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MEDICAL INSPECTION OF SCHOOLS.

A LECTURE DELIVERED AT THE SUMMER SCHOOL OF THE SOUTH UNIVERSITY OF TENNESSEE, KNOXVILLE, TENN.

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The medical inspection of schools is one of the latest branches of public-health work. Still in its infancy, its early beginnings may be traced back to the foundations laid in school hygiene by Locke and Rousseau in the eighteenth century and Frank, of Austria; Ling, of Sweden; Lorinser, of Germany, in the nineteenth. Cohn, of Breslau, in 1867, was the first to call attention to the large number of eye defects among school children, while Bowditch, of the United States, was a pioneer in this country, as, by his work in measuring and weighing 25,000 children in the Boston schools, he contributed valuable standards of the heights and weights of school children.

It is, however, only of recent years that the whole problem of medical school inspection has begun to be considered in any broad and thoroughgoing manner. While we are still only at the beginnings of this new and most important branch of public-health work and there is a lack of uniformity of opinion as to its scope and practical application in various sections of this and other countries, nevertheless we have already gone far enough to reveal possibilities of great future benefits, physical, mental, and economic, accruing not only to the individual child, but to the entire community.

Right of the State to Establish Medical School Inspection.

Before proceeding to the discussion of the scope of medical school inspection, its ideals, and the means by which they may be realized, let us first examine upon what basis the enlightened citizen has a right to demand or the State to establish a system of medical school inspection.

We are all agreed that children are the potential capital of the State and that it is upon the subsequent efficiency of these citizens in embryo that the future prosperity of any body politic depends.

The necessity for universal education has appeared so obvious that the State has been freely granted the right to make this compulsory,

yet the harmful influence of physical defects and diseases, so often present in school children, unknown to parents and school-teachers, is so marked in retarding or arresting the physical, mental, and moral development of children that it is clearly of the utmost advantage to the State to go a step beyond the mere prescription of compulsory education.

It is evident that the usefulness of knowledge acquired in school is directly controlled by the ability of the pupils efficiently to embrace the opportunity for education and for mental equipment furnished by the State. Such efficiency in practice is more dependent upon the continuance of a state of physical well-being than upon any other condition. Moreover, it has been abundantly shown that physical defects and diseases of many kinds play a most important part in retarding or even arresting mental and moral development when allowed to extend their influence unchecked through childhood's years. On the other hand, it has been just as conclusively demonstrated that many such defects and diseases, while pernicious in their influence on growth and development, are, in the great majority of instances, either readily preventable or curable. Besides, unless such defects are detected by competent physical examination, their presence is often unsuspected by teacher or parent, with the result that irretrievable damage may be done.

If, therefore, we concede to the State the right to prescribe compulsory education, it follows as a necessary corollary that it is equally advantageous to the State so to supervise the physical condition and environment of its children during school life as to insure their reaching maturity with their ultimate efficiency in no way impaired by easily removable or preventable causes. The necessity for such supervision is further emphasized when we reflect that by so doing we will greatly decrease the number of public charges and other dependents now in our midst.

Scope of Medical Inspection of Schools.

A good many have the impression that the object of medical school inspection is, primarily, to detect the presence of communicable disease among school children and to take the measures necessary to limit its spread.

This conception of medical school inspection has arisen from the idea that schools form the chief agents for the spread of the communicable diseases of childhood (measles, scarlet fever, diphtheria, and the like). While unsupervised schools doubtless do furnish a means of assisting the spread of such diseases, they play by no means a preponderating part in their dissemination.

On the other hand, the type of supervision which we have just conceded as a right and duty of the State plans for a far more compre-

hensive and thorough-going system of medical inspection, briefly, to maintain at all times a careful, scientific watch over the health and the development, mental and physical, of each individual child, preventing here, correcting there, some vice of conformation, faulty habit, defective physical state, and the like, so that the child, passing unscathed through its years of school life, arrives upon the threshold of citizenship with a future unhandicapped by disease, ready at once to become an efficient social unit.

Any such scheme of supervision would also imply such sanitary inspection and control of school buildings, equipment, playgrounds, physical condition of employees, etc., that healthful surroundings for school children would be insured at all times.

As an adjunct to this supervision, the State should also prescribe, as a part of the school curriculum, quite as essential as reading and writing, instruction in hygiene and the fundamental principles of the prevention of disease, so that the citizen, in future years, may protect the health which the State has safeguarded for him during childhood.

Such then is the general scope of the medical inspection of schools. Before proceeding, however, to the discussion of the ways in which such supervision may be effected, we should strengthen our convictions by convincing ourselves of the need for it. The statement has already been made that the retarding influence of readily removable or preventable defects and diseases upon the physical, mental, and moral development of children may be profound. Let us, therefore, examine the extent to which such defects are present among school children and enumerate and briefly discuss the more important.

Extent of Defects among School Children.

Attention was first called to the existence of remediable physical defects among school children when Cohn examined the eyes of 10,000 scholars in the Breslau schools and found a large number of them suffering from defective eyesight. Kerr in England followed him with reports on the examination of the vision of some 50,000 children. Since then the results of the visual examination of a large number of children have been reported, with the findings that at least 20 per cent of school children suffer from defective vision.

In regard to physical defects of every kind, in all places where such examinations have been undertaken, the percentage of children showing some physical defect has been extremely high. Hertel in 1882¹ reported 29 per cent of 16,000 children examined in the Danish schools to be unhealthy, while in 1884 Prof. Axel Key, working for a royal Swedish commission, reported about 35 per cent of 18,000 Swedish pupils to be suffering from chronic physical defects.

¹ Hogarth—Medical Inspection of Schools, London, 1909, p. 16.

In this country, out of 78,401 children examined in New York City in 1906, 56,259, or 71.7 per cent, presented some form of physical defect or disease requiring treatment.¹ Out of 710 children examined in Minneapolis, 462, or 65.1 per cent, were defective to the extent of requiring medical treatment.

It will be seen from the above that the figures reported by the Danish and Swedish observers are much lower than those collected in this country.

The discrepancy is doubtless due, in part, to differences in opinion of the various observers as to what conditions should be classified as physical defects and partly to the fact that when Hertel and Key's investigations were made medical science was not nearly so well developed as at present and attention had not been generally directed to the influence upon development of diseased conditions of the nose and throat, such as adenoid growths.

Be that as it may, it matters not whose results are taken, the fact none the less remains that wherever numbers of school children have been examined the percentage of physical defects has been found to be astonishingly high, and it is the discovery of this high percentage of defects which has given impetus to the movement for the medical inspection of schools.

More Important Defects and Diseases Among School Children.

It will now be pertinent to enumerate and briefly to discuss some of the more important types of defects and diseases from which school children suffer, though lack of time forbids anything but the merest outline. Such defects and diseases may be divided into the following groups for the purposes of classification.

1. Defects or diseases affecting the senses (hearing, vision, etc.).
2. Defects or diseases affecting the state of nutrition or development.
3. Communicable diseases.

DEFECTS OR DISEASES AFFECTING THE SENSES.

Sight and hearing are the two senses it is the most important to safeguard during childhood, and yet it is those two which we find most commonly defective among school children. Sight and hearing form the chief percipient apparatus through which knowledge is acquired, and upon their integrity, in later years, depends a large part of individual efficiency.

Many children, not learning properly in school, are backward only because of some defect of the eyes or ears, usually of a remediable nature. Moreover, unless such defects are early discovered and corrected, the efforts the child makes in overcoming his handicap may

¹ Medical Inspection of Schools, Gulick and Ayres, New York, 1908, p. 87.

result in increasing damage. In this way a defect, originally slight, may become a serious bar to later efficiency.

It has already been stated that some 20 per cent of all school children suffer from defective vision.

Defective hearing.—Some 6 or 7 per cent of all school children have defective hearing. This defect is often due to chronic disease of the middle ear (running ears), a frequent result of one of the infectious diseases of childhood (measles, scarlet fever), or the deafness may be mechanical in origin and due to blocking of the opening of the ear into the throat (the Eustachian tube) by reason of the presence of adenoid growths in the nasopharynx (portion of the throat above the level of the soft palate, into which the nose and ears open). The early detection of defective hearing in children is extremely important, as in most instances the hearing can be greatly improved or made normal by appropriate treatment, while the condition, when neglected, may grow rapidly worse, thus permanently handicapping the child, or, in the case of running ears, in addition to deafness, abscess of the bones of the skull or the brain and its enveloping membranes may result. In such instances the outcome may be very serious. Prompt surgical treatment is required, and the condition may end in death. It seems hardly necessary to comment further on the great importance of the sense of hearing and the implied necessity for a careful supervision of the hearing of all school children.

DEFECTS OR DISEASE AFFECTING THE GENERAL NUTRITION.

While many of the communicable diseases exercise a most untoward influence upon the subsequent development, such as hookworm infection, or may involve one of the essential bodily senses, as that of vision, as in trachoma, these diseases are all due to the action of specific organisms and will be considered under a separate heading. The defects and diseases discussed in this section originate, as a rule, from a variety of causes, dependent, in the last analysis, on ignorance, poverty, or both, and their alleviation demands, first, their prompt recognition when present in children, and, second, missionary work in the homes of the affected scholars.

Malnutrition.—The most important of these defects is malnutrition, and by malnutrition we mean a subnormal or a faulty growth of the various tissues and organs of a child's body. The term does not necessarily imply that the children have been underfed.

In addition to being the result of one of the communicable diseases, malnutrition may depend upon any one of the following causes: Unhealthful environment in the home or the city ward; improper feeding from birth; lack of sufficient play and fresh air; under and over feeding; rickets; defective teeth, etc.

Malnutrition, besides decreasing resistance to the infectious diseases, is provocative of undersize, stunted or arrested development, anemia, pallor, listlessness, mental dullness or apathy and backwardness.

Adenoid growths.—Situated in the nasopharynx, just back of the openings of the nose into the throat, is a small collection of adenoid tissue (glandular tissue, similar in structure to that of the tonsils). This collection is more prominent in children than in adults, is prone to enlargement and frequently attains such size as to interfere markedly with free nose breathing. The projecting growth is also apt partially to block the openings of the ears into the throat, so that dullness of hearing is the result. The affected child becomes a chronic mouth breather, a condition, which, if persistent, entails many unfortunate consequences.

The throat and lungs become irritated by breathing air which has been imperfectly filtered and moistened. This is not the case when the air is drawn through the nose, for the nasal passages are constructed for the purpose of warming, humidifying, and removing dirt particles and germs from the air we breathe.

The disuse of the nose for breathing leads to a lack of development of the facial bones. This in turn causes an undeveloped condition of the dental arch, causing the teeth to be overcrowded, irregular, and poorly opposed to each other, so that defective teeth and the disordered nutrition they entail follow in the train. Moreover, mouth breathing in the place of nose breathing interferes with the proper development of the lungs and chest. Breathing becomes gasping and superficial, leading to weak respiratory muscles and a poorly developed thorax. This is accompanied by a lack of the vitality and resistance to disease which we find the natural companions of big lungs and a big heart. The disordered nutrition and dull hearing consequent upon adenoid growths also lead to mental dullness, apathy, and backwardness. Adenoid growths are readily removed by means of a slight operation. Their pernicious influence upon the mental and physical development of children is so great that it is imperative to detect and remove them early.

Enlarged tonsils.—Enlargement of the tonsils usually goes hand in hand with adenoid growths. Intended originally to act as a means of protecting the body from infection gained through the mouth, the tonsils lose much of their protective powers when enlarged, and instead of serving as organs of defense form traps for catching harmful germs which they have lost their power to destroy. Children suffering from enlarged tonsils are apt to lose much time from school by reason of recurring sore throats, and are liable to rheumatic fever, diphtheria, and tuberculosis. They may serve as disseminators of an infection, while at the same time their own development is most unfavorably influenced by the presence of the enlarged tonsils.

Spinal curvatures.—These are often due to vicious postures caused by improper desks, bad lighting, undeveloped musculature, congenital difference in leg length, etc. Besides distorting the figure and unfavorably influencing physical development by reason of the resulting asymmetry, the altered relations of the bones and ligaments, together with the faulty distribution of the body weight in the erect position, spinal curvatures may lead to pains and weakness of the vertebral joints. Moreover, the faulty relations of the bones and the joints of the spinal column prevent the proper development of the heart and lungs.

Besides this, spinal curvatures are frequently symptoms of Pott's disease or tuberculosis of the spine. As the disease must be comparatively far advanced before any deformity is produced, the necessity is apparent for a careful examination and determination of the cause in all vicious postures of children.

Flatfoot.—Investigation has shown that an unsuspectedly large number of children suffer either from weak arches (probated foot) or flatfoot. Flatfoot is a common cause of much suffering and loss of bodily efficiency. In most instances the foundations of the disorder are laid in childhood through the use of defective shoes, improper standing postures, lack of development of the foot and leg muscles, and lowered states of the general nutrition. In most instances the use of proper corrective measures where applied in childhood will overcome or arrest the defect, so it is important to detect commencing flatfoot in children before the changes in the relation of the bones and ligaments of the foot become permanent.

Defective teeth.—An astonishingly large number of school children have defective teeth. Most of us regard teeth merely as aids to mastication and as ornaments to the mouth. Their loss or unsightliness seems to be regretted only from the cosmetic standpoint. In reality, the integrity and proper development of the teeth and dental arches have a most important relation to the general health and physical development. The permanence of the teeth in the jaws throughout life depends in a large measure upon the "occlusion" or the way the teeth fit together when the jaws are closed and the amount of available chewing surface.

Teeth well opposed and their chewing surfaces all available for use last well, and the constant use strengthens them in their sockets. Faulty "occlusion" or lack of ability of opposing teeth to come in contact with each other leads to their early decay through disease and fermentation of accumulated food particles. Decay started in such teeth readily extends to the others.

Not only do defective teeth contribute to defective development and a depraved state of health by reason of malnutrition and indigestion from faulty chewing, but the presence of decayed teeth and

diseased gums greatly increases the number of harmful germs in the mouth. The germs are swallowed with food and saliva, and the poisons they generate are absorbed and serve still further to lower the vitality.

Certain experiments made by dentists in Cleveland, Ohio, have given some very encouraging results. A number of school children from schools in the poorer section of the city and suffering from defective teeth, had their mouths placed in good condition, with the result that a remarkable gain in weight, general health, and scholastic standing ensued.

There can be no doubt but that a small amount of attention to the teeth in childhood is of inestimable benefit and far outweighs the most expensive and skilled treatment in later years, when it is too late. The teeth are such important factors in a sound mental and physical development that they are among the most important points covered by medical school inspection.

COMMUNICABLE DISEASES.

Vaccination.—Vaccination against smallpox is the most efficient safeguard ever contributed to preventive medicine against what was one of the worst diseases. Were everyone properly protected by vaccination, smallpox would cease to exist. Any system of medical inspection of schools therefore should supervise vaccination in school children, nor would children be allowed to attend school unless successfully vaccinated or shown to be one of those occasional individuals who are naturally immune both to smallpox and to vaccination.

Infectious diseases of childhood.—These are important not only because the ensuing mortality is greater than is popularly supposed, but because they may predispose to other diseases, such as tuberculosis, and several of them (e. g., measles, scarlet fever, diphtheria, etc.) may result in permanent disabilities. Moreover, the school-room is a place favorable to their spread. The necessity, therefore, is obvious for their detection in the school and the exclusion of children attacked until all danger of transmitting the disease to others is past. It follows from the foregoing that teachers should be familiar with the symptoms of the onset of these diseases.

Tuberculosis.—The importance of tuberculosis as a cause of death is well known to all. Some 5 to 15 per cent of all school children suffer from active tuberculosis. Such children, when undetected, not only may serve as a source of infection to their schoolmates, but their continued presence in the environment ordinarily pertaining to schoolrooms may rob them of the chance of recovery they would otherwise have, for childhood is the period of life showing the greatest susceptibility to tuberculosis, as it is also the period holding out the greatest hope for recovery under intelligent treatment.

Intestinal parasites.—The investigations of recent years have shown the great importance of the presence of intestinal parasites in school children. Hookworm, which infects a large number of children in the southern States, is well known for the depraved condition of the health, anemia, stunted growth, mental apathy, and backwardness which it produces. Hookworm infection is undoubtedly the greatest single foe to advances in material prosperity in those States in which it is prevalent. It is not, however, a matter of general knowledge that other intestinal parasites, such as the whipworm (*Trichocephalus dispar*), the dwarf tapeworm, or even the ordinary roundworm, are capable of producing a high grade of anemia and otherwise interfering with the proper physical and mental development.

Intestinal parasites, as a rule, can be readily expelled by simple treatment. Their continued presence in the alimentary tract is so apt to be followed by unfortunate results that the examination of school children for intestinal parasites is indicated as a routine measure in districts where they are prevalent and constitutes an important part of medical school inspection in such regions. It should not be forgotten that children infected with intestinal parasites, even if the infection is so light as not to cause general symptoms, are, nevertheless, constantly passing the eggs in their excreta, and hence may serve as disseminators of the infection. This is particularly true in those sections where the insanitary privy is the rule rather than the exception.

Chronic communicable diseases.—In this category are included certain skin diseases usually affecting the scalp, such as ringworm and favus, and trachoma, a chronic contagious disease of the eyelids. Favus and ringworm are regarded as "loathsome contagious diseases," while trachoma is designated as a "dangerous contagious disease" by the Federal authorities when found in immigrants. The exclusion of immigrants so affected is mandatory by law. Trachoma is readily spread by the close personal contacts of the schoolroom and playground, and may result in permanent impairment of the vision or even in blindness.

An accurate diagnosis of the presence of trachoma can be made only by turning up the eyelids of the affected individuals. In the absence of such inspection, some of the unfortunate results of trachoma, such as ulceration of the cornea, inflammation of the cornea (keratitis), etc., are likely to be attributed to other causes.

The disease is chronic, and when well established very difficult to cure. Hence it is of great importance to include examination for this disease in any form of medical school inspection.

Vermin.—It is astonishing to find the large number of school children infected with vermin such as body and head lice. Besides indicating neglect and poor surroundings in the home, the presence

of vermin may give rise to distressing eczema of the scalp or body. It has also recently been shown that the body louse is an agent for the transmission of typhus fever.

Mental deficiency and nervous affections.—Besides protecting the bodies of school children the state of their minds and nervous systems requires supervision from the medical standpoint. A certain proportion of children, either by heredity or through causes operative in early years, are permanent mental defectives. Others are apparently backward, but the underlying cause, while concealed, may originate in some physical defect discoverable only after competent examination. Epilepsy, neurasthenia, hysteria, and other nervous affections are not at all uncommon among school children, and proper attention in childhood may have the effect of turning these sufferers into useful citizens, rather than chronic invalids and inmates of institutions.

We clearly see, therefore, the necessity for the careful examination of mentally abnormal and deficient school children, so that the exact grade of their mental or nervous defect may be determined and the underlying cause made clear. The natural outcome of such examinations would be the creation of special classes for abnormal children.

Having thus briefly indicated some of the more important and common defects from which school children suffer and which have more or less pernicious influence upon their development and future usefulness, let us now look into the legislation provided, so far, in this country for dealing with the situation.

Unfortunately, up to the present time, such legislation is by no means so universal or far-reaching as it ought to be.

Twenty States, as follows, have recognized the necessity for the medical inspection of schools and have made some legal provision for its conduct: California, Colorado, Connecticut, District of Columbia, Indiana, Louisiana, Maine, Massachusetts, Minnesota, New Jersey, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, Utah, Vermont, Virginia, Washington, and West Virginia.

In 9 of the States the law is permissive, while in 11 it is mandatory. Of these 20 States, Massachusetts was the first to make medical inspection of schools mandatory by law in 1906, the legislation in the other States being passed from 1909 to the present time.

A considerable diversity exists in the kind of medical supervision contemplated, varying from examination for contagious diseases only to complete physical examination of pupils, teachers, and employees for defects of all kinds.

Massachusetts has probably the best and most developed system of medical school inspection in this country. The Massachusetts law provides (1) for the detection of contagious diseases in schools; and

(2) for the annual examination of children, (a) by physicians for noncontagious physical defects, and (b) by teachers for defects of eyesight and hearing.

It is evident, however, when we study what has been done as yet in medical inspection of schools, that the work is not sufficiently comprehensive. Too little money is appropriated, as a rule, for the purpose, and all available forces are not being generally utilized to their full capacity.

Let us then discuss the groups of persons who should make up the medical school-inspection staff and the extent of their duties and responsibilities.

These agents for the medical school inspection of children are as follows: (1) The school physician, (2) the school nurse, and (3) the teacher.

The Teacher.

We will begin with the teacher because her importance as an agent in medical school inspection has been generally overlooked. Hitherto teachers have been chiefly regarded as agents of instruction and discipline. No concern has been felt with respect to the part they might play in regard to the supervision of the children's health. Yet the teacher's position is filled with potentialities for good in such supervision.

In the first place, no one is brought into such close association with the class members as the school-teacher, and none, by precept and example, can exert so lasting an influence upon their mental and physical evolution. The sphere of usefulness of teachers can therefore be greatly increased by a good working knowledge on their part of the laws of health, the prevention of disease, and the fundamentals of school hygiene, and by being familiar with the more ordinary manifestations of contagious disease.

The school-inspection laws of most States provides for tests of the sight and hearing of school children by teachers. These tests are easily learned and readily executed. Their purpose is to single out the pupils having defective sight and hearing, so that the true cause and extent of their defects can be ascertained by competent medical examination and the proper treatment prescribed.

The teacher should also be the person to keep a record of the heights and weights of the children in the class. Recent studies have shown the close relation of height and weight to progress in physical and mental development.

According to Prof. Bird T. Baldwin, of Swarthmore (who has not as yet published his observations), mental maturity depends upon height and weight, the tallest and heaviest children of the same age being mentally the most mature.

Steady growth and increase in the body weight constitute most important indices to the rate of progress being made by a child. Hence if a child fails to gain normally something always is wrong, and an examination is required to discover the trouble.

It is earnestly to be hoped that the time is near when all teachers, before receiving teaching certificates, will be required to possess training in testing eyesight, hearing, and mental deficiency besides being grounded in school hygiene and the recognition of the more usual communicable diseases.

Nothing is more certain than that in the teacher we have an agent, hitherto neglected, who, if properly utilized, is susceptible, in the highest degree, of improving the health of school children. This is especially true in the case of rural schools, where the communities are small, the school the usual center of culture and information, and the influence of the teacher extensible to the home.

It is plain from the foregoing that we are increasing the requirements and qualifications of a profession which is already loaded to capacity with work. If, then, as Prof. William James puts it, we are going to require the teacher to "energize upon a higher plane," the school authorities in turn must do something for the teacher. This "something" means that the teacher should be better paid and have smaller classes. The reduction in the average size of classes will be a most important step in advance, for it will signify that the pupil is no longer a mere name to the teacher, but an individual differentiated plainly in the teacher's mind from his classmates, thus insuring much closer observation and consideration of his various aptitudes and requirements.

The results of the general entry of teachers as effectives in the army of health crusaders are certain to be of the happiest order so far as the community at large is concerned.

The School Physician.

If we increase the qualifications demanded of teachers from a health standpoint, what shall we say of the school physician? In this country at present the school physician, usually a busy practitioner or a young man just starting out to conquer a place in his profession, is paid a small salary for the part of his time devoted to medical inspection of schools. Owing to the newness of public-health work in general he does not, as a rule, approach his duties with the proper viewpoint. His idea of doctoring is to treat disease, not to prevent it. He is deficient in consequence in that breadth of mental grasp which must characterize all who work in the great preventive field of medicine.

The school physician should be primarily a man of wide general qualifications, with insight into human nature and its psychology.

He should be a keen observer, an acute and accurate diagnostician, a progressive sanitarian, especially with respect to school hygiene and the psychology of education. It goes without saying that he should be thoroughly familiar with communicable diseases and the necessary technic of bacteriologic and laboratory diagnosis; with all details of school architecture, equipment, and the like; with disinfection, lighting, heating, sanitation, and, in a word, with all the minutæ which would increase his efficiency in this particular phase of professional activity. In addition to all this, he must be a patient, enthusiastic, forceful man, devoting all his time to this work. It is evident that such a man must receive and is fully worth adequate compensation. The money spent, however, in paying men of this caliber will be returned manifold in benefits to the State.

His duties would consist in a preliminary examination of all school children at the beginning of the school year. The object of his primary examination would not be so much a complete survey of the child's physical condition as to establish the general physical status, the freedom from communicable disease of any kind, including communicable disease of the eyes, such as trachoma, and to determine the presence of satisfactory protection against smallpox by vaccination.

Before the close of the school year each child in his district is to receive a careful physical examination, the results of which are made a matter of permanent and accurate record. Children found to have defective vision or hearing by the teacher's test are carefully examined by the school physician, and the exact nature and extent of the defect determined.

In addition to this the doctor makes mental examination of children, when necessary, in order to determine the grade of any mental deficiency which may be present, and makes recommendations, in the case of such retarded pupils, as to the special classes in which they should be placed.

Moreover, the school physician is not satisfied with the scope of his duties merely in relation to the child. He examines physically all teachers and school employees, thus insuring that only those free from communicable disease come in contact with the children.

Besides these duties the school physician is the sanitarian of the school buildings and grounds. His supervision includes the architecture of school buildings, school equipment, lighting, heating, ventilation, cleaning, sewerage and water supplies, playgrounds, disinfection, and the like. He also frames such sanitary regulations as are necessary in order to maintain the school and its environment constantly in a sanitary condition, and their condition is checked by frequent inspections.

He should, moreover, instruct teachers in matters pertaining to school hygiene and the health of their pupils.

It is seen from the foregoing that no easy job is outlined for the school physician, and it is equally evident that men who fulfill these qualifications will be great powers for good in any community.

The School Nurse.

Wherever employed school authorities have been enthusiastic in praise of the good accomplished by school nurses. One at least should be in daily attendance at each school. They attend to minor injuries and diseases, collect children to be examined by the school physician from the various classrooms, assist in keeping records, follow up children in their homes to ascertain the causes for absence, urge parents to have corrected physical defects reported in their children, discover what home conditions require correction in the case of children not progressing satisfactorily from a physical or mental standpoint, and the like.

The school nurse is a most valuable agent for extending the educational sphere of the school into the home. She has made herself indispensable wherever introduced.

The School Clinic.

The apparatus for the medical supervision of schools that has just been outlined will undoubtedly detect defects and diseases in pupils, watch over their health during school hours, and greatly improve the sanitation of school buildings and grounds, besides insuring a healthy teaching staff and school personnel.

But of what avail is it to detect a defective or diseased condition in children unless the defect is remedied or the disease cured? While the experience varies in different localities, even under the most favorable conditions, when defects in children are brought to the parents' attention a large percentage of such defects and diseases are allowed to exert their baneful influence unchecked, often leading to permanent physical handicaps and, in the case of such diseases as ringworm or trachoma, to the exclusion of children from school for long periods.

Adenoid growths, enlarged tonsils, and defective teeth form another class of defects which parents are prone to neglect, even after attention has been called to their existence, through ignorance of their effects, until the damage wrought is irretrievable. When the parents try to heed advice given for the correction of physical defects and are too poor to employ a physician for the purpose, the cry goes up that hospitals and dispensaries, already overcrowded beyond their capacity, have their facilities further clogged by the crowds of school children applying for relief. Again the time consumed in waiting their

turn in such crowded institutions is apt to discourage well-meaning parents and their children so that the defect remains uncorrected.

The obvious answer is the establishment of clinics solely for school children. Such clinics are specially adapted for the treatment of defects and diseases peculiar to school life. The treatment afforded is prompt and efficient, and, wherever they have been established, the results have been brilliant and of lasting utility.

The Country School.

What of the country school? It may well be urged that, while the kind of medical supervision just outlined is suited for the densely populated urban community, rich in funds, what can be done to furnish medical supervision in the country where the funds are scanty and the schools small and separated by great distances?

Everything that applies to medical school inspection in cities applies with even greater force in the country, and the need also is greater. Inspection of many of our rural schools has revealed insanitary conditions in need of immediate correction. In the hookworm States whole schools are found infected with the disorder and, indeed, in this country, rural sanitation to-day is a problem presenting a virgin field.

In answer one may suggest that the qualifications in hygiene and sanitation of teachers be raised as previously described, and that, wherever practicable, school nurses be attached to rural communities. The medical inspection may be performed, as is the case in England, by traveling medical school inspectors, employed by the State, with good salaries and travel allowances. The services of local physicians can be enlisted, provided they pass some form of State examination as to their special qualifications. The correction of visual and dental defects, together with such other conditions as require expert or special treatment, can be effected by means of traveling school clinics which visit localities where the reports of the medical school inspectors show their services to be needed.

In conclusion it may be said that, in common with all new problems, that of the medical inspection of schools needs working out, and the future is filled with rich promises of good to be accomplished. The main point which we have for congratulation is that its potentialities are now beginning to be fully recognized, and it remains the duty of all who can to extend, so far as in them lies, the field of its application.

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

IN CERTAIN STATES AND CITIES.

SMALLPOX.

State Reports for July, 1913.

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within seven years preceding attack.	Number last vaccinated more than seven years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
California:						
Alameda County—						
Alameda.....	1			1		
Berkeley.....	1					1
Oakland.....	1				1	
Contra Costa County—						
Richmond.....	3					3
Humboldt County—						
Rio Dell.....	1					1
Kern County—						
Bakersfield.....	1					1
Lake County—						
Kelseyville.....	3				1	2
Los Angeles County—						
Los Angeles.....	3					3
Nevada County—						
Grass Valley.....	1					1
Nevada City.....	4					4
San Juan.....	1			1		
Orange County—						
Orange.....	1					1
Sacramento County—						
Sacramento.....	3				3	
San Francisco County—						
San Francisco.....	3				1	2
San Mateo County—						
San Mateo.....	1			1		
Solano County—						
Suisun.....	7					7
Sonoma County—						
Santa Rosa.....	4		1		1	2
Stanislaus County—						
Modesto.....	1					1
Yolo County—						
Woodland.....	1					1
Total.....	41		1	3	7	30
Michigan:						
Allegan County—						
Allegan.....	7				7	
Cass County—						
LaGrange Township....	1				1	
Cassopolis.....	1				1	

SMALLPOX—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within seven years preceding attack.	Number last vaccinated more than seven years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Michigan—Continued.						
Eaton County—						
Grand Ledge.....	2			1	1	
Cheboygan County—						
Benton Township.....	2				2	
Marquette County—						
Marquette.....	2				2	
Monroe County—						
Monroe.....	1	1		1		
Berlin Township.....	1				1	
Muskegon County—						
Ravenna Township.....	7				7	
Oakland County—						
Pontiac.....	7				7	
Wayne County—						
Detroit.....	50				50	
Oakland County—						
West Bloomfield Town- ship.....	2		2			
Washtenaw County—						
Saline.....	3					3
Total.....	86	1	2	2	79	3
Minnesota:						
Big Stone County—						
Browns Valley Town- ship.....	1				1	
Blue Earth County—						
Lyra Township.....	4				4	
Clay County—						
Moorhead.....	1			1		
Crow Wing County—						
Wolford Township.....	1			1		
Dodge County—						
Kasson.....	1				1	
Faribault County—						
Walnut Lake Township.....	1				1	
Hennepin County—						
Minneapolis.....	11				11	
McLeod County—						
Acoma Township.....	1				1	
Mower County—						
Austin.....	1				1	
Nicollet County—						
St. Peter.....	6				4	2
Olmsted County—						
Dover Township.....	3				3	
Rochester.....	3				3	
Pipestone County—						
Burke Township.....	1				1	
Polk County—						
Gully Township.....	4			1	2	1
Lessor Township.....	16				16	
Ramsey County—						
St. Paul.....	4				2	2
Rice County—						
Cannon City Township.....	1					1
Faribault.....	2				2	
Warsaw Township.....	2		1	1		
Wells Township.....	1					1
St. Louis County—						
Duluth.....	14			3	11	
Virginia.....	9			2	6	1
Winona County—						
St. Charles.....	4				3	1
Utika Township.....	1				1	
Wright County—						
Stockholm Township.....	2				2	
Total.....	95		1	9	76	9

SMALLPOX—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within seven years preceding attack.	Number last vaccinated more than seven years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Ohio: ¹						
Allen County.....	12				7	5
Athens County.....	4					4
Belmont County.....	2				2	
Butler County.....	9		1		7	1
Clark County— Springfield.....	7				6	1
Cuyahoga County— Cleveland.....	7					7
Darke County.....	3				1	2
Delaware County.....	1				1	
Fairfield County.....	6				6	
Franklin County— Columbus.....	2				2	
Hamilton County— Cincinnati.....	1				1	
Hardin County.....	1					1
Highland County.....	9			1	5	3
Huron County.....	7				1	6
Lucas County— Toledo.....	21			2	17	2
Madison County.....	4					4
Marion County— Marion.....	1				1	
Morgan County.....	5					5
Muskingum County.....	2					2
Noble County.....	1				1	
Perry County.....	9				5	4
Putnam County.....	1				1	
Sandusky County.....	10				5	5
Scioto County.....	2					2
Williams County.....	1				1	
Wood County.....	1				1	
Total.....	129		1	3	71	54

¹ The report from Ohio states that the morbidity returns are incomplete, and that for the month of July reports were received from 97 per cent of the cities, 72 per cent of the villages, and 43 per cent of the townships.

Miscellaneous State Reports.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
District of Columbia:			Indiana (July 1-31)—Contd.		
Mar. 1-31.....	47		Counties—Continued.		
Apr. 1-30.....	5		Miami.....	1	
May 1-31.....	34		Parke.....	3	
June 1-30.....	26		Posey.....	3	
July 1-31.....	3		Starke.....	1	
Indiana (July 1-31):			St. Joseph.....	3	
Counties—			Vanderburg.....	8	
Cass.....	1		Vermillion.....	6	
Clay.....	1		Vigo.....	7	
Dubois.....	10		Total.....	110	1
Floyd.....	6		Iowa (July 1-31):		
Fountain.....	5		Counties—		
Fulton.....	16		Boone.....	8	
Hendricks.....	1		Buena Vista.....	4	
Jay.....	1		Henry.....	1	
Knox.....	5	1	Jasper.....	2	
Kosciusko.....	13		Jones.....	3	
Laporte.....	1		Linn.....	4	
Madison.....	14		Polk.....	8	
Marion.....	2				
Martin.....	2				

SMALLPOX—Continued.

Miscellaneous State Reports—Continued.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Iowa (July 1-31)—Continued.			South Carolina (July 1-31):		
Counties—Continued.			Counties—		
Pottawattamie.....	12		Berkeley.....	1	
Sac.....	1		Florence.....	3	
Webster.....	1		Greenville.....	5	
Woodbury.....	2		Laurens.....	10	
Total.....	46		Lexington.....	1	
			Newberry.....	1	
			Saluda.....	3	
			Sumter.....	1	
			Union.....	4	
			Total.....	29	
Kansas (July 1-31):			Utah (July 1-31):		
Counties—			Counties—		
Allen.....	2		Box Elder.....	2	
Brown.....	1	1	Cache.....	1	
Cherokee.....	2		Davis.....	8	
Cowley.....	1		Salt Lake.....	20	
Crawford.....	4		San Pete.....	12	
Labette.....	2		Tooele.....	10	
Leavenworth.....	2		Utah.....	11	
Marion.....	4		Total.....	64	
Montgomery.....	1				
Morris.....	5		Vermont (July 1-31):		
Neosho.....	9		Counties—		
Reno.....	2		Grand Isle.....	1	
Rice.....	3		Orleans.....	5	
Sedgwick.....	1		Washington.....	5	
Shawnee.....	3		Total.....	11	
Wilson.....	3				
Total.....	45	1	Washington (July 1-31):		
			Counties—		
Massachusetts (July 1-31):			Chehalis.....	4	
County—			Chelan.....	1	
Middlesex.....	5		Franklin.....	2	
			King.....	10	
Maryland (July 1-31):			Kittitas.....	1	
County—			Lewis.....	2	
Garrett.....	2		Mason.....	6	
			Pierce.....	2	
North Dakota (July 1-31):			Snohomish.....	1	
Counties—			Spokane.....	21	
Barnes.....	1		Stevens.....	1	
Cass.....	3		Walla Walla.....	1	
Cavalier.....	2		Whitman.....	3	
Dickey.....	2		Yakima.....	2	
Foster.....	2		Total.....	57	
Lamoure.....	1				
Stutsman.....	23				
Ward.....	4				
Wells.....	1				
Total.....	39				

City Reports for Week Ended Aug. 9, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Biddeford, Me.....	8		Portsmouth, Va.....	1	
Chattanooga, Tenn.....	2		St. Joseph, Mo.....	1	
Evansville, Ind.....	2		St. Louis, Mo.....	1	
New Orleans, La.....	1		Seattle, Wash.....	1	
Niagara Falls, N. Y.....	4		South Bend, Ind.....	3	
Oakland, Cal.....	1		Toledo, Ohio.....	1	
Oklahoma, Okla.....	1		Washington, D. C.....	1	

TYPHOID FEVER.

Indiana—Evansville.

Acting Asst. Surg. Werry, of the Public Health Service, reported by telegraph that during the week ended August 23, 1913, 4 cases of typhoid fever had been notified in Evansville, Ind., making a total of 203 cases reported since June 14, 1913.

State Reports for July, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
California:		Indiana:	
Alameda County—		Adams County.....	1
Alameda.....	1	Allen County.....	6
Berkeley.....	3	Bartholomew County.....	7
Centerville.....	2	Brown County.....	1
Irvington.....	4	Carroll County.....	3
Piedmont.....	2	Clark County.....	7
Oakland.....	15	Crawford County.....	7
Rural.....	2	Daviess County.....	3
Colusa County—		Dearborn County.....	1
Rural.....	2	Decatur County.....	4
Contra Costa County—		Delaware County.....	3
Richmond.....	2	Dubuois County.....	2
Fresno County—		Elkhart County.....	3
Big Creek.....	6	Floyd County.....	3
Kern County—		Franklin County.....	2
Bakersfield.....	1	Gibson County.....	6
Los Angeles County—		Greene County.....	8
Long Beach.....	1	Hamilton County.....	4
Los Angeles.....	15	Hancock County.....	4
Rural.....	13	Harrison County.....	5
Mariposa County—		Huntington County.....	3
Mariposa.....	1	Jackson County.....	5
Nevada County—		Jennings County.....	1
Truckee.....	6	Johnson County.....	4
Rural.....	1	Kosciusko County.....	1
Placer County—		Lake County.....	3
Lincoln.....	1	Laporte County.....	2
Sacramento County—		Lawrence County.....	26
Sacramento.....	57	Madison County.....	2
San Diego County—		Marion County.....	29
San Diego.....	5	Monroe County.....	2
San Francisco County—		Newton County.....	1
San Francisco.....	45	Orange County.....	3
San Mateo County—		Parke County.....	10
San Mateo.....	1	Perry County.....	7
San Joaquin County—		Pike County.....	2
Tracy.....	1	Posey County.....	2
Santa Clara County—		Putnam County.....	4
San Jose.....	1	Randolph County.....	4
Rural.....	1	Scott County.....	4
Solano County—		Shelby County.....	1
Benicia.....	1	Spencer County.....	3
Sonoma County—		St. Joseph County.....	3
Santa Rosa.....	3	Sullivan County.....	2
Petaluma.....	1	Switzerland County.....	3
Stanislaus County—		Tippecanoe County.....	1
Ceres.....	1	Vanderburg County.....	176
Oakdale.....	1	Warrick County.....	5
Thalheim.....	2	Washington County.....	5
Turlock.....	4	White County.....	1
Rural.....	7	Whitley County.....	1
Sutter County—			
Rural.....	1	Total.....	396
Tehama County—			
Corning.....	2	Kansas:	
Yolo County—		Allen County.....	1
Rural.....	1	Barber County.....	2
Total.....	213	Bourbon County—	
		Fort Scott.....	10

TYPHOID FEVER—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Kansas—Continued.		Maryland, exclusive of Baltimore city—Continued.	
Brown County.....	1	Anne Arundel County—Continued.	
Butler County.....	7	Floods Park.....	1
Chase County.....	3	Friendship.....	1
Chautauqua County.....	2	Germantown.....	1
Clay County.....	1	Robinson.....	1
Cowley County.....	1	Baltimore County—	
Crawford County—		Arlington.....	2
Pittsburg.....	10	Catonsville.....	1
Dougllass County.....	4	Cronhardt.....	1
Edwards County.....	1	Forest Park.....	1
Elk County.....	1	Freeland.....	1
Ellsworth County.....	1	Govans.....	1
Franklin County.....	2	Hamilton.....	1
Gray County.....	7	Highlandtown.....	2
Greenwood County.....	3	Irvington.....	1
Harper County.....	3	Landsdowne.....	1
Haskell County.....	2	Overlea.....	1
Jackson County.....	4	Parkton.....	1
Jefferson County.....	1	Phoenix.....	2
Jewell County.....	1	Raspeburg.....	1
Johnson County.....	2	Towson.....	5
Kearny County.....	1	Westport.....	1
Labette County.....	7	White Hall.....	1
Parsons.....	2	Calvert County—	
Leavenworth County—		Adelina.....	1
Leavenworth.....	1	Brooms Island.....	1
Lyon County.....	5	Huntington.....	4
Marion County.....	5	Mount Harmony.....	2
Marshall County.....	3	Owings.....	4
McPherson County.....	5	Fort Republic.....	1
Montgomery County.....	4	Caroline County—	
Coffeyville.....	4	Henderson.....	1
Neosho County.....	1	Marydel.....	2
Norton County.....	2	Carroll County—	
Pawnee County.....	1	Mount Airy.....	1
Reno County.....	2	North Branch.....	1
Hutchinson.....	2	Sykesville.....	3
Rice County.....	1	Westminster.....	2
Riley County.....	2	Cecil County—	
Rush County.....	2	Chesapeake City.....	5
Saline County.....	1	Charles County—	
Sedgwick County—		Bryantown.....	1
Wichita.....	3	Chapel Point.....	1
Seward County.....	3	Falkner.....	3
Smith County.....	2	Gallant Green.....	1
Sumner County.....	8	Hughesville.....	2
Trego County.....	2	La Plata.....	3
Wabaunsee County.....	4	Malcolm.....	1
Wichita County.....	1	Newport.....	1
Wilson County.....	2	Pomfret.....	1
Wyandotte County—		Pope Creek.....	1
Kansas City.....	6	Spring Hill.....	1
Total.....	152	Waldorf.....	1
		Dorchester County—	
Maryland, exclusive of Baltimore city:		Cambridge.....	7
Alegany County—		Church Creek.....	2
Alegany Hospital.....	3	Salem.....	2
Barton.....	3	Thomas.....	1
Bond.....	1	Wrights.....	1
Cumberland.....	77	Frederick County—	
Ellerslie.....	1	Brunswick.....	31
Greenridge.....	1	Frederick.....	3
Jennings.....	1	Jefferson.....	1
Lonsaoning.....	3	Montevue Hospital.....	1
Moscow Mills.....	1	Myersville.....	2
Narrows Park.....	1	Shallbasville.....	1
Western Hospital.....	1	Shookstown.....	1
Westernport.....	1	Swad.....	1
Anne Arundel County—		Garrett County—	
Annapolis.....	3	Bloomington.....	1
Curtis Bay.....	2	Jennings.....	4
Deale.....	4	Oakland.....	3
Earleigh Heights.....	1	Sines.....	1

TYPHOID FEVER—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Maryland, exclusive of Baltimore city—Continued.		Maryland, exclusive of Baltimore city—Continued.	
Harford County—		Wicomico County—Continued.	
Aberdeen.....	1	P. G. Hospital.....	1
Joppa.....	1	Salisbury.....	21
Van Bibber.....	1	Sharps town.....	1
Howard County—		Worcester County—	
Elkridge.....	5	Berlin.....	1
Ellicott City.....	2	Pocomoke City.....	8
Friendship.....	1		
Guilford.....	1	Total.....	422
Sykesville.....	1		
Kent County—		Massachusetts:	
Bertton.....	2	Barnstable County—	
Chestertown.....	2	Barnstable.....	1
Chesterville.....	1	Falmouth.....	1
Golts.....	1	Provincetown.....	1
Locust Grove.....	1	Berkshire County—	
Millington.....	1	Adams.....	1
Still Pond.....	2	North Adams.....	1
Montgomery County—		Pittsfield.....	10
Potomac.....	2	Bristol County—	
Rockville.....	2	Fall River.....	16
Takoma Park.....	8	New Bedford.....	9
Prince George County—		Essex County—	
Baden.....	1	Beverly.....	2
Brandywine.....	1	Gloucester.....	2
Brentwood.....	1	Lawrence.....	2
Capitol Heights.....	5	Lynn.....	13
Cheltenham.....	1	Manchester.....	1
Croome.....	3	Marblehead.....	1
Forestville.....	1	Newburyport.....	1
Laurel.....	1	Rockport.....	1
Leeland.....	5	Rowley.....	1
Muirkirk.....	1	Salem.....	5
Rosaryville.....	1	Saugus.....	18
Upper Marlboro.....	2	Franklin County—	
Westwood.....	1	Buckland.....	1
Queen Anne County—		Hampden County—	
Barclay.....	1	Chicopee.....	7
Carmichael.....	1	Holyoke.....	2
Centerville.....	4	Ludlow.....	1
Chester.....	1	Monson.....	1
Chestertown.....	3	Palmer.....	5
Fords Store.....	1	Russell.....	1
Haydens.....	1	Springfield.....	6
Queenstown.....	1	Hampshire County—	
Rural.....	4	Easthampton.....	1
Somerset County—		Middlesex County—	
Crisfield.....	6	Ashland.....	1
Ewell.....	1	Belmont.....	1
G. M. Hospital.....	1	Cambridge.....	2
Manokin.....	1	Chelmsford.....	1
Marion.....	7	Hopkinton.....	1
Marumco.....	1	Lowell.....	1
Princess Anne.....	7	Malden.....	1
Rural.....	4	Newton.....	2
St. Marys County—		Somerville.....	4
Jarboesville.....	1	Wakefield.....	1
Talbot County—		Watertown.....	1
Easton.....	9	Woburn.....	2
Trappe.....	6	Norfolk County—	
Washington County—		Brookline.....	1
Clearspring.....	3	Milton.....	1
Gapland.....	1	Plymouth County—	
Hagerstown.....	11	Brockton.....	4
Hancock.....	2	Duxbury.....	1
Kedysville.....	2	Halifax.....	2
Williamsport.....	1	Hingham.....	2
Wicomico County—		Scituate.....	1
Allen.....	2	Suffolk County—	
Fruitland.....	2	Boston.....	21
Mardella Springs.....	1	Chelsea.....	5
Nanticoke.....	2	Revere.....	2
Parsonburg.....	3		

TYPHOID FEVER—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Massachusetts—Continued.		Michigan—Continued.	
Worcester County—		Oakland County—	
Blackstone.....	1	Pontiac.....	2
Gardner.....	2	Ontonagon County—	
Hubbardston.....	1	Greenland Township.....	2
Worcester.....	4	Saginaw County—	
Total.....	178	Saginaw.....	2
Michigan:		St. Clair County—	
Allegan County—		Algonac.....	1
Heath Township.....	1	Columbus Township.....	1
Antrim County—		Shiawassee County—	
Bellaire.....	1	Owosso.....	1
Barry County—		Wayne County—	
Maple Grove Township.....	1	Dearborn.....	1
Benzie County—		Detroit.....	40
Thompsonville.....	1	St. Claire Heights.....	2
Berrien County—		Wyandotte.....	9
Benton Harbor.....	1	Wexford County—	
Niles.....	2	Antioch Township.....	1
Branch County—		Cadillac.....	2
Union City.....	1	Total.....	111
Cass County—		Minnesota:	
La Grange Township.....	1	Aitkin County—	
Charlevoix County—		Aitkin.....	2
Hudson Township.....	2	Nordland Township.....	1
Eaton County—		Becker County—	
Grand Ledge.....	1	Fraser.....	1
Genesee County—		Lakeview Township.....	1
Flint.....	1	Beltrami County—	
Hillsdale County—		Spooner.....	1
Cameron Township.....	1	Clay County—	
Reading.....	1	Barnesville.....	1
Houghton County—		Humboldt Township.....	1
Hancock.....	1	Dakota County—	
Huron County—		Eureka Township.....	1
Rubicon Township.....	1	South St. Paul.....	1
Iron County—		Hennepin County—	
Crystal Falls.....	2	Brooklyn Township.....	1
Isabella County—		Minneapolis.....	13
Denver Township.....	1	Itasca County—	
Jackson County—		Coleraine.....	1
Liberty Township.....	1	Kandiyohi County—	
Kalamazoo County—		Atwater.....	1
Climax Township.....	1	Kittson County—	
Kalamazoo.....	5	Donaldson.....	1
Kent County—		Halma.....	1
Grand Rapids.....	3	Lincoln County—	
Sparta.....	1	Hendricks.....	1
Lapeer County—		Ivanhoe.....	3
Lapeer.....	1	Marshall County—	
Leelanau County—		Warren.....	1
Leelanau.....	1	Martin County—	
Livingston County—		Fairmont.....	4
Fowlerville.....	1	Mille Lacs County—	
Mackinac County—		Milaca.....	1
Mackinac Island.....	1	Princeton.....	1
Marquette County—		Morrison County—	
Marquette.....	3	Little Falls.....	4
Menominee County—		Olmsted County—	
Nadeau.....	1	Rochester.....	2
Midland County—		Otter Tail County—	
Eatonville Township.....	1	Fergus Falls.....	3
Monroe County—		Vining.....	1
Whiteford Township.....	3	Pennington County—	
Montcalm County—		St. Hilaire.....	1
Day Township.....	1	Pipestone County—	
Richland Township.....	1	Edgerton.....	1
Newaygo County—		Ramsey County—	
Garfield Township.....	1	North St. Paul.....	1
Newaygo.....	1	St. Paul.....	9

TYPHOID FEVER—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Minnesota—Continued.		Ohio—Continued.	
Renville County—		Belmont County.....	14
Franklin.....	1	Brown County.....	15
St. Louis County—		Butler County.....	3
Duluth.....	7	Clark County—	
Gilbert.....	1	Springfield.....	4
Hibbing.....	1	Clermont County.....	5
Virginia.....	5	Clinton County.....	7
Stearns County—		Columbiana County.....	14
Melrose.....	1	Crawford County—	
Steele County—		Bucyrus.....	1
Ellendale Township.....	1	Cuyahoga County—	
Waseca County—		Cleveland.....	21
New Richland.....	1	Darke County.....	9
Washington County—		Defiance County.....	3
Baytown Township.....	1	Erie County.....	2
Stillwater.....	6	Fairfield County.....	14
Winona County—		Fayette County—	
Lewiston.....	2	Washington Court House.....	1
Wright County—		Franklin County.....	19
Buffalo Township.....	1	Fulton County.....	1
Yellow Medicine County—		Gallia County.....	10
Granite Falls.....	1	Geauga County.....	1
Total.....	90	Greene County.....	3
New Jersey:		Guernsey County.....	8
Atlantic County.....	9	Hamilton County.....	28
Bergen County.....	6	Hancock County.....	5
Burlington County.....	9	Hardin County.....	11
Camden County.....	21	Henry County.....	1
Cape May County.....	5	Highland County.....	3
Cumberland County.....	3	Hocking County.....	2
Essex County.....	6	Holmes County.....	1
Gloucester County.....	4	Huron County.....	3
Hudson County.....	25	Jackson County.....	21
Hunterdon County.....	1	Jefferson County.....	5
Mercer County.....	6	Knox County.....	13
Middlesex County.....	5	Lake County.....	1
Monmouth County.....	8	Lawrence County.....	4
Morris County.....	4	Licking County.....	19
Ocean County.....	4	Logan County.....	9
Passaic County.....	4	Lorain County.....	5
Salem County.....	2	Lucas County.....	24
Somerset County.....	1	Madison County.....	3
Sussex County.....	3	Mahoning County.....	3
Union County.....	4	Marion County.....	5
Warren County.....	1	Medina County.....	1
Total.....	151	Meigs County.....	8
North Dakota:		Mercer County.....	2
Bottineau County.....	1	Miami County.....	100
Dickey County.....	12	Monroe County.....	1
Dunn County.....	2	Montgomery County—	
Foster County.....	1	Dayton.....	2
Grand Forks County.....	1	Morgan County.....	4
McHenry County.....	5	Morrow County.....	3
Ramsey County.....	2	Muskingum County.....	11
Ransom County.....	3	Nobel County.....	5
Richland County.....	2	Ottawa County.....	2
Ward County.....	1	Paulding County.....	2
Wells County.....	2	Perry County.....	8
Williams County.....	1	Pickaway County—	
Total.....	33	Circleville.....	1
Ohio:		Pike County.....	3
Adams County.....	6	Portage County.....	6
Allen County.....	4	Preble County.....	2
Ashland County.....	1	Putnam County.....	2
Ashtabula County.....	3	Richland County.....	8
Athens County.....	8	Ross County.....	21
Auglaize County.....	2	Sandusky County.....	2
		Scioto County.....	36
		Seneca County.....	5
		Stark County.....	9
		Summit County.....	6
		Trumbull County.....	5
		Tuscarawas County.....	2

TYPHOID FEVER—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Ohio—Continued.		Washington:	
Union County.....	7	Chelan County.....	2
Van Wert County—		Garfield County.....	2
Van Wert.....	1	King County—	
Vinton County.....	3	Seattle.....	12
Warren County.....	2	Kitsap County.....	1
Washington County.....	11	Okanogan County.....	1
Wayne County.....	3	Pierce County—	
Wood County.....	3	Tacoma.....	3
Wyandot County.....	2	Snohomish County.....	1
Everett.....		Everett.....	1
Total.....	634	Spokane County.....	2
Vermont:		Spokane.....	7
Bennington County.....	2	Stevens County.....	2
Orange County.....	1	Walla Walla County.....	3
Orleans County.....	1	Whitcomb County—	
Windham County.....	2	Bellingham.....	1
Windsor County.....	1	Yakima County.....	6
Total.....	7	Total.....	44

CEREBROSPINAL MENINGITIS.

State Reports for July, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
California:		Massachusetts:	
San Francisco County—		Bristol County—	
San Francisco.....	3	New Bedford.....	1
Indiana:		Middlesex County—	
Jennings County.....	1	Cambridge.....	1
Iowa:		Lowell.....	2
Chickasaw County.....	1	Suffolk County—	
Pottawattamie County.....	1	Boston.....	2
Total.....	2	Total.....	6
Kansas:		Minnesota:	
Leavenworth County—		St. Louis County—	
Leavenworth.....	1	Duluth.....	1
Maryland, exclusive of Baltimore city:		Ohio:	
Carroll County—		Cuyahoga County—	
Greenmount.....	1	Cleveland.....	5
Howard County—		Franklin County—	
Savage.....	1	Columbus.....	2
Total.....	2	Hamilton County—	
		Cincinnati.....	1
		Highland County.....	1
		Huron County.....	1
		Licking County.....	1
		Total.....	11

CEREBROSPINAL MENINGITIS—Continued.

Cases and Deaths Reported by Cities for Week Ended Aug. 9, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Baltimore, Md.....		1	Lowell, Mass.....	1	1
Cleveland, Ohio.....		1	Melrose, Mass.....	1	
Clinton, Mass.....	1	1	New Bedford, Mass.....	1	1
Jersey City, N. J.....		1	San Francisco, Cal.....	1	1
Kansas City, Kans.....	1	1	Springfield, Ill.....		1
Los Angeles, Cal.....	2	2			

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for July, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
California:		Kansas—Continued.	
Fresno County—		Sumner County.....	2
Fresno City.....	2	Wilson County.....	2
Los Angeles County—		Total.....	22
Rural.....	2	Maryland, exclusive of Baltimore city:	
San Bernardino County—		Allegany County—	
San Bernardino.....	1	Cumberland.....	1
San Francisco County—		Massachusetts:	
San Francisco.....	2	Bristol County—	
Siskiyou County—		New Bedford.....	1
Dunsmuir.....	7	Hampden County—	
Weed.....	1	Springfield.....	2
Stanislaus County—		Westfield.....	1
Turlock.....	1	West Springfield.....	1
Total.....	16	Hampshire County—	
Indiana:		Northampton.....	1
Clinton County.....	1	Middlesex County—	
Crawford County.....	3	Cambridge.....	1
Dearborn County.....	1	Norfolk County—	
Gibson County.....	6	Quincy.....	1
Harrison County.....	3	Plymouth County—	
Huntington County.....	1	Brockton.....	1
Jefferson County.....	1	Worcester County—	
Lawrence County.....	1	Berlin.....	1
Marion County.....	1	Total.....	10
Orange County.....	1	Michigan:	
St. Joseph County.....	1	St. Joseph County—	
Wabash County.....	2	Colon.....	1
Washington County.....	1	Minnesota:	
White County.....	1	Hennepin County—	
Total.....	24	Minneapolis.....	2
Iowa:		Lyon County—	
Audubon County.....	1	Tracy.....	1
Bremer County.....	1	Rice County—	
Jasper County.....	1	Faribault.....	2
Kossuth County.....	1	Rock County—	
Linn County.....	1	Luverne.....	1
Palo Alto County.....	2	St. Louis County—	
Total.....	7	Hibbing.....	1
Kansas:		Washington County—	
Anderson County.....	1	Stillwater.....	2
Doniphan County.....	1	Stillwater Township.....	1
Edwards County.....	4	Winona County—	
Ellsworth County.....	1	Utica Township.....	1
Lincoln County.....	1	Total.....	11
Neosho County.....	1		
Parsons County.....	8		
Sedgwick County—			
Wichita.....	1		

POLIOMYELITIS (INFANTILE PARALYSIS)—Continued.

State Reports for July, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
New Jersey:		Ohio—Continued.	
Bergen County.....	1	Franklin County.....	2
Essex County.....	1	Hamilton County—	
Union County.....	1	Cincinnati.....	1
Total.....	3	Richland County—	
Ohio:		Mansfield.....	1
Ashland County.....	2	Tuscarawas County.....	2
Champaign County.....	2	Total.....	12
Cuyahoga County—		Washington:	
Cleveland.....	1	Whitman County.....	1
Defiance County.....	1		

Cases and Deaths Reported by Cities for Week Ended Aug. 9, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....	4	2	Columbus, Ind.....	1	
Brockton, Mass.....	1		Cumberland, Md.....		1
Buffalo, N. Y.....	3		Elmira, N. Y.....	1	
Chicago, Ill.....	1		Lancaster, Pa.....	1	
Cleveland, Ohio.....	1		San Francisco, Cal.....	1	

ERYSIPELAS.

Cases and Deaths Reported by Cities for Week Ended Aug. 9, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....		1	Hartford, Conn.....	1	
Braddock, Pa.....	1		Newark, N. J.....		1
Chicago, Ill.....	2		New Castle, Pa.....	1	
Cincinnati, Ohio.....	2		Reading, Pa.....	2	
Cleveland, Ohio.....	1		St. Louis, Mo.....	2	
Erie, Pa.....	1				

LEPROSY.

California—San Bernardino.

The State Board of Health of California reported that during the month of July, 1913, a case of leprosy had been notified at San Bernardino, Cal., in the person of a Mexican, T. H., who had lived in the United States for more than three years. The disease is of the nodular type, and the patient has been isolated.

PELLAGRA.

During the week ended August 9, 1913, pellagra was reported by cities as follows: Montgomery, Ala., 3 cases; Nashville, Tenn., 4 cases with 1 death; New Orleans, La., 3 deaths.

PELLAGRA—Continued.**Minnesota—Rochester.**

The State Board of Health of Minnesota reported that during the month of July, 1913, 2 cases of pellagra had been notified in Rochester, Minn. One of these cases occurred in a man 54 years of age, who had come to Rochester for treatment, from Willow City, N. Dak. Symptoms of the disease had been apparent for at least four years. This case terminated fatally June 3, 1913. The other case was in a woman 55 years of age who had resided in Rochester more than 20 years and had been affected by the disease for about 2 years.

PLAGUE.**Rats Collected and Examined.**

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California: ¹					
Cities—					
Oakland.....	Aug. 9, 1913	52	661	488	None.
Berkeley.....	do.....	10	160	97	Do.
San Francisco.....	do.....	24	1,814	1,227	Do.

¹ Rats taken from steamships: *Algoa*, 1; *Enterprise*, 1.

California—Squirrels Collected and Examined.

During the week ended August 9, 1913, ground squirrels were examined for plague infection as follows: Alameda County, 88; Contra Costa County, 351; San Benito County, 5; total, 444.

Plague-Infected Squirrels Found.

Of the squirrels examined for plague infection during the week ended August 9, 1913, 3 squirrels from Alameda County and 6 from Contra Costa County were found to be plague-infected. One plague-infected squirrel was found in Berkeley.

PNEUMONIA.**Cases and Deaths Reported by Cities for Week Ended Aug. 9, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Binghamton, N. Y.....	2	2	Los Angeles, Cal.....	6	6
Braddock, Pa.....	1	Manchester, N. H.....	2	2
Chicago, Ill.....	7	19	San Francisco, Cal.....	2
Cleveland, Ohio.....	9	5	Schenectady, N. Y.....	1
Franklin, N. H.....	1	1			

RABIES.

California—Los Angeles.

During the week ended August 9, 1913, 1 case of rabies with 1 death was notified at Los Angeles, Cal.

California—Alameda—Rabies in Animals.

During the week ended August 9, 1913, a case of rabies in a dog was notified at Alameda, Cal.

California—Oakland—Rabies in Animals.

Surg. Long, of the Public Health Service, reported by telegraph that during the week ended August 23, 1913, 1 case of canine rabies had been reported in Oakland, Cal.

TETANUS.

Cases and Deaths Reported by Cities for Week Ended Aug. 9, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....		1	Montgomery, Ala.....		1
Bridgeport, Conn.....	1		New Orleans, La.....		2
Chicago, Ill.....		1	San Francisco, Cal.....	1	
Cleveland, Ohio.....		1	Saratoga Springs, N. Y.....	1	1
Kalamazoo, Mich.....		1			

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS.

State Reports for July, 1913.

	Scarlet fever.	Measles.	Diphtheria.
California.....	100	89	99
Indiana.....	97	438	126
Iowa.....	12		26
Kansas.....	39	71	21
Maryland, exclusive of Baltimore city.....	31	285	37
Massachusetts.....	248	882	402
Michigan.....	78	174	165
Minnesota.....	174	155	141
New Jersey.....	142		297
North Dakota.....	21	39	31
Ohio.....	243	1,028	502
Vermont.....	24	187	11
Washington.....	35	90	33

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS—Contd.

Cases and Deaths Reported by Cities for Week Ended Aug. 9, 1913.

Cities.	Population United States census 1910.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.	558,485	197	14	1	12	2	6		21	13
Boston, Mass.	670,585	189	24	3	24		5		64	24
Chicago, Ill.	2,185,283	621	82	14	25	1	50	3	160	70
Cleveland, Ohio	560,663	179	25		19	1	15		34	15
St. Louis, Mo.	687,029	243	16	1	6		6		31	19
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.	423,715	125	12	1	8		5		37	10
Cincinnati, Ohio	364,463	133	10	1			4		18	15
Los Angeles, Cal.	319,198	115	22		3		3		90	28
Milwaukee, Wis.	373,857	100	13		13	2	5		14	9
Newark, N. J.	347,469	104	20	1	13		3	1	23	14
New Orleans, La.	339,075	130	9	1	2				15	15
San Francisco, Cal.	416,912	130	4		5		7		28	15
Washington, D. C.	331,069	99	2		2		6		17	16
From 200,000 to 300,000 inhabitants:										
Jersey City, N. J.	267,779									6
Providence, R. I.	224,326	69	10	2		1	2		3	1
Seattle, Wash.	237,194	49	3		1	1	1		17	5
From 100,000 to 200,000 inhabitants:										
Bridgeport, Conn.	102,054	24	1		1		2		1	
Cambridge, Mass.	104,839	31							6	5
Columbus, Ohio	181,548	74	3							1
Dayton, Ohio	116,577	38	9		3		2		3	4
Grand Rapids, Mich.	112,571	33	3				1		2	1
Lowell, Mass.	106,294	43			10		1	1	2	3
Nashville, Tenn.	110,364	32					3		8	
Oakland, Cal.	150,174		2							
Toledo, Ohio	168,497	46	9				4			3
Worcester, Mass.	145,936	41	3	1	6		1		3	1
From 50,000 to 100,000 inhabitants:										
Altoona, Pa.	52,127	10	2							3
Bayonne, N. J.	55,545	20	3	1		4	1	1	8	2
Brockton, Mass.	56,878	15	6	2	2	1	1		5	1
Camden, N. J.	94,538	2							5	
Elizabeth, N. J.	73,409	19	2		1		1		6	
Erie, Pa.	66,525	4	4		2		1		3	
Evansville, Ind.	69,647	25	1							2
Harrisburg, Pa.	64,186	13	3		1				7	
Hartford, Conn.	98,915	37	7				5		2	1
Hoboken, N. J.	70,324	1	1		4		1		8	2
Johnstown, Pa.	55,482	30	9	1	3		1	1		1
Kansas City, Kans.	82,331								1	
Lawrence, Mass.	85,892	6							1	2
Lynn, Mass.	89,336	29	2				1		1	3
Manchester, N. H.	70,063	44			3				2	2
New Bedford, Mass.	96,062	37					2		2	2
Oklahoma City, Okla.	64,205	19	1							
Passaic, N. J.	54,773	19			7	1				
Reading, Pa.	96,071	43	4				1		1	
Saginaw, Mich.	50,510	16	1							
St. Joseph, Mo.	77,403	27	1		1				3	2
Schenectady, N. Y.	72,826	26			3		16	1		4
South Bend, Ind.	53,684	12								1
Springfield, Ill.	51,678	22	3							1
Springfield, Mass.	88,926	24	3						6	1
Trenton, N. J.	96,815	53	1				1	1	4	1
Wilkes-Barre, Pa.	67,105	25	1		2		1		3	
Yonkers, N. Y.	79,803	22	10	3	13	2	3		8	2
From 25,000 to 50,000 inhabitants:										
Atlantic City, N. J.	46,150	15	1		1		1		2	
Aurora, Ill.	29,807	9								
Austin, Tex.	29,860		4	1			5			1
Binghamton, N. Y.	48,443	30			14	2	1		2	1
Chattanooga, Tenn.	44,604		2							
Chelsea, Mass.	32,452	12			1		1		2	
Chicopee, Mass.	25,401	5					3	1		1
Danville, Ill.	27,871	8					1			

IN INSULAR POSSESSIONS.

HAWAII.

Examination of Rodents.

Rats and mongoose have been examined in Hawaii as follows: Week ended August 2, 1913—Honolulu, 315; week ended July 26—Honokaa, 1,677. A plague-infected rodent was found at Honokaa.

PORTO RICO.

Rodents Collected and Examined.

Passed Asst. Surg. Creel reports that during the week ended August 9, 1913, there were examined 1,154 rodents, collected from various points in Porto Rico, and that of these, 709 were collected from various parts of San Juan municipality. None was found infected with plague.

FOREIGN REPORTS.

CHILE.

Iquique—Plague—Typhus Fever.

During the two weeks ended June 7, 1913, there were notified at Iquique 4 cases of plague with 2 deaths and 1 death from typhus fever.

CHINA.

Hongkong—Plague—Plague-Infected Rats.

Plague has been notified at Hongkong as follows: Week ended July 5, 1913, 17 cases with 11 deaths; week ended July 12, 1913, 12 cases with 12 deaths. During the two weeks under report 4,503 rats were examined at Hongkong for plague infection. Of this number, 21 were found to be plague infected.

On August 22 Consul General Anderson reported by telegraph that 16 cases of plague had been notified at Hongkong.

Shanghai—Plague-Infected Rats.

During the month of June, 1913, 468 rats were examined at Shanghai for plague infection. Of this number, 6 rats were found to be plague infected.

COLOMBIA.

Cartagena—Yellow Fever.

A case of yellow fever was notified at Cartagena, August 25, 1913.

CUBA.

Habana—Transmissible Diseases.

AUG. 1-10, 1913.

Diseases.	New cases.	Deaths.	Remaining under treatment.
Leprosy		2	247
Malaria			2
Typhoid fever	25		53
Diphtheria	13	1	5
Scarlet fever	15	1	19
Measles	29		49
Varicella	3		3
Paratyphoid fever			3

PERU.

Status of Plague.

Plague has been notified in Peru as follows:

JUNE 9-15, 1913.

Places.	Cases remain- ing June 8.	New cases.	Died.	Remaining June 15.
Cutervo ¹				
Lima.....	8			7
Mollendo.....	1			1
Salaverry.....	1		1	
Trujillo.....	2	4		6

¹ Present.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

Reports Received During Week Ended Aug. 29, 1913.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Dutch East Indies:				
Java—				
Batavia.....	July 6-12.....	30	25	
Sumatra—				
Djambi, Province	July 25.....			Present.
Palembang.....	July 30.....			Do.
India:				
Bombay.....	July 13-19.....	4	2	
Calcutta.....	June 29-July 5.....		46	
Indo-China:				
Saigon.....	June 17-23.....	2	2	
Straits Settlements:				
Singapore.....	June 28-July 5.....	1	1	
Do.....	July 22-28.....		1	
Turkey in Asia:				
Smyrna.....	July 18-Aug. 5.....	18	7	
Turkey in Europe:				
Saloniki.....	July 28-Aug. 3.....	31	16	

YELLOW FEVER.

Brazil:				
Rio de Janeiro.....	July 6-12.....	2	2	
Colombia:				
Cartagena.....	Aug. 23.....	1		Contracted in the interior.

PLAGUE.

Brazil:				
Rio de Janeiro.....	July 6-12.....	2		
Chile:				
Iquique.....	July 13-19.....	4	3	
China:				
Amoy.....	do.....			Decreasing.
Hongkong.....	July 6-12.....	12	12	Aug. 22, 16 cases.
Swatow.....	July 12.....			Decreasing along the Swatow and Chaochowfu Railway.
Egypt:				
Alexandria.....	July 24-31.....	2	1	
Port Said.....	July 25-30.....	2	1	
Provinces—				
Fayoum.....	July 14-27.....	1	1	
Garbieh.....	July 21-27.....	5	3	
India:				
Bombay.....	July 20-26.....	27	20	
Calcutta.....	June 22-July 25.....		17	
Karachi.....	July 13-19.....	1		

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

Reports Received During Week Ended Aug. 29, 1913—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Indo-China:				
Saigon.....	June 17-30.....	16	11	
Japan:				
Kagi.....	June 30-July 5....	5	6	
Peru:				
Departments—				
Caxamarca.....	June 9-15.....			In Cutervo.
Libertad.....	do.....	4	1	
Mauritius.....	May 11-June 7....	5	3	

SMALLPOX.

Places.	Date.	Cases.	Deaths.	Remarks.
Australia:				
Brisbane.....	July 13-19.....	4		
Sydney.....	July 17.....			Still present and in vicinity.
Brazil:				
Rio de Janeiro.....	June 30-July 19..	32	5	
Canada:				
Montreal.....	Aug. 10-16.....	2		
China:				
Shanghai.....	July 7-20.....		2	
Dutch East Indies:				
Java—				
Surabaya.....	June 22-23.....	1		
Egypt:				
Alexandria.....	July 23-29.....	1	1	
Cairo.....	July 2-15.....	2	2	
India:				
Bombay.....	July 13-19.....	9	7	
Karachi.....	do.....	1		
Italy:				
Naples.....	Aug. 2-9.....	2		
Mexico:				
Aguascalientes.....	July 28-Aug. 10..		5	
Chihuahua.....	July 4-10.....		1	
Puerto Mexico.....	July 1-31.....		3	
Saltillo.....	Apr. 1-June 30..		25	
Portugal:				
Lisbon.....	July 27-Aug. 2...	3		
Russia:				
Libau.....	July 7-20.....	2		
Odessa.....	July 20-Aug. 2...	19	5	
Moscow.....	July 6-26.....	14	3	
St. Petersburg.....	July 20-26.....	1	2	
Switzerland:				
Basel.....	July 20-Aug. 2...	5		
Turkey in Asia:				
Beirut.....	July 6-Aug. 2....	10	2	
Mersina.....	July 6-12.....		1	
West Indies:				
Trinidad.....	Aug. 19.....	2		

Reports Received from June 28 to Aug. 22, 1913.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Hungary—				
Temesseiget.....	July 31.....	5	3	Kevevera district.
China:				
Hongkong.....				Aug. 12, 10 cases, 9 deaths.
Dutch East Indies:				
Java—				
Batavia and Tanjong- Priok.....	May 18-July 5....	257	104	May 25-July 5, 11 cases among Europeans.
Madison, Province.....	Apr. 22-23.....	1	1	
Sibiru.....	Mar. 24-Apr. 27..	117	104	
India:				
Bassett.....	May 4-June 21....	29	22	
Bombay.....	May 25-July 12...	7	5	

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

Reports Received from June 23 to Aug. 22, 1918—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Calcutta.....	Apr. 27-June 21....		320	
Madras.....	June 15-July 12....	2	1	
Moulmine.....	May 4-June 14.....	6	6	
Rangoon.....	May 1-31.....	3	1	
Indo-China.....				Total, Jan. 1-May 20: Cases, 79; deaths, 54.
Roumania.....	Aug. 1.....	5	1	In vicinity of Bucharest.
Servia.....				July 19, epidemic.
Belgrade.....	July 19.....			Epidemic among the military and civilians.
				July 8, 50 cases among prisoners from Salonki (Macedonia).
Nisch.....	do.....	14		
Pirot.....	do.....	8		
Siam:				
Bangkok.....	Mar. 23-June 14....		10	
Straits Settlements:				
Singapore.....	July 13-14.....	2		
Turkey in Asia:				
Smyrna.....	July 31.....			Present.
Turkey in Europe:				
Salonki (Macedonia)				July 19-Aug. 8, epidemic.
Salonki.....	July 7-27.....	17	26	Among civilians. July 10, present in Kavalla, Drama, Orfana, Serres, and Stroumitza.

YELLOW FEVER.

Brazil:				
Bahia.....	May 11-July 19....	32	13	
Manaos.....	June 30-July 5....	6	6	
Pernambuco.....	May 1-June 30....		3	
Rio de Janeiro.....	May 25-June 7....	2	1	July 8, 2 fatal cases.
Cuba:				
Habana.....	July 16.....			1 case on s. s. Hydra, which left Manaos June 17, Para June 21. Four deaths occurred in voyage: 2 at Manaos, 1 at Guantanamo, and 1 at Cienfuegos. From steamship Morro Castle, passenger from Campeche.
Do.....	Aug. 8-14.....	1		
Ecuador:				
Babahoyo.....	June 1-30.....	1	1	
Bucay.....	do.....	2	2	
Duran.....	May 1-31.....	1		
Guayaquil.....	May 1-June 30....	22	15	
Milagro.....	do.....	17	8	
Naranjito.....	do.....	4	4	
Mexico:				
Campeche.....	May 25-Aug. 2....	4	4	1 fatal case to June 7 reported on page 1373, Part I. Aug. 15, 3 cases.
Southern Nigeria:				
Lagos.....	May 12.....	1		July 23, present.
Worri.....	June 1-30.....			Present.
Venezuela:				
Caracas.....	Feb. 1-28.....	1		
Do.....	May 1-31.....	1		From Valencia.

PLAGUE.

Arabia:				
Aden.....	June 3-25.....	8	4	Total Apr. 9-June 25: Case 81, deaths 59.
Brazil:				
Bahia.....	May 11-July 19....	48	31	
British East Africa:				
Kisumu.....	do.....	3		1 death. Report from Apr. 15-May 14 not received.
Mombasa.....	do.....	10		
Nairobi.....	do.....	2		
Chile:				
Iquique.....	May 11-July 12....	15	5	

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

Reports Received from June 28 to Aug. 22, 1913—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
China.....				May 18-June 14, still present in Am-po, Chaoyang, Fungshun, Kityang, Puning, Ts-pu, and other points along the railway.
Amoy.....	June 15-21.....		50	May 25-June 7, 10 to 20 deaths daily.
Kulangsu.....	Jan. 1-May 24.....		29	June 7, 1 or 2 deaths daily.
Canton.....				May 1-June 28, 76 fatal cases in the eastern part. Apr. 10-May 22, 300 fatal cases in the Sun-niger district.
Hongkong.....	May 18-July 5.....	132	108	Aug. 8, 23 cases; Aug. 12, 14 cases. 10 deaths daily.
Kaochow.....	Apr. 10-May 22.....			Among natives.
Shanghai.....	June 1-15.....	8	7	
Dutch East Africa:				
Districts—				
Usumawo.....				Present.
Misungi.....	Mar. 15-May 10.....			Do.
Nora.....	do.....			Do.
Urima.....	do.....			Do.
Muanza.....	Mar. 15-June 11.....	503	459	
Dutch East Indies:				
Java—				
Districts—				
Kediri.....	Apr. 1-May 31.....	214	97	
Madloen.....	do.....	88	83	
Malang.....	do.....	1,002	972	
Surabays.....	do.....	37	34	
Ecuador:				
Guaysquil.....	May 1-June 30.....	13	3	
Milagro.....	May 1-31.....	1	1	
Egypt.....				Total, Jan. 1-July 10: Cases, 536; deaths, 249. June 13-July 10: Cases, 63; deaths, 27.
Alexandria.....	May 28-July 23.....	18	9	
Port Said.....	June 2-July 24.....	6	1	
Provinces—				
Behera.....	June 13-July 9.....	3	1	
Fayoum.....	May 30-July 13.....	42	13	
Galioubeh.....	May 21-June 21.....	5	1	
Garbiah.....	May 27-July 8.....	27	28	Jan. 1-May 26; Cases, 12; deaths, 5.
Gizeh.....	May 29-July 1.....	6	1	
Menouf.....	May 28-July 14.....	2	3	Jan. 1-May 26; Cases, 51; deaths, 24.
Minieh.....	May 30-July 22.....	23	8	
India:				
Bombay.....	May 18-July 12.....	503	433	
Calcutta.....	Apr. 27-June 21.....		245	
Karachi.....	May 18-June 28.....	124	110	
Rangoon.....	May 1-31.....	51	48	
Indo-China.....				Total Jan. 1-May 20: Cases, 1,927; deaths, 1,375.
Japan:				
Taiwan—				
Kagi.....	June 1-28.....	35	29	
Mauritius.....	Apr. 18-May 10.....	3	3	
Persia.....				June 5, in Kermanchah Province, 150 cases, at Caravadeh, Harounabad, and Loud. June 11, present in vicinity of Abassabad.
Ardilan, Province.....	June 11.....		3	
Djame-Chouran.....	May 31.....	7	6	
Faizabad.....	June 11.....		3	
Gommi.....	do.....		11	
Mahi-Dacht.....	June 4.....	2	2	
Taybat.....	June 11.....		3	
Zeviry.....	May 31.....	4	3	
Peru:				
Departments—				
Arequipa—				
Mollendo.....	Apr. 28-June 8.....	5	2	
Libertad—				
Chiclayo.....	do.....	1	1	
San Pedro.....	do.....	1	1	
Trujillo.....	May 19-June 8.....			Present. July 8, 3 cases in the lazaretto. Salaverry, June 4-17, 2 cases.
Lima.....	do.....	6		

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

Reports Received from June 28 to Aug. 22, 1913—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands:				
Manila.....	May 11-24.....	3		
Russia:				
Astrakhan—				
Tsarev.....	June 3-10.....		9	Pneumonic form.
Siam:				
Bangkok.....	Mar. 23-June 14.....		10	
Korat.....	Mar. 21-31.....			Epidemic.
Straits Settlements:				
Singapore.....	June 15-21.....	1	1	
Turkey in Asia:				
Basra.....	July 14-21.....	1	1	To June 3, 31 cases.
Uruguay:				
Montevideo.....				July 28, present.

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	May 1-31.....	1		
Constantine.....	Apr. 1-May 31.....	21		
Oran.....	May 1-31.....	26		
Arabia:				
Aden.....	June 3-9.....	1		
Argentina:				
Buenos Aires.....	Apr. 1-May 31.....		7	
Australia:				
Sydney.....	July 7.....			Present.
Austria-Hungary:				
Coastland.....	July 6-12.....	1		
Fiume.....	May 27-July 7.....	19	1	
Galicia.....	July 6-Aug. 12.....	1		
Krain.....	do.....	1		
Trieste.....	June 1-July 5.....	3		Case June 14 from Patras.
Belgium:				
Antwerp.....	July 1-7.....	1		
Brazil:				
Bahia.....	May 11-July 5.....	9	1	
Manaos.....	June 15-21.....	1		
Para.....	June 15-July 19.....	33	19	
Pernambuco.....	May 1-June 30.....		96	
Rio de Janeiro.....	May 4-June 28.....	55	12	
Canada:				
Provinces—				
British Columbia—				
Vancouver.....	June 8-14.....	1		
Manitoba—				
Winnipeg.....	June 15-July 19.....	13		
Nova Scotia:				
Sydney.....	July 14-Aug. 2.....	2		Case July 14 from s. s. Hartlepool from Marseille.
Ontario—				
Fort William.....	June 10-30.....	4		
Ottawa.....	June 8-July 26.....	9		
Toronto.....	June 16-Aug. 2.....	9		
Quebec—				
Grosse Isle Quarantine.....	June 20.....	1	1	In steerage.
Quebec.....	June 8-Aug. 9.....	4		
Montreal.....	July 6-Aug. 9.....	16	2	
St. Johns.....	May 25-July 5.....	4		
Chile:				
Iquique.....	June 1-21.....	2		
Santiago.....	June 15-29.....			Present.
Valparaiso.....	July 12.....			Do.
China:				
Amoy.....	May 25-June 7.....			Do.
Kulangsu.....	May 25-31.....			Do.
Hongkong.....	May 18-June 14.....	9	7	
Nanking.....	May 11-21.....			Do.
Shanghai.....	May 19-July 6.....	6	44	Deaths among natives.
Tientsin.....	June 8-14.....		1	
Dutch East Indies:				
Batavia.....	June 22-28.....	1		
Surabaya.....	May 11-31.....	4		

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

Reports Received from June 28 to Aug. 22, 1913—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Egypt:				
Alexandria.....	May 28-July 15....	21	14	
Cairo.....	May 14-July 1....	29	5	
France:				
Lyon.....	June 23-29.....	1		
Marseille.....	May 1-June 30.....	12		
Paris.....	May 25-July 19....	19		
Germany:				
Kehl.....	June 30.....	1	1	Total June 8-July 12: Cases, 4.
Great Britain:				
Liverpool.....	May 25-June 14....	3		
Manchester.....	July 20-26.....	1		
Greece:				
Patras.....	June 9-Aug. 3....		7	
India:				
Bombay.....	May 26-July 12....	54	46	
Karachi.....	May 25-31.....	9		
Madras.....	May 24-July 12....	11	6	
Rangoon.....	May 1-31.....	28	11	
Italy:				
Rome.....	Jan. 5-11.....	1	1	Total Jan. 1-May 25: Cases, 22; deaths, 5. May 1-31: Cases, 11; deaths, 2.
Japan.....				
Hokkaido.....	Apr. 1-30.....	1		
Kanagawa ken.....	May 1-31.....	1		
Kobe.....	June 23-29.....	1		
Nagasaki ken.....	May 1-31.....	7	1	Including 3 cases previously re- ported.
Oita ken.....	do.....	2		
Tokio.....	June 18-May 31....	2	1	
Luxemburg:				
Esch.....	May 17-31.....	2		
Mauritius.....	Apr. 13-June 7....	793	86	
Mexico:				
Acapulco.....	May 25-July 12....		4	
Agascalentas.....	June 9-July 20.....		16	
Chihuahua.....	June 23-Aug. 2....		8	
Guadaluajara.....	June 8-July 26.....	34		
Hermosillo.....	June 7-July 13....	93	71	Among troops.
Mansanillo.....	July 18.....			Present.
Mexico.....	Apr. 20-June 21....	81	53	
Montarey.....	June 9-July 13....		6	
San Luis Potosi.....	Apr. 27-July 12....	6	7	
Veracruz.....	June 16-July 6....	9	2	
Newfoundland:				
St. Johns.....	June 15-Aug. 9....	26		
Portugal:				
Lisbon.....	May 25-July 26....	47		
Russia:				
Batoum.....	Apr. 1-30.....	1		
Libau.....	June 2-July 6....	1	1	
Moscow.....	May 18-July 5....	59	17	
Odessa.....	June 8-July 19....	38	10	
Riga.....	June 22-28.....	6		
St. Petersburg.....	May 18-July 12....	14		
Siberia—				
Vladivostok.....	May 7-13.....	2		
Warsaw.....	Feb. 23-May 17....	37	13	
Samoa:				
Apia.....				May 18, 1 death on transport Michael Jepson, from Hong- kong, and to June 4, 4 cases transferred from this vessel to a lighter 3 miles east.
Servia:				
Belgrade.....	June 1-July 12....	9	1	July 10, present in Dubotsi, Neresnitsza, and Volui.
Siam:				
Bangkok.....	Mar. 23-July 14....		6	
Spain:				
Almeria.....	June 1-30.....		2	
Barcelona.....	June 8-Aug. 1....		39	
Cadis.....	May 1-31.....		2	
Madrid.....	June 1-30.....		13	
Valencia.....	June 1-28.....	2		

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

Reports Received from June 28 to Aug. 22, 1913—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Straits Settlements:				
Singapore.....	May 4-10.....	1	1	
Switzerland:				
Cantons—				
Basel.....	June 1-July 19.....	21		
Zurich.....	May 18-24.....	1		From Paris.
Turkey in Asia:				
Beirut.....	May 25-July 5.....	21	3	
Damascus.....	June 1-7.....			Present.
Mersina.....	May 25-31.....		2	
Smyrna.....	Apr. 26-May 31.....		27	
Turkey in Europe:				
Constantinople.....	June 1-Aug. 2.....		45	
Saloniki.....	June 2-July 27.....	16	15	
Union of South Africa:				
Johannesburg.....	May 10-June 7.....	23		

SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

MINNESOTA.

Births and Deaths—Registration of—Interments. (Chap. 579, Act Apr. 28, 1913.)

SECTION 1. *Vital statistics—State board of health to have charge of.*—The State board of health shall have general supervision and charge of the State system of registration of births and deaths, and may make and enforce any regulations necessary for the proper carrying out of the same. The secretary of the State board of health shall be designated and known as the State registrar and shall be the administering officer of the State in connection therewith, charged with the enforcement of the provisions of this act.

SEC. 2. *Registration districts—Local registrars—Subregistrars.*—Each town, village, and city shall for the purpose of this act constitute a primary registration district, and the town, village, and city clerk, respectively, shall be the local registrar for the town, village, or city comprising such primary registration district: *Provided*, That in all cities having an organized health department the local registrar shall be the local health officer. The local registrar shall perform all the duties required of him by the provisions of this act. He may appoint a deputy, for whose actions he shall be responsible. Any local registrar who neglects or refuses to perform the duties imposed by this act shall be superseded by another to be appointed by the State registrar in his place. The State board of health may appoint subregistrars to receive certificates of births and deaths and issue burial permits in any designated territory. They shall be subject to the supervision of the State registrar and may be removed by him for cause. Such subregistrars shall note thereon the date when any certificate is filed with him, sign the same, and forward it to the local registrar of the proper district within 5 days after receipt; and shall make a monthly report to the State registrar on blanks furnished for that purpose of all deaths where he has had charge of the remains or sold the casket.

SEC. 3. *Certificate of birth—By whom furnished—Contents.*—The physician or midwife attending at the birth of any child, or, if there is no attending physician or licensed midwife, the father or mother shall, within 10 days thereafter, subscribe and file with the local registrar of the district within which the birth occurs a certificate of birth specifying:

Place of birth including State, county, city, village, or town, with the street and house number, if any, or in lieu thereof the name of the hospital or other private, public, or State institution, if in such institution.

Full name of child. If the child dies without being named before the certificate is filed, enter word "Unnamed" with date of death.

Male or female.

Whether one of twins, triplets, or other plural birth and the number in order of birth.

Legitimate or no.

Date of birth, including year, month, day, and hour.

Full name of the father.

Residence of the father.

Color or race of father—as white, colored, Indian, Chinese, or other.

Age of father at last birthday.

Birthplace of father; State or foreign country.

Occupation of father with a statement of the trade, profession, or particular kind of work; or the general nature of the industry or business engaged or employed in.

Full maiden name of mother.

Residence of mother.

Color or race of mother—as white, colored, Indian, Chinese, or other.

Age of mother at last birthday.

Birthplace of mother; State or foreign country.

Occupation of the mother with a statement of the trade, profession, or particular kind of work; or the general nature of the industry or business engaged or employed in.

Number of children born to this mother, including present birth.

Number of children born of this mother now living.

The fact of attendance and that the birth occurred at the time stated.

Date of making and address of the person subscribing.

If the child is one of a plural birth a separate certificate for each child shall be filed.

When the birth occurs in any lying-in hospital or in any private, public, charitable, or State institution, without attendance by a physician or licensed midwife, the superintendent, manager, or person in charge shall make and file the certificate of birth.

If the birth occurs in any hotel, rooming or boarding house, or in any private dwelling, or apartment other than the home of the parents, the keeper or occupant shall immediately notify the local registrar of that fact. The local registrar shall then procure the necessary information and signature for a proper certificate of birth.

The attending physician or midwife shall deliver to the parents a blank for a supplemental report of the given name if the child is not named at the time of making the certificate of birth.

When a certificate of birth is filed without the given or baptismal name the local registrar shall deliver to the parents a blank for a supplemental report of the name. Such supplemental report, shall be made and filed with the local registrar as soon as the child is named. If such report is not filed within 30 days from the date of birth the local registrar shall obtain such name by other means.

SEC. 4. *Certificate of death—By whom obtained and filed—Contents.*—The undertaker, or person acting as such, at the burial of any person dying in this State shall obtain and file with the local registrar of the district in which the death occurs a certificate of death containing:

A statement, authenticated by the signature of some person cognizant of the facts, specifying:

Place of death, including State, county, city, village, or town, with the name of the street and house number, or in lieu thereof, the name of the hospital or other private, public, or State institution, if in such institution. If in an industrial or mining camp, or mine, the name of the camp or mine.

Full name of deceased. If an unnamed child the surname preceded by "Unnamed."

Male or female.

Color or race—as white, colored, Indian, Chinese, or other.

Single, married, widowed, or divorced.

Date of birth, including year, month and day.

Age, in years, months, and days. If less than one day, the hours or minutes.

Occupation. If the person had any remunerative employment, statement of the trade, profession, or particular kind of work; or the general nature of the industry or business engaged or employed in.

Birthplace; State or foreign country.

Name of father.

Birthplace of father, State or foreign country.

Maiden name of mother.

Birthplace of mother, State or foreign country.

A medical certificate subscribed by the attending physician, together with his address and date of making, stating fact and time of death, giving year, month, day, and hour; time of attendance; when last seen alive; the disease or injury causing death, with contributory cause or complication, and the duration of the illness; if from violence, the means and circumstances of the injury and whether indicating accident, suicide, or homicide: *Provided*, That the medical certificate shall be made and subscribed by the coroner whenever the cause of death is investigated by him. *Provided, further*, That in cities of the first, second, and third class the health officer, and in town, villages and cities of the fourth class the local registrar, or a subregistrar, shall make and subscribe the medical certificate for any death occurring therein without medical attendance or investigation by the coroner. If the local registrar, or subregistrar, is unable to determine the cause of death he shall refer the case to a physician, or to the coroner, for certification.

When the death occurs in a hospital or other institution or place, other than the home of the deceased, a statement of the length of time at the place of death, length of time in the State, usual place of residence, and where the disease was contracted.

A statement showing place and date of burial, signed by the undertaker, with his address.

In the case of a child dead at birth a certificate of birth having the word "Still-birth" inserted in place of the name, and, also, a certificate of death shall be made and filed with the local registrar, and a burial permit issued as hereinafter provided. The medical certificate shall be signed by the attending physician and shall state the cause of death as "Stillborn," with the cause of the stillbirth, whether a premature birth and, if so, the period of utero-gestation in months: *Provided*, That a certificate of birth or death shall not be required for a child that has not advanced to the fifth month of utero-gestation.

In case of stillbirths occurring without an attending physician the medical certificate shall be made and subscribed as is herein provided in case of death without medical attendance.

SEC. 5. *Local registrars—Duties of.*—The local registrar shall indorse on each certificate of birth and death filed with him the number of his district, the number of the certificate, in consecutive numbers, beginning with number 1 for the first birth and the first death in each calendar year, the date when filed with him, his post-office address, and subscribe the same. He shall record such certificates in a suitable record book and, on the 10th day of each month, transmit to the state registrar all original certificates filed with him during the preceding month. If no births or no deaths occurred in his district, within his knowledge, during any month, he shall report that fact to the State registrar on the 10th day of the following month. When required by the State registrar he shall supply any information, or data, necessary to make a complete record or to facilitate the administration of the provisions of this act.

SEC. 6. *Burial permits.*—Upon the filing of a proper certificate of death, completely filled out, with the local registrar, or subregistrar, but not otherwise, he shall issue a burial permit reciting the place and time of death; the full name, age, sex, and nativity of the deceased; the cause of death; the name of the medical attendant; the time and place of interment; the name and address of the undertaker; that a certificate of death complying with the law has been filed in his office; and authorizing the burial or other disposition of the body. He shall sign the permit officially, date it the day of issue, and deliver it to the undertaker, or person applying therefor, who shall deliver to the person in charge of the place of burial, or, when the body is transported by common

carrier, to the person accompanying it, before interment or other disposition of the body is made: *Provided*, That when the body is transported from without for burial within the State, the transit permit issued in accordance with the law of the State where the death occurred shall be accepted by the local registrar of the district in which the interment is made in place of a certificate of death and a burial permit issued accordingly, with the fact that the body is brought in for interment indorsed thereon.

SEC. 7. *Undertakers*.—Every person, firm, or corporation selling a casket shall keep a record showing the name of the purchaser, purchaser's post-office address, name of deceased, date of death, and place of death of deceased, which record shall be open to inspection of the State registrar at all times. On the first day of each month the person, firm, or corporation selling caskets shall report to the State registrar each sale for the preceding month, on a blank provided for that purpose: *Provided, however*, That no person, firm, or corporation selling caskets to dealers or undertakers only shall be required to keep such record, nor shall such report be required from undertakers when they have direct charge of the disposition of a dead body. Every person, firm, or corporation selling a casket at retail, and not having charge of the disposition of the body, shall inclose within the casket a notice furnished by the State registrar calling attention to the requirements of the law, a blank certificate of death, and the rules and regulations of the State board of health concerning the burial or other disposition of a dead body.

SEC. 8. *Interment—Duties of persons in charge of places of*.—The body of any person dying or found dead in this State, or the body of a stillborn infant shall not be interred or otherwise disposed of, or removed from one registration district to another, or held for more than 72 hours after death unless and until a proper certificate of death has been filed and a permit issued as provided for by this act. The sexton or person in charge of any cemetery, burial place, or other premises, shall not inter, nor permit the interment or other disposition of, the body of a deceased person until he receives a burial permit as herein provided. He shall keep a record of all interments or other disposition of the body made on the premises under his charge, stating the name of the deceased person, place of death, date of burial, and the name and address of the undertaker. Such record shall be open to public inspection at all times.

SEC. 9. *Personal and statistical records of inmates of public and private institutions to be made and preserved*.—All superintendents, managers, or persons in charge of lying-in or other hospitals, almshouses, charitable or other institutions, public or private, to which persons resort for confinement, treatment of disease, care, or are committed by process of law, shall at once make and preserve a record of all the personal and statistical particulars relative to the inmates now in or hereafter admitted to their institutions that are required to be stated in the certificate of birth and death provided for by this act. If admitted for medical treatment of disease the physician in charge shall specify in the record the nature of the disease and where it was contracted.

SEC. 10. *State board of health to furnish blanks, forms, and books*.—The State board of health shall prepare, provide, and furnish to the local registrars and other persons requiring them all blanks, forms, and books of record necessary for carrying out the purposes of this act. Such blanks, forms, and books shall be furnished at the expense of the State and printed by the State printing commission: *Provided*, That the books of record for the local registrar shall be paid for by the city, village, or town comprising the registration district and furnished by the State at actual cost. These books shall be substantially made and shall contain space for recording all of the facts shown on the original returns of births and deaths.

SEC. 11. *State registrar to preserve certificates—Furnish instructions—May obtain information in certain cases*.—The State registrar shall arrange, bind, and preserve, in a systematic manner, all original certificates of birth and death returned to him and

maintain a suitable index of the same. He may assign to each registration district a number to be used as an identifying designation in connection with the name. He shall prepare and issue necessary instructions for the use of local registrars, physicians, undertakers, and others required to furnish information under the provisions of this act. If any such officer, or others, fail or refuse to obtain and furnish the information so required, the State board of health may obtain the same by other means, and the reasonable cost thereof shall be paid by the city, village, or town where the expense is necessarily incurred.

SEC. 12. Fees of local registrars.—Each local registrar shall receive, from the county in which his district is located, a sum of 25 cents for each birth and each death certificate. He shall receive the same fee for each monthly report card of no births or deaths having occurred in his district to his knowledge, providing such card is received by the State registrar before the 15th of the month following that to which it applies. Annually, on or before the 1st day of March, the State registrar shall tabulate all the facts shown in the returns of local registrars as having occurred during the preceding year, and transmit to the clerk of the district court of each county a certified copy of such tabulation, so far as the same relates to the vital statistics of such county, and each clerk of the district court shall file, index, and preserve such certified copy, and the same shall be prima facie evidence of each and every fact contained therein. Such tabulation shall show the whole number of births and deaths, and reports of no births or deaths having occurred, transmitted by each local registrar during each year, but no fee shall be paid for "no report" cards if a report of a birth or death for that month is received later. Upon the receipt and the filing of such certified copies the clerk of court shall issue to each local registrar within his county a voucher for the amount due him as shown by such tabulated statement. Upon the presentation of such voucher to the county auditor, a warrant for the amount thereof shall be issued by him. The forms of indexes and indexing shall be prescribed by the State registrar and made in a suitable book furnished at the expense of the county. All statistics of births and deaths shall be so indexed without other compensation than the clerk's salary, except that in counties where the clerk is not on a salary basis he shall be paid 5 cents by the county for each name so indexed.

SEC. 13. Certified copies of the record as evidence—Fees for making.—The State registrar, or any local registrar, shall furnish any applicant therefor a certified copy of the record of any birth or death recorded under the provisions of this act, for the making and certification of which he shall be entitled to receive a fee of 50 cents, to be paid by the applicant. Such copy of the record of a birth or death, when certified by the State or local registrar to be a true transcript therefrom, shall be prima facie evidence of the facts therein stated in all courts in this State. The State registrar shall keep a correct account of all fees or moneys received by him under the provisions of this act and pay the same over to the State treasurer at the end of each month.

SEC. 14. Penalties.—Any person who shall violate any of the provisions of this act or shall willfully neglect or refuse to perform any duty imposed upon him thereby shall be guilty of a misdemeanor and upon conviction thereof shall be fined not more than \$100 or imprisoned in the county jail for a period of not more than 90 days.

SEC. 15. County attorney to prosecute violations.—The county attorney of the several counties shall make complaint and prosecute any person charged with violating any of the provisions of this act when the facts and circumstances constituting such violation are presented to him by the State registrar or by any local registrar.

SEC. 16. Repeals.—Sections 2140, 2141, 2142, Revised Laws of 1905, chapter 454, General Laws of 1907, chapter 23, General Laws of 1909, chapter 250, General Laws of 1911, and also all other acts and parts of acts inconsistent with this act are hereby repealed.

Tuberculosis—Establishment and Maintenance of County Sanatoria. (Chap. 500, Act Apr. 25, 1913.)

SECTION 1. Method of establishing.—The board of county commissioners of any county in this State or the boards of county commissioners in any group of counties in this State shall have and are hereby granted and given power, with the advice and approval of the advisory commission of the Minnesota Sanatorium for Consumptives, to establish and maintain as hereinafter provided a sanatorium for the treatment and care of persons affected with tuberculosis, provided that said power so granted shall be exercised as follows:

a. Such sanatorium may be established by a majority vote of the commissioners of such county or a majority vote of the commissioners of each such group of counties whenever and in cases where the amount of the cost of construction to be paid by such county or group of counties shall not exceed such sum as may be raised by a tax levy of not to exceed one mill on the dollar of the taxable property of any such county or group of counties.

b. When the cost of constructing said sanatorium shall exceed the amount specified in subdivision "a" hereof, or whenever it is necessary to issue the bonds of such county or any county in any such group of counties to defray the cost which such county or any of such counties are required to pay under the terms of this act, then and in all such cases the questions of (1) whether such sanatorium shall be established (and when necessary) (2) whether such bonds shall be issued to defray any county's portion of the cost thereof shall be submitted to the voters of such county or, if more than one, to the voters of each of such counties requiring a bond issue, and the sanatorium shall not be established or bonds issued therefor unless a majority of the voters of such county, or, if more than one, of each such county voting thereon shall vote in favor of each proposition submitted to it or to them.

c. The board of county commissioners of any such county, or, if more than one, the board of county commissioners of any such counties shall have the power and authority in any case to submit the question to the voters of any such county or counties in the way and manner provided in this act and in the event that the cost which the county, or, if more than one, the counties will be required to pay for the erection of such sanatorium under this act shall be less than an amount equal to the amount which can be raised in any such county or counties by a tax levy of one mill on the dollar of the taxable property of each such county or group of counties and the commissioners of any such county or counties shall decide not to construct the same under the power herein contained, on a petition of not less than 5 per cent of the freeholders of such county or counties, such question shall be submitted to the voters of such county or group of counties, and if a majority of the voters of such county or a majority of the voters of each county of such group of counties voting thereon, vote in favor thereof then such sanatorium shall be erected hereunder and a tax levied if necessary to pay the cost which such county or counties are required to pay under this act, which tax shall be extended and collected as herein provided.

Provided, That any county or group of counties which has heretofore commenced proceedings to erect a sanatorium or taken any steps preliminary thereto may by a resolution of the board of county commissioners thereof, adopted by a majority vote of said board of county commissioners or each board of county commissioners, as the case may be, determine to proceed under the provisions of this act and may continue hereunder and complete such sanatorium and be entitled to all the provisions and benefits provided for in this act.

Provided, however, That the said sanatorium when so constructed shall in all respects conform to the requirements of this act.

The board of county commissioners of any such county or the board of county commissioners of each of such group of counties, if more than one, erecting such sanatorium

under the provision of this act, may, by resolution, create a fund to be known as the "sanatorium fund;" and such funds may be raised by taxation at the time of deciding to erect such sanatorium under this act or at any time subsequent thereto, or if submitted to the people at the first meeting of the board of county commissioners, after the people of said county or counties shall have voted to erect the same, and the amount so determined by said board to be raised by taxation shall be levied by the county auditor in addition to all other taxes authorized by law, and shall be extended on the tax lists and collected as other county taxes; and this provision shall be construed to vest in the county commissioners of such county or counties, as the case may be, power to levy a tax to pay interest and principal of any bonds authorized hereunder as the same shall come due and become payable, and the said tax shall be levied, extended, and collected in the same way and manner as other county taxes are levied, extended, and collected, and shall be used for no other purpose, provided that no institution established under this act shall have less than 20 beds.

The question as to the establishment and maintenance of the sanatorium, or issuance of bonds therefor, may be submitted at a general or special election; if at the general election the notices of such election shall state that the questions will be voted upon and the provisions for taking such vote shall be made upon the blue ballots furnished therefor, as in the case of other questions, and the result shall be canvassed and returned in like manner; if at a special election, such election shall be ordered by resolution of the county board and the procedure for, at, and after such election shall be substantially and as far as applicable the same as provided for in sections 399 to 403, inclusive, of the Revised Laws of 1905, and the county auditor, upon the passage of the necessary resolution, shall proceed as in said sections provided. If the proposition is to affect more than one county, then the necessary action shall be taken by the county board and county auditor of each county affected. If funds are to be borrowed from the State, the procedure outlined herein shall be sufficient for that purpose, instead of those provided for in chapter 122, General Laws of 1907.

If the bonding proposition should carry at any such election at which both propositions are voted upon, and the other proposition should fail to carry, no bonds shall be issued to provide money for the establishing or maintaining of a sanatorium until at some future election at which the question is properly submitted, and a majority of the votes cast upon the question shall have been in favor of the establishing and maintaining of such sanatorium. Where more than one county is involved the result of the vote on the question or questions submitted in each of said counties, shall be certified by the county auditor thereof to the county auditors of the other counties interested.

The amount of taxes to be raised in any one county for the construction of any such sanatorium hereunder, shall never exceed an amount equal to the amount which may be raised by a tax levy of one mill on the dollar of taxable property in such county.

Sec. 2. *Local and State commissions—Powers and duties.*—Upon the decision to establish and maintain a tuberculosis sanatorium under this act, the county commissioners of any county shall appoint a commission consisting of three members, residents of the county, at least one of whom shall be a licensed physician. These members shall be chosen with reference to their special fitness for such office and the appointment of said licensed physician before becoming effective shall be approved by the State board of health. Under the first appointment one member shall be chosen to hold office for 1 year, one for 2 years, and one for 3 years, all from the first Monday of the next July following such appointment, and thereafter one member shall be chosen each year to serve for a period of 3 years commencing with the first Monday in July in each year, respectively, and each appointee shall hold office until his successor is appointed and qualified. This commission shall be known as the county sanatorium commission. Its members shall serve without compensation but

shall be entitled to reimbursement for all necessary expenses incurred by them in connection with their official duties.

Said county sanatorium commission shall have full charge and control except as hereinafter provided, of all moneys received for the credit of the tuberculosis sanatorium fund hereinafter described and full charge and control of the location, establishing, and maintenance of any sanatorium building constructed under this act and shall make such regulations concerning the same as may seem to it advisable, but no site shall be secured and no buildings erected or equipped without the approval and consent of the advisory commission of the Minnesota Sanatorium for Consumptives, and before final action is taken the plans and specifications shall be submitted to the State board of health for approval as provided by section 2131, Revised Laws of 1905. The State board of control shall have full power and control over the construction and equipment of any such sanatorium whose establishment has been determined upon by said county sanatorium commission as hereinafter provided.

Said county sanatorium commission may when deemed necessary appoint and employ with the approval and consent of the advisory commission of the Minnesota Sanatorium for Consumptives a competent superintendent who shall employ other necessary help at a compensation to be determined by the county sanatorium commission. Said superintendent shall be the executive officer of the sanatorium and he shall act as secretary of the county sanatorium commission. One member of said commission shall be elected annually by the commission as its president.

SEC. 3. *Union of two or more counties.*—Two or more counties may unite in acquiring, establishing, equipping, and maintaining such sanatorium, and in such case said commission shall be composed of three members chosen from the county in which said sanatorium is to be located, as provided for in section 2, and two members shall be chosen from each of the other counties interested by the county commissioners of each such county; under the first appointment one member shall be chosen to hold office for 1 year and one for 2 years from the first Monday of the next July following such appointment and thereafter one member shall be chosen each year to serve for a period of 2 years, commencing with the first Monday in July each year, and each appointee provided for in this section shall hold office until his successor is appointed and qualified.

SEC. 4. *State aid—Control of funds.*—A county or group of counties wishing to establish a sanatorium as indicated in section 1 shall through the board or boards of county commissioners appropriate one-half the necessary funds in apportioned amounts as hereafter provided for the establishment, construction, and equipment of the same and may issue bonds therefor in the manner provided by law for the issuance by counties of bonds for other purposes. The State treasurer shall pay out of the funds hereafter provided under this act one-half the cost of the erection and equipment of each such sanatorium, including cost of site, which payment shall be made in the manner provided by law for the payment of expense incurred by the State board of control in the erection and equipment of public buildings; provided that the amount contributed by the State toward the cost of the erection and equipment of each of such sanatorium, including cost of site, shall not exceed \$50,000. Whenever any such sanatorium has been erected and equipped said county sanatorium commission shall have full charge and control of the maintenance of the same, but may confer with the State board of control with reference thereto or respecting the purchase of supplies therefor whenever it desires so to do, and said State board of control shall aid in the securing of favorable contracts for the purchase of supplies when so called upon. Said county sanatorium commission shall determine by resolution each year prior to July 1 the amount of money necessary for the maintenance of such sanatorium during the following year, and a certified copy of such resolution shall be forthwith forwarded to the board or boards of county commissioners, and such board or boards may in their discretion at the regular meeting in July include the properly approved

and apportioned amount in the annual levy of county taxes. In no case shall the amount of such levy in any one year exceed 1 mill on the dollar of assessed valuation. For the maintenance of each free patient treated in the sanatorium, the sum of \$5 per week shall be paid to said county or group of counties by the State treasurer out of funds appropriated under this act, which payments shall be made monthly upon warrants of the State auditor, drawn upon the State treasury, provided that the president and executive secretary of the advisory commission of the Minnesota Sanatorium for Consumptives certify that the institution has been properly conducted.

In case two or more counties unite in a decision to establish a sanatorium, the county sanatorium commission shall apportion by resolution one-half of the estimated total cost of site, erection, and equipment, and the estimated total cost of maintenance for the ensuing year between or among said counties, and designate the amount to be raised by each county, which said apportionment shall be based approximately upon the respective population of said counties as determined by the last previous Federal or State census. When so apportioned said commission shall forward to the board of county commissioners of each county a certified copy of such resolution, and each county board shall then proceed to pay if it has funds available for that purpose or to make a tax levy for the amount apportioned to its county. All moneys collected or received for such sanatorium purposes except cost of site, erection, and equipment shall be deposited in the treasury of said county or counties to the credit of the tuberculosis sanatorium funds, and shall not be used for any other purpose and shall be paid out in a manner provided by law for other county expenses by the proper officers of said county or counties upon the properly authenticated vouchers of the county sanatorium commission, signed by the president and secretary thereof, and all moneys collected or received to be used toward the payment of the cost of site, erection, and equipment of such sanatorium shall be sent by each county treasurer to the State treasurer to be placed to the credit of said sanatorium, and shall be paid out in the manner as in this section provided for other payments toward cost of site, erection, and equipment of said sanatorium.

SEC. 5. *Financial supervision.*—Such county sanatorium commission shall file monthly, on or before the 15th of each month, with the State auditor reports of all its financial transactions for the preceding month, and the public examiner shall examine all the books and accounts of said county sanatorium commission pertaining to its financial transaction at least twice a year and make report thereof to the governor.

SEC. 6. *Charges—Free patients.*—The county sanatorium commission shall fix the amount to be charged for the care, treatment, and maintenance of each patient. When a patient is unable to pay said charges and has no kindred legally liable therefor from whom payment can be secured, said patient may be admitted without charge or a patient by whom or for whom continued payments can not be made may become a free patient. Any individual resident of the State, residing outside of a county or counties maintaining a tuberculosis sanatorium, may apply for treatment in any sanatorium established under this act, or any city, village, town, or county may so apply on behalf of any of its charges, and such patient may be cared for therein upon payment of a weekly sum to be fixed by the county sanatorium commission provided that the advisory commission of the Minnesota Sanatorium for Consumptives shall approve of the admission of such patient and the sum so fixed.

SEC. 7. *Admission.*—Any resident of a county or counties maintaining a tuberculosis sanatorium, who is afflicted with pulmonary tuberculosis, whether in the incipient or advanced stage, is eligible for care in such sanatorium and may apply for admission thereto, or anyone may apply on behalf of any such individual and the superintendent shall when conditions so warrant admit said person to such sanatorium for care and treatment, it being the intention that applications for residents of a county or counties where a sanatorium is located shall have precedence over applications for nonresi-

dents, but preference shall always be given to patients in the most advanced stages of the disease. The superintendent of each county sanatorium shall keep lists of applications (resident and nonresident) numbered respectively in the order in which they are received. When the conditions warrant the admission of another patient the superintendent shall give to the applicant who is first upon the resident list, or if there be no resident list then to the applicant who is first upon the nonresident list, an order for examination, directed to one of the county's examiners of the State sanatorium to determine that said applicant is afflicted with tuberculosis. The fee for each examination by an examining physician shall be \$3, payable out of the funds of the sanatorium for which the examination is made.

SEC. 8. *Private donations.*—The county sanatorium commission is empowered to accept as a trust any gift, donation, or funds from any source, whether subject to the special provisions of the donors or not, and such gifts, donations, or funds, shall be placed to the credit of the tuberculosis sanatorium fund in the treasury of the county in which the sanatorium is located, and shall be disbursed as provided for under section 4.

SEC. 9. *Executive secretary—Expenses of State commission.*—The advisory commission of the Minnesota Sanatorium for Consumptives is authorized to employ in connection with the carrying out of the purposes of this act, an executive secretary, and such other assistants and office help as may be necessary. It shall fix their compensation, which together with the necessary office and traveling expenses, not to exceed \$10,000 per annum, shall be paid by the State treasurer out of funds appropriated under this act by the warrant of the State auditor.

SEC. 10. *Counties having already let a contract.*—Any county which has hitherto established, built, and equipped, or let the contract for building a sanatorium under the provisions of chapter 347, Laws of 1909, may by resolution of its county commissioners make application to come under the provisions of this act, and when the institution and the manner in which it is conducted meet with the approval of the advisory commission of the Minnesota Sanatorium for Consumptives the State auditor shall draw his warrants upon the State treasurer in favor of such county in the sum equal to \$500 for each bed provided for a patient in such sanatorium at the time such application is made, and the State treasurer shall pay such warrant out of the funds in the State treasury provided for in this act.

SEC. 11. *Counties having already levied a tax.*—Any county or group of counties that has heretofore under chapter 347, General Laws of 1909, levied a tax or otherwise provided for the establishment of a sanatorium which has not been built and equipped may by resolution of the proper board or boards of county commissioners come under the provisions of this act and receive the State aid herein provided for a county or counties that may hereafter comply with the provisions hereof by depositing in the State treasury for the credit of its county sanatorium one-half of the estimated cost of the site, erection, and equipment thereof, and the county treasurer or treasurers upon the adoption of such resolution shall forthwith forward such amounts to the State treasurer.

SEC. 12. *Counties having boards of control.*—In all counties of this State now or hereafter having a board of control of hospital and charitable funds, the members of such board of control shall constitute such commission, and shall perform the duties prescribed by this act, as part of their duties as members of such board of control and without additional compensation. In such counties the superintendent shall not be secretary of said board or commission, but the secretary of such board of control shall perform the duties imposed by this act upon the secretary of the county sanatorium commission without additional compensation.

SEC. 13. *Members of local commission must qualify.*—Wherever in this act the words "sanatorium," "county sanatorium," or "county sanatorium commission" are used,

the same shall apply to a sanatorium or commission whether the sanatorium in question is one for a county or a group of counties. Each member of a county sanatorium commission shall before entering upon his duties take the oath provided by law and give a bond to be approved by the board of county commissioners of the county wherein such member resides in the sum of \$5,000 to the State of Minnesota, conditioned as provided for in chapter 107, General Laws of 1909, which said bond shall be filed with the board of county commissioners of such county.

SEC. 14. *Repeal section.*—All acts and parts of acts inconsistent with this act are hereby repealed, provided, however, that any county or counties that have heretofore established, built, and equipped, or contracted for building a sanatorium under the provisions of chapter 347, General Laws, of 1909, shall continue under said law until the provisions of section 10 hereof have been complied with.

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

BELLAIRE, OHIO.

Milk and Cream—Production, Care, and Sale. (Ord. 791, May 14, 1912.)

SECTION 1. No person, dealer, firm, or corporation shall bring or send into the city of Bellaire, Ohio, or sell or exchange, or offer or expose for sale or exchange, any milk or cream without having obtained a legal permit to do so, to be furnished by the city health officer. A fee of 50 cents shall be charged for each permit, and the same shall be deposited with the city treasurer to the credit of the sanitary fund of the board of health. Such permits must be renewed every 6 months. The applicant for a permit will be required to present a satisfactory certificate from a duly qualified veterinary surgeon regularly licensed to practice in the State of Ohio, who shall be designated by the board of health, showing his premises and herd to be in a clean and sanitary condition and his herd free from disease. The health officer may require the tuberculin test of any herd suspected of infection with tuberculosis. After the permit is granted, no person, firm, or corporation may change sources of milk or cream supply without the approval of the city health officer, and no permit shall be transferred without consent of said health officer.

The city health officer may at any time revoke any permit that may be granted by him for a failure on the part of the person, dealer, firm, or corporation to whom such a permit has been issued, to comply with the orders and regulations of this city for the sale of milk or cream now or hereafter to be in force.

SEC. 2. No person, firm, or corporation shall sell or exchange or offer or expose for sale or exchange any unclean, impure, unwholesome, adulterated, or unhealthy milk or cream within the city of Bellaire. The terms "adulterated" or "unwholesome" as used in this ordinance are held to mean:

First. Milk containing more than $87\frac{1}{2}$ per cent of water or fluids.

Second. Milk containing less than $12\frac{1}{2}$ per cent of milk solids.

Third. Milk containing less than $3\frac{1}{2}$ per cent of fats or having a specific gravity of less than 1.029.

Fourth. Milk drawn from animals within 15 days before or 5 days after parturition.

Fifth. Milk drawn from animals fed on wet distillery waste or starch waste, or any unhealthy or unwholesome food or drink.

Sixth. Milk drawn from cows kept in a crowded or unhealthy condition.

Seventh. Milk containing more than 2 per cent acidity.

Eighth. Milk containing pus cells.

Ninth. Milk which has been adulterated with water or any other fluid, or to which has been added, or into which has been introduced any foreign substance whatever.

Tenth. Cream sold or offered or kept for sale as such must contain at least 18 per cent butter fat.

Eleventh. Milk containing bacteria of any kind more than 500,000 per cubic centimeter.

Twelfth. Milk or cream reacting to the usual or ordinary test or tests for formalin, salicylic acid, or boric acid.

Provided that the first, second, and third subdivisions of this section shall not apply to milk sold under the name of "skimmed milk."

SEC. 3. No person, dealer, firm, or corporation shall bring into the city of Bellaire for sale or sell, or offer for sale, milk from which the cream has been removed, either in part or in whole, unless on two sides of the container from which such milk is sold there appears in red letters, not less than 1 inch in height, the words "skimmed milk." Any such so-called skimmed milk brought into the city for sale shall contain not less than $9\frac{3}{10}$ per cent of milk solids.

SEC. 4. No person, firm, or corporation within the city of Bellaire shall deliver, sell, or expose for sale, or have in his, their, or its possession for the purpose of sale, any milk or cream in glass jars or bottles, unless said jars or bottles have been thoroughly washed and cleaned before being last filled.

SEC. 5. All vessels and bottles of milk offered for sale purporting to contain a specified quantity shall conform to the standard of weights and measures of the State of Ohio.

No person shall keep milk or fill glass jars or bottles with milk or cream in any barn or stable, or in any public street or place and no person shall store any milk or cream in any basement, cellar, or refrigerator, milk house, dairy, or other place which is within 15 feet of any closet or privy vault or cesspool or any horse or cow stable or any chicken or poultry yard or coop, or within any sleeping or living room.

SEC. 6. Inspections of milk in all dairies, and of all venders, shall be made by the city health officer, and all persons, firms, or corporations selling, exchanging, or offering or exposing for sale or having in possession milk or cream for sale or delivery or exchange, either on their own account or any other person or corporation shall at all times, on demand, furnish to the said health officer and permit such health officer to take from them such samples as said health officer may require; and such samples shall be given, or permitted to be taken, at such time or place as may be demanded by said health officer. Every sample of milk delivered to said health officer shall have a label attached to the vessel containing such sample, which shall have written thereon, at the time of delivery of such sample, the date of the collection and the name of the health officer collecting such sample, of the number of the sample, the name of the owner and driver from whom collected, and a duplicate of the sample sealed in the bottle or vessel shall be delivered to the person from whom such sample is taken. Each sample shall be examined separately, according to its number, by the health officer, who shall register the specific gravity, temperature, and the percentage of butter fat opposite a corresponding number in the book kept for that purpose, the name of the owner to be subsequently inserted.

SEC. 7. No person, firm, or corporation selling or exchanging or offering or exposing for sale milk or cream in the city of Bellaire in bottles to any dwelling or other house that has in it any contagious disease or diseases or that is placarded by the health officer for any contagious disease or diseases, shall remove from such dwelling any bottle or receptacle which has been or is used for the purpose of receiving or storing milk or cream, until such placard has been removed by the proper authorities. No person suffering from, or who has knowingly, within a period of 20 days, been exposed to diphtheria, scarlet fever, erysipelas, smallpox, or other dangerous or contagious diseases, unless proper disinfection under direction of health officer has been had, shall work or assist in or about any dairy or dairy farm; no proprietor, manager, or superintendent of any dairy or dairy farm who supplies milk or cream to the residents of the city of Bellaire, Ohio, shall knowingly permit any person suffering, or exposed as aforesaid, to work or assist in or about said dairy or dairy farm.

SEC. 8. Milkers and those engaged in the handling of milk or cream shall maintain strict cleanliness of their hands and person while so engaged.

SEC. 9. Every person, firm, or corporation keeping cows for the production of milk for sale shall cause them to be kept clean and wholesome at all times, and shall cause

the teats and udder to be carefully cleaned with a damp cloth immediately before milking, and shall cause each of such cows to be properly fed and watered.

SEC. 10. Any person, firm, or corporation using any premises for keeping cows for dairy purposes shall keep said premises in a clean and sanitary condition at all times, and shall conform to the rules and regulations pertaining thereto as shall be made from time to time by the health department.

SEC. 11. It shall be the duty of every person having charge or control of any premises on which cows are kept to notify the health officer of Bellaire of the existence of any contagious disease among such cows, by letter delivered or mailed within 24 hours after the discovery thereof, and to thoroughly isolate any cow or cows so diseased, or which he may reasonably believe to be infected, and exercise such other precaution as may be directed, in writing, by the said health officer.

SEC. 12. All dairies or milk depots from which milk is offered for sale in the city of Bellaire shall be opened at all times to the inspection of the health officer of the city of Bellaire or any other officer representing him. Dip milk kept for sale or exchange or offered for sale or exchange in any grocery store, bakery, meat shop, confectionery, or any other store where milk is not sold exclusively must be kept so isolated and under such receptacles and under such conditions as shall be approved by the city health officer as to prevent the contamination of such milk.

SEC. 13. That any person, firm, or corporation violating any of the provisions of this ordinance, or of any rule or regulation made thereunder, upon conviction shall be adjudged to pay a fine of not exceeding \$100; and in addition to the penalty of fine, upon any such conviction, the health officer may revoke the permit of such person or persons, firm, or corporation so offending.

CONCORD, N. H.

Distribution of the Samples of Medicines and Descriptions of Symptoms of Diseases. (Chap. IX, Ord. Aug. 15, 1912.)

SEC. 15. No person shall in any part of the city of Concord distribute handbills, cards, papers, or advertising matter of any kind or description which purport to describe symptoms of so-called medical diseases and prescribe cures therefor.

SEC. 16. No person shall in any part of the city of Concord distribute free samples of medicine of any description whatever which purport to cure the diseases mentioned in section 15 of this chapter.

SEC. 17. Any person violating any of the provisions of this chapter shall be fined not more than \$20 for each offense unless herein otherwise provided.

Board of Health—Organization, Powers, and Duties—Sanitary Officer. (Chap. XIII, Ord. Aug. 15, 1912.)

SECTION 1. All matters relating to the public health of the city shall be under the control of a board of health, consisting of the mayor, who shall be chairman, the city physician, and a third member who shall be the present incumbent, for the remainder of the present year. At the commencement of the succeeding year, and whenever a vacancy shall exist, a third member of such board shall be appointed by the mayor with the approval of the board of aldermen who shall hold office for two years and until his successor is appointed. Such board shall consider all matters relative to the public health which in their judgment call for action on the part of the board of aldermen or which may be referred to them by the board of aldermen, the sanitary officer, or the city physician, and make recommendation with reference thereto, and shall perform such other duties as may be imposed upon them by this ordinance or by the laws of the State.

SEC. 2. The board of aldermen shall in January, 1913, and biennially thereafter, elect a sanitary officer, who shall hold his office for two years and until his successor is chosen and qualified, subject, however, to removal at any time by vote of the board of aldermen. Vacancies in said office shall be filled for the remainder of the present year by new elections. The present incumbent shall hold office until January, 1913, or until his successor is appointed.

SEC. 3. The sanitary officer shall devote his entire time to the performance of the duties imposed upon him by virtue of his office, and shall serve all orders and notices, and enforce all rules and regulations issued by the board of aldermen or the board of health, and enforce all ordinances and rules relating to nuisances or other conditions affecting the health and comfort of the public.

SEC. 4. The sanitary officer shall make such house to house inspections as are necessary to protect the public health and shall require the abatement within a reasonable time of all nuisances found; and shall give such advice and make such recommendations to householders and others as he may deem necessary to secure good sanitary conditions.

SEC. 5. The board of health shall prescribe a blank form upon which a complete record of the inspections made by the sanitary officer shall be entered; a record shall also be kept by the sanitary officer of all complaints made to him or to the board; of all orders issued, of all notices served, and of all nuisances abated. All the records kept by the sanitary officer shall be submitted to the board of health or the board of aldermen whenever called for.

SEC. 6. The sanitary officer shall see that all the provisions of the ordinance regulating or relating to sewers or drains are enforced. He shall inspect all private drains laid by any licensed drain layer before the same are covered, and shall report annually to the board of health and to the board of aldermen the results of said inspection, giving the name of the owner and of the occupant of the premises, the street and number, the position of the inlet employed, the size of the drain, inclination of the same and the manner in which it enters the main sewer, and shall perform such other duties in the enforcement of the provisions of said ordinance as may be authorized by the board of health or the board of public works; he shall also enforce the provisions of the city ordinances relating to the pollution of the water of Penacook Lake. In case any licensed drain layer shall have completed his excavating, and, on account of an approaching storm or other urgent cause, there is necessity that the work should be immediately connected and back filled, any member of the board of health may be required to act in place of the sanitary officer, if, from any cause, said sanitary officer is unable to be present.

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SEC. 40. The sanitary officer shall have the same power to make arrests as is by ordinance and law conferred upon the regular police of the city, in all cases where any person or persons shall violate the laws of the State, city ordinances, rules, or regulations relating to the health of the city; and shall wear a uniform or badge to be prescribed by the board of aldermen.

SEC. 41. The board of health shall provide themselves and the sanitary officer with such blanks and record books, at the expense of the city as are necessary, and shall at the close of each financial year, make a report to the board of aldermen of all complaints made to them or to the sanitary officer, and the cause for the same, with such suggestions pertaining to the health of the city as they may deem expedient to present, so much of the vital statistics as is necessary, the causes of death so far as possible, and such other sanitary information as may be called for by the board of aldermen.

SEC. 42. The board of health may make such rules and regulations for the prevention and removal of nuisances, for the control and restriction of infectious and contagious diseases, and such other relations relating to the public health as in their judgment the health and safety of the people may require. Copies thereof shall be

printed and circulated among the citizens, and published in one or more of the daily papers of the city.

SEC. 43. The board of health shall meet at such times and places as it may deem necessary, for the consideration of matters relating to the public health or whenever requested by the sanitary officer; they shall investigate, inquire into, and advise in all cases referred to them for such purpose by the sanitary officer or the city physician and shall direct them in such cases. In case the sanitary officer is unable to attend to the duties of his office, through sickness or other good cause, the board may select a suitable person to act temporarily in his stead, and said person shall, while so acting, possess all the authority, with the same compensation given the sanitary officer under the provisions of the city ordinances.

SEC. 44. Any person or persons, company or corporation, who shall violate or cause to be violated, by agent or otherwise, any provision of this ordinance, or any order, rule, or regulation made by the sanitary officer or the board of health, under the authority of this ordinance, shall upon conviction thereof, before the police or other court of competent jurisdiction, be fined not more than \$20, with the costs of prosecution, for each offense, except in cases where the punishment is provided for by the laws of the State, in which cases the penalty so prescribed shall be imposed.

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Nuisances—Rubbish—Vegetable and Animal Matter—Domestic Animals. (Chap. XIII, Ord. Aug. 15, 1912.)

SEC. 7. No person shall place or leave, or cause to be placed or left, in or near any highway, street, alley, or public place, or in any pond or other body of water where the current will not remove the same, any rubbish, dirt, soot, ashes, hay, shreds, oyster, clam, or lobster shells, manure, swill, tin cans, decaying fruit or vegetables, waste water, or any refuse animal or vegetable matter whatsoever, nor keep in or about any vacant lot, dwelling house, barn, shed, store, shop, or cellar any of the aforesaid substances after the same have become putrid or offensive, or a menace to the public health.

SEC. 8. No person or persons shall suffer or permit any cellar, vault, private drain, pool, sink, privy, sewer, or other place, upon any premises or grounds belonging to or occupied by him or them, to become offensive or injurious to the public health.

SEC. 9. No person or occupant, or any person having control or charge of any lot, tenement, premises, building, or other place, shall cause or permit any nuisance to be or remain in or upon said lot, tenement building, or other place, or between the same and the center of the street, lane, or alley adjoining.

SEC. 10. No person or persons shall erect, maintain, or use within the compact part of any ward in the city, any swill house or building for rendering any offal, tainted or damaged lard, tallow, or any putrid animal substance, or for the deposit of green pelts or skins.

SEC. 11. No person or persons shall keep or use any hog pen, goat pen, chicken coop, or barnyard so near to any highway, park, or other public place as to be offensive or a menace to the public health, or adjoining or abutting any lot upon which any other person resides, if so near them as to be offensive, or in such manner that the contents of such hog pen, goat pen, chicken coop, or barnyard are discharged upon said lot or upon any street, lane, or alley in the city.

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SEC. 38. All petitions for the cleansing, removing, or abatement of any nuisance shall be made to the sanitary officer, verbally or in writing; stating distinctly the character of such nuisance, the premises where situated, and the reason for its removal or abatement; but if it becomes necessary to institute legal proceedings against the party or parties complained of, the complainant shall, before such proceedings are

instituted, file a complaint in writing with the city solicitor, who shall prosecute the same in his discretion.

SEC. 39. A notice served on an owner, agent, or occupant of any property, or left at the private residence of the owner, or agent, or occupant, or, if after due search neither can be found, posted on the front door or wall or fence of such property, and a like notice sent to his last-known post-office address, shall be considered sufficient and ample notice.

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Privies and Cesspools—Construction, Care, and Disposal of Contents. (Chap. XIII, Ord. Aug. 15, 1912.)

SEC. 12. The owner, agent, occupant, or other person having the care of any tenement used as a dwelling house, or any other building, shall furnish the same with a sufficient drain, underground, to carry off the waste water; and also with a suitable privy, which, if not properly connected with the public sewer, shall have a vault which shall be sunk underground, and built in the manner hereinafter prescribed, and of capacity proportionate to the number of inhabitants of such tenement, or of those having occasion to use such privy; and no person shall suffer any waste or stagnant water to remain in any cellar or upon any land by him owned or occupied, in the compact part of any ward of the city.

SEC. 13. All vaults, privies, and cesspools shall be so constructed that the inside of the same shall be at least 2 feet distant from the line of every adjoining lot, unless the owner of said adjoining lot shall otherwise agree and consent; and a like distance from any street, lane, alley, court, square, public place, public or private passageway. Every vault and cesspool shall be made tight, so that the contents can not escape therefrom, and shall be securely covered; and no person shall open a vault, privy, or cesspool, or remove the contents thereof, or haul such contents through any street in the city, between the first day of May and the first day of November, inclusive, except between the hours of 9 o'clock in the evening and 6 o'clock in the morning.

SEC. 14. Any person or persons intending to construct a privy, vault, or cesspool shall first obtain a written permit to do so, signed by the sanitary officer. Each permit shall designate the location on the lot, the distance from any house, well, or spring, the kind of vault or cesspool and the depth thereof, and shall contain a printed abstract of the State law and city ordinances relating to the construction of privy, vaults, and cesspools; but no cesspool for the reception of sink or other waste water shall be constructed within 100 feet of a public sewer; and no abandoned well shall be used as a privy vault, cesspool, or sink.

SEC. 15. When any vault, privy, cesspool, or drain shall become offensive or obstructed, the same shall be cleansed and made free; and the owner, agent, occupant, or other person having charge of the premises in which any vault, privy, cesspool, or drain may be situated, the state or condition of which shall be a violation of the provisions of this ordinance, shall remove, cleanse, alter, amend, or repair the same within such reasonable time after notice in writing to that effect from the sanitary officer, as shall be expressed in such notice. In case of neglect or refusal so to do, the sanitary officer may cause the same to be removed, altered, amended, or repaired, as he may deem expedient, at the expense of the owner, agent, occupant, or other person as aforesaid.

Garbage, Refuse, and Manure—Care and Disposal of. (Chap. XIII, Ord. Aug. 15, 1912.)

SEC. 16. The owner, agent, occupant, or other person having the care of any stable, barn, premises, or any other place where manure, swill, garbage, or any other animal or vegetable substances accumulate shall cause the same to be removed at such stated periods as the sanitary officer may designate.

SEC. 17. No person shall remove, or carry in, or through, any of the streets, squares, courts, lanes, avenues, or alleys within the city of Concord any swill or house offal, animal or vegetable, grease or bones, or any refuse substance from any dwelling houses, or other places in the city, unless such person so removing, or carrying the same, shall have been expressly licensed by the board of health annually.

SEC. 18. No person shall transport fat, bones, or decayed, putrified, or vile-smelling animal or vegetable substances within the city limits, except in water-tight, securely covered vessels from which no odor can escape.

Milk and Cream—Production, Care, and Sale. (Chap. XIII, Ord. Aug. 15, 1912.)

SEC. 19. The provisions of an act passed by the Legislature of the State of New Hampshire and approved March 22, 1901, entitled "An act in amendment of chapter 127 of the public statutes, relating to the inspection of milk," are hereby adopted to be in force in the city.

SEC. 20. The condition under which every cow is kept whose milk is sold or exposed for sale in the city of Concord shall be made known to the board of health if said board shall deem it necessary.

SEC. 21. No milk shall be sold or offered for sale unless the cow is free from disease dangerous to the public health.

SEC. 22. No milk kept for sale shall be stored, strained, cooled, or mixed in any room used in whole or in part for sleeping purposes or for the stabling of horses or cattle or other animals or for the storage of manure, offal, or other offensive matter.

SEC. 23. All rooms in which milk is stored, cooled, strained, or mixed shall be kept constantly clean. Proper apparatus shall be provided for washing or sterilizing all utensils used in handling milk, and such utensils shall be washed with boiling water or sterilized by steam after being so used.

SEC. 24. No urinal, water-closet, or privy shall be located in the rooms mentioned in the preceding sections or so situated as to pollute the atmosphere of said rooms.

SEC. 25. All milk produced for the purpose of sale shall be strained and cooled as soon as it is drawn from the cow.

SEC. 26. Milk kept for sale shall at all times register on test a temperature not higher than 50° F. and shall be stored in a covered cooler, box, or refrigerator.

SEC. 27. All cans, bottles, or other vessels of any sort used in the sale and handling of milk shall be cleaned or sterilized before they are used again for the same purpose.

SEC. 28. No person shall use a milk vessel as a container for any substance other than milk.

SEC. 29. Every person engaged in the production, storage, transportation, sale, delivery, or distribution of milk, immediately on the occurrence of any case or cases of infectious disease, either in himself or in his family or amongst his employees or their immediate associates, or within the building or premises where milk is stored, sold, or distributed, shall notify the sanitary officer.

SEC. 30. No person having an infectious disease, or having recently been in contact with a person having an infectious disease, shall milk or handle cows, measures, or other vessels used for milk intended for sale or in any way take part or assist in handling milk intended for sale until all danger of communicating such disease to other persons shall have passed.

SEC. 31. No vessels which have been handled by persons suffering from such an infectious disease shall be used to hold or convey milk until they have been thoroughly sterilized.

SEC. 32. No bottle, can, or receptacle used for the reception or storage of milk shall be removed from a private house, apartment, or tenement wherein a person has an infectious disease.

SEC. 33. No person, by himself, or by his servant or agent, or as the servant or agent of any other person, firm, or corporation shall bring into the city of Concord for the

purposes of sale, exchange, or delivery or sell, exchange, or deliver any milk, skimmed milk, or cream which contains more than 500,000 bacteria per cubic centimeter, or which has a temperature higher than 50° F.

SEC. 34. The board of health shall keep a record of all inspections made under or by virtue of this ordinance and of the results of such inspections; and shall make a report each month to the board of aldermen showing all inspections made, and the results of such inspections, during the preceding month.

Vaccination of School Children. (Chap. XIII, Ord. Aug. 15, 1912.)

SEC. 35. No child shall attend any public, parochial, or private school in the city of Concord unless he has complied with the State vaccination law, and no pupil shall be allowed to attend school without a certificate of vaccination bearing the seal of the board of health, said certificate to be issued upon the presentation of such evidence as shall be deemed satisfactory by the board of health. If practical, such evidence shall consist of a certificate of vaccination showing the date of such vaccination and the fact that it was successful, made by a party deemed qualified by the board of health to vaccinate and it shall be presented to the board of health, and such certificate shall be indorsed by the board of health. If it is not practical to get such a certificate, or if a child has had the smallpox, the board of health shall, upon satisfactory evidence of vaccination, or that the child has had the smallpox, issue to such a child a certificate permitting him to attend school.

SEC. 36. The board of health shall keep a card-index record of all the vaccination cards indorsed by the board and of all the certificates issued permitting scholars to attend school as above provided for. The city physician shall at all times be prepared to vaccinate, at the expense of the city, any scholar who is unable to pay therefor.

Communicable Diseases—Reporting of Cases of. (Chap. XIII, Ord. Aug. 15, 1912.)

SEC. 37. It shall be, and is hereby, made the duty of every physician, surgeon, or other person attending upon a case of smallpox, epidemic cholera, epidemic dysentery, diphtheria, scarlet fever, typhoid fever, measles, yellow fever, or other dangerous, contagious, infectious, or pestilential disease, and of every householder, attendant, or agent, in whose house a case of any such disease occurs, to report every such case to the sanitary officer within 24 hours after first having knowledge of the same, giving the number of the house, the street, avenue, or lane upon which it is situated and the name of the occupant or occupants, with the name and age of the diseased person, if known. The board of health shall prescribe a course of action which shall be followed by the sanitary officer in all ordinary cases to prevent the spread of such disease. All cases of smallpox and diphtheria and others not covered by the general instructions shall be at once reported by the sanitary officer to said board, who shall take such further or different action as they may deem expedient, and who may in cases of emergency, with the approval of the finance committee of the board of aldermen, employ, at the expense of the city, such medical advice and assistance, in addition to the services of the city physician, as in their judgment may be necessary.

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Births and Deaths, Registration of—Interments. (Chap. XVII, Ord. Aug. 15, 1912.)

SECTION 1. The city clerk shall be registrar of vital statistics, and as such shall keep a full record of all births and deaths as is hereinafter provided.

SEC. 2. The attending physician, accoucheur, midwife, or other person in charge who shall attend, assist, or advise at the birth of any child within the limits of the city shall report to the registrar aforesaid within six days thereafter, stating the date of birth, sex, and color of said child (or children) born, whether stillborn or not, and the full name, nativity, residence, and occupation of the parents.

SEC. 3. Whenever any person shall die within the limits of the city it shall be the duty of the physician attending such person during his or her last sickness to fill out and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity, occupation, whether married or single, duration of residence in the city, cause, date, and place of death of such deceased person; and it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to add to said certificate the date and place of burial, and, having duly signed the same, to forward it to the registrar aforesaid and obtain a permit for burial; and in case of death from any contagious or infectious disease said certificate shall be so made and forwarded immediately.

SEC. 4. No interment or disinterment of the dead body of any human being, or disposition thereof in any tomb, vault, or cemetery, shall be made within the city without a permit therefor, granted as provided by the laws of the State, nor otherwise than in accordance with such permit: *Provided*, That in case burials are to be made in other cemeteries than those under the control of the commissioners for Blossom Hill and Old North cemeteries such permits may be issued by the clerks of the several committees whenever, in their opinion, the circumstances of the case demand their action. No undertaker or other person shall assist in, assent to, or allow any such interment or disinterment to be made until such permit has been given as aforesaid; and it shall be the duty of every undertaker or other person having charge of any burial place as aforesaid, who shall receive such permit, to preserve and return the same to the registrar, or to the clerk of the town from which it was issued, within six days following the day of burial. No undertaker or other person shall bury, or cause to be buried, the body of any deceased person within the limits of the city, except in such grounds as are now known to be used as burial grounds or such as shall be hereafter by law designated and authorized to be used as such, unless by a permit of the board of health.

SEC. 5. No dead body or part of the dead body of any human being from without the limits of the city shall be received into or allowed to be buried in any cemetery or other place of interment in said city, unless the person in charge, or undertaker, shall have first obtained a permit, as provided by the laws of the State of New Hampshire.

SEC. 6. Whenever a permit for burial is applied for, in the case of death without the attendance of a physician, or it is impossible to obtain a physician's certificate, it shall be the duty of the city physician to investigate the case, and make and sign a certificate of the probable cause of death.

SEC. 7. The registrar shall receive, in addition to the fees allowed by law, such sum for his service as the board of aldermen may from time to time determine.

SEC. 8. There shall be appointed by the mayor a suitable number of funeral undertakers, who shall be responsible for the faithful and orderly management of all funerals undertaken by them. They may appoint or recommend assistants (for whose conduct they shall be responsible). Funeral undertakers appointed in January, 1911, shall hold office during the terms for which they were appointed, unless sooner removed by the mayor.

SEC. 9. Any person violating any of the provisions of this chapter shall be fined not less than \$1 nor more than \$10.

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