

## MEDICINE

# Many Cases Diagnosed "Flu" May Actually Be Q Fever

First Proved Epidemic of Australian Disease in U. S. Attacked Physicians of National Institute of Health

**S**OME persons in the United States who have had an attack of what appeared to be influenza or of a new and mysterious form of pneumonia may really have been infected with the rickettsia of Q fever, first described in Australia in 1937.

This possibility appears in an announcement in *Public Health Reports* (Oct. 25), by the National Institute of Health of the U. S. Public Health Service, of the first proved epidemic in the United States of Q fever.

The epidemic attacked 15 members of the staff of the National Institute of Health, one of whom died. The only other proved case of Q fever ever reported in the United States was an accidental laboratory infection picked up during investigations of a new kind of germ found in ticks at the Hamilton, Mont., Rocky Mountain Spotted Fever Laboratory of the U. S. Public Health Service. The germ was found on investigation to be the rickettsia which causes Q fever in Australia.

This same germ was the cause of the epidemic at the National Institute of Health this year. The National Institute report does not say, because it has not yet been proved, that this rickettsia is also the germ that has been causing cases of a new, atypical pneumonia that has appeared in the United States within the past few years. These pneumonia patients, however, had symptoms similar to those of the Q fever patients. Examination after death showed apparently identical changes as have been reported in the lungs at post mortem examination of the atypical pneumonia victims.

## PUBLIC HEALTH

# Communities Near Army Camps Will Have Extra Health Burdens

**H**EALTH protection of persons living near the new Army training camps will have to be given by state and local health authorities without federal finan-

No germ has yet been identified as cause of these atypical pneumonia cases. A filtrable virus has been suspected but not yet proved to be the cause. The Q fever rickettsia is a filtrable germ that might be mistaken for a filtrable virus without careful tests.

Q fever and the atypical pneumonia are both mild ailments, not often fatal, and without X-ray examination of the patient's chest, either disease might readily be called influenza, rather than pneumonia. Neither, of course, is the same as influenza A, which is caused by a known virus.

Patients with Q fever with an atypical pneumonia have fever, rarely any chills, frequently profuse sweating. They feel ill and exhausted but do not have the breathing difficulty of typical pneumonia nor as severe body aches and pains as influenza.

"A comparison of the clinical features and physical findings in these cases," the National Institute's report of its Q fever epidemic concludes, "with various series reported from other sections of the United States in the past few years reveals suggestive similarities."

Q fever germs are kept at the National Institute of Health, but none of the persons handling these germs became ill. The 15 patients in the epidemic were working in scattered places throughout the building with no known contact with these germs. There is the possibility that they may have picked up the germs of Q fever outside the laboratory, which would make it more likely that there have been unrecognized cases of Q fever in the United States.

*Science News Letter, October 26, 1940*

Society of Medical Health Officers meeting in Detroit.

Congress has just refused to make an appropriation to the Public Health Service at this time which would enable the service to aid local resources because within the last four years considerable grants-in-aid have been made through the Public Health Service to the states to increase local health services. These grants have amounted to \$11,000,000 annually plus \$6,000,000 annually for venereal disease control.

Population around the peacetime training camps will suddenly increase by one-third, one-half or even be doubled, if World War training camp experience is repeated. The population increase will include construction workers and their families, job-hunters, families of the trainees, and a miscellaneous hodge-podge of camp followers. Hotels, boarding houses, restaurants, ice cream parlors and bottling establishments will be overtaxed and cleanliness and sanitation are likely to suffer. In addition, the military forces may have to depend on local water supplies and sewage disposal facilities.

Unless this extra strain on local health protection resources is foreseen and provided for, disease is likely to break out around the encampment areas. Although Dr. Draper did not enumerate specific diseases, health officers listening to him knew that typhoid fever, dysentery, trench mouth, colds, influenza and pneumonia are among the health dangers that threaten unless proper sanitary and health measures can be taken.

To assist in this task, Dr. Draper said, the U. S. Public Health Service can send to encampment areas trained advisers or consultants. These men will have the confidence of the military authorities and so can act effectively as liaison workers between military and civil health authorities.

Only by working their present staffs 18 hours a day or more will health departments be able to take care of the extra strain without sacrificing other vital health services, Dr. Arthur McCormack, Kentucky state health commissioner, commented.

Even if health departments could get money to finance the extra work the training camps will bring, they would not be able to get trained workers immediately, he pointed out.

*Science News Letter, October 26, 1940*

A Pennsylvania State College professor who says, "You're never too old to learn," began the study of *calculus* when 50 years old and now at 59 is studying hyper-space geometry.