

age of 10 years. Cholera had a marked seasonal pattern, rising from 1 cases during August, to 155 cases in December, then falling to 2 cases in May. The acute diarrhoea cases had a distinctly different seasonal pattern with a sharp peak in March and April. The majority of these acute diarrhoea cases could be distinguished from Cholera only by bacteriological examinations.

The cholera cases came from all areas of Dacca City and the adjacent thanas. 45% of the cholera admissions came in clusters from localized neighborhood or small community outbreaks. These small epidemics were often associated with high cases rates for the community involved, and with multiple cases within the same family. In a number of instances, the water sources shared by the families, or the community were shown to be contaminated with *V. Cholera*.

Only 5% of the family contacts of a Cholera case subsequently developed cholera. Bacteriological studies, however, revealed that infection with *V. Cholera*, with or without mild diarrhoea, could be demonstrated in at least 21% of the family members. It is suggested that these mild or inapparent infections in man serve as the primary reservoir of cholera, and that water plays only a passive role as a vehicle in disseminating infection.

**To be read by Wiley H. Mosley, M. D. Chief, Epidemiology Section.*

Pattern of diarrhoeal diseases in East Pakistan

DR. MD. FAHIMUDDIN

A study of diarrhoeal diseases is reported from the records of hospital attendance and field surveillance in the Cholera Vaccine field Trial Area in Matlab Thana of Comilla district.

THE TREATMENT OF CHOLERA, 1965.

The Method of the Pakistan SEATO Cholera Research Laboratory.

DRS. J. O. TAYLOR, A. K. M. JAMIUL ALAM,
MRS. K. M. ALLY, MRS. R. AKBAR,
A. FIROZE, N. HIRSCHORN,
Z. HOQUE, Y. IMAM,
M. R. ISLAM, J. LINDENBAUM,
A. MOJID, M. RAHMAN,
AND D. SACHAR.

While cholera continues to take its annual toll of lives in East Pakistan a method of treatment is available which is both simple and almost completely effective.

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