Notice.—Beginning this week, several changes have been made in the list of notifiable diseases shown in this report. The new list was recommended by the Second Conference of State Epidemiologists and approved by the Association of State and Territorial Health Officers. Diseases dropped from the list for weekly reporting on the national level are: Rocky Mountain spotted fever, scarlet fever and streptococcal sore throat, trichinosis, tularemia, and whooping cough. There is one addition, namely, another type of meningitis.

Only 41 cases of diphtheria were reported this week as compared with a high of 104 for the week ended December 10, 1955. Almost half (17) of the cases were reported in the West South Central States. These and 2 Southern States, Alabama, (8 cases) and Florida (4), accounted for all but 12 of the total cases.

Epidemiological Reports

Plague in a Rodent
Mr. Frank M. Prince, Chief of the San Francisco Field Station, PHS, has reported that tissues collected from a female rat, Rattus alexandrinus, found dead in Hawaii, were positive for plague. The specimen was obtained within the endemic area of the Hamakua District, Kukuihaele area, Hawaii.

Typhus Fever
Dr. A. C. Hollister, Jr., California Department of Public Health, has supplied final information on the case of typhus fever reported for the week ended October 15. At that time the case was suspected to be of the louse-borne type. However, laboratory tests done later at the Walter Reed Army Medical Center, Washington, D.C., indicate the infection was probably of murine type rather than epidemic.

Pneumonia
Dr. A. R. Glick, Washington State Department of Health, has reported a case of pneumonia in a 23-year-old man. The patient was born in a foreign country and had lived in the United States only 4 years, part of which was in New York. He has had no known exposure to leprosy. In 1952 he noted a persistent lump in the neck and was seen by a doctor. He was given preliminary information on a case of leptospirosis. The patient became ill early in November about 12 days after being bitten by the family dog. The dog was sick and icteric. The patient’s illness was characterized by malaise, fever, chills, and severe headache. Complement fixation titers on blood specimens from the patient were as follows: Leprosy: 1:28; L. canicola, 1:512; and L. pomona, 1:128. No lesions have occurred among other members of the patient’s family, which includes her husband and 3 children.

Pertussis
Dr. Mason Romaine, Virginia Department of Health, has reported 3 cases of pertussis, all of which occurred in one city. Blood specimens were collected from the 3 patients but no laboratory reports have as yet been received. Two were store clerks who came in contact with laboratory confirmed infected parakeets. The source of one bird was New York City, and that of the other was North Carolina. The third patient owned 2 canaries (not sick) and 2 parakeets. One of the parakeets apparently became sick and was let out of the house. This bird was caught and eaten by the family cat which later died of pneumonia. The patient’s wife and son have not been ill but blood specimens collected showed complement fixation titers of 1:84 for pertussis.

The California Department of Public Health has given epidemiologic information on 4 cases of pertussis. Two cases, confirmed by fourfold rises in complement fixation titers for pertussis. Of these 2 patients, 1 had no known exposure to psittacine birds, and the other had shot 4 doves on a hunting trip. The other 2 patients were associated with psittacine birds. No laboratory tests were made on these birds nor on the doves.

Upper Respiratory Diseases
Dr. A. M. Washburn, Arkansas State Board of Health, states that scattered reports and other information indicate that respiratory infections have been occurring in the State since October. The chief characteristic, apparently, is a rather persist-
ent sinusitis with bronchitis and coughing, with a duration of from 2 to 5 days. Fever is considered uncommon. Antibiotics have been used quite extensively, but without effect, so far as terminating the condition or relieving the symptoms.

Poliomyelitis-like illness

During August of this year, a number of poliomyelitis-like illnesses were reported by health officers in Marshall County, Iowa. Recovery in most instances was complete in 7 to 10 days, and no paralysis developed. The illnesses were characterized by a sudden onset of severe headache, fever, nausea, vomiting, stiff back and neck, retrobulbar pain, and dizziness. A number of the patients also complained of sore throat. An investigation on a random sampling basis revealed an estimate of 500 cases. Stool specimens collected from patients were negative for poliomyelitis virus isolation. However, the stool suspensions caused degeneration of monkey kidney tissues, and further, upon inoculation into infant mice, these suspensions caused illness and paralysis. These findings are compatible with Coxsackie virus infection, probably the group B. Microscopic examination of the monkey tissues showed the degeneration in muscle bundles. Lesions were observed in the brain as well. Over 50 percent of the stools examined so far show these findings.

Coccidioidomycosis

Dr. S. H. Osborn, Connecticut Department of Health, has reported a case of coccidioidomycosis in a 29-year-old veteran who saw service in California, Burma, China, and India. He was admitted to one of the State tuberculosis sanatoriums in May of 1955, complaining of recent hemoptysis. A lesion in the left upper lobe was found on X-ray. Studies for tuberculosis were negative. Coccidioides immittis was found in his sputum and in sections of lung tissue when his left upper lobe was removed in September. He was discharged from the sanatorium in October 1955 and is apparently doing well.

Pasteurellosis

The laboratory of the Connecticut State Department of Health has recently isolated Pasteurella multocida from a sputum culture. Investigation revealed that the patient is a 67-year-old dairy farmer. The patient has been hospitalized on numerous occasions since 1943 with bronchiectasis. His right middle lobe was removed in 1943, and the lingula of the left upper lobe was removed in 1949 because of bronchiectasis. Numerous sputum cultures have been done throughout the years. Only the most recent, collected in a hospital on November 28, 1955, was re-
Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAI'I, AND PUERTO RICO, FOR WEEKS ENDED JANUARY 8, 1955 AND JANUARY 7, 1956

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED JANUARY 8, 1955 AND JANUARY 7, 1956—Continued

(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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1Includes cases not specified by type, category number 080.3.
Table 2. CASES OF SPECIFIED NOTIFIABLE DISEASES: UNITED STATES, EACH DIVISION AND STATE, ALASKA, HAWAII, AND PUERTO RICO, FOR WEEKS ENDED JANUARY 8, 1955 AND JANUARY 7, 1958—Continued  
(By place of occurrence. Numbers under diseases are category numbers of the Sixth Revision of the International Lists, 1948)

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<td>Puerto Rico</td>
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</table>
The chart shows the number of deaths reported for 108 major cities of the United States by week for the current year, and, for comparison, the median of the number of deaths reported for the corresponding weeks of the 3 previous calendar years. (The median is the central one of the three values arranged in order of magnitude.) If a report is not received from a city in time to be included in the total for the current week, an estimate is made to maintain comparability for graphic presentation.

The figures reported represent the number of death certificates received in the vital statistics offices during the week indicated for deaths occurring in that city. Figures compiled in this way, by week of receipt, usually approximate closely the number of deaths occurring during the week. However, differences are to be expected because of variations in the interval between death and receipt of the certificate.

While week-to-week changes in the total number of deaths reported for all major cities generally represent a change in mortality conditions, this may not be true for variations in weekly figures for each city. For example, in a city with a weekly average of 50 deaths, the number of deaths occurring in a week may be expected to vary by chance alone from 36 to 64 ($d = 2\sqrt{d}$, where $d$ represents the average number of deaths per week).

The number of deaths in cities of the same size may also differ because of variations in the age, race, and sex composition of their populations, and because some cities are hospital centers serving the surrounding areas. Changes from year to year in the number of deaths may be due in part to population increases or decreases.

Table 3. DEATHS IN SELECTED CITIES BY GEOGRAPHIC DIVISION
(By place of occurrence, and week of filing certificate. Exclusive of fetal deaths)

<table>
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<tr>
<th>AREA</th>
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<th>1st week median 1953-55</th>
<th>Percent change, median to current week</th>
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<td>December 31, 1955</td>
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<tr>
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<td>5,182</td>
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<td>2,464</td>
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<td>833</td>
<td>740</td>
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<td>872</td>
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<td>499</td>
<td>521</td>
<td>544</td>
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<td>Mountain</td>
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<td>237</td>
<td>303</td>
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<td>Pacific</td>
<td>1,416</td>
<td>1,259</td>
<td>1,458</td>
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Table 4. DEATHS IN SELECTED CITIES FOR WEEK ENDED JANUARY 7, 1996
(By place of occurrence, and week of filing certificate. Exclusive of fetal deaths)

<table>
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<th>CITY</th>
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<th>CITY</th>
<th>WEEK ENDED</th>
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<td>(40)</td>
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Symbols.—parentheses (): data not included in table 3; 3 dashes (---): data not available.
EPIDEMIOLOGICAL REPORTS—Continued

ported as showing Pasteurella multocida.

The only other isolation of Pasteurella multocida associated with human illness in Connecticut by the laboratory of the State Department of Health in recent years occurred in January 1955. The patient, in this instance, was a 78-year-old woman who gave a history of having been bitten on the arm about a month earlier by her pet cat. The lesion had healed, but about 1 week before admission to a hospital her arm became red, hot, tender, and swollen. The abscess was opened on January 26, 1955, and drained of about 100 cc. of yellow pus. Pasteurella multocida were cultured from this pus. The patient recovered and was discharged from the hospital on January 30, 1955.

(This organism causes pasteurellosis or hemorrhagic septicemia in birds and mammals.)

Typhoid fever

Dr. G. J. Van Heuvelen, South Dakota Department of Health, has supplied epidemiologic information on 8 cases of typhoid fever reported in Corson County during October 1955. The cases were among Indians who live in 66 small substandard and overcrowded houses. Modern sanitary facilities were not available, and conditions in and around the area were deplorable. Water was from wells, one of which was an approved source but pumping facilities and distance prevented it from being ideal for the whole community. Laboratory work was done in North Dakota, and the report has not yet been received.

Gastro-enteritis

The Oregon State Board of Health has reported an outbreak of gastro-enteritis involving 5 of 6 persons at a family gathering. They became ill from 2 to 4 hours after eating chocolate eclairs which were purchased from a local bakery. No food was available for bacteriological examination. However, an investigation of the bakery indicated improper preparation and cooling of the eclair filling. The finished product was stored at room temperature.