

Vietnam: Rise Found in Plague and Cholera

The disruption of sanitary facilities and massive uncontrolled population movements in South Vietnam are linked with rapidly rising incidences of plague, cholera, and a number of other diseases, according to a report by the World Health Organization (WHO). The report, *Epidemiological Situation in Viet-Nam**, describes the health situations separately for both South and North Vietnam. However, even with the upsurge of disease in the South, the report states, "the general health of the population has not in the main deteriorated. With certain exceptions, health services have been maintained and in many instances improved and extended."

Information sources for the report on the South included official records of WHO and information provided by the South Vietnamese government. The account of the North was based on more limited information and, as such, "the health situation in North Viet-Nam must remain somewhat obscure," the report noted.

Since 1962 the incidence of plague has risen in epidemic proportions in South Vietnam. And, the report states, the threat of plague spreading from South Vietnam to other nations in the Pacific basin is causing grave concern among health and quarantine officials through the Western Pacific area. Cases of plague have been recognized in 27 of South Vietnam's 47 provinces and plague infection has also been found in rodents and fleas at a number of ports and airports including Saigon, Nha Trang, Cam Rahn, and Da Nang. During 11 months of 1967, there were more than 4500 suspected cases of plague in South Vietnam and some 200 deaths were attributed to plague. The number of suspected cases was nearly double the number estimated for 1966.

According to the report, after nearly a decade free of cholera El Tor, that disease reappeared in South Vietnam in 1964. Between 1 January 1964 and 24 November 1967, there were nearly 38,000 suspected cases of cholera in the South and cholera was listed as the cause of some 1100 deaths. The report states, "In proportion to the size of its population, South Viet-Nam is reporting the largest number of cholera cases among cholera endemic areas in recent years."

The rising rates of plague, cholera, and the venereal diseases were cited as "outstandingly serious problems" in South Vietnam. Another disease which is on the upswing in the South is pneumonic plague, which has been reported in several areas of the country since June 1966. Prior to that date, it had not been reported for more than 25 years. Other major health problems in the South include malaria and leprosy—even though incidences of those diseases have fallen in recent years. Tuberculosis was also identified as a major health problem in South Vietnam. "A prevalence survey . . . in 1962 showed that approximately 60 per cent of the population was infected and 10 per cent of children aged 10 years had x-ray evidence of clinically significant tuberculosis." Other communicable diseases reported in South Vietnam include all forms of dysentery, influenza, infective hepatitis, scrub typhus, and human rabies, which exceeded 700 cases between 1964 and 1966.

Although the reasons are unclear, there is no plague reported in North Vietnam. The report states that cholera and smallpox have not been present in the North since 1957. Smallpox has been absent from the South since 1959. The report also notes that in the North poliomyelitis has been nearly eradicated and the incidence of tuberculosis—although it has been cut back considerably—is still of public health importance. Bacterial dysentery is one of the most widespread diseases in the North.

The report concluded that "Where there are large-scale uncontrolled population movements, there is an increased risk of diseases. Where there are prolonged unsettled conditions, the normal development of health services is halted or retarded."—KATHLEEN SPERRY

*Available, without charge, from the Regional Office of the World Health Organization, 525 23rd St., NW, Washington, D.C.

attention. Even the Air Force, which has learned much under McNamara's tutelage, has not been sorry to see it forgotten. In fact, during a congressional hearing year before last, General J. P. McConnell, the Air Force Chief of Staff, pronounced it a "dead duck" and gave no sign of mourning the deceased.

Although by no means all of his decisions have won such acceptance (the controversy over the "TFX" or F-111 fighter is now in its 7th year), McNamara has brought off a revolution in defense management that was overdue. In his handling of the B-70 issue Pentagon historians will find a significant case study of what that revolution was all about.—LUTHER J. CARTER

APPOINTMENTS



G. J. F. MacDonald



C. C. Furnas

Gordon J. F. MacDonald, executive vice president of the Institute for Defense Analyses, Arlington, Va., to vice chancellor for research and graduate affairs, University of California, Santa Barbara. . . . **Clifford C. Furnas**, president emeritus of the State University of New York at Buffalo, to vice-chairman of the National Research Council. . . . **Franklin D. Murphy**, chancellor of the University of California at Los Angeles, to chief executive officer, Times-Mirror Company, Los Angeles. . . . **Eli M. Nadel**, chief of research in pathology, hematology, and laboratory medicine, Veterans Administration, to associate dean, St. Louis University School of Medicine. . . . **Howard S. Greenlee**, professor of history and acting dean of the College of Arts and Sciences, Tuskegee Institute, to dean of the faculty of Antioch College. . . . **Walter L. Koltun**, institute secretary for foundations, M.I.T., to director of the program for advanced study, Bolt Beranek and Newman, Inc., Cambridge, Mass. . . . **William Hines**, science editor, The Washington Star, to Washington editor of World Book Encyclopedia Science Service.