REVIEW OF REVIEWS

CAUSES OF DEATH IN UNITED STATES DURING 1926

The following was taken from *Public Health Reports*, January 6, 1928:

"The Department of Commerce announces that 1,285,927 deaths occurred in 1926 within the death-registration area of continental United States, representing a death rate of 12.2 per 1,000 population, a slight increase over the rate for 1925.

"This area in 1926 comprised forty-one states, the District of Columbia, and twenty-five cities in non-registration States, with a total estimated population on July 1, 1926, of 105,170,000, or 89.8 per cent of the estimated population of the United States.

"The principal increases in death rates in 1926 were from diseases of the heart, from 186 to 199 per 100,000 population; influenza, from 30 to 41; pneumonia (all forms), from 94 to 103; measles from 2 to 8, and whooping cough, from 7 to 9.

"Decreases in rates in 1926 were from diarrhea and enteritis, under two years, from 32 to 27 per 100,000 population, and typhoid and paratyphoid fever, from 6 to 7."

A CASE OF LEPROSY THAT WENT UNDIAGNOSED FOR THIRTEEN YEARS

In the "annals of Tropical Medicine and Parasitology", H P. Bayon mentions the case of a patient that suffered from leprosy for thirteen years without having his disease rightly diagnosed, in spite of the fact that he went continually from one doctor to another for a diagnosis.

His disease began in 1891 with numbness of the left fore-arm, and a thin red line which extended from the wrist to just below the elbow. By 1893 this line broadened out into a reddish brownish area. The condition was diagnosed as syphilis and potassium iodide was prescribed.

In 1894 he was confirmed as a case of syphilis, and received a mercurial inunction, with no improvement. A patch, similar to ringworm, appeared by this time on the outside of the left ankle, this being accompanied by numbness. The skin of both forearms began to "feel like paper", was very dry and no prespiration appeared below the elbow. Numbness increased, and was specially noticeable in the ring and little fingers of both hands. The palms of his hands were always peculiarly dry.

In 1925, the forehead, the ears, and especially their lobes, and the nose appeared to increase in size, and the whole face became red. In this same year he was energetically treated for syphilis. In 1896, in the course of an argument, this person held his arm over a kerosene lamp, and was severely burnt, without feeling the least pain. One doctor was struck by the presence of marked aesthetic symptoms on both forearms, but did not draw any inference in relation in the diagnosis.

The eyebrows now became swollen and the face had a brownish hue. He was again treated for syphilis, without result. In the following year, at another town, he was diagnosed as a case of syphilis, and again given antisyphilis treatment.

In 1899 the South African war broke out and he was passed as fit for service (he was an Englishman) and went to the war. During the campaign he suffered from leprotic rhinitis and his legs and eyes became swollen; he went to a military hospital where his case was diagnosed as one of choroiditis and peripheral neuritis.

He arrived in England in 1891, and appeared in Dublin before Medical Board, and was declared unfit for further service as a result of peripheral neuritis of alcoholic origin, in spite of the fact he had not drunk any liquor for some time. Then he went to London and was treated for gout. In December, 1901, he was passed as fit for military service, and sailed for Africa in 1902. In June his face again became swollen with small flat lumps, and he developed fever. Later he lost the use of his legs for short time, and was diagnosed "locomotor ataxia". He recovered from this; but had a relapse some time later and went to a hospital being diagnosed as "erysipelas".

In 1903 an ulcer formed in his little finger and he suffered considerable trouble from his nose, which caused him to be treated for syphilis once more.

At last, in 1904, after thirteen years of suffering, he was diagnosed as a case of leprosy by a Dutch doctor, and the diagnosis confirmed later by the laboratory.

By this time, however, his case was an advanced one, with numerous nodules on the face, and shortly after he lost his eyesight.

EGG PRODUCTION OF ASCARIS, NECTOR AMERICANUS AND TRICHURIS

In *The Journal of Parasitology* H. W. Brown, of Johns Hopkins University, publishes a study of egg production from four

individuals, of whom the first one was infested with hookworm and trichuris; the second one with hookworm and ascaris; the third one with hookworm, ascaris and trichuris and the fourth one with ascaris. He made egg counts from these cases for a period of from ten to twenty-three days. The total daily fecal output was collected, and egg-counts made after stirring and weighing. The total number of eggs per day was obtained by multiplying the eggs per gram by the total stool weight. "The number of female worms harbored by the case was obtained by dividing the average number of eggs passed per day by the different hosts, by the number of eggs a single worm has been found to produce, which for necator is about nine thousand, and for ascaris lumbricoides about 200,000.

As a result of this study, Brown reaches the following conclusions:

1. Judged by a comparison of the coefficients of variation of the eggs per day and grams feces passed by the host, egg-production is a very constant phenomenon, much more so than feces passage by the host.

2. From a comparison of the standard deviations of day-to-day egg-outputs with those of three-day moving averages of the same data once irregularities due to fecal production are eliminated egg-production is fairly regular.

3. Egg production by *N. americanus*, *A. lumbricoides* (fertilized and unfertilized) and *T. trichura* is, within error due to size of infestations equally regular.

4. Egg-count data from hosts harboring these worms give index of the number of worms harbored.

5. Survey of population groups by egg-count give as reliable information for *Ascaris lumbricoides* and *Trichuris trichura* as for *Necator americanus*.

TYPHOID FEVER IN THE UNITED STATES

Preliminary reports from the health officers of thirty-six States for fifty weeks of 1927 show that the incidence of typhoid fever during 1927 was less than it was during the preceding two years. For fifty weeks in 1925 these States reported 30,700 cases of typhoid fever; in 1926, 25,600 cases; and in 1927 only 22,400 cases. The aggregate population of the 36 States is about 88,000,000.

The following table gives a comparison of the reports of cases of typhoid fever from these States for the sixteen weeks from August 28 to

December 17, 1927, with the reports for the corresponding period of the years 1925 and 1926:

Four weeks ended Corresponding weeks	1927	1926	1925
September 24, 1927	3,533	4,577	4,456
October 22, 1927	2,680	4,045	3,805
November 19, 1927	1,916	2,607	2,703
December 17, 1927	1,218	1,479	1,928
Total	9,347	12,708	12,892

The typhoid fever case and death rates for 1925 were higher than the rates for the years from 1922 to 1924, inclusive, although the 1925 rates were lower than any ever recorded before 1920.

The typhoid-fever death rate in the registration area of the United States dropped from 35.9 per 100,000 population in 1900 to 6.5 in 1926.

—(*Public Health Reports*, January 13, 1927.)