

MEDICINE

Mysterious New Disease Baffles Medical Science

Health Authorities Attempting to Study Annual Epidemics In Northwest Mountainous Section of United States

A STRANGE, unknown disease, resembling in many respects food poisoning, has become the latest enigma which medical science is being called upon to solve. A report of existing knowledge of it has just been made by the United States Public Health Service in Washington.

This mysterious malady, which has been occurring in epidemics every year in various localities of the northwest mountainous section of the United States, is fortunately not fatal.

Severe outbreaks of the disease occurred on occasions in Yellowstone National Park, and since the beginning of summer Dr. R. R. Spencer of the U. S. Public Health Service has been attempting to differentiate the infection from various other illnesses which it resembles.

Dr. Spencer hesitates to call this puzzling sickness which has been attacking hundreds of people yearly, a new disease, but admits that his attempts at a differential diagnosis have not materialized in categorizing it among the known diseases.

The cardinal symptoms of this disease are nausea, vomiting and diarrhea, and the most striking characteristics are the mildness and shortness of duration of the symptoms. The average duration of the symptoms is only about 24 hours, although they may vary from a few hours to a number of days. Up to this time there have been no deaths due to this cause, so far as is known. The temperature of the victims is generally normal or even subnormal, although in some cases the temperature has been found to be over 100.

Public Health Service officers have attempted to trace the source of the infection to some food or water supply but have not succeeded. The disease has attacked a variety of people—forest rangers, sage brushers, hotel people, campers and residents of the lodges and cabins. People in various parts of the northwest have been attacked simultaneously so that the theory of food poisoning does not hold.

Many people have attributed the sickness to the pine pollen, which sometimes during the dry season is so thick that large clouds of it resemble the smoke from a forest fire. But this was not considered feasible because the epidemics often occur long after the amount of pollen in the air is of any great quantity. Furthermore, several persons who had not suffered from the illness ingested the pollen and no ill effects followed.

Although the disease is somewhat like botulism, it can be easily differentiated from that condition by the lack of mortalities, the absence of association from

any one food, and the absence of any paralytic effects.

The disease which it perhaps resembles most is bacillary dysentery (an inflammation of the intestines caused by certain germs), but from this disease it differs also in that there is no mortality rate, in that the symptoms are of short duration and by the lack or at least short duration of the fever.

Dr. Spencer suggests that this strange disease might be mild outbreaks of bacillary dysentery caused probably by a much weakened strain of the organism which causes dysentery. Apparently it is an infectious disease, transmitted from person to person, but not carried by any insect.

For some time it was thought that the disease was limited to the northwest mountainous section of the country. It has occurred there every year for years. This last summer and fall, however, unofficial reports have been received of the occurrence of the same disease, or at least a very similar one, in the middle west and east.

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BEARING FOSSILS OF THE GOBI

Two fossil tusks of the shovel-toothed mastodon, *platybelodon*, are exhibited by Dr. Roy Chapman Andrews, leader of the Central Asiatic Expedition of the American Museum of Natural History, upon his return to Peiping. The amazing scoop-shaped jaw of the same animal unearthed in the Gobi desert is held by Walter Granger, chief palaeontologist, on the left, and Albert Thomson, assistant palaeontologist. (See *Science News Letter*, October 25, 1930, p. 265.)