

PUBLIC HEALTH REPORTS.

Vol. XXVI.

SEPTEMBER 29, 1911.

No. 39.

THE CHOLERA SITUATION.

Cholera continues prevalent in Italy. Cases of the disease are being reported in Russia, especially in the southern Provinces. According to last advices the disease is still present at Marseille, France, and in the Province of Tarragona in Spain. The disease is present in Turkey in Europe and Asia. Six cases were reported among pilgrims at Beirut. On August 30 cholera was reported present at Kobe and Osaka in Japan, and on September 26 at Tunis in Northern Africa. After a lapse of a considerable period in which no cases were reported a case of the disease occurred in Manila, P. I., during the week ended July 29, and a small number of cases are being reported from the Philippine provinces.

A point of interest in connection with the case of cholera reported in Manila is that of seven contacts, all upon examination proved to be harboring the cholera organism and to be cholera carriers. All were isolated, and during a period of 10 days' detention none had developed clinical symptoms of the disease.

Emigrants from Italy are bacteriologically examined by medical officers of the Italian Government for the presence of cholera carriers before embarkation. Out of a total of 9,557 such examinations made 40 carriers have been found at Naples and one at Palermo.

No cholera carrier nor case of cholera has arrived at a port of the United States since August 18, 1911.

To meet the possible detouring of Italian immigrants to ports in other European countries orders have been issued requiring bacteriological examination of all Italian steerage passengers on arrival at a port in the United States without regard to the port from which they sailed in conformity with department circular No. 47, July 19, 1911.

THE SALIENT EPIDEMIOLOGICAL FEATURES OF PELLAGRA.

By C. H. LAVINDER, Passed Assistant Surgeon, United States Public Health and Marine-Hospital Service.

The developments of modern medicine have repeatedly shown the great value which is to be attached to epidemiologic studies as an aid in the elucidation of the etiology of disease. It seems remarkable that such studies are lacking for pellagra. Many important epidemiologic facts have been observed and recorded for this disease, but anything like complete and detailed studies do not as yet exist.

The only modern work of this kind which we possess is that of Sambon and that of Alessandrini. Both of these authors have made important contributions to the subject, but each was striving to establish his own hypothesis of the etiology of the malady. Their contributions therefore are necessarily wanting a certain judicial point of view which would have much increased their value.

It is to be observed, moreover, that the studies of these two authors were made exclusively in Italy, and that practically all recorded epidemiologic observations refer, if not to Italian pellagra, at least to the pellagra of southern Europe. Such observations are lacking for many places where the disease is known to be endemic, and we have none for the United States. If careful studies of this nature, both extensive and intensive, could be made for many places, a comparison of results would establish on a firmer basis many points of importance which are now obscure and might serve at least to give us a more definite idea as to the direction of our future work on the all important question of the etiology of this disease. Ultimately of course such studies must lead us back to the individual patient for completion.

It is intended to assemble in this paper, without very much discussion, the epidemiologic data we already possess regarding pellagra with the idea of trying to make some estimate of how incomplete these data are, and what indications they may perhaps show.

First with regard to *prevalence and geographic distribution*, it may be noted that the statistics of pellagra are for many reasons notoriously inaccurate, and the general geographic distribution of this disease is in all likelihood uncertain. Sambon's expression that our knowledge of its geographic restriction very likely represents only the limitations of our information as to its extent should be borne in mind.

At present in a general way the disease is probably most prevalent in Northern and Central Italy, Southern Roumania, the Austrian Tyrol, Southeast Hungary and the Southeast United States. Lower Egypt might, perhaps, be included. It has now been reported from various parts of the world, both in the Eastern and Western Hemispheres, but on the whole displays at least certain geographical limitations, although these are not easy to define with any degree of accuracy.

Roussel (1865) wrote as follows concerning the geographic distribution of pellagra: "Recently this malady has invaded new countries, and to-day it is found to the south of 47 degrees of north latitude, between 10 degrees of longitude west and even beyond 25 degrees of longitude east, meridian of Paris, extending over a long zone of the temperate region of Europe, from Cape Finisterre to the banks of the Sereth, across the Pyrenees provinces of Spain and of France, Upper and Central Italy, and, in the basin of the Danube, upon the eastern and southern slopes of the Carpathians, even to the frontiers of the Russian Empire."

Since this date the disease has been much more extensively reported, and may be even much more widely prevalent than present reports show. It may in a general way be said that pellagra is confined to tropical, southern north temperate, and northern south temperate zones, and perhaps nothing more definite can now be said in a general statement.

Its *local geographic distribution* presents more striking peculiarities. In Italy, for example, it has for generations been endemic in the northern and central parts of the peninsula, but has definitely spared southern and insular Italy, though endemic in the island of Corfu, just across the Adriatic. In recent years, however, it appears to be slowly advancing southward. In Roumania, on the other hand, long endemic in the south, it now appears to be slowly traveling northward. It is endemic in Northern Italy and in the Austrian Tyrol, yet contiguous Switzerland and Germany have always escaped. Again, endemic and quite prevalent in Lower Egypt, it is comparatively rare and sporadic in Upper Egypt. In the United States, also, there seems a certain geographic restriction to the southeastern States.

Such sharp limitations are not constant, however. From Roumania it has apparently invaded neighboring parts of Russia and of Austria-Hungary, and is scattered along the Danube.

Without attempting any exhaustive statement of these peculiar and sharp limitations a glance at a map will show that such peculiarities are evident and striking. One other fact may be noted here, and that is the practical disappearance of the disease from France where it was once endemic and rather widely prevalent. In Spain, too, the disease has never seemed to spread widely.

It is not to be forgotten in this connection that the "zeist" idea of the etiology of pellagra has been so widely accepted that practically all pellagra literature bears more or less the coloring of this theory. Geographical observations have likewise not escaped this bias, and conclusions are not infrequently drawn which a strict estimation of facts do not entirely warrant. The statement that pellagra occurs only in those countries which grow and to a large extent subsist on maize products is, in itself, not only a statement of a very general nature, but is so wide as to include perhaps too much. Corn is grown and used as an article of food so extensively over the earth's surface that it might, with similar reason perhaps, be adduced as an etiologic factor in other diseases as well as pellagra. In other words, a premise of this character is so broad that it weakens the conclusion.

Among other general factors *climate* seems to exert no especial influence, though, as noted above, the disease seems to be confined to the tropical and the warmer parts of the temperate zones. The influence of climatic factors on the spoiling of corn are important, as is well known. *Seasonal influences* to the "zeists" are also of great importance for similar reasons. The relation between symptomatology and seasons is discussed later.

Meteorologic and telluric conditions, outside of their well-known relation to the corn theory, appear to present nothing noteworthy; although many of the older writers have paid a good deal of attention to excessive moisture, dryness, etc. The relation of the erythema to sunshine is mentioned later.

The *topographical distribution* of the disease has, in the opinion of most observers, furnished no facts of importance. In the recent work of Sambon, however, in support of his simulium theory of pellagra, great stress has been placed on topographic distribution. This forms an essential feature of this hypothesis. His observations go to show that the disease is linked to the swiftly running streams of hilly territory in which the simulium breeds.

It is certainly remarkable and striking to find, as we constantly do in the Italian reports, certain comparatively small areas in the midst of a large endemic section, reported as free of the disease; or certain other areas, contiguous to endemic regions, yet never reporting it.

Investigating pellagra in Italy I have been frequently impressed with the statements of practitioners in pellagrous sections that all of their cases come from this or that restricted locality.

Alessandrini, in his work, has also reported this peculiar "patchy" distribution of the disease.

Disregarding all etiologic theories, evidence is accumulating that the disease is one of locality or place. If established, this is a very important observation. Further reference is made to this later.

One or two of the older Italian authors have also tried to show that the disease did not occur along the seacoast, but subsequent observation has not entirely sustained this.

One very striking fact may be included here, which has been confirmed by all observers of European pellagra. Pellagra is largely rural, and rarely urban. It is the agricultural, rural classes, the poor peasants of Italy and other parts of Europe, who have borne the brunt of its ravages. The city dweller, poor and rich alike, has always, to a large extent, escaped. In a trip through northern and central Italy recently I took pains to make close inquiries and observations regarding this point and always received marked proof of its confirmation. The disease does occur in the cities rarely but the cases are so few as practically to be negligible.

This has always seemed to be a constant feature of pellagra, but, so far as reports show, it is not true of the disease in the United States. Men with the most extensive experience believe that the small, mill towns and villages of the Southern States suffer worst from the disease. Of course such a radical difference must await fuller observations for its confirmation.

Economic and hygienic conditions, and food supplies.—It is of course a general biologic law that poor economic and hygienic conditions, with bad water and poor food, are important factors in the production of disease, but these factors have more than this general significance with regard to pellagra.

Ever since pellagra was first described all have united in condemning the wretched conditions under which sufferers from this malady have been found to exist, as well as the poor quality of their food supply. In Europe pellagra is practically limited not only to the agricultural classes, but to the poorest of these classes. It is those who are poorly clothed, badly housed, and miserably fed; it is those who live in the greatest poverty and subsist on a diet which is unvaried in its monotony, often insufficient in quantity, badly prepared, and not infrequently of the poorest quality. Largely for these reasons the disease has received a sinister reputation and is confessed with shame.

This apparent relation of the disease to the character of the food supply has furnished the field for most of the etiologic theories and speculations. Whether ultimately this shall prove to be an important etiologic factor or only one of numerous other factors remains to be determined. But the fact is not to be overlooked that in Europe the great majority of those who suffer from pellagra do have a poor food supply.

Again, in the United States this does not seem a marked feature of the disease.

The malady, however, does not always spare the well-to-do classes, urban or rural, even in Europe. Cases, and even severe cases, among the better classes are not of frequent occurrence nor are they of such great rarity. It is a circumstance to be remarked that in Europe occasionally certain isolated families, in easy circumstances, have been known to suffer severely from the disease for one or more generations. This may suggest hereditary influences but does not exclude local conditions as etiologic factors.

In the United States numerous cases are constantly being observed among the well-to-do classes. Statistics are as yet, however, lacking.

The *relation of the disease to water* has of late attracted much attention. As noted, it is an essential feature of Sambon's hypothesis. Alessandrini also has made it an essential part of his theory and claims that the disease is due to a water-borne nematode worm of the family *Filaridæ*, and is prevalent in those places which use polluted, surface waters. Siler and Nichols have directed attention to the frequent presence of amœbiasis in pellagrins and suggested a possible relation to water. Terni and Fiorani, in a way, have recently pointed out an apparent relation between pellagra and certain water courses in northern Italy. Some of the older authors also have expressed such ideas.

It is to be noticed that all of this brings the disease into relation with water, but the character of this relation, in the opinion of these observers, is diverse. This point demands further attention.

With regard to *age incidence* of the disease there is some discordance. It may be said, however, that pellagra occurs at all ages, including even the infant at the breast. The greater number of cases are found in the active period of adult life from about 20 to about 40 years of age. Children—even young children—do not escape, as many observers believe, but, as Neusser has pointed out, they seem to possess a certain tolerance for the disease, presenting often only a mild erythema with no constitutional disturbances whatever. With Sambon, in Italy, I have myself frequently made this same observation. Many cases in young children are being reported in the United States, and among them not infrequently are seen severe cases.

With regard to *sex*, it probably can not be denied that women suffer more than men, but the difference in Europe is not large; furthermore, it is to be observed that the preponderance of the female sex is found to occur during the active sexual period of life and is possibly due to the additional burden imposed by childbearing.

The statistics from which these conclusions are drawn are compiled from the agricultural classes of Italy and Roumania, largely; and the conditions of life, with regard to labor, are just as severe for the women as for the men. So that during the childbearing period the women are called upon to assume an added burden. The preponderance of females is by some also attributed to the additional factor of a more susceptible nervous system.

In the United States, although statistics are scant, it seems undoubted that there is a marked preponderance of females and, in the Southern States, negro females.

With regard to *race and nationality* there is observed no especial immunity or predisposition. It has been said in a general way that

the negro of the Southern United States is a marked sufferer from the disease; but here again statistics are lacking.

In the matter of *occupation* it is evident in Europe that the agricultural class—the field laborer—is the worst sufferer; and it has been further pointed out that it is the poorest of this class which is so much predisposed to this disease. It is somewhat difficult here to separate the several factors which might play a part.

It has been stated above that apparently in the United States the field laborer is not the worst sufferer from the disease.

The question of *heredity* in pellagra may be considered a debatable one. In a disease whose etiology is unknown this question is not always easy of determination. It has never been established, and very rarely, if ever, claimed, that children are born with the disease. It has been claimed by many that the children of pellagrous stock often show hereditary anomalies of degeneracy, and a predisposition to the disease. Indeed the general opinion is that pellagra is hereditary largely in the sense of a predisposition. Even this view, however, has met opposition at the hands of some observers of wide experience. It seems not unfair to say that heredity is at least open to some doubt.

Is pellagra contagious?—This is a question which was much discussed, and about which many doubts were expressed in the earlier history of the disease. Modern writers, however, have seemed to regard this question as determined, and most of them assert that the disease is not contagious.

There are undoubtedly sufficient observations to exclude any idea of its transmissibility in any direct way from person to person. One or two may be worth mention. At the pellagrosario at Mogliano Veneto, near Venice, Italy, where for many years large numbers of pellagrins have been treated (at present some 400 or 500 inmates with about 60 or 70 employees) no attendant or nurse has ever been known to develop the disease. Such observations could be multiplied. Neusser states that he has many times observed in a large family, all living under the same conditions, only one member sicken with severe pellagra while the rest remained in the best of health. Such an observation has been confirmed scores of times. Facts of this character certainly seem to exclude any idea of contagion in the strict sense of that word.

As to whether the disease may or may not be transmissible in some remote or indirect way may be, in the present state of its etiology, certainly open to question. It is the general belief that the disease is not communicable in any sense whatever. It may be repeated here, however, that at least in Italy and Roumania, it does possess the characteristic of slowly extending its area of endemicity. This characteristic, however, does not necessarily imply any idea of transmissibility.

In the United States several observers have again raised the question of contagion and affirmed a belief in its probability.

If one may speak at all of *immunity* in pellagra the disease does not appear ever to confer any individual immunity. On the contrary it has repeatedly been observed that apparent cures are often followed by recurrent phenomena of the disease either at close or more remote periods of time.

Pellagra may be classed as *endemic*, at times *epidemic*, but never *pandemic*. It is a disease peculiarly endemic in character, as has already been noted. At certain seasons or in certain years the number of those affected within the area of its endemicity may show a marked increase. In its history it has also appeared in new territory, often far remote from its known endemic areas, as, for example, its more or less recent occurrence in America. From these points of view it may deserve to be called epidemic, but it has never shown any of the characteristics which mark the great epidemic diseases, with their extensive ebb and flow.

Reference has already been made to the possibility of the *disease* being one of *place or locality*. Certain other similar things may be noted which seem to show that pellagra presents the characteristics of a "place infection" in the sense in which the expression has been used with regard to beriberi.

The recognition and early development of the disease in the United States has furnished more than one instance which might possibly lend color to such an idea. It will be recalled that the disease in America was first observed in insane asylums, and more than one asylum awoke suddenly to find a large percentage of its inmates suffering from this disease (although many of the first observations, in South Carolina, at least, were in cases who had pellagra on admission). Subsequent investigation showed that the disease had long been present among the inmates of, as well as the new admissions to, these institutions, and doubt was created as to just what percentage of the cases could be charged to development within the institution. The various factors in the situation have not all been untangled, and conclusions are difficult to form. From the history of these situations and a study of conditions, however, one is almost forced to admit that these occurrences present at least some analogy to the so-called "place infection" of beriberi.

In the area of its endemicity the disease often shows other peculiar turns in the peculiarity of its dissemination. Sometimes all of the members of a family or house may suffer from it; just as often, indeed oftener, only one or two. Alessandrini states, for example, that in certain parts of Italy in the examination of 269 families composed of 1,659 persons, only 274 pellagrins were found among them. Only 5 families had as many as 2 sick. Among them was one family of 21 persons which showed only 1 sick. Again, out of 119 families composed of 528 persons there were only 129 pellagrins; of these the families worst affected had, in one case, 2 sick out of 3; and in another, 3 out of 6. One family of 13 had only 1 sick. In my personal experience in the United States I have three times seen orphan asylums suffer severely from the disease, although in each instance the children seemed generally healthy, the food supply good and abundant, and nothing in local conditions to indicate any especial reason for poor health among the inmates. In almshouses I have seen cases at times, while the large State prison in Columbia, S. C., was, when inspected by Babcock and myself, found singularly free of pellagra, although the disease is very prevalent in the neighboring insane asylum, as well as through the state generally. Later I saw one case in a prisoner discharged from this penitentiary, and, strange to relate, he was a man of the better class and had not eaten prison

fare, but had received his food supply during his incarceration largely from relatives and friends. Another odd fact is the apparent immunity enjoyed by the Italian Army, which, since military service is compulsory, is recruited from all over the Kingdom. I have been assured by medical officers of the Italian Army that except on recruiting duty pellagra is a disease of which in their official life they see nothing. Pellagrins are not recruited. It is, however, reported, I am told, among the Carabinieri at times.

The *seasonal incidence* of pellagra is one of its well known and marked characteristics. With striking regularity its severe manifestations become apparent at two seasons of the year—spring and fall. This has furnished the opportunity for much etiologic speculation, and has raised the question of the relation between the pellagrous erythema and exposure to sunshine. Such a relationship is undeniable, but is by no means definitely understood.

Do any of the domestic animals suffer from pellagra? Despite assertions to the contrary, I do not think any unbiased individual can be convinced that such cases have ever been observed. Moreover in spite of the long series of feeding experiments in both domestic and laboratory animals no one has ever yet produced in them any morbid condition which agrees in any sense with human pellagra. Further, experiments on laboratory animals, including monkeys, by the injection of body fluids and tissues have likewise given no conclusive results.

With regard to the disease itself some facts of importance in this connection should be recorded.

So far as *clinical characteristics* are concerned pellagra is a general disease of marked chronicity with periodic exacerbations of a peculiar kind; also the intervention at times of certain very striking attacks of a fulminating nature—so-called typhoid pellagra and allied conditions. These acute incidents are very notable phenomena in the evolution of the disease and have always attracted much attention. Their nature is obscure.

Then in the inception and evolution of the disease what may we regard as its *earliest symptomatology*, or rather what particular system of the body seems to be first involved in the morbid process? This is a point on which writers do not agree. It is a matter of importance in some respects since it may lead us to a suspicion of where may be found the "infection atrium"—if I may use such a term without implying any etiologic deduction. Is it the gastro-intestinal tract? Is it the skin? Can it be the respiratory tract? We may at least say, however, that both from clinical and pathological data the morbid process displays its most marked and most essential effects upon the central nervous system.

Pellagra again is, in a sense, a *secondary disease*, a morbid process which, so to speak, engrafts itself upon some preceding morbid condition or depressed state. This is a fact too well supported to admit of denial.

Does the disease display any "*latency*" in the sense, for example, of the accepted "*latency*" of malaria? Such an observation has been made by some writers, but is by no means definitely established. It does seem undoubtedly true that an individual presenting typical pellagrous phenomena for one or more years may for an equally long

while cease to display active evidence of the disease, but whether this may be spoken of as "latency" or not is questionable.

The disease displays a very marked *variation in its virulence and intensity*. At present in America it is observed to run a more acute course, to display more evidences of an intense intoxication, and to give a much higher mortality. These same characteristics were noted by the early Italian, French, and Spanish writers. In Italy, however, now for a long while the intensity of the disease has been steadily diminishing, severe types are comparatively rare, and the mortality is much reduced. The interpretation of this change in the character of the disease is of course uncertain, but it may perhaps be inferred that the Italians have developed a partial immunity to pellagra. Certainly no other explanation seems so obvious. Moreover it is a matter of fact in Italy that in treatment change of diet and surroundings very frequently results in a cure, or a least an arrest of the disease. The Italian pellagrosarios, where the treatment is largely dietetic, obtain very fair results. This is not true, however, with the severe types of the disease seen in America. The important point is, what effect is produced on the disease by the administration of good food in sufficient quantity with change of surroundings? Is pellagra curable, at least in its less intense forms, by these means alone? Here too may be asked, what is the real result of arsenical treatment? Reports are very discordant.

Here also may be put the ever-present question in pellagrous etiology, Is there a "*pellagra without maize*"? As Sturli has said, even the most pronounced "zeist" could not possibly deny that such cases have occurred and do occur. There are many well-authenticated cases of undoubted pellagra which have never eaten maize. Such cases are, however, sporadic, and up to the present time endemic pellagra without maize is unknown unless one accepts such as occurring in parts of Spain. There is an endemic disease called pellagra, reported as occurring in parts of Spain, where corn is neither grown nor eaten, but the Italian pellagrologists refuse to accept this as undoubted pellagra until it is further investigated.

Is pellagra a *morbid entity* or do we include under this term *more than one morbid entity*? These suspicions have very naturally been engendered by the question of pseudo-pellagra. The disease is so characteristic and so consistent in its phenomena, its evolution, its geographic distribution and even in its morbid anatomy that it must be considered, in my opinion, a morbid entity. But, apart from etiologic consideration, if there exist other conditions or states deserving the dignity of the title pseudo-pellagra, as now used by writers on pellagra, the presumption may well be entertained that we are dealing with more than one morbid entity. This is a matter of essential importance, and demands the close attention of all students of pellagra. A British writer has recently expressed the opinion that sprue and pellagra are identical diseases.

The characteristics outlined above, uncertain as they are in part and incomplete as they are in their entirety do not permit of important inferences. The need for more complete and more accurate and detailed epidemiologic data is too evident for comment. Such studies at present are of paramount importance. Furthermore, it would also seem unwise to base theories on epidemiological data collected in only one country. While accurate data of this nature do not exist

for the United States there is nevertheless, as above pointed out, very good reason to believe that in many essential points pellagra in this country differs from that of Europe. Until wider studies are made the epidemiology of American pellagra is of course uncertain, but it must even now be taken into some consideration.

As for further inferences, it is interesting to note that, from these data, there is some analogy between beriberi and pellagra, and in both diseases there are analogous etiologic theories. At present, however, the rice theory of the cause of beriberi can certainly present a far stronger claim for acceptance than can the maize theory of the cause of pellagra. The data are too incomplete really to justify any conclusions of great consequence.

I can not conclude this paper without some expression of the great need which exists in the United States for more complete information regarding the prevalence of pellagra. The disease is not reportable, and the number of cases among us is unknown. Such information must come largely from the individual practitioner; and it is to be hoped that the importance of reporting pellagra may not be overlooked.

Epidemiologic observations are likewise of importance and worthy of careful attention by those who come into contact with individual cases.

Finally, I acknowledge my indebtedness to the general literature of pellagra, but it is not feasible to give individual references. The observations recorded have been collected from too many sources.

It is hoped that under the direction of the Surgeon General of the service this paper may soon be supplemented by more detailed studies of the epidemiology of this disease.

UNITED STATES.

MUNICIPAL ORDINANCES, RULES, AND REGULATIONS PERTAINING TO PUBLIC HYGIENE.

[Adopted since Jan. 1, 1910.]

OMAHA, NEBR.

MEAT INSPECTION.

SECTION 1. From and after the passage of this ordinance, all animals intended for human food in the city of Omaha shall be required to undergo an ante-mortem examination before being allowed to pass to the slaughter room, and a post-mortem examination on the floor of the slaughter room, said examinations to be made and conducted by an assistant city veterinarian and slaughterhouse inspector of said city, or by an inspector of the United States Department of Agriculture, and it is hereby declared unlawful for any person, firm, or corporation in the city of Omaha to keep for sale, or to offer or expose for sale or to sell, within the corporate limits of said city, the carcass or part of the carcass of any animal intended for human food without the same having first undergone such ante-mortem and post-mortem examinations.

SEC. 2. All spleens (melts), uterus, tongues, and small intestines, including mesenteric fat (ruffel), of all cattle slaughtered and intended for human food in the city of Omaha, except slaughterhouses having regular Government inspectors, shall be hung on racks provided for that purpose immediately after the slaughtering and removal from the carcasses of the said animals, and shall there remain until the inspector of the city of Omaha, or inspector of the United States Department of Agriculture shall have examined and inspected the same, and shall not be removed therefrom except by permission of at least one of said inspectors; and all such organs shall be marked by the butchers on placing them on the rack in such manner that the said organs can be easily identified with the carcass from which they have been removed.

SEC. 3. The liver and lungs shall be retained by the natural attachments and the diaphragm or skirt of all carcasses of slaughtered cattle shall be left on the animal slaughtered until the inspector shall have examined, inspected, and passed the same, and all the parietal pleura or the lining of the chest cavity, and the parietal peritoneum or casing of the abdominal cavity, ordinarily removed in the process commonly known as "stripping," shall be allowed to remain on the carcass and shall not be removed therefrom by the process known as "stripping" until after examination by the inspector.

SEC. 4. The lungs (lights), liver, heart, and kidneys of all such animals, except cattle, shall be attached to the carcass in such manner as to identify the animal to which they may belong until after they have been inspected by the inspector.

SEC. 5. The slaughtering and dressing of such animals shall be completed and all offal, refuse, horns, etc., shall be removed daily by 5.30 o'clock p. m., and the receptacles and equipment for handling these products shall be cleansed and disinfected, from time to time as the inspector may direct, and the floors, walls, racks, tools, and all equipment used in connection with the killing of such animals and the handling of meat in the slaughtering rooms shall be flushed, washed, and thoroughly cleansed to the satisfaction of the inspector.

SEC. 6. The hours for inspection at all the establishments designated as places for inspection shall commence not earlier than 7 o'clock a. m., and continue not later than 5.30 o'clock p. m.

SEC. 7. If after the examination aforesaid such animals are declared by such inspector or inspectors fit for human food, such inspector shall attach thereto a certificate or tag of such inspector showing such inspection, and that such animals or carcasses are found to be wholesome and are fit for human food.

SEC. 8. Any animal, carcass, or part of carcass found by any such inspector, after such inspection and examination, to be diseased and unwholesome, or from any cause unfit for human food, shall be condemned and rejected by such inspector, and he shall attach to such rejected or condemned animal, carcass, or part of carcass a certificate or tag showing such inspection and that the said animal, carcass, or part of carcass is unfit for human food, and for any such animal, carcass, or part of carcass condemned or rejected as aforesaid to be kept for sale or offered or exposed for sale or sold within the corporate limits of the city of Omaha for human food is hereby prohibited.

Sec. 9. In the event of rejection or condemnation of any animal by the inspector, permission is hereby granted the owner of such animal so rejected or condemned to slaughter another animal to replace such condemned or rejected animal, even after the hour above mentioned, provided the inspector has due notification by the owner of his intention to slaughter such other animal to replace the rejected or condemned one, and it shall be the duty of the inspector to remain until such animal is dressed, and inspect same, and, if approved, said carcass shall be marked or tagged in accordance with the provisions hereinbefore set forth.

Sec. 10. The owner of an animal that has been condemned, either as a whole or part, by the inspector, shall have the right to appeal from the inspector's condemnation to the commissioner of health of the city of Omaha, and if such appeal is made it shall be the duty of the said commissioner of health to have the condemned animal examined by another regularly qualified veterinarian and from such examination and report and the report of the regular inspector, the commissioner of health shall decide whether such animal shall be approved and tagged as fit for human food, or whether the same shall be condemned and rejected.

Sec. 11. All wagons used in the transportation of fresh meat to or within the corporate limits of the city of Omaha shall be kept in such sanitary condition as the commissioner of health of such city or his inspector or inspectors may approve; and the carcasses or parts of carcasses sold, handled, or delivered from wagons or other vehicles within the corporate limits of the said city shall be kept covered in such manner as to prevent contamination by dust or dirt.

Sec. 12. All tags, seals, stamps, and other devices used in marking, stamping, or tagging animals and dressed carcasses, shall be in possession of the inspector and used by him or under his supervision or direction. The inspector in charge of each place of inspection shall account for each and every tag and seal issued to him, and nothing but inspected meat shall bear the official mark, stamp, or tag of the assistant city veterinarian and slaughterhouse inspector of the city of Omaha.

Sec. 13. The said inspector, in determining what constitutes a diseased animal or meat unwholesome and unfit for human food, shall be guided by the specifications contained in the regulations of the United States Department of Agriculture; and it is further ordered and declared that all animals slaughtered and all meats tagged and stamped under the supervision of the inspector of the United States Department of Agriculture at any packing house, will meet the requirements of this ordinance without an examination or inspection of said assistant city veterinarian and slaughterhouse inspector of the city of Omaha.

Sec. 14. Any person, firm, or corporation violating any of the provisions of this ordinance shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not less than \$25 or more than \$100 for each and every violation thereof.

Sec. 15. Whenever the meat inspector, or any authorized inspector of the health department of said city of Omaha, shall find in any butcher shop, wagon, or other place within the corporate limits of said city, any meat offered, kept, or exposed for sale for human food which has not been examined or inspected and stamped or tagged as hereinbefore provided for, such inspector shall have the right and it shall become his duty to immediately confiscate, condemn, and destroy any such meat by him so found.

Sec. 16. That this ordinance shall take effect and be in force from and after its passage. [Ordinance passed Feb. 15, 1910.]

SAN JOAQUIN COUNTY, CAL.

MILK—REGULATION OF THE PRODUCTION, CARE, AND SALE OUTSIDE OF THE LIMITS OF INCORPORATED CITIES.

SECTION 1. The board of health of the county of San Joaquin, State of California, is hereby authorized, empowered, and directed to regulate and control the conduct and management of dairies and other places in said county of San Joaquin, and without the corporate limits of incorporated cities therein, from which milk is supplied, and to provide for the inspection of dairy cows, dairies, and other places therein from which milk is supplied.

SEC. 2. No person shall maintain or carry on the business of a dairy or other place from which milk is supplied, within the limits of the county of San Joaquin, State of California, and without the corporate limits of incorporated cities therein, without having first obtained from the county health officer a permit to maintain a dairy.

SEC. 3. Any place or premises upon which milk is produced for sale or distribution or from which milk is sold or distributed is a dairy within the meaning of this ordinance.

SEC. 4. To procure any such permit the applicant shall present to said county health officer a written application and shall state therein the name and business and residence address of the applicant or applicants.

SEC. 5. If the county health officer, upon application and such investigation and inspection as he may make, shall determine that the production, storage, and handling of milk by such applicant is to be under sanitary conditions, he shall issue a permit therefor. If the county health officer disapprove such application, he shall indorse thereon his reasons for such disapproval and return the same to the applicant, who shall have the right to renew his application for permit upon conforming with the suggestions of said county health officer indorsed upon such application. Each permit issued by the county health officer shall be dated and numbered and signed by him, and the same shall, together with all applications for permits, be recorded by said county health officer in a register to be provided and kept by him for that purpose.

SEC. 6. Permits shall be granted for and shall remain in force for 12 months from the date thereof, unless sooner suspended or revoked for cause, and no fee or charge shall be made for the granting of such permit. Applications for renewals of permits shall be made and acted upon in the same manner as applications in the first instance.

SEC. 7. If a holder of such permit shall at any time fail to comply with the provisions of this ordinance, the county health officer may suspend such permit by personally serving the holder thereof with a notice, in writing, to that effect. It shall be unlawful, during the period of such suspension, for the holder of said permit to maintain or carry on the business of a dairy within the limits of the county of San Joaquin, State of California, and without the corporate limits of incorporated cities therein.

SEC. 8. One such permit shall be required for each dairy as herein defined, or other place where milk is produced, stored, or kept for sale and distribution, and such permit shall be issued only in the name of the person or persons maintaining or carrying on the business of such dairy within the limits of San Joaquin County, and without the corporate limits of incorporated cities therein. No such permits shall be sold or assigned or transferred. Such permits shall be subject at all times to revocation by said board of health, in its discretion, upon sufficient cause shown therefor: *Provided, however,* That no such permits shall be revoked until after a hearing given by said board of health in the matter of revocation of such permit, after five days' notice in writing has been served on the owner of such permit in the manner prescribed for the service of notice by section 1011 of the Code of Civil Procedure of the State of California, which notice shall state the ground of complaint against such owner and the time and place: *And provided further,* That no permit shall be revoked by said board of health for the first offense without the unanimous consent of all of the members of said board.

SEC. 9 (a). The dairy herd or any bovine thereof of any dairy within the limits of the county of San Joaquin, State of California, and without the corporate limits of incorporated cities therein, and for the carrying on and maintenance of which a permit has been issued under the provisions of this ordinance, shall undergo a physical examination, if deemed necessary by the county health officer, which shall include the testing of said herd or any bovine thereof with tuberculin, and every bovine of such herd over 6 months of age shall be required to submit to said physical and tuberculin test if deemed necessary by the county health officer, under direction or supervision of said county health officer; and all animals reacting to said tuberculin test shall be branded "T. B." and removed from said dairy herd and the place where said herd is kept; and all additions made to said dairy herd shall undergo the physical and tuberculin test under the direction or supervision of the county health officer, if deemed necessary, before said additions are admitted to the herd.

(b) The food provided for such dairy herd must be sweet and clean and of such a nature as to give no odor to the milk.

(c) All long hairs about udder must be clipped and tails of cows must be kept short enough to clear the ground.

(d) No persons suffering from a communicable disease, or who is a contact, or who has been recently exposed to any contagious or infectious disease, shall be permitted to milk, handle milk or milk utensils upon or for such dairy, nor shall any milk be sold or offered for sale or distribution from any such dairy, when any contagious or infectious disease exists at or on such dairy, until such time as such premises have been inspected and declared free of contagion by the county health officer. All milking must be done with clean, dry hands.

(e) All utensils must be scrubbed with clean, hot water, rinsed and scalded, and kept free from dust at all times when not in use. All utensils must be smoothly soldered and of such shape as to be readily cleaned.

(f) Floors of stables must be of a material of a nature impervious to moisture, preferably cement. Gutter drains must be provided in the rear of the stalls in sufficient size to carry off all discharges, and said gutter drains shall connect with a common drain that will be adequate to carry off all animal discharges to a cesspool to a point to

be determined by the county health officer. Adequate light and ventilation must be provided, and in a manner satisfactory to the county health officer, and all stables shall be whitewashed at least twice a year, and such other times as may be required by the county health officer.

(g) The corral or barnyard must be kept dry and free of accumulations of manure.

(h) The water site must be abundant, pure, accessible, and free from the possibility of contamination of sewage or animal refuse or discharges.

SEC. 10. Milk shall not be kept at any such dairy for sale or distribution which same has been drawn from cows within 15 days before or within 7 days after calving.

SEC. 11. It shall be unlawful for any person or persons, firm, or corporation to have or to carry on any wagon or vehicle upon or from which milk or cream is being or is brought, carried, or delivered for sale or distribution as food for any human being any swill, garbage, refuse, or any decaying or fermenting, putrefying, foul, unwholesome, noxious, or filthy matter.

SEC. 12. In order to carry out the purposes and provisions of this ordinance, the said county health officer shall have the right at any and all times to enter upon and into the premises where any dairy is maintained or carried on within the limits of the county of San Joaquin, State of California, and without the corporate limits of incorporated cities therein, and inspect the cows, stables, corrals, milk houses, and all apparatus used in gathering or distributing the milk therein produced, and any refusal upon the part of any person or persons maintaining or carrying on such dairy, or the owner of the premises of which said dairy is located, shall be deemed to be sufficient cause for the revocation of the permit of such person or persons, or any of them, to maintain and carry on such dairy.

SEC. 13. It shall be the duty of the county health officer of San Joaquin County, Cal., who is herein referred to as the county health officer, to inspect from time to time the dairies situate in the limits of San Joaquin County and without the corporate limits of incorporated cities therein, in order to satisfy himself that the provisions and requirements of this ordinance and of the board of health of said county are constantly complied with.

SEC. 14. It shall be the duty of the owner, agent, and manager of any such dairy as is herein referred to forthwith to report to the county health officer of San Joaquin County, Cal., in writing, anything of which he has knowledge or notice tending to render milk obtained from such dairy unwholesome, impure, and unhealthy.

SEC. 15. It shall be unlawful for any person or persons, firm or corporation to obstruct or interfere with the said county health officer or his agent or agents in the performance of any of the duties required by this ordinance.

SEC. 16. It is hereby made the duty of every owner, lessee, tenant, occupant, proprietor, or manager of any dairy within the county of San Joaquin, State of California, and without the corporate limits of incorporated cities therein to thoroughly and effectually cleanse, at least once in every 24 hours, the floors and yards of every building or structure, or part thereof, which may be in use for the accommodation or shelter of cattle, and also to remove the contents of any manure pit on the premises once in each week.

SEC. 17. Any person who shall violate any of the provisions of this ordinance shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than \$25 and not more than \$500, or by imprisonment.

SEC. 18. This ordinance shall take effect 30 days from and after its passage. [Ordinance adopted by the county board of supervisors Apr. 18, 1911.]

TAUNTON, MASS.

OFFENSIVE TRADES.

Regulation 4.—SECTION 1. No person shall clean or wash fish or meat upon any street, lane, alley or public grounds of this city.

SEC. 2. No person shall burn, boil, try, or decompose any refuse substances, either animal or vegetable, in such manner that the same shall evolve odors or gases obnoxious or offensive to the public or to the owners or occupants of adjoining premises. [Regulation board of health adopted Mar. 7, 1910.]

STREETS, PONDS AND WATERS.

Regulation 5.—SECTION 1. No person shall place or cause to be placed, or empty or cause to be emptied, upon any street, way, lane, or sidewalk, any house dirt or filthy water, offal, or rubbish, any sewage, or the drainage of any sink, stable or other building, or the contents of any cesspool or privy vault.

SEC. 2. No person shall cast any decayed vegetable or dead animal substance into any cesspool or sewer, or into any well, cistern, reservoir, pond, or waters within the city, nor drown or cause to be drowned any animal in any of said waters. And the

carcasses of animals dead of disease, or killed for any cause, shall be buried at such distance from dwellings or wells or other sources of water supply, that no danger of nuisance can result.

SEC. 3. No person shall permit the drainage of any building to enter any lake, pond, or stream, the water of which is used for domestic purposes or from which ice is cut. [Regulation board of health adopted Mar. 7, 1910.]

BROOKS AND STREAMS—OBSTRUCTION OF.

Regulation 6.—SECTION 1. Whenever a brook, stream or drain becomes partially or completely obstructed, either from natural accumulations or some other cause, thereby creating a nuisance or stagnant water on land of another person, the owner occupant, or lessee of land on which such obstruction occurs shall remove the same, when notified so to do by the board of health, within such time as the board shall name in the notice.

SEC. 2. No person, firm, or corporation shall, by the construction of embankments or the digging of trenches or drains, or by the diversion of a natural water course, cause stormwater, surface-water, drainage, or sewage to flow upon land of another person, firm, or corporation, thereby causing a nuisance or stagnant water. [Regulation board of health adopted Mar. 7, 1910.]

REFUSE AND RUBBISH—DUMPS FOR.

Regulation 7.—SECTION 1. No person or persons shall dump or deposit, or cause to be dumped or deposited, refuse or rubbish in any place where dumping is not expressly permitted by the board of health, or in any place where the board of health has placed a notice or sign prohibiting such dumping.

No person or persons shall deface, destroy, or remove any such notice or sign unless authorized by the board of health.

SEC. 2. The owner, agent, or lessee of any land used as a dumping place for refuse or rubbish shall keep such dumping place at all times in a condition satisfactory to the board of health. [Regulation board of health adopted Mar. 7, 1910.]

ANIMALS—KEEPING OF, WITHIN THE CITY.

Regulation 8.—The keeping of swine, goats, dogs, cows, poultry, or any other animals in any part of the city where such keeping shall be held by the board of health to be detrimental to the public health or offensive to the neighborhood is hereby prohibited, and after due notice by the said board to the owner or person in charge he shall remove the same or cause the same to be removed from any place where such keeping shall be prohibited by the board within such time as the board may name in the notice. [Regulation board of health adopted Mar. 7, 1910.]

MEMBERS OF BOARD TO ACT AS AGENTS.

Regulation 9.—Every member of the board of health may act as a special agent, and shall have the special power to order the abatement of any nuisance coming under his observation, and may make complaint of violation of any law, ordinance, or by-law relative to the public health. [Regulation board of health adopted Mar. 7, 1910.]

LICENSES MAY BE REVOKED.

Regulation 10.—Any license issued by the board of health may be revoked by the said board for any breach of the conditions upon which the license is issued or for any other good and sufficient reason, at the pleasure of the board. [Regulation board of health adopted Mar. 7, 1910.]

BARBER SHOPS.

Regulation 11.—SECTION 1. All places used as barber shops, together with all furniture therein, shall be kept at all times in a cleanly condition.

SEC. 2. Mugs, shaving brushes, and razors shall be sterilized by immersion in boiling water after each separate use thereof.

SEC. 3. A separate clean towel shall be used for each customer. Alum or other material used to stop the flow of blood shall be used in powdered form only, and shall be applied on a towel.

SEC. 4. The use of powder puffs and sponges is hereby prohibited.

SEC. 5. Every barber shop shall be provided with an abundance of clean hot and cold water. Every barber shall cleanse his hands thoroughly after serving each customer. [Regulation board of health adopted Mar. 7, 1910.]

PLAGUE-PREVENTION WORK.

Case of Plague in California.

Surgeon Blue reports September 21 the diagnosis of a case of plague in the person of Angelo Bianci, age 28 years; occupation, dairyman; nativity, Switzerland; sickened September 18, 2 miles northeast of Ripon, Cal.

Record of Plague Infection.

Places.	Date of last case of human plague.	Date of last case of rat plague.	Date of last case of squirrel plague.	Total number of rodents found infected since May, 1907.
California:				
Cities—				
San Francisco.....	Jan. 30, 1908.....	Oct. 23, 1908.....	None.....	398 rats.
Oakland.....	Aug. 9, 1911.....	Dec. 1, 1908.....	do.....	126 rats.
Berkeley.....	Aug. 27, 1907.....	None.....	do.....	None.
Los Angeles.....	Aug. 11, 1908.....	do.....	Aug. 21, 1908.....	1 squirrel.
Counties—				
Alameda (exclusive of Oakland and Berkeley).	Sept. 26, 1909....	Oct. 17, 1909....	Aug. 9, 1911....	108 squirrels, 1 wood rat.
Contra Costa.....	July 21, 1911.....	None.....	Sept. 9, 1911.....	336 squirrels.
Merced.....	None.....	do.....	July 13, 1911.....	5 squirrels.
Monterey.....	do.....	do.....	Aug. 6, 1911.....	Do.
San Benito.....	June 5, 1910.....	do.....	June 8, 1911.....	22 squirrels.
San Joaquin.....	Sept. 18, 1911.....	do.....	Aug. 26, 1911.....	18 squirrels.
San Luis Obispo.....	None.....	do.....	Jan. 29, 1910.....	1 squirrel.
Santa Clara.....	Aug. 23, 1910.....	do.....	Oct. 5, 1910.....	23 squirrels.
Santa Cruz.....	None.....	do.....	May 17, 1910.....	3 squirrels.
Stanislaus.....	do.....	do.....	June 2, 1911.....	13 squirrels.
Washington:				
Cities—				
Seattle.....	Oct. 30, 1907.....	Aug. 26, 1911.....	None.....	23 rats.

Plague-infected Ground Squirrels Found in California.

During the week ended September 9 a diagnosis of plague was made in 16 squirrels found in Contra Costa County. The squirrels had been obtained as follows: Fifteen on the Contra Costa Water Co.'s land, 3½ miles east of Stege—2 on August 4, 3 on August 21, 2 on August 24, 1 on August 25, 3 on August 28, 1 on August 29, 2 on August 31, and 1 September 6, 1911. One squirrel was found September 9 at Nunes Ranch, 3 miles east of Stege.

Distribution of Poison.

In connection with the making and maintenance of a squirrel-free zone around the cities of California on San Francisco Bay, 7,336 acres of land in Alameda County and 1,290 acres in Contra Costa County were covered with poison during the week ended September 9, 1911.

During the same period 1,245 acres of land in San Joaquin County, 140 acres in San Benito County, and 1,277 acres in Stanislaus County were covered with poison for the purpose of eradicating plague foci.

Rats Collected and Examined for Plague Infection.

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California:					
Cities—					
Berkeley.....	Sept. 9-11.....		1 101	63	
Oakland.....	do.....	52	2 562	428	
San Francisco.....	do.....	12	3 1,540	1,060	
Washington:					
Cities—					
Seattle.....	do.....		731	645	

1 Identified, *Mus norvegicus* 67, *Mus musculus* 34.

2 Identified, *Mus norvegicus* 487, *Mus musculus* 73, *Mus rattus* 1, *Mus alexandrinus* 1.

3 Identified, *Mus norvegicus* 865, *Mus musculus* 355, *Mus rattus* 216, *Mus alexandrinus* 104.

Squirrels Collected and Examined for Plague Infection.

Places.	Week ended—	Shot or trapped.	Found dead.	Examined.	Found infected.
California:					
Counties—					
Alameda.....	Sept. 9.....		82	82	None.
Butte.....	do.....	41		41	None.
Colusa.....	do.....	111		101	None.
Contra Costa.....	do.....	66	72	138	16
Fresno.....	do.....	3		3	None.
Glenn.....	do.....	159		87	None.
Kern.....	do.....	56	1	37	None.
Lake.....	do.....	60		60	None.
Mendocino.....	do.....	197	1	137	None.
Merced.....	do.....	94		94	None.
San Benito.....	do.....	58		58	None.
San Joaquin.....	do.....	82	17	99	None.
Shasta.....	do.....	18		18	None.
Sonoma.....	do.....	88		88	None.
Stanislaus.....	do.....	163	3	166	None.
Sutter.....	do.....	34	1	35	None.
Yolo.....	do.....	123		123	None.
Oregon:					
Counties—					
Jackson.....	do.....	16		16	None.
Total.....			1,369	1,383	16

Other Animals Collected and Examined.

Places.	Week ended—	Animals collected.	Examined.	Found infected.
California:				
Counties—				
Butte.....	Sept. 9.....	1 rabbit.....	1	None.
Fresno.....	do.....	5 chipmunks.....	5	None.
Glenn.....	do.....	1 rabbit.....	1	None.
Kern.....	do.....	do.....	1	None.
Merced.....	do.....	4 rabbits.....	4	None.
Stanislaus.....	do.....	7 rabbits.....	7	None.
Sutter.....	do.....	1 rabbit.....	1	None.
Shasta.....	do.....	do.....	1	None.
Yolo.....	do.....	6 rabbits.....	6	None.
Total.....			27	

SMALLPOX IN THE UNITED STATES.

In the following tables the States indicated by an asterisk are those from which reports of smallpox are received only from certain city, and in some cases county, boards of health. In these States, therefore, the recorded cases and deaths should not be taken as showing the general prevalence of the disease. In the States not marked by an asterisk the reports are received monthly from the State boards of health and include all cases reported throughout the State.

Reports Received During Week Ended Sept. 29, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Arizona:				
Nogales.....	Sept. 12.....	1		From Cananea mines, Mexico.
Indians:				
Counties—				
Adams.....	Aug. 1-31.....	1		
Boone.....	do.....	1		
Cass.....	do.....	1		
Delaware.....	do.....	2		
Henry.....	do.....	1		
Howard.....	do.....	11		
Lake.....	do.....	4		
Madison.....	do.....	3		
Marion.....	do.....	1		
Orange.....	do.....	2		
Rush.....	do.....	3		
Tipton.....	do.....	1		
Total for State.....		31		
*Kansas:				
Kansas City.....	Sept. 9-16.....	3		
*Tennessee:				
Counties—				
Shelby.....	Aug. 1-31.....	1		
Texas:				
July 1-31.....		1	1	Omitted, p. 1320.
Counties—				
Brazoria.....	Aug. 1-31.....	2		
Cameron.....	do.....	8		
Eastland.....	do.....	5		
Harris.....	do.....	1		
Total for State.....		17	1	
Utah:				
Counties—				
Carbon.....	Aug. 1-31.....	14	1	
Emery.....	do.....	6		
Garfield.....	do.....	6		
Juab.....	do.....	1		
Salt Lake.....	do.....	6		
San Pete.....	do.....	13		
Sevier.....	do.....	9		
Uintah.....	do.....	7		
Total for State.....		62	1	
Washington:				
Counties—				
Benton.....	July 1-31.....	2		
Chehalis.....	do.....	2		
Chelan.....	do.....	1		
Cowlitz.....	do.....	3		
Garfield.....	do.....	2		
King.....	do.....	15		
Kittitas.....	do.....	2		
Pierce.....	do.....	4		
Skagit.....	do.....	1		
Spokane.....	do.....	4		
Yakima.....	do.....	34		
Total for State.....		70		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 23, 1911.

[For reports received from Dec. 31, 1910, to June 30, 1911, see Public Health Reports for June 30, 1911. In accordance with custom, the tables of epidemic diseases are terminated semiannually and new tables begun.]

Places.	Date.	Cases.	Deaths.	Remarks.
*Alabama:				
Moble.....	June 18-24.....	3		
Montgomery.....	June 25-Aug. 19.....	4		
Total for State.....		7		
Arizona:				
County—				
Cochise.....	July 1-31.....	1		
California:				
Counties—				
Los Angeles.....	May 1-June 30.....	7		
Santa Cruz.....	May 1-31.....	1		
San Diego.....	do.....	1		
San Francisco.....	May 1-June 30.....	2		
Total for State.....		11		
Colorado:				
Counties—				
Archuleta.....	Aug. 1-31.....	1		
Boulder.....	June 1-July 31.....	3		
Chaffee.....	June 1-30.....	3		
Clear Creek.....	June 1-July 31.....	8		
Conejos.....	do.....	4		
Costilla.....	June 1-30.....	1		
Delta.....	do.....	7		
Denver.....	June 1-Aug. 31.....	31		
Fremont.....	Aug. 1-31.....	2		
El Paso.....	June 1-30.....	2		
Huerfano.....	June 1-Aug. 31.....	7		
Jefferson.....	Aug. 1-31.....	1		
Kiowa.....	July 1-Aug. 31.....	4		
Lake.....	June 1-Aug. 31.....	9		
La Plata.....	June 1-July 31.....	7		
Larimer.....	June 1-Aug. 31.....	10		
Las Animas.....	Aug. 1-31.....	1		
Lincoln.....	June 1-30.....	2		
Mesa.....	do.....	1		
Morgan.....	Aug. 1-31.....	3		
Montrose.....	July 1-31.....	2		
Otero.....	do.....	1		
Phillips.....	June 1-30.....	1		
Pueblo.....	June 1-Aug. 31.....	7		
San Miguel.....	June 1-30.....	1		
Washington.....	June 1-July 31.....	11		
Weld.....	July 1-31.....	1		
Total for State.....		131		
Connecticut, entire State.....				
Middlesex County.....	July 1-Aug. 31.....	2		May 1-31, no cases.
District of Columbia.....				
District of Columbia.....	July 2-8.....	5		
Florida:				
Counties—				
Alachua.....	Aug. 20-26.....	3		
Bradford.....	July 17-Sept. 9.....	6		
Citrus.....	July 9-22.....	2		
Columbia.....	July 2-8.....	1		
De Soto.....	June 16-Aug. 26.....	7		
Duval.....	do.....	36	1	
Escambia.....	do.....	7		
Gadsden.....	July 9-Sept. 9.....	69		
Hillsboro.....	June 16-Aug. 26.....	3		
Jackson.....	July 2-8.....	31		
Leon.....	June 16-July 8.....	11		
Levy.....	July 9-16.....	1		
Manatee.....	June 16-July 8.....	8		
Marion.....	July 9-16.....	1		
Orange.....	June 16-July 16.....	2		
Pasco.....	July 9-16.....	20		
Polk.....	June 16-July 16.....	5		
Santa Rosa.....	July 9-16.....	6		
Sumter.....	Aug. 1-6.....	1		
Volusia.....	July 9-16.....	1		
Washington.....	Aug. 1-26.....	8		
Total for State.....		229	1	

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Indiana:				
Counties—				
Allen	June 1-30	1		
Bartholomew	July 1-31	1		
Benton	June 1-30	2		
Blackford	do	4		
Clarke	July 1-31	2		
Clinton	June 1-30	7		
Delaware	do	12		
Franklin	July 1-31	1		
Henry	do	1		
Howard	June 1-July 31	30		
Jay	June 1-30	2		
Laporte	do	2		
Madison	June 1-July 31	18		
Marion	do	4		
Parke	do	3		
Posey	June 1-30	3		
Shelby	do	3		
Tippecanoe	July 1-31	2		
Tipton	June 1-30	5		
Vanderburg	do	1	1	
Vigo	July 1-31	7		
Wabash	June 1-30	2		
Wayne	June 1-July 31	13		
Total for State		126	1	
Iowa:				
Counties—				
Adams	June 1-July 31	19		
Appanoose	June 1-30	1		
Blackhawk	do	4		
Carroll	do	1		
Davis	do	3		
Decatur	June 1-July 31	2		
Fremont	June 1-30	11		
Henry	do	1		
Johnson	July 1-31	13		
Lee	June 1-30	1		
Linn	July 1-Aug. 31	9		
Marshall	June 1-Aug. 31	9		
Mills	June 1-30	1	1	
Polk	June 1-Aug. 31	13		
Pottawattamie	do	19		
Scott	June 1-July 31	6		
Sioux	do	8		
Taylor	do	9		
Wapello	June 1-Aug. 31	5		
Wright	June 1-30	1		
Woodbury	July 1-31	1		
Total for State		137	1	
Kansas:				
Counties—				
Allen	May 1-31	7		
Anderson	June 1-30	15		
Atchison	May 1-June 30	2		
Barton	do	8		
Clark	July 1-31	1		
Clay	May 1-31	1		
Cloud	do	1		
Crawford	May 1-July 31	19		
Dickinson	May 1-31	13		
Doniphan	do	15		
Douglas	May 1-July 31	4		
Elk	May 1-31	15		
Ellsworth	June 1-30	1		
Franklin	May 1-31	4		
Graham	May 1-June 30	3		
Harvey	May 1-July 31	30		
Haskell	May 1-31	19		
Jefferson	May 1-July 31	9		
Jewell	July 1-31	5		
Johnson	May 1-June 30	5		
Kearny	June 1-July 31	2		
Labette	May 1-July 31	13		
Lane	June 1-30	11		
Leavenworth	May 1-June 30	3		
Lyon	July 1-31	2		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 23, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Kansas—Continued.				
Counties—Continued.				
Marion.....	May 1-31.....	3		
Marshall.....	do.....	3		
Miami.....	do.....	3		
Mitchell.....	do.....	6		
Montgomery.....	do.....	5		
Norton.....	June 30.....	9		
Osage.....	May 1-31.....	1	3	
Pottawatomie.....	do.....	2		
Reno.....	do.....	3		
Republic.....	do.....	1		
Rice.....	June 30.....	13		
Riley.....	May 1-June 30.....	9		
Rooks.....	May 1-July 31.....	13		
Saline.....	May 1-June 30.....	7		
Sedgwick.....	May 1-July 31.....	12		
Shawnee.....	do.....	49	11	
Sherman.....	June 1-30.....	1		
Smith.....	May 1-31.....	18		
Thomas.....	do.....	2		
Washington.....	do.....	1		
Wyandotte.....	May 1-June 30.....	25		
Total for State.....		394	14	
*Kentucky:				
Covington.....	July 2-22.....	10		
Louisville.....	May 1-31.....	4		
Total for State.....		14		
*Louisiana:				
Parishes—				
Ascension.....	Mar. 1-31.....	21		
Morehouse.....	Apr. 1-30.....	4		
Orleans.....				
New Orleans.....	June 25-Aug. 13.....	4		
St. Tammany.....	Mar. 1-31.....	3		
Tangipahoa.....	Mar. 1-Apr. 30.....	21		
Total for State.....		53		
Maine, entire State.....				
County—				
Androscoggin.....	Aug. 1-31.....	3		July 1-31, no cases.
Somerset.....	June 1-30.....	3		
Total for State.....		6		
Maryland:				
Counties—				
Frederick.....	July 1-31.....	3		
Prince Georges.....	do.....	1		
Washington.....	June 1-30.....	1		
Total for State.....		5		
Massachusetts.....				
County—				
Middlesex.....	June 1-30.....	1		Do.
Michigan:				
Counties—				
Antrim.....	June 1-30.....	2		
Calhoun.....	June 1-July 31.....	12		
Cheboygan.....	July 1-31.....	10		
Grand Traverse.....	June 1-30.....	6		
Isabella.....	do.....	1		
Mackinac.....	June 1-July 31.....	3		
Marquette.....	June 1-30.....	1		
Milford.....	July 1-31.....	1		
Montcalm.....	do.....	6		
Muskegon.....	do.....	2		
Oakland.....	June 1-30.....	1		
Ottawa.....	do.....	1		
St. Clair.....	June 1-July 31.....	9		
Shiawassee.....	June 1-30.....	1		
Washtenaw.....	June 1-July 31.....	6		
Wayne.....	June 1-30.....	5		
Total for State.....		67		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Minnesota:				
Counties—				
Ramsey.....	Mar. 1-31.....		1	Cases in March, reported on p. 683, vol. 1.
Brown.....	May 1-31.....		1	
Carver.....	June 20-26.....	2		
Dodge.....	June 1-5.....	1		
Fairbault.....	July 4-21.....	4		
Fillmore.....	June 6-17.....	2		
Goodhue.....	June 6-12.....	1		
Hennepin.....	July 25-31.....	1		
Houston.....	June 1-17.....	32		
Lac qui Parie.....	July 25-31.....	1		
Mille Lacs.....	June 1-19.....	4		
Otter Tail.....	June 1-5.....	1		
Ramsey.....	June 1-July 31.....	6		
St. Louis.....	June 1-5.....	26		
Wadena.....	June 21-July 31.....	7		
Yellow Medicine.....	July 11-17.....	1		
	June 1-26.....	35		
Total for State.....		124	2	
*Missouri:				
Kansas City.....	June 1-30.....	17		
St. Louis.....	June 18-Sept. 2.....	2		
Total for State.....		19		
Montana:				
Counties—				
Beaverhead.....	July 1-31.....	1		June 1-30, no cases.
Cascade.....	do.....	1		
Jefferson.....	do.....	4		
Park.....	do.....	1		
Powell.....	do.....	2		
Silver Bow.....	do.....	3		
Teton.....	do.....	3		
Yellowstone.....	do.....	1		
Total for State.....		16		
*Nebraska:				
Lincoln.....	Feb. 1-June 30.....	200		July 1-31, no cases.
Omaha.....	June 19-Aug. 19.....	4		
South Omaha.....	Aug. 20-26.....	1		
Total for State.....		205		
New Jersey:				
County—				
Middlesex.....	July 1-31.....	1		No cases in June and August.
Total for State.....				
New York:				
Counties—				
Cattaraugus.....	July 1-31.....	1		
Erie.....	June 1-July 31.....	18		
Clinton.....	June 1-30.....	1		
Franklin.....	do.....	1		
Monroe.....	do.....	4		
Onondaga.....	June 1-July 31.....	7		
Otsego.....	June 1-30.....	1		
St. Lawrence.....	do.....	4		
Schoharie.....	July 1-31.....	11		
Steuben.....	do.....	1		
Tioga.....	June 1-30.....	1		
Ulster.....	do.....	5		
Wayne.....	July 1-31.....	1		
Wyoming.....	do.....	1		
Total for State.....		58		
North Carolina:				
Counties—				
Alamance.....	June 1-July 31.....	2		
Avery.....	do.....	56		
Bertie.....	do.....	2		
Catawba.....	June 1-30.....	1		
Chatham.....	do.....	2		
Craven.....	do.....	3		
Cumberland.....	June 1-July 31.....	5		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
North Carolina—Continued.				
Counties—Continued.				
Currituck.....	July 1-31.....	1		
Duplin.....	do.....	3		
Durham.....	do.....	4		
Edgecombe.....	June 1-30.....	4		
Granville.....	July 1-31.....	5		
Haywood.....	June 1-30.....	3		
Henderson.....	do.....	4		
Johnston.....	July 1-31.....	1		
Mecklenburg.....	do.....	3		
New Hanover.....	June 1-July 31.....	7		
Pasquotank.....	June 1-30.....	2		
Robeson.....	July 1-31.....	2		
Rowan.....	June 1-July 31.....	2		
Sampson.....	July 1-31.....	1		
Warren.....	do.....	2		
Watauga.....	June 1-30.....	2		
Wayne.....	July 1-31.....	1		
Wilmington.....	do.....	3		
Total for State.....		121		
North Dakota:				
Counties—				
Billings.....	June 1-July 31.....	8		
Cass.....	Aug. 1-31.....	1		
Lamoure.....	July 1-31.....	1		
McKenzie.....	Aug. 1-31.....	1		
Morton.....	June 1-30.....	1		
Mountrail.....	do.....	6		
Nelson.....	Aug. 1-31.....	4		
Ward.....	June 1-30.....	1		
Total for State.....		23		
Ohio:				
Counties—				
Ashtabula.....	June 1-July 31.....	3		
Brown.....	June 1-30.....	4		
Clark.....	July 1-31.....	19		
Clermont.....	June 1-30.....	3		
Defiance.....	do.....	1		
Franklin.....	July 1-31.....	44		
Geauga.....	June 1-30.....	2		
Hamilton.....	July 1-Aug. 31.....	19		
Licking.....	July 1-31.....	1		
Lorain.....	do.....	5		
Lucas.....	July 1-Aug. 31.....	6		
Pickaway.....	July 1-31.....	3		
Ross.....	Aug. 1-31.....	9		
Sandusky.....	June 1-30.....	4		
Total for State.....		123		
Oklahoma:				
Counties—				
Bryan.....	June 1-30.....	1		
Caddo.....	May 1-31.....	1		
Carter.....	June 1-30.....	1		
Cleveland.....	May 1-June 30.....	49		
Comanche.....	June 1-30.....	1		
Craig.....	do.....	6		
Custer.....	May 1-31.....	5		
Dewey.....	do.....	6		
Ellis.....	June 1-30.....	3		
Garvin.....	May 1-31.....	19		
Haskell.....	May 1-July 31.....	9		
Hughes.....	do.....	4		
Jefferson.....	May 1-June 30.....	7		
Johnson.....	May 1-31.....	3		
Kay.....	do.....	6		
Kingfisher.....	do.....	1		
Kiowa.....	do.....	1		
Le Flore.....	May 1-June 30.....	3		
Logan.....	June 1-30.....	1		
McCain.....	May 1-31.....	18		
McIntosh.....	do.....	1		
Nowata.....	May 1-June 30.....	2		
Okfuskee.....	May 1-31.....	1		
Oklahoma.....	May 1-June 30.....	10		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Oklahoma—Continued.				
Counties—Continued.				
Pittsburg.....	June 1-30.....	1		
Pontotoc.....	May 1-31.....	5		
Pottawatomie.....	June 1-30.....	3		
Pushmataha.....	May 1-31.....	2		
Roger Mills.....	May 1-June 30....	6		
Rogers.....	July 1-31.....	1		
Seminole.....	May 1-June 30....	16		
Tulsa.....	do.....	10		
Wagoner.....	May 1-31.....	1		
Washington.....	June 1-30.....	1		
Washita.....	May 1-June 30....	2		
Woodward.....	May 1-31.....	1		
Total for State.....		206		
Oregon:				
Counties—				
Baker.....	June 1-30.....	1		
Benton.....	May 1-31.....	1		
Douglas.....	Apr. 1-30.....	1		
Linn.....	do.....	1		
Morrow.....	May 1-31.....	1		
Multnomah.....	Apr. 1-June 30....	10		
Union.....	June 1-30.....	1		
Wasco.....	do.....	1		
Washington.....	Apr. 1-June 30....	7		
Yamhill.....	June 1-30.....	1		
Total for State.....		25		
Pennsylvania.....	May 1-June 30....	79		
Rhode Island:				
Providence.....	June 15-July 14..	3		
* South Carolina:				
Port Royal.....	July 22.....	1		
South Dakota:				
Counties—				
Aurora.....	June 1-July 31....	3		
Beadle.....	May 1-31.....	13		
Brookings.....	Apr. 1-30.....	9		
Brown.....	Apr. 1-June 30....	10		
Brule.....	Apr. 1-May 21....	6		
Charles Mix.....	June 1-30.....	1		
Codington.....	June 1-July 31....	7		
Davison.....	May 1-July 31....	7		
Day.....	June 1-30.....	1		
Dewey.....	do.....	4		
Fall River.....	Apr. 1-May 31....	18		
Grant.....	do.....	4		
Hanson.....	May 1-31.....	1		
Hughes.....	June 1-30.....	1		
Hutchinson.....	Apr. 1-30.....	1		
Jerauld.....	May 1-June 30....	6		
Kingsbury.....	Apr. 1-May 31....	8		
Lawrence.....	Apr. 1-July 31....	7		
Lincoln.....	do.....	1		
Lyman.....	Apr. 1-May 31....	16	1	
McCook.....	do.....	11		
Miner.....	Apr. 1-June 30....	5		
Minnehaha.....	do.....	15		
Pennington.....	do.....	48		
Sanborn.....	May 1-31.....	3		
Spink.....	Apr. 1-July 31....	7		
Tripp.....	Apr. 1-June 30....	7		
Turner.....	July 1-31.....	5		
Total for State.....		225	1	
* Tennessee:				
Counties—				
Knox—				
Knoxville.....	June 18-July 22..	9		
Shelby.....	June 1-30.....	9		
Total for State.....		18		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Texas.....	May 1-31.....	12		Omitted on p. 813, vol. 1.
Counties—				
Denton.....	Apr. 1-30.....	4		
Bell.....	June 1-30.....	2		
Cameron.....	May 1-July 31.....	26		
Childress.....	June 1-30.....	1		
Collin.....	May 1-31.....	5		
Dallas.....	do.....	13		
Denton.....	do.....	1		
El Paso.....	May 1-July 31.....	11		
Floyd.....	May 1-31.....	3		
Galveston.....	May 1-June 30.....	7		
Hall.....	do.....	4		
Harris.....	May 1-July 31.....	5		
Hidalgo.....	May 1-31.....	3		
Hunt.....	June 1-July 31.....	5		
Marion.....	May 1-31.....	1		
McLennan.....	do.....	1		
Navarro.....	do.....	32		
Nueces.....	do.....	5		
Tarrant.....	May 1-June 30.....	9		
Titus.....	May 1-31.....	5		
Victoria.....	July 1-31.....	1		
Wayne.....	June 1-30.....	5		
Wichita.....	May 1-31.....	6		
Total for State.....		167		
Utah:				
Counties—				
Beaver.....	May 1-31.....	16		
Boxelder.....	do.....	18		
Cache.....	do.....	12		
Carbon.....	do.....	9	1	
Emery.....	do.....	4		
Garfield.....	do.....	1		
Jefferson.....	do.....	9		
Kane.....	do.....	13		
Salt Lake.....	do.....	16		
Sanpete.....	do.....	18		
Sevier.....	do.....	18		
Tooele.....	May 1-June 30.....	33		
Uinta.....	do.....	2		
Utah.....	May 1-July 31.....	18	1	
Washington.....	do.....	1		
Weber.....	do.....	11		
Total for State.....		447	3	
Virginia:				
Counties—				
Augusta.....	Aug. 1-31.....	1		
Brunswick.....	Mar. 1-May 31.....	49		
Campbell.....	May 1-Aug. 31.....	2		
Dinwiddie.....	Apr. 1-May 31.....	19		
Essex.....	Aug. 1-31.....	1		
Fairfax.....	Mar. 1-Aug. 31.....	6		
Fauquier.....	Apr. 1-May 30.....	6		
Greenville.....	July 1-31.....	4		
Halifax.....	Aug. 1-31.....	1		
Hanover.....	Mar. 1-July 31.....	3		
Henrico.....	Mar. 1-Aug. 31.....	17		
Henry.....	do.....	77		
Ile of Wight.....	May 1-31.....	1		
Lancaster.....	do.....	1		
Lee.....	Mar. 1-Aug. 31.....	107		
Loudoun.....	Mar. 1-31.....	1		
Mecklenburg.....	Mar. 1-June 30.....	18		
Nansemond.....	Mar. 1-Aug. 31.....	24		
Norfolk.....	Apr. 1-May 31.....	26		
Northampton.....	Apr. 1-30.....	1		
Page.....	do.....	8		
Pittsylvania.....	Mar. 1-July 31.....	46		
Prince William.....	Mar. 1-31.....	1		
Princess Anne.....	do.....	1		
Roanoke.....	May 1-31.....	1		
Southampton.....	Mar. 1-Apr. 30.....	9		
Surry.....	Mar. 1-31.....	2		
Sussex.....	Mar. 1-June 30.....	7		
Wise.....	do.....	15		
Total for State.....		455		

SMALLPOX IN THE UNITED STATES—Continued.

Reports Received from July 1 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
Washington:				
Counties—				
Chehalis.....	May 1-31.....	2		
Cbelan.....	do.....	1		
Columbia.....	do.....	5		
Cowlitz.....	do.....	1		
Garfield.....	do.....	3		
King.....	do.....	27		
Mason.....	do.....	28		
Pierce.....	do.....	7		
San Juan.....	do.....	1		
Skagit.....	do.....	4		
Spokane.....	do.....	5		
Thurston.....	do.....	1		
Whatcom.....	do.....	5		
Whitman.....	do.....	17		
Yakima.....	do.....	35		
Total for State.....		142		
Wisconsin:				
Counties—				
Ashland.....	June 1-30.....	1		
Barron.....	do.....	3		
Douglas.....	do.....	2		
Iowa.....	do.....	8		
Milwaukee.....	do.....	1		
Vilas.....	do.....	1		
Wood.....	do.....	2		
Total for State.....		18		
Grand total for the United States.....		3,667	23	

PLAGUE IN THE UNITED STATES.

Reports Received from July 25 to Sept. 22, 1911.

Places.	Date.	Cases.	Deaths.	Remarks.
California:				
Counties—				
Alameda—				
Oakland.....	Aug. 8.....	1		Infection received at Pinol Ca-
Contra Costa.....	July 25-26.....	1	1	nion, Contra Costa County, Cal.
San Goaquin.....	Sept. 18.....	1		1 mile nw. of Lafayette.
				Two miles northeast of Ripon.

MORBIDITY AND MORTALITY.

Morbidity and Mortality Table, Cities of the United States, for Week Ended Sept. 9, 1911.

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Small- pox.		Tuber- culosis.		Ty- phoid fever.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Cities having over 500,000 inhabitants.</i>														
Baltimore, Md.....	558,485	180	14	1	15						23	11	73	9
Boston, Mass.....	670,585	182	20	22	3	24					45	18	15	2
Chicago, Ill.....	2,185,283	106	18	16	1	87	4				101	54	43	3
New York, N. Y.....	4,766,883	1,265	135	11	79	4	40	2			404	160	135	16
Philadelphia, Pa.....	1,549,008	444	31	5	6	2	10	1			101	60	48	8
St. Louis, Mo.....	687,029	171	16	2	7		13				25	7	41	4

MORBIDITY AND MORTALITY—Continued.

Cities.	Population, United States census 1910.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Small-pox.		Tuberculosis.		Typhoid fever.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<i>Cities having from 25,000 to 50,000 inhabitants—Con.</i>														
Binghamton, N. Y.	48,443	10	2								2	1		
Brookline, Mass.	27,792	2			1									
Butte, Mont.	39,165	12					1					2		
Chattanooga, Tenn.	44,604													3
Chelsea, Mass.	32,452	9			2	1	3				1	1		
Chicopee, Mass.	25,401	6												
Danville, Ill.	27,871	6					1					1		
Dubuque, Iowa.	38,494	13	10									1		
East Orange, N. J.	34,371	2	1											
Elmira, N. Y.	37,176	14	14									1	2	1
Everett, Mass.	33,484	10					1							
Haverhill, Mass.	44,115		1								3		7	
Kalamazoo, Mich.	39,437	11												3
Knoxville, Tenn.	36,346	12	2											
La Crosse, Wis.	30,417	9	3								1			
Lancaster, Pa.	47,227													2
Lima, Ohio.	30,508	3												
Lynchburg, Va.	29,494	8	2				1							
Montgomery, Ala.	38,136	21	9		1							2	1	
Mount Vernon, N. Y.	30,919				2		1				1			
Newport, Ky.	30,309	11	2		2		4				1	1		
Newton, Mass.	39,806	12											1	
Niagara Falls, N. Y.	30,445	8	1		1							1	2	1
Norristown, Pa.	27,875	13					1					1	5	
Ogden, Utah.	25,580	7	1				2	1			1	1	1	
Orange, N. J.	29,630	11	4	1							1	1		
Pittsfield, Mass.	32,121	15	3								7		2	
Portsmouth, Va.	33,190	8					1					2		1
Roanoke, Va.	34,874	4	3				2						12	1
Rockford, Ill.	45,401	9	2						4		1		9	
Salem, Mass.	43,697	15										1		
Superior, Wis.	40,384	11	2						8					
Taunton, Mass.	34,259	19	1								1	2	3	
Waltham, Mass.	27,834	6										2	3	
West Hoboken, N. J.	35,403	7	1				1							
Williamsport, Pa.	31,860	6			1						1	1	2	
York, Pa.	44,750													3
Zanesville, Ohio.	28,026	11					1					1		
<i>Cities having less than 25,000 inhabitants.</i>														
Ann Arbor, Mich.	14,817	8												
Beaver Falls, Pa.													2	
Braddock, Pa.	19,357	6	3				2							
Butler, Pa.	20,728	8	1								2		5	
Cambridge, Ohio.	11,327	4											2	
Camden, S. C.		1												
Carbondale, Pa.	17,040	9												
Clinton, Mass.	13,075	3												1
Columbus, Ga.		8												2
Columbus, Ind.		1	2										1	
Concord, N. H.	21,497	6												
Cumberland, Md.	21,839	7	2								1		14	
Dunkirk, N. Y.		6					1				1			
Galesburg, Ill.	20,089	3									1	1	8	
Gloucester, Mass.	24,308	5						1						
Greensboro, N. C.	15,895	8					3		1			2	1	
Harrison, N. J.	14,498	3												
Homestead, Pa.		7	7	2								3		
Hyde Park, Mass.	15,507	2												
Kearny, N. J.		1	1		1									
La Fayette, Ind.	12,081	6										1		1
Lebanon, Pa.	19,240	5	3								1		1	
Manistee, Mich.							6							
Marlboro, Mass.	14,579	4											1	
Marquette, Wis.		5										1	1	
Medford, Mass.	23,150	8											1	
Melrose, Mass.	15,715	3											1	
Moline, Ill.	24,199	5										1	7	
Montclair, N. J.	21,150	3										1	2	
Morristown, N. J.	12,507	5					1						2	

MORBIDITY AND MORTALITY—Continued.

Cities.	Popula- tion, United States census 1910.	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Small- pox.		Tuber- culosis.		Ty- phoid fever.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cas- es.	Deaths.	Cases.	Deaths.
<i>Cities having less than 25,000 inhabitants.</i>														
Nanticoke, Pa.	18,877	3												
Newburyport, Mass.	19,949	4												
North Adams, Mass.	22,019	11					1				1		3	
Northampton, Mass.	19,431	8											1	
Palmer, Mass.		2												
Peekskill, N. Y.		6												1
Plainfield, N. J.		4									3			
Pottstown, Pa.		4											2	
Rutland, Vt.		5	2											
Saratoga Springs, N. Y.		6										2	2	
South Bethlehem, Pa.	19,473	5								1		1	2	
Steelton, Pa.	14,246	12	5	1				1		2		1		
Warren, Pa.		2												
Wilksburg, Pa.	11,080	4					1							2

STATISTICAL REPORTS OF MORBIDITY AND MORTALITY, STATES AND CITIES OF THE UNITED STATES (untabulated).

CONNECTICUT.—Month of August, 1911. Population 1,118,985. Total number of deaths from all causes, 1,421, including diphtheria 19, measles 3, scarlet fever 4, tuberculosis, pulmonary, 105, typhoid fever 23. Cases reported: Diphtheria 118 in 30 towns, measles 50 in 30 towns, scarlet fever 89 in 28 towns, tuberculosis, pulmonary, 114 in 34 towns, typhoid fever 221 in 44 towns.

INDIANA.—Month of July, 1911. Population 2,700,876. Total number of deaths from all causes 2,921, including diphtheria 10, measles 9, scarlet fever 4, tuberculosis 354, typhoid fever 72. Cases reported: Typhoid fever 296 (in 59 counties).

KANSAS.—Month of July, 1911. Population 1,690,949. Total number of deaths from all causes not reported. The deaths include diphtheria 2, scarlet fever 1, smallpox 10, tuberculosis 64, typhoid fever 33. Cases reported: Diphtheria 20, measles 71, scarlet fever 23, smallpox 74, tuberculosis 261, typhoid fever 231.

MINNESOTA.—Month of June, 1911. Population 2,075,708. Total number of deaths from all causes 1,463, including diphtheria 16, measles 17, scarlet fever 9, tuberculosis 200, typhoid fever 14.

NEW YORK.—Month of July, 1911.—Population 9,113,614. Total number of deaths from all causes 12,053, including diphtheria 218, measles 95, scarlet fever 56, tuberculosis 1,261, typhoid fever 115. Cases reported: Diphtheria 1,209, measles 2,744, scarlet fever 774, smallpox 25, tuberculosis 2,599, typhoid fever 641.

SOUTH CAROLINA.—*Charleston*.—Month of August, 1911. Population 58,833. Total number of deaths from all causes 116, including

tuberculosis 14, typhoid fever 2. Cases reported: Diphtheria 2, typhoid fever 18.

TEXAS.—Month of July, 1911. Population 3,896,542. Total number of deaths from all causes 2,150, including diphtheria 13, measles 13, scarlet fever 7, smallpox 4, tuberculosis 202, typhoid fever 100. Cases reported: Diphtheria 44, scarlet fever 66, smallpox 16, tuberculosis 94, typhoid fever 211.

Fort Worth.—Month of August, 1911. Population 73,312. Total number of deaths from all causes 85, including tuberculosis 5, typhoid fever 7. Cases reported: Diphtheria 6, scarlet fever 7, tuberculosis 7, typhoid fever 9.

UTAH.—Month of June, 1911. Population 373,351. Total number of deaths from all causes 277, including diphtheria 6, measles 3, scarlet fever 4, tuberculosis 8, typhoid fever 2. Cases reported: Diphtheria 40, measles 588, scarlet fever 115, smallpox 193, tuberculosis 1, incomplete, typhoid fever 27.

Month of July, 1911. Total number of deaths from all causes 248, including diphtheria 4, measles 1, scarlet fever 5, smallpox 1, tuberculosis 9, typhoid fever 3. Cases reported: Diphtheria 57, measles 61, scarlet fever 74, smallpox 100, tuberculosis 3, incomplete, typhoid fever 42.

FOREIGN AND INSULAR.

AUSTRALIA.

Sydney—Examination of Rats.

The following information was taken from bulletins issued by the department of public health of New South Wales:

During the four weeks ended August 12, 1,878 rats were examined for plague infection. No plague-infected rat was found.

The last case of human plague was reported May 29, 1909.

The last plague-infected rat was found April 25, 1910.

AUSTRIA-HUNGARY.

Fiume Declared Free from Cholera.

Consul Slocum forwards a statement dated August 28 from the ministerial councillor declaring Fiume to be free from cholera.

CHINA.

Manchuria—Cholera.

Surg. Irwin at Yokohama reports, September 4, that since August 15, 23 cases of cholera have been reported at Dalny and 10 cases at Kinchow.

CUBA.

Transmissible Diseases.

The following statement of transmissible diseases in the island of Cuba was issued by the national department of sanitation:

AUGUST 11-20, 1911.

Diseases.	New cases.	Deaths.	Remaining under treatment.
Tuberculosis.....	42	63	2,172
Leprosy.....	3	1	846
Malaria.....	31	8	135
Typhoid fever.....	34	15	110
Diphtheria.....	19	4	13
Scarlet fever.....	5	1	10
Measles.....	42	2	116
Varicella.....	2	0	2
Tetanus in the new born.....	9	8	2
Filariasis.....	0	0	2

ECUADOR.

Guayaquil—Plague and Yellow Fever.

Passed Asst. Surg. Parker reports September 5 that for the last 16 days of the month of August there were reported 9 new cases of plague with 6 deaths and 3 new cases of yellow fever with 1 death in the city of Guayaquil.

HAWAII.

Record of Plague Infection.

The last case of human plague at Honolulu occurred July 12, 1910.

The last plague-infected rat was found at Aiea, 9 miles from Honolulu, April 12, 1910.

At Hilo the last case of human plague occurred March 23, 1910. A fatal case occurred at Honokaa, 60 miles from Hilo, December 17, 1910; 2 fatal cases were reported January 31, 1911, and 1 fatal case was reported April 19.

The last plague-infected rat was found at Honokaa February 2, 1911. A plague-infected rat was found at Hilo during the week ended June 10, 1911.

Chief Quarantine Officer Ramus reports, August 28 and September 5:

Honolulu—Plague-Prevention Work.

	Week ended Aug. 26.	Week ended Sept. 2.
Total rats and mongoose taken.....	781	813
Rats trapped.....	715	700
Mongoose trapped.....	17	19
Rats shot from trees.....	49	94
Examined bacteriologically.....	655	704
Classification of rats trapped:		
Mus alexandrinus.....	67	69
Mus musculus.....	292	291
Mus norvegicus.....	43	40
Mus rattus.....	313	300
Classification of rats shot from trees:		
Mus alexandrinus.....	7	10
Mus rattus.....	42	84

INDIA.

Calcutta—Cholera and Plague.

Acting Assist. Surg. Allan reports that during the two weeks ended August 12 there were 17 deaths from cholera and 35 from plague in Calcutta; in all Bengal, 107 cases of plague with 91 deaths; in all India, 6,756 cases of plague with 4,753 deaths.

ITALY.

Status of Cholera..Cholera Carriers.

At Genoa, Naples, and Palermo emigrants from Italy are bacteriologically examined by medical officers of the Italian Government before embarkation to ascertain the presence of cholera carriers. Out of 9,557 examinations made, 40 carriers have been found at Naples and 1 at Palermo.

Surg. Geddings, at Naples, reports September 21:

From September 3 to September 9, inclusive, cholera was reported in Italy as follows: Naples city, 17 cases with 1 death; Naples Province, 49 cases with 12 deaths; rest of continental Italy, 1,089 cases with 422 deaths; Palermo city, 28 cases with 16 deaths; Palermo Province, 23 cases with 15 deaths; rest of Sicily, 73 cases with 30 deaths.

Genoa—Restrictions on Emigrants on Account of Cholera.

Passed Asst. Surg. King reported, September 11, that practically the same procedures in regard to the handling of passengers had been put into effect at Genoa as then enforced at Naples. Steerage

passengers, irrespective of the locality from whence they come, are required by the Italian authorities to pass five days aboard the quarantine ship before embarkation, and in addition are examined to exclude cholera bacillus carriers. Cabin passengers of the first class must show that they have not in all probability been exposed to infection. Second cabin passengers must remain in an approved hotel under five days' observation by the steamship company's physician. If from noninfected places, they must remain under such observation or go directly aboard the steamship.

The Italian Government authorities require that all members of the crew must be on board five days before sailing (not including the day of sailing) under observation by the medical officer, who is an officer of the royal navy, and who accompanies the steamer as a royal commissioner.

Naples—Examination of Emigrants.

Dr. Geddings reported, September 5:

Vessels inspected week ended Sept. 2, 1911.

Date.	Name of ship.	Destination.	Steerage passengers inspected and passed.	Pieces of baggage disinfected.
Aug. 29	San Giorgio.....	New York.....	262	586
30	Duca di Genova.....	do.....	472	809
Sept. 1	Prinzess Irene.....	do.....	245	450
2	Cretic.....	do.....	229	429
	Total.....		1,208	2,274

Rejections recommended.

Date.	Name of ship.	Tra-choma.	Favus.	Sus-pected tra-choma.	Other causes.	Total.
Aug. 29	San Giorgio.....	6				6
30	Duca di Genova.....	7	1	1		9
Sept. 1	Prinzess Irene.....					
2	Cretic.....	4				4
	Total.....	17	1	1		19

Second-class baggage disinfected.

Date.	Name of ship.	Pieces of baggage disinfected.
Aug. 29	San Giorgio.....	55
30	Duca di Genova.....	110
Sept. 1	Prinzess Irene.....	195
2	Cretic.....	190
	Total.....	550

Palermo—Inspection of Vessels.

Surg. Eager reports, August 28:

Vessels inspected week ended Aug. 26, 1911.

Date.	Name of vessel.	Destination.	Steerage passengers inspected.	Pieces of baggage—	
				Inspected.	Disinfected.
Aug. 23	Martha Washington.....	New York.....			
23	Miefield.....	Gloucester.....			
24	Salamanca.....	Boston.....			
24	America.....	New York.....	42	35	250
24	Italia.....	do.....	228	150	480
25	Mendoza.....	do.....	47	65	100

Rejections recommended.

Date.	Name of vessel.	Destination.	Tra-choma.	Sus-pected tra-choma.	Other causes.	Total.
Aug. 24	America.....	New York.....	2	1		3
24	Italia.....	do.....	3	2	1	6
25	Mendoza.....	do.....	3			3

JAPAN.

Kobe and Osaka—Cholera.

Acting Asst. Surg. Moore at Kobe reports that on August 30, 3 cases of cholera were officially reported in Osaka, and 2 cases in Kobe.

Surg. Irwin at Yokohama reports August 31 that because of the appearance of cholera at Osaka and Kobe the following circular was sent to steamship agents and others interested:

Circular letter to agents, owners, and masters of vessels requiring bills of health from this office.

AMERICAN CONSULATE,
Yokohama, August 31, 1911.

GENTLEMEN: In view of the appearance of cholera at Osaka you are informed that passengers (second and third class) from that point and Hyogo-ken, as well as Kobe, will not be certified for points in the United States until 10 days shall have elapsed from application.

Respectfully,

FAIRFAX IRWIN,
Surgeon, United States Public Health and Marine-Hospital Service.

Okayama Prefecture—Epidemic Dysentery.

Surg. Irwin further reports that the prefecture of Okayama is at present the center of an outbreak of dysentery, and that since the first case there have been reported 760 cases, of which 124 were fatal.

MEXICO.

Mexico City—Typhus Fever.

During the two weeks ended August 26, 84 cases of typhus fever, with 12 deaths, were reported in Mexico City.

San Juan Bautista—Smallpox.

During the week ended August 26, 1911, 10 deaths from smallpox were reported at San Juan Bautista. The city authorities inaugurated active measures for the suppression of the disease, and required that all places of amusement, including ballrooms, licensed diversions, and churches, be closed temporarily in order to prevent the dissemination of the disease.

NEW ZEALAND.**Auckland—Examination of Rats.**

The following information was taken from bulletins issued by the department of public health of New Zealand:

During the three weeks ended August 12, 518 rats were examined for plague infection. No plague-infected rat was found.

The last case of human plague was reported May 8, 1911.

The last plague-infected rat was found May 31, 1911.

PARAGUAY.**Asuncion—Plague.**

Information is received that bubonic plague is present to such an extent as to cause the authorities to take active measures for its suppression. The schools have been closed, and every effort is being made to eradicate the disease.

PHILIPPINE ISLANDS.**Cholera.**

Acting Chief Quarantine Officer Fox at Manila reports, August 8 and 11:

During the week ended July 29, 1 case of cholera with 1 death was reported at Manila.

It is interesting to note that of 7 contacts to the case occurring in Manila all were found, upon bacteriological examination of the stools, to harbor a vibrio which agglutinated with anticholera serum and were undoubtedly cases of cholera carriers. As customary, they were all quarantined at the time the case was discovered and have now been under observation 10 days without the development of any symptoms, nor had any of them previously been sick. Four of them were released from quarantine yesterday, having had two successive examinations of the stools, both negative. Three are still under observation.

Cholera in the Provinces.**WEEK ENDED JULY 29, 1911.**

Province.	Cases.	Deaths.
Rizal.....	1	.....
Union.....	2	2
	3	2

WEEK ENDED AUGUST 5, 1911.

Union.....	2	1
------------	---	---

SOCIETY ISLANDS.

Quarantine Station to be Established at Tahiti.

Consul Winship, at Papeete, Tahiti, reports, August 12:

A quarantine station is to be established at this port and is expected to be ready for occupation by January, 1912.

TRINIDAD.

Examination of Rats.

Acting Asst. Surg. Layton reports September 9:

During the two weeks ended August 11, 1,989 rats were examined for plague infection. Of these 401 were *Mus decumanus*, 177 *Mus rattus*, 1,411 *Mus musculus*. No plague-infected rat was found.

TUNIS.

Tunis—Cholera.

The American vice consul at Marseille telegraphed September 26 that cholera was reported present at Tunis.

TURKEY.

Beirut—Cholera and Plague.

The American Consul General at Beirut reports August 19, that 6 cases of cholera had appeared among the pilgrims passing through Beirut, also that plague was present.

VENEZUELA.

Plague and Yellow Fever at Caracas.

Acting Asst. Surg. Stewart, at La Guaira, reports September 4:

During the week ended August 12, 3 cases of plague and 5 cases of yellow fever, and during the week ended August 19, 1 case of plague and 3 cases of yellow fever were reported at Caracas.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

Reports Received During Week Ended Sept. 29, 1911.

[These tables include cases and deaths recorded in reports received by the Surgeon General, Public Health and Marine-Hospital Service, from American consuls through the Department of State, and from other sources.]

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
China:				
Manchuria—				
Dalny.....	Aug. 15-Sept. 4...	23		
Kinchow.....	do.....	10		
India:				
Calcutta.....	July 30-Aug. 5.....		7	
Madras.....	Aug. 13-19.....	1	1	
Italy.....				Total for Italy, Sept. 3-9: Cases, 1,279; deaths, 496. Continental Italy: Cases, 1,089; deaths, 422.
Provinces—				
Naples.....	Sept. 3-9.....	49	12	
Naples.....	do.....	17	1	
Sicily.....				Total outside of Palermo Province: Cases, 73; deaths, 30.
Palermo.....	Aug. 13-19.....	23	15	
Palermo.....	do.....	28	16	
Japan:				
Kobe.....	Aug. 30.....	2		
Osaka.....	do.....	3		

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Java:				
Batavia.....	Aug. 6-12.....	10	5	
Philippine Islands:				
Manila.....	July 23-29.....	1	1	
Provinces—				
Rizal.....	do.....	1		
Union.....	July 23-Aug. 5....	4	3	
Russia.....				Total for Russia, Sept. 17-23: Cases, 112; deaths, 80.
Province—				
Moscow.....	Aug. 13-19.....	1		
Straits Settlements:				
Singapore.....	July 23-Aug. 5....	11	13	
Turkey:				
Medua.....	Aug. 12-23.....	18	12	
Monastir.....	July 30-31.....		13	
Valona.....	Aug. 16-26.....	15	13	
Turkey in Asia:				
Beirut.....	Aug. 20-26.....	7	4	Among pilgrims.
Smyrna.....	Aug. 21-27.....	117	63	

¹ Bulletin Sanitaire de l'Algérie, No. 134.

YELLOW FEVER.

Brazil:				
Ceara.....	July 1-31.....		1	
Manaos.....	Aug. 20-26.....		2	
Pernambuco.....	July 16-31.....		3	Present Sept. 4.
Ecuador:				
Guayaquil.....	Aug. 16-31.....	3	1	
Venezuela:				
Caracas.....	Aug. 6-19.....	8		

PLAGUE.

Brazil:				
Pernambuco.....	July 16-21.....		2	Present Sept. 4.
Chile:				
Iquique.....	Aug. 20-26.....	3	3	
China:				
Hongkong.....	Aug. 6-12.....	10	8	
Shanghai.....	Aug. 12-18.....	24	18	Including cases from Chapel.
Ecuador:				
Guayaquil.....	Aug. 16-31.....	9	6	
India:				
Calcutta.....	July 30-Aug. 5....		16	
Straits Settlements:				
Singapore.....	July 23-Aug. 5....	3	3	
Turkey in Asia:				
Adalia ¹	Aug. 30.....	1		Present. Among pilgrims.
Beirut.....	Aug. 19.....			Do.
Lebanon district.....	Aug. 20-26.....	2		
Venezuela:				
Caracas.....	Aug. 6-19.....	4		

¹ Bulletin Quarantenaire d'Egypte, Aug. 31, 1911.

SMALLPOX.

Canada:				
Quebec.....	Sept. 9-16.....	1		
Vancouver.....	Aug. 1-31.....	2		
Ceylon:				
Colombo.....	Aug. 6-12.....	4		
China:				
Hongkong.....	do.....	3	3	
Egypt:				
Cairo.....	Aug. 13-19.....		1	
Port Said.....	do.....		1	
India:				
Bombay.....	do.....	3	2	
Madras.....	do.....	4	3	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Italy:				
Naples	Aug. 27-Sept. 2 ...	5		
Java:				
Batavia	Aug. 6-12	2	2	
Mexico:				
Mexico	Aug. 13-26	22	11	
Portugal:				
Lisbon	Aug. 27-Sept. 2 ...	1		
Russia:				
Moscow	Aug. 12-26	5	4	
Riga	Aug. 6-12	1		
St. Petersburg	Aug. 13-26	6	3	
Spain:				
Seville	Aug. 1-31		2	
Valencia	Aug. 27-Sept. 2 ...	4	1	
Straits Settlements:				
Singapore	July 23-Aug. 5 ...	9	1	
Turkey in Asia:				
Beirut	Aug. 20-26	6	2	

Reports Received from July 1 to Sept. 22, 1911.

[For reports received from Dec. 31, 1910, to June 30, 1911, see PUBLIC HEALTH REPORTS for June 30, 1911. In accordance with custom, the tables of epidemic diseases are terminated semiannually and new tables begun.]

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Arabia:				
Hodeida	June 16-30	21	17	Among the civil and the military population. Aug. 5, present among troops.
Austria-Hungary				Total Austria-Hungary, May 24-Aug. 26, 56 cases, 26 deaths.
Arbe Salle Sampiero	Aug. 21-27	2	2	District of Zara.
Campodistria	July 23-Aug. 13	7	4	
Cittanouva	Aug. 21-27	1	1	
Fiume	Aug. 9-17	3		
Trieste	June 4-Aug. 26	42	16	July 8, the second case from s. s. Oceania. Case July 21, from s. s. Bandiera Moro.
Cattaro	July 6-20	4	1	
Muggia	Aug. 7-13	2	1	
Vienna	Aug. 14-20	1	1	
Waltendorf	May 31	1		Second case. Near Gratz.
Bulgaria:				
Kalondjik	June 18-20	1	1	Vicinity of Choumen. From the ship Cyrille, bound from the coast of Asia Minor.
Varna	July 4-Aug. 5	2	2	From Asia Minor via Constantinople.
Ceylon:				
Colombo	May 21-July 29	16	11	
China:				
Amoy	May 28-July 1		4	Aug. 5, present.
Hankow	July 22			Present.
Hoihow	June 2			Do.
Manchuria—				
Dalny	Sept. 5			Do.
Nanking	July 22-Aug. 19			Do.
Swatow	do			Do.
Dutch East Indies:				
Java—				
Batavia	May 14-Aug. 5 ...	383	183	June 15-28: Present in Borneo at Pamank and Singkawang; Sumatra at Telopakedai, and in Lombok at Geroeng.
Beloe	June 15-28			Present.
Surabaya	Apr. 10-May 6 ...	44	22	
France:				
Marseille	June 26-Aug. 31 ...	38	15	Asylum to Aug. 23: Cases, 95; deaths, 35.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from July 1 to Sept. 22, 1911.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Greece:				
Laurium.....	July 5-8.....	3	1	Case July 5, from a German vessel via Naples.
Piræus, quarantine station.	July 30-Aug. 8....	3		Case July 30, from s. s. Margarita.
India:				
Bassein.....	May 7-July 8.....	2	2	
Bombay.....	June 25-July 1....	3	3	
Calcutta.....	May 7-July 29....		400	
Madras.....	June 4-Aug. 12....	11	6	May 1-July 31: Cases, 17,559; deaths, 9,514.
Moulmine.....	May 7-June 17....	4	4	
Negapatam.....	June 11-July 15....		35	
Rangoon.....	May 1-June 30....	31	26	
Indo-China:				
Saigon.....	May 15-Aug. 6....	59	41	
Italy.....				Total for Italy, June 8-Sept. 9: Cases, 11,676; deaths, 4,619.
Provinces—				
Alessandria.....	Aug. 1-26.....	97	23	
Aquila.....	Aug. 1-26.....	47	14	
Avellino.....	July 12-Aug. 26....	161	56	
Benevento.....	July 22-Aug. 26....	56	13	
Caltanissetta.....	July 17-Aug. 26....	152	27	
Campobasso.....	July 17-Aug. 26....	418	116	
Caserta.....	June 18-Aug. 26....	1,372	557	
Catania.....	July 22-Aug. 26....	455	199	
Catanzaro.....	July 26-Aug. 26....	108	48	
Chieti.....	Aug. 1-26.....	42	19	
Cosenza.....	Aug. 20-26.....	14		
Foggia.....	Aug. 20-26.....	4	3	
Genoa.....	July 21-Aug. 26....	265	85	
Genoa, city.....	July 13-Aug. 26....	223	117	
Girgenti.....	July 22-Aug. 26....	34	10	
Leghorn.....	July 13-Sept. 2....	634	319	
Lucca.....	Aug. 1-5.....	2	2	
Massa.....	Aug. 13-26.....	14	13	
Messina.....	July 17-Aug. 26....	65	17	
Milan.....	Aug. 27-Sept. 2....	18	6	
Naples.....				The Province outside of Naples, June 10-Sept. 2: 1,254 cases; 538 deaths.
Naples, city.....	June 11-Sept. 2....	893	262	
Salerno.....	June 17-Aug. 26....	1,190	282	
Palermo.....	June 18-Sept. 2....	376	172	
Palermo, city.....	June 15-Sept. 2....	1,264	404	
Pesaro.....	Aug. 20-26.....	18	2	
Pisa.....	Aug. 20-26.....	11	4	
Potenza.....	July 31-Aug. 26....	40	12	
Reggio.....	Aug. 6-19.....	2		
Rome.....	June 27-Sept. 2....	146	90	
Salerno.....	June 18-Aug. 26....	1,190	282	
Siracusa.....	Aug. 6-26.....	21	2	
Trapani.....	July 17-Aug. 26....	102	50	
Venezia.....	Aug. 6-26.....	82	27	
Montenegro:				
Cettinje.....	Aug. 14-17.....	4		Among troops.
Cettinje.....	July 29.....	2		
Persia:				
Mohammerah.....	July 28-Aug. 12....	9	8	Case July 28, from the cruiser Perseoolis.
Philippine Islands.....				First quarter, 1911: Manila, no cases. Provinces, 199 cases and 160 deaths.
Roumania:				
Braila.....	Sept. 14.....	3		
Russia.....				New outbreak Apr. 21-Aug. 19: Cases, 871; deaths, 499, including 7 cases and 2 deaths, p. 1044, vol. 1. Sept. 5-11: Cases, 174; deaths, 80.
Governments—				
Astrakhan.....	July 12-Aug. 19....	117	52	
Baku—				
Baku, city.....	July 8-15.....	2		
Dagestan.....	Aug. 13-19.....	27		
Khasan—				
Kosmodemiansk.....	July 2.....	1		
Kherson.....	May 3-July 22....	2		
Kostroma.....	Aug. 12-19.....	1	1	
Nikolaiev.....	July 9-10.....	3		Aug. 9, 8 cases from the German S. S. Hedwig Menzell via Constantinople.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from July 1 to Sept. 22, 1911.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Russia—Continued.				
Kuban.....	Aug. 13-19.....	1	1	
Moscow.....	do.....	1		
Novorvysik.....	July 28-Aug. 3.....	6		On British steamer Wakefield in Black Sea.
Odessa.....	Aug. 6-12.....	2	1	
Poltava.....	June 24.....	1		
Rostov on Don.....	Aug. 6-19.....	5	3	From a Turkish ship from Trebizond.
Samara.....	June 29-Aug. 12.....	672	315	Including Nikolayevsk.
Saratov.....	July 18-Aug. 19.....	17	18	
Nikolayevsk.....	June 29-July 3.....	15	1	
Siberia—				
Omsk.....	June 20-26.....	2		
Simbirsk.....	Aug. 6-19.....	46	21	
Stavropol.....	July 23-Aug. 19.....	7	1	
Tambov.....	June 26-Aug. 19.....	12	5	
Vilna—				
Disna.....	June 13.....	1		On the Duna.
Vitebsk—				
Lepel district.....	June 19.....	1	1	
Tver and Kursk.....	Aug. 6-12.....	1		
Voronesch.....	Apr. 28-Aug. 12.....	5	4	
Yeketerinislav.....	July 8-19.....	2	1	
Zarizyn.....	July 12-15.....	1	1	
Servia:				
Belgrade.....	Sept. 9.....			Present.
Siam:				
Bangkok.....	Apr. 16-July 8.....	892	892	
Spain:				
Tarragona.....	Aug. 30.....			In vicinity.
Straits Settlements:				
Began Dotah.....	June 16-20.....	11		
Jenderata.....	July 1-8.....	20	13	
Penang.....	May 7-July 15.....	7	10	
Perak.....	May 16-June 21.....			Present among Malays and Chinese.
Singapore.....	May 7-July 22.....	66	69	
Tunis:				
Tunis.....	Aug. 1-7.....		6	Sept. 26, present.
Turkey:				
Constantinople.....	May 21-Aug. 21.....	1,218	682	And vicinity.
Soloniki.....	Aug. 12.....	2		Among troops.
Turkey in Asia:				
Alatsham.....	June 19.....	2		
Amara.....	June 21.....			Present.
Bagdad Vilayet.....	May 29-Aug. 26.....	193	150	New outbreak.
Basra.....	July 17-Aug. 25.....	176	120	Aug. 9, 1 case, s. s. Budrie.
Beirut.....	Aug. 21.....			Present among pilgrims.
Ezra's Tomb.....	June 17.....	6		70 miles from Basra.
Foglieri.....	July 26.....	2	1	In the Gulf of Smyrna.
Kamaran.....	May 28-July 11.....	8	5	Among troops.
Kavak.....	June 5-11.....	1		Aug. 8, present.
Samsun.....	May 29-July 30.....	225	204	And district.
Smyrna.....	Apr. 26-Aug. 26.....	443	308	Including 24 cases and 14 deaths, p. 1911, vol. 2.
Zongouldak.....	July 1-Aug. 27.....	38	25	And vicinity.
At sea.....	June 23.....	1	1	On s. s. Goeben, bound from Southampton for Suez. Case developed one day after leaving Naples.
Do.....	July 25.....			Two cases from s. s. Zar Nicolaus from Algiers.

YELLOW FEVER.

Brazil:				
Manaos.....	June 4-July 29.....		8	Aug. 31-Sept. 16, 7 cases.
Para.....	June 21-Sept. 2.....	4	1	
Pernambuco.....	June 15-July 15.....		3	Sept. 4, present.
Bissagos Islands:				
Bulama.....	May 27.....			Present.
British Gold Coast:				
Accra.....	May 23-27.....	3		Among natives.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from July 1 to Sept. 22, 1911.

YELLOW FEVER—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Babahoyo.....	July 16-Aug. 15...	2	2	
Calaroma.....	July 16-31.....	1	1	
Guayaquill.....	June 1-Aug. 15.....	27	9	
Milagro.....	do.....	17	13	
Naranjito.....	July 1-15.....	2	1	
Yaguachi.....	June 16-July 15...	1	1	
Gambia:				
Bathurst.....	May 23-27.....	5	2	Among Europeans
Mexico:				
Merida.....	Aug. 8-Sept. 8...	13	5	
Venezuela:				
Caracas.....	July 1-Aug. 5.....	8	1	
La Pastora.....	Aug. 5.....	1	1	Present.
Maiquetia.....	July 22.....	2	1	
San Juan.....	Aug. 5.....	1	1	

PLAGUE.

Arabia:				
Maskat.....	May 21-June 15...	4	2	
Brazil:				
Para.....	July 2-29.....	2	1	Aug. 4, 1 fatal case, and Sept. 16, 2 cases.
Pernambuco.....	June 15-30.....	1	1	Sept. 4, present.
Rio de Janeiro.....	July 16-29.....	2	1	Aug. 28, 4 cases, and Sept. 16, 2 cases.
British East Africa:				
Kismayu.....	Apr. 24-July 29....	52	40	
Nairobi.....	May 27-July 29....	34	19	
Port Florence.....	Apr. 26.....	1	1	
Chile:				
Arica.....	June 12-July 28....	4	3	
Iquique.....	May 14-July 29....	20	10	
China:				
Amoy.....	May 21-July 17....	1	20	To May 28: Cases, 61; July 8, present in the district.
Kulangsu.....	June 17-July 22....	1	5	Present May 31 and to July 15.
Canton.....	May 14-July 22....	194	145	
Hongkong.....	Aug 10-12.....	5	1	In vicinity. May 14-27, 3 cases, and Aug. 12, 3 cases.
Shanghai.....	May 21-July 22....	1	1	Still present in the district. May 21-June 2, epidemic in Chao-chow-fu. Hweilai, Kit-yang, and in Chao-Yang Jan. 1-June 30, 6,000 deaths.
Swatow:				
Swatow.....	May 21-July 22....	1	1	
Ecuador:				
Guayaquill.....	June 1-Aug. 15....	19	5	
Egypt:				
Alexandria.....	May 31-Aug. 12....	39	18	
Cairo.....	Feb. 12-May 31....	1	1	
Port Said.....	May 27-Aug. 19....	31	13	On s. s. Yeddo, bound for Calcutta from New York, via Naples and Torrevieja, Spain.
Provinces—				
Assiout.....	May 31-July 9....	7	5	
Beni Souef.....	May 23-Aug 10....	4	1	
Dakahlieh.....	May 29-June 11....	2	1	
Fayoum.....	May 28-June 17....	8	5	
Galioubeh.....	June 1-Aug. 22....	2	2	
Girgeh.....	Apr. 19-July 7....	5	4	
Kena.....	May 30-June 12....	5	5	
Minteh.....	June 1-July 27....	29	11	
India:				
Bahrein Island.....	May 15-July 16....	1	1,720	In Persian Gulf.
Bombay.....	May 21-Aug. 12....	535	469	
Calcutta.....	May 7-July 15....	1	524	
Kurrachee.....	May 28-Aug. 19....	200	198	
Rangoon.....	May 1-June 30....	587	558	
Bombay Presidency and Sind.....	May 7-July 29....	9,494	6,777	
Madras Presidency.....	do.....	1,262	845	
Bengal.....	do.....	2,470	2,233	
United Provinces.....	do.....	18,025	17,470	
Punjab.....	do.....	60,819	53,307	
Burma.....	do.....	1,481	1,384	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from July 1 to Sept. 29, 1911.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Central Provinces.....	May 7-July 29....	127	97	
Mysore State.....	do.....	2,580	1,782	
Hyderabad State.....	do.....	105	87	
Central India.....	do.....	84	66	
Rajputana and Ajmere Merwara.....	do.....	1,614	1,414	
Kashmir.....	do.....	624	425	
North West Province.....	do.....	110	79	
Grand total.....		98,795	85,966	
Indo-China:				
Salgon.....	May 15-Aug. 6....	306	92	
Japan:				
Formosa.....	May 21-July 1....	115	106	In Kagi Province from Jan. 1-June 15: Cases 355, including report, p. 1047, vol. 1.
Java:				
Kediri.....	Mar. 31-May 10....	42	3	
Madloen.....	June 1.....	1		
Paseroean Residency.....	May 14-Aug. 12....	523	210	
Surabaya.....	Apr. 30-May 18....	21	4	
Mauritius.....	Mar. 1-July 10....	10	6	
Morocco:				
Mazagan.....	July 13.....			Present among the Doukala, 5 hours distant.
New Zealand:				
Auckland.....	May 1-8.....	5		Total since Mar. 21: Cases 8, deaths 1.
Paraguay:				
Asuncion.....	Aug. 1-9.....		8	Present.
Persia:				
Buchir.....	May 14-June 25....	94	80	
Lingah.....	May 18-28.....	7		From Debal, on opposite Arabian coast.
Peru:				
Departments—				
Ancachs.....	Apr. 30-June 17....	9	2	
Arequipa.....	Apr. 23-June 17....	20	4	
Cajamarca.....	do.....			Aug. 10, present.
Callao.....	do.....	5	2	Sept. 24, 1 case.
Chiclayo.....	Apr. 30-July 22....	14	5	
Lambayeque.....	Apr. 23-June 3....	24	12	
Libertad.....	Apr. 23-July 22....	17	7	Aug. 21, present in Moche.
Lima.....	do.....	47	17	
Pacasmayo.....	Apr. 30-June 3....	3	2	
Philippine Islands.				
Marivels quarantine station.	May 25-26.....	1	1	First quarter, 1911: Manila, no cases; Provinces, no cases. From s. s. Taisang from Amoy.
Russia:				
Odessa.....	June 18-Aug. 8....	8	2	
Astrakhan Government—				
Ujaly.....	July 3.....			Present.
Saraltschin.....	June 18-24.....	3	3	
Kirghis Steppe—				
Akbulak.....	July 13-Aug. 2....	5	2	Pneumonic.
Kjubekudik.....	July 15.....	5	4	Do.
Narvma.....	June 24.....	4	4	
Siam:				
Bangkok.....	Apr. 16-July 8....	51	51	
Straits Settlements:				
Singapore.....	May 21-June 17....	2	2	
Turkey in Asia:				
Adalia.....	July 7-30.....	3		
Basra.....	May 21-31.....	4	2	
Beirut.....	Aug. 21.....			Present among pilgrims.
Brusa.....	Aug. 2-15.....	2		
Venezuela:				
Caracas.....	May 29-Aug. 5....	4		
Santa Rosalia.....	Aug. 5.....	1		

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	Mar. 1-May 31....	5		July 1-31, 5 deaths.
Constantine.....	do.....	74		

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from July 1 to Sept. 22, 1911.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Arabia:				
A den.....	Apr. 11-July 18....	205	7	And vicinity.
Argentina:				
Buenos Aires.....	Apr. 1-June 30.....		89	
Rosario.....	.....do.....		125	
Austria-Hungary:				
Bohemia.....	May 28-June 17....	5		
Galicia.....	May 28-July 15....	3		
Brazil:				
Bahia.....	Apr. 1-30.....		1	
Ceara.....	June 1-30.....		1	
Para.....	June 25-Aug. 5....	7	2	
Pernambuco.....	June 1-July 15....		331	
Rio de Janeiro.....	May 28-Aug. 5....	12	1	
São Paulo.....	May 15-21.....		1	
Canada:				
British Columbia—				
Vancouver.....	July 9-Aug. 19....	4		
Victoria.....	May 1-31.....	10		
Manitoba—				
Fort Alexander.....	July 8.....	19		Among Indians.
Lac du Bonnet.....	.....do.....	1		
Point du Bois.....	.....do.....			Epidemic.
Selkirk.....	.....do.....	1		From Mapleton.
Winnipeg.....	July 23-29.....	1		
New Brunswick—				
Newcastle.....	July 15-Aug. 5....			Present in vicinity.
Ontario—				
Ottawa.....	June 11-Aug. 12..	23		
Nova Scotia—				
Halifax.....	May 23-Sept. 9...	3		
Prince Edward Island—				
Charlottetown.....	June 14-20.....	1		
Quebec—				
Montreal.....	July 9-29.....	2		
Quebec.....	June 18-Aug. 12..	8		
Yukon—				
Dawson.....	June 4-July 1....	15		
Ceylon:				
Colombo.....	May 21-Aug. 5....	28	2	
Chile:				
Caldera.....	June 24.....	2	1	
Punta Arenas.....	June 1-July 31....	3	1	
Talcahuano.....	June 27-Aug. 11..	51	13	
Valparaiso.....	June 24-Aug. 26..	193		
China:				
Chungking.....	May 28-July 8....			Present.
Hongkong.....	May 21-July 31....	21	15	
Nanking.....	May 28-Aug. 19....			Do.
Shanghai.....	May 24-July 16....	2	8	Deaths among natives.
Swatow.....	May 28-July 22....			Present in the district.
Colombia:				
Cartagena.....	May 22-July 9....			Present.
Egypt:				
Alexandria.....	Apr. 1-July 31....	64	32	
Cairo.....	May 22-Aug. 12....	11	3	
Port Said.....	May 29-July 15....	14	12	
France:				
Havre.....	July 16-22.....	1	1	
Paris.....	June 18-Aug. 26..	9		
Germany				Total for Germany, June 4-Aug. 19: Cases, 22.
Bremen.....	July 9-15.....	1		
Hamburg.....	Aug. 6-19.....			3 cases on s. s. Prinz Regent.
Gibraltar	June 4-11.....	1		
Great Britain:				
Birmingham.....	July 2-15.....	1	1	
Dundee.....	June 11-Aug. 12..	10	3	
Liverpool.....	June 18-July 8....	2		
London.....	June 4-24.....	13		
Plymouth.....	July 2-8.....		1	
Sheffield.....	June 18-24.....		1	
India:				
Bombay.....	May 21-Aug. 12....	106	80	
Calcutta.....	May 7-June 24....		6	
Madras.....	May 21-Aug. 12....	101	40	
Rangoon.....	May 1-June 30....	301	152	
Indo-China:				
Saigon.....	May 15-Aug. 6....	106	41	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.

Reports Received from July 1 to Sept. 22, 1911.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Italy:				
Catania.....	July 19-Aug. 12.....		4	
Genoa.....	Aug. 1-15.....	2		
Naples.....	June 11-Aug. 26.....	63	10	
Palermo.....	June 4-Aug. 26.....	315	170	
Rome.....	Mar. 1-31.....	1	1	
Japan:				
Yokohama.....	June 13-19.....	1		
Java:				
Batavia.....	July 2-22.....	12	4	
Malta:				
Valetta.....	June 6-12.....	1		
Mexico:				
Aguascalientes.....	Aug. 28-Sept. 3.....		1	
Cananea, mines.....	Sept. 12.....	20		
Chihuahua.....	June 28-Aug. 20.....	21	7	
Frontera.....	June 19-24.....	1		
Guadalajara.....	June 18-Aug. 19.....		3	
Juarez.....	July 9-Sept. 9.....	9	3	
Mazatlan.....	Aug. 6-Sept. 9.....	13	4	
Mexico.....	May 21-Aug. 12.....		142	July 23-Aug. 12, 29 cases.
Porfirio Diaz.....	July 23-Sept. 9.....	7	7	
San Juan Bautista.....	June 17-July 15.....			Present and in vicinity. Aug. 26 increasing.
San Luis Potosi.....	June 4-Aug. 19.....	14	15	
Tampico.....	June 11-Aug. 30.....		7	
Peru:				
Salaverry.....	Aug. 1-7.....			Present.
Philippine Islands:				First quarter, 1911, Manila: Cases 93, deaths 0.
Portugal:				
Lisbon.....	June 4-Aug. 26.....	80		May 7-20, deaths 3.
Porto Rico:				
Ponce.....	Apr. 1-30.....		1	
Portuguese East Africa:				
Lourenço Marquez.....	do.....		1	
Russia:				
Batoum.....	May 1-June 30.....	3		
Libau.....	June 5-July 2.....	11	1	July 16, 1 death.
Moscow.....	May 28-Aug. 22.....	145	67	
Odessa.....	May 27-Aug. 19.....	6		
Reval.....	May 1-31.....	5		
Riga.....	May 27-July 8.....	14		Apr. 1-May 31, deaths 14.
St. Petersburg.....	May 21-Aug. 5.....	139	26	
Warsaw.....	Apr. 2-July 15.....	64	35	
Windau.....	June 25-July 1.....			Present.
Siam:				
Bangkok.....	Apr. 16-July 8.....	82	76	
Siberia:				
Omisk.....	May 29-July 14.....	3		
Vladivostok.....	May 14-June 30.....	12	5	
South Africa:				
Port Elizabeth.....	May 21-27.....	1		
South Australia:				
Adelaide.....	Apr. 15.....			1 case from Colombo on s. s. Mooltan.
Spain:				
Barcelona.....	May 6-17.....		4	
Madrid.....	June 1-July 31.....		2	
Malaga.....	June 1-30.....		18	
Seville.....	June 1-July 31.....		3	
Valencia.....	June 4-Aug. 28.....	44	9	
Straits Settlements:				
Penang.....	Apr. 30-Aug. 5.....	3	1	
Singapore.....	May 7-July 22.....	118	35	
Switzerland:				
Ticino, canton.....	May 28-June 3.....	1		
Turkey:				
Constantinople.....	June 4-Aug. 27.....		9	
Turkey in Asia:				
Beirut.....	May 27-Sept. 2.....	57	5	
Kharput.....	May 21-June 10.....	34	3	
Uruguay:				
Montevideo.....	Apr. 1-June 30.....	38	10	
Zanzibar:				
Zanzibar.....	May 15-Aug. 6.....	22	13	
At sea.....	May 15.....	1		On s. s. Narrung; vessel quarantined at Adelaide, Melbourne, and Sydney.

MORTALITY.

WEEKLY MORTALITY TABLE, FOREIGN AND INSULAR CITIES.

Cities.	Week ended—	Estimated population.	Total deaths from all causes.	Deaths from—										
				Tuberculosis.	Plague.	Cholera.	Yellow fever.	Smallpox.	Typhus fever.	Typhoid fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping cough.
Aberdeen	Sept. 2	168,084	51									2	1	1
Aix-la-Chapelle	Aug. 26	156,352	87	6							1		2	
Amsterdam	Sept. 9	577,346	145	19						1	1			5
Antwerp	Sept. 2	327,668	89	4						1				
Athens	Aug. 12	250,010	75	22										
Barcelona	Sept. 7	591,272	390	14						4				
Barranquilla	Sept. 2	40,000	19										1	
Basra	Aug. 19	20,000				10				2				
Batavia	Aug. 12	217,630		2		5		2						
Beirut	Aug. 26	80,000	20	2		4				6				
Do.	Sept. 2		25	2				3		8				
Belfast	do.	386,449	138	20						1				
Birmingham	Sept. 9	526,030	10	10							1		1	5
Bombay	Aug. 19	977,822	574	38	20									
Bordeaux	Sept. 2	253,000	102	14						3				
Bremen	do.	246,850	81	10						1		3		
Bristol	Sept. 9	357,509	125	9										1
Brussels	Sept. 2	649,846	177	23						1			2	2
Cairo	Aug. 19	689,439	658	33				1	9	5		8	2	
Calcutta	Aug. 5	890,493	426	40	16	7								
Canton	do.	1,000,000	100	10						3				
Do.	Aug. 12		120	20						2				
Catania	Sept. 2	210,000	80	6		25			2				2	1
Chemnitz	Aug. 26	296,945	181	6								2	1	1
Do.	Sept. 2		185	4								2	1	1
Christiania	Sept. 2	245,000	73	10						1			3	3
Cologne	do.	520,529	226	25								2	6	8
Colombo	Aug. 12	213,974	141	8						13				
Copenhagen	Aug. 26	462,000	143	21								1	1	4
Dublin	Sept. 2	403,732	210	32						2		1	1	7
Dundee	Sept. 9	171,006	56	2								2	2	2
Durban	Aug. 5	69,165	20	4						1		1	1	1
Edinburgh	Sept. 2	320,829	95	10								1		4
Fort William	Sept. 11	22,000	7							1				
Frankfort on the Main	Aug. 26	414,800	117							2	1			
Germany	Sept. 2		113									1		
Georgetown	Aug. 26	56,000	51	4						1				
Ghent	Sept. 2	165,965	76	7						3				
Gibraltar	Sept. 3	25,367	1	1						3				
Glasgow	Sept. 8	784,655	271							1		1	2	3
Hamburg	Sept. 2	932,166	297	22						1	3	12		4
Havre	Sept. 9	136,159	80	7						1				
Hongkong	Aug. 12	336,483		8			3							
Hull	Sept. 2	278,968	158							2				1
Iquique	Aug. 26	40,000		7	3					1				
Kobe	Aug. 27	404,851	190							2				
Konigsberg	Sept. 2	246,500	96	6										3
Kurrachi	Aug. 19	148,000	38		2									
Leeds	Sept. 9	445,568	161	7							2	2		1
Leipzig	Sept. 2	595,703	262	19						1			1	2
Leith	Sept. 2	80,674	31	3								2	1	
Liege	do.	174,768	38	3									2	
Liverpool	Sept. 9	747,627	392	19										8
London	Sept. 2	7,269,752	2,344							3	1	13	9	20
Lubeck	Sept. 6	99,000	35									3		
Madras	Aug. 19	550,000	319			1		3		2			2	
Magdeburg	Aug. 5	277,963	215	6						1		2	1	
Do.	Aug. 12		278	9							1	3		
Do.	Aug. 19		265	5							1		1	4
Do.	Aug. 26		251	6							1	11	1	
Manaos	Aug. 19	52,000	30	2										
Do.	Aug. 26		32	3		2								
Manchester	do.	631,533	315	14							1	2	7	4
Do.	Sept. 2		320	17									5	
Mannheim	Aug. 12	196,207	58	6								1		1
Maracaibo	June 16	50,000	16	1						1	3			
Do.	June 23		20	1						1	1			
Do.	June 30		23	1						1	5			
Do.	July 7		11							4				

MORTALITY—Continued.

Weekly mortality table, foreign and insular cities—Continued.

Cities.	Week ended—	Estimated population.	Total deaths from all causes.	Deaths from—										
				Tuberculosis.	Plague.	Cholera.	Yellow fever.	Smallpox.	Typhus fever.	Typhoid fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping cough.
Maracaibo	July 14		9							1		1		
Do.	July 28		15							2				
Do.	Aug. 4		7							2				
Do.	Aug. 11		17	1					1	2		1		
Do.	Aug. 25		7							2				
Do.	Sept. 1		17	2					1	1				
Mazatlan	Sept. 9	22,000	14					1						
Mexico	Aug. 19	719,052	319	29				6	5				1	1
Do.	Aug. 26		318	20				5	7					2
Moncton	Sept. 16	13,500	6							1				
Montreal	do.	450,000	198	22						7				3
Moscow	Aug. 13	1,500,000	780	69				1		6	11	8	26	3
Do.	Aug. 26		902	76				3	1	6	6	7	18	5
Monterey	Sept. 10	100,000	52	2										1
Munich	July 31	597,000	131									4	2	8
Nantes	Aug. 27	161,908	78	13						2				
Do.	Sept. 3		86	19						2				
Ottawa	Sept. 16	90,000	21									1		
Para.	Aug. 26	185,000	64	8								1		
Do.	Sept. 2		64	5			1							
Paris.	do.	2,846,986	802	163						7	2	3	8	9
Penang	Aug. 5	101,427	53	12				1						
Port Said	Aug. 19	52,811	2					1						
Quebec	Sept. 16	85,000	2									1		
Rotterdam	Sept. 2	432,000	126									1		
St. Petersburg	Aug. 19	1,907,708	794	89				2		3	7	7	30	8
Do.	Aug. 26		790	87				1	1	12	10	8	24	13
Sheffield	Sept. 2	454,653	166	12						1			1	3
Do.	Sept. 9		159	8								1		1
Singapore	July 29	303,328	267	27	2	9		1		2				
Do.	Aug. 8		267	40	1	4				1				
Stettin	Sept. 2	234,033	131	3								2	1	
Tarragona	do.	23,150	9							2				
Valencia	do.	215,687	97	5				1		2	1			
Vancouver	Sept. 9	100,000	23	2						2				
Vienna	Aug. 26	2,047,968	654	100							2	1	6	4
Windsor	Sept. 16	17,875	6							1				2
Yokohama	Aug. 28	419,630								1				
Zanzibar	Aug. 14	70,000	26	4										

MORTALITY—FOREIGN AND INSULAR—COUNTRIES AND CITIES (untabulated.)

ALGERIA—*Algiers*.—Month of June, 1911. Population, 172,397. Total number of deaths from all causes 315, including diphtheria 2, measles 11, smallpox 2, tuberculosis 48, typhoid fever 1, typhus fever 1. Month of July, 1911. Total number of deaths from all causes 354, including diphtheria 2, measles 4, smallpox 3, tuberculosis 56, typhoid fever 5.

FRANCE—*Toulon*.—Month of July, 1911. Population, 103,549. Total number of deaths from all causes 135, including diphtheria 1, measles 1, tuberculosis 21, typhoid fever 3.

GREAT BRITAIN.—Week ended August 26, 1911.

England and Wales.—The deaths registered in 77 great towns correspond to an annual rate of 21.2 per 1,000 of the population, which is estimated at 16,157,797.

Ireland.—The deaths registered in 21 principal town districts correspond to an annual rate of 19.3 per 1,000 of the population, which is estimated at 1,149,495. The lowest rate was recorded at Drogheda, viz, 4.2, and the highest at Newtownards, viz, 74.4 per 1,000.

Scotland.—The deaths registered in 8 principal towns correspond to an annual rate of 15.5 per 1,000 of the population, which is estimated at 1,710,291. The lowest rate was recorded at Perth, viz, 10.2, and the highest at Aberdeen, viz, 17.3 per 1,000. The total number of deaths from all causes was 509, including diphtheria 5, measles 4, scarlet fever 1, typhoid fever 4.

ITALY—*Genoa.*—Two weeks ended August 15, 1911. Population, 295,631. Total number of deaths from all causes 240, including diphtheria 4, tuberculosis 25, typhoid fever 2.

ORANGE FREE STATE—*Bloemfontein.*—Month of July, 1911. Population, 10,968. Total number of deaths from all causes 25, including tuberculosis 4.

ST. THOMAS.—Three weeks ended August 25, 1911. Population, 11,000. Total number of deaths from all causes 15. No deaths from contagious diseases.

TAHITI.—Two weeks ended August 18, 1911. Population, 4,000. Total number of deaths from all causes 6. No deaths from contagious diseases.

TURKS ISLAND.—Three weeks ended September 2, 1911. Population, 1,681. Total number of deaths from all causes 1. No contagious diseases.

By authority of the Secretary of the Treasury:

WALTER WYMAN,

Surgeon General,

United States Public Health and Marine-Hospital Service.