

PUBLIC HEALTH REPORTS

VOL. 29.

MAY 29, 1914.

No. 22

PLAGUE AND FILARIASIS.

THE POSSIBILITY OF MISTAKING ONE FOR THE OTHER.

Passed Asst. Surg. Creel, representing the Public Health Service in Habana, has invited attention to the fact that in localities where filariasis occurs isolated cases of bubonic plague are likely to be mistaken for this disease. Filariasis is present to some extent in most of the West India Islands, and at the present time both diseases should be borne in mind in cases of enlargement of the lymph glands.

In this connection it is interesting to know that the first case of plague diagnosed in San Juan, P. R., in 1912 was at first believed to be a case of filariasis. The following statement on the subject by Surg. Grubbs shows the need for the utmost care in the differential diagnosis of these two diseases:

At the outbreak of the plague epidemic at San Juan, P. R., in June, 1912, the first case was found in a dying condition, and on autopsy a few hours later the body was badly decomposed and gave no definite signs of plague macroscopically. At the same time another case was found that was considered suspicious, but gave the following symptoms: High temperature; pain and swelling in the right groin, of about 12 hours' duration. On being questioned, he stated that he had frequently had attacks like this before in which he felt badly and had a swelling of the groin, but that this attack was worse than any he had ever had. As the man did not appear very sick, and his mind was entirely clear, I considered it to be a case of filariasis, and we were confident that an examination of his blood that night would reveal the embryos. However, they were not found, and aspiration of the bubo on the following day gave the plague bacillus.

This incident is recalled to show that certain cases of plague may be confused with acute filarial attacks, or vice versa. As in this case, when a diagnosis of filariasis was suggested, although there was a possibility of plague, all the doctors in consultation accepted the clinical diagnosis of filariasis as the most probable.

Also a case believed to be filarial lymphangitis, but simulating bubonic plague, was reported recently by I. Gonzalez Martinez,¹ director of the biological laboratory of the service of sanitation, San Juan, P. R.

¹ Jour. Am. Med. Assn., May 23, 1914, p. 1622.

INDUSTRIAL CONDITIONS.

THEIR RELATION TO THE PUBLIC HEALTH.¹

By B. S. WARREN, Surgeon, United States Public-Health Service, and Sanitary Adviser, United States Commission on Industrial Relations.

In the study of methods for the prevention of disease investigators have found that many of their problems are industrial and economic and that success in disease prevention very largely depends upon the proper adjustment of the industrial relations of employer and employee upon a basis that will permit employer and employee to live according to hygienic standards.

The Duty of Public Health Workers in the Adjustment of Industrial Relations.

The public-health forces should cooperate with those at work on these economic problems. They can thereby add to the powerful influences already working for industrial betterment and can help not only to obtain sanitary shops, but also to secure the better adjustment of industrial relations which are so potent in lowering the resistance of the individual employee and of all those who are dependent on him for a livelihood. There is the further necessity for health departments to cooperate in the adjustment of these relations where it is found that the deleterious effects extend to communities and are in a large part indirectly responsible for slum districts, alley dwellers, and low standards of living. The necessity for such cooperation is so clearly obvious that little need be said to prove the contention.

The national campaign for the study and prevention of tuberculosis has developed the fact that practically all persons at one time or another have the germs of the disease introduced into their bodies, and that these germs remain there without causing any apparent damage until the resistance of the individual is lowered from some cause due to inheritance and environment. There is little doubt that industrial conditions are frequently responsible for the environment which is active in lowering individual resistance.

This deleterious environment resulting from existing industrial conditions begins to exert its blighting influence with the beginning of life itself. It puts its stamp on the child yet unborn. It continues its influence through infancy and childhood. This handicap is carried by the child of the industrial worker when he enlists all too soon in the ranks beside his parents to bear the burden of the maximum of the industrial load.

In view of the well-recognized fact that disease affects more readily people with lowered resistance, whose bodies present conditions more favorable to the development of disease than do the bodies of average

¹ Read before the Health Officers' Conference of the State of Louisiana, Apr. 20, 1914.

persons, it becomes necessary to study every circumstance in the occupation of the sick and disabled industrial worker, because occupation largely determines the environment, which is such a potential cause for lowered resistance.

Existing Industrial Conditions.

Published reports of existing industrial conditions, so far as they relate to hygiene and sanitation, show too clearly that by far the larger portion of our industries are not operating in a manner to give the workers proper hygienic conditions.

To quote from the report of the New York State Factory Investigating Commission, which investigated 7 per cent of the 45,000 establishments in that State, where there were employed 18 per cent of the 1,000,000 wage earners of the 45,000 establishments:

In many of the industrial establishments in the State the conditions of work have been found to be excellent, the management giving proper regard to the health and comfort of the employees, and the organization being model in all respects. Everything in reason has been done for the workers, and a high standard of efficiency has been maintained.

Unfortunately such model establishments and such enlightened employers are in the minority, as by far the greater number of employers have not yet awakened to the importance of improving conditions of labor. Investigations in a great number of factories throughout the State have revealed much that is deplorable. In the production of commodities great economy must needs be practiced as a matter of course; but there is a tendency on the part of many employers to economize not only in matters of legitimate expense, but also in space, light, air, and certain other safeguards to the health and lives of the workers. Such false economy inevitably injures the employer and imperils the health and lives of his employees.

Conditions in New York State are probably no worse than in other parts of the United States. It is probable that what is true of New York State is true for the United States and that such is the average to be found in all the States, especially those which are industrial centers.

The sanitary survey of the State of Louisiana is apparently as complete as any State survey made up to the present time. The partial results published by the State board of health in the Quarterly Bulletin of March 1, 1914, indicate that over 50 per cent of all the establishments in the State are in "poor" or "bad" sanitary condition. Unfortunately extensive investigations, like those made in New York and Louisiana, are rare.

Physical conditions of the places of employment are not the only factors in producing disease for which industrial conditions are responsible, but they may be taken as an index of hygienic conditions. It usually follows if physical conditions are "poor" hygienic conditions are also "poor," though it does not always follow if the former are good that the latter are also good. Other and equally important

factors are to be found in the long hours of labor, which cause exhaustion; poor wages paid; and the irregularity of employment, which further reduces the income so that the worker and those dependent upon him are of necessity poorly housed, poorly fed, and poorly clothed. Low wages are facts, not theories. Statistics show that in the 20 leading industries of the United States the average income of the heads of households is less than \$500 and that the total average income of the households is \$721 per annum; that the average household consists of 5.6 persons and lives in a home at an average rent of \$9 per month.

Estimating the cost of food at 30 cents per diem per adult and children at half that rate, the rent and food cost per annum per household would be \$611 or a little less than the total income, leaving \$110 for clothing, heating, lighting, recreation, and incidental expenses. These statistics are taken from the report of the Immigration Commission, which made a study of 15,726 households. It is the total environment of industrial workers which must be considered in the search for the causes of disease. The analysis of this environment must include the place of employment, the home, the places of rest, recreation, amusement, and the like.

Responsibility for Existing Conditions.

The responsibility for their environment does not by any means rest altogether upon the workers. No one is able to choose every part of one's environment, and this is especially true of many workers who have little or no choice, but must accept what is offered in the way of employment, and must also accept the home and other environment for which they can pay with the wages earned. This will continue to be true, especially in the unskilled group, so long as the supply of laborers is greater than the demand and the competition for employment makes it possible for the employer to fix the terms of employment. There are many conditions for which the industry is responsible outside of the place of employment. This is especially true where the industry controls the community. The same is true of large cities where the combined industries control through the fact that a large part of the population is directly or indirectly dependent upon them.

Hygienic Standards.

Hygienic standards are those requirements which are necessary to be maintained that men may live free from those influences which operate to cause disease either directly or indirectly.

When men live together in groups, large or small, individual rights must often be sacrificed for the community interest and property rights must be subordinated to the rights of man where the necessity arises.

This principle has been well recognized in matters of health administration in most cases. For example, where an article of commerce is likely to affect the health of the consumers, even though a small group, control has been permitted to the health authorities, but where an article of commerce is produced under circumstances which affect the health of large groups of producers little control has as yet been exercised over the deleterious influences. These are the influences which must be considered by health authorities of industrial centers. In fixing hygienic standards for industrial communities effort should be made to fix the responsibility for maintaining hygienic requirements.

These requirements naturally fall into three groups: Those for which the industry is responsible, those which depend upon individual effort, and those which must be left to public regulation. These fields of responsibility often overlap, and active cooperation by all concerned is necessary for proper enforcements.

The industrial establishments of the United States are so many that proper supervision by the State is prohibited by the cost, and it is only by the division of the authority as indicated at the end of this article that success may be expected.

In the campaign for prevention of disease there are many requirements which are of importance to a greater or less degree, and none should be neglected by those responsible for their enforcement, but four are of such vital importance that they may be considered fundamental, for little headway can be made in disease prevention until these are in effect. They are:

1. Hours of labor which do not cause excessive fatigue or cause damage to any part of the body.
2. Regular employment at a wage sufficient to meet the cost of hygienic living and insure against sickness or other physical disability.
3. Sanitary environment in the place of employment.
4. Education as to methods of hygienic living and the importance of such living.

Fatigue.

Work performed by any of the body cells produces waste products and other changes in the cells. Up to a certain limit, work, with the resulting changes in the cells, is beneficial and improves the physical condition of the cells, but when the work is excessive, too prolonged, or too fast, waste products begin to accumulate, the cells become exhausted, the proper changes fail, and if the cells are not properly rested damage results. If the work is continued without proper rest early breaking down and failure of the individual to perform his task are the final results.

When fatigue begins, by increasing the effort the worker may continue his pace, but as fatigue increases, greater and greater effort is required to keep his pace, until the breaking point is reached.

When the hours of labor are so prolonged or the strain is so great that the night's rest is not sufficient to restore the body cells to normal, the worker begins his day's work partially fatigued and can not keep his pace without greater effort than that required of the same individual when properly rested. The exhaustion lowers mental and physical resistance, and need of stimulation causes many to drink, at times to excess, when under other conditions they would lead comparatively sober lives. This has been demonstrated in the Engis Zinc Works. The hours of labor were cut down from 12 to 8 hours per day, the men earned as much and did as much work in 8 hours as they did formerly in 12, there was a marked decrease in the calls upon the sick fund, the men no longer felt the need of stimulation, drunkenness on duty was no longer noted, and sobriety was markedly increased.

Wages.

Regular employment at wages sufficient to meet the cost of hygienic living is the sine qua non of all the requirements. It does not take an expert in disease prevention to tell us that an underfed, poorly clothed, poorly housed group of people are going to prove easy prey to the germs of influenza, pneumonia, tuberculosis, and similar diseases. Neither does it take a deep and prolonged study of wages, cost of living, and housing conditions of the working people of the United States for us to know that a large percentage of them are living on a scale greatly below a hygienic minimum. To illustrate, we find that in the annual report for 1913 of the joint board of sanitary control in the garment trade in New York City, which represents 85,000 men and women workers, the following statement:

The most of the harm to the health of the workers is due to long hours, overexertion on piecework, overfatigue at rush seasons, and worry during the absence of work.

Representatives of the Phipps Institute report similar conditions in Philadelphia.

Conditions are no better in St. Louis, where Schwab, after a study made among 7,000 garment workers, found that 25 to 30 per cent suffer from neurasthenia. According to his view, the nerve weakness is due largely to overfatigue, speeding up on piecework during the rush season, and the lack of work during the prolonged slack season and the worry incident thereto.

In the same city the Jewish Alliance Exchange found that a very large majority of demands made upon the society for relief were due to sickness, and whether the sickness was the cause of lack of employment or not, the two conditions were so intimately related that per-

manent cure was not thought possible without adjusting the employment at a living wage.

When a substantial part of any community is working on a level much below a hygienic minimum there will be an increasing demand upon the charity organization, especially on account of sickness.

In fact, the index of the general effects of industrial conditions upon a community may be obtained by ascertaining the amounts expended for relief work by charitable and other organizations. When the industries fail to meet the cost of hygienic living by their employees, the burden is shifted to the public.

Sanitary Environment in Places of Employment.

The sanitary conditions of the places of employment have a distinct and direct bearing in the causation of disease through poor general conditions, poor lighting, heating, and ventilation, overcrowding, excessive humidity, and special conditions of deleterious gases, fumes, dusts, poisons, and the like. These conditions are so obviously causing disease and are so prevalent in so many industries and causing so much direct injury to the workers that the general public have come to consider these as the full extent of the damages for which industrial conditions are responsible.

The occupational diseases are so directly due to the employment that in many cases they could with little modification of the law be made to come under the workmen compensation acts.

The reports of the lead industries made by Alice Hamilton show such bad sanitary conditions that measures are being enacted to regulate those industries.

Conditions are no better in the chemical and dusty trades in New York State, as shown by the report of the factory commission.

Education.

It is not necessary to quote from reports showing the harmful effects of long hours, low wages, and poor sanitary conditions; they are matters of such common knowledge as to cause little comment except when some unusually bad condition is found.

It is evident that no great progress can be made in disease prevention in the industries until employers and employees are educated on the subject, have a practical knowledge of what constitutes hygienic living, and are impressed with the importance of health in producing efficiency and a settled status in the conditions of employment.

Education as to the requirements of hygienic living has been the subject of much discussion, but as yet the business world and the workers have not come to fully realize the importance of the requirements and the results to be obtained. Up to the present time the activities along this line have been mainly confined to a cleaning-up

campaign or to what may be called welfare work and placing the physical environment at the place of employment in sanitary condition. There is great need for these improvements; they are the most obvious things to do and will improve labor conditions and demonstrate what may be expected by further improvement. Many lives will be saved in this way, especially in the chemical trades and the dusty trades, but the great mass of workers are to be reached through the improvements in hours and wages.

The great need is to demonstrate to the business world that there is an optimum of hours of labor, speed, and nutrition for the industrial worker, which if adhered to will bring his output up to the maximum of quality and quantity and that at the optimum the worker will have fewer stoppages on account of accident or disease and will last the longest time in a profitable producing state.

In other words, the worker will not have to go to the hospital for frequent disabilities when at the age of best production, and will not be sent to the "scrap heap" when there should be many more years of profitable service if worked in accordance with hygienic standards. If worked at the optimum time, speed, and nutrition, there will be no great loss to the business in the final cost results, because in most cases the increase in quality and quantity of output brought about by the reduced hours of labor will offset to a great degree the increased cost.

It is not well to promise a complete offset as to cost when changed to the optimum, but it is safe to say that the consumer or public will not suffer, because the cost is already borne in the extra charges now made for free hospitals, charity organizations, and the like.

Establishments have made the change from 12 to 8 hours a day or from 9 to 8 and the increased cost has been offset by the increase in the hourly output. The instance of the Engis Zinc Works mentioned above is a case in point, and it is a recorded fact that the cost of production was decreased 20 per cent when the hours were changed from 12 to 8 per day.

The clearest case of record is probably that of the Zeis Optical Works, Germany.¹ There Abbe kept a careful record for the years 1899-1900 of every cost when the plant was operating on a 9-hour day. In 1900-1901 the day was reduced to 8 hours. The records showed that the men earned over 3 per cent more than during the previous year, the output of the work for the 8-hour day was increased 3 per cent, and the power plant was able to be shut down an hour earlier. The record was for 233 men at an average age of 31 years, and many different occupations on a piecework basis were represented in the shop.

¹ *Fatigue and Efficiency*, by Goldmark.

Relation of the Public Health Worker to the Industrial Warfare.

Employers must be shown that the healthy man is the most efficient and the cheapest employee, and that any reasonable expense to maintain him in health is a profitable investment.

Employees must be convinced of the results to be expected from the maintenance of hygienic standards and that much of the responsibility is theirs.

The responsibility has been so thoroughly fixed on the employees by the protocol agreement among the garment workers in New York City that sanitary strikes are authorized.

It is at this point that the public health worker can act as a mediator between capital and labor and aid greatly in the amicable adjustment of the strife which is now so prevalent in the industrial world. Hope for improvement lies first in demonstrating the facts to those most interested—employer and employee. This is the field of the public-health organizations of the country, Federal, State, and local.

It is a matter of regret that medical men have not worked to greater purpose in this field. In the seclusion of hospitals they have worked with commendable success in curing the sick and wounded who have been coming in ever increasing numbers from this field, but they have neglected too long to preach methods of disease prevention and have gained a reputation in the business world for being impracticable, and for this reason the task will be harder to convince business men of the practicability of their plans.

Physicians must bring from the hospitals records in such form and in such volume that the business men will be convinced.

For this purpose case studies must be made in the hospitals located in industrial centers and careful records made of all, so that the doctors' knowledge will not be a matter of unrecorded experience and impressions, but recorded facts which will have greater weight as evidence. For this purpose competent men must study the laborers in their daily life before they become subjects for the hospital. This study must include the total environment and if possible untangle the bundle of influences that in effect are producing disease more surely than the germs which are the direct agents.

At present the laborers are to a degree playing the card of "horrible insanitary conditions" in places of employment to win public opinion without a true realization of what hygienic standards mean. For this reason the necessity is the greater for physicians to take up this work in the industrial warfare and as impartial investigators present the facts and remedies to both sides.

To maintain this unbiased point of view, doctors, especially those connected with Federal, State, and local governments, should be kept independent of the commerce and the labor departments of the various governments, but must always stand ready to cooperate with both. The real responsibility, however, rests with the industrial workers themselves after they are informed on the subject. States may enact laws, and labor departments may make every effort to enforce them, but the sanitary control of the industries of the United States involves such an extensive field and such a multitude of shops that it is not practicable under existing conditions for the States to employ sufficient inspection force for efficient supervision. Because of this, the industries must undertake it themselves, and to this end employers and employees must organize and assume the responsibility.

Many industries have grown to such proportions that their internal government is as complex and extensive as city governments. At present, most industries are under control of the owner, and the employees have little or no voice in their control, but there is evidence of a beginning transition stage to democratic form of government. This stage of revolution may be peaceable, and there is reason to believe that the contending forces may be able to get together on certain basic principles, and to find in hygienic standards, among other things, a field for joint control on which to meet and work out further agreements. It should be easy to convince employers of the justice of accepted hygienic standards, and equally easy to show employees the great benefit which will accrue to all concerned by including in trade agreements recognition of these standards. There is one striking example of this method of joint control which has now been in successful operation for over three years.

Operating under the protocol agreement of the cloak, suit and skirt, and dress and waist industries of Greater New York, in which there are over 85,000 employees, the joint board of sanitary control has been successful in cleaning up a large proportion of the shops in the city. With these results accomplished as a beginning, the board feels that it can take the next step and it is now studying other matters affecting the health of the employees, and the movement for control of all hygienic standards may grow out of the agreement. At any rate, sufficient has been accomplished to demonstrate the practicability of the plan and to commend it for trial by other industries.

Before such a plan can be adopted, however, there must be some kind of organization of the employers and employees, and the stronger both organizations become the more responsible they become and the greater the probability for success of the plan.

Sickness Insurance.

There is another remedy, one that would probably prove more effective in preventing sickness than any other that has been proposed, and that is insurance in case of sickness or disability. When some one is forced to pay a definite amount in actual cash for every case of sickness among the industrial workers, those who must pay are going to become very active in the search for the cause and prevention of sickness. The financial interest is more likely to be successful than the academic or legislative. That this may be expected is demonstrated by the present activity in accident prevention in those States where workmen's compensation laws are in operation.

Managers are organizing "safety first" movements, spending substantial sums to investigate the causes of accidents, compelling foremen to use every means to prevent accidents, and organizing their men into safety first associations.

In those countries where compulsory sick-insurance laws are in force, the benefits derived have already been sufficient to prove their worth and that greater benefits are to be expected.

It is not intended to discuss the details of the plans here, but it may be stated that the laws provide only for those employees who work for wages or small salaries; the funds are provided by payments by employers of one-third to one-half and by employees one-half to two-thirds of a sum fixed by the State; in certain cases where the wage is very small the State contributes a part of the share to be paid by the employee. The German law provides that in no case shall the amount to be paid by the employee be more than 4½ per cent of his basic wage.

The benefits provided are chiefly medical relief in case of sickness or injury, the payment of a part of the weekly wage for a period of 26 weeks, and a pension in case of disability beyond a period of 26 weeks. There are many other small benefits provided.¹

In Great Britain and Germany the medical relief includes sanatorium treatment and measures to prevent disability. These contemplate all hygienic measures to prevent sickness. At first there was much opposition on the part of physicians, but these differences have been adjusted.

Mr. Lloyd-George is authority for the statement that 20,000 of the 22,500 general practitioners are registered under the English act; that during the past year the Government had paid to physicians for medical services \$22,500,000; and that the average income of the physicians had been increased \$750 to \$1,000. This increase meant more work, but it also meant that millions of people were receiving medical attention who previously had none at all, that a general

¹ For further details see copies of laws in Department of Labor Bulletins Nos. 102.

health survey of the British nation was being made, and that the State, through the doctors, was going down to rescue many poor wretches from the conditions under which they lived.

These statements by Mr. Lloyd-George demonstrate clearly that a greater influence for disease prevention has been set in motion by insurance against sickness, which fixes a money value to be paid for every case and fixes a definite financial gain to the industries in preventing sickness.

The present condition of the industries in the United States presents an ever-increasing need for the services of medical men, not only in their individual capacity for relief of sick and injured, but in the broader capacity as protectors of public health.

In conclusion, I will quote from Dr. Christopher Addison, of the University of London:

The State, however, has no right to ask any class of men to do the impossible. It confronts the medical profession with 600,000 ill-nourished children in our elementary schools, with 300,000 who have adenoids, etc.; it deplores the waste of infant life; it points to an army of factory girls and women workers with anemia, chronic indigestion, etc.; and it is beginning to say to the medical profession, "We want these things altered. We want these people to be healthier. Will you help us to treat them?" It would be invaluable if the medical profession after fair, complete, and organized consideration, but in a full and fearless manner, were to say to the State:

"Yes! We will turn to the task with all good will and do the best we can, but we can not undertake to make these children healthy by drugs. They need good food, fresh air, a clean and well-ventilated home. So long as these things are absent, so long as many of these children, with too little sleep, pass half their hours in the stuffy, stagnant air of an overcrowded room, so long will they crowd into our clinics and out-patient departments."

I hope also that they will add: "We claim also that those whose duty it is to make reports on the conditions of labor and home life of the people should be free to tell the truth, and the whole truth without fear or favor. These anemic girls, these dyspeptic women, are not to be put right by medicines alone. The hours they work, the conditions they work under, are often also concerned, as well as their habits of life and diet. It is useless for us to tell people to take proper food who have not the means of obtaining it, who sometimes are ignorant of how to cook it when they get it, and who often enough are paying what should be an economic rent for a decent home but are obtaining only tenement quarters without any facilities for decent life. It is the duty of the State to use its schools and other agencies to the full and give to the people a knowledge of these matters, of an appreciation of the value and meaning of cleanliness and temperance, and of other things which are of so grave importance in their daily life." There is no limit to the usefulness of a proper and enlightened cooperation between the medical profession and the State, and its influence would be felt in every department of national life.

Hygienic Requirements (Outlined According to Responsibility).**A. EMPLOYERS' RESPONSIBILITY.**

1. Mental and physical fitness of employees. Physical examination prior to employment, and periodically thereafter.
2. Wages.
 - (a) Adequate to maintain the employees as to (1) proper food, (2) clothing, (3) hours for rest and recreation, and thereby maintain an efficient and healthy mind and body.
 - (b) Increase or promotions according to length of service to provide for family and increase in family.
 - (c) Adequate to save for old age or pay for old-age pension.
3. Place of employment.
 - (a) General sanitary conditions, (1) proper heating, (2) proper humidity, (3) proper lighting, (4) no overcrowding, (5) proper ventilation, (6) proper cleaning, (7) clean water supply.
 - (b) Special dangers, (1) substitute harmless or least dangerous material for use of dangerous material whenever practicable, (2) safe handling of dangerous material by mechanical devices, etc.
 - (c) Removal of dust, gases, and fumes.
 - (d) Safeguarding against accidents.
 - (e) Equipment necessary for personal hygiene, (1) washing facilities, (2) toilets (3) rest rooms, (4) lockers, etc.
4. Mental and physical energy expended.
 - (a) Hours of labor, (1) length of work day, (2) overtime, (3) night work.
 - (b) Fatigue; (1) rest, recreation, and sleep necessary to eliminate waste and restore body cells prior to beginning day's work; (2) posture, speed of work or attention required, which causes unusual strain to be eliminated where practical, or adequate rest periods to be allowed; (3) monotony of occupation as cause of fatigue.
5. Age and sex of employees.
 - (a) No child labor under 14 years.
 - (b) No night work for women, young people, or children.
6. Compensation for sickness and accident incident to employment.
7. Regular employment in so far as practicable.
8. Medical supervision by company physician.
 - (a) Prompt medical and surgical aid.
 - (b) Sanitary inspections.
 - (c) Elimination in an equitable manner of the mentally and physically unfit.
9. Contributor to sick insurance fund.
10. Education of employees.
 - (a) Prevention of disease.
 - (b) Prevention of accidents.
 - (c) Special rules for dangerous processes.

B. EMPLOYEES' RESPONSIBILITY.

1. Home environment.
 - (a) General sanitary condition as to (1) heating, (2) humidity, (3) lighting, (4) overcrowding, (5) ventilation, (6) cleanliness, (7) clean water supply.
 - (b) Special sanitary condition.
 - (c) Personal hygiene, obtain proper (1) food, (2) clothing, (3) bathing, (4) rest, (5) recreation and avoidance of dissipation.
2. Places of recreation.
 - (a) General sanitary conditions.

- (b) Special sanitary conditions.
- (c) Personal hygiene, no dissipation.
- 3. Regular employment.
 - (a) Seek employment.
 - (b) Prompt attendance.
- 4. Procuring medical and surgical relief in case of sickness or accidents.
- 5. Contribution to sick insurance fund.
- 6. Education.
 - (a) Prevention of sickness.
 - (b) Prevention of accidents.
 - (c) Special rules for dangerous processes.
 - (d) Study to increase efficiency and fitness for promotion or increase in pay.

C. STATE RESPONSIBILITY.

- 1. Housing—home, shops, places of amusements, etc.
 - (a) Sanitary building regulations.
 - (b) Special regulations governing sanitation.
 - (c) Sanitary inspections.
 - (d) Licensing of dangerous trades.
 - (e) Personal hygiene requirements.
- 2. Regulations of hours of labor.
 - (a) Day and night, to prevent exhaustion.
 - (b) No night work for women, young persons, or children.
 - (c) No child labor under 14 years.
 - (d) Overtime to be eliminated where practicable.
- 3. Minimum wage scale.
- 4. Medical supervision.
 - (a) Free hospitals for indigents.
 - (b) Dispensaries for indigents.
 - (c) Regulations governing medical attendance in certain industries.
- 5. Pure-food regulations.
- 6. Pure water supply.
- 7. Special measures to prevent disease.
- 8. Regulation of social insurance or compulsory sick and old age insurance.
- 9. Education of those concerned.

TRACHOMA IN KENTUCKY.

A REPORT OF A SANITARY INSPECTION OF THE SCHOOLS OF JEFFERSON COUNTY, KY., WITH SPECIAL REFERENCE TO THE PREVALENCE OF TRACHOMA.

By J. H. OAKLEY and DUNLOP MOORE, Surgeons, and LAWRENCE KOLB, Passed Assistant Surgeon, United States Public Health Service.

On request of the State and local authorities, and in accordance with orders of December 1, 1913, from the Surgeon General, a sanitary inspection of the schools of Jefferson County, Ky., was undertaken for the particular object of ascertaining the prevalence of trachoma among school children. The work of inspection was begun December 7, 1913, and terminated February 14, 1914, there having been 12 days, interruption during this time on account of the Christmas holidays.

Jefferson County, one of the most important trade centers in the State, borders on the Ohio River and has a large urban as well as rural

population. It has an area of 387 square miles. Located within its borders is the city of Louisville.

The population of the county (census of 1910) is 262,920, of whom 223,928 are within urban limits and 38,992 in the rural section. Of the total population 217,109 are white and 45,794 negroes. Of the white population 19,243 are foreign-born. While the total population of the county in 1900 was 232,549, and in 1910, 262,920, the foreign-born white population in 1900 was 23,269 and in 1910, 19,233, this being a decrease of 4,036 foreign-born whites in the 10-year period mentioned.

In 1910 the number of persons of school age—that is, from 6 to 20 years, inclusive—was 72,094, and the number attending school, 42,623.

Methods of Inspection.

The inspection was intended to embrace all schools in the county, the schools of Louisville being included on the request of the city health officer. Since the city schools, however, are regularly inspected by school physicians, while the rural schools of the county had never been regularly inspected, the work in the latter schools was undertaken first. In addition to the schools, 23 homes, private schools, institutions, and orphanages in Louisville were visited.

The inspections consisted in observing generally the sanitary condition of the schools visited, and particularly in examining the eyes of the pupils for evidences of trachoma, the eyelids being everted for this purpose.

A total of 239 schools was inspected. Of this number 106 were rural and 133 urban schools; 168 were public and 71 were parochial schools, private schools, etc.

Trachoma.

The following is a table of the total number of pupils enrolled, the pupils present, the pupils examined, and the trachoma cases discovered in the above-mentioned schools:

Schools.	Number.	Pupils enrolled.	Pupils present.	Pupils examined.	Pupils refusing examination.	Trachoma cases.	Suspicious cases.
Rural (county) schools.....	106	6,354	4,774	4,459	315	120	8
Urban schools, orphanages, etc..	32	1,016	755	755	.....	68	5
Urban schools, parochial schools, etc.....	48	15,952	14,092	14,067	5	325	176
Urban schools, orphanages, etc..	53	19,024	16,015	15,996	19	292	139
Total.....	239	42,346	35,636	35,297	339	805	326

NOTE.—Colored pupils examined (included in above), 4,731; cases of trachoma found, 4; suspicious cases, 13.

The number of pupils examined was 35,297, of whom 30,566 were white and 4,731 colored.

Prevalence of Trachoma.

Eight hundred and five undoubted cases of trachoma and 328 suspicious cases of eye disease were found among the children examined. It is worthy of notice that the amount of trachoma infection among the white children was 2.26 per cent and among the colored only 0.09 per cent. That is to say, trachoma was 25 times more prevalent among the white than among the colored school population.

As a whole, there was a close relation between the rural and urban schools, in so far as trachoma is concerned, the percentage of infection being nearly the same.

The sanitary conditions in the different sections of the county seemed to have no influence on the cases of trachoma found in the schools scattered over the county. We are of the opinion that it is a matter of personal cleanliness and that the use of the common towel and wash pan in the schools and homes is the agent by which the disease is spread.

For instance, one Saturday in December, one of us demonstrated trachoma before the county school-teachers assembled in the county superintendent's office. The case was that of a girl who had an advanced trachomatous condition of both eyes and had been kept out of school for that reason. Her mother had the disease and her father, who was nearly blind, had evidently had it also. This girl had at one time attended Medora School where 6 cases of trachoma were found. She later attended Valley schools where 2 cases were found. The teacher at the latter school, being suspicious of the condition of the girl's eyes, had her eyes examined and took steps to have the case excluded from the school. .

At Masee Station school, one of the newest and cleanest schools visited, 3 cases were found. One, an 11-year-old girl, had a rather severe condition, and it was learned she had attended school at Jefferson Town where there were 3 cases of trachoma.

At Indianola school 9 cases were found and 3 families furnished 8 of the cases. The inspector was told by the teacher that another child of one of the families also had sore eyes, but as he was absent that day he was not seen.

At St. Helen's parochial school a boy was found who had trachoma, and it was learned that he had recently attended school at Cane Run where 3 cases had been seen. Two sisters at the latter school were found to have the disease. In this way it is possible for trachoma to be carried from one school to another, and the common towel and the wash pan are the principal means by which the disease is spread in each school.

The disease was much more prevalent in the "homes" and orphanages of the city. At one home 34 cases were found among 340

children, at another 6 cases among 121 inmates, at another 12 cases among 107 boys examined, and at another 5 cases among 97 girls.

The following shows the number of cases of trachoma, arranged according to ages. There were also 40 other children examined, whose ages were not secured:

Age.	Cases of trachoma.	Age.	Cases of trachoma.
4 years.....	1	12 years.....	72
5 years.....	19	13 years.....	51
6 years.....	56	14 years.....	50
7 years.....	80	15 years.....	26
8 years.....	96	16 years.....	13
9 years.....	104	17 years.....	2
10 years.....	102	20 years.....	1
11 years.....	92		

Probable Sources of Infection.

In 19 of the cases observed by one of us trachoma was found to be a family affair, two or more children from the same family being in the same school with the disease.

A large group of the cases detected by one of us could likewise be traced to family groups or orphanages or similar institutions. In a large school inspected, the majority of the cases found occurred among the inmates of a small orphanage which constituted an insignificant percentage of the total number of pupils in this particular school.

Skin and Scalp Disease.

Rural schools.—In the rural schools there were very few cases of contagious skin disease. There were one case of ringworm of the face and one probable case of favus of the scalp. Several cases of facial impetigo contagiosa and of pediculosis capitis were observed in the schools just outside the city limits and in the neighborhood of factories. The schools well out in the country were practically free from skin diseases, and as a whole the pupils were much healthier looking than the city children.

Ten cases of chicken pox were found in an orphan asylum in Louisville, and the small attendance at a rural colored school was explained by the teacher to be due to the prevalence of chicken pox in the neighborhood.

Louisville schools.—Pediculosis capitis was found to be absent or rare in most of the schools in Louisville, it being largely confined to children of foreign parentage. In one small school, however, about 90 per cent of the pupils were harboring this parasite. Pediculosis was not found in the colored schools. Other skin diseases were found to be rare. A number of cases of ringworm were observed, it being noticeably more prevalent among colored than among white children.

Sanitary Condition of Schools.

Rural schools.—Many of the 106 country schools inspected were comparatively new, several being less than a year old.

Lighting.—In only two or three schools was there any real attention paid to proper lighting of the room, correct seating of pupils, and right location of blackboard with reference to entrance of sunlight. In several of the new schools there were cross-lights and shadows on the desks and it was impossible from various places in the room to read the writing on the blackboard on account of the glare caused by poor lighting. In these rooms the teachers stated that a number of children complained of weak eyes and headaches.

Heating.—Most of the new schools and some of the larger old ones had up-to-date coal-fire heaters, surrounded by asbestos-lined shields. The fresh air as it came in was heated inside the shield and diffused throughout the room. The foul air entered a pipe at floor level which discharged into another flue heated by gases in adjoining flue from stove, thus causing an upward current of foul air.

Many of the schools had the coal stove in the center of the room. In cold weather those nearest the stove would bake while those in the corners would remain cold, this condition being remedied by the teacher having the children take seats in turn near the stove and giving all a chance to bake and freeze in succession.

Common drinking cups, roller towels, etc.—Many of the schools had common towels and almost all were using common wash pans and drinking cups. In some cases the one towel looked as if it had not been to the laundry for a week or two. In one school the towel had the appearance of having been used to clean the stove, in addition to the children's faces and hands.

Toilet facilities.—With one exception all the schools had two privies, one for boys and one for girls. Some were quite primitive and in an insanitary condition.

In one colored school, on noticing the absence of an outhouse one of the larger boys was questioned, and he remarked, "We go down behind the bank."

The building where this school was lodged was not fit to be used as such. It was a ramshackle, dilapidated old log cabin, entirely too small for the 35 children crowded around the hot stove, with all the windows and one door shut. The teacher said that one-third of the pupils were absent, the enrollment being 54. As the chinking had fallen from between the logs in several places, the children ought to have plenty of fresh air when the wind blows hard. At this school was found one of the two trachoma cases observed by one of us among colored children.

City schools.—The city schools visited were found on the whole to be well lighted, ventilated, and kept clean. Common towels were

found in a few instances. The public schools were generally provided with drinking fountains, but in the parochial schools common drinking cups were found to be in use.

Acknowledgments.

Acknowledgment is due and here made for the hearty cooperation had from county and city health and school authorities. It is a pleasure also to acknowledge the assistance rendered by Mr. L. J. Stivers, former superintendent of schools, during the examination of 64 rural schools and to express appreciation of the assistance rendered by the medical inspectors of schools, nurses, and especially the teachers who aided in every practicable way.

LEPROSY IN NORWAY.

The following data relating to lepers in the leprosaria of Norway were taken from official Norwegian reports and furnished by Mr. Frederick L. Hoffman:

Statistics from the leprosaria—Norway.

Years.	Average age at the beginning of the disease.		Average duration in years of the disease.	
	Tuber- culous leprosy.	Anæsthetic leprosy.	Tuber- culous leprosy.	Anæsthetic leprosy.
1901-1905.....	31.8	33.1	11.5	30.2
1906-1910.....	31.3	31.0	16.1	34.9

NOTE.—The tuberculous form of leprosy is decreasing more rapidly than the anæsthetic form. The number of persons suffering from the two different forms is now about equal.

Persons suffering from leprosy at the end of 1910, by sex and age—Norway.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
5-10.....	1		1	60-70.....	20	29	49
10-15.....		1	1	70-80.....	14	29	43
15-20.....	3	3	6	80-90.....	4	6	10
20-30.....	6	16	22	90-100.....		2	2
30-40.....	16	13	29	Unknown.....	29	19	48
40-50.....	20	33	53	Total.....	137	186	323
50-60.....	24	35	59				

Number of deaths from leprosy 1906-1910—Norway.

Ages.	Males.	Females.	Total.	Ages.	Males.	Females.	Total.
15-20.....	6	2	8	70-80.....	23	14	37
20-30.....	6	2	8	80-90.....	14	14	28
30-40.....	18	12	30	90-100.....		2	2
40-50.....	22	11	33	Unknown.....	12	8	20
50-60.....	11	5	16	Total.....	128	83	211
60-70.....	16	13	29				

Number of persons suffering from leprosy—Norway.

Years.	Popula- tion.	Cases.	Rates per 100,000 population.	Years.	Popula- tion.	Cases.	Rates per 100,000 population
1856.....	1,494,000	2,858	191.3	1905.....	2,315,000	474	20.5
1875.....	1,803,000	1,752	97.2	1906.....	2,330,000	445	19.1
1885.....	1,930,000	1,195	61.9	1907.....	2,345,000	438	18.7
1890.....	1,982,000	960	48.4	1908.....	2,360,000	394	16.7
1895.....	2,063,000	688	33.3	1909.....	2,375,000	360	15.2
1900.....	2,240,000	577	25.8	1910.....	2,390,000	323	13.5

Leprosy by provinces, 1910—Norway,

Province.	Popula- tion.	Cases.	Rates per 100,000 popula- tion.	Province.	Popula- tion.	Cases.	Rates per 100,000 popula- tion.
Christiania City.....	241,834	5	2.1	Stavanger.....	141,040	9	6.4
Akershus.....	128,042	3	2.3	Sondre Bergenshus...	146,006	56	38.4
Smaalene.....	152,306	.....	.....	Nordre Bergenshus...	90,040	72	80.0
Buskerud.....	123,643	.....	.....	Romsdal.....	144,622	40	27.7
Jarlsberg and Larvig.	109,076	.....	.....	Sondre Trondhjem...	148,306	32	21.6
Bratsberg.....	108,084	.....	.....	Bergen City.....	76,867	12	15.6
Nedenes.....	76,456	.....	.....	Total Western Nor- way.....	746,881	221	29.6
Lister and Mandal...	82,067	1	1.2	Nordre Trondhjem...	84,948	24	28.3
Total Southern Norway.....	1,021,508	9	.9	Nordland.....	164,687	51	31.0
Christians Amt.....	119,236	1	.8	Tromso.....	81,902	8	9.8
Hedemarken.....	134,555	5	3.7	Finmarken.....	38,065	4	10.5
Total Interior Nor- way.....	253,791	6	2.4	Total Northern Norway.....	369,602	87	23.5

FLY TRAPS.

AN ORDINANCE REQUIRING THEIR USE.

An antify ordinance recently adopted by the council of the city of Richmond, Cal., is interesting, because it is a departure in regulations of this kind. It requires that every person in charge or control of any store, market, restaurant, or other place where food or food-stuffs are sold, served, or dispensed, and every owner or person in charge of a public stable, shall maintain in his place of business one or more fly traps properly baited. It fixes the minimum size of these fly traps at 500 cubic inches and makes it the duty of the health department to inspect the traps from time to time to see that they are efficiently maintained.

Dr. Charles R. Blake, commissioner of health of Richmond, states that the city has purchased a large number of traps and that one man's time is given to baiting and attending them.

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.

RECIPROCAL NOTIFICATION.

Minnesota.

Cases of communicable diseases referred during April, 1914, to other State health departments, by the division of epidemiology of the Minnesota State Board of Health.

Disease.	Notified at—	Referred to health authority of—	Why referred—
Measles.....	Rochester, Olmsted County.	Dalhart, Dallam County, Tex.	Left Rochester without health officer's permission.
Scarlet fever.....	do.....	Canton Township, Buffalo County, Wis.	Broke quarantine and went to Canton Township, Wis.
Do.....	Litchfield, Meeker County.	North Dakota.....	Came from district about 14 miles from Mandan, Norton County, N. Dak.
Smallpox.....	Rochester, Olmsted County.	Scotland, Bonhomme County, S. Dak.	Broke quarantine and went to Scotland, S. Dak.
Do.....	Goodhue, Goodhue County.	Ellsworth, Pierce County, Wis.	Evidently infected at Ellsworth, Wis.
Do.....	Minneapolis, Hennepin County.	Des Moines, Polk County, Iowa.	Evidently infected at Des Moines, Iowa.
Typhoid fever.....	Granite Falls, Chippewa County.	Minot, Ward County, N. Dak.	Visited in Minot during three weeks prior to date of first symptoms.
Tuberculosis.....	Pokegama Sanatorium, Pokegama, Pine County.	Baker, Benson County, N. Dak.	Returned home; Baker, N. Dak.
Do.....	do.....	Hudson, St. Croix County, Wis.	Returned home; Hudson, Wis.
Do.....	St. Paul, Ramsey County.	Baden, Ward County, N. Dak.	Left St. Paul for Baden.

SMALLPOX.

Alaska—Hoonah.

Acting Asst. Surg. Kuhn, of the United States Public Health Service, reported by telegraph, dated May 23, 1914, that six cases of smallpox had been notified among white laborers employed at Hoonah Cannery, Alaska.

Texas—Galveston.

Surg. Bahrenburg, of the United States Public Health Service, reported by telegraph that during the week ended May 22, 1914, six cases of smallpox were notified in Galveston, Tex. Since the beginning of the present outbreak there have been 94 cases, with 3 deaths

SMALLPOX—Continued.
State Reports for April, 1914.

Places.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within 7 years preceding attack.	Last vaccinated more than 7 years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
California:						
Alameda County—						
Oakland.....	1			1		
Colusa County.....	11			1	10	
Fresno County—						
Coalinga.....	1					1
Imperial County.....	1				1	
Calxico.....	1				1	
El Centro.....	1					1
Kern County—						
Bakersfield.....	1					1
Kings County—						
Hanford.....	2				1	1
Lassen County.....	3					3
Los Angeles County.....	3				3	
Long Beach.....	1					1
Venice.....	1			1		
Los Angeles.....	6			1	4	1
Madera County—						
Madera.....	2				2	
Modoc County.....	12		3	1	2	6
Nevada County.....	3		1	1	1	
Grass Valley.....	22		1		17	4
Placer County—						
Auburn.....	3				3	
Riverside County—						
Riverside.....	1					1
San Diego County.....	1					1
San Diego.....	1				1	
San Francisco County—						
San Francisco.....	6					6
San Joaquin County.....	1					1
Stockton.....	1				1	
San Mateo County.....	1					1
Redwood City.....	1					1
Santa Cruz County.....	3				3	
Boulder Creek.....	3				2	1
Santa Cruz.....	8				8	
Sonoma County—						
Santa Rosa.....	1			1		
Stanislaus County.....	9		3	1	3	2
Modesto.....	19				19	
Tulare County—						
Visalia.....	7				7	
Sonora.....	1				1	
Total.....	139		8	8	91	32
Maryland, exclusive of Baltimore City:						
Allegany County—						
Eckhart mines.....	1				1	
Anne Arundel County—						
Brooklyn.....	1				1	
Baltimore County—						
Ilchester.....	3				3	
Warren.....	5				5	
Hillsdale.....	2				2	
Arlington.....	5				5	
Sparrows Point.....	2				2	
Caroline County—						
Hillsboro.....	4				4	
Carroll County—						
Taneytown R. F. D.....	4				4	
Frederick County—						
Brunswick.....	2				2	
Brunswick R. F. D.....	1				1	
Frederick City Hospital.....	1				1	
Frederick R. F. D.....	1				1	
Prince Georges County—						
Bladensburg.....	2				2	
Queen Annes County—						
Centerville.....	1				1	
Total.....	35				35	

SMALLPOX—Continued.
State Reports for April, 1914—Continued.

Places.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within 7 years preceding attack.	Last vaccinated more than 7 years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
Massachusetts:						
Plymouth County—						
Brockton.....	2				2	
Michigan:						
Alcona County—						
Haynes Township.....	6				6	
Allegan County—						
Allegan Township.....	2				2	
Hopkins Township.....	1			1		
Monterey Township.....	1			1		
Allegan.....	9				9	
Alpena County—						
Alpena.....	1				1	
Berrien County—						
Benton Township.....	1				1	
Benton Harbor.....	1				1	
Chippewa County—						
Sault Ste. Marie.....	1				1	
Eaton County—						
Grand Ledge.....	4				1	3
Gogebic County—						
Bessemer.....	1			1		
Gratiot County—						
Wheeler Township.....	4				4	
Hillsdale County—						
Hillsdale.....	2				2	
Jackson County—						
Jackson.....	1				1	
Kent County—						
Sparta Township.....	1				1	
Sparta.....	1				1	
Macomb County—						
Mount Clemens.....	2				2	
Marquette County—						
Tilden Township.....	1				1	
Marquette.....	1				1	
Mecosta County—						
Big Rapids.....	1				1	
Menominee County—						
Harris Township.....	1				1	
Oakland County—						
Waterford Township....	1				1	
Birmingham.....	1				1	
Saginaw County—						
Saginaw.....	1				1	
St. Clair County—						
Emmett Township.....	1				1	
Kenockæ Township.....	1				1	
Port Huron Township....	2				2	
Tuscola County—						
Koylton Township.....	6				6	
Van Buren County—						
Columbia Township.....	3				3	
Washtenaw County—						
Superior Township.....	4				4	
Ypsilanti.....	12				9	3
Wayne County—						
Springwells Township....	6				6	
Hamtramck.....	7				7	
Northville.....	4				4	
Oakwood.....	6				5	1
St. Clair Heights.....	1				1	
Detroit.....	25				25	
Total.....	124			3	114	7
Minnesota:						
Aitkin County—						
Aitkin Township.....	1				1	
Beltrami County—						
Bemidji.....	4				8	1
Blue Earth County—						
Lake Crystal.....	3					3
Mankato.....	3				2	1

SMALLPOX—Continued.
State Reports for April, 1914—Continued.

Places.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within 7 years preceding attack.	Last vaccinated more than 7 years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
Minnesota—Continued.						
Carlton County—						
Cloquet.....	18				18	
Blackhoof Township.....	2					2
Barnum Township.....	1					1
Cass County—						
Remer Township.....	6				6	
Chippewa County—						
Montevideo.....	1				1	
Chisago County—						
Franconia Township.....	1				1	
Clay County—						
Moorhead.....	3				3	
Clearwater County—						
Pine Lake Township.....	1				1	
Cottonwood County—						
Windom.....	4		1		3	
Crow Wing County—						
Riverton.....	2				2	
Brainerd.....	4		1		2	1
Fillmore County—						
Newburg Township.....	1				1	
Goodhue County—						
Goodhue.....	2				1	1
Hennepin County—						
Excelsior.....	1					1
Minneapolis.....	5				5	
Jackson County—						
Jackson.....	3				1	2
Heron Lake.....	4				3	1
Kandiyohi County—						
Pannock.....	2				2	
Willmar.....	2				2	
Kittson County—						
Bronson Township.....	2				2	
Hazelton Township.....	5			1	4	
Jupiter Township.....	1				1	
Lac qui Parle County—						
Madison.....	1				1	
Lyon County—						
Tracy.....	2				2	
Lucas Township.....	1				1	
Minneota.....	1				1	
McLeod County—						
Glencoe Township.....	1				1	
Winstad.....	2			1	1	
Martin County—						
Silver Lake Township.....	2				2	
Lake Fremont Township.....	3				3	
Fairmont.....	16			1	14	1
Mille Lacs County—						
Princeton.....	2					2
Morrison County—						
Little Falls.....	1			1		
Mower County—						
Austin.....	2				2	
Rose Creek Township.....	5				5	
Nobles County—						
Worthington.....	7				4	3
Loraine Township.....	1				1	
Otter Tail County—						
Fergus Falls.....	4				2	2
Olmsted County—						
Rochester.....	1				1	
Pennington County—						
Thief River Falls.....	8				4	4
Pipestone County—						
Pipestone.....	5				3	2
Polk County—						
Eden Township.....	2				2	
Crookston.....	7			2	5	
Helgeland Township.....	3				3	
Brislet Township.....	2				2	
Brandt Township.....	1					1
Crookston Township.....	1				1	

SMALLPOX—Continued.

State Reports for April, 1914—Continued.

Places.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within 7 years preceding attack.	Last vaccinated more than 7 years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
Minnesota—Continued.						
Ramsey County—						
St. Paul.....	33		1	3	29	
Red Lake County—						
Oklee.....	1				1	
Rice County—						
Faribault.....	1					1
Rock County—						
Luverne.....	1					1
Denver Township.....	1					1
St. Louis County—						
Biwabik.....	1				1	
Duluth.....	10			2	8	
Guesen Township.....	2				2	
Sherburne County—						
Clear Lake.....	1				1	
Stearns County—						
Sauk Center Township..	11				11	
Stevens County—						
Morris.....	1				1	
Wadena County—						
Wadena.....	1				1	
Worthington County—						
Stillwater.....	1				1	
Watsonwan County—						
Lewisville.....	2				2	
Wilkin County—						
Breckenridge.....	4					4
Kent.....	1					1
Yellow Medicine County—						
Canby.....	3			1	1	1
Total.....	238		3	12	185	38
Ohio:						
Adams County.....	7					7
Allen County.....	19				15	4
Belmont County.....	1					1
Butler County—						
Middletown.....	1				1	
Carroll County.....	1				1	
Clark County—						
Springfield.....	3	1			3	
Columbiana County.....	12				12	
Coshocton County.....	3					3
Crawford County—						
Bucyrus.....	5					5
Gallion.....	1					1
Cuyahoga County.....	3					3
Erle County—						
Sandusky.....	8				6	2
Franklin County.....	28				12	16
Fulton County.....	5				1	4
Greene County.....	1					1
Guernsey County.....	5				5	
Hamilton County—						
Cincinnati.....	20			3	14	3
Hardin County.....	12					12
Henry County.....	8				8	
Hocking County.....	1					1
Jackson County.....	6	1			1	5
Licking County.....	3				2	1
Logan County.....	7					7
Lucas County—						
Toledo.....	51			1	23	27
Madison County.....	17					17
Mahoning County.....	1					1
Marion County.....	7				3	4
Medina County.....	1					1
Miami County.....	2					2
Muskingum County.....	11				3	8
Ottawa County.....	8					8
Pike County.....	3					3
Portage County.....	2					2
Preble County.....	16				14	2

SMALLPOX—Continued.

State Reports for April, 1914—Continued.

Places.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within 7 years preceding attack.	Last vaccinated more than 7 years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
Ohio—Continued.						
Putnam County.....	22			1	2	19
Richland County.....	3					3
Ross County.....	4					4
Sandusky County.....	15					15
Scioto County.....	3	1				3
Seneca County.....	18				7	11
Shelby County.....	1					1
Stark County.....	28				2	26
Summit County.....	75					75
Tuscarawas County.....	6				2	4
Van Wert County.....	18				3	15
Wood County.....	17				13	4
Wyandot County.....	9				6	3
Total.....	498	3		5	159	334

Miscellaneous State Reports.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Indiana (Apr. 1-30):			Iowa (Apr. 1-30):		
Counties—			Counties—		
Allen.....	26		Adair.....	2	
Blackford.....	3		Benton.....	4	
Brown.....	4		Black Hawk.....	3	
Carroll.....	2		Boone.....	24	
Cass.....	3		Buchanan.....	4	
Clinton.....	2		Buena Vista.....	3	
Crawford.....	2		Butler.....	1	
Decatur.....	5		Carroll.....	2	
Delaware.....	5		Cerro Gordo.....	1	
Floyd.....	34		Clay.....	8	
Fulton.....	1		Clinton.....	2	
Gibson.....	12		Crawford.....	1	
Greene.....	2		Decatur.....	1	
Hamilton.....	13		Dubuque.....	42	
Hancock.....	25		Emmet.....	2	
Henry.....	6		Fayette.....	2	
Howard.....	4		Grundy.....	4	
Jackson.....	7		Hamilton.....	2	
Jay.....	4		Hardin.....	5	
Johnson.....	9		Henry.....	3	
Kosciusko.....	10		Jackson.....	2	
Lake.....	3		Jasper.....	16	
Lawrence.....	6		Jefferson.....	3	
Madison.....	24		Johnson.....	7	
Marion.....	53	1	Jones.....	1	
Miami.....	1		Keokuk.....	1	
Orange.....	2		Lee.....	13	
Parke.....	2		Linn.....	8	
Pike.....	1		Lucas.....	2	
Posey.....	5		Louisa.....	4	
Pulaski.....	1		Madison.....	9	
Rush.....	2		Marion.....	11	
Shelby.....	20		Marshall.....	2	
Spencer.....	21		Monroe.....	17	
Sullivan.....	17		Muscatine.....	9	
Vanderburg.....	69		Osceola.....	16	
Vermillion.....	1		Plymouth.....	1	
Vigo.....	8		Polk.....	163	1
Wabash.....	31		Poweshiek.....	1	
Warren.....	1		Sac.....	1	
Washington.....	4		Scott.....	14	
Wayne.....	2		Shelby.....	1	
Wells.....	1		Sioux.....	11	
White.....	4		Story.....	3	
Total.....	458	1	Tama.....	1	
			Wapello.....	1	
			Warren.....	1	

SMALLPOX—Continued.

Miscellaneous State Reports—Continued.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Iowa (Apr. 1-30)—Continued.			Mississippi (Apr. 1-30)—Con.		
Counties—Continued.			Counties—Con.		
Washington.....	1	.....	Leflore.....	45	.....
Wayne.....	24	.....	Lincoln.....	2	.....
Webster.....	7	.....	Lowndes.....	8	.....
Total.....	467	1	Madison.....	2	.....
Kansas (Apr. 1-30):			Marshall.....	2	.....
Counties—			Neshoba.....	7	.....
Allen.....	29	.....	Newton.....	10	.....
Barton.....	7	.....	Noxubee.....	8	.....
Brown.....	5	.....	Sharkey.....	3	.....
Butler.....	12	.....	Tate.....	24	.....
Chautauqua.....	1	.....	Tippah.....	8	.....
Cherokee.....	6	.....	Yazoo.....	4	.....
Clark.....	2	.....	Total.....	226	.....
Clay.....	5	.....	North Dakota (Apr. 1-30):		
Cloud.....	11	.....	Counties—		
Cowley.....	3	.....	Benson.....	8	.....
Crawford.....	17	.....	Bottineau.....	25	.....
Dickinson.....	4	.....	Cass.....	3	.....
Franklin.....	9	.....	Cavalier.....	7	.....
Geary.....	1	.....	Dickey.....	1	.....
Graham.....	1	.....	Foster.....	4	.....
Jefferson.....	2	.....	Grand Forks.....	4	.....
Linn.....	1	.....	Griggs.....	8	.....
Lyon.....	2	.....	Lamoure.....	1	.....
Miami.....	5	.....	McKenzie.....	6	.....
Mitchell.....	13	.....	Nelson.....	1	.....
Montgomery.....	19	.....	Ramsey.....	4	.....
Neosho.....	7	.....	Richland.....	2	.....
Ottawa.....	3	.....	Rolette.....	12	.....
Phillips.....	7	.....	Stutsman.....	6	.....
Pottawatomie.....	1	.....	Walsh.....	37	.....
Sedgwick.....	10	.....	Total.....	129	.....
Shawnee.....	28	.....	Vermont (Apr. 1-30):		
Smith.....	1	.....	County—		
Wilson.....	1	.....	Rutland.....	3	.....
Woodson.....	7	.....	Washington (Apr. 1-30):		
Wyandotte.....	3	.....	Counties—		
Total.....	223	.....	Columbia.....	1	.....
Mississippi (Apr. 1-30):			Douglas.....	1	.....
Counties—			King.....	6	.....
Attala.....	4	.....	Pierce.....	2	.....
Bolivar.....	1	.....	Spokane.....	26	.....
Carroll.....	2	.....	Thurston.....	2	.....
Choctaw.....	1	.....	Walla Walla.....	10	.....
Clay.....	9	.....	Whatcom.....	36	.....
Coahoma.....	7	.....	Whitman.....	3	.....
Forrest.....	1	.....	Yakima.....	19	.....
Franklin.....	2	.....	Total.....	106	.....
Harrison.....	5	.....		
Lauderdale.....	66	.....		
Lee.....	5	.....		

City Reports for Week Ended May 9, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Altoona, Pa.....	6	.....	Little Rock, Ark.....	4	.....
Baltimore, Md.....	8	.....	Los Angeles, Cal.....	1	.....
Bellingham, Wash.....	6	.....	Lynchburg, Va.....	1	.....
Butte, Mont.....	5	.....	Memphis, Tenn.....	1	.....
Cairo, Ill.....	2	.....	Milwaukee, Wis.....	21	.....
Cincinnati, Ohio.....	2	.....	Moline, Ill.....	1	.....
Coffeyville, Kans.....	1	.....	Muncie, Ind.....	3	.....
Covington, Ky.....	1	.....	Northampton, Mass.....	1	.....
Danville, Ill.....	4	.....	Portland, Oreg.....	4	.....
Detroit, Mich.....	13	.....	Racine, Wis.....	2	.....
Duluth, Minn.....	7	.....	Roanoke, Va.....	3	.....
Erie, Pa.....	3	.....	St. Louis, Mo.....	6	.....
Evansville, Ind.....	3	.....	Steelton, Pa.....	1	.....
Galesburg, Ill.....	1	.....	Superior, Wis.....	2	.....
Kansas City, Kans.....	24	1	Toledo, Ohio.....	3	.....
Knoxville, Tenn.....	9	.....	Washington, D. C.....	11	.....
La Crosse, Wis.....	3	.....	Zanesville, Ohio.....	1	.....
Lexington, Ky.....	1	.....		

TYPHOID FEVER.

New York—Dunkirk—Outbreak of Typhoid Fever.

In connection with the administration of interstate quarantine and the control of the water used on passenger trains for drinking purposes, information has been obtained from the authorities of Dunkirk, N. Y., stating that there has been an outbreak of typhoid fever in the city. The outbreak is reported to be subsiding. During the 30 days preceding May 22 there had been 94 cases reported and 4 deaths. Measures are under consideration for increasing the efficiency of the sewerage system and of improving the quality of the public water supply. The number of cases reported each week will be found in previous numbers of the Public Health Reports.

State Reports for April, 1914.

Places.	New cases reported.	Places.	New cases reported.
California:		California—Continued.	
Alameda County—		Tulare County—	
Hayward.....	1	Exeter.....	2
Oakland.....	12	Tulare.....	1
Contra Costa County—		Tuolumne County—	
Concord.....	1	Sonora.....	1
Hercules.....	1	Total.....	234
Pittsburg.....	1	Indiana:	
Richmond.....	1	Allen County.....	8
Fresno County—		Cass County.....	4
Fresno.....	4	Davies County.....	1
Selma.....	3	DeKalb County.....	1
Humboldt County—		Elkhart County.....	3
Eureka.....	1	Floyd County.....	5
Imperial County.....	5	Greene County.....	1
Calxico.....	2	Huntington County.....	1
Kern County—		Johnson County.....	6
Maricopa.....	2	Knox County.....	1
Kings County—		Kosciusko County.....	2
Hanford.....	88	Lake County.....	1
Lake County—		Laporte County.....	7
Lakeport.....	2	Lawrence County.....	3
Lassen County—		Marion County.....	11
Susanville.....	1	Pike County.....	2
Los Angeles County.....	29	Pulaski County.....	1
Los Angeles.....	1	Randolph County.....	5
Pasadena.....	1	Ripley County.....	2
Whittier.....	1	Spencer County.....	1
Merced County.....	3	St. Joseph County.....	7
Orange County.....	2	Tippecanoe County.....	2
Fullerton.....	2	Vanderburg County.....	2
Riverside County—		Vigo County.....	2
Corona.....	1	Wabash County.....	1
Riverside.....	5	Wayne County.....	3
Sacramento County—		Total.....	83
Sacramento.....	8	Kansas:	
San Bernardino County—		Chase County.....	8
Colton.....	3	Douglas County.....	2
Ontario.....	2	Jackson County.....	2
San Diego County.....	2	Labette County—	
San Diego.....	2	Parsons.....	1
San Francisco County—		Lyon County.....	1
San Francisco.....	26	Marshall County.....	1
San Mateo County—		Osage County.....	1
San Mateo.....	4	Republic County.....	1
South San Francisco.....	1	Riley County.....	1
Santa Clara County.....	5	Sedgwick County—	
Gilroy.....	1	Wichita.....	1
Shasta County.....	1	Total.....	19
Redding.....	1		
Tehama County—			
Corning.....	3		

TYPHOID FEVER—Continued.

State Reports for April, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Maryland, exclusive of Baltimore city:		Massachusetts—Continued.	
Allegany County—		Worcester County—	
Westernport.....	11	Dudley.....	1
Gilmore.....	1	Gardner.....	1
Cumberland.....	2	Millford.....	1
Lonscombing.....	1	Northbridge.....	1
Baltimore County—		Southbridge.....	1
Eccleston.....	1	Worcester.....	2
Govans.....	2		
Highland town.....	3	Total.....	97
Carroll County—			
Mount Airy.....	3	Michigan:	
Charles County—		Allegan County—	
Waldorf.....	4	Ganges Township.....	1
Cecil County—		Alpena County—	
Port Deposit.....	2	Alpena.....	17
Garrett County—		Bay County—	
Jennings.....	3	Bay City.....	5
Oakland.....	1	Cass County—	
Howard County—		Edwardsburg.....	1
Atholton.....	1	Cheboygan County—	
Montgomery County—		Benton Township.....	1
Rockville.....	6	Eaton County—	
Prince Georges County—		Carmel Township.....	2
Lakeland.....	1	Genesee County—	
Somerset County—		Flint.....	11
Manokin.....	1	Gogebic County—	
Upper Fairmount.....	1	Ironwood.....	2
Washington County—		Houghton County—	
Weverton.....	2	Adams Township.....	1
Bakersville.....	1	Huron County—	
Wicomico County—		Dwight Township.....	1
Salisbury R. F. D.....	1	Kent County—	
Worcester County—		Brown Township.....	1
Stockton.....	1	Grand Rapids.....	12
Snow Hill.....	1	Lenawee County—	
Total.....	50	Rome Township.....	2
		Seneca Township.....	2
Massachusetts:		Livingston County—	
Berkshire County—		Howell.....	1
Pittsfield.....	1	Marquette County—	
Bristol County—		Houghton Township.....	1
Fall River.....	13	Marquette.....	6
New Bedford.....	1	Menominee County—	
Essex County—		Menominee.....	1
Amesbury.....	2	Ontonagon County—	
Beverly.....	11	McMullen Township.....	1
Gloucester.....	1	Oakland County—	
Haverhill.....	1	Oakland Township.....	1
Lawrence.....	2	Saginaw County—	
Lynn.....	4	Saginaw.....	15
Newburyport.....	2	St. Clair County—	
Salem.....	1	Columbus Township.....	2
Saugus.....	1	Cottreville Township.....	1
Hampden County—		Van Buren County—	
Brimfield.....	1	South Haven.....	3
Chicopee.....	2	Wayne County—	
Ludlow.....	1	St. Clair Heights.....	1
Springfield.....	3	Trenton.....	1
Westfield.....	1	Detroit.....	14
West Springfield.....	1	Wyandotte.....	2
Hampshire County.....	1	Total.....	109
Middlesex County—			
Cambridge.....	2	Minnesota:	
Frammingham.....	1	Aitkin County—	
Lowell.....	7	Aitkin.....	1
Malden.....	1	Beltrami County—	
Newton.....	1	Beltrami.....	3
Somerville.....	2	Benton County—	
Norfolk County—		Sauk Rapids.....	1
Brookline.....	1	Big Stone County—	
Plymouth County—		Moonshine Township.....	1
Brockton.....	6	Blue Earth County—	
Hanover.....	1	Mankato.....	1
Plymouth.....	2	Carlton County—	
Suffolk County—		Cloquet.....	3
Boston.....	12	Clay County—	
Chelsea.....	2	Moorhead.....	1
Revere.....	2		

TYPHOID FEVER—Continued.

State Reports for April, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Minnesota—Continued.		Mississippi—Continued.	
Cottonwood County—		Yalobusha County.....	2
Mountain Lake.....	1	Yazoo County.....	8
Crow Wing County—		Total.....	96
Brainerd.....	1		
Dean Lake Township.....	1	North Dakota:	
Dakota County—		Bottineau County.....	1
Rosemount.....	1	Burleigh County.....	1
Hennepin County—		Cass County.....	1
Minneapolis.....	15	Dickey County.....	1
Le Sueur County—		Lamoure County.....	1
Tyronne Township.....	1	Ramsey County.....	1
Lyon County—		Williams County.....	1
Cottonwood.....	1	Total.....	7
Otter Tail County—			
Fergus Falls.....	1	Ohio:	
Pine County—		Ashtabula County.....	2
Bruno Township.....	1	Auglaize County.....	2
Ramsey County—		Belmont County—	
St. Paul.....	2	Bellaire.....	11
Redwood County—		Martins Ferry.....	2
North Redwood.....	1	Butler County.....	3
Rice County—		Carroll County.....	1
Faribault.....	7	Champaign County.....	2
St. Louis County—		Clark County—	
Biwabik.....	2	Springfield.....	2
Buhl.....	1	Clermont County.....	3
Chisholm.....	1	Columbiana County—	
Duluth.....	1	East Liverpool.....	6
Fall Lake.....	1	Wellsville.....	2
Nichols Township.....	1	Crawford County—	
Virginia.....	1	Bucyrus.....	6
Winton.....	1	Cuyahoga County—	
Total.....	53	Cleveland.....	11
		Delaware County.....	1
Mississippi:		Erie County.....	3
Alcorn County.....	1	Fayette County—	
Attala County.....	3	Washington Court House.....	2
Benton County.....	1	Franklin County—	
Bolivar County.....	2	Columbus.....	2
Chickasaw County.....	6	Geauga County.....	2
Clarke County.....	10	Hamilton County.....	6
Clay County.....	1	Hancock County.....	1
Covington County.....	2	Henry County.....	1
Forrest County.....	2	Highland County.....	5
George County.....	1	Huron County.....	1
Holmes County.....	2	Jefferson County.....	2
Issaquena County.....	1	Knox County.....	1
Jefferson Davis County.....	2	Lawrence County.....	6
Kemper County.....	1	Licking County.....	3
Lafayette County.....	1	Logan County—	
Lamar County.....	3	Bellefontaine.....	1
Lauderdale County.....	1	Lorsain County.....	12
Lee County.....	1	Lucas County—	
Leflore County.....	3	Toledo.....	20
Lincoln County.....	3	Madison County.....	25
Marion County.....	3	Mahoning County—	
Marshall County.....	1	Youngstown.....	8
Montgomery County.....	1	Medina County.....	2
Noxubee County.....	9	Monroe County.....	5
Panola County.....	3	Montgomery County—	
Pearl River County.....	1	Dayton.....	1
Perry County.....	2	Morrow County.....	1
Pike County.....	1	Muskingum County.....	1
Pontotoc County.....	1	Ottawa County.....	1
Scott County.....	1	Paulding County.....	1
Tallahatchie County.....	3	Pickaway County—	
Tate County.....	2	Circleville.....	2
Tippah County.....	4	Preble County.....	1
Tishomingo County.....	2	Putnam County.....	1
Tunica County.....	1	Richland County.....	2
Union County.....	1	Ross County.....	1
Wayne County.....	2		
Wilkinson County.....	1		

TYPHOID FEVER—Continued.

State Reports for April, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Ohio—Continued.		Vermont—Continued.	
Sandusky County—		Windham County.....	1
Fremont.....	2	Total.....	20
Scioto County.....	15	Washington:	
Seneca County.....	1	Douglas County.....	2
Shelby County.....	1	King County—	
Stark County—		Seattle.....	11
Alliance.....	3	Lincoln County.....	1
Summit County.....	4	Spokane County—	
Trumbull County.....	1	Spokane.....	6
Wood County.....	4	Walla Walla County.....	1
Wyandot County.....	1	Whatcom County—	
Total.....	206	Bellingham.....	1
Vermont:		Whitman County.....	1
Addison County.....	9	Yakima County.....	1
Chittenden County.....	1	Total.....	24
Franklin County.....	9		

City Reports for Week Ended May 9, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Atlantic City, N. J.....	1		Milwaukee, Wis.....	7	1
Baltimore, Md.....	1	1	Mobile, Ala.....	2	1
Bingham on, N. Y.....	1		Morristown, N. J.....		1
Boston, Mass.....	7		Nanticoke, Pa.....	1	
Brad dock, Pa.....	1		Newark, N. J.....	3	1
Brockton, Mass.....	1		New London, Conn.....		1
Buffalo, N. Y.....	1		New Orleans, La.....	1	1
Cairo, Ill.....	2		Newton, Mass.....	1	
Camden, N. J.....	3		Niagara Falls, N. Y.....	1	
Charleston, S. C.....	1		Norristown, Pa.....	1	
Chelsea, Mass.....	3	1	Philadelphia, Pa.....	19	1
Chicago, Ill.....	15	4	Pittsburgh, Pa.....	3	1
Cleveland, Ohio.....	5		Portland, Oreg.....	1	
Columbus, Ind.....	1		Providence, R. I.....	4	
Columbus, Ohio.....	1	1	Reading, Pa.....	2	
Covington, Ky.....		4	Richmond, Va.....	1	1
Dayton, Ohio.....	2		Rochester, N. Y.....	1	1
Duluth, Minn.....	2	1	Rockland, Me.....	1	
Dunkirk, N. Y.....	32	2	St. Louis, Mo.....	3	2
East Orange, N. J.....	1		San Diego, Cal.....	1	
Elmira, N. Y.....	1		San Francisco, Cal.....	4	1
Erie, Pa.....	2		Schenectady, N. Y.....	2	
Fall River, Mass.....	3		Toledo, Ohio.....	8	2
Galesburg, Ill.....	1	1	Trenton, N. J.....	1	
Grand Rapids, Mich.....	1		Washington, D. C.....	4	1
Harrisburg, Pa.....	2		Wheeling, W. Va.....	10	2
Kansas City, Kans.....	2	1	Wilmington, N. C.....		1
Jersey City, N. J.....	1		Worcester, Mass.....	2	
Los Angeles, Cal.....	2	2	Yonkers, N. Y.....	1	
Lowell, Mass.....	1		York, Pa.....	2	
Memphis, Tenn.....	3				

CEREBROSPINAL MENINGITIS.

State Reports for April, 1914.

Places.	New cases reported.	Places.	New cases reported.
California:		Massachusetts—Continued.	
Los Angeles County.....	1	Worcester County—	
Los Angeles.....	5	Clinton.....	2
San Francisco County—		Worcester.....	2
San Francisco.....	1	Total.....	28
Total.....	7		
Indiana:		Minnesota:	
Benton County.....	2	St. Louis County—	
Elkhart County.....	1	Duluth.....	1
Marion County.....	8	Sherburne County—	
Pulaski County.....	1	Becker Township.....	1
Randolph County.....	1	Steele County—	
Vanderburgh County.....	1	Owatonna.....	1
Total.....	14	Total.....	3
Iowa:		Mississippi:	
Butler County.....	1	Tate County.....	1
Carroll County.....	1	Tunica County.....	1
Cedar County.....	1	Yazoo County.....	1
Total.....	3	Total.....	3
Kansas:		Ohio:	
Atchison County—		Ashtabuta County.....	1
Atchison.....	1	Athens County.....	1
Crawford County—		Belmont County.....	2
Pittsburg.....	1	Butler County—	
Total.....	2	Middletown.....	1
Maryland, exclusive of Baltimore city:		Clark County.....	
Washington County—		Springfield.....	1
Hagerstown.....	1	Cuyahoga County—	
Massachusetts:		Cleveland.....	11
Bristol County—		Defiance County.....	1
Attleboro.....	1	Fairfield County.....	1
Fall River.....	2	Franklin County.....	4
Somerset.....	1	Hamilton County.....	3
Essex County—		Hancock County.....	1
Lawrence.....	1	Lucas County—	
Salem.....	1	Toledo.....	4
Middlesex County—		Miami County.....	1
Cambridge.....	2	Paulding County.....	1
Lexington.....	1	Pickaway County.....	1
Lowell.....	4	Richland County—	
Malden.....	1	Mansfield.....	1
Waltham.....	1	Scioto County.....	5
Westford.....	1	Stark County—	
Winchester.....	1	Alliance.....	1
Norfolk County—		Summit County—	
Milton.....	1	Akron.....	4
Plymouth County—		Total.....	45
Bridgewater.....	1		
Suffolk County—		Washington:	
Boston.....	3	King County—	
Chelsea.....	2	Seattle.....	1

City Reports for Week Ended May 9, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Bayonne, N. J.....		1	Jersey City, N. J.....		1
Boston, Mass.....	1		Kansas City, Kans.....	2	2
Butte, Mont.....		1	Mobile, Ala.....		1
Chicago, Ill.....	6	1	New Orleans, La.....	2	1
Cleveland, Ohio.....	2		Pittsburgh, Pa.....	2	
Clinton, Mass.....	1		Richmond, Va.....		1
Columbus, Ohio.....		1	Washington, D. C.....	1	
Haverhill, Mass.....	1	1			

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for April, 1914.

Places.	New cases reported.	Places.	New cases reported.
California:		Massachusetts—Continued.	
Los Angeles County—		Middlesex County—	
Covina.....	1	Arlington.....	1
San Francisco County—		Everett.....	1
San Francisco.....	3	Lowell.....	1
Total.....	4	Suffolk County—	
		Boston.....	1
		Total.....	8
Indiana:		Minnesota:	
Clay County.....	1	Rice County—	
Laporte County.....	1	Faribault.....	1
Randolph County.....	1		
Total.....	3	Mississippi:	
		Bolivar County.....	1
Iowa:		Clay County.....	1
Benton County.....	1	Simpson County.....	3
Clayton County.....	1	Tate County.....	1
Total.....	2	Total.....	6
		North Dakota:	
Massachusetts:		Dunn County.....	1
Bristol County—			
Easton.....	1	Ohio:	
Fall River.....	1	Hamilton County.....	1
Essex County—		Williams County.....	1
Saugus.....	1	Total.....	2
Hampden County—			
Springfield.....	1		

City Reports for Week Ended May 9, 1914.

During the week ended May 9, 1914, poliomyelitis was notified by cities as follows: Chicago, Ill., 1 case; New Orleans, La., 1 case; Philadelphia, Pa., 1 case with 1 death; Providence, R. I., 1 case; Worcester, Mass., 1 case.

ERYSIPELAS.

City Reports for Week Ended May 9, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Boston, Mass.....		1	Lexington, Ky.....		1
Brockton, Mass.....	2		Los Angeles, Cal.....	2	
Buffalo, N. Y.....	4	1	Memphis, Tenn.....	1	1
Chicago, Ill.....	30	3	Philadelphia, Pa.....	28	4
Cincinnati, Ohio.....	3	2	Pittsburgh, Pa.....	8	
Cleveland, Ohio.....	11		St. Louis, Mo.....	9	
Detroit, Mich.....		1	San Francisco, Cal.....	1	1
Dunkirk, N. Y.....	3		Steelton, Pa.....	1	1
Lancaster, Pa.....	1		Wilksburg, Pa.....	1	

PELLAGRA.

During the week ended May 9, 1914, pellagra was notified by cities as follows: Galesburg, Ill., 2 fatal cases; Memphis, Tenn., 1 death; New Orleans, La., 3 deaths.

PLAGUE.

California—Washington—Rats Collected and Examined.

Rats have been collected and examined on the Pacific coast as follows: San Francisco, Cal., week ended May 2, 1914, 430 rats collected, 282 examined, no plague-infected rat found. Seattle, Wash., week ended May 2, 1914, 216 rats collected, 167 examined, no plague-infected rat found; week ended May 9, 1914, 187 rats collected, 124 examined, 1 plague-infected rat found.

Washington—Seattle—Plague-Infected Rat Found.

Surg. Lloyd, of the Public Health Service, reported by telegraph, May 26, 1914, the finding of a plague-infected rat at Seattle, Wash.

Washington—Seattle—Rat-Proofing Ordinance.

On April 22, 1914, the city council approved an ordinance requiring the rat proofing of all new buildings and buildings undergoing extensive repairs. This ordinance was published April 27, 1914, and became effective May 24, 1914. The duty of enforcing the provisions of this ordinance primarily devolves upon the superintendent of buildings, who will act in cooperation with the United States Public Health Service.

California—Squirrels Collected and Examined.

During the week ended May 2, 1914, ground squirrels were collected and examined as follows: Alameda County, 122; Contra Costa County, 456; Merced County, 17; Monterey County, 54; San Benito County, 179; San Joaquin County, 53; Santa Clara County, 8; Santa Cruz County, 2; Stanislaus County, 123; total, 1,014. No plague-infected squirrel was found.

PNEUMONIA.

City Reports for Week Ended May 9, 1914.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Auburn, N. Y.	1	1	Los Angeles, Cal.	12	4
Binghamton, N. Y.	6		Manchester, N. H.	2	2
Braddock, Pa.	1		Nashville, Tenn.	5	5
Chicago, Ill.	179	112	New Castle, Pa.	2	
Cleveland, Ohio.	32	24	Norristown, Pa.	1	4
Duluth, Minn.	3	3	Philadelphia, Pa.	27	66
Dunkirk, N. Y.	2		Pittsburgh, Pa.	20	31
Erie, Pa.	1		Rochester, N. Y.	6	7
Grand Rapids, Mich.	1	5	San Francisco, Cal.	8	4
Harrisburg, Pa.	1	3	Schenectady, N. Y.	4	2
Kansas City, Kans.	4	8	South Omaha, Nebr.	3	
Lancaster, Pa.	3				

RABIES.**Massachusetts—Chelsea.**

During the week ended May 9, 1914, a death from rabies was notified at Chelsea, Mass.

Washington—Seattle—Rabies in Animals.

Surg. Lloyd, of the United States Public Health Service, reported by telegraph that during the week ended May 23, 1914, nine cases of rabies in dogs and one in a cow were reported in Seattle, Wash.

ROCKY MOUNTAIN SPOTTED FEVER.**Washington Report for April, 1914.**

The State Board of Health of Washington reported that during the month of April, 1914, 1 case of Rocky Mountain spotted fever had been notified in Pend Oreille County, Wash.

TYPHUS FEVER.**Massachusetts—Graniteville—Quincy.**

Surg. Wicks, of the Public Health Service, reported by telegraph, May 20, 1914, that a case of typhus fever had been notified at Graniteville, Mass., in the person of B. P., who arrived at Boston, Mass., April 23, 1914, on the steamship *Rhaetia*, from Hamburg via Bologne; went to Graniteville, where he was taken ill May 8 and was transferred to Tewkesbury May 13, 1914, and isolated.

Another case from the same vessel has been discovered at Quincy, Mass. The patient was taken ill May 3.

TETANUS.

During the week ended May 9, 1914, tetanus was notified by cities as follows: Chicago, Ill., 1 death; Springfield, Mass., 1 death; Wilmington, N. C., 2 deaths.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.**Duluth, Minn.—Scarlet Fever.**

Acting Asst. Surg. Cheney, of the United States Public Health Service, reported by telegraph that during the week ended May 23, 1914, 21 cases of scarlet fever were notified in Duluth, Minn.

Pittsburgh, Pa.—Scarlet Fever.

Surg. Stoner, of the United States Public Health Service, reported by telegraph that during the week ended May 23, 1914, 79 cases of scarlet fever with 3 deaths were notified in Pittsburgh, Pa., making a total of 3,505 cases with 166 deaths since the beginning of the outbreak, August 1, 1913.

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

State Reports for April, 1914.

States.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.
California.....	182	1,011	276
Indiana.....	157	2,628	468
Iowa.....	66		196
Kansas.....	44	1,010	50
Maryland, exclusive of Baltimore city.....	62	258	134
Massachusetts.....	509	1,916	1,464
Michigan.....	247	1,373	346
Minnesota.....	336	597	1,264
Mississippi.....	29	4,315	25
North Dakota.....	11	83	141
Ohio.....	511	2,738	585
Vermont.....	20	19	66
Washington.....	25	519	81

City Reports for Week Ended May 9, 1914.

Cities.	Population as of July 1, 1914 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.....	579,590	203	19	3	16	1	13	1	27	26
Boston, Mass.....	735,802	217	43	3	104	1	94	2	44	19
Chicago, Ill.....	2,393,325	721	99	14	249	4	89	9	206	103
Cleveland, Ohio.....	639,431	174	31	1	31		17		37	19
Detroit, Mich.....	537,650	162	28	6			20	2		9
Philadelphia, Pa.....	1,657,810	573	36	4	248	1	37	5	64	65
Pittsburgh, Pa.....	564,878	158	20	3	33		79	3	41	19
St. Louis, Mo.....	734,667	228	54	4	119	1	33	4	60	18
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.....	454,112	120	12	1	33	1	9	2	24	13
Cincinnati, Ohio.....	402,175	137	16	1	8		7	1	34	28
Los Angeles, Cal.....	438,914	108	4		21		19		54	24
Milwaukee, Wis.....	417,054	101	12	2	48	2	27	2	23	18
Newark, N. J.....	389,106	113	24		73	2	45	2	39	20
New Orleans, La.....	361,221	127	16	1	27		5		38	9
San Francisco, Cal.....	448,502		8	2	168	1	7		16	11
Washington, D. C.....	353,378	105	3	1	15		3		20	8
From 200,000 to 300,000 inhabitants:										
Columbus, Ohio.....	204,567	68	4	1	93		11		5	5
Jersey City, N. J.....	293,921	87	11	1	28	1	18	1	18	9
Kansas City, Mo.....	281,911	64	6	1	20		2		5	7
Portland, Oreg.....	260,601		1		20		3		3	4
Providence, R. I.....	245,090	72	12	1	32	1	12		6	5
Rochester, N. Y.....	241,518	86	5	1	120	1	9	1	7	5
From 100,000 to 200,000 inhabitants:										
Albany, N. Y.....	102,961	40	3		2		5		16	7
Bridgeport, Conn.....	115,289		4	1	8		1		4	2
Cambridge, Mass.....	110,357	28	4		22		15		6	1
Camden, N. J.....	102,465		4		7		2		5	
Dayton, Ohio.....	123,794	13	6	8	4		5			5
Fall River, Mass.....	125,443	41	1		2		11		12	4
Grand Rapids, Mich.....	123,227	30	3	1	7		8	1	7	1
Hartford, Conn.....	107,038	28	10		3		2		5	4
Lowell, Mass.....	111,004	30	4				3		15	1
Memphis, Tenn.....	143,231			24					14	8
Nashville, Tenn.....	114,899	38							3	3
Reading, Pa.....	103,361	35	1		8		11		11	2
Richmond, Va.....	134,917	50			4		1		4	6
Springfield, Mass.....	100,375	26	2		14	1	6		5	3
Toledo, Ohio.....	184,126	63	1		46		8		5	5
Trenton, N. J.....	106,831	44					15	1	13	5
Worcester, Mass.....	157,732	54			23		11		6	6

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

City Reports for Week Ended May 9, 1914—Continued.

Cities.	Population as of July 1, 1914 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 50,000 to 100,000 inhabitants:										
Altoona, Pa.	56,553	15	1		4		2	1		3
Atlantic City, N. J.	53,952	14			12		4		5	3
Bayonne, N. J.	65,271	15	1		25		1		2	2
Binghamton, N. Y.	52,191	15	1		46				1	3
Brockton, Mass.	64,043	12	3		8		4		2	1
Charleston, S. C.	60,121	25			2					3
Covington, Ky.	55,896		1	1			1			
Duluth, Minn.	89,331				15		15		4	5
Erie, Pa.	72,401	20	4		6				5	
Evansville, Ind.	71,284	14	1		38		1			1
Harrisburg, Pa.	69,493	29	1		23					3
Hoboken, N. J.	74,904		1		11		5		15	
Johnstown, Pa.	64,642	27	4		9		1			1
Little Rock, Ark.	53,811	15			1					
Manchester, N. H.	75,635	28			13		9	3	1	1
Mobile, Ala.	55,573	1							2	1
Passaic, N. J.	66,270	16	1		13		4		4	
Pawtucket, R. I.	56,901		1							1
Saginaw, Mich.	53,988	15	1		1		3		1	
Schenectady, N. Y.	90,503	18	1		2		8		2	2
South Bend, Ind.	65,114	16			4		2			2
Wilkes-Barre, Pa.	73,660	27	5	1	55		4		4	1
Yonkers, N. Y.	93,383	18	4		4		9		1	2
From 25,000 to 50,000 inhabitants:										
Alameda, Cal.	26,330				87		1			
Auburn, N. Y.	36,509				25		2		4	1
Aurora, Ill.	33,022	7								2
Austin, Tex.	33,218	20								1
Bellingham, Wash.	29,937		1							
Brookline, Mass.	31,138		2		9					
Butte, Mont.	41,781	17			2		2		2	3
Chelsea, Mass.	32,452	15	1		1		6		1	
Chicopee, Mass.	28,057	9		2	1		4		1	
Danville, Ill.	30,847	14	1		8					2
East Orange, N. J.	39,852		3		17		5			
Elmira, N. Y.	37,816	8	1		2					1
Everett, Mass.	37,381	13	2		3		3		1	2
Everett, Wash.	32,048				6					
Fitchburg, Mass.	40,507	11			1		1		4	2
Haverhill, Mass.	47,071	15	3		1				6	4
Knoxville, Tenn.	37,924		1		6					
La Crosse, Wis.	31,367	12	4	1	2					1
Lancaster, Pa.	49,685				1		1		2	
Lexington, Ky.	38,819	26	1		19	1			2	2
Lynchburg, Va.	31,830	13	1		5		2		2	1
Malden, Mass.	48,979	13			1		10	1	4	
Medford, Mass.	25,240	9	1		3		3			1
Moline, Ill.	26,402	8								
New Castle, Pa.	39,569		1				1		5	
Newport, R. I.	29,154	10	2		33					1
Newton, Mass.	42,455	14			34		8			
Niagara Falls, N. Y.	35,127	7	2							
Norristown, Pa.	30,265	9			6		5		1	1
Orange, N. J.	31,968	11			8		4		3	1
Pittsfield, Mass.	36,531	8					8		2	1
Portsmouth, Va.	37,569	11			16		1			1
Racine, Wis.	44,528	16			2		2	1	1	
Roanoke, Va.	40,574	9	1		31		1		2	1
San Diego, Cal.	48,900		4				2		4	4
South Omaha, Nebr.	28,368	10					1			3
Superior, Wis.	44,344	17	1	1						4
Taunton, Mass.	35,631	18	2		3		4		2	3
Waltham, Mass.	29,688	7			5		2		3	3
West Hoboken, N. J.	40,647						1		1	4
Wheeling, W. Va.	42,817	18			3				2	2
Wilmington, N. C.	27,781	12			3					1
York, Pa.	49,430		1						2	

IN INSULAR POSSESSIONS.

HAWAII.

Examination of Rats and Mongoose.

Rats and mongoose have been examined in Hawaii as follows: Honolulu, week ended May 2, 1914, 318; Hilo, week ended April 25, 1914, 2,471. No plague-infected animal was found.

PHILIPPINE ISLANDS.

Plague—Manila.

Surg. Victor G. Heiser, chief quarantine officer and director of health for the Philippine Islands, reports that during the two weeks ended April 25, 1914, 2 cases of plague with 2 deaths were notified at Manila.

FOREIGN REPORTS.

AUSTRALIA.

Smallpox—New South Wales.

During the period from March 16 to April 2, 1914, 16 cases of smallpox were notified in New South Wales. Of these, 10 occurred in the city of Sydney and 6 in country districts.

CHINA.

Plague—Hongkong.

During the period from May 14 to 21, 1914, 241 cases of plague were notified at Hongkong.

Plague—Shanghai.

A case of plague was notified at Shanghai April 18, 1914, occurring in a household residing on the boundary between the city of Shanghai and the French concession. No plague-infected rats were found in this focus. The source of the infection has not been traced.

Plague—Infected Rats Found—Shanghai.

During the week ended April 18, 1914, 264 rats were examined at Shanghai. Of this number 5 were found plague infected.

CUBA.

Communicable Diseases.

Communicable diseases have been notified in Cuba as follows:

MAY 1-10, 1914.

Disease.	New cases.	Deaths.	Remaining under treatment.
Diphtheria.....	19		18
Leprosy.....		1	260
Malaria.....	1		14
Measles.....	39		143
Paratyphoid fever.....			1
Plague.....	2		10
Scarlet fever.....	31	3	42
Typhoid fever.....	10		27
Varicella.....	16		42

¹ From the interior of the Republic.

Quarantine Against Colombia for Plague.

In view of the reported presence of plague in the vicinity of Sabanilla, Colombia, quarantine was declared May 9, 1914, by Cuba against arrivals from ports in Colombia, the period of observation to be seven days and arrivals to be admitted only at the ports of Habana and Santiago, Cuba.

Plague—Habana.

Two new cases of plague have been notified at Habana, occurring May 25 and 27, 1914, respectively, making a total from March 5, 1914, of 20 cases at Habana and 1 at Artemisa.

JAPAN,

Plague—Typhus Fever.

During the week ended May 25, 1914, plague and typhus fever were notified in Japan as follows: Tokyo, 3 cases of plague and 130 of typhus fever; Yokohama, 2 cases of plague and 6 of typhus fever.

ZANZIBAR.

Examination of Rats—Zanzibar.

During the week ended April 7, 1914, 962 rats were examined at Zanzibar for plague infection. No plague-infected rat was found.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

Reports Received During Week Ended May 29, 1914.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
India: Calcutta.....	Mar. 29-Apr. 11.....		194	Apr. 14, free.
Philippine Islands.....				

YELLOW FEVER.

Brazil: Bahia.....	Apr. 29-May 2.....	1	1	
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PLAGUE.

Brazil: Bahia.....	Apr. 29-May 2.....	1	1	
China: Hongkong.....	Apr. 13-19.....	1	1	May 15-21: Cases, 241.
Shanghai.....				
Cuba: Habana.....	May 25-27.....	2		Total Mar. 5-May 27: Cases, 20; deaths, 3.
Dutch East Indies: Surabaya.....				Mar. 29-Apr. 4: 3 fatal cases in the city and 24 cases with 15 deaths in the vicinity.
Egypt: Alexandria.....	May 2.....	1	1	Total, Jan. 1-Apr. 30: Cases, 34; deaths, 17.
Port Said.....	Apr. 21-26.....	1		
Provinces— Assiout.....	Apr. 24-May 2.....	2	2	
Fayoum.....	Apr. 25-30.....	1		
Garbieh.....	Apr. 4-27.....	1	1	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received During Week Ended May 29, 1914—Continued.****PLAGUE—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
India:				
Calcutta.....	Mar. 29-Apr. 11.....		56	
Japan:				
Chiba ken.....	Apr. 20-26.....	10	11	
Yokohama.....				May 25: Cases, 2.
Mauritius.....	Mar. 5-Apr. 2.....	2		
Philippine Islands:				
Manila.....	Apr. 12-25.....	2	2	
Tripoli:				
Bengazi.....				Apr. 15, free.

SMALLPOX.

Australia—					
New South Wales.....					Mar. 16-Apr. 2: 6 cases in the metropolitan area of Sydney and 10 cases in the country districts.
Brazil:					
Para.....	Apr. 19-May 2.....		6		
Pernambuco.....	Mar. 15-31.....		2		
Canada:					
Ottawa.....	May 10-16.....	2			
Winnipeg.....	May 3-9.....	3			
Windsor.....	May 9-16.....	1			
Canal Zone.....	Apr. 1-30.....	1			
Dutch East Africa:					
Java.....					Total in the western part, Mar. 29-Apr. 4: Cases, 114; deaths, 34.
Batavia.....	Mar. 29-Apr. 4.....	12	6		
Egypt:					
Alexandria.....	Apr. 22-29.....		2		
Cairo.....	Apr. 9-15.....	28	11		
Port Said.....	do.....		1		
France:					
Paris.....	Apr. 19-May 2.....	6			
Germany.....					Total, Apr. 26-May 9: Cases, 23.
Honduras:					
Puerto Cortes.....	Apr. 1-30.....	3			
India:					
Calcutta.....	Mar. 22-Apr. 11.....		113		
Madras.....	Apr. 12-18.....	4	2		
Italy:					
Milan.....	Feb. 1-28.....	1			
Turin.....	Apr. 29-May 3.....	2			
Mexico:					
Chihuahua.....	Apr. 27-May 3.....		4		
Monterey.....	do.....		2		
Norway.....	Apr. 1-30.....	16			
Portugal:					
Lisbon.....	Apr. 19-May 9.....	8			
Russia:					
Odessa.....	Mar. 20-Apr. 4.....	1			
Riga.....	Jan. 1-Feb. 28.....	63	16		Apr. 25: Cases, 5.
St. Petersburg.....	Apr. 5-13.....	19	8		
Spain:					
Barcelona.....	May 3-9.....		8		
Madrid.....	Apr. 1-30.....		5		
Valencia.....	Apr. 19-May 9.....	21			
Switzerland:					
Cantons—					
Aargau.....	Apr. 12-25.....	10			
Basel.....	Apr. 19-May 2.....	11			
Turkey in Asia:					
Beirut.....	do.....	16	6		
Messina.....	Apr. 5-11.....	1			
Trebisond.....	Apr. 25.....				Present.

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

Reports Received from Dec. 27, 1913, to May 22, 1914.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Bosnia-Herzegovina—				
Brod.....	Nov. 13-18.....	2		
Kostjnica.....	do.....	1		
Novigrad.....	Oct. 26-Nov. 5.....	1		
Sjekovac.....	Nov. 6.....	1		
Travnik, district.....	Dec. 10-16.....	6		
Vranduk.....	Nov. 20.....	1		
Zenica.....	Oct. 20-Nov. 19.....	9	2	
Croatia-Slavonia—				
Pozenga.....	Nov. 18-Dec. 1.....	2		
Syrmien—				
Adasevci.....	do.....	6	2	
Semlin.....	do.....	1	1	
Vitrovia—				
Dobrovic.....	do.....	2	2	
Hungary.				
Bacs-Bodrog, district.....	Nov. 9-Dec. 29.....	52	31	Total, Sept. 1-Dec. 29: Cases, 726; deaths, 372; Dec. 29, free.
Jasz-Nagy-Kun - Szolnok—				
Szolnok.....	Nov. 9-15.....	2	2	
Maramaros				
Pest Pilis—	Nov. 30-Dec. 6.....	1	1	
Soroksar.....	Nov. 9-22.....	2	1	
Szabolcs—				
Nyiregyhaza.....	Nov. 9-15.....	1	1	
Temes—				
Varasiget.....	do.....		1	
Torontal.....	Nov. 9-Dec. 13.....	27	19	
Ung—				
Jasza.....	Nov. 9-15.....	1	1	
Ceylon:				
Colombo.....	Nov. 9-Jan. 17.....	33	19	
Galle.....	Feb. 9-Mar. 28.....	12		
China:				
Hongkong.....	Nov. 9-Mar. 22.....	10	4	
Dutch East Indies.				
Java—				
Batavia and Tanjong Priok.....	Nov. 9-Feb. 14.....	47	35	
Do.....	Jan. 18-24.....	1	1	
Pamanoekan.....	do.....	1	1	
Samarang.....	Nov. 30-Dec. 27.....	47	25	
Do.....	Jan. 1-31.....	8	5	
Sumatra—				
Padang.....	Dec. 1-Jan. 24.....	136	101	Total.
Baros.....	Jan. 15-31.....	55	46	
Sorkam.....	Jan. 1-17.....	22	17	
India:				
Bassein.....	Feb. 1-Mar. 7.....	15	13	
Bombay.....	Nov. 10-Apr. 18.....	34	17	
Calcutta.....	Nov. 9-Mar. 28.....		1,174	
Madras.....	Nov. 16-Mar. 7.....	14	5	
Monimime.....	Jan. 4-Feb. 28.....	23	23	
Negapatam.....	Jan. 4-Mar. 14.....	106	89	
Rangoon.....	Nov. 1-Dec. 31.....	5	1	
Do.....	Jan. 1-Feb. 28.....	6	4	
Indo-China.				
Cholon.....	Jan. 21-31.....	1		Year 1913: Cases, 432; deaths, 13. Total, Jan. 1-Feb. 10: Cases, 16; deaths, 13.
Laos (Shan States).....	Jan. 1-10.....	10		
Phanri.....	Jan. 1-Feb. 10.....		3	
Saigon.....	Jan. 13-Feb. 23.....	3		Along the upper Mekong River.
Philippine Islands				
Manila.....	Nov. 9-Mar. 14.....	86	56	The last instance of cholera was on Panay Island Mar. 18. Total, Aug. 23-Jan. 24: Cases, 186; deaths, 124. Third quarter, 1913: Cases, 14; deaths, 6. Fourth quarter, 1913: Cases, 107; deaths, 104. Jan. 3, 1 fatal case on s. s. Sigmund from Rabal, New Guinea. At the necropsy, pathological lesions of cholera and beriberi were found.
Provinces.....				

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands—Continued.				
Bulacan	Dec. 14-20			Present in vicinity.
Bulacan	do			Present.
Meycauayan	do			Total, Dec. 17-23: Cases, 26; deaths, 18. Feb. 21, still present.
Capiz				Present.
Banga	Dec. 17-20			Do.
Capiz	Jan. 28			Do.
Calivo	Dec. 17-Jan. 24			1 death daily.
New Washington	do			Present.
Cavite—				
Santa Cruz	Nov. 13-19			Do.
Cebu—				
Cebu	do			Do.
Opon	Nov. 19	1		On Mactan Island.
Pampanga	Dec. 7-Jan. 28			Present in Guagua, Macabebe, San Fernando, and other places.
Pangasinan	Dec. 19-29			Present in Dagupan, Lingayen, San Carlos, and Urdaneta.
Rizal—				
Las Pinas	do	1		
Pasig	Nov. 19			Present.
Pateros	Jan. 28			Do.
Rizal	do			Do.
Roumania				Total, Nov. 14-Dec. 7: Cases, 18; deaths, 15.
Russia:				
Bessarabia—				
Ismail	Oct. 26-Nov. 8	6	1	
Ekaterinoslav	do	1		
Kherson	do	6	9	
Taurida—				
Dnelper district	do	1	2	
Servia				Nov. 10-24: 8 cases with 2 deaths in the districts Podrigne and Pojarevatz.
Siam:				
Bangkok	Nov. 2-Mar. 21		168	
Straits Settlements:				
Singapore	Nov. 2-Mar. 28	42	22	
Kedah, Province	Feb. 4			Present.
Turkey in Asia:				
Aivali	Jan. 10-23	9	6	
Beirut	Dec. 23	2	1	From among troops on the s. s. Bahr Amer from Rodosto.
Smyrna	Dec. 16-Jan. 8	11	4	
Trebizond	Dec. 9-Jan. 24	22	16	Dec. 9-16: 6 cases among troops from s. s. Guldjemal. Jan. 17, 1 case in the city.
Turkey in Europe:				
Adrianople	Feb. 28-Mar. 28	99	38	Among the military.
Constantinople	Nov. 25-Feb. 15	141	56	Total, Aug. 2-Feb. 15: Cases, 216; deaths, 96. Total Jan. 1-Mar. 21: Cases, 30; deaths, 14; Mar. 24, 1 fatal case.
Dardanelles	Jan. 9-20	10	9	
Gallipoli	Jan. 1-3	2	2	
Kirk Kilisse	Mar. 16	2	2	
Pera	Jan. 3-10	5		
Rodosto	Dec. 21-Jan. 9	22		

YELLOW FEVER.

Brazil:				
Bahia	Nov. 23-Apr. 25	33	42	May 2: Diminishing.
Ceara	Nov. 1-30		2	
Pernambuco	Mar. 1-15		17	
Ecuador:				
Guayaquil	Nov. 1-Dec. 31	9	6	
Do	Jan. 1-Mar. 31	18	8	
Milagro	Jan. 1-Feb. 28	6	4	
Naranjito	Jan. 1-31	3	2	
Mexico:				
Merida	Dec. 10-11	1	1	From Campeche.
Do	Jan. 4-10	1	1	Do.

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

YELLOW FEVER—Continued

Places.	Date.	Cases.	Deaths.	Remarks.
Southern Nigeria:				
Lagos.....	Oct. 20-Dec. 28....	5	1	Among Europeans from a vessel. Feb. 26, present.
Do.....	Feb. 13-Mar. 8....	3		Case Mar. 8, a European.
Omitsha.....	Jan. 24.....	1		
Togo:				
Lome.....	Sept. 12.....	1		
Trinidad:				
Brighton.....	Dec. 30.....	1		Total, Nov. 22-Dec. 30: Cases, 10; deaths, 3. Mar. 26, 1 case, 3/4 miles distant.
Labrea.....	Mar. 27.....	1		
Venezuela:				
Caracas.....	Feb. 1-28.....		3	

PLAGUE.

Arabia:				
Debai.....	Mar. 7.....			Present.
Australia:				
Thursday Island Quarantine Station.	May 21.....	5		Pestis minor from s. s. Taynan from Hongkong to Townsville.
Azores:				
Terceira—				
Angra-Heroismo.....	Dec. 21.....		1	
Brazil:				
Bahia.....	Nov. 23-Apr. 4....	26	19	
Pernambuco.....	Dec. 16-31.....		1	
Do.....	Jan. 1-Feb. 28....		2	
Rio de Janeiro.....	Nov. 16-22.....	1	1	
British East Africa:				
Kisumu.....	Sept. 12-Oct. 13..	2		Jan. 14-Nov. 15, 1913: Cases, 20; deaths, 22.
Mombasa.....	Sept. 12-Dec. 15..	31	16	Feb. 6-Dec. 15: Cases, 200; deaths, 173, including previous reports.
Nairobi.....	.....do.....	3	3	
Ceylon:				
Colombo.....	Jan. 25-Apr. 11....	96	82	Total Jan. 25-Mar. 25: Cases, 100; deaths, 88; of which 71 fatal cases were septicemic and 29 cases, with 17 deaths, bubonic.
Kandy.....	Jan. 25-Feb. 7....	1		From Colombo.
Chile:				
Iquique.....	Nov. 9-Jan. 31....	18	9	
Do.....	Jan. 11-Mar. 28....		12	
Santiago.....	Mar. 11-Apr. 18....		4	
China				
Amoy.....	Feb. 18-Mar. 28....	3	5	Mar. 14, present in Ampo and Tah-tau-po. Jan. 17-Mar. 1, present in localities 15 miles from Chaoyang and in Chin Khoi, Hak Is, Hweilai, Ko Khoi, Khoi Tau, Kun Pau, Sua Ming Sia, and Toa Phau.
Chao-Chowfu.....	Mar. 29-Apr. 4....			Present in the island.
Hongkong.....	Nov. 2-Apr. 4....	383	281	Present.
Hwelan.....	Apr. 6.....			Apr. 30-May 6: Cases, 203. About 4 deaths daily per week. 30 miles from Amoy.
Shanghai.....	Oct. 1-7.....	1		Apr. 22, 1 case.
Cuba:				
Artemisa.....	Apr. 23.....	1		
Habana.....	Mar. 5-May 15....	18	3	
Dutch East Indies:				
Java.....				Total in East Java, year 1913: Cases, 11,218; deaths, 10,556.
Provinces—				
Kediri.....	Nov. 1-Dec. 31....	547	481	
Do.....	Jan. 1-Feb. 28....	406	350	
Madioen.....	Nov. 1-Dec. 31....	151	140	
Do.....	Jan. 1-Feb. 28....	284	251	
Pasoeroean, including Malang.	Nov. 1-Dec. 31....	1,550	1,463	
Do.....	Jan. 1-Feb. 28....	1,481	1,295	
Surabaya.....	Nov. 1-Dec. 31....	93	93	
Do.....	Jan. 1-Mar. 28....	101	90	9 cases in vicinity.

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Babahoyo.....	Nov. 1-Dec. 31.....	1		
Duran.....	Dec. 1-31.....	1		
Do.....	Jan. 1-31.....	1	1	
Guayaquil.....	Nov. 1-Dec. 31.....	349	157	
Do.....	Jan. 1-Mar. 31.....	79	36	
Manta.....	Dec. 1-31.....	8		
Milagro.....	Nov. 1-Dec. 31.....	2	1	
Naranjito.....	do.....	3	1	
Yaguachi.....	Nov. 1-30.....	2	2	
Do.....	Jan. 1-31.....	1	1	
Egypt.....				Jan. 1-Dec. 24, 1913: Cases, 654; deaths, 304. Jan. 1-Apr. 16: Cases, 23; deaths, 10.
Alexandria.....	Feb. 19.....	1	1	
Cairo.....	Feb. 13-22.....	2		
Port Said.....	Feb. 10-Apr. 21.....	6	4	
Provinces—				
Assiout.....	Jan. 5-Apr. 23.....	2	2	
Assouan.....	Dec. 10.....	1		
Do.....	Jan. 5.....	1	1	
Dakahlia.....	Mar. 23.....	1		
Fayoum.....	Feb. 10-Apr. 17.....	4	1	
Garbleh.....	Dec. 11.....	1		
Do.....	Jan. 15-Apr. 3.....	8	2	
Menouf.....	Mar. 31-Apr. 2.....	2	2	
Minieh.....	Dec. 9-24.....	3	1	
Do.....	Jan. 8-Apr. 16.....	4	2	
German East Africa:				
Dar-es-Salaam.....	Mar. 13.....	1	1	Pneumonic.
Hawaii:				
Honokaa.....	May 16.....	1	1	
Kukuihaele.....	Apr. 18.....		1	
India.....				Total Jan. 1, 1913-Jan. 3, 1914: Cases, 238,198; deaths, 198,575. Jan. 4-Mar. 31: Cases, 147,995; deaths, 123,362.
Bassein.....	Jan. 4-Mar. 15.....	161	136	Total Jan. 1, 1913-Jan. 3, 1914: Cases, 304; deaths, 283. Apr. 1-18, epidemic.
Bombay.....	Nov. 9-Apr. 18.....	1,466	1,263	
Calcutta.....	Nov. 2-Mar. 28.....		93	
Karachi.....	Nov. 9-Apr. 18.....	835	720	
Madras.....	Nov. 16-Apr. 11.....	6	3	
Moulmine.....	Jan. 4-24.....		18	Jan. 1, 1913-Jan. 3, 1914: Cases, 574; deaths, 576.
Negapatam.....	Feb. 1-Mar. 14.....	41	41	
Rangoon.....	Oct. 26-Dec. 31.....	74	68	
Do.....	Jan. 1-Feb. 28.....	328	311	
Indo-China.....				Year 1913: Cases, 4,038; deaths, 3,805. Jan. 1-Feb. 10: Cases, 330; deaths, 303.
Saigon.....	Nov. 11-Apr. 6.....	41	3	
Japan.....				Total Jan. 1-Dec. 31: Cases, 27; deaths, 20; exclusive of Taiwan. Apr. 18-20: 11 cases in Komikawa Cho, and Katori-Gun Chiba, near Tokyo.
Kobe.....	Dec. 1-7.....	1		
Taiwan—				
Kagi.....	Feb. 1-Apr. 12.....	107	89	
Tokyo.....	Apr. 18-May 18.....	27		Apr. 18: 5 cases in the vicinity.
Yokohama.....	Jan. 4-10.....	1	1	Total Sept. 19-Jan. 10: Cases, 22; deaths, 18.
Mauritius.....	Jan. 1-Feb. 19.....	40	23	Total year 1913: Cases, 30; deaths, 183.
Morocco:				
Casablanca.....	Jan. 7.....	1	1	
El-Arish (Larache).....	Sept. 17.....	1		Among the military.
Fedala.....	Mar. 16-Apr. 4.....	5	1	
New Caledonia:				
Bourail.....	Sept. 1-Oct. 14.....	8	2	In a school of the tribe of the Azaren.
Persia:				
Lingah.....	Mar. 25.....	1		
Peru.....				Deaths not reported. Total year 1913: Cases, 869; deaths, 459.
Ancachs—				
Casma.....	Feb. 9-Mar. 22.....	2		Dec. 1-Feb. 8, present.
Chimbote.....	Feb. 23-Mar. 22.....			Present.
Nepena.....	Nov. 1-Jan. 18.....			Do.

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Peru—Continued.				
Arequipa—				
Mollendo.....	Dec. 1-Mar. 23....	17		Apr. 11, 5 cases present.
Cajamarca—				
Contumaza.....	Jan. 19-24.....	12		Feb. 8, present.
Callao—				
Callao.....	Jan. 19-Feb. 22....	7		
Lambayeque—				
Chiclayo.....	Dec. 1-Mar. 22....	84		
Ferreñaje.....	Dec. 1-Feb. 8....	18		
Guadalupe.....	Dec. 1-Mar. 22....	27		Dec. 1-Feb. 8, present.
Pacasmayo.....	Jan. 25-Mar. 22....	6		
Libertad—				
San Pedro.....	Dec. 1-Mar. 22....	37		
Salaverry.....	Feb. 16-Mar. 22....	7		Mar. 17-25: Cases, 3; deaths, 1.
Santiago de Coa.....	Feb. 23-Mar. 22....	7		Present.
Trujillo.....	Dec. 1-Feb. 23....	73		Apr. 21: 10 cases in hospital.
Lima.....	Dec. 1-Jan. 18....	6		
Lima.....	Dec. 1-Mar. 23....	51		
Pisco.....	Dec. 1-Jan. 18....	2		
Monsefu.....	do.....	2		
Piura—				
Catacaos.....	Dec. 1-Mar. 22....	18		
Piura.....	Dec. 1-Jan. 24....	10		Feb. 8, present.
Philippine Islands:				
Manila.....	Nov. 23-Apr. 4....	14	13	Third quarter, 1913: Cases, 2; deaths, 1. Fourth quarter, 1913; case, 1; death, 1.
Russia:				
Saratov.....	Feb. 11.....	1		
Ural territory.....				Total Oct. 20-Nov. 10: Cases, 212; deaths, 170; and 2 fatal cases from Issum Tube.
Djakisabevsk district..	Mar. 2-13.....	16	16	
Djumarta.....	Nov. 9-10.....	5	1	
Djantayu.....	Nov. 8-10.....	2	2	
Kislilu.....	Nov. 8.....	1	1	
Fourteenth village.....	Nov. 7-9.....	6		
Sarbas.....	Nov. 8-10.....	13	7	
Kaziljar district.....	Nov. 5-10.....	39	24	In Assaukurt, Baltchurek, Biskuduk, and Djamankuduk.
Lbistchensky district..	Mar. 2-13.....	16	15	
Issum Tube.....	Oct. 20-Nov. 10..	138	127	
Kalmikov.....	Nov. 4-10.....	6	6	
Siam:				
Bangkok.....	Nov. 2-Mar. 21....		26	
Tripoli:				
Bengazi.....	Jan. 31.....			Present.
Turkey in Asia:				
Beirut.....	Dec. 10-23.....	2	2	
Jiddah.....	Feb. 2-Mar. 11....	5	2	
Venezuela:				
Caracas.....	Apr. 7.....		1	Of case reported Apr. 12.
Miranda, State.....	May 19.....	1		
Zanzibar.....	Dec. 31-Jan. 21....	5	3	On s. s. Præsident from Dar-es-Salaam.

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	Sept. 1-Dec. 31....	10		
Do.....	Jan. 1-Feb. 28....	3		
Constantine.....	Oct. 1-Dec. 31....	15		
Do.....	Jan. 1-Feb. 28....	1		
Oran.....	Sept. 1-Nov. 30....	216		Feb. 1-28: Cases, 5; deaths, 4.
Do.....	Jan. 1-Feb. 28....	117		
Arabia:				
Aden.....	Nov. 25-Mar. 9....	6	6	
Maskat.....	Nov. 30-Dec. 6....	10		Dec. 20, present.
Malah.....	Dec. 23-Jan. 10....	9		Nov. 30, present; Mar. 7, still present.
Argentina:				
Buenos Aires.....	Nov. 1-30.....		1	
Rosario.....	Dec. 1-31.....	1		

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Australia:				
New South Wales.....				Total July 1, 1913-Jan. 31, 1914; Cases, 1,078.
Sydney, metropolitan area.....				July 1, 1913-Jan. 8, 1914: Cases, 1,032. Feb. 1-Mar. 13: 17 cases in the metropolitan area of Sydney and 15 cases at Singleton.
Western Australia— Fremantle.....				Dec. 2: 1 fatal case on R. M. S. Malwa, from London via Port Said, Aden, and Colombo.
Victoria— Melbourne.....				At Point Nepean quarantine station, Jan. 19: 1 case from F. M. S. Caledonian from Noumea via Sydney.
Austria-Hungary:				
Coastland—				
Trieste.....	Jan. 25-31.....	3		
Galicja.....	Feb. 15-21.....	1		
Krain.....	Mar. 1-14.....	4		
Lower Austria—				
Vienna.....	Jan. 4-24.....	6		
Moravia.....	Jan. 18-Feb. 21.....	5		
Silesia.....	Feb. 15-18.....	1		
Tyrol and Vorarlberg.....	Nov. 23-Feb. 21.....	6		
Upper Austria.....	Dec. 14-Feb. 21.....	20		
Belgium:				
Liège.....	Mar. 1-7.....		6	
Brazil:				
Bahia.....	Nov. 23-Apr. 11.....	83	1	
Para.....	Dec. 1-Apr. 11.....	80	85	
Perambuco.....	Nov. 1-Feb. 28.....		78	
Rio de Janeiro.....	Nov. 9-Apr. 11.....	586	121	
Canada:				
British Columbia—				
Vancouver.....	Apr. 19-25.....	1		
Manitoba—				
Winnipeg.....	Feb. 14-May 2.....	26		
Ontario—				
Cornwall.....	Feb. 28-Apr. 4.....	1		
Fort William.....	Feb. 24-Mar. 2.....	1		
Hamilton.....	Jan. 1-Apr. 30.....	33		
Ottawa.....	Dec. 7-May 2.....	25		
Toronto.....	Dec. 7-May 8.....	15	1	
Quebec—				
Montreal.....	Dec. 7-May 9.....	94		
Quebec.....	Jan. 24-31.....	1		
Canal Zone:				
Panama.....				Nov. 1-30: Santo Tomas hospital, 1 case from a vessel from Callao.
Ceylon:				
Colombo.....	Nov. 30-Dec. 6.....	1		
Do.....	Mar. 22-Apr. 11.....	6		
Chile:				
Talcahuano.....	Apr. 5-11.....	3		
China:				
Amoy.....	Dec. 14-Jan. 10.....			Present.
Antung.....	Jan. 4-Mar. 29.....	5	2	
Chefoo.....	Feb. 22-Mar. 7.....	2	1	
Dairen.....	Dec. 7-Apr. 11.....	32	10	
Hankow.....	Nov. 2-Feb. 28.....	14	1	
Hongkong.....	Dec. 14-Mar. 29.....	32	21	
Mukden.....	Mar. 8-15.....	3	1	
Nanking.....	Jan. 24.....			Do.
Shanghai.....	Dec. 8-Apr. 5.....	20	30	Deaths among natives.
Tientsin.....	Nov. 9-15.....		1	
Ting Chow.....	Jan. 5.....			Epidemic, 130 miles from Amoy
Tsing Tau.....	Jan. 15-Apr. 11.....	13	1	
Tong An.....	Dec. 27.....			Present, 20 miles from Amoy.
Dutch East Indies:				
Java.....				Dec. 13-Mar. 28: 969 cases with 232 deaths in the western part, and 100 cases with 63 deaths in the interior
Batavia.....				Nov. 27-Dec. 27: Cases, 51; deaths, 13.
Do.....	Jan. 11-Apr. 4.....	106	48	

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Dutch East Indies—Contd.				
Java—Continued.				
Besoeki.....	Oct. 19-29.....	227	47	Epidemic.
Cheribon.....	Mar. 7.....			
Madison.....	Oct. 19-28.....	36	12	
Surabaya.....	Oct. 28-Jan. 31.....	6		
Surakarta.....	Oct. 19-Dec. 6.....	481	91	
Sumatra—				
Padang.....	Jan. 1-31.....			Present
Egypt:				
Alexandria.....	Nov. 26-Apr. 22.....	36	13	
Cairo.....	Nov. 19-Apr. 1.....	243	94	
Port Said.....	Dec. 3-Mar. 25.....	9	1	
France:				
Bordeaux.....	Mar. 8-14.....		1	
Marseille.....	Nov. 1-Mar. 31.....		118	
Nantes.....	Feb. 1-May 2.....	9	2	
Nice.....	Nov. 1-Dec. 31.....	2		
Paris.....	Nov. 23-Apr. 18.....	49		
St. Etienne.....	Nov. 16-Mar. 14.....	12	4	
Toulon.....	Jan. 1-31.....		1	
Germany.....				
Berlin.....	Feb. 8-14.....	2		Dec. 7-Apr. 25: Cases, 36.
Bremen.....	do.....	1		
Breslau.....	do.....	1		
Hamburg.....	Dec. 11-25.....	4		
Kehl.....	Jan. 1-31.....		1	
Lubeck.....	Feb. 15-21.....	1		
Plauen.....	Mar. 1-31.....	11		
Strassburg.....	do.....	1	1	
Gibraltar.....	Dec. 1-Mar. 22.....	6		
Great Britain:				
Aberdeen.....	Feb. 22-Mar. 21.....	6	1	
Cardiff.....	Feb. 16-21.....	1		
Edinburgh.....	Mar. 1-7.....		1	
Liverpool.....	Mar. 15-21.....	1		From a vessel.
London.....	Jan. 18-Mar. 22.....	6		
Nottingham.....	Dec. 21-27.....	28		
Southampton.....	Feb. 2-28.....	1		
Greece.....				
Achaia and Elis, Province.....	Mar. 8-14.....	7	5	Jan. 28-Feb. 12: Present in the barracks at Athens and at the surrounding country. Jan. 29, present.
Hermopolis (Syros).....	Mar. 16.....	6		
Piræus.....	Jan. 18-Feb. 12.....	19	11	
Grenada.....				
St. Georges.....	Mar. 18.....	3		In St. Andrews Parish, 20 miles from St. Georges.
St. Georges.....				
Mar. 22-28.....		4		
Guadeloupe:				
Pointe à Pitre quarantine station, Islet à Cosson.....	Feb. 16-23.....	10	1	From among returned troops from s. s. Perou from Havre via Bordeaux and Santander.
Guatemala:				
Guatemala.....	Apr. 21.....			Present.
India:				
Bombay.....	Nov. 23-Apr. 18.....	153	65	
Calcutta.....	Nov. 2-Mar. 7.....		142	
Karachi.....	Nov. 2-Apr. 11.....	26	6	
Madras.....	Nov. 2-Apr. 11.....	56	18	
Rangoon.....	Jan. 1-Feb. 28.....	18	1	
Indo-China.....				
Saigon.....	Nov. 11-24.....	1	1	Total Jan. 1-31: Cases, 160; deaths, 16.
Italy:				
Genoa.....	Mar. 1-15.....	1	1	
Leghorn.....	Dec. 21-27.....	1		
Naples.....	Jan. 3.....	1		
Turin.....	Dec. 22-28.....	1		
Japan.....				
Fukuoka ken.....	Dec. 1-31.....	2		Total Jan. 1-Dec. 31, 1913: Cases, 108; deaths, 39, exclusive of Taiwan. Total Jan. 1-Feb. 28: Cases, 17; deaths, 3.
Nagasaki.....	Jan. 1-Mar. 22.....	3	1	
Taiwan.....	Mar. 22-Apr. 11.....	3		
Tokyo.....	Nov. 1-Mar. 7.....	10		
Yokohama.....	Jan. 6-12.....	1	1	
Mauritius.....				
Oct. 2-25.....		60	4	Mar. 6-19: Cases 6, deaths 3.

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

Reports Received from Dec. 27, 1913, to May 22, 1914—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Mexico:				
Acapulco.....	Dec. 6-Apr. 18....	5	6	
Aguascalientes.....	Dec. 1-Mar. 29.....		112	
Chihuahua.....	Dec. 29-Apr. 26.....		20	
Cruz.....	Apr. 2.....			Epidemic in vicinity.
Durango.....	Apr. 1-May 31.....		77	
Guadalajara.....	Jan. 11-Feb. 14.....	89	46	
Izuris.....	Dec. 29-Jan. 4.....	5	1	
Juarez.....	Feb. 15-Apr. 4.....	1	4	
Llano.....	Jan. 17.....	8		
La Paz.....	Jan. 16-22.....	3	1	
Manzanillo.....	Mar. 21-27.....	2		
Mexico.....	Oct. 26-Jan. 17.....	129	40	
Monterey.....	Nov. 17-Apr. 19.....	12	8	
Nogales.....	Apr. 27-May 9.....	8		
Salina Cruz.....	Jan. 18-Apr. 15.....	3	1	Present in vicinity.
San Luis Potosi.....	Nov. 2-Jan. 24.....	4	7	
Tampico.....	Dec. 24-Mar. 10.....	200	58	May 19: 50 cases present.
Vera Cruz.....	Dec. 6-Apr. 25.....	73	30	Apr. 25; 2 cases among refugees.
Morocco:				
Casablanca.....	Mar. 7.....			Present.
Tangier.....	Apr. 11.....			Do.
Netherlands, The.....	Feb. 8-14.....	1	1	
New Zealand.....				Apr. 8, 1913, to Jan. 7, 1914: Cases, 2,000, including report, p. 2863, vol. 28.
Norway:				
Trondhjem.....	Nov. 1-Feb. 28.....	19		
Peru:				
Callao.....	Jan. 26.....			Still epidemic, Mar. 7, improving.
Lima.....	do.....			Do.
Philippine Islands:				
Manila.....				Third quarter, 1913: Cases, 15. Fourth quarter, 1913: Cases, 18.
Portugal:				
Lisbon.....	Nov. 16-Apr. 18.....	24		
Russia:				
Moscow.....	Dec. 14-Mar. 21.....	67	18	
Odessa.....	Nov. 16-Mar. 28.....	42	2	
Riga.....	Jan. 1-Apr. 4.....	43	4	Feb. 22-Mar. 28: Cases, 18.
St. Petersburg.....	Nov. 23-Mar. 21.....	84	24	
Vladivostok.....	Dec. 22-Jan. 28.....	5		
Warsaw.....	Oct. 5-Jan. 3.....	73	43	
Servia:				
Belgrade.....	Nov. 7-Mar. 28.....	142	50	
Siam:				
Bangkok.....	Jan. 25-Mar. 22.....		4	
Spain:				
Almeria.....	Nov. 1-Jan. 31.....		9	
Barcelona.....	Nov. 30-Mar. 28.....		123	
Madrid.....	Nov. 1-Feb. 28.....		98	
Seville.....	do.....		2	
Valencia.....	Dec. 1-Mar. 21.....	23		
Straits Settlements:				
Penang.....	Nov. 2-Dec. 6.....	13	1	
Singapore.....	Nov. 2-22.....	2		
Sweden:				
Malmö.....	Mar. 22-28.....	13		
Switzerland:				
Canton—				
Basel.....	Nov. 23-Apr. 18.....	135		
Genoa.....	Nov. 23-29.....	3	1	
Turkey in Asia:				
Adana.....	Jan. 10-24.....	2		Dec. 28, epidemic.
Beirut.....	Nov. 23-Apr. 11.....	344	147	
Jaffa.....	Dec. 6-Apr. 11.....	39	7	
Jerusalem.....	Feb. 1-Mar. 31.....	9		
Merzina.....	Jan. 4-Mar. 7.....	3	3	
Smyrna.....	Nov. 16-Mar. 14.....		176	
Tarsus.....	Dec. 28-Feb. 8.....			Still present.
Trebizond.....	Jan. 11-Apr. 11.....			Present.
Tripoli.....	Jan. 25-Apr. 4.....	110	8	
Turkey in Europe:				
Constantinople.....	Nov. 20-Apr. 25.....		25	
Saloniki.....	Dec. 1-Apr. 25.....		99	

SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

PHILIPPINE ISLANDS.

Appropriations for Bureau of Health and Quarantine Service. (Act 2319, Jan. 31, 1914.)

The appropriations are for the fiscal year ending December 31, 1914.

* * * * *

BUREAU OF HEALTH.

For salaries and wages, as follows:

Office of the director:

Director of health, per annum.....	₱10,800.00
One assistant to the director of health, per annum.....	4,800.00

Clerical division:

One chief clerk, per annum.....	4,000.00
One stenographer, per annum.....	3,600.00
One stenographer, per annum.....	2,800.00
One chief of records, per annum.....	3,200.00
One clerk, per annum.....	2,800.00
One clerk, per annum.....	2,800.00
One clerk, per annum.....	1,080.00
One clerk, at ₱40 per month.....	480.00
One clerk, per annum.....	960.00
One clerk, per annum.....	594.00
One clerk, per annum.....	480.00
One clerk, at ₱40 per month.....	480.00
Two clerks, at ₱30 per month each.....	720.00
Six messengers, at ₱30 per month each.....	2,160.00
One chief of accounts, per annum.....	2,800.00
One clerk, at ₱100 per month.....	1,200.00
One clerk, per annum.....	840.00
One clerk, per annum.....	840.00
One clerk, per annum.....	720.00
One clerk, per annum.....	1,800.00

Sanitary engineering division:

One chief sanitary engineer, per annum.....	6,000.00
One assistant sanitary engineer, per annum.....	3,200.00
One clerk, per annum.....	2,400.00
One clerk, per annum.....	600.00
One sanitary inspector, per annum.....	2,400.00
Two sanitary inspectors, at ₱2,280 each per annum.....	4,560.00
One assistant sanitary inspector, at ₱50 per month.....	600.00
One junior draftsman, per annum.....	1,020.00
One junior draftsman, at ₱50 per month.....	600.00
One clerk, at ₱40 per month.....	480.00
One messenger, at ₱30 per month.....	360.00

Statistical division:

One chief of division, per annum.....	5,000.00
One clerk, per annum.....	2,800.00

Statistical division—Continued.

One clerk, per annum.....	₹1,440.00
One clerk, per annum.....	1,440.00
One clerk, per annum.....	1,140.00
One clerk, per annum.....	720.00
One clerk, per annum.....	480.00
One messenger, at ₹30 per month.....	360.00

Property division:

One chief of division, per annum.....	4,000.00
One assistant chief, per annum.....	2,400.00
One inventory clerk, per annum.....	1,200.00
One clerk, per annum.....	600.00
One clerk, per annum.....	480.00
One clerk, per annum.....	420.00
One clerk, per annum.....	360.00
One messenger, at ₹30 per month.....	360.00
One chauffeur, ₹45 per month.....	540.00
One employee, at ₹40 per month.....	480.00
Four laborers, at ₹30 per month each.....	1,440.00

Inspection and general service division:

One assistant director of health, per annum.....	7,125.00
One medical inspector, per annum.....	5,400.00
Four medical inspectors, at ₹4,000 per annum each.....	16,000.00
Three junior medical inspectors, at ₹2,000 per annum each.....	6,000.00
Six junior medical inspectors, at ₹1,800 per annum each.....	10,800.00
One junior medical inspector, per annum.....	1,668.00
One district health officer, per annum.....	5,000.00
Three district health officers, at ₹4,000 per annum each.....	12,000.00
One district health officer, per annum.....	3,400.00
Two district health officers, at ₹3,200 per annum each.....	6,400.00
Two district health officers, at ₹3,000 per annum each.....	6,000.00
Three district health officers, at ₹2,800 per annum each.....	8,400.00
Three district health officers, at ₹2,700 per annum each.....	8,100.00
One district health officer, per annum.....	2,600.00
Twelve district health officers, at ₹2,400 per annum each.....	28,800.00
One district health officer, per annum.....	2,000.00
One clerk, per annum.....	3,200.00
One sanitary inspector, per annum.....	2,400.00
One chauffeur, at ₹65 per month.....	780.00
One clerk, per annum.....	480.00
One messenger, at ₹30 per month.....	360.00

Station A:

One medical inspector, per annum.....	4,000.00
Three municipal physicians, at ₹125 per month each.....	4,500.00
Two sanitary inspectors, at ₹2,280 per annum each.....	4,560.00
Three assistant sanitary inspectors, at ₹720 per annum each.....	2,160.00
Eighteen assistant sanitary inspectors, at ₹50 per month each.....	10,800.00
Three assistant sanitary inspectors, at ₹40 per month each.....	1,440.00
Two assistant sanitary inspectors, at ₹30 per month each.....	720.00

Station C:

One medical inspector, per annum.....	4,000.00
Two municipal physicians, at ₹125 per month each.....	3,000.00
Two sanitary inspectors, at ₹2,280 per annum each.....	4,566.00
Two assistant sanitary inspectors, at ₹60 per month each.....	1,440.00
Ten assistant sanitary inspectors, at ₹50 per month each.....	6,000.00
Two assistant sanitary inspectors, at ₹40 per month each.....	960.00
Five assistant sanitary inspectors, at ₹30 per month each.....	1,800.00

Station I:

One medical inspector, per annum.....	4,000.00
One municipal physician, at ₹125 per month.....	1,500.00
One sanitary inspector, per annum.....	2,280.00
Two assistant sanitary inspectors, at ₹60 per month each.....	1,440.00
Twelve assistant sanitary inspectors, at ₹50 per month each.....	7,200.00
Two assistant sanitary inspectors, at ₹40 per month each.....	960.00
Five assistant sanitary inspectors, at ₹30 per month each.....	1,800.00

Station J:

One medical inspector, per annum.....	₪ 4,000.00
One municipal physician, at ₪125 per month.....	1,500.00
Two sanitary inspectors, at ₪2,280 per annum each.....	4,560.00
Two assistant sanitary inspectors, at ₪60 per month each.....	1,440.00
Nine assistant sanitary inspectors, at ₪50 per month each.....	5,400.00
Two assistant sanitary inspectors, at ₪40 per month each.....	960.00
Five assistant sanitary inspectors, at ₪30 per month each.....	1,800.00

Station L:

One medical inspector, per annum.....	4,000.00
One municipal physician, at ₪125 per month.....	1,500.00
One sanitary inspector, per annum.....	2,280.00
Two assistant sanitary inspectors, at ₪60 per month each.....	1,440.00
Eight assistant sanitary inspectors, at ₪50 per month each.....	4,800.00
Two assistant sanitary inspectors, at ₪40 per month each.....	960.00
Five assistant sanitary inspectors, at ₪30 per month each.....	1,800.00

Central free dispensary:

One pharmacist, in charge, at ₪150 per month.....	1,800.00
One practicante, at ₪70 per month.....	840.00
One clerk, at ₪40 per month.....	480.00
One employee, at ₪35 per month.....	420.00

Disinfecting service:

One chief disinfecter, per annum.....	2,400.00
Two assistant disinfecters, at ₪720 per annum each.....	1,440.00
One assistant disinfecter, at ₪50 per month.....	600.00
Six assistant disinfecters, at ₪40 per month each.....	2,880.00

Vaccinators:

For vaccinators at not to exceed ₪30 per month each and chief vaccinators at not to exceed ₪50 per month each.....	20,000.00
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Emergency employees:

For the hire of necessary employees for the suppression of epidemic diseases and for other temporary and emergency purposes.....	30,000.00
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San Lazaro Hospital division:

One medical inspector, in charge (with subsistence and quarters), per annum.....	4,800.00
One house physician, per annum.....	2,400.00
One chief nurse (with subsistence, quarters, and laundry), per annum.....	2,040.00
Three nurses (with subsistence, quarters, and laundry), at ₪1,560 per annum each.....	4,680.00
Eight nurses (with subsistence, quarters, and laundry), at ₪720 per annum each.....	5,760.00
One female attendant (with subsistence, quarters, and laundry), at ₪20 per month.....	240.00
Seven hospital attendants (with subsistence, quarters, and laundry), at ₪1,440 per annum each.....	10,080.00
One matron, at ₪48 per month.....	576.00
One seamstress, at ₪20 per month.....	240.00
Six laundresses, at ₪15 per month each.....	1,080.00
One superintendent (with subsistence and quarters), per annum.....	2,800.00
One clerk (with subsistence and quarters), per annum.....	600.00
One pharmacist (with subsistence and quarters), per annum.....	1,200.00
One foreman (steam laundry), with subsistence and quarters, at ₪120 per month.....	1,440.00
Two watchmen (with subsistence and quarters), ₪90 per month each.....	2,160.00
Two carpenters, at ₪48 per month each.....	1,152.00
One cook (with subsistence and quarters), at ₪60 per month.....	720.00
One cook (with subsistence and quarters), at ₪40 per month.....	480.00
One employee (with subsistence and quarters), at ₪40 per month.....	480.00
One engineer, at ₪40 per month.....	480.00
One crematory inspector (with subsistence and quarters), at ₪30 per month.....	360.00
Three assistant cooks, at ₪30 per month each.....	1,080.00
One driver, at ₪40 per month.....	480.00
One servant, at ₪25 per month.....	300.00
Twelve servants, at ₪20 per month each.....	2,880.00
Twenty-five servants, at ₪15 per month each.....	4,500.00
Four laborers, at ₪25 per month each.....	1,200.00
(All the above with subsistence and quarters.)	
Four laborers, at ₪20 per month each.....	960.00
Twelve leper police, at ₪0.20 per day each (with subsistence and quarters).....	876.00
Six leper nurses (with subsistence and quarters), at ₪3 per month each.....	216.00
One morgue attendant (with subsistence and quarters), per annum.....	1,440.00

Southern Islands Hospital division:

One chief of division, without salary. (See Inspection Division.)	
One medical officer, in charge of eye and ear department, without salary.	
One chief nurse (with subsistence, quarters, and laundry), per annum	2,040.00
Two nurses (with subsistence, quarters, and laundry), per annum, each, ₱1,440	2,880.00
One nurse, operating (with subsistence, quarters and laundry), per annum	1,020.00
Eight nurses (with subsistence, quarters and laundry), at ₱720 per annum each	5,760.00
One interne (with subsistence, quarters and laundry), per annum	1,200.00
One superintendent and cashier (with subsistence and quarters), per annum	2,400.00
One pharmacist (with subsistence and quarters), per annum	1,080.00
One clerk (with subsistence and quarters), per annum	420.00
One clerk (with subsistence and quarters), per annum	600.00
One cook (with subsistence and quarters), at ₱50 per month	600.00
One carpenter (with subsistence and quarters), at ₱40 per month	480.00
Three attendants (with subsistence and quarters), at ₱35 per month each	1,260.00
One assistant cook (with subsistence and quarters), at ₱30 per month	360.00
One messenger (with subsistence and quarters), at ₱15 per month	180.00
One watchman (with subsistence and quarters), at ₱20 per month	240.00
Twelve muchachos (with subsistence and quarters), at ₱15 per month each	2,160.00

Calion leper colony division:

One chief (with quarters only), per annum	6,000.00
One physician (with subsistence, quarters, and laundry), per annum	2,600.00
Two chaplains (with subsistence, quarters, and laundry), at ₱150 per month each	3,600.00
One assistant to chaplain (with subsistence and quarters), without salary.	
Sisters of Charity (with subsistence, quarters, and laundry)	7,200.00
Steward and special disbursing officer for the colony (with subsistence and quarters), per annum	2,800.00
One assistant steward (with subsistence and quarters), per annum	2,000.00
One clerk, per annum	960.00
One clerk, per annum	840.00
One cook, at ₱70 per month	840.00
One baker, at ₱50 per month	600.00
Two assistant bakers, at ₱30 per month each	720.00
Two servants, at ₱15 per month each	360.00
Five servants, at ₱12 per month each	720.00
Two servants, at ₱10 per month each	240.00
One laundryman, at ₱10 per month	120.00
One foreman-carpenter, at ₱266.66 per month	3,200.00
One assistant foreman, at ₱200 per month	2,400.00
One engineer and plumber, at ₱60 per month	720.00
One assistant engineer, at ₱30 per month	360.00
One sanitary inspector, at ₱50 per month	600.00
Two sailors, at ₱12 per month each	288.00
(All the above with subsistence and quarters.)	
One laborer-foreman, at ₱40 per month	480.00
Twenty laborers, at ₱12 per month each	2,880.00
One gardener, at ₱12 per month	144.00
One orderly, at ₱12 per month	144.00
(All the above with subsistence and quarters.)	
One leper foreman, at ₱50 per month	600.00
One storekeeper, at ₱40 per month	480.00
One assistant storekeeper, at ₱20 per month	240.00
One leper cook, at ₱40 per month	480.00
One leper cook, at ₱20 per month	240.00
One leper encargado, at ₱10 per month	120.00
One leper plumber, at ₱10 per month	120.00
One leper capataz, at ₱10 per month	120.00
Five leper kitchen attendants, at ₱6 per month each	360.00
Eight leper kitchen attendants, at ₱3 per month each	288.00
One leper crematory attendant at ₱5 per month	60.00
Eight leper employees, at ₱5 per month each	480.00
One sergeant, leper police, at ₱10 per month	120.00
Fifteen leper attendants, at ₱5 per month each	900.00
Ten leper attendants, at ₱3 per month each	360.00
Two leper sanitary inspectors, at ₱5 per month each	120.00
Three leper sanitary inspectors, at ₱3 per month each	108.00
One leper cemetery caretaker, at ₱3 per month	36.00
Twenty leper police, at ₱3 per month each	720.00

Cullion leper colony division—Continued.

Two leper laundresses, at ₱3 per month each.....	₱72.00
Two leper laundrymen, at ₱3 per month each.....	72.00
Ten leper laborers, at ₱3 per month each.....	360.00
Eight leper servants, at ₱1 each per month.....	96.00
Four leper attendants, at ₱0.15 per day each.....	219.00
For temporary employees for emergencies.....	800.00

Prison sanitation division:

One medical inspector, per annum.....	4,500.00
One medical inspector, per annum.....	2,000.00
One nurse (with subsistence, quarters, and laundry), per annum.....	1,800.00
One nurse (with subsistence, quarters, and laundry), per annum.....	1,560.00
One interne, at ₱120 per month.....	1,440.00
One hospital attendant (with subsistence and quarters), per annum.....	1,440.00
One pharmacist, per annum.....	1,560.00
One practicante, at ₱60 per month (with subsistence and quarters).....	720.00
Three practicanes, at ₱45 per month each (with subsistence and quarters).....	1,620.00

Baguio Hospital division:

One medical inspector, in charge (with subsistence and quarters), per annum.....	4,000.00
One superintendent, cashier and chief nurse, per annum.....	2,400.00
Two nurses, at ₱1,440 per annum each.....	2,880.00
One nurse, at ₱1,020 per annum.....	1,020.00
Six nurses, at ₱720 each per annum.....	4,320.00
(The above with subsistence, quarters, and laundry.)	
One pharmacist-clerk, at ₱60 per month (with subsistence and quarters).....	720.00
One cook (with subsistence, quarters, and laundry), at ₱70 per month.....	840.00
One employee, at ₱15 per month.....	180.00
One employee, at ₱14 per month.....	168.00
Five employees, at ₱12 per month each.....	720.00
Three employees, at ₱10 per month each.....	360.00
For the hire of temporary employees for emergencies.....	100.00
(All the above with subsistence and quarters.)	

Bontoc Hospital division:

Chief of Bontoc Hospital division and district health officer, at ₱5,000 per annum.....	5,000.00
One resident physician and surgeon and assistant district health officer, at ₱3,600 per annum, with subsistence and quarters.....	3,600.00
One superintendent, cashier, and housekeeper, at ₱2,400 per annum, with subsistence, quarters, and laundry.....	2,400.00
One chief nurse, at ₱1,920 per annum, with subsistence, quarters, and laundry.....	1,920.00
Two nurses, at ₱1,440 per annum each, with subsistence, quarters, and laundry.....	2,880.00
Two nurses, at ₱780 per annum each, with subsistence, quarters, and laundry.....	1,560.00
Two nurses, at ₱720 per annum each, with subsistence, quarters, and laundry.....	1,440.00
One pharmacist, at ₱1,080 per annum, with subsistence and quarters.....	1,080.00
Two employees, at ₱720 per annum each, with subsistence and quarters.....	1,440.00
One employee, at ₱940 per annum, with subsistence and laundry.....	940.00
Thirteen employees, at ₱12 per month each, with subsistence and quarters, per annum.....	1,872.00

Butuan Hospital division:

Chief of Butuan Hospital division and district health officer, Agusan Province, at ₱3,600 per annum.....	3,600.00
One house doctor, at ₱2,400 per annum, with subsistence, quarters, and laundry.....	2,400.00
Two nurses, at ₱1,440 per annum each, with subsistence, quarters, and laundry.....	2,880.00
One pharmacist and clerk, at ₱1,080 per annum, with subsistence and quarters.....	1,080.00
Five employees, at ₱12 per month each, with subsistence and quarters.....	720.00
One employee, at ₱600 per annum, with subsistence and quarters.....	600.00

Health work in Nueva Vizcaya, Mountain Province, and Agusan:

District health officer, at ₱3,600 per annum.....	3,600.00
For the hire of sanitary inspectors and temporary employees.....	11,280.00
One hospital attendant, at ₱720 per annum, with subsistence, quarters, and laundry...	720.00
One nurse, at ₱720 per annum, with subsistence, quarters, and laundry.....	720.00

Sibul Springs Sanitarium division:

One physician, in charge, at ₱150 per month.....	1,800.00
One bath attendant, at ₱20 per month.....	240.00
Three bath attendants, at ₱15 per month each.....	540.00

Hospital service, general:

Three internes, at ₱1,000 per annum each.....	3,000.00
Two internes, at ₱600 per annum each.....	1,200.00
Four internes, at ₱300 per annum each.....	1,200.00

(The above with subsistence, quarters, and laundry.)

Antituberculosis campaign:

One nurse, per annum.....	₱2,400.00
One nurse, per annum.....	1,200.00
(All the above with subsistence, quarters, and laundry.)	
Two employees, at ₱30 per month each.....	720.00

PHILIPPINE GENERAL HOSPITAL DIVISION.

Administration:

One superintendent (with subsistence, quarters, and laundry), per annum.....	5,500.00
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Main office:

Cashier and assistant superintendent (with subsistence, quarters, and laundry), per annum.....	3,200.00
One stenographer and record clerk, per annum.....	2,800.00
One assistant cashier and bookkeeper (with subsistence and quarters), per annum.....	1,400.00
One clerk (with one-third subsistence), per annum.....	840.00
One clerk (with one-third subsistence), per annum.....	720.00
Two typewriters, at ₱600 per annum each.....	1,200.00
One messenger, at ₱25 per month.....	300.00
One helper, at ₱22 per month.....	264.00

Information division:

One information clerk, at ₱120 per month.....	1,440.00
One information clerk, at ₱100 per month.....	1,200.00
One information clerk, at ₱60 per month.....	720.00
(The above with subsistence and quarters.)	
Ten messengers, at ₱25 per month each.....	3,000.00
Four doormen, at \$25 per month each.....	1,200.00
Three telephone operators, at ₱30 per month each.....	1,080.00

Clinical record division:

Four typewriters, at ₱600 per annum each.....	2,400.00
One male helper, at ₱22 per month.....	264.00

Professional care, including dispensaries:

One medical electrician, per annum.....	4,000.00
One inspector, obstetrical department (with subsistence, quarters, and laundry), per annum.....	4,000.00

Internes (with subsistence, quarters, and laundry).

Superintendent of training school and chief nurse, at ₱3,200 per annum.....	3,200.00
One assistant chief nurse, at ₱2,040 per annum.....	2,040.00
Three nurses, at ₱2,040 per annum each.....	6,120.00
Three nurses, at ₱1,650 per annum each.....	4,950.00
Nine nurses, at ₱1,440 per annum each.....	12,960.00
One dentist, at ₱1,680 per annum.....	1,680.00
One matron, at ₱1,620 per annum.....	1,620.00
One matron, at ₱1,440 per annum.....	1,440.00
Thirteen nurses, at ₱1,020 per annum each.....	13,260.00
Forty-nine nurses, at ₱720 per annum each.....	35,280.00
Fifteen postgraduates, at ₱30 per month each.....	5,400.00
(All the above with subsistence, quarters, and laundry.)	
Twenty-six male helpers, at ₱20 per month each (with subsistence).....	6,240.00
Five male helpers, at ₱30 per month each.....	1,800.00
Two male helpers, at ₱38 per month each.....	912.00
Three male helpers, at ₱40 per month each.....	1,440.00

Pharmacy:

One registered pharmacist, per annum.....	1,440.00
One assistant pharmacist (with subsistence and quarters), per annum.....	960.00
One prescription clerk (with subsistence and quarters), at ₱50 per month.....	600.00
One prescription clerk (with subsistence and quarters), at ₱50 per month.....	600.00
One ticket seller, at ₱30 per month.....	360.00
Six male helpers, at ₱25 per month each.....	1,800.00

Free dispensary:

One typewriter, per annum.....	480.00
Two clerks, at ₱30 per month each.....	720.00
Two male helpers, day shift, at ₱20 per month each.....	480.00
One male helper, night shift, at ₱22 per month.....	264.00

Mechanical department:

One electrician and mechanical engineer, per annum.....	2,100.00
One assistant electrician and mechanical engineer, per annum.....	1,200.00
One mechanic for garage department, per annum.....	720.00
One mechanic for compressor machine (with subsistence and quarters), at ₱30 per month.....	360.00
Two elevator boys, at ₱25 per month each.....	600.00

Ambulance department:	
Two ambulance drivers, at ₱45 per month each.....	₱1,080.00
Six ambulance drivers, at ₱40 per month each.....	2,880.00
Four litter bearers, at ₱30 per month each (with subsistence and quarters).....	1,440.00
Property division:	
One property clerk (with subsistence and quarters), per annum.....	2,400.00
One assistant property clerk, per annum.....	840.00
One typewriter, per annum.....	480.00
One storeroom boy, at ₱25 per month.....	420.00
One instrument sharpener, at ₱30 per month.....	360.00
Two male helpers, at ₱25 per month each.....	600.00
Repair department:	
One carpenter, at ₱47 per month.....	564.00
One carpenter, at ₱45 per month.....	540.00
One painter, at ₱45 per month.....	540.00
Commissary storeroom:	
One commissary clerk (with subsistence), per annum.....	960.00
Two male helpers, at ₱25 per month each.....	600.00
Main kitchen and dietist department:	
One dietist (with subsistence, quarters, and laundry), per annum.....	1,680.00
One chief cook (with subsistence and quarters), at ₱70 per month.....	840.00
One night cook (with subsistence), at ₱30 per month.....	360.00
Dish-washing room:	
Three male helpers (with subsistence), at ₱17 per month each.....	612.00
One female helper (with subsistence), at ₱14 per month.....	168.00
Range room:	
Three male helpers (with subsistence), at ₱17 per month each.....	612.00
Two female helpers (with subsistence), at ₱17 per month each.....	408.00
Preparation room and butcher shop:	
One male helper (with subsistence), at ₱25 per month.....	300.00
Three male helpers (with subsistence), at ₱15 per month each.....	540.00
Cold-storage room:	
Two male helpers (with subsistence), at ₱17 per month each.....	408.00
Physicians' dining room:	
Three male helpers (with subsistence), at ₱20 per month each.....	720.00
Garbage platform:	
Two male helpers (with subsistence), at ₱15 per month each.....	360.00
Taft Avenue Nurses' Home:	
One assistant cook (with subsistence and quarters), at ₱60 per month.....	720.00
Five male helpers, at ₱25 per month each.....	1,500.00
Two male helpers, at ₱20 per month each.....	480.00
Male nurses' dormitory:	
Four male helpers (with subsistence), at ₱15 per month each.....	720.00
Grounds and driveways:	
Three male helpers, at ₱30 per month each.....	1,080.00
Four gardeners, at ₱40 per month each.....	1,920.00
Linen and laundry department:	
One sewing woman, at ₱30 per month.....	360.00
One sewing woman, at ₱26 per month.....	312.00
Two linen checkers, at ₱25 per month each.....	600.00
Four male helpers, at ₱22 per month each.....	1,056.00
Capataz department:	
One capataz (with subsistence, quarters, and laundry).....	720.00
One assistant capataz (with subsistence and quarters), at ₱40 per month.....	480.00
Night-shift male helpers:	
Five male helpers, at ₱22 per month each.....	1,320.00
Commutation of salaries:	
For commutation of salaries of employees of Philippine General Hospital on leave.....	3,500.00
Philippine Training School for Nurses:	
Sixty pupil nurses (seniors), at ₱20 per month each.....	14,400.00
Sixty pupil nurses (juniors), at ₱18 per month each.....	12,960.00
One hundred pupil nurses (probationers), at ₱16 per month each.....	19,200.00
Ten male helpers, at ₱17 per month each (with subsistence).....	2,040.00
One matron, female pupils' dormitory (with subsistence, quarters, and laundry), per annum.....	1,020.00
One monitor, boys' dormitory (with subsistence, quarters, and laundry), per annum.....	1,020.00
Two cooks (with subsistence and quarters), at ₱30 per month each.....	720.00

Philippine Training School for Nurses—Continued.

One night watchman, at ₱60 per month.....	₱720.00
One night watchman, at ₱30 per month.....	360.00
Total for salaries and wages	862,788.00
Deduction for vacancies.....	174,159.20
Total available for salaries and wages.....	688,628.80

CONTINGENT EXPENSES.

For the division of sanitary engineering.....	1,920.00
For the division of charities:	
San José Hospital; maintenance of 300 orphans and insane persons.....	44,000.00
Santa Isabel College, for orphans of Spanish officers (obligation taken over from the Spanish Government).....	2,496.00
Asylum of San Vicente de Paul, at Looban, Paco, for orphans.....	3,600.00
Asylum de Jaro, Iloilo; for orphans.....	3,000.00
For the Tuberculosis Sanatorium and Tuberculosis Dispensary.....	1,000.00
Medicine for the poor furnished to the Hospitals of Saint Luke and Saint Paul, at ₱1,000 each.....	2,000.00
Medicine furnished to San Juan de Dios Hospital.....	1,200.00
Aid to Christian Mission Hospital.....	600.00
Medicines for the indigent.....	5,000.00
For Central Free Dispensary (medicines).....	4,500.00
Sanitary stations:	
Station A.....	1,500.00
Station C.....	1,755.00
Station I.....	1,525.00
Station J.....	1,561.00
Station L.....	1,500.00
For the disinfecting brigade.....	12,500.00
For the vaccination division:	
Two million units of vaccine virus.....	20,000.00
Ice for preserving virus.....	440.00
For the San Lazaro Hospital division:	
Maintenance of hospital.....	
Insane department.....	
Tuberculosis department.....	
Leper department.....	
Contagious disease department.....	84,000.00
For the Southern Islands Hospital division.....	50,000.00
For the Cullion leper colony division.....	320,000.00
For the prison sanitation division.....	9,000.00
For the Baguio Hospital division.....	28,000.00
For the Bontoc Hospital, Butuan Hospital, and health work in Nueva Vizcaya, Mountain Province, and Agusan.....	43,000.00
For the Philippine General Hospital division.....	200,405.60
For the Philippine Training School for Nurses:	
For subsistence of training school, with 220 pupil nurses.....	₱47,654.40
For laundry for 220 pupil nurses, at ₱27.50 per year each.....	6,072.00
For general incidental expenses, such as fuel, housekeeping supplies, drugs, breakage, and wear and tear of equipment, etc.....	24,090.00
	77,816.40
For boards of examiners.....	1,700.00
For commutation of leaves.....	20,000.00
For suppression of epidemic diseases.....	8,000.00
For postage, telegrams, cablegrams.....	1,400.00
For street-car tickets.....	4,180.00
For post-office box.....	32.00
For transportation of employees to and from the United States.....	3,000.00
For freight (general).....	2,250.00
For water transportation.....	10,000.00
For telephones (general).....	560.00
For maintenance and repair.....	5,000.00
For Sibul Springs.....	500.00
For serums, vaccine, antitoxin, etc.....	4,000.00
For vaccination division, general expense.....	2,000.00
For traveling expenses.....	12,100.00

For commutation of bicycle transportation.....	P1,000.00
For stationery and office supplies.....	2,800.00
For transportation, general.....	2,000.00
For printing and binding, general.....	10,000.00
For miscellaneous expenses.....	32,998.54
Total contingent expenses.....	1,045,839.54
Total salaries and wages.....	688,628.80
Total for the bureau of health.....	1,734,468.34

Amounts received on account of transfer of medical and surgical supplies at cost to other branches of the Government shall be credited to this appropriation and shall be available for the purposes thereof.

The director of health shall have the following powers in expending the sums made available in this and other appropriation acts:

For the payment of gratuities in the discretion of the director of health to inmates of leper hospitals or colonies; to provide subsistence and quarters for inmates of hospitals, plants, or camps for communicable diseases, and for other persons entitled thereto; for the commutation of subsistence, quarters, or laundry at rates to be approved by the secretary of the interior, in lieu of subsistence, quarters, or laundry in kind; and to require the city of Manila to pay, at rates to be approved by the secretary of the interior, for the maintenance of all insane persons committed after the date of this act who shall have resided in Manila for a period of one or more years prior to the date of application for commitment, so long as the number of insane maintained at the expense of the insular government on account of the city of Manila shall exceed the latter's pro rata share of such persons on a basis of population; to furnish transportation and subsistence to Sisters of Charity and chaplains to and from Cullion; that in the event of the marriage of any female inmate of a charitable institution who is maintained at the expense of the Government, a dowry equal to the expense of maintenance for two years may be paid to her from this appropriation, in the discretion of the secretary of the interior; to furnish subsistence and quarters to medical officers and employees when assigned to duty by the director of health in institutions maintained by the bureau of health.

The director of health, subject to the approval of the proper head of department or of the board of regents of the University of the Philippines, as the case may be, may require the services, without additional compensation, of any medical officer or employee in the Government service; the director of health, after competitive examination to be prescribed by him, may employ internes, and the provisions of act numbered 1698 shall not apply to such positions, and the actual and necessary traveling expenses of such internes may be paid from place of residence to Manila, and after two years' satisfactory service, the actual and necessary traveling expenses may be paid from Manila to place of appointment; any medical officer or employee, when detailed by the director of health for duty in any hospital of the bureau of health, may be allowed subsistence and quarters and laundry; all persons serving in any hospital of the bureau of health are under the direction of the director of health; the charges of the Baguio Hospital, as fixed by law prior to November 1, 1905, may thereafter be changed by the director of health with the approval of the secretary of the interior; the director of health is hereby authorized, under such regulations and conditions as the secretary of the interior may prescribe, to establish, and, until specifically repealed by statute, to maintain a general store for the purpose of furnishing merchandise required by the residents of the Cullion leper colony, and for the purchase of supplies and the reimbursement of services which such residents may, under the authority of the secretary of the interior, supply or render such colony; upon the request of the director of health, medical officers and employees rendering services in hospitals of the insular government shall be furnished subsistence, quarters, and laundry in kind at the expense of the hospital or other institu-

tion where said medical officer or employee may be assigned to duty; the sanitary inspectors of the bureau of health shall be on the same basis as to pay and promotion as patrolmen and firemen of the police and fire departments of the city of Manila: Entrance salary, ₱1,800 per annum; after one year's service, ₱1,992; after two years' service, ₱2,160; after three years' service, ₱2,280; to pay the actual and necessary traveling expenses of indigent persons transferred to or from hospitals of the bureau of health; the salaries and wages that are advanced for officials and employees when reimbursed to the bureau of health shall not be regarded as receipts, but shall be deposited to the credit of the salaries and wages account of the bureau of health.

BUREAU OF QUARANTINE SERVICE.

For salaries and wages, as follows:

For the salaries, allowances, and commutation of quarters of officers of the United States Public Health Service as provided for by the regulations of said service.....	₱ 44,173.33
One chief clerk, cashier, and pharmacist at ₱4,400 per annum.....	4,400.00
One female medical inspector, at ₱2,400 per annum.....	2,400.00
One engineer, class 9, at ₱2,400 per annum.....	2,400.00
Two clerks, at ₱2,040 per annum each.....	4,080.00
One clerk and disinfector, at ₱1,920 per annum.....	1,920.00
One chief disinfector, Class A, at ₱1,800 per annum.....	1,800.00
One watchman, at ₱1,440 per annum.....	1,440.00
Two disinfectors, Class D, at ₱1,200 per annum each.....	2,400.00
Two engineers, Class F, at ₱960 per annum each.....	1,920.00
One assistant engineer, Class F, at ₱960 per annum.....	960.00
One vaccinator and disinfector, Class F, at ₱960 per annum.....	960.00
Two disinfectors, Class H, at ₱720 per annum each.....	1,440.00
One cook, Class II, at ₱720 per annum.....	720.00
Two clerks and disinfectors, Class I, at ₱600 per annum each.....	1,200.00
Two clerks and disinfectors, Class J, at ₱480 per annum each.....	960.00
One mechanic, at ₱480 per annum.....	480.00
Two disinfector's assistants, at ₱400 per annum each.....	800.00
One messenger, at ₱360 per annum.....	360.00
Fifteen attendants, at ₱360 per annum each.....	5,400.00
Seven employees, at ₱240 per annum each.....	1,680.00
One patron, at ₱1,080 per annum.....	1,080.00
Two patrons, at ₱840 per annum each.....	1,680.00
One engineer, at ₱1,080 per annum.....	1,080.00
Two engineers, at ₱840 per annum each.....	1,680.00
One assistant engineer, at ₱780 per annum.....	780.00
One quartermaster, at ₱540 per annum.....	540.00
Two quartermasters, at ₱300 per annum each.....	600.00
Two firemen, at ₱540 per annum each.....	1,080.00
Four firemen, at ₱300 per annum each.....	1,200.00
Four sailors, at ₱360 per annum each.....	1,440.00
Six sailors, at ₱240 per annum each.....	1,440.00
For temporary employees, disinfector's assistants, and laborers assisting the regular force in the disinfection work, or handling supplies, or necessitated by the presence of quarantinable diseases; and for the payment of necessary fees, not to exceed ₱20 per vessel, to qualified physicians for quarantine inspection of vessels at ports of entry where no regular officer of the United States Public Health Service is available; and for labor for the maintenance of grounds and quarantine stations.....	3,000.00
Total for salaries and wages.....	97,493.33
Less 10 per cent for vacancies.....	9,749.33
Total available for salaries and wages.....	87,744.00

CONTINGENT EXPENSES.

For the purchase of office furniture.....	300.00
For official stationery.....	200.00
Per diems, or traveling expenses of officers and employees traveling on official orders in the Philippines, from the United States, or in foreign countries.....	900.00
For transportation of supplies and employees to and from storehouse to vessels, from storehouse to launch and return of apparatus, and securing and forwarding supplies for the quarantine stations: vehicle and car fare for officers and employees.....	600.00

Cablegrams, postage, and telegrams.....	P170.00
Printing and binding.....	400.00
Purchase of apparatus, equipment, subsistence, and other supplies for the maintenance and operation of quarantine stations, and operation and repair of barges, launches, and other vessels.....	23,000.00
Purchase of fuel and ice.....	2,400.00
For repairs to buildings and wharves, including materials for same, supplies, lumber, etc..	2,000.00
Repairs to equipment and furniture.....	100.00
Repairs to lighting, sewer, and water systems of quarantine stations.....	1,500.00
Rent of warehouse, Manila, offices, Iloilo and Cebu, telephone, and post-office boxes.....	1,300.00
Hire and maintenance of official transportation, Manila and stations.....	400.00
Launch hire and towing.....	200.00
Uniforms for launch crews.....	100.00
Professional publications.....	60.00
For incidental and emergency expenses, ice, vaccine, laundry, and other necessary supplies or services.....	900.00
Total contingent expenses.....	34,530.00
Total salaries and wages.....	87,744.00
Total for the Bureau of Quarantine Service.....	122,274.00

Provided, That commutation of subsistence, fuel, and ice, at rates to be approved by the secretary of the interior, may be paid in lieu of subsistence, fuel, and ice in kind.

Proprietary Medicines—Labeling, Sale, and Advertising. (Act 2342, Feb. 27, 1914.)

SECTION 1. Every preparation, whether of a simple substance or of compounded substances, for the prevention, alleviation, or cure of human ailments, whether issued in or for retail sale, shall be accompanied by the formula of preparation plainly and legibly expressed upon the bottle, label, or package immediately containing the preparation, in such wise that it shall reach the purchaser at each and every purchase. The formula shall be accurately stated, qualitatively and quantitatively, in the language, descriptions, and abbreviations used in the United States Pharmacopœia or other accepted pharmacopœias or formularies. If any nonofficial drug or substance be used in the preparation, it shall be plainly described under its ordinary name or customary chemical term, and not by any fancy or proprietary name.

The provisions of this section shall not apply to prescriptions representing the private formulas of legally qualified physicians practicing in the Philippine Islands.

SEC. 2. No preparation, whether of a simple substance or of compounded substances, or any fraudulent therapeutic appliance or device for the prevention, alleviation, or cure of human ailments, shall be accompanied by any advertisement, announcement, persuasion, recommendation, testimonial, reference, certificate of merit, declaration of merit or efficacy, mark of distinction, or picture, symbol, or emblem signifying or suggesting any of these, either upon or in the article itself, or upon the bottle, box, container, cork, capsule, label, or attachment, or upon the invoice, bill, advice, notification, or otherwise by any device or method, which is false, fraudulent, exaggerated or misleading in any way.

SEC. 3. No advertisement or announcement of any proprietary, patent, or secret cure or any fraudulent therapeutic appliance or device shall be published or circulated in any newspaper, journal, serial, book, pamphlet, handbill, poster, wall plate, or by painting, impressing, embossing, or otherwise, within the jurisdiction of the Government of the Philippine Islands, which is false, fraudulent, misleading, or exaggerated in any way, and every such advertisement or announcement shall be accompanied with the formula as provided in section one of this act.

SEC. 4. The director of health, with the approval of the secretary of the interior, shall make uniform rules and regulations for carrying out the provisions of this act.

SEC. 5. It shall be the duty of the attorney general or any fiscal to whom the director of health shall report any violation of this act to cause appropriate proceedings to be commenced and prosecuted in the proper courts of the Philippine Islands, without delay, for the enforcement of the penalties as in such case herein provided.

SEC. 6. Any person, corporation, or company violating any provisions of this act, or any regulation made in accordance therewith, shall be punished by a fine of not to exceed two hundred pesos, or six months imprisonment, or by both such fine and imprisonment, in the discretion of the court, for each offense.

SEC. 7. All acts and ordinances and parts thereof inconsistent with this act are hereby repealed.

SEC. 8. This act shall take effect July 1, 1914.

Infantile Beriberi—Manufacture and Distribution of Tiquitiqui Extract. (Act 2376, Feb. 28, 1914.)

SECTION 1. The sum of 6,000 pesos, or so much thereof as may be necessary, is hereby appropriated out of any funds in the Insular Treasury not otherwise appropriated for the manufacture of the liquid extract of bran (tiquitiqui) and its distribution in the Philippine Islands, as hereinafter provided, as a means of introducing and extending its use and establishing its therapeutic properties for combating infantile beriberi.

SEC. 2. The bureau of science, with the aid of the board of directors of the Philippine National League for the Protection of Early Infancy, which shall recommend the method of preparation, shall direct the manufacture of said extract of bran.

SEC. 3. The Philippine National League for the Protection of Early Infancy shall take charge of the gratuitous distribution of said remedy to such persons as may in its judgment need the same and have not the means of acquiring it, and shall present a written report to the Philippine Legislature, through the secretary of public instruction, at the beginning of each regular session and so long as there shall be on hand any extract of bran made with the funds appropriated by this act, specifying the number of persons treated with said remedy, with their intervention, setting forth the quantity of said remedy consumed by each person, and containing statistical data regarding the scientific results obtained.

SEC. 4. In case there is no extract of bran to be had in the market, the bureau of science is hereby also authorized to sell such at the cost of production, plus the proportional expense of preparing and dispatching the same to any other persons requiring it by reason of a medical prescription.

Opium—Sale and Use. (Act 2381, Feb. 28, 1914.)

SECTION 1. "Prohibited drug" and "opium," as herein used, shall be understood in the sense defined in section 135 of the internal-revenue law of 1914.

SEC. 2. Except as provided in section 136 of the internal-revenue law of 1914, no person shall own, prepare, or administer any prohibited drug, or have the same in his possession or subject to his control, or knowingly transport or permit the same to be in or on his premises; and save upon the prescription of a duly licensed and practicing physician, veterinarian, or dentist, no person shall inhale, snuff, chew, swallow, inject, or otherwise take or use any such drug in or on his body or permit the same to be used upon him by another. Nor shall any person keep, maintain, or conduct any dive or resort where opium is smoked or otherwise used contrary to law. The violation of any provision hereof shall be punished by a fine of not less than 300 nor more than 10,000 pesos and imprisonment not less than three months nor more than five years, and in case of recidivism incident to the commission of a second or subsequent offense under the provisions of this section, the delinquent may be deported if not a citizen of the United States or of the Philippine Islands.

SEC. 3. Any person who shall serve as guard or lookout for a dive or resort where opium is smoked or otherwise used contrary to law or who shall knowingly visit any such dive or resort shall, if not punishable under the provisions of the next preceding

section hereof, be punished by a fine of not less than 100 pesos nor more than 300 pesos and imprisonment for not less than one month nor more than six months.

SEC. 4. Any person who shall unlawfully import or bring any prohibited drug into the Philippine Islands, or assist in so doing, shall be punished by imprisonment for a period of not less than two nor more than five years, and by a fine of not less than 300 pesos nor more than 10,000 pesos. In case of the commission of a second or subsequent offense under this section, the delinquent may be deported if not a citizen of the United States or of the Philippine Islands.

SEC. 5. Any person who shall unlawfully sell or deliver any prohibited drug to another person shall be punished by imprisonment for not less than one year nor more than five years, and by a fine of not less than 300 pesos nor more than 10,000 pesos. In case of the commission of a second or subsequent offense under this section, the delinquent may be deported if not a citizen of the United States or of the Philippine Islands.

SEC. 6. The possession or custody of any opium pipe or other apparatus designed for smoking, injecting, or administering opium in any manner is unlawful, except when in the hands or under the control of a person authorized by law to have and use opium.

Any person having unlawful possession or custody of any such pipe or apparatus shall be punished by a fine not exceeding 500 pesos and imprisonment for a period not exceeding one year.

SEC. 7. When unlawfully used, or found on, about, or in the possession of any person not authorized to have control and disposition of the same, or when found secreted or abandoned, all prohibited drugs and all instruments, apparatus, and articles especially designed for their use, shall be forfeited to the Government and shall be at once seized. Articles so seized shall be turned over to the collector of internal revenue to be dealt with by him according to law.

SEC. 8. The unlawful possession of any opium pipe, or other instrument for using any prohibited drug in or on the human body, shall be deemed prima facie evidence that the person having such possession of the same has, contrary to the provisions of section 2 hereof, unlawfully used in or upon his body the prohibited drug for the use of which the apparatus or instrument in question was designed.

SEC. 9. When any physician or dentist prescribes opium for a patient whose physical condition does not require its use, his license to practice medicine or dentistry, as the case may be, shall be revoked by the board of medical or dental examiners, after due notice and hearing; and upon conviction he shall be punished by a fine of not less than 300 nor more than 10,000 pesos, or by imprisonment for a period of not less than six months nor more than five years, or by both, in the discretion of the court.

SEC. 10. Fines and other moneys collected by virtue of the provisions of this act shall be covered into the insular treasury to the credit of the general fund of the insular government. There is hereby constituted a permanent annual appropriation of such amount as may be necessary to pay rewards to informers under the following conditions:

Fifteen per centum of all fines imposed by reason of violations of this act shall be paid to the person who furnished the original evidence properly substantiated, which led to the detection of the offense and the imposition of the fine. The name of the informer shall be specified in the judgment of the court when a conviction is had in a court: *Provided*, That in all cases in which no fine is imposed but where the sentence is one for imprisonment or deportation, or when compromise is effected, there shall be paid to the informer an amount approved by the secretary of commerce and police, not exceeding 1,000 pesos in any one case.

SEC. 11. The chief of constabulary shall exercise supervision over the enforcement of this act, without prejudice to the full exercise of the powers and duties in reference thereto incumbent upon other branches of the Government service; and with the

approval of the secretary of commerce and police, said chief may compromise any case arising under the provisions of this act, and this either before or after the commencement of legal proceedings therein but not after judgment pronounced.

SEC. 12. Act numbered 1761 and acts amendatory thereof, and all other laws and parts of laws in conflict herewith, including subdivision (*v*) of section 39 of act numbered 82 and subdivision (*f*) of section 17 of act numbered 183 are hereby repealed. The repeal herein effected shall not operate to destroy any existing liability resulting from the violation of any provision hereby abrogated nor in any wise to affect any criminal prosecution already instituted or to be instituted thereon.

SEC. 13. This act shall take effect on the 1st of July, 1914.

WISCONSIN.

State Plumbing Regulations.

The Wisconsin State Board of Health has issued a pamphlet of 141 pages containing the plumbing code adopted by that board on April 6, 1914. It is published under the title "Rules and regulations of the Wisconsin State Board of Health governing the licensing of plumbers and the construction, installation, and inspection of plumbing and drainage."

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

MOUNT VERNON, N. Y.

Milk—Production, Care, and Sale. (Reg. Bd. of H., Feb. 17, 1913.)

Sec. 102-A. *Classification of milk to be sold in the city of Mount Vernon, N. Y.*—All milk held, kept, offered for sale or sold and delivered in the city of Mount Vernon shall be so held, kept, offered for sale or sold and delivered under either or any of the following grades or designations, and under no other, and in accordance with such rules and regulations as may be adopted by the board of health, namely:

Grade A.—For infants and children:

1. Certified or guaranteed milk.
2. Inspected milk (raw).
3. Selected milk (pasteurized).

Grade B.—For adults:

1. Selected milk (raw).
2. Pasteurized milk.

Grade C.—For cooking and manufacturing purposes only:

Raw milk not conforming to the requirements for Grades A and B.

Condensed skimmed milk.

Condensed or concentrated milk.

The provisions of this classification shall not apply to buttermilk or to milk products commonly known as kumiss, matzoon, zoolak, dried milk or milk powder, or to other similar preparations, or to cream or modified milk. No milk shall be held, kept, offered for sale or sold and delivered in the city of Mount Vernon, N. Y., under either or any of the designations known as Grades A, B, or C, or any of the subdivisions thereof, or any of the designations, condensed skimmed milk, condensed or concentrated milk, or modified milk, without special permit in writing therefor from the board of health, subject to the conditions thereof. The special permit shall specify the grade of subdivision thereof, or the special designation of milk, which the holder of such permit is authorized to keep for sale, or offer for sale, as aforesaid.

None of the provisions thereof, however shall apply to condensed milk when contained in hermetically sealed cans.

GRADE A.—FOR INFANTS AND CHILDREN.

GUARANTEED MILK.

Definition.—Guaranteed milk is milk produced at farms holding permits therefor from the board of health, and produced and handled in accordance with the following minimum requirements, rules and regulations:

Requirements, rules and regulations.—1. Only such cows shall be admitted to the herd as have not reacted to a diagnostic injection of tuberculin.

2. All cows shall be annually tested with tuberculin, and all reacting animals shall be excluded from the herd.

3. No milk from reacting animals shall be shipped to the city of Mount Vernon, N. Y., for any purpose whatever.

4. The milk shall not contain more than 30,000 bacteria per cubic centimeter when delivered to the consumer, or at any time prior to such delivery.

5. The milk shall be delivered to the consumer only in sealed bottles, which have been sealed at the dairy.

6. The milk shall be delivered to the consumer within 30 hours of the time at which it was drawn.

CERTIFIED MILK.

Definition.—Certified milk is milk certified by a milk commission appointed by the medical society of the county of Westchester, as being produced under the supervision and in conformity with the requirements of that commission as laid down for certified milk, and sold under a permit therefor issued by the board of health.

INSPECTED MILK (RAW).

Definition.—Inspected milk (raw) is produced at farms holding permits therefor from the board of health, and produced and handled in accordance with the following minimum requirements, rules and regulations:

Requirements, rules and regulations.—1. Only such cows shall be admitted to the herd as have not reacted to a diagnostic injection of tuberculin.

2. All cows shall be tested annually with tuberculin, and all reacting animals shall be excluded from the herd.

3. No milk from reacting animals shall be shipped to the city of Mount Vernon, N. Y., for any purpose whatsoever.

4. The farms at which the milk is produced must obtain at least 75 points in an official score of the department of health. These 75 points shall be made up as follows: A minimum of 25 points for equipment and 50 points for method.

5. The milk shall not contain more than an average of 60,000 bacteria per cubic centimeter when delivered to the consumer or at any time prior thereto.

6. Unless otherwise specified in the permit, the milk shall be delivered to the consumer only in bottles.

SELECTED MILK PASTEURIZED.

Definition.—Selected milk (pasteurized) is milk produced at farms holding permits therefor from the board of health, and produced and handled in accordance with the following requirements, rules, and regulations:

Requirements, rules, and regulations.—1. The farms at which the milk is produced must obtain at least 60 points in an official score of the department of health. Of these 60 points, a minimum of 20 points shall be required for equipment and a minimum of 40 points for method.

2. All milk of this grade shall be pasteurized, and said pasteurization shall be carried on under a special permit issued therefor by the board of health, in addition to the permit for "Selected milk (pasteurized)."

3. The milk shall not contain more than an average of 50,000 bacteria per cubic centimeter when delivered to the consumer, or at any time after pasteurization and prior to such delivery.

4. Unless otherwise specified in the permit, the milk shall be delivered to the consumers only in bottles.

5. All containers in which pasteurized milk is delivered to the consumer shall be plainly labeled "Pasteurized." Labels must also bear the date and hour when pasteurization was performed, and the name of the person, firm, or corporation performing the pasteurization.

6. The milk must be delivered to the consumers within 30 hours after the completion of the process of pasteurization.

7. No milk shall be pasteurized more than once.

8. No milk containing more than 200,000 bacteria per cubic centimeter shall be pasteurized.

General regulations for Grade A.—1. The caps of all bottles containing milk of Grade A shall be white and shall contain the words "Grade A" in black letters, in large type.

2. If cans are used for delivery of milk for Grade A, the said cans shall have affixed to them white tags, with the words "Grade A" printed thereon in black letters, in large type, together with the designation "Inspected milk (raw)" or "Selected milk (pasteurized)," as the quality of the contents may require.

GRADE B.—FOR ADULTS.

SELECTED (RAW) MILK.

Definition.—Selected milk (raw) is milk produced at farms holding permits therefor from the board of health, and produced and handled in accordance with the following minimum requirements, rules, and regulations:

Requirements, rules, and regulations.—1. Only such cows shall be admitted to the herd as have been physically examined by a regularly qualified veterinarian and declared by him to be healthy and free from tuberculosis in so far as a physical examination may determine that fact.

2. The farms at which the milk is produced must obtain at least 68 points in an official score of the department of health. These 68 points shall be made up as follows: A minimum of 25 points for equipment and a minimum of 43 points for method.

3. The milk shall not contain an excessive number of bacteria when delivered to the consumer or at any time prior thereto.

PASTEURIZED MILK.

Definition.—Pasteurized milk (Grade B) is milk produced under a permit issued therefor by the board of health, and produced and handled in accordance with the following minimum requirements, rules, and regulations, and in further accordance with the special rules and regulations relating to the pasteurization of milk.

Requirements, rules, and regulations.—1. The milk after pasteurization must be at once cooled and placed in sterilized containers and the containers immediately closed.

2. All containers in which pasteurized milk is delivered to the customer shall be plainly labeled "Pasteurized." Labels must also bear the date and hour of the pasteurization being completed, the place where pasteurization was performed, and the name of the person, firm, or corporation performing the pasteurization.

3. The milk must be delivered to the consumer within 36 hours after the completion of the process of pasteurization.

4. No milk shall be pasteurized more than once.

5. No milk containing an excessive number of bacteria shall be pasteurized.

General regulations for Grade B.—1. Caps of bottles containing milk of Grade B shall be white and marked "Grade B" in bright green letters, in large type.

2. The necks and shoulders of cans containing milk of Grade B shall be painted bright green, and a metal tag shall be affixed to each can with the words "Grade B" in large type, and the words of the subdivision to which the quality of the said milk in the can conforms.

GRADE C.—FOR COOKING AND MANUFACTURING PURPOSES ONLY.

Definition.—Raw milk not conforming to the requirements of any of the subdivisions of Grade A or Grade B.

1. The caps of all bottles containing milk of Grade C shall be white and shall contain in red letters the words "Grade C" in large type and "For cooking" in plainly visible type.

2. Cans containing milk of Grade C shall be painted red on necks and shoulders and shall have in red the words "Grade C" in large type and "For cooking" in plainly visible type affixed to the can.

All creameries handling milk of different grades will be required to demonstrate to the department of health that they are capable of keeping the grades separate, and must keep records satisfactory to the department of health concerning the amount of milk of each grade handled each day.

CONDENSED OR CONCENTRATED MILK.

Definition.—This is milk of any grade or subdivision thereof from which any part of the water has been removed and to which sugar has been added.

Rules and regulations.—Milk of this designation shall be sold only under a permit issued therefor.

SKIMMED MILK.

Skimmed milk may be brought into the city of Mount Vernon, N. Y., to be used for manufacturing purposes only, provided that the milk be kept, offered for sale, or sold only in forty-quart cans which shall be colored bright blue and bear the words "Skimmed milk" or "Condensed skimmed milk" in such form as directed by the regulations of the board of health; and provided also that no wagon used for delivering skimmed or condensed skimmed milk shall be used for delivering milk of any other designation or grade.

Ice—Protection when Sold. (Reg. Bd. of H., Apr. 14, 1913.)

Article 11 of the Sanitary Code of the city of Mount Vernon, entitled "Unwholesome food," is hereby amended by adding thereto a new section to be known as section 84 a, to read as follows:

SEC. 84 a. No ice shall be kept, sold, or offered for sale in or upon any street of the city of Mount Vernon, except from wagons or vehicles having a suitable cover thereon so that the same shall be protected from contamination by dust, dirt, etc., nor shall any ice be kept, sold, or offered for sale from the same wagon or vehicle containing coal, coke, etc.

NEWARK, OHIO.

Privies and Cesspools—Construction Prohibited Where Sewer Connection is Possible. (Reg. Bd. of H., May 23, 1913.)

SECTION 1. That it is hereby ordered by the board of health of the city of Newark, State of Ohio, that on properties within the said city abutting on streets and alleys wherein a "sanitary" sewer is or shall have been established no privy vaults or cesspools shall henceforth be built or reconstructed on aforesaid described properties, nor shall any permits be issued or taken to clean privy vaults or cesspools except it is a permit to clean same preparatory to abandonment of vault or cesspool.

SEC. 2. That any violation of this order shall be dealt with as provided by law.