

# PUBLIC HEALTH REPORTS

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## RAT PLAGUE AT SEATTLE.

Seven plague-infected rats were found at Seattle, Wash., between September 30 and October 18, 1913. These rats were found along the water front. The municipal health department is actively engaged in the trapping and poisoning of rats and the rat proofing of buildings in the vicinity in which the infected rodents were found. Officers of the United States Public Health Service have charge of the inspection and disinfection of arriving and departing vessels to prevent the spread of the disease by ships.

## BIRTH REGISTRATION.

### CAMPAIGN OF THE INDIANA STATE BOARD OF HEALTH.

The Indiana State Board of Health is exerting itself to secure more accurate birth reports and has adopted a plan to bring the importance of birth registration before the women. The board has a traveling exhibit, passing from town to town spending one week in each place. This public health exhibit consists of charts, diagrams, mottoes, pictures, maps, photographs, pathological specimens, etc. The exhibit is usually displayed in an empty storeroom with banners across the street to attract attention. The coming of the exhibit is announced in the schools and churches, and advertised in the local papers two weeks ahead. The exhibit is under the charge of two men who do nothing else. They carry a stereopticon, showing both still and moving pictures and give illustrated lectures twice a day. The schools are visited, the pupils receive special instructions in general hygiene, the teachers and school authorities are assembled, and the social clubs of the town join in the work.

Dr. Hurty, secretary of the State board of health, states that the special feature adopted this year is to arouse an interest among the women in birth registration by offering a prize to the young married woman who will present the most names of other women promising

to talk up the necessities and advantages of accurate birth registration. The prize which will be offered is a year's subscription to the *Mothers' Magazine*.

The Indiana State Board of Health is preparing a *Mothers' Baby Book*. It will be bound in cloth, and treats simply and briefly of the care of the baby. This book will be sent to every mother when her first child is born, together with a letter of congratulation from the board. The letter will have something to say regarding registration, and will therefore advance that particular feature.

## PARALYSIS DURING ANTIRABIC TREATMENT.

### A REPORT OF TWO CASES IN WHICH PARALYSIS OCCURRED DURING THE COURSE OF ANTIRABIC TREATMENT.

By H. E. HASSELTINE, Passed Assistant Surgeon, United States Public Health Service.

While the administration of the Pasteur antirabic treatment gives no serious complications or sequelæ in a large percentage of cases, there are occasional exceptions, which make it impossible to say that it is always harmless. Many persons who have taken the treatment complain of minor and vague symptoms, usually due to a neurotic element in the patient, which complaints can not be definitely attributed to the treatment.

However, there is one condition occasionally seen in these patients that seems to be the direct result of the treatment, viz, paralysis, more or less complete, and often sufficiently extensive to be a cause of anxiety as to the final result.

But few cases of this paralysis have been reported in America. Jones<sup>1</sup> reports two cases seen personally and adds reports of two others. Stimson<sup>2</sup> alludes to another case in 1910. At that time Stimson stated that about 76 cases with 4 deaths had been reported.

After searching the subsequent literature, I have found no cases reported, but in the reports on file at the Hygienic Laboratory from various Pasteur institutes that obtain virus from the Hygienic Laboratory and are under the supervision of their respective State and city boards of health, I find three cases of paralysis noted, the whole number of cases treated being 3,115.

In 1910 a report from California states, under heading of complications: "Paralysis, one case, very slight." In 1911 a report from Alabama states: "One case of paralysis, transient." In 1912 the North Carolina report says: "One patient developed paralysis on the

<sup>1</sup> Jones: *Journal American Medical Assn.*, 1909, vol. 53, p. 1625.

<sup>2</sup> Stimson: *Facts and Problems of Rabies*, Bulletin No. 65, U. S. Public Health and Marine Hospital Service, Washington, pp. 70-73.

fourteenth day of treatment. Diagnosed by several physicians as a typical case of anterior poliomyelitis."

The following two cases occurred in patients who were receiving the antirabic treatment at the Hygienic Laboratory of the United States Public Health Service:

CASE I.—C. W., age 34; white; male; occupation, policeman; weight, about 180 pounds.

*Family history.*—Both parents are living and in good health. The cause of death of the grandparents is uncertain, though all lived to old age, and the patient knows of no nervous, spinal, or mental disease in the family. Patient is married and has two normal, healthy children.

*Previous history.*—Had had the usual diseases of childhood, but since reaching adult age has never been sick enough to go to bed. There is no history of venereal disease, and patient states he has never used alcohol to excess. Has been on the police force for ten years and has been an officer of the bicycle squad for six years.

On July 8, 1913, he was bitten by a white setter dog of unknown ownership, which was running on the streets unmuzzled. The dog was killed and sent to the Bureau of Animal Industry, Department of Agriculture, where the presence of negri bodies was demonstrated.

The wounds consist of two small punctures on the middle finger of the right hand. The wounds were cauterized at the Casualty Hospital shortly after infliction.

On July 10 he began receiving the antirabic treatment at the Hygienic Laboratory.

July 16. A slight local reaction at one site of injection is noted.

July 17. Moderate local reaction at two sites of injection.

July 18. Local reaction at sites of last two injections severe. There is considerable induration of the tissues in the immediate neighborhood of the injection sites.

July 19. Local reaction less marked. A moderate reaction is present at the sites of last two injections and is disappearing at those where first noted.

July 20. Slight local reaction present.

July 21. Slight local reaction present. After receiving the injection on this date he returned home and states that he felt tired and sluggish and lay down. Shortly afterward he felt nauseated and vomited a small amount of bile-stained fluid. He took a saline purgative, but vomited it in about two hours, and then tried another (citrate of magnesia) without effect. He noticed that his lower limbs felt heavy.

July 22. On arising he complained of pain in the abdomen and found that the coordination of the movements of the feet and legs was interfered with. He could walk with the aid of a cane, and he went to the laboratory by street car for his usual treatment. On the car he noticed that the jarring of the car while in motion accentuated the pain in the abdominal region. He reported at the laboratory about 10 a. m. He could walk with great difficulty, both feet dragging behind as he leaned forward on his cane, and laboriously drew each foot along until it was under the body. He complained of pain in the abdominal region, which seemed to extend around to the back. A superficial examination showed the knee reflexes were exaggerated and that sensation was present in the legs. The tongue was coated; temperature, 37.3° C. A specimen of blood was taken, and afterward examined for malarial parasites, with negative result. He was advised to return home and go to bed and remain quiet. He left for home in an automobile.

July 23. He was seen at his home at 11 a. m. by Dr. Barry, police surgeon, Asst. Surg. Leake, and myself. The patient states that he passed a restless night, and that he suffered considerable pain in the back and abdomen. Temperature, 39° C.; pulse, 80; respiration, 26. The local reaction at sites of injections is fading rapidly. He is unable to move the legs or toes voluntarily. The knee reflex is present, but

much lessened when compared with that of yesterday. Plantar reflex is present, and the reflex movement of the muscles causes pain. Babinski phenomenon not present. Sensation to pain (pin point) present throughout lower limbs. Sensation to temperature impaired in feet and lower portion of legs. Last night he suffered from retention of urine, and was catheterized, and was again catheterized this morning at 11.30. About 18 ounces of clear urine were obtained. This was examined by Dr. Leake and found normal in every respect. Upper extremities are not involved. Respiration is of the costal type. A slight aortic murmur was detected by Dr. Barry, otherwise chest and contained organs seem normal. The chief subjective complaint is pain in the region of the abdomen and the lumbar spine.

July 24. Temperature, 37° C.; pulse, 60; respiration, 22. Sensation is unchanged from yesterday's condition. There is slight tenderness over the sciatic nerves. The patient states that light stroking of the skin of the legs and thighs produces an unpleasant sensation, hardly severe enough to be called pain, but firm pressure is not painful. The toes can be moved very slightly. The bladder and rectum are still paralyzed, though sphincteric tone is maintained. He perspires freely. Reflexes are all absent.

July 25. Temperature, 36.6° C.; pulse, 66; respiration, 18. The motor and sensory condition are unchanged. He states that the feet "felt as if asleep." The arms are not involved, and respiration is now diaphragmatic. The aortic murmur has disappeared.

July 26. Temperature, 37.8° C.; pulse, 72; respiration, 24. Condition practically that of yesterday.

July 27. Temperature, 37.2° C.; pulse, 76; respiration, 20. No change noticeable in patient's condition.

July 28. Temperature, 36.8° C.; pulse, 80; respiration, 22. There is slight improvement. He can move the toes slightly, and can voluntarily contract some of the muscles of the thigh, but not sufficiently to flex or extend any of the joints.

July 31. Improvement is slight, but noticeable. He can move the feet slightly in abduction and adduction, but flexion and extension of the ankles can not be obtained. He can turn himself in bed quite readily. Bladder and rectal condition unchanged. Normal urination is not reestablished, but he feels a strong desire to urinate when the bladder is full.

August 15. Normal urination reestablished and defecation is much easier.

August 17. He is able to sit up in a chair for a few minutes at a time and can sit nearly erect without pain in the back. The coordination of the movements of the feet is poor, but gradually improving; appetite is good, and he sleeps fairly well.

August 22. Since the last note improvement has been quite rapid. He is now able to sit up all day and can walk with the aid of a cane. On arising to walk he has to stand still for a few minutes before he takes the first step. He says he does this "to get the stiffness out" of his legs. The gait is somewhat spastic, each step ending with a sudden planting of the foot, with toe and heel striking the floor nearly at the same time. The rectum and bladder are working normally.

August 27. He is able to walk without a cane, and the gait is much more steady. His steps are slightly shorter than normal, and there is still some spasticity. Knee reflexes and ankle clonus are present and slightly exaggerated. He complains of a heavy feeling in the abdomen and has a tendency to constipation.

The management of the case during illness was left to Dr. Edmund Barry, police surgeon, who has kindly furnished me the following data regarding the treatment:

During the first few days bromides were given to allay restlessness. During the period in which catheterization was necessary hexamethylenamine, 5 to 7½ grains, was given three to four times a day.

In the early part of the illness strychnine,  $\frac{1}{16}$  grain three or four times a day, was administered, and this was gradually lessened to  $\frac{1}{16}$  grain thrice daily.

Several remedies were used in attempts to evacuate the bowels, including eserine hypodermically on two occasions, but none proved efficient except high rectal enemata.

In the later stages massage of the affected parts and electricity were employed, with good results.

The patient lost about 20 to 25 pounds in weight during the illness, but is rapidly recovering his loss since convalescence has become established.

The other case which has occurred in patients treated at this laboratory is the one alluded to by Stimson<sup>2</sup> in his *Facts and Problems of Rabies*, page 73.

The following data taken from the notes on the case on file at the laboratory will be of interest.

CASE II.—C. O. K., age 42, male, white.

This man handled and cared for his dog, cleansing its mouth; he does not remember having received scratches or wounds of any kind. There were a few slight abrasions on the hands when he applied for treatment. The animal was a collie shepherd dog owned by the patient. The dog was first noticed to be sick on May 8, 1909, and was pronounced rabid by Dr. Buckingham, veterinary surgeon.

*Previous history.*—At 8 years of age he had an attack of meningitis, which lasted three months.

*Present illness.*—On May 13 preventive inoculations were begun and discontinued on May 30. A moderate local reaction began on the sixth day, becoming less and less pronounced until the last day of treatment.

On June 1, 19 days after the beginning of the treatment, the patient's wife telephoned that the patient's hands and feet were paralyzed. He was seen by Drs. Stimson and Manning, who found the hands and feet slightly paralyzed and weak. There was some loss of sensation; knee jerks absent; pupils reacted to light.

June 3. Consultation of Drs. Stimson, Manning, Miller, Achucarro and Heinecke: Diagnosis of peripheral neuritis made; at this time condition about the same as on the previous day, with the addition of some pain or pressure over nerve trunks; occasional complaint of pain in back and head; no fever; light diet ordered.

June 4. Condition about the same. He complains of some difficulty in swallowing, and there is some accumulation of mucus in the trachea which is raised with difficulty. He slept little during the night.

June 5. Condition about the same.

June 8. Urine shows no sugar and but a mere trace of albumen.

June 10. Lips and eyes involved but has some control over them. He has some trouble with the palate in swallowing. The right arm is improved; can extend fingers and bring the hand to the face; sensation is also improved. Left hand also slightly improved; can extend the fingers and flex them slightly. He complained last night of intermittent pains in the arms and legs. The legs can be nearly completely extended without causing pain in the knees; he can not flex the legs; sensation in the hands is improved, especially in the right.

June 15. Has better use of the arms, and can close the eyelids. He can adduct the thighs but complains of pain when the legs are completely extended. His appetite is good.

June 18. The arms and face are much improved, having almost complete use of them. Legs are greatly improved, being able to flex, extend and adduct them. He

<sup>2</sup> Stimson: *Facts and Problems of Rabies*, Bulletin No. 65, United States Public Health and Marine-Hospital Service, Washington, pp. 70-73.

can move the feet. He still complains of pain on complete extension of the legs; referred to the knee. Face no longer flushed and appetite good.

There are no further notes in the second case, but I recently learned (August, 1913) that the man fully recovered after being confined to bed for 46 days.

There seems to be a difference of opinion among neurologists as to the exact lesion of this paralysis, some holding it is a myelitis, others that it is a neuritis. The first case described above seems to point toward an affection of the lower cord, while those in charge of the latter case seem inclined to consider the symptoms those of neuritis. The latter case showed an ascending paralysis which is described by most writers who have reported cases, but the former case did not ascend though we expected it would do so. Whether the fact that this patient had been riding a bicycle for several years, thereby using the lower extremities much and the upper extremities comparatively little, had anything to do with the extent of the paralysis is uncertain.

Concerning the pathogenesis of this paralysis there are numerous views, but considering its very infrequent occurrence, it seems apparent that individual susceptibility must play an important part in the causation of the trouble.

The chief theories as to the cause of the paralysis are as follows:

(a) That it is due to anaphylaxis resulting from the injection of foreign animal tissue (rabbits' cord);

(b) That it is due to a "toxin" elaborated by the specific organism of rabies;

(c) That it is due to rabies resulting from street virus received at the time the bite was inflicted;

(d) That it is due to rabies resulting from fixed-virus infection;

(e) That it is due to infection with extraneous organisms introduced with the virus during treatment;

(f) That it is due to hysteria and other neuro-psychologic disorders.

Of these theories, I believe the first mentioned has the most to recommend it, as in this, individual susceptibility undoubtedly plays the important part and is not open to objections which are applicable to the others.

In support of this theory it may be stated that paralysis is said not to have occurred where the dilution method of Höyges was used, which uses a much smaller amount of rabbit tissue than the original Pasteur method.

The comparative rarity of this sequel of the treatment is a strong argument against its being a fixed virus infection or due to a rabies toxin. The fact that it has occurred in cases treated in which the supposed infecting animal has subsequently been proven not to be rabid disposes of the street virus infection theory.

If due to extraneous microorganisms introduced with the treatment, said organisms are probably rare, as in the cases treated at the Hygienic Laboratory complications and sequelæ resulting from extraneous infection, such as abscesses, etc., have been practically nil.

That it is not due to hysteria seems indicated by its occurrence in patients who show no neurotic or hysterical tendencies in any way.

The occurrence of the paralysis may be explained as a manifestation of individual hypersusceptibility analogous to the comparatively rare cases showing untoward effects after the administration of diphtheria antitoxin.

It is hoped that physicians in general, and especially those connected with Pasteur institutes will report cases that may occur in their patients, so that a proper estimation of the frequency of this complication may be obtained. When a patient begins taking the Pasteur treatment one of the questions almost invariably asked is "Is there any harm done if the case is not infected with rabies?" or, "Are there any after effects of the treatment?" These questions are best answered by telling the percentage of cases showing any ill effects and letting the patient judge for himself. However, at present the percentage of cases is unknown. Taking into consideration the figures given by Jones<sup>1</sup> (7,080 treatments without a case of paralysis) and the 567 cases treated at the Hygienic Laboratory with 2 cases (0.35 per cent), it will be seen that the occurrence of paralysis is indeed a variable factor.

With rabies apparently increasing steadily among the canine population of the United States and a wider spread of knowledge of rabies the time is fast approaching when all physicians will be consulted regarding rabies and its treatment. It is the duty of those connected with this work at present to report serious complications and sequelæ, so that physicians in general may be able to give proper information and advice to those consulting them.

To do this it is necessary that all cases be reported as fully as possible.

After comparing European<sup>2</sup> and American figures, I find that the occurrence of this paralysis is about the same on both continents. However, the American figures that I have found do not cover all cases treated and possibly cases have occurred that have not been reported. If such is the case, it is to be hoped that those concerned will report their cases in order that all the data possible on this condition may be made available.

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<sup>1</sup> Jones: *Journal American Medical Assn.*, 1909, vol. 53, p. 1625.

<sup>2</sup> Remlinger: *Annal de l'Institut Pasteur*, 1905, Vol. XIX, p. 625. Pampoukis; *Deutsche Med. Wochenschrift*, 1908, Vol. XXXIV, p. 2076.

# 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 September, 1913.

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
<b>Maryland, exclusive of Baltimore city:</b>						
Anne Arundel County—						
Fairfield .....	1				1	
Baltimore County—						
Highlandtown .....	1				1	
<b>Total</b> .....	<b>2</b>				<b>2</b>	
<b>Michigan:</b>						
Antrim County—						
Mancelona .....	1				1	
Grand Traverse County—						
Blair Township .....	3				2	1
Isabella County—						
Coldwater Township ..	1				1	
Mackinac County—						
Garfield Township ....	1				1	
Marquette County—						
Negaunee .....	1				1	
Monroe County—						
Monroe .....	1				1	
St. Joseph County—						
Burr Oak Township ..	1				1	
Wayne County—						
Detroit .....	1				1	
<b>Total</b> .....	<b>10</b>				<b>9</b>	<b>1</b>
<b>Minnesota:</b>						
Becker County—						
Cormorant Township ..	1					1
Clay County—						
Moorhead .....	1				1	
Dodge County—						
Hayfield .....	1				1	
Faribault County—						
Elmore .....	1				1	
Hennepin County—						
Minneapolis .....	1			1		
Orono Township .....	1				1	
Mower County—						
Udolpho Township ....	1				1	
Waltham .....	6				6	
Waltham Township ..	2				2	



**SMALLPOX—Continued.**

**State Reports for September, 1913—Continued.**

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
<b>Minnesota—Continued.</b>						
Nicollet County—						
St. Peter.....	1					1
Olmsted County—						
Rochester.....	2				2	
Ramsey County—						
St. Paul.....	1				1	
St. Louis County—						
Duluth.....	3				3	
Hibbing.....	1				1	
Virginia.....	12				10	2
Todd County—						
Leslie Township.....	1			1		
Wadena County—						
Wadena.....	1				1	
<b>Total.....</b>	<b>37</b>			<b>2</b>	<b>31</b>	<b>4</b>
<b>Ohio:</b>						
Allen County.....	2					2
Athens County.....	5					5
Clark County.....	14				14	
Darke County.....	1					1
Franklin County—						
Columbus.....	4				4	
Fulton County.....	4					4
Huron County.....	11					11
Lawrence County—						
Ironton.....	4				4	
Lucas County—						
Toledo.....	5				5	
Marion County.....	15				9	6
Meigs County.....	1				1	
Scioto County—						
Portsmouth.....	1					1
Van Wert County.....	1					1
<b>Total.....</b>	<b>68</b>				<b>37</b>	<b>31</b>

**Wisconsin Report for August, 1913.**

Places.	Number of new cases reported during month.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
<b>Wisconsin:</b>						
Barron County.....	2					2
Brown County.....	1				1	
Clark County.....	4					4
Dane County.....	12				1	11
Douglas County.....	1					1
Grant County.....		1				
Kewaunee County.....	1			1		
Marathon County.....	2					2
Marquette County.....	10				9	1
Milwaukee County.....	23					23
Sawyer County.....	1					1
<b>Total.....</b>	<b>57</b>	<b>1</b>		<b>1</b>	<b>11</b>	<b>45</b>

**SMALLPOX—Continued.****Connecticut—Montville.**

Acting Asst. Surg. Stanton, of the Public Health Service, reported October 16, 1913, that smallpox had broken out in Montville, Conn., and that at the time of the report 8 cases were under observation.

**Texas—Del Rio.**

Acting Asst. Surg. Ross, of the Public Health Service, reported by telegraph October 16, 1913, that on October 15, 1913, 3 cases of smallpox had developed at Del Rio in Mexican refugees who were admitted October 7, 1913.

**Texas—Eagle Pass.**

Acting Asst. Surg. Hume, of the Public Health Service, reported by telegraph October 16, 1913, that 16 cases of smallpox, with 1 death, had been notified at Eagle Pass, Tex.

**Miscellaneous State Reports.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Arizona (Sept. 1-30): County— Maricopa.....	1		Virginia (Sept. 1-30): Counties— Dinwiddie.....	2	
Montana (Sept. 1-30): Counties— Blaine.....	2		Fauquier.....	2	
Broadwater.....	11		Greenville.....	2	
Hill.....	1		Mecklenburg.....	1	
Lewis and Clark.....	1		Nansemond.....	20	
Silver Bow.....	4		Norfolk.....	1	
Total.....	19		Pottoway.....	7	
New Jersey (Sept. 1-30): County— Bergen.....	1		Total.....	35	

**City Reports for Week Ended Oct. 4, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Chattanooga, Tenn.....	7		Reading, Pa.....	3	
Kansas City, Kans.....	2		Toledo, Ohio.....	1	
Lexington, Ky.....	1		Washington, D. C.....	1	
Niagara Falls, N. Y.....	1				

**TYPHOID FEVER.**

**State Reports for September, 1913.**

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
<b>Maryland, exclusive of Baltimore city:</b>		<b>Maryland, exclusive of Baltimore city—</b>	
<b>Allegheny County—</b>		<b>Continued.</b>	
Cumberland.....	44	Caroline County—	
Western Maryland Hospital.....	5	Denton.....	6
Allegheny Hospital.....	6	Federalburg.....	9
Westernport.....	5	Preston R. D.....	1
Loaoning.....	4	Marydel.....	1
Frostburg.....	3	Hobbs.....	1
Gilmore.....	2	Preston.....	1
Moscow Mills.....	1	Ridgely.....	2
Franklin.....	1	Henderson.....	1
Barton.....	2	<b>Carroll County—</b>	
Bedford Road.....	1	Union Bridge.....	4
Narrows.....	1	Westminster.....	3
North Branch.....	2	New Windsor.....	1
Near Cumberland.....	1	Finksburg.....	1
Eckhart Mines.....	1	Mount Airy.....	1
Narrows Park.....	1	Woodbine.....	2
<b>Anne Arundel County—</b>		Sykesville R. F. D.....	1
Churchton.....	4	Sykesville.....	2
Deale.....	3	<b>Cecil County—</b>	
Annapolis.....	3	North East.....	6
Bayard.....	1	Chesapeake City.....	1
Edgewater.....	1	Rising Sun.....	2
Annapolis Junction.....	1	Cherry Hill.....	1
Fairfield.....	1	New Valley.....	8
Curtis Bay.....	2	<b>Charles County—</b>	
Waterbury.....	1	La Plata.....	8
Jewell.....	1	Brentland.....	1
<b>Baltimore County—</b>		Waldorf.....	2
Highlandtown.....	2	Bel Air.....	3
Catonsville.....	1	Falkner.....	1
Ellicott City.....	1	Port Tobacco.....	2
St. Agnes Hospital.....	8	Welcome.....	1
Relay.....	3	White Plains.....	1
Mount Winans.....	2	<b>Dorchester County—</b>	
Sparrows Point.....	4	Cambridge.....	4
St. Denis.....	1	Taylor Island.....	1
Govanstown.....	7	Preston.....	1
Hamilton.....	1	Thompson Station.....	1
Towson Jail.....	1	Aireys R. F. D.....	2
Arlington.....	3	Cambridge R. F. D.....	1
Reisterstown Road.....	1	Lloyds.....	1
Mount Washington.....	1	East New Market.....	6
Ridgewood Avenue.....	1	Secretary.....	2
Haywood Avenue.....	1	Hurlock.....	1
Carroll Avenue.....	1	Cordtown.....	1
Monkton.....	2	Fishing Creek.....	3
Texas.....	1	Wolford.....	1
Phoenix.....	3	Lakesville.....	2
Cockeysville.....	1	Craps.....	3
White Marsh.....	1	Oak Grove R. F. D.....	1
Parkton.....	1	<b>Frederick County—</b>	
Lansdowne.....	1	Brunswick.....	12
Raspeburg.....	1	Lime Kiln.....	1
Reisterstown.....	1	Yellow Springs.....	1
Ruxton.....	1	Burkittsville.....	2
York Road.....	1	Middletown.....	2
Glen Arm.....	3	Walkersville.....	1
Baldwin.....	1	Point of Rocks.....	2
Glencoe.....	1	Myersville.....	2
Alberton.....	1	Woodboro.....	1
Harrisonville.....	1	Feagasville.....	1
Bengles.....	2	Boonsboro.....	1
Middle River.....	1	Buckeystown.....	1
Sparks.....	1	Jefferson.....	2
Owings Mills.....	7	Frederick.....	8
<b>Calvert County—</b>		Emmitsburg.....	1
Chaney.....	1	<b>Garrett County—</b>	
Chesapeake Beach.....	1	Fearer.....	1
Willows.....	1	Oakland.....	5
North Beach.....	2	Bittinger.....	1
		Jennings.....	6

## TYPHOID FEVER—Continued.

## State Reports for September, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
<b>Maryland, exclusive of Baltimore city—Continued.</b>		<b>Maryland, exclusive of Baltimore city—Continued.</b>	
<b>Harford County—</b>		<b>Washington County—Continued.</b>	
Aberdeen.....	1	Broadfording.....	1
Havre de Grace.....	2	Highfield.....	1
Rocks.....	1	Big Spring.....	1
Falston.....	1	Cearfoss.....	2
<b>Howard County—</b>		Harpers Ferry R. F. D.....	1
Elk Ridge.....	3	Weverton.....	1
Savage.....	1	<b>Wicomico County—</b>	
Atholton.....	1	Parsonsburg.....	1
Woodstock.....	1	Willards.....	2
Mayfield.....	2	Salisbury.....	2
Alberton.....	1	Nanticoke.....	1
<b>Kent County—</b>		<b>Worcester County—</b>	
Kennedyville.....	4	Berlin.....	1
Betterton.....	1	Total.....	531
Millington R. F. D.....	4		
Chestertown R. F. D.....	1	<b>Michigan:</b>	
Still Pond.....	1	Alger County—	
Kennedyville R. F. D.....	1	Munising.....	25
<b>Montgomery County—</b>		<b>Allegan County—</b>	
Chevy Chase.....	1	Filmore Township.....	1
Germantown.....	1	Lee Township.....	1
Brookville.....	1	Wayland.....	5
Dickerson.....	1	<b>Alpena County—</b>	
Silver Spring.....	1	Alpena.....	3
<b>Prince George County—</b>		<b>Antrim County—</b>	
Muirkirk.....	4	Bellaire.....	4
Capitol Heights.....	5	Elk Rapids.....	1
Nottingham.....	-1	Mancelona.....	1
Hyattsville.....	3	<b>Arenac County—</b>	
Brandywine.....	5	Twining.....	1
Lakeland.....	1	<b>Barry County—</b>	
College Park.....	1	Carleton Township.....	1
Laurel.....	3	Nashville.....	2
Brentwood.....	1	Hastings.....	1
Kennilworth.....	2	<b>Benzie County—</b>	
<b>Queen Annes County—</b>		Thompsonville.....	1
Queenstown.....	5	<b>Berrien County—</b>	
Ruthsburg.....	2	Watervliet Township.....	6
Near Sudlersville.....	1	Coloma.....	1
Sudlersville.....	3	Benton Harbor.....	1
Templeville.....	2	Niles.....	1
Barclay.....	2	St. Joseph.....	4
Haydens.....	2	<b>Branch County—</b>	
Centerville.....	1	California Township.....	3
Pondtown.....	1	<b>Calhoun County—</b>	
Millington R. F. D.....	1	Athens Township.....	1
Crumpton.....	2	Albion.....	2
Stevensville.....	1	Battle Creek.....	16
Chester.....	1	Marshall.....	1
Fords Store.....	4	<b>Cass County—</b>	
<b>Somerset County—</b>		Cassopolis.....	1
Eden.....	1	<b>Chippewa County—</b>	
Crisfield.....	3	Sault Ste. Marie.....	10
Princess Anne.....	2	<b>Clinton County—</b>	
Westover.....	1	Du Plain Township.....	1
Pocomoke City R. F. D.....	1	<b>Eaton County—</b>	
Hopewell.....	1	Brookfield Township.....	1
Manokin.....	1	Eaton Rapids.....	6
Marion Station.....	3	Grand Ledge.....	2
<b>Talbot County—</b>		<b>Genesee County—</b>	
Easton.....	5	Thetford Township.....	1
Trappe.....	1	Davison.....	1
Tilghman.....	2	Fenton.....	1
<b>Washington County—</b>		Flint.....	9
Hancock.....	31	<b>Gladwin County—</b>	
Hagerstown.....	39	Beaverton Township.....	1
Rohrersville.....	2	<b>Grand Traverse County—</b>	
Pinesburg.....	1	Greenlake Township.....	1
Sharpsburg.....	4	<b>Gratiot County—</b>	
Lettersburg.....	1	Pine River Township.....	2
Clearspring.....	2	Seville Township.....	1
Big Pool.....	1	Ithaca.....	2

**TYPHOID FEVER—Continued.**

**State Reports for September, 1913—Continued.**

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
<b>Michigan—Continued.</b>		<b>Michigan—Continued.</b>	
Hillsdale County—		Ontonagon County—	
Allen Township.....	1	Ontonagon.....	3
Cambria Township.....	1	Lincoln.....	1
Jonesville.....	1	Osceola County—	
Montgomery.....	1	Tustin.....	1
Reading.....	1	Grand Haven.....	1
Hillsdale.....	5	Ottawa County—	
Huron County—		Olive Township.....	2
Port Austin Township.....	1	Holland.....	5
Caseville.....	1	Saginaw County—	
Ingham County—		Blumfield Township.....	1
Alaiedon Township.....	1	James Township.....	1
Delta Township.....	1	St. Charles.....	1
East Lansing.....	1	Saginaw.....	12
Lansing.....	9	St. Clair County—	
Mason.....	1	Casco Township.....	1
Ionia County—		Port Huron.....	1
Easton Township.....	1	St. Joseph County—	
Portland.....	2	Leonidas Township.....	1
Iosca County—		Sauilac County—	
Sherman Township.....	1	Sandusky.....	4
Iron County—		Schoolcraft County—	
Hematite Township.....	2	Mullen Township.....	1
Crystal Falls.....	1	Manistique.....	1
Isabella County—		Shiawassee County—	
Denver Township.....	1	Morrice.....	2
Isabella Township.....	1	Tuscola County—	
Jackson County—		Elkland Township.....	1
Rives Township.....	2	Novesta Township.....	1
Kalamazoo County—		Cass City.....	2
Kalamazoo.....	1	Van Buren County—	
Kalkaska County—		Gobleville.....	1
Rapid River Township.....	3	South Haven.....	1
Kent County—		Wayne County—	
Algoma Township.....	1	Detroit.....	43
Grand Rapids.....	32	Hamtramck.....	1
Lapeer County—		Highland Park.....	8
Deerfield Township.....	2	St. Clair Heights.....	1
North Branch.....	1	Wyandotte.....	28
Lenawee County—		Wexford County—	
Seneca Township.....	1	Clam Lake Township.....	1
Fairfield.....	2	Cadillac.....	3
Livingston County—		<b>Total</b> .....	<b>389</b>
Cohoctah Township.....	1		
Conway Township.....	1	<b>Minnesota</b>	
Iosca Township.....	1	Beltrami County—	
Howell.....	1	Blk duck.....	1
Macomb County—		Spooner.....	1
Clinton Township.....	2	Blue Earth County—	
Mount Clemens.....	1	Mankato.....	1
Manistee County—		Carlton County—	
Manistee.....	4	Cloquet.....	13
Marquette County—		Carver County—	
Ishpeming Township.....	8	San Francisco Township.....	1
Ishpeming.....	6	Chippewa County—	
Marquette.....	8	Milan.....	1
Negaunee.....	2	Chisago County—	
Monroe County—		Sunrise Township.....	1
Dundee Township.....	1	Crow Wing County—	
La Salle Township.....	4	Brainerd.....	2
Montcalm County—		Fillmore County—	
Eureka Township.....	1	Rushford.....	1
Winfield Township.....	2	Goodhue County—	
Newaygo County—		Dennison.....	1
Fremont.....	2	Red Wing.....	1
Oakland County—		Hennepin County—	
Lyon Township.....	1	Crystal.....	1
Rochester.....	3	Edina.....	1
Royal Oak.....	3	Minneapolis.....	21
Springfield.....	1	Hubbard County—	
Pontiac.....	1	Akeley.....	1
Oceana County—		Fern Township.....	1
Newfield Township.....	1	Isanti County—	
Shelby Township.....	1	Brabam.....	1

## TYPHOID FEVER—Continued.

## State Reports for September, 1913—Continued.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
<b>Minnesota—Continued.</b>		<b>Minnesota—Continued.</b>	
Jackson County—		Swift County—	
Heron Lake.....	1	Appleton.....	6
Kittson County—		Cashel Township.....	1
Hallock.....	6	Westbank township.....	1
Hallock Township.....	1	Todd County—	
Northcote.....	2	Bertha.....	1
Thompson Township.....	1	Long Prairie.....	1
Lac qui Parle County—		Waseca County—	
Madison.....	1	Waseca.....	1
Lake County—		Washington County—	
Fall Lake Township.....	1	Stillwater.....	1
Le Sueur County—		Watonwan County—	
Waterville.....	2	Butterfield.....	1
Marshall County—		Winona County—	
Oak Park Township.....	1	St. Charles.....	3
Oslo.....	1	Winona.....	2
Warren.....	2	Wright County—	
Meeker County—		Clearwater Township.....	1
Grove City.....	1	Southside Township.....	1
Morrison County—			
Little Falls.....	1	Total.....	286
Mower County—			
Le Roy Township.....	1	<b>New Jersey:</b>	
Murray County—		Atlantic County.....	15
Fenton Township.....	1	Bergen County.....	47
Nicollet County—		Burlington County.....	14
St. Peter.....	1	Camden County.....	19
Norman County—		Cape May County.....	2
Spring Creek Township.....	1	Cumberland County.....	6
Olmsed County—		Essex County.....	45
Eyota.....	2	Gloucester County.....	4
Recheester.....	2	Hudson County.....	44
Otter Tail County—		Hunterdon County.....	6
Fergus Falls.....	6	Mercer County.....	18
Henning Township.....	3	Middlesex County.....	71
Pine County—		Monmouth County.....	19
Pine City.....	2	Morris County.....	3
Polk County—		Ocean County.....	4
Crookston.....	2	Passaic County.....	17
Grove Park Township.....	1	Sussex County.....	1
McIntosh.....	1	Union County.....	14
Scandia Township.....	3	Warren County.....	4
Woodside Township.....	1		
Ramsey County—		Total.....	353
St. Paul.....	58		
Redwood County—		<b>Ohio:</b>	
Clements.....	1	Adams County.....	7
Lamberton.....	1	Allen County.....	3
Rice County—		Ashland County.....	4
Forest Township.....	1	Astabula County.....	19
Dennison.....	1	Athens County.....	29
Roseau County—		Auglaize County.....	15
Badger.....	1	Belmont County.....	32
Nordland Township.....	2	Brown County.....	8
St. Louis County—		Butler County.....	15
Aurora.....	3	Carroll County.....	5
Biwabik.....	2	Champaign County.....	5
Buhl.....	1	Clark County.....	14
Duluth.....	32	Clermont County.....	8
Ely.....	15	Clinton County.....	8
Eveleth.....	1	Columbiana County.....	27
Fall Lake.....	3	Coshocton County.....	4
Hibbing.....	3	Crawford County.....	9
Mesabe.....	3	Cuyahoga County.....	58
Morse Township.....	1	Darke County.....	29
Mountain Iron.....	2	Defiance County.....	30
Township 58.....	1	Delaware County.....	15
Virginia.....	21	Erie County.....	12
Winton.....	7	Fairfield County.....	13
Scott County—		Fayette County.....	13
Belle Plaine.....	5	Franklin County.....	38
Sherburne County—		Fulton County.....	1
Big Lake.....	1	Galla County.....	10
Stearns County—		Geauga County.....	3
St. Cloud.....	2	Greene County.....	14

**TYPHOID FEVER—Continued.**

**State Reports for September, 1913—Continued.**

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
<b>Ohio—Continued.</b>		<b>Ohio—Continued.</b>	
Guernsey County.....	27	Noble County.....	21
Hamilton County.....	59	Ottawa County.....	6
Hancock County.....	12	Paulding County.....	6
Hardin County.....	28	Perry County.....	26
Harrison County.....	14	Pickaway County.....	4
Henry County.....	2	Pike County.....	10
Highland County.....	22	Portage County.....	18
Hocking County.....	6	Preble County.....	6
Holmes County.....	7	Putnam County.....	19
Huron County.....	3	Richland County.....	27
Jackson County.....	22	Ross County.....	24
Jefferson County.....	13	Sandusky County.....	8
Knox County.....	9	Scioto County.....	56
Lawrence County.....	3	Seneca County.....	7
Licking County.....	17	Shelby County.....	6
Logan County.....	7	Stark County.....	11
Lorain County.....	19	Summit County.....	22
Lucas County.....	46	Trumbull County.....	42
Madison County.....	2	Tuscarawas County.....	10
Mahoning County.....	62	Union County.....	17
Marion County.....	32	Van Wert County.....	5
Medina County.....	1	Vinton County.....	4
Meigs County.....	7	Warren County.....	3
Mercer County.....	1	Washington County.....	26
Miami County.....	48	Wayne County.....	15
Monroe County.....	9	Williams County.....	5
Montgomery County.....	53	Wood County.....	10
Morgan County.....	10	Wyandot County.....	10
Morrow County.....	3		
Muskingum County.....	10	<b>Total.....</b>	<b>1,426</b>

**Wisconsin Report for August, 1913.**

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
<b>Wisconsin:</b>		<b>Wisconsin—Continued.</b>	
Ashland County.....	2	Outagamie County.....	1
Dane County.....	1	Richland County.....	4
Dodge County.....	1	Walworth County.....	6
Fond du Lac County.....	10	Wood County.....	5
Kenosha County.....	1		
Marinette County.....	1	<b>Total.....</b>	<b>41</b>
Milwaukee County.....	9		

**New Jersey—Perth Amboy.**

Acting Asst. Surg. Naulty, of the Public Health Service, reported October 15, 1913, that 4 new cases of typhoid fever had been notified in Perth Amboy, N. J., since October 8, making a total of 73 cases, with 4 deaths, reported since the beginning of the outbreak September 12, 1913.

## CEREBROSPINAL MENINGITIS.

## State Reports for September, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Minnesota:		Ohio—Continued.	
Le Sueur County—		Franklin County—	
Elysian Township.....	1	Columbus.....	1
Ohio:		Hamilton County—	
Adams County.....	1	Cincinnati.....	2
Ashtabula County.....	1	Hardin County.....	1
Athens County.....	1	Madison County.....	1
Cuyahoga County—		Pickaway County.....	1
Cleveland.....	1	Scioto County.....	1
Defiance County.....	1	Seneca County.....	1
Delaware County.....	1	Williams County.....	1
Fairfield County.....	1	Total.....	16

## Wisconsin Report for August, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Wisconsin:		Wisconsin—Continued.	
Columbia County.....	1	Trempealeau County.....	1
Milwaukee County.....	4	Washington County.....	1
Portage County.....	1	Total.....	8

## Cases and Deaths Reported by Cities for Week Ended Oct. 4, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....	.3	2	New Orleans, La.....	2	.....
Chicago, Ill.....	.....	1	Portsmouth, N. H.....	3	1
Cincinnati, Ohio.....	1	.....	Trenton, N. J.....	.....	1
Cleveland, Ohio.....	2	3	Worcester, Mass.....	1	.....

## POLIOMYELITIS (INFANTILE PARALYSIS).

## State Reports for September, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Maryland, exclusive of Baltimore city:		Michigan:	
Allegany County—		Hillsdale County—	
Cumberland.....	1	Ransom Township.....	1
Baltimore County—		Huron County.....	
Catonsville.....	1	Sebawaing.....	1
Total.....	2	Isabella County.....	
		Nottawa Township.....	1





**POLIOMYELITIS (INFANTILE PARALYSIS)—Continued.****Cases and Deaths Reported by Cities for Week Ended Oct. 4, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....	4	.....	Los Angeles, Cal.....	1	.....
Brockton, Mass.....	1	.....	Marinette, Wis.....	.....	1
Brookline, Mass.....	1	.....	Nashville, Tenn.....	1	.....
Cambridge, Mass.....	1	.....	Newark, N. J.....	2	1
Cincinnati, Ohio.....	1	.....	New Bedford, Mass.....	1	.....
Cleveland, Ohio.....	2	.....	Philadelphia, Pa.....	3	.....
Cumberland, Md.....	1	1	Pittsburgh, Pa.....	3	.....
Haverhill, Mass.....	1	.....	Pittsfield, Mass.....	1	.....
Hartford, Conn.....	1	.....	Portsmouth, N. H.....	3	.....
Lawrence, Mass.....	1	.....	Providence, R. I.....	.....	2

**ERYSIPELAS.****Cases and Deaths Reported by Cities for Week Ended Oct. 4, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Alameda, Cal.....	1	.....	East Orange, N. J.....	1	.....
Bridgeport, Conn.....	1	1	Los Angeles, Cal.....	1	.....
Buffalo, N. Y.....	1	1	Milwaukee, Wis.....	1	.....
Chicago, Ill.....	4	1	Philadelphia, Pa.....	8	1
Cincinnati, Ohio.....	2	.....	Pittsburgh, Pa.....	2	.....
Cleveland, Ohio.....	2	.....	St. Louis, Mo.....	3	.....
Dayton, Ohio.....	1	.....			

**PELLAGRA.****Minnesota—Minneapolis.**

The State Board of Health of Minnesota reported that during the month of September, 1913, one death from pellagra had been reported in Elliott Memorial Hospital, Minneapolis, Minn., the case having occurred in a woman, aged 44 years, of German-American descent, a native of Minnesota, who had lived on a farm in Sumter Township, McLeod County. The report states that the first symptoms referred to pellagra occurred in April, 1913. The patient was admitted to hospital September 27, 1913, and died two days later.

**Cases and Deaths Reported by Cities for Week Ended Oct. 4, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....	.....	1	Richmond, Va.....	.....	1
Lynchburg, Va.....	1	1	Roanoke, Va.....	1	.....
Nashville, Tenn.....	2	.....			

**PLAGUE.**

**Rats Collected and Examined.**

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California: <sup>1</sup>					
Cities—					
Oakland.....	Oct. 4, 1913	27	600	438	.....
Berkeley.....	do.....	2	178	106	.....
San Francisco.....	do.....	25	1,716	1,198	.....

<sup>1</sup> Rats taken from steamships as follows: Pennsylvania, 1; Tenyo Maru, 19; total, 20.

**California—Squirrels Collected and Examined.**

During the week ended October 4, 1913, 17 ground squirrels from Alameda County were examined for plague infection. No plague-infected squirrel was found.

**PNEUMONIA.**

**Cases and Deaths Reported by Cities for Week Ended Oct. 4, 1913.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Ann Arbor, Mich.....	1	.....	Lancaster, Pa.....	1	.....
Binghamton, N. Y.....	5	3	Los Angeles, Cal.....	9	5
Braddock, Pa.....	1	.....	Manchester, N. H.....	4	4
Chicago, Ill.....	19	41	New Castle, Pa.....	1	.....
Cleveland, Ohio.....	15	16	Philadelphia, Pa.....	16	28
Franklin, N. H.....	1	1	Pittsburgh, Pa.....	18	28
Hannibal, Mo.....	11	1	Schenectady, N. Y.....	5	2

**RABIES.**

**California—Berkeley and Oakland—Rabies in Animals.**

Surg. Long, of the Public Health Service, reported by telegraph that during the week ended October 18, 1913, 3 cases of rabies in dogs had been notified in Berkeley, and 13 cases in Oakland, Cal.

**California—San Diego—Rabies in Animals.**

Surg. Carrington, of the Public Health Service, reported that during the week ended October 10, 1913, 5 cases of rabies in dogs had been notified in San Diego, Cal.; that the disease had been confirmed bacteriologically, and that several persons who had been bitten by rabid dogs were taking Pasteur treatment.

**TETANUS.**

During the week ended October 4, 1913, tetanus was reported by cities as follows: Chicago, Ill., 1 death; Cleveland, Ohio, 1 case with 1 death; Philadelphia, Pa., 2 cases with 3 deaths; South Bethlehem, Pa., 1 death.

## SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS.

## State Reports for September, 1913.

	Scarlet fever.	Measles.	Diphtheria.
Maryland, exclusive of Baltimore city .....	58	48	69
Michigan .....	160	93	390
Minnesota .....	95	38	187
New Jersey .....	198	.....	431
Ohio .....	468	215	1,134

## Wisconsin Report for August, 1913.

	Scarlet fever.	Measles.	Diphtheria.
Wisconsin .....	68	65	160

## Cases and Deaths Reported by Cities for Week Ended Oct. 4, 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	.....	31	.....	1	1	18	1	22	22
Boston, Mass.....	670,585	220	43	2	22	.....	24	1	59	12
Chicago, Ill.....	2,185,283	560	136	13	3	1	47	3	518	59
Cleveland, Ohio.....	560,663	.....	77	4	6	2	27	4	20	17
Philadelphia, Pa.....	1,549,008	384	41	6	28	.....	49	2	94	31
Pittsburgh, Pa.....	533,905	163	10	3	15	1	11	3	34	11
St. Louis, Mo.....	687,029	219	60	6	2	.....	12	.....	29	13
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.....	423,715	111	40	1	2	.....	10	.....	.....	6
Cincinnati, Ohio.....	364,463	103	22	1	.....	.....	15	.....	25	14
Los Angeles, Cal.....	319,198	110	19	2	2	.....	5	.....	57	17
Milwaukee, Wis.....	373,857	112	15	1	4	.....	7	2	9	7
Newark, N. J.....	347,469	88	29	.....	16	.....	17	.....	18	12
New Orleans, La.....	339,075	122	23	3	.....	.....	.....	.....	7	9
Washington, D. C.....	331,069	95	14	.....	1	.....	10	.....	18	13
From 200,000 to 300,000 inhabitants:										
Jersey City, N. J.....	267,779	80	.....	5	.....	.....	.....	.....	.....	3
Providence, R. I.....	224,326	76	20	1	1	.....	6	.....	.....	10
Seattle, Wash.....	237,194	58	2	.....	.....	.....	3	1	13	2
From 100,000 to 200,000 inhabitants:										
Bridgeport, Conn.....	102,054	21	3	1	.....	.....	2	.....	2	1
Cambridge, Mass.....	104,839	25	7	.....	.....	.....	.....	.....	3	.....
Dayton, Ohio.....	116,577	43	59	3	1	.....	3	.....	.....	2
Fall River, Mass.....	119,295	37	7	.....	.....	.....	2	.....	.....	4
Grand Rapids, Mich.....	112,571	32	19	4	21	.....	11	1	6	1
Lowell, Mass.....	106,294	34	3	.....	1	.....	3	.....	4	2
Nashville, Tenn.....	110,364	36	1	.....	.....	.....	.....	.....	2	3
Oakland, Cal.....	150,174	47	4	.....	.....	.....	1	.....	4	3
Richmond, Va.....	127,628	39	11	.....	.....	.....	10	.....	5	3
Toledo, Ohio.....	168,497	69	10	.....	6	.....	6	.....	.....	7
Worcester, Mass.....	145,986	45	10	2	2	.....	2	.....	5	6
From 50,000 to 100,000 inhabitants:										
Altoona, Pa.....	52,127	8	3	.....	.....	.....	2	.....	.....	1
Bayonne, N. J.....	55,545	13	4	.....	1	.....	3	1	4	1
Brockton, Mass.....	56,878	11	5	.....	.....	.....	2	.....	2	2
Camden, N. J.....	94,538	.....	4	.....	1	.....	3	.....	4	.....
Erie, Pa.....	66,525	.....	2	.....	.....	.....	.....	.....	2	.....
Evansville, Ind.....	69,647	16	7	.....	1	.....	.....	.....	.....	1
Harrisburg, Pa.....	64,186	21	2	1	1	.....	2	.....	.....	1
Hartford, Conn.....	98,915	24	11	.....	.....	.....	2	.....	1	1
Hoboken, N. J.....	70,324	14	2	.....	.....	.....	1	.....	11	.....

**SCARLET FEVER, MEASLES, DIPHThERIA, AND TUBERCULOSIS—Contd.**

**Cases and Deaths Reported by Cities for Week Ended Oct. 4, 1913—Continued.**

Cities.	Population, United States census 1910.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
<b>From 50,000 to 100,000 inhabitants—Continued.</b>										
Johnstown, Pa.	55,482	18	7							2
Kansas City, Kans.	82,331				1		2		1	
Lawrence, Mass.	85,892		1		1		2		1	1
Lynn, Mass.	89,336	16	3	1			1		4	
Manchester, N. H.	70,063	22					1			
New Bedford, Mass.	96,652	23	3		1		6		8	1
Pasadena, N. J.	54,773	17			3				1	1
Pawtucket, R. I.	51,622	2								2
Reading, Pa.	96,071	21	9				2		7	
Saginaw, Mich.	50,510	10					13		1	1
St. Joseph, Mo.	77,403	15	5		1		4		1	3
Schenectady, N. Y.	72,826	19	2				5	1	1	
South Bend, Ind.	53,684	12	4		1		2			1
Springfield, Ill.	51,678	13	4							
Springfield, Mass.	88,926	23	3		1	1	2		1	4
Trenton, N. J.	96,815	30	5				4		5	2
Wilkes-Barre, Pa.	67,105	16	5				1		2	1
Yonkers, N. Y.	79,803	24	8			4	3		7	3
<b>From 25,000 to 50,000 inhabitants:</b>										
Atlantic City, N. J.	46,150	8	3						4	
Aurora, Ill.	29,807	12								
Austin, Tex.	29,860	20	1							3
Binghamton, N. Y.	48,443	19	1		2				1	1
Brookline, Mass.	27,792	6					9			
Butte, Mont.	39,165		1				2	1		1
Chattanooga, Tenn.	44,604		1						2	
Chelsea, Mass.	32,452	18	1						2	1
Chicopee, Mass.	25,491	6	1						1	
Danville, Ill.	27,871	13	1							2
East Orange, N. J.	34,371		2							
Elmira, N. Y.	37,176	11	1							1
Everett, Mass.	33,494	7					1			
Fitchburg, Mass.	37,826	9	4	1					1	
Haverhill, Mass.	44,115	10			1		2		3	
La Crosse, Wis.	30,417	3	1				1			1
Lancaster, Pa.	47,227		2						2	
Lexington, Ky.	35,090	15					2		8	2
Lynchburg, Va.	29,494	10	3				3		4	
Malden, Mass.	44,404	8	1				1		4	
McKeesport, Pa.	42,694									
Newcastle, Pa.	36,230						1		3	
Newport, Ky.	30,309	8	9						3	3
Newton, Mass.	39,806	9	5	1			2	1		1
Niagara Falls, N. Y.	30,445	8					1			
Norristown, Pa.	27,875	5	1						3	
Orange, N. J.	29,630	5			3				5	1
Pasadena, Cal.	30,291	12					1		1	1
Pittsfield, Mass.	32,121	11	3						2	
Portsmouth, Va.	33,190	8	1				1			1
Racine, Wis.	38,002	10	4				1			
Roanoke, Va.	34,874	18	5				9		1	
Sacramento, Cal.	44,696									
San Diego, Cal.	39,578									
South Omaha, Nebr.	26,239	10								1
Springfield, Ohio	46,921									
Superior, Wis.	40,384	6					2		3	
Taunton, Mass.	34,269	10	2		4		4	1	2	
Waltham, Mass.	27,834	6	5		1					
Wheeling, W. Va.	41,641	9	6						1	
Williamsport, Pa.	31,890									
York, Pa.	44,750		2							
Zanesville, Ohio	28,026		2	1					1	
<b>Less than 25,000 inhabitants:</b>										
Alameda, Cal.	23,833		1		1		1		1	
Ann Arbor, Mich.	14,817				1				8	
Biddford, Me.	17,079		5	1						
Braddock, Pa.	19,357		1	2						
Clinton, Mass.	13,075		4				3		1	
Codyville, Kans.	12,687						1			



## IN INSULAR POSSESSIONS.

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### HAWAII.

#### Examination of Rats and Mongoose.

Rats and mongoose have been examined in Hawaii as follows: Honolulu, week ended September 27, 1913, 394. Hilo, week ended September 20, 1913, 2,598; week ended September 27, 1913, 2,788. No plague-infected animal was found.

### PHILIPPINE ISLANDS.

#### Manila—Plague-Infected Rat Found.

On September 6, 1913, a plague-infected rat was found at Manila. The rat was found in the same general neighborhood in which plague rats were recently found.

### PORTO RICO.

#### Rodents Collected and Examined.

During the week ended October 4, 1913, there were examined 940 rodents, collected from various points in Porto Rico. Of these, 681 were collected from various parts of San Juan municipality. None was found infected with plague.

# FOREIGN REPORTS.

## AUSTRIA-HUNGARY.

### Prague—Cholera.

A fatal case of cholera was notified at Prague September 27, 1913. The case occurred in the suburb of Weinberge.

## CHINA.

### Cholera at Chuan Chow.

Cholera was reported present September 8, 1913, at Chuan Chow.

### Cholera at Foochow.

Cholera was reported present at Foochow, China, September 15, 1913.

### Hongkong—Cholera—Plague.

Cholera and plague have been notified at Hongkong as follows: Week ended August 30, 1913, cholera, 5 cases with 5 deaths; plague, 14 cases with 12 deaths. Week ended September 8, 1913, cholera, 10 cases with 2 deaths; plague, 7 cases with 4 deaths.

During the two weeks ended September 6, 1913, there were examined at Hongkong for plague infection 4,453 rats. Of these, 5 rats were found to be plague infected.

## JAPAN.

### Yokohama—Plague—Plague-Infected Rats.

A fatal case of plague was notified at Yokohama, September 19, 1913.

From 1,300 to 1,500 rats are examined daily at Yokohama for plague infection. Two plague-infected rats have been found, 1 on September 24 and 1 September 26, 1913.

### Communicable Diseases.

Cases of communicable diseases have been notified in the Empire of Japan, exclusive of the island of Taiwan (Formosa), as follows:

#### MONTH OF JULY, 1913.

Diseases.	Cases.	Deaths.	Diseases.	Cases.	Deaths.
Diphtheria .....	964	224	Scarlet fever .....	92	3
Dysentery .....	3,365	666	Smallpox .....	113	8
Paratyphoid fever .....	423	64	Typhoid fever .....	2,678	433

<sup>1</sup> Tokyo, 5 cases, 4 deaths; Nagasaki, 8 cases, 4 deaths.



**LIBERIA.**

**Leprosy at Cape Palmas.**

Four cases of leprosy were notified, September 10, 1913, at Cape Palmas, Liberia.

**PERU.**

**Plague.**

Plague has been notified in Peru as follows:

AUG. 18 TO SEPT. 7, 1913.

Places.	New cases.	Remain- ing.	Places.	New cases.	Remain- ing.
Callao.....	1		Mollendo.....	2	3
Chimbote.....	1		Ptura.....		1
Cutervo.....		1	San Pedro.....	2	2
Lima (city).....	1	5	Trujillo.....	2	2
Lima (district).....		1			

**ROUMANIA.**

**Status of Cholera.**

During the week ended September 24, 1913, there were notified in Roumania 1,017 cases of cholera with 525 deaths. To September 25, 1913, a total of 3,553 cases with 1,333 deaths has been reported.

**RUSSIA.**

**Cholera—Plague.**

During the week ended September 7, 1913, cholera was notified in Russia as follows: Kherson government, 25 cases with 9 deaths, of which 19 cases with 5 deaths occurred in the city and district of Kherson, and 6 cases with 3 deaths in the city of Odessa; Taurida government, 1 case; Kief government, 2 cases with 2 deaths.

On September 25, 1913, Tourgen, in the territory of Semichensk, in Asiatic Russia, was declared infected with plague, 18 cases of pneumonic plague with 14 deaths having been notified in that locality.

**SOUTHERN NIGERIA.**

**Yellow Fever at Lagos.**

Yellow fever was reported present at Lagos October 15, 1913.

**TURKEY.**

**Quarantine Measures.**

Quarantine measures on account of cholera have been instituted by the superior council of health at Constantinople as follows: September 8, 1913, arrivals from Braila, Roumania, subject to medical inspection and disinfection at one of the lazarettos or sanitary

stations of the Empire; September 9, pilgrim vessels from Constantinople to be considered as coming from an infected port during the period of the current pilgrimage of the Hedjaz; September 16, arrivals from Gallipoli, Turkey, subject to medical inspection at the first Ottoman port provided with a sanitary physician.

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

#### Reports Received During Week Ended Oct. 24, 1913.

##### CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Bohemia—				
Prague.....	Sept. 27.....	1	1	In suburb, Weinberge.
Ceylon:				
Colombo.....				Oct. 15 present on s. s. Karema and s. s. Koronga from Calcutta.
China:				
Chuan Chow.....	Sept. 6.....			Present.
Hongkong.....	Aug. 24-Sept. 6..	15	8	
Dutch East Indies:				
Java—				
Batavia.....	Aug. 31-Sept. 6..	28	28	
Pekalongan.....	July 26-Aug. 13..	29	19	
Do.....	Aug. 25-Sept. 6..	48	36	
Preanger.....	Aug. 9-15.....	41	23	
Sumatra—				
Djambi.....	Aug. 24-Sept. 6..	149	74	
Palembang.....	July 14-21.....	73	36	
Greece:				
Athens.....	Sept. 15-29.....	1	1	
Piræus quarantine station.....	do.....	2	2	
India:				
Bombay.....	Sept. 7-13.....	1	1	
Calcutta.....	Aug. 17-30.....		18	
Madras.....	Sept. 7-13.....	1	1	
Roumania.....				Total to Sept. 25: Cases 3,553, deaths 1,533. Sept. 19-25: Cases 1,017, deaths 525.
Russia:				
Governments—				
Bessarabia—				
Akkerman.....	Sept. 16-18.....	3	1	
Ishmail.....	do.....	1	1	
Kishinef.....	Sept. 22.....	3	1	
Wolfkanechty.....	Sept. 18-21.....	1	1	
Ekaterinislav—				
Nicopol.....	Sept. 22.....	2		
Kherson.....				Total Aug. 24-Sept. 20: Cases, 107; deaths, 48; including previous reports.
Kherson.....	Aug. 26-Sept. 20..	48	12	
Odessa.....	Sept. 13-27.....	7	2	
Varvaroka.....	Sept. 22.....			Present.
Kief—				
Zvenigorode.....	Sept. 8.....	2	2	
Minak.....	Sept. 14-22.....	1	1	
Poltava.....	Sept. 18-20.....	3	2	
Taurida:				
Alochki.....	Sept. 8-14.....	4	1	
Dneprovski.....	Sept. 8-20.....	6	1	
Straits Settlements:				
Singapore.....	Aug. 31-Sept. 6..	2	2	
Turkey in Asia:				
Smyrna.....	Sept. 22-28.....	34	18	Total July 29-Sept. 28: Cases 282; deaths, 170. Ended Oct. 16.
Turkey in Europe:				
Constantinople.....	do.....	1	1	Total Aug. 2-Sept. 28: Cases, 44; deaths, 22.
Saloniki.....	Sept. 1-28.....	287	252	

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

**Reports Received During Week Ended Oct. 24, 1913—Continued.**

**YELLOW FEVER.**

Places.	Date.	Cases.	Deaths.	Remarks.
Southern Nigeria: Lagos.....	Oct. 15.....			Still present.

**PLAGUE.**

Brazil:				
Bahia.....	Sept. 7-20.....	8	5	
Rio de Janeiro.....	Sept. 7-13.....		1	
China:				
Hongkong.....	Aug. 24-Sept. 6....	21	16	
India:				
Bombay.....	Sept. 7-13.....	7	4	
Calcutta.....	Aug. 17-30.....		10	
Karachi.....	Sept. 7-13.....	4	4	
Indo-China:				
Saigon.....	Aug. 9-25.....	6	2	
Japan:				
Yokohama.....	Sept. 16-22.....	1	1	
Peru:				
Departments—				
Ancachs—				
Chimbote.....	Aug. 18-Sept. 7....	1		
Arequipa—				
Mollendo.....	do.....	2		
Callao.....	do.....	1		
Libertad—				
Trujillo.....	do.....	2		
Lima.....	do.....	1		
San Pedro.....	do.....	2		
Russia:				
West Turkestan.....				Sept. 25 present in the district of Prejevalsk, among the Tourguen.
Acheozek.....	Aug. 22.....	1	1	
Diamantal-Toubek.....	July 15-Aug. 17....	6	6	

**SMALLPOX.**

Austria-Hungary:				
Gorz and Gradinska.....	Aug. 7-14.....	1		
Trieste.....	Aug. 31-Sept. 14..	10		
Brazil:				
Para.....	Sept. 20-27.....		3	
Rio de Janeiro.....	Aug. 31-Sept. 13..	19	2	
Canada:				
Montreal.....	Sept. 29-Oct. 11..	15	1	
Ottawa.....	Sept. 29-Oct. 4....	1		
Winnipeg.....	do.....	2		
Dutch East Indies:				
Java—				
Surabaya.....	Aug. 23-29.....	3	3	
France:				
Paris.....	Sept. 14-20.....	3		
India:				
Madras.....	Sept. 7-13.....	1		
Japan.....				
Nagasaki.....	July 1-31.....	8	4	
Tokyo.....	do.....	5	4	
Mexico:				
San Luis Potosi.....	Aug. 24-30.....	3	1	
Peru.....				Sept. 30, epidemic in Ancon, Callao, Chancay, Huaco, and Lima.
Russia:				
Odessa.....	Sept. 13-26.....	3		
St. Petersburg.....	Sept. 21-27.....	1		
Spain:				
Malaga.....	Aug. 1-31.....		1	
Turkey in Europe:				
Saloniki.....	Sept. 22-28.....		1	

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

Reports Received from June 28 to Oct. 17, 1913.

## CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Arabia:				
Hodeidah.....	Aug. 27-Sept. 4....	3	2	
Do.....	Aug. 20-Sept. 4....	123	21	Among the military at quarantine.
Austria-Hungary:				
Bohemia—				
Marienbad.....	Sept. 13.....	1		
Bosnia-Herzegovina—				
Tuzla, district.....	Aug. 12-20.....	58	30	Total, Aug. 12-25: Cases, 86 deaths, 39.
Croatia-Slavonia—				
Syrmien.....	Aug. 16-21.....			Present in 5 localities.
Alt Slankamen.....	Aug. 16.....	2		
Bosut.....	Aug. 25-Sept. 2....	3	1	
Bosnjaci.....	do.....	16	4	Aug. 16, 1 case.
Cortanoboc.....	do.....	1	1	
Djakova.....	do.....	1		
Ilici.....	Aug. 25-31.....	1		
Kutina.....	Aug. 25-Sept. 2....	1		
Lecarac.....	Aug. 25-31.....	3		
Martinci.....	Aug. 16.....	1		
Novi Karlovec.....	Aug. 25-31.....	5		
Podjaci.....	Aug. 16.....	1		
Semlin.....	Aug. 25-31.....	1	1	
Ternes, district.....	July 31.....	5	3	In Kevevera.
Dalmatia—				
Cattaro.....	Aug. 6.....	1	1	
Galicja—				
Oporzec.....	Sept. 10.....	3	2	
Wyzlow.....	do.....	1	1	
Hungary—				
Budapest.....	Sept. 11.....	9	3	
Districts—				
Backs-Bodrog.....	Sept. 2-13.....	14	7	
Csurog.....	do.....	18	2	
Bereg.....	do.....	43	27	
Temes.....	Aug. 16-Sept. 2....	7	3	
Vienna.....	Aug. 4-Sept. 14....	2		
Bulgaria.....				Sept. 10, present in the districts of Pleven, Sivistov, Vratsa, and Widin.
Varna.....	Sept. 11.....	3		Aug. 25, 3 deaths among returning soldiers.
Ceylon:				
Colombo.....	Aug. 17-23.....	1	1	
China:				
Amoy.....	Aug. 23.....			Present in vicinity.
Canton.....	July 13-26.....		6	
Hongkong.....	Aug. 3-23.....	41	29	
Swatow.....	Aug. 1-15.....	9	4	
Dutch East Indies:				
Borneo.....				Total, May 12-June 7: Cases, 131; deaths, 105.
Sesajap, district.....	May 12-June 7....	57	40	
Java—				
Batavia and Tanjong-Priok.....	May 18-Aug. 30....	472	369	May 25-Aug. 23: 12 cases and 1 death among Europeans.
Madioen, province.....	Apr. 22-28.....	1	1	
Pekalongan.....	Aug. 10-25.....	24	15	
Samarang.....	July 12-Aug. 16....	18	11	
Surabaya.....	Aug. 2-23.....	2		
Sibiru.....	Mar. 24-Apr. 27....	117	104	
Sumatra—				
Djambi, province.....	June 1-July 5....	9	9	July 25, present.
Palembang.....	June 22-Aug. 4....	179	121	
Greece:				
Piræus.....	Sept. 13.....	6		Among troops at quarantine.
India:				
Bassein.....	May 4-July 19....	31	23	
Bombay.....	May 25-Sept. 6....	32	20	
Calcutta.....	Apr. 27-Aug. 16....		440	
Madras.....	June 15-Sept. 6....	7	3	
Moulmine.....	May 4-June 14....	6	6	
Rangoon.....	May 1-June 30....	6	2	
Indo-China.....				Total, Jan. 1-May 20: Cases, 79; deaths, 54.
Saigon.....	June 17-23.....	2	2	

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

Reports Received from June 28 to Oct. 17, 1918—Continued.

## CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Japan:				
Kobe.....	Sept. 5-8.....	7		From s. s. Canada Maru. Crew, quarantined at Wsda.
Nagasaki.....	Aug. 25-31.....	2		From s. s. Canada Maru.
Philippine Islands:				
Manila.....	Aug. 25.....	2		
Roumania.....				To Sept. 16: Cases, 2,536; deaths, 1,008, including the returned soldiers.
Bucharest.....	Aug. 5-14.....	1	1	
Braila.....	To Sept. 2.....	43		Among the military.
Do.....	Sept. 3-8.....	4	3	Civilians.
Galatz.....	To Sept. 2.....	34	6	
Kustenje.....	Sept. 3-12.....	3	1	
Silistria.....	To Aug. 25.....	26		
Stephanesti.....	Aug. 1-14.....	18	7	
Sulina.....	To Aug. 24.....	56		Including previous reports.
Turnu-Magureie.....	Aug. 5.....		1	Cases present.
Vilsoara-Teleorman.....	do.....	3		
Russia:				
Dneprowsk, district.....	Sept. 7.....	3		In Taurida government.
Kherson.....	Aug. 31-Sept. 14.....	36	8	Sept. 28, present.
Minsk.....				Do.
Nicolaievo.....	Sept. 4-7.....	1		
Servia.....				Total, July 4-Aug. 30: Cases, 2,123; deaths, 886.
Districts—				
Belgrade.....	July 4-Aug. 30.....	100	49	
Belgrade.....	do.....	220	78	
Kraina.....	Aug. 3-30.....	63	28	
Kragujevatz.....	July 4-Aug. 30.....	161	57	
Kroushevatz.....	do.....	140	49	
Lajkovac.....	Aug. 1-7.....	1		
Morava.....	July 4-Aug. 30.....	436	181	
Niche.....	do.....	50	33	
Oujitze.....	July 22-Aug. 30.....	14	9	
Palanka.....	Aug. 1-7.....	1		
Pirot.....	July 4-Aug. 30.....	345	143	
Padrigne.....	do.....	38	22	
Pojarevatz.....	Aug. 3-30.....	77	42	
Pozenga.....	July 25-31.....	1		
Roudnik.....	Aug. 3-30.....	18	5	
Shabatz.....	Aug. 1-7.....	1		
Smederevo.....	July 4-Aug. 30.....	151	62	
Tchatchak.....	July 22-Aug. 30.....	45	7	
Timok.....	July 19-Aug. 30.....	161	82	
Toplitza.....	July 22-Aug. 30.....	30	9	
Ueskub.....	July 19-Aug. 2.....	37	19	
Vismjica and Mirjevo.....	July 4-21.....	1		
Waljevo.....	July 22-Aug. 30.....	250	84	
Wragne.....	do.....	346	110	
Siam:				
Bangkok.....	Mar. 23-Aug. 9.....		17	
Straits Settlements:				
Singapore.....	July 6-Aug. 23.....	8	7	
Turkey in Asia:				
Smyrna.....	July 29-Sept. 21.....	248	152	Aug. 9, 1 case on ss. Carlsbad.
Turkey in Europe:				
Constantinople.....	Aug. 2-Sept. 21.....	43	21	
Dardanelles—				
Gallipoli.....	Sept. 17.....			Present.
Maidos.....	Sept. 8.....		3	
Kavak.....	Aug. 8-17.....	27		Sept. 30, still present.
Saloniki (Macedonia).....				July 19-Aug. 8, epidemic.
Saloniki.....	July 7-Aug. 31.....	221	197	Among civilians. July 10, present in Kavala, Drama, Oriana, Serres, and Stroumitza.

## YELLOW FEVER.

Brazil:				
Bahia.....	May 11-Aug. 23.....	40	20	
Manaos.....	June 30-July 5.....	6	6	
Pernambuco.....	May 1-June 30.....		3	
Rio de Janeiro.....	May 25-July 12.....	4	3	Sept. 13—1 fatal case.
Colombia:				
Cartagena.....	Aug. 23.....	1		Contracted in the interior.

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

Reports Received from June 28 to Oct. 17, 1913—Continued.

## YELLOW FEVER—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
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.
Do.....	Aug. 8-14.....	1		From steamship Morro Castle, passenger from Campeche.
Ecuador:				
Babahoyo.....	June 1-July 31.....	2	2	
Bucay.....	June 1-Aug. 31.....	3	2	
Duran.....	May 1-31.....	1		
Guayaquil.....	May 1-Aug. 31.....	29	19	
Milagro.....	do.....	21	11	
Naranjito.....	do.....	8	6	
Mexico.....				Total May 25-Sept. 20: Cases, 27 deaths, 15.
Campeche.....	May 25-Sept. 20.....	24	2	Oct. 9—1 death.
Carmen.....	Oct. 11.....			Present.
Maxcanu.....	Aug. 23-Sept. 6.....	2	2	Case Aug. 23 from Campeche.
Southern Nigeria:				
Lagos.....	May 12.....	1		July 23-Aug. 22: Still epidemic.
Worri.....	June 1-30.....			Present.
Venezuela:				
Caracas.....	Feb. 1-28.....	1		
Do.....	May 1-31.....	1		From Valencia.
Do.....	July 1-31.....	1	1	

## PLAGUE.

Arabia:				
Aden.....	June 3-25.....	8	4	Total Apr. 9-June 25: Cases, 81; deaths, 59.
Debal.....				Aug. 31, free: Reported, p. 656, Pt. I.
Brazil:				
Bahia.....	May 11-Aug. 30.....	111	54	
Rio de Janeiro.....	July 27-Aug. 16.....	1	1	
British East Africa:				
Kisumu.....	May 15-June 12.....			1 death.
do.....	do.....	3		
Mombasa.....	May 1-June 30.....	57	49	Apr. 25-30, 15 deaths.
Nairobi.....	May 15-June 12.....	2		
Chile:				
Iquique.....	May 11-Aug. 23.....	35	15	
China.....				
Amoy.....	June 6-21.....		90	May 18-June 14, still present in Amoy, Chaoyang, Fungshun, Kityang, Puning, Ta-bu, and other points along the railway. May 25-June 7, 10 to 20 deaths daily. Aug. 23, present in vicinity.
Kulangsu.....	Jan. 1-May 24.....		29	June 7, 1 or 2 deaths daily.
Canton.....				Apr. 1-June 30: Cases, 229. Apr. 10-May 22, 300 fatal cases in the Sunninger district.
Hongkong.....	May 18-Aug. 23.....	248	208	
Kaochow.....	Apr. 10-May 22.....			10 deaths daily.
Macao.....	July 3.....			Present Aug. 7, 1913.
Shanghai.....	June 1-15.....	8	7	Among natives.
Swatow.....	July 12.....			Decreasing along the Swatow-Chaochowfu Railway.
Dutch East Africa:				
Districts—				
Usmawo.....				Present.
Misungi.....	Mar. 15-May 10.....			Do.
Nora.....	do.....			Do.
Urima.....	do.....			
Muanza.....	Mar. 15-June 11.....	503	459	
Dutch East Indies:				
Java—				
Districts—				
Kediri.....	Apr. 1-July 31.....	586	445	
Medioen.....	do.....	248	228	
Malang.....	do.....	2,074	2,000	
Surabaya.....	do.....	79	70	
Madura—				
Bangkalan.....	July 13-Aug. 9.....	34	27	

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

Reports Received from June 28 to Oct. 17, 1913—Continued.

## PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
<b>Ecuador:</b>				
Guayaquill.....	May 1-Aug. 31.....	48	17	
Milagro.....	May 1-July 31.....	1	1	
<b>Egypt:</b>				Total Jan. 1-Sept. 11: Cases, 596; deaths, 281.
Alexandria.....	May 28-Sept. 11.....	27	13	
Port Said.....	June 2-Sept. 9.....	18	6	Aug. 11, 2 fatal cases.
<b>Provinces—</b>				
Behera.....	June 13-Sept. 7.....	8	3	
Fayoum.....	May 30-Sept. 7.....	45	16	
Galloubeh.....	May 21-Aug. 7.....	6	2	
Garbieh.....	May 27-Sept. 8.....	42	35	Jan. 1-May 26: Cases, 12; deaths, 5.
Gizeh.....	May 29-July 1.....	6	1	
Menouf.....	May 28-Aug. 27.....	3	3	Jan. 1-May 26: Cases, 51; deaths, 24.
Minieh.....	May 30-Sept. 7.....	29	10	
<b>Greece:</b>				
Athens.....	Aug. 29.....	1		
Piræus.....	Aug. 21-Sept. 3.....	8	2	
<b>India:</b>				
Bombay.....	May 18-Sept. 6.....	654	559	
Calcutta.....	Apr. 27-Aug. 2.....		289	
Karachi.....	May 18-Sept. 6.....	155	136	
Rangoon.....	May 1-July 31.....	217	204	
<b>Provinces</b>				Total May 4-Aug. 2: Cases, 20,548; deaths, 17,301.
Delhi.....	May 4-Aug. 2.....	24	18	
Bombay.....	do.....	2,759	2,090	
Madras.....	do.....	239	239	
Bengal.....	do.....	277	287	
Bihar and Orissa.....	do.....	1,153	931	
United Provinces.....	do.....	7,929	6,889	
Punjab.....	do.....	6,428	5,398	
Burma.....	do.....	817	766	
Central Provinces.....	May 4-17.....	2	1	
Mysore.....	May 4-Aug. 2.....	537	386	
Hyderabad.....	do.....	111	71	
Central India.....	May 4-31.....	9	9	
Rajputana.....	May 4-July 12.....	173	154	
Kashmir.....	May 4-Aug. 2.....	65	44	
North West Province.....	do.....	25	18	
<b>Indo-China</b>				Total Jan. 1-May 20: Cases, 1,927; deaths, 1,876.
Saigon.....	June 17-Aug. 4.....	57	33	
<b>Japan:</b>				
Taiwan—				
Kagi.....	June 1-July 19.....	81	63	
Yokohama.....	Oct. 6.....	5		
<b>Mauritius</b> .....	Apr. 18-July 5.....	21	16	
<b>Persia</b> .....				June 5, in Kermanchah Province, 150 cases, at Caravadeh, Harounabad, and Loud. June 11, present in vicinity of Abassabad.
Djame-Chouran.....	May 31-Aug. 27.....	15	15	
Faizabad.....	June 11.....		3	
Gommi.....	do.....		11	
Harounabad.....	June 16-20.....	1	1	
Larangueneh.....	May 27-June 15.....	30	28	
Mahi-Dacht.....	June 4.....	2	2	
Taybat.....	June 11.....		3	
Zebyri.....	May 31-June 25.....	14	10	
<b>Peru:</b>				
<b>Departments—</b>				
<b>Ancachs—</b>				
Chimbote.....	July 28-Aug. 17.....	1		
<b>Arequipa—</b>				
Mollendo.....	Apr. 28-Aug. 17.....	8	2	
<b>Callao</b> .....	June 30-Aug. 17.....	4		
<b>Caxamarca—</b>				
Cutervo.....	June 9-Aug. 17.....	5		
<b>Chota</b> .....	June 30-July 27.....			Present.
<b>Libertad—</b>				
Chiclayo.....	Apr. 28-June 8.....	1	1	
Salaverry.....	June 4-Aug. 17.....	3	1	
San Pedro.....	June 4-17.....	1	1	
Trujillo.....	May 19-July 27.....	5		Sept. 2, 2 cases in the lazaretto.
Lima.....	May 19-Aug. 17.....	21		
Piura.....	June 30-July 27.....			Present.

**CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.****Reports Received from June 28 to Oct. 17, 1913—Continued.****PLAGUE—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands:				
Manila.....	May 11-24.....	3		
Russia:				
Astrakhan.....				Aug. 2, 2 fatal cases. Pneumonic form.
Tsarev.....	June 3-10.....		9	
Siam:				
Bangkok.....	Mar. 23-Aug. 9.....		16	Epidemic.
Korat.....	Mar. 21-31.....			
Straits Settlements:				
Singapore.....	June 15-21.....	1	1	
Tripoli:				
Tripoli.....	Aug. 5.....	1		
Turkey in Asia:				
Adalia.....	Aug. 30.....	1		To June 3, 31 cases.
Basra.....	July 14-21.....	1	1	
Uruguay:				
Montevideo.....				July 28, present.

**SMALLPOX.**

Algeria:					
Departments—					
Algiers.....	May 1-31.....	1			
Constantine.....	Apr. 1-May 31.....	21			
Oran.....	May 1-31.....	25			
Arabia:					
Aden.....	June 3-9.....	1			
Argentina:					
Buenos Aires.....	Apr. 1-July 31.....		11		
Australia:					
New South Wales—					
Goulburn.....	July 1-31.....	1			
Lithgow.....	do.....	1			
Newcastle.....	do.....	1			
Nyngan.....	do.....	1			
Parkes.....	do.....	5			
Penrith.....	do.....	2			
Sydney.....	July 7-31.....	389			
Taree.....	July 1-31.....	2			
Ulmarra.....	do.....	2			
Queensland—					
Ipswich.....	do.....	2			
Toowoomba.....	do.....	1			
South Australia.....	July 17-Aug. 2.....	1			
Austria-Hungary:					
Coastland.....	July 6-12.....	1			
Fiume.....	May 27-July 7.....	19	1		
Galicja.....	July 6-Aug. 12.....	1			
Krain.....	do.....	1			
Trieste.....	June 1-Aug. 23.....	23			Cases June 14 from Patras.
Tyrol and Vorarlberg.....	Aug. 10-23.....	2			
Belgium:					
Antwerp.....	July 1-7.....	1			
Brazil:					
Bahia.....	May 11-Aug. 30.....	13	1		
Manaos.....	June 15-21.....	1			
Para.....	June 15-Sept. 20.....	64	25		
Pernambuco.....	May 1-Aug. 15.....		167		
Rio de Janeiro.....	May 4-Aug. 30.....	156	25		
British East Africa:					
Mombasa.....	Mar. 1-June 30.....	29	9		
Canada:					
Provinces—					
British Columbia—					
Vancouver.....	June 8-Sept. 13.....	2			
Manitoba—					
Winnipeg.....	June 15-Sept. 6.....	14			
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-Sept. 13.....	11			
Toronto.....	June 16-Aug. 2.....	9			



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

Reports Received from June 28 to Oct. 17, 1913—Continued.

## SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
<b>Canada—Continued.</b>				
<b>Provinces—Continued.</b>				
Quebec—				
Grosse Isle Quarantine.	June 20.....	1	1	In steerage.
Quebec.....	June 8-Sept. 20.....	6	.....	
Montreal.....	July 6-Sept. 27.....	35	2	
St. Johns.....	May 25-July 5.....	4	.....	
<b>Chile:</b>				
Iquique.....	June 1-21.....	2	.....	
Santiago.....	June 15-29.....	.....	.....	Present Aug. 16; epidemic.
Valparaiso.....	July 12.....	.....	.....	Present.
<b>China:</b>				
Amoy.....	May 25-June 7.....	.....	.....	Present.
Kulangsu.....	May 25-31.....	.....	.....	Do.
Chungking.....	Aug. 2.....	.....	.....	Do.
Dalny.....	July 27-Aug. 2.....	1	1	
Holhow.....	.....	.....	.....	Aug. 22 free.
Hongkong.....	May 18-June 14.....	9	7	
Nanking.....	May 11-Aug. 2.....	.....	.....	Do.
Shanghai.....	May 19-Sept. 20.....	8	47	Deaths among natives.
Tientsin.....	June 8-14.....	.....	1	
<b>Dutch East Indies:</b>				
<b>Java—</b>				
Batavia.....	June 22-Aug. 23.....	12	3	
Surabaya.....	May 11-July 12.....	8	2	
<b>Egypt:</b>				
Alexandria.....	May 28-Sept. 16.....	22	17	
Cairo.....	May 14-Aug. 26.....	41	9	
<b>France:</b>				
Lyon.....	June 23-29.....	.....	1	
Marseille.....	May 1-July 31.....	.....	52	
Nantes.....	Aug. 3-9.....	1	.....	
Paris.....	May 25-Sept. 7.....	21	.....	
Toulon.....	Aug. 18.....	1	.....	
<b>Germany:</b>				
Berlin.....	Aug. 24-30.....	1	.....	
Kehl.....	June 1-July 31.....	2	1	
Strassburg.....	Aug. 1-31.....	1	.....	
<b>Great Britain:</b>				
Hull.....	Sept. 14-20.....	1	.....	
Liverpool.....	May 25-Sept. 20.....	5	.....	
Manchester.....	July 20-26.....	1	.....	
<b>Greece:</b>				
Patras.....	June 9-Aug. 31.....	.....	9	
<b>India:</b>				
Bombay.....	May 26-Sept. 6.....	68	64	
Karachi.....	May 25-Aug. 16.....	13	4	
Madras.....	May 24-Sept. 6.....	21	8	
Rangoon.....	May 1-June 30.....	45	19	
<b>Indo-China:</b>				
Saigon.....	July 8-14.....	1	1	
<b>Italy:</b>				
Naples.....	Aug. 2-15.....	3	.....	
Rome.....	Jan. 5-11.....	1	1	
<b>Japan</b>				
Hokkaido.....	Apr. 1-30.....	1	.....	
Kanagawa ken.....	May 1-31.....	1	.....	
Kobe.....	June 23-29.....	1	.....	
Nagasaki ken.....	May 1-June 30.....	54	14	
Osaka ken.....	do.....	3	.....	
Tokyo.....	June 18-30.....	6	3	Aug. 18, epidemic.
Yokohama.....	Aug. 19-25.....	1	1	
<b>Luxemburg:</b>				
Eech.....	May 17-31.....	2	.....	
Mauritius.....	Apr. 13-July 5.....	1,019	106	
<b>Mexico:</b>				
Acapulco.....	May 25-Aug. 16.....	.....	5	
Agua Calientes.....	June 9-Sept. 21.....	.....	28	
Chihuahua.....	June 23-Aug. 2.....	.....	9	
Guadaluajara.....	June 8-Sept. 13.....	71	.....	
Hermosillo.....	June 7-Sept. 13.....	126	85	Among troops.
Mansanillo.....	July 18.....	.....	.....	Present.
Mexico.....	Apr. 20-Sept. 6.....	217	124	
Monterey.....	June 9-Aug. 31.....	.....	7	
Panuco.....	Sept. 12.....	30	.....	
Puerto Mexico.....	July 1-31.....	.....	3	

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

## Reports Received from June 28 to Oct. 17, 1913—Continued.

## SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Mexico—Continued.				
San Luis Potosi.....	Apr. 27—Aug. 23...	17	12	
Saltillo.....	Aug. 1—June 30.....	25	25	
Veracruz.....	June 16—Sept. 13...	10	2	
Tampico.....	Sept. 16.....	1	1	
Newfoundland:				
St. Johns.....	June 15—Sept. 26...	38	38	
Portugal:				
Lisbon.....	May 25—Sept. 13...	65	65	
Russia:				
Batoum.....	Apr. 1—May 31.....	4	1	
Libau.....	June 2—July 20.....	3	1	
Moscow.....	May 18—Sept. 13.....	83	22	
Odessa.....	June 8—Aug. 23.....	58	15	
Riga.....	June 22—28.....	6	6	
St. Petersburg.....	May 18—Sept. 13.....	25	1	
Siberia—				
Vladivostok.....	May 7—June 20.....	3	3	
Warsaw.....	Feb. 23—July 12.....	54	15	
Samoa:				
Apia.....				May 18, 1 death on transport Michael Jepson, from Hongkong, and to June 4, 4 cases transferred from this vessel to a lighter 3 miles east.
Servia:				
Belgrade.....	June 1—Sept. 13....	15	3	July 16, present in Dubotzi, Neresnitza, and Volui.
Siam:				
Bangkok.....	Mar. 23—Aug. 9.....		11	
Spain:				
Almeria.....	June 1—Aug. 31.....		6	
Barcelona.....	June 8—Sept. 27.....		78	
Cadiz.....	May 1—July 31.....		4	
Madrid.....	June 1—Aug. 31.....		82	
Seville.....	July 1—31.....		1	
Valencia.....	June 1—28.....	2	2	
Straits Settlements:				
Singapore.....	May 4—10.....	1	1	
Switzerland:				
Cantons—				
Basel.....	June 1—Sept. 20.....	37	37	
Zurich.....	May 18—24.....	1	1	From Paris.
Turkey in Asia:				
Beirut.....	May 25—Sept. 20...	66	49	
Damascus.....	June 1—7.....			Present.
Mersina.....	May 25—July 12.....		3	
Smyrna.....	Apr. 26—June 28.....		45	
Turkey in Europe:				
Constantinople.....	June 1—Sept. 20.....		68	
Salonki.....	June 2—Sept. 21.....	35	38	
Union of South Africa:				
Johannesburg.....	May 10—June 7.....	23	23	
West Indies:				
Trinidad.....	Aug. 19.....	2	2	On s. s. Danube and placed in quarantine 5 miles distant.

# SANITARY LEGISLATION.

## STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

### MASSACHUSETTS.

#### Milk and Milk Products—Improvement of, by Offering Prizes. (Chap. 36, Res. May 26, 1913.)

*Resolved*, That the State board of agriculture is hereby authorized to provide for the encouragement of practical dairymen in the production of milk and dairy products of superior quality and cleanliness by offering prizes for the best-kept stables, the lowest bacteria counts, and best quality of milk, or otherwise, as the board may determine; by demonstrations illustrating the best methods of dairying; by agents who shall instruct the citizens of the Commonwealth in matters of stable construction and management and dairy methods in general; by the distribution of literature giving information in regard to the best methods of dairying, and especially in regard to the production of clean milk; or in such other manner as the board may deem best for the encouragement of dairying and the production of clean milk. For traveling, incidental, administrative, and office expenses necessarily incurred in carrying out the purposes of this resolve, the said board may expend a sum not exceeding \$5,000 annually for three years, beginning with the year 1913, and if any part of the said \$5,000 remains unexpended at the close of any one year, the balance may be expended in the following year.

#### Foodstuffs—Sale of Unwholesome, Prohibited. (Chap. 687, Act May 20, 1913.)

SECTION 1. Whoever sells or offers for sale for food or drink any diseased animal or any product thereof or any tainted, diseased, corrupt, decayed, or unwholesome carcass, meat, fish, vegetables, produce, fruit, or provisions of any kind, except when packed in such a container that, upon reasonable inspection, the condition of the contents thereof can not be ascertained, without making the condition of the thing sold or offered for sale fully known to the buyer shall be punished by a fine of not more than \$200, or by imprisonment for not more than 6 months, or by both such fine and imprisonment.

SEC. 2. All acts and parts of acts inconsistent herewith are hereby repealed.

#### State Board of Health—Appropriation for. (Chap. 463, Act Apr. 10, 1913.)

SECTION 1. The sums hereinafter mentioned are appropriated, to be paid out of the treasury of the Commonwealth from the ordinary revenue, for the salaries and expenses of the State board of health, for the fiscal year ending on the 30th day of November, 1913, to wit:

For the salary of the secretary, \$5,000.

For the general work of the board, including traveling expenses, a sum not exceeding \$26,500.

For salaries and expenses for the inspection of milk, food, and drugs, a sum not exceeding \$17,500.

For expenses of the examination of sewer outlets, a sum not exceeding \$16,000.

For the expense of producing and distributing antitoxin and vaccine lymph, a sum not exceeding \$21,000.

For printing and binding the annual report, a sum not exceeding \$5,000.

For services of engineers, chemists, biologists, and other assistants, and for other expenses in protecting the purity of inland waters, a sum not exceeding \$36,000.

For the salaries and expenses of the inspectors of health, a sum not exceeding \$38,800.

For expenses in connection with the watershed of the Charles River Basin in the city of Boston, a sum not exceeding \$1,800.

For compensation and expenses of the State examiners of plumbers, a sum not exceeding \$5,200.

For the expenses of carrying out the provisions of the act relative to the prevention of ophthalmia neonatorum, a sum not exceeding \$500.

For the expenses of slaughtering and meat inspection, a sum not exceeding \$5,000.

For expenses in regulating the cold storage of certain food products, a sum not exceeding \$7,000.

For expenses in connection with the supervision of water companies, a sum not exceeding \$1,000.

For expenses in connection with the examination of the sanitary condition of the Merrimac River, a sum not exceeding \$1,000.

For expenses in connection with the protection of the public health along the valley of the Aberjona River, a sum not exceeding \$1,000.

**Poliomyelitis—Investigation by State Board of Health. (Chap. 22, Res. Mar. 6, 1913.)**

*Resolved*, That there be allowed and paid out of the treasury of the Commonwealth the sum of \$10,000, to be expended under the direction of the State board of health in its investigation of the disease known as anterior poliomyelitis or infantile paralysis.

**Mollusks taken from Polluted Waters—Sale of, Prohibited. (Chap. 504, Act Apr. 21, 1913.)**

Section 4 of chapter 285 of the acts of the year 1907 is hereby amended by striking out the words "taken under the provisions of this act," in the third line, and inserting in place thereof the following: "taken from waters proscribed as contaminated and subject to the provisions of section 113 of chapter 91 of the Revised Laws, so as to read as follows:

"SEC. 4. Whoever sells, or exchanges, or exposes, or offers for sale or exchange, or buys any clams or quahaugs, taken from waters proscribed as contaminated and subject to the provisions of section 113 of chapter 91 of the Revised Laws, shall be punished by a fine of not more than \$100, or by imprisonment for a term not exceeding 3 months, or by both such fine and imprisonment."

**NEVADA.**

**Common Drinking Cups and Common Towels—Common Carriers Must not Provide. (Reg. Bd. of H., July 3, 1913.)**

**SECTION 1.** Common carriers shall not provide in cars, vehicles, vessels, or conveyances operated in intrastate traffic, or in depots, waiting rooms, or other places used by passengers, any drinking cup, glass, or vessel for common use: *Provided*, That this regulation shall not be held to preclude the use of drinking cups, glasses, or vessels

which are thoroughly cleansed by washing in boiling water after use by each individual, nor shall it be held to preclude the use of sanitary devices for individual use only.

SEC. 2. Common carriers shall not provide in cars, vehicles, vessels, or conveyances operated in intrastate traffic, or in depots, waiting rooms, or other places used by passengers, any towel for use by more than one person: *Provided*, That towels may be used again after having been sterilized with boiling water.

**Drinking Water and Ice—Provided by Common Carriers—Regulations Governing.**  
(Reg. Bd. of H., July 3, 1913.)

Water provided by common carriers on cars, vessels, or vehicles operated in intrastate traffic for the use of passengers, shall be furnished under the following conditions:

(a) Water shall be certified by the State or municipal health authority within whose jurisdiction it is obtained as incapable of conveying disease: *Provided*, That water in regard to the safety of which a reasonable doubt exists may be used if the same has been treated in such manner as to render it incapable of conveying disease and the fact of such treatment is certified by the aforesaid health officer.

(b) Ice used for cooling such water shall be from a source the safety of which is certified by the State or municipal health authority within whose jurisdiction it is obtained, and before the ice is placed in the water it shall first be carefully washed with water of known safety and handled in such a manner as to prevent its becoming contaminated by the organisms of infectious or contagious diseases: *Provided*, That the foregoing shall not apply to ice which does not come in contact with the water which is to be cooled.

(c) Water containers shall be cleansed and thoroughly scalded with live steam at least once in each week that they are in operation.

**Leprosy—Transportation of Persons Afflicted with, Prohibited—Disinfection.** (Reg. Bd. of H., July 3, 1913.)

SECTION 1. Common carriers shall not accept for transportation nor transport in intrastate traffic any person suffering from or afflicted with leprosy, unless there has been obtained from the Surgeon General of the Public Health and Marine-Hospital Service or his accredited representative, a permit stating that said person may be received under such restrictions as will prevent the spread of the disease, and said restrictions shall be specified in each instance.

SEC. 2. No person knowing or having reason to believe that he is a leper shall accept transportation nor engage in travel in intrastate traffic unless permits have been obtained, as set forth in the preceding section, and unless said person shall have agreed in writing to comply with the restrictions as specified in the permits mentioned above.

SEC. 3. Compartments or places in cars, vessels, or conveyances operated in intrastate traffic and that have been occupied by persons afflicted with leprosy shall be immediately closed after being vacated by the patient and so kept until after proper disinfection.

**Bodies—Transportation of Dead—Communicable Diseases.** (Reg. Bd. of H., July 3, 1913.)

RULE 1. The transportation of bodies dead of smallpox or bubonic plague through the State is absolutely prohibited.

RULE 2. The transportation of bodies dead of Asiatic cholera, yellow fever, typhus fever, diphtheria (membranous croup), scarlet fever (scarlatina, scarlet rash), erysipelas, glanders, anthrax, or leprosy shall not be accepted for transportation unless prepared for shipment by being thoroughly disinfected by (a) arterial and cavity

injection with an approved disinfecting fluid; (b) disinfection and stopping of all orifices with absorbent cotton; and (c) washing the body with the disinfectant, all of which must be done by an embalmer holding a certificate as such, issued by the State Board of Embalmers of Nevada, provided for by law.

After being disinfected as above such body shall be enveloped in a layer of dry cotton not less than 1 inch thick, completely wrapped in a sheet securely fastened and incased in an air-tight zinc, tin, copper, or lead lined coffin or iron casket, all joints and seams hermetically sealed and all inclosed in a strong, tight, wooden box. Or the body, being prepared for shipment by disinfecting and wrapping, as above, may be placed in a strong coffin or casket and said coffin or casket inclosed in an air-tight zinc, copper, or tin lined box, all joints and seams hermetically soldered.

**RULE 3.** The bodies of those dead of typhoid fever, puerperal fever, tuberculosis, or measles may be received for transportation when prepared for shipment by arterial and cavity injection with an approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of cotton not less than 1 inch thick and all wrapped in a sheet securely fastened and incased in an air-tight metallic coffin or casket or air-tight metal-lined box: *Provided*, That this shall only apply to bodies which can reach their destination within 30 hours from the time of death. In all other cases such bodies shall be prepared by a licensed embalmer holding a certificate as provided for in rule 2. When prepared by a licensed embalmer as defined and directed in rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 4.** The bodies of those dead from any cause not stated in rules 2 and 3 may be received for transportation when incased in a sound coffin or casket and inclosed in a strong outside wooden box, provided they can reach their destination within 30 hours from the time of death. If the body can not reach its destination within 30 hours from the time of death, it must be prepared for shipment by arterial and cavity injection with approved disinfecting fluid, washing the exterior of the body with the same, and enveloping the entire body with a layer of dry cotton not less than 1 inch thick, and all wrapped in a sheet securely fastened and incased in an air-tight metallic coffin or casket or an air-tight metal-lined box. But when the body has been prepared for shipment by being thoroughly disinfected by a licensed embalmer, as defined and directed in rule 2, the air-tight sealing and bandaging with cotton may be dispensed with.

**RULE 5.** In the shipment of bodies dead from any disease named in rule 2 such body must not be accompanied by persons or articles which have been exposed to the infection of the disease unless certified by the health officer as having been properly disinfected.

**RULE 5.** (The following is rule 8 of the American Public Health Association:)  
Every disinterred body, dead from any disease or cause, shall be treated as infectious or dangerous to the public health, and shall not be accepted for transportation unless said removal has been approved by the State board of Health and the local health officer having jurisdiction where such body is disinterred, and the consent of the health authorities of the locality to which the corpse is consigned has been first obtained; and all such disinterred remains, or the coffin or casket containing the same, must be wrapped in a woolen blanket thoroughly saturated with a 1-1,000 solution of corrosive sublimate, and inclosed in a hermetically soldered zinc, tin, or copper lined box. But bodies deposited in receiving vaults shall not be treated and considered the same as buried bodies, when originally prepared by a licensed embalmer as defined in rule 2, and as directed in rules 2 and 3 (according to the nature of the disease causing death), providing shipment takes place within 30 days from the time of death. The shipment of bodies prepared in the manner above directed by licensed embalmers from receiving vaults may be made within 30 days from the time of death without having to obtain permission from the health authorities of the locality to which the body is consigned

After 30 days the casket or coffin box containing said body must be inclosed in a hermetically soldered box.

**RULE 6.** Disinterred bodies, dead from any cause defined in rule 2, may be disinterred and received for transportation at any time, provided that said removal has first been approved by the Nevada State Board of Health and the local health officer within whose jurisdiction said shipment is made. For interstate transportation, permission must first be obtained from the health authorities of the locality to which the body is consigned.

All bodies dead of any disease mentioned in rule 2 may be received for transportation at any time, provided said body has been prepared strictly in accordance with rule 5; all of which must be done by an embalmer holding a certificate as such from the State Board of Embalmers of Nevada, provided by law.

## NEW YORK.

### Communicable Diseases—Notification of Cases and Control of. (Chap. 559, Act May 17, 1913.)

**SEC. 12.** Sections 25, 27, 31, 34, 35, and 38 of such chapter [chap. 45, Consolidated Laws] are hereby amended to read, respectively, as follows:

“**Sec. 25. Infectious and contagious or communicable diseases.**—Every local board of health and every health officer shall guard against the introduction of such infectious and contagious or communicable diseases as are designated in the sanitary code, by the exercise of proper and vigilant medical inspection and control of all persons and things infected with or exposed to such diseases, and provide suitable places for the treatment and care of sick persons who can not otherwise be provided for. They may, subject to the provisions of the sanitary code, prohibit and prevent all intercourse and communication with or use of infected premises, places, and things, and require, and, if necessary, provide the means for the thorough purification and cleansing of the same before general intercourse with the same or use thereof shall be allowed. Every physician shall immediately give notice of every case of infectious and contagious or communicable disease required by the State department of health to be reported to it, to the health officer of the city, town, or village where such disease occurs, and no physician being in attendance on such case, it shall be the duty of the superintendent or other officer of an institution, householder, hotel or lodging-house keeper, or other person where such case occurs, to give such notice. The physician or other person giving such notice shall be entitled to the sum of 25 cents therefor, which shall be a charge upon and paid by the municipality where such case occurs.

“Every local health officer shall report to the State department of health, promptly, all cases of such infectious and contagious or communicable diseases as may be required by the State department of health, and for such reporting the health officer of a village or town shall be paid by the municipality employing him, upon the certification of the State department of health, a sum not to exceed 20 cents for each case so reported. The reports of cases of tuberculosis made pursuant to the provisions of this section shall not be divulged or made public so as to disclose the identity of the persons to whom they relate, by any person, except in so far as may be authorized by the public health council. The board of health shall provide, at stated intervals, a suitable supply of vaccine virus, of a quality and from a source approved by the State department of health, and during an actual epidemic of smallpox obtain fresh supplies of such virus at intervals not exceeding one week, and at all times provide thorough and safe vaccination for all persons in need of the same. If a pestilential, infectious, or contagious disease exists in any county almshouse or its vicinity, and the physician thereof shall certify that such disease is likely to endanger the health of its inmates, the county superintendent of the poor may cause such inmates or any of them to be

removed to such other suitable place in the county as the local board of health of the municipality where the almshouse is situated may designate; there to be maintained and provided for at the expense of the county, with all necessary medical care and attendance until they shall be safely returned to such almshouse or otherwise discharged. The health officer, commissioner of health, or boards of health of the cities of the first class shall report promptly to the State department of health all cases of smallpox, typhus and yellow fever, and cholera and the facts relating thereto."

**Premises, Care of—Suppression of Breeding Places of Mosquitoes—Nuisances.**  
(Chap. 559, Act May 17, 1913.)

"**SEC. 27. Owner to bear all or part of expense of removal of waters wherein mosquito larvæ breed.**—Whenever the local board of health of a municipality shall determine that any accumulation of water wherein mosquito larvæ breed constitutes a nuisance or a danger or injury to life or health, the owner or owners of the premises on which the breeding place is located shall bear the expense of its suppression or removal, or so much thereof as the local board may have determined to be equitable as hereinafter provided; and for the amount thereof an action may be maintained in the name of the municipality, and the same shall become a first lien on the premises as provided by sections 31 and 32 of this article."

"**SEC. 31. Removal of nuisances.**—If the owner or occupant of any premises whereon any nuisance or condition deemed to be detrimental to the public health exists, or the cause of the existence elsewhere, fails to comply with any order or regulation of any such local board for the suppression and removal of any such nuisance or other matter, in the judgment of the board detrimental to the public health, made, served, or posted as required in this article, such board or their servants or employees may enter upon the premises to which such order or regulation relates, and suppress or remove such nuisance or other matter. The expense of such suppression or removal shall be paid by the owner or occupant of such premises, or by the person who caused or maintained such nuisance or other matters, and the board may maintain an action in the name of the municipality to recover such expense, and the same when recovered shall be paid to the treasurer of the municipality, or if it has no treasurer to its chief fiscal officer, to be held and used as the funds of the municipality. Whenever the suppression or removal of such nuisance or conditions detrimental to health demand the immediate expenditure of money, every such local board of health shall be authorized to use for such purpose any money in the hands of the board, or may call on the city council for such money, or it may borrow the same on the credit of the municipality. All such moneys so expended or borrowed shall be immediately repaid to the fund or source whence they were received on the recovery of the same by action or otherwise from the persons responsible for the expenses of suppression or removal."

**Local Boards of Health—Jurisdiction—Expenses.** (Chap. 559, Act May 17, 1913.)

"**SEC. 34. Jurisdiction of town boards.**—A town board of health shall not have jurisdiction over any city or incorporated village or part of such city or village in such town.

"**SEC. 35. Expenses, how paid.**—All expenses incurred by any local board of health in the performance of the duties imposed upon it or its members by law shall be a charge upon the municipality, and shall be audited, levied, collected, and paid in the same manner as the other charges of, or upon, the municipality are audited, levied, collected, and paid. The taxable property of any incorporated village shall not be subject to taxation for maintaining any town board of health, or for any expenditure authorized by the town board, but the costs and expenditures of the town board shall be assessed and collected exclusively on the property of the town outside of any such village."



"SEC. 38. *Exceptions and limitations as to city of New York.*—Sections 20 to 38, inclusive, of this article shall not be construed to affect, alter, or repeal laws now in force relating to the board of health of the city of New York nor the sanitary code duly adopted and now in force in such city."

**Tuberculosis—Reporting of Cases of—Disinfection. (Chap. 559, Act of May 17, 1913.)**

SEC. 13. Sections 320 and 322 of such chapter [chap. 45, Consolidated Laws], are hereby amended to read as follows:

"SEC. 320. *Reports of tuberculosis by physicians and others.*—Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of New York to report, by telephone or in person or in writing on a form to be furnished as hereinafter provided, the name and address of every person known by said physician to have tuberculosis to the health officer of the city, town, or village in which said person resides or may be within 24 hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution to report the name, age, sex, color, occupation, place where last employed if known, the previous address of every patient having tuberculosis who comes into his care or under his observation within 24 hours thereafter.

"Any physician may report the name and address of any person coming under his observation who appears to be suffering from tuberculosis to the health officer of the city, town, or village in which such person is, and the health officer shall thereupon take such steps as may be prescribed by the sanitary code.

"Each registrar of vital statistics shall promptly report to the health officer the name and address of every person reported to him as having died from tuberculosis. The health officer shall ascertain whether such person has been previously reported as having tuberculosis by the physician signing the death certificate, and if it appears that such physician has not so reported such person the health officer shall call the attention of such physician to the provisions of this section. In case of repeated violations of the provisions of this section by any physician the health officer shall report such repeated violations to the board of health or other local health authorities, who shall cause such steps to be taken as may be necessary to enforce the penalty provided for such violation."

"SEC. 322. *Protection of records.*—It shall be the duty of every health officer of a city, town, or village to cause all reports made in accordance with the provisions of section 320, and also all results of examinations showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of section 321, to be recorded in a register, of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the State and of the said city, town, or village; and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be authorized in the sanitary code."

SEC. 14. Section 324 of such chapter, as amended by chapter 240 of the laws of 1909 and chapter 427 of the laws of 1910, is hereby amended to read as follows:

"SEC. 324. *Health officer to direct disinfection, cleansing, or renovation.*—When notified of the vacation of any apartments or premises, as provided in section 323 thereof, the local health officer or one of his assistants or deputies shall, within 24 hours thereafter, visit said apartments or premises and shall order and direct that, except for purposes of cleansing or disinfection, no infected article shall be removed therefrom until properly and suitably cleansed or disinfected, and all apartments or premises shall be disinfected, cleansed, or renovated in order that they may be ren-

dered safe and suitable for occupancy as prescribed by the sanitary code. If the health authorities determine that disinfection is sufficient to render them safe and suitable for occupancy, such apartments or premises, together with all infected articles therein, shall immediately be disinfected by the health authorities at public expense: *Provided, however,* That in any locality which in the judgment of the State commissioner of health may be considered a resort for persons having tuberculosis, such disinfection may in the discretion of the health authorities be done by such health authorities at the expense of the owner of the premises. Should the health authorities determine that such apartments or premises are in need of thorough cleansing and renovation, a notice in writing to this effect shall be served upon the owner or agent of said apartments or premises, and said owner or agent shall thereupon proceed to the cleansing or renovating of such apartments or premises in accordance with the instructions of the health authorities, and such cleansing and renovation shall be done at the expense of said owner or agent. The public health council shall include in the sanitary code regulations defining the methods and precautions to be observed in disinfecting, cleansing, or renovating premises under the provisions of this section. In any case in which the owner is liable for the expense of such disinfection, cleansing, or renovation by or pursuant to the provisions of this section, such expense if not paid shall be a first lien upon such property, real or personal, so disinfected, cleansed, or renovated, having preference over all other liens and incumbrances whatever. If the lien is against real property, it may be foreclosed in the manner prescribed in section 32 of the public-health law; if the lien is against personal property it may be foreclosed in the manner prescribed in sections 206 to 209, inclusive, of the lien law."

**Communicable Diseases—Control of Dangerous and Careless Patients. (Chap. 559, act May 17, 1913.)**

SEC. 15. Such chapter [chap. 45, Consolidated Laws] is hereby amended by inserting therein a new section, to be section 326a, to read as follows:

"SEC. 326a. *Control of dangerous and careless patients.*—Whenever a complaint shall be made by a physician to a health officer that any person is afflicted with any infectious, contagious, or communicable disease or is a carrier of typhoid fever, tuberculosis, diphtheria, or other infectious disease and is unable or unwilling to conduct himself and to live in such a manner as not to expose members of his family or household or other persons with whom he may be associated to danger of infection, the health officer shall forthwith investigate the circumstances alleged. If he shall find that any such person is a menace to others, he shall lodge a complaint against such person with a magistrate, and on such complaint the said person shall be brought before such magistrate. The magistrate after due notice and a hearing, if satisfied that the complaint of the health officer is well founded and that the person is a source of danger to others, may commit him to a county hospital for tuberculosis or to any other hospital or institution established for the care of persons suffering from any such disease or maintaining a room, ward, or wards for such person. Such person shall be deemed to be committed until discharged in the manner authorized in this section. In making such commitment the magistrate shall make such order for payment for the care and maintenance of such person as he may deem proper.

"The chief medical officer of the hospital or other institution to which any such person has been committed, upon signing and placing among the permanent records of such hospital or institution a statement to the effect that such person has obeyed the rules and regulations of such hospital or institution for a period of not less than 60 days, and that in his judgment such person may be discharged without danger to the health or life of others, or for any other reason stated in full which he may deem adequate and sufficient, may discharge the person so committed. He shall report each

such discharge together with a full statement of the reasons therefor at once to the health officer of the city, village, or town from which the patient came and at the next meeting of the board of managers or other controlling authority of such hospital or institution. Every person committed under the provisions of this section shall observe all the rules and regulations of such hospital or institution. Any patient so committed who neglects or refuses to obey the rules or regulations of the institution may by direction of the chief medical officer of the institution be placed apart from the other patients and restrained from leaving the institution. Any such patient who willfully violates the rules and regulations of the institution or repeatedly conducts himself in a disorderly manner may be taken before a magistrate by the order of the chief medical officer of the institution. The chief medical officer may enter a complaint against such person for disorderly conduct, and the magistrate, after a hearing and upon due evidence of such disorderly conduct, may commit such person for a period not to exceed six months to any institution to which persons convicted of disorderly conduct or vagrancy or of being tramps may be committed, and such institution shall keep such person separate and apart from the other inmates, provided that nothing in this section shall be construed to prohibit any person committed to any institution under its provisions from appealing to any court having jurisdiction for a review of the evidence on which commitment was made."

**Tuberculosis—Precautions to Prevent Spread of Disease—Penalty for False Report.**  
(Chap. 559, Act May 17, 1913.)

SEC. 16. Section 328 of such chapter [Chap. 45, Consolidated Laws], as amended by chapter 426 of the laws of 1909, and chapter 490 of the laws of 1911, is hereby amended to read as follows:

"Sec. 328. Provided that physicians shall make a complete statement of procedure and precautions on a blank to be furnished by the health officer. It shall be the duty of the local health officer to transmit to a physician reporting a case of tuberculosis as provided in section 320, a printed statement and report, in a form approved by the State commissioner of health, naming such procedure and precautions as in the opinion of the said commissioner are necessary or desirable to be taken on the premises of a tuberculosis patient. The State department of health shall print an ample supply of such statements and reports and furnish the same in sufficient numbers to health officers for all physicians. Upon receipt of such statement and report the physician shall either carry into effect all such procedure and precautions as are therein prescribed, and shall thereupon sign and date the same and return it to the local health officer without delay, or, if such attending physician be unwilling or unable to carry into effect the procedures and precautions specified, he shall so state upon this report and immediately return the same to the local health officer and the duties therein prescribed shall thereupon devolve upon said local health officer, who shall receive the fee hereinafter provided as payment of the services of the physician if he comply with the duties herein prescribed. Upon the receipt of this statement and report the local health officer shall carefully examine the same, and if satisfied that the attending physician has taken all necessary and desirable precautions to insure the safety of all persons living in the apartments or premises occupied by the persons having tuberculosis, the said local health officer shall issue an order upon the treasurer of the city, town, or village in favor of the attending physician, except where such physician is employed by and receives a salary from the state of New York, or is employed by and receives a salary from a hospital, sanatorium, or other similar private or public institution in the State of New York, for the sum of \$1 thereupon to be paid out of a fund which shall be provided by said city, town, or village. But no such payment shall be made to any physician for reporting cases of tuberculosis elsewhere than in the city, town, or village where such patient resides.

"If the precaution taken or instructions given by the attending physician are, in the opinion of the local health officer, not such as will remove all reasonable danger or probability of danger to the persons occupying the said house or apartments or premises, the local health officer shall return to the attending physician the report with a letter specifying the additional precautions or instructions which the health officer shall require him to take or give; and the said attending physician shall immediately take the additional precautions and give the additional instructions specified and shall record and return the same on the original report to the local health officer. A health officer shall have authority to cause all reported cases of tuberculosis within his jurisdiction to be visited from time to time by a public-health nurse. In every case in which a physician reporting the case has elected to carry into effect the procedure and precautions required by this section the public-health nurse shall act under the direction and supervision of the physician. It shall further be the duty of the health officer to transmit to the physician reporting any case of tuberculosis a printed requisition, to be supplied by the State commissioner of health, and issued in sufficient number to health officers to supply physicians. Upon this requisition blank shall be named the materials kept on hand by the local health officer for the prevention of the spread of tuberculosis, and it shall be the duty of the local health officer to supply such materials as may be specified in such requisition. Any physician may return a duly signed requisition to the local health officer for such of the specified materials and in such amount as he may deem necessary to aid him in preventing the spread of the disease, and all local health officers shall honor, as far as possible, the requisition signed by the attending physician in such case. It shall be the duty of every local health officer to transmit to every physician reporting any case of tuberculosis, or to the person reported as suffering from this disease, provided the latter has no attending physician, a circular of information approved by the State commissioner of health and which shall be provided in sufficient quantity by the local health authorities. This circular of information shall inform the consumptive of the best methods of treatment of his disease and of the precautions necessary to avoid transmitting the disease to others."

SEC. 17. Section 329 of such chapter [chap. 45, Consolidated Laws] is hereby amended to read as follows:

"SEC. 329. *Penalty for failure of physician to perform duties or for making false reports.*— Any physician or person practicing as a physician who shall willfully make any false statement concerning the name, age, sex, color, occupation, place where last employed if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than \$100."

## NORTH CAROLINA.

### Births and Deaths—Registration of. (Act Mar. 10, 1913.)

SECTION 1. That the State board of health shall have charge of the registration of births and deaths, shall prepare the necessary instructions, forms, and blanks for obtaining and preserving such records, and shall procure the faithful registration of the same in each local registration district as constituted in section 3 of this act and in the central bureau of vital statistics at the capital of the State. The said board shall be charged with the uniform and thorough enforcement of the law throughout the State, and from time to time recommend to the general assembly any additional legislation that may be necessary for this purpose.

SEC. 2. That the secretary of the State board of health shall be State registrar of vital statistics, and shall have general supervision over the central bureau of vital statistics, which is hereby authorized to be established by said board. Adequate fireproof space in one of the State buildings for filing cases for the death and birth certificates made

and returned under this act shall be provided by the committee on public buildings and grounds.

Sec. 3. That for the purposes of this act the State shall be divided into registration districts as follows: Each city, each incorporated town, and each township shall constitute a local registration district.

Sec. 4. That within 90 days after the taking effect of this act, or as soon thereafter as possible, the chairman of every board of county commissioners in the State of North Carolina shall appoint a local registrar of vital statistics for each township in his county, and the mayor of every incorporated town or city in the State of North Carolina shall appoint a local registrar of vital statistics for his town or city, and the chairmen of the boards of county commissioners and the mayors of the cities or towns shall notify the State registrar, in writing, of the name and address of each local registrar so appointed. The term of office of each local registrar so appointed shall be four years, beginning with the first day of January of the year in which the local registrar is appointed, and until his successor has been appointed and has qualified, unless such office shall sooner become vacant by death, disqualification, operation of law, or other cause: *Provided*, That in cities where health officers or other officials are, in the judgment of the State board of health, conducting effective registration of births and deaths under local ordinances at the time of the taking effect of this act, such officials may be appointed as registrars in and for such cities, and shall be subject to the rules and regulations of the State registrar, and to all the provisions of this act. Any vacancy occurring in the office of local registrar of vital statistics shall be filled for the unexpired term by a local registrar appointed by the same official who appointed the local registrar whose retirement creates the vacancy. Any chairman of a board of county commissioners or mayor of a city or town who appoints a local registrar to fill a vacancy in the office of local registrar shall notify the State registrar, in writing, of the name and address of the local registrar so appointed. At least 10 days before the expiration of the term of office of any such local registrar, his successor shall be appointed by the chairman of the board of county commissioners for the township local registration office, and by the mayor of the city or town for the town or city registration office.

Any local registrar who, in the judgment of the secretary of the State board of health, fails or neglects to discharge efficiently the duties of his office as laid down in this act, or who fails to make prompt and complete returns of all births and deaths, as required thereby, shall be forthwith removed from his office by the secretary of the State board of health and such other penalties may be imposed as are provided under section 22 of this act.

Each local registrar shall, immediately upon his acceptance of appointment as such, appoint a deputy, whose duty it shall be to act in his stead in case of absence, illness, or disability, and such deputy shall in writing accept such appointment and be subject to all rules and regulations governing local registrars. And when it may appear necessary for the convenience of the people in any rural district, the local registrar is hereby authorized, with the approval of the State registrar, to appoint one or more suitable persons to act as subregistrars, who shall be authorized to receive certificates and to issue burial or removal permits in and for such portions of the district as may be designated; and each subregistrar shall note on each certificate, over his signature, the date of filing, and shall forward all certificates to the local registrar of the district within 10 days, and in all cases before the third day of the following month: *Provided*, That each subregistrar shall be subject to the supervision and control of the State registrar, and may be by him removed for neglect or failure to perform his duties in accordance with the provisions of this act or the rules and regulations of the State registrar, and he shall be subject to the same penalties for neglect of duties as the local registrar.

Sec. 5. That the body of any person whose death occurs in this State, or which shall be found dead therein shall not be interred, deposited in a vault or tomb, cremated or otherwise disposed of, or removed from or into any registration district, or be temporarily held pending further disposition more than 72 hours after death, unless a permit for a burial, removal, or other disposition thereof shall have been properly issued by the local registrar of the registration district in which the death occurred or the body was found. And no such burial or removal permit shall be issued by any registrar until a complete and satisfactory certificate of death has been filed with him as hereinafter provided: *Provided*, That outside of incorporated towns and cities and within incorporated towns having a population of 500 or less, no burial permit shall be required, but the registrar or subregistrar shall within ten days after any and every burial of any human body within their district obtain the information herein required concerning deaths and report the same as herein required: *Provided further*, That when a dead body is transported into a registration district in North Carolina for burial, the transit and removal permit issued in accordance with the law and health regulations of the place where the death occurred shall be accepted by the local registrar of the district into which the body has been transported for burial or other disposition as a basis upon which he may issue a local burial permit. He shall note upon the face of the burial permit the fact that it was a body shipped in for interment, and give the actual place of death; and no local registrar shall receive any fee for the issuance of burial or removal permits under this act other than the compensation provided in section 20.

Sec. 6. That a stillborn child shall be registered as a birth and also as a death, and separate certificates of both birth and death shall be filed with the local registrar in the usual form and manner, the certificate of birth to contain in place of the name of the child the word "stillbirth:" *Provided*, That a certificate of birth and a certificate of death shall not be required for a child that has not advanced to the fifth month of uterogestation. The medical certificate of the cause of death shall be signed by the attending physician, if any, and shall state the cause of death as "stillborn," with the cause of the stillbirth, if known, whether a premature birth, and if born prematurely the period of uterogestation in months if known, and a burial or removal permit of the prescribed form shall be required. Midwives shall not sign certificates of death for stillborn children, but such cases and stillbirths occurring without attendance of either physician or midwife shall be treated as deaths without medical attendance as provided for in section 8 of this act.

Sec. 7. That the certificate of death shall contain the following items, which are hereby declared necessary for the legal, social, and sanitary purposes subserved by registration records:

(1) Place of death, including State, county, township, or town, village, or city. If in a city, the ward, street, and house number; if in a hospital or other institution, the name of the same to be given instead of the street and house number. If in an industrial camp, the name of the camp to be given.

(2) Full name of decedent. If an unnamed child, the surname preceded by "Unnamed."

(3) Sex.

(4) Color or race—as white, black, mulatto (or other negro descent), Indian, Chinese, Japanese, or other.

(5) Conjugal condition—as single, married, widowed, or divorced.

(6) Educational attainments—as illiterate, able to read and write, common school education or equivalent, high school education or equivalent, college education or equivalent. If the deceased is less than 15 years of age, the educational attainments of the mother, if living, or of the father, if living, or of the guardian, in the order named shall be given.

(7) Date of birth, including the year, month, and day.

(8) Age, in years, months, and days. If less than one day, the hours or minutes. If exact information is unobtainable, give approximate age.

(9) Occupation. The occupation to be reported of any person who had any remunerative employment, stating (a) trade, profession, or particular kind of work; (b) general nature of industry, business, or establishment in which employed (or employer).

(10) Birthplace; at least State or foreign country, if known.

(11) Name of father.

(12) Birthplace of father; at least State or foreign country, if known.

(13) Maiden name of mother.

(14) Birthplace of mother; at least State or foreign country, if known.

(15) Signature and address of informant.

(16) Official signature of registrar, with the date when certificate was filed and registered number.

(17) Date of death—year, month, and day.

(18) Certification as to medical attendance on decedent, fact and time of death, time last seen alive, and the cause of death, with contributory secondary cause or complication, if any, and duration of each, and whether attributed to dangerous or insanitary conditions of employment; signature, date of signature, and address of physician or official making the medical certificate.

(19) Length of residence (for inmates of hospitals and other institutions; transients or recent residents) at place of death and in the State, together with the place where disease was contracted, if not at place of death, and former or usual residence.

(20) Place of burial or removal; date of burial.

(21) Signature and address of undertaker or person acting as such.

The personal and statistical particulars (items 1 to 13) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts. The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such. The medical certificate shall be made and signed by the physician, if any, who last treated the deceased for the disease, or injury which caused death, and such physician shall specify the time in attendance, the time he last saw the deceased alive, and the hour of the day at which death occurred, and he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in the death, giving first the name of the disease causing death (primary cause) and the contributory (secondary) cause, if any, and the duration of each. Indefinite and unsatisfactory terms, denoting only symptoms of disease or conditions resulting from disease, will not be held sufficient for the issuance of a burial or removal permit; and any certificate containing any such indefinite or unsatisfactory terms, as defined by the State registrar, shall be returned to the physician or person making the medical certificate for correction and more definite statement. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and, if from violence, the means of injury shall be stated, and whether (probably) accidental, suicidal, or homicidal. And in deaths in hospitals, institutions, or of nonresidents, the physician shall supply the information required under this head (item 18), if he is able to do so, and may state where, in his opinion, the disease was contracted.

Sec. 8. That in case of any death occurring without medical attendance, it shall be the duty of the undertaker or person acting as such to notify the local registrar of such death, and when so notified the registrar shall, prior to the issuance of the permit, inform the local health officer and refer the case to him for immediate investigation and certification: *Provided*, That when the local health officer is not a qualified physician, or when the death takes place in a township registration district, or where

there is no such official, and in such cases only, the registrar is authorized to make the certificate and return from the statement of relatives or other persons having adequate knowledge of the facts: *Provided, further*, That if the registrar has reason to believe that the death had been due to unlawful act or neglect, he shall then refer the case to the coroner or other proper officer for his investigation and certification. And any coroner or other proper officer whose duty it is to hold an inquest on the body of any deceased person, and to make the certificate of death required for a burial permit, shall state in his certificate the name of the disease causing death, or if from external causes (1) the means of death; and (2) whether (probably) accidental, suicidal, or homicidal; and shall, in any case, furnish such information as may be required by the State registrar in order properly to classify the death.

SEC. 9. The undertaker or person acting as undertaker shall file the certificate of death with the local registrar of the district in which the death occurred, and obtain a burial or removal permit prior to any disposition of the body. The undertaker or person acting as such shall obtain the required personal and statistical particulars from the person best qualified to supply them, over the signature and address of his informant. The undertaker or person acting as such shall then present the certificate to the attending physician, if any, or to the health officer or coroner, as directed by the local registrar, for the medical certificate of the cause of death and other particulars necessary to complete the record, as specified in sections 7 and 8. And the undertaker or person acting as such shall then state the facts required relative to the date and place of burial, over his signature and with his address, and present the completed certificate to the local registrar in order to obtain a permit for burial, removal, or other disposition of the body. The undertaker or person acting as such shall deliver the burial permit to the person in charge of the place of burial before interring or otherwise disposing of the body, or shall attach the removal permit to the box containing the corpse when shipped by any transportation company, said permit to accompany the corpse to its destination, where, if within the State of North Carolina, it shall be delivered to the person in charge of the place of burial.

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 or his agent 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. 10. That if the interment or other disposition of the body is to be made within the State, the wording of the burial or removal permit may be limited to a statement by the registrar, over his signature, that a satisfactory certificate of death having been filed with him, as required by law, permission is granted to inter, remove, or dispose otherwise of the body, stating the name, age, sex, cause of death, and other necessary details upon the form prescribed by the State registrar.

SEC. 11. That no person in charge of any premises in which interments are made shall inter or permit the interment or other disposition of any body unless it is accompanied by a burial, removal, or transit permit, as herein provided. And such person shall indorse upon the permit the date of interment, over his signature, and shall return all permits so indorsed to the local registrar of his district within 10 days from



the date of interment. He shall also keep a record of all bodies interred or otherwise disposed of on the premises under his charge, in each case stating the name of each deceased person, place of death, date of burial or disposal, and name and address of the undertaker, which record shall at all times be open to official inspection: *Provided*, That the undertaker, or person acting as such, when burying a body in a cemetery or burial ground having no person in charge, shall sign the burial or removal permit, giving the date of burial, and shall write across the face of the permit the words "No person in charge," and file the burial or removal permit within 10 days with the registrar of the district in which the cemetery is located.

SEC. 12. That the birth of each and every child born in this State shall be registered as hereinafter provided.

SEC. 13. That within 10 days after the date of each birth there shall be filed with the local registrar of the district in which the birth occurred a certificate of such birth, which certificate shall be upon the form adopted by the State board of health, with a view of procuring a full and accurate report with respect to each item of information enumerated in section 14 of this act. In each case where a physician, midwife, or person acting as midwife was in attendance upon the birth, it shall be the duty of such physician, midwife, or person acting as midwife to file in accordance herewith the certificate herein contemplated. In each case where there was no physician, midwife, or person acting as midwife in attendance upon the birth, it shall be the duty of the father or mother of the child, the householder or owner of the premises where the birth occurred, or the manager or superintendent of the public or private institution where the birth occurred, each in the order named, within 10 days after the date of such birth, to report to the local registrar the fact of such birth. In such case, and in case the physician, midwife, or person acting as midwife in attendance upon the birth is unable, by diligent inquiry, to obtain any item or items of information contemplated in section 14 of this act, it shall then be the duty of the local registrar to secure from the person so reporting, or from any other person having the required knowledge, such information as will enable him to prepare the certificate of birth herein contemplated, and it shall be the duty of the person reporting the birth, or who may be interrogated in relation thereto, to answer correctly and to the best of his knowledge all questions put to him by the local registrar which may be calculated to elicit any information needed to make a complete record of the birth as contemplated by said section 14, and it shall be the duty of the informant, as to any statement made in accordance herewith, to verify such statement by his signature, when requested so to do by the local registrar.

SEC. 14. That the certificate of birth shall contain the following items, which are hereby declared necessary for the legal, social, and sanitary purposes subserved by registration records:

(1) Place of birth, including State, county, township or town, village or city. If in a city, the ward, street, and house number; if in a hospital or other institution, the name of the same to be given instead of the street and house number.

(2) Full name of child. If the child dies without a name before the certificate is filed, enter the surname preceded by "Unnamed." If the living child has not yet been named at the date of filing certificate of birth, the space for "full name of child" is to be left blank, to be filled out subsequently by a supplemental report, as hereinafter provided.

(3) Sex of child.

(4) Whether a twin, triplet, or other plural birth. A separate certificate shall be required for each child in case of plural births.

(5) For plural births, number of each child in order of birth.

(6) Legitimate or illegitimate: *Provided*, That in illegitimate births the word "illegitimate" shall be written across the face of the certificate and all items on the

certificate which would in any way reveal the identity of the father, mother, or illegitimate child itself shall be omitted.

(7) Date of birth, including the year, month, and day.

(8) Full name of father: *Provided*, That if the child is illegitimate, the name of the putative father shall not be entered without his consent, but the other particulars relating to the putative father (items 9 to 13) may be entered if known, otherwise as "Unknown."

(9) Residence of father.

(10) Color or race of father.

(11) Educational attainments—illiterate, able to read and write, common school education or equivalent, high school education or equivalent, college education or equivalent.

(12) Age of father at last birthday, in years.

(13) Birthplace of father; at least State or foreign country, if known.

(14) Occupation of father. The occupation to be reported if engaged in any remunerative employment, with the statement of (a) trade, profession, or particular kind of work; (b) general nature of industry, business or establishment in which employed (or employer).

(15) Maiden name of mother.

(16) Residence of mother.

(17) Color or race of mother.

(18) Educational attainments—illiterate, able to read and write, common-school education or equivalent, high-school education or equivalent, college education or equivalent.

(19) Age of mother at last birthday, in years.

(20) Birthplace of mother; at least State or foreign country, if known.

(21) Occupation of mother. The occupation to be reported if engaged in any remunerative employment, with the statement of (a) trade, profession, or particular kind of work; (b) general nature of industry, business or establishment in which employed (or employer).

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

(23) Number of children of this mother living.

(24) The certification of attending physician or midwife as to attendance at birth, including statement of year, month, day (as given in item 7), and hour of birth, and whether the child was born alive or stillborn. This certification shall be signed by the attending physician or midwife, with date of signature and address; if there is no physician or midwife in attendance, then by the father or mother of the child, householder, owner of the premises, or manager or superintendent of public or private institution where the birth occurred, or other competent person, each in the order named, whose duty it shall be to notify the local registrar of such birth, as required by section 13 of this act.

(25) Exact date of filing in office of local registrar, attested by his official signature, and registered number of birth, as hereinafter provided.

Sec. 15. That when any certificate of birth of a living child is presented without the statement of the given name, then the local registrar shall make out and deliver to the parents of the child a special blank for the supplemental report of the given name of the child, which shall be filled out as directed, and returned to the local registrar as soon as the child shall have been named.

Sec. 16. That all superintendents or managers, or other persons in charge of hospitals, almshouses, lying-in or other institutions, public or private, to which persons resort for treatment of diseases, confinement, or are committed by process of law, shall make a record of all the personal and statistical particulars relative to the inmates in their institutions at the date of approval of this act, which are required in the forms

of the certificates provided for by this act, as directed by the State registrar; and thereafter such record shall be, by them, made for all future inmates at the time of their admittance. And in case of persons admitted or committed for treatment of disease, the physician in charge shall specify for entry in the record the nature of the disease, and where, in his opinion, it was contracted. The personal particulars and information required by this section shall be obtained from the individual himself if it is practicable to do so; and when they can not be so obtained, they shall be obtained in as complete a manner as possible from relatives, friends, or other persons acquainted with the facts.

SEC. 17. That the State registrar shall prepare, have printed, and supply to all registrars all blanks and forms used in registering, recording, and preserving the returns, or in otherwise carrying out the purposes of this act; and shall prepare and issue such detailed instructions as may be required to procure the uniform observance of its provisions and the maintenance of a perfect system of registration; and no other blanks shall be used than those supplied by the State registrar. He shall carefully examine the certificates received monthly from the local registrars, and if any such are incomplete or unsatisfactory he shall require such further information to be supplied as may be necessary to make the record complete and satisfactory. And all physicians, midwives, informants, or undertakers, and all other persons having knowledge of the facts, are hereby required to supply, upon a form provided by the State registrar or upon the original certificate, such information as they may possess regarding any birth or death upon demand of the State registrar, in person, by mail, or through the local registrar: *Provided*, That no certificate of birth or death, after its acceptance for registration by the local registrar, and no other record made in pursuance of this act, shall be altered or changed in any respect otherwise than by amendments properly dated, signed, and witnessed. The State registrar shall further arrange, bind, and permanently preserve the certificates in a systematic manner, and shall prepare and maintain a comprehensive and continuous card index of all births and deaths registered: said index to be arranged alphabetically, in the case of deaths, by the names of decedents, and in the case of births, by the names of fathers and mothers. He shall inform all registrars what diseases are to be considered infectious, contagious, or communicable and dangerous to the public health, as decided by the State board of health, in order that when deaths occur from such diseases proper precautions may be taken to prevent their spread.

At the expiration of five years after the ratification of this act, certified copies of birth-registration certificates shall be accepted by public school authorities in this State as prima facie evidence of age of children registering for school attendance and no other proof shall be required. At the expiration of 14 years from the passage of this act, certified copies of birth registration certificates shall be required by all factory inspectors, and employers of youthful labor, as prima facie proof of age, and no other proof shall be required from children born in this State or States which for 14 years previous to the date of such certificate have had registration laws essentially identical with this act: *Provided*, That when it is not possible to secure such certified copy of birth registration certificate for any child, the school authorities and factory inspectors may accept as secondary proof of age any competent evidence by which the age of persons is usually established.

If any cemetery company or association, or any church or historical society or association, or any other company, society, or association, or any individual, is in possession of any record of births or deaths which may be of value in establishing the genealogy of any resident of this State, such company, society, association, or individual may file such record or a duly authenticated transcript thereof with the State registrar, and it shall be the duty of the State registrar to preserve such record or transcript and to make a record and index thereof in such form as to facilitate the finding of any information contained therein. Such record and index shall be open to

inspection by the public, subject to such reasonable conditions as the State registrar may prescribe. If any person desires a transcript of any record filed in accordance herewith, the State registrar shall furnish the same upon application, together with a certificate that it is a true copy of such record, as filed in his office, and for his services in so furnishing such transcript and certificate he shall be entitled to a fee of 50 cents per hour or fraction of an hour necessarily consumed in making such transcript and to a fee of 50 cents for the certificate, which fees shall be paid by the applicant.

SEC. 18. That each local registrar shall supply blank forms of certificates to such persons as require them. Each local registrar shall carefully examine each certificate of birth or death when presented for record in order to ascertain whether or not it has been made out in accordance with the provisions of this act and the instructions of the State registrar; and if any certificate of death is incomplete or unsatisfactory, it shall be his duty to call attention to the defects in the return, and to withhold the burial or removal permit until such defects are corrected. All certificates, either of birth or of death, shall be written legibly, in durable black ink, and no certificate shall be held to be complete and correct that does not supply all of the items of information called for therein, or satisfactorily account for their omission. If the certificate of death is properly executed and complete, he shall then issue a burial or removal permit to the undertaker: *Provided*, That in case the death occurred from some disease which is held by the State board of health to be infectious, contagious, or communicable and dangerous to the public health, no permit for the removal or other disposition of the body shall be issued by the registrar, except under such conditions as may be prescribed by the State board of health. If a certificate of birth is incomplete the local registrar shall immediately notify the informant, and require him to supply the missing items of information if they can be obtained. He shall number consecutively the certificates of birth and death, in two separate series, beginning with number one for the first birth and the first death in each calendar year, and sign his name as registrar in attest of the date of filing in his office. He shall also make a complete and accurate copy of each birth and each death certificate registered by him in a record book supplied by the State registrar, which record book the local registrar shall deposit with the register of deeds of the county not later than the 15th of January each year. And the register of deeds shall keep an index, as devised and supplied him by the State registrar, of the births and deaths that have occurred in the county, and these records shall be open at all times to official inspection. And he shall, on the 10th day of each month, transmit to the State registrar all original certificates registered by him for the preceding month. And if no births or no deaths occurred in any month the local registrar shall, on the 10th day of the following month, report that fact to the State registrar, on a card provided for such purpose.

SEC. 19. That each local registrar shall be paid the sum of 25 cents for each birth certificate and each death certificate properly and completely made out and registered with him, correctly recorded and promptly returned by him to the State registrar, as required by this act. And in case no births or deaths were registered during any month the local registrar shall be entitled to be paid the sum of 25 cents for each report to that effect, but only if such report be made promptly, as required by this act. All amounts payable to a local registrar under the provisions of this section shall be paid by the treasurer of the county in which the registration district is located, upon certification of the State registrar. And the State registrar shall certify every three months to the treasurers of the several counties the number of births and deaths properly registered, with the names of the local registrars and the amounts due each at the rates fixed herein: *Provided*, That the chairman of the board of county commissioners of the several counties may have the right to make such agreements with the several local registrars and subregistrars as may be agreed upon between said

chairman and the local registrars or subregistrars as to the compensation to be paid local registrars or subregistrars.

SEC. 20. That the State registrar shall, upon request, supply to any applicant a certified copy of the record of any birth or death registered under provisions of this act, for the making and certification of which he shall be entitled to a fee of 50 cents, to be paid by the applicant: *Provided*, That the United States Census Bureau may obtain, without expense to the State, transcripts or certified copies of births and deaths without payment of the fees herein prescribed. And any such copy of the record of a birth or death, when properly certified by the State registrar, shall be prima facie evidence in all courts and places of the facts therein stated. For any search of the files and records when no certified copy is made, the State registrar shall be entitled to a fee of 50 cents for each hour or fractional part of an hour of time of search, said fee to be paid by the applicant. And the State registrar shall keep a true and correct account of all fees by him received under these provisions and turn the same over to the treasurer of the State board of health.

SEC. 21. That any person, who for himself or as an officer, agent, or employee of any other person, or of any corporation or partnership, (a) shall inter, cremate, or otherwise finally dispose of the dead body of a human being, or permit the same to be done, or shall remove said body from the primary registration district in which the death occurred or the body was found, without the authority of a burial or removal permit issued by the local registrar of the district in which the death occurred or in which the body was found; or (b) shall refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any certificate or record, required by this act; or (c) shall willfully alter, otherwise than as provided by section 17 of this act, or shall falsify any certificate of birth or death, or any record established by this act; or (d) being required by this act to fill out a certificate of birth or death and file the same with the local registrar, or deliver it, upon request, to any person charged with the duty of filing the same, shall fail, neglect, or refuse to perform such duty in the manner required by this act; or (e) being a State registrar, a chairman of a board of county commissioners, a mayor of a city or town, a local registrar, a deputy registrar, or subregistrar, shall fail, neglect, or refuse to perform his duty as required by this act and by the instructions and direction of the State registrar thereunder, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall for the first offense be fined not less than \$5 nor more than \$50, and for each subsequent offense not less than \$10 nor more than \$50, or be imprisoned in the county jail not more than 30 days, or be both fined and imprisoned in the discretion of the court.

SEC. 22. That each local registrar is hereby charged with the strict and thorough enforcement of the provisions of this act in his registration district, under the supervision and direction of the State registrar. And he shall make an immediate report to the State registrar of any violation of this law coming to his knowledge, by observation or upon complaint of any person or otherwise.

The State registrar is hereby charged with the thorough and efficient execution of the provisions of this act in every part of the State, and is hereby granted supervisory power over local registrars, deputy local registrars, and subregistrars, to the end that all of its requirements shall be uniformly complied with. The State registrar, either personally or through an accredited representative, shall have authority to investigate cases of irregularity or violation of law, and all registrars shall aid him, upon request, in such investigations. When he shall deem it necessary, he shall report cases of violation of any of the provisions of this act to the prosecuting attorney of the county, or the solicitor of the district, with a statement of the facts and circumstances; and when any such case is reported to him by the State registrar the prosecuting attorney or solicitor of the district, as the case may be, shall forthwith initiate and promptly follow up the necessary court proceedings against the person or corporation responsible for

the alleged violation of law. And upon request of the State registrar the attorney general shall likewise assist in the enforcement of the provisions of this act.

SEC. 23. That for the purposes of the thorough execution of this act the sum of \$10,000, or as much thereof as may be necessary, is hereby annually appropriated to be paid by the State auditor on requisition signed by the president and secretary of the State board of health. The printing and stationery necessary for the execution of this act shall be supplied by the State printer upon the requisition of the State registrar.

SEC. 24. That all laws and parts of laws in conflict with the provisions of this act are hereby repealed; and no system for the registration of births and deaths shall be continued or maintained in any of the several municipalities of this State other than the one provided for and established by this act.

SEC. 25. That this act shall be in force and effect on and after the 1st day of July, 1913.

### PHILIPPINE ISLANDS.

#### Health Authorities—Municipal Boards of Health. (Act 2232, Feb. 8, 1913.)

SECTION 1. Sections 1 and 6 of act numbered 2156, entitled "An act authorizing the consolidation of municipalities into sanitary divisions and the reorganization of the municipal boards of health created by act numbered 308; defining their powers and duties, and providing for each Province a special fund to be known as 'health fund,' for this and other purposes," are hereby amended, so that said sections shall read as follows:

"SECTION 1. Provincial boards are hereby authorized, for the purposes of health administration, to divide their Provinces into sanitary divisions, which may comprise one or more municipalities, but not more than four, and these divisions shall become effective in a Province whenever their organization has been agreed to by at least a majority of the municipal councils concerned: *Provided*, That to dissolve such sanitary division the vote of a majority of the municipalities concerned shall be necessary. Any group of municipalities joined to constitute a sanitary division may have a divisional board of health organized in accordance with the provisions of act numbered 308, relative to the organization of municipal boards of health.

"There shall be for each division a president who shall be appointed by the director of health from among the persons proposed by the municipal councils concerned and recommended by the provincial board. The powers, duties, and remuneration of such president shall be fixed in the manner hereinafter provided. The president of a sanitary division shall be a duly qualified physician and shall fulfill his duties under the immediate supervision of the district health officer: *Provided*, That in emergency conditions, of the existence of which the director of health shall judge, persons with qualifications satisfying the director of health may be appointed to act temporarily as presidents of municipal sanitary divisions."

"SEC. 6. Each municipality shall set aside each year an amount not less than 5 per cent nor more than 10 per cent from its general funds, and each provincial board shall set aside a like amount from its general funds, which amount, added to that appropriated by the municipalities under its jurisdiction, shall constitute a special fund to be known as 'health fund': *Provided*, That municipalities whose general funds do not exceed 3,000 pesos a year shall, upon application to the director of health, be exempted from the requirements of this section and shall in such case not be entitled to the benefits of this act.

"The health fund thus created shall be deposited with the provincial treasurer and shall be used only for the purpose of paying the salaries and traveling expenses of presidents, subordinate officers, and employees of the sanitary divisions of the Province, and the traveling expenses necessarily incurred by the same, from their place

of residence, upon proceeding to their station to assume the office, upon appointment, and for the purchase of medicines, medical supplies, and disinfectants to be distributed among the municipalities concerned for sanitary and other medical purposes, and other incidental expenses for carrying out the purposes of this act: *Provided*, That, if at the close of the fiscal year there shall remain any balance in the health fund provincial boards are hereby authorized to accumulate such balances from year to year for the purpose of establishing hospitals, benevolent institutions in the Province, or of carrying out other permanent sanitary improvements: *Provided further*, That whenever in the course of official service any president of a sanitary division travels to visit or attend any pay client or patient, he shall not be entitled to reimbursement for any traveling expenses incurred in this latter regard, and shall state in a sworn voucher to accompany his claim for reimbursement that the claim does not include any such expense."

**Infantile Mortality—Committee to Investigate the Causes of Excessive. (Act 2246, Feb. 11, 1913.)**

SECTION 1. Section 1 of act numbered 2116 is hereby amended to read as follows:

"SECTION 1. For the purpose of investigating the causes of the excessive infantile mortality in the Philippine Islands and the methods which should be adopted to decrease it, a committee of five members is hereby created, of whom three shall be appointed by the governor general, with the advice and consent of the Philippine Commission, and two shall be the professor of pediatrics in the University of the Philippines and the professor of pediatrics in the University of Santo Tomas. The committee shall be immediately organized and elect a chairman from among its members, and each member shall receive as compensation 20 pesos for each day of session actually attended by him and when traveling in the Provinces on official business; but if a Government officer is appointed on said committee he shall not receive the per diems provided for by this act: *Provided, however*, That the members of this committee shall be entitled to the same traveling expenses and per diems as bureau chiefs of the Insular Government."

SEC. 2. Sections 3 and 4 of act numbered 2116 are hereby amended to read as follows:

"SEC. 3. The committee is hereby authorized to employ a secretary, who shall be a typewriter and stenographer, and such subordinate personnel as it may deem necessary, and to purchase such stationery and office supplies, hire such transportation and incur such incidental expenses as may be necessary for its work. The committee shall present to the third legislature, during its second regular session, an exact report, in English and Spanish, of its work, with such recommendations and drafts of acts as may be necessary. On the same date the committee shall dissolve and be relieved of its functions.

"SEC. 4. The sum of 20,000 pesos, or so much thereof as may be necessary, is hereby appropriated, out of any funds in the insular treasury not otherwise appropriated, to be expended by the committee for the payment of the per diems and any other necessary expenses for carrying out the purposes of this act."

**TEXAS.**

**Streams, Pollution of—Sewage, Disposal of. (Chap. 47, Act Mar. 27, 1913.)**

SECTION 1. That it shall be unlawful for any person, firm or corporation, private or municipal, to pollute any water course or other public body of water, from which water is taken for the use of farm live stock and for drinking and domestic purposes, in the State of Texas, by the discharge, directly or indirectly, of any sewage or unclean water or unclean or polluting matter or thing therein, or in such proximity thereto as that it will probably reach and pollute the waters of such water course or other public body

of water from which water is taken for the use of farm live stock and for drinking and domestic purposes. A violation of this provision shall be punished by a fine of not less than \$100 and not more than \$1,000. When the offense shall have been committed by a firm, partnership, or association, each member thereof who has knowledge of the commission of such offense, shall be held guilty. When committed by a private corporation, the officers and members of the board of directors, having knowledge of the commission of such offense, shall each be deemed guilty; and when by a municipal corporation, the mayor and each member of the board of aldermen or commission, having knowledge of the commission of such offense, as the case may be, shall be held guilty, as representatives of the municipality; and each person so indicated, as above, shall be subject to the punishment provided hereinabove: *Provided, however,* That the payment of the fine by one of the persons so named shall be a satisfaction of the penalty as against his associates for the offenses for which he may have been convicted: *Provided,* The provisions of this act shall not apply to any place or premises located without the limits of an incorporated town or city, nor to manufacturing plants whose effluents contain no organic matter that will putrify, or any poisonous compounds, or any bacteria dangerous to public health or destructive of the fish life of streams of other public bodies of water.

SEC. 2. Upon the conviction of any person under section 1 of this act it shall be the duty of the court, or judge of the court, in which such conviction is had to issue a writ of injunction, enjoining and restraining the person or persons or corporation responsible for such pollution from a further continuance of such pollution; and for a violation of such injunction the said court and the judge thereof shall have the power of fine and imprisonment, as for contempt of court, within the limits prescribed by law in other cases: *Provided,* That this remedy by injunction and punishment for violation thereof shall be cumulative of the penalty fixed by section 1 of this act; and the assessment of a fine for contempt shall be no bar to a prosecution under section 1; neither shall a conviction and payment of fine under section 1 be a bar to contempt proceedings under this section.

SEC. 3. Any city or town of this State with a population of more than 50,000 inhabitants which has already an established sewerage system dependent upon any water course or other public body of water from which water is taken for the use of farm live stock and for drinking and domestic purposes, or which discharges into any water course or other public body of water from which water is taken for the use of farm live stock and for drinking and domestic purposes, shall have three years from and after the taking effect of this act within which to make other provisions for such sewage. Cities and towns of less population than 50,000 inhabitants shall have three years within which to make other arrangements for the disposal of such sewage. Any person, firm, or corporation, private or municipal, coming under or affected by the terms of this bill, or any independent contractor having the disposal of the sewage of any city or town, shall have three years within which to make other arrangements for the disposal of such sewage, or other matter which may pollute the water, as defined in this bill.

SEC. 4. The Texas State Board of Health is authorized, and it is hereby made its duty, to enforce the provisions of this act; and to this end the governor shall appoint, by and with the consent of the senate, an inspector, to act under the direction of the said board of health and the State health officer, making such investigations, inspections, and reports, and performing such other duties in respect to the enforcement of this act as the said board of health and the State health officer may require.



**County Hospitals and Dispensaries, Establishment and Maintenance of—School for Tuberculous Children. (Act Mar. 26, 1913.)**

**SECTION 1.** The commissioners' court of any county shall have power to establish a county hospital and to enlarge any existing hospitals for the care and treatment of persons suffering from any illness, disease, or injury, subject to the provisions of this act. At intervals of not less than 12 months, 10 per cent of the qualified property taxpaying voters of a county may petition the commissioners' court of such county to provide for the establishing or enlarging of a county hospital, in which event it shall be the duty of said commissioners' court within the time designated in such petition to submit to the property taxpaying voters of the county either at a special or at a regular election the proposition of issuing bonds in such aggregate amount as may be designated in said petition for the establishing or enlarging of such hospital; and whenever any such proposition shall receive a majority of the votes of the qualified property taxpayers voting at such election, said commissioners' court shall establish and maintain such hospital, and shall have the following powers:

To purchase and lease real property therefor, or acquire such real property, and easements therein, by condemnation proceedings, in the manner prescribed by the present law authorizing a condemnation of right of way of railroads.

To purchase or erect all necessary buildings, make all necessary improvements and repairs and alter any existing buildings, for the use of said hospital; provided, that the plans for such erection, alteration, or repair shall first be approved by the State health officer, if his approval is requested by the said commissioners' court.

To cause to be assessed, levied, and collected such taxes upon the real and personal property owned in the county as it shall deem necessary to provide the funds for the maintenance thereof, and for all other necessary expenditures therefor.

To issue county bonds to provide funds for the establishing, enlarging, and equipping of said hospital and for all other necessary permanent improvements in connection therewith. And to do all other things that may be required by law in order to render said bonds valid. To appoint a board of managers for said hospitals as hereinafter provided.

To accept and hold in trust for the county any grant or devise of land, or any gift or bequest of money, or other personal property or any donation to be applied, principal or income, or both, for the benefit of said hospital, and apply the same in accordance with the terms of the gift.

**SEC. 2.** When the commissioners' court shall have acquired a site for such hospital and shall have awarded contracts for the necessary buildings and improvements thereon, it shall appoint five citizens of the county, of whom at least two shall be practicing physicians, and at least one a woman, who shall constitute a board of managers of the said hospital. The term of office of each member of said board shall be two years. Appointments of successors shall be for the full term of two years, except that appointment of persons to fill vacancies occurring by death, resignation, or other cause shall be made for the unexpired term. Failure of any manager to attend three consecutive meetings of the board shall cause a vacancy in his office, unless said absence is excused by formal action of the board of managers. The managers shall receive no compensation for their services, but shall be allowed their actual and necessary traveling and other expenses within the State of Texas, to be audited and paid by the commissioners' court in the same manner as other expenses of the hospital. Any manager may at any time be removed from office by the commissioners' court of the county for cause after an opportunity to be heard.

**SEC. 3.** The board of managers shall elect from among its members a president and one or more vice presidents, and a secretary and a treasurer. It shall appoint a superintendent of the hospital who shall hold office at the pleasure of said board. Said superintendent shall not be a member of the board of managers, and shall be a quali-

fied practitioner of medicine, physician, or other person specially trained for work of such character. The board of managers shall also appoint a staff of visiting physicians, who shall serve without pay from the county, and who shall visit and treat hospital patients at the request either of the managers or of the superintendent. Said board of managers shall fix the salaries of the superintendent and all other officers and employees within the limits of the appropriation made therefor by the commissioners' court, and such salaries shall be compensation in full for all services rendered. The board of managers shall determine the amount of time required to be spent at the hospital by said superintendent in the discharge of his duties. The board of managers shall have the general superintendence, management, and control of the said hospital, of the grounds, buildings, officers, and employees thereof; of the inmates therein, and of all matters relating to the government, discipline, contracts, and fiscal concerns thereof; and make such rules and regulations as may seem to them necessary for carrying out the purposes of such hospital. They shall maintain an effective inspection of said hospital and keep themselves informed of the affairs and management thereof; shall meet at the hospital at least once in every month, and at such other times as may be prescribed in the by-laws, and shall hold an annual meeting at least three weeks prior to the meeting of the commissioners' court at which appropriations for the ensuing year are to be considered.

SEC. 4. The board of managers may also establish and operate an out-patient department or free dispensary and clinic, at the hospital or in the city nearest to which the hospital is located, with branch dispensaries or clinics in every city or town in the county of 5,000 population and over, and they shall appoint a physician or physicians who shall serve at such dispensaries or clinics, and shall determine the amount of time required to be spent at such dispensaries or clinics by such physicians, and shall fix the salaries, if any, of such physicians. Said board of managers shall also appoint one or more trained visiting nurses to serve in connection with each such dispensary or clinic, and in connection with the hospital, and shall fix their salaries, within the limits of the appropriation made therefor by the commissioners' court.

SEC. 5. The board of managers may also establish, at the hospital or in the city nearest to which the hospital is situated, or in the largest city in the county, a special and separate school for the education, care, and treatment of children suffering from tuberculosis. Said school shall be conducted as a branch of the hospital and the pupils and inmates of said school shall be considered as inmates of the hospital and subject to all the provisions of this act. Said board of managers shall appoint a teacher or teachers, specially qualified, to instruct and care for the pupil-inmates of said school. Said board of managers shall delegate the superintendent of the hospital, a member or members of the staff of visiting physicians, a physician or physicians in attendance upon any county dispensary, or shall employ a physician to attend the inmates of said school, and to supervise their care and treatment, and shall delegate one of the hospital nurses, or a visiting nurse, or shall employ a nurse to assist in the care and treatment of said pupils.

SEC. 6. It shall be the duty of the State board of health, from time to time, to make rules and regulations for the care of persons suffering from communicable disease and for the prevention and spread of such diseases, and to prepare circulars, pamphlets, bulletins, and other publications giving information as to the cause, nature, treatment, and prevention of disease. The board of managers shall, from time to time, purchase from the State board of health, at the actual cost of printing, printed copies of such rules and regulations, circulars, pamphlets, bulletins, and other publications, or shall have same printed, and shall send or deliver such copies to all practicing physicians in the county, to all public schools, and to such private schools as request such copies, and to such organizations, churches, societies, unions, and individuals as may present written requests for copies of circulars, pamphlets, bulletins, and such other publications prepared by the State board of health.

SEC. 7. The board of managers shall keep in a book provided for that purpose, a proper record of its proceedings, which shall be open at all times to the inspection of its members, to the members of the commissioners' court of the county, and to any citizen of the county. The board of managers shall certify all bills and accounts, including salaries and wages, and transmit them to the commissioners' court of the county, who shall provide for their payment in the same manner as other charges against the county are paid. The board of managers shall make to the commissioners' court of the county, annually, and at such times as the commissioners' court shall direct, a detailed report of the operation of the hospital, dispensaries, and school during the year, showing the number of patients received and the methods and results of their treatment, together with suitable recommendations and such other matter as may be required of them, and shall furnish full and detailed estimates of the appropriations required during the ensuing year for all purposes, including maintenance, the erection of buildings, repairs, renewals, extensions, improvements, betterments, or other necessary purposes.

SEC. 8. The superintendent shall be the chief executive officer of the hospital, but shall at all times be subject to the by-laws, rules, and regulations thereof, and to the powers of the board of managers.

He shall, with the consent of the board of managers, equip the hospital with all necessary furniture, appliances, fixtures, and all other needed facilities for the care and treatment of patients, and for the use of officers and employees thereof, and shall purchase all necessary supplies, not exceeding the amount provided for such purposes by the commissioners' court.

He shall have general supervision and control of the records, accounts, and buildings of the hospital, and all internal affairs, and maintain discipline therein, and enforce compliance with and obedience to all rules, by-laws, and regulations adopted by the board of managers for the government, discipline, and management of said hospital and the employees, and further rules, regulations, and orders as he may deem necessary, not inconsistent with law or with the rules, regulations, and directions of the board of managers.

He shall, with the consent of the board of managers, appoint such resident officers and such employees as he may think proper and necessary for the efficient performance of the business of the hospital, and prescribe their duties; and for cause, stated in writing, he may discharge any such officer or employee at his discretion, after giving such officer or employee an opportunity to be heard.

He shall cause proper accounts and records of the business and operations of the hospital to be kept regularly from day to day in books and on records provided for that purpose, and shall see that such accounts and records are correctly made up for the annual report of the commissioners' court, as required by section 7 of this act, and present the same to the board of managers, who shall incorporate them in their report to the said commissioners' court.

He shall receive into the hospital, under the general direction of the board of managers, in order of applications, or according to the urgency of need of treatment, any person found to be suffering from any illness, disease, or injury, who has been an actual resident and inhabitant of the county for a period of at least one year prior to his application for admission to said hospital. He shall also receive into the hospital patients sent by the commissioners' court of any adjacent county, which has contracted with the board of managers of the hospital for the care and treatment of its sick and diseased and injured persons, resident in such counties for a period of at least one year. Such patients shall not be received and cared for unless there is sufficient provision for the care of the sick, diseased, and injured of the county in which the hospital is situated. Said superintendent shall cause to be kept proper accounts and records of the admission of all patients, their names, age, sex, color, marital condition, residence, occupation, and place of past employment.

He shall cause a careful examination to be made of the physical condition of all persons admitted to the hospital and provide for the treatment of each such patient according to his need; and shall cause a record to be kept of the condition of each patient when admitted, and from time to time thereafter.

He shall temporarily or permanently discharge from said hospital any patient who shall willfully or habitually violate the rules thereof; or who is found not to be sick, diseased, or injured; or who is found to have recovered therefrom; or who for any other reason is no longer a suitable patient for treatment therein; and shall make a full report thereof at the next meeting of the board of managers; and the said board shall make such final disposition of the case as they may think proper. From the decision of the board of managers there shall be no appeal.

He shall collect and receive all moneys due the hospital, keep an accurate account of the same, report the same at the monthly meeting of the board of managers, and transmit the same to the county collector within 10 days after such meeting.

He shall, before entering upon the discharge of his duties, give a bond in such sum as the board of managers may determine, to secure the faithful performance of the duties of his office.

SEC. 9. Any resident of the county in which the hospital is situated, desiring treatment in such hospital, may apply in person to the superintendent or to any reputable physician for examination, and such physician, if he find that such person is suffering from any illness, disease, or injury, may apply to the superintendent of the hospital for his admission. Blank forms for such application shall be provided by the hospital, and shall be forwarded by the superintendent thereof gratuitously to any reputable physician in the county upon request. So far as practicable, applications for admission to the hospital shall be made upon such forms. The superintendent of the hospital, upon receipt of such application, if it appears therefrom that the patient is suffering from illness, disease, or injury, and if there be a vacancy in the said hospital, shall notify the person named in such application to appear in person at the hospital. If, upon personal examination of such patient, or of any patient applying in person for admission, the superintendent is satisfied that such person is suffering from any illness, disease, or injury, he shall admit him to the hospital as a patient. All such applications shall state whether, in the judgment of the physician, the person is able to pay in whole or in part for his care and treatment while at the hospital, and every application shall be filed and recorded in a book kept for that purpose in the order of its receipt. When said hospital is complete and ready for the treatment of patients, or whenever thereafter there are vacancies therein, admission to said hospital shall be made in the order in which the names and applicants shall appear upon the application book to be kept as above provided, in so far as such applicants are certified to by the superintendent to be suffering from any illness, disease, or injury. No discrimination shall be made in the accommodations, care, or treatment of any patient because of the fact that the patient or his relatives contribute to the cost of his maintenance, in whole or in part, and no patient shall be permitted to pay for his maintenance in such hospital a greater sum than the average per capita cost of maintenance therein, including a reasonable allowance for the interest on the cost of the hospital; and no officer or employee of such hospital shall accept from any patient thereof any fee-payment, or gratuity whatsoever for his services.

SEC. 10. Whenever a patient has been admitted to said hospital from the county in which the hospital is situated, the superintendent shall cause inquiry to be made as to his circumstances, and of the relatives of such patient legally liable for his support. If he finds that such patient or said relatives are liable to pay for his care and treatment in whole or in part, an order shall be made directing such patient or said relatives to pay to the treasurer of such hospital for the support of such patient a specified sum per week in proportion to their financial ability, but such sum shall not exceed

the actual per capita cost of maintenance. The superintendent shall have power and authority to collect such sum from the estate of the patient or his relatives legally liable for his support in the manner provided by law for the collection of expenses of the last illness of a deceased person. If the superintendent finds that such patient or said relatives are not able to pay either in whole or in part for his care and treatment in such hospital, the same shall become a charge upon the county. Should there be a dispute as to the ability to pay or doubt in the mind of the superintendent, the county court shall hear and determine same after calling witnesses, and shall make such order as may be proper, from which there shall be no appeal.

Sec. 11. The resident officer of the hospital shall admit the managers into every part of the hospital and the premises and give them access on demand to all books, papers, accounts, and records pertaining to the hospital, and shall furnish copies, abstracts, and reports whenever required by them. All hospitals established or maintained under the provisions of this act shall be subject to inspection by any duly authorized representative of the State board of health or any State board of charities that may hereafter be created, and of the commissioners' court of the county; and the resident officers shall admit such representatives into every part of the hospital and its buildings and give them access on demand to all records, reports, books, papers, and accounts pertaining to the hospital.

Sec. 12. Wherever a county hospital for the care and treatment of persons suffering from any illness, disease, or injury exists in connection with or on the grounds of a county poorhouse or elsewhere, the commissioners' court shall appoint a board of managers for such hospital, and such hospital and its board of managers shall thereafter be subject to all provisions of this act in like manner as if it had been originally established hereunder. Any hospital which may hereafter be established by any commissioners' court shall in like manner be subject to all the provisions of this act.

Sec. 13. When deemed advisable by the commissioners' court and approved by the State board of health, a county may maintain more than one county hospital for the purpose aforesaid.

Sec. 14. It shall be lawful for any commissioners' court of any county which has no city with a population of more than 10,000 persons, to contract for a period not exceeding one year, with any regularly incorporated society or hospital or municipality within the county maintaining a hospital, or with any other adjacent county, for the care of any or all of the sick, diseased, or injured inhabitants of the county, upon such terms and conditions as they may by agreement think proper. Where a county has established a hospital as required by section 15 of this act, it shall be lawful for the board of managers to contract with any regularly incorporated society or hospital or city or town within the county maintaining a hospital, for the care of some of the sick, injured, or diseased persons applying for admission to the county hospital. It shall be lawful for the commissioners' court of any county to cooperate with and to join the proper authorities of any city or town having a population of 10,000 persons or more in the establishment, building, equipment, and maintenance of a hospital in said city or town, and to appropriate such funds as may be determined by said commissioners' court, after joint conference with the authorities of such city or town as may be necessary, and the management of such hospital shall be under the joint control of such commissioners' court and city authorities.

Sec. 15. Where no provision is made as provided in section 14 and no county hospital is now provided for the purpose aforesaid, or where such provision is inadequate, it shall be the duty of the commissioners' court of each county which now has a city with a population of more than 10,000 persons, on or before December 1, 1913, and of any county which may later have a city with a population of more than 10,000 persons, within six months from the time when such city shall have attained such population, such population to be ascertained by such commissioners' court in such manner as may be determined upon resolution thereof, to provide for the erection of such county

hospital or hospitals as may be necessary for that purpose, and to provide therein a room or rooms, or ward or wards, for the care of confinement cases, and a room or rooms, or ward or wards, for the temporary care of persons suffering from mental or nervous disease, and also to make provision in separate buildings for patients suffering from tuberculosis and other communicable diseases, and from time to time to add thereto accommodations sufficient to take care of the patients of the county. This time may be extended by the State board of health for good cause shown. Unless adequate funds for the building of said hospital can be derived from current funds of the county, available for such purpose, issuance of county warrants and script, it shall be the duty of the commissioners' court to submit, either at a special election called for the purpose or at a regular election, the proposition of the issuance of county bonds for the purpose of building such hospital. If the proposition shall fail to receive a majority vote at such election said commissioners' court may be required thereafter at intervals of not less than 12 months, upon petition of 10 per cent of the qualified voters of said county, to submit said proposition until same shall receive the requisite vote authorizing the issuance of the bonds.

Sec. 16. Where found to be more practicable and when approved by the State board of health, two or more adjacent counties having each a population of less than 15,000 persons may join for the purpose of this act, and erect one or more hospitals for their joint use, under the terms and conditions above set forth for a single county. In such cases such combined counties shall have the same powers, and be subject to the same liabilities as a single county, herein provided for; and the district court in either county shall in such case have the same powers for the purpose of enforcing this act, as are herein provided for in case of single counties.

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