

Public Health Reports

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PROGRESS TOWARD A WORLD HEALTH ORGANIZATION ¹

I. ESTABLISHMENT OF THE INTERIM COMMISSION

On July 22, 1946, the date on which representatives of 61 states signed the Constitution of the World Health Organization (WHO), there was also signed an Arrangement ² establishing an Interim Commission composed of representatives of 18 states.³ The Commission will carry on its activities until the first session of the World Health Assembly, which will meet not later than 6 months after the Constitution of the WHO has been formally accepted by 26 members of the United Nations. Thus far, China, the United Kingdom, Canada, Iran, and New Zealand have accepted. It is hoped that the United States will accept through action of Congress at an early date.

The Commission has held two sessions, the first in New York City, July 19-23, 1946, during the last days of the International Health Conference, and the second at Geneva, Switzerland, November 4-13, 1946.

II. FIRST SESSION OF INTERIM COMMISSION, NEW YORK, JULY 19-23, 1946

Pending definitive appointment of representatives by the governments concerned, the representatives at the first session were the heads of the appropriate delegations to the International Health Conference or persons appointed by them. The session was concerned largely with organizational matters.

¹ From the Office of International Health Relations, United States Public Health Service. Prepared by Dr. Morton Kramer of the Office of International Health Relations, United States Public Health Service, from official documents issued at the first and second sessions of the Interim Commission of the World Health Organization and from the report of the second session of the Interim Commission submitted by the United States representative to the Secretary of State.

² UN Document E/155.

³ Australia, Brazil, Canada, China, Egypt, France, India, Liberia, Mexico, Netherlands, Norway, Peru, Ukrainian S. S. R., United Kingdom, United States of America, Union of Soviet Socialist Republics, Venezuela, and Yugoslavia.

A. Election of officers

The permanent officers of the Interim Commission are a chairman and three vice chairmen. Dr. F. G. Krotkov (U. S. S. R.), who declined to serve on a permanent basis, was elected temporary chairman and was succeeded at the termination of the session by Dr. Andrija Stampar (Yugoslavia) as permanent chairman. The three vice chairmen selected were Dr. O. S. Mondragon (Mexico), Dr. A. T. Shousha Pasha (Egypt), and Dr. Szeming Sze (China). Dr. G. Brock Chisholm (Canada) was appointed Executive Secretary.

B. Appointment of committees

Internal committees on administration and finance, epidemiology and quarantine, and relations were set up with membership as follows:

1. Committee on Administration and Finance:

Canada	Mexico	United Kingdom
China	Netherlands	United States
France	Ukrainian S. S. R.	Yugoslavia

2. Committee on Epidemiology and Quarantine:

Brazil	India	United Kingdom
China	Liberia	United States
Egypt	Peru	Yugoslavia
France	U. S. S. R.	

3. Committee on Relations:

Australia	Mexico	U. S. S. R.
Brazil	Netherlands	United States
Egypt	Norway	Venezuela

C. Administration and finance

The Committee on Administration and Finance was the only committee to meet during the first session. A budget of \$300,000 for the remainder of 1946 and of \$1,000,000 for 1947 was approved. The Committee also approved the future engagement of certain officials employed in UNRRA's Health Division, the League of Nations Health Organization, and the Office International d'Hygiène Publique.

In addition, the Committee voted that the Executive Secretary should be paid an annual tax-free salary of \$13,500 together with a hospitality allowance of \$5,000 and any other allowance to which he might be entitled in conformity with the practice of the United Nations for officials of the rank of Assistant Secretary General.

III. SECOND SESSION OF INTERIM COMMISSION, GENEVA, NOVEMBER, 4-13, 1946

The second session of the Interim Commission met in the Palais des Nations, Geneva, Switzerland, November 4-13, 1946, under the

chairmanship of Dr. Andrija Stampar (Yugoslavia). The session was attended by representatives of each of the eighteen member states, except Peru and the Ukraine, and by observers from the United Nations, UNRRA, the Office International d'Hygiène Publique, and the Pan American Sanitary Bureau.

The United States representative, Dr. Thomas Parran, was accompanied by Dr. H. van Zile Hyde, alternate; Dr. James A. Doull and Mr. H. B. Calderwood, advisers; and Miss Margaret Roberts, secretary. The complete list of representatives and observers is given in Appendix A.

A summary of the matters considered and actions taken follows.

A. Headquarters of the Interim Commission

The site of headquarters of the Interim Commission was not fixed by the International Health Conference nor by the Arrangement establishing the Commission, it having been the general understanding that the headquarters would be in New York City. The Executive Secretary, who established headquarters in New York City in July, presented a plea that the headquarters be moved to Geneva. In support of this, he cited the difficulties which the Secretariat had had in finding proper quarters in New York. He stated that the epidemiological information functions which the Commission was in the process of taking over from the Office International d'Hygiène Publique, UNRRA, and the League of Nations, and the more general health functions being taken over from UNRRA, could best be administered from a European base and that he had been assured by the United Nations that it would make adequate space available in the Palais des Nations. The United Nations observer stated, however, that he had received a telegram stating that the Secretary General of the United Nations could not assure the Interim Commission space in the Geneva Building, in view of current discussions in the General Assembly.

The Government of France, desirous of having the Interim Commission and later the WHO establish headquarters in Paris, invited the Commission, just preceding the opening of the second session, to inspect the Majestic Hotel (UNESCO House), the headquarters of UNESCO, and the estate of Baron de Rothschild, both of which are in Paris. The Executive Secretary of the Preparatory Commission of UNESCO offered the Interim Commission office space and secretariat service at UNESCO House, in the event the Commission should decide to establish headquarters in Paris.

After much discussion the following resolution was adopted by the Commission:

The Interim Commission:

(1) Takes note of the establishment of a headquarters office in New York capable of assuring indispensable liaison with the United Nations and the fulfillment of other functions of the Interim Commission;

(2) Authorizes its Executive Secretary to set up an office in Geneva in order to facilitate the activities of the Interim Commission;

(3) Authorizes its Executive Secretary, in agreement with the Chairman of the Interim Commission, to set up offices in other places if necessary.

The headquarters office will be in the Empire State Building, 350 Fifth Avenue, New York and the Geneva Office in the Palais des Nations.

B. Headquarters of the World Health Organization

According to the Constitution of the WHO, the location of its headquarters is to be determined by the World Health Assembly after consultation with the United Nations. Under the Arrangement of July 22, one of the functions of the Interim Commission is to make studies regarding location of the headquarters of the Organization.

A committee of five, consisting of the representatives of Canada, Egypt, India, Mexico, and Norway, was established to study the question of location of headquarters of WHO. In making such studies the Committee was instructed to "pay special attention to the privileges which would be granted by the host state, the internationalization of the seat, accessibility from and to the world at large, unrestricted and uninterrupted contact between the WHO and all countries of the world, climatic conditions, general use by the local population of either the working languages of the United Nations, adequate facilities for the immediate establishment of the necessary offices, printing facilities, etc., and the principle of centralization."

The Committee met on November 11 and decided that the Executive Secretary should get in touch with the various governments informing them of the likely requirements of the WHO in respect to accommodations and other facilities. The replies, as well as other available data, are to be circulated to members of the Committee for study. The Committee will meet one day before the beginning of the next session of the Commission to prepare a progress report. Discussion with the United Nations will be postponed until the data prepared by the Secretariat has been carefully studied.

C. Transfer to the Interim Commission of the health functions of other international agencies

1. The League of Nations Health Organization

The Executive Secretary reported that on October 16, 1946 the staff of the League of Nations Health Organization concerned with epidemiological intelligence and international standardization of biological products had been transferred from the United Nations to the Interim Commission. As early as February 12, 1946, the United Nations First Assembly decided to transfer to United Nations the health functions of the League of Nations. This decision was endorsed by the last assembly of the League of Nations in April 1946. The principle was recommended by the Technical Preparatory Committee in Paris in April and by the Economic and Social Council in June.

The International Health Conference, in the Arrangement signed on July 22, entrusted the Interim Commission with the task of taking all necessary measures to effect the transfer from the United Nations to the Interim Commission of the functions, activities, and assets of the League of Nations Health Organization which had been taken over by the United Nations (Article 2(d)).

The Conference had taken for granted that the transfer of these functions to the United Nations had been effected. Such, in fact, was not the case, and the work of the Health Section continued to be carried out under the authority of the Secretary General of the League until August 31, 1946, when the Secretariat was transferred to the United Nations. After the Economic and Social Council adopted a resolution on September 17, 1946, which, *inter alia*, emphasized the desirability of early transfer of the League of Nations' health functions from the UN to the Commission, the Secretary General of the UN and Executive Secretary of the Commission arranged for the transfer as from October 16, 1946. As a result of this action, the Assistant Secretary General of the United Nations in charge of the Department of Social Affairs reduced the Health Division of his Department to a Health Liaison Section to avoid duplication with the Commission.

2. Transfer of certain functions of UNRRA

As of December 1, 1946, the Commission took over the duties and functions entrusted to UNRRA by the International Sanitary Conventions of 1944 and the protocols prolonging them. This was one of the functions specifically assigned to the Interim Commission under Article 2(f) of the Arrangement establishing the Commission. This transfer was accomplished by an exchange of letters between the

Director General of UNRRA and the Executive Secretary of the Commission.

The Commission also approved a draft agreement with UNRRA under which UNRRA will turn over \$1,500,000 to the Commission for the continuation of the following functions in countries receiving aid from UNRRA:

(a) Program of fellowships and other educational activities to provide training in the field of public health and medicine for suitably qualified personnel.

(b) Program to assist Ethiopia in the development of indigenous medical and nursing services.

(c) Program in tuberculosis, providing a staff of tuberculosis specialists available for advice and assistance in the control of tuberculosis.

(d) Program on malaria control.

(e) Program of general advice and assistance in public health and medicine, providing missions of experts and placing special emphasis on the needs of China.

The extent to which these programs are to be carried forward will be established by the Commission in consultation with the governments concerned. The Commission will undertake these activities on January 1, 1947, in Europe and on April 1, 1947, in the Far East.

In a telegram received from Mr. La Guardia, Director General of UNRRA, which informed the Commission of UNRRA's approval of the transfer of the above functions and funds, there was expressed the hope that "as part of the continuance of UNRRA functions and responsibility and, in connection with technical advice to receiving governments, it can be arranged that the Interim Commission will cooperate in carrying out observations of distribution of health supplies shipped by UNRRA which arrive after take-over date along lines of present UNRRA observation."

The Commission adopted the position that "it should cooperate as far as possible in affording technical *advice to governments upon their request* in the distribution of medical supplies but regrets that it finds itself unable to cooperate in carrying out observation of distribution of UNRRA supplies along the lines of present UNRRA observation."

In view of the necessarily drastic reduction in the scope of UNRRA activities imposed by the relatively small fund made available, the Commission recognized the necessity for a complete reevaluation of UNRRA programs in consultation with the several governments concerned. Pending the results of a survey, the Commission authorized the Executive Secretary to utilize, as necessary, \$500,000 of the \$1,500,000 in retaining UNRRA personnel until such time as a definite budget for the total amount might be constructed. A subcommittee of the Committee on Administration and Finance composed of the representatives of Canada, China, the Ukraine, the United Kingdom, the United States, and Yugoslavia was appointed to consider and approve, in January 1947, a budget for the total program

under the \$1,500,000 fund, on the basis of studies and recommendations of the Executive Secretary.

3. *Transfer of functions of the Office International d'Hygiène Publique*

Dr. M. T. Morgan, President of the Permanent Committee of the Office International d'Hygiène Publique reported that the Permanent Committee had met in Paris on October 23, to determine how to carry out the terms of the Arrangement establishing the Commission and the Protocol relative to the dissolution of the Office International.

The Permanent Committee adopted on October 31, 1946 a resolution which authorized the President acting in association with the Committee on Transfer and Finance or with any two of its members acting on behalf of that Committee:

(a) To make temporary arrangements with the Interim Commission of the World Health Organization whereby that Commission acting as temporary agent of the Office shall receive notifications of the occurrence of outbreaks of disease and of epidemics as required by the Sanitary Conventions, shall transmit such information to governments which are parties to the Rome Agreement and to such Sanitary Conventions and shall prepare and issue the publications of the Office;

(b) To take the steps necessary to effect the transfer to the World Health Organization or its Interim Commission of the duties and functions which are assigned to the Office as soon as the Protocol of July 22, 1946, has entered into force;

(c) To take any action and make any arrangements which may appear necessary in anticipation of the transfer of the assets and liabilities of the Office to the World Health Organization or its Interim Commission, and in anticipation of the dissolution of the Office, in accordance with the terms of the above mentioned Protocol and of the Arrangement of July 22, 1946.

The Interim Commission set up a subcommittee consisting of the representatives of Australia, Mexico, and the Netherlands to act in cooperation with the Committee on Transfer and Finance of the Permanent Committee and authorized it to take any action considered appropriate to effect the transfer of functions to the Interim Commission, thus implementing Paragraph 2(e) of the Arrangement of July 22, 1946, and the Resolution adopted by the Permanent Committee of the Office.

Subsequently, it was arranged for the Commission to assume the epidemiological intelligence service of the Office from January 1, 1947. Negotiations for the publication of the Monthly Bulletin of the Office by the Interim Commission are still in progress.

D. State of negotiations with the Pan American Sanitary Organization

In application of Article 54 of the Constitution of the WHO which provides for the integration of the Pan American Sanitary Organiza-

tion with the WHO and of paragraph 2(g) of the Arrangement of July 22, which gives to the Commission the task of negotiating an agreement with the Pan American Sanitary Organization for presentation to the World Health Assembly, a special subcommittee of the Committee on Relations was appointed, consisting of the representatives of Brazil, Mexico, the United States, and Venezuela.

The Subcommittee presented the following report on its activities:

At the request of the representatives of Venezuela and Brazil, Dr. Parran (U. S. A.), on behalf of the Subcommittee, addressed a letter to Dr. Hugh S. Cumming, as Director of the PASB on September 27. This letter requested that the Directing Council of the PASB, scheduled to meet in Havana, Cuba, on October 1, be asked by the Director to appoint a committee to discuss with the subcommittee, in a preliminary manner, the terms under which the Organization might be integrated with the WHO as contemplated by Article 54 of its Constitution. The Director of the PASB, on October 10, directed a letter from Havana to Dr. Parran attaching a document approved by the Directing Council and designated as "the Declaration of Havana." This declaration was also transmitted by Dr. Cumming to the Executive Secretary of the Interim Commission and is reproduced in Document WHO.IC/W.19. It is being studied by the Subcommittee. The Subcommittee directs the attention of the Interim Commission to the fact that only one-third of the American republics are represented on the Directing Council of the PASB.

The Director of the PASB in reply to a second letter from Dr. Parran, asking whether the Directing Council of the PASB had appointed a negotiating committee, stated that the Directing Council "apparently thought that they were not authorized to do so. * * *"

The subcommittee expressed its unanimous position in support of the earliest possible acceptance of the Constitution of the WHO by all states, *without reservation*.

The subcommittee looks forward to the opportunity of entering into discussions with a negotiating committee which it hopes will be appointed by the Twelfth Pan American Sanitary Conference (Caracas, Venezuela, January 12, 1947) with a view to developing a draft agreement acceptable to the negotiating committee of the two organizations, for the presentation to the Interim Commission for consideration at its third session.

It is recommended that the present subcommittee be continued; and in the event that an invitation is received by the Interim Commission from the Government of Venezuela to be represented at the Caracas Conference, the subcommittee be authorized to represent the Interim Commission and to initiate negotiations on its behalf with any appropriate committee designated or appointed by the Twelfth Pan American Sanitary Conference.

Two telegrams were received from the Ministry of Public Health of Venezuela, one inviting the Chairman of the Interim Commission or his representative and the other inviting Drs. Chisholm and Biraud to be present as observers at the Twelfth Pan American Sanitary Conference to be held at Caracas January 12-24, 1947.

The Commission decided that the Subcommittee on Negotiations with PASB should represent it at the Caracas Conference.

E. Technical committees established

The Interim Commission determined that it should have two types of committees: (1) *internal committees*, composed of representatives on the Interim Commission, and (2) *technical committees*, composed of experts appointed jointly by the Chairman of the Commission and the Executive Secretary.

The Commission adopted a procedure for the appointment of members of technical committees and subcommittees. The procedure requires that, in the selection of experts, the paramount consideration shall be their technical proficiency and experience, but consideration shall also be given to their being drawn from as wide a geographical basis as possible. The Executive Secretary is to invite suggestions for names of experts from the members of the Commission and from the national health administrations.

The following technical committees were established:

1. Committee on Quarantine with Subcommittee on Yellow Fever

A Committee on Quarantine was established to consist of experts from the following countries: Brazil, China, France, the Netherlands, India, Egypt, the United Kingdom, the U. S. S. R., and the U. S. A. This Committee is to deal with problems arising out of the application of the existing Sanitary Conventions. To carry out the special functions in regard to yellow fever assigned to UNRRA by Sanitary Conventions of 1944, the Interim Commission authorized the appointment of a Subcommittee on Yellow Fever not to exceed seven persons. The Quarantine Committee is to meet twice a year, preferably at times when the Interim Commission is in session.

2. Committee on the Revision of the International Sanitary Conventions with a Subcommittee on Pilgrimage

It was agreed that the existing Sanitary Conventions called for revision and that a committee for the work would have to be set up, preferably at the next session of the Interim Commission. Consideration was given to the special and complex problems related to the sections of the Sanitary Conventions applying to the Moslem pilgrimage referred to the Commission by the Permanent Committee of the Office International.

Pending a meeting of the Revision Committee, it was decided to appoint a subcommittee of six members to be drawn from Egypt, Saudi Arabia, France, the United Kingdom, India, and the Netherlands to consider the revision of the pilgrimage clauses of the Sanitary Conventions.

3. Committee on Malaria

The appointment of an expert Committee on Malaria of five members to study and advise on this problem was authorized.

4. Committee on Narcotic Drugs

The Commission adopted a resolution of the representative from China, "that an expert Committee on Narcotic Drugs composed of five persons technically qualified in the pharmacological and clinical aspects of drug addiction be appointed to advise the Interim Commission on any technical questions concerning this subject which may be referred to it." This Committee will be available to the Narcotics Commission of the Economic and Social Council to advise it on technical matters within the competence of WHO.

5. Committee on Biological Standardization

The Commission adopted a resolution introduced by the Secretariat for the appointment of a small body of experts, whose number is not to exceed eight, to form a nuclear Committee on Biological Standardization. These experts will define the subjects which appear to be the most urgent for study and will draw up a plan of work for consideration of the Commission, covering the setting up of international standards and units in the fields selected.

6. Committee on Revision of International List of Causes of Death and Establishment of International List of Causes of Morbidity

The Commission authorized the appointment of a committee, not to exceed nine persons, on revision of the International List of Causes of Death to carry on the preparatory work for the sixth decennial revision of the List, including the making of recommendations to the Commission concerning action which it might appropriately take to effect the revision. A further resolution authorized this Committee to review existing machinery and continue preparatory work as is necessary to effect the establishment of international lists of causes of morbidity.

The Committee structure of the Commission at the conclusion of its second session is presented in chart A.

F. Report of the Epidemiology and Quarantine Committee

In addition to the establishment of technical committees on quarantine, yellow fever, and pilgrimage, the following recommendations of the Committee on Epidemiology and Quarantine were approved by the Commission.

(1) The Executive Secretary was instructed:

(a) To collect information regarding the most modern ideas of quarantine control, especially changes in legal form in the character of quarantine agreements;

COMMITTEE STRUCTURE OF THE INTERIM COMMISSION OF THE WORLD HEALTH ORGANIZATION AT THE CONCLUSION OF ITS SECOND SESSION - NOVEMBER 1946

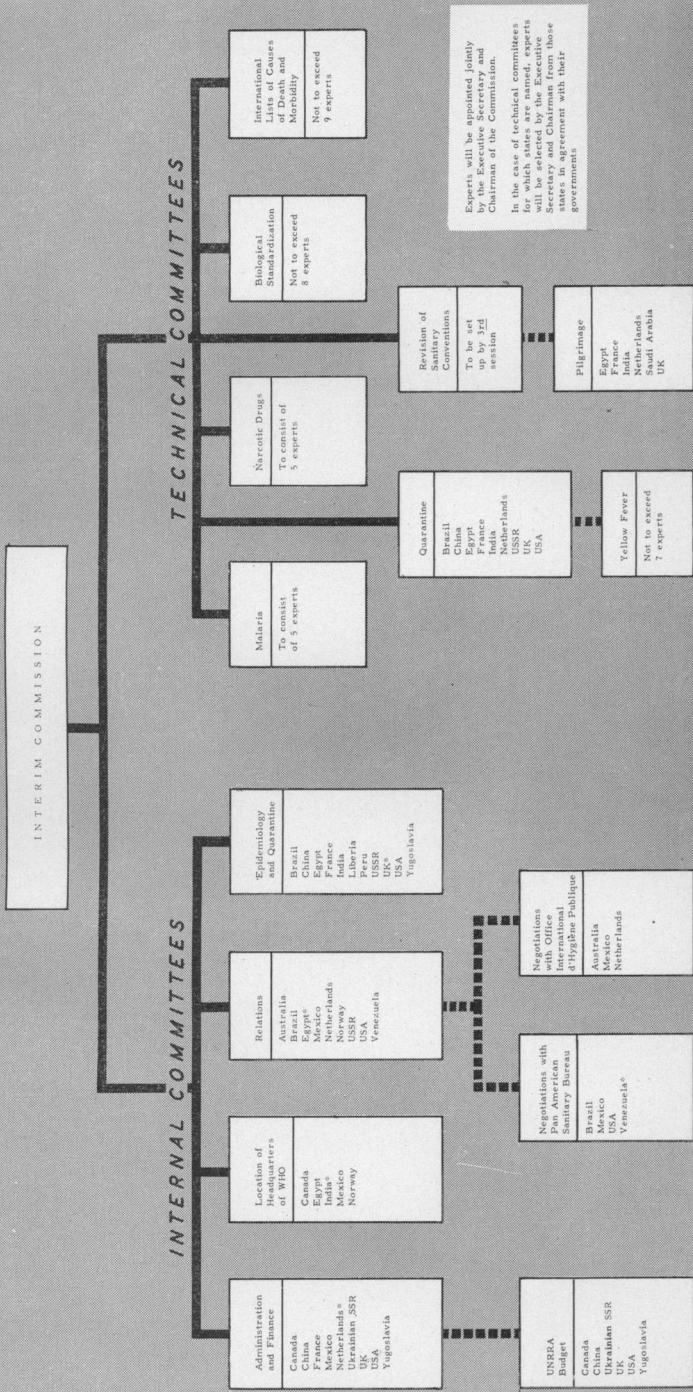


CHART A.

Chairman of Committee

(b) To prepare a note with regard to the delimitation of the regional areas for epidemiological intelligence;

(c) To ask signatory governments for the following information: (i) a statement concerning the practical use to which it puts the epidemiological information it receives from international health agencies by wireless, cable, and mail, weekly, monthly and annually; (ii) a statement concerning the form in which such information would be most useful to it; and (iii) recommendations concerning the manner in which a unified epidemiological information service might be of greatest practical assistance to it in protecting itself against the incursion of disease;

(d) To prepare documents so that the Commission might at its third session embark on "studies regarding the definition of geographical areas with a view to the eventual establishment of regional organizations as contemplated in Chapter XI of the Constitution, due consideration being given to the views of the governments concerned."

(2) The Commission took note of the fact the Office International d'Hygiène Publique would refer to it the following technical questions:

- (a) The continuation of studies of postvaccinal encephalitis, and
- (b) Studies on the value of the immunity reaction in smallpox vaccination.

(3) Consideration of a proposal made by the representative of Liberia, that the expert committee on malaria study other tropical diseases as well and in the end recommend to the First World Health Assembly the establishment of a Tropical Disease Institute, was postponed.

(4) Proposals for a technical committee on the study of public health services in various countries and for investigations of available resources for training medical and other staff essential for public health services were considered. It was agreed to recommend the inclusion of this item on the agenda for the First World Health Assembly and to request the Secretariat to prepare an historical outline of the work done in this field and to incorporate proposals for its continuation and development.

(5) It was agreed that the item "International Programs in Combating Venereal Disease" should be placed on the agenda for the first meeting of the Health Assembly and that in the meantime the chairman of the Commission should appoint an expert in venereal disease to prepare a note on questions relating to venereal disease calling for urgent consideration.

G. Administration and finance

The Commission received a note from the Executive Secretary on the financial situation which showed that the estimated expenditures for 1946 would be \$220,000 or \$80,000 less than the \$300,000 available. The Executive Secretary explained that the residual funds would be required in 1947 to carry on activities deferred from 1946. He was authorized to request the United Nations to make the full \$300,000 available for expenditure in 1946 or 1947, as the case might be.

It was agreed that all administrative expenses in connection with the duties and functions taken over from UNRRA, except those related to epidemiological information, should be met from funds transferred from UNRRA.

There was no detailed review of the 1947 budget which, at the time, was before the General Assembly of the United Nations for approval and allocation of funds. It was recognized, however, that the budget was not applicable in all details since the committee structure contemplated by the budget had been modified by the Commission and the timing of the taking over of functions of other agencies had been somewhat different from that contemplated. The authority given to the Executive Secretary to transfer funds from one item to another within the broad chapters of the budget was considered to provide sufficient elasticity to meet necessary expenses. The Commission will review and approve a modified budget at its third session.

Regulations were adopted for the payment of travel expenses and subsistence of the representatives from each of the 18 member nations, of members of technical committees, subcommittees, and consultants.

The Commission instructed the Executive Secretary, in appointing technical and administrative staff members whose salary is at the rate of \$8,000 per annum or higher, to secure approval of the chairman of the Interim Commission.

In view of the complexity of the problem of the development of staff regulations and the attention being given to the matter by the United Nations, the Commission agreed that the regulations of the United Nations, insofar as they are applicable, should govern the conditions of employment of the staff of the Interim Commission. The Executive Secretary was instructed that, in applying these regulations, provisions should be made to permit the Director General of the World Health Organization to review within a reasonably short time after taking office the continued employment by the Organization of such staff.

H. Relationship with the United Nations

1. General remarks on the Economic and Social Council

The Economic and Social Council (ECOSOC) is charged with the social and economic functions of the United Nations. Because these responsibilities affect many aspects of international cooperation, the Council has to work through a number of commissions and committees. The structure of the Council at the conclusion of its third session in October 1946 is shown in chart B.

It should be noted that several of the commissions of the Council, such as the Statistical, Population, Social, and Narcotic Drugs Commissions, are concerned with fields which are of interest to the WHO.

STRUCTURE OF THE ECONOMIC AND SOCIAL COUNCIL OF THE UNITED NATIONS AT THE CONCLUSION OF ITS THIRD SESSION OCTOBER 1946

GENERAL ASSEMBLY

ECONOMIC AND SOCIAL COUNCIL

18 members elected for 3 years by General Assembly
decides by simple majority of those present and voting

AD HOC
COMMITTEES

COMMITTEE ON NEGOTIATIONS
WITH SPECIALIZED AGENCIES

COMMITTEE ON ARRANGEMENTS
FOR CONSULTATION WITH NON-
GOVERNMENTAL ORGANIZATIONS

COMMISSIONS

ECONOMIC
AND
EMPLOYMENT
(15 members)

TRANSPORT AND
COMMUNICATIONS
(15 members)

FISCAL
(15 members)

STATISTICAL
(12 members)

POPULATION
(12 members)

SOCIAL
(18 members)

HUMAN RIGHTS
(18 members)

STATUS OF
WOMEN
(15 members)

NARCOTIC
DRUGS
(15 members)

ECONOMIC
RECONSTRUCTION
OF
DRASTICALLY
AFFECTED
AREAS (Temporary)

EMPLOYMENT AND ECONOMIC STABILITY
AND ECONOMIC DEVELOPMENT
(To be established)

STATISTICAL
SAMPLING
(To be established)

FREEDOM OF INFORMATION AND THE PRESS
AND
PREVENTION OF DISCRIMINATION
(Authorized for establishment)

SPECIALIZED

*INTERNATIONAL
LABOR
ORGANIZATION

*UNITED NATIONS
SCIENTIFIC AND
CULTURAL
ORGANIZATION

*FOOD AND
AGRICULTURE
ORGANIZATION
OF THE
UNITED NATIONS

*PROVISIONAL
AGENCY FOR
CIVIL AVIATION
ORGANIZATION

*INTERNATIONAL
MONETARY
FUND

*INTERNATIONAL
BANK FOR
RECONSTRUCTION
AND
DEVELOPMENT

*WORLD HEALTH
ORGANIZATION
Commission
functioning

*INTERNATIONAL
REFUGEE
ORGANIZATION
(proposed)

*INTERNATIONAL
TRADE
ORGANIZATION
(proposed)

*NON-
GOVERNMENTAL
ORGANIZATIONS

AGENCIES

*Negotiations to bring these agencies into relationship with the United Nations have already been undertaken and draft agreements have been forwarded by the Council to the General Assembly for its approval.

The terms of reference of these commissions and their membership composition are given in Appendix B.

ECOSOC has the responsibility of bringing into relationship with the United Nations the various specialized agencies, such as the World Health Organization, the Food and Agricultural Organization, and others. It is the organ of the United Nations which coordinates the work of these agencies. The Council's Committee on Negotiations with Specialized Agencies negotiates agreements by which these agencies are brought into relationship with the United Nations.

2. UN-WHO draft agreement

The Commission considered a proposed draft agreement between the UN and the WHO, based on agreements of the UN with other specialized agencies, which contains 21 articles for establishing the relationships between the two organizations. Certain modifications were recommended and the Executive Secretary was authorized to continue discussions at the Secretariat level with the United Nations. It was considered premature to establish a committee at this point to negotiate with a committee of the United Nations.

1. Relationships with other specialized agencies of the United Nations

1. Principles of relationship

The Executive Secretary presented to the Commission a note concerning the relationship between the WHO and other specialized agencies. This note included a statement of basic principles and a review of relationships to date with other agencies. The Commission approved the basic principles incorporated in the note and authorized the Executive Secretary to continue negotiations, at the Secretariat level, with other specialized agencies, with the objective of developing draft agreements for consideration by the Commission and eventual presentation to the World Health Assembly. The basic principles approved by the Commission are briefly:

(1) No agency should enter the field of another agency without previous consultation and agreement with that agency;

(2) Collaboration between two agencies should aim at bringing together to deal with common problems experts of related but different and complementary fields rather than experts in the same field and with the same point of view nominated by the two different agencies;

(3) Joint committees are the most effective means of getting such experts to work together;

(4) Representation on such committees should be apportioned on the basis of the relative importance of the particular field to the various agencies participating in such joint committees;

(5) Secretariat duties in connection with joint committees should be apportioned between the participating agencies upon the basis of the relative importance of the subject to each agency;

(6) In the case of a subject which is the exclusive responsibility of one agency, but in which another agency has an interest, the former agency should supply the latter, upon request, with information concerning the subject;

(7) A joint committee should be permitted to establish subcommittees composed of experts derived from the participating agencies on the basis of the relative interest of each agency in the specific problem being handled by the subcommittee, even to the extent of a subcommittee being composed entirely of experts of a single agency;

(8) There should be a systematic exchange of all publications between specialized agencies;

(9) Each specialized agency should invite observers of all other specialized agencies to annual general conferences of assemblies;

(10) Specialized agencies should invite to their executive boards or technical committees observers from the other agencies when the agenda justifies this action;

(11) In certain instances permanent liaison officers should be appointed between specialized agencies with extensive common interests.

2. Current status of relationships

The Executive Secretary's note reported the following progress in relationships with the following specialized agencies:

a. Food and Agriculture Organization (FAO)

Upon invitation of the Director General of FAO, the Commission was represented at the second session of the FAO's annual conference, Copenhagen, September 2, 1946, by Dr. Karl Evang (Norway) and Dr. Biraud, Deputy Executive Secretary of the Interim Commission. The report of the Standing Committee on Nutrition and Food Management of the FAO included a chapter on relations of FAO with WHO. This report pointed out the need for coordination between the two agencies and distinguished between the respective interests in nutrition. It stressed the interest of WHO, as well as FAO, in the national nutrition committees to be formed and associated with the international nutrition committee. Dr. Evang and Dr. Biraud suggested that a joint committee on nutrition be formed by FAO and WHO, or, if such unification was not possible, that there should be the closest possible communication between the standing committees on nutrition of the two organizations, possibly by arranging that a number of individuals should be members of both committees.

The FAO standing committees on nutrition and on agriculture strongly recommended the formation of a joint standing committee with WHO on rural hygiene.

The FAO invited the Interim Commission to be represented at the

Preparatory Commission of the World Food Board, in Washington, October 28. Since the agenda of that meeting did not include any items bearing directly on health, the Executive Secretary of the Commission declined the invitation.

b. International Labor Organization (ILO)

At its twenty-ninth session, the governing body of the ILO "noted with satisfaction the provisions contained in the Constitution of the WHO that the Health Organization would act in cooperation with other specialized agencies in respect of a number of matters of direct interest with the ILO, notably the prevention of accidental injury, the improvement of nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene, promotion of maternal and child health welfare and the study of administrative and social techniques affecting the public health and medical care from the preventive and curative points of view, including hospital and social services. * * * The International Labor Conference has already, by the terms of the Declaration of Philadelphia, pledged the full cooperation of the ILO with such international bodies as may be interested, with a share of the responsibility for the promotion of health of all peoples."

The ILO invited the Interim Commission to be represented at the twenty-ninth annual session in Montreal on September 19. This invitation was declined on the grounds that the agenda did not contain any item of interest to the WHO, although it was expected that this probably would not be the case in the future.

The Executive Secretary of the Interim Commission on September 13 suggested to Mr. E. J. Phelan, Director General of ILO, that two joint committees be set up at the technical level; one on industrial hygiene and the other on provision for health care and medical services. The Executive Secretary suggested that the former might have equal representation or even predominant ILO representation, whereas the latter should include one or two ILO members. He also suggested that the joint committee on nutrition might include a representative of the ILO.

c. Provisional International Civil Aviation Organization (PICAO)

PICAO, in July 1946, through its Assistant Secretary General for Air Transport, had expressed a desire for general liaison with the Interim Commission. On August 5, Mr. Albert Roper, Secretary General of PICAO, expressed the wish of that organization to take part in discussions for the revision of the Sanitary Convention for Aerial Navigation, and suggested that a joint committee be formed within or under the Quarantine Committee of the Interim Commission.

The Executive Secretary of the Interim Commission agreed to the principle of such representation.

The Secretary General of PICA0 asked for representation of PICA0 at the Interim Commission's second session on November 4, 1946, but was informed that, as the session represented only a preliminary state of the Commission's work, invitation of other specialized agencies would be premature.

d. United Nations Educational, Scientific, and Cultural Organization (UNESCO)

A draft agreement between WHO and UNESCO, based upon the UNESCO-UN Agreement was submitted unofficially to the Chairman of the Interim Commission by Mr. V. Darchambeau, Permanent Representative of UNESCO with the United Nations. The terms of this agreement were outlined in a note presented by the Executive Secretary to the Commission. Essentially, the draft provides that UNESCO shall have responsibility in matters related to the basic sciences and WHO will have similar responsibility for the medical and health sciences. The Commission did not at the second session give detailed consideration to this proposed agreement.

J. Relationships with nongovernmental organizations interested in health

The Executive Secretary noted that several international and national nongovernmental organizations interested in health have already expressed a desire to establish official relationships with the Commission and later with the WHO. He deemed it advisable for relationships to be established with a number of these organizations, especially those whose fields of action are definitely within the realm of the WHO and whose scientific standing and practical value have been definitely established. Among these are the International Union Against Tuberculosis, the International Union Against Cancer, the International Union Against Venereal Diseases, and the World Medical Association. There was a discussion of the principles that should govern the relationships between the Organization and these nongovernmental agencies, but, because of the complexity of the problem, the Commission referred the matter back to the Secretariat for further study.

K. Resolution concerning the establishment of research laboratories by the United Nations

The Commission, taking cognizance of a resolution adopted by the ECOSOC on October 3, 1946 (UN Doc. E/233) regarding the establishment of research laboratories, adopted a resolution requesting

that "in view of the responsibility and authority placed upon the WHO in respect of international research in the field of health and in view of the responsibility assigned by the intergovernmental Arrangement of July 22, 1946, to the Interim Commission for preparing for the First World Health Assembly, the ECOSOC limit its action in regard to international research in health prior to the first meeting of the World Health Assembly, to consultation with interested agencies, including the Interim Commission, and to the development of such recommendations as may be determined helpful to the World Health Assembly."

L. Third session of Interim Commission

It was decided that the third session of the Interim Commission will meet in Geneva on March 31, 1947. The Committees on Administration and Finance, Location of Headquarters of WHO, and Malaria will meet in Geneva immediately preceding the session.

APPENDIX A

LIST OF REPRESENTATIVES, SECOND SESSION, INTERIM COMMISSION, WORLD HEALTH ORGANIZATION, GENEVA, NOVEMBER 4-13, 1946

AUSTRALIA

Representative:
Dr. George Muir REDSHAW
Chief Medical Officer
Australia House
London

BRAZIL

Representative:
Dr. Geraldo H. de PAULA SOUZA
Directeur de la Faculté d'Hygiène
et Santé publique
Université de São Paulo
Brésil

CANADA

Representative:
The Hon. Brooke CLAXTON
Minister of National Health and
Welfare

Substitute:
Dr. Thomas C. ROUTLEY
General Secretary
Canadian Medical Association

Advisers:
Dr. H. A. ANSLEY
Assistant Director of Health Services
National Department of Health
and Welfare, Ottawa

Mr. Jean CHAPDELAIN
Secretary
Canadian Embassy in Paris

Secretary:
Mrs. B. PARÉ-FULLER

CHINA

Representative:
Dr. Szeming SZE
Resident Representative in Wash-
ington of the National Health
Administration, in China

EGYPT

Representative:
H. E. Dr. Aly Tewfik
SHOUSA Pasha
Under Secretary of State
Ministry of Public Health
Cairo

FRANCE

Representative:
Dr. André CAVAILLON
Directeur Général de la Santé,
Ministère de la Santé Publique

Substitutes:
Dr. Xavier LECLAINCHE
Directeur Régional de la Santé
Dr. Lucien BERNARD
Médecin Inspecteur de la Santé,
Ministère de la Santé Publique
Dr. H. Y. SAUTTER
Médecin Inspecteur de la Santé,
Ministère de la Santé Publique

INDIA

Representative:
Major C. MANI
Deputy Public Health Commis-
sioner
New Delhi

LIBERIA**Representative:**

Dr. Josephⁿ N. TOGBA
Physician to Liberian Government,
Department of State, Monrovia

MEXICO**Representative (absent):**

Dr. Octavio S. MONDRAGON
Undersecretary, Ministry of Public
Health and Social Welfare

Substitute:

Dr. Manuel MARTINEZ-BAEZ
Permanent Representative of Mex-
ico to UNESCO

NETHERLANDS**Representative:**

Dr. C. Van den BERG
Director General of Public Health,
Ministry of Social Affairs

Dr. W. A. TIMMERMAN
Director of the National Institute
of Public Health, Utrecht

Adviser:

Mr. C. J. GOUDSMIT
Ministry of Social Affairs

Secretary:

Miss H. C. HESSLING
Ministry of Social Affairs

NORWAY**Representative:**

Dr. Karl EVANG
Surgeon-General of the Depart-
ment of Public Health

PERU**Representative (Absent):**

Dr. Carlos Enrique PAZ SOLDAN
Professor of Hygiene
Faculty of Medicine

UKRAINIAN S. S. R.**Representative (Absent):**

Dr. Levko I. MEDVED
Deputy Minister of Public Health

UNITED KINGDOM**Representative:**

Dr. Melville MACKENZIE
Principal Medical Officer
Ministry of Health

Substitutes:

Dr. W. H. KAUNTZE
Chief Medical Adviser
Colonial Office

Mr. L. M. FEERY
Principal, General
Register Office

Advisers:

Dr. Percy STOCKS
Medical Statistician
Office of the Registrar General for
England and Wales

Mr. C. H. K. EDMONDS
Assistant Secretary
Ministry of Health

Advisers—Continued

Mr. R. BRAIN
Principal
Ministry of Health

Mr. F. A. VALLAT
Foreign Office

Secretaries:

Miss EAST
Miss FARREN

UNITED STATES OF AMERICA**Representative:**

Dr. Thomas PARRAN
Surgeon General
U. S. Public Health Service

Substitute:

Dr. H. van Zile HYDE
Senior Surgeon
U. S. Public Health Service

Advisers:

Dr. James A. DOULL
Chief of the Office of International
Health Relations
U. S. Public Health Service

Mr. Howard B. CALDERWOOD
Consultant
U. S. Public Health Service

Secretary:

Miss M. ROBERTS

UNION OF SOVIET SOCIALIST REPUBLICS**Representative:**

Dr. Fedor Grigorievitch KROTKOV
Deputy Minister of Public Health,
Member of the Academy of Med-
ical Sciences

Secretary-Interpreter:

Miss Ann MIKHALCHY

VENEZUELA**Representative (Absent):**

Dr. Alfredo Alreza GUZMAN
Director of Public Health, Ministry
of Health and Social Welfare

Substitutes:

Dr. Arnoldo GABALDON
Chief, Malaria Division, Ministry
of Health and Social Welfare

Dr. Dario CURIEL

Chief, Division of Epidemiology
and Vital Statistics, Ministry of
Health

Adviser:

Dr. Santiago RUESTA Marca
Technical Assessor, Ministry of
Health and Social Welfare

YUGOSLAVIA**Representative:**

Dr. Andrija STAMPAR
Rector of the University of Zagreb

Substitute:

Dr. Dimitrije JUZBASIC
Professor of the Medical School of
Skoplje

OBSERVERS

UNITED NATIONS

Mr. Gilbert E. YATES
Secretary Economic and Social
Council

Dr. A. Jean LUCAS
Chief of the General Research
Section
Department of Trusteeship

OFFICE INTERNATIONAL D'HYGIÈNE
PUBLIQUE

Dr. M. T. MORGAN
President of the Permanent Com-
mittee of the O. I. H. P.

Dr. L. M. GAUD
Président de la Commission des
Finances et du Transfert

PAN AMERICAN SANITARY BUREAU

Dr. Aristides A. MOLL
Secretary, Pan American
Sanitary Bureau

UNITED NATIONS RELIEF AND REHABI-
LITATION ADMINISTRATION

Dr. Neville M. GOODMAN
Director of Health Division
European Regional Office
London

APPENDIX B

TERMS OF REFERENCE AND MEMBERSHIP COMPOSITION OF THE
STATISTICAL, POPULATION, SOCIAL, AND NARCOTIC DRUGS COM-
MISSIONS OF THE ECONOMIC AND SOCIAL COUNCIL

I. STATISTICAL COMMISSION

Terms of reference

At its first session,¹ the Economic and Social Council established a nuclear Statistical Commission, to report back to the Council on the functions and scope of work which the permanent Statistical Commission should undertake. As a result of this report, the Council at its second session² decided that the terms of reference of the Statistical Commission³ should be as follows:

The Commission shall assist the Council:

- (a) In promoting the development of national statistics and the improvement of their comparability;
- (b) In the coordination of the statistical work of specialized agencies;
- (c) In the development of the central statistical services of the secretariat;
- (d) In advising the organs of the United Nations on general questions relating to the collection, interpretation, and dissemination of statistical information;
- (e) In promoting the improvement of statistics and statistical methods generally.

Further, the Council decided that:

- (a) The Statistical Commission should formulate recommendations concerning the methods by which the activities of quasi governmental and nongovernmental statistical organizations may be related to those of the United Nations in fostering international cooperation in the improvement of statistics;
- (b) A central statistical unit should be organized within the Secretariat of the United Nations;

¹ First session held at Church House, London, January 23 to February 16, 1946.

² Second session held at Hunter College, New York, May 25 to June 21, 1946.

³ U. N. Document E/133/Rev. 2, October 2, 1946.

(c) Arrangements should be made whereby the Secretariat of the United Nations would maintain, without interruption, the statistical activities of the League of Nations.

Membership

The Council decided at its second session that the Commission should consist of one representative from each of twelve members of the United Nations selected by the Council. At its third session,⁴ the Council selected the following states to designate the initial members:

<i>For two years</i>	<i>For three years</i>	<i>For four years</i>
China	Canada	France
Netherlands	Mexico	Norway
Union of Soviet Socialist Republics	India	Turkey
United States of America	Ukrainian S. S. R.	United Kingdom

U. S. Member: The United States member of the Statistical Commission is Stuart A. Rice, Assistant Director in Charge of Statistical Standards, Bureau of the Budget.

Subcommission on Statistical Sampling

The Council authorized the Statistical Commission to establish a Subcommission on Statistical Sampling, to consist of not more than nine members.

World Statistical Congress

At the third session, the delegate for Lebanon pointed out that during the latter part of 1947 there will be a number of important international meetings relating to statistical matters in the United States. He made the proposal, which was approved by the Council, that the Secretary General, in consultation with the Statistical Commission, should explore "with those responsible for the organization of such meetings and with the appropriate specialized agencies, the practicability and desirability of coordinating the arrangements being made in such a manner as to constitute a World Statistical Congress in September 1947 under the aegis of the Economic and Social Council, and should make a report and recommendations on this matter to the Council at its next meeting."

II. POPULATION COMMISSION

Terms of reference

The Council decided at the third session to establish a Population Commission (replacing the former name of Demographic Commission) with the following terms of reference:⁵

⁴ Third session held at Lake Success, Long Island, September 11 to October 3, 1946.

⁵ U. N. Document E/190/Rev. 1.

The Population Commission shall arrange for studies and advise the Council on:

- (a) population changes, the factors associated with such changes, and the policies designed to influence these factors;
- (b) interrelationships of economic and social conditions and population trends;
- (c) migratory movements of population and factors associated with such movements;
- (d) any other population problems on which the principal or subsidiary organs of the United Nations or the specialized agencies may seek to advise.

The first task of the Population Commission is to draw up a specific program of work based on its terms of reference and taking into account any modifications in those terms of reference which the Commission may wish to recommend to the Council.

Membership

The Council decided at its second session that the Commission should consist of one representative from each of twelve members of the United Nations selected by the Council. At its third session, the Council selected the following states to designate the initial members:

<i>For two years</i>	<i>For three years</i>	<i>For four years</i>
China	Australia	Brazil
United Kingdom	Canada	Netherlands
United States of America	France	Peru
Union of Soviet Socialist Republics	Ukrainian S. S. R.	Yugoslavia

In order to maintain close liaison between the Population Commission and other bodies concerned with population problems, the Council decided that the Population Commission should invite representatives from the Economic and Employment Commission, Statistical Commission, Social Commission, and, until such time as the World Health Organization should become a specialized agency, from the Interim Commission of the World Health Organization, such representative to take part in the proceedings but not to be entitled to vote.

U. S. Member: The United States member of the Commission is Philip M. Hauser, Assistant to the Secretary, Department of Commerce.

III. SOCIAL COMMISSION

Terms of reference

The Council set up a nuclear Temporary Social Commission at its first session. In the light of the report ⁶ submitted by the Temporary

⁶ U. N. Document E/41.

Commission to the Council at its second session, the Council decided that the terms of reference of the Permanent Commission should be:

(a) To advise the Council on social questions of a general character and in particular on all matters in the social field not covered by specialized intergovernmental agencies;

(b) To advise the Council on practical measures that may be needed in the social field;

(c) To advise the Council on measures needed for the coordination of activities in the social field;

(d) To advise the Council on such international agreements and conventions on any of these matters, as may be required, and on their execution;

(e) To report to the Council on the extent to which the recommendations of the United Nations in the field of social policy are being carried out.

The Council also referred the following matters to the Social Commission:

(a) The observations of the Temporary Social Commission concerning provisions needed in the social welfare field included in Section XI of its report, and its suggestions as to methods by which such work might be carried on.

(b) The observations and recommendations concerning the activities of the League of Nations in the social field included in Section XIV of the report of the Temporary Social Commission were referred to the Social Commission with the request that, in the light of conditions prevailing in the postwar world, it consider:

(i) The best way of carrying on the functions undertaken by the League, with reference to traffic in women and children and all measures designed to prevent such traffic;

(ii) How work in the child welfare field could be effectively carried out, in cooperation with those international organizations, which are concerned with particular aspects of these problems, and take steps to create a subcommission especially constituted for work in the child welfare field;

(iii) How effective machinery could be developed for studying on a wide international basis the means for the prevention of crime and the treatment of the offender, and that the Commission also undertake consultation with the International Penal and Penitentiary Commission, and recommend a scheme by which work on this whole subject could be fruitfully dealt with on a broad international basis in close association with other social problems.

(c) The observations of the Temporary Social Commission in Section XV of its report concerning social problems requiring immediate attention, especially problems in countries directly affected by war or under enemy occupation to which first priority should be given and in countries which are underdeveloped, were referred to the Social Commission. The Commission was requested to give special attention to these problems and particularly to the urgent need for

finding some way of dealing with the important aspects of the work of the United Nations Relief and Rehabilitation Administration, mentioned in the report, after it is brought to a close. The Social Commission was also asked to consider the desirability of setting up international machinery in the fields of housing and town and country planning.

Membership

The Council decided at its second session that the Commission should consist of one representative from each of eighteen members of the United Nations selected by the Council. At its third session, the Council selected the following states to designate the initial members:

<i>For two years</i>	<i>For three years</i>	<i>For four years</i>
Czechoslovakia	Colombia	Canada
France	Netherlands	China
Greece	New Zealand	Denmark
Union of South Africa	Peru	Ecuador
Union of Soviet Socialist Republics	United Kingdom	Iraq
United States of America	Yugoslavia	Poland

U. S. Member: The United States member of the Commission is Arthur J. Altmyer, Commissioner for Social Security, Social Security Administration, Federal Security Agency.

IV. COMMISSION ON NARCOTIC DRUGS

Terms of reference

The Council decided at its first session to establish a Commission on Narcotic Drugs, with the following terms of reference:

The Commission shall:

(a) Assist the Council in exercising such powers of supervision over the application of international conventions and agreements dealing with narcotic drugs as may be assumed by or conferred on the Council;

(b) Carry out such functions entrusted to the League of Nations Advisory Committee on Traffic in Opium and Other Dangerous Drugs by the International Conventions on Narcotic Drugs as the Council may find necessary to assume and continue;

(c) Advise the Council on all matters pertaining to the control of narcotic drugs, and prepare such draft international conventions as may be necessary;

(d) Consider what changes may be required in the existing machinery for the international control of narcotic drugs and submit proposals thereon to the Council;

(e) Perform such other functions relating to narcotic drugs as the Council may direct.

Membership

The Council requested the following fifteen governments to designate one representative each to constitute the Commission (all for three years):

Canada	Mexico	United Kingdom
China	Netherlands	United States of America
Egypt	Peru	Union of Soviet Socialist
France	Poland	Republics
India	Turkey	Yugoslavia
Iran		

The Commission was also authorized by the Council to appoint, in a consultative capacity, and without the right to vote, representatives of the Permanent Central Opium Board and the Supervisory Board which were created under the terms of the International Conventions on Narcotic Drugs of 1925 and 1931, respectively.

U. S. Member: The United States member of the Commission is Harry J. Anslinger, Commissioner of Narcotics, Treasury Department.

NEW DIRECTOR OF PAN AMERICAN SANITARY BUREAU

At the Twelfth Pan American Sanitary Conference held at Caracas, Venezuela, from January 12 to January 24, 1947, Dr. Fred L. Soper of the Rockefeller Foundation was elected Director of the Pan American Sanitary Bureau, succeeding Dr. Hugh S. Cummings, Surgeon General, United States Public Health Service, retired, who was elected Director Emeritus.

DEATHS DURING WEEK ENDED JAN. 18, 1947

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

	Week ended Jan. 18, 1947	Correspond- ing week, 1946
Data for 93 large cities of the United States:		
Total deaths.....	9,960	10,401
Median for 3 prior years.....	10,401
Total deaths, first 3 weeks of year.....	30,807	33,999
Deaths under 1 year of age.....	846	576
Median for 3 prior years.....	590
Deaths under 1 year of age, first 3 weeks of year.....	2,523	1,831
Data from industrial insurance companies:		
Policies in force.....	67,232,072	67,111,222
Number of death claims.....	14,888	16,659
Death claims per 1,000 policies in force, annual rate.....	11.5	12.9
Death claims per 1,000 policies, first 3 weeks of year, annual rate.....	9.4	11.1

DEATHS IN 93 LARGE CITIES, 1946

[From the National Office of Vital Statistics]

Deaths	1946	1945
Total deaths (provisional).....	470,184	471,729
Total deaths (final).....	473,825
Infant deaths (provisional).....	34,936	31,573
Infant deaths (final).....	32,704

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 JANUARY 25, 1947

Summary

The reported incidence of influenza continued low. A total of 4,388 cases was reported, as compared with 4,129 last week and a 5-year (1942-46) median of 4,899. Of the current total, 4,193 cases occurred in the South Atlantic, South Central, and Mountain areas, and of this number, 3,365 were reported in 3 States—Texas 2,280 (last week 1,788), South Carolina 595 (last week 713), and Virginia 490 (last week 596). No other State reported more than 149 cases, and only 7 more than 44. The total to date this year is 16,910, as compared with 116,267 for the same period last year and a 5-year median of 17,421.

The incidence of poliomyelitis continues above the median expectancy. Of 59 cases reported (last week 69, 5-year median 31), 18 occurred in California (last week 21), 5 in New York, and 3 each in Massachusetts, Michigan, Nebraska, and Florida. The total to date this year is 315, as compared with 210 for the same period last year and a 5-year median of 136.

Of the total of 2,844 cases of scarlet fever reported for the week (as compared with 2,428 last week and a 5-year median of 3,746), 1,624 were reported in the Middle Atlantic and East North Central areas (last week 1,265). To date, 9,688 cases have been reported as compared with 10,939 for the same period last year and a 5-year median of 14,150.

The incidence of whooping cough is above that for any year since 1943—2,918 cases were reported, as compared with 2,485 last week and a 5-year median of 2,459. The increase is accounted for in the Middle Atlantic and East North Central areas, where nearly 50 percent of the total was reported, and in Texas where 426 cases occurred (last week, 252). The cumulative total is 9,500, as compared with 7,336 for the corresponding period last year and a 5-year median of 8,985.

A total of 9,958 deaths was recorded for the week in 93 large cities of the United States, as compared with 9,960 last week, 10,157 and 9,734, respectively, for the corresponding weeks of 1946 and 1945, and a 3-year (1944-46) median of 10,068. The total for the year to date is 40,765, as compared with 44,156 for the same period last year.

Telegraphic morbidity reports from State health officers for the week ended Jan. 25, 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
	Jan. 25, 1947	Jan. 26, 1946		Jan. 25, 1947	Jan. 26, 1946		Jan. 25, 1947	Jan. 26, 1946		Jan. 25, 1947	Jan. 26, 1946	
NEW ENGLAND												
Maine.....	7	3	0	1	1	1	191	27	27	0	2	2
New Hampshire.....	0	0	0	0	2	2	1	5	5	1	1	1
Vermont.....	0	0	1	15	53	123	3	7	0	1	0	0
Massachusetts.....	21	0	3	427	181	227	181	227	1	2	4	4
Rhode Island.....	3	0	0	2	2	63	1	22	0	1	1	1
Connecticut.....	0	1	1	2	43	14	204	27	107	4	3	3
MIDDLE ATLANTIC												
New York.....	29	11	11	16	128	114	147	993	928	7	25	27
New Jersey.....	3	6	4	6	32	24	93	67	67	3	7	7
Pennsylvania.....	16	14	12	10	16	2	708	738	1,137	8	16	16
EAST NORTH CENTRAL												
Ohio.....	17	40	11	8	31	15	380	59	111	2	10	10
Indiana.....	12	21	8	2	104	50	19	71	71	1	4	4
Illinois.....	5	6	14	3	14	13	12	556	273	1	24	16
Michigan ¹	7	13	6	2	8	2	66	628	141	5	9	6
Wisconsin.....	0	1	1	31	193	93	132	76	241	2	4	8
WEST NORTH CENTRAL												
Minnesota.....	6	6	6	2	2	23	5	19	1	3	2	2
Iowa.....	3	1	3	7	7	17	86	0	3	1	1	1
Missouri.....	6	7	5	4	13	5	10	235	96	4	4	7
North Dakota.....	1	1	1	1	40	14	2	2	42	0	0	0
South Dakota.....	0	0	0	0	0	10	48	48	0	2	0	0
Nebraska.....	3	1	2	4	23	3	6	10	19	0	1	1
Kansas.....	3	15	7	75	115	10	1	204	153	0	1	1
SOUTH ATLANTIC												
Delaware.....	0	0	0	0	0	2	10	0	1	1	1	1
Maryland ²	8	20	10	5	15	15	33	32	32	0	2	4
District of Columbia.....	0	0	0	0	5	4	14	8	11	0	2	3
Virginia.....	10	13	10	490	1,465	567	201	124	124	0	6	6
West Virginia.....	4	4	4	93	67	34	84	84	1	4	2	2
North Carolina.....	9	12	11	12	12	171	92	92	1	3	7	7
South Carolina.....	2	11	8	595	1,567	810	32	54	54	0	1	0
Georgia.....	2	6	7	22	216	183	90	34	34	2	1	5
Florida.....	4	10	6	16	1	7	18	42	42	2	3	3
EAST SOUTH CENTRAL												
Kentucky.....	4	12	7	2	189	19	2	305	97	4	5	5
Tennessee.....	6	8	3	60	135	105	42	86	86	7	6	6
Alabama.....	10	2	12	107	757	644	35	20	20	5	6	7
Mississippi ³	7	9	7	0	0	0	0	0	2	2	5	5
WEST SOUTH CENTRAL												
Arkansas.....	7	14	8	78	429	267	14	102	102	1	11	3
Louisiana.....	4	6	8	29	1,202	26	1	13	32	0	4	4
Oklahoma.....	4	10	10	134	543	192	1	55	11	0	0	1
Texas.....	26	60	57	2,280	5,035	2,138	115	346	340	5	8	8
MOUNTAIN												
Montana.....	0	1	1	29	12	25	122	10	77	0	0	0
Idaho.....	1	2	1	15	79	1	5	10	25	2	0	0
Wyoming.....	0	0	0	6	1	37	6	87	21	0	1	0
Colorado.....	6	4	9	44	214	113	9	95	166	0	0	3
New Mexico.....	1	3	3	15	5	55	2	8	0	1	0	0
Arizona.....	3	3	3	149	203	155	71	5	15	0	0	1
Utah ²	1	0	0	39	1,179	15	5	76	40	0	0	0
Nevada.....	0	0	0	0	0	0	1	1	0	0	0	0
PACIFIC												
Washington.....	4	7	7	1	1	39	275	88	1	4	5	5
Oregon.....	3	2	4	7	71	35	36	40	68	1	2	3
California.....	21	38	35	17	361	155	104	759	499	4	21	21
Total.....	289	404	341	4,388	14,481	4,899	3,846	6,712	10,489	78	216	242
4 weeks.....	1,277	1,724	1,384	16,910	116,267	17,421	14,795	20,285	36,101	344	909	963
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.....	8,843	13,368	10,427	49,885	478,515	52,787	37,682	46,409	74,114	1,315	2,413	2,472

¹ New York City only.² Period ended earlier than Saturday.³ 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 Jan. 25, 1947, and comparison with corresponding week of 1946 and 5-year median—Con.

Division and State	Poliomyelitis			Scarlet fever			Smallpox			Typhoid and paratyphoid fever ⁴		
	Week ended—		Median 1942-46	Week ended—		Median 1942-46	Week ended—		Median 1942-46	Week ended—		Median 1942-46
	Jan. 25, 1947	Jan. 26, 1946		Jan. 25, 1947	Jan. 26, 1946		Jan. 25, 1947	Jan. 26, 1946		Jan. 25, 1947	Jan. 26, 1946	
NEW ENGLAND												
Maine.....	0	0	0	31	31	31	0	0	0	0	0	0
New Hampshire.....	2	0	0	2	12	14	0	0	0	0	0	0
Vermont.....	1	0	0	4	11	8	0	0	0	0	0	0
Massachusetts.....	3	0	1	154	178	324	0	0	0	3	2	2
Rhode Island.....	0	0	0	25	6	13	0	0	0	0	0	0
Connecticut.....	0	1	0	43	33	65	0	0	0	0	0	0
MIDDLE ATLANTIC												
New York.....	5	2	2	323	404	404	0	0	0	3	0	3
New Jersey.....	1	0	0	138	82	104	0	0	0	2	0	1
Pennsylvania.....	2	0	0	246	254	324	0	0	0	7	2	5
EAST NORTH CENTRAL												
Ohio.....	1	1	1	389	249	318	0	0	0	0	0	1
Indiana.....	1	0	1	114	85	125	3	1	1	3	0	2
Illinois.....	1	2	2	162	196	252	0	0	0	1	6	1
Michigan ²	3	2	0	154	110	207	0	0	0	0	2	1
Wisconsin.....	1	0	0	98	130	214	0	0	0	0	1	1
WEST NORTH CENTRAL												
Minnesota.....	1	0	0	66	57	93	0	0	0	0	1	0
Iowa.....	1	0	0	46	55	61	0	0	1	0	0	0
Missouri.....	0	2	0	30	60	93	0	0	0	0	0	0
North Dakota.....	0	0	0	6	13	13	0	0	0	0	0	0
South Dakota.....	0	0	0	8	34	34	0	0	0	0	0	0
Nebraska.....	3	0	0	36	59	59	0	0	0	0	0	0
Kansas.....	1	1	0	60	75	87	0	1	1	0	1	0
SOUTH ATLANTIC												
Delaware.....	0	0	0	15	4	6	0	0	0	0	0	0
Maryland ²	0	0	0	37	63	81	0	0	0	1	1	1
District of Columbia.....	0	0	0	15	12	29	0	0	0	0	2	1
Virginia.....	0	0	0	40	74	74	0	0	0	1	2	2
West Virginia.....	0	1	0	36	30	48	0	0	0	3	0	0
North Carolina.....	2	0	0	34	38	63	0	0	0	0	0	0
South Carolina.....	0	0	0	4	9	9	0	0	0	0	1	1
Georgia.....	0	1	0	22	15	33	0	0	0	0	4	4
Florida.....	3	4	1	10	11	11	0	0	0	1	2	2
EAST SOUTH CENTRAL												
Kentucky.....	0	0	0	50	44	64	0	0	0	0	0	0
Tennessee.....	0	0	0	33	31	43	0	1	0	0	1	2
Alabama.....	0	0	0	11	9	16	0	0	0	1	1	1
Mississippi ²	1	3	0	8	19	11	0	1	1	0	0	1
WEST SOUTH CENTRAL												
Arkansas.....	0	0	0	3	12	7	0	0	0	0	0	0
Louisiana.....	2	2	0	2	8	9	0	0	0	2	0	4
Oklahoma.....	0	2	0	13	15	22	0	0	0	0	0	0
Texas.....	2	4	4	49	74	65	0	0	0	2	5	3
MOUNTAIN												
Montana.....	1	0	0	9	8	17	0	0	0	0	0	0
Idaho.....	1	0	0	7	14	14	0	0	0	1	1	1
Wyoming.....	0	0	0	9	7	12	0	0	0	0	0	0
Colorado.....	0	0	1	54	40	68	0	2	0	2	0	0
New Mexico.....	1	0	0	11	30	9	1	0	0	0	0	0
Arizona.....	1	0	0	9	12	12	0	0	0	5	0	0
Utah ²	0	0	0	24	39	53	0	0	0	0	0	0
Nevada.....	0	0	0	0	0	0	0	0	0	0	0	0
PACIFIC												
Washington.....	0	5	2	56	35	35	0	0	0	1	0	1
Oregon.....	0	2	0	25	34	34	0	0	0	0	1	1
California.....	18	13	9	123	302	302	0	1	1	0	4	2
Total.....	59	48	31	2,844	3,123	3,746	4	7	12	39	40	72
4 weeks.....	315	210	136	9,688	10,939	14,150	17	29	49	166	169	208
Seasonal low week ³	(11th) Mar. 15-21			(32nd) Aug. 9-15			(35th) Aug. 30-Sept. 5			(11th) Mar. 15-21		
Total since low.....	25,088	13,547	12,218	36,374	49,510	53,216	71	105	166	3,694	4,420	5,214

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: Massachusetts 3 (salmonella infection); New York 1; Louisiana 2; Texas 1; Colorado 1.

Telegraphic morbidity reports from State health officers for the week ended Jan. 25, 1947, and comparison with corresponding week of 1946 and 5-year median—Con.

Division and State	Whooping cough			Week ended Jan. 25, 1947							
	Week ended—		Median 1942-46	Dysentery			Encephalitis, infectious	Rocky Mt. spotted fever	Tula- remia	Ty- phus fever, en- demic	Un- dulant fever
	Jan. 25, 1947	Jan. 26, 1946		Ame- bic	Bacil- lary	Un- spec- ified					
NEW ENGLAND											
Maine.....	40	26	47	-----	-----	-----	-----	-----	-----	-----	-----
New Hampshire.....	-----	10	10	-----	-----	-----	-----	-----	-----	-----	1
Vermont.....	17	21	34	-----	-----	-----	-----	-----	-----	-----	2
Massachusetts.....	190	89	171	-----	2	-----	-----	-----	-----	-----	-----
Rhode Island.....	19	42	28	-----	-----	-----	-----	-----	-----	-----	-----
Connecticut.....	42	63	67	1	-----	-----	-----	-----	-----	-----	1
MIDDLE ATLANTIC											
New York.....	219	215	219	3	7	-----	2	-----	-----	1	4
New Jersey.....	182	77	106	-----	-----	-----	-----	-----	-----	-----	1
Pennsylvania.....	252	124	138	-----	-----	-----	-----	-----	-----	-----	2
EAST NORTH CENTRAL											
Ohio.....	186	101	169	-----	-----	-----	-----	1	-----	-----	1
Indiana.....	48	28	22	-----	-----	-----	-----	2	-----	-----	8
Illinois.....	94	76	91	6	-----	-----	-----	17	-----	-----	16
Michigan ¹	274	109	142	-----	1	-----	6	-----	-----	-----	1
Wisconsin.....	194	64	97	-----	-----	-----	-----	-----	-----	-----	2
WEST NORTH CENTRAL											
Minnesota.....	8	8	40	1	-----	-----	-----	-----	-----	-----	3
Iowa.....	15	16	16	-----	-----	-----	-----	-----	-----	-----	12
Missouri.....	48	28	14	-----	-----	-----	-----	7	-----	-----	-----
North Dakota.....	1	2	4	-----	-----	-----	-----	-----	-----	-----	-----
South Dakota.....	9	-----	5	-----	-----	6	-----	-----	-----	-----	-----
Nebraska.....	17	6	3	5	-----	-----	-----	-----	-----	-----	-----
Kansas.....	21	18	43	-----	-----	-----	-----	-----	-----	-----	1
SOUTH ATLANTIC											
Delaware.....	10	10	2	-----	-----	-----	-----	-----	-----	-----	-----
Maryland ¹	75	27	41	-----	-----	-----	1	2	-----	2	2
District of Columbia.....	3	5	6	-----	-----	-----	-----	-----	-----	-----	-----
Virginia.....	74	47	56	2	-----	52	-----	6	-----	-----	-----
West Virginia.....	-----	22	30	-----	-----	-----	-----	-----	-----	-----	-----
North Carolina.....	38	56	106	-----	-----	-----	-----	7	-----	1	-----
South Carolina.....	45	61	61	2	3	-----	-----	3	-----	1	-----
Georgia.....	14	8	14	-----	-----	-----	-----	9	-----	11	2
Florida.....	46	12	16	4	-----	-----	-----	-----	-----	8	1
EAST SOUTH CENTRAL											
Kentucky.....	27	26	50	-----	-----	-----	-----	-----	-----	-----	-----
Tennessee.....	25	23	31	2	-----	-----	1	5	-----	1	1
Alabama.....	27	15	26	-----	-----	-----	-----	-----	-----	4	4
Mississippi ¹	-----	-----	-----	-----	-----	-----	-----	4	-----	1	2
WEST SOUTH CENTRAL											
Arkansas.....	3	11	17	-----	-----	-----	-----	3	-----	-----	-----
Louisiana.....	6	-----	5	2	-----	-----	-----	-----	-----	-----	-----
Oklahoma.....	4	10	8	1	-----	-----	-----	-----	-----	1	1
Texas.....	426	110	139	13	698	55	-----	2	-----	15	13
MOUNTAIN											
Montana.....	13	-----	19	1	-----	-----	-----	-----	-----	-----	-----
Idaho.....	3	9	5	-----	-----	-----	-----	-----	-----	-----	-----
Wyoming.....	4	1	9	-----	-----	-----	-----	-----	-----	-----	-----
Colorado.....	10	20	22	-----	-----	-----	-----	-----	-----	-----	-----
New Mexico.....	16	3	4	-----	-----	1	-----	-----	-----	-----	-----
Arizona.....	15	11	15	-----	43	-----	-----	-----	-----	-----	-----
Utah ¹	-----	14	23	-----	-----	-----	-----	-----	-----	-----	-----
Nevada.....	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
PACIFIC											
Washington.....	32	63	49	1	-----	6	-----	-----	-----	-----	4
Oregon.....	11	7	10	1	-----	-----	-----	-----	-----	-----	-----
California.....	115	138	202	3	11	-----	2	-----	-----	1	7
Total	2,918	1,832	2,450	48	722	163	6	0	68	47	92
Same week, 1946.....	1,832	-----	-----	28	258	89	10	0	17	55	60
Median, 1942-46.....	2,450	-----	-----	19	205	55	8	0	17	47	64
4 weeks: 1947.....	9,500	-----	-----	125	1,815	827	26	1	222	202	342
1946.....	7,336	-----	-----	163	1,422	525	32	0	104	246	246
Median, 1942-46.....	8,985	-----	-----	99	1,015	214	32	0	104	246	287

¹ Period ended earlier than Saturday.

² 2-year average, 1945-46.

Anthrax: New Jersey 1 case; Louisiana 2 cases.

WEEKLY REPORTS FROM CITIES ¹

City reports for week ended Jan. 18, 1947

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.

Division, State, and City	Diphtheria cases	Etiophallitis, Infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Polymyelitis cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
NEW ENGLAND												
Maine:												
Portland	0	0	0	0	41	0	5	0	6	0	0	8
New Hampshire:												
Concord	0	0	0	0	0	0	0	1	0	0	0	0
Vermont:												
Barre	0	0	0	0	0	0	0	0	0	0	0	6
Massachusetts:												
Boston	10	0	0	0	18	1	16	0	24	0	0	46
Fall River	1	0	0	0	2	0	2	0	4	0	0	6
Springfield	2	0	0	0	7	0	0	0	2	0	0	4
Worcester	0	0	0	0	1	0	13	0	4	0	1	29
Rhode Island:												
Providence	0	0	0	0	21	0	7	0	5	0	0	40
Connecticut:												
Bridgeport	0	1	0	0	2	0	1	0	2	0	0	0
Hartford	0	0	0	0	1	1	0	0	5	0	0	0
New Haven	0	0	0	0	22	0	2	0	8	0	0	16
MIDDLE ATLANTIC												
New York:												
Buffalo	0	0	1	1	0	0	9	0	11	0	0	8
New York	14	0	13	0	49	5	89	1	98	0	4	53
Rochester	1	0	0	0	0	0	4	0	17	0	0	1
Syracuse	0	0	0	0	0	0	0	0	15	0	0	12
New Jersey:												
Camden	0	0	0	0	0	0	5	0	2	0	0	1
Newark	0	0	3	0	1	0	4	0	15	0	0	14
Trenton	3	0	1	1	19	0	4	1	10	0	1	2
Pennsylvania:												
Philadelphia	5	0	4	2	15	2	27	0	23	0	1	55
Pittsburgh	0	0	1	0	193	1	12	1	10	0	0	8
Reading	0	0	1	1	0	0	1	0	1	0	0	4
EAST NORTH CENTRAL												
Ohio:												
Cincinnati	0	0	0	1	0	0	6	0	12	0	0	7
Cleveland	0	0	7	0	203	0	8	0	25	0	0	28
Columbus	5	0	0	0	0	0	4	0	10	0	0	4
Indiana:												
Fort Wayne	0	0	0	0	2	0	0	0	3	0	0	0
Indianapolis	2	1	0	0	0	0	6	0	14	0	0	26
South Bend	0	0	0	0	0	1	0	0	3	0	0	1
Terre Haute	0	0	0	0	0	0	2	0	3	0	0	0
Illinois:												
Chicago	0	0	1	0	16	2	25	3	46	0	0	66
Michigan:												
Detroit	2	0	0	1	4	1	16	1	50	0	0	87
Flint	0	0	0	0	0	0	3	0	4	0	0	10
Grand Rapids	0	0	0	0	3	0	2	0	5	0	0	16
Wisconsin:												
Kenosha	0	0	0	0	0	0	0	0	3	0	0	0
Milwaukee	0	0	2	2	19	0	7	0	19	0	0	30
Racine	1	0	0	1	1	1	0	0	5	0	0	8
Superior	0	0	0	0	0	0	0	0	1	0	0	0
WEST NORTH CENTRAL												
Minnesota:												
Duluth	0	0	0	0	1	0	0	0	1	0	0	1
Minneapolis	0	0	0	0	7	0	5	0	8	0	1	1
St. Paul	2	0	0	0	1	0	2	0	7	0	0	3
Missouri:												
Kansas City	0	0	0	0	1	0	7	0	7	0	0	2
St. Joseph	0	0	0	0	0	2	0	0	4	0	0	2
St. Louis	0	0	3	2	1	1	14	0	8	0	1	2

¹ In some instances the figures include nonresident cases.

City reports for week ended Jan. 18, 1947—Continued

Division, State, and City	Diphtheria cases	Enecephalitis, infectious, cases	Influenza		Measles cases	Meningitis, meningococcus, cases	Pneumonia deaths	Poliovirus cases	Scarlet fever cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping cough cases
			Cases	Deaths								
WEST NORTH CENTRAL—continued												
Nebraska:												
Omaha.....	0	0		0		0	4	0	5	0	0	
Kansas:												
Topeka.....	0	0		1		0	4	0	0	0	0	
Wichita.....	0	0		0	1	0	4	1	0	0	0	6
SOUTH ATLANTIC												
Delaware:												
Wilmington.....	0	0		0	2	0	3	0	5	0	0	
Maryland:												
Baltimore.....	8	0	2	0	2	2	10	0	20	0	0	73
Cumberland.....	0	0	0	0	17	0	0	0	0	0	0	
Frederick.....	0	0	0	0	0	0	0	0	0	0	0	
District of Columbia:												
Washington.....	0	0		1	21	0	7	0	12	0	0	1
Virginia:												
Lynchburg.....	0	0		0		0	2	0	0	0	0	
Richmond.....	1	0	1	1	45	0	2	0	1	0	0	2
Roanoke.....	0	0		0	1	0	0	0	2	0	0	
West Virginia:												
Charleston.....	0	0		0		0	0	0	3	0	0	
Wheeling.....	0	0		0	1	0	1	0	3	0	0	
North Carolina:												
Raleigh.....	0	0		0		0	1	0	0	0	0	1
Wilmington.....	0	0		0	9	0	0	0	0	0	0	
Winston-Salem.....	0	0		0	36	0	1	0	3	0	0	
South Carolina:												
Charleston.....	0	0	7	0		0	1	0	0	0	0	2
Georgia:												
Atlanta.....	0	0	3	0	12	0	2	0	6	0	0	
Brunswick.....	0	0		0	1	0	1	0	0	0	0	
Savannah.....	0	0		0	38	0	0	0	0	0	0	
Florida:												
Tampa.....	4	0	1	0	1	1	7	0	4	0	0	2
EAST SOUTH CENTRAL												
Tennessee:												
Memphis.....	2	0	1	0		0	15	2	3	0	1	9
Nashville.....	0	0		0		0	1	0	4	0	0	
Alabama:												
Birmingham.....	0	0	1	0	1	0	7	0	1	0	0	
Mobile.....	1	0	2	0		0	3	0	0	0	0	
WEST SOUTH CENTRAL												
Arkansas:												
Little Rock.....	0	0		0		0	0	0	0	0	0	
Louisiana:												
New Orleans.....	3	0	3	4	5	1	5	0	5	0	0	1
Shreveport.....	0	0		0		0	2	0	0	0	0	
Texas:												
Dallas.....	1	0	1	1	2	0	2	0	2	0	0	3
Galveston.....	0	0		0		0	0	0	0	0	0	
Houston.....	0	0		0		0	5	1	4	0	1	2
San Antonio.....	0	0		0		0	10	0	2	0	0	
MOUNTAIN												
Montana:												
Billings.....	0	0		0		0	2	0	0	0	0	
Great Falls.....	0	0		0	72	0	0	0	1	0	0	
Helena.....	0	0		0	7	0	0	0	0	0	0	
Missoula.....	0	0		0	1	0	2	0	0	0	0	
Colorado:												
Denver.....	2	0	1	0	6	0	6	0	21	0	0	
Pueblo.....	1	0		0		0	0	0	6	0	0	
Utah:												
Salt Lake City.....	0	0		0	7	0	3	0	6	0	0	

City reports for week ended Jan. 18, 1947—Continued

Division, State, and City	Diphtheria cases	Enecephalitis, 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								
PACIFIC												
Washington:												
Seattle.....	1	0	0	4	0	2	1	4	0	0	0	4
Spokane.....	0	0	0	3	0	2	0	7	0	0	0	3
Tacoma.....	0	0	0	1	0	0	0	1	0	0	0	3
California:												
Los Angeles.....	11	0	2	13	2	1	6	24	0	0	1	21
Sacramento.....	0	0	0	-----	0	5	0	1	0	0	1	5
San Francisco.....	3	0	0	8	0	5	1	11	0	0	1	3
Total.....	86	2	61	19	968	24	437	20	667	0	13	745
Corresponding week, 1946.....	98	-----	516	71	2, 113	-----	531	-----	737	0	4	588
Average, 1942-46.....	76	-----	790	113	2, 394	-----	609	-----	1, 213	0	10	773

³ 3-year average, 1944-46.

⁵ 5-year median, 1942-46.

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

Dysentery, bacillary.—Cases: Chicago 1; Los Angeles 2.

Dysentery, unspecified.—Cases: Worcester 4; San Antonio 5.

Typhoid fever.—Cases: Washington, D. C., 1.

Typhus fever, endemic.—Cases: Savannah 1; Birmingham 2; Mobile 2; New Orleans 4; Houston 5; Los Angeles 1.

Rates (annual basis) per 100,000 population, by geographic groups, for the 87 cities in the preceding table (estimated population, 1943, 34,268,600)

	Diphtheria case rates	Enecephalitis, infectious, case rates	Influenza		Measles case rates	Meningitis, meningococcus, case rates	Pneumonia death rates	Pollomyelitis case rates	Scarlet fever case rates	Smallpox case rates	Typhoid and paratyphoid fever case rates	Whooping cough case rates
			Case rates	Death rates								
New England.....	34.0	2.6	0.0	0.0	301	5.2	120.2	2.6	157	0.0	2.6	405
Middle Atlantic.....	10.6	0.0	10.6	2.3	128	3.7	71.7	1.4	93	0.0	2.8	73
East North Central.....	6.1	0.6	6.1	2.5	152	3.1	48.4	2.5	124	0.0	0.0	174
West North Central.....	4.0	0.0	6.0	6.0	24	6.0	80.4	2.0	80	0.0	4.0	34
South Atlantic.....	21.2	0.0	22.9	3.3	304	4.9	62.1	0.0	96	0.0	0.0	132
East South Central.....	17.7	0.0	23.6	0.0	6	0.0	153.5	11.8	47	0.0	5.9	53
West South Central.....	11.5	0.0	11.5	14.3	20	2.9	68.9	2.9	37	0.0	2.9	17
Mountain.....	24.8	0.0	8.3	0.0	768	0.0	115.6	0.0	281	0.0	0.0	0
Pacific.....	23.7	0.0	3.2	0.0	46	3.2	23.7	12.7	76	0.0	3.2	57
Total.....	13.1	0.3	9.3	2.9	148	3.7	66.7	3.1	102	0.0	2.0	114

TERRITORIES AND POSSESSIONS

Puerto Rico

Notifiable diseases—4 weeks ended December 28, 1946.—During the 4 weeks ended December 28, 1946, cases of certain notifiable diseases were reported in Puerto Rico as follows:

Disease	Cases	Disease	Cases
Chickenpox.....	9	Syphilis.....	120
Diphtheria.....	49	Tetanus.....	2
Dysentery, unspecified.....	1	Tetanus, infantile.....	3
Gonorrhoea.....	119	Tuberculosis (all forms).....	677
Influenza.....	110	Typhoid fever.....	23
Malaria.....	557	Typhus fever (murine).....	4
Measles.....	9	Whooping cough.....	118
Pollomyelitis.....	29		

FOREIGN REPORTS

CANADA

Provinces—Communicable diseases—Week ended January 4, 1947.—During the week ended January 4, 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.....		22	2	80	370	18	16	91	77	676
Diphtheria.....		2		13	12	2		2		31
German measles.....					8		2	14	5	29
Influenza.....		8			12	2			4	26
Measles.....		195	7	15	180	152	246	306	190	1,271
Meningitis, meningococcus.....				3	4		1	1		9
Mumps.....				8	505	13	102	44	74	746
Poliomyelitis.....					2		1			6
Scarlet fever.....	2	6	3	49	93	1	3	3	16	176
Tuberculosis (all forms).....			29	39	55	16	5	12	44	200
Typhoid and paratyphoid fever.....				5	1				1	7
Undulant fever.....				2	1				2	5
Venereal diseases:										
Gonorrhoea.....	6	12	6	83	91	41	20	29	107	395
Syphilis.....		8	3	45	50	9	7	7	37	166
Whooping cough.....		1		23	20	1	6	4	8	63

CUBA

Habana—Communicable diseases—4 weeks ended January 4, 1947.—During the 4 weeks ended January 4, 1947, certain communicable diseases were reported in Habana, Cuba, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Chickenpox.....	2		Poliomyelitis.....	2	
Diphtheria.....	18		Scarlet fever.....	1	
Malaria.....	8		Tuberculosis.....	3	1
Measles.....	17		Typhoid fever.....	26	

Provinces—Notifiable diseases—4 weeks ended December 28, 1946.—During the 4 weeks ended December 28, 1946, cases of certain notifiable diseases were reported in the Provinces of Cuba as follows:

Disease	Pinar del Rio	Habana ¹	Matanzas	Santa Clara	Camaguey	Oriente	Total
Cancer.....	6	14	10	15		15	60
Chickenpox.....		2					4
Diphtheria.....	4	22	1	1	3	2	33
Hookworm disease.....		45		1			45
Leprosy.....		3				1	4
Malaria.....	2	12		4	9	149	176
Measles.....		21	4		3		28
Poliomyelitis.....		2			4		6
Scarlet fever.....		1					1
Tuberculosis (pulmonary).....	24	34	25	46	23	35	187
Typhoid fever.....	10	35	6	19	6	21	97
Typhus fever.....	1						1
Whooping cough.....	1	1			15	1	18

¹ Includes the city of Habana.

FINLAND

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

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	8	Paratyphoid fever.....	301
Diphtheria.....	1, 136	Poliomyelitis.....	17
Dysentery.....	22	Scarlet fever.....	162
Gonorrhoea.....	1, 580	Syphilis.....	560
Lymphogranuloma inguinale.....	1	Typhoid fever.....	37

JAPAN

Notifiable diseases—4 weeks ended December 14, 1946, and total number of cases reported for the year to date.—For the 4 weeks ended December 14, 1946, and for the year to date, cases of certain notifiable diseases were reported in Japan as follows:

Disease	4 weeks ended Dec. 14, 1946	Total cases reported for the year to date	Disease	4 weeks ended Dec. 14, 1946	Total cases reported for the year to date
Cholera.....	9	1, 213	Paratyphoid fever.....	516	8, 850
Diphtheria.....	4, 073	47, 433	Scarlet fever.....	292	2, 161
Dysentery, unspecified.....	1, 652	87, 518	Smallpox.....	72	17, 768
Encephalitis, Japanese "B".....	2	174	Syphilis.....	7, 689	70, 264
Gonorrhoea.....	12, 660	123, 136	Typhoid fever.....	2, 269	43, 515
Malaria.....	993	1 25, 841	Typhus fever.....	206	31, 025
Meningitis, epidemic.....	70	1, 429			

¹ For the period June 2, 1946, to date.

NORWAY

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

Disease	Cases	Disease	Cases
Cerebrospinal meningitis.....	18	Paratyphoid fever.....	9
Diphtheria.....	258	Pneumonia (all forms).....	1, 521
Dysentery, unspecified.....	2	Poliomyelitis.....	186
Encephalitis, epidemic.....	10	Rheumatic fever.....	168
Erysipelas.....	555	Scabies.....	6, 225
Gastroenteritis.....	3, 310	Scarlet fever.....	698
Gonorrhoea.....	1, 019	Syphilis.....	184
Hepatitis, epidemic.....	580	Tuberculosis (all forms).....	444
Impetigo contagiosa.....	5, 406	Typhoid fever.....	4
Influenza.....	2, 132	Undulant fever.....	1
Malaria.....	2	Weil's disease.....	2
Measles.....	159	Whooping cough.....	3, 526
Mumps.....	167		

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.

Plague

Ecuador.—Plague has been reported in Ecuador for the month of December 1946, as follows: Chimborazo Province, 5 cases, 5 deaths; Loja Province, 4 cases, 3 deaths.

Peru.—For the month of December 1946, plague has been reported in Peru by Departments, as follows: Lambayeque, 1 case, 1 death; Libertad, 7 cases, 2 deaths; Lima, 6 cases; Piura, 5 cases.

Smallpox

China—Hong Kong.—For the week ended January 11, 1947, 35 cases of smallpox were reported in Hong Kong, China.

Malay States (Federated)—Trengganu.—Smallpox has been reported in Trengganu, Federated Malay States, as follows: Weeks ended—January 11, 1947, 293 cases, 28 deaths; January 18, 1947, 217 cases, 15 deaths.

Typhus Fever

Ecuador.—For the month of December 1946, 84 cases of typhus fever with 5 deaths were reported in Ecuador.

Eritrea.—For the week ended January 4, 1947, 53 cases of typhus fever were reported in Eritrea.

Mexico.—For the month of November 1946, 260 cases of typhus fever were reported in Mexico.

Rumania.—Typhus fever has been reported in Rumania as follows: Weeks ended—December 14, 1946, 176 cases; December 21, 1946, 189 cases.