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## THE FIFTH INTERNATIONAL SANITARY CONFERENCE OF AMERICAN REPUBLICS.

HELD AT SANTIAGO DE CHILE, NOVEMBER 5-12, 1911.

Report by G. M. Guiteras, Surgeon, Public Health and Marine-Hospital Service.

Pursuant to a resolution adopted by the Fourth International Sanitary Conference of American Republics and to an official call issued by the International Sanitary Bureau of Washington, the Fifth International Sanitary Conference of American Republics was held in Santiago de Chile, Chile, from November 5 to 12, 1911.

On November 5 the inaugural session was held at the University of Chile, the President of the Republic, the ministers of state, and the diplomatic corps being present.

The first speaker was Dr. Rodríguez, the minister for foreign affairs, who greeted the delegates and recited the great advances made in the field of preventive medicine as a result of the international conferences previously held. He laid particular stress on the fact that these conferences were of value not only from the point of view of the hygienist, but also because they fostered a spirit of fraternity and good will among the American Republics.

The next speaker was Dr. Alejandro del Río, provisional president of the conference, who in a more technical style spoke on the same theme as the minister for foreign affairs. He emphasized especially the importance of local sanitation as a means to avoid quarantine restrictions, which at best, he claimed, were inefficient.

On the conclusion of the discourse of Dr. del Río the delegations of the different Governments represented were called upon, in alphabetical order, to make short addresses in answer to the greetings of the two previous speakers. The writer spoke for the American delegation.

The first business session of the conference was held at 10.30 a. m., November 6, under the provisional presidency of Dr. Alejandro del Río, the permanent president, Dr. Máximo Cienfuegos, elected at the previous conference, having died in the interim. By a unanimous vote Dr. del Río was elected permanent president and Dr. Ammunátegui, the temporary secretary, confirmed as permanent secretary. The chairman, then, with the approval of the conference, named Dr. Razetti of the Venezuelan delegation and Dr. Perry of the American delegation as assistant secretaries.

The following delegates were present at the first session of the conference:

ARGENTINA.—Dr. Gregorio Araoz Alfaro and Dr. Fernando Alvarez.

BOLIVIA.—Dr. Claudio Sanginés.

BRAZIL.—Surg. Gen. Ismael da Rocha and Dr. Antonio Ferrari.

CHILE.—Dr. Alejandro del Río, Dr. Gregorio Amunátegui, Dr. Octavio Maira, Hon. Paulino Alfonso, Dr. Luis Asta-Buruaga, Dr. Mamerto Cádiz, Dr. Lucio Córdova, Dr. Ramón Corbalán Melgarejo, Dr. Pedro Lautaro Ferrer, Dr. Eduardo Moore, Dr. Manuel Camilo Vial, Dr. Vicente Izquierdo, Dr. Roberto del Río, Dr. Roberto Dávila Boza, Dr. Francisco Landa, Dr. Alcibiades Vicencio, Dr. Eduardo G. Collao, Mr. Jorge C. Mackenna, C. E., Dr. Conrado Ríos, Dr. Ernesto Soza, Dr. Waldo S. Palma, Dr. Alberto Adriazola, Mr. Guillermo Illanes, C. E., Dr. Carlos Altamirano, Dr. Daniel Carvallo, Dr. Benjamín Manterola, Dr. Enrique Deformes.

COLOMBIA.—Dr. Alcibiades Vicencio.

CUBA.—Dr. Hugo Roberts.

ECUADOR.—Dr. Luis Felipe Conejo-Gómez.

UNITED STATES OF AMERICA.—Dr. Gregorio M. Guiteras and Dr. James C. Perry.

GUATEMALA.—Dr. Salvados Ortega and Dr. Julio Bianchi.

MEXICO.—Dr. Jesús Monjarás.

PANAMA.—Dr. Caupolicán Pardo Correa.

PARAGUAY.—Dr. Rogelio Urizar.

SALVADOR.—Dr. Juan R. Miranda.

URUGUAY.—Dr. Ernesto Fernández Espiro and Dr. Jaime H. Oliver.

VENEZUELA.—Dr. Pablo Acosta Ortiz and Dr. Luis Razetti.

The delegates from Costa Rica, the Dominican Republic, and Honduras presented their credentials on November 7, 8, and 9, respectively. They were as follows:

COSTA RICO.—Dr. Fernando Iglesias.

DOMINICAN REPUBLIC.—Dr. José R. Campos and Dr. Tito Lizoni.

HONDURAS.—Dr. Valenzuela Valdéz.

In all there were 18 American Republics represented at the conference, a greater number than at any previous conference.

The following vice presidents were elected:

Dr. Gregorio Araoz Alfaro (Argentina).

Dr. Claudio Sanginés (Bolivia).

Dr. Ismael da Rocha (Brazil).

Dr. Alcibiades Vicencio (Colombia).

Dr. Fernando Iglesias (Costa Rica).

Dr. Hugo Roberts (Cuba).

Dr. Tito V. Lizoni (Dominican Republic).

Dr. Luis Felipe Cornejo-Gómez (Ecuador).

Dr. Gregorio M. Guiteras (United States of America).

Dr. Salvador Ortega (Guatemala).

Dr. Oscar Valenzuela Valdéz (Honduras).

Dr. Jesús Monjarás (Mexico).

Dr. Caupolicán Pardo Correa (Panama).

Dr. Rogelio Urizar (Paraguay).

Dr. Juan B. Miranda (Salvador).

Dr. Ernesto Fernández Espiro (Uruguay).

Dr. Pablo Acosta Ortiz (Venezuela).

The committees of the conference, as finally constituted, are as follows:

CREDENTIALS.—Mr. Paulino Alfonso and Drs. Vicente Izquierdo, Caupolicán Pardo Correa, Ramón Corbalán Melgarejo.

EXECUTIVE.—Drs. Alejandro del Río, Fernando Alvarez, Ismael da Rocha, G. M. Guiteras, Jesús Monjarás, Ernesto Fernández Espiro.

PLAGUE.—Drs. Antonio Ferrari, Pedro L. Ferrer, Luis F. Cornejo-Gómez.

MALARIA AND YELLOW FEVER.—Drs. J. C. Perry, Hugo Roberts, Claudio Sanginés.

CHOLERA.—Drs. G. Araoz Alfaro, Luis Asta-Buruaga, G. M. Guiteras.

SANITATION OF CITIES.—Messrs. Jorge Calvo Mackenna and Guillermo Illanes (engineers), and Drs. Carlos Altamirano, Ricardo Dávila Boza, Eduardo García Collao Manuel Camilo Vial, Jaime H. Oliver.

**PROPHYLAXIS OF ACUTE TRANSMISSIBLE DISEASES.**—Drs. Francisco Landa, Pablo A. Ortiz, Alcibiades Vicencio, Juan B. Miranda, Fernando Iglesias.

**PROPHYLAXIS OF CHRONIC TRANSMISSIBLE DISEASES.**—Drs. Roberto del Río, Ernesto Soza, Salvador Ortega, Rogelio Urizar.

Beginning with the second day of the conference the program called for but one business session daily, from 2 to 4 p. m. Toward the close, however, it became evident that if the work of the conference was to be concluded in due time it would be necessary to increase the number and length of the sessions. A resolution was therefore adopted calling for two sessions daily, from 10 to 12 a. m., and from 2 to 4.30 p. m. Furthermore, the unlimited discussion of papers and reports was interdicted and only adverse criticism of the same permitted. Many important and interesting reports were read during the conference, and the animated discussions demonstrated the active interest of the delegates.

The actual work of the conference was performed in the executive committee, which also acted as a committee on resolutions. It discussed the papers and resolutions presented by the delegates and formulated the final resolutions to be adopted by the conference.

The International Sanitary Bureau of Washington was constituted as follows:

**PRESIDENT.**—Surgeon General Walter Wyman, United States of America.

**MEMBERS.**—Dr. Alejandro del Río, Chile; Dr. Hugo Roberts, Cuba; Dr. Oscar Dowling, United States of America; Dr. Salvador Ortega, Guatemala; Dr. Eduardo Licéaga, Mexico; Dr. Luis Razetti, Venezuela.

The International Sanitary Committee of Montevideo is as follows:

**PRESIDENT.**—Dr. Ernesto Fernández Espiro.

**MEMBERS.**—Dr. Joaquin de Salterain, and Dr. Julio Etchepare, secretary.

The members of the International Information Committees of the different Republics, as proposed by their respective delegations, are given below. Assurance was given by the delegates of the countries that do not appear on this list that their committees would be appointed as soon as possible, as they were not empowered to name them without consulting their respective Governments.

**BOLIVIA.**—Drs. Manuel Cuéllar, Elías Sagárnaga, and Enrique Aranibar.

**CHILE.**—Drs. R. Boza, Pedro L. Ferrer, and Lucio Cordova.

**COSTA RICA.**—Drs. Carlos Durán, Elías Rojas, and José M. Soto.

**CUBA.**—Drs. Juan Guitéras, Enrique B. Barnet, and Aristides Agramonte.

**UNITED STATES OF AMERICA.**—Drs. A. H. Glennan, J. W. Kerr, and John W. Trask.

**GUATEMALA.**—Drs. Salvador Ortega, Juan J. Ortega, and Julio Bianchi.

**HONDURAS.**—Drs. José M. Ochoa Velásquez, Ignacio Castro, and Juan Angel Arias.

**NICARAGUA.**—Drs. Luis Debayle, Rodolfo Espinosa, and Juan B. Sacoza.

**MEXICO.**—Drs. Eduardo Licéaga, Jesús Monjarás, and Nicolás Ramírez de Arellano.

**PANAMA.**—Drs. Luis Uriolla, Alfonso Preciado, and Augusto S. Boyd.

**SALVADOR.**—Drs. Tomás G. Palomo, Francisco Guevara, and Rafael B. Castro.

**VENEZUELA.**—Drs. Pablo Acosta Ortiz, Carlos Manuel de la Cavada, and Luis Razetti.

The resolutions adopted by the conference were as follows:

(1) *Resolved*, (a) That the appreciation of the conference be manifested to the Governments that have been represented.

(b) That in so far as possible delegates accredited to future conferences be hygienists, and particularly that they be citizens of the country they represent.

(c) To recommend that at least one of the delegates from each country be a sanitary officer of high rank, or one who has attended one or more previous conferences.

(2) *Resolved*, That the countries that have not been prompt in forwarding at regular intervals sanitary information to the International Sanitary Bureau of Washington and the International Information Bureau of Montevideo, respectively, be requested to

do so with regularity. Such reports to include (a) the demography of the chief cities and ports, (b) the status of contagious diseases.

(3) *Resolved*, That the International Sanitary Bureau of Washington make a study of all the resolutions presented to or adopted by this conference with the purpose of including in the program of the VIth conference the modifications of or amendments to the Washington Convention of 1905 which, in its opinion, should be made.

(4) *Resolved*, That the different governments be requested to organize complete and practical courses for the education of hygienists and that in future they insist on special requirements (diplomas, etc.), for those to be employed in sanitary work.

(5) *Resolved*, That all the Republics that are signatories to the Convention of Washington, comply with the provisions of the said convention.

(6) *Resolved*, To recommend that death-certificates be executed by physicians only, especially in cities and ports, with the object of improving the reports of vital statistics.

(7) *Resolved*, To recommend to the different governments the installation of state or government laboratories for the inspection of food products and beverages, entering through their respective customhouses.

(8) *Resolved*, To recommend that those countries where leprosy exists make an exact and detailed study of the number of lepers existing within their confines; that they establish colonies for their isolation and enact restrictive laws or ordinances with reference to this disease.

(9) *Resolved*, To recommend to the governments of the American Republics that they promote or facilitate investigations on the existence, frequency, and contagiousness of scleroma (rhino-scleroma).

(10) *Resolved*, That the regulation of prostitution in cities and especially in seaports, is recommended; said regulation to be in the hands of physicians especially prepared for this kind of work, the necessary examinations to be carried out in fully equipped dispensaries, and where possible, sufficient power conferred to confine in hospital those liable to transmit venereal diseases.

(11) *Resolved*, To recommend to the various governments the creation in their respective countries of a permanent tuberculosis commission. The International Sanitary Bureau of Washington will urge the establishment of such commissions through the ministers of the various republics resident in Washington. The several republics should also communicate with one another for the purpose of giving information as to the methods employed and the results obtained.

(12) *Resolved*, To recommend that when a vessel enters a port a bulletin be posted aboard to inform the passengers as to the quarantine requirements and the laws and regulations upon which the same are based.

(13) *Resolved*, To recommend to the signatories of the Convention of Washington that they so adjust their quarantine regulations as to make them conform with the requirements of said convention.

(14) *Resolved*, To recommend that those countries having quarantine restrictions against vessels from another country, maintain aboard such vessels sanitary physicians with the necessary technical knowledge.

(15) *Resolved*, To recommend that all vessels carrying passengers or immigrants be provided with the necessary equipment for disinfection.

(16) *Resolved*, To recommend that in the disinfection of vessels controls be employed in order to determine the efficacy of the operation.

(17) *Resolved*, To recommend that all vessels carrying passengers be provided with sufficient hospital space for the sick, and accommodations for the isolation of those suspected of, or those suffering from transmissible diseases.

(18) *Resolved*, That the international information committees of the American Republics, in addition to the duties imposed by previous conferences, shall inform their governments of the obligations contracted in each international sanitary conference in which they have been represented, or of obligations specially ratified.

(19) *Resolved*, That in order to consider an individual immune to yellow fever he must have had an attack of that disease, which fact must be certified to by the sanitary authority of the port of departure.

(20) *Resolved*, (a) To recommend that the construction of waterworks and sewerage systems, as well as the management of the same, be under the control of the state or municipality and under no circumstances be the subject of private gain; and (b) that the selection of potable water supplies for urban districts be made by hygienists and engineers in accord, giving due attention to a study of the watershed and the possibility of pollution.

(21) *Resolved*, That the governments here represented should always give preference when undertaking sanitary works to those cities or ports where there exist exotic diseases or infectious-contagious diseases of grave character.

(22) *Resolved*, To reiterate the recommendation of the Third International Sanitary Conference, held in the City of Mexico in 1907, to promote the enactment of laws relative to obligatory vaccination and revaccination against smallpox.

(23) *Resolved*, That all passengers from cholera-infected districts, or who may have been in contact with those infected with cholera, shall be subject to a bacteriological examination of their stools, and to sanitary observation so long as the cholera bacillus is present therein. That convalescents from an attack of cholera shall be kept under observation until the cholera bacillus has disappeared from the stools.

(24) *Resolved*, That the sanitary report to be presented by each delegation at future conferences be handed to the secretary in printed form and in sufficient number to be distributed among the delegates at the preliminary session.

(25) *Resolved*, To recommend that the Sixth International Sanitary Conference include in its program the study of epidemic cerebrospinal meningitis and acute poliomyelitis.

(26) *Resolved*, To reiterate the recommendations made by previous sanitary conferences upon the methods of prophylaxis against plague, insisting specially on the destruction of rats, on land as well as on board vessels.

Some of the above resolutions are considered of special interest, and a few observations thereon will not be out of place. They will be referred to by their numbers.

(1) This is of importance with special reference to the representative character of the delegates appointed by the various Governments to represent them.

(2) The object of the second resolution is to secure unity of action between the information commissions of the several Republics, the International Sanitary Committee of Montevideo, and the International Sanitary Bureau of Washington.

(3) The third resolution is of great importance and its object is the amendment of the Washington convention of 1905. It is the result of a number of resolutions offered by the delegates and of criticisms of the present convention made in the discussions in committee and before the conference. It is apparent that the convention of Washington must be amended in various ways, but especially with reference to cholera, plague, and yellow fever, and it is the intention of the resolution that the International Sanitary Bureau of Washington study and propose definite amendments to the Washington convention, the same to be presented to the Sixth Sanitary Conference at Montevideo for action or adoption ad referendum.

(11) The eleventh resolution relative to the establishment of permanent tuberculosis commissions in the several Republics, and empowering the International Sanitary Bureau of Washington to urge the formation of such commissions through the diplomatic representatives of said Republics in Washington, is worthy of attention in view of the great mortality from tuberculosis and the present world-wide movement to control this disease.

(19) It was maintained by the writer that immunity against yellow fever should not be recognized in quarantine practice. The resolution as adopted does not require that the certificate of immunity be accepted by the interested party, and the writer does not believe that such certificate should be accepted unless vouched for by competent authority.

(20) This resolution, while not of international importance, is in line with the best progressive ideas on the control by government of those factors which have to do largely with the public health.

(23) This resolution puts in practice the precautions taken by the Public Health and Marine-Hospital Service of the United States during the recent outbreak of cholera in Europe and its appearance in the port of New York. In a general way it is contrary to the provisions of the Convention of Washington and is, therefore, one of

the important points to be considered by the International Sanitary Bureau when it undertakes the study of the modification of the Washington convention.

(24) This resolution is of value in order to facilitate the work of the conferences. The report of each delegation should be printed and in sufficient number, so that it may be distributed to the other delegates and to the press. This would lead to a better appreciation of the work presented and to more intelligent discussion. Several of the delegations at the conference had their reports in this form.

Great credit is due Dr. Alejandro del Rfo, the president, and Dr. Gregorio Ammunátigui, the secretary of the conference, for the work of organization and the admirable way in which they handled the sessions of the conference, which in point of nationalities represented surpassed all others, and in the importance of the resolutions adopted compares favorably with any.

The visiting delegates were the recipients of every courtesy and the utmost hospitality from the Chilean authorities and the people in general.

The appreciation and thanks of the United States delegation are also due to the American minister, Mr. Henry P. Fletcher, and the American consul in Valparaiso, Mr. Alfred A. Winslow, for many courtesies extended.

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## OPHTHALMIA NEONATORUM.

The records of institutions for the blind show that from 23 to 35 per cent of the inmates have become blind as a result of ophthalmia neonatorum. This is an index, however, only of those who have been made totally blind by the disease. There are at least an equal number of persons who have had their vision impaired to a greater or less degree. The control of ophthalmia neonatorum is especially worthy of attention, as experience has shown that in most cases at least the disease can be prevented by the use of prophylactic measures on the part of the physician or midwife. When cases do develop, the recognition of the seriousness of the affection and the employment of proper treatment will in many instances prevent the loss of vision.

Many of the States have recognized in various ways the need of measures to control the disease. Some have issued instructions regarding the proper methods of prophylaxis and some also furnish packets containing preparations of silver salts for use in the eyes of the new born. The disease is notifiable to the health authorities in the same way as other diseases in Connecticut, Massachusetts, Minnesota, Nebraska, New York, Oregon, South Carolina, Utah, Vermont, and Wisconsin.<sup>1</sup> In certain other States cases are required to be reported by the nurse, midwife, or parents, to the health department only when no physician is in attendance. In these instances no report is required of physicians. In other States reports of cases are to be made by the nurse or other person in charge of the

<sup>1</sup> Public Health Bulletin No. 45, A Digest of the Laws and Regulations of the Various States Relating to the Reporting of Cases of Sickness. Public Health and Marine-Hospital Service, 1911.

Public Health Bulletin No. 49, Ophthalmia Neonatorum. An Analysis of the Laws and Regulations Relating Thereto in Force in the United States. Public Health and Marine-Hospital Service, 1911.

infant to a legally qualified practitioner of medicine, and in still other States the report may be made either to the health department or to a physician.

The laws and regulations of Utah require that physicians and midwives shall report to the local health authorities every case where a newly born child has an inflammation of the eyes accompanied by a discharge. Upon being notified of the existence of a case, the local health officer is to ascertain that proper treatment is being given to the infant. The health officer is also to immediately report the case by telegraph or telephone to the State board of health. The treatment which shall be given is also outlined.

The laws and regulations of Utah are as follows:

#### UTAH.

[Acts of 1911, ch. 61.]

SEC. 1. It shall be the duty of every physician and every midwife attending a case of childbirth to report to the local board of health every case where the newly born child has inflammation of the eyes attended by a discharge therefrom. Such report to be made within six hours after the appearance of such disease. It shall be the duty of such physician or midwife to treat the eyes of the child so afflicted in accordance with the rules of the State board of health. Every physician and midwife failing to comply with the provisions of this act shall be guilty of a misdemeanor.

[Rules, State board of health.]

Rule 1. No midwife shall treat any case of ophthalmia neonatorum or inflammation of the eyes of a newly born infant unless it is impossible to secure the services of a physician, provided that in case the services of a physician shall be secured a midwife may begin and carry out treatment until his arrival.

Rule 2. In the event that the services of a physician can not be secured, midwives are authorized to use and apply the following treatment:

Immediately upon the discovery in a newly born infant of an inflammation of the eyes, attended by a mattery discharge therefrom, five drops of a 20 per cent solution of argyrol shall be dropped into the eyes with an eye dropper, after having separated the lids with the thumb and finger; and this treatment shall be repeated every hour for four days, and longer if a discharge is still present. After four days, if the discharge has ceased, the treatment may be reduced in frequency to intervals of four times daily for several days, until it is shown that the discharge is not liable to return.

Before each application of the argyrol solution the eyes should be thoroughly irrigated, and cleansed by dropping or pouring into them a 1 per cent solution of chloride of sodium (common salt) or a saturated solution of boric acid. For practical purposes the salt solution may be prepared by dissolving one teaspoonful of salt in a pint of water.

NOTE.—The person treating the eyes should exercise the utmost care to avoid touching the cornea (eyeball), as there is great danger of causing serious injury thereby. In applying the treatment the child should be placed flat upon its back and the head so held that the solution will not quickly escape from the eyes.

Inasmuch as the secretions from the eyes are very infectious, care should be taken to destroy all articles contaminated by them, and to sterilize the hands after each treatment.

The treatment above described is considered by eminent authorities to be entirely effective and safer than solutions of nitrate of silver, and it is recommended to all physicians in general practice.

Solutions of argyrol quickly deteriorate and should be freshly prepared for every case. Upon request the State board of health will furnish materials for preparing fresh solutions.

It is recommended that physicians and midwives shall make one application of the argyrol solution at the birth of every child as a prophylactic or preventive treatment, after having first thoroughly wiped the eyes with absorbent cotton or soft clean linen and bathed them with a saturated solution of boric acid.

Rule 3. On receipt of notification under this act, it shall be the duty of the local health officer to immediately investigate the case and satisfy himself that the rules of the State board of health are properly complied with. He shall also immediately report the case to the State board of health by telephone or telegraph.

The following instructive report of the social and medical history of cases of ophthalmia neonatorum treated in the Massachusetts Charitable Eye and Ear Infirmary from 1907 to 1911 appeared in the December, 1911, Bulletin of the Massachusetts State Board of Health, reprinted from the fourth report of social-service work at the infirmary:

### OPHTHALMIA NEONATORUM.

By CATHERINE BRANNICK, Head Worker of the Social Service Department, Massachusetts Charitable Eye and Ear Infirmary.

It is now four years since the department began the study of ophthalmia neonatorum by securing wherever possible a social and medical history of each case treated in the hospital wards. In that period 388 cases have been under observation.

Following are the more important statistics of these cases:

Place of birth of child:	
At home.....	320
In hospital.....	63
Unknown.....	5
Birth attended by:	
Physician—	
Private.....	272
Dispensary.....	30
City.....	3
Hospital.....	63
	— 368
Midwife.....	10
Unattended by midwife or physician.....	3
Unknown.....	5
Condition of eyes on admission to hospital:	
Cornea clear.....	321
Cornea involved.....	67
Condition of eyes on discharge:	
Normal vision.....	323
Partially blind.....	42
Totally blind.....	23
Nationality in 354 cases: <sup>1</sup>	
English-speaking parentage (British Provinces, American, Irish).....	218
French Canadian.....	29
Jewish.....	31
Italian.....	25
Colored.....	23
Swedish.....	5
Portuguese.....	5
Polish.....	4
German.....	3
Dutch.....	2
Syrian.....	3
Lithuanian.....	1
Greek.....	1
Unknown.....	4
Sent to infirmary from—	
Boston.....	198
36 other Massachusetts towns.....	151
Other States.....	5

Statistics of cases of 65 babies who became blind or partially blind are as follows:

Place of birth:	
At home.....	61
In hospital.....	4

<sup>1</sup> Complete record of nationality not kept during first year of study.



Birth attended by—	
Private physician.....	55
Hospital physician.....	4
Midwife.....	3
Unattended.....	2
Unknown.....	1
Nationality:	
English-speaking parentage.....	33
French Canadian.....	15
Italian.....	4
Jewish.....	5
Swedish.....	2
Polish.....	2
Syrian.....	1
Lithuanian.....	1
Colored.....	2

In the 4 years during which this study has been going on a systematic campaign of education on this subject has been conducted by private and public institutions in this State and elsewhere. In Massachusetts, especially, the work for the prevention of blindness from this cause has been markedly progressive and far-reaching, and yet in our study of the 109 cases of infant ophthalmia treated at the infirmary during the past 12 months there are included the histories of 8 babies made totally blind and 3 partially blind by this disease. These histories are but repetitions of the histories of other little unfortunates contained in the studies of previous years. In every case the baby was admitted to hospital too late to save the vision; in every case the eye condition had been treated by a physician who had failed to take into account the serious nature of the disease and the necessity of intelligent nursing from the start; in every case the parents had been completely ignorant of the disease and its possible consequences.

In the face of the widespread work for prevention, the histories of these 8 blind babies, the largest number of totally blind noted in a single year since the study began, would make discouraging reading if one did not know the context. During the first year of the study it became evident that our figures could give no indication of the problem throughout the State, as the babies sent to the infirmary practically all came from greater Boston. The law making it obligatory to report such cases to the board of health had then been in force for more than a year, yet one local board of health after another gave information that no cases had been reported and that the board of health itself knew nothing of the disease. Since that time the work of the Massachusetts board of health and of the commission of the blind throughout the State, and that of the Boston board of health in this city, has brought about a very different situation. Very many of the cases treated at the infirmary during the past year were sent there through local boards of health, and the number of cases from the more distant parts of the State has increased each year. In the beginning it was felt that many cases of blindness from ophthalmia neonatorum might have occurred in Massachusetts other than those treated too late at the infirmary or those reported later to the commission for the blind. Facts gathered through the State by the commission for the blind bear out this view. It is probably true, then, that blindness from this cause is in reality decreasing, but that we are much nearer to knowing the actual extent of it in the State.

Further evidence of this may be found in a comparison of the number of babies made partially or totally blind for the following successive years:

Years.	Number under observation.	Number made blind or partially blind.
1907-8.....	46	12
1908-9.....	116	29
1909-10.....	119	13
1910-11.....	107	11

As the partially blind babies have only sheer good luck to thank for the fact that they are not totally blind, the neglect in practically all of these cases having been quite as flagrant as in the cases of those who suffered complete loss of sight, the conclusion to be drawn from these figures is very hopeful. Babies still become blind, but the percentage of neglected cases has been cut almost two-thirds in the past three

years. This result has undoubtedly been brought about by the educational campaign conducted by the boards of health of the State and city and by the State Commission for the Blind, perhaps the most concentrated and persistent piece of social work ever attempted on a single subject by public institutions. Although the history of blindness in these babies repeats the same facts this year as in the first year of the study, the after history is quite different. To-day the baby has a hearing; and not alone the living blind baby, but also the dead blind baby and the partially blind baby, whose cases once were not at all considered. The work of prosecuting the responsible persons, begun by the Boston board of health and carried into the State by other institutions, has given the story of the babies the publicity so much needed.

The most unexpected finding in our four years' study has been the fact that the doctors and not the midwives are responsible for blindness from ophthalmia neonatorum. So far as our figures show, however, this is not because midwives have been careful while doctors have been careless, but because the midwife has appeared very little in our figures. Out of the 388 cases under observation, a midwife has attended the birth in only 10 cases. Neglect was shown in 3 of these, a high percentage when compared with the percentage of neglect in cases attended by physicians.

The doctor of Massachusetts, then, must be held responsible, and back of him his medical school. The public social institutions have been able to do much in the way of prevention, but much of their work is necessarily corrective, after the harm has been done. The institutions in the best position to do preventive work are the medical schools, and upon these should be placed the burden of that eternal vigilance which must always be the price of sight for the babies.

# UNITED STATES.

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

[Adopted since July 1, 1911.]

### BELOIT, WIS.

#### PRIVIES AND CESSPOOLS—LOCATION, CONSTRUCTION, MAINTENANCE.

SECTION 1. No privy vault or cesspool shall be constructed or maintained within the fire limits of the city of Beloit. All such privy vaults and cesspools are hereby condemned and ordered removed and connection made with the sewer within 60 days from the passage and publication of this ordinance.

SEC. 2. No privy vaults, cesspools, or reservoirs into which any privy, water-closet, stable, sink, or other receptacle or refuse or sewage is drained, shall be constructed or maintained in any situation or in any manner whereby, through leakage or overflow of its contents, to cause pollution of the soil near or about habitations, or of any well, spring, or other source of water used for drinking, or culinary purposes; nor shall overflow from any such reservoir or receptacle be permitted to discharge into any public place, and every such pit, reservoir, or receptacle shall be cleaned and the contents thereof removed at such times and under such precautions as the board of health may prescribe.

SEC. 3. All house sewers or drains for the conveyance of deleterious or offensive matter shall be water-tight, and the plans and methods of their construction shall be subject to the approval of the board of health. In streets or avenues where public sewers are, or shall be constructed, the board of health may order house connections made therewith and when so ordered, such connection must be made within 30 days.

SEC. 4. All privies to be built upon any property abutting upon a street where a sewer is laid shall be so constructed as to discharge their contents into such sewer, unless written authority to do otherwise be granted by the health officer. Any privy built contrary to the provisions of this section is hereby declared to be a nuisance.

SEC. 5. Violation of any of the sections of this ordinance, or refusal to comply with its terms, shall be subject to a penalty of not less than \$5 nor more than \$25 for each offense and to a like penalty for each day's violation or refusal to comply, after written notice from the health officer.

[Ordinance No. 116 adopted August, 1911.]

### GREENSBORO, N. C.

#### SEWER CONNECTIONS—CONSTRUCTION AND LOCATION OF PRIVIES.

SECTION 1. That section 127a of the printed ordinances of the city be and the same is hereby amended by adding at the end thereof the following:

SEC. 2. That whenever any line of sewer is laid along any street, avenue, or public alley in the city of Greensboro, and the same is ready for use, it shall be the duty of the commissioner of public safety to notify the owners or their agents, and the occupants of all houses, tenements, or other buildings situated on lots abutting upon, or accessible to the street, avenue, or public alley, along which said sewer is laid, to connect all closets, privies, sinks, bathtubs, lavatories, and urinals upon their respective lots with said sewer line, so that the contents of the same may be made to empty into such sewer, within 30 days after date of service of such notice.

SEC. 3. That all owners of improved real estate in the city of Greensboro, which shall be located upon, near, or accessible to any lines of sewer and water, maintained by said city, or abutting any street, avenue, public alley, or way, along which the city sewer and water lines are laid, shall connect with said sewer line all water-closets,

bathtubs, lavatories, sinks, urinals, and privies, so that their contents may be made to empty into such sewer.

Sec. 4. That it shall be unlawful for any person, firm, or corporation, to build, erect, construct, keep, or maintain, or cause to be built, constructed, kept, or maintained, any privy or surface closet, on any lot or premises within the city limits abutting any street, avenue, or public alley or way, along which the city maintains a sewer line and water main, or upon any lot accessible thereto.

Sec. 5. That it shall be unlawful to build, erect, keep, or maintain any building to be occupied by one or more persons without providing and maintaining for use of such occupants adequate water-closets connected with the city sewer, so as to empty the contents thereof into said sewer, or without providing a surface privy built according to the specifications adopted by the board of commissioners and furnished by the city building inspector.

Sec. 6. That it shall be unlawful to build any surface privy or dry closet, or cause the same to be built or constructed, on any lot or premises within the city limits, without having first obtained a permit from the city building inspector.

Sec. 7. That no permit shall be granted to build, erect, or construct, or keep or maintain, any surface privy or dry closet on any lot or premises abutting a street, avenue, public alley or way, along which the city maintains a sewer and water main, or on a lot accessible thereto.

Sec. 8. That all privies and dry closets shall be built and constructed according to plans and specifications adopted by the board of commissioners and furnished by the city building inspector.

Sec. 9. That any violation of any of the provisions of the above ordinance shall subject the offender to a penalty of \$50 for each offense, and where such violations are continuous, each day shall constitute a separate and distinct offense. [Ordinance adopted Aug. 1, 1911.]

#### HOLLAND, MICH.

##### PRIVIES AND CESSPOOLS—LOCATION, CONSTRUCTION, AND REMOVAL OF CONTENTS.

RULE 13. No privy, vault, or cesspool shall be placed or permitted within 50 feet of any well, spring, or other source of water supply used for cooking or drinking purposes. It is also ordered that whenever any well, spring, or source of water supply is deemed unwholesome or unsafe by the board of health, the same shall be put in a safe and wholesome condition, or shall be removed and its use discontinued.

RULE 14. All privy vaults and cesspools shall be cleaned twice a year, viz, between April 1 and June 1, and between October 1 and December 1, of each year, and the contents be collected and removed by a licensed scavenger in tightly covered tank wagons or in barrels approved by the board of health, and conveyed to a place at least one-fourth of 1 mile outside of the city limits, there to be disposed of by the trenching method. The scavenger shall deodorize the contents of the cesspool or vault before removing the same, by mixing with solution of copperas or other approved efficient deodorant. The expense of cleaning out such vault and cesspool shall be paid by the owner, agent, occupant, or tenant of the premises on which the same are located, but in no instance shall the fee charged be more than 50 cents per barrel of 50 gallons capacity, provided the minimum fee for each vault or cesspool shall be 75 cents.

No coarse rubbish, tin cans, metal, glassware, wire, or wood shall be deposited in vaults or cesspools.

RULE 15. All new privies and closets shall be constructed with a drawer so arranged that it can be readily removed and emptied of its contents. When used, sufficient dry earth, ashes, or slaked lime must be used daily to absorb all the fluid parts of the deposit. The maximum fee to be charged for the cleaning out of such drawer shall be 50 cents. [Regulations, board of health, adopted Oct. 2, 1911.]

#### ORANGE, N. J.

##### WATER-CLOSETS AND URINALS—CONSTRUCTION OF FLOORS.

14. The floors of the water-closet and urinal compartments of all toilet rooms in saloons, railroad stations, office buildings, and other public places, shall be water-tight, and shall be constructed of or overlaid with cement, slate, tile, or other non-absorbent material (wood not being allowed) to permit proper flushing and cleansing of such compartment floors.

15. Sections 20, 58, 59, 60, 61, 63, 64, 67, 68, 84, 86, 125, and 141 of the ordinance to which this ordinance is a supplement are hereby repealed.

[Ordinance, board of health, adopted Oct. 2, 1911, as a supplement to the Sanitary and Plumbing Code adopted Dec. 1, 1900.]

## TORRINGTON, CONN.

### PRIVIES AND CESSPOOLS—LOCATION AND CONSTRUCTION.

**SECTION 4.** No privy or cesspool shall hereafter be constructed in the borough of Torrington upon a lot on a street in which there is a sewer or upon a street after the same has been sewerred, except such privy or cesspool be connected with said sewer and provided with efficient trap or traps and suitable means for flushing and cleaning the same, to the acceptance of the board of health.

[Ordinance effective July 1, 1911.]

## WILMINGTON, N. C.

### PRIVIES—CONSTRUCTION, INSPECTION, AND REMOVAL OF CONTENTS.

**SECTION 1.** It shall be unlawful for any person, firm, or corporation to own, maintain, or rent any privy in the city of Wilmington unless the same shall be so constructed as to prevent the access of flies to the excrement deposited therein, and to protect the soil from contamination, and to permit the easy and proper placing and removal of a receptacle 16 inches in height and 15 inches in diameter, which receptacle will be furnished if requested by the city of Wilmington at cost, and unless the same shall be so located as to be accessible to the city scavenger.

**SEC. 2.** It shall be the duty of the superintendent of health to cause all privies in the city of Wilmington to be inspected at least once in every 10 days, and a permit for the use of the same shall be given by the superintendent of health to the person, firm, or corporation using or maintaining said privy, when same is kept and maintained in a satisfactory sanitary condition; and if the same is not kept and maintained in a satisfactory sanitary condition, then the superintendent of health shall cause said permit to be revoked unless the same is put in a satisfactory sanitary condition within a reasonable time after notice is given to said person, firm, or corporation keeping or maintaining such privy or privies.

**SEC. 3.** It shall be the duty of the health department of the city of Wilmington to provide the means and supervise the removal of excrement from the aforesaid privies as often as it may be deemed necessary.

**SEC. 4.** The city scavenger shall, on removing a receptacle from a privy, replace it immediately by a similar receptacle that has been thoroughly cleaned and disinfected according to the directions of the health officer.

**SEC. 5.** A charge of 20 cents for each can or 35 cents for two cans in same closet shall be paid for service herein provided for, by the owner or tenant in possession of the property, and the amount so collected shall be used to defray the expense of disinfection of such privies and scavenging done therein when done by the health department of the city.

**SEC. 6.** Any person, firm, or corporation violating any of the provisions of this act shall be guilty of a misdemeanor, and shall be subject to a fine of not less than \$5 nor more than \$50.

[Ordinance effective Dec. 7, 1911.]

### SOIL POLLUTION—PREVENTION OF.

**SECTION 1.** That on and after the date of the passage of this ordinance it shall be unlawful for any person, firm, or corporation to deposit upon the surface or bury beneath the surface of the soil within the limits of the city of Wilmington any human excrement, carrion, putrid or decaying animal matter of any sort whatsoever.

**SEC. 2.** It shall also be unlawful for any person, firm, or corporation to bury beneath the soil within the limits of the city of Wilmington any carcass or body or any part thereof.

Any person violating any of the provisions of this ordinance shall be fined \$50 for each and every offense, or imprisoned for not less than 30 days.

All ordinances or parts of ordinances heretofore passed by the council of the city of Wilmington in conflict with this ordinance are hereby repealed.

[Ordinance adopted Sept. 19, 1911.]

## CEREBROSPINAL MENINGITIS IN TEXAS.

Surg. Guiteras at Galveston reports the occurrence of 10 cases of cerebrospinal meningitis, with 7 deaths at Galveston from February 23 to 29, inclusive.

At Houston the health officer reports the occurrence of 12 cases, with 4 deaths during the week ended February 17.

## PLAGUE-PREVENTION WORK.

### DISTRIBUTION OF POISON.

In connection with the making and maintenance of a squirrel-free zone around the cities of California on San Francisco Bay, 1,719 acres of land in Alameda County were covered with poison during the week ended February 17, 1912.

During the same period 4,870 acres of land in San Joaquin County and 3,040 acres in Stanislaus County were covered with poison for the purpose of eradicating plague foci.

### 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.....	Wood rat, Oct. 17, 1909.	Oct. 9, 1911.....	114 squirrels and 1 wood rat.
Contra Costa.....	July 21, 1911.....	None.....	Sept. 23, 1911.....	364 squirrels.
Fresno.....	None.....	do.....	Oct. 27, 1911.....	1 squirrel.
Merced.....	do.....	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:				
City—				
Seattle.....	Oct. 30, 1907.....	Sept. 21, 1911.....	None.....	25 rats.

## RATS COLLECTED AND EXAMINED FOR PLAGUE INFECTION.

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California:					
Cities—					
Berkeley.....	Feb. 17, 1912	2	<sup>1</sup> 186	94	
Oakland.....	do.....	20	<sup>2</sup> 655	491	
San Francisco.....	do.....	4	<sup>3</sup> 1,516	1,146	
County—					
San Joaquin.....	do.....		<sup>4</sup> 142	142	
Washington:					
City—					
Seattle.....	do.....		1,047	1,006	

<sup>1</sup> Identified: *Mus norvegicus*, 98; *mus musculus*, 88.

<sup>2</sup> Identified: *Mus norvegicus*, 525; *mus rattus*, 5; *mus musculus*, 124; *mus alexandrinus*, 1.

<sup>3</sup> Identified: *Mus norvegicus*, 681; *mus rattus*, 222; *mus musculus*, 37; *mus alexandrinus*, 236.

<sup>4</sup> Identified: *Mus norvegicus*, 134; *mus rattus*, 3; *mus alexandrinus*, 5.

## SMALLPOX IN THE UNITED STATES.

In the following table 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 to the State authorities.

## REPORTS RECEIVED DURING WEEK ENDED MAR. 8, 1912.

Places.	Date.	Cases.	Deaths.	Remarks.
*Alabama:				
Montgomery.....	Feb. 18-24.....	1		
Arizona:				
County—				
Cache.....	Jan. 1-31.....	20		
Florida:				
Counties—				
Alachua.....	Feb. 11-17.....	2		
Duval.....	do.....	21		
Hernando.....	do.....	2		
Marion.....	do.....	3		
Orange.....	do.....	6		
Pasco.....	do.....	1		
Putnam.....	do.....	36		
St. Johns.....	do.....	12		
Suwanee.....	do.....	1		
Washington.....	do.....	1		
Total for State.....		85		
*Louisiana:				
New Orleans.....	Feb. 18-Mar. 2.....	14		
Mississippi:				
Counties—				
Benton.....	Jan. 1-31.....	1		
Covington.....	do.....	4		
Holmes.....	do.....	2		
Lauderdale.....	do.....	15		
Lincoln.....	do.....	1		
Newton.....	do.....	20		
Yazoo.....	do.....	1		
Total for State.....		44		
*Missouri:				
St. Louis.....	Feb. 18-24.....	1		

## SMALLPOX IN THE UNITED STATES—Continued.

Reports Received during Week ended Mar. 8, 1912.

Places.	Date.	Cases.	Deaths.	Remarks.
<b>New York:</b>				
Counties—				
Allegany.....	Jan. 1-31.....	13		
Cattaraugus.....	do.....	10		
Cayuga.....	do.....	18		
Chautauque.....	do.....	2		
Chemung.....	do.....	4		
Columbia.....	do.....	6		
Erie.....	do.....	6		
Franklin.....	do.....	11		
Genesee.....	do.....	6		
Monroe.....	do.....	5		
New York.....	do.....	9		
Oneida.....	do.....	1		
Onondaga.....	do.....	3		
Steuben.....	do.....	1		
Suffolk.....	do.....	1		
Tioga.....	do.....	77		
Wyoming.....	do.....	10		
Total for State.....		178		
<b>*Rhode Island:</b>				
Central Falls.....	Nov. 1-30.....	1		
Do.....	Feb. 1-28.....	2		
Warwick (town).....	Nov. 1-Dec. 31.....	269		
Total for State.....		272		
<b>South Dakota:</b>				
Counties—				
Brookings.....	Jan. 1-31.....	8		
Brown.....	do.....	7		
Davison.....	do.....	3		
Lincoln.....	do.....	8		
Minnehaha.....	do.....	1		
Total for State.....		27		
<b>*Tennessee:</b>				
Knoxville.....	Feb. 18-24.....	11		
<b>Texas:</b>				
Counties—				
Anderson.....	Jan. 1-31.....	1		
Cameron.....	do.....	1		
Cherokee.....	do.....	50		
Collin.....	do.....	1		
Comal.....	do.....	5		
Hale.....	do.....	3		
Palo Pinto.....	do.....	4		
Panola.....	do.....	5		
Reeves.....	do.....	3	1	
San Patricio.....	do.....	7		
Tarrant.....	do.....	13	3	
Wichita.....	do.....	2		
Total for State.....		95	4	
Grand total for the United States.....		748	4	

For reports received from July 1 to December 29, see Public Health Reports for December 29, 1911. The cumulative table of reported cases of smallpox, heretofore published each week, has been discontinued, and in its place summaries will be published periodically.



## MORBIDITY AND MORTALITY.

## MORBIDITY AND MORTALITY TABLE, CITIES OF THE UNITED STATES, FOR WEEK ENDED FEB. 17, 1912.

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.
Cities having over 500,000 inhabitants.														
Baltimore, Md.....	558,485	239	14	1	5	9	24	1			41	28	6	3
Boston, Mass.....	670,585	258	41	1	119	9	31	4			76	20	5	
Chicago, Ill.....	2,185,283	826	136	14	49	1	159	9			112	99	11	1
Cleveland, Ohio.....	560,663	159	31	5	28	1	26		1		19	14	1	1
New York, N. Y.....	4,766,883	1,604	230	35	859	10	369	15	1	1	448	210	31	10
Philadelphia, Pa.....	1,549,008	602	63	14	13	3	33				73	63	16	2
Pittsburgh, Pa.....	533,905	195	19	2	8		20				28	20	4	1
St. Louis, Mo.....	687,029	253	28	2	22		27	1			43	25	9	2
Cities having from 200,000 to 500,000 inhabitants.														
Buffalo, N. Y.....	423,715	184	18	3	9		9		3		7	13	2	
Cincinnati, Ohio.....	364,463	155	11	2	3		29	2	2		39	20		
Detroit, Mich.....	465,766	164	18	24			28	1						
Los Angeles, Cal.....	319,198	136	9	2			22	2	9		18	17	3	1
Milwaukee, Wis.....	373,857	124	14		29		37	2			15	6	30	2
Newark, N. J.....	347,469	98	12		1						25	15	2	
New Orleans, La.....	339,075	179	5		1		10		16		39	19	2	
San Francisco, Cal.....	416,912	140	2		276	2	7				32	11	3	1
Washington, D. C.....	331,069	145	7		5		5				24	20	6	
Cities having from 100,000 to 200,000 inhabitants.														
Bridgeport, Conn.....	102,054	23	2		4	1	7				1	1		
Columbus, Ohio.....	181,548	63	5		39		17				5	14	1	1
Dayton, Ohio.....	116,577	40	3	1	2		1		4			5	4	
Fall River, Mass.....	119,295	44	3	1	2		5				3	2		
Grand Rapids, Mich.....	112,571	33					4				3	2	7	
Lowell, Mass.....	106,294	42	2		22	2	8				7	5	1	
Nashville, Tenn.....	110,364	37	1				1				5	4		1
Oakland, Cal.....	150,174	44	2	1	2							6		
Omaha, Nebr.....	124,096	40	4				1						1	
Richmond, Va.....	127,628	73	5	1	5		5				6	12	1	
Toledo, Ohio.....	168,497	55	9		24		11		1			6	1	2
Worcester, Mass.....	145,986	48	5		1		13				7	6		
Cities having from 50,000 to 100,000 inhabitants.														
Altoona, Pa.....	52,127	22	3	1										
Bayonne, N. J.....	55,545	10	2				9				3	1		
Brockton, Mass.....	56,878	18			41		3				1			
Camden, N. J.....	94,538		4	1			5				9	3		
Duluth, Minn.....	78,466	18		1			8		1			2		
Elizabeth, N. J.....	73,409	20	5		2		10				1	4	1	
Erie, Pa.....	66,525	15	1								3	3		
Evansville, Ind.....	69,647	14	2	1					1			3	4	
Fort Wayne, Ind.....	63,933	22			7							1		
Harrisburg, Pa.....	64,186	32	1		14						3	4	2	1
Hartford, Conn.....	98,915	11			5		10	1			6	2		
Hoboken, N. J.....	70,324	6	3								3			
Houston, Tex.....	78,800	39	3									6		
Johnstown, Pa.....	55,482	27	1	1							4	2		
Kansas City, Kans.....	82,331	2			1								6	
Lawrence, Mass.....	85,892	28	1	1			1				2	5	1	1
Lynn, Mass.....	89,336	18	3		13		5				7		2	
Manchester, N. H.....	70,063	16	6		4						1	1		

## MORBIDITY AND MORTALITY—Continued.

*Morbidity and mortality table, cities of the United States, for week ended Feb. 17, 1912—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.	Cases.	Deaths.	Cases.	Deaths.
Cities having from 50,000 to 100,000 inhabitants—Con.														
Oklahoma City, Okla.....	64,205	12	3											3
Passaic, N. J.....	54,773	20	3	2	3		2				1			
Pawtucket, R. I.....	51,622											3		
Reading, Pa.....	96,071	55	4	1			2						3	
Saginaw, Mich.....	50,510		5	1			2				1		2	1
San Antonio, Tex.....	96,614	50	23		3							5		1
South Bend, Ind.....	53,684	14	1	1			1					3	2	
Springfield, Ill.....	51,678	15	4				1		2			1	1	
Springfield, Mass.....	88,926	33	2		24		7	1			1	2		
Trenton, N. J.....	96,815	40	1				2				10	5	3	
Wilkes-Barre, Pa.....	67,105	21	1		34						6	1		
Wilmington, Del.....	87,411	35										4		
Yonkers, N. Y.....	79,803	26	2		5		20				8		2	
Cities having from 25,000 to 50,000 inhabitants.														
Atlantic City, N. J.....	46,150	6	3	1	1		2							
Auburn, N. Y.....	34,668	19												
Aurora, Ill.....	29,807	11	7	1										
Binghamton, N. Y.....	48,443	26			1							2		
Brookline, Mass.....	27,792	6			1		1				1			
Butte, Mont.....	39,165	30			1		3					5		
Chattanooga, Tenn.....	44,604						1				2			
Chelsea, Mass.....	32,452	15			6		2		1		1	2		
Chicopee, Mass.....	25,401	7			1		1					1	2	
Danville, Ill.....	27,871	15	1								2			
Dubuque, Iowa.....	38,494	6					3							
East Orange, N. J.....	34,371	5	2		2		5				1			
Elmira, N. Y.....	37,176	10	5										1	
Everett, Mass.....	33,484	14	1		2		1				3	2		
Haverhill, Mass.....	44,115	12	3		6	1	3					1	1	
Kalamazoo, Mich.....	39,437	15			1		4							
Knoxville, Tenn.....	36,346	16	1						2		2	2		
La Crosse, Wis.....	30,417	5	5				1		1		1		1	
Lancaster, Pa.....	47,227				1		2				3			
Lexington, Ky.....	35,099	16			4		1					4		
Lima, Ohio.....	30,508	7			3							1		
Lynchburg, Va.....	29,494	13	2		9		1					2		
Malden, Mass.....	44,404	13	3		3		7				2			
Montgomery, Ala.....	38,136	26	2		11		1					3		1
Newcastle, Pa.....	36,280		6										10	
Newport, Ky.....	30,309	7	1				2				2	2		
Newton, Mass.....	39,806	11			5		1				1		1	1
Niagara Falls, N. Y.....	30,445	8					2					1	1	
Norristown, Pa.....	27,875		1	1	98		2							
Orange, N. J.....	29,630	7	1				4							
Pasadena, Cal.....	30,291	8							1			1		
Pittsfield, Mass.....	32,121	14	8	1	1						1	1		
Portsmouth, Va.....	33,190	15							5					
Racine, Wis.....	38,002	15	2	1			1							1
Roanoke, Va.....	34,874	10	2		64		2		1		3			1
Rockford, Ill.....	45,401	15	1				1					2	119	2
Salem, Mass.....	43,697	19			2		6				3	2		
San Diego, Cal.....	39,578	8	1		2		2				7	7	1	
South Omaha, Nebr.....	26,259	9	1											
Superior, Wis.....	40,384	4	1											
Taunton, Mass.....	34,259	15	2		1		9					1	2	
Waltham, Mass.....	27,834	10	1	1	9						1			
West Hoboken, N. J.....	35,408		2		2									
Wheeling, W. Va.....	41,641	20	1								1	2	1	1
Williamsport, Pa.....	31,860	16	1				1				2		2	
Wilmington, N. C.....	25,748	13			3				1					
York, Pa.....	44,750										7			
Zanesville, Ohio.....	28,026	12	2									4	3	

## MORBIDITY AND MORTALITY—Continued.

*Morbidity and mortality table, cities of the United States, for week ended Feb. 17, 1912—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.	Cases.	Deaths.	Cases.	Deaths.
<i>Cities having less than 25,000 inhabitants.</i>														
Ann Arbor, Mich.	14,817	8					3							
Beaver Falls, Pa.	12,191		1								1		3	
Bennington, Vt.		4												
Braddock, Pa.	19,957	6					4							
Butler, Pa.	20,782	13												
Cambridge, Ohio.	11,327	6									1			
Camden, S. C.		1												
Carbondale, Pa.	17,040	5												
Clinton, Mass.	13,075	2									1			
Coffeyville, Kans.	12,687												1	
Columbus, Ga.	20,544	7										1		
Concord, N. H.	21,497	6			3									
Cumberland, Md.	21,839	9	2		1						8		2	
Dunkirk, N. Y.		7												
Galesburg, Ill.	22,089	2												
Gloucester, Mass.	24,398	8		1										
Harrison, N. J.	14,498	4												
Kearny, N. J.	18,659	5			10		1							
La Fayette, Ind.	20,081	9			1	1								1
Lebanon, Pa.	19,240										1			
Logansport, Ind.	19,050	3	1				1							
Manistee, Mich.							11						1	
Marlboro, Mass.	14,579	5	1				1							
Massillon, Ohio.		4										1		
Medford, Mass.	15,715	10	1		3		1					1		
Moline, Ill.	24,199	7												
Melrose, Mass.	15,715	4			15							1		
Montclair, N. J.	21,150	5					3				2			
Morristown, N. J.	12,507	2										1		
Nanticoke, Pa.	18,507	4	1		13						1			
Newburyport, Mass.	19,240	9									1			
North Adams, Mass.	22,012	7	2	1	1						1	1		
Northampton, Mass.	19,431	9									1	1		
Ottumwa, Iowa.	22,012	8					1				2	1		
Palmer, Mass.		1									1	1		
Peekskill, N. Y.		4												
Plainfield, N. J.	22,050	7	1		49		6						2	
Pottstown, Pa.		9			2		2							
Saratoga Spring, N. Y.		6												
South Bethlehem, Pa.	19,973	6			6	1					1			
Steelton, Pa.	14,246	5	3		1				1		3			
Warren, Pa.	11,081	1	1		1									
Wilkinsburg, Pa.	18,924	6					1				2	1		
Woburn, Mass.	15,308	6	1		18									

**STATISTICAL REPORTS OF MORBIDITY AND MORTALITY, STATES OF THE UNITED STATES (Untabulated).**

**FLORIDA.**—Reports from the State board of health show as follows: Week ended February 17, 1912. Diphtheria present in 6 localities with 15 cases, malaria in 2 localities with 5 cases, smallpox in 10 counties with 85 cases, tuberculosis in 7 counties with 12 cases, typhoid fever in 3 localities with 14 cases.

Week ended February 24, 1912. Diphtheria present in 5 localities with 10 cases, malaria in 3 localities with 16 cases, smallpox in 7 counties with 50 cases, tuberculosis in 5 localities with 5 cases, typhoid fever in 8 localities with 18 cases.

**MICHIGAN.**—Month of January, 1912. Reports from the State department of health show 311 cases of diphtheria, 69 of measles, 557 of scarlet fever, 267 of smallpox, 158 of tuberculosis, and 96 of typhoid fever.

**TEXAS.**—Month of November, 1911. Population, 3,896,542. Total number of deaths from all causes 2,336, including diphtheria 6, measles 4, scarlet fever 2, smallpox 24, tuberculosis 224, typhoid fever 93. Cases reported: Diphtheria 171, scarlet fever 102, smallpox 12, tuberculosis 53, typhoid fever 120.

# FOREIGN AND INSULAR.

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## CHINA.

### Hongkong—Cholera.

Consul Anderson reports the occurrence of 1 fatal case of cholera at Hongkong during the week ended January 20.

### Plague—Examination of Rats.

Surg. Brown reports: During the week ended January 20, 1 case of plague occurred at Hongkong. During the same period 1,671 rats were examined for plague infection. No plague-infected rat was found.

## GREAT BRITAIN.

### Bradford—Cerebrospinal Meningitis and Poliomyelitis made Notifiable.

Consul Nicholls reports: The Bradford city council have made cerebrospinal meningitis and poliomyelitis notifiable from April 1, 1912.

### Glasgow—Measles.

The American consul reports the prevalence of measles at Glasgow as follows: December 15–29, 1911, 1,853 cases, with 50 deaths; month of January, 1912, 3,680 cases, with 96 deaths; February 1–15, 1912, 2,961 cases, with 114 deaths.

## 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.

A case of human plague was reported at Kapulena, Hawaii, October 28, 1911.

At Hilo the last case of human plague occurred March 23, 1910. At Honokaa, 60 miles from Hilo, a fatal case occurred April 20, 1911, a fatal case February 9, 1912, and 2 fatal cases February 25, 1912.

The last plague-infected rat was reported found at Honokaa, February 29, 1912. At Hilo a plague-infected rat was found during the week ended June 10, 1911, and 2 plague-infected rats were reported found February 29, 1912.

## Honolulu—Plague-Prevention Work.

## Chief Quarantine Officer Ramus reports:

	Week ended Feb. 3.	Week ended Feb. 9.
Total rats and mongooses taken.....	502	686
Rats trapped.....	491	445
Mongooses trapped.....	11	25
Rats shot from trees.....		16
Rats examined bacteriologically.....	450	589
Classification of rats trapped:		
<i>Mus alexandrinus</i> .....	81	54
<i>Mus musculus</i> .....	100	108
<i>Mus norvegicus</i> .....	52	83
<i>Mus rattus</i> .....	258	400
Classification of rats shot from trees:		
<i>Mus alexandrinus</i> .....		4
<i>Mus rattus</i> .....		12
Average number of traps set daily.....		1,720

## Mosquito-eradication Measures at Honolulu.

The following statement of the work of mosquito destruction at Honolulu was received from Passed Asst. Surg. McCoy:

*Mosquito-eradication measures conducted at Honolulu from Jan. 22 to 27, 1912, both inclusive.*

Inspections of—	Total inspections.	Larvæ found in.	Cleaned.	Oiled.	Drained.	Emptied.	Filled.	Ordered repaired.	Screened.	Stocked with mosquito fish.
Gutters, house.....	3,453	94	317	21				563		
Gutters, street.....	137	8		89						1
Standing water.....	343	39	80	63	34		30			
Cesspools.....	356	1	14	89						
Privy vaults.....	623		22	84						
Holes and low places.....	319	23	91	16			36			
Catch basins.....	179	1	12			12				
Leaky fixtures.....	101							61		
Plants, etc.....	487	20								
Swamps.....	15	3								
Ponds.....	20	5								
Troughs and tanks.....	154	4	4			9				
Tubs or other receptacles.....	261	1	2			35				
Tins, cans, bottles.....	416	27								
Water barrels.....	184	14				18			21	
Vacant houses.....		22								

*Mosquito-eradication measures conducted at Honolulu from Jan. 29 to Feb. 3, 1912, both inclusive.*

Inspections of—	Total inspections.	Larvæ found in.	Cleaned.	Oiled.	Emptied.	Filled.	Ordered repaired.
Gutters, house.....	923	6	88				99
Gutters, street.....	15	12			9		
Standing water.....	238	130	7	169		1	9
Cesspools.....	45	16		7			
Privy vaults.....	105						
Holes and low places.....	13						
Catch basins.....	837	17					
Leaky fixtures.....	22						16
Swamps.....	6	1		1			
Troughs and tanks.....	47	6	1	7	15		
Tubs or other receptacles.....	79	4					
Tin cans and bottles.....	60	1				1	
Water barrels.....	233	79		214	19		
Vacant houses.....	6						

*Mosquito-eradication measures conducted at Honolulu from Feb. 5 to 10, 1912, both inclusive.*

Inspections of—	Total inspections.	Larvæ found in.	Ordered cleaned.	Oiled.	Drained;	Emptied.	Collected.	Filled.	Ordered repaired.	Screened.	Stocked with mosquito fish.	Gallons of oil.
Gutters, house.....	1,188	27	173	3	18	1			74			13
Gutters, street.....	111	15	4	39	3	1			1		2	21½
Standing water.....	973	74	35	32	35	18		27	27		9	33
Cesspools.....	343	17	9	30				5	58			
Privy vaults.....	797	2	2	27				3				
Holes and low places.....	619	105	5	110	9	9		251			29	5
Catch basins.....	742	2	11	3				3	1			1
Leaky fixtures.....	77								40			
Plants.....	99											
Swamps.....	27	2						1				
Ponds.....	11											
Troughs and tanks.....	186	13	2		6	10			1		5	
Tubs or other receptacles.....	560	51	21		20	94	50		15	6	8	
Tin cans and bottles.....	706	31	10			280	37					
Water barrels.....	343	42	6			39				28		
Vacant houses and yards.....	224	2		1								
Grease traps.....	87		6									

**INDIA.**

**Calcutta—Cholera and Plagué.**

Acting Asst. Surg. Allan reports cholera and plague in India as follows: Week ended January 13, 1912. At Calcutta, 28 deaths from cholera and 12 from plague; in all Bengal, 1,443 cases of plague with 1,126 deaths; in all India, 13,201 cases of plague with 10,910 deaths.

Week ended January 20, 1912. At Calcutta, 50 deaths from cholera and 13 from plague; in all Bengal, 2,020 cases of plague with 1,562 deaths; in all India, 14,745 cases of plague with 12,046 deaths.

**ITALY.**

**Naples—Examination of Emigrants.**

Surg. Geddings reports:

*Vessels inspected at Naples and Palermo week ended Feb. 10, 1912.*

**NAPLES.**

Date.	Name of ship.	Destination.	Steerage passengers inspected and passed.	Pieces of baggage inspected and passed.	Pieces of baggage disinfected.
Feb. 6	Mongibello.....	New York.....			
8	Italia.....	do.....	205	20	280
9	Berlin.....	do.....	1,441	270	1,950
	Total.....		1,646	290	2,230

**PALERMO.**

Date.	Name of ship.	Destination.	Steerage passengers inspected and passed.	Pieces of baggage inspected and passed.	Pieces of baggage disinfected.
Feb. 5	Athinai.....	New York.....			
9	Italia.....	do.....	183	180	125
10	Berlin.....	do.....	273	180	250
	Total.....		456	360	375

## SPAIN.

## Almeria—Typhus Fever.

The American consul reports the occurrence of a death from typhus fever during the month of January, 1912.

## ZANZIBAR.

## Zanzibar—Examination of Rats.

Consul Weddell reports: During the two weeks ended January 21, 1,623 rats were examined for plague infection. No plague-infected rat was found.

## CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

## REPORTS RECEIVED DURING WEEK ENDED MAR. 8, 1912.

[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:				
Hongkong.....	Jan. 14-20.....	1	1	
Dutch East Indies.....	Nov. 26-Dec. 2.....	1 761	638	
India:				
Calcutta.....	Jan. 14-20.....		50	
Madras.....	Jan. 21-27.....	15	13	Madras Presidency, Dec. 1-31: Cases, 6,557; deaths, 4,130.
Indo-China:				
Saigon.....	Jan. 9-15.....	63	49	
Tripoli:				
Tripoli.....	Oct. 13-Jan. 24.....			Cases, 2,000; deaths, from 1,000 to 1,200. <sup>1</sup>
Turkey in Asia.....				Provinces in Asia and Europe, Apr. 16-Dec. 30, 1911: Deaths, 6,111, excluding Constantinople. Mainly among troops.
Acre.....	Jan. 21.....	7	6	In vicinity.
Turkey in Europe:				
Constantinople.....	Feb. 2-3.....	2		

## YELLOW FEVER.

Brazil:				
Manaos.....	Jan. 21-Feb. 3.....		5	
Pernambuco.....	Jan. 1-15.....		2	

## PLAGUE.

Brazil:				
Para.....	Jan. 29-Feb. 10.....		2	
China:				
Hongkong.....	Jan. 14-20.....	1		
India:				
Bombay.....	Jan. 21-27.....	17	16	
Calcutta.....	Jan. 14-20.....		13	
Karachi.....	Jan. 21-27.....	7	7	
Indo-China:				
Saigon.....	Feb. 9-15.....	2		
Java:				
Pasoeroean Residency.....	Jan. 14-20.....	6	4	
Mauritius.....	Dec. 8-14.....	2	1	
Straits Settlements:				
Singapore.....	Jan. 7-13.....	2	2	

<sup>1</sup> Bulletin Quarantenaire d'Egypte, Feb. 8, 1912.

<sup>2</sup> From the Veröffentlichungen des Kaiserlichen Gesundheitsamtes, Feb. 14, 1912.



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

Reports Received during Week ended Mar. 8, 1912.

## SMALLPOX.

Places.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Oran.....	Jan. 1-31.....	2	1	
Brazil:				
Pernambuco.....	Jan. 1-15.....		65	
Rio de Janeiro.....	Jan. 14-20.....	1		
Santos.....	Dec. 12-23.....		1	
Canada:				
Quebec.....	Feb. 18-24.....	11		
China:				
Hongkong.....	Jan. 14-20.....	42	29	
France:				
Marseille.....	Jan. 1-31.....		3	
Paris.....	Jan. 29-Feb. 3.....	7		
Germany.....	Feb. 4-17.....	13		
Great Britain:				
London.....	Feb. 4-10.....	2		
India:				
Bombay.....	Jan. 21-27.....	50	15	
Calcutta.....	Jan. 14-20.....		1	
Madras.....	Jan. 21-27.....	8	4	
Italy:				
Leghorn.....	Feb. 11-17.....	8		
Naples.....	Jan. 29-Feb. 10.....	12	1	
Palermo.....	do.....	236	80	
Japan:				
Yokohama.....	Jan. 22.....	1		From s. s. Hydra from New York via Suez.
Mexico:				
Guadalajara.....	Feb. 11-17.....	2		
Manzanillo.....	Feb. 18-24.....	1		
Porfirio Diaz.....	Feb. 11-24.....	2	2	
Tampico.....	Feb. 10-20.....		2	
Russia:				
Moscow.....	Jan. 21-27.....	4	1	
St. Petersburg.....	Jan. 14-27.....	17	6	
Turkey in Asia:				
Beirut.....	Jan. 29-Feb. 10.....	370	20	

## REPORTS RECEIVED FROM DEC. 30, 1911, TO MAR. 1, 1912.

[For reports received from July 1, 1911, to Dec. 29, 1911, see PUBLIC HEALTH REPORTS for Dec. 29, 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.....	Jan. 21.....	2	1	
Ras-el-Ketib.....	Dec. 27-Jan. 1.....			Total cases, 22; deaths, 12; mainly in the military hospital.
Austria-Hungary:				
Coastland—				
Capodistria.....	Dec. 14-24.....	2	2	
Croatia and Slavonia.....				Total Oct. 22-Dec. 16: Cases, 36.
Sriem.....	Oct. 22-Dec. 16.....	36		
Hungary.....				Total Nov. 19-Dec. 23: Cases, 37.
Bacs-Bodog.....	Dec. 10-16.....	9	5	
Jasz-Nagykun-Szolnok.....	Dec. 3-23.....	11	7	
Torontal.....	Nov. 19-Dec. 16.....	17	2	
Bulgaria:				
Burgas.....	Nov. 22-23.....	2	2	
Varna.....	Nov. 6.....	1		
Dutch East Indies.....				Total Sept. 24-Nov. 27: Cases, 876; deaths, 529.
Batavia.....	Nov. 12-Dec. 23.....	21	8	Free Dec. 31.
India:				
Bahrein Island.....	Nov. 27-Dec. 30.....		260	In the Persian Gulf.
Calcutta.....	Nov. 5-Feb. 6.....		300	
Madras.....	Nov. 26-Jan. 20.....	418	344	Madras Presidency, Dec. 1-31: Cases, 3,879; deaths, 2,412.
Rangoon.....	Oct. 1-Nov. 30.....	6	3	
Indo-China:				
Saigon.....	Nov. 20-Jan. 8.....	1,058	773	

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

Reports Received from Dec. 30, 1911, to Mar. 1, 1912.

## CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Italy.....				Total June 8-Dec. 31; Cases, 15,985; deaths, 6,022.
Provinces—				
Caltanissetta.....	Nov. 26-Dec. 31...	9	7	
Girgenti.....	.....do.....	105	57	
Messina.....	Nov. 26-Dec. 2.....	3	2	
Syracuse.....	Nov. 26-Dec. 23....	15	9	
Malta.....	Nov. 19-Dec. 10....	6	6	Dec. 23 declared free from cholera.
Montenegro.....	Nov. 4-11.....	9	5	
Persia:				
Adaban.....	Nov. 4.....	1	1	
Kermanshah.....	Dec. 31.....			Present.
Philippine Islands:				
Province—				
Union.....	Oct. 29-Dec. 4.....	5	5	
Roumania.....				Total Sept. 9-Dec. 13: Cases, 192; deaths, 42, including report, p. 2094, vol. 1.
Districts—				
Braila.....	Sept. 11-Dec. 13....	84	11	Including cases previously reported.
Convuluri.....	Oct. 31-Nov. 28....	21	1	
Dolju.....	Nov. 6-Dec. 13....	19	4	
Jalomitza.....	Oct. 31-Nov. 28....	4		
Konstanza.....	Oct. 30-Nov. 28....	8		
Prahova.....	Nov. 6-23.....	1	1	
Talomita.....	.....do.....	2		
Tulcea.....	Nov. 24-Dec. 13....	15	1	
Servia.....				Total year 1911: Cases, 95; deaths, 51, including report, p. 2095, vol. 1.
Belgrade, district.....	Nov. 26-Dec. 16....	6	4	Declared free Dec. 31.
Siam:				
Bangkok.....	Nov. 5-Dec. 30....		559	
Straits Settlements:				
Singapore.....	Nov. 5-18.....	3	3	
Tripoli:				
Tripoli.....	Oct. 25-Nov. 10....			150 to 200 among the civil population and 25 to 30 among the military, Dec. 21, 1911.
Tunis Regency.....				Total Nov. 25-Jan. 4: Cases, 358; deaths, 396.
Beja district.....	Nov. 25-Dec. 7.....	30	35	
Bizerta district.....	Nov. 25-Dec. 5.....	9	15	
Turkey in Asia.....				Turkey in Asia and Europe.
Adana.....	Dec. 2-6.....	16	5	Total Apr. 16-Dec. 30, 1911: Deaths, 6,111, excluding Constantinople.
Aleppo.....	Jan. 26-Feb. 3.....	16	8	
Amara.....	Oct. 15.....	1	1	
Basra.....	Oct. 22-28.....	14	10	
Erzeroum, vilayet.....	Sept. 11-16.....	50	28	
Erzeroum.....	.....do.....	11	8	
Kaila.....	Dec. 8.....			Present.
Kerbelah.....	Oct. 20-28.....	10	10	
Kharput.....	Nov. 19-Dec. 30....	47	47	
Jiddah.....	Dec. 2-24.....	323	310	
Mekka.....	Dec. 4-24.....	905	879	Sept. 1-Dec. 24: Cases, 1,648; deaths, 1,565.
Mersina.....	Dec. 1-7.....	2	1	
Osmania.....	Dec. 1-6.....	2	4	
Sinope.....	Dec. 7.....	2	1	
Trebizond and vicinity.....	Sept. 18-23.....	64	34	
Tripoli.....	Jan. 4.....			Present.
Turkey in Europe:				
Constantinople.....	Oct. 24-Jan. 21....	6	2	
Durazzo.....	Dec. 7-13.....	2		
Janina.....	Jan. 14-22.....	17	8	
Loros.....	Jan. 22.....	12	7	
Saloniki, vilayet.....	Nov. 6-19.....	4	3	In Serres.

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

Reports Received from Dec. 30, 1911, to Mar. 1, 1912.

## YELLOW FEVER.

Places.	Date.	Cases.	Deaths.	Remarks.
<b>Brazil:</b>				
Manaos.....	Nov. 19-Jan. 6.....	—	8	
Para.....	Dec. 9-16.....	1	1	
<b>Ecuador:</b>				
Bucay.....	Nov. 16-30.....	2	—	
Duran.....	Dec. 1-15.....	3	2	
Guayaquil.....	Nov. 16-Dec. 15.....	20	11	
Millagro.....	do.....	8	1	
<b>Mexico:</b>				
Espita.....	Dec. 31-Jan. 6.....	1	—	
Maxcanu.....	do.....	1	—	
Merida.....	Nov. 12-Feb. 3.....	15	9	Total Aug. 1-Feb. 3: Cases, 60; deaths, 29.
Puerto Mexico (Coatzacoalcos).	Feb. 28.....	—	1	
Salina Cruz.....	Feb. 4-7.....	—	—	7 cases in the lazaretto from s. s. Ikalis from Guayaquil.
Temax.....	Dec. 31-Jan. 6.....	1	—	
<b>Portuguese Guinea:</b>				
Bolama.....	Dec. 19-25.....	1	1	In an engineer on a vessel.
<b>Venezuela:</b>				
Caracas.....	Nov. 16-Jan. 15.....	25	8	
La Guaira.....	Feb. 27.....	—	—	Present.
Sabana Grande.....	Dec. 12.....	—	—	Epidemic.
<b>West Indies:</b>				
St. Vincent.....	Feb. 19.....	1	—	
At sea.....	Dec. 17-23.....	1	1	On a vessel en route from Manaos to Para.

## PLAGUE.

<b>Algeria:</b>				
Philippeville.....	Oct. 19-Nov. 11.....	8	2	Including 5 cases, p. 2096, Vol. XXVI.
<b>Brazil:</b>				
Bahia.....	Sept. 1-30.....	—	2	
Para.....	Dec. 24-Jan. 27.....	18	10	
Pernambuco.....	Oct. 16-Jan. 16.....	—	4	
Rio de Janeiro.....	Nov. 12-Dec. 23.....	6	3	
<b>British East Africa:</b>				
Kismayu.....	Oct. 15-25.....	2	—	1 case pneumonic.
<b>British South Africa:</b>				
Durban.....	Jan. 17.....	2	1	
<b>Chile:</b>				
Iquique.....	Nov. 12-Jan. 6.....	10	4	
Pisagua.....	Nov. 1-30.....	8	—	
<b>China:</b>				
Amoy.....	Jan. 13.....	—	1	
Hongkong.....	Dec. 9-Jan. 13.....	7	5	
<b>Dutch East Indies:</b>				
Java.....		—	—	Total Mar. 1-Dec. 9: Cases, 1,777; deaths, 1,262.
Paserocean Residency, Malang District.	Nov. 12-Jan. 13.....	66	32	
Soerobaya.....	Oct. 17-27.....	2	—	
<b>German East Africa:</b>				
Dar-es-Salaam.....	Nov. 13-15.....	1	1	From the interior via Bergamogo.
<b>Ecuador:</b>				
Guayaquil.....	Nov. 16-Dec. 15.....	102	42	
<b>Egypt.....</b>				Total Jan. 1-Dec. 31, 1911: Cases, 1,656; deaths, 1,041, including cases previously reported.
<b>Provinces—</b>				
Assiout.....	Jan. 1-25.....	12	9	Sept. 11-16: Cases, 50; deaths, 28.
Assouan.....	Jan. 1-Feb. 25.....	1	1	
Behera.....	Jan. 1-25.....	3	2	Sept. 11-16: Cases, 11; deaths, 8.
Fayoum.....	Jan. 1-26.....	1	—	
Galloubeh.....	Jan. 1-Feb. 8.....	1	1	Oct. 5-Dec. 26: Cases, 1.
Garbieh.....	Jan. 1-25.....	1	—	
Kena.....	do.....	1	1	Nov. 20-Dec. 13: Cases, 3; deaths, 3.
Minieh.....	do.....	3	2	Dec. 13: Cases, 1
<b>Hawaii:</b>				
Honakaa.....	Feb. 9-25.....	3	3	

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

Reports Received from Dec. 30, 1911, to Mar. 1, 1912.

## PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Nov. 19-Jan. 20...	80	70	
Calcutta.....	Nov. 11-Feb. 6.....	46	46	
Karachi.....	Nov. 26-Jan. 20....	39	37	Total, year 1911: Cases, 3,273; deaths, 3,046.
Rangoon.....	Oct. 1-Nov. 30.....	38	39	
Bombay Presidency and Sind.....	Oct. 29-Dec. 30....	35,557	25,895	
Madras.....	Jan. 1-6.....	1	1	
Madras Presidency.....	Oct. 29-Dec. 30....	4,687	3,770	
Bengal.....	do.....	3,893	2,827	
United Provinces.....	do.....	12,270	10,459	
Punjab.....	do.....	1,229	895	
Burma.....	do.....	206	187	
Central Provinces.....	do.....	6,883	5,234	
Coorg.....	do.....	75	42	
Mysore State.....	do.....	4,913	3,801	
Hyderabad State.....	do.....	10,830	10,038	
Central India.....	do.....	4,242	3,486	
Rajputana and Ajmere Merwara.....	do.....	457	362	
North West Province.....	Oct. 29-Dec. 9.....	1	1	Total for India, Oct. 29-Dec. 30: Cases, 35,243; deaths, 66,997. Total, year 1911: Cases, 828,535; deaths, 691,849.
Indo-China:				
Saigon.....	Nov. 13-Jan. 1....	21	.....	
Java:				
Kediri.....	Nov. 26-Dec. 2....	1	1	
Madison.....	do.....	5	5	
Mauritius.....	Nov. 3-Dec. 7.....	36	26	
Peru:				
Departments—				
Callao.....	Oct. 1-21.....	1	.....	In November 1 case, in January 3 cases with 2 deaths.
Chiclayo.....	do.....	12	4	
Chosika.....	do.....	1	1	
Lambayeque.....	do.....	3	.....	
Libertad.....	do.....	8	.....	
Lima.....	do.....	13	6	
Philippine Islands:				
Cebu quarantine station....	Dec. 4.....	1	.....	On s. s. Montrose from Shanghai.
Russian Empire:				
Astrakhan, government....	Sept. 21-Jan. 7....	201	180	Including 73 cases and 63 deaths reported on page 2098, Vol. I.
Siam:				
Bangkok.....	Nov. 4-Dec. 2.....	.....	2	
Straits Settlements:				
Singapore.....	Nov. 5-Jan. 6.....	17	16	
Turkey in Asia:				
Jiddah.....	Jan. 13-15.....	2	.....	

## SMALLPOX.

Algeria:				
Algiers.....	Nov. 1-30.....	.....	1	
Arabia:				
Aden.....	Nov. 28-Jan. 15....	5	3	And vicinity.
Argentina:				
Buenos Aires.....	Oct. 1-31.....	.....	6	
Rosario.....	Oct. 1-Nov. 30....	.....	31	
Austria-Hungary:				
Bohemia.....	Jan. 14-20.....	1	.....	
Galicja.....	Dec. 24-30.....	1	.....	
Krain.....	Jan. 14-20.....	7	.....	
Trieste.....	Dec. 3-9.....	1	.....	From s. s. Baren Call from Beirut.
Tyrol.....	Jan. 14-20.....	1	.....	
Brazil:				
Bahia.....	July 1-31.....	.....	1	
Pernambuco.....	Oct. 16-Dec. 31....	.....	323	Report for Oct. 1-15 not received
Rio de Janeiro.....	Nov. 26-Jan. 6.....	3	1	

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

Reports Received from Dec. 30, 1911, to Mar. 1, 1912.

## SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Canada:				
British Columbia—				
Nelson.....	Dec. 24-30.....	1		
Victoria.....	Feb. 4-10.....	1		
Manitoba—				
Winnipeg.....	Jan. 14-20.....	1		
Ontario—				
Kingston.....	Dec. 19-23.....	1		
Ottawa.....	Dec. 10-Feb. 17...	60		
Sarnia.....	Oct. 17-Dec. 31...	42		
Toronto.....	Jan. 6-Feb. 10....	2	1	
Windsor.....	Feb. 4-10.....	2		
Quebec—				
Montreal.....	Dec. 17-Feb. 17...	20		
Quebec.....	Dec. 10-Feb. 17. .	224	1	
Ceylon:				
Colombo.....	Nov. 12-18.....	1		
Chile:				
Iquique.....	Dec. 10-16.....	2		
La Serena.....	Nov. 21-30.....	14		
Santiago.....	Nov. 1-30.....	685	343	
Talcahuano.....	Nov. 26-Dec. 23...	14	3	
Valparaiso.....	Dec. 3-9.....	43		Jan. 20—Present.
China:				
Canton.....	Nov. 11-Dec. 30...	40	6	
Chungking.....	Nov. 18-Jan. 6....			Present.
Hongkong.....	Nov. 12-Jan. 13...	127	97	
Nanking.....	Dec. 10-Jan. 27...			Do.
Shanghai.....	Dec. 11-Jan. 21...		3	
Cuba:				
Habana.....	Dec. 19-Jan. 19....	2		Case Dec. 19 from German s. s. Frankenwald, from Spain and Canary Islands; case Jan. 19 from s. s. Mexico.
Egypt:				
Cairo.....	Dec. 10-Jan. 14....	3		
France:				
Marseille.....	Nov. 1-30.....		1	
Paris.....	Dec. 3-Jan. 27....	56	5	
Germany.....				Total, Dec. 31-Feb. 3: Cases, 10.
Hamburg.....	Jan. 21-27.....	1		
Great Britain:				
Bristol.....	Jan. 29-Feb. 3....	2		
London.....	Jan. 14-Feb. 3....	2	1	
India:				
Bombay.....	Nov. 19-Jan. 20....	87	51	
Calcutta.....	Nov. 19-Feb. 6....		17	
Madras.....	Nov. 26-Jan. 20....	48	29	
Rangoon.....	Oct. 1-Nov. 30....	29	9	
Indo-China:				
Saigon.....	Nov. 13-Jan. 15....	24		
Italy:				
Genoa.....	Dec. 1-Jan. 31....	33	2	
Leghorn.....	Dec. 16-Feb. 10....	83	1	
Messina.....	Nov. 19-Jan. 31....		6	
Naples.....	Dec. 3-Jan. 27....	50		
Palermo.....	Nov. 26-Jan. 27....	1,946	655	
Turin.....	Jan. 15-Feb. 4....	3		
Japan:				
Arima-Mura.....	Nov. 12-18.....	6	1	11 miles east from Kobe.
Kanagawa, ken.....	Dec. 17-23.....	1		
Kobe.....	Jan. 22-28.....	1		Jan. 20, 1 case from s. s. Suverio from Hongkong.
Java:				
Batavia.....	Nov. 12-Jan. 20....	24	5	
Malta:				
Batavia.....	Dec. 24-Jan. 6....	2	1	
Mexico:				
Agualcalientes.....	Dec. 18-Feb. 11....		5	
Chihuahua.....	Nov. 23-Feb. 11....	62	36	
Coahuila, State.....	Oct. 1-30.....		16	
Guadalajara.....	Jan. 14-Feb. 10....		2	
Juarez.....	Dec. 13-Feb. 10....	9	4	
Magdalena.....	Dec. 23-Feb. 7....	7		Feb. 7, 62 cases present.
Mazatlan.....	Dec. 11-Jan. 30....		9	Feb. 13, 33 cases in the lazaretto.
Mexico.....	Nov. 26-Jan. 13....	46	25	
Monterrey.....	Dec. 11-21.....		2	
Porfirio Diaz.....	Dec. 3-Feb. 3....		30	
San Antonio.....	Jan. 1-21.....	12	9	

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

Reports Received from Dec. 30, 1911, to Mar. 1, 1912.

## SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
<b>Mexico—Continued.</b>				
San Carlos .....	Jan. 1-21 .....			Present. Do.
Sandoval .....	Dec. 16 .....			
San Ignacio .....	Jan. 8 .....	3		
Sarie .....	Jan. 21-27 .....		6	
Santa Ana .....	Jan. 8 .....	4		
San Luis Potosi .....	Nov. 12-Dec. 2 .....	3		
Tampico .....	Dec. 1-Feb. 10 .....		8	
Tapachula .....	Nov. 1-Dec. 31 .....		14	
<b>Portugal:</b>				
Lisbon .....	Dec. 9-Feb. 10 .....	28		
<b>Russia:</b>				
Batum .....	Dec. 1-31 .....	1		
Libau .....	Dec. 17-23 .....	1		
Moscow .....	Nov. 19-Jan. 20 .....	22	8	
Odessa .....	Nov. 26-Jan. 13 .....	10	1	
Reval .....	Nov. 1-30 .....	1		
Riga .....	Dec. 24-Jan. 27 .....	16		Oct. 1-Nov. 30; deaths, 2.
St. Petersburg .....	Nov. 19-Jan. 27 .....	95	14	
Warsaw .....	Nov. 5-Dec. 2 .....		185	
<b>Siam:</b>				
Bangkok .....	Nov. 5-Dec. 30 .....		626	
<b>Siberia:</b>				
Omsk .....	Jan. 1-31 .....	7		
<b>Spain:</b>				
Cadiz .....	Nov. 1-Dec. 31 .....		14	
Madrid .....	Dec. 1-Jan. 31 .....		3	
Malaga .....	Nov. 1-30 .....		45	
Seville .....	Dec. 1-31 .....		5	
Valencia .....	Dec. 3-Feb. 10 .....	149	11	
<b>Straits Settlements:</b>				
Singapore .....	Nov. 19-Jan. 13 .....	18	7	
<b>Switzerland:</b>				
<b>Cantons—</b>				
Oberwalden .....	Jan. 14-20 .....	1		
Zurich .....	Dec. 3-23 .....	6		
<b>Teneriffe:</b>				
Santa Cruz .....	Dec. 3-Feb. 3 .....		35	
<b>Turkey in Asia:</b>				
Beirut .....	do .....	285	47	
<b>Turkey in Europe:</b>				
Constantinople .....	Dec. 4-Feb. 4 .....		53	
<b>Uruguay:</b>				
Montevideo .....	Sept. 1-Nov. 30 .....	23	4	
<b>Venezuela:</b>				
Caracas .....	Nov. 1-Jan. 15 .....	11	2	
<b>Zanzibar:</b>				
Zanzibar .....	Oct. 28-Dec. 15 .....	3	2	

## 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	Feb. 10	163,084	54								1			2
Aguaascalientes	Feb. 18	40,000	36	2					1					
Aix-la-Chapelle	Jan. 20	157,485	60	3								3	1	2
Barcelona	Feb. 12	591,272	295	36						4			1	1
Amsterdam	Feb. 10	580,962	101	22						2		2	1	7
Antwerp	Feb. 3	309,839	72	5						1	1			1
Beirut	do	80,000	20					19		5				
Belfast	Feb. 10	385,492	313	30						1				15
Belgrade	Feb. 3	90,050	28								3			
Birmingham	Feb. 10	542,512	411								1	2		16
Bombay	Jan. 27	977,822	687	33	16			15					14	
Bordeaux	Feb. 10	253,000	124	16									5	
Bradford	do	289,618	96	7						1		1		
Bremen	Jan. 27	246,850	91	10							4	2	2	
Brussels	Feb. 3	649,846	249	23						1	1	1	2	1
Budapest	Jan. 27	1,000,000									3	6	3	1
Cairo	Jan. 21	689,439	513	28					1	3		9		
Calcutta	Jan. 20	890,493	496	31	13	50		1					2	
Catania	Feb. 9	200,000	75	2								1		
Cologne	Feb. 3	525,671	165	22								2	6	
Colonbo	Jan. 13	227,026	167	15							7			2
Do	Jan. 20		140	14						3				
Constantinople	Feb. 11	1,000,000	250	35				6		5	3		3	
Copenhagen	Jan. 27	465,000	144	21									1	2
Denia	Feb. 10	12,431	6	1							1			
Dublin	Feb. 3	406,536	184	31						1	2	2	2	1
Dresden	Jan. 27	555,000	158	31								2		
Dundee	Feb. 10	171,006	80	6								1		
Edinburgh	do	321,200	139	9									2	
Erfurt	Jan. 27	125,000	37	3								3		
Ghent	Feb. 3	166,235	69	5								1		
Glasgow	Feb. 15	785,600	400							1		5	49	7
Gothenburg	Feb. 3	170,100	53	2								2		1
Guadalajara	Feb. 17	119,468	89									1		
Hamburg	Feb. 3	953,079	284	33							2	9	2	
Hanover	Jan. 21	302,200	81	12							1	2		1
Havre	Feb. 10	136,159	57	18									1	6
Hongkong	Jan. 20	336,488				1		29				3		
Hull	Feb. 10	282,987	95							1		2		
Karachi	Jan. 27	148,000	103										17	1
Kharput	Jan. 20	21,000		1										
Kingston	Feb. 24	21,000	10	1										
Konigsberg	Jan. 27	251,000	87	9									4	2
Leeds	Feb. 10	445,568	183	8								2	1	2
Leipzig	Jan. 27	605,755	166	17								2	3	
Libau	Feb. 4	90,000												
Liverpool	Feb. 10	752,055	338	31							1			
London	do	7,340,125	2,647							5	4	22	28	43
Lubeck	do	100,000	46	9						2				
Madras	Jan. 27	518,660	533			13		4					3	
Manaos	do	52,000	48	3				1						
Do	Feb. 3		49	6				4						
Manchester	Feb. 10	631,533	384	34										
Montreal	Feb. 24	466,197	150	19										
Moscow	Feb. 27	1,500,000	713	104				1	2	13	16	16	3	
Munich	Jan. 27	610,000	168	25									3	
Nagasaki	Jan. 28	179,257	42	3									1	
Nagoya	Jan. 20	419,434	153							1		1		
Do	Jan. 27	420,763	172								1	1		
Nantes	Feb. 11	170,531	89	18										
Nottingham	Feb. 3	260,000	92	10										
Odessa	do	546,000	191	34					6	1	1	5	5	
Palermo	do	340,000	186	7					53					
Do	Feb. 10		184	5					27	1	3	1		
Port Elizabeth	Jan. 20	30,692	13	1									1	
Paris	Feb. 3	185,000	69	7	3									
Do	Feb. 10		79	11	2									
Paris	Feb. 3	2,888,110	1,102	254						6	2	8	16	8
Portirio	Feb. 17	16,000	5					1						

## 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.
Prague.....	Feb. 27	225,204	97	14								1
Rangoon.....	Jan. 20	289,342	177		4	3		2				
Rio de Janeiro.....	Jan. 13	912,169	378	66								5
Do.....	Jan. 20	921,987	373	79								4
Do.....	Jan. 27		330	74							1	2
Salgon.....	Jan. 15	220,000				49						
Singapore.....	do	303,328	207	17		2		3	3			
St. Petersburg.....	Jan. 20	1,907,708	787	127				1	1	16	18	15
Do.....	Jan. 27		843	149				5		14	20	11
San Pedro.....	Jan. 20	10,000	4	1								32
Santa Cruz de Teneriffe.....	Feb. 3	46,000	11									
Southampton.....	Feb. 10	120,891	41	3				4				1
Stettin.....	Jan. 27	237,000	64	7								1
Do.....	Feb. 3		81	6							1	1
Stockholm.....	Jan. 27	343,839	102	20						2	2	2
Stoke-on-Trent.....	Feb. 3	237,153	108	5					1	1	1	3
Do.....	Feb. 10		99	1							1	2
Talcahuano.....	Jan. 27	28,000	5	1								1
Do.....	Feb. 3		6	2								1
Tampico.....	Feb. 20	23,452	39	7				2				
Tientsin.....	Jan. 27	425,000	19	5								1
Trieste.....	do	233,599	117									1
Turin.....	Feb. 11	430,770	163	19						2		3
Valencia.....	Feb. 10	240,000	132	4				1				
Venice.....	(Nov. 4—Dec. 30)	200,000	515	56					1	45	1	5
Vienna.....	Jan. 27	2,064,583	714	88					1	3	2	10
Winnipeg.....	Feb. 17	151,958	57	2						3	2	2
Yokohama.....	Feb. 5	419,630							1		2	

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

AUSTRIA-HUNGARY—*Brunn*.—Month of December, 1911. Population, 108,944. Total number of deaths from all causes, 248, including diphtheria 8, measles 7, scarlet fever 2, tuberculosis 50, typhoid fever 2.

BRAZIL—*Santos*.—Two weeks ended December 23, 1911. Population, 8,500. Total number of deaths from all causes, 63, including smallpox 1.

DUTCH GUIANA—*Paramaribo*.—Month of January, 1912. Population, 37,475. Total number of deaths from all causes, 105. No contagious diseases.

EAST AFRICA—*Mombasa*.—Month of December, 1911. Population, 26,000. Total number of deaths from all causes, 46, including tuberculosis 1.

GREAT BRITAIN.—Week ended February 3, 1912.

England and Wales.—The deaths registered in 77 great towns correspond to an annual rate of 18.6 per 1,000 of the population, which is estimated at 17,559,219.



*Ireland.*—The deaths registered in 21 principal town districts correspond to an annual rate of 24.6 per 1,000 of the population, which is estimated at 1,157,014. The lowest rate was recorded at Sligo, viz, 4.7, and the highest at Clonmel, viz, 35.5 per 1,000.

*Scotland.*—The deaths registered in 18 towns correspond to an annual rate of 19.1 per 1,000 of the population, which is estimated at 2,182,400. The lowest rate was recorded at Motherwell, viz, 7.5, and the highest at Ayr, viz, 23.3 per 1,000. The total number of deaths from all causes was 797, including diphtheria 12, measles 55, scarlet fever 5.

*ITALY—Messina.*—Month of January, 1912. Population, 127,000. Total number of deaths from all causes 149, including diphtheria 1, scarlet fever 3, smallpox 1, tuberculosis 10.

*JAPAN—Formosa.*—Four weeks ended January 20, 1912. Population, 3,341,217. Total number of deaths from all causes not reported. The deaths include diphtheria 4, typhoid fever 11.

*MALTA.*—Two weeks ended January 27, 1912. Population, 213,395. Total number of deaths from all causes 189, including diphtheria 1, measles 1, tuberculosis 8, typhoid fever 2.

*RUSSIA—Libau.*—Month ended January 13, 1912. Population, 90,000. Total number of deaths from all causes, not reported. The deaths include diphtheria 6, scarlet fever 4, typhoid fever 1.

*SPAIN—Almeria.*—Month of January, 1912. Population, 50,910. Total number of deaths from all causes, 129, including diphtheria 1, tuberculosis 9, typhus fever 1.

*Madrid.*—Month of January, 1912. Population, 584,117. Total number of deaths from all causes, 1,491, including diphtheria 19, measles 19, scarlet fever 1, smallpox 2, tuberculosis 144, typhoid fever 21.

*TURKS ISLANDS.*—Two weeks ended February 17, 1912. Population, 1,675. Total number of deaths from all causes 3. No contagious diseases.

*VENEZUELA—La Guaira.*—Two weeks ended January 31, 1912. Population, 10,000. Total number of deaths from all causes, 25, including tuberculosis 8, typhoid fever 1.

By authority of the Secretary of the Treasury:

RUPERT BLUE,  
Surgeon General,

*United States Public Health and Marine-Hospital Service.*

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