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PUBLIC HEALTH WORK IN PORTO RICO.

A REPORT OF THE WORK OF THE INSTITUTE OF TROPICAL MEDICINE AND HYGIENE OF PORTO RICO.

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The following is a report of the work in which I have been engaged, as a member of the Institute of Tropical Medicine and Hygiene of Porto Rico, from the beginning of my connection with it until October 31, 1913.

For the better understanding of the institute and its purposes I shall give the following synopsis of its organization and history:

It was organized under the provisions of an act of the Legislative Assembly of Porto Rico, dated March 13, 1913. It was planned and organized by Maj. Bailey K. Ashford, Medical Corps, United States Army; Dr. W. F. Lippitt, director of sanitation of Porto Rico; Dr. Pedro Gutierrez Igaravidez, of San Juan; and Dr. Isaac Gonzalez Martinez, director of the biological laboratory, service of sanitation of Porto Rico. Dr. Francisco Hernandez was selected for secretary of the institute.

Dr. Lippitt, as director of sanitation, is ex officio administrator of its funds. Inasmuch as he and Dr. Hernandez can not take an active part in the scientific work of the institute, a purely technical commission was selected for that purpose consisting of the other members and Maj. Ashford.

Maj. Ashford is not a member of the institute, but has been detailed by the Surgeon General of the Army as a board, consisting of one member, "for the study of tropical diseases as they exist in Porto Rico." He decided to work in conjunction with the technical commission and was elected a member of that commission by the other members. Dr. Ashford and the writer are not at all concerned with the administration of the institute, but confine themselves entirely to the scientific work of the technical commission.

At the solicitation of the members of the institute, the governor of Porto Rico requested the Surgeon General of the Public Health Service to detail me as a member of the institute. In order to carry out this request, I was detailed as chief quarantine officer of Porto Rico and later as member of the institute. I arrived in Porto Rico September 4, but was too occupied with quarantine matters to do any work with the institute until the 10th of October, when I joined the other members at Utuado, where headquarters had been established for the expeditionary work in the mountains.

The plan of the institute work has three distinct periods:

1. Three months of teaching, instruction of sanitary officials, inspectors, etc.

2. Three months of expeditionary work in the interior mountainous districts.

3. Six months of research work at the laboratory and hospital at San Juan. Study and examination of data and specimens collected during the expedition.

The permanent headquarters of the institute is located in San Juan in a new two-story cement building fronting the bay. On the adjoining grounds are 10 small cement isolation buildings of two rooms each. They were built for a quarantine hospital, but have practically been turned over to the institute by the director of sanitation. Near by is located the excellent laboratory of the sanitation service, which has also been put at the disposal of the institute by its director, who is a member of the institute. The use of these buildings and laboratory equipment will be without expense to the institute except for a share of the running expenses of the hospital.

The appropriation for the institute was $20,000, which will be expended chiefly in experimental work, hospital expenses, expedition expenses, purchase of medical and other supplies, and salaries. I do not receive any salary, but will receive reimbursement for expense when traveling on business of the institute.

The first three months were devoted, according to plan, to teaching. Instruction was given to 60 students selected from among the corps of sanitary inspectors of the sanitation service. It was designed not only to instruct these officials in the knowledge pertaining to their particular work, but also to determine those who were unfit for the position they occupied. It is intended by the director of sanitation to make this annual course the basis of appointment of these officials in the future.

Lectures were given by Maj. Ashford on hygiene and preventive medicine, Dr. Gutierrez on epidemiology and disinfection, Dr. Gonzalez on bacteriology and zoology, and the director of sanitation detailed various officials of his department to lecture on sanitary engineering, veterinary inspection, chemistry, food inspection, administration and accounting, vital statistics, and sanitary laws and regulations.

There is in preparation a manual in Spanish for the use of these nonmedical inspectors, the various instructors contributing chapters on their special subjects.

In preparation for the three months expedition, lists of medical and surgical supplies were carefully prepared and ordered from the United States. Slow deliveries from some firms delayed the start of the expedition.

This expedition had three aims:

1. Study of the diseases prevailing in the interior.
2. Establishment of a rural ambulant medical service.
3. Education of both planter and peon in elementary hygiene and sanitation.

In the first place, there are undoubtedly many tropical and other diseases occurring more or less frequently in Porto Rico but which while known to exist in other places have never been identified in Porto Rico. There are others such as schistosomiasis, sprue, etc., which present many unsolved problems of interest and importance. Research along these lines is one of the prime objects of the institute.

The second object is one of immense importance to Porto Rico. The rural population of Porto Rico, according to the census of 1910, was 79.9 per cent of the whole. Of these it is estimated by various observers that from 50 to 70 per cent are in need of medical attention.

To meet this condition there is only the municipal physician with a very small appropriation at his command. Municipal physicians seldom make visits to the sick poor in the country. Hence the custom has arisen that if medical attention is desired, another member of the family or a friend sees the doctor in town, details the symptoms as best he can, and carries back what medicine is prescribed to fit the apparent necessities of the patient. Sometimes the sick person is carried long distances over mountain paths in a hammock to town, and it not infrequently happens that he must be carried home again because the hospital is already crowded. Only a few of the larger cities have good hospitals, most of them being small and poorly equipped.

Under these circumstances it results that the greater part of the rural population rely upon home remedies or upon the ministrations of some person in the neighborhood who has acquired a reputation for treating the sick.

Following the work of the anemia commission (Ashford, Gutierrez, and myself) in 1904 and 1905, the insular Government has continued the appropriations for the support of the anemia service, with the result that until the present time about 300,000 persons have been treated. The dispensaries of the anemia service are located in the towns, and the same objection holds against them—that they can not reach the remoter districts of the municipalities. It is to these out-of-the-way places that the ambulant rural service will carry medical relief.

In the third place, the expedition proposes to show both planter and peon their sanitary errors, and what can be done to correct them and how to protect themselves as much as possible from the communicable diseases to which they are exposed. The enforcement of sanitary laws and regulations is almost impossible until there is some

general understanding of hygiene and sanitation, and some interest in their application.

It was determined to establish the expedition at some point in the mountains of the interior, to locate there a large out-patient clinic and a small hospital, and a clinical laboratory. From this center subclinics will be established in certain localities where a number of plantations are conveniently grouped.

The equipment of the expedition consists of—

1. A portable clinical laboratory.

2. A large stock of drugs, mostly in tablets, instruments, and dressings.

3. A 30-bed hospital.

4. Horses and pack mules, portable medicine cases, and cases of instruments, etc.

The site selected is about 1 mile from Utuado, at the coffee and sugar plantation known as San Andres. In the large country house are located the laboratory, dispensary, examination rooms, and quarters for the members of the technical commission and its assistants. A two-story servant's building was converted into the hospital—men's ward on the ground floor and women's ward on the second floor.

The location is central to a large municipality of some 40,000 souls, and can be reached in all directions by roads and trails. Inasmuch as the material for study and research must be culled from a large number of patients, it was very evident that some means must be taken to attract them in large numbers. Nothing could serve this purpose as the opening of an "anemia station" for the treatment of uncinariasis, more especially as this is the place where in 1904 the anemia commission inaugurated its campaign and where there is yet a lively remembrance of the benefits of treatment for this disease. The district is still heavily infected in spite of the large number of persons who have been treated, and it was known that the opening of an anemia dispensary would bring a great number of patients.

The director of sanitation put under the control of the institute four ambulant anemia dispensaries provided for by the last Porto Rican Legislature, thus giving the institute the means of handling the anemia patients. These dispensaries, for the time being combined, bring to the institute four young physicians, graduates of American medical colleges, who have shown themselves to be active and capable young men. They will in the near future take the field as the first of the ambulant medical service above mentioned. The training which they are receiving looks to that end. One of them acts also in the capacity of official representative of the administrator of the institute.

The technical commission established themselves at the selected place on September 15 and for a week were occupied in unpacking

and arranging supplies, making necessary changes in buildings, fitting up the hospital, laboratory, etc. Treatment of patients was begun on September 23.

The personnel of the expedition at that time consisted of: Maj. Bailey K. Ashford, Dr. Pedro Gutierrez Igaravidez, Dr. Isaac Gonzalez Martinez, members of the technical commission; Dr. Pedro Malaret, jr., representative of administrator; Dr. Federico Trilla, Dr. Bernabe, assistants to the commission and physicians of the anemia service; Mr. Victor Lopez Nussa, chief clerk; Mr. Artau, Mr. Herrero, pharmacists and practicantes; one female superintendent of hospital, one graduate nurse, one student nurse, one hospital helper, one housekeeper, two cooks, one maidservant, three peons.

The technical commission was later increased by the arrival of Dr. W. W. King, surgeon, United States Public Health Service; Dr. Mestre and Dr. Arbona (relieving Dr. Bernabe), anemia physicians; two additional pharmacists and practicantes, and several miscellaneous employees.

On account of urgent quarantine business at San Juan and Ponce, I was unable to join the commission before October 10.

From the opening of the clinic to October 31 there have been registered about 7,450 patients, who have made about 25,000 visits, an average of about 625 daily. This should be compared with the number treated here by the anemia commission in 1904 (4,490) and the number at Aibonito in 1905 (6,152) during periods of 3 and 9 months, respectively.

The patients are formed in lines, men and women separately. Those coming for the first time are directed to the registrar's desk, where they are given a small identification card (inclosed and marked "A") and a larger clinical card (inclosed and marked "B"), both bearing the same serial number. The identification card remains in the possession of the patient and must be presented at each visit. It serves as his ticket of admission to the examination and by the number to find the clinical card in the file. At the registration desk the nonmedical parts of the cards are filled in and the patient passes to the lines leading to the examination desks, where one of the anemia physicians makes a microscopical examination of the feces, notes the findings on the clinical card, puts a few pertinent and comprehensive questions to the patient and fills out the medical parts of the card. A little practice enables one to do the talking with the patient while making the microscopical examination, thus saving valuable time. If the case is one of uncinariasis only, the prescription is written and the treatment noted on the card, which is then filed. The patient then passes to the lines at the dispensing counter where he receives his medicine and is told how to take it. Unless there is some reason to the contrary, patients are told to return in one week.

It is a well-understood thing among these people that they must bring a specimen of their feces, and they seldom fail to be provided with it. As safety matches are the only kind used in Porto Rico, the empty boxes are quite plentiful and were quickly adopted by these people for the purpose of bringing the specimen. Pill boxes, and in fact all kinds of receptacles, even leaves, are used, but the "cajita" or little box has become synomymous with specimen of feces. In case the patient does not come so provided, he is given medicine to relieve his principal symptom and told that on his next visit he must bring the "cajita" if he wants medicine for permanent relief. A notation to this effect is made on his card.

This part of the work is done under the portico in front of the main building, temporary palm bark extensions having been made to the roof to shelter large enough space. On one side are the examining physicians and on the other the registration desk and dispensing counter. The lines of patients form in the yard.

Uncinariasis patients at their second and third visits are sent direct to the dispensing counter where one of the anemia physicians is on duty. He questions them as to the effect of the medicine, modifies the dose if necessary, etc., making the notation of the visit and the medicine given, on the card. At the third visit the patient is told that he must bring his specimen of feces every time thereafter until told not to do so. At the fourth and later visits he goes to the examining side again for examination of feces. This examination is omitted at the second and third visits because we found, during the work of the anemia commission at Aibonito in 1905, that three doses are generally required to expel 95 per cent of the uncinariæ. Patients being treated for ascaris infection are required to have their feces examined at each visit. After treatment when the feces show no uncinaria ovum the patient is given Blaud's pills and told to bring another specimen next week.

In addition to uncinariasis the anemia physician prescribes for ascariasis and many ordinary diseases and simple complaints that do not require much examination or time. Other cases are marked "special" and are sent to the members of the institute for examination and treatment. These special cases will be explained later.

The members of the institute work inside the house where four rooms have been set aside as follows:

1. A clinical laboratory.
2. An examining room.
3. A reception room.
4. A drug room and dispensary.

The laboratory is well equipped for the clinical purposes for which it is intended, such as examination of urine, blood, feces, pus, and other material from patients. Most of the pathological anatomy specimens will be kept for study in San Juan.

The examination room is equipped with examining table, stethoscopes, endoscopes, æsthesiometers, and other instruments of precision. Each member has a writing table on which he keeps a file of clinical cards with the data of his special cases. Operations are also done in this room for lack of a better place.

The hospital is reserved for cases under observation or for those patients who are too ill to be treated in their homes.

At the general clinic outside the building the physicians are instructed to send all special cases to the reception room inside the building. These are:

1. Persons who have not intestinal parasites and whose ailment requires more detailed attention.

2. Persons having intestinal parasites, who have complications or other diseases of importance.

3. Particularly those whose feces show ova of schistosomiasis, or who may be suspected to be suffering from amebiasis, malaria, skin lesions, tuberculosis, trachoma, sprue, etc.

4. Very extreme cases of uncinariasis.

5. Any person whose disease or symptoms seem to be of special interest.

This is the general scheme of work of the institute at present, but on account either of lack of personnel, or extraordinary rush, the members of the institute are obliged to help out at times at the general clinic.

To date the following special cases have been treated by the members of the institute:

Skin diseases, various	176
Venereal diseases	26
Schistosomiasis [1] (Schistosoma mansoni)	52
Malaria	5
Amebiasis (Amebic dysentery)	4
Pulmonary tuberculosis	44
Sprue	17
Splenomegaly (cause undetermined)	2
Rheumatoid arthritis	3
Favus	1
Hypertrophy of breasts in a man of 45 or 50 years	1
Anterior poliomyelitis	2
Cretinism	1
Paralysis agitans	1
Acute articular rheumatism	1
Pertussis	2
Lupus	1
Total	338

[1] About 70 more of these cases were recorded on the cards of the general clinic before they were made special. As the patients return they are being taken up on the special cards.

There are a number of other cases in which a definite diagnosis has not yet been made, and of course these have not been included in the above list.

The remainder of 734 cases which present only matters of minor or general interest may be classified as follows:

	Per cent.
Constitutional diseases, such as rheumatic affections, marasmus, etc.	8
Diseases of the digestive tract, chiefly enterocolitis and constipation	19
Diseases of the respiratory tract (nose and throat, 8 per cent)	22½
Diseases of the circulatory system	3
Diseases of the urinary tract	2
Diseases of the blood	3
Diseases of the nervous system	22½
Diseases of the eye (exclusive of trachoma)	5
General surgery	7
Gynecological diseases	8

There have also been recorded 42 surgical operations of all kinds and 313 laboratory examinations. The latter record by no means includes all that have been made, because in the hurry of our large clinic it has sometimes been forgotten to make the note in the record book.

In the work of the technical commission special attention is at present being paid to the following diseases:

Schistosomiasis.—Careful clinical and epidemiological notes are taken with the view of determining means of infection, intermediate host, and cure. At the present writing it seems rather difficult to reconcile Loos's theory of infection through the skin to conditions here.

"La Bonita."—A name given by some of the country people to an affection whose chief symptom is anasarca. It seems to be limited to the country districts and sometimes occurs epidemically. Nephritis is present in a large proportion of cases, and it is considered by some physicians to be an acute nephritis due to ordinary causes. It remains to be seen whether it is a disease entity or not.

Sprue.—There have been a number of cases recorded from the country where it was not believed to exist.

Amebiasis (amebic dysentery).—Due to the entameba histolytica. Liver abscess is rare in Porto Rico. Emetine hydrochloride has given excellent results.

Malaria.—So far only two barrios (subdivisions of municipalities) have been found infected, and the extent seems limited. One focus is of the estivo-autumnal type.

Venereal disease.—Rarely found in the country districts. Most of our cases have come from towns.

Uncinariasis.—These cases have not yet been counted, but we estimated that at least 50 per cent of our patients suffer from uncinariasis only. The type of the disease is milder than that which we formerly encountered here, due, we believe, to the effect of anemia work in this

section. Severe cases, sometimes with less than 10 per cent hemoglobin, are, however, the commonest cause of grave illness. The people have come to realize the cause of their anemia and the result of treatment, hence the great popularity of the clinic in spite of the fact that they know the unpleasantness of the treatment and that at this season they come long distances to the clinic. It is now the height of coffee picking, the one period of the year when there is plenty of work for all, yet they will take two days each week from their work for the sake of being cured—one day to come to us and the other day at home to take the medicine.

Trachoma.—Its presence in Porto Rico has been well known, but there are widely divergent opinions as to its prevalence and distribution. With a view of determining these questions a series of examinations are being made. At the same time efforts are being made to bring out other facts about the disease.

We expect to close our work here on December 15 and return to San Juan, taking with us data and material to be worked over there.

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.

District of Columbia Report for November, 1913.

The health officer of the District of Columbia reported that during the month of November, 1913, 1 case of smallpox had been notified in the District of Columbia.

Idaho Reports for September and October, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Idaho (Sept. 1–30):			Idaho (Oct. 1–31):		
Counties—			Counties—		
Bannock	2	.....	Ada	2	.....
Bingham	9	.....	Bingham	3	.....
Bonneville	9	.....	Bonneville	1	.....
Custer	1	.....		6	.....
Nez Perce	6	.....			
Lewis	3	.....			
	30	.....			

California—Los Angeles.

Senior Surg. Brooks, of the United States Public Health Service, reported by telegraph that during the week ended December 6, 1913, nine cases of smallpox were notified in Los Angeles, Cal.

Massachusetts—Vineyard Haven—Correction.

On page 2537 of the Public Health Reports for November 28, 1913, appeared an item stating that during the period from November 19 to 24, 1913, 10 cases of smallpox had occurred in Vineyard Haven, Mass. These cases were diphtheria—not smallpox.

New York—Niagara Falls.

Acting Asst. Surg. Bingham, of the United States Public Health Service, reported that during the week ended December 6, 1913, three new cases of smallpox were notified at Niagara Falls, N. Y. No deaths occurred.

SMALLPOX—Continued.

Texas—Eagle Pass.

Acting Asst. Surg. Hume, of the United States Public Health Service, reports that on November 18 two cases of smallpox were placed in detention at the detention camp at Eagle Pass, Tex

City Reports for Week Ended Nov. 22, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Altoona, Pa	5	.....	Los Angeles, Cal	4	.....
Biddeford, Me	4	.....	Marinette, Wis	3	.....
Butte, Mont	1	.....	Milwaukee, Wis	25	.....
Chicago, Ill	2	.....	Nashville, Tenn	10	.....
Evansville, Ind	6	.....	New Bedford, Mass	1	.....
Fitchburg, Mass	1	.....	Niagara Falls, N. Y	24	.....
Kansas City, Kans	3	.....	Reading, Pa	1	.....
Knoxville, Tenn	5	.....	South Bend, Ind	2	1
La Crosse, Wis	2	.....	Toledo, Ohio	11	.....
Lexington, Ky	2	.....	Zanesville, Ohio	2	.....

TYPHOID FEVER.

Idaho Report for September, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Idaho:		Idaho—Continued.	
Ada County—		Idaho County	2
Boise	7	Lewis County	5
Bannock County	4	Nez Perce County	14
Pocatello	1	Shoshone County—	
Bonneville County	5	Mullan	1
Canyon County—		Total	52
Nampa	10		
Gooding County	3		

Idaho Report for October, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Idaho:		Idaho—Continued.	
Ada County—		Bonneville County	1
Boise	10	Idaho County	1
Bannock County	3	Total	23
Pocatello	2		
Bingham County	6		

TYPHOID FEVER—Continued.

City Reports for Week Ended Nov. 22, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Atlantic City N. J.	1		Moline, Ill.		1
Austin, Tex.	2		Morristown, N. J.	1	
Baltimore, Md.	17	3	Nashville, Tenn.	4	
Binghamton, N. Y.	1		Newark, N. J.	3	1
Boston, Mass.	6	1	New Bedford, Mass.	2	
Braddock, Pa.	1		Newburyport, Mass.	2	
Bridgeport, Conn.	1		New Castle, Pa.	1	
Brockton, Mass.	1		New Orleans, La.	9	3
Brookline, Mass.	1		Niagara Falls, N. Y.	1	
Buffalo, N. Y.	9		Norristown, Pa.		1
Cambridge, Mass.	1		North Adams, Mass.	1	
Camden, N. J.	1		Pawtucket, R. I.	1	1
Chicago, Ill.	68	17	Philadelphia, Pa.	32	3
Cincinnati, Ohio.	4		Pittsburgh, Pa.	3	
Cleveland, Ohio.	8	1	Pittsfield, Mass.	2	
Coffeyville, Kans.	1		Providence, R. I.	4	1
Cumberland, Md.	5	2	Reading, Pa.	4	1
Dayton, Ohio.	2		Richmond, Va.	2	1
Erie, Pa.	1		Roanoke, Va.		1
Evansville, Ind.	8		Saginaw, Mich.	1	
Everett, Mass.	1		St. Joseph, Mo.	2	
Fall River, Mass.	2		St. Louis, Mo.	31	3
Fitchburg, Mass.	1		San Francisco, Cal.	5	2
Grand Rapids, Mich.	4		South Bend, Ind.	1	
Hartford, Conn.	3		South Bethlehem, Pa.	1	
Haverhill, Mass.	1		Springfield, Mass.	2	
Lancaster, Pa.	1		Toledo, Ohio.	9	3
Los Angeles, Cal.	9	1	Trenton, N. J.	1	1
Lowell, Mass.	2	1	Waltham, Mass.	2	
Lynn, Mass.	2		Washington, D. C.	9	1
Manchester, N. H.	2		Wilmington, N. C.	1	1
Milwaukee, Wis.	1		York, Pa.	3	

CEREBROSPINAL MENINGITIS.

Idaho Report for October, 1913.

The State Board of Health of Idaho reports that during the month of October, 1913, one case of cerebrospinal meningitis was reported from Boise, Ada County.

City Reports for Week Ended Nov. 22, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Bridgeport, Conn.		1	Lynn, Mass.		1
Chicago, Ill.	3	1	Milwaukee, Wis.	1	1
Cleveland, Ohio.	1		New Bedford, Mass.	1	
Danville, Ill.		1	New Orleans, La.	2	1
Franklin, N. H.	1	1	St. Louis, Mo.		1
Los Angeles, Cal.	1	1	Wilmington, N. C.	1	1

POLIOMYELITIS (INFANTILE PARALYSIS).

Idaho Report for September and October, 1913.

The State Board of Health of Idaho reports that during the month of September, 1913, one case of poliomyelitis was reported from Pocatello, Bannock County, and during October one case was reported from Boise, Ada County.

POLIOMYELITIS (INFANTILE PARALYSIS)—Continued.

City Reports for Week Ended Nov. 22, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass	1	.....	Los Angeles, Cal	2	1
Cambridge, Mass	1	1	Manchester, N. H	2	.....
Chicago, Ill	1	.....	Philadelphia, Pa	.....	1
Cleveland, Ohio	2	1	St. Joseph, Mo	1	.....
Fitchburg, Mass	1	.....			

ERYSIPELAS.

City Reports for Week Ended Nov. 22, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Bayonne, N. J	.....	1	New Castle, Pa	1	.....
Binghamton, N. Y	1	.....	Norristown, Pa	.....	1
Buffalo, N. Y	2	.....	Philadelphia, Pa	12	2
Chicago, Ill	14	1	Pittsburgh, Pa	12	1
Cincinnati, Ohio	1	.....	Providence, R. I	.....	1
Cleveland, Ohio	3	1	Reading, Pa	1	.....
Coffeyville, Kans	1	.....	St. Joseph, Mo	1	.....
Erie, Pa	1	.....	St. Louis, Mo	10	.....
Los Angeles, Cal	1	.....	San Francisco, Cal	3	.....
Milwaukee, Wis	2	.....	Wilkes-Barre, Pa	1	.....

PELLAGRA.

During the week ended November 22, 1913, pellagra was notified by cities as follows: Chicago, Ill., 1 death; Hartford, Conn., 1 case with 1 death; Nashville, Tenn., 1 case; New Orleans, La., 1 death.

PLAGUE.

Rats Collected and Examined.

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California:					
Cities—					
Oakland	Nov. 15, 1913	16	724	572	.....
Berkeley	.....do.....	.....	166	127	.....
San Francisco	.....do.....	8	2,033	1,433	.....

California—Squirrels Collected and Examined.

During the week ended November 15, 1913, 3 squirrels from Alameda County and 2 from San Benito County were examined for plague infection. None was found plague infected.

PNEUMONIA.

City Reports for Week Ended Nov. 22, 1913.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Binghamton, N. Y	10	4	New Castle, Pa	1	.....
Chicago, Ill	131	83	Norristown, Pa	1	.....
Cleveland, Ohio	23	14	Philadelphia, Pa	27	53
Dunkirk, N. Y	1	1	Pittsburgh, Pa	43	51
Erie, Pa	2	.....	Reading, Pa	2	3
Grand Rapids, Mich	4	2	San Francisco, Cal	9	.....
Los Angeles, Cal	16	5	Steelton, Pa	1	.....
Mount Vernon, N. Y	2	.....	York, Pa	2	.....

RABIES.

During the week ended November 22, 1913, a death from rabies was notified in New Orleans, La.

California—Berkeley and Oakland—Rabies in Animals.

Surg. Long, of the Public Health Service, reported by telegraph that during the week ended December 6, 1913, 2 cases of rabies in dogs had been reported in Berkeley and 2 in Oakland, Cal.

TETANUS.

During the week ended November 22, 1913, tetanus was notified by cities as follows: Chicago, Ill., 1 case; New Bedford, Mass., 1 case; New Orleans, La., 1 death; Pittsburgh, Pa., 1 death; St. Louis, Mo., 1 case with 1 death.

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS.

Idaho Report for September, 1913.

The State Board of Health of Idaho reports that during the month of September, 1913, 1 case of scarlet fever and 5 cases of measles were reported in the State of Idaho.

Louisville, Ky.—Scarlet Fever and Diphtheria.

Surg. McIntosh, of the Public Health Service, reported that during the month of November, 1913, 22 cases of scarlet fever and 51 cases of diphtheria had been notified in Louisville, Ky.

City Reports for Week Ended Nov. 22, 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	180	41	2	7	.....	19	.....	19	17
Boston, Mass	670,585	202	27	1	24	.....	42	3	55	10
Chicago, Ill	2,185,283	662	204	16	22	3	130	5	218	69
Cleveland, Ohio	560,663	.....	97	5	23	.....	16	3	19	18
Philadelphia, Pa	1,549,008	486	64	14	24	.....	70	6	75	40
Pittsburgh, Pa	533,905	197	68	10	58	.....	73	4	21	8
St. Louis, Mo	687,029	243	66	4	22	.....	17	.....	40	24
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y	423,715	126	16	2	13	2	19	3	27	12
Cincinnati, Ohio	364,463	107	36	2	.....	.....	15	.....	29	11
Los Angeles, Cal	319,198	111	23	2	6	.....	4	.....	43	18
Milwaukee, Wis	373,857	86	36	3	7	1	13	2	12	5
Newark, N. J	347,469	102	58	2	53	.....	16	.....	35	11
New Orleans, La	339,075	133	59	3	5	.....	5	.....	20	17
San Francisco, Cal	416,912	118	9	1	2	.....	3	.....	26	13
Washington, D. C	331,069	120	16	.....	5	.....	10	.....	19	15
From 200,000 to 300,000 inhabitants:										
Jersey City, N. J	267,779	66	.....	2	.....	.....	.....	.....	.....	6
Providence, R. I	224,326	66	24	1	15	2	4	.....	.....	6

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

City Reports for Week Ended Nov. 22, 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.
From 100,000 to 200,000 inhabitants:										
Bridgeport, Conn	102,054	30	5	.....	9	1	7	.....	3	2
Cambridge, Mass	104,839	.....	5	.....	2	1	3	.....	5	2
Dayton, Ohio	116,577	58	32	1	16	.....	2	.....	1	6
Fall River, Mass	119,295	37	6	1	1	.....	9	.....	7	5
Grand Rapids, Mich	112,571	29	19	3	78	.....	11	1	.....	1
Lowell, Mass	106,294	27	7	1	.....	.....	1	.....	7	3
Nashville, Tenn	110,364	.....	6	1	2	.....	2	.....	5	5
Richmond, Va	127,628	40	5	.....	2	.....	15	.....	10	2
Toledo, Ohio	168,497	55	5	.....	2	.....	10	1	.....	5
Worcester, Mass	145,986	40	8	1	9	.....	2	1	6	7
From 50,000 to 100,000 inhabitants:										
Altoona, Pa	52,127	13	2	.....	.....	.....	3	.....	1	1
Bayonne, N. J	55,545	15	9	.....	7	1	3	1	4	.....
Brockton, Mass	56,878	8	12	.....	3	.....	7	.....	4	2
Camden, N. J	94,538	.....	3	.....	.....	.....	1	.....	4	.....
Erie, Pa	66,525	27	12	.....	2	.....	3	.....	2	.....
Evansville, Ind	69,647	.....	7	.....	.....	.....	3	.....	.....	2
Harrisburg, Pa	64,186	17	15	.....	1	.....	.....	.....	.....	2
Hartford, Conn	98,915	26	9	1	1	.....	4	.....	10	.....
Hoboken, N. J	70,324	8	.....	.....	4	.....	1	.....	2	.....
Johnstown, Pa	55,482	22	15	1	7	.....	2	.....	.....	3
Kansas City, Kans	82,331	.....	.....	.....	.....	.....	6	.....	1	.....
Lynn, Mass	89,336	18	4	.....	.....	.....	2	.....	7	.....
Manchester, N. H	70,063	19	5	.....	.....	.....	7	.....	2	2
New Bedford, Mass	96,652	37	2	1	.....	.....	5	.....	6	3
Pawtucket, R. I	51,622	.....	.....	.....	.....	.....	3	.....	.....	.....
Reading, Pa	96,071	22	12	1	2	.....	3	.....	1	.....
Saginaw, Mich	50,510	16	2	.....	.....	.....	4	.....	.....	.....
St. Joseph, Mo	77,403	15	1	.....	.....	.....	.....	.....	3	1
South Bend, Ind	53,684	14	2	.....	.....	.....	3	.....	.....	.....
Springfield, Ill	51,678	17	6	.....	10	.....	1	.....	.....	1
Springfield, Mass	88,926	12	7	.....	1	.....	3	.....	2	.....
Trenton, N. J	96,815	48	5	1	1	.....	6	.....	7	8
Wilkes-Barre, Pa	67,105	20	6	1	2	.....	2	.....	4	.....
Yonkers, N. Y	79,803	25	17	1	29	1	.....	.....	1	2
From 25,000 to 50,000 inhabitants:										
Atlantic City, N. J	46,150	6	2	1	.....	.....	2	.....	1	1
Aurora, Ill	29,807	8	.....	.....	.....	.....	3	.....	.....	.....
Austin, Tex	29,860	14	13	1	.....	.....	3	.....	.....	.....
Binghamton, N. Y	48,443	23	3	.....	1	.....	2	.....	3	1
Brookline, Mass	27,792	8	1	.....	.....	.....	.....	.....	2	.....
Butte, Mont	39,165	23	2	.....	1	.....	3	.....	.....	5
Chelsea, Mass	32,452	14	1	.....	3	.....	3	.....	2	1
Chicopee, Mass	25,401	5	1	1	.....	.....	.....	.....	1	.....
Danville, Ill	27,871	12	2	1	.....	.....	.....	.....	.....	1
East Orange, N. J	34,371	.....	2	1	18	.....	.....	.....	3	.....
Elmira, N. Y	37,176	5	1	.....	2	.....	2	.....	.....	1
Everett, Mass	33,484	.....	2	.....	.....	.....	16	.....	2	2
Fitchburg, Mass	37,826	7	3	1	.....	.....	2	.....	2	.....
Haverhill, Mass	44,115	.....	7	.....	.....	.....	4	.....	4	.....
Knoxville, Tenn	36,346	11	2	1	7	.....	1	.....	.....	.....
La Crosse, Wis	30,417	12	4	.....	.....	.....	.....	.....	.....	.....
Lancaster, Pa	47,227	.....	3	.....	.....	.....	1	.....	.....	.....
Lexington, Ky	35,099	13	2	.....	.....	.....	2	.....	.....	1
Lynchburg, Va	29,494	9	3	.....	1	.....	2	1	.....	.....
Mount Vernon, N. Y	30,919	.....	1	.....	1	.....	2	.....	.....	.....
Newcastle, Pa	36,280	.....	3	.....	.....	.....	1	.....	1	.....
Newport, Ky	30,309	14	4	.....	.....	.....	1	.....	2	2
Newton, Mass	39,806	6	.....	.....	.....	.....	2	.....	2	.....
Niagara Falls, N. Y	30,445	4	2	.....	.....	.....	.....	.....	1	.....
Norristown, Pa	27,875	5	.....	.....	1	.....	.....	.....	.....	.....
Orange, N. J	29,630	8	1	.....	1	.....	1	.....	4	2
Pittsfield, Mass	32,121	20	6	1	.....	.....	1	.....	3	.....
Portsmouth, Va	33,190	9	2	.....	.....	.....	.....	.....	.....	3
Racine, Wis	38,002	16	6	.....	.....	.....	1	.....	1	1
Roanoke, Va	34,874	11	2	.....	.....	.....	1	.....	1	2
South Omaha, Nebr	26,259	9	.....	.....	.....	.....	2	.....	.....	.....
Superior, Wis	40,384	8	1	.....	.....	.....	.....	1	.....	1
Taunton, Mass	34,259	18	2	.....	1	.....	3	1	1	1
Waltham, Mass	27,834	12	2	.....	.....	.....	1	.....	1	.....

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

City Reports for Week Ended Nov. 22, 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.
From 25,000 to 50,000 inhabitants—Continued.										
West Hoboken, N. J.	35,403		3						6	
Wilmington, N. C.	25,748	15	5		11				1	2
York, Pa.	44,750		5						1	
Zanesville, Ohio	28,026		4							
Less than 25,000 inhabitants:										
Alameda, Cal.	23,383	1							1	
Ann Arbor, Mich.	14,817	10	2				1		6	
Beaver Falls, Pa.	12,191	0	2							
Biddeford, Me.	17,079		2							
Braddock, Pa.	19,357		1				1		1	
Cambridge, Ohio.	11,327	3	1				4			
Clinton, Mass.	13,075	3							1	
Coffeyville, Kans.	12,687		2	1						
Columbus, Ind.	8,813	1					1			
Concord, N. H.	21,497	10	1							
Cumberland, Md.	21,839	8	3				1		3	
Dunkirk, N. Y.	17,221	4	1	1	40					
Franklin, N. H.	6,132	4								
Galesburg, Ill.	22,089	4	1				1			
Gloucester, Mass.	24,398	7								
Harrison, N. J.	14,498	3	1							
Kearny, N. J.	18,659	7	6		9				1	
La Fayette, Ind.	20,081	5	1	1						1
Marinette, Wis.	14,610	2								
Massillon, Ohio.	13,879	5								1
Medford, Mass.	23,150	10	3		1		2			1
Melrose, Mass.	15,715	5	1				3			
Moline, Ill.	24,199	9	2							1
Montclair, N. J.	21,550	8			1		2			1
Morristown, N. J.	12,507	4			1		1			1
Nanticoke, Pa.	18,877	4	8						1	
Newburyport, Mass.	14,949	2	1						1	
North Adams, Mass.	22,019	5	1	1			1			1
Northampton, Mass.	19,431	10	2		2		2		1	
Palmer, Mass.	8,610	3								
Plainfield, N. J.	20,550	4			1		2		1	
Pottstown, Pa.	15,599	3							1	
Rutland, Vt.	13,546	5	2				1		1	1
South Bethlehem, Pa.	19,973	5					3	1	1	1
Steelton, Pa.	14,246		1	1					2	
Wilkinsburg, Pa.	18,924	7	2				7			
Woburn, Mass.	15,308	8								1

IN INSULAR POSSESSIONS.

HAWAII.

Plague-Infected Rat—Honokaa.

On November 4, 1913, a plague-infected rat was found in the vicinity of the new stable camp of the Honokaa sugar company.

Examination of Rats and Mongoose.

Rats and mongoose have been examined in Hawaii as follows: Honolulu, week ended November 15, 1913, 441; Hilo, week ended October 25, 1913, 12,180; week ended November 8, 1913, 3,824.

PHILIPPINE ISLANDS.

Cholera—Manila.

During the week ended November 1, 1913, 16 cases of cholera with 16 deaths were notified in Manila.

FOREIGN REPORTS.

AUSTRIA-HUNGARY.

Status of Cholera.

Cholera has been notified in Austria-Hungary as follows: Bosnia-Herzegovina, October 12 to 21, 1913, 16 cases; October 24 to November 5, 1913, 8 cases with 2 deaths; Croatia-Slavonia, October 6 to November 3, 1913, 147 cases with 63 deaths; Hungary, October 26 to November 1, 1913, 32 cases with 25 deaths.

BULGARIA.

Declared Free from Cholera,

On November 4, 1913, the kingdom of Bulgaria was declared free from cholera.

CHINA.

Cholera—Plague—Hongkong,

During the week ended October 18, 1913, 9 cases of cholera and 4 cases of plague with 4 deaths were notified in Hongkong. During the same period 2,421 rats were examined in Hongkong for plague infection. None was found plague infected.

CUBA.

Communicable Diseases—Habana.

Nov. 10-20, 1913.

Diseases.	New cases.	Deaths.	Remaining under treatment.
Leprosy	1	1	259
Malaria	1		[1] 9
Typhoid fever	14	2	38
Diphtheria	5		1
Scarlet fever	4		5
Measles	34		56
Varicella	1		8
Paratyphoid fever	1		5

[1] All from interior points of the Republic.

JAPAN.

Communicable Diseases.

Cases of communicable diseases have been notified in the Empire as follows:

MONTH OF AUGUST, 1913.

Diseases.	Cases.	Deaths.	Diseases.	Cases.	Deaths.
Cholera	2		Scarlet fever	54	5
Diphtheria	799	168	Smallpox	8	1 4
Dysentery	4,268	875	Typhoid fever	3,900	647
Paratyphoid fever	582	64			

[1] Tokyo, 7 cases with 4 deaths; Kanagawa-ken, 1 case.

Summary of Communicable Diseases.

JAN. 1-AUG. 31, 1913.

Diseases.	Cases.	Deaths.	Diseases.	Cases.	Deaths.
Cholera	78	22	Scarlet fever	910	81
Diphtheria	12,714	3,356	Smallpox	95	33
Dysentery	9,257	1,873	Typhoid fever	13,884	2,612
Paratyphoid fever	1,916	249			

MEXICO.

Yellow Fever—Merida.

On November 16, 1913, a death from yellow fever occurred at Merida in the person of a soldier who arrived November 15 from Campeche.

ROUMANIA.

Status of Cholera.

During the period from November 6 to 12, 1913, 11 cases of cholera with 7 deaths were notified in Roumania, making a total from the outbreak of the epidemic to date of 5,677 cases with 2,925 deaths. On November 12 there remained under treatment 13 cases of cholera.

RUSSIA.

Status of Cholera.

During the period from October 19 to 25, 1913, 6 cases of cholera with 1 death were notified in Russia. The cases were distributed in the governments of Kherson and Taurida. In the Kherson government from October 26 to November 1, 1913, 6 new cases and 9 deaths occurring in Kherson city and district were notified.

SERVIA.

Status of Cholera.

Cholera has been notified in Servia as follows: October 18 to 26, 1913, 54 cases with 24 deaths; October 26 to November 9, 1913, 30 cases with 8 deaths.

TURKEY IN EUROPE.

Cholera—Constantinople.

Cholera was reported present in Constantinople December 6, 1913.

ZANZIBAR.

Examination of Rats—Zanzibar.

During the two weeks ended September 30, 1913, 2,494 rats were examined at Zanzibar for plague infection. Of this number, none was found plague infected.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

Reports Received During Week Ended Dec. 12, 1913.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Bosnia-Herzegovina—				
Bijela	Oct. 20-21	4		
Brad	Oct. 19	1		
Gradiska	Oct. 28	2		
Poloj	Oct. 20	1		
Bulgaria				Nov. 4, free from cholera.
China:				
Hongkong	Oct. 11-18	9		
Dutch East Indies:				
Java—				
Batavia	Oct. 18-25	11	5	
Sumatra—				
Djambi, Province	do	4	3	
India:				
Bombay	Oct. 26-Nov. 1	3	3	
Philippine Islands:				
Manila	Oct. 25-Nov. 1	16	16	
Roumania				Total, Nov. 6-12: Cases, 11; deaths, 7.
Russia:				
Governments—				
Kherson—				
Kherson, district	Oct. 19-25	2		
Kherson	Oct. 6-19	2		
Taurida—				
Dneiper, district	Oct. 19-25	2	1	
Servia:				
Districts—				
Belgrade	Oct. 18-25	2	3	
Kraina	Oct. 18-Nov. 2	8	5	
Kroushevatz	Oct. 18-25	3		
Morava	do	4		
Niche	Oct. 18-Nov. 2	2	3	
Pirot	do	6	2	
Podrigne	Oct. 18-Nov. 9	13	7	
Pojarevatz	do	31	8	
Roudnik	Oct. 18-25	1	1	
Tchatchak	Oct. 26-Nov. 2	1		
Waljevo	Oct. 18-Nov. 2	10	2	
Wragne	Oct. 18-25	1	1	

YELLOW FEVER.

Mexico:				
Merida	Nov. 16		1	From Campeche.

PLAGUE.

Brazil:				
Bahia	Nov. 1-8	3	1	
China:				
Hongkong	Oct. 11-18	4	4	
Japan:				
Kobe	Nov. 2-9		1	

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

Reports Received During Week Ended Dec. 12, 1913—Continued.

SMALLPOX.

Places.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia	Nov. 1–8	2		
Canada:				
Province—				
Quebec—				
Montreal	Nov. 15–22	2		
Dutch East Indies:				
Java—				
Batavia	Oct. 18–25	6	3	
France:				
Paris	Oct. 25–Nov. 1	1		
Mexico:				
Aguascalientes	Nov. 16–23		4	
Oxaca	Nov. 2–17		2	
Portugal:				
Lisbon	Nov. 8–15	3		
Russia:				
St. Petersburg	Nov. 1–8	2	2	
Switzerland:				
Canton—				
Basel	do	5		
Turkey in Asia:				
Beirut	Nov. 8–15	8	2	

Reports Received from June 28 to Dec. 5, 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:				
Bosnia-Herzegovina—				
Bijela	Aug. 16–Oct. 13	7		
Boljanic	Sept. 30–Oct. 13	2		
Bosnisch Samac	Aug. 16, Sept. 15	7	1	
Brad	Sept. 30–Oct. 7	1		
Brecko	Aug. 1–Oct. 31	50	14	
Brezovopolje	Sept. 1–30	1		
Buskinje	Aug. 1	1		
Creveno Brodo	Aug. 28–Sept. 6			
Dereventa	Oct. 16–31	6	3	
Donja Skukva	Aug. 16–27	1	1	
Golovac	Sept. 1–30	1		
Gornja Tuzla	Aug. 1–Sept. 7	6	1	
Gracamca	Aug. 16–27	1		
Gracanica	Sept. 30–Oct. 31	6	2	
Gradista	Oct. 16–31	2	2	
Janja	Aug. 28–Sept. 29	5		
Kostajnica	Sept. 30–Oct. 13	2		
Labuca	do	1		
Lajubaca	Aug. 28–Sept. 6	1		
Morac	do	2		
Orasje	Aug. 16–Sept. 29	18	1	
Tuzla	Aug. 28–Sept. 29	2		
Uljice	Aug. 16–26	1		
Vidovice	Aug. 16, Sept. 29	9		
Vusic Doinji	Aug. 16–Sept. 7	3		
Vusic Gornji	Aug. 16–Sept. 15	4		
Croatia-Slavonia				Total Oct. 6–12: Cases, 62; deaths, 22.
Pozenga—				
Brod	Sept. 29–Oct. 5	4		
Davor	do	2		
Jasenovac	Sept. 22–Oct. 5	2	2	
Novska	Sept. 22–28	1	1	
Syrmien—				
Adasevci	Sept. 8–Oct. 5	12	7	
Alt Slankamen	Aug. 16	2		
Bacinici	Sept. 8–14	5	3	
Bebrina	Sept. 1–7	1	1	
Beska	Sept. 14–28	2		
Bosnjaci, Mitrovica district.	do	1		

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary—Continued.				
Croatia-Slavonia—Contd.				
Syrmien—Continued.				
Bosnjaci, Zupanja district.	Aug. 16–Sept. 28..	39	13	
Bosut	Aug. 25–Sept. 28..	4	2	
Cerna	Sept. 22–Oct. 5....	9	.....	
Cortanovci	Aug. 25–Sept. 28...	6	3	
Djakova	Aug. 25–Sept. 2....	1	.....	
Drenovci	Sept. 14–28.....	6	2	
Galubinci	Sept. 8–Oct. 5.....	18	6	
Grad, Mitrovica district.	Sept. 1–14.....	2	1	
Grad, Zemum district.	Sept. 8–14.....	1	1	
Ilinci	Aug. 25–Oct. 5....	2	.....	
Klenac	Sept. 29–Oct. 4....	2	2	
Kreevna	July 31.....	5	3	
Kupinovo	Aug. 17–Sept. 22...	2	1	
Kutina	Aug. 25–Sept. 2....	1	.....	
Kuzmin	Sept. 1–Oct. 5.....	142	45	
Lacarak	Aug. 25–Oct. 5.....	13	1	
Martinci	Aug. 16–Oct. 5.....	19	13	
Micanovici	Sept. 29–Oct. 5....	2	.....	
Mitrovica	July 15–Sept. 28...	10	5	
Morovic	Sept. 14–28.....	5	1	
Novo Karlovci	Aug. 25–Oct. 5.....	30	18	
Novo Slankamen	Sept. 8–14.....	1	1	
Ogar, Ruma district	.....do.....	2	1	
Ogar, Sid district	Sept. 8–Oct. 5.....	17	5	
Osiek	Sept. 22–28.....	3	1	
Otok	Sept. 1–7.....	2	1	
Podgajci	Aug. 16–Sept. 14...	3	2	
Raca	Sept. 22–28.....	1	1	
Rivica	Sept. 8–14.....	2	2	
Semlin	Aug. 25–Sept. 22...	2	2	
Sid	Sept. 29–Oct. 5....	1	.....	
Siskovci	Sept. 22–Oct. 5....	4	2	
Tovarnik	Sept. 14–28.....	3	2	
Vinkovci	Sept. 8–14.....	1	1	
Vojka	Sept. 14–22.....	1	.....	
Vukovar Argoviste	.....do.....	1	1	
Zupinge	Sept. 22–25.....	.....	.....	Present.
Crownland—				
Bohemia—				
Marienbad	Sept. 13.....	1	.....	
Weinberge	Sept. 27.....	1	1	
Dalmatia—				
Cattaro	Aug. 6.....	1	1	
Galicia—				
Skole—				
Oporzec	Sept. 10–Oct. 6....	15	9	
Slawsko	.....do.....	1	.....	
Tuchla	Sept. 18–Oct. 6....	2	.....	
Tucholka	Sept. 10–Oct. 6....	2	1	
Wyzlow	.....do.....	1	1	
Lower Austria—				
Vienna	Aug. 4.....	1	.....	
Hungary	.....	.....	.....	Total Sept. 1–Nov. 8: Cases, 615; deaths, 102. Deaths not fully reported.
Bacs-Bodrog—				
Ada	Sept. 7–13.....	2	.....	
Apatin	Sept. 29–Oct. 4....	3	.....	
Bacs	Sept. 14–27.....	3	.....	
Csurog	Sept. 2–Oct. 4.....	20	2	
Kolpeny	Sept. 14–Oct. 4....	2	.....	
Petroz	Sept. 7–20.....	2	1	
Obecse	Sept. 7–Oct. 4.....	.....	.....	
Szenttamas	Sept. 14–Oct. 4....	31	.....	
Temerin	.....do.....	2	.....	
Bereg—				
Alsolvereczke	Sept. 21–27.....	1	.....	
Borhalom	.....do.....	2	.....	
Csetfalva	Oct. 4.....	1	.....	
Felsovereczke	Sept. 7–27.....	7	.....	
Harsfalva	.....do.....	2	.....	
Kanora	Sept. 14–20.....	4	.....	

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks
Austria-Hungary—Continued.				
Hungary—Continued.				
Bereg—Continued.				
Kissana	Sept. 21-27	7		
Kissolyva	Sept. 7-13	2		
Munkacs	do	1		
Nagylucska	Sept. 21-28	1		
Odavidhaza	Sept. 7-13	3		
Orosztelek	Sept. 7-28	4		
Proszueg	Sept. 14-20	3		
Rakoczisszallas	Sept. 14-28	9		
Szarvoskut	Sept. 21-28	4		
Szentomiklos	Sept. 14-28	13		
Szolyva	Sept. 21-28	6		
Tarpa	Sept. 21-Oct. 4	4		
Ujdavidhaza	Sept, 14-28	5		
Varkulesa	Sept. 7-Oct. 11	5		
Varpalanka	Sept. 21-28	3		
Vezerszallas	do	1		
Voloscz	Sept. 7-Oct. 4	2		
Zajago	Sept. 7-13	1		
Zsilip	Sept. 21-Oct. 11	6		
Zugo	Sept. 7-Oct. 11	6		
Borsod—				
Sajolad	Sept. 28-Oct. 11	22		
Budapest—				
Budapest	Sept. 13-Oct. 4			
Fejer—				
Adony	Oct. 4	1		
Pazmand	Sept. 21-28	1		
Heves—				
Ludas	Oct. 5-11	1		
Poroszlo	do	1		
Jasz - Nagykun - Szolnok—				
Tiszaroff	do	2		
Kolozs—				
Koloszvar, Klausenburg.	Sept. 21-Oct. 11	17		
Komarom, Komorn	Sept. 29-Oct. 4	1		
Mezoszopor	Oct. 4	2		
Pancsova	Sept. 29-Oct. 4	1		
Krasso-Soreny—				
Bozovics	Sept. 14-Oct. 11	6		
Dalbosfalva	Oct. 5-11	5		
Illyed	Sept. 21-Oct. 4	7		
Jam	do	7		
Nagylaposnok	Sept. 14-Oct. 4	23		
Neramezo	Sept. 21-Oct. 11	4		
Neramogyoros	Sept. 7-14	18		
Stajerlak-anina	Sept. 21-28	1		
Szakalar	Sept. 14-Oct. 4	21		
Pest-Pilis—				
Erzsebetfalva	Sept. 21-28	1		
Faljsz	Oct. 5-11	1		
Hidegkut	Sept. 21-28	2		
Raczkeve	do	2		
Do	do	1		
Tokol	do	1		
Posenoy, Pressburg—				
Kismagyar	Oct. 5-11	1		
Szatmar—				
Tiszabecs	Oct. 4	3		
Temes—				
Deliblat	Sept. 1-Oct. 4	31		
Homokos	Oct. 4	3		
Kevevera	Aug. 16-Sept. 20	8	8	
Palank	Aug. 10-Oct. 4	16	1	
Temesvalalza	Oct. 5-11	7		
Torontal—				
Csenta	Oct. 11	6		
Melenze	Sept. 14-20	2		
Nagybecskerek	Sept. 21-28	1		
Kuman	Sept. 14-28	8		
Ung—				
Csap	Sept. 14-Oct. 4	6		
Kisteglas	Sept. 21-28	1		
Lehocz	do	1		

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary—Continued.				
Hungary—Continued.				
Ung—Continued.				
Nagyrat	Sept. 21-28	3		
Palocz Ujvaros	Oct. 5-11	1		
Titel	Sept. 17-27	1		
Unglovasad	Oct. 5-11	2		
Zala—				
Nagykanizsa	Oct. 11	6		
Radvanc	Sept. 14-20	1		
Zemplen—				
Satoraljanjhely	Sept. 21-28	1		
Bulgaria				Sept. 10, present in the districts of Pleven, Sivistov, Vratza, and Widin.
Rustschuk	Sept. 8	18	8	
Sistovo	do	60		
Tirnovo	do	14	14	
Varna	Sept. 11	3		Aug. 25, 3 deaths among returning soldiers.
Ceylon:				
Colombo	Sept. 30-Oct. 25	46	34	Aug. 17, 1 fatal case.
China:				
Amoy	Aug. 23			Present in vicinity; Oct. 4, present.
Canton	July 13-26	132	6	
Chuan Chow	Sept. 6			Present.
Foochow	Sept. 13			Do.
Hongkong	Aug. 3-Oct. 11	83	41	
Swatow	Aug. 1-31	31	30	
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-Oct. 18	578	470	May 25-Oct. 18: 14 cases and 1 death among Europeans.
Madioen, Province	Apr. 22-28	1	4	
Pamanoekan	To Oct. 4	34	27	
Pekalongan	Aug. 10-Sept. 20	110	76	
Preanger	Aug. 9-15	41	23	
Samarang	July 12-Aug. 16	18	11	
Surabaya	Aug. 2-23	2		
Sibiru	Mar. 24-Apr. 27	117	104	
Sumatra—				
Djambi, Province	June 1-Oct. 11	321	153	July 15-Aug. 17 not received.
Padang	Sept. 11-20	5	4	
Palembang	June 22-Oct. 18	278	165	
Greece:				
Athens	Sept. 15-29	1	1	
Piræus	Sept. 13-Oct. 13	9	5	Among troops at quarantine.
India:				
Bassein	May 4-July 19	31	23	Sept. 27, 1 case.
Bombay	May 25-Oct. 25	52	35	
Calcutta	Apr. 27-Oct. 18		569	
Madras	June 15-Oct. 18	17	10	
Moulmine	May 4-June 14	6	6	
Negapatam	Sept. 14-27		29	
Rangoon	May 1-Oct. 11	9	5	
Indo-China				Total, Jan. 1-Sept. 10: Cases, 213. Deaths, Jan. 1-July 10: 145.
Saigon	June 17-23	2	2	
Japan				Total Jan. 1-Aug. 31: Cases, 78; deaths, 22. Aug. 1-31, 2 cases.
Kobe	Sept. 5-8	7		From s. s. Canada Maru. Crew quarantined at Wada.
Nagasaki	Aug. 25-31	2		From s. s. Canada Maru.
Philippine Islands				Oct. 19-25, present in Bacoor, Cavite Province, and in Paranaque, San Filipe Nery, and Pasig, Rizal Province.
Manila	Aug. 25-Oct. 25	71	43	
Cavite	Oct. 5	1		Sept. 28-Oct. 4; 1 fatal case on s. s. Cebu.
Mecauayan	Oct. 5-11	1		
Novaliches	Oct. 15-18	3	3	
Polo	Sept. 28-Oct. 4	1		In Bulacan.

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Roumania				Aug. 1–Nov. 5: Total, cases, 5,666; deaths, 2,917. Oct. 16–22: Cases, 169; deaths, 140.
Bucharest	Aug. 5–14	1	1	
Braila	To Sept. 2	43		Among the military.
Do	Sept. 3–8	4	3	Civilians.
Galatz	Aug. 22–Sept. 2	34	6	
Kustenje	Sept. 3–12	8	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.
Viisoara-Teleorman	do	3		
Russia:				
Governments—				
Bessarabia—				
Akkerman	Sept. 16–18	11	4	
Ishmail	Sept. 16–Oct. 11	26	11	
Kishinef	Sept. 22	3	1	
Reni	Oct. 5–18	1		
Wolfkanechty	Sept. 18–21	1	1	
Ekaterinislav—				
Ekaterinislav district.	Oct. 5–18	5		
Nicopol	Sept. 22–Oct. 11	6		
Kherson—				
Elizabethgrade	Sept. 28–Oct. 4	1	1	
Kherson, district	Aug. 26–Oct. 18	49	28	Total, Aug. 24–Oct. 18: Cases, 148; deaths, 66; including previous reports.
Kherson	do	52	14	
Odessa, district	Sept. 7–Oct. 4	39	17	
Odessa	do	7	5	
Varvaroka	Sept. 22			Present.
Kief—				
Zvenigorode	Sept. 8	2	2	
Minsk	Sept. 14–22	1	1	
Poltava	Sept. 18–Oct. 4	25	5	
Taurida—				
Alechki	Sept. 8–Oct. 4	5	1	
Dneiper district	Sept. 21–Oct. 18	3	2	
Dneprovski	Sept. 8–14	8	2	
Servia				Total, July 4–Oct. 18: Cases, 4,710; deaths, 1,896.
Districts—				
Belgrade	July 4–Sept. 27	100	49	Sept. 22, 1 case.
Belgrade	July 4–Aug. 30	262	98	
Kraina	Aug. 3–Sept. 27	257	95	
Kragujevatz	July 4–Sept. 27	281	94	
Kroushevatz	do	235	82	
Lajkovac	Aug. 1–7	1		
Morava	July 4–Sept. 27	584	241	
Niche	do	327	114	
Oujitze	July 22–Sept. 27	30	20	
Palanka	Aug. 1–7	1		
Pirot	July 4–Sept. 27	625	250	
Podrigne	do	106	48	
Pojarevatz	Aug. 3–Sept. 27	441	237	
Pozenga	July 25–31	1		
Roudnik	Aug. 3–Sept. 27	34	16	
Shabatz	Aug. 1–7	1		
Smederevo	July 4–Sept. 27	200	78	
Tchatchak	July 22–Aug. 30	45	7	
Timok	July 19–Sept. 27	251	129	
Toplitza	July 22–Sept. 27	45	20	
Ueskub	July 19–Aug. 2	37	19	
Visnjica and Mirjevo	July 4–21		1	
Waljevo	July 22–Sept. 27	264	194	
Wragne	do	377	194	
Siam:				
Bangkok	Mar. 23–Oct. 4		20	
Straits Settlements:				
Singapore	July 6–Oct. 18	33	32	
Turkey in Asia:				
Derindje	Oct. 11			Present among troops.
Smyrna	July 29–Oct. 12	293	179	Aug. 9, 1 case on s. s. Carisbad.
Trebizond	Oct. 29			Present among troops.

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Turkey in Europe:				
Constantinople	Aug. 2–Nov. 2	53	27	
Dardanelles—				
Boulair				Oct. 28, present.
Gallipoli	Sept. 17–Oct. 28			Present.
Maidos	Sept. 8		3	
Kalesni	Oct. 12	2		Isle of Marmora.
Kavak	Aug. 8–22	98	50	Sept. 30, still present.
Rodosto	Sept. 17–Oct. 5	12	8	
Saloniki (Macedonia)				July 19–Aug. 8, epidemic.
Saloniki	July 7–Oct. 12	511	458	Among civilians. July 10, present in Kavala, Drama, Oriana, Serres, and Stroumitza.
Silviri	Oct. 15–27	4	4	

YELLOW FEVER.

Brazil:				
Bahia	May 11–Nov. 1	48	24	
Manaos	June 30–July 5	6	6	
Pernambuco	May 1–June 30		3	
Rio de Janeiro	May 25–Oct. 18	4	5	Sept. 13—1 fatal case on s. s. Canova from Bahia. Oct. 30, 1 death.
British East Africa:				
Kisumu	Sept. 12–Oct. 13	2	2	See p. 2858
Mombasa	do	25	24	
Nairobi	do	1	1	
Colombia:				
Cartagena	Aug. 23	1		Contracted in the interior.
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–Sept. 30	33	21	Nov. 6, increasing.
Milagro	May 1–Aug. 31	21	11	
Naranjito	do	12	9	
Mexico				Total May 25–Sept. 20: Cases, 27; deaths, 15.
Campeche	Oct. 18	26	11	
Carmen	Oct. 11			Present.
Maxcanu	Aug. 23–Sept. 6	2	2	Case, Aug. 23, from Campeche.
Puerto Mexico, V. C.	Nov. 17	2		
Southern Nigeria:				
Forcados	Oct. 31	1		
Lagos	May 12	1		July 23–Aug. 22: Epidemic; Oct. 15, still present.
Worri	June 1–30			Present.
Trinidad				Nov. 28, 1 case on s. s. Peter Hamre.
Venezuela:				
Caracas	Feb. 1–28	1		
Do	May 1–31	1		From Valencia.
Do	July 1–31	1	1	
Do	Oct. 1–31	1		Do.

PLAGUE.

Arabia:				
Aden	June 3–25	8	4	Total Apr. 9–June 25: Cases, 81; deaths, 59.
Debai				Aug. 31, free; reported, p. 656, Pt. I.
Argentina				Nov. 6, outbreak, with 25 deaths in 4 localities west from Rosario.
Austria-Hungary:[1]				
Trieste	Nov. 1–8			1 fatal case on a post steamer from Buenos Aires.

[1] From the Veröffentlichungen des Kaiserlichen Gesundheitsamtes, Nov. 12, 1913.

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Brasil:				
Bahia	May 11–Oct. 18	131	67	
Rio de Janeiro	July 27–Oct. 11	2	3	
British East Africa	May 15–June 12			1 death.
Kisumu	May 15–Sept. 1	6	1	
Mombasa	May 1–Sept. 11	89	73	Apr. 25–30, 15 deaths.
Nairobi	May 15–Sept. 11	9	5	
Cephalonia Island	Oct. 4			Present.
Chile:				
Iquique	May 11–Oct. 4	45	19	
China				May 18–June 14; still present in Ampo, Chaoyand, Fungshun, Kityang, Puning, Ta-bu, and other points along the railway.
Amoy	Apr. 1–Aug. 25		409	May 25–June 7, 10 to 20 deaths daily; Sept. 22, free.
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–Oct 25	292	246	
Kaochow	Apr. 10–May 22			10 deaths daily.
Macao	July 3			Present Aug. 7, 1913.
Nangking	Oct. 25			Present.
Shanghai	June 1–15	8	7	Among natives.
Swatow	July 12			Decreasing along the Swatow Chaochowfu Railway.
Dutch East Indies:				
Java—				
Districts—				
Kediri	Apr. 1–Sept. 30	1,603	1,392	
Madioen	do	598	538	
Malang	do	3,507	3,358	
Surabaya	do	166	157	
Madura—				
Bangkalan	July 13–Aug. 9	34	27	And district, Nov. 6, 112 cases.
Ecuador:				
Guayaquil	May 1–Sept. 30	94	28	
Milagro	May 1–July 31	1	1	
Egypt				Total, Jan. 1–Oct. 30: Cases, 639; deaths, 299.
Alexandria	May 28–Oct. 28	32	15	
Port Said	June 2–Sept. 9	19	6	
Provinces—				
Behera	June 13–Oct. 2	11	4	
Fayoum	May 30–Oct. 11	46	17	
Galioubeh	May 21–Sept. 12	7	2	
Garbieh	May 27–Oct. 28	63	22	Jan. 1–May 26: Cases, 12; deaths, 5.
Girgeh	Oct. 1	1	1	
Gizeh	May 29–July 1	6	1	
Menouf	May 28–Aug 2. 7	3	3	Jan. 1–May 26: Cases, 51; deaths, 24.
Minieh	May 30–Sept. 7	29	10	
German East Africa:				
Districts—				
Usmawo—				
Misungi	Mar. 15–May 10			Present.
Nora	do			Do.
Urima	do			Do.
Muanza	Mar. 15–June 11	503	459	Aug. 24, fatal case from s. s. Sybil.
Greece:				
Athens	Aug. 29	1		
Piræus	Aug. 21–Sept. 3	8	2	
India:				
Bombay	May 18–Oct. 12	711	604	
Calcutta	Apr. 27–Sept. 27		302	
Karachi	May 18–Nov. 1	202	171	
Rangoon	May 1–Oct. 25	401	379	
Provinces				Total, May 4–Oct. 18: Cases, 40,013; deaths, 31,435.
Delhi	May 4–Aug. 2	24	18	
Bombay	May 4–Oct. 18	14,553	10,289	
Madras	do	901	774	
Bengal	do	316	324	
Bihar and Orissa	do	1,927	1,539	
United Provinces	do	10,349	8,824	
Punjab	do	7,239	5,782	
Burma	do	1,456	1,364	
Coorg	June 22–Aug. 30	10	8	
Central Provinces	May 4–Oct. 18	7	4	
Mysore	do	2,807	1,570	

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Provinces—Continued.				
Hyderabad	May 4–Oct. 18	695	562	
Central India	do	43	31	
Rajputana	do	264	223	
Kashmir	May 4–Aug. 2	65	44	
North West Province	May 4–Oct. 18	88	80	
Indo-China				Total, Jan. 1–Sept. 10: Cases, 2,745; Jan. 1–July 10: Deaths, 2,547.
Saigon	June 17–Aug. 25	63	40	
Japan:				
Taiwan—				
Kagi	June 1–July 19	81	63	
Yokohama	Sept. 19–Nov. 12	19	1	
Mauritius	Apr. 18–Sept. 18	68	46	Total, Jan. 1–Aug. 28: Cases, 126; deaths, 70.
Morocco:				
Casablanca	Oct. 2	1	.....	
Rabat	Oct. 19–25	3	.....	
Persia				June 5, in Kermanchah Province, 150 cases, at Caravadeh, Harounabad, and Loud. June 11, present in vicinity of Abassabad.
Djame-Chouran	May 31–Sept. 13	37	21	
Faizabad	June 11	.....	3	
Gommi	do	.....	11	
Harounabad	May 20–June 25	71	51	
Larzangueneh	May 27–June 15	30	28	
Mahi-Dacht	June 4	2	2	
Taybat	June 11	.....	3	
Zebyri	May 31–June 25	14	10	
Peru:				
Departments—				
Ancachs—				
Chimbote	July 28–Sept. 7	2	.....	
Arequipa—				
Mollendo	Apr. 28–Oct. 12	16	2	
Callao	June 30–Sept. 21	6	.....	
Caxamarca—				
Cutervo	June 9–Aug. 17	5	.....	
Chota	June 30–July 27	.....	.....	Present.
Libertad—				
Chiclayo	Apr. 28–June 8	1	1	
Salaverry	June 4–Aug. 17	3	1	
San Pedro	June 4–Oct. 12	9	2	
Trujillo	May 19–Oct. 12	13	.....	
Lima	do	24	.....	
Monsefu	Oct. 6–12	12	.....	
Piura	June 30–July 27	.....	.....	Present.
Catacaos	Sept. 2–Oct. 6	2	.....	
Piura	do	1	.....	
Philippine Islands:				
Manila	May 11–24	3	.....	Fourth quarter 1912: Cases, 39; deaths, 33. First quarter 1913: Cases, 8; deaths, 7. Second quarter: Cases, 9; deaths, 7.
Do	Sept. 21–27	1	1	
Russia:				
Astrakhan		.....	.....	Aug. 2, 2 fatal cases.
Tsarev	June 3–10	.....	9	Pneumonic form.
Acheozek	Aug. 22	1	1	
Diamantai-Toubek	July 15–Aug. 17	6	6	
Breslavsk	Oct. 3–19	5	5	Pneumonic.
Gromoslavsk	do	11	7	Do.
Kalatch	do	5	4	Do.
Novopetrovsk	Sept. 26–Oct. 21	35	35	
Ralatch Estate	Sept. 28–Oct. 16	4	4	
Voisko-Donsky	Oct. 19–21	31	28	
West Turkestan—				
Semiretchji territory—				
Prjevalsk district	Sept. 25	26	26	Among the Tourguen.
Siam:				
Bangkok	Mar. 23–Oct. 4	.....	20	
Korat	Mar. 21–31	.....	.....	Epidemic.
Straits Settlements:				
Singapore	June 15–21	1	1	
Tripoli:				
Derma	July 15	.....	.....	Present.
Tripoli	July 1–Sept. 30	56	19	

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Turkey in Asia:				
Adalia	Aug. 30	1		
Basra	July 14–21	1	1	To June 3, 31 cases.
Trebizond	Sept. 29–Oct. 4	11	2	In the prison.
Uruguay:				
Montevideo				July 28, present.

SMALLPOX.

Algeria:				
Departments—				
Algiers	May 1–July 31	11		
Constantine	Apr. 1–July 31	27		
Oran	May 1–July 31	59		
Arabia:				
Aden	June 3–9	1		
Do	Oct. 6–20	2	1	
Argentina:				
Buenos Aires	Apr. 1–July 31		11	
Australia:				
New South Wales				Total July 1–Sept. 26: Cases, 829.
Albury	Sept. 12–26	1		Sydney district, 810 cases.
Coolah	do	1		
Cootamundra	Aug. 7–Sept. 26	1		
Goulburn	July 1–31	1		
Illabo	Aug. 7–Sept. 11	1		
Hardon	do	1		
Lithgow	July 1–31	1		
Liverpool	Aug. 7–Sept. 11	2		
Newcastle	July 1–31	1		
Nyngan	do	1		
Parkes	do	5		
Penrith	do	2		
Sydney	July 1–Sept. 11	721		
Taree	July 1–31	2		
Ulmsarra	do	2		
Wellington	Sept. 12–26	1		
Queensland—				
Brisbane	Aug. 7–Sept. 11	1		
Ipsich	July 1–Sept. 11	4		
Toowoomba	July 1–31	1		
South Australia	July 17–Aug. 2	1		
Victoria—				
Melbourne	July 14			1 case on s. s. Karoola from Sydney.
Austria-Hungary:				
Capodistria	Oct. 5–11	2		
Coastland	July 6–12	1		
Decani	Oct. 5–11	2		
Fiume	May 27–July 7	19	1	
Galicia	July 6–Aug. 12	1		
Gorz and Gradinska	Aug. 7–14	1		
Krain	do	1		
Trieste	June 1–Nov. 1	45	1	Cases June 14 from Patras.
Tyrol and Vorarlberg	Aug. 10–Oct. 25	15		
Belgium:				
Antwerp	July 1–7	1		
Brazil:				
Bahia	May 11–Oct. 18	14	1	
Manaos	June 15–21	1		
Para	June 15–Nov. 8	77	39	
Pernambuco	May 1–Sept. 30		250	
Rio de Janeiro	May 4–Oct. 18	202	34	
British East Africa:				
Mombasa	Mar. 1–June 30	29	9	
Canada:				
Provinces—				
British Columbia—				
Vancouver	June 8–Sept. 13	2		
Manitoba—				
Winnipeg	June 15–Oct. 18	20		
Nova Scotia—				
Sydney	July 14–Aug. 2	2		Case July 14 from s. s. Hartlepool from Marseille.
Ontario—				
Hamilton	Oct. 1–31	3		
Fort William	June 10–30	4		
Ottawa	June 8–Nov. 22	22		
Toronto	June 16–Aug. 2	9		

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Canada—Continued.				
Provinces—Continued.				
Quebec—				
Grosse Isle Quarantine.	June 20	1	1	In steerage.
Quebec	June 8–Sept. 20	6		
Montreal	July 6–Nov. 15	83	2	
St. Johns	May 25–July 5	4		
Chile:				
Iquique	June 1–21	2		
Santiago	June 15–29			Present. Aug. 16–Sept. 13, epidemic.
Valparaiso	July 12			Present.
China:				
Amoy	May 25–June 7			Do.
Kulangsu	May 25–31			Do.
Chungking	Aug. 2			Do.
Dalny	July 27–Oct. 20	2	1	
Hoihow				Aug. 22, free.
Hongkong	May 18–June 14	9	7	
Nanking	May 11–Sept. 27			Do.
Shanghai	May 19–Oct. 28	9	49	Deaths among natives.
Tientsin	June 8–14		1	
Dutch East Indies				Sept. 8–15, present in Iatzittan, Klatten, and Soerakarta.
Java—				
Batavia	June 22–Oct. 18	26	10	
Klatten	Sept. 8–29	78	3	
Patjittan	do	15	7	
Samarang	do	637	78	
Soerkarta	Aug. 15	517	39	
Surabaya	May 11–Oct. 11	16	5	
Egypt:				
Alexandria	May 28–Nov. 4	26	20	
Cairo	May 14–Oct. 21	46	14	
Port Said	Oct. 15–28	10	3	
ance:				
Limoges	Sept. 1–30		21	
Lyon	June 23–29		1	
Marseille	May 1–Oct. 31		142	
Nantes	Aug. 3–Nov. 1	2		
Paris	May 25–Oct. 25	27		
St. Etienne	Sept. 21–Oct. 31	4	1	
Toulon	Aug. 18	1		
Germany				Total June 8–Oct. 4: Cases, 7.
Berlin	Aug. 24–30	1		
Kehl	June 1–July 31	2	1	
Strassburg	Aug. 1–31	1		
Great Britain:				
Hull	Sept. 14–20	1		
Liverpool	May 25–Oct. 18	6	1	
Manchester	July 20–26	1		
Greece:				
Patras	June 9–Aug. 31		9	
India:				
Bombay	May 26–Oct. 25	77	68	
Calcutta	Sept. 13–27		2	
Karachi	May 25–Aug. 16	13	4	
Madras	May 24–Oct. 4	31	13	
Moulmine	Mar. 30–June 28	5	5	
Do	Aug. 3–9	1	1	
Rangoon	May 1–Sept. 30	51	20	
Indo-China:				
Saigon	July 8–14	1	1	
Italy:				
Naples	Aug. 2–15	3		
Rome	Jan. 5–11	1	1	
Japan				Total Jan. 1–July 31: Cases, 87; deaths, 29.
Hokkaido	Apr. 1–30	1		
Kanagawa ken	May 1–31	1		
Kobe	June 23–29	1		
Nagasaki ken	May 1–July 31	54	14	
Oita ken	May 1–June 30	11	4	
Tokyo	June 18–Aug. 31	18	11	Aug. 18, epidemic.
Yokohama	Aug. 19–25	1	1	
Luxemburg:				
Esch	May 17–31	2		
Malta	Sept. 1–30	2		
Mauritius	Apr. 13–July 5	1,019	106	

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

Reports Received from June 28 to Dec. 5, 1913—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Mexico:				
Acapulco	May 25–Aug. 16	.....	5	
Aguascalientes	June 9–Nov. 9	.....	36	
Chihuahua	June 23–Nov. 2	.....	13	
Guadalajara	June 8–Oct. 18	80	.....	
Hermosillo	June 7–Nov. 3	128	85	Among troops.
Mansanillo	July 18	.....	.....	Present.
Mexico	Apr. 20–Oct. 4	252	140	
Monterey	June 9–Oct. 26	.....	8	
Oaxaca	Oct. 12–18	.....	1	
Panuco	Sept. 12	30	.....	
Puerto Mexico	July 1–31	.....	3	
San Luis Potosi	Apr. 27–Oct. 18	26	13	
Saltillo	Aug. 1–June 30	.....	25	
Veracruz	June 16–Nov. 16	15	5	
Tampico	Sept. 16–Oct. 20	3	2	
Newfoundland:				
St. Johns	June 15–Oct. 18	39	.....	
Norway:				
Trondjem	Oct. 1–31	6	.....	
Peru	.....	.....	.....	Sept. 30, epidemic in Ancon, Callao, Chancay, Huaco, and Lima. Sept. 27, still present in Ancon and Huaco. In Lima Jan. 1–June 30, 235 cases were admitted to the lazaretto.
Philippine Islands	.....	.....	.....	First quarter, 1913: Cases, 57; second quarter, cases, 63.
Portugal:				
Lisbon	May 25–Nov. 8	74	.....	
Russia:				
Batoum	Apr. 1–May 31	4	.....	
Libau	June 2–July 20	3	1	
Moscow	May 18–Nov. 1	93	27	
Odessa	June 8–Nov. 1	59	15	
Riga	June 22–28	6	.....	
St. Petersburg	May 18–Nov. 1	34	4	
Siberia—				
Vladivostok	May 7–June 20	3	.....	
Warsaw	Feb. 23–Sept. 20	86	35	
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. 27	16	3	July 16, present in Dubotzi, Neresnitza, and Volui.
Siam:				
Bangkok	Mar. 23–Aug. 9	.....	11	
Spain:				
Almeira	June 1–Aug. 31	.....	6	
Barcelona	June 8–Nov. 15	.....	97	
Cadiz	May 1–Sept. 30	.....	5	
Madrid	June 1–Oct. 31	.....	216	
Malaga	Aug. 1–31	.....	1	
Seville	July 1–31	.....	1	
Valencia	June 1–Oct. 25	6	.....	
Straits Settlements:				
Singapore	May 4–Oct. 11	2	1	
Switzerland:				
Cantons—				
Basel	June 1–Sept. 20	37	.....	
Zurich	May 18–24	1	.....	From Paris.
Turkey in Asia:				
Beirut	May 25–Nov. 8	106	53	
Damascus	June 1–7	.....	.....	Present.
Mersina	May 25–July 12	.....	3	
Smyrna	Apr. 26–Aug. 2	.....	67	
Turkey in Europe:				
Constantinople	June 1–Nov. 8	.....	84	
Salonika	June 2–Nov. 1	.....	66	
Union of South Africa:				
Johannesburg	May 10–June 7	23	.....	
Uruguay:				
Montevideo	Sept. 1–30	38	1	
West Indies:				
Trinidad	Aug. 19	2	.....	On s. s. Danube and placed in quarantine 5 miles distant.

SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

IDAHO.

State Board of Health—Powers and Duties of—Bacteriological Stations. (Chap. 140, Act Mar. 12, 1913.)

(Section 1081, of House Bill 171, Session Laws of 1909, was amended to read as follows:)

SEC. 1081. The board shall meet annually at Boise on the first Tuesday of October, and at such other times and places as they may deem expedient. A majority shall constitute a quorum for the transaction of business. They shall choose annually one of their members to be their president, and may adopt rules and by-laws, subject to the provisions of this chapter. They shall have authority to send their secretary or a committee of the board to any part of the State when deemed necessary to investigate the cause of any epidemic or any special or unusual disease or mortality.

The board shall have power to establish such bacteriological stations within the State as they may deem necessary; to equip the same with the necessary laboratory apparatus and supplies; and to appoint a director for each station so established, who shall be a practical bacteriologist and who shall receive such compensation for his work as the board may prescribe, not to exceed $10 per day for each day actually and necessarily spent in bacteriological examination. Said compensation shall be paid on claims approved by the board out of any funds appropriated for the use of said board in the same manner that other claims against the State are paid: *Provided, also,* That when in the opinion of the State board of health the conducting of any test would be too expensive to be done free of charge the board would be allowed to charge a reasonable compensation for the same, such compensation to be determined by the board, and all such amounts collected shall be paid into the general fund of the State.

County Boards of Health—Organization, Powers, and Duties—Health Officers. (Chap. 140, Act Mar. 12, 1913.)

(Sections 1095, 1097A, 1097B, and 1098 of House bill 171, Session Laws of 1909, were amended to read as follows:)

SEC. 1095. *Local boards of health.*—The board of county commissioners must, biennially at their regular meeting in January, appoint a licensed physician residing in the county, who shall be known as the county physician. The board of county commissioners of each and every county in this State shall be constituted a county board of health for such county, and said county board of health's jurisdiction shall be coextensive with the boundaries of said county. The chairman of the board of county commissioners shall be president of the county board of health, and the county health officer shall be the clerk thereof. They shall, at their regular meeting in January, appoint a legally qualified physician county health officer, whose term

of office shall be for two years from January, next following each general election, and shall fix his compensation. The county health officer shall be ex officio member of the county board of health and shall be the executive officer thereof, and may be or may not be county physician. The county board of health may appoint as many sanitary officers as they deem necessary and fix the compensation of all appointees, who shall serve during the pleasure of the board. Any vacancy in such board caused by death, resignation of county health officer, or by his refusal to act, must be filled by appointment by the commissioners. The county board of health shall be empowered to make its own local rules and regulations, which shall not be inconsistent with law nor with the rules and regulations of the State board of health, and must make and establish for the county or any district or place therein such sanitary rules and regulations as they may deem necessary and proper to prevent the outbreak and spread of dangerous, contagious, and infectious disease, which rules or regulations shall take effect from and after their approval by the State board of health.

When any locality is in need of a health officer, the secretary of the county board of health may appoint a local physician to act as deputy health officer, and the expenses of such deputy health officer shall be paid in the same manner as all other county expenses. Cities and villages and other localities, in which there is need therefor, may organize a local board of health to be composed of at least one physician, who shall be the executive officer of such local board, and two other persons who may or may not be physicians. If, however, there is no physician residing in the city, village, or other locality, others may act. Such local boards of health shall act under the authority and direction of the county board of health for the county in which such city, village, or other locality may be situated, and shall report to said county board of health. All necessary expense incurred by the said county board of health in enforcing the provisions of this chapter must be paid for out of the general treasury from the current expense fund of the county, as other bills chargeable against said current expense fund are audited and paid.

Every health officer appointed under the provisions of this chapter shall be, whenever the same is practicable, a reputable physician licensed under the laws of the State of Idaho, and shall hold his office during the pleasure of the board and until his successor shall have been duly appointed and qualified; and in case of the occurrence of a vacancy in his office, the board of health shall immediately fill the same by a new appointment.

SEC. 1097 A. *Inspection of schools and public buildings.*—It shall be the duty of all county boards of health to provide for the examination by the secretary into the sanitary condition of all county buildings and jails, school buildings, and other public institutions in the county, at least once every year, before the 1st day of May, and as near said day as may be practicable, and such examining officer shall file a complete report, within 15 days after said 1st day of May, with the secretary of the State board of health.

SEC. 1097 B. *Quarantine counties.*—The board of health of any county may declare quarantine therein or in any particular district or place therein, against the introduction of dangerous, contagious, or infectious disease prevailing in any State, county, or place, or of any or all persons and things liable to spread such dangerous, contagious, and infectious disease. The said county board has authority and power to enforce such quarantine until the same is raised by themselves, and may confine such inflicted person or persons liable to spread such dangerous, contagious, or infectious disease to the house or premises in which he or she resides, or, if deemed advisable, to a place to be provided for them for that purpose. And when any contagious or infectious disease shall, in the opinion of the State board of health, become or threaten to become epidemic in any city, village, or county, and the local authorities shall neglect or refuse to enforce measures which, in the opinion of the State board of health, are efficient for its prevention, the State board of health, or its executive officer, on the

order of the president of said board, may appoint a medical or sanitary officer, and such assistants as he may require, and authorize him to enforce such orders or regulations as said board or its executive officer may deem necessary, the expense thereof to be paid by that municipality or county in which such services are rendered out of its general fund. The term "dangerous, contagious, or infectious disease" shall be construed and understood to mean such disease or diseases as the State board of health shall designate as contagious or infectious and dangerous to the public health.

SEC. 1098. *Duties of health officers.*—It shall be the duty of every county health officer, immediately after his appointment, to transmit to the secretary of said board of health his full name and post-office address; he shall keep accurate record of the proceedings of the local board of which he is the secretary, as well as his own official acts, and furnish a report thereof monthly to the secretary of the State board of health: *Provided, however,* That any epidemic shall be reported immediately, together with such other information in regard to the sanitary condition of his jurisdiction as he may deem interesting or valuable for publication in the annual report of the State board of health. He shall receive for his services as health officer such reasonable compensation as his board may allow to be paid out of the county treasury, this compensation to be fixed separately from that of the county physician; and for every failure or neglect of said health officer to perform any of the duties prescribed in this act, he shall be held guilty of a misdemeanor. Every municipal or local health officer shall make a similar report as required by the county health officer to the secretary of the county board of health. Any health officer who shall refuse or neglect to obey or enforce the rules or regulations or orders of the State board of health or who shall refuse or neglect to make prompt and accurate reports to the State board of health may be removed as health officer by the State board of health, and shall not again be reappointed except with the consent of the State board of health. Any member of a city or county board of health who shall violate or refuse or neglect to obey or enforce any of the rules, regulations, or orders of the State or county boards of health made for the prevention, suppression, or control of any dangerous, contagious, or infectious disease, or for the protection of the health of the people of this State, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than $10 nor more than $200, and shall be removed from office.

Communicable Diseases—Notification of Cases of—Quarantine—Disinfection—Schools—Disposal of Bodies. (Chap. 140, act Mar. 12, 1913.)

(Section 1099 of House bill 171, Session Laws of 1909, and sections 1100, 1102, 1104, and 1106 of article 3, chapter 1, of title 3, Political Code, Revised Codes of Idaho, were amended to read as follows:)

SEC. 1099. *Physicians to report certain diseases.*—Any physician or other person called to attend any person who is suffering from smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, typhoid fever, infantile paralysis and cerebrospinal meningitis, or any other disease dangerous to the public health or required by the State board of health to be reported, shall report the name within 24 hours to the health officer within whose jurisdiction such person is found, giving in such report the name, age, sex, and color of the patient, and the house or place in which such person may be found; and in the case of smallpox, cholera, plague, yellow fever, diphtheria, membranous croup, scarlet fever, or infantile paralysis and cerebrospinal meningitis, the attending physician shall at once declare a temporary quarantine, and shall prohibit entrance to or exit from such house; such temporary quarantine to remain in effect only until such time as the proper health officer can be notified and can act in the matter. In like manner it shall be the duty of the head of the family, and of the owner or agent of the owner of the building in which a person resides who has any of the diseases herein named or provided against,

or in which are the remains of a person having died of any such disease, immediately after becoming aware of the fact, to give notice thereof to the health officer. When complaint is made or a reasonable belief exists that an infectious or contagious disease prevails in any house or any other locality which has not been reported as hereinbefore required, the board shall cause such house or locality to be inspected by its health officer, and discovery that such infectious disease prevails in any house or any other locality which has not been reported as hereinbefore required, the board shall cause such house or locality to be inspected by its health officer, and on discovering that such infectious or contagious disease exists, the board may, as it deems best, send such person to a quarantine hospital or other place provided for such persons, or may restrain them or other persons exposed within said house from intercourse with other persons, and prohibit ingress and egress to or from such premises. Any person, on whom a duty is imposed by the provisions of this section, who fails, neglects, or refuses to perform the same as herein required, and any persons who violates any regulation of the physician attending a person afflicted with any of the diseases above mentioned, shall be deemed guilty of a misdemeanor, and on conviction thereof, shall be fined a sum not exceeding $50, or be imprisoned in the county jail not exceeding 90 days, or shall suffer both fine and imprisonment.

SEC. 1100. *Quarantine of infected houses.*—It shall be the duty of the local board of health, when a case of smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, infantile paralysis, and cerebrospinal meningitis or any other dangerous, contagious, or infectious disease is reported within its jurisdiction, to at once cause to be placed, in a conspicuous position on the house wherein any of the aforesaid diseases occur, a quarantine card having printed on it in large letters the name of the disease within, and to prohibit entrance to or exit from such house without written permission from the board of health. No person quarantined by a board of health on account of having a contagious disease, or for having been exposed thereto, shall leave such quarantined house or place without the written permission of the board of health. Every physician attending a person affected with any of the aforementioned diseases shall use such precautionary measures to prevent the spread of the disease as may be required by the board of health. No persons shall remove, mar, deface, or destroy such quarantine card, which shall remain in place until after the patient has been removed from such house, or has recovered and is no longer capable of communicating the disease, and the said house and the contents thereof have been properly purified and disinfected under the direction of the board of health; and where other inmates of said house have been exposed to and are liable to become ill of any of said diseases for a period thereafter, counting from the completion of disinfection as follows, to wit: In diphtheria and membranous croup, 14 days; in smallpox, 17 days; in scarlet fever, 10 days; in cholera or yellow fever, 7 days; in typhus fever, 21 days.

In cases of measles, chicken pox, and whooping cough, or either of them, the board of health may require the same report of cases, and may enforce the same quarantine and other preventive measures, as are provided for in this chapter in case of scarlet fever. The board of health may employ as many persons as it deems necessary to execute its orders and properly guard any house or place containing any person or persons affected with any of the diseases named herein, or who have been exposed thereto, and such persons shall be sworn in as quarantine guards, shall have police powers, and may use all necessary means to enforce the provisions of this chapter for the prevention of contagious or infectious diseases, or the orders of any local board of health made in pursuance thereof. Any person on whom a duty is imposed by the provisions of this section who fails, neglects, or refuses to perform the same as herein required, shall be guilty of a misdemeanor, and on conviction thereof shall be fined a sum not exceeding $50, or be imprisoned in the county jail not exceeding 90 days, or shall suffer both fine and imprisonment.

SEC. 1102. *Disinfection of houses.*—When the health authorities of any county or municipality are of opinion that the cleansing and disinfection of any house or part thereof, and of any articles therein likely to retain infection, would tend to prevent or check infectious diseases, it shall be the duty of such authority to cleanse and disinfect such house, or part thereof, and articles, and the health authorities may recover the expenses incurred from the owner or occupant: *Provided*, That where the owner or occupant of any such house or part thereof is, from poverty or otherwise, unable, in the opinion of such health authority, effectually to carry out the requirements of this section, such authority may cleanse and disinfect such house or part thereof, and articles, and the municipality or county in which said house is situated shall defray the expenses thereof.

SEC. 1104. *Exclusion of exposed persons from schools.*—No person residing in or occupying any house in which there is a person suffering from smallpox, cholera, plague, typhus fever, diphtheria, membranous croup, chicken pox, measles, mumps, whooping cough, or scarlet fever, cerebrospinal meningitis, infantile paralysis, shall be permitted to attend any public, private, or parochial school or college, or Sunday school, or any other public gathering, until the quarantine provided for in such disease in section 1100 has been removed by the board of health. All school proncipals, Sunday school superintendents or other persons in charge of such schools, are hereby required to exclude any and all such persons until such time as they may present a written permit of the local board of health to attend or reenter such schools.

SEC. 1106. *Cremation and burial of bodies.*—The bodies of persons who have died of smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, cerebrospinal meningitis, infantile paralysis, or other dangerous contagious or infectious disease, shall be buried or cremated within 24 hours after death, unless written permission to the contrary be granted by the board of health; and no public or church funeral shall be held in connection with the burial of a person who has died of any of the above-named diseases, and the body of any such person shall not be taken into any church, chapel, or other public place, and only the adult members of the family and such other persons as are actually necessary shall be present at the burial or cremation of the body.

Water and Ice—Prevention of Pollution of. (Chap. 173, Act Mar. 13, 1913.)

SECTION 1. Ice offered or intended for public use or consumption shall be kept stored in clean places free from all filth, offal, refuse, and polluted waters and separate and removed from contact with animal or vegetable matter, and not in proximity to any cesspool, privy, vault, or sewer, nor in places where such ice may be subject to the contamination from, or the action of, acids, oils, noxious, offensive or injurious gases, smoke or vapors; and all ice kept or stored in violation of this section shall be deemed polluted ice and not fit for human consumption; and it shall be unlawful to sell, offer for sale, or store for sale such polluted ice.

SEC. 2. That any corporation or person owning or maintaining any plant or system for the supply to the inhabitants of this State, or any part thereof, of water for domestic purposes shall keep the same clean and free from all impurities, accumulation of sediment, offal, refuse, dead animals, and all other foreign substances which tend to injure the health of the consumers of such water. Any person or corporation failing or neglecting to comply with any of the provisions of this act shall be guilty of a misdemeanor.

Births and deaths—Registration of. (Chap. 39, act Mar. 1, 1913.)

SECTION 1. That section 7 of chapter 191, Session Laws of Idaho, 1911, be amended to read as follows:

SEC. 7. That the certificate of death shall contain the following items:

1. Place of death, including State, county, township, 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 (negro or negro descent), Indian, Chinese, Japanese, or other.

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

6. Date of birth, including the year, month, and day.

7. Age, in years, months, and days.

8. Place of birth; State or foreign country.

9. Name of father.

10. Birthplace of father; State or foreign country.

11. Maiden name of mother.

12. Birth of mother; State or foreign country.

13. Occupation. The occupation to be reported of any person who has any remunerative employment, women as well as men.

14. Signature and address of informant.

15. Date of death, year, month, and day.

16. Statement of medical attendance on decedent, fact and time of death, time last seen alive.

17. Cause of death, including the primary and contributory causes or complications, if any, and duration of each.

18. Signature and address of physician or official making the medical certificate.

19. Length of residence at place of death and in State. Special information concerning deaths in hospitals and institutions, and of persons dying away from home, including the former or usual residence, and place where the disease was contracted.

20. Place of burial or removal.

21. Date of burial or removal.

22. Signature and address of undertaker.

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

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, last in attendance on the deceased, who 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 death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the State registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and, if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal. And in case of deaths in hospitals, institutions, or away from home, the physician shall furnish the information required under this head (item 20), and shall state where, in his opinion, the disease was contracted.

SEC. 2. That section 20 of chapter 191, Session Laws of Idaho, 1911, be amended to read as follows:

SEC. 20. That each local registrar shall be entitled to be paid the sum of 25 cents for each birth and each death certificate properly and completely made out and registered with him, and correctly copied 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 sume of 25 cents for each report to that effect, promptly made in accordance with this act: *Provided, howerer*, That compensation for such services may be fixed by the city council, or other governing body of such city, incorporated town, or registration district. All amounts payable to registrars, outside of cities or incorporated towns, under provisions of this section shall be paid by the treasurer of the county in which the registration districts are located, upon certification by the State registrar. And the State registrar shall annually certify to the treasurer of the several counties the number of births and deaths registered, with the names of the local registrars and the amounts due each at the rates fixed herein: *Provided, however*, That no warrant shall be issued to any local registrar where notice is previously given by the State registrar to the auditor, city clerk, or other proper officer of such registration district that the local registrar has failed to comply with the rules and regulations of the State board of health and bureau of vital statistics and the instructions of the State registrar.

KANSAS.

State Board of Health—Certain Employees Authorized. (Act Mar. 17, 1913.)

SEC. 9. That section 9021 of the General Statutes of Kansas of 1909 be amended to read as follows:

"SEC. 9021. That the State board of health is hereby authorized to appoint a clerk who shall be a stenographer, who shall receive an annual salary of $900; a stenographer who shall receive an annual salary of $900; and a bacteriologist who shall receive an annual salary of $1,200."

SEC. 10. That section 3085 of the General Statutes of Kansas of 1909 be amended to read as follows:

"SEC. 3085. The State board of health shall appoint three food inspectors and two drug inspectors who shall serve during the pleasure of the board, and shall each receive a salary of not more than $100 per month for the first year of service, $110 per month for the second year of service, and $125 per month thereafter. The secretary of the State board of health shall appoint, upon recommendation of the State board of health, an assistant chief food and drug inspector, who shall receive a salary of $150 per month, and who shall serve during the pleasure of the chief food and drug inspector. They shall be allowed the actual necessary expenses incurred in the performance of their duties, which shall be such as are prescribed by the rules of the State board of health, as hereinbefore provided. The appointment of the inspectors herein provided shall be based upon a competitive examination of applicants upon the position of inspector, which examination shall be conducted by the chief food and drug inspector, and the food and drug analysts of the State board of health. The secretary of the State board of health, as executive officer of the board, shall direct the actions of the food and drug inspectors as such, and by reason of this office shall be chief food and drug inspector. He shall receive a salary of $2,500 per annum and such necessary expenses as are incurred in the performance of his duties as secretary of the State board of health and chief food and drug inspector."

Vasectomy and Oophorectomy—When Authorized. (Act Mar. 14, 1913.)

SECTION 1. That it shall be the duty of the managing officers of all public institutions of this State intrusted with the care or custody of habitual criminals, idiots, epileptics, imbeciles, and insane, and they are hereby authorized and directed to obtain the

advice and professional services of competent surgical assistants, who, jointly with the physician or surgeon in charge of the institution in which any of such inmates shall be, shall constitute the authority whose duty it shall be to examine such inmate or inmates of the several institutions as are deemed to be improper and inadvisable to allow to procreate. Such authority shall examine the physical and mental condition of such inmate or inmates, the history thereof so far as can be ascertained, and if, in the judgment of such authority, procreation by any such inmate or inmates would produce children with an inherited tendency to crime, insanity, feeble-mindedness, epilepsy, idiocy, or imbecility, and there is no probability that the condition of any such inmate or inmates as examined will improve to such an extent as to render procreation by any such inmate or inmates advisable, or if the physical or mental condition of any such persons will be materially improved thereby, then said authority shall report their conclusions with a recommendation to the district court or any court of competent jurisdiction in and for the district from which such inmate or inmates has been committed to such institution or institutions. The court shall thereupon hear and determine the matter, and if satisfied that the purposes of this act will be executed by such order shall adjudge that such operation shall be performed, and shall appoint one of the authority signing such report to perform the operation of vasectomy or oophorectomy, as the case may be, upon such person. The county attorney of the county in which the hearing is had may be directed by the court to represent the State in the proceedings. Such operation shall be performed in a safe and humane manner, and the surgeon performing the operation shall receive from the State such compensation for the service rendered as the board of administration shall deem reasonable.

SEC. 2. Except as authorized by this act, every person who shall perform, encourage, assist in, or otherwise promote the performance of either of the operations described in section 1 of this act, for the purpose of destroying the power to procreate the human species, or any person who shall knowingly permit either of such operations to be performed upon such persons, unless the same shall be a medical necessity, shall be fined not more than $1,000, or imprisonment in the county jail not exceeding 1 year, or both.

SEC. 3. Any managing officers herein charged with any duty specified in section 1 who shall fail, neglect, or refuse for 60 days or more in the performance thereof shall be guilty of a misdemeanor and subject to a fine of not more than $100 or imprisonment in the county jail for not more than 30 days, or both such fine and imprisonment.

MONTANA.

Milk and Milk Products—Production, Care, and Sale. (Chap. 77, Act Mar. 13, 1913.)

SEC. 3. *Duties of the State dairy commissioner.*—It shall be the duty of the said State dairy commissioner or his deputies to inspect or cause to be inspected all creameries, dairies, butter, cheese, condensed milk, or ice cream factories, or any place where milk or cream or their products are produced, handled, or stored within the State at least once a year or oftener, if possible. It shall be the duty of the said dairy commissioner to act upon all reports or complaints that he may receive from owners and managers of public dairies, creameries, butter, cheese, condensed-milk and ice-cream factories, or other persons, wherein it is reported to him the names and locations of one or more producers of milk, cream, butter, cheese, condensed milk, or ice cream who are offering for sale milk, cream, butter, cheese, condensed milk, or ice cream that is not fresh and clean, and in such instance he may inspect barns or farm houses, creameries, factories, or other places where dairy products or utensils are produced, kept, stored, handled, or sold, and he may give advice and instruction in the proper performance of the work, and he may prohibit the sale of unclean or unwholesome milk, cream, butter, cheese, condensed milk, or ice cream.

It shall be his duty to condemn for food purposes all unclean or unwholesome milk, cream, butter, cheese, condensed milk, or ice cream wherever he may find them.

This is to include all dairy products produced or manufactured where proper rules of sanitation are not observed. That where he condemns unclean or unwholesome dairy products said products must be so treated as to render impossible the manufacture or renovation of such products for human food. That he shall in all cases where he finds that the law as herein provided has been violated, it shall be his duty to so inform the county attorney where the violation has been committed, and that said county attorney shall then investigate the charges of violation of this act made in his county and to prosecute all cases where evidence of guilt is shown.

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The said State dairy commissioner and his deputies are hereby authorized, and it shall be his duty to enter at any time all creameries, public dairies, cheese, condensed milk, and ice-cream factories, or other places where dairy products are manufactured, produced, stored, or kept for sale or transportation, for the purpose of inspecting the same; to take samples anywhere of dairy products, or imitation thereof, suspected of being made or sold in violation of the law, and cause the same to be analyzed or satisfactorily tested by the chemist of the State pure food department.

That the sample taken as above prescribed shall be taken in duplicate and one of the same delivered to the manufacturer of the dairy product so sampled. Due notice in writing shall be given to the manufacturer of the date and hour on which a sample will be tested or analyzed by the chemists of the State pure food department so that the manufacturer or his representative may be present at such test or analysis.

The State dairy commissioner or his deputies shall have the power to examine under oath or otherwise, any person whom they believe has knowledge concerning the violation of any provision of this act.

The said State dairy commissioner shall make an annual report to the governor not later than January 1 of each year.

SEC. 4. For the enforcement of the sections of this act "sanitary" will mean that all creameries, dairies, butter, cheese, condensed milk, or ice-cream factories, or any place where milk, cream, or any of their products are produced, handled, or stored within the State shall score as much as 65 per cent of the Government score card or modifications thereof, suitable to the conditions of Montana. Each inspector or person authorized by the State to make such inspection shall leave the owner or proprietor a duplicate of score card.

All barns, stables, or other buildings in which dairy cattle are housed or stabled shall be of such proportion as to allow 350 cubic feet of air space for each and every cow therein. All such buildings must be lime washed throughout at least once every year and have 2 square feet opening for every animal stabled therein, but the specifications as herein prescribed shall not be deemed to apply to persons who milk but five cows or less.

All manure accumulating in such buildings to be removed at least once every 24 hours, and during the months May to September, inclusive, of each year, must be deposited at a distance not less than 50 feet from such buildings.

The State dairy commissioner shall keep a record of each inspection with the address of the premises inspected, and shall record the number of cows kept and the quality of dairy products handled.

SEC. 5. *Definitions.*—Milk is the fresh, clean lacteal secretion obtained by the complete milking of one or more healthy cows, properly fed and kept, excluding that obtained within 15 days before and 5 days after calving, and contains not less than 8.5 per cent of solids not fat, and not less than 3.25 per cent of milk fat.

Adulterated milk is milk containing more than 88 per cent water and less than 11.75 per cent of total solids, 8.5 per cent solids not fat, and 3.25 per cent fat, except milk for manufacture; milk which has been diluted with water or into which has been introduced any foreign substance whatever. This includes all substances added for the purpose of preserving, coloring, and thickening milk or cream, or milk handled in an insanitary manner.

Cream is that portion of milk, rich in milk fat, which rises to the surface of milk on standing, or is separated from it by centrifugal force, fresh and clean, and contains not less than 20 per cent of milk fat.

Butter is the clean accumulated milk fat from unadulterated milk or cream with or without the addition of salt or coloring matter, containing not less than 82.5 per cent of butter fat and not more than 16 per cent water.

Cheese is the sound, solid, and ripened product made from milk or cream by coagulating the casein thereof with rennet or lactic acid, with or without the addition of ripening ferments, seasoning, and coloring matter, and contains, in the water-free substance, not less than 50 per cent of milk fat.

Ice cream is a frozen product made from cream, gelatin, and sugar, with or without flavoring, and contains not less than 14 per cent of milk fat and not more than 1 per cent pure gelatin.

Oleomargarine, butterine, imitation butter, or imitation cheese are substances made in imitation of butter or cheese, but not entirely from pure milk or cream in the usual way. They may be construed to mean any article or substance into which any oil, lard, or fat not produced milk or cream enters as a component part.

SEC. 6. *Adulterated milk.*—No person shall sell or exchange or offer or expose for sale or exchange as milk or cream any unclean, impure, adulterated, or unwholesome milk, or unclean, impure, adulterated, colored, or unwholesome milk or cream, or sell or exchange, or offer or expose for sale or exchange, any substance in imitation or semblance of milk or cream which is not milk or cream, nor shall they sell or exchange, or offer or expose for sale or exchange, any such substance as and for milk or cream, or sell or exchange, or offer or expose for sale or exchange, any article of food made from such milk or cream, or manufacture from any such milk or cream any article of human food. Any person delivering milk or cream to any butter or cheese factory, condensing milk-gathering station, or railway station to be shipped to any city, town, or village shall be deemed to expose or offer the same for sale whether the said milk or cream is consigned to himself or another. Each and every can thus delivered, shipped, or consigned, if it be not pure milk or cream, must bear a label or card upon which shall be plainly and legibly stated the constituents or ingredients of the contents of the can. There shall be no limit to the percentage of fat contained in unadulterated milk or cream sold to creameries for the sole purpose of manufacture into butter.

SEC. 7. *Milk, cream, or ice-cream vessels.*—No person or persons shall, without the consent of the owner or owners, use, sell, dispose of or traffic in any milk cans, jar bottles, or milk or ice-cream receptacles belonging to any dealer or shipper of milk or milk products having the name or initials of the owner on such cans, jars, bottles, or other receptacles. No person shall willfully mar, change, or erase the name or initials stamped or fastened upon sealed milk receptacles or vessels for other purposes, nor place any other substance than milk or its products in them.

Cleaning vessels before return.—Whenever any cans, vessels, or other receptacles used in the transportation of milk, cream, or their products are returned to the producer for a fresh shipment of the product, they must be thoroughly cleaned by washing, rinsing, and scalding, so as to make their condition sanitary and suitable as a receptacle for fresh milk and cream or their products. No person shall place or suffer to be placed in any such can or receptacle any sweeping, dirt, filth, or any animal or vegetable substance tending to produce or promote an insanitary condition. Milk, cream, or ice cream shall not be handled in cans rusted inside.

SEC. 8. *Insanitary places and appliances for milk.*—No person shall produce or keep milk or any of its products intended for sale or exchange in any building or place where conditions are insanitary and unfavorable to the production of wholesome foods.

SEC. 9. *Butter and cheese factories.*—Operators of all cooperative butter, cheese, and condensed-milk factories shall keep their books open for inspection of any patron at all times, showing the daily amounts of milk and cream received and the per cent and

amount of fat in the milk and cream received from each patron, and the amounts of cream sold and butter, cheese, or condensed milk manufactured daily. Every facility should be offered to the patron for keeping himself informed in regard to the business of the butter, cheese, and condensed-milk factory, and checking up his daily product with his returns.

SEC. 10. *Reporting factories.*—It shall be the duty of every cheese factory, creamery, butter and condensed-milk factory, or skimming station in the State, where milk is purchased or contributed by three or more persons, to register the location of such cheese factory, creamery, butter or condensed-milk factory, or skimming station, and the name of its owner or manager with the dairy commissioner on or before the 1st day of April of each year. Before the organization of any new factory notice shall be given at once to said dairy commissioner.

NEVADA.

County Health Officers—Appointment, Powers, and Duties. (Chap. 103, Act Mar. 15, 1913.)

SECTION 1. Section 6 of the act of March 27, 1911, is hereby amended so as to read as follows:

"SEC. 6. The board of county commissioners shall appoint a local health officer for a period of not less than one year who shall only be removed for incompetency, and who shall act as a collector of vital statistics and is empowered to appoint such deputy or deputies as may be necessary, with the approval of the board of county commissioners. For collecting and compiling the vital statistics of the county, he shall receive from the county a sum, not less than $25 per month, and the board of county commissioners are directed to allow a claim for this or for such greater sum as they may deem proper for the work performed; the deputies appointed by the local health officer, with the approval of the county commissioners, shall be paid in the same manner, a sum not to exceed $25 per month for registering and compiling the data prescribed by the State board of health and by this act. The deputy health officers shall file with the local health officer monthly reports not later than the 5th day of each month, which said report shall be compiled by the local health officer and forwarded to the secretary of the State board of health not later than the 10th day of each month. In counties where deputy registrars are appointed the county commissioners shall allow them a monthly salary, or the sum of $1 for each birth and death certificate executed by them."

Communicable Diseases—Notification of Cases of—Reporting of Marriages. (Chap. 103, Act Mar. 15, 1913.)

SEC. 2. Following section 24 the following sections are to be inserted:

"SEC. 25. All cases of smallpox, diphtheria, and scarlet fever shall be reported by the attending physician to the local health officer within 24 hours after making such diagnosis, and on or before the 5th day of each month physicians shall report to the local health officer in their respective counties all cases of contagious, infectious, or communicable diseases treated by them during the preceding month. Blanks for such reports shall be supplied by the State board of health.

"SEC. 26. Any physician who shall willfully neglect or refuse to perform any duties imposed upon them by the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than $5 nor more than $25.

"SEC. 27. It shall be the duty of the county clerk, of the several counties of the State, to transmit to the secretary of the State board of health, on or before the 10th day of January and the 10th day of June of each year, the number of marriage licenses issued by him during the preceding six months.

"SEC. 25 of said act to be renumbered and known as section 28, and the following sections numbered consecutively up to and including section 33."

NEW HAMPSHIRE.

Seal for State Board of Health. (Chap. 29, Act Mar. 14, 1913.)

SECTION 1. The State board of health shall have a seal, which shall be like the present seal of the State except that the device thereon shall be surrounded by the words "State Board of Health of New Hampshire" in the place of the words "Sigillum Reipublicæ Neo Hantoniensis, 1784" surrounding the device of said seal of the State. Every certificate or other official paper executed by the secretary of the State board of health in pursuance of any authority conferred by law, and bearing the seal of the board, shall be received as evidence, when duly certified by the secretary of said board under its seal, with the same force and effect as the original would, in law, be entitled to, if produced in open court.

NORTH CAROLINA.

Health Authorities—Control of Communicable Diseases—Water Supplies. (Chap. 181, Act Mar. 12, 1913.)

(Chapter 62, Public Laws of 1911, was amended to read as follows:)

SECTION 1. *State board of health, how elected.*—The medical society of the State of North Carolina shall choose from its members by ballot four members and the governor of the State shall appoint five other persons (one of whom shall be sanitary engineer), and they shall constitute the North Carolina Board of Health.

SEC. 2. *Term of office; vacancies, how filled.*—The members of the board of health elected by the State medical society shall be chosen to serve for six years. Their term of office shall begin immediately upon the expiration of the meeting at which they were elected. Those appointed by the governor shall serve for six years, their term of office beginning with the first regular meeting of the board after their appointment. In case of death or resignation, the board shall elect new members to fill the unexpired terms: *Provided*, The governor shall fill such vacancies as may occur where he has made appointments.

SEC. 3. *Duties of the State board of health.*—The board of health shall take cognizance of the health interests of the people of the State; shall make sanitary investigations and inquiries in respect to the people, employing experts when necessary; shall investigate the causes of diseases dangerous to the public health, especially epidemics, the sources of mortality, the effect of locations, employments, and conditions upon the public health. They shall gather such information upon all these matters for distribution among the people, with the especial purpose of informing them about preventable diseases. They shall be the medical advisers of the State, and are herein specially provided, and shall advise the Government in regard to the location, sanitary construction, and managment of all State institutions, and shall direct the attention of the State to such sanitary matters as in their judgment affect the industries, prosperity, health, and lives of the people of the State. They shall make an inspection once in each year, and at such other times as they may be requested to do so by the State board of charities, of all public institutions, including all convict camps under the control of the State's prison, and make a report as to their sanitary condition, with suggestions and recommendations, to their respective boards of directors or trustees; and it shall be the duty of the officials in immediate charge of said institutions to furnish all facilities necessary for a thorough inspection. The secretary of the board shall make biennially to the general assembly, through the governor, a report of their work.

SEC. 4. *May make regulations in times of epidemics.*—In times of epidemics of smallpox, yellow fever, typhoid fever, scarlet fever, diphtheria, typhus fever, bubonic plague, and cholera the State board of health shall have sanitary jurisdiction in all cities and towns not having regularly organized local boards of health, and are hereby

empowered to make all such regulations as they may deem necessary to protect the public health, and to enforce them by suitable penalties.

SEC. 5. *Bulletins of diseases issued; rules made to check disease; pay of members for.*—Bulletins of the outbreak of disease dangerous to the public health shall be issued by the State board, whenever necessary, and such advice freely disseminated to prevent and check the invasion of disease into any part of the State. It shall also be the duty of the board to inquire into any outbreak of disease, by personal visits or by any method the board shall direct. The compensation of members on such duty shall be $4 a day and all necessary traveling and hotel expenses.

SEC. 6. *Officers of; salary of secretary; pay of members.*—The State board of health shall have a president, a secretary who shall also be treasurer, and an executive committee, said executive committee to have such powers and duties as may be assigned it by the board of health. The president shall be elected from the members of the board and shall serve six years; the secretary-treasurer shall be elected from the registered physicians of the State and shall serve six years. The executive committee shall be composed of the president of the board, ex officio, and two other members of the board to be elected from those composing it. The executive office of the board shall be in the city of Raleigh, and the secretary shall reside there. The secretary shall be the executive officer of the board and shall, under its direction, devote his entire time to public-health work, and shall be known as the "State health officer." He shall receive for his services such yearly compensation as shall be fixed by the board, not to exceed $3,000, and his actual traveling and hotel expenses when engaged in the work of the board. The board may in its discretion elect as a special assistant to the State health officer, for the antituberculosis work, the secretary of the State Association for the Prevention of Tuberculosis, at an annual salary not to exceed $600. The members of the board shall receive no pay, except that each member shall receive $4 and necessary traveling and hotel expenses when on actual duty in attending the meetings of the board or of the executive committee or in pursuing special investigations in the State; but when attending important meetings beyond the limits of the State, the number of delegates thereto being limited to one, in addition to the secretary, only actual traveling and hotel expenses shall be allowed. These sums shall be paid by the treasurer on authenticated requisition, approved and signed by the president.

SEC. 7. *Time of meeting to elect officers.*—The meetings of the State board of health for the election of officers shall be on the second day of the annual meeting of the Medical Society of the State of North Carolina in the year 1901 and every six years thereafter.

SEC. 8. *Time of special and regular meetings.*—Special meetings of the State board of health may be called by the president through the secretary. The regular annual meeting shall be held at the same time and place as the State medical society, at which time the secretary shall submit his annual report. The executive committee shall meet at such times as the president of the board may deem necessary, and he shall call such meetings through the secretary.

SEC. 9. *County board of health, who constitutes; election of county physician or county health officer.*—The chairman of the board of county commissioners, the mayor of the county town, and in county towns where there is no mayor the clerk of the superior court, and the county superintendent of schools shall meet together on the first Monday in April, 1911, and thereafter on the first Monday of January in the odd years of the calendar, and elect from the regularly registered physicians of the county, two physicians, who, with themselves, shall constitute the county board of health. The chairman of the board of county commissioners shall be the chairman of the county board of health, and the presence of three members at any regular or called meeting shall constitute a quorum. The term of office of members of the county board of health shall terminate on the first Monday in January in the odd years of the calendar, and

while on duty they shall receive $4 per diem, to be paid by the county. The county board of health shall have the immediate care and responsibility of the health interests of their county. They shall meet annually in the county town, and three members of the board are authorized to call a meeting of the board whenever in their opinion the public health interest of the county requires it. They shall make such rules and regulations, pay such fees and salary, and impose such penalties as in their judgment may be necessary to protect and advance the public health: *Provided*, That all expenditures shall be approved by the board of county commissioners before being paid. The board of health shall meet on the first Monday of July, 1913, and thereafter on the second Monday of January in the odd years of the calendar, and elect either a county physician or a county health officer, who shall serve thereafter until the second Monday in January of the odd years of the calendar: *Provided*, That if the county board of health of any county shall fail to elect a county physician or county health officer within two calendar months of the time set in this section, the secretary of the State board of health shall appoint a registered physician of good standing in the said county to the office of county physician, who shall serve the remainder of the two years, and shall fix his compensation, to be paid by the said county, in proportion to the compensation paid by other counties for like service, having in view the amount of tax collected by said county.

SEC. 10. *Rules of county board of health.*—If any person shall violate the rules and regulations made by the county board of health he shall be guilty of a misdemeanor, and fined not exceeding $50 or imprisoned not exceeding 30 days.

SEC. 11. *Duties of county physicians and health officers; penalty for nonperformance.*—The duties of the county physician shall be to make the medico-legal post mortem examinations for the coroner's inquests; to make examination of lunatics for commitment; to render professional service to the sick inmates of the convict camp, jail, and county home, upon request of the superintendent or the keeper of these institutions, and to determine the nature of any particular disease, upon the request of the quarantine or deputy quarantine officer: *Provided*, That the county physician shall have the right to employ any other regularly registered physician of his county to perform any or all of the duties pertaining to the jail, county home, or convict camp, when in his judgment it is desirable to do so: *Provided, however*, That the terms under which such physician is employed by the county physician shall be approved by the board of county commissioners. The duties of the county health officer shall be to devote his entire time to the county public health work, and he shall perform the duties of the county physician, the duties of quarantine officer, and the following additional duties: He shall make a sanitary examination during the summer months of every public school building and grounds in the county, and no school committee or teacher shall make use of any school building or grounds until the county superintendent of health shall certify in writing that said building and grounds have been inspected and found to be in a satisfactory sanitary condition within four months of the date of the certificate. He shall examine every school child that has previously been examined by the teacher according to methods furnished said teacher by the county superintendent of schools and reported to said county superintendent of schools as probably defective in the condition of its eyes, ears, nose, or throat, and he shall further endeavor to have examined the feces of every child whom he suspects of having hookworm disease. He shall notify on blank forms and in accordance with instructions furnished by the State department of public instruction, every parent or guardian of a child having any defect of the aforesaid organs, or hookworm disease, and he shall suggest to said parent or guardian the proper course of treatment and urge that such treatment be procured. He shall cooperate fully with the county board of education, the county superintendent of schools, and the teachers in the public schools, to the end that children may be better informed in regard to the importance of health and the method of preventing disease. He shall, through the county press, public addresses, and in every available

way endeavor to educate the people of his county to set a higher value on health and to adopt such public and private measures as will tend to a greater conservation of life. Any violation of this section shall constitute a misdemeanor, and shall subject the defendant to a fine of not less than $10 nor more than $50.

SEC. 12. *Abatement of nuisances.*—Whenever and wherever a nuisance shall exist which in the opinion of the county physician or county health officer is dangerous to the public health, it shall be his duty to notify in writing the parties responsible for its continuance, of the character of the nuisance and the means of abating it. Upon this notification, the parties shall proceed to abate the nuisance: *Provided, however*, That if the party notified shall make oath or affirmation before a justice of the peace of his or her inability to carry out the directions of the county physician or county health officer, it shall be done at the expense of the town, city, or county in which the offender lives. In the latter case the limit of the expense chargeable to the city, town, or county shall not be more than $1,000 in any case: *Provided, further*, That nothing in this section shall be construed to give the county physician or county health officer the power to destroy or injure property without a due process of law as now exists for the abatement of nuisances.

SEC. 13. *Nuisance; failure to abate.*—If any person, firm, corporation, or municipality responsible for the existence and continuance of a nuisance, after being duly notified in writing by the county physician or county health officer to abate said nuisance, shall fail to abate the same for 24 hours after such notice prescribed, he shall be guilty of a misdemeanor, and shall be fined $2 a day as long as said nuisance remains.

SEC. 14. *Election of municipal physician or health officer; provision for municipal health.*—The authorities of any city or town, not already authorized in its charter, are hereby authorized to elect a municipal physician or municipal health officer when, in their judgment, municipal health would be improved thereby, and to make such regulations, pay such fees and salaries, and impose such penalties as in their judgment may be necessary for the protection and the advancement of the public health.

SEC. 15. *Duties of the municipal physician or health officer; penalty for nonperformance.*—The duties of the municipal physician, within the jurisdiction of the town or city for which he is elected, shall be identical with those of the county physician for the county, with the exception of the duties of the county physician pertaining to the jail, convict camp, and county home. The authorities of any city or town shall have the power to assign the duties of quarantine officer to the municipal physician or health officer, and in such cases the municipal health officer shall faithfully perform the duties of the quarantine officer as prescribed in sections 20 and 21 of this act, and shall be subject to the penalties of the aforesaid sections for refusal or nonperformance of duty. If the physician is employed to devote his entire time to the public health interests of his town or city, he shall be known as the municipal health officer, and he shall discharge all the duties pertaining to the public schools of his town or city which are assigned in section 12 to the county health officer, and such other duties as may be assigned him by the municipal board of health. Anyone violating any of the provisions of this section shall be guilty of a misdemeanor, and subject to a fine of not less than $10 nor more than $50.

SEC. 16. *Quarantine; quarantine officers.*—All laws, with the exception of section 20 of this chapter, pertaining to the reporting, recording, and quarantining of diseases, and all laws pertaining to disinfection, shall be faithfully enforced by the quarantine officer. The county physician, county health officer, municipal physician or municipal health officer shall be eligible to this office. The county board of health, on the first Monday of July, 1913, and thereafter on the second Monday of January in the odd years of the calendar, shall elect a quarantine officer for their county, and arrange with such officer to accept and discharge the duties assigned in this chapter to such

official, and any other duties relating to the control of infectious diseases which may be assigned him by the county board of health. The quarantine officer shall serve until the second Monday in January of the odd years of the calendar.

SEC. 17. *Rules and regulations for quarantine and disinfection; penalty.*—Inland quarantine and disinfection shall be under the control of the quarantine officer, who shall faithfully enforce the rules and regulations governing quarantine and disinfection as prescribed by the local, county, or municipal board of health: *Provided*, That nothing in this section shall interfere with the execution of section 20 of this chapter: *Provided*, That the quarantine of ports shall not be interfered with, but the officers of the local and State board shall render all aid in their power to quarantine officers in the discharge of their duties, upon the request of the latter: *Provided further*, That any child or other person may remain in custody and care of parents or family. The failure on the part of the quarantine officer to perform the duties imposed in this section shall be a misdemeanor, and he shall be punished for each offense by a fine of not less than $10 nor more than $50.

SEC. 18. *Penalty for refusal or neglect to carry out quarantine.*—If any person shall neglect or refuse to comply with the rules and regulations governing quarantine and disinfection, as prescribed by the local, county, or municipal board of health, he shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than $5 nor more than $50, or imprisoned not less than 10 days nor more than 30 days, at the discretion of the court. In case the offender be stricken with the disease for which he is quarantinable, he shall be subject to the penalty on recovery, unless in the opinion of the secretary of the State board of health it should be omitted.

SEC. 19. *The control of smallpox.*—On the appearance of a case of smallpox in any neighborhood, town, or city, the quarantine officer shall use all due diligence to warn the public of its existence and to notify the public of the proper means for preventing its spread; the said warning and notification to be according to the instructions of the State health officer. The board of health of any town, city, or county shall have authority to require children attending the public schools to present certificate of immunity from smallpox, either through recent vaccination or previous attack of the disease. If any parent, guardian, school committee, principal, or teacher shall permit a child to violate such a requirement of the aforesaid authorities, he or she shall be guilty of a misdemeanor, and fined not less than $10 or more than $50.

SEC. 20. *Control of yellow fever, plague, cholera, and typhus fever.*—Any householder who knows that a person within his family or house, and any physician who suspects that a person whom he is called to treat is sick with yellow fever, bubonic plague, Asiatic cholera, or typhus fever, shall immediately give notice thereof to the quarantine officer, and the quarantine officer in turn shall immediately notify, by telegram, the secretary of the State board of health thereof. The secretary of the State board of health shall personally assume control of the quarantine of the aforesaid diseases and shall promulgate such rules and regulations governing their control as he deems wise. Any one violating this section, or the rules and regulations made by the secretary of the State board of health, as directed by this section, shall be, upon conviction, guilty of a misdemeanor, and fined not less than $50 nor more than $200, or imprisoned not less than 10 nor more than 60 days.

SEC. 21. *Precaution against contamination.*—In the interest of the public health, every person, company, or municipal corporation or agency thereof selling water to the public for drinking and household purposes shall take every reasonable precaution to protect from contamination and assure the healthfulness of such water, and any provisions in any charters heretofore granted to such persons, companies, or municipal corporations in conflict with the provisions of this section are hereby repealed. The State board of health shall have the general oversight and care of all inland waters, and shall have from time to time, as it may deem advisable, cause examinations of said waters and their sources and surroundings to be made for the purpose of ascertaining

whether the same are adapted for use as water supplies for drinking and other domestic purposes, or are in a condition likely to impair the interests of the public or of persons lawfully using the same, or to imperil the public health. For the purpose aforesaid, it may employ such expert assistants as may be necessary. The said board shall make such reasonable rules and regulations as in its judgment may be necessary to prevent contamination and to secure other purifications as may be required to safeguard the public health. Any individual, firm, corporation, or municipality, or the person or persons responsible for management of the water supply, failing to comply with said rules and regulations, shall be guilty of a misdemeanor, and upon conviction shall be fined or imprisoned, or both, at the discretion of the court.

The State board of health shall from time to time consult with and advise the boards of all State institutions, the authorities of cities and towns, corporations or firms already having or intending to introduce systems of water supply, drainage or sewerage, as to the most appropriate source of supply, the best practical method of assuring the purity thereof; or of disposing of their drainage or sewage, having regard to the present and prospective needs and interests of other cities, towns, corporations, or firms which may be affected thereby. All such boards of directors, authorities, corporations, and firms are hereby required to give notice to said board of their intentions in the premises and to submit for its advice outlines of their proposed plans or schemes in relation to water supplies and disposal of sewage, and no contract shall be entered into by any State institution or town for the introduction of a system of water supply or sewage disposal until said advice shall have been received, considered, and approved by the said board. That for the purpose of carrying out the general provisions of this section, every municipal or private corporation, company, or individual supplying or authorized to supply water for drinking or other domestic purposes to the public shall file with the secretary of the State board of health, within 90 days after the receipt of notice from said secretary, certified plans and surveys, in duplicate, pertaining to the source from which the water is derived, the possible source of infections thereof, and the means in use for the purification thereof, in accordance with the directions to be furnished by the said secretary. Failure on the part of any individual, firm, corporation, or municipality to comply with this section shall be a misdemeanor, and upon conviction those responsible therefor shall be fined not less than $50 nor more than $100, at the discretion of the court.

SEC. 22. *Condemnation of lands.*—All municipalities operating water systems and sewer systems, and all water companies operating under charter from the State or license from municipalities, which may maintain public water supplies, may acquire by condemnation such lands and rights in lands and water as are necessary for the successful operation and protection of their plants, said proceedings to be the same as prescribed by law for acquiring right of way by railroad companies.

SEC. 23. *May enter upon lands to lay pipes, etc.*—For the purpose of providing water supplies, the directors or other lawful managers of any public institution of the State may enter upon the lands through which they desire to conduct their pipes for said purpose, and lay them underground, and they at all times shall have the right to enter upon said lands for the purpose of keeping the water line in repair and do all things to that end.

SEC. 24. *Compensation for land.*—If damages shall be claimed for the use of such lands, and the parties can not agree as to the amount of compensation to be paid, they may proceed in the manner now provided by law for railroad companies to procure right of way.

SEC. 25. *Inspections of watersheds.*—Any waterworks that derive their water from a surface supply shall have a quarterly sanitary inspection of the entire watershed, except in those cases where the supply is taken from large creeks or rivers that have a minimum daily flow of 10,000,000 gallons, in which case the inspection shall apply to the 15 miles of watershed above the waterworks intake. Such water companies

shall cause to be made a sanitary inspection of any particular locality on said watershed at least once in every week, whenever in the opinion of the board of health of the city or town to which the water is supplied, or, when there is no such local board of health, in the opinion of the county superintendent of health or in the opinion of the State board of health, there is special reason to apprehend the infection of the water from that particular locality by the germs of typhoid fever or cholera. The inspection of the entire watershed as herein provided for shall include a particular examination of the premises of every inhabited house on the watershed, and, in passing from house to house, a general inspection for dead bodies of animals or accumulation of filth. It is not intended that the term "entire watershed" shall include uninhabited fields and wooded tracts that are free from suspicion. The inspection shall be made by an employee of and at the expense of said water company in accordance with reasonable instructions as to methods, scope, and details, to be furnished by the secretary of the State board of health. The said sanitary inspector shall give in person to the head of each household on said watershed or, in his absence, to some member of said household, the necessary directions for the proper sanitary care of his premises. It shall further be the duty of said inspector to deliver to each family residing on the watershed such literature on pertinent sanitary subjects as may be supplied him by the municipal health officer or by the secretary of the State board of health. Full report in duplicate of all such inspections shall be made promptly to the secretary of the State board of health and their accuracy certified to by the affidavit of the inspector, or such officer or person as the said secretary may direct.

SEC. 26. *Inspections of watersheds; penalty for failure.*—Failure on the part of those having in charge the management of public water supplies to comply with the law requiring sanitary inspections of watersheds shall be a misdemeanor and punished by a fine of not less than $25 nor more than $100, or by imprisonment for not less than 10 nor more than 30 days: *Provided*, The said official does not prove to the satisfaction of the court that, in spite of reasonable effort and diligence on his part, he was prevented, directly or indirectly, by his superiors from doing his duty in this respect; in which case the said superior officer shall be deemed guilty of a misdemeanor and punished by a fine of not less than $50 nor more than $200, or by imprisonment for not less than one nor more than six months.

SEC. 27. *Inspectors may enter upon premises.*—Each sanitary inspector herein provided for is authorized and empowered to enter upon any premises and into any building upon his respective watershed for the purpose of making the inspections required.

SEC. 28. *Residents on watersheds to obey instructions.*—Every person residing or owning property on the watershed of a lake, pond, or stream from which a drinking supply is obtained shall carry out such reasonable instructions as may be furnished him in the matter hereinbefore set forth directly by the municipal health officer or by the State board of health. Anyone refusing or neglecting to comply with the requirements of this section shall be guilty of a misdemeanor and fined not less than $10 nor more than $50, or imprisoned for not less than 10 nor more than 30 days.

SEC. 29. *Damage to water supply.*—If any person shall defile, corrupt, or make impure any well, spring, drain, branch, brook, creek, or other source of public water supply by collecting and depositing human excreta on the watershed, or depositing or allowing to remain the body of a dead animal on the watershed, or in any other manner, and if any person shall destroy or injure any pipe, conductor of water, or other property pertaining to an aqueduct, or shall aid and abet therein, he shall be guilty of a misdemeanor.

SEC. 30. *Sewage not discharged in.*—No person, firm, corporation, or municipality shall flow or discharge sewage above the intake into any drain, brook, creek, or river from which a public drinking-water supply is taken, unless the same shall have been passed through some well-known system of sewage purification approved by the State board of health; and the continued flow and discharge of such sewage may be enjoined upon application of any person.

SEC. 31. *Discharging sewage into certain streams.*—If any person, firm, or corporation, or other officer of any municipality having a sewerage system in charge shall violate the provision of the law relating to discharging sewage into streams from which public water is taken, he shall be deemed guilty of a misdemeanor.

SEC. 32. *Towns, etc., not having sewerage systems.*—All schools, hamlets, villages, towns, or industrial settlements which are now located or may be hereafter located on the shed of any public water supply, not provided with a sewerage system, shall provide and maintain a reasonable system approved by the State board of health for collecting and disposing of all accumulations of human excrement within their respective jurisdiction or control. Anyone refusing or neglecting to comply with the requirements of this section shall be guilty of a misdemeanor and fined not less than $10 nor more than $50, or imprisoned for not less than 10 nor more than 30 days.

SEC. 33. *State laboratory of hygiene; analyses of water, sputum, blood, etc., appropriation for; tax against water companies.*—For the better protection of the public and to prevent the spread of communicable diseases, there shall be established a State laboratory of hygiene, the same to be under the control and management of the State board of health, and it shall be the duty of the State board of health to have made in such laboratory monthly examinations of samples from all public water supplies of the State, of all waters sold in bottle or other package and of all spring waters that are maintained and treated as an adjunct to any hotel, park, or resort for the accommodation or entertainment of the public: *Provided*, That in the case of springs in connection with hotels, parks, or resorts intermittently operated, examinations of the water shall be made monthly during the period only that they are open for the accommodation and entertainment of the public; but if upon the examination of the water of any such spring it shall be found to be infected or contaminated with intestinal bacilli or other impurities dangerous to health, examinations shall be made weekly until its purity and safety are shown. The board shall also cause to be made examinations of well and spring waters when in the opinion of any county superintendent of health or any registered physician there is reason to suspect such waters of being contaminated and dangerous to health. The board shall likewise have made in this laboratory examinations of sputum in cases of suspected tuberculosis, or throat exudates in cases of suspected diphtheria, of blood in cases of suspected typhoid and malarial fever, of feces in cases of suspected hookworm disease, and such other examinations as the public health may require. For the support of the said laboratory the sum of $4,000 annually is hereby appropriated and an annual tax of $64, payable quarterly, by each and every water company, municipal, corporate, and private, selling water to the people: *Provided*, That the said annual tax for waters from springs or wells sold in bottles or otherwise shall be as follows: For springs or wells the gross annual sales from which for the previous calender year are less than $2,000 and more than $1,500, $50; less than $1,500 and more than $1,000, $40; less than $1,000 and more than $500, $30; less than $500 and more than $250, $20; and less than $250, $15; and for any spring maintained and treated as an adjunct to any hotel, park, or resort for the accommodation and entertainment of the public, $15, and an additional tax for water sold in bottle or other package from said spring in accordance with the above schedule.

Every corporation, firm, or person selling water in the manner set forth in this proviso shall file with the treasurer of the State board of health, within 60 days after the passage of this act and annually thereafter in the month of January, an affidavit as to the gross amount received from sale of water for the previous calendar year, and upon this affidavit the tax for the current year shall be based. Failure to so file said affidavit within the time prescribed shall subject the said corporation, firm, or person so failing to file said affidavit to double the tax for the current year. Failure to transmit sample within five days after receipt of sterilized bottle or container from the laboratory of hygiene shall be a misdemeanor, and upon conviction shall subject the delinquent to a fine of $25. Transportation charges, by mail, shall be paid by the sender; by express, by the laboratory. When deemed advisable, the said laboratory of hygiene shall analyze

samples purchased by it in the open market, in lieu of those sent direct from the spring. The said tax shall be collected quarterly by the sheriff as other taxes, and shall be paid by the said sheriff directly to the treasurer of the State board of health. The printing and stationery necessary for the laboratory shall be furnished upon requisition upon the State printer. Any person, firm, or corporation not a citizen of the State of North Carolina who shall sell or offer for sale any water in bottle or other package for consumption by the people of the State of North Carolina shall obtain a license from the treasurer of the State board of health, and shall pay for said license the sum of $64 per annum, or less amount equal to the tax paid by springs of the same class within the State, upon compliance with the conditions applying to them, payable in advance: *Provided*, That satisfactory evidence of purity furnished by the State laboratory of other States agreeing to reciprocate in this matter with this State shall be accepted in lieu of the said license tax. If water sold by any person, firm, corporation, or municipality shall be discovered by three successive analyses made by the State laboratory of hygiene to be dangerous to the public health, publication of that fact shall be made in the monthly Bulletin of the State Board of Health. The result of said analyses shall be immediately forwarded by mail to the person, firm, corporation, or municipality selling the water so analyzed. When upon subsequent analyses the water shall be found no longer dangerous to health, a certificate thereof shall be furnished the person, firm, corporation, or municipality offering the said water for sale, and publication of the fact shall be made in the said monthly bulletin: *Provided*, That this act shall not apply to the therapeutic waters so medicated as to render them sterile, the question of their sterility to be decided by the director of the State laboratory of hygiene.

SEC. 34. *Duties of solicitor to prosecute infringements.*—That for every violation of sections 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, and 37 it shall be the duty of the solicitors of the several judicial districts, upon the complaint of the board of health, or any of its officers, or of any individual injured or likely to be injured, to institute criminal action against the person, firm, corporation, or municipality charged with such violation in their respective districts, and prosecute the same.

SEC. 35. *Annual appropriation.*—For carrying out the provisions of this act as to the duties of the board of health $26,500, or so much thereof as may be necessary, is hereby annually appropriated, to be paid by the State auditor on requisition, to be signed by the secretary and president of the State board of health, the same to be apportioned as follows: Four thousand dollars to the State laboratory of hygiene, $8,000 to the campaign against the hookworm disease, and $14,500 to the executive officer of the State board of health, and the printing and stationery necessary for the board to be furnished upon requisition upon the State printer: *Provided*, That $1,000 of this appropriation be used annually by the State board of health to arrange for a supply of diphtheria antitoxin, which shall be available to the citizens of the State at contract price. A yearly statement shall be made to the governor of all money received and expended in pursuance of this act.

SEC. 36. *Contingent fund.*—A contingent fund of $5,000 is appropriated, subject to the auditor's warrant, upon the recommendation of the governor, to be expended in pursuance of the provisions of this act, when rendered necessary by the visitation of cholera or any other pestilential disease.

SEC. 37. That all laws and clauses of laws in conflict with this act are hereby repealed.

Vaccination. (Chap. 181, Act Mar. 12, 1913.)

(Section 4451, Revised Laws of 1905, was amended to read as follows:)

4451. *Vaccination.*—On the appearance of a case of smallpox in any neighborhood due warning of the existence of the disease shall be given, and all persons not able to pay shall be vaccinated free of charge by the county physician or health officer or by the municipal physician or health officer, and the county physician or health officer

shall vaccinate every person admitted into a public institution, jail, or county home as soon as practicable, unless he is satisfied, upon examination, that the person is already successfully vaccinated; the money for vaccine to be furnished by county commissioners. The board of health of any city, town, or county may make such regulations and provisions for the vaccination of the inhabitants of their city, town, or county, and impose such penalties as they may deem necessary to protect public health.

WASHINGTON.

Births and Deaths—Registration of. (Chap. 163, Act Mar. 22, 1913.)

SECTION 1. That section 5424 of Remington & Ballinger's Annotated Codes and Statutes of Washington be amended to read as follows:

"SEC. 5424. That for the purpose of this act the State shall be divided into registration districts as follows: Each city and incorporated town shall constitute a primary registration district, and each county, exclusive of the portion included within cities and incorporated towns, shall be subdivided by the State registrar into districts in such manner as may appear necessary for the convenience of the people, and each such district shall constitute a primary registration district, and each primary registration district shall be numbered by the State registrar."

SEC. 2. That section 5425 of Remington & Ballinger's Codes and Statutes of Washington be amended to read as follows:

"SEC. 5425. The health officer of each city and incorporated town shall be the local registrar in and for such primary registration district and shall perform all the duties of local registrar as hereinafter provided. The State registrar shall appoint a suitable person to be local registrar in and for each district not included in cities and incorporated towns, who shall hold such position during the pleasure of the State registrar and shall perform all the duties of local registrar, as hereinafter provided. Each local registrar shall immediately appoint in writing a deputy who shall be authorized to act in his stead in case of absence, death, illness, or disability."

SEC. 3. That section 5441 of Remington & Ballinger's Codes and Statutes of Washington be amended to read as follows:

"SEC. 5441. That each local registrar shall be paid the sum of 25 cents for each birth and death certificate properly and completely made out and registered with him and by him returned to the State registrar on or before the 5th day of the following month, which sum shall cover and include the making out of the burial permit and copy of the certificate to be filed and preserved in his office. And in case no births or deaths were registered during any month, the local registrar shall be paid the sum of 25 cents for each report to that effect, properly made out in accordance with the directions of the State registrar: *Provided*, That all local registrars who receive regular compensation as health officers shall not be entitled to the fee of 25 cents, above mentioned, but the duties of the local registrar shall be considered as a part of their duty as local health officer. All accounts payable to local registrars under the provisions of this act shall be paid by the treasurer or other lawful officer, out of the funds of the county or city, upon warrants drawn by the county auditor, or other proper local officer of such county or city, which warrant shall specify the number of certificates, properly registered and reports promptly returned where no births or deaths are registered: *Provided, however*, That no warrant shall be issued to any local registrar until he shall present a certificate from the State registrar stating the number of certificates and reports of no birth and no deaths properly returned to the State registrar, which certificates the State registrar shall issue during the months of January, April, July, and October of each year, after he shall have received the certificates and reports for the months next preceding."

SEC. 4. This act shall take effect January 1, 1914.

WEST VIRGINIA.

State Board of Health—Organization, Powers, and Duties. (Act Feb. 20, 1913.)

(An amendment and reenactment of certain sections of chapter 150 of the Code of 1906 and an addition of new sections.)

SECTION 1. There shall be a State board of health in this State, consisting of two physicians residing in each of the congressional districts thereof, and, until such a time as a bill redistricting the State is passed by the legislature, two members at large. Said physicians shall be graduates of reputable medical schools, and shall have practiced medicine for not less than six years continuously before their appointment, and no two members shall be residents of the same county when appointed; any member of the board moving into a county already the residence of another member shall vacate his office. The governor shall, in the month of May, in the year 1913, appoint said physicians, who shall be divided into two classes, each class consisting of one physician from each congressional district, and until such a time as a redistricting bill is passed, one at large. The term of office of each class shall begin on the first day of June, in the year of their appointment. The term of office for the first class shall continue two years and of the second class four years, and until their successors are appointed and qualified. When the term of office of either class, or of any of said physicians, expires the governor shall appoint their successors for the succeeding term. The governor may in like manner appoint physicians to fill any vacancy that may occur in the board, but any appointment to fill a vacancy shall be for the unexpired term. The term of office of the members of the State board of health now in office shall be continued by the governor for the term of their appointment, but at any time upon a rearrangement of district lines, or the formation of a new district in which two or more of the members live whose term of office expires at the same time, the governor shall have authority to remove, appoint, or regulate the offices in conformity to this act.

SEC. 3. Said board shall on a day to be fixed by them in every two years elect from their own number a president who shall hold his office for the term of two years, and until his successor has been elected and entered upon his duties. The board shall also have a secretary named by the governor who shall be one of their number, who shall be ex officio State health commissioner and as such exercise all the powers conferred upon him by this chapter, carry out all rules, regulations, and orders of the board, and exercise all other powers pertaining to offices of like kind. Said secretary shall be, when appointed, a physician in active practice; but during the term of his office the secretary shall devote his whole time to the duties of the office. The said board shall be a corporation by the name and style of the "State Board of Health of West Virginia," and have and use a common seal, and as such corporation may sue and be sued, contract and be contracted with, plead and be impleaded with, to the extent of the powers conferred upon them by this chapter. Said board may make and adopt all necessary rules, regulations, and by-laws not inconsistent with the laws or the constitution of the State or the United States, to enable it to perform its duties and transact its business in conformity to the provisions of this chapter. A majority of the board shall constitute a quorum for the transaction of business. The secretary shall call all meetings of the board upon orders of the president or the written request of any three members thereof.

SEC. 4. The secretary shall be the recording officer of the board, and in addition to the other duties prescribed in this chapter he shall respond to all communications from any member of the State board and other reputable physicians, and from officers of the State, and give them such information and advice as may be necessary from time to time as to measures of sanitation or other matters connected with public health and safety. He shall be the custodian of all books and papers, instruments or appliances belonging to the State board of health or that may be invested in his care. He shall also do and perform such other duties as the State board may lawfully direct, and in

case of the prevalence of epidemic, endemic, infectious, and contagious diseases or other unusual sickness he shall, upon the request of the local health officers, visit the locality and advise with such health officers as the State board may direct, and aid in the adoption of such regulations for its suppression as may seem best. He shall annually report to the governor, on or before the first day of January, each year's investigations, discoveries, and recommendations of the board, which shall be printed and distributed as soon as practicable thereafter in the same manner as other public documents of the State, except that the governor may cause said report to be printed and distributed annually.

SEC. 5. The board of health is invested with all the rights and charged with all the duties pertaining to organizations of like character, and shall be the sole advisor of the State in all questions involving the protection of the public health within its limits, and shall take cognizance of the interests of the life and health of the inhabitants of the State, and shall make or cause to be made sanitary investigations and inquiries respecting the cause of diseases, especially of epidemics, endemics, and the means of prevention, the sources of mortality, and the effects of localities, employments, habits, and circumstances of life on the public health. They shall inspect and examine the food, drink, and drugs offered for sale or public consumption, in such manner as they shall deem necessary, either in person or by agents or employees, and shall report all violations of the laws of this State relating to pure food, drink, and drugs, to the prosecuting attorney of the county in which such violation may occur, and lay before such prosecuting attorney the evidence in their knowledge of such violations. They shall also investigate the causes of disease occurring among the stock or domestic animals in the State; the methods of remedying the same, and shal gather information in respect to the matters embraced in this section and kindred subjects, for the diffusion among the people. They shall also examine into and advise as to the water supply, drainage, and sewerage of cities, towns, and villages, the ventilation and warming of public halls, churches, schoolhouses, workshops, prisons, and all other public institutions; the ventilation of coal mines and how to treat promptly accidents resulting from poisonous gases. When they believe that there is a probability that any infectious or contagious disease will invade the State from any other State, it shall be their duty to take such action and to adopt and enforce such rules as they may, in the exercise of their discretion, deem efficient for preventing the introduction and spread of disease or diseases. To better accomplish such objects, the State and county boards are empowered to establish and strictly maintain quarantine at such places as they may deem proper, and may adopt rules and regulations to obstruct and prevent the introduction or spread of contagious or infectious diseases to or within the State, and shall have power to enforce these regulations by detention and arrest, if necessary. They may have power to enter into any town, city, or corporation, factory, railroad train, steamboat, or any place whatsoever within the limits of the State for the purpose of investigating the sanitary and hygienic conditions, and may at their discretion take charge of any epidemic or endemic conditions arising within the limits of the State, and enforce such regulations as they may prescribe. But all expenses for guards, or other expenses incurred in controlling any endemic or epidemic conditions, shall be paid by the county in which such epidemic occurs.

The State board of health shall cause to be kept in the office of the county health offices vaccine lymph, diphtheria antitoxin, tetanus antitoxin, or any other serum preventives of disease that they may deem necessary, and furnish them free to the poor and indigent, and in other cases where it may be necessary in their judgment to prevent the spread of contagion. The State board shall also cause to be kept in the office of the secretary, vaccine lymph, diphtheria antitoxin, tetanus antitoxin, and any other form of serum preventives of disease that they may deem necessary, and distribute same to county and municipal health officers to be used for the benefit of the poor and indigent, and in other cases where they may deem it urgently necessary to check contagion, free of charge.

SEC. 6. It shall be the duty of the State board of health, upon the recommendation of the county court of the county, to appoint in each county of this State one legally qualified physician who shall be known as the county health officer. His term of office shall begin July 1, 1913, and continue for a period of four years, unless removed by said State board of health for good cause. The county health officer shall receive an official salary of not less than $100 and such other amount as the county court may add for additional services, and actual expenses necessary for traveling expenses, unless for work especially done under orders of the State board of health. The salary of the county health officer shall be paid out of the treasury of the county, and he, together with the president of the county court and the prosecuting attorney, shall constitute the county board of health, of which the county health officer shall be the executive officer. The county board of health shall exercise all the powers, rules, and regulations of the State board so far as applicable to such county. It shall be the duty of every practicing physician to report to the county health officer every case of infectious or contagious disease that may arise or come under his treatment, and the county health officer shall, at least every three months, make a full report to the State board, giving the character of all such epidemic, endemic, infectious, or contagious diseases, stating the number of cases reported, character of infection, action taken by the county board to arrest the infection, and the results.

The jurisdiction of the county boards of health shall not extend to any town or city in this State having a health board of its own, but they may be and are, auxiliary to each other, and all city, town, and village boards of health or health officers, are secondary to, and subject to all orders of the State board which may, if deemed expedient, act through the county or municipal board. Any failure to comply with any of the provisions of this section shall be considered a misdemeanor, and upon conviction thereof the offender shall be fined not more than $100.

SEC. 7*a*. It shall be the duty of every county or municipal health officer, to meet with the State board of health, or its representatives, at least once a year, due notice having been given, at such time and place as said State board of health may designate, to attend a school of instruction for the purpose of familiarizing such county health officers with their duties in the interests of public health. The actual expense of the attendance of such county or municipal health officer shall be paid by the county or corporation represented by such local officer upon presentation of a certificate showing the expense of such attendance made by the State board: *Provided*, That such expense shall not exceed an amount sufficient to cover an attendance of three days in any one year. Any county health officer may be excused from attending by the State board for good cause.

SEC. 16. The secretary of the State board of health shall receive a salary to be fixed by the board, not to exceed the sum of $3,000 per year, with traveling, clerical, and other necessary expense incurred in the performance of his official duties within the limits of the State. The other members of said board shall receive $4 per day for the time actually and necessarily employed by them in the discharge of duties of their office. The said board shall have power to expend annually for the purpose of performing the duties imposed by this act, including the maintenance of a laboratory and the employment of necessary chemists, bacteriologists, servants and agents, such sum as may be appropriated by the legislature for their use. The State board shall audit all bills made out in due form and verified by the members and employees or agents rendering service or incurring expense or traveling in the performance of the duties of their office or employments. Such bills when approved by the governor shall be paid out of the State treasury.

SEC. 19. If a person knowingly sell or expose for sale any diseased, corrupted, or unwholesome drugs or provisions, whether food or drink, without making the same known to the buyer, he shall be confined in jail not more than six months and fined not exceeding $100.

SEC. 19*a*. Whenever the State board of health has reason to believe that any food drink, or drug sold or offered for sale is diseased, corrupted, unwholesome, or adulterated, it shall take or cause to be taken by its authorized agent, a specimen thereof and test or analyze the same. And if the result of such test or analysis in the case prove that the said food, drink, or drug is diseased, corrupted, unwholesome, or adulterated, the same shall be prima facie evidence of such fact in prosecutions under this act. If the board, deeming it necessary, shall cause such food, drink, or drug to be analyzed, the result of such analysis shall be recorded and kept in evidence, and a certificate of such results, sworn to by the person making the analysis, who shall also state under oath in his certificate that he was the first thereunto duly authorized by the State board of health, and state also the reasonable cost of such analysis, shall be admissible in evidence in prosecution under this act. The expense of such analysis, not exceeding $15 in any one case, shall be included in the cost of such prosecutions and taxed in favor of said board of health.

SEC. 21*a*. There is hereby appropriated from any moneys in the State treasury not otherwise appropriated the sum of $15,000 annually for the use of the State board of health in carrying out the provisions of the chapter.

SEC. 21*b*. All acts and parts of acts, inconsistent with this act, are hereby repealed.

WISCONSIN.

Prevention of Disease—Money from Liquor Licenses May be Used For, in Cities, Villages, and Counties. (Chap. 460, Act June 17, 1913.)

SECTION 1. Section 1562 of the statutes is amended to read:

"SEC. 1562. All moneys derived from such licenses shall be kept separate from other moneys by the town, city, and village treasurers and be applied solely to defraying the expense of supporting the poor and, if ordered by the city council, village board, or town board, for the prevention of disease and of the spread of disease and for public health administration in the city, town, or village which granted the license so far as is necessary for that purpose, provided that such city, town, or village supports its own poor. If any village does not under its charter provide for the support of the poor therein and the town in which such village is situated does support the poor therein all such moneys received by the village treasurer shall be paid to the treasurer of such town; and provided further, that in counties where the county system of supporting the poor shall have been adopted such moneys shall be paid by the town, village, or city treasurers receiving the same, unless the supervisors, trustees, or common council thereof shall have, by ordinance or resolution, authorized a different way of disposing thereof (which they may do), into the county treasury semiannually and shall be applied so far as is necessary to defraying the expense of supporting the poor of the county and such portion as shall be ordered by the county board for the prevention of disease and of the spread of disease and for public health administration."

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