During the summer of 1960, the Committee on Nutrition of the Canadian Pediatric Society requested cooperation of the Committee on Nutrition of the American Academy of Pediatrics in evaluation of the problem of scurvy in Canada. Reports in the Canadian literature in 1958 and 1959 recorded occurrence of 180 cases of scurvy during the 15 years from 1945 through 1959, and personal communications accounted for 142 cases not recorded in the literature. It was somewhat difficult to derive a satisfactory estimate of the true incidence of scurvy from these figures. However, an unpublished report by Dr. J. W. Davies, Chief Medical Officer of Health, Newfoundland, indicated that 77 cases of scurvy had been diagnosed in 1959 for an estimated 30,000 children less than 2 years of age, an incidence of 2.5 cases per 1,000 children.

As an aid in evaluation of the problem of scurvy in Canada and to obtain information concerning the magnitude of the problem in the United States, a survey was carried out concerning incidence of scurvy in the United States during the years 1956 through 1960, inclusive. Questionnaires concerning the incidence of scurvy and rickets among children admitted to the hospital were mailed to 294 hospitals that maintain approved residency programs in pediatrics. Replies were received from 176 of the 294 hospitals (60%). Preliminary tabulation and analysis of results were then carried out, and a brief summary was mailed to each hospital. At the time of this mailing a second questionnaire was sent to those hospitals that had not responded to the initial questionnaire. Replies from the two questionnaires accounted for information concerning 226 of the 294 hospitals (75%).

The yearly number of pediatric admissions listed by the Council on Medical Education and Hospitals of the American Medical Association was multiplied by five to give the approximate number of admissions during the past 5 years. A correction was introduced in the case of a hospital known to have been in operation for less than 5 years. On this basis, it was estimated that during the past 5 years 2,353,220 pediatric patients were admitted to hospitals responding to the questionnaire.

**INFANTILE SCURVY**

The number of patients with infantile scurvy was 713, or approximately one patient with scurvy for every 3,300 pediatric patients admitted to these hospitals. However, the gross incidence seemed relatively uninformative since the great majority of cases were reported from the South Central and Southeastern United States. Sixteen states—Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Missouri, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia—and the District of Columbia accounted for 477 cases, an incidence of one case for each 1,394 pediatric children.

The incidence of scurvy in Florida and...
California was of particular interest because of the large crops of citrus fruits grown in those states. In California only 28 cases were reported for 268,525 admissions (1 in 9,590), while in Florida 20 cases were reported for 26,341 admissions (1 in 1,317).

A high incidence (44 cases in 8,752 admissions) was reported from Ponce District Hospital in Puerto Rico.

Excluding the 16 states mentioned, and the District of Columbia, only 266 other cases of scurvy were reported from hospitals in the United States that accounted for 1,730,045 admissions, an incidence of 1 in 6,504 admissions. Scurvy was reported relatively frequently in Jersey City Medical Center (14 cases in 10,325 admissions), Cincinnati Children's Hospital (15 cases in 48,065 admissions) and in two hospitals in Detroit (Harper Hospital, 6 cases in 7,695 admissions; Henry Ford Hospital, 9 cases in 7,775 admissions).

NUTRITIONAL RICKETS

Eight hundred forty-three cases of nutritional rickets for the 5-year period were reported from the 226 responding hospitals, an incidence of 1 in 2,791 pediatric admissions. Twenty-one hospitals reported more than 10 cases of rickets in the 5-year period, accounting for 409 of the 843 cases. No particular geographic distribution of these hospitals was apparent.

COMMITTEE ON NUTRITION
Richard W. Blumberg, M.D.
Gilbert B. Forbes, M.D.
Donald Fraser, M.D.
Arild E. Hansen, M.D.
Nathan J. Smith, M.D.
Michael J. Sweeney, M.D.
Samuel J. Fomon, M.D., Chairman

REFERENCES
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