

Reported Cases of Venereal Disease In the United States Fiscal 1952 and 1953

THE DOWNWARD TREND in both syphilis and gonorrhea case rates, begun following World War II, continued during the fiscal year 1953. However, smaller decreases in annual case rates from 1952 to 1953 as compared to previous years indicate a current tendency for these rates to level off. If this tendency continues, it will not be long before the rates cease to decline. Trends of reported case rates of total syphilis, all early syphilis (primary, secondary, and early latent), and gonorrhea for the past 10 years are shown in the chart.

Annual summaries of reported cases of venereal disease, on a fiscal year basis, by disease and by stage, for each State and the continental United States, are shown in table 1 for the fiscal year 1952 and in table 2 for the fiscal year 1953. These tables include cases reported for the first time by the States to the Public Health Service. Cases among military personnel have been excluded when this information was known.

Syphilis

There were 156,099 cases of syphilis reported in the fiscal year 1953 (table 2). Of these, 9,551 were primary or secondary cases; 32,287, early latent (latent syphilis of 4 years' duration or less); and 100,195, late and late latent. Congenital syphilis cases, regardless of age at diagnosis, totaled 8,021. For approximately 4 percent of the cases reported, the stage of syphilis was not indicated. These cases are included in the total syphilis reported, but are not shown separately. In the fiscal year 1953,

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the reported syphilis case rate was 100.8 per 100,000 population. Although this represents a decrease of 9.0 percent from the 1952 rate of 110.8, the decrease is much smaller than in the several previous years.

The reported case rate for all early syphilis was 27.0 per 100,000 population in the fiscal year 1953 and 33.1 in 1952. Here also the decrease is less than in previous years. In the fiscal years 1948 to 1952, the annual decrease from year to year remained fairly steady at approximately 30 percent, whereas the decrease from 1952 to 1953 was only 18 percent. Since the trend in the rate of early syphilis is probably indicative of the trend of incidence, the rate of decline in the incidence of all syphilis was apparently less in fiscal year 1953 than in previous years.

Gonorrhea and Other Venereal Diseases

Reported case rates for gonorrhea have declined at a much slower rate than the rates for syphilis. In the fiscal year 1953, a total of 243,857 gonorrhea cases was reported. The case rate was 157.4, a decrease of only 2 percent from the 1952 rate of 161.1 per 100,000 population.

There were 5,378 cases of the other venereal diseases reported: chancroid, 3,490; granuloma inguinale, 785; and lymphogranuloma venereum, 1,103.

Trend in reported case rates of total syphilis, all early syphilis, and gonorrhea, continental United States, 1944-53 (known military cases excluded).

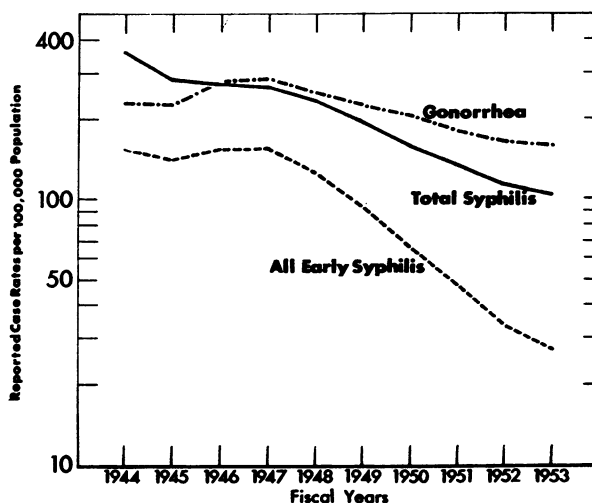


Table 1. Cases of venereal diseases reported to the Public Health Service by State health departments, fiscal year 1952

[Known military cases excluded]

| State | Syphilis | | | | | Gonor- rhea | Other ve- nereal diseases | |
|---------------------------|-----------------------------|-----------------------------------|-------------------------------|-----------------|----------------------------|----------------|---------------------------------|-----------------|
| | Total syphilis ¹ | | Primary and sec- ondary | Early latent | Late and late latent | | | Congen- ital |
| | Number | Rate per 100,000 population | | | | | | |
| Alabama | 3,459 | 115.3 | 372 | 1,032 | 615 | 160 | 3,391 | 216 |
| Arizona | 1,974 | 249.9 | 217 | 749 | 885 | 123 | 1,480 | 28 |
| Arkansas | 3,196 | 168.8 | 170 | 771 | 2,037 | 217 | 1,924 | 84 |
| California | 8,030 | 75.0 | 601 | 1,434 | 5,623 | 307 | 16,372 | 448 |
| Colorado | 650 | 48.5 | 97 | 133 | 389 | 31 | 985 | 6 |
| Connecticut | 903 | 44.7 | 51 | 198 | 541 | 42 | 792 | 9 |
| Delaware | 426 | 130.7 | 40 | 137 | 145 | 20 | 300 | 2 |
| District of Columbia | 3,340 | 433.2 | 56 | 759 | 2,448 | 75 | 11,680 | 413 |
| Florida | 9,402 | 325.9 | 801 | 3,277 | 4,921 | 403 | 12,311 | 754 |
| Georgia | 4,426 | 129.9 | 743 | 1,218 | 1,814 | 591 | 12,537 | 828 |
| Idaho | 262 | 44.6 | 25 | 43 | 181 | 9 | 314 | 13 |
| Illinois | 8,726 | 100.0 | 815 | 1,947 | 5,613 | 351 | 19,127 | 212 |
| Indiana | 2,977 | 74.4 | 220 | 709 | 1,825 | 223 | 2,135 | 24 |
| Iowa | 1,509 | 57.7 | 137 | 313 | 926 | 84 | 577 | 1 |
| Kansas | 2,397 | 124.7 | 168 | 464 | 1,640 | 125 | 1,169 | 20 |
| Kentucky | 2,219 | 77.9 | 220 | 431 | 1,419 | 139 | 3,293 | 48 |
| Louisiana | 7,046 | 258.9 | 339 | 1,508 | 4,021 | 675 | 7,520 | 383 |
| Maine | 221 | 25.0 | 30 | 31 | 139 | 21 | 189 | 1 |
| Maryland | 3,439 | 144.9 | 243 | 741 | 2,134 | 169 | 7,419 | 301 |
| Massachusetts | 2,354 | 50.4 | 253 | 290 | 1,628 | 183 | 1,264 | 13 |
| Michigan | 5,843 | 89.9 | 312 | 1,195 | 2,834 | 219 | 7,944 | 145 |
| Minnesota | 562 | 18.9 | 59 | 66 | 415 | 18 | 549 | 1 |
| Mississippi | 4,817 | 222.7 | 367 | 947 | 2,857 | 646 | 9,499 | 219 |
| Missouri | 4,884 | 122.0 | 291 | 1,150 | 3,216 | 220 | 4,343 | 77 |
| Montana | 185 | 31.7 | 21 | 45 | 96 | 6 | 123 | ----- |
| Nebraska | 643 | 48.1 | 32 | 128 | 345 | 38 | 559 | 8 |
| Nevada | 165 | 99.4 | 16 | 21 | 117 | 11 | 190 | 6 |
| New Hampshire | 142 | 26.8 | 12 | 10 | 102 | 18 | 49 | ----- |
| New Jersey | 3,661 | 74.7 | 212 | 997 | 2,305 | 121 | 3,980 | 60 |
| New Mexico | 631 | 92.1 | 58 | 235 | 274 | 60 | 516 | 7 |
| New York | 27,374 | 183.5 | 908 | 3,407 | 22,238 | 709 | 15,404 | 379 |
| North Carolina | 3,873 | 95.7 | 500 | 1,548 | 1,368 | 457 | 13,804 | 376 |
| North Dakota | 126 | 20.9 | 20 | 29 | 61 | 10 | 153 | 2 |
| Ohio | 10,001 | 124.7 | 542 | 2,721 | 5,437 | 455 | 8,171 | 136 |
| Oklahoma | 2,947 | 132.1 | 174 | 517 | 2,046 | 208 | 4,621 | 25 |
| Oregon | 547 | 35.4 | 58 | 105 | 362 | 22 | 640 | 19 |
| Pennsylvania | 5,242 | 50.0 | 272 | 1,793 | 2,874 | 211 | 8,894 | 95 |
| Rhode Island | 476 | 61.9 | 24 | 40 | 319 | 28 | 158 | 1 |
| South Carolina | 5,857 | 283.5 | 379 | 1,781 | 3,401 | 296 | 6,170 | 119 |
| South Dakota | 168 | 26.3 | 12 | 71 | 71 | 14 | 300 | ----- |
| Tennessee | 5,080 | 154.5 | 391 | 1,146 | 3,224 | 277 | 18,784 | 148 |
| Texas | 7,283 | 93.7 | 603 | 1,690 | 2,390 | 725 | 21,283 | 211 |
| Utah | 170 | 24.2 | 21 | 17 | 78 | 10 | 125 | 1 |
| Vermont | 142 | 38.3 | 20 | 10 | 87 | 21 | 173 | ----- |
| Virginia | 6,032 | 187.2 | 669 | 1,616 | 3,325 | 257 | 9,234 | 189 |
| Washington | 536 | 22.9 | 67 | 73 | 363 | 24 | 1,811 | 91 |
| West Virginia | 2,583 | 130.0 | 183 | 552 | 1,704 | 144 | 2,388 | 10 |
| Wisconsin | 1,611 | 46.7 | 153 | 239 | 932 | 63 | 886 | 12 |
| Wyoming | 197 | 69.1 | 17 | 31 | 135 | 4 | 103 | ----- |
| Continental United States | 168,734 | 110.8 | 11,991 | 38,365 | 101,920 | 9,240 | 245,633 | 6,141 |

¹ Including stage not stated.

Table 2. Cases of venereal diseases reported to the Public Health Service by State health departments, fiscal year 1953
 [Known military cases excluded]

| State | Syphilis | | | | | | Gonorrhea | Other venereal diseases |
|---------------------------|-----------------------------|-----------------------------|-----------------------|--------------|----------------------|------------|-----------|-------------------------|
| | Total syphilis ¹ | | Primary and secondary | Early latent | Late and late latent | Congenital | | |
| | Number | Rate per 100,000 population | | | | | | |
| Alabama | 2,160 | 70.8 | 205 | 630 | 307 | 105 | 3,685 | 159 |
| Arizona | 2,311 | 271.9 | 195 | 789 | 1,227 | 96 | 1,380 | 18 |
| Arkansas | 2,629 | 144.1 | 117 | 548 | 1,762 | 202 | 1,861 | 121 |
| California | 6,897 | 62.2 | 510 | 1,330 | 4,692 | 284 | 16,335 | 265 |
| Colorado | 376 | 27.1 | 42 | 87 | 226 | 21 | 986 | 27 |
| Connecticut | 956 | 45.5 | 44 | 147 | 667 | 37 | 807 | 12 |
| Delaware | 419 | 122.5 | 27 | 120 | 142 | 12 | 211 | 2 |
| District of Columbia | 3,693 | 468.1 | 69 | 823 | 2,720 | 81 | 12,312 | 631 |
| Florida | 9,363 | 310.3 | 713 | 3,312 | 4,982 | 356 | 11,170 | 657 |
| Georgia | 2,929 | 85.5 | 496 | 931 | 1,143 | 300 | 13,717 | 550 |
| Idaho | 246 | 42.1 | 7 | 41 | 194 | 3 | 304 | 9 |
| Illinois | 6,428 | 72.2 | 618 | 1,343 | 4,177 | 290 | 21,117 | 172 |
| Indiana | 2,507 | 60.9 | 148 | 585 | 1,615 | 159 | 2,051 | 25 |
| Iowa | 1,365 | 52.4 | 80 | 187 | 999 | 80 | 717 | 6 |
| Kansas | 2,081 | 107.4 | 137 | 438 | 1,416 | 90 | 1,292 | 19 |
| Kentucky | 1,688 | 58.8 | 156 | 314 | 1,110 | 102 | 3,312 | 64 |
| Louisiana | 8,439 | 311.6 | 257 | 1,279 | 5,776 | 597 | 8,197 | 397 |
| Maine | 151 | 17.1 | 20 | 13 | 105 | 13 | 142 | 2 |
| Maryland | 2,823 | 115.5 | 190 | 473 | 1,852 | 140 | 8,039 | 93 |
| Massachusetts | 1,505 | 32.1 | 165 | 127 | 1,101 | 111 | 1,512 | 14 |
| Michigan | 7,501 | 112.5 | 239 | 1,392 | 3,905 | 239 | 7,899 | 63 |
| Minnesota | 401 | 13.3 | 23 | 55 | 308 | 14 | 618 | ----- |
| Mississippi | 3,570 | 167.1 | 165 | 490 | 2,494 | 421 | 8,926 | 199 |
| Missouri | 3,702 | 93.9 | 163 | 725 | 2,629 | 161 | 4,281 | 52 |
| Montana | 125 | 21.1 | 19 | 25 | 47 | 8 | 187 | ----- |
| Nebraska | 593 | 44.1 | 27 | 88 | 339 | 30 | 514 | 2 |
| Nevada | 251 | 141.0 | 27 | 24 | 188 | 12 | 220 | 4 |
| New Hampshire | 131 | 24.8 | 4 | 12 | 102 | 12 | 48 | ----- |
| New Jersey | 3,925 | 78.1 | 176 | 1,068 | 2,522 | 138 | 5,084 | 117 |
| New Mexico | 556 | 78.1 | 31 | 160 | 310 | 54 | 714 | 13 |
| New York | 28,507 | 189.6 | 836 | 3,066 | 23,870 | 631 | 14,737 | 375 |
| North Carolina | 3,445 | 84.3 | 378 | 1,323 | 1,419 | 325 | 14,033 | 263 |
| North Dakota | 100 | 16.6 | 15 | 15 | 50 | 9 | 138 | 1 |
| Ohio | 9,384 | 113.7 | 442 | 2,228 | 5,991 | 435 | 7,944 | 168 |
| Oklahoma | 2,045 | 93.5 | 75 | 330 | 1,440 | 198 | 4,253 | 45 |
| Oregon | 586 | 36.7 | 40 | 100 | 423 | 23 | 578 | 7 |
| Pennsylvania | 4,388 | 41.7 | 238 | 1,444 | 2,505 | 164 | 8,557 | 53 |
| Rhode Island | 537 | 68.7 | 43 | 39 | 347 | 21 | 139 | ----- |
| South Carolina | 6,315 | 297.7 | 263 | 1,450 | 3,808 | 621 | 5,816 | 151 |
| South Dakota | 146 | 22.5 | 14 | 50 | 70 | 5 | 217 | 1 |
| Tennessee | 3,451 | 106.6 | 396 | 957 | 1,910 | 172 | 16,879 | 196 |
| Texas | 5,902 | 74.3 | 937 | 1,471 | 1,835 | 645 | 19,528 | 175 |
| Utah | 239 | 32.6 | 23 | 28 | 126 | 39 | 201 | ----- |
| Vermont | 156 | 42.3 | 18 | 18 | 96 | 24 | 62 | 2 |
| Virginia | 6,235 | 188.6 | 442 | 1,467 | 3,761 | 340 | 8,286 | 143 |
| Washington | 565 | 23.7 | 66 | 64 | 417 | 17 | 1,612 | 45 |
| West Virginia | 3,047 | 154.8 | 147 | 446 | 2,330 | 124 | 2,298 | 50 |
| Wisconsin | 1,198 | 34.3 | 88 | 204 | 683 | 53 | 822 | 10 |
| Wyoming | 132 | 44.9 | 20 | 31 | 57 | 7 | 119 | ----- |
| Continental United States | 156,009 | 100.8 | 9,551 | 32,287 | 100,195 | 8,021 | 243,857 | 5,378 |

¹ Including stage not stated.

Bureau of State Services Reorganization Announced

A reorganization of the Bureau of State Services of the Public Health Service, effective April 5, 1954, consolidates the activities of the Bureau into 6 divisions, 3 of them new.

During the past year the Bureau of State Services conducted a study of its organization and programs. Subsequently, a plan was submitted to the Surgeon General for reorganization of the Bureau's activities. The plan, recommended by the Surgeon General, has been approved by the Secretary of the Department of Health, Education, and Welfare.

In announcing the reorganization Surgeon General Leonard A. Scheele said, "Since the creation of the Bureau of State Services December 30, 1943, added responsibilities resulted in an increase in the number of operating divisions from 3 to 16. From time to time adjustments have been made in the organization to keep it constantly sensitive and more responsive to changing public health needs and to reduce administrative costs. The needs of the Bureau have changed over the past 10 years. Public health in this country is in a period of transition, confronted by many new public health problems resulting from a growing and a mobile population, a remarkable increase in life expectancy, and an increasingly complex and expanding industrial economy."

The grouping of programs under the three new divisions, the Division of General Health Services, Division of Special Health Services, and Division of Sanitary Engineering Services, brings together a variety of professional skills and related program functions which is designed to facilitate a more comprehensive and unified attack on basic public health problems. The three new divisions and the activities for which they are responsible are:

Division of General Health Services:
State Grants
Public Health Nursing
Public Health Education
National Office of Vital Statistics
Arctic Health Research Center

Division of Special Health Services:
Chronic Disease and Tuberculosis
Venereal Disease Control
Occupational Health

Division of Sanitary Engineering Services:
Water Pollution Control
Sanitation
Engineering Resources
Sanitary Engineering Center

The remaining three divisions—the Communicable Disease Center, the Division of International Health, and the Division of Dental Public Health—will retain their present titles and responsibilities.

The Division of Administrative Management has been abolished and its functions placed in the Office of the Bureau Chief under the general direction of the Bureau's executive officer.

The immediate staff of the chief of the Bureau of State Services is being reduced from 6 to 4 positions. They are deputy bureau chief, associate chief for program, executive officer, and information officer.

Heading the six divisions are:

Division of General Health Services: Dr. Jack C. Haldeman, chief; Dr. Aaron W. Christensen, assistant chief.

Division of Special Health Services: Dr. Seward E. Miller, chief; Dr. Robert J. Anderson, assistant chief.

Division of Sanitary Engineering Services: Mark D. Hollis, chief; Wesley E. Gilbertson, assistant chief.

Communicable Disease Center: Dr. Theodore J. Bauer, medical officer in charge; Dr. Vernon B. Link, deputy officer in charge.

Division of Dental Public Health: Dr. Thomas L. Hagan, chief; Dr. Donald J. Galagan, assistant chief.

Division of International Health: Dr. H. van Zile Hyde, chief; Dr. Emil E. Palmquist, assistant chief.

The heads of the last three divisions occupied these positions before the reorganization.

Dr. Otis L. Anderson, chief of the Bureau of State Services, has announced that Dr. Justin M. Andrews will serve as associate chief for program and Dr. W. H. Aufranc as assistant program officer; Richard W. Bunch will be executive officer, and Frank Acosta, Jr., information officer.

technical publications

Civil Defense Against Biological Warfare

Federal Civil Defense Administration Publication TM-11-10, November 1953. 37 pages. 20 cents.

This publication sets out to appraise critically the hazards of biological warfare (BW) and to describe defenses to be prepared. It modifies and supplements statements on BW in the earlier publication, "Health Services and Special Weapons Defense," AG-11-1, FCDA.

The text is divided into four areas: an appraisal of BW, the programs for defense of man, of animals, and of crops. BW is defined as "the intentional use of living organisms, or their toxic products, to cause death, disability, or damage in man, animals, or plants." While the extremes of opinion on the effectiveness of BW and available defenses are recognized, the evaluation is made "that a determined enemy can and may attack man, animals, or crops effectively by deliberately spreading pathogenic agents, covertly or overtly, alone or in combination with other weapons." It is considered that the casualties in man would be essentially limited to those directly exposed to the aerosol or contaminated water and food. Epizootics in animals, however, are quite feasible.

Foreign pathogens appear most likely as the weapons against animals or plants. It is probable that the common pathogens in unusual quantity or portal of entry will be favored for use against man; however, the potential BW value of those disease agents effective against both man and animals must be recognized.

Emphasis is placed on the strengthening of present public health measures of prompt disease reporting, communicable disease control, sanitation, and emergency medical services. The roles of local,

State, and Federal agencies are cited as to programs and training to assure availability of competent professional and technical personnel.

Sources of Morbidity Data

Listing No. 1, 1953, from the Clearinghouse on Current Morbidity Statistics Projects. Public Health Service Publication No. 332. 1953. 159 pages.

The Clearinghouse on Current Morbidity Statistics Projects was organized at the first meeting of the Working Group on General Illness Statistics of the Public Health Conference on Records and Statistics, April 23-26, 1951. Its major objectives are to provide a systematic method of telling workers in the public health and medical fields where specific data on human morbidity may be obtained; and to afford a convenient means whereby those who are planning studies or surveys involving the measurement of illness, disease, injuries, or impairments can get in touch with others who have undertaken similar tasks.

This publication contains the first listing of projects on file in the clearinghouse. The information came from a canvass of over 600 organizations, institutions, and agencies made in July 1952; reports from 37 correspondents in the United States and Canada; and review of issues dating from 1950 of a half dozen national periodicals for published reports of projects meeting the clearinghouse criteria.

The projects are listed by major type or types of disease, injury, or impairment, and each listing contains an abstract of the project, the organizations participating, principal investigators, publication plans and references, and the name of one person to contact for further infor-

mation. There are 18 major headings. An index by type of data collected and an alphabetic list of principal investigators are also included.

The listings of the clearinghouse are published primarily for the use of actual and potential contributors. Consequently, the number of bound copies available for other distribution is limited. However, tear sheets of the description of each study are kept on hand. Research workers or persons planning public health programs who would like to obtain a description of a particular project or of all projects in a particular field may write to the clearinghouse. Tear sheets for all pertinent projects that are on file will be mailed free of charge.

Births by Age of Mother, Race, and Birth Order, United States, 1950

Vital Statistics—Special Reports. National Summaries, vol. 37, No. 13, November 27, 1953

In 1950, 3,554,149 live births were registered, about the same number as the preceding year, and only 4 percent below the all-time high of 3,699,940 in 1947. This report gives annual statistics on the number of live births and fertility rates by age of mother, birth order, and race. Most of the tables and text present data adjusted for under-registration.

The upsurge in the crude birth rate between 1940 and 1950 marked substantial increases in fertility among women in all age groups except those nearing the end of the childbearing age span. In the 15-19 year group, the birth rate was 51 percent higher than for 1940; for women 20-24 years, the increase was 45 percent. The most fertile group in 1950, as in previous years, was the 20-24 year group. About one out of five women in these ages bore a child. While births of first children declined in 1950, following the decrease in marriages the previous year, the numbers of second, third, and fourth children increased.

technical publications

Handbook of Selected Biological References on Water Pollution Control, Sewage Treatment, Water Treatment

Public Health Bibliography Series No. 8. Public Health Service Publication No. 214. 1953. 66 pages; illustrated. 30 cents.

This handbook was prepared to meet the need of professional personnel responsible for water pollution control and related problems for usable references to biological literature pertaining to such problems. The references in the bibliographies were selected on the basis of their availability and potential usefulness to those not trained primarily in biology. The intent of the handbook is to provide information basic to a good understanding of certain biological problems that could arise in the course of water pollution control and related work.

In addition to water pollution control, sewage treatment, and water treatment, the references cover organism identification. Basic readings on ecology and water treatment are suggested in the introduction.

Mental Health Implications in Civilian Emergencies

Public Health Service Publication No. 310. 1953. 25 pages. 15 cents. Single copies available upon request to the National Institute of Mental Health, Bethesda 14, Md., or the Federal Civil Defense Administration, Washington 25, D. C., while the limited supply lasts.

Prepared by the Subcommittee on Civil Defense, Community Services Committee, National Advisory Mental Health Council, this publication is a comprehensive professional inquiry of value to mental health personnel as well as civil defense

leaders. The text raises many searching questions—some civil defense organizations will find that they have made considerable progress in answering them. Others may discover that the questions open a new and important field for civil defense planning and action. The reader will find it useful to use these questions as a review of major parts of a civil defense program, with the objective of continuing the development of a better civil defense.

This document does not give, or pretend to give, solutions to all the problems raised. Nor does it, by stating problems, imply that these problems have not been considered before. There are, of course, no pat simple solutions to the problem of national mental health. However, the clarity with which the committee raises the problem may help speed earlier and better solutions.

Operation and Repair of Water Facilities in Civil Defense Emergencies

Federal Civil Defense Administration Publication TM 13-2. 1953. 63 pages. 25 cents.

This manual describes the operations, functions, and requirements of water utilities during civil defense emergencies. Part I discusses procedures required for production and distribution of water for essential emergency demands, especially fire fighting. Pre-emergency planning measures and actual operations following an emergency are also discussed. Part II is a discussion of the problems involved in maintaining the safety of the water supply, including detection and identification of contaminants, particularly special warfare agents, and protective measures.

The manual was prepared jointly by the Engineering Services Division and the Health and Special Weapons Defense Division of the FCDA, with

the assistance of the Public Health Service. John Longwell, nationally known water works executive from Oakland, Calif., was engaged as consulting editor for the manual and was, in turn, assisted by a panel of prominent water works officials including M. B. Cunningham, W. R. LaDue, Dale L. Maffitt, W. Victor Weir, and Harry E. Jordan.

Marriages: United States, Each State and County, 1951

Vital Statistics—Special Reports, National Summaries. Vol. 38, No. 1, Oct. 20, 1953. 25 pages. Available upon request to National Office of Vital Statistics, Public Health Service.

There were 1,594,694 marriages in the United States in 1951, according to this special report of the National Office of Vital Statistics. The publication contains data on marriages or marriage licenses for each State and county for 1951, based on tabulations received from State health departments and local officials. A map showing percent of counties reporting marriages or marriage licenses is also included. The map shows that the proportion of counties reporting on marriages (or marriage licenses) was high. In 43 States, 95 to 100 percent of the counties reported, and in 5 States, 85 to 94 percent of the counties reported.

This section carries announcements of all new Public Health Service publications and of selected new publications on health topics prepared by other Federal Government agencies.

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.
