Median for 3 prior years.....	663	-----
Deaths under 1 year of age, first 33 weeks of year.....	24,806	20,808
Data from industrial insurance companies:		
Policies in force.....	67,213,944	67,256,712
Number of death claims.....	10,299	10,747
Death claims per 1,000 policies in force, annual rate.....	8.0	8.3
Death claims per 1,000 policies, first 33 weeks of year, annual rate.....	9.5	9.9

INCIDENCE OF DISEASE

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

UNITED STATES

REPORTS FROM STATES FOR WEEK ENDED AUGUST 23, 1947

Summary

A total of 531 cases of poliomyelitis was reported for the week, as compared with 412 last week, 1,806 for the corresponding week last year, and a 5-year (1942-46) median of 931. Decreases were recorded only in the West South Central, Mountain, and Pacific areas. The 15 States reporting for the current week more than 12 cases each (all showing increases except Illinois, Michigan, and California) are as follows (last week's figures in parentheses): Massachusetts 27 (14), Rhode Island 13 (11), New York 54 (30), New Jersey 16 (11), Pennsylvania 21 (19), Ohio 50 (22), Illinois 53 (54) Michigan 25 (25), Wisconsin 21 (2), Minnesota 20 (13), North Dakota 13 (5), Nebraska 18 (10), Delaware 29 (12), North Carolina 17 (7), California 22 (28). The 6 States showing the highest incidence rates during the past 3 weeks (per 100,000 estimated population, not on an annual basis) are as follows (number of cases for the period in parentheses); Delaware 22.3 (64), Idaho 8.0 (38), Rhode Island 5.4 (40), North Dakota 4.8 (26), Nebraska 4.0 (51), Montana 2.1 (10). A total of 2,582 cases has been reported since March 15 (the approximate average date of seasonal low incidence), as compared with 10,187 for the same period last year and a 5-year median of 4,842. In 10 of the past 19 years the peak of reported weekly incidence of the disease occurred by the end of the second week of September, and after that date in the other 9 years.

During the current week 2 cases of smallpox were reported, 1 each in Missouri and Wyoming. Of 31 cases of infectious encephalitis (last week 19, 5-year median 22), 20 occurred in North Dakota (last week 3). Of the total of 30 cases of Rocky Mountain spotted fever, 13 occurred in the Middle Atlantic and North Central areas, 12 in the South Atlantic, and 5 in the East South Central. One case of anthrax was reported in Texas.

A total of 8,348 deaths, all causes, was recorded during the week in 93 large cities of the United States, as compared with 8,835 last week, 8,091 and 8,557, respectively, for the corresponding weeks of 1946 and 1945, and a 3-year (1944-46) median of 8,091. The total for the year to date in these cities is 318,515, as compared with 313,148 for the corresponding period last year.

Telegraphic morbidity reports from State health officers for the week ended August 23, 1947, and comparison with corresponding week of 1946 and 5-year median

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

Division and State	Diphtheria			Influenza			Measles			Meningitis, meningococcus		
	Week ended—		Median 1942-46	Week ended—		Median 1942-46	Week ended—		Median 1942-46	Week ended—		Median 1942-46
	Aug. 23, 1947	Aug. 24, 1946		Aug. 23, 1947	Aug. 24, 1946		Aug. 23, 1947	Aug. 24, 1946		Aug. 23, 1947	Aug. 24, 1946	
NEW ENGLAND												
Maine.....	0	1	0				3	4	4	0	0	0
New Hampshire.....	0	0	0					11	3	0	0	0
Vermont.....	0	1	0				4	8	5	0	0	0
Massachusetts.....	1	3	2				27	76	48	0	0	4
Rhode Island.....	0	1	0			1	4	13	4	0	0	0
Connecticut.....	0	0	0	2			11	32	11	0	1	1
MIDDLE ATLANTIC												
New York.....	8	16	9	(1)	13	11	87	61	52	3	4	12
New Jersey.....	1	3	1	4	1	2	26	51	36	1	1	5
Pennsylvania.....	5	4	6	(2)	21	21	22	53	22	4	8	8
EAST NORTH CENTRAL												
Ohio.....	4	4	6		2	3	30	49	18	5	3	5
Indiana.....	0	4	4	1		4	7	4	4	0	1	1
Illinois.....	3	11	5	1			46	11	14	1	3	4
Michigan ¹	1	18	6	1	1	1	24	23	32	4	4	4
Wisconsin.....	0	8	6	17	4	10	93	45	51	2	1	4
WEST NORTH CENTRAL												
Minnesota.....	7	3	3				20	3	6	0	0	0
Iowa.....	2	0	1				6	4	4	0	1	2
Missouri.....	0	2	1				4	3	4	0	0	2
North Dakota.....	2	1	1				13	1	1	1	0	0
South Dakota.....	0	0	2				1	1	1	0	0	0
Nebraska.....	2	2	2	6	2	2	5	1	2	0	1	0
Kansas.....	8	13	9	2	2	2	8	2	9	1	1	1
SOUTH ATLANTIC												
Delaware.....	0	0	0							0	0	0
Maryland ²	2	9	3	1		1	7	15	6	1	3	2
District of Columbia.....	0	0	0				5	10	1	0	2	0
Virginia.....	3	5	8	167	119	59	40	19	6	0	2	2
West Virginia.....	1	5	5	3	2		13			0	0	0
North Carolina.....	17	10	18				8	1	6	2	2	2
South Carolina.....	4	5	11	87	106	106	14	33	10	0	0	1
Georgia.....	3	9	9		3	3	5	17	3	0	0	0
Florida.....	5	8	2	3	2	2	4	1	2	0	1	1
EAST SOUTH CENTRAL												
Kentucky.....	3	5	6				1	1	2	0	2	1
Tennessee.....	5	3	6	3	1	5	1	7	4	1	3	2
Alabama.....	4	7	16		3	4	7	9	7	2	1	3
Mississippi ²	8	12	5				2			2	2	2
WEST SOUTH CENTRAL												
Arkansas.....	3	8	7	2		4	7	8	6	0	0	0
Louisiana.....	2	1	2	1		1	3	5	1	1	0	0
Oklahoma.....	1	4	4	6		5	1	1	3	0	1	0
Texas.....	15	18	18	172	306	251	34	73	41	4	2	3
MOUNTAIN												
Montana.....	0	1	1	2			9	10	9	0	1	0
Idaho.....	1	2	0	18	23		3	1	1	0	0	0
Wyoming.....	0	0	0				1	8	3	0	0	0
Colorado.....	7	6	3	2	5	5	14	4	6	4	0	1
New Mexico.....	0	0	1					5	2	0	0	0
Arizona.....	2	0	0	13	12	19	4	2	6	0	1	1
Utah ²	0	2	0	1			7	3	5	0	0	0
Nevada.....	0	0	0							0	0	0
PACIFIC												
Washington.....	4	10	4				8		32	0	0	0
Oregon.....	1	2	2			1	8	10	10	0	0	0
California.....	13	12	12	4	4	8	47	40	103	3	3	7
Total.....	148	239	233	519	602	581	694	737	696	42	55	92
34 weeks.....	7,236	10,141	7,623	303,477	192,424	82,248	184,822	639,379	538,338	2,524	4,512	6,268
Seasonal low week ⁴	(27th) July 5-11			(30th) July 26-Aug. 1			(35th) Aug. 30-Sept. 5			(37th) Sept. 13-19		
Total since low.....	939	1,513	1,291	1,964	2,227	2,175	207,709	665,503	576,351	3,496	6,016	8,720

¹ New York City only. ² Philadelphia only.

³ Period ended earlier than Saturday.

⁴ Dates between which the approximate low week ends. The specific date will vary from year to year.

Telegraphic morbidity reports from State health officers for the week ended August 23, 1947, and comparison with corresponding week of 1946 and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and para typhoid fever		
	Week ended—		Median 1942-46	Week ended—		Median 1942-46	Week ended—		Median 1942-46	Week ended—		Median 1942-46
	Aug. 23, 1947	Aug. 24, 1946		Aug. 23, 1947	Aug. 24, 1946		Aug. 23, 1947	Aug. 24, 1946		Aug. 23, 1947	Aug. 24, 1946	
NEW ENGLAND												
Maine.....	2	2	2	0	7	6	0	0	0	0	1	2
New Hampshire.....	5	13	4	0	3	3	0	0	0	0	0	0
Vermont.....	2	4	1	0	1	1	0	0	0	2	0	0
Massachusetts.....	27	17	17	18	30	35	0	0	0	6	27	8
Rhode Island.....	13	3	1	2	3	3	0	0	0	0	0	0
Connecticut.....	6	2	16	1	4	5	0	0	0	1	0	0
MIDDLE ATLANTIC												
New York.....	54	105	105	52	45	46	0	0	0	6	17	13
New Jersey.....	16	16	26	5	23	15	0	0	0	0	4	4
Pennsylvania.....	21	16	16	24	21	30	0	0	0	6	5	11
EAST NORTH CENTRAL												
Ohio.....	50	48	30	36	34	55	0	0	0	6	4	5
Indiana.....	4	20	16	2	21	11	0	0	0	10	1	1
Illinois.....	53	183	121	10	34	34	0	0	0	0	4	4
Michigan ²	25	76	13	23	19	24	0	0	0	0	7	3
Wisconsin.....	21	95	15	6	17	23	0	1	0	0	2	1
WEST NORTH CENTRAL												
Minnesota.....	20	263	14	7	11	14	0	0	0	0	0	0
Iowa.....	8	43	15	1	4	9	0	0	0	1	0	2
Missouri.....	6	95	10	2	8	8	1	0	0	8	1	7
North Dakota.....	13	40	2	2	1	1	0	0	0	2	0	1
South Dakota.....	1	74	0	0	2	2	0	0	0	1	1	0
Nebraska.....	18	29	9	20	8	6	0	0	0	1	1	0
Kansas.....	8	60	6	8	13	13	0	0	0	0	1	3
SOUTH ATLANTIC												
Delaware.....	629	3	1	2	3	3	0	0	0	1	0	0
Maryland ³	7	12	9	5	5	9	0	0	0	5	0	2
District of Columbia.....	0	2	2	5	3	3	0	0	0	6	2	1
Virginia.....	9	11	11	11	10	18	0	0	0	4	2	4
West Virginia.....	8	5	5	7	7	19	0	0	0	3	0	5
North Carolina.....	17	4	4	5	10	30	0	0	0	1	1	3
South Carolina.....	0	0	4	0	3	4	0	0	0	1	1	4
Georgia.....	4	14	2	3	11	8	0	0	0	7	5	9
Florida.....	2	11	2	0	2	3	0	0	0	0	1	3
EAST SOUTH CENTRAL												
Kentucky.....	0	10	10	1	16	17	0	0	0	13	6	8
Tennessee.....	1	19	10	5	9	15	0	0	0	0	5	5
Alabama.....	5	21	5	0	8	13	0	0	0	3	0	6
Mississippi ⁴	6	22	2	3	3	6	0	0	0	4	2	3
WEST SOUTH CENTRAL												
Arkansas.....	1	38	4	0	4	4	0	0	0	1	1	3
Louisiana.....	0	21	2	4	2	3	0	0	0	7	17	6
Oklahoma.....	1	13	7	1	3	3	0	0	0	7	2	10
Texas.....	7	34	34	14	19	19	0	0	0	14	9	19
MOUNTAIN												
Montana.....	4	8	1	5	0	8	0	0	0	2	1	1
Idaho.....	11	1	0	4	4	4	0	0	0	3	3	1
Wyoming.....	1	12	2	1	1	2	1	0	0	1	0	0
Colorado.....	1	78	12	6	23	6	0	0	0	1	0	1
New Mexico.....	2	9	3	0	1	2	0	0	0	0	1	1
Arizona.....	6	8	3	2	6	2	0	0	0	1	1	2
Utah ⁵	0	8	8	9	11	7	0	0	0	0	0	1
Nevada.....	0	0	0	1	0	0	0	0	0	0	1	0
PACIFIC												
Washington.....	8	31	16	11	17	10	0	0	0	0	2	0
Oregon.....	6	12	12	8	6	6	0	0	0	3	0	1
California.....	22	195	24	38	50	52	0	0	0	6	4	4
Total.....	531	1,806	931	370	546	647	2	1	2	138	143	190
34 weeks.....	63,194	10,654	5,239	62,850	87,385	98,496	147	279	305	2,380	2,662	3,447
Seasonal low week ⁶	(11th) Mar. 15-21			(32d) Aug. 9-15			(35th) Aug. 30-Sept. 5			(11th) Mar. 15-21		
Total since low.....	62,582	10,187	4,842	747	1,090	1,297	201	355	422	1,895	2,187	2,631

² Period ended earlier than Saturday.

³ Dates between which the approximate low week ends. The specific date will vary from year to year.

⁴ Including paratyphoid fever reported separately as follows: Vermont 1; Massachusetts 6 (salmonella infection); Connecticut 1; New York 2; Indiana 2; Nebraska 1; Maryland 1; Virginia 1; North Carolina 1; South Carolina 1; Georgia 2; Alabama 1; Louisiana 2; Oklahoma 1; Texas 2; California 3.

⁵ Delayed reports: Poliomyelitis, Delaware 18 cases, included in cumulative totals only.

Telegraphic morbidity reports from State health officers for the week ended August 23, 1947, and comparison with corresponding week of 1946 and 5-year median—Con.

Division and State	Whooping cough			Week ended August 23, 1947							
	Week ended—		Median, 1942-46	Dysentery			Encephalitis, infectious	Rocky Mt. spotted fever	Tularemia	Typhus fever, endemic	Undulant fever
	Aug. 23, 1947	Aug. 24, 1946		Amebic	Bacillary	Unspecified					
NEW ENGLAND											
Maine.....	15	10	10								
New Hampshire.....	7	5	3		1						1
Vermont.....	37	5	20								4
Massachusetts.....	103	107	107		3						1
Rhode Island.....	22	35	13								
Connecticut.....	45	25	28				1				2
MIDDLE ATLANTIC											
New York.....	200	129	247	6	20		1	4			7
New Jersey.....	181	118	129	1				1			
Pennsylvania.....	208	105	173								1
EAST NORTH CENTRAL											
Ohio.....	274	84	158		1			2		1	3
Indiana.....	40	14	28					1			2
Illinois.....	129	150	123	2	1		2	3	1		15
Michigan ¹	197	216	216								9
Wisconsin.....	231	215	215								25
WEST NORTH CENTRAL											
Minnesota.....	94	12	39								7
Iowa.....	35	8	9					1			38
Missouri.....	36	23	23					1	5		2
North Dakota.....	17	1	6				20				
South Dakota.....	8	1	1								2
Nebraska.....	21	5	5	1			1				
Kansas.....	66	12	34							2	2
SOUTH ATLANTIC											
Delaware.....	5	1	3								
Maryland ¹	94	28	61			3		5	1		
District of Columbia.....	22	5	11					1			
Virginia.....	68	49	49			149		1	1		4
West Virginia.....	15	15	13								
North Carolina.....	45	33	75					4	3		1
South Carolina.....	40	25	31		8						2
Georgia.....	41	8	16	1	1	1		1			7
Florida.....	13	18	4				1				8
EAST SOUTH CENTRAL											
Kentucky.....	49	14	35					3			2
Tennessee.....	31	24	35			1		1	1		1
Alabama.....	14	2	15					1			2
Mississippi ¹	5			4	2					1	1
WEST SOUTH CENTRAL											
Arkansas.....	25	10	10	12		10			7		1
Louisiana.....	5	3	8	2							4
Oklahoma.....	27	15	4		1	1		3			5
Texas.....	407	126	133	27	233	18		3	3	19	11
MOUNTAIN											
Montana.....	13	6	13								
Idaho.....	17	4	5								
Wyoming.....	5	4	4								
Colorado.....	104	22	29						1		
New Mexico.....	14	3	11	1	1						1
Arizona.....	24	7	12			11	1				
Utah ¹	19	8	26						3		5
Nevada.....											
PACIFIC											
Washington.....	18	28	17								
Oregon.....	17	8	8								1
California.....	153	43	129	1	5		4				7
Total	3,256	1,789	2,551	58	277	194	31	30	29	45	167
Same week, 1946.....	1,789			99	265	101	20	32	9	132	133
Median, 1942-46.....	2,551			46	394	238	22	16	9	153	7 102
34 weeks: 1947.....	106,124			2,022	10,710	6,729	296	428	1,019	1,360	4,012
1946.....	66,332			1,580	11,905	4,637	407	448	638	2,218	3,348
Median, 1942-46.....	86,745			1,229	11,905	4,978	401	381	609	2,341	3,265

¹ Period ended earlier than Saturday.

² 2-year average, 1945-46.

Anthrax: Texas 1 case.

Territory of Hawaii, week ended August 23, 1947: Measles 1, endemic typhus fever 2, whooping cough 18.

Alaska, week ended Aug. 23, 1947: Pneumonia 2, septic sore throat 1.

WEEKLY REPORTS FROM CITIES ¹

City reports for week ended August 16, 1947

This table lists the reports from 90 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.

Division, State, and City	Diphtheria cases	Enecephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
NEW ENGLAND												
Maine:												
Portland.....	0	0	0	0	0	2	2	2	0	1	3	
New Hampshire:												
Concord.....	0	0	0	0	0	1	0	0	0	0		
Vermont:												
Barre.....	0	0	0	0	0	0	0	0	0	0		
Massachusetts:												
Boston.....	4	0	0	8	0	2	9	0	0	0	45	
Fall River.....	0	0	0	1	0	0	0	0	0	0	8	
Springfield.....	0	0	0	1	0	0	0	0	0	0	1	
Worcester.....	0	0	0	0	0	10	1	2	0	0	5	
Rhode Island:												
Providence.....	0	0	1	2	0	1	3	3	0	0	12	
Connecticut:												
Bridgeport.....	0	0	0	0	0	0	0	0	0	0		
Hartford.....	0	0	0	4	0	0	1	0	0	0		
New Haven.....	0	0	0	0	0	0	0	0	0	0	11	
MIDDLE ATLANTIC												
New York:												
Buffalo.....	1	0	0	0	1	2	1	3	0	0	8	
New York.....	8	1	0	58	6	45	10	9	0	4	86	
Rochester.....	0	0	0	0	0	2	4	2	0	0	8	
Syracuse.....	0	0	0	0	0	0	3	2	0	0	33	
New Jersey:												
Camden.....	0	0	0	0	0	0	0	0	0	0	2	
Newark.....	0	0	0	6	0	2	0	2	0	1	41	
Trenton.....	0	0	0	0	0	1	0	1	0	0	6	
Pennsylvania:												
Philadelphia.....	2	0	2	1	1	11	3	10	0	3	79	
Pittsburgh.....	1	0	0	0	0	5	0	3	0	0	40	
Reading.....	0	0	0	0	0	0	0	1	0	0	4	
EAST NORTH CENTRAL												
Ohio:												
Cincinnati.....	0	0	0	0	1	1	7	4	0	0	9	
Cleveland.....	0	0	1	3	1	3	6	4	0	0	125	
Columbus.....	1	0	0	6	1	0	3	2	0	0	11	
Indiana:												
Fort Wayne.....	0	0	0	0	0	2	1	0	0	0		
Indianapolis.....	0	0	0	0	1	0	1	1	0	3	22	
South Bend.....	0	1	0	0	0	0	0	0	0	0	1	
Terre Haute.....	0	0	0	0	0	1	0	0	0	0	1	
Illinois:												
Chicago.....	0	0	0	24	2	16	24	11	0	0	55	
Springfield.....	0	0	0	0	0	1	0	0	0	0		
Michigan:												
Detroit.....	0	0	0	2	0	3	18	8	0	0	116	
Flint.....	0	0	0	0	1	3	0	1	0	0		
Grand Rapids.....	0	0	0	5	0	2	0	0	0	1	33	
Wisconsin:												
Kenosha.....	0	0	0	2	0	0	0	0	0	0	13	
Milwaukee.....	0	0	0	18	0	1	5	2	0	0	30	
Racine.....	0	0	0	8	0	0	0	0	0	0	15	
Superior.....	0	0	0	3	0	0	0	0	0	0		
WEST NORTH CENTRAL												
Minnesota:												
Duluth.....	0	0	0	3	0	1	1	2	0	0	23	
Minneapolis.....	0	0	0	10	0	0	4	2	0	0	17	
St. Paul.....	0	0	0	7	0	2	1	0	0	0	57	
Missouri:												
Kansas City.....	0	0	0	1	0	8	1	1	0	0	7	
St. Joseph.....	0	0	0	0	0	0	0	0	0	0	3	
St. Louis.....	2	1	1	0	11	0	12	2	1	0	20	

¹ In some instances the figures include nonresident cases.

City reports for week ended August 16, 1947—Continued

Division, State, and City	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Pollomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
WEST NORTH CENTRAL—continued												
North Dakota:												
Fargo.....	0	1		0	6	0	1	0	0	0	0	3
Nebraska:												
Omaha.....	0	0		0		0	4	0	2	0	0	
Kansas:												
Topeka.....	0	0		0	1	0	0	0	1	0	0	6
Wichita.....	0	0		0		0	1	0	0	0	0	
SOUTH ATLANTIC												
Delaware:												
Wilmington.....	0	0		0		0	0	10	0	0	0	4
Maryland:												
Baltimore.....	0	0		0	3	0	5	2	1	0	1	70
Cumberland.....	1	0		0		0	0	0	1	0	0	2
Frederick.....	0	0		0		0	0	0	0	0	0	
District of Columbia:												
Washington.....	0	0		0		0	3	2	6	0	0	21
Virginia:												
Lynchburg.....	0	0		0	2	0	1	0	0	0	0	1
Richmond.....	1	0		0	1	0	0	0	1	0	0	7
Roanoke.....	0	0		0		0	0	0	1	0	0	
West Virginia:												
Charleston.....	0	0		0	1	0	0	0	0	0	0	
Wheeling.....	0	0		0		0	0	0	0	0	0	
North Carolina:												
Raleigh.....	0	0		0		0	0	0	0	0	0	
Wilmington.....	0	0		0		0	0	0	0	0	0	
Winston-Salem.....	0	0		0	2	0	0	0	0	0	0	2
South Carolina:												
Charleston.....	0	0		0	1	0	2	0	0	0	3	
Georgia:												
Atlanta.....	1	0		0	3	0	1	2	2	0	0	
Brunswick.....	0	0		0		0	0	0	0	0	0	
Savannah.....	0	0		0	2	0	0	1	1	0	0	26
Florida:												
Tampa.....	1	0		0	2	0	2	0	2	0	0	4
EAST SOUTH CENTRAL												
Tennessee:												
Memphis.....	0	0		0	1	0	14	0	1	0	0	5
Nashville.....	0	0		0		0	3	0	0	0	0	6
Alabama:												
Birmingham.....	0	0		1	2	0	0	0	0	0	0	2
Mobile.....	0	0		0		0	2	1	0	0	1	
WEST SOUTH CENTRAL												
Arkansas:												
Little Rock.....	0	0		0	1	0	0	0	0	0	0	
Louisiana:												
New Orleans.....	0	0		0	1	1	3	0	0	0	1	4
Shreveport.....	0	0		0		0	8	0	0	0	0	
Oklahoma:												
Oklahoma City.....	0	0		0			1	0	2	0	0	9
Texas:												
Dallas.....	1	0		0		0	6	0	1	0	1	16
Galveston.....	0	0		0		0	1	0	0	0	0	1
Houston.....	0	0		0		0	4	0	1	0	1	2
San Antonio.....	1	0		0		0	4	0	0	0	0	
MOUNTAIN												
Montana:												
Billings.....	0	0		0		0	1	0	0	0	0	
Great Falls.....	0	0		0	2	0	0	0	0	0	0	6
Helena.....	0	0		0		0	0	0	0	0	1	
Missoula.....	0	0		0		0	0	3	0	0	0	
Idaho:												
Boise.....	0	0		0		0	1	4	0	0	0	
Colorado:												
Denver.....	4	0		0	2	0	4	1	2	0	0	14
Pueblo.....	0	0		0		0	0	0	0	0	0	24
Utah:												
Salt Lake City.....	0	0		0	3	0	1	0	1	0	0	3

City reports for week ended August 16, 1947—Continued

Division, State, and City	Diphtheria cases	Encephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliomyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
PACIFIC												
Washington:												
Seattle.....	0	0	-----	1	1	0	2	1	0	0	0	8
Spokane.....	0	0	-----	0	-----	0	1	7	0	0	0	-----
California:												
Los Angeles.....	3	0	1	0	10	1	3	9	4	0	0	23
Sacramento.....	0	0	2	2	2	0	0	0	1	0	0	-----
San Francisco.....	0	0	-----	0	36	0	1	0	3	0	0	5
Total.....	32	4	8	4	269	17	220	154	113	0	22	1,224
Corresponding week, 1946*	68	-----	20	1	186	-----	161	-----	155	0	26	740
Average 1942-46 *	45	-----	20	5	243	-----	208	-----	190	0	29	868

*Exclusive of Oklahoma City.

* 3-year average, 1944-46.

* 5-year median, 1942-46.

Dysentery, amebic.—Cases: New York 7; Chicago 1; Grand Rapids 1; Minneapolis 1; Birmingham 1; New Orleans 6; Los Angeles 2; San Francisco 1.

Dysentery, bacillary.—Cases: Worcester 1; New York 1; Trenton 1; Cleveland 1.

Dysentery, unspecified.—Cases: San Antonio 7.

Rocky Mountain spotted fever.—Cases: Baltimore 1.

Typhoid fever.—Cases: St. Louis 2; Oklahoma City 1.

Typhus fever, endemic.—Cases: New Orleans 5; Dallas 1; Houston 1; Los Angeles 1.

Rates (annual basis) per 100,000 population, by geographic groups, for the 90 cities in the preceding table (latest available estimated population, 34,505,000)

	Diphtheria case rates	Encephalitis, infectious, case rates	Influenza		Measles case rates	Meningitis, meningococcus, case rates	Pneumonia death rates	Poliomyelitis case rates	Scarlet fever case rates	Smallpox case rates	Typhoid and paratyphoid fever case rates	Whooping cough case rates
			Case rates	Death rates								
New England.....	10.5	0.0	2.6	0.0	42	0.0	41.8	41.8	18	0.0	2.6	222
Middle Atlantic.....	5.6	0.5	0.9	0.0	30	3.7	31.5	9.7	15	0.0	3.7	142
East North Central.....	0.6	0.6	0.6	0.0	43	4.3	20.1	39.5	20	0.0	2.4	262
West North Central.....	4.0	4.0	2.0	0.0	78	0.0	57.7	17.9	18	0.0	0.0	271
South Atlantic.....	6.5	0.0	0.0	0.0	28	0.0	22.9	27.8	25	0.0	6.5	224
East South Central.....	0.0	0.0	0.0	5.9	18	0.0	112.1	5.9	6	0.0	5.9	77
West South Central.....	5.1	0.0	0.0	0.0	5	2.5	68.6	0.0	10	0.0	7.6	81
Mountain.....	31.8	0.0	0.0	0.0	56	0.0	55.6	63.5	24	0.0	7.9	373
Pacific.....	4.9	0.0	4.9	4.9	81	1.6	11.5	28.0	13	0.0	0.0	59
Total.....	4.8	0.6	1.2	0.6	41	2.6	33.3	23.5	17	0.0	3.3	185

**PLAGUE INFECTION IN MONO AND SAN LUIS OBISPO COUNTIES,
CALIF.**

Plague infection has been reported proved in Mono and San Luis Obispo Counties, Calif., as follows:

Mono County.—Proved on August 15 in a pool of 47 fleas from 22 ground squirrels, *Citellus beldingi*, and a pool of 22 fleas from 6 ground squirrels, *C. fisheri*, all taken at a location ½ mile east of Mammoth Lake Post Office.

San Luis Obispo County.—Proved on August 18 in a pool of 190 fleas from 11 ground squirrels, *C. beecheyi*, taken 1 mile west of Edna, and a pool of 200 fleas from 41 ground squirrels, *C. beecheyi*, taken from a ranch 2 miles northeast of Santa Margarita.

INCIDENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES**July 13–August 9, 1947**

The accompanying table summarizes the incidence 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 PUBLIC HEALTH REPORTS under the section "Incidence of Disease." The table gives the number of cases of these diseases for the 4 weeks ended August 9, 1947, the number reported for the corresponding period in 1946, and the median number for the years 1942–46.

DISEASES ABOVE MEDIAN INCIDENCE

Influenza.—The total number of cases of influenza reported for the 4 weeks ended August 9 was 2,095. The 1942–46 median, which was identical with the 1946 figure was 1,979 cases. Each section of the country shared in the favorable situation of this disease except the South Atlantic and East South Central.

Whooping cough.—The total of 14,659 cases of whooping cough reported was 1.6 times the incidence in 1946 and 1.2 times the 1942–46 median for the corresponding weeks. The incidence was relatively high in all sections except the East South Central, but the largest excesses over the normal seasonal expectancy were reported from the North Central and West South Central sections.

DISEASES BELOW MEDIAN INCIDENCE

Diphtheria.—For the current 4-week period there were 526 cases of diphtheria reported, as compared with 871 for the same weeks in 1946 and a 1942–46 median of 713 cases. Three of the geographic sections reported excesses over the preceding 5-year median, but only one section, the West North Central, reported an increase over the 1946 figures. This disease experienced an interruption during 1944 and 1945 in the decline that had been in progress since 1938, but since the middle of 1946 the number of cases reported for each 4-week period has been less than that reported for the corresponding 4-week period in the preceding year.

Measles.—The number of cases of measles (6,935) reported for the current 4-week period was less than 65 percent of the 1946 incidence for the corresponding 4 weeks, but it was only slightly below the 1942–46 median. Of the 9 geographic sections, 4 reported an increase of cases over the preceding 5-year median, 3 sections reported a decline in the number of cases, and in the other 2 the incidence was about normal. The largest increases over the seasonal expectancy occurred in the North Central sections while the greatest decrease was reported from the Pacific section.

Meningococcus meningitis.—The 201 cases of this disease reported during the current 4-week period was slightly less than the number reported for the corresponding period in 1946 and less than one-half of the 1942–46 median (428 cases). While the number of cases was considerably below the incidence in the epidemic years of 1943–45, it was about 30 percent above the average for nonepidemic years (160 cases). The incidence was comparatively low in all sections of the country except the Mountain.

Poliomyelitis.—The number of cases of poliomyelitis rose from 369 during the preceding 4 weeks to 822 during the 4 weeks ended August 9. The incidence was, however, considerably below that of last year, and was also below the 1942–46 median in all sections of the country except the Pacific; in that section the current incidence was below that of 1946, but it was slightly above the preceding 5-year median. Of the total cases, California reported 87, Illinois 66, New York 64, Pennsylvania 49, Ohio 48, Nebraska 44, Michigan 36, and Texas 34 cases—55 percent of all of the cases were reported from those 8 States. For the country as a whole the current incidence was the lowest for this period since 1933 when 667 cases were reported. During these same weeks in 1946 there were 4,453 cases reported and the 1942–46 median is represented by the 1945 figure (1,945 cases).

Scarlet fever.—The scarlet fever incidence was also below the normal seasonal expectancy, the 1,927 cases reported for the current 4 weeks being less than 80 percent of the 1946 figure for the same weeks and less than 70 percent of the 1942–46 median. The incidence was comparatively low in all sections of the country. For the entire country the current incidence was the lowest in the 19 years for which these data are available.

Smallpox.—Four cases of smallpox were reported for the 4 weeks ended August 9—one case each in Minnesota, Virginia, Arkansas, and New Mexico. The current number compared with a total of 11 for this period in 1946 and a preceding 5-year (1942–46) median of 16 cases. The current incidence is the lowest on record for this period and compares with such figures as 108, 178, and 394 cases for the corresponding periods in 1940, 1939, and 1938, respectively.

Typhoid and paratyphoid fever.—The incidence of this disease continued at a relatively low level. For the country as a whole the number of cases (510) was slightly lower than the number reported during the same weeks in 1946 and about 75 percent of the preceding 5-year median. The incidence was below the normal seasonal expectancy in all sections of the country except the Pacific section where the number of cases (88) was three times the median. Of the 88 cases reported from the Pacific section, 76 occurred in California; the average number of cases reported from that State for the years 1942–46 was 17 cases. For the entire country the current incidence was the lowest for this period in the 19 years for which data are available in this form.

MORTALITY, ALL CAUSES

For the 4 weeks ended August 9 there were 33,726 deaths from all causes reported to the National Office of Vital Statistics by 93 large cities. The median number reported for the corresponding period in 1944–46 was 33,240 deaths. During the first two weeks of the 4-week period the number of deaths was below the 1944–46 median, but during the third week the number of deaths was 3.7 percent above the median and for the fourth week the number was 12.1 percent above the preceding 3-year median.

Number of reported cases of 9 communicable diseases in the United States during the 4-week period July 13–August 9, 1947, the number for the corresponding period in 1946, and the median number of cases reported for the corresponding period, 1942–46

Division	Current period	1946	5-year median	Current period	1946	5-year median	Current period	1946	5-year median
	Diphtheria			Influenza ¹			Measles		
United States.....	526	871	713	2,095	1,979	1,979	6,935	10,869	7,098
New England.....	23	47	19	5	2	5	696	1,762	1,047
Middle Atlantic.....	86	102	58	17	19	18	1,560	3,032	1,181
East North Central.....	54	111	86	22	56	69	2,485	2,439	1,246
West North Central.....	68	59	53	11	36	18	637	295	300
South Atlantic.....	76	153	153	966	726	564	521	1,048	528
East South Central.....	57	70	70	110	52	99	96	299	95
West South Central.....	92	135	135	829	961	842	367	654	341
Mountain.....	18	73	41	109	110	155	251	455	492
Pacific.....	52	121	81	26	17	36	322	885	1,489
	Meningococcus meningitis			Poliomyelitis			Scarlet fever		
United States.....	201	288	428	822	4,453	1,907	1,927	2,503	2,888
New England.....	9	10	28	70	86	86	159	224	272
Middle Atlantic.....	35	58	81	128	252	252	416	492	493
East North Central.....	35	44	81	173	747	210	548	578	656
West North Central.....	13	30	38	127	1,800	129	154	168	286
South Atlantic.....	36	29	52	69	183	183	178	238	313
East South Central.....	17	24	41	32	238	131	86	204	172
West South Central.....	27	40	40	56	462	272	78	125	135
Mountain.....	11	8	8	52	352	67	78	157	157
Pacific.....	18	45	50	115	333	106	230	317	422
	Smallpox			Typhoid and paratyphoid fever			Whooping cough		
United States.....	4	11	16	510	558	688	14,659	9,375	11,802
New England.....	0	0	0	20	29	26	925	919	919
Middle Atlantic.....	0	0	0	50	45	82	2,646	1,611	2,614
East North Central.....	0	3	4	48	82	82	3,933	2,722	2,722
West North Central.....	1	3	3	24	25	34	1,067	427	609
South Atlantic.....	1	0	0	95	108	180	1,993	1,356	1,964
East South Central.....	0	0	1	59	61	119	534	711	539
West South Central.....	1	4	2	103	138	160	2,068	842	902
Mountain.....	1	1	1	23	37	35	588	257	493
Pacific.....	0	0	0	88	33	29	905	530	839

¹ North Carolina and New York excluded; New York City included.

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—Week ended August 2, 1947.—During the week ended August 2, 1947, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Chickenpox		2		19	120	11	17	28	44	241
Diphtheria				8	4	1				13
Dysentery, bacillary				8						8
German measles				5	6		1	4	6	22
Influenza		190			2	19			3	214
Measles		6		47	35	21	9	23	34	175
Meningitis, meningococcus					2					2
Mumps		11		22	88	6	8	15	22	172
Poliomyelitis		1		11	21	36	4	2	13	88
Scarlet fever			1	41	29	1		4		76
Tuberculosis (all forms)		1	29	112	22	61	15	9	38	287
Typhoid and paratyphoid fever				2	8			1	3	16
Undulant fever				1	5			1	4	11
Veneral diseases:										
Gonorrhoea	5	22	16	88	96	36	27	50	104	444
Syphilis	4	9	5	56	82	9	6	12	39	222
Other forms										9
Whooping cough		6		27	46	20	7	12	23	141

FINLAND

Notifiable diseases—June 1947.—During the month of June 1947, cases of certain notifiable diseases were reported in Finland as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	7	Paratyphoid fever	302
Diphtheria	325	Poliomyelitis	5
Dysentery	8	Scarlet fever	155
Gonorrhoea	1,138	Syphilis	286
Malaria	2	Typhoid fever	61

GERMANY (UNITED STATES ZONE).

Poliomyelitis.—According to official reports, cases of poliomyelitis have been reported in the United States Military Zone of Germany as follows: January–March 22, 1947—37 cases, 6 deaths (report for week ended March 29 not received); March 30–June 28—38 cases, 8 deaths;

week ended July 5—9 cases, 1 death; week ended July 12—9 cases, 2 deaths; total January to July 12 (exclusive of week ended March 29), 93 cases, 17 deaths. According to reports from unofficial sources dated August 23, the current incidence is higher in the Soviet Zone.

1946.—Cases of poliomyelitis were reported in the United States Military Zone in 1946 as follows: January–June 29 (2 weeks missing), 63 cases, 9 deaths; June 30–November 2 (3 weeks missing), 308 cases, 39 deaths; November 3–December 28, 64 cases, 7 deaths; total for the year (5 weeks missing), 435 cases, 55 deaths.

GREAT BRITAIN

England and Wales—Poliomyelitis.—For the week ended August 9, 1947, 624 cases of poliomyelitis were reported in England and Wales as compared with 487 cases reported for the preceding week. (See PUBLIC HEALTH REPORTS for Sept. 5, 1947, page 1325.)

JAMAICA

Notifiable diseases—5 weeks ended August 2, 1947.—During the 5 weeks ended August 2, 1947, cases of certain notifiable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Chickenpox.....	4	7	Leprosy.....		2
Diphtheria.....	2	4	Tuberculosis (pulmonary).....	44	76
Dysentery, unspecified.....	1	1	Typhoid fever.....	7	98
Erysipelas.....	1	1	Typhus fever (murine).....	2	4

NORWAY

Notifiable diseases—May 1947.—During the month of May 1947, cases of certain notifiable diseases were reported in Norway as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	25	Paratyphoid fever.....	161
Diphtheria.....	117	Pneumonia (all forms).....	2,368
Dysentery.....	11	Poliomyelitis.....	24
Erysipelas.....	436	Rheumatic fever.....	227
Gastroenteritis.....	5,016	Scabies.....	2,884
Gonorrhoea.....	696	Scarlet fever.....	427
Hepatitis, epidemic.....	244	Syphilis.....	137
Impetigo contagiosa.....	2,862	Tuberculosis (all forms).....	483
Influenza.....	2,137	Typhoid fever.....	2
Malaria.....	1	Weill's disease.....	7
Measles.....	56	Whooping cough.....	896
Mumps.....	486		

SCOTLAND

Poliomyelitis.—During the week ended July 26, 1947, 13 cases of poliomyelitis were reported in Glasgow, Scotland, and 3 cases in nearby counties. For the week ended August 2, 1947, 17 cases were reported in Glasgow. The total number of cases of poliomyelitis reported in all of Scotland since the increased incidence was noted is approximately 100.

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—Shanghai.—One imported case of cholera was reported in Shanghai, China, for the weeks ended August 2 and August 9, 1947, respectively.

Indochina (French)—Cambodia.—For the period July 21–31, 1947, 129 cases of cholera with 92 deaths were reported in Cambodia, French Indochina.

Smallpox

Indochina (French)—Cambodia.—For the period July 21–31, 1947, 102 cases of smallpox with 27 deaths were reported in Cambodia, French Indochina.

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