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ILLNESS AMONG INFANTS, WITH COMPARATIVE MORTALITY DATA ¹

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There has been little attempt to measure the extent of illness among infants under 1 year of age. With the considerable number of premature infants and of artificially fed infants for whom it is difficult to secure a satisfactory formula, the absence of records of illness may reflect the difficulty of determining when the baby is sick. With the increasing consultations for well and near-well babies at clinics and in physicians' offices, a visit to a doctor is no longer an indication of illness of the infant.

In spite of these difficulties, there have been attempts to record illnesses of infants by family canvasses. In connection with surveys of illness among unselected families in the general population over the past two decades, the Public Health Service has assembled a considerable mass of information on the frequency of illness among infants. As among children and adults, the illnesses recorded in periodic family canvasses are no doubt an incomplete statement of the total sickness which actually occurs; particularly is this true of colds and minor respiratory diseases. However, it is of interest to consider the extent of illness and the diagnoses most frequently reported among infants.

In contrast to the extremely meager data on illness among infants, most civilized countries have tabulated and published detailed data on the mortality of infants. Since the number of births during a year gives a good population base for the computation of infant mortality rates, there is not the difficulty experienced in general mortality of securing adequate annual population estimates. Thus, infant mortality has been computed and published by calendar months, by sex, by age of the infant, and for specific causes, over long periods of years. In the United States the birth registration area was established in 1915, but it was 1933 before all of the States were admitted to it. However, nearly all of the States were in the area by 1927 so that the trend of infant mortality over approximately two decades is now available for the country as a whole and for most of the States.

¹From the Division of Public Health Methods, Public Health Service.

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	opula- n	Num- ber of infants	1, 693 310 195 534	852 149 216 277	841 161 198 198 257
	Infant popula- tion	Years of life	988. 2 988. 2 82. 5 181. 8 355. 7	489. 9 60. 1 36. 4 184. 4	498.3 63.8 46.1 91.1 171.3
		All other diseases and in- juries	388 53 76 76 76	8223	145 24 31 31
	ises	Com- muni- cable dis- eases	173 13 32 32 114	8~~~3	83,68
	Number of cases	Diges- tive dis- eases	831 832 832 833	112 16 33 33	811 811 828 811 828
	anN	Respir- atory dis- eases	554 80 309 309 309	301 40 25 82 82 175	253 273 273 273 273 273 273 273 273 273 27
		All dis- eases and in- juries	1, 326 110 348 362	726 88 1159 307	600 255 255
		All other diseases and injuries	372 428 255 248 214	455 483 330 221 244	291 376 195 274 181
ises only]	00 infants	Commu- nicable diseases	176 176 176 176 320	184 50 99 283	167 157 130 252 350
(Sole or primary causes only)	Annual case rate per 1,000 infants	Digestive diseases	234 218 194 177	229 266 529 192 179	239 172 195 593 175
[Sole of	Annual cas	Respira- tory diseases	561 541 727 869 869	614 666 687 904 949	508 759 955 782
		All dis- eases and injuries	$1,342 \\ 1,291 \\ 1,345 \\ 1,914 \\ 1,680 \\ 1,580 \\ 1,68$	1, 482 1, 464 1, 429 1, 753 1, 665	1, 204 1, 129 1, 280 1, 489
			Both seres: 130 communities: ¹ 12-month families. ³ - to 11-month families. Syracuse, N. Y.J. Cattaraugus County, N. Y.J. Malee:	130 communities: 1 12-month families 3-ro 11-month families Syracuse, N. Y. 2 Cattaraugus County, N. Y. ³ Fagaerstown, Md. ³	130 communities: ' 12-month families 3 to 11-month families. Syracuse, N. Y. ³ Cattaraugus County, N. Y. ³ Hagerstown, Md. ³

For notes and further details, see table 2.

SOURCE AND CHARACTER OF DATA

The data for this study are taken from five different illness studies conducted by periodic canvasses of families within the past 25 years. Footnotes to table 2 give references that discuss the general setting of each study but they do not contain data on illness among infants. In each survey the families were visited at intervals of 2 to 4 months and a record made of any illness of any member of the family which had occurred since the preceding visit. The record included sickness of infants which was tabulated by month of age and related to a careful count of the infants under observation at each month of age up to 12 The record of illness of infants as presented in this study is months. carried only through the first year of life and thus corresponds to the concept of infant mortality which pertains only to the first 12 months of life.

Table 1 shows illness rates for infants as recorded in each of the five studies, for all causes and for four broad disease groups. The illness rate from all causes among infants of all ages varies in the different studies from about 1,300 to 1,900 per 1,000 full-time years of While there is large variability in each of the infant observation. broad diagnosis groups as between the different studies, it should be

[Sole or primar	y causes	only				
	Total		Age in c	omplete	d months	;
	under 1 year	Under 1	1-2	3-5	6-8	9-11
		Annual	case rate	e per 1,00	0 infants	
130 communities: 1 12-month families (1928–31) 3- to 11-month families (1928–31) Syracuse, 18 months (1930–31) ² Cattaraugus County, 33 months (1929–32) ² Hagerstown, 28 months (1921–24) ³	1.291	2, 273 1, 488 2, 137 3, 551 1, 417	912 1,068 1,393 1,591 810	1, 241 1, 143 1, 037 1, 716 1, 518	1, 389 1, 706 1, 088 1, 905 1, 844	1, 375 1, 047 1, 656 1, 786 1, 946
			Number	r of cases		
130 communities: 1 12-month families (1928-31) 3- to 11-month families (1928-31) Syracuse, 18 months (1930-31) ² Cattaraugus County, 33 months (1929-32) ² Hagerstown, 28 months (1921-24) ³	1, 326 160 111 348 562	154 16 15 55 42	128 21 18 49 48	299 38 22 79 135	376 57 24 83 164	369 28 32 82 173
		Populati	on (full-	time year	rs of life)	
130 communities: 1 12-month families (1928-31) 3- to 11-month families (1928-31) Syracuse, 18 months (1920-31) ³ Cattaraugus County, 33 months (1929-32) ³ Hagerstown, 28 months (1921-24) ³	988. 2 123. 9 82. 5 181. 8 355. 7	67. 75 10. 75 7. 02 15. 49 29. 65	140. 41 19. 66 12. 92 30. 79 59. 28	241.00 33.26 21.22 46.05 88.92	270. 66 33. 46 22. 05 43. 56 88. 92	268. 41 26. 75 19. 32 45. 91 88. 92

TABLE 2.—Age incidence of illness from all causes among white infants in each of 5 family surveys ISola on primory course only

For description of surveys see following references:

¹ Collins (7, 8).
 ² Randall (11), Sydenstricker and Collins (4, 13).
 ³ Sydenstricker (12).

remembered that some of these studies represent relatively few infants; the order of magnitude of the rates seems sufficiently similar in the different groups to justify a combination of all five studies in an attempt to secure observations on a sufficient number of infants to give reasonably reliable rates.

Table 2 shows rates of illness from all causes among infants of various ages in the first year of life. In spite of small numbers the general pattern is rather consistently maintained of a high illness rate in early infancy, with lower rates thereafter.

TREND OF INFANT MORTALITY

No data are available on the trend of illness among infants. According to the surveys reported here, infants under 1 year had an illness rate of 1,447 cases per 1,000 years of life. Of this total, 669 cases per 1,000 were respiratory diseases, largely minor but including pneumonia which is not negligible among infants. Congenital malformations and the diseases peculiar to early infancy were recorded to the extent of only 56 cases per 1,000, leaving 722 cases per 1,000 due to miscellaneous causes.

In the absence of any data on the trend of infant sickness, the trend of infant mortality over the past 30 years may be considered. The use of these mortality data are not intended to suggest that sickness rates have shown the same trend but they do throw light on developments during the past three decades.

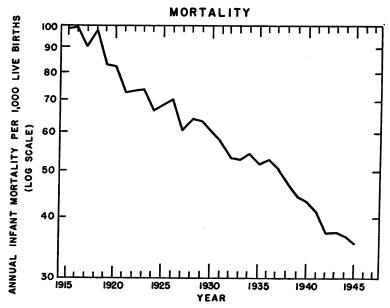


FIGURE 1.—Trend of mortality among white infants under 1 year of age in the United States birth registration area, 1915-45. (Data from references 10, p. 574 and 16, vol. 24 No. 1, and vol. 26 No. 1.)

The birth registration area in the United States was organized in 1915. Figure 1 shows the trend of infant mortality from all causes among white infants from 1915 to 1945, the last available year. In the few States in the area in 1915 the deaths under 1 year of age per 1,000 live births amounted to just under 100. The trend of the rate has been consistently downward until in 1943 it was only 37.5 and in 1945 it was 35.6. Of the rate of 35.6 per 1,000 in 1945, 23.2 per 1,000 were deaths due to congenital malformations and diseases peculiar to early infancy, including prematurity and other conditions largely due to prenatal influences. Mortality due to congenital malformations and diseases of early infancy has not decreased so much in the past generation, but deaths due to other causes have decreased rapidly to a rate of only 12.4 per 1,000 live births in 1945.

Figure 2 shows similar trends since 1927 for each sex, for different geographic sections of the United States, and for infants of different ages.

Considering geographic region, the rates for white infants have declined rather rapidly in all five sections shown on the chart. However, the Mountain States have shown a consistently high infant mortality and the Southern States have shown a mortality definitely higher than in the Northeast, North Central, and Pacific sections. Throughout the years covered, and particularly since 1937, these latter three sections have shown rates that were about the same.

Considering infant mortality by sex for the country as a whole, the trends for male and female infants have been approximately parallel, but the mortality of male infants has been consistently higher than that of female infants. In this and other charts shown here, 1927 is slightly below 1928 and 1929. Reference to figure 1 will indicate that this has no significance, except possibly that 1928 and 1929 reflect some excess mortality from influenza and pneumonia during those years which included an epidemic.

There are important differences in the trends of mortality among infants of different ages of the first year of life. For many years prior to the period covered in figure 2, the mortality of early infancy had remained approximately the same (9). Mortality at these early ages was due predominantly to congenital malformation, injury at birth, prematurity, and some ill-defined conditions. Particularly stationary was the mortality of the first day of life, but taken as a whole the rate for the first month of life also showed little decline. In figure 2 more detailed age groups are shown; mortality under the first day of life showed no decline prior to 1937 but from that year to 1945, the last available data, there was a consistent decline even for this age group. For the other 6 days of the first week of life the decline began earlier, about 1930, and continued rather consistently downward through 1945. Mortality during the remainder of the first month of life and up to 6 months of age showed considerably more rapid declines from 1936 to 1945 than was true of either of the age periods of the first week of life. In the two quarters of the last half of the first year of life the trends have been rather consistently downward throughout the period shown in figure 2.

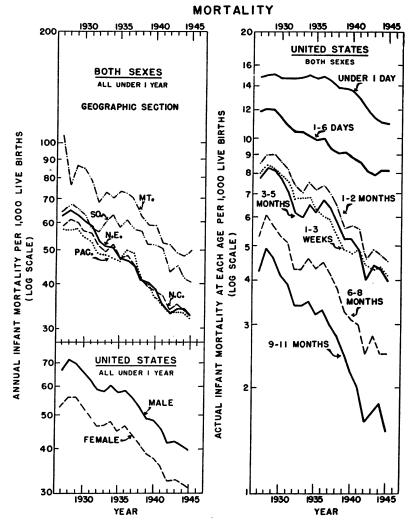


FIGURE 2.—Trend of mortality among white infants: (a) in five geographic sections; (b) among male and female infants; and (c) among infants of different ages—United States birth registration area, 1927–45. (Data by geographic section computed from reference 15; data by age from references 10, p. 574 and 16, vol. 17 No. 17, vol. 19 No. 11, vol. 21 No. 12, vol. 25 No. 12, vol. 27 No. 12; data by sex from references 14 and supplementary data, and 16, vol. 24 No. 1, and vol. 26 No. 1. The geographic sections in terms of standard U. S. Census sections are: N.E. (Northeast)=New England and Middle Atlantic; N. C. (North Central) = East and West North Central; SO. (South) = South Atlantic and East and West South Central; MT.= Mountain; PAC.= Pacific. In the Mountain region and in Texas the data are corrected to include Mexicans with white for the years 1930–36, as they are included in other years; in other sections and in the United States as a whole, no correction is needed because Mexicans are a very small percentage of the population.)

TABLE 3.— Age incidence of illness from all causes and from respiratory and nonrespiratory diseases among white infants in five family surveys ¹

[Sole or primary causes only]

				[Sole or p	[Sole or primary causes only]	ises only]							
Ē	Total					Ϋ́	Age in completed months	eted month	IS				
L'Isease group	ycar ycar	Under 1	1	5	en	4	5	9	2	30	6	10	Ħ
					ł	Annual case	Annual case rate per 1,005 infants	005 infants					
All chuses. Respirutory diseases	1, 447 669 778	2, 158 337 1, 822	874 307 568	1, 130 490 641	1, 397 715 672	1, 304 659 645	1, 304 730 574	1, 593 887 707	1, 490 802 677	1, 533 690 843	1, 499 804 695	1, 551 799 753	1, 517 695 822
_						Nu	Number of cases	ses					
All causes. Respiratory diseases. Nonrespiratory diseases.	2, 507 1, 159 1, 348	282 44 238	114 40 74	150 65 85	194 100 94	186 94 92	193 105 85	239 133 106	225 122 103	240 108 132	233 125 108	235 121 114	216 99 117
						Infant p	Infant population observed	bserved					
Full-time years of life Number of individual infants	1, 732. 1 3, 146	130. 7 1, 567	130.4	132. 7 1, 592	139. 8 1, 677	142.6 1,712	148.0 1,775	150.0 1,800	152.0 1,825	156.6 1, 879	155.4 1,866	151. 5 1, 818	142. 4 1, 709

¹ For details about surveys see table 2.

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AGE VARIATION, ALL CAUSES

Although infancy represents only a 12-month period, it is a time of great change in the resistance of the infant to sickness and mortality. It seems worth while, therefore, to consider illness and death rates at different periods of the first year of life.

Figure 3 shows illness rates for each month of the first year of life (table 3). The left half shows all causes. These rates are on an annual basis, which means that each rate represents the cases that would occur in the course of a year if the average daily number for the given ageperiod continued throughout the year. While this adjustment is not important when the rates are computed for monthly or other intervals of approximately the same length, it is very important when the length of the interval varies.

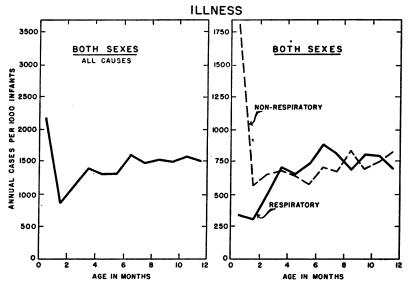


FIGURE 3.—Incidence of illness from all causes and from the two main causes among white infants of each month of age—five family surveys made by the Public Health Service.

Illness from all causes starts with a rather high rate for the first month of life and drops to the lowest rate in the second month, followed by a gradual increase to a level (annual basis) of about 1,500 cases per 1,000 throughout the last half of the first year of life. The right half of the figure divides illnesses into the two major groups of respiratory and nonrespiratory whose average rates for the year as a whole are roughly the same. As might have been expected, the nonrespiratory diseases account for all of the high rate under 1 month of age. Later charts with more specific causes will indicate that this high peak is due to congenital malformations and the diseases peculiar to early infancy. Figure 4 shows somewhat similar data for mortality (table 4). The data on illness were too few to break down further than the first month of life. However, the data on mortality are plotted in figure 4 for the ages under 1 week, 7 to 29 days, and by single months to the end of the first year of life. The mortality under 1 week of age greatly exceeds the point plotted on the chart and the rate has been printed on the chart. These rates are on an annual basis so that a rate of 993 for under 1 week of age would mean that if infants continued to die throughout the first year of life at the same average number per day as during the first seven days of life, practically all of them would

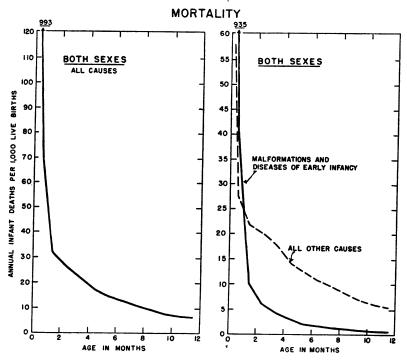


FIGURE 4.—Mortality from all causes and from the two main causes among white infants of each month of age—United States, 1943.

be dead by the end of the first year of life. If the annual rate exceeded 1,000 per 1,000, it would mean that all of the infants would die before the end of the first year of life if they continued to die at the same average number per day as during the first week of life. Annual rates have been computed in this study because they better represent the true rate of mortality in one age-period as compared with another age-period of the first year of life.

Considering both sexes, the death rate varied from 993 per 1,000 for the first week of life to 6 per 1,000 for the eleventh or last month of infancy. When rates are plotted for the two main causes of infant

TABLE 4. —Annual ¹ infant mortality	from two broad causes among white male and
	in the continental United States, 1943

Age in days and completed		All cause	s		ormation nfancy (1		All o	other ca	auses
months	Both sexes	Male	Female	Both sexes	Male	Female	Both sexes	Male	Fe- male
		Anı	ual ¹ infe	nt mort	ality per	1,000 live	birth	5	
Total under 1 year Under 1 day 1-2 days 3-6 days Under 7 days 7-29 days Under 1 month 1 month 2 months 3 months 5 months 6 months 6 months 9 months 9 months 10 months 10 months 11 months	916.5 255.8 992.8 68.5 284.1 32.0 26.2 21.7 17.2 14.6 12.7 10.9 9.5 7.8	$\begin{array}{c} 42.0\\ 4,653.6\\ 1,065.8\\ 295.8\\ 1,137.7\\ 75.5\\ 323.3\\ 36.6\\ 29.1\\ 23.5\\ 18.6\\ 16.1\\ 13.5\\ 11.9\\ 10.1\\ 7.9\\ 7.1\\ 6.3\end{array}$	32. 7 3, 507. 6 758. 5 213. 3 839. 3 61. 1 242. 6 27. 1 19. 8 15. 6 13. 0 11. 9 9. 9 7. 6 6. 2	23.5 3.970.0 852.2 218.4 934.9 40.8 249.5 10.2 6.1 4.3 3.1 1.2 1.2 1.2 1.0 7.7	$\begin{array}{c} 26.5\\ 4,509.0\\ 986.6\\ 252.6\\ 1,069.8\\ 44.2\\ 283.5\\ 11.4\\ 6.6\\ 4.5\\ 3.0\\ 2.4\\ 1.8\\ 1.6\\ 1.2\\ 1.0\\ .8\\ .7\end{array}$	$\begin{array}{c} 20.4\\ 3,399.3\\ 709.8\\ 182.3\\ 792.2\\ 37.3\\ 213.4\\ 8.9\\ 5.6\\ 4.1\\ 3.1\\ 2.0\\ 2.0\\ 1.5\\ 1.2\\ 1.0\\ 8.8\\ 8.9\\ 5.6\\ 4.1\\ 3.1\\ 3.1\\ 3.6\\ 1.2\\ 1.0\\ 8.8\\ 8.9\\ 1.5\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.2\\ 1.0\\ 1.0\\ 1.0\\ 1.0\\ 1.0\\ 1.0\\ 1.0\\ 1.0$	$\begin{array}{c} 13.9\\ 126.9\\ 64.4\\ 37.3\\ 57.8\\ 27.7\\ 34.7\\ 20.1\\ 17.4\\ 14.1\\ 12.4\\ 9.3\\ 6.8\\ 6.1\\ 5.5\\ \end{array}$	$\begin{array}{c} 15.5\\ 144.6\\ 79.2\\ 67.9\\ 31.3\\ 25.2\\ 22.6\\ 19.0\\ 15.6\\ 13.7\\ 10.4\\ 8.9\\ 6.3\\ 6.3\\ 5.6\end{array}$	$\begin{array}{c} 12.3\\ 108.3\\ 48.7\\ 31.1\\ 47.1\\ 23.8\\ 29.2\\ 17.5\\ 15.7\\ 12.5\\ 15.7\\ 12.5\\ 11.0\\ 9.9\\ 8.2\\ 7.6\\ 6.6\\ 8\\ 5.4\end{array}$

¹ Annual rates as here used mean the number of deaths per 1,000 live births that would have occurred in 360 days if the deaths per day for the given age period had continued for a year of 12 30-day months. The number of live births for the whole year was: both sexes 2.594.763; male 1,334,563; female 1,260,200.

mortality, malformations and diseases of early infancy are seen to be the major factor in the high peak for under 1 week of age but there is a rather high peak also for other diseases.

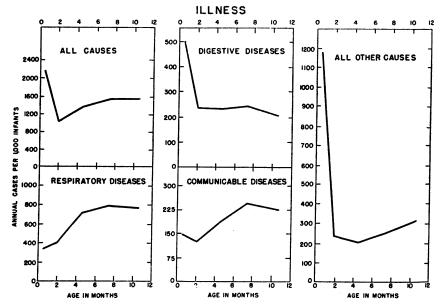


FIGURE 5.—Incidence of illness from broad disease groups among white infants of specific ages—five family surveys. (Ages in months: under 1, 1-2, 3-5, 6-8, 9-11. Scales so arranged that rate for both sexes of all ages under 1 year plots on the vertical rate scale at a distance equal to 6.7 months on the horizontal age scale, thus making the curves comparable on a relative basis.)

BROAD CAUSES OF ILLNESS AND MORTALITY

Figure 5 shows illness rates during the first year of life for four broad causes for the ages under 1 month, 1–2 months, and for the next 3 quarters of the first year of life (table 5). Figure 6 shows similar curves for five important causes of mortality during the first year of life (table 6). Because of the larger amount of data on mortality for the total United States, rates under 1 month of age have been divided into two parts, under 7 days and 7–29 days, with rates above 1 month in the same age groups as in the morbidity chart. With the exception of digestive diseases, which has a low rate for the period under 1 week of age, the death rates from all four causes decline rapidly as age increases. On the other hand, illness from at least two causes increases with age, the lowest rates occurring in the early age groups for both respiratory and communicable diseases. However, digestive and the miscellaneous other diseases show high illness rates in the first month of life.

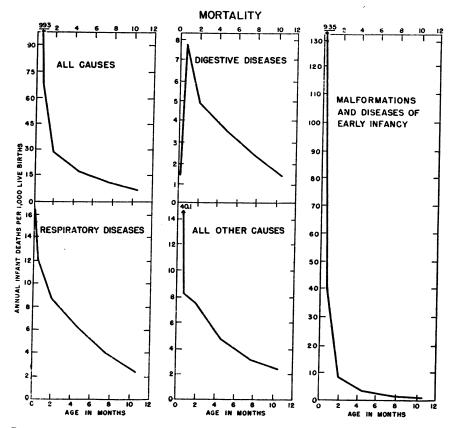


FIGURE 6.—Mortality from broad disease groups among white infants of specific ages—United States 1943. (Ages: under 7 days; 7-29 days; and in months, 1-2, 3-5, 6-8, 9-11. See fig. 5 for other details.)

TABLE 5.—Age incidence of illness from broad causes among white infants of each sex in 5 family surveys 1

	Total	1 -	ge in c o	mplete	ed mon	ths	Total	Ag	e in co	mplete	d mon	ths
	l 1 year	Un- der 1	1-2	3-5	6-8	9-11	1 year	Un- der 1	1-2	3-5	6-8	9-11
	An	nual ce	se rate	per 1,	000 inf:	ants		N	umber	of cas	85	
All causes: Both sexes Male Female Respiratory diseases:		2, 158 2, 572 1, 740		1, 331 1, 488 1, 178	1, 535 1, 568 1, 503		2, 507 1, 332 1, 175	282 169 113	264 130 134	573 317 256	704 356 348	684 360 324
Both sexes Male Female Digestive diseases: ²	669 723 616	337 411 262	399 414 385	702 817 589	792 863 721	764 772	1, 159 623 536	44 27 17	105 54 51	302 174 128	363 196 167	345 172 173
Both sexes Male Female Communicable diseases:	253 251 256	505 533 477	239 261 219	237 225 248	246 229 263	211 209 214	439 216 223	66 35 31	63 34 29	102 48 54	113 52 61	95 47 48
Both seres Male Female All other diseases and in- iuries: ²	200 190 209	145 167 123	125 77 174	186 211 161	244 198 289	227 235 219	346 164 182	19 11 8	33 10 23	80 45 35	112 45 67	102 53 49
Male Female		1, 171 1, 461 877	239 245 234	207 235 179	253 278 229	316 391 241	563 329 234	153 96 57	63 32 31	89 50 39	116 63 53	142 88 54
		Fu	ltime y	years of	f life		N	umber	of ind	ividua	l infant	.s
Male Female	861. 5 870. 6				227. 0 231. 6	225. 2 224. 1	1, 583 1, 563	788 779	792 809	887 893	937 957	935 940

[Sole or primary causes only]

¹ For details about surveys see table 2. ² Teething and gum inflammation is included in "all other" and not in "digestive."

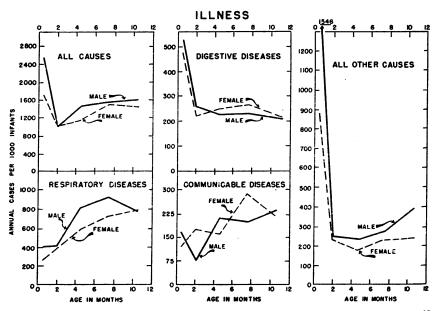


FIGURE 7.-Incidence of illness from broad disease groups among white male and female infants of specific ages-five family surveys. (Ages in months: under 1, 1-2, 3-5, 6-8, 9-11. See fig. 5 for other details.)

Figures 7 and 8 show similar data for male and female infants. Considering first mortality from all causes, it has been repeatedly noted that the death rate for males even in the first year of life is consistently above that of females. Reference to table 4 will indicate that this is consistently true when the mortality under 1 month is broken into finer age groups and is also true for each of the 12 months of life taken separately. The relative age incidence of illness from all causes is different from that of mortality, but the illness rates for males are rather consistently above those for females, the only exception being that the rate is slightly higher for females in the age period 1-2 months.

Considering the four broad causes of death shown in figure 8 the mortality of males is consistently higher than that of females, with the exception of congenital malformations and diseases of early infancy in the last half of the first year of life when the rates are

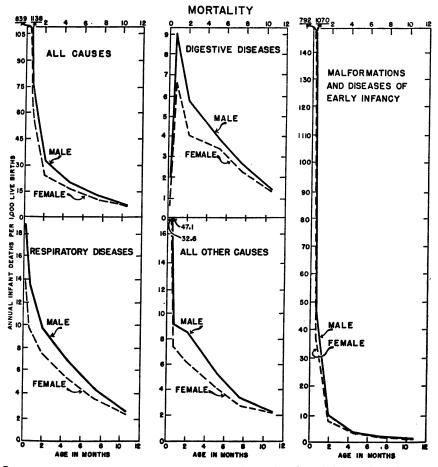


FIGURE 8.—Mortality from broad disease groups among white male and female infants of specific ages— United States, 1943. (Ages: under 7 days; 7-29 days; and in months, 1-2, 3-5, 6-8, 9-11. See fig. 5 for other details.)

approximately the same. Considering the four broad causes of illness shown in figure 7, there is more variation with respect to sex differences in the rates. For digestive diseases the rates for males exceed those for females only in the first quarter of the first year of life, with higher rates for females in the other three quarters. The rather irregular curves for the communicable diseases indicate no particular sex differences for this group as a whole. However, for respiratory diseases and for all other causes the illness rates for males are rather consistently above those for females.

TABLE 6.—Annual ¹ infant mortality from broad causes among white infants of specific ages in the continental United States, 1943

						Age			
Cause of death and sex of de- cedent (international list numbers, 1938 revision).	Total ur yei		In da	ys		In com	pleted	months	
			Under 7	7-29	Under 1	1-2	3-5	68	9-11
	Num- ber of deaths		Annual	infant	mortality	y per 1,0)00 live	births	
All causes: Both sexes. Male. Female Respiratory diseases (33, 104-114): Both sexes. Male. Female Digestive diseases (27, 119, 122b): Both sexes. Male. Female. Female. Male. Female. Male. Female. Malormations and early in- fancy (157-161):	41, 169 14, 745 8, 430 6, 315 8, 300 4, 702 3, 598	37. 47 42. 01 32. 67 5. 68 6. 32 5. 01 3. 20 3. 52 2. 86	992. 77 1, 137. 73 839. 26 16. 34 18. 72 13. 83 1. 41 2. 08 . 69	68.50 75.51 61.07 11.69 13.35 9.93 7.83 8.98 6.62	284. 13 323. 33 242. 62 12. 75 14. 58 10. 82 6. 31 7. 35 5. 22	29.09 32.86 25.10 8.70 9.73 7.61 4.91 5.71 4.06	17. 81 19. 38 16. 15 6. 29 7. 01 5. 53 3. 66 3. 89 3. 40	11. 04 11. 86 10. 16 3. 97 4. 40 3. 53 2. 41 2. 58 2. 24	6. 94 7. 10 6. 76 2. 41 2. 51 2. 31 1. 35 1. 36 1. 34
Both sexes. Male	35,408	23. 54 26. 53 20. 37	934.95 1,069.79 792.15	40.82 44.19 37.26	249. 48 283. 53 213. 42	8.15 8.97 7.28	3. 18 3. 28 3. 08	1.55 1.53 1.57	. 82 . 82 . 82
All other causes: Both sexes Male Female	7,520	5.05 5.63 4.44	40. 07 47. 14 32. 59	8.16 9.00 7.26	15.59 17.88 13.16	7.33 8.44 6.15	4.68 5.19 4.14	3. 10 3. 35 2. 82	2, 35 2, 41 2, 29

¹ See footnote to table 4.

SPECIFIC CAUSES OF ILLNESS AND MORTALITY

Specific causes of illness and death give more exact information than broad groups of causes such as those shown in earlier pages of this report. Figure 9 has been drawn to contrast the 15 most frequent causes of illness with the 15 most frequent causes of mortality among infants. As seen here, coryza and colds represent by far the most frequent type of illness among infants, with bronchitis as the second cause. Influenza comes rather far down the list and pharyngitis and other throat conditions are rather infrequent, being the thirteenth cause. 'However, pneumonia is the tenth cause of illness among infants. Diarrhea and enteritis and other digestive disturbances considered separately are both near the top of the list.

With the exception of pneumonia which is the third cause of death and of diarrhea and enteritis which is the fifth, the first eight causes of mortality all relate to congenital malformations and the diseases peculiar to early infancy. Of these conditions, premature birth stands at the top and congenital malformations second. It is worth noting that whooping cough and influenza are the ninth and tenth causes of death.

TABLE 7.—Age incidence of illness from specific causes among white infants in 5 family surveys 1

	Dotol	under 1		lge in c	omplete	d montl	ns
Disease		ander 1 ear	Under 1	l-2	3-5	6-8	9-11
	Num- ber of cases	A	nnual o	ase rate	9 per 1,0	00 infan	ts
Coryza and cold	78 36 224 244 149 93	348.7 160.5 75.1 34.6 45.0 20.8 129.3 140.9 86.0 53.7 30.0 53.7 30.0 53.7 30.0 53.7 30.6 41.6 0 13.9 9 96.0 24.2	214.3 45.9 23.0 7.7 45.9 15.3 237.3 238.5 68.9 7.7 23.0 45.9 114.8 7.7 53.6 61.2 528.1 38.3 854.4 107.1 7.7	220. 5 110. 2 26. 6 30. 4 7. 6 95. 0 178. 7 57. 0 19. 0 26. 6 22. 8 53. 2 26. 6 26. 6 26. 6 26. 6 26. 6 3. 8 11. 4 60. 8 11. 4 26. 6 19. 0	362.4 181.2 72.0 20.9 48.8 25.6 120.8 130.1 90.6 39.5 18.6 39.5 18.6 37.2 16.3 51.1 39.5 18.6 13.9 35.1 13.9 35.9 16.3 13.9 35.1 11.6	407. 8 172. 3 104. 7 48. 0 56. 7 21. 8 135. 2 126. 5 106. 8 82. 9 37. 1 24. 0 6. 5 78. 5 37. 1 34. 9 74. 1 2. 2 13. 1 33. 2 58. 9 19. 6	389.5 191.4 91.3 55.6 37.8 24.5 120.2 97.9 82.4 5 37.8 35.6 89.0 37.8 33.4 69.0 37.8 33.4 69.0 8.9 8.9 8.9 22.3 60.1 51.2
Full-time years of life Number of individual infants	1, 73 3,		130. 7 1, 567	263.1 1,601	430. 4 1, 780	458.6 1,894	149.3 1,875

[Sole, primary, and contributory causes]

¹ See table 2 for communities covered and other details.

² Circumcision is expressed in annual rates per 1,000 male infants in the 4 surveys, excluding Hagerstown. The 43 circumcisions under 1 month of age amounted to 71.2 per 1,000 male live births (604) in the 4 surveys exclusive of Hagerstown where only 1 circumcision was recorded.

Many of the important causes of illness and death vary considerably in frequency during the different months of age. Figure 10 shows illness rates at specific ages of the first year of life for a considerable number of the detailed causes (table 7). The scales of this figure are so arranged that the rate for all ages represents a distance on the vertical scale that is equal to 6.7 months on the horizontal scale; thus the curves are comparable on a relative basis. In other words, those with the greatest variability in the rates as plotted are the causes that have the largest relative variability with age within the first year of life.

Figure 11 shows similar data arranged in the same way for the more important specific causes of death among infants (table 8). Again it must be remembered that the first point plotted in these death curves represents the ages under 1 week, whereas the first point in the illness curves represents the whole first month of life. Discounting the point for the first week of life, these mortality curves are at least roughly comparable in a relative way to the illness curves.

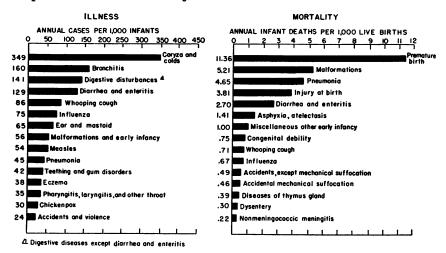


FIGURE 9.—The 15 most important causes of illness and the 15 most important causes of mortality among white infants under 1 year of age—illness in five family surveys and mortality in the United States, 1943. (Scales so arranged that bars for all causes would plot as approximately the same length for illness and mortality.)

Little space need be taken to discuss the age variation of illness and mortality for each of the important diseases of infancy. There is much variability in nearly all instances. In addition to high peaks at the youngest ages for illness from diseases and conditions of prenatal and natal origin, the digestive and genito-urinary disorders have high rates in the youngest ages, with the possible exception of the first week of life in which the death rate from diarrhea and enteritis is Illness rates from influenza, bronchitis, and coryza, on the other low. hand, all rise with age presumably because of the greater care in early infancy to keep the baby from contact with persons suffering from these disorders. Lower death rates in early infancy tend to be true of other infectious diseases such as measles, meningitis, ear and mastoid diseases, and tuberculosis-diseases in which infection occurs after birth. The opposite is true of syphilis which is usually congenital at these early ages.

More extensive data on the common communicable diseases of childhood obtained in another study (1, 2, 3, 5, 6) are shown in figure 12 (table 9). The incidence of every one of these diseases increases with age, which is presumably due not only to increasing contact with

these diseases as the infant grows older, but also to the gradual loss of immunity the infant presumably obtained from its mother. The data in this additional study were tabulated in a way to count the number of infants who were exposed by household contact to a case of each of these diseases, and to indicate the age of the infant at the time of such contact with the disease. Thus it was possible to set up by month of age secondary attack rates for each disease to show the percentage of infants exposed to the disease who developed a clinical case.

 TABLE 8.—Annual 1 infant mortality from specific causes among white infants of specific ages in the continental United States, 1943

					~~~~~	., 104			
						Age			
	Total u		In	days		In com	pleted r	nonths	
Cause of death (international list number, 1938 revision)			Un- der 7	7-29	Un- der 1	1-2	3-5	6-8	9-11
	Num- ber of deaths		Annual	¹ infant	: mortal	ity per :	1,000 liv	e b <b>irth</b> s	
All causes. Pneumonia (all forms) (107-109) Influenza (33)	97, 229 12, 066 1, 744	37. 47 4. 65 . 67	992. 77 14. 32 . 79	68.50 10.24 .91	284. 13 11. 17 . 88	29.09 7.20 .91	17.81 5.13 .78	11.04 3.11 .61	6. 94 1. 85 . 39
Other diseases of respiratory system (104-106, 110-114) Diarrhea and enteritis (119) Intestinal obstruction (122b) Dysentery (27)	935 6, 997 516 787	.36 2.70 .20 .30	1. 23 1. 21 . 20	.54 7.41 .08 .34	.70 5.94 .06 .31	. 59 4. 30 . 24 . 37	. 38 2. 94 . 31 . 41	. 25 1. 91 . 20 . 30	.18 1.09 .11 .15
Whooping cough (9) Measles (35) Tuberculosis (all forms) (13-22) Syphilis (30) Cerebrospinal meningitis (6)	1, 844 263 331 305 282	. 71 . 10 . 13 . 12 . 11	.02 .04 1.76 .06	.47 .07 .04 .21 .07	.36 .06 .03 .57 .06	1.45 .06 .05 .26 .12	.79 .09 .12 .07 .16	.57 .10 .19 .02 .09	. 39 . 16 . 16 . 02 . 09
Meningitis (not due to meningococ- cus) (81) Convulsions (86) Diseases of ear and mastoid process	563 276	. 22 . 11	. 26 1. 78	. 21 . 22	. 22 . 59	. 31 . 10	. 23 . 07	. 21 . 07	. 15 . 03
(89) Intracranial lesions of vascular origin	250	. 10	. 08	.04	. 05	. 12	. 13	. 10	.06
(83) Diseases of the heart (90-95) Diseases of thymus gland (64) Congenital malformations (157) Congenital debility (158) Premature birth (159)	173 144 1, 012 13, 529 1, 949 29, 469	. 75	.67 .28 5.25 123.61 13.87 514.22	.04 .10 .86 15.27 1.82 16.40	[•] .18 .14 1.88 40.53 4.63 132.59	.13 .08 .64 4.87 1.08 1.45	.06 .07 .32 2.22 .49 .22	.02 .03 .12 1.22 .17 .04	.03 .02 .06 .65 .09 .01
Injury at birth (160) Asphyxia, atelectasis (161a) Other diseases of early infancy	9, 874 3, 665 2, 588		180. 88 66. 02 36. 35	3. 24 1. 12 2. 97	44. 70 16. 27 10. 76	. 24 . 19 . 32	.08 .06 .11	. 04 . 02 . 06	.04 .01 .03
(161b, c) Accidental mechanical suffocation (182) Other accidental deaths	1, 189 1, 283	. 46 . 49	1. 13 2. 04	2. 57 . 76 . 54	. 84 . 89	1. 07 . 61	. 11 . 63 . 45	. 15 . 41	. 06 . 41

¹ See footnote to table 4.

Whooping cough, which shows a high incidence, also shows a high secondary attack rate. With the exception of infants under 1 month of age, the secondary attack rates for whooping cough range from 50 to 100 percent. Similar rates for chickenpox show about the same curve with a maximum secondary attack rate of 75 to 80 percent. On the other hand, measles, with rather high incidence rates, has a much lower secondary attack rate and this is true also of German measles and mumps. For these three diseases the secondary attack

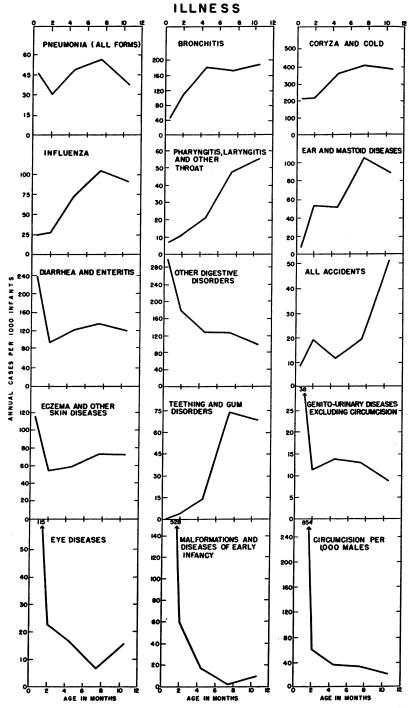


FIGURE 10.—Incidence of illness from specific causes among white infants of different ages—five family surveys. (Ages in months: under 1, 1-2, 3-5, 6-8, 9-11. See fig. 5 for other details.)

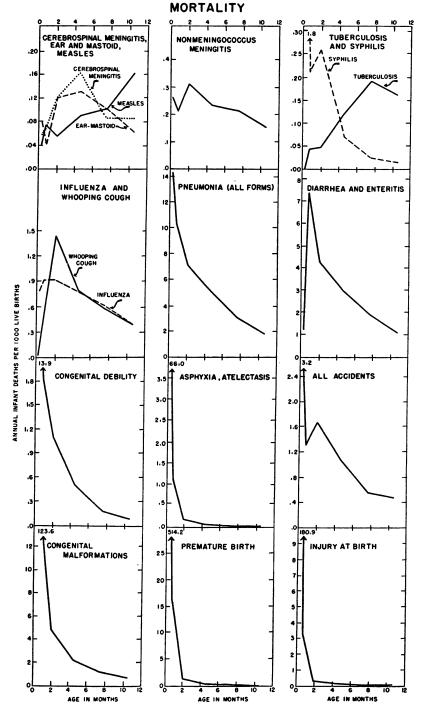


FIGURE 11.—Mortality from specific causes among white infants of different ages—United States, 1943. (Ages: under 7 days; 7-29 days; and in months, 1-2, 3-5, 6-8, 9-11. See fig. 5 for other details.)

rates under 6 months of age are less than 20 percent in every age group, but above 6 months both measles and German measles show secondary attack rates of roughly 40 percent. Mumps, however, does not get appreciably above the 20 percent level.

The preceding charts have shown the incidence and mortality from specific diseases in a way to compare the rate of a given disease at a specific age with the rates for the same disease at other ages. The data, however, may be set up in a way to pick out the important diseases for each age group rather than to follow the curve of the rates for a given disease throughout the period of infancy. Figure 13 shows such data for five age periods of the first year of life, including the seven most frequent causes of illness and the seven most frequent causes of mortality for each age group.

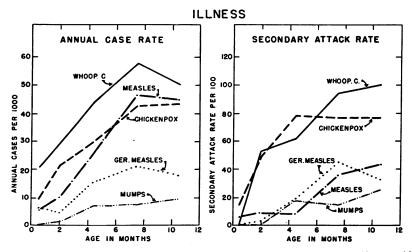
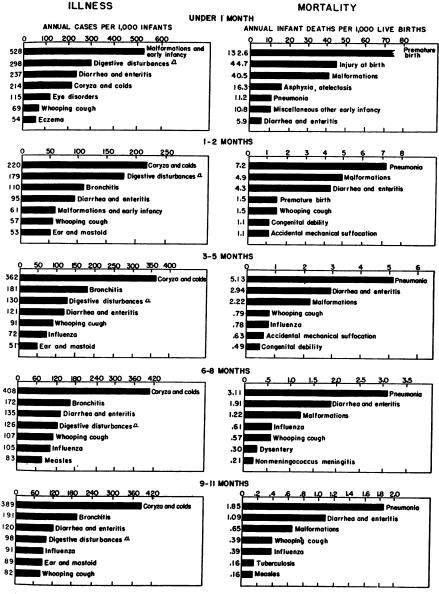


FIGURE 12.—Incidence of five common communicable diseases among white infants of specific ages within the first year of life: (a) annual case rates, and (b) secondary attack rates. (Ages in months: under 1, 1-2, 3-5, 6-8, 9-11. Secondary attack rates refer to attacks of the given disease per 100 infants exposed to a case in the household.)

Among infants under 1 month of age malformations and the diseases peculiar to early infancy are the major cause of illness but for every other age group coryza and colds are the most frequent disorder. Under 1 month of age the digestive disturbances and diarrhea and enteritis are next in frequency, and in the other age groups digestive disturbances and respiratory conditions such as bronchitis compete for second place.

For children under 1 month of age, five of the seven most frequent causes of mortality are diseases due to natal and prenatal influences, premature birth being the overwhelming cause of death. However, pneumonia is the fifth cause and diarrhea and enteritis the seventh cause of death. For each of the other four age groups, pneumonia is the major cause of death with diarrhea and enteritis and malformations competing for second place. Whooping cough is either the fourth or fifth cause of death in each of the four age groups above 1 month of age, and influenza is either the fourth or fifth cause in the three age groups above 3 months. Tuberculosis is inlcuded in the first seven causes only in the age group 9-11 months.



4 Digestive diseases except diarrhea and enteritis

FIGURE 13.—The seven most important causes of illness and the seven most important causes of mortality among white infants of specific ages within the first year of life—illness in five family surveys and mortality in the United States, 1943. (Scales so arranged that bars for all causes would plot as approximately the same length for illness and mortality and for each of the 5 age groups.)

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Disease		under 1		Age in o	omplete	d months			
		ear sted 1)	Under 1	1-2	3–5	6-8	9-11		
	Num- ber of cases		Annual	case rate	3 per 1,0	00 infant:	5		
Whooping cough Chickenpox Measles German measles Mumps	265 210 187 82 38	44.7 33.2 31.4 14.9 6.2	20. 4 9. 1 5. 1 6. 1	29.1 21.0 9.5 4.4 1.0	44. 4 29. 7 26. 4 15. 5 7. 2	57.8 42.6 46.5 21.0 7.4	50.3 43.5 44.7 18.0 9.5		
	Num- ber of sec- ondary cases	Secon	dary att t	ack rate o case in	per 100 in househo	nfants exp ld	posed 1		
Whooping cough Chickenpox Measles German measles Mumps	55 124 33 27 25	72.7 67.2 23.7 24.8 14.2	14.3 6.2	52.4 48.9 8.1 3.2	61.8 78.0 8.0 18.9 17.4	94. 1 77. 1 35. 7 44. 8 14. 3	<b>100</b> . 0 76. 5 <b>43</b> . 5 33. 3 25. 0		
	Total infant population observed 3								
Full-time years of life Communicable disease survey 5 other surveys Number of individual infants Communicable disease survey 5 other surveys	9,	7.7		1, 578. 1 1, 315. 0 263. 1 9, 872 8, 271 1, 601	1, 914. 8 1, 484. 3 430. 4 8, 517 6, 737 1, 780	1, 332. 9 874. 3 458. 6 6, 222 4, 328 1, 894	734.5 285.2 449.3 3,793 1,918 1,875		
	N	imber o	f infants	exposed	² to case	in housel	nold		
Whooping cough Chickenpox Measles German measles Mumps	9 19 17 12 20	2	17 21 16 7 9	21 45 37 31 49	34 59 50 37 69	17 48 42 29 56	6 17 23 15 20		

#### TABLE 9.—Incidence and secondary attack rates of common communicable diseases among white infants of specific ages in 6 family surveys

Adjusted=weighted average of rates for the different ages, the weights equalling the number of months

¹ Adjusted = weighted avorage of rates for the different ages, the weights equaling the number of months in the age period; that is, 1 for und r 1 month, 2 for 1-2 months, and 3 for the other 3 quarters. Numbers of cases are without correction for any factors discussed in note 3. ² "Exposed" refers to infants in attacked households minus primary cases among infants; the case to which exposed may have been a child or adult of any age. If 2 cases of any age were reported as having become sick on the same day, the first entry of such a case of the given disease in the list of communicable diseases that occurred during the study year was used as the "primary" case. A sample tabulation indicated that the order of the listing was not by age of the case. The use as primary cases of all cases with onset on the same day as the onset of the first case does not change the secondary attack rates or the age curves among infonts in any material way. infants in any material way.

The secondary attack rate data are all from the Communicable Disease Survey. The rate for all ages under 1 year is a weighted average (as described in note 1) of the rates in the different infant age groups. Since these data pertain only to secondary cases in households attacked by the disease, the epidemic situa-tion (as discussed in note 3) in the general population presumably would not materially influence the results. Cases with onset as much as 2 calendar months after the onset of the last preceding case were counted on a near series in the houreholds.

Cases with onset as much as a catendar months after two snot the state of the state Gence rates in the latter study are corrected for the fact that the months of life observed became smaller as age increased and that in these older months of age the infants were exposed to different epidemic conditions than in the younger months of age. This situation arose from the fact that the data of the Communicable Disease Survey were collected at a single visit at the end of the study year and infants over 1 year of age at the end of the year were not recorded by month of age. Nevertheless, these infants had lived through various infant months of age during the study year but neither their months of observation nor the age at onset of a case could be tabulated by month of age.

The correction for the difference in epidemic exposure for different months of age which were unequally represented at the time of an epidemic was based on the distribution of cases of all ages in the four quarters of the study year, determined as follows: (a) the median date of the end of the study year for the different

#### ACTUAL RATES OF ILLNESS AND MORTALITY

The charts and discussion in the preceding pages have pertained largely to the similarities and differences between illness and mortality when considered on a relative basis. For example, age curves have carried scales of actual rates but the scales were adjusted so that the age curves for illness and mortality were comparable on a relative basis. Some attention should be paid to actual illness rates as compared with actual mortality rates for the few causes which are common to both the illness and mortality data here presented.

Although the illness data represent a relatively small sample and the mortality data include all deaths in the United States, in the absence of more precise information we may compute a rough estimate of the number of recorded cases per registered death. Considering first the four broad causes, the recorded case rate for malformations and diseases of early infancy amounts to only 2.4 times the death rate, reflecting an extremely high fatality for these serious conditions affecting infants mainly in the first few days of life. On the other hand, the recorded case rates for respiratory, digestive and the group of miscellaneous other diseases, amount to roughly 80 to 120 times the death rates for the corresponding disease groups. The case rate of illness from all causes amounts to 39 times the death rate, but if the case and death rates for malformations and diseases of early infancy

However, the total numbers of cases listed in the first column of the incidence section are the totals recorded without correction of any kind. The adjustment factors for the 3 age groups to which corrections were applied are listed in the following order for each disease: Ages 3-5, 6-8, and 9-11 months: whooping cough 1.04, 0.95, 0.90; chickenpor 0.95, 0.72, 0.64; measles 1.09, 0.82, 0.55; German measles 1.13, 0.87, 0.54; mumps 0.92, 0.69, 0.50. The quarterly distributions of reported cases in the whole of the 28 surveyed cities during the year ending on the median date of the end of the survey were very similar to those of the survey cases of the same disease; therefore, adjustment factors based on reported cases instead of survey cases would be very similar to those given above. given above.

case and death rates for malformations and diseases of early infancy amilies was determined, and a date 6 months prior was taken as the middle of the survey year (about Nov. 1, 1935), (b) the cases for the 3 months on either side of the middle of the study year were used as the second and third quarters, (c) the cases outside of this 6-month period were used as the first and fourth quarters. Since the bias existed only in the Communicable Disease Survey, the incidence rates for the different months of age were computed separately for this study. Furthermore, infants represented in the youngest months of observation were constantly being augmented by new births so these ages represented approxi-mately the same exposure to epidemics throughout the study year and no correction was made for the groups under 3 months of age. However, infant observation time representing 3-5 months of age would begin only in the second quarter of the study year; since the only infants included were those born during the study year and none would reach 3 months of age until the second quarter of the study year. The correction factor for the age group 3-5 months was computed by taking the ratio of average cases (all ages) per quarter for the subserved cases for the ages 3-5 months were multiplied by this adjustment factor to correct for varying seasonality or epidemicity of the disease. Thus if this ratio was 0.90 it meant that the average number of cases per quarter during the whole study year. So all distant factor was the average quarter for this age group the denominator in the comparable to reports for younger ages where the months of the study year; for this age group the denominator in the computation of the adjustment factor was the average quarter for this age group the denominator in the computation of the adjustment factor was the average quarter for this age group the denominator in the computation of the adjustment factor was the average quarter for this age group the denominator in the computation of t

are subtracted from the rates for all causes, the residual case rate is 100 times the residual death rate.

Considering a few more specific causes, there were about 10 cases of pneumonia per death and about 25 accident cases per death. For whooping cough and influenza there were somewhat over 100 cases per death, and for measles and ear and mastoid diseases more than 500 cases per death.

#### SUMMARY

A large volume of data is available on mortality during the first year of life but little is known about illness among infants. In a group of five sickness surveys in which there was a periodic canvassing of families, tabulations show illness rates for infants of different months of age during the first year of life. This paper presents these illness data with comparative figures on mortality among infants in the United States.

Infant mortality has steadily declined since the organization of the birth registration area in 1915 (fig. 1). The trend and actual values of the rates for white infants are almost identical in the Northeast, North Central, and Pacific sections of the country since about 1937. The South and particularly the Mountain region have higher rates than other sections but they show a definite downward trend since about 1937 (fig. 2).

For the country as a whole the trends of mortality among male and female infants are parallel but the rates for males are considerably above those for females. With respect to age, the mortality of the older months of the first year of life has declined more rapidly than that of the younger ages. Up to about 1936 there was practically no decline in the mortality under 1 day of age but that for 1–6 days has been decreasing for a longer period (fig. 2).

Infant mortality from all causes decreases sharply as age increases. This is true of malformations and diseases of early infancy and of all other causes (fig. 4). On the other hand, illness declines from a high rate under 1 month of age to a minimum at 1 month with an increase at least up to 6 months of age, beyond which the rate remains approximately the same (fig. 3).

Illness from digestive diseases has a moderately high peak under 1 month of age, as well as malformations and diseases of early infancy (fig. 5). However, the death rate from digestive diseases is low under 7 days of age, but there is a high peak for the ages 7-29 days. The mortality from three other broad disease groups declines rapidly with age (fig. 6).

The mortality from each of the four broad disease groups is consistently higher among male than female infants (fig. 8). Illnesses from communicable and digestive diseases do not show this tendency but rates for respiratory and all other diseases are rather consistently higher for males than females (fig. 7).

The chief causes of illness among infants are the common respiratory and digestive diseases, with whooping cough and ear and mastoid diseases also fairly high in the list. The chief causes of mortality are malformations and the various conditions associated with early infancy, but pneumonia and diarrhea and enteritis are fairly high in the list (fig. 9).

The age curves of illness during the first year of life vary greatly for different specific diseases (fig. 10). Mortality rates from specific causes tend to decrease more rapidly as age increases during the first year of life than is true of illness rates (fig. 11).

The incidence of the common communicable diseases tends to rise as age increases within the first year of life. Secondary attack rates among infants exposed to these diseases by household contact also rise with age, whooping cough and chickenpox having high rates after the first month of life but measles, German measles, and mumps having relatively low secondary attack rates throughout the first year of life (fig. 12).

Considering the important causes of illness and mortality at specific ages during the first year of life, the common respiratory diseases are frequent in all ages except the first month of life. Although pneumonia is the most important cause of infant deaths at all ages except the first month of life, it is relatively less frequent as a cause of illness (fig. 13).

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## DEATHS DURING WEEK ENDED APRIL 17, 1948

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

	Week ended Apr. 17, 1948	Correspond- ing week, 1947
Data for 93 large cities of the United States: Total deaths. Median for 3 prior years. Total deaths, first 16 weeks of year. Deaths under 1 year of age. Median for 3 prior years. Deaths under 1 year of age, first 16 weeks of year. Deaths under 1 year of age, first 16 weeks of year. Deaths under 1 year of age, first 16 weeks of year. Deaths under 1 year of age, first 16 weeks of year. Death for industrial insurance companies: Policies in force. Number of death claims. Death claims per 1,000 policies in force, annual rate. Death claims per 1,000 policies, first 16 weeks of year, annual rate.	8, 977 9, 109 161, 324 658 638 11, 080 71, 083, 995 13, 429 9, 9 10, 3	9, 701 161, 513 740 12, 815 67, 303, 781 12, 720 9. 9 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 APRIL 24, 1948 Summary

Of 39 cases of poliomyelitis reported for the current week, as compared with 32 last week, 33 for the corresponding week last year, and 29 for the 5-year (1943-47) median, 24 occurred in 5 States—Texas 10 (last week 6), Indiana 5 (last week 1), and 3 each in Pennsylvania, Nebraska, and Alabama. Since March 20, the approximate average date of seasonal low incidence, 159 cases have been reported (last year 142; highest in past 6 years 156 in 1945, lowest 77 in 1942), half of which occurred in 5 States, as follows (last year's corresponding figures in parentheses): Texas 33 (10), California 17 (40), New York 12 (16), Indiana 9 (0), and North Carolina 9 (0).

The incidence of measles increased from 25,616 last week to 27,438, as compared with a 5-year median of 25,362 and 37,960, the highest for a corresponding week of the past 5 years (in 1946). The highest incidence, current and cumulative since the first of the year, as well as the greatest excess over last year's incidence, was reported in the Middle Atlantic and East North Central areas.

For the first time since November 1947, the weekly incidence of influenza dropped below the corresponding 5-year median. Of the total of 1,691 cases reported (last week 2,044, 5-year median 1,815), 1,254 were reported in the only States reporting more than 69 cases— Virginia, South Carolina, Oklahoma, and Texas.

Three cases of smallpox were reported—1 each in North Carolina, Wyoming, and Arizona. Colorado reported 1 case of Rocky Mountain spotted fever, and California 2 cases of leprosy.

Cumulative figures since the first of the year are above the corresponding median expectancies for amebic and undefined dysentery, infectious encephalitis, tularemia, and undulant fever.

Deaths totaling 9,210 were recorded during the week in 93 large cities of the United States, as compared with 8,977 last week, 9,434 and 9,448 respectively, for the corresponding weeks of 1947 and 1946, and a 3-year (1945-47) median of 9,434. The total for the year to date (17 weeks ended April 24) is 170,534, as compared with 170,947 for the corresponding period last year. Infant deaths during the week totaled 659, as compared with 657 last week and a 3-year median of 631. The cumulative figure is 11,738, as compared with 13,548 for the same period last year.

#### Telegraphic morbidity reports from State health officers for the week ended Apr. 24. 1948, and comparison with corresponding week of 1947 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.

cases may have occu	1	iphthe	ria	1	Influenz	:8		Measles	3	M mer	tis, ccus	
Division and State	wende	eek ed—	Me-	Wend	eek ed—	Me-	w	eek ed—	Me-	wend	ed-	Me-
	Apr. 24, 1948	Apr. 19, 1947	dian 1943– 47	Apr. 24, 1948	Apr. 19, 1947	dian 1943- 47	A pr. 24, 1948	Apr. 19, 1947	dian 1943– 47	Apr. 24, 1948	Apr. 19, 1947	dian 1943- 47
NEW ENGLAND												
Maine New Hampshire	0	2 0	10	1	8 16		21	184 18	64 23	0	0	0
Vermont	1	0	0				11	231	118	ō	Ō	0
Massachusetts Rhode Island	9	7	3		3	3	1, 362	461 357	817 24	1	03	3 2
Connecticut	ŏ	Ô	i	6	8			758	447	ŏ	2	3
MIDDLE ATLANTIC	1 1											
New York	8	23	21	15	14		2, 327	447	2, 314	8	6	32
New Jersey Pennsylvania	3	5 11	5 11	( ³ ) 8	( ³ )	21	1, 378 1, 658	391 204	1, 545 966	2	2	3 14
EAST NORTH CENTRAL						1 -				_	_	
Ohio	6	2	8	2	27	8		879	879	5	5	6
Indiana	15 1	3 1	4 5	12	17 23	69	1, 235	97 104	256 808	4 5	3 2	2 11
1llinois Michigan ⁸	Ó	5	7	3	13	3	1, 411	43	944	3	2	6
Wisconsin	0	0	1	31	106	37	1, 995	295	1, 620	5	0	4
WEST NORTH CENTRAL			-		2		600	100	100		4	
Minnesota Iowa	6 0		7	1	159	1 2		188 202	188 202	2 1	3	3 2
MISSOURI	1	2	2	14	4	4	340	36	331	2	3	9
North Dakota	1	0	1 1		7	7	16 51	5 42	9 24	0 0	0	0
Nebraska	0	3	2	12	31	2	402		198	0	Ő	1
Kansas	7	7	3	3	60	4	57	10	432	0	0	1
SOUTH ATLANTIC Delaware	o	1	0		2		74	1	15	0	1	1
Maryland ³	10	2	9	4	13	3	215	28	107	3	5	5
District of Columbia	0	0	1				152	24	78	1	2	2
Virginia West Virginia	3 6 1	5 1	5 2	207 5	3, 242 202	159 11	149 251	232 65	425 67	0 1	5 1	8 2
North Carolina	ĭ	12	7				36	159	191	1	4	4
South Carolina Georgia	13 6	10 5	3	272 2	2, 151 791	288 7	165 94	256 181	341 160	1	1	1 2
Florida	ĭ	2	6	õ	125	9	363	144	144	2	3	5
EAST SOUTH CENTRAL												
Kentucky	3 4	4	4		13 406	13	154 298	15 80	198 219	3	4 2	5 12
Tennessee	*7	2 1	3 2	16 23	1, 366	46 95		354	219	3 *2	ő	12
Mississippi *	3	6	5	2	132		51	24		0	2	3
WLST SOUTH CENTRAL		_										
Arkansas. Louisiana	4	5 2	52	69 9	538 29	33	175 21	75 225	131 116	0	4 2	3 4
Oklahoma	1	0	2 2	115	717	52	48	5	86	1	17	2
Texas MOUNTAIN	11	16	27	660	1, 774	756	3, 134	329	611	6	7	7
Montana	· 2	o	1	16	51	2	74	164	132	o	o	0
Idaho	ő	Ō	1	34	46	3	84	6	62	1	0	1
Wyoming Colorado	13	97	0 7	42	88		138 650	11 77	100 511	0	0	0
New Mexico	1	ó	ó		3	3	26	63	63	2 0	ŏ	Ō
Arizona	3	1	1	37	164	57	285		64	0	1	0
Utah ³ Nevada	12 0	1	0		86	2	227 2	10 2	228 1	0	0	ŏ
PACIFIC	1	Ĩ	Ĭ				_	-	-		-	
Washington	8	0	2	9	32	2	637	15	393	0	1	5 4
Oregon California	0 12	3 14	3 18	32 42	112 31	18 43	133 3, 279	24 189	120 1, 139	17	6 5	4 23
Total.	180	184	198		12, 616	1, 815	27, 438		25, 362	76	- 97	190
	*3, 159	-					$\frac{27, 400}{278, 171}$				1, 425	_
Seasonal low week 4		July !		(30th) J				ng. 30-8		(37th)		
			!-								· · · · · ·	
Total since low	9, 517 1	1,9981	3, 131	71, 303	11, 728	311, 728	313, 117	13, 697 3	326, 321	2, 109	2, 397	6, 259

*Delayed report (included in cumulative totals only): Alabama, diphtheria 3, meningitis 2.

New York City only.
 Period ended earlier than Saturday.
 Dates between which the approximate low week ends. The specific date will vary from year to year.

	Po	oliom ye	litis	8	carlet fe	ver	8	mallp	DX	Typh typ	hoid an	d para- ver
Division and State	Wend	eek led—	Me- dian	W end	eek led	Me-	W end	eek ed—	Me- dian	W end	eek ed	Me-
	Apr. 24, 1948	Apr. 19, 1947	1943- 47	Apr. 24, 1948	Apr. 19, 1947	dian 1943- 47	Apr. 24, 1948	Apr. 19, 1947	1943- 47	Apr. 24, 1948	Apr. 19, 1947	dian 1943- 47
NEW ENGLAND Maine New Hampshire Vermont Massachusetts Rhode Island			0 0 0 0 0	2 0 227 9	10 5 126 6	13 12 299 25	0 0 0 0	0 0 0 0	0 0 0 0 0	0 0 5 0	3 0 4 0	1 1 0 2 0
Connecticut MIDDLE ATLANTIC New York New Jersey Pennsylvania	0 1 1 3	3	0 3 0 0	35 • 218 85 272	46 242 84 185	643 643 147 514	0 0 0	0 0 1 0	0 0 0	0 4 2 1	0 1 1 0	0 4 1 4
EAST NOBTH CENTRAL Ohio Indiana Illinois Wichigan ³ Wisconsin	1 5 0 0	32	0 0 1 0	227 52 128 152 69	234 100 118 93 69	341 100 172 202 176	000000000000000000000000000000000000000	0 1 0 0	0 0 0 0	8 0 2 1	0 2 0 0	1 0 1 2 0
wEST NORTH CENTRAL Minnesota Iowa Missouri North Dakota South Dakota Nebraska	1 2 1 0 0 3	002	0 0 1 0 0	32 22 • 12 • 3 • 3 16	42 30 32 2 1 36	63 56 92 9 14 36	000000000000000000000000000000000000000	0 0 0 0 1	000000	2 0 1 0 0	0 2 0 0 0 0	0 2 1 0 0 0
Kansas. SOUTH ATLANTIC Delaware	0 0 0 1	0 1 0 0 0	000000000000000000000000000000000000000	31 * 25 8 19 * 20	36 3 37 7 47 14	64 5 82 36 90 25	000000000000000000000000000000000000000	0	000000	0 1 0 1 1	0 1 0 2 1	1 0 1 0 2 3
North Carolina South Carolina Georgia Florida EAST SOUTH CENTRAL	2 0 0 0	0 0 2	0 0 2	20 3 20 5	17 5 11 8	38 6 11 8	1 0 0 0	0000	0000	2 2 0 7	0 2 1 0	1 1 3 2
Kentucky Tennessee Alabama Mississippi ³ WEST SOUTH CENTRAL	0 1 3 0	0 0 1	0 0 1 1	22 19 4 2	23 32 18 4	47 58 12 4	0 0 0	0 0 1	0 0 0	5 1 1 0	2 2 3 0	2 2 1 1
Arkansas Louisiana Oklahoma Texas MOUNTAIN	0 0 10	1 2 0 4	1 1 0 3	5 5 11 29	6 8 9 20	6 8 19 58	0 0 0	0 0 2 4	0 0 1	1 4 1 2	1 2 0 3	1 4 1 7
Montana Idaho Wyoming Colorado New Mexico Arizona Utah 4 Nevada	1 0 0 0 0 0	000000000000000000000000000000000000000	000000000000000000000000000000000000000	7 6 30 5 3 16 0	7 5 2 38 7 9 17 2	8 28 52 9 10 30 0	0 1 0 1 0 1 0 0	000000000000000000000000000000000000000	0 0 0 0 0 0 0	0 0 0 0 0 0	1 0 0 0 1 0	0 0 0 0 0 0 0
PACIFIC Washington Oregon California Total	0 0 2 39	2 0 5 33	2 0 5 29	60 12 82 2,051	45 26 126 2,076	45 35 180 4,031	0 0 0 3	- 0 0 0 10	0 0 0 10	0 2 6 58	0 0 3 39	0 0 3 
l6 weeks	507	754	553	37,020		63, 798	40 (35th)	88 Aug.	<u>172</u> 30-	747	681	882
Seasonal low week 4		Mar. 1			) Aug. (	-		ept. 5			Mar. 1	
Total since low	159	142	137	59, 559	69, 566 1	02, 119	61	142	255	274	196	284

Telegraphic morbidity reports from State health officers for the week ended Apr. 24, 1948, and comparison with corresponding week of 1947 and 5-year median—Con.

¹ Period ended earlier than Saturday.
 ⁴ Dates between which the approximate low weeks end. The specific date will vary from year to year.
 ⁴ Including paratyphoid fever reported separately, as follows: Massachusetts (salmonella infection) 4; New Jersey 1; Michigan 1; Wisconsin 1; Virginia 1; California 4.
 ⁶ Including cases reported as streptococcal sore throat.

	Wh	Whooping cough				Wee	ek ende	d Apr. 2	4, 1948		
Division and State	Week	ended-	Me-	1	ysente	ery	En-	Rocky Mt.	Durle	Ty- phus	Un-
	Dec. 24, 1948	Dec. 19, 1947	dian 1943- 47	Ame bic	Bacil lary	Un- speci- fied	alitis,		Tula- remia	Tomor	du- lant fever
NEW ENGLAND											
Maine	2			§							
New Hampshire Vermont	3										
Massachusetts	36		85	5	3		1				
Rhode Island		li 7	14								
Connecticut	21	35	30	·							5
MIDDLE ATLANTIC New York	99	142	164	17	1						2
New Jersey	59		117				1		1		
Pennsylvania	60		128								
EAST NORTH CENTRAL											
Ohio	39		99	4							1
Indiana Illinois	52	83 86	21 68	10	3		3		i		17
Michigan ³	62		89								10
Wisconsin	86		81	1							ī
WEST NORTH CENTRAL				1					1		
Minnesota	15		19				i				4
Iowa Missouri	14	21 28	16 19				1				ī
North Dakota		1	1								
South Oakota	10		2								1
Nebraska Kansas	3 96		6 30								1
SOUTH ATLANTIC	90	41	- 30	1 1							•
Delaware	1										
Maryland ²	11	68	68								1
District of Columbia	<u>-</u> -	7	7			=					
Virginia West Virginia	56 10		53 35			51					3
North Carolina	38		133	1	1						
South Carolina	91	135	61		4					1	
Georgia	8	18	17	;					7	4	4
Florida EAST SOUTH CENTRAL	22	65	13	1 1						2	1
Kentucky	13	24	34								
Tennessee	17	42	26						5		
Alabama	71	84	48	(*)						5	1
Mississippi *	7			1	1				1		1
WEST SOUTH CENTRAL			10								
Arkansas Louisiana	36 7	27 5	13 3	5		1			1 5	i	ī
Oklahoma	47	21	20	2							
Texas	452	539	268	10	350	50			3	2	4
MOUNTAIN											
Montana Idaho	13	13 14	6 8								<u>i</u>
Wyoming	2 5	2	3	1							1
Colorado	47	39	39					1			3
New Mexico	33 39	10 19	10 19	1		13	1				
Utah ³	38 17	19	39			19	1		2		2
Nevada											
PACIFIC											
Washington	28	34	34	;;							1
Oregon California	44 88	23 271	19 271	14 8	1						2 6
Total	1.952	2,880	2, 621		364	115		1	25		82
			4, 021				8			15	
Same week: 1947	2, 880 2, 621			56 34	211 258	119 65	4 10	4	· 16 11	23 35	89 7 89
16 weeks: 1948	34, 858			*1, 088	4, 341	2,967	137	11	291	221	1, 451
1947	41,069			753	4,823	3, 290	105	16	541	637	1.654
Median, 1943-47	39, 248	<u></u> '	'	472	4, 519	1, 607	131	14'	275'	737'7	1, 370

³ Period ended earlier than Saturday. ⁵ Delayed report (included in cumulative totals only): Alabama, amebic dysentery 1. *Leprosy:* California 2. Territory of Hawaii: Rabies 0, measles 4, typhus fever (endemic) 1, whooping cough 18, outbreak of erythema infectiosum Hilo City and Honolulu.

## **WEEKLY REPORTS FROM CITIES***

## City reports for week ended Apr. 17, 1948

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.

	CBB68	s, in-	Infit	lenza		me- cus,	nia	litis	ever	ses	and hoid	qgno
Division, State, and City	Diphtheria	Encephalitis, in- fectious, cases	Cases	Deaths	Measles cases	Meningitis, me- ningococcus, cases	P n e u m o 1 deaths	Poliomyelitis cases	Scarlet fer cases	Smallpor cases	Typhoid and paratyphoid fever cases	Whooping cough cases
NEW ENGLAND												
Maine:												
Portland New Hampshire:	0	0		0	1	. 0	4	0	0	0	0	15
Concord Vermont:	0	0		0	1	0	1	0	0	0	0	
Barre Massachusetts:	0	0		0		0	0	0	0	0	0	
Boston	2	0		Q	400	1	8	0	92	0	0	4
Fall River Springfield Worcester	0	0		0	8	0	0	0	3 1	0	0	4
Worcester	ŏ	Ŏ		ŏ	ĭ	ŏ	ğ	Ŏ	9	Ŏ	ĺľ	19
Rhode Island: Providence	0	0		0		0	1	0	1	0	0	1
Connecticut: Bridgeport	0	0		0	4	0	0	0	3	0	0	
Hartford	3	Ó		-		0	2	0	1	Ó	Ó	1
New Haven	0	0		0	3	0	4	0	4	0	0	6
MIDDLE ATLANTIC New York:												
Buffalo	0	0		0	15	0	4	0	8	0	0	3 43
New York Rochester	2 0	0 0	6	2 0	1, 674 3	3	46 1	1	90 5	0	1	43
Syracuse	ŏ	ŏ		ŏ	ň	ŏ	2	ð	6	Ŏ	Ŏ	11
New Jersey: Camden	0	0		2	24	o	2	0	2	0	0	1
Newark	Ő	0		0	196	Ŏ	5	Ó	8	Ő	Ō	83
Trenton Pennsylvania:	0	0	3	0	4	0	1	0	4	0	1	
Philadelphia	0	0		Ő	723	1	25 8	0	59 20	0	0	9 1
Pittsburgh Reading	ŏ	ŏ		0	47	ŏ	2	ŏ	39 7	ŏ	ŏ	
EAST NORTH CENTRAL												
Ohio:												•
Cincinnati Cleveland	2	0		0	82 26	3	93	0	12 26	0	0	6 9
Columbus Indiana:	2	Ő		Ō	58	0	2	0	7	0	0	
Fort Wayne	0	0		0	18	0	2	0	0	0	0	
Fort Wayne Indianapolis South Bend Terre Haute	2 0	8	<u>i</u> -	0	135	0	12 0	0	82	0	0	8 1
Terre Haute	ŏ	ŏ		ŏ		ō	1	ŏ	õ	ŏ	ŏ.	
Illinois: Chicago	1	0	2	0	778	1	22	0	45	0	0	21
Springfield	ō	Ŏ		Ť	4	ō	4	ŏ	ĩ	Ō	Ŏ.	
Michigan: Detroit	0	0		0	340	1	7	0	74	0	0	13
Flint	0	0		0	3 40	0	4	0	42	0	0	6
Grand Rapids Wisconsin:				- 1								0
Kenosha Milwaukee	0	0		0	75 67	0	02	0	2 13	0	<u> </u>	<u>9</u>
Racine	ŏ	Õ.		Ő	135	Õ	0	Ó	3	Ő	Õ	3
Superior	0	0		0	344	0	1	0	0	0	0	1
WEST NOETH CENTRAL Minnesota:							1					
Duluth	0	0		0	305	0	1	0	0	0	0	4
Minneapolis	0	0		0	39 43	0 0	64	Ō	6	0	0	12
Missouri	- 1	-		-					-			-
Kansas City St. Joseph St. Louis	0	0	6	1	54 3	0	5	0	2 2	0	1	5
St. Louis	2	ŏ		ĭ	276	ĭ l	6	ŏ	16	ŏ	ŏ	8

* In some instances the figures include nonresident cases.

City reports for week ended Apr. 17, 1948-Continued

	ases	tis, in- cases	Influ	ienza		cus,	nía	litis	fever Se	3	and	cough
Division, State, and City	Diphtheria cases	Encephalitis. fectious, cat	Cases	Deaths	Measles cases	Meningitis, me ningococcus, cases	Pneumor deaths	Poliomyelitis cases	Scarlet fe cases	Smallpox cases	Typhoid and paratyphoid fever cases	Whooping co
WEST NORTH CENTRAL- continued												
North Dakota:	0	0		0	2	0	0	0	3	0	0	
Fargo Nebraska:	0	0			151	0	0	0		0	0	2
Omaha Kansas:	0	0		1	20	0	2	0	1 0	0	0	1
Topeka Wichita	ŏ	ŏ		0	6	ŏ	2	ŏ	5	ŏ	ŏ	13
SOUTH ATLANTIC												
Deleware: Wilmington	0	0		0	n	1	2	0	2	0	0	
Maryland: Baltimore	0	o	2	1	78	1	9	0	12	0	0	9
Cumberland Frederick	0 7	0		0		0	0	0	1 0	0	0	
District of Columbia: Washington	0	0		0	169	0	7	0	8	0	1	7
Virginia: Lynchburg	0	0		0	1	0	0	0	0	0	0	4
Richmond Roanoke	Ó	0		0 0		1	1	0 0	3 0	0	0	6
West Virginia: Charles on	0	0		0	41	0	1	0	1	0	0	
Wheeling North Carolina	ŏ	ŏ		ŏ	31	Ŏ	ī	ŏ	ō	ŏ	Ŏ	•••••
Raleigh	0 2	0		0		0	0 1	0	0 1	0	0	1
Wilmington Winston Salem	Ő	ŏ		0 0	1	ŏ	i	0 1	ō	ŏ	ŏ	1
South Carolina: Charleston	0	0	23	0	1	0	3	0	0	0	0	
Georgia: Atlanta	0	0		0	3	0	3	0	2	0	0	1
Brunswick Savannah	J U	0 0		0	1	0	0	0	03	0	0	3
Florida: Tampa	0			0	14	0	4	0	1	0	0	2
EAST SOUTH CENTRAL												
Tennessee: Memphis	1	J		0	77	0	6	0	3	0	0	2
Nashville Alabama:	ō	Ŏ		ĩ	5	Ŏ	2	Ŏ	i	Ŏ	Ō	2
Birmingham Mobile	8	0	<u>ii</u>	0	3	0	1	0	1	8	0	4
WEST SOUTH CENTRAL	Ĩ	Ĩ		Ů			Ĩ	Ĩ		Ĩ		
Arkansas: Little Rock	0	0	1	0	9		1	0	0	0	0	
Louisiana: New Orleans	0	0	6	2	4	9	2	0	3	0	3	1
Shreveport Texas:	ŏ	ŏ		ő		ĕ	í	ŏ	ő	ŏ	ŏ.	
Dallas	2	0		0	152	0	2		4	o	0	1
Galveston	0	0		0	1	0	53	0	0	0	0	i
San Antonio MOUNTAIN	0	0		0	33	1	3	0	2	0	0	1
Montana:						_ [			_			
Billings Great Falls	0	0		0	1	0	2 9	8	0	8	8	42
Helena Missoula	0	0		0		0	ů 0	8	8	0	0	
Idaho: Boise	0	0		0		0	0	0	0	0	0	
Colorado: Denver	1	0	4	0	381	1	5	o	5	0	0	17
PuebloUtah:	ô	ŏ.		ŏ	12	Ô	5	ĭ	ī	ŏ	ŏ	4
Salt Lake City	0	0  -		0	40	0	2	e l	4	0	0	2

cases	s, in-	Infl	ienza	es .	me- scus,	nia	litis	ever	ses	and hoid	cough
Diphtheria	Encephaliti fectious, c	Cases	Deaths	Measles cas	Meningitis, ningococ cases	Pneumo death	Poliomye cases	Scarlet f	Smallpox ca	Typhoid paratyp fever case	Whooping cases
					1						
0	0		0		0	5	0	12	0	0	11
0		3		5	0	1		1	0		
0	0		0	45	0	0	0	0	0	0	
		E	•	200				10			
		0				1		19			4
š	ŏ	4	ŏ	301	ŏ	5	ŏ	8	ŏ	ŏ	7
36	0	77	11	7, 891	18	308	3	684	0	8	339
71		566	51	1 710		400		841			636
71		163	1 29	² 6,969		1 391		1, 538	1	12	642
	12 80 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	12 95 80 000 Diphtheria 0 0 0 0 0 0 0 0 Fincephaltities	Diphtheria Diphtheria Diphtheria Dophaliti Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases Cases 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City reports for week ended Apr. 17, 1948-Continued

¹ 3-year average 1945-47.

¹ 5-year median 1943-47.

Rates (annual basis) per 100,000 population, by geographic groups, for the 90 cities in the preceding table (latest available estimated population, 34,394,800)

	case]	in- case	Infl	uenza	rates	me-	death	CBS6	case	case rates	para- ever	ough
	heria rates	Encephalitis, fectious, rates	tes	rates	s case	Meningitis, ningococcus, c rates	onia rates	Poliomyelitis rates	fever rates	DX CBSC	bid and boid f	Whooping cough case rates
	Diphtheria rates	fecti	Case rates	Death 1	Measles	fening ningo rates	Pneumonia rates	oliom	Scarlet	Smallpor	yhpo typ case	/hoop
	<u>н</u>	F	<u> </u>	<u> </u>	2	A 	<u>а</u>	<u> </u>		- <u>6</u> 2	F1	M
New England Middle Atlantic	13.1 0.9	0.0	0.0 4.2	0.0	1,108 1,232	2.6 1.9	75.8 44.4	0.0	298 106	0.0	2.6 0.9	131 37
East North Central	4.3	0.0	1.8 11.9	0.0	1.280 1.788	4.3 2.0	42.6 51.7	0.0	121 86	0.0	0.0	47 72
South Atlantic	14.7 5.9	0.0	40.9 64.9	1.6 5.9	574 502	4.9 0.0	53.9 53.1	1.6 0.0	56 30	0.0	1.6 0.0	56 47
West South Central Mountain	8.6 7.9	0.0	20.1 31.8	5.7 0.0	574 3, 471	2.9 7.9	45.9 111.2	0.0 0.0	26 87	0.0 0.0	8.6 0.0	11 230
Pacific	7.9	0.0	19.0	0.0	1, 153	0.0	23.7	1.6	65	0.0	0.0	35
Total	5.5	0.0	11.7	1.7	1,200	2.7	46.8	0.5	104	0.0	1, 2	52

Dysentery, ametic.—Cases: Boston 1; New York 16; Washington 1; New Orleans 2; Dallas 1, Dysentery, bacillary.—Cases: Worcester 1; New York 1; Charleston, S. C. 1; Los Angeles 1. Dysentery, unspecified.—Cases: Cincinnati 2; Baltimore 2; San Antonio 2. Tularemia.—Cases: New Orleans 2. Typhus ferer, endemic.—Cases: Birmingham 1; Mobile 1.

#### TERRITORIES AND POSSESSIONS **Puerto Rico**

Notifiable diseases-5 weeks ended April 3, 1948.-During the 5 weeks ended April 3, 1948, cases of certain notifiable diseases were reported in Puerto Rico as follows:

Disease	Cases	Disease	Cases
Chickenpox. Diphtheria. Dysentery, unspecified. Gonorhea. Influenza. Malaria. Measles. Poliomyelitis.	82 66 3 332 38 183 1,558 1 1	Syphilis. Tetanus. Tetanus, infantile. Tuberculosis (all forms) Typhoid fever Typhus fever (murine) Whooping cough	171 10 1 981 8 3 132

# FOREIGN REPORTS

#### CANADA

Provinces—Communicable diseases—Week ended April 3, 1948.— During the week ended April 3, 1948, cases of certain communicable diseases were reported by the Dominion Bureau of Statistics of Canada as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Que- bec	Onta- rio	Mani- toba	Sas- katch- ewan	Al- berta	British Colum- bia	Total
Chickenpox Diphtheria Dysentery, bacillary		15	1	150 6	495 2	45	20 1	28	44	798 9
German measles		21		37	38 11		4	10	3 7	92 39
Measles Meningitis, meningococ-			1	747	1, 321	13	5	16	59	2, 162
cus		1	<u>-</u> -	2 235			1 54			4
Mumps Poliomyelitis		12 2	1		228	25 1		21 	5	581 3
Scarlet fever Tuberculosis (all forms)		5 9	13	93 113	121 35	1 19	1 19	6 31	5 22	232 261
Typhoid and paraty-		1		8	1					10
Undulant fever					3		1	4	1	-ğ
Gonorrhea	1	12	18	95	72	27	10	43	53	331
Whooping cough				66 28	49 24	13	4 1	3 25	14 5	180 86
Typhoid and paraty- phoid fever Undulant fever Venereal diseases: Gonorrhea Syphilis	 1 	1 12 17	 18 14 	66	72 49	 27 13 3	1 10 4 1	43 3	14	331 180

#### JAMAICA

Notifiable diseases—5 weeks ended April 3, 1948.—During the 5 weeks ended April 3, 1948, cases of certain notifiable diseases were reported in Kingston, Jamaica, and in the island outside of Kingston, as follows:

Disease	Kingston	Other locali- ties
Cerebrospinal meningitis Chickenpox Diphtheria. Dysentery. Erysipelas Leprosy. Tuberculosis (pulmonary). Typhoid fever.	7 3 1 1 1 48 5	1 17 3 1 1 49 62

(670)

#### May 14, 1948

#### JAPAN

Notifiable diseases—5 weeks ended April 3, 1948, and total reported for the year to date.—For the 5 weeks ended April 3, 1948, and for the year to date, certain notifiable diseases were reported in Japan as follows:

Disease		ded April 3, 948	Total reported for the year to date			
	Cases	Deaths	Cases	Deaths		
Diphtheria Dysentery, unspecified Gonorrhea Influenza Malaria Meningtits, epidemic Paratyphoid fever Paratyphoid fever Paratyphoid fever Smallpox Syphilis Tuberculosis Typhoid fever Typhoid fever Typhoid fever Whooping cough	$\begin{array}{c} 1, 894\\ 332\\ 28, 226\\ 51, 285\\ 7, 410\\ 303\\ 144\\ 20, 791\\ 205\\ 22\\ 26, 834\\ 32, 395\\ 420\\ 59\\ 3, 185\\ \end{array}$	177 57 	5, 553 614 64, 174 1, 383 1, 383 6637 445 55, 060 662 8 58, 237 77, 167 1, 381 241 10, 214	595 131 6 6 		

Note.-The above figures have been adjusted to include delayed and corrected reports.

#### NEW ZEALAND

Notifiable diseases—4 weeks ended April 3, 1948.—During the 4 weeks ended April 3, 1948, certain notifiable diseases were reported in New Zealand as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Cerebrospinal meningitis Diphtheria Dysentery: Amebic Bacillary Frysipelas. Food poisoning Influenza Lead poisoning	7 19 3 57 10 11 1 1	1 2 3 	Malaria. Poliomyelitis. Puerparal fever. Scarlet fever (including strep- tococcal sore throat). Tetanus. Trachoma. Tuberculosis (all forms) Typhoid fever.	1 70 2 77 2 1 164 9	3 1 1 47

#### TUNISIA

Notifiable diseases—Year 1947.—During the year 1947, cases of certain notifiable diseases were reported in Tunisia as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis. Diphtheria. Dysentery, amebic and bacillary Leprosy. Malaria. Mealsternanean fever. Mumps. Poliomyelitis.	19 87 20 3 14,068 117 2 61 7	Rables. Relapsing fever	3 22 33 1, 203 734 806 705 32

#### **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-named 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 of each month.

#### Cholera

India—Calcutta.—Cholera has been reported in Calcutta, India, as follows: For the week ended April 10, 1948, 343 cases with 118 deaths; for the week ended April 17, 1948, 292 cases.

Indochina (French)—Cochinchina.—Cholera has been reported in Cochinchina, French Indochina, as follows: For the period April 1-10, 1948, 115 cases of cholera with 85 deaths were reported in Cochinchina, French Indochina, and for the week ended April 10, 1948, 24 cases of cholera were reported in Saigon-Cholon, Cochinchina, French Indochina.

#### Plague

India.—Plague has been reported in India as follows: During the week ended April 17, 1948, 5 deaths from plague (confirmed) were reported in Calcutta, India; during the week ended April 24, 1948, 28 suspected cases of plague were reported in Calcutta. For the week ended April 3, 1948, 23 cases of plague with 10 deaths were reported in Lucknow, India, and for the week ended April 10, 1948, 16 cases of plague were reported in Lucknow.

Information dated April 14, 1948, states that an outbtrak of plague began in Jubbulpore City, Central Provinces, India, in January 1948. On March 30, 1948, 18 cases with 8 deaths were reported to have occurred within the preceding 48 hours. The total number of cases reported to that date (March 30) was 149, with 75 deaths. Necessary precautions were being taken.

#### Smallpox

China—Shanghai.—Smallpox has been reported in Shanghai, China, as follows: For the week ended April 10, 1948, 115 cases of smallpox were reported; for the week ended April 17, 1948, 97 cases of smallpox were reported.

India—Calcutta.—For the week ended April 10, 1948, 280 cases of smallpox with 227 deaths were reported in Calcutta, India, and for the week ended April 17, 1948, 207 cases were reported.

Indochina (French)—Cochinchina—Saigon.—For the week ended April 10, 1948, 24 cases of smallpox were reported in Saigon, Cochinchina, French Indochina.

#### **Typhus Fever**

Bolivia-La Paz Department-La Paz.-For the week ended April 3, 1948, 12 cases of typhus fever were reported in LaPaz, La Paz Department, Bolivia.