

## Seasonal Occurrence of Communicable Diseases

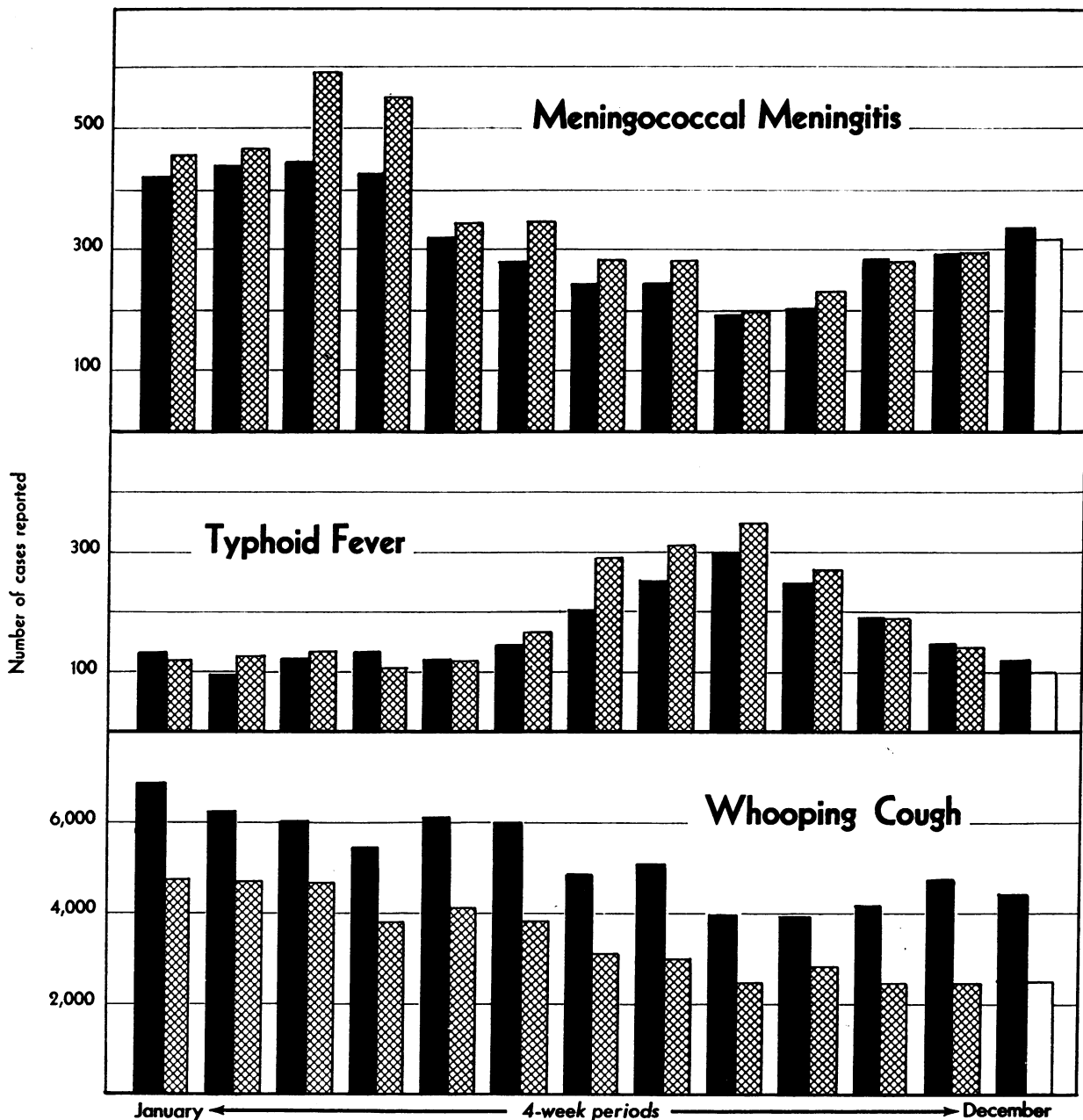
### 1951 and 1952 Summary

The relatively high incidence of measles and streptococcal sore throat including scarlet fever in the winter and spring months, as compared with summer and fall, is

striking. Meningococcal meningitis and whooping cough also occur more frequently in the winter and spring than in other seasons, but incidence of these dis-

eases is more evenly spread over the entire year than is measles or streptococcal sore throat.

The distribution of two "summer" diseases, typhoid fever and



poliomyelitis, is also different. Typhoid fever is spread throughout the year but has a summer peak; poliomyelitis is mainly concentrated in a few months—July, August, September, and October.

Several of the six diseases occurred in greater numbers in 1952 than in the previous year. This is particularly true for measles and

poliomyelitis. However, in the last half of 1952, incidence of measles was less than that for the same period of 1951. Streptococcal sore throat, including scarlet fever, was reported in larger numbers for each of the 4-week periods of 1952. Incidence of meningococcal meningitis was higher in the winter and spring months of

1952 than it was in 1951; in the summer months of 1952, more typhoid fever occurred than during the same period of the previous year.

*This material was prepared by the National Office of Vital Statistics, Public Health Service.*

## Community-Wide Chest X-Ray Survey

Tuberculosis control rests primarily on the principle of preventing the spread of infection. Now that we have successfully controlled milk-borne infection, our remaining problem centers on finding every human source of infection, every person with active disease, as soon as possible. Supervision and care, the means of preventing further infection and of making the patient non-infectious, can thus be provided at the earliest possible moment.

Since a person with an unknown or hidden case of tuberculosis feels well and looks well, even to the critical observer, the only way to find him is through the screening of apparently healthy population groups—through the screening of entire communities. It is this philosophy which underlies the conduct of every community chest X-ray survey in this country and which has been the basis of radiographic activities of the Public Health Service since 1947.

The role of the Public Health Service in the planning, organizing and conducting of such mass surveys, and the problems that will be met in any community in the planning of a survey are detailed in the eight papers brought together in the publication, "Community-Wide Chest X-ray Survey." Except for the introduction by Dr. James Perkins, managing director of the National Tuberculosis Association, and the article by Dr. R. J. Anderson, chief of the Division of Chronic Disease and Tuberculosis, Public Health Service, all of these papers have appeared in the former Tuberculosis Control Issues of *Public Health Reports*.

In the past 5 years the Public Health Service has assisted 17 communities to conduct mass X-ray surveys. In this time 5,800,000 chest X-ray films (70-mm.) have been taken in a total adult population of some 8,800,000. In his paper, "Ra-

tionale and Results," Dr. Anderson summarizes the results of these 17 surveys in terms of participation, X-ray findings, referrals, and established diagnoses. He concludes with an outline of the average experience from chest X-ray surveys.

The six papers previously published cover the survey pattern, nursing, social work, the diagnostic center, medical profession, and records and reports. Each deals with the planning and organization of various aspects of a survey, the role and responsibilities of the professions in presurvey planning as well as in follow-up services. Step by step procedures are outlined and guides for diagnostic referrals and illustrations of various record and report forms are included.

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**Community-Wide Chest X-Ray Survey.** (Public Health Service Publication No. 222) 1952. 117 pages; illustrations, tables, charts. 30 cents.

## Cancer Morbidity Series

Numbers 4 and 5 of the cancer morbidity series are concerned with cancer illness among the residents of Denver, Colo., and Pittsburgh, Pa. Patterned like the first three reports, these publications contain charts, tables, and text on the incidence, prevalence, and mortality rates; age, sex, and color differences; stage at diagnosis; survival rates; and hospitalization.

According to the two surveys, the incidence of cancer apparently increased 26 percent in Denver and 31 percent in Pittsburgh during the period 1937-47. In both cities, a much greater increase was noted among males than females. The incidence of cancer of the lung more than doubled for males and almost doubled for females. Each survey showed that the incidence rates for both men and women were highest in 1947 for the following site groups: digestive organs, genital organs, and skin.

Mortality from cancer has been in-

creasing in the United States since 1900, except for white females, for whom the cancer death rate has leveled off since 1936. In Denver, the cancer mortality rate declined 18 percent among females. Between 1939 and 1947 the greatest increase in mortality from cancer of any primary site was from cancer of the lung and bronchus among males.

These surveys give evidence that early diagnosis is closely related to chances for survival. In the Pittsburgh report, this was clearly shown by the 12-month survival rates for cancer of the uterus. When diagnosed in a localized stage, the 12-month survival rate for uterine cancer was 89 percent. When there was regional involvement, 75 percent of the women with uterine cancer survived for 1 year. This percentage dropped to 15 percent when cancer diagnosis was made after metastasis had set in.

Both reports indicate that cancer patients are receiving better medical care. More patients in the two cities received hospital care in 1947 than 10 years previously.

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**Cancer Illness Among Residents of Denver, Colo.** Cancer Morbidity Series No. 4 (Public Health Service Publication No. 112) 1952. 39 pages; tables, charts.

**Cancer Illness Among Residents of Pittsburgh, Pa.** Cancer Morbidity Series No. 5 (Public Health Service Publication No. 126) 1952. 46 pages; tables, charts.

Individual copies of these publications available from the National Cancer Institute, Public Health Service, Bethesda 14, Md.

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Publications for which prices are quoted are for sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C. Orders should be accompanied by cash, check, or money order and should fully identify the publication (including its Public Health Service publication number). Single copies of most Public Health Service publications can be obtained without charge from the Public Inquiries Branch, Public Health Service, Washington 25, D. C.

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