

It is felt that much progress has been made under this heading in the Majuro Area during this three (3) month reporting period. With the completion of two (2) field trips in this time much was accomplished in respect to: 1. Transportation of medical supplies to outlying dispensaries, 2. Active immunization, 3. Rotation and transportation of native medical personnel and patients, 4. Collection of medical and vital statistics. Attention is invited to the chart listed below, covering the more important diagnostic, therapeutic and vital statistical classes for each native village and its satellite population. It should be stressed that these figures do not in the case of each island cover the entire period of time from 1 April to 1 July 1947. Those field trip show, of course, incomplete data for the month of June. These include those villages of Arno and Mille Atolls but in no case does the deficiency extend over a period of more than fifteen (15 days).

Atoll	Village	Yaws	Skin Diseases	T.B.	G.C.	Dysentery	U.R.I.	Minor Inj.	Dental
Majuro	Majuro	30	120	0	10	0	50	42	10
Arno	Dodo	5	65	1	0	0	6	8	6
Arno	Arno	1	45	0	3	0	65	42	3
Arno	Ine	11	70	0	6	3	12	40	5

B-4

1 July 1947

Majuro Dist.

Arno	Melel	12	20	0	2	0	5	12	4
Mille	Lukunor	17	25	0	10	0	2	12	3
Mille	Nalu	20	42	0	12	0	10	17	3
Maloelap	Daven	45	87	1	4	2	9	30	20
Maloelap	Airik	8	18	0	3	0	13	25	6
Aur	Tabal	10	35	0	9	0	45	15	10
Aur	Aur	6	22	1	4	0	20	17	11

Atooll	Village	#Births	Attended	#Deaths	Attended	VACC.	DENT.	RX
			by		by		EXTR.	OTHERS
			Med.Aide		Med.Aide			SS
Majuro	Majuro	9	9	0	0	0	7	3
Arno	Dodo	0	0	0	0	45	0	2
Arno	Arno	1	1	1	1	131	1	2
Arno	Ine	2	2	2	2	173	0	5

1 July 1947

Majuro Dist.

Arno	Melel	1	1	1	1	61	4	0
Mille	Lukunor	3	3	0	0	34	3	0
Mille	Nalu	0	0	0	0	46	3	0
Maloelap	Kaven	1	1	5 <sup>*</sup>	5	51	12	8
Maloelap	Airik	3	3	1	1	23	2	4
Aur	Tabal	4	4	1	1	7	10	0
Aur	Aur	3	3	1	1	10	10	1

\* Three(3) persons died here of third degree burns suffered at a nearby abandoned Japanese radio station when "batteries exploded".

# Births and deaths registered during the quarter (April, May and June).

Recently, coincident with a more thorough knowledge of individual medical problems and necessities in the field, greater diversification and volume of medical supplies and equipment has been provided to each dispensary than ever before. In some cases the more advanced and proficient medical aides have been supplied with appliances and instruments designed for use in medical and minor surgical procedures heretofore unattempted in the outlying villages.

A total of 581 cowpox vaccinations were given on two field trips. Additional material was left with the local Medical Aides to immunize

1 July 1947

Majuro Dist.

those overlooked in the Medical Officer's survey. In eleven (11) months in the Majuro Area the present Medical Officer has not seen a case of Typhoid Fever, Proven Dysentery, Tetanus, Smallpox, Dyptheria or other childhood or epedemic diseases.

Three (3) patients were brought in from the field, all from Maloelap with chronic, Fistula in Ano. All have undergone surgery, recovered uneventfully and have been returned to their home islands. One interesting case of perianal framboesiform yaws was returned to the dispensary, chiefly for observation fna teaching purpose. The lesion in this two (2) year old girl disappeared rapidly on Penicillin Therapy. She was returned to her home as cured after a total of 1,500,000 U. had been administered. This variety of Yaws infection is extremely rare in this area. One woman age 22, was brought in recently for treatment, suffering from severe second and third degree burns of trunk and extremities. An estimated 35% of the body surface area was burned third degree and 20% second degree. Although this occurred six (6) weeks prior to her transportation to the Military Government dispensary, she appears to be making a satisfactorily recovery. One woman, age 25, was brought in for surgical observation. Exploratory Laporatomy is deemed advisable. It should be noted, however, that the majority of patients requiring hospitalization are brought in to the Military Government Dispensary, Majuro by native sailing vessels largely from nearby Majuro Village and the four villages of Arno Atoll.

Insofar as possible, the medical officer on the field trips attempts to see every inhabitant of each village. In this way disease

conditions are often detected which have escaped the notice of the Medical Aide in residence. Numerical incidence of native afflictions remains in the usual order: (1) Diseases of the Skin, (2) Upper Respiratory Infections, (3) Yaws, (4) Gonorrhoea (See above chart).

The skin diseases most commonly encountered are Tinea Versicolor; Impetigo, Contagiosa; Trichophytoses; Tinea Imbricata; and, Tinea Circinata. Tinea Versicolor is especially prevalent but causes no discomfort other than mild itching. Tinea Imbricata, although not too common, is very resistant to the methods of therapy in use at present. The disease is troublesome only from a cosmetic standpoint. New methods of treatment are under observations at the present time.

A total of 135 cases of Yaws is recorded from the field dispensaries. These cases were, almost exclusively, of the usual type seen in this area of the Southern Marshalls. Conservatively, 90% of all cases treated are in children under 10 years of age. The disease consists of flat, open, oozing sores about the size of a 5¢ piece with slight peripheral induration. These lesions nearly always exist below the knees of both legs anteriorly, the most subject to everyday trauma in the Marshallese child. The lesions are rarely inflamed and indeed cause so little discomfort, they are completely disregarded. The disease is almost certainly spread from child to child by flies which are present in almost every season of the year. With rises in the fly population a corresponding increase is noted in the incidence of Yaws.

Intramuscular administration of penicillin in large doses (50,000 U. q3h) is remarkably rapid in the healing of all open lesions. In one

case with darkfield positive lesions of both anterior tibiae all lesions were "dried up" less than 24 hours after treatment was started. 400,000 U. of penicillin calcium intramuscularly had been given. In this dispensary, a total of at least 1,000,000 U. is administered. Progressively more is given up to 3,000,000 U dependent upon the age of the patient and severity of the disease.

In the field, all new cases are given 300,000 U of penicillin in oil and wax (1 cc) by the Medical Officer. Both this type and crystalline penicillin Ca and Na are left with the Medical Aide in sufficient amounts to complete the treatment. All cases of Yaws in this area in the past 3 months have received penicillin or penicillin in conjunction with bismuth. The results are uniformly good.

Two (2) cases, believed to be "gangosa" have been seen. This condition is a manifestation of tertiary Yaws in which usually one side of the face undergoes a progressive ulcerative destruction, involving the lower lid, nose and mouth. Both cases were darkfield and Kahn negative. Penicillin therapy resulted in an apparent halt to the destructive process with some healing in one case. No change was seen in the other save for control of secondary infection. Another probable result of tertiary Yaws seen here in several cases is the destruction of the nasal cartilage. Two (2) cases of so called "bone Yaws" have been observed, both in elderly males. These had irregular thickening and pain in the middle third of the anterior tibia. After nearly one (1) year of arsenical and bismuth therapy, little improvement had resulted in either.

One (1) patient, a girl of 18 years, died with advanced pulmonary

tuberculosis. There is one (1) patient in the dispensary Tuberculosis isolation ward at present (20 yr. old male) with far advanced pulmonary tuberculosis, showing extensive cavitation on Xray. One child, age 7 years, is under observation with probable Scrofula. From a numerical standpoint, tuberculosis is definitely not the public health problem in this part of the Southern Marshalls that it is believed to be by many outside observers.

Although a large incidence of Syphilis was at one time reported from the Jaluit center by the Japanese, we have yet to discover a case. It is also thought that previously reported figures on the incidence of gonorrhoea are too high. Adequate laboratory investigation of this problem has been sorely hampered at Majuro by the lack of equipment and trained technical personnel.

A total of 41 stool examinations were performed. Five (5) were positive for one of the following: E. Histolytica cysts (2); T. Trichiuria ova (1); Ascaris Lumbricoides (1); One adult worm of E. Vermicularis was recovered. No microscopic evidence of hookworm infection has been encountered. Nor has any patient presented the alarming anemic picture seen in nearby areas afflicted with this parasite.

Fifty-two (52) dental extractions were performed in the field by the Medical Officer and hospital corpsmen. A high percentage of the population shows an advanced degree of tooth decay. This is attributed to two (2) possible causes: (1) the increased adoption of the natives for a foreign diet (2) the early withdrawal of Military Government dental care from this area.