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CONTROL OF DISEASE IN MASSACHUSETTS.

The State Board of Health of Massachusetts has issued an amended list of diseases, cases of which must be reported by physicians immediately. The diseases and conditions now notifiable in Massachusetts are as follows:

Actinomycosis.	Leprosy.
Anterior poliomyelitis.	Malaria.
Anthrax.	Measles.
Asiatic cholera.	Mumps.
Chicken-pox.	Pellagra.
Diphtheria.	Plague.
Dog bite (requiring antirabic treatment).	Rabies.
Dysentery:	Scarlet fever.
(a) Amebic.	Septic sore throat.
(b) Bacillary.	Smallpox.
Epidemic cerebrospinal meningitis.	Tetanus.
German measles.	Trichinosis.
Glanders.	Tuberculosis (all forms).
Hookworm disease.	Typhoid fever.
Infectious diseases of the eye:	Typhus fever.
(a) Ophthalmia neonatorum.	Whooping cough.
(b) Suppurative conjunctivitis.	Yellow fever.
(c) Trachoma.	

Every case of these diseases attended by a physician must be immediately reported by him to the local health officer in writing. In the absence of an attending physician, the householder is to report the case.

The local health authorities report to the State department of health daily the cases which have occurred, with the names and addresses of the patients. This keeps the State Commissioner of Health at all times informed of the prevalence and geographic distribution of the controllable diseases throughout the State. It shows the foci of infection. It reveals the manner and direction in which outbreaks are spreading. It shows where reenforcement of the field forces and extra effort are needed to prevent the spread of disease and protect the Commonwealth.

Of special interest in connection with the diseases and conditions made notifiable is the inclusion of cases of "dog bite requiring anti-

rabid treatment" and, in diseases of the eye, of suppurative conjunctivitis in addition to ophthalmia neonatorum and trachoma.

The requirement that cases of dog bite be reported is an illustration of notification resulting in benefit to the patient as well as affording information which enables measures to be taken for the protection of the community. The State department of health administers anti-rabid treatment free of cost to persons bitten by rabid animals or by animals suspected of having rabies.

The State has properly assumed the responsibility for the prevention of rabies and the administration of antirabid treatment. The community, and not the person bitten, is responsible for the presence of rabid animals. It is reasonable, therefore, that the community assume the burden of treating those injured by its neglect.

The new diseases and conditions which were added to those previously notifiable are:

Dog bite (requiring antirabid treatment).	Malaria.
Dysentery:	Mumps.
(a) Amebic.	Pellagra.
(b) Bacillary.	Plague.
German measles.	Rabies.
Hookworm disease.	Septic sore throat.
Suppurative conjunctivitis.	

SALE AND USE OF COCAINE AND NARCOTICS.

By MARTIN I. WILBERT, Technical Assistant, Division of Pharmacology, Hygienic Laboratory, United States Public Health Service.

Two of the three Harrison antinarcotic bills introduced in Congress some time since in compliance with the requirements agreed to at the several sessions of the International Opium Conference were enacted into law in January of this year. The third bill, which in effect provides for the interstate traffic in coca and opium, their alkaloids and derivatives, was adopted by the House and later by the Senate. The final bill, with amendments, was referred to a conference committee, but was not reported out in time to be acted on by the House, though the conference report was approved in the Senate before the adjournment of the second session of the Sixty-third Congress.

Practically every State in this country has at the present time a reasonably efficient antinarcotic law, which, if it were not virtually inoperative, because of the continued, apparently uncontrollable importation of such drugs from without the State, might serve to effectually restrict the sale and use of narcotics of all kinds.

Even in States in which passive efforts are made to enforce the existing laws, so far as traffic within the State may be concerned,

little or no success is met with in corresponding attempts to restrict or to control the sending of materials into the State by dealers in other sections of the country.

These conditions exist in many States and communities in which an effort is being made to enforce antinarcotic legislation. Even in the State of New York it has been found that the recently enacted Boylan law, which is generally considered to be a model measure of the kind, because of its applying both to druggists and physicians, can not be made effective so long as narcotic drugs can be shipped into the State with impunity from without.

It has been asserted on good authority that drug addicts in New York City itself are being supplied with narcotics through the mails or by express from other States or that they can secure practically unlimited supplies of the material by crossing to New Jersey, where the law against the sale of such drugs is less drastic. Dealers generally are agreed that in order to stamp out the narcotic evil Federal legislation requiring a complete record of all sales made by manufacturers, wholesalers, and retailers is imperatively necessary and that without such legislation the present day efforts to reduce the traffic in narcotic drugs must prove abortive.

The Harrison antinarcotic act (H. R. 6282) if enacted into law would serve to furnish the necessary information to make State and other local laws operative and should at all events serve to place all branches of the drug trade on record by restricting the sale of narcotic drugs to evidently legitimate channels.

It should be understood of course that the Harrison bill as now before Congress is not in any way designed to be a regulatory measure but is intended primarily as a revenue measure which can accomplish good only by providing an available list of all persons who produce, import, manufacture, or deal in opium or coca leaves or any alkaloid or derivative thereof, and by necessitating a more or less complete and accurate record of the origin as well as the destination of the material handled by any one registered dealer. This information alone should and no doubt will suffice to make local regulatory measures operative, and will, it is hoped, eliminate the frequently commented on, deplorable conditions now existing in the drug business due to the fact that individual druggists are willing to bring their calling into disrepute by selling cocaine, morphine, and other drugs of this type in quantity to illegitimate dealers or to habitual users.

While it is generally admitted that no one person can estimate the harm that has come to humanity through the abuse of habit-forming drugs there is at least some truth in the frequently made statement that the evils due to the improper use of narcotic drugs

have been much exaggerated and that the number of addicts is not nearly so large as some persons would have us believe.

The antinarcotic law recently enacted in the State of Tennessee offers to furnish accurate data on which to base a reliable estimate of the number of drug addicts in the country. The commissioner of that State in a recent communication reports that the books of his department show that during the first six months of the operation of the law no less than 1,403 permits were issued to individuals allowing them to purchase narcotic drugs. Of these 1,403 addicts, 1,226 are users of morphine, 97 users of laudanum, 71 of gum opium, 8 of heroin, and 1 of codeine. The average dose of the morphine addict is about 8½ grains a day.

The appended table showing the quantity of the several drugs entered for consumption during the years 1909 to 1913, inclusive, indicates in a way the limitations placed on the use of these drugs. For five years at least the importation of the several drugs has been reasonably constant and it is fair to assume that practically all of the drugs of this type used in this country are imported through legitimate channels and are properly recorded.

Narcotic drugs.—The quantities of the several drugs entered for consumption in the United States during the years 1910-1913.

	1910	1911	1912	1913
Coca leaves.....pounds..	708,546.00	1,226,771.50	1,179,540.00	1,175,780.00
Cocaine and salts of.....ounces..	54,560.00	4,031.00	2,004.00	3,715.00
Opium, crude.....pounds..	411,444.27	502,407.03	384,911.61	441,276.64
Powdered.....do.....		67,962.99	77,551.10	49,070.56
Prepared for smoking.....do.....	27,934.86			
Morphine or morphine sulphate.....ounces..	13,082.00	20,345.00	13,825.00	24,797.00
All other alkaloids of opium.....do.....	22,970.50	480.25	634.00	9,672.00

Narcotic drugs.—Approximate number of average doses of habit-forming drugs imported into the United States during the fiscal years 1911, 1912, 1913.

	1911	1912	1913
Coca leaves.....	305,000,000	294,000,000	293,000,000
Cocaine.....	35,000,000	17,000,000	31,000,000
Total.....	340,000,000	311,000,000	324,000,000
Opium.....	2,500,000,000	1,740,000,000	2,205,000,000
Opium, powdered.....	500,000,000	540,000,000	245,000,000
Morphine.....	40,000,000	27,500,000	49,500,000
Other alkaloids.....	900,000	1,200,000	19,300,000
Total.....	3,040,900,000	2,308,700,000	2,518,800,000

On the basis of the second table, giving the approximate number of average doses of habit-forming drugs imported into the United States during the fiscal years 1911 to 1912, it would appear that basing an estimate on the average consumption of the drug habitu 

in Tennessee, each addict would consume approximately 1,000 doses each month, or 12,000 doses a year.

The State of Tennessee contains approximately 2 per cent of the total population of the United States, and on the supposition that the same ratio of the number of addicts and the amount of material consumed will hold good throughout the United States we would have a total of something more than 70,000 drug habitués, consuming approximately 850,000,000 average doses per year. This quantity is probably somewhat low, but it is fair to assume that not more than double this amount or approximately 1,700,000,000 average doses are consumed annually by drug habitués. The frequently quoted estimate that between 1 and 2 per cent of the population of the United States is addicted to the habitual use of narcotic drugs is undoubtedly too high, because of the limitations fixed by the available material. The figures at best, however, show the existence of all-too-many habitual users of narcotic drugs and suggest that anything that can be done to effectually reduce their number will be well worth while.

MENTAL DEFICIENCY.

SOME OF ITS PUBLIC-HEALTH ASPECTS, WITH SPECIAL REFERENCE TO DIAGNOSIS.¹

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

The medical profession has been compelled, more especially during the past quarter of a century, to acquaint itself with the medical specialties. The medical schools have gradually added, during their third and fourth year courses, special subjects which must be pursued by the candidate for the degree of doctor of medicine. The science of medicine and surgery has naturally divided itself into subdivisions; and certain essentials in each subdivision or specialty are being taught and examined in at our colleges. These same essentials thereupon become the groundwork for the physician's activity in the field of practice.

The public has, again, demanded that the physician shall extend his field of activity—that he shall become acquainted with the essentials of mental deficiency.

It is safe to say that no State legislature, city council, or legislative body of any kind, will pass laws or ordinances concerning the segregation, commitment, schooling, or marriage of the feeble-minded without the advice and guidance of the medical profession.

Many physicians acting in the capacity of school examiners, no matter how they may dislike the task, will be compelled to give their opinion as to whether certain pupils are mentally defective. The

¹ Read before the Vermont State Medical Society, Rutland, Vt., Oct. 9, 1914.

disposition of these cases—that is, whether they shall be placed in special classes or separate institutions—will depend largely upon the medical examiner's judgment.

The physician will be called in to decide as to whether a given individual is to be committed to a home for the feeble-minded or to some other institution for the sick. The commitment of individuals, especially in juvenile cases, to penal institutions may rest upon the testimony or diagnosis of the physician. He will be consulted as to the feasibility of sending mentally defective patients to places for definite training. He will in many cases be consulted, as a first step, by parents and guardians when backward children are being taken to the specialist. No matter how disagreeable the work may be, nor how hard he may fight against it, he will nevertheless be called in, as a final reviewing authority, in practically all cases of mental deficiency.

On account of the increased amount of interest in this important public-health matter which has been manifested by the medical profession, school authorities, and the public in general, it may not be inappropriate to say a few words in a general way on the diagnosis of feeble-mindedness.

While there is dissimilarity, there is also much similarity in the symptomatology of so-called normal people, mental defectives, insane people, and neurotic individuals. There is no one mold into which any particular group will fit.

In certain respects these groups overlap one another. An individual is rightly placed in one of these groups only after carefully weighing all the symptoms and taking all circumstances and accompaniments of the case into consideration. A knowledge of the main features of normality, deficiency, dementia, and perversion will be of much assistance in correctly diagnosing a given case.

The physician's experience with neurotic and hysterical patients, his knowledge of deliriums and mental deteriorations, his observations and even trials with those who are emotionally disturbed, will stand him in stead when it comes to the diagnosis of mental deficiency. Likewise his knowledge of normal mental capacity and normal emotional reaction will be of much service when the diagnosis of mental deficiency is under consideration. Just as every normal person has his own peculiarities and every insane person his own definite attitude, so it is with the feeble-minded; they are all different one from another. There is no one list of symptoms or signs that will fit every case.

Locomotor ataxia would be indicated by the loss of one knee jerk, one Argyll Robertson pupil, and lightning pains, or loss of both knee jerks, ataxia, and bladder symptoms; or Romberg sign, inactive-to-light pupils, lightning pains, and specific history. So it is in the

case of feeble-mindedness; there is no one combination of symptoms or signs which can be relied upon.

In one case the diagnosis may be made by the patient's failure to perform tests A, B, C, and D, together with definite mental symptoms; again, a patient's case may be settled by the history, physical examination, and manner of performing tests C, D, and E. Still again, another patient will be diagnosed "feeble-minded" only after the result of three examinations and his failure to solve problems E, F, and G at one examination and his subsequent failure to succeed in tests M, N, and O at another examination.

Every suspected case must be considered from many angles before a diagnosis is finally made.

In any mental examination we must never lose sight of the fact that we may be dealing with a psychopathic condition, epilepsy, or some organic dementia.

The patient's conduct and peculiarities, family history, history of past diseases, developmental period, school life, employment, opportunities, general environment, age, sex, race, should all be carefully considered.

In all cases a thorough physical as well as mental examination of the suspected person should be made.

In some cases several examinations and a prolonged observation may be necessary to make a correct diagnosis.

With attention to practical psychology and with some experience with the feeble-minded on the part of the physician, I am strongly of the opinion that average physicians will have about the same idea concerning the subject of feeble-mindedness.

For instance, if Dr. A, a man of fair judgment and some experience, examines a number of children and finds 3 per cent feeble-minded, Dr. B, a man of similar experience and judgment, working on the same cases, but independently, will also find the same percentage of feeble-mindedness. The cases regarded as feeble-minded by one will be similarly diagnosed by the other. Both physicians will tell you that there are several other cases in addition to the feeble-minded that are rather hard to classify. These cases are dull, they fail to answer many of the questions, and they do not execute the performance tests well. With the generally poor showing, however, there has been an occasional fair answer, or there has been a fair showing in some particular mental field. Amid the many poor responses and performances there has been some well-executed performance. In other words, from the mental field of the subject there has been sent forth a ray of hope. This ray of hope in the mental field, together with the fact that the person under consideration is perhaps the possessor of some physical defect, such as enlarged adenoids, defective vision, defective hearing, chronic indigestion,

malnutrition, or some other organic condition, is sufficient to make the careful diagnostician hesitate in placing this individual in the feeble-minded group.

In some of these difficult-to-diagnose cases a correction of the physical defect will lead to a decided improvement in the person's mentality.

Other persons whose low mentality is probably due to environmental conditions and in whom no physical defect is demonstrable seem to have an awakening at a later period, which results in improved mental function. These are the so-called backward cases, the cases that possess the ray of hope. I believe that average physicians with some observation in this field by virtue of long and systematic training and peculiar¹ experience in the practice of medicine will come to about the same conclusions in regard to the feeble-minded group and as to just what cases should be placed therein. Often it may be hard to define their action or tell why they place a certain individual in a certain group. I have seen physicians in the Public Health Service working independently of one another on cases of suspected mental deficiency, and it has been surprising to note the similarity of their findings in regard to the mental status of a given case.

Reasoning power in the feeble-minded is almost always of a low order. They are unable to solve new problems; they can not meet new situations. As long as they are doing familiar things they get along very well, but when confronted with unfamiliar problems or conditions they are at a loss. They can do the same thing in the same way and can often explain to you what they do and how they do it, but when new premises or new data or old data in a slightly changed way are presented to them, they can not see the relationships imbedded therein. They are unable from given premises or from old materials to find new things. In any problem or new situation the feeble-minded lack the sagacity² to pick out the essentials and are lacking in ability to apply past experiences to present essentials. They are unable from a series of images to construct a new image; that is, they are deficient in constructive imagination, or, better, in reasoning power. While the memory is usually poor, it may in some instances be very good. A feeble-minded person may have many facts stored away—that is, he may have many fixed associations—but when the answer to our question or the solving of our

¹ The physician sees all kinds of neurotic, strange, disagreeable, trying, demented, delirious, hysterical people.

² "Sagacity" is almost a technical word in psychology and refers only to the first step in reasoning; that is, the step of abstracting an essential from a given datum.

problem can not be accomplished by giving forth fixed associations, but can be answered or solved only after weighing, comparing, and considering, we find that the result is almost always unsatisfactory.

Let me illustrate. The patient under examination upon request may enumerate the months of the year quickly and without an error. The examiner then asks him to give six months; that is, to skip every other month or to enumerate them in reverse order, December, November, October, September, etc. If the patient has never done this before, it immediately becomes a new problem, and it is here that the defective gives such an unsatisfactory reply. Thinking power is always shown when a fixed association is converted into a demand association. Again, suppose we find out that the patient can add certain digits; let us suppose that he has by persistent uphill effort formed the fixed association that $15 + 15$ is 30; then we slightly vary our question, making it somewhat new, and ask him how much are 15 and 17. The normal individual has the sagacity to see that $15 + 17$ is only 2 more than $15 + 15$, and this is the first and essential step in the reasoning process. The feeble-minded individual has not that sagacity; he can not pick out that essential step which is necessary for the reasoning process. In any situation or problem, if he does see the point and can reason, such ability is always limited in extent.

When a mental defective fails to grasp a new situation or to solve a problem, he can be shown the different elements of the problem and gradually taught to perform it. Defectives learn after many trials and with much more difficulty than do the normals. In fact, this difficulty in learning is a symptom of their mental condition, and tests have been devised to show the degree of difficulty with which they learn.

It must be distinctly remembered that when you show them how to perform a test, work a puzzle, or solve a problem, the successful doing of the test thereafter becomes a memory feat and not a feat in reasoning. Hence, if we are testing reasoning power we must see to it that there is a new and unfamiliar element in our test.

Easy arithmetical questions in addition and subtraction are excellent materials, as combinations of digits can be so varied as to form any number of new problems. Many of the questions and performance tests are designed to bring out this reasoning power, and care must be exercised that the patient has not been previously acquainted with the test.

While the memory of some feeble-minded persons is fair, others are very deficient in this mental field. Almost all of them are deficient in immediate retention, which can be demonstrated by the memory span test (repetition of figures).

The various tests and questions are designed to bring out what the patient has absorbed, that is to test his power of observation, conceptual power, and experience in general. The tests and questions are employed to show the quality and degree of his attention, immediate retention, and logical memory. They are devised to show the patients' perception of form, number, size, color, weight, and space. Some of the tests bring out his capacity for recognition and discrimination, and, last but not least, his learning power.

A number of test systems are in use. Each one has its advantages and disadvantages. It seems to me that all of them have been devised to explore exclusively one mental field—the intellectual. In all of the systems of examination little attention is paid to the volitional and emotional fields; the personality in toto is not surveyed.

The Binet-Simon system is most used. In using it, it seems to me that the examiner should modify it slightly to fit the particular subject under examination. I will give you only one example of what I mean.

The Public Health Service recently made a complete medical and sanitary survey of a penal institution. During the survey, I had the opportunity of applying the Binet test to 250 negro boys ranging in ages from 11 to 21 years. In the dissected-sentence test of the 11-year-old group, the boys did poorly; in fact, not one succeeded in making a perfect answer. It seems that there are three causes among the colored boys for failure in this test. In doing this test the words of the dissected sentence have to be rearranged so as to make sense.

Take the dissected sentence of the Binet series:

A—defends—dog—good—his—master—bravely.

In this case failure of the negro boys to make the proper rearrangement is probably due to:

1. Many negro boys do not read, or do not read sufficiently well to perform this test.
2. Owing to environmental conditions, the boys of this class do not use the word "defends." Such words are not in their vocabulary.
3. Their lack of knowledge in English grammar prevents them from properly using the word "bravely."

For the Binet dissected-sentence test I substituted dissected sentences the words of which are familiar to negro boys of this type, and purposely avoided the use of adverbs.

One of the dissected sentences which I substituted was:

Eggs—supper—boys—the—for—eat—and—bacon.

After making substitutions of this kind my results were uniformly good.

In using the Binet tests, or any other system, we must never forget that the results of such an examination are worthless if the

patient is emotionally disturbed at the time of the examination. Often the examiner must be keen and experienced in order to detect hidden emotional reaction.

It might be well for the physician, after surveying a number of intellectual tests, to select a certain number or to make up certain tests of his own, say four or five tests, and to become thoroughly familiar with them. He should practice then on normal individuals whenever an opportunity presents itself. As a special experience I would suggest that certain examples in addition, subtraction, counting backward, and cube test be tried on 100 children ranging from 7 to 14 years of age. After you have thus examined 100 normal persons, you will be thoroughly familiar with your own test; you will become familiar with the attitude of the normal subject, and you will note the variations and manner of performance. This manner of performance is very important. Then, when the feeble-minded person presents himself, your own-made machine will assist you in analyzing his mental condition, and proving him to be feeble-minded.

The selecting of a few tests that suit you, and thoroughly familiarizing yourself with them by testing normal persons, will give you a foundation in the field of mental deficiency. It will be the acquisition of certain practical essentials in the field of mental defect, just as you have acquired certain essentials in the field of ophthalmology, dermatology, and other specialties.

The following list shows some of the performance tests which are used by the Public Health Service to assist in diagnosing cases of mental deficiency:

Healy Frame.	Visual apprehension.
Healy Fernald.	Report.
Cube test.	Description.
Vineland form board.	Copying.
Form board (Knox).	Drawing from memory.
Geographic.	Memory test.
Casuist.	Learning.
Frame test.	Relationship.
Marble box.	Counting dots.
Modification.	Inverted pictures.
Weights.	Moron.

PLAGUE-ERADICATIVE WORK.

CALIFORNIA.

The following report of plague-eradivative work in California for the week ended November 7, 1914, has been received from Surg. Long, of the United States Public Health Service, in charge of the work:

SAN FRANCISCO, CAL.		RATS IDENTIFIED—continued.	
Premises inspected.....	1,490	Mus alexandrinus.....	60
Premises destroyed.....	3	Mus musculus.....	16
Nuisances abated.....	194	RATS TAKEN FROM STEAMERS (NOT INCLUDED ABOVE).	
Poisons placed.....	14,400	Steamer <i>Lakme</i> :	
Average number of traps set daily.....	1,150	Mus alexandrinus.....	1
RATS COLLECTED AND EXAMINED FOR PLAGUE.		Mus rattus.....	9
Collected.....	164	Schooner <i>Vego</i> :	
Examined.....	159	Mus rattus.....	2
Found infected.....	None.	Steamer <i>Sierra</i> :	
RATS IDENTIFIED.		Mus alexandrinus.....	1
Mus norvegicus.....	9	Mus rattus.....	1
Mus rattus.....	79		

Plague-infected squirrels.

Contra Costa County, October 23, 1914, Brown ranch, 4 miles northwest of Walnut Creek, 2 squirrels.

Record of plague infection.

Places in California.	Date of last case of human plague.	Date of last case of rat plague.	Date of last case of squirrel plague.	Total number rodents found infected since May, 1907.
Cities:				
San Francisco.....	Jan. 30, 1908...	Oct. 23, 1908...	None.....	398 rats.
Oakland.....	Aug. 9, 1911...	Dec. 1, 1908...	do.....	126 rats.
Berkeley.....	Aug. 28, 1907...	None.....	do.....	None.
Los Angeles.....	Aug. 11, 1908...	do.....	Aug. 21, 1908...	1 squirrel.
Counties:				
Alameda (exclusive of Oakland and Berkeley).	Sept. 24, 1909...	Oct. 17, 1909, wood rat.	Aug. 7, 1914...	286 squirrels, 1 wood rat.
Contra Costa.....	May 17, 1914...	None.....	Oct. 23, 1914...	1,565 squirrels.
Fresno.....	None.....	do.....	Oct. 27, 1911...	1 squirrel.
Merced.....	do.....	do.....	July 12, 1911...	5 squirrels.
Monterey.....	do.....	do.....	Apr. 10, 1914...	6 squirrels.
San Benito.....	June 4, 1913...	do.....	Sept. 26, 1914...	36 squirrels.
San Joaquin.....	Sept. 18, 1911...	do.....	Aug. 26, 1911...	18 squirrels.
San Luis Obispo.....	None.....	do.....	Jan. 29, 1910...	1 squirrel.
Santa Clara.....	Aug. 31, 1910...	do.....	July 23, 1913...	25 squirrels.
Santa Cruz.....	None.....	do.....	May 17, 1910...	3 squirrels.
Stanislaus.....	do.....	do.....	June 2, 1911...	13 squirrels.

Squirrels collected and examined for plague.

County.	Collected.	Examined.	Found infected.
Contra Costa.....	30	30	2
San Benito.....	14	14	None.
Total.....	44	44	2

Ranches inspected and hunted over.

Contra Costa County.....	17
San Benito County.....	3
Total.....	20

Operations on water front.

Vessels inspected for rat guards.....	31
Reinspections made on vessels.....	12
New rat guards procured.....	6
Defective rat guards repaired.....	28
Vessels on which cargo was inspected.....	1

	Condition.	Rat evi- dence.
Steamer Queen from Seattle:		
25 boxes merchandise, and household goods.....	O. K.....	None.
25 cases milk.....	O. K.....	Do.
350 sacks flour, grain, and bran.....	O. K.....	Do.

Rats trapped on wharves and water front....	18	Poisons placed on water front (pieces).....	1,800
Rats trapped on vessels.....	11	Poisons placed within Panama-Pacific Ex- position grounds (pieces).....	14,400
Traps set on wharves and water front.....	68	Bait used on water front and vessels, bacon (pounds).....	4
Traps set on vessels.....	28	Bread used in poisoning water front (loaves).....	6
Vessels trapped on.....	4	Pounds of poison used on water front.....	3
Vessels searched for dead rats after fumiga- tion.....	4		
Dead rats taken from vessels after fumigation	14		

The work is being carried on in the following named counties: Alameda, Contra Costa, San Francisco, San Joaquin, Santa Cruz, Merced, Stanislaus, San Benito, and Santa Clara.

LOUISIANA—NEW ORLEANS.

The following report of plague-eradivative work at New Orleans for the week ended November 14, 1914, has been received from Surg. Corput, of the United States Public Health Service, in temporary charge of the work:

OUTGOING QUARANTINE.	DESTINATION AND NUMBER OF RAILROAD CARS IN- SPECTED WEEK ENDED NOV. 14.		
Vessels fumigated with sulphur.....	30	Alabama.....	102
Vessels fumigated with carbon monoxide..	12	Arizona.....	1
Vessels fumigated with hydrocyanic gas...	2	Arkansas.....	16
Pounds of sulphur used.....	5,921	California.....	24
Coke consumed in carbon monoxide fumi- gation (pounds).....	22,400	Carolina, North.....	3
Pounds of potassium cyanide used in hydro- cyanic gas fumigation.....	170	Carolina, South.....	3
Pounds of sodium carbonate used in hydro- cyanic gas fumigation.....	170	Colorado.....	5
Pounds of sulphuric acid used in hydro- cyanic gas fumigation.....	280	Connecticut.....	1
Clean bills of health issued.....	21	Delaware.....	2
Foul bills of health issued.....	11	Florida.....	28
		Georgia.....	45
		Illinois.....	406
		Indiana.....	10
		Iowa.....	26
		Kansas.....	10
		Kentucky.....	31
		Louisiana.....	1,020
		Massachusetts.....	3
		Michigan.....	36
		Minnesota.....	26
OVERLAND FREIGHT INSPECTION.			
Cars inspected, found in good order, per- mitted to load.....	1,134		
Cars ordered repaired before loading.....	1,906		
Total cars inspected.....	3,040		

Mississippi.....	382
Missouri.....	82
Montana.....	1
Nebraska.....	2
New Mexico.....	1
New York.....	8
Ohio.....	81
Oklahoma.....	18
Oregon.....	1
Pennsylvania.....	38
Tennessee.....	89
Texas.....	191
Virginia.....	4
Washington.....	2
Wisconsin.....	21
Canada.....	2

FIELD OPERATIONS.

Rats trapped.....	7,835
Premises fumigated.....	1
Premises disinfected.....	398
Premises inspected.....	10,296
Poisons placed.....	170,700
Notices served.....	2,641

BUILDINGS RAT PROOFED.

By elevation.....	71
By marginal concrete wall.....	101

By concrete floor and walls.....	214
By minor repairs.....	78
Square yards of concrete laid.....	24,278
Total buildings rat proofed.....	464
Buildings rat proofed to date.....	3,583
Number of abatements.....	703
Number of abatements to date.....	13,992

LABORATORY OPERATIONS.

Rats examined.....	7,349
Mus norvegicus.....	3,972
Mus alexandrinus.....	171
Mus rattus.....	79
Mus musculus.....	3,425
Putrid.....	329
Total rodents received at laboratory.....	7,663
Number of suspicious rats.....	32
Plague rats confirmed.....	0
Total number of rodents captured to Nov. 14.....	150,667
Total number of rodents examined to Nov. 14.....	127,851

Rodent cases to Nov. 14, by species:

Mus rattus.....	10
Mus alexandrinus.....	3
Mus musculus.....	1
Mus norvegicus.....	179

Total rodent cases to Nov. 14, 1914¹..... 193

WASHINGTON—SEATTLE.

The following report of plague-eradivative work in Seattle for the week ended November 7, 1914, has been received from Surg. Lloyd, of the United States Public Health Service, in charge of the work:

RAT PROOFING.

New buildings inspected.....	58
Basements concreted, new buildings (30), square feet.....	28,865
Floors concreted, new buildings (12), square feet.....	27,505
Yards, etc., concreted, new buildings (3), square feet.....	850
Sidewalks concreted.....square feet..	28,991
Total concrete laid, new structures, square feet.....	86,211
New buildings elevated.....	2
Premises rat proofed, new buildings.....	45
Buildings razed.....	2

WATER FRONT.

Vessels inspected and histories recorded....	6
Vessels fumigated.....	13
Sulphur used.....pounds..	4,475
New rat guards installed.....	20

Defective rat guards repaired.....	18
Vessels searched for dead rats.....	8
Dead rats recovered after fumigation.....	85
Fumigation certificates issued.....	13
Canal Zone certificates issued.....	3
Port sanitary statements issued.....	44

LABORATORY AND RODENT OPERATIONS.

Dead rodents received.....	32
Rodents trapped and killed.....	350
Total.....	382
Rodents examined for plague infection.....	314
Rodents proven plague infected.....	1
Blocks poisoned.....	17
Poison distributed.....pounds..	41

CLASSIFICATION OF RODENTS.

Mus rattus.....	26
Mus alexandrinus.....	81
Mus norvegicus.....	223
Mus musculus.....	47

The usual day and night patrol was maintained to enforce rat guarding.

¹ A report from New Orleans dated Nov. 12, 1914, states that there was an error in the report of the finding of plague-infected rat 190, published in Public Health Reports, Nov. 13, 1914, p. 3043. It was later ascertained that this rat was killed on the Stuyvesant docks in the vicinity of a railroad car.

Rodents examined in Tacoma.

Mus norvegicus trapped.....	3
Mus norvegicus found dead.....	16
Mus alexandrinus found dead.....	1
Total.....	20
Rodents proven plague infected.....	0

HAWAII.

The following reports of plague-eradication work in Hawaii have been received from Surg. Trotter, of the United States Public Health Service:

Honolulu.

WEEK ENDED OCT. 31, 1914.

Total rats and mongoose taken.....	443	Classification of rats trapped:	
Rats trapped.....	427	Mus alexandrinus.....	219
Mongoose trapped.....	14	Mus musculus.....	134
Rats found dead (Mus norvegicus).....	1	Mus norvegicus.....	48
Rats killed by sulphur dioxide.....	1	Mus rattus.....	25
Examined microscopically.....	386	Classification of rats killed by sulphur dioxide:	
Plague infection.....	0	Mus rattus.....	1

WEEK ENDED NOV. 7, 1914.

Total rats and mongoose taken.....	412	Average number of traps set daily.....	1,085
Rats trapped.....	409	Cost per rat destroyed.....cents..	21
Mongoose trapped.....	3	Last case rat plague, Aiea, 9 miles from Honolulu,	
Examined microscopically.....	361	Apr. 12, 1910.	
Under examination.....	0	Last case human plague, Honolulu, July 12, 1910.	
Plague infection.....	0	Last case rat plague, Kalopa stable, Paauhau,	
Classification of rats trapped:		Hawaii, Aug. 29, 1914.	
Mus alexandrinus.....	221	Last case human plague, Paauhau Landing,	
Mus musculus.....	129	Hawaii, Aug. 17, 1914.	
Mus norvegicus.....	54		
Mus rattus.....	5		

Hilo.

WEEK ENDED OCT. 24, 1914.

Rats and mongoose taken.....	2,336	Classification of rats trapped and found dead:	
Rats trapped.....	2,258	Mus norvegicus.....	468
Rats found dead.....	7	Mus alexandrinus.....	359
Mongoose taken.....	71	Mus rattus.....	704
Rats and mongoose examined macroscopically.....	2,336	Mus musculus.....	734
Rats and mongoose plague infected.....	0		

WEEK ENDED OCT. 31, 1914.

Rats and mongoose taken.....	2,249	Classification of rats trapped and found dead—Con.	
Rats trapped.....	2,182	Mus alexandrinus.....	418
Rats found dead.....	4	Mus rattus.....	675
Mongoose taken.....	63	Mus musculus.....	668
Rats and mongoose examined macroscopically.....	2,249	Last case of rat plague, Paauhau Sugar Co. Aug.	
Rats and mongoose plague infected.....	0	29, 1914.	
Classification of rats trapped and found dead:		Last case of human plague, Paauhau Sugar Co.,	
Mus norvegicus.....	425	Aug. 16, 1914.	

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 October, 1914, to other State or provincial health departments by the division of preventable diseases of the Minnesota State Board of Health.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Tuberculosis:		
Minneapolis, Hennepin County.	Chicago, Cook County, Ill.	Ill in Thomas Hospital, Minneapolis.
Faribault, Rice County.	Momence, Kankakee County, Ill.	Admitted to Minnesota school for feeble-minded.
Do.	St. Ansgar, Mitchell County, Iowa.	Do.
Minneapolis, Hennepin County.	Fargo, Cass County, N. Dak. .	Ill in Thomas Hospital, Minneapolis.
Do.	Hankinson, Richland County, N. Dak.	Returned to Hankinson, N. Dak.
Pokegama, Pine County.	Minot, Ward County, N. Dak. .	Returned to Minot, N. Dak.
Faribault, Rice County.	Yoncalla, Douglas County, Oreg.	Admitted to Minnesota school for feeble-minded.
Minneapolis, Hennepin County.	Dell Rapids, Minnehaha County, S. Dak.	Left Thomas Hospital for Dell Rapids, S. Dak.
Pokegama, Pine County.	Sioux Falls, Minnehaha County, S. Dak.	Ill in Pokegama Sanatorium.
State Sanatorium, Cass County.	San Antonio, Bexar County, Tex.	Left State sanatorium for San Antonio, Tex.
Minneapolis, Hennepin County.	Ferryville, Crawford County, Wis.	Ill in Thomas Hospital, Minneapolis.
Do.	Spring Valley, Pierce County, Wis.	Returned to Spring Valley, Wis.
Faribault, Rice County.	Cody, Big Horn County, Wyo.	Admitted to Minnesota school for feeble-minded.
Typhoid fever:		
Pelican Rapids, Otter Tail County.	Saskatchewan, Canada.	Threshing near Claybank, Saskatchewan, three weeks previous to first symptoms.
Duluth, St. Louis County. . .	United States Public Health Service, Washington, D. C. .	Probably infected on Great Lakes steamer.
Two Harbors, Lake County. .	Mount Pleasant, Henry County, Iowa.	Employee, Iowa Insane Hospital, during 3 weeks previous to first symptoms.
Duluth, St. Louis County. . .	Missoula, Missoula County, Mont.	Railroad section hand at Missoula during 3 weeks previous to first symptoms.
Minneapolis, Hennepin County.	Shields, Morton County, N. Dak.	Carpenter at Shields during 3 weeks previous to first symptoms.
Lake Park, Becker County. .	Oriska, Barnes County, N. Dak	Threshing at Oriska during 3 weeks previous to first symptoms.
St. Cloud, Stearns County (2 cases).	Bowbells, Burke County, N. Dak.	Farm hands, Bowbells, N. Dak., during 3 weeks previous to first symptoms.
Detroit, Becker County.	Clifford, Traill County, N. Dak.	Farm hand, Clifford, N. Dak., during 3 weeks previous to first symptoms.
Nesbit Township, Polk County.	Grand Forks, Grand Forks County, N. Dak.	Taken ill in Nesbit Township, Minn. Moved to Grand Forks Hospital.
Minneapolis, Hennepin County.	Jamestown, Stutsman County, N. Dak.	Bricklayer at Jamestown during 3 weeks previous to first symptoms.
Red Lake Indian Agency, Beltrami County.	Johnstown, Grand Forks County, N. Dak.	Threshing near Johnstown, N. Dak., during 3 weeks previous to first symptoms.
Minneapolis, Hennepin County.	Valley City, Barnes County, N. Dak.	Stationary engineer at Valley City, N. Dak., during 3 weeks previous to first symptoms.
St. Paul, Ramsey County. . .	Greenwood, Clark County, Wis.	School teacher in Greenwood, Wis., 3 weeks previous to first symptoms.

CEREBROSPINAL MENINGITIS.

State Reports for October, 1914.

Places.	New cases reported.	Places.	New cases reported.
California:		Massachusetts—Continued.	
Los Angeles County—		Essex County—	
Los Angeles.....	:	Lawrence.....	1
Orange County—		Lynn.....	1
Orange.....	1	Peabody.....	1
San Diego County—		Middlesex County—	
San Diego.....	1	Lowell.....	3
San Francisco County—		Watertown.....	1
San Francisco.....	2	Norfolk County—	
Total.....	7	Norwood.....	1
District of Columbia.....	1	Suffolk County—	
Maryland, exclusive of Baltimore City:		Boston.....	2
Anne Arundel County—		Total.....	11
Parole.....	1	Mississippi:	
Caroline County—		Bolivar County.....	1
Goldsboro R. F. D.....	1	Chickasaw County.....	1
Denton.....	1	Harrison County.....	1
Washington County—		Total.....	3
Greensburg.....	1	Wisconsin:	
Total.....	4	Fond du Lac County.....	1
Massachusetts:		La Crosse County.....	1
Bristol County—		Milwaukee County.....	6
Fall River.....	1	Total.....	8

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Chicago, Ill.....		1	Passaic, N. J.....		1
Lowell, Mass.....	2		Philadelphia, Pa.....	1	
Milwaukee, Wis.....	1		Providence, R. I.....		1
New York, N. Y.....	4	2			

DIPHTHERIA.

See diphtheria, measles, scarlet fever, and tuberculosis, page 3209.

ERYSIPELAS.

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Beaver Falls, Pa.....	1		Philadelphia, Pa.....	6	2
Buffalo, N. Y.....		1	Pittsburgh, Pa.....	8	1
Chicago, Ill.....	17	1	Portland, Oreg.....	1	
Cleveland, Ohio.....	4		Reading, Pa.....	2	
Harrisburg, Pa.....	3		Rochester, N. Y.....	4	1
Los Angeles, Cal.....	1	1	St. Louis, Mo.....	6	
Milwaukee, Wis.....	3		San Francisco, Cal.....	2	
New York, N. Y.....		2	York, Pa.....	1	

MALARIA.

State Reports for October, 1914.

Places.	New cases reported.	Places.	New cases reported.
California.....	40	Mississippi—Continued.	
Maryland, exclusive of Baltimore City...	69	Leflore County.....	798
Massachusetts.....	1	Lincoln County.....	40
Mississippi:		Lowndes County.....	331
Adams County.....	57	Madison County.....	167
Alcorn County.....	66	Marion County.....	149
Amite County.....	73	Marshall County.....	112
Attala County.....	128	Monroe County.....	119
Benton County.....	30	Montgomery County.....	57
Boliivar County.....	1,072	Neshoba County.....	120
Calhoun County.....	144	Nextubee County.....	106
Carroll County.....	144	Oktibbaha County.....	148
Chickasaw County.....	108	Panola County.....	232
Choctaw County.....	52	Pearl River County.....	7
Claiborne County.....	108	Perry County.....	122
Clarke County.....	118	Pike County.....	81
Clay County.....	73	Pontotoe County.....	130
Coahoma County.....	1,073	Prentiss County.....	47
Cochise County.....	156	Quitman County.....	81
Covington County.....	117	Rankin County.....	40
De Soto County.....	19	Scott County.....	73
Forrest County.....	233	Sharkey County.....	147
Franklin County.....	86	Simpson County.....	95
George County.....	73	Smith County.....	57
Greene County.....	51	Sunflower County.....	1,537
Grenada County.....	155	Tallahatchie County.....	404
Hancock County.....	93	Tate County.....	158
Harrison County.....	103	Tippah County.....	100
Hinds County.....	370	Tishomingo County.....	52
Holmes County.....	549	Tunica County.....	252
Issaquena County.....	53	Union County.....	19
Itawamba County.....	87	Walthall County.....	9
Jackson County.....	83	Warren County.....	463
Jasper County.....	53	Washington County.....	909
Jefferson County.....	134	Wayne County.....	50
Jefferson Davis County.....	60	Wilkinson County.....	44
Jones County.....	167	Winston County.....	170
Kemper County.....	138	Yalobusha County.....	165
Lafayette County.....	223	Yazoo County.....	465
Lamar County.....	87	Total.....	15,004
Lauderdale County.....	234	New Jersey.....	79
Lawrence County.....	134	South Carolina.....	127
Leake County.....	64	Virginia.....	1,023
Lee County.....	180		

MEASLES.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 3209.

PELLAGRA.

State Reports for October, 1914.

Places.	New cases reported.	Places.	New cases reported.
California.....	4	Mississippi—Continued.	
District of Columbia.....	1	Lefflore County.....	14
Louisiana.....	5	Lincoln County.....	9
Massachusetts.....	2	Lowndes County.....	8
Minnesota:		Madison County.....	11
Minneapolis.....	1	Marion County.....	11
Mississippi:		Marshall County.....	14
Adams County.....	9	Monroe County.....	26
Alcorn County.....	4	Montgomery County.....	8
Amite County.....	4	Neshoba County.....	8
Attala County.....	5	Newton County.....	2
Bolivar County.....	117	Noxubee County.....	8
Calhoun County.....	13	Oktibbeha County.....	4
Carroll County.....	4	Panola County.....	4
Chickasaw County.....	10	Pearl River County.....	1
Claiborne County.....	2	Pike County.....	11
Clarke County.....	6	Pontotoc County.....	5
Clay County.....	4	Prentiss County.....	2
Coahoma County.....	23	Quitman County.....	11
Copiah County.....	17	Rankin County.....	2
Covington County.....	17	Scott County.....	6
De Soto County.....	9	Simpson County.....	8
Forrest County.....	25	Smith County.....	5
Franklin County.....	5	Sunflower County.....	57
George County.....	1	Tallahatchie County.....	31
Grenada County.....	1	Tate County.....	4
Hancock County.....	5	Tishomingo County.....	4
Harrison County.....	30	Tunica County.....	15
Hinds County.....	43	Union County.....	4
Holmes County.....	15	Walthall County.....	3
Itawamba County.....	26	Warren County.....	23
Jasper County.....	2	Washington County.....	30
Jefferson Davis County.....	2	Wayne County.....	2
Jones County.....	17	Winston County.....	2
Kemper County.....	5	Yalobusha County.....	1
Lafayette County.....	1	Yazoo County.....	3
Lamar County.....	6	Total.....	824
Lauderdale County.....	15	South Carolina.....	9
Lawrence County.....	8	Virginia.....	38
Leake County.....	2		
Lee County.....	12		

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Concord, N. H.....		1	Philadelphia, Pa.....	1	
Florence, S. C.....		1	Richmond, Va.....		1
Mobile, Ala.....		1	Wilmington, N. C.....	1	1
New Orleans, La.....	1	2	Worcester, Mass.....	1	1

PNEUMONIA.

City Reports for Week Ended Nov. 7, 1914

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Auburn, N. Y.....	1		New Castle, Pa.....	1	
Cleveland, Ohio.....	13	10	Philadelphia, Pa.....	11	33
Duluth, Minn.....	1	1	Pittsburgh, Pa.....	8	14
Erie, Pa.....	1		Reading, Pa.....	1	2
Binghamton, N. Y.....	5	1	Rochester, N. Y.....	4	7
Braddock, Pa.....	1		San Francisco, Cal.....	1	6
Los Angeles, Cal.....	10	5	Schenectady, N. Y.....	2	
Manchester, N. H.....	2	2	South Omaha, Nebr.....	1	
Marinette, Wis.....	1		Steelton, Pa.....	1	

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for October, 1914.

Places.	New cases reported.	Places.	New cases reported.
California:		Minnesota:	
Alameda County—		Blue Earth County—	
Berkeley.....	1	Mankato.....	1
Sacramento County—		Mississippi:	
Sacramento.....	1	Bolivar County.....	1
San Francisco County—		Madison County.....	1
San Francisco.....	2	Rankin County.....	4
Sonoma County.....	1	Tate County.....	1
Total.....	5	Tishomingo County.....	1
Maryland, exclusive of Baltimore city:		Yalobusha County.....	1
Talbot County—		Total.....	9
Tilghman.....	1	New Jersey:	
Massachusetts:		Bergen County.....	1
Bristol County—		Mercer County.....	1
Fall River.....	1	Union County.....	1
New Bedford.....	1	Total.....	3
Taunton.....	1	Virginia:	
Essex County—		Gloucester County.....	1
Beverly.....	1	Halifax County.....	1
Haverhill.....	5	Isle of Wight County.....	1
Lynn.....	1	James City County.....	1
Methuen.....	1	Middlesex County.....	1
Newburyport.....	1	Nansemond County.....	1
Peabody.....	1	Pittsylvania County.....	1
Hampden County—		Prince George County.....	1
Springfield.....	1	Rockingham County.....	1
Hampshire County—		Russell County.....	1
Williamsburg.....	2	Warren County.....	1
Middlesex County—		Total.....	11
Cambridge.....	1	Wisconsin:	
Hudson.....	1	Clark County.....	1
Lowell.....	2	Dane County.....	1
Newton.....	1	Green County.....	1
Somerville.....	2	Kenosha County.....	5
Wakefield.....	1	Polk County.....	1
Suffolk County—		Racine County.....	1
Boston.....	4	Total.....	10
Worcester County—			
Worcester.....	2		
Total.....	30		
Michigan:			
Jackson County—			
Jackson.....	1		
Washtenaw County—			
Ann Arbor.....	1		
Total.....	2		

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Chicago, Ill.....	1		New York, N. Y.....	1	
Cumberland, Md.....	2		Pittsburgh, Pa.....	1	
Detroit, Mich.....	1		Washington, D. C.....	1	
Everett, Mass.....	1		Wilkinsburg, Pa.....	1	
Fall River, Mass.....	1		Worcester, Mass.....	1	

RABIES.

Pennsylvania—Pittsburgh.

During the week ended November 7, 1914, a death from rabies was notified at Pittsburgh, Pa.

SCARLET FEVER.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 3209.

SMALLPOX.

Maryland—Worcester County.

Collaborating Epidemiologist Fulton reported by telegraph November 18, 1914, that a new focus of smallpox infection had been reported in Maryland, one case of the disease having been notified at Pocomoke City, R. F. D., Worcester County.

State Reports for October, 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						
Humboldt County—						
Eureka	1					1
Imperial County—						
Holtville	2				2	
Madera County—						
Madera	1					1
Orange County—						
Santa Ana	2				2	
Plumas County—						
Quincy	1				1	
Riverside County—						
Corona	2				2	
San Joaquin County—						
Stockton	3			3		
Santa Clara County—						
Mountain View	1			1		
Stanislaus County—						
Modesto	4			1	3	
Placer County—						
Roseville	1			1		
Tulare County—						
Porterville	1					1
Total	19			6	10	3
Maryland, exclusive of Baltimore city:						
Allegany County—						
Cumberland	1				1	
Washington County—						
Smithsburg	1				1	
Total	2				2	
Michigan:						
Allegan County—						
Allegan	23				15	8
Berrien County—						
Benton Harbor	1				1	
Calhoun County—						
Battle Creek	6					6
Delta County—						
Bark River	6					6
Isabella County—						
Union	1					1
Kalamazoo County—						
Alamo	3				3	
Menominee County—						
Harris	2					2
Menominee	1			1		
Newaygo County—						
Ennsley	1				1	
St. Clair County—						
Port Huron	8				4	4
Wayne County—						
Detroit	14				14	
Total	66			1	38	27

SMALLPOX—Continued.

State Reports for October, 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:						
Anoka County—						
Anoka.....	4					4
Blue Earth County—						
Mankato.....	1				1	
Brown County—						
Sleepy Eye.....	1					1
Chippewa County—						
Montevideo.....	1					1
Hennepin County—						
Minneapolis.....	1				1	
Lac Qui Parle County—						
Cerrogoro Township... ..	1				1	
Martin County—						
Fairmont.....	10				6	4
Murray County—						
Belfast Township.....	1				1	
Bondin Township.....	1				1	
Iona Township.....	2				2	
Iona.....	6				4	2
Nicollet County—						
Courtland.....	1					1
Otter Tail County—						
Scambler Township.....	1				1	
Pipestone County—						
Pipestone.....	3				1	2
Ramsey County—						
North St. Paul.....	3				3	
St. Paul.....	2				2	
St. Louis County—						
Duluth.....	1				1	
Hibbing.....	1					1
Swift County—						
Appleton.....	10			1	7	2
Washington County—						
Stillwater.....	1				1	
Yellow Medicine County—						
Clarkfield.....	1				1	
Friendship Township... ..	1					1
Total.....	54				1	34
Wisconsin:						
Barron County.....	1				1	
Bayfield County.....	5					5
Brown County.....	1					1
Chippewa County.....	5			5		
Clark County.....	5			5		
Columbia County.....	4		1			3
Dane County.....	1					1
Douglas County.....	3					3
Fond du Lac County.....	1			1		
Juneau County.....	12				10	2
Kenosha County.....	1					1
La Crosse County.....	1		1			
Marathon County.....	1					1
Marquette County.....	39			3	14	22
Marquette County.....	5				5	
Milwaukee County.....	89					89
Outagamie County.....	3					3
Ozaukee County.....	11				11	
Polk County.....	4			2	2	
Price County.....	1			1		
Racine County.....	6		4	2		
Richland County.....	3			3		
Rusk County.....	1			1		
Shawano County.....	2					2
Waukesha County.....	18					18
Total.....	223		6	23	43	151

SMALLPOX—Continued.

Miscellaneous State Reports.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
District of Columbia Oct. 1-31).....	3		South Carolina (Oct. 1-31):		
Louisiana (Oct. 1-31):			Counties—		
Parish—			Orangeburg.....	2	
Acadia.....	2		Richland.....	14	
Massachusetts (Oct. 1-31): ¹			Total.....	16	
Mississippi (Oct. 1-31):			Virginia (Oct. 1-31):		
Counties—			Counties—		
Issaquena.....	1		Dickinson.....	3	
Lauderdale.....	1		Grayson.....	1	
Marion.....	1		Lunenburg.....	5	
Monroe.....	6		Montgomery.....	2	
Rankin.....	2		Northampton.....	1	
Shark ey.....	3		Total.....	12	
Simpson.....	3				
Sunflower.....	5				
Total.....	22				

¹ No case.

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Chicago, Ill.....	1		Muncie, Ind.....	1	
Cincinnati, Ohio.....	1		Portland, Ore.....	4	
Cleveland, Ohio.....	1		St. Louis, Mo.....	1	
Dayton, Ohio.....	7		Seattle, Wash.....	1	
Detroit, Mich.....	4		Superior, Wis.....	1	
Hidalgo, Tex.....	1		Tacoma, Wash.....	1	
Milwaukee, Wis.....	19				

TETANUS.

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Baltimore, Md.....		1	Roanoke, Va.....		1
Mobile, Ala.....		1	San Juan, P. R.....	1	1
New York, N. Y.....	1	2	Toledo, Ohio.....		2

TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 3209.

TYPHOID FEVER.

State Reports for October, 1914.

Places.	New cases reported.	Places.	New cases reported.
California:		California—Continued.	
Alameda County—		Kern County—	
Berkeley.....	2	Bakersfield.....	1
Oakland.....	14	Maricopa.....	1
Contra Costa County—		Los Angeles County.....	10
Antioch.....	1	Claremont.....	1
Martinez.....	2	Long Beach.....	2
Fresno County—		Los Angeles.....	26
Coalinga.....	2	Monrovia.....	1
Fresno.....	1	Venice.....	2

TYPHOID FEVER—Continued.
State Reports for October, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
California—Continued.		Maryland, exclusive of Baltimore city—	
Madera County—		Continued.	
Madera.....	3	Baltimore County—	
Merced County—		Glencoe.....	1
Los Banos.....	1	Fullerton.....	4
Modoc County.....	1	Highlandtown.....	5
Monterey County.....	3	Morrell Park.....	1
Nevada County.....	1	Brooklandville.....	1
Grass Valley.....	1	Arlington.....	1
Nevada City.....	1	Mount Washington.....	3
Orange County—		White Marsh.....	1
Fullerton.....	2	Roland Park.....	3
Newport Beach.....	1	Reisterstown.....	1
Placer County—		St. Agnes Hospital.....	1
Rocklin.....	2	Roslyn.....	1
Sacramento County.....	2	Sparrows Point.....	2
Sacramento.....	22	Glenarm.....	1
San Benito County.....	1	Grays.....	1
San Bernardino County.....	4	Ellicott City R. F. D.....	1
Ontario.....	7	Glyndon.....	1
San Bernardino.....	3	Calvert County—	
San Diego County—		Sunderland.....	1
San Diego.....	1	Broomes Island.....	4
San Francisco County—		Port Republic.....	2
San Francisco.....	19	Frazier.....	1
San Joaquin County.....	2	Olivet.....	1
Stockton.....	6	Caroline County—	
San Luis Obispo County—		Greensboro.....	5
San Luis Obispo.....	1	Ridgely.....	1
Santa Clara County—		Williamsburg R. F. D.....	1
San Jose.....	1	Preston R. F. D.....	1
Sierra County.....	1	Carroll County—	
Siskiyou County—		Westminster.....	2
Etna Mills.....	1	Mount Airy.....	1
Solano County.....	1	Keymar R. F. D.....	1
Sonoma County—		Eldersburg.....	1
Santa Rosa.....	1	New Windsor.....	1
Sebastapol.....	4	Cecil County—	
Stanislaus County.....	1	Charlestown.....	2
Trinity County.....	2	Port Deposit.....	1
Tulare County—		Charles County—	
Dinuba.....	1	La Plata.....	1
Tulare.....	2	Grayton.....	4
Yolo County.....	1	Indian Head.....	5
Yuba County—		Bel Alton.....	1
Marysville.....	2	Newburg.....	1
Total.....	168	Hughesville.....	1
		Newport.....	1
District of Columbia.....	38	Dorchester County—	
		Hills Point.....	1
Louisiana:		Bishops Head.....	1
Beauregard Parish.....	1	Cambridge.....	7
Bienville Parish.....	1	Hurlock.....	2
Calcasieu Parish.....	1	Federalburg R. F. D.....	1
Lincoln Parish.....	1	Rhodesdale.....	1
Plaquemine Parish.....	2	Airey R. F. D.....	1
St. James Parish.....	2	Reids Grove.....	1
St. John Parish.....	1	Vienna.....	4
Tensas Parish.....	1	Williamsburg.....	2
Total.....	10	Taylors Island.....	1
		Frederick County—	
Maryland, exclusive of Baltimore city:		Emmitsburg.....	1
Allegany County—		LeGore.....	1
Lindnerville.....	2	Thurmont.....	1
Lonaconing.....	1	Brunswick.....	6
Westernport.....	2	Walkersville.....	1
Luke.....	2	Frederick.....	1
McCool.....	1	Point of Rocks.....	2
Cumberland.....	3	Garrett County—	
Western Maryland Hospital.....	1	Oakland.....	2
Anne Arundel County—		McHenry.....	1
Brooklyn R. F. D.....	1	Sanatorium, Oakland.....	1
Marley.....	1	Deer Park.....	1
Annapolis.....	1	Jennings.....	2
Churchton.....	1	Chaffee, R. F. D.....	1
United States Naval Hospital.....	1	Harford County—	
Deale.....	3	Emmorton.....	1
South Baltimore.....	7	Havre de Grace.....	1
East Brooklyn.....	1	Pylesville.....	1

TYPHOID FEVER—Continued.

State Reports for October, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Maryland, exclusive of Baltimore city—Continued.		Massachusetts—Continued.	
Howard County—		Bristol County—Continued.	
Ellicott City.....	1	North Attleboro.....	5
Woodstock.....	2	Rehoboth.....	4
Kent County—		Taunton.....	1
Rock Hall.....	1	Westport.....	1
Chestertown.....	1	Essex County—	
Montgomery County—		Amosbury.....	2
Clarkstown.....	3	Andover.....	3
Silver Spring.....	2	Beverly.....	11
Bethesda.....	2	Boxford.....	1
Rockville, R. F. D.....	2	Gloucester.....	1
Prince Georges County—		Haverhill.....	5
Upper Marlboro.....	1	Ipswich.....	1
Mt. Rainier.....	1	Lawrence.....	4
Brentwood.....	1	Lynn.....	15
Bladensburg.....	1	Merrimac.....	1
Mitchellville.....	1	Newburyport.....	1
Ritchie.....	1	Peabody.....	3
Forestville.....	1	Rowley.....	3
Queen Annes County—		Salem.....	1
Queenstown.....	1	Franklin County—	
Sudlersville.....	2	Greenfield.....	7
Burrissville.....	1	Montague.....	5
Queen Annes.....	1	Rowe.....	1
Stevensville.....	4	Hampden County—	
Centreville.....	5	Chicopee.....	6
Fords Store.....	3	Palmer.....	1
Chester, R. F. D.....	1	Springfield.....	11
Chester.....	2	Westfield.....	1
Centreville, R. F. D.....	1	West Springfield.....	1
Somerset County—		Middlesex County—	
Fairmount.....	1	Belmont.....	3
Eden.....	1	Billerica.....	1
Crisfield.....	2	Cambridge.....	14
Westover.....	3	Everett.....	1
Princess Anne.....	2	Frammingham.....	1
Parsonville.....	1	Lowell.....	9
Talbot County—		Malden.....	1
Emergency Hospital, Easton.....	1	Marlborough.....	1
Trappe.....	2	Medford.....	1
Easton.....	6	Natick.....	3
Washington County—		Newton.....	5
Highfield.....	1	Somerville.....	6
Hancock.....	1	Waltham.....	5
Hagerstown.....	2	Watertown.....	1
Smithsburg.....	2	Wayland.....	3
Chewsville.....	3	Woburn.....	5
Brownsville.....	1	Norfolk County—	
Williamsport.....	1	Braintree.....	1
Wicomico County—		Brookline.....	1
Salisbury.....	5	Milton.....	1
Salisbury, R. F. D.....	1	Needham.....	4
Fruitland.....	2	Quincy.....	3
Peninsula General Hospital.....	1	Weymouth.....	14
Nanticoke.....	1	Plymouth County—	
Delmar, R. F. D.....	1	Bridgewater.....	1
Worcester County—		Brockton.....	14
Snow Hill, R. F. D.....	1	Hull.....	2
Showell.....	2	Plymouth.....	2
Total.....	231	Suffolk County—	
Massachusetts:		Boston.....	75
Barnstable County—		Chelsea.....	6
Barnstable.....	1	Winthrop.....	1
Berkshire County—		Worcester County—	
Adams.....	3	Ashburnham.....	8
Florida.....	1	Auburn.....	1
North Adams.....	3	Bolton.....	1
Pittsfield.....	8	Fitchburg.....	3
Richmond.....	1	Gardner.....	5
Bristol County—		Leominster.....	11
Attleboro.....	2	Warren.....	2
Fall River.....	11	Webster.....	2
Mansfield.....	8	Westboro.....	2
New Bedford.....	29	Winchendon.....	1
		Worcester.....	14
		Total.....	398

TYPHOID FEVER—Continued.

State Reports for October, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Michigan:		Michigan—Continued.	
Allegan County—		Manistee County—	
Cheshire Township.....	1	Manistee.....	2
Heath Township.....	2	Mason County—	
Alpena County—		Ludington.....	2
Alpena.....	5	Mecosta County—	
Antrim County—		Martiny Township.....	1
Kearney Township.....	1	Menominee County—	
Barry County—		Menominee.....	1
Assyria Township.....	1	Missaukee County—	
Baltimore Township.....	3	Caldwell Township.....	1
Woodland Township.....	1	Montcalm County—	
Hastings.....	1	Douglass Township.....	1
Benzie County—		Maple Valley Township.....	1
Benzonia.....	1	Greenville.....	1
Thompsonville.....	7	Stanton.....	1
Berrien County—		Newaygo County—	
Benton Harbor.....	1	Denver Township.....	1
Niles.....	3	Oakland County—	
Branch County—		Avon Township.....	1
Girard Township.....	1	Oxford Township.....	1
Bronson.....	1	Royal Oak.....	2
Calhoun County—		Pontiac.....	2
Burlington Township.....	1	Oceana County—	
Convis Township.....	1	Elbridge Township.....	1
Battle Creek.....	2	Newfield Township.....	1
Chippewa County—		Ogemaw County—	
Sault Ste Marie.....	1	Lozan Township.....	1
Crawford County—		West Branch.....	1
Grayling.....	3	Ottawa County—	
Delta County—		Jamestown Township.....	1
Maple Ridge Township.....	1	Wright Township.....	1
Dickinson County—		Holland.....	5
Iron Mountain.....	1	Presque Isle County—	
Eaton County—		Onaway.....	4
Mulliken.....	1	Saginaw County—	
Emmet County—		Albee Township.....	2
Pellston.....	2	Chapin Township.....	3
Petoskey.....	1	Marion Township.....	4
Genesee County—		Zitwaukee Township.....	1
Grand Blanc.....	1	Saginaw.....	5
Flint.....	10	St. Clair County—	
Gladwin County—		Cottrellville Township.....	1
Beaverton Township.....	2	Marine City.....	1
Gogebic County—		Sanilac County—	
Ironwood.....	3	Worth Township.....	1
Grafton County—		Sandusky.....	1
Lafayette Township.....	3	Shiawassee County—	
Pine River Township.....	1	Owosso.....	1
Ithaca.....	1	Tuscola County—	
Hillsdale County—		Cass City.....	1
Hillstale.....	7	Van Buren County—	
Ingham County—		Gobleville.....	2
Delhi Township.....	1	Washtenaw County—	
Meridian Township.....	1	Salem Township.....	1
Lansing.....	2	Ann Arbor.....	4
Ionia County—		Wayne County—	
Belding.....	1	Northville Township.....	4
Isabella County—		St. Clair Heights.....	2
Notlaw Township.....	1	Detroit.....	49
Kalamazoo County—		Wyandotte.....	4
Comstock Township.....	1	Wexford County—	
Kent County—		Boon Township.....	1
Grafton Township.....	1	Greenwood Township.....	1
Wyoming Township.....	7	Cadillac.....	1
Kent City.....	8	Total.....	238
Rockford.....	2		
Sparta.....	1		
Grand Rapids.....	10		
Lake County—		Minnesota:	
Luther.....	1	Aitkin County—	
Lapeer County—		Hill City.....	1
Lapeer.....	2	Glory Township.....	1
Livingston County—		Anoka County—	
Howell.....	2	Anoka.....	3
Macomb County—		Blaine Township.....	1
New Baltimore.....	1	Ramsey Township.....	1
Mount Clemens.....	2		

TYPHOID FEVER—Continued.

State Reports for October, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Minnesota—Continued.		Minnesota—Continued.	
Becker County—		Polk County—	
Lake Park.....	1	Crookston.....	1
White Earth Township.....	1	Erskine.....	1
Beltrami County—		Fisher.....	1
Red Lake.....	1	McIntosh.....	3
Spooner.....	1	Nesbit Township.....	3
Tenstrike Center.....	1	Pope County—	
Big Stone County—		Glenwood.....	1
Barry.....	1	Lowry.....	1
Blue Earth County—		Ramsey County—	
Mankato.....	2	St. Paul.....	33
Brown County—		Red Lake County—	
Springfield.....	1	Garness Township.....	1
Cass County—		Poplar River Township.....	1
Backus.....	1	Rice County—	
Chippewa County—		Erin Township.....	1
Woods Township.....	1	Faribault.....	34
Clearwater County—		Rock County—	
Itasca Township.....	1	Luverne.....	1
Crow Wing County—		St. Louis County—	
Brainerd.....	1	Buhl.....	1
Crosby.....	1	Duluth.....	18
Dakota County—		Ely.....	2
Burnsville Township.....	1	Eveleth.....	1
Rosemount Township.....	2	Hibbing.....	2
South St. Paul.....	1	Pineville Township.....	1
West St. Paul.....	2	Tower.....	3
Dodge County—		Virginia.....	5
West Concord.....	1	Winton.....	2
Douglas County—		Scott County—	
Alexandria.....	2	Belle Plaine Borough.....	5
Carlos.....	1	Stearns County—	
Freeborn County—		Holding Township.....	2
Albert Lea.....	1	Kimball Prairie.....	1
London Township.....	1	Swift County—	
Goodhue County—		Appleton.....	2
Red Wing.....	1	Benson.....	1
Grant County—		Clontarf.....	1
Ashby.....	1	Danvers.....	1
Hennepin County—		Todd County—	
Minneapolis.....	34	Staples.....	1
Hubbard County—		Traverse County—	
Park Rapids.....	1	Monson Township.....	1
Itasca County—		Wadena County—	
Deer River.....	6	Wadena.....	2
Nashauk.....	1	Washington County—	
Kanabec County—		Stillwater.....	5
Mora.....	1	Watsonwan County—	
Lac Qui Parle County—		St. James.....	1
Dawson.....	2	Winona County—	
Marietta.....	1	Utica.....	1
Lake County—		Winona.....	1
Two Harbors.....	2	Yellow Medicine County—	
Le Sueur County—		Granite Falls.....	1
Le Sueur Center.....	1		
Lyon County—		Total.....	246
Marshall.....	1		
Marshall County—		Mississippi:	
Warren.....	1	Adams County.....	4
Moylan Township.....	1	Alcorn County.....	8
Martin County—		Amite County.....	3
Sherburne.....	1	Attala County.....	21
Mower County—		Bollivar County.....	26
Austin.....	3	Calhoun County.....	22
Waltham.....	1	Carroll County.....	5
Norman County—		Chickasaw County.....	32
Ada.....	1	Choctaw County.....	7
Lockhart Township.....	1	Clarke County.....	3
Otter Tail County—		Clay County.....	7
Fergus Falls.....	1	Coahoma County.....	22
Maplewood Township.....	1	Copolah County.....	2
Pennington County—		Covington County.....	1
Black River Township.....	1	De Soto County.....	15
St. Hilaire.....	1	Forrest County.....	6
Thief River Falls.....	4	Franklin County.....	22
Pine County—		George County.....	4
Pine City.....	1	Greene County.....	4

TYPHOID FEVER—Continued.

State Reports for October, 1914—Continued.

Places.	New cases reported	Places.	New cases reported.
Mississippi—Continued.		New Jersey—Continued.	
Grenada County	8	Union County	6
Hancock County	4	Warren County	2
Harrison County	18	Total	283
Hinds County	6		
Holmes County	17	South Carolina:	
Issaquena County	3	Abbeville County	3
Itawamba County	14	Aiken County	3
Jackson County	4	Charleston County	9
Jasper County	1	Cherokee County	3
Jefferson County	2	Chester County	1
Jefferson Davis County	4	Clarendon County	2
Jones County	28	Dillon County	3
Kemper County	7	Florence County	1
Lafayette County	23	Greenville County	7
Lauderdale County	39	Marion County	3
Lawrence County	2	Newberry County	2
Leake County	3	Oconee County	1
Lee County	43	Orangeburg County	2
Leflore County	9	Richland County	10
Lincoln County	9	Spartanburg County	29
Lowndes County	3	Sumter County	5
Madison County	8	Union County	2
Marion County	6	York County	1
Marshall County	20	Total	87
Monroe County	15		
Montgomery County	4	Virginia:	
Neshoba County	3	Albemarle County	4
Newton County	2	Alexandria County	2
Noxbee County	24	Alleghany County	2
Oktibbeha County	2	Amelia County	2
Panola County	18	Amherst County	2
Pearl River County	8	Appomattox County	1
Perry County	5	Augusta County	10
Pike County	10	Bath County	1
Pontotoc County	15	Bedford County	6
Prentiss County	8	Bland County	2
Scott County	9	Botetourt County	2
Simpson County	12	Brunswick County	3
Smith County	6	Buckingham County	3
Sunflower County	33	Campbell County	3
Tallahatchie County	9	Caroline County	5
Tate County	16	Carroll County	4
Tippah County	29	Chesterfield County	3
Tishomingo County	12	Clarke County	2
Tunica County	6	Culpeper County	4
Union County	11	Dickerson County	2
Warren County	1	Dinwiddie County	3
Washington County	20	Elizabeth City County	2
Wayne County	1	Essex County	2
Wilkinson County	3	Fairfax County	3
Winston County	20	Fauquier County	11
Yalobusha County	10	Floyd County	7
Yazoo County	4	Franklin County	6
Walthall County	3	Frederick County	1
Total	823	Giles County	1
		Gloucester County	4
New Jersey:		Grayson County	6
Atlantic County	28	Greensville County	7
Bergen County	13	Hallix County	8
Burlington County	31	Hanover County	10
Camden County	20	Henrico County	10
Cape May County	4	Henry County	20
Cumberland County	13	Isle of Wight County	5
Essex County	36	James City County	1
Gloucester County	6	King and Queen County	4
Hudson County	64	King George County	3
Hunterdon County	1	Lancaster County	3
Mercer County	8	Lee County	21
Middlesex County	19	Loudoun County	5
Monmouth County	12	Lunenburg County	2
Morris County	7	Madison County	1
Ocean County	1	Mathews County	1
Passaic County	9	Mecklenburg County	5
Salem County	2	Middlesex County	5
Somerset County	0	Montgomery County	14
Sussex County	1		

TYPHOID FEVER—Continued.

State Reports for October, 1914—Continued.

Places.	New cases reported.	Places.	New cases reported.
Virginia—Continued.		Wisconsin:	
Nansemond County.....	11	Barron County.....	1
Nelson County.....	4	Bayfield County.....	1
New Kent County.....	2	Brown County.....	20
Norfolk County.....	4	Buffalo County.....	1
Northampton County.....	5	Dane County.....	2
Nottoway County.....	5	Douglas County.....	10
Orange County.....	1	Florence County.....	1
Page County.....	3	Fond du Lac.....	4
Patrick County.....	3	Forest County.....	2
Pittsylvania County.....	2	Grant County.....	1
Prince Edward County.....	3	Green County.....	2
Prince George County.....	1	Iron County.....	1
Prince William County.....	4	Jefferson County.....	1
Princess Anne County.....	4	Kenosha County.....	2
Pulaski County.....	2	La Crosse County.....	3
Rappahannock County.....	1	Langlade County.....	1
Richmond County.....	2	Marinette County.....	3
Roanoke County.....	7	Milwaukee County.....	14
Rockbridge County.....	4	Oconto County.....	4
Rockingham County.....	6	Oneida County.....	3
Russell County.....	10	Outagamie County.....	4
Scott County.....	15	Polk County.....	1
Shenandoah County.....	2	Racine County.....	1
Smyth County.....	9	St. Croix County.....	2
Southampton County.....	12	Sheboygan County.....	2
Spotsylvania County.....	3	Vernon County.....	2
Stafford County.....	3	Walworth County.....	2
Surry County.....	1	Waukesha County.....	1
Sussex County.....	4	Waupaca County.....	1
Tazewell County.....	7	Winnebago County.....	3
Warren County.....	5	Wood County.....	5
Washington County.....	13	Columbia County.....	1
Wise County.....	20	Green Lake County.....	1
Wythe County.....	11		
York County.....	1	Total.....	103
Total.....	420		

City Reports for Week Ended Nov. 7, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Ann Arbor, Mich.....	4		Hartford, Conn.....	5	
Atlantic City, N. J.....	1		Haverhill, Mass.....	2	
Auburn, N. Y.....	1	1	Johnstown, Pa.....		1
Baltimore, Md.....	16	7	Jersey City, N. J.....	2	
Boston, Mass.....	13		Kansas City, Kans.....	2	
Brookton, Mass.....	2	1	Kokomo, Ind.....	4	
Buffalo, N. Y.....	6	3	La Crosse, Wis.....	2	
Cambridge, Mass.....	1		Lexington, Ky.....	1	
Camden, N. J.....	2		Little Rock, Ark.....	1	
Charleston, S. C.....	6	1	Los Angeles, Cal.....	8	1
Chelsea, Mass.....	1		Lowell, Mass.....	3	1
Chicago, Ill.....	29	2	Lynchburg, Va.....	1	
Chicopee, Mass.....	1		Lynn, Mass.....	2	2
Cincinnati, Ohio.....	6		Manchester, N. H.....	2	
Cleveland, Ohio.....	9	1	Melrose, Mass.....	1	
Concord, N. H.....	1		Milwaukee, Wis.....	4	1
Cumberland, Md.....	1		Muscatine, Iowa.....		1
Danville, Ill.....	1	1	Nashville, Tenn.....	13	1
Dayton, Ohio.....	1	1	Newark, N. J.....	2	
Detroit, Mich.....	11	1	New Bedford, Mass.....	5	1
Duluth, Minn.....	3	1	New Orleans, La.....	10	2
Erie, Pa.....	1		Newport, Ky.....	1	1
Evansville, Ind.....	2	1	New York, N. Y.....	55	5
Fall River, Mass.....	2		Norfolk, Va.....	2	1
Fitchburg, Mass.....	1		Norristown, Pa.....	3	
Grand Rapids, Mich.....	4		North Adams, Mass.....	3	
Harrisburg, Pa.....	6		Passaic, N. J.....	1	

TYPHOID FEVER—Continued.

City Reports for Week Ended Nov. 7, 1914—Continued.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Pawtucket, R. I.....	1	1	Schenectady, N. Y.....	2	.....
Philadelphia, Pa.....	9	2	Seattle, Wash.....	6	.....
Pittsburgh, Pa.....	5	3	South Bend, Ind.....	1	.....
Portland, Oreg.....	.....	1	Springfield, Ill.....	1	1
Providence, R. I.....	5	1	Springfield, Mass.....	2	.....
Reading, Pa.....	7	2	Toledo, Ohio.....	3	2
Richmond, Va.....	2	.....	Washington, D. C.....	10	.....
Roanoke, Va.....	11	1	Wheeling, W. Va.....	2	.....
Rochester, N. Y.....	8	1	Wilkes-Barre, Pa.....	3	.....
Sacramento, Cal.....	5	.....	Wilkinsburg, Pa.....	1	.....
St. Louis, Mo.....	11	2	Wilmington, N. C.....	1	.....
San Diego, Cal.....	1	1	Worcester, Mass.....	2	.....
San Francisco, Cal.....	4	.....	York, Pa.....	1	.....
San Juan, P. R.....	12	.....		

From Spain.

TYPHUS FEVER.

New York—New York City.

During the week ended November 7, 1914, a case of typhus fever was notified at New York, N. Y.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

Gloucester, Mass.—Diphtheria and Scarlet Fever.

Acting Asst. Surg. Hallett reported November 19, 1914, that 25 cases of diphtheria and 7 cases of scarlet fever were present in Gloucester, Mass.

St. Louis, Mo.—Diphtheria.

Surg. White reported by telegraph November 20, 1914, that on that day 27 cases of diphtheria had been notified in St. Louis, Mo., making a total of 480 cases of the disease then present in the city.

State Reports for October, 1914.

States.	Cases reported.			States.	Cases reported.		
	Diphtheria.	Measles	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
California.....	345	1,085	336	Minnesota.....	584	21	191
District of Columbia.....	41	13	19	Mississippi.....	207	106	38
Louisiana.....	24	16	9	New Jersey.....	866	.....	319
Maryland, exclusive of Baltimore City.....	106	15	68	South Carolina.....	353	4	43
Massachusetts.....	1,074	393	514	Virginia.....	639	.....	221
Michigan.....	616	103	310	Wisconsin.....	312	97	172

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

City Reports for Week Ended Nov. 7, 1914.

Cities.	Popula- tion as of July 1, 1914 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.	579,590	183	36	1	1	7	18	19		
Boston, Mass.	733,802	186	95	2	111	51	52	17		
Chicago, Ill.	2,393,325	528	175	23	8	38	154	60		
Cleveland, Ohio.	639,431	133	83	5	2	5	32	16		
Detroit, Mich.	537,650	141	71	2	2	31	12	11		
New York, N. Y.	5,333,537	1,236	291	19	104	2	119	170		
Philadelphia, Pa.	1,657,810	439	82	5	21	2	41	79		
Pittsburgh, Pa.	564,878	156	57	5	63	2	73	48		
St. Louis, Mo.	734,667	197	115	8	5	44	39	15		
From 300,000 to 500,000 inhabit- ants:										
Buffalo, N. Y.	454,112	96	17	2	2	18	8			
Cincinnati, Ohio.	402,175	125	37	2	2	11	20	16		
Los Angeles, Cal.	438,914	105	18	1	4	19	43	14		
Milwaukee, Wis.	417,054	85	46	4	2	20	14	13		
Newark, N. J.	389,106	106	31	2	8	17	46	9		
New Orleans, La.	361,221	139	80	3	3	24	18			
San Francisco, Cal.	448,502	135	23	1	150	2	18	9		
Washington, D. C.	253,378	112	21	1	9	1	24	18		
From 200,000 to 300,000 inhabit- ants:										
Jersey City, N. J.	293,921	74	40	1	1	13	11	1		
Portland, Oreg.	260,601	33	10	1	2	1	5	4		
Providence, R. I.	245,090	49	14	1	4	17	2	2		
Rochester, N. Y.	241,518	59	13	1	1	10	1	13		
Seattle, Wash.	313,029	43	2	1	1	1	9	5		
From 100,000 to 200,000 inhabit- ants:										
Cambridge, Mass.	110,357	25	6	1	3	7	5	2		
Camden, N. J.	162,465	4	4	12	1	1	4	2		
Dayton, Ohio.	123,794	80	10	9	10	7	3	4		
Fall River, Mass.	125,443	35	6	2	1	6	3	4		
Grand Rapids, Mich.	123,227	31	5	1	2	4	2	3		
Hartford, Conn.	107,038	39	8	1	2	3	5	2		
Lowell, Mass.	111,004	32	1	1	1	1	8	4		
Nashville, Tenn.	114,899	37	9	2	2	2	7	4		
New Bedford, Mass.	111,230	34	6	2	2	6	6	3		
Reading, Pa.	103,361	32	3	1	1	2	4	1		
Richmond, Va.	134,917	40	15	1	1	5	4	8		
Springfield, Mass.	100,375	27	7	4	1	1	3	1		
Tacoma, Wash.	103,418	1	1	2	2	2	1	1		
Toledo, Ohio.	184,126	55	15	1	8	3	3	4		
Trenton, N. J.	106,831	42	6	1	1	2	4	2		
Worcester, Mass.	157,732	32	7	1	1	1	7	3		
From 50,000 to 100,000 inhabit- ants:										
Altoona, Pa.	56,553	15	3	1	1	1	1	2		
Atlantic City, N. J.	53,952	11	1	1	1	1	1	1		
Bayonne, N. J.	65,271	7	7	1	1	1	5	1		
Binghamton, N. Y.	52,191	21	7	1	1	2	2	1		
Brockton, Mass.	64,043	14	5	1	1	1	1	1		
Charleston, S. C.	60,121	35	2	1	1	1	1	1		
Duluth, Minn.	89,331	10	10	1	1	1	1	4		
Erie, Pa.	72,401	8	8	8	8	4	2	2		
Evansville, Ind.	71,284	16	8	1	1	4	1	2		
Harrisburg, Pa.	69,493	19	4	1	1	1	5	1		
Johnstown, Pa.	64,642	9	9	1	1	1	1	1		
Kansas City, Kans.	94,271	4	7	1	1	1	2	3		
Little Rock, Ark.	53,811	30	1	1	1	1	1	1		
Lynn, Mass.	98,207	18	10	1	1	4	2	2		
Manchester, N. H.	75,635	28	3	1	1	1	1	1		
Mobile, Ala.	55,513	19	4	1	1	3	4	2		
Norfolk, Va.	86,540	17	6	1	1	1	4	1		
Passaic, N. J.	66,276	12	1	1	1	1	1	1		
Pawtucket, R. I.	56,901	10	7	3	1	5	2	2		
Saginaw, Mich.	53,988	13	3	1	9	1	2	1		
Schenectady, N. Y.	90,503	13	3	1	1	1	1	1		
South Bend, Ind.	65,114	13	9	1	1	2	1	3		
Springfield, Ill.	57,972	22	9	1	1	2	1	3		
Springfield, Ohio.	50,068	13	6	1	1	1	2	1		
Wilkes-Barre, Pa.	73,660	19	5	2	2	1	2	1		

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—Con.

City Reports for Week Ended Nov. 7, 1914—Continued.

Cities.	Popula- tion as of July 1, 1914 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 25,000 to 50,000 inhabit- ants:										
Alameda, Cal.	26,330	5	1		6		1		2	
Auburn, N. Y.	36,509	13							1	1
Aurora, Ill.	33,022	5	8				1			
Austin, Tex.	33,218	7	7				1			
Brookline, Mass.	31,138	6	4						2	1
Butte, Mont.	41,781	15			1				2	3
Chelsea, Mass.	32,452	6	6		1		2		2	2
Chicopee, Mass.	28,057	11	7	3	1		1		3	2
Danville, Ill.	30,847	14	2							1
Elmira, N. Y.	37,816		4	2			1			
Everett, Mass.	37,381	6	1		8					
Fitchburg, Mass.	40,507	4		1					2	
Galveston, Tex.	40,289	5	5							1
Haverhill, Mass.	47,071	12	1		6		5		2	2
Kalamazoo, Mich.	45,842	12	2							
La Crosse, Wis.	31,367	12	2							2
Lancaster, Pa.	49,685		10		1				1	
Lexington, Ky.	38,819	10	2	1						
Lynchburg, Va.	31,830	11	1				3		1	1
Malden, Mass.	48,979	15	22	1			3			1
Medford, Mass.	25,240	6	1							
Moline, Ill.	26,102	10	1				2			
Newcastle, Pa.	39,563		3		1		3			
Newport, Ky.	31,517	9	1	1			3			
Newton, Mass.	42,455	5					8			
Niagara Falls, N. Y.	35,127	9	1		1					
Norristown, Pa.	30,265	12	1							
Orange, N. J.	31,968	9	3				3		5	2
Pasadena, Cal.	40,880	6	1				1			2
Portsmouth, Va.	37,569	9	3							
Racine, Wis.	44,528	11								
Roanoke, Va.	40,574	13	30	2	1					1
Sacramento, Cal.	62,717	18	1	1	7		2	1	1	
San Diego, Cal.	48,900	7	4		1				6	6
South Omaha, Nebr.	26,368	5								
Superior, Wis.	44,344	11					2			
Taunton, Mass.	35,631	10					1		1	2
Waltham, Mass.	29,688	8	3							
West Hoboken, N. J.	40,647		5		2					1
Wheeling, W. Va.	42,817	10	12	1			1		1	
Wilmington, N. C.	27,781	13		3			2		2	1
York, Pa.	49,430		4						4	
Zanesville, Ohio.	29,949		3				2			
Less than 25,000 inhabitants:										
Ann Arbor, Mich.	14,948	5					4		5	
Beaver Falls, Pa.	13,100		1							
Braddock, Pa.	20,835						4			
Cairo, Ill.	15,392	10	1							1
Cambridge, Ohio.	12,640	2								
Clinton, Mass.	13,075	1								
Coffeyville, Kans.	15,982		1							1
Concord, N. H.	22,291	7								
Cumberland, Md.	23,846	6	1				4	1	8	1
Dunkirk, N. Y.	19,607	2			1					
Florence, S. C.		2	2				1			1
Galesburg, Ill.	23,570		1				1			
Grand Haven, Mich.		2								
Kearny, N. J.	21,967	8			2		5		2	
Ketchikan, Alaska		1								
Key West, Fla.	21,150	4	1							
Kokomo, Ind.	19,694	6	6		1		1			1
Marionette, Wis.	11,610	3					5			
Massillon, Ohio.	14,912	5			6		1			
Melrose, Mass.	16,887	1	12							
Montclair, N. J.	24,782	5	2				1		1	
Morristown, N. J.	13,033	4								
Muncie, Ind.	24,969	7								
Muscatine, Iowa.	17,074	6								

FOREIGN REPORTS.

AUSTRALIA.

Leprosy—New South Wales.¹

The following information was taken from the report on leprosy of the board of health of New South Wales for the year 1912:

On January 1, 1912, there remained under detention at the lazaretto 18 persons.

During the year 1912, 5 persons were reported to the board as suspected of leprosy, and of this number 4 were duly certified as lepers and admitted to the lazaretto. One death occurred during the year in the person of a native of Hawaii, admitted in 1906, and one patient was discharged. On December 31, 1912, there remained under detention for leprosy 20 persons.

The notification of leprosy was made compulsory and the detention of lepers provided for toward the end of the year 1890.

The total number of persons admitted to the lazaretto since 1883, when lepers were first received, is 128, as shown by the following table, taken from the report above referred to:

	Admitted.	Died.	Dis- charged.	Repa- triate ⁴ .	Remaining Dec. 31, 1912.
Whites, of European descent:					
New South Wales.....	31	20	5		6
Victoria.....	1				1
Queensland.....	1	1			
New Zealand.....	1				
Fiji.....	2	1			1
England.....	8	5	2		1
Ireland.....	5	3	1		1
Germany.....	2	2			
Belgium.....	1	1			
Greece.....	1			1	
United States of America.....	1	1			
Mongolian, Polynesian, etc.:					
China.....	50	15		52	3
India.....	3	2	² 1		
West Indies.....	1		³ 1		
Java.....	1				1
Pacific Islands.....	14	5		4	5
New Caledonia.....	1	1			
Zanzibar.....	1		⁴ 1		
Egypt.....	1			1	
Syria.....	2			1	1
Total.....	128	58	11	39	20

¹ For report on leprosy in New South Wales for the year 1911, see Public Health Reports, Vol. 27, Nov. 15, 1912, p. 1870.

² Absconded.

³ In 1885.

⁴ To Hongkong at own request.

Smallpox—New South Wales.

During the period from October 9 to 15, 1914, 16 cases of smallpox were notified in New South Wales. Of these, 12 occurred within the metropolitan area of Sydney and 4 at Yaas, a country town.

CHINA.**Typhus Fever—Antung.**

During the week ended October 4, 1914, a case of typhus fever was notified at Antung.

Cholera—Plague—Plague Rats—Hongkong.

Cholera and plague have been notified at Hongkong as follows: Week ended October 3, 1914—cholera, 1 fatal case; two weeks ended September 26, 1914—plague, 6 cases with 6 deaths.

During the four weeks ended October 10, 1914, 6,864 rats were examined for plague infection. Four plague-infected rats were found.

Plague—Plague Rats—Shanghai.

During the week ended October 10, 1914, 4 deaths from plague were notified at Shanghai. During the period from October 4 to 17, 1914, 621 rats were examined. Ten plague-infected rats were found.

Plague—Prevention Work—Shanghai.

The following is a summary of plague-prevention work at Shanghai for the month of September, 1914:

	District.				Total.
	Central	Northern.	Eastern.	Western.	
Rats found dead and brought to the laboratory for examination.....	295	361	185	161	1,002
Rats plague infected.....		11			11
Human plague cases.....		2			2
Traps in operation.....	3,600	3,200	2,500	1,400	10,700
Rats trapped and burnt.....	4,464	4,682	4,050	2,211	15,407
Poisoned baits laid.....	176,000	184,250	96,400	73,400	530,050
Houses temporarily rat proofed and disinfected under notice to occupier.....		72	3		75
Houses rat proofed under notice to owner.....	1	165	6	8	180
Persons vaccinated against plague.....					

EGYPT.**Typhus Fever—Alexandria.**

During the week ended October 14, 1914, 2 cases of typhus fever were notified at Alexandria.

GREAT BRITAIN.**Examination of Rats—Liverpool.**

During the two weeks ended October 24, 1914, 581 rats were examined at Liverpool. No plague-infected rat was found. The total number of rats examined from July 25 to October 24, 1914, was 2,663. No plague infection was found.

GREECE.**Typhus Fever—Saloniki.**

During the two weeks ended October 17, 1914, 6 deaths from typhus fever were notified at Saloniki.

ITALY.**Quarantine Against Lisbon.**

Vessels arriving at Italian ports from Lisbon, Portugal, were made subject, October 11, 1914, to measures against plague.

JAPAN.**Typhus Fever—Hakodate.**

During the week ended October 10, 1914, 3 cases of typhus fever were notified at Hakodate.

JAVA.**Status of Plague.**

Plague was notified in east Java during the month of August, 1914, as follows:

Districts.	Cases.	Deaths.
Kediri.....	759	663
Madioen.....	201	175
Pasoeroean.....	626	535
Surabaya.....	89	83
Total.....	1,675	1,456

MEXICO.**Yellow Fever—Yucatan.**

Yellow fever has been notified in Mexico as follows: Merida, State of Yucatan, week ended November 6, 1914, 2 cases with 2 deaths; interior of State, week ended November 13, 1914, 2 cases.

SPAIN.**Typhoid Fever—Barcelona.**

An epidemic of typhoid fever was reported at Barcelona November 3, 1914.

TURKEY.

Typhus Fever—Beirut.

During the week ended October 17, 1914, a case of typhus fever was notified at Beirut.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

Reports Received During Week Ended Nov. 27, 1914.

[From medical officers of the Public Health Service, American consuls, and other sources.]

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
China:				
Hongkong.....	Sept. 27-Oct. 3....	1	1	
Dutch East Indies:				
Celebes—				
Macassar.....	Aug. 23-Sept. 12..	63	56	
Java—				
Batavia.....	Aug. 22-Sept. 19..	13	9	
Samarang.....	Aug. 30-Sept. 12..	1	1	
Sumatra—				
Palembang.....	Aug. 23-Sept. 19..	89	48	
India:				
Bombay.....	Sept. 20-Oct. 10..	9	5	
Calcutta.....	Aug. 30-Oct. 3....		51	
Madras.....	Sept. 20-Oct. 10..	256	204	
Rangoon.....	Aug. 1-31.....	4	4	
Indo-China:				
Saigon.....				And vicinity, Sept. 8-14: Cases, 4; deaths, 3.
Philippine Islands:				
Manila.....	Sept. 27-Oct. 3....	23	8	
Straits Settlements:				
Singapore.....	Sept. 6-19.....	2	1	

YELLOW FEVER.

Mexico:				
Yucatan.....	Nov. 7-13.....	2		In the interior.
Merida.....	do.....	2	2	

PLAGUE.

Brazil:				
Bahia.....	Oct. 11-24.....	7	/	
Ceylon:				
Colombo.....	Sept. 20-Oct. 3....	10	11	
China:				
Hongkong.....	Sept. 12-26.....	6	6	
Shanghai.....	Oct. 5-11.....		4	
Dutch East Indies:				
Java—				
Provinces.....				Total, Aug. 11-3: Cases, 1,675; deaths, 1,456.
Kediri.....	Aug. 1-31.....	759	663	
Madjoen.....	do.....	201	175	
Pasocrocan.....	do.....	626	535	
Surabaya.....	do.....	89	83	
Egypt:				
Port Said.....	Oct. 15-21.....	1		
Keneh province.....	Oct. 14.....	2	2	
India:				
Bombay.....	Sept. 20-Oct. 10..	22	20	
Rangoon.....	Aug. 1-31.....	150	137	
Indo-China:				
Saigon.....				And vicinity, Sept. 8-28: Cases, 28; deaths, 2.
Peru:				
Callao.....				Oct. 1-15: Cases, 2.
Portugal:				
Lisbon.....				Oct. 16: The 8 cases reported Oct. 9 proved fatal.
Straits Settlements:				
Singapore.....	Sept. 13-19.....	1	1	
Union of South Africa:				
Queenstown and Tarka.....				Total, Sept. 24-Oct. 5: Cases, 29; deaths, 24. 1 fatal case, a European. All pneumonic.

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

Reports Received During Week Ended Nov. 27, 1914—Continued.

SMALLPOX.

Places.	Date.	Cases.	Deaths.	Remarks.
Australia: Sydney				Oct. 2-8: Cases, 13 in the metropolitan area and 23 cases in the country districts.
Brazil: Rio de Janeiro	Sept. 27-Oct. 17...	602	160	
Canada: Montreal	Nov. 8-14	5	2	
Winnipeg	Nov. 1-7	2		
Canary Islands: Santa Cruz	Oct. 11-24	3		
Ceylon: Colombo	Sept. 20-Oct. 3	40	2	
China: Newchwang	Oct. 4-17			Prevalent.
Shanghai	Sept. 28-Oct. 18		8	
Cuba: Habana	Nov. 18-19	2		Total to Nov. 19: Cases, 3; deaths, 2.
Dutch East Indies: Borneo	Aug. 30-Sept. 12	180	130	In the western part.
Java				Aug. 23-Sept. 19: Cases, 890; deaths, 136. In the central part: Cases, 29; deaths, 8.
Batavia	Aug. 23-Sept. 19	53	9	
Egypt: Alexandria	Oct. 8-14	8	2	
India: Bombay	Sept. 20-Oct. 3	4	4	
Calcutta	Aug. 30-Oct. 3		14	
Madras	Sept. 20-Oct. 3	4		
Rangoon	Aug. 1-31	2	1	
Japan: Nagasaki	Oct. 12-18	1		
Mexico: Chihuahua	Oct. 26-Nov. 8	10	9	
Vera Cruz	Oct. 25-31	1		
Peru: Callao	Oct. 8			Present.
Russia: Libau	Oct. 12-18	1		
Moscow	Sept. 27-Oct. 10	2	1	
Petrograd (St. Petersburg)	Sept. 13-Oct. 3	104	29	

Reports Received from June 27 to Nov. 20, 1914.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary: Bohemia— Prague				Sept. 25, 1 case in Zinzkov, suburb.
Hungary				Sept. 23, present in 5 localities.
Budapest	Sept. 26-Oct. 10	5	3	Oct. 1-3: Cases, 378. Oct. 24: Present in Carinthia, Carniola, and Moravia Provinces.
Lower Austria— Vienna	Sept. 13-Oct. 3	12		Oct. 8, still present.
Ceylon: Colombo	June 14-20	1	1	
Uda Pusselawa, district	June 7-13			Present in Kumbalagamuwa and the neighboring tea estates.

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

Reports Received from June 24 to Nov. 20, 1914—Continued.

CHOLERA—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy.....	Aug. 23-Sept. 12..	1	1	
Kulangsu.....	Aug. 1.....	1		
Hankow.....	July 12-18.....	1		From up-country districts.
Chaochowfu.....	July 4.....			Present.
Canton.....	Jan. 1-Apr. 30.....	4		
Hongkong.....	May 17-23.....	1	1	
Dutch East Indies:				
Celebes.....	July 19-Aug. 1.....	85	85	June 6-13: In Bali and Lombok.
Macassar.....	July 12-Aug. 22.....	75	66	Cases, 44; deaths, 23.
Java—				
Batavia.....	June 28-July 18.....	2	2	Sept. 22, epidemic.
Moluccas—				
Menado.....	June 21-27.....	42	14	
Sumatra—				
Palembang.....	Aug. 2-22.....	42	20	
Greece:				
Piræus.....				
Surgun, Tschadalza.....	July 22.....	1		Oct. 15: Cases, 1, from Gallipoli.
Viza.....	do.....	1		Village.
India:				
Bassein.....	Apr. 26-June 29.....	84	65	
Bombay.....	May 17-Sept. 19.....		171	
Calcutta.....	May 10-Aug. 29.....		269	
Cocanada.....	July 18-Aug. 21.....	16	34	
Kashmir, Province.....				Endemic. Aug. 18, increasing.
Madras.....	May 31-Sept. 19.....	804	572	Epidemic from Aug. 15.
Moulmein.....	June 7-13.....	1	1	
Negapatam.....	May 14-Aug. 27.....	31	31	
Rangoon.....	Apr. 1-June 30.....	25	24	Aug. 2-Sept. 5, present.
Indo-China:				
Baria.....	July 1-31.....	15	15	Jan. 1-July 31: Cases, 241; deaths, 136.
Battambang.....	June 11-July 31.....	5	5	
Cholon.....	July 1-31.....	6	3	
Hanoi.....	May 1-July 31.....	2		
Saigon.....	Jan. 1-July 31.....	8	5	Saigon and vicinity, June 2-
Soc Trang.....	May 10-20.....	3	3	Sept. 7: Cases, 45; deaths, 20.
Soairiang.....	July 1-31.....	1	1	
Travinh.....	Jan. 1-July 31.....	43	27	
Japan:				
Karatsu.....	Oct. 2.....	2		Coaling station 50 miles from Nagasaki, see P. H. R. Oct. 9, 1914, p. 2731.
Persia:				
Anzali.....	June 15.....	1		
Philippines Islands:				
Manila:				
Manila.....	July 4-Sept. 26.....	329	186	First quarter, 1914: Cases, 49; deaths, 27.
Provinces:				
				First quarter, 1914: Cases, 519; deaths, 392. Total July 4-Aug. 27: Cases, 369; deaths, 239.
				Total Aug. 7: Case, 1; death, 1.
Bataan:				
Orani.....	Aug. 7.....	1	1	
Rizol.....				
Malaban.....	July 4-Aug. 27.....	18	7	Total July 4-Aug. 27: Cases, 77; deaths, 44.
Pateros.....	July 7-Aug. 2.....	3		
S. P. Macati.....	July 12-20.....	6	2	
Pasay.....	July 16-Aug. 19.....	6	2	
Pasig.....	July 17-19.....	4	3	
Laspinas.....	July 21.....	1		
Paranaque.....	do.....	1	1	
Navotas.....	July 26-Aug. 27.....	19	19	
Caloocan.....	Aug. 1-25.....	6	2	
Jalajala.....	Aug. 17-23.....	13	8	
Bulacan:				
Paombong.....	July 21-Aug. 17.....	21	17	Total July 21-Aug. 27: Cases, 241; deaths, 165.
Calumpit.....	July 21-Aug. 23.....	18	14	
Baliuag.....	July 21.....		1	
Hagonoy.....	July 23-Aug. 27.....	129	77	
Meycauayan.....	July 25.....	5	3	
Polo.....	Aug. 2-25.....	9	9	
Obando.....	Aug. 3-27.....	12	9	
Malolos.....	Aug. 10-27.....	44	34	
Bulacan.....	Aug. 16-22.....	2	2	
Bocaue.....	Aug. 23.....	1		

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from June 27 to Nov. 20, 1914—Continued.****CHOLERA—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands—Contd.				
Provinces—Continued.				
Cavite	.....	.....	.....	Total Aug. 1-7: Cases, 5; deaths, 6.
Cavite	July 9-Aug. 7	4	5	
Imus	Aug. 1	1	1	
Iloilo	.....	.....	.....	Total July 20: Case, 1.
Iloilo	July 20	2		
Pampanga	.....	.....	.....	Total Aug. 6-27: Cases, 37;
Minalin	Aug. 6-7	2	2	deaths, 19.
Masantol	Aug. 7-25	27	15	
Macabebe	Aug. 8-27	7	1	
Apalit	Aug. 10	1	1	
Pangasinan	.....	.....	.....	Total Aug. 23: Cases, 4; deaths, 3.
Binalonan	Aug. 23	4	3	
Tayabas	.....	.....	.....	Total Aug. 3: Cases, 2.
Lucban	Aug. 3	2		
Russia:				
Podolia	.....	.....	.....	July 19-Aug. 2: Cases, 254;
Bratzlaw	July 26-Aug. 2	1		deaths, 85.
Jampol	July 19-Aug. 2	25	8	
Lelichev	July 10	2	2	
Litine	July 26-Aug. 8	8	3	
Vinnitza	July 19-Aug. 2	220	74	
Warsaw	.....	.....	.....	Aug. 30, present.
Siam:	.....	.....	.....
Bangkok	Apr. 19-Sept. 5		287	
Straits Settlements:				
Singapore	May 10-Sept. 5	150	121	
Turkey in Asia:				
Egredi, Konieh	July 19		1	
Eski-Cheri	July 23-24	2	1	
Kamaran	Sept. 29	1		From a vessel.
Tagadima	July 29	2		
Turkey in Europe:				
Adrianople	May 14-19		2	
Constantinople	July 15	1		

YELLOW FEVER.

Brazil:				
Bahia	May 10-Oct. 10	21	18	
Pernambuco	May 1-15		1	
Ecuador:				
Guayaquil	May 1-Sept. 30	6	2	
Do	Aug. 1-31	4	2	
Mexico:				
Merida	Sept. 14	1		
Progreso	Oct. 8	1		
Venezuela:				
Caracas	June 1-30	1	1	
La Guayra	Aug. 16-31	1	1	
Maracaibo	June 15			Present in light form. No cases since.

PLAGUE.

Brazil:				
Bahia	May 17-Oct. 14	46	30	
Pernambuco	May 1-Sept. 30		11	
Rio de Janeiro	.....	.....	.....	Oct. 3, 1 fatal case.
British East Africa:				
Mombasa	June 1-July 31		2	
Ceylon:				
Colombo	May 19-Sept. 19	144	133	
China:				
				Jan. 1-Apr. 30, present in Hokschan, Shuntak, Tangsching, and Tungkun. Apr. 3-17, present in Kan-lai and San-hu, 20 miles distant from Pakhol. June 6, still present in vicinity of Swatow. June 20, improving in the Chaochow and Puning districts.

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

Reports Received from June 27 to Nov. 20, 1914—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.	
China—Continued.					
Amoy.....	June 20-July 18.....			Present: July 13, present in inland villages. Aug. 10, diminishing.	
Kulangsu.....	May 20.....	1			
Canton.....	Jan. 1-June 11.....	1,156		Present 30 miles north from Amoy.	
Chinchew.....	May 30-June 6.....				
Fatshan.....	May 13.....			Present.	
Hongkong.....	May 10-Sept. 26.....	932	770	Total Jan. 4-Sept. 12: Cases, 2,150; deaths, 1,702.	
Pakhoi.....	June 18.....	2		From a vessel from Hongkong. Apr. 3-June 18: Cases, 100. In Kán-lai and San-hu, 20 miles distant.	
Cuba.....					
El Aceite (near El Caney).....	July 27-Aug. 2.....	4		Total, Mar. 5-Sept. 17: Cases, 43; deaths, 10. Including 2 cases previously reported from vicinity of El Caney; all removed to and previously reported as from Santiago.	
Santiago.....				June 30-Sept. 23: Cases, 12 (case Sept. 17 from El Caney); deaths, 4. One of these deaths was a case from El Aceite.	
Dutch East Indies:					
Provinces.....					
Kediri.....	Apr. 1-July 31.....	1,054	1,014	Total, Apr. 1-July 31: Cases, 4,680; deaths, 4,519.	
Madioen.....	.....do.....	413	349	
Paseroean.....	.....do.....	3,358	2,930	
Surabaya.....	.....do.....	255	229	
Ecuador:					
Guayaquil.....	May 1-Sept. 30.....	30	10	Total Jan. 1-Sept. 30: Cases, 206; deaths, 104.	
Egypt.....					
Alexandria.....	June 2-Oct. 7.....	39	20	Clear.	
Damietta.....	July 17.....	1			
Ismailia.....	June 3-9.....	1	1		
Port Said.....	June 9-Sept. 30.....	34	12		
Provinces—					
Assiout.....	May 25-June 20.....	5	1	Clear.	
Charkeh.....	July 13.....	1	1		
Fayoum.....	May 27-Aug. 13.....	8	2		
Garbieh.....	Apr. 28-July 24.....	4	1		
Gizeh.....	May 27-June 21.....	6	3		
Menouf.....	June 17.....	1			
Minieh.....	May 23-July 12.....	11	5		
German East Africa:					
Dar-es-Salaam.....	May 2-June 10.....	7	3	Total Apr. 27-Sept. 5: Cases, 51,956; deaths, 45,014.	
Muanza.....	Feb. 21-Mar. 18.....	7	5		
Great Britain:					
Liverpool.....	Aug. 8-12.....	9	3		
Greece:					
Chios.....	Aug. 2.....	2		Epidemic.	
Kara-Burum.....	Sept. 19.....	2		Among the military.	
Piræus.....	Aug. 7-Sept. 9.....	16	2	Sept. 30, ended.	
Saloniki.....	Sept. 15.....	3			
Syra, island.....	Sept. 3-1.....	1	1		
Hawaii:					
Pauhau.....	Aug. 17.....	1	1		
India.....					
Bassein.....	Apr. 26-Aug. 29.....	37	37	Sept. 5, still present. Total Jan. 1-July 31: Cases, 1,630; deaths, 1,232.	
Bombay.....	May 17-Sept. 19.....	607	510		
Calcutta.....	May 10-Aug. 29.....		162		
Karachi.....	May 24-Sept. 19.....	29	28		
Moulmein.....	Apr. 26-Aug. 22.....	114	112		
Rangoon.....	Apr. 1-July 31.....	754	646		
Indo-China.....					
Cholon.....	Jan. 1-July 31.....	93	19		Saigon and vicinity May 10-Sept. 7: Cases, 175; deaths, 72.
Phanitet.....	.....do.....	394	330	
Phanrang.....	.....do.....	853	489	
Phum Pench.....	.....do.....	171	152	
Saigon.....	.....do.....	73	41	
Soctrang.....	May 1-July 31.....	22	15		
Italy:					
Catania.....				Since Sept. 1, 1914, there have been 17 officially reported cases and unauthenticated rumors of others.	

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

Reports Received from June 27 to Nov. 20, 1914—Continued.

PLAGUE—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
Japan				Total Jan. 1-Aug. 31: Cases, 81; deaths, 66.
Hodogaya.....	June 9-July 3.....	3		
O-No district.....	June 9-15.....	1		Near Yokohama.
Taiwan (Formosa)—				
Kagi.....	May 3-Aug. 8.....	303	273	
Taihoku.....	Aug. 16-22.....		2	
Tokyo.....	June 22-Aug. 8.....	14	4	Total Apr. 18-July 25: Cases, 45.
Yokohama.....	July 5-Aug. 15.....	4	4	And vicinity. Total May 23-Aug. 15: Cases, 23; deaths, 19.
Mauritius	Apr. 17-23.....	2		
Peru				Total Jan. 1-May 31: Cases, 479; deaths, 235.
Ancachs				Total Jan. 1-Mar. 31: Cases, 34; deaths, 20.
Casma.....	Feb. 9-Mar. 22.....	4		Present.
Chimbote.....	Mar. 23-May 2.....			Do.
Quarhuay (Huaylas).....	.....do.....			Do.
Samanca.....	.....do.....			Do.
Arequipa				Jan. 1-May 31: Cases, 24; deaths, 12.
Mollendo.....	Mar. 23-Sept. 27.....	17		
Cajamarca				Jan. 31-Apr. 30: Cases, 16; deaths, 7.
Contumaza.....	Mar. 23-May 2.....	3		
Callao.....	Aug. 3-Sept. 27.....	2		Jan. 1-Feb. 28: Cases, 4; deaths, 2.
Lambayeque				Jan. 1-Mar. 31: Cases, 74; deaths, 35.
Chiclayo.....	Mar. 23-May 2.....	3		
Guadalupe.....	.....do.....	1		
Libertad				Jan. 1-May 31: Cases, 234; deaths, 111.
Duacamarca (Otzuco).....	Mar. 23-May 30.....			Present.
Moche.....	July 9-Aug. 2.....	2		
Pichipampa (Otzuco).....	Mar. 24-30.....	4		
Salavarry.....	Mar. 23-May 2.....	1		
San Pedro.....	.....do.....	8		From Pacasmayo.
Trujillo.....	Mar. 23-Sept. 27.....	26		
Lima				Jan. 1-May 31: Cases, 56; deaths, 27.
Callao.....	Oct. 8.....			Present.
Unigambal (Santiago de Chuco).....	Mar. 23-June 7.....	16		
Lima.....	Mar. 23-Sept. 27.....	23		
Surco (Matucana).....	.....do.....	11		
Monsefu.....	Aug. 3-Sept. 27.....	1		
Piura				Jan. 1-May 31: Cases, 37; deaths, 21.
Catacaos.....	Mar. 23-Aug. 2.....	4		
La Husca.....	June 8-July 5.....	1		
Piura.....	Mar. 23-July 5.....	12		Aug. 3-Sept. 27, present.
Philippine Islands:				
Manila	May 17-Sept. 19.....	8	8	May 17, 1 case from s. s. Taisang from Amoy; May 23, 1 case from s. s. Linan from Amoy; June 12-20, a fatal case from s. s. Linan from Amoy; June 17, a fatal case in the Philippine General Hospital. First quarter, 1914: Cases, 14; deaths, 10. May 20, 1 case on s. s. Rubi from Hongkong.
Cebu				
Portugal:				
Lisbon	Oct. 8-9.....	8		Pneumonic form.
Russia:				
Astrakhan Government				Total, May 25, July 15: Cases, 49; deaths, 46.
Kirghis steppe—				
Betas-Tschagal.....	May 25, -July 15.....	2		
Bulanai.....	May 25, -June 14.....	10	10	7 of these cases pneumonic.
Manysch-Tschagal.....	.....do.....	5		
Kalmuck steppe—				
Archanskoge-Tebe.....	.....do.....	4		
Gubia.....	.....do.....	4		
Schitkur.....	.....do.....	1		
Senegal:				
Dakar	May 15.....	12		May 17-23, 5 deaths daily among natives.
Siam:				
Bangkok	Apr. 19-Sept. 5.....		17	
Straits Settlements:				
Singapore	May 10-16.....	2	2	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from June 27 to Nov. 20, 1914—Continued.****PLAGUE—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
Tripoli.....				July 15, present in Azizia, Tarhuna, and Zanzur, vicinity of Tunis.
Turkey in Asia:				
Adalia.....	July 19-Aug. 1....	2	1	
Bagdad.....	Sept. 30.....	1	1	
Basra.....	June 24-July 19....	16	8	Oct. 15, 3 cases present.
Beirut.....	June 16-Aug. 23....	5	1	
Haifa.....	Aug. 29.....	1	1	
Jaffa.....	June 5-27.....	4	3	
Kut.....	July 6.....		1	From a steamboat from Bagdad to Basra.
Mitylene.....	Aug. 2.....			Present.
Samos.....	do.....			Epidemic.
Smyrna.....	July 2-Oct. 4.....	9	4	
Union of South Africa:				
Cape Town.....	Sept. 24.....			
Queenstown.....	Nov. 10.....	29	4	"Few cases plague, outlying districts reported localized."
Zanzibar:				
Zanzibar.....	July 1-Sept. 14....	21	14	

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	Mar. 31-May 31....	7		
Constantine.....	do.....	7		
Oran.....	do.....	57		
Arabia:				
Aden.....	June 10-Aug. 16....		2	
Argentina:				
Buenos Aires.....	June 1-30.....		1	
Australia:				
New South Wales—				
Sydney.....				Total May 8-Oct. 1: Cases, 287 in the metropolitan area and 88 cases in the country districts.
Western Australia—				
Bunbury quarantine station.....	May 5-June 12....	8	1	From s. Kitchattan from Bombay, including previous report.
Austria-Hungary:				
Galicia.....	Mar. 17-July 25....	12		
Lower Austria.....	May 31-June 20....	2		
Styria.....	July 5-11.....	2		
Upper Austria.....	May 17-July 11....	4		
Belgium:				
Liege.....	June 1-6.....		3	
Brazil:				
Bahia.....	June 1-Aug. 8.....	14		
Para.....	May 24-30.....		1	
Pernambuco.....	May 1-Sept. 30....		61	
Rio de Janeiro.....	May 10-Sept. 26....	2,945	568	
Canada:				
British Columbia—				
Vancouver.....	Aug. 18-Sept. 5....	4		
Manitoba—				
Winnipeg.....	June 14-Oct. 31....	18		
Ontario—				
Hamilton.....	Aug. 1-Sept. 30....	6		
Niagara Falls.....	July 15-21.....	1		
Ottawa.....	July 26-Aug. 1....	1		
Prince Edward Island—				
Charlottetown.....	July 16-22.....	1		
Quebec—				
Quebec.....	July 11-Oct. 10....		5	
Canary Islands:				
Santa Cruz.....	June 28-Oct. 10....		13	
Ceylon:				
Colombo.....	May 19-Sept. 19....	61	14	
Uva district—				
Passara.....	June 7-13.....	39	11	Among coolies from India

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

Reports Received from June 27 to Nov. 20, 1914—Continued.

SMALLPOX—Continued.

Places.	Date.	Cases.	Deaths.	Remarks.
China.....				May 16-23, present in Kaying and increasing in Choa Chow.
Amoy.....	May 17-June 13.....			Present.
Canton.....	Jan. 1-Apr. 30.....	21		
Chungking.....	May 22.....			Endemic.
Dairen.....	June 7-July 4.....	2		
Hongkong.....	May 10-July 18.....	15	12	Total Jan. 4-Aug. 31: Cases 90; deaths, 70.
Nanking.....	May 23.....			A. ways prevalent.
Newchwang.....	June 13-Sept. 7.....			Do.
Pakhoi.....	Apr. 17.....			Present, and in San-hu, 20 miles distant.
Shanghai.....	May 18-Sept. 27.....	12	21	Deaths among natives.
Tientsin.....	June 6-Sept. 26.....	2		
Tsingtau.....	May 19-July 5.....	21	3	
Cuba:				
Habana.....	Nov. 2.....		1	
Dutch East Indies:				
Borneo.....	May 17-Aug. 22.....	601	131	In the western part. Aug. 22, present in Pontianak.
Java.....				In the western part. May 3-Aug. 22: Cases, 1,442; deaths, 438, including Batavia.
Batavia.....	May 3-Aug. 22.....	152	46	
Tegal.....	Aug. 2-8.....	1	6	
Egypt:				
Alexandria.....	June 4-Oct. 7.....	35	15	
Cairo.....	May 21-Sept. 30.....	103	77	
Port Said.....	May 21-June 6.....	4		
France:				
Bordeaux.....	June 7-July 11.....		4	
Marseille.....	May 1-31.....		2	
Paris.....	May 24-Oct. 10.....	35	2	
Germany.....				May 31-Aug. 22: Cases, 10.
Hamburg.....	June 7-27.....	5		
Kehl.....	May 1-31.....		1	
Gibraltar.....	June 8-27.....	1	1	
Great Britain:				
Leeds.....	June 6-July 18.....	4		
Southampton.....	June 29-July 4.....	1		
Greece:				
Athens.....	July 6-12.....		1	
Patras.....	Sept. 2-Oct. 18.....		7	
Saloniki.....	May 31-Oct. 3.....		64	June 6: Present in a mild form among 20,000 refugees from Asiatic Turkey, Chio, and Mitylene, Sept. 19; cases, 2.
India:				
Bombay.....	May 19-Sept. 19.....	88	56	
Calcutta.....	May 10-Aug. 29.....		239	
Karachi.....	May 24-July 23.....	13	4	
Madras.....	May 17-Sept. 19.....	36	6	
Rangoon.....	Apr. 1-July 31.....	10	1	
Indo-China:				
Saigon.....	May 12-18.....	2		
Italy:				
Turin.....	July 20-26.....	2		
Japan.....				Total Jan. 1-Aug. 31: Cases, 422; deaths, 97, exclusive of Taiwan.
Kobe.....	June 19-23.....	1		
Nagasaki.....	May 18-Aug. 30.....	58	18	
Taiwan (Formosa).....	May 3-Oct. 10.....	19	6	
Yokohama.....	June 23-29.....	1		
Honduras:				
Puerto Cortez.....	Sept. 1-30.....		6	
Mexico:				
Chihuahua.....	May 18-Oct. 25.....	8	6	
Guadalajara.....	Aug. 31-Oct. 10.....		3	
Juarez.....	Aug. 1.....	2		
Mazatlan.....	June 17-Oct. 27.....	1	4	
Mexico.....	Jan. 17-Feb. 21.....	99	16	
Monterey.....	June 30-Sept. 20.....		9	
Tampico.....	May 11-July 31.....		70	
Vera Cruz.....	June 1-Sept. 5.....	16	6	
Norway:				
Trondhjem.....	June 1-Sept. 30.....	19		
Peru:				
Callao.....				June 22 and Aug. 8, present.
Lima.....	June 22.....			Decreased.
Philippine Islands:				
Samar Province.....				First quarter 1914, severe outbreak.

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

Reports Received from June 27 to Nov. 20, 1914—Continued.

SMALLPOX—Continued

Places.	Date.	Cases.	Deaths.	Remarks.
Portugal:				
Lisbon.....	June 14-Oct. 3.....	17		
Portuguese East Africa:				
Lourenco Marquez.....	Aug. 1-31.....		1	
Russia:				
Batum.....	Feb. 1-Aug. 31.....	9		
Moscow.....	May 10-Sept. 5.....	45	8	
Odessa.....	May 10-Sept. 26.....	8		
Riga.....	May 31-July 25.....	14		
St. Petersburg (Petrograd).....	May 24-July 11.....	84	28	
Vladivostok.....	Apr. 2-May 13.....	8	1	
Warsaw.....	Feb. 1-May 2.....	146	61	
Servia:				
Belgrade.....	May 25-July 19.....	12	2	
Siam:				
Bangkok.....	June 13-Sept. 5.....		10	
Spain:				
Almeria.....	July 1-31.....		1	
Barcelona.....	June 14-July 31.....		28	
Cadiz.....	May 1-31.....		5	
Madrid.....	June 1-Aug. 31.....		6	
Seville.....	Sept. 1-30.....		1	
Valencia.....	June 7-Oct. 17.....	73	15	
Switzerland:				
Cantons—				
Basel.....	May 31-Sept. 19.....	34		
Geneva.....	July 5-11.....	1		
Grisons.....	June 7-13.....	1		
Zurich.....	July 1-Aug. 8.....	2		
Turkey in Asia:				
Beirut.....	June 1-Oct. 10.....	82	35	
Damascus.....	Mar. 15-Aug. 20.....	905	460	
Jerusalem.....	May 3-July 25.....	33	2	
Mersina.....	Aug. 2-8.....	2		
Smyrna.....	May 13-Oct. 3.....	8	7	
Trebizond.....	May 19-Oct. 10.....			Present.
Tripoli.....	Oct. 3-10.....	4		
Turkey in Europe:				
Constantinople.....	June 14-Sept. 12.....		9	
Union of South Africa:				
Pretoria.....	May 9-23.....	1		

SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

DISTRICT OF COLUMBIA.

Alley Dwellings—Construction, Repair, and Use. (Act Sept. 25, 1914.)

That from and after the passage of this act it shall be unlawful in the District of Columbia to erect, place, or construct any dwelling on any lot or parcel of ground fronting on an alley where such alley is less than 30 feet wide throughout its entire length and which does not run straight to and open on two of the streets bordering the square, and is not supplied with sewer, water mains, and gas or electric light; and in this act the term "alley" shall include any and all courts, passages, and thoroughfares, whether public or private, and any ground intended for or used as a highway other than the public streets or avenues; and any dwelling house now fronting an alley less than 30 feet wide and not extending straight to the streets and provided with sewer, water main, and light, as aforesaid, which has depreciated or been damaged more than one-half its original value, shall not be repaired or reconstructed as a dwelling or for use as such, and no permit shall be issued for the alteration, repair, or reconstruction of such a building, when the plans indicate any provision for dwelling purposes: *Provided*, That rooms for grooms or stablemen to be employed in the building to be erected, repaired, or reconstructed may be allowed over stables, when the means of exit and safeguards against fire are sufficient, in the opinion of the inspector of buildings, subject to the approval of the Commissioners of the District of Columbia; and no building now or hereafter erected fronting on an alley or on any parcel of ground fronting on an alley less than 30 feet wide and not otherwise in accordance with this act shall be altered or converted to the uses of a dwelling. Any such alley house depreciated or damaged more than one-half of its original value shall be condemned as provided by law for the removal of dangerous or unsafe buildings and parts thereof, and for other purposes. No dwelling house hereafter erected or placed along any alley and fronting or facing thereon shall in any case be located less than 20 feet back clear of the center line of such alley, so as to give at least a 30-foot roadway and 5 feet on each side of such roadway clear for a walk or footway, and any stable or other building hereafter placed, located, altered, or erected on or along such an alley upon which a dwelling faces or fronts shall be set back clear of the walk or footway the same as the dwelling or dwellings, but the fact that dwellings are located in such alleys shall not affect the location of stables or other buildings otherwise.

The use or occupation of any building or other structure erected or placed on or along any such alley as a dwelling or residence or place of abode by any person or persons is hereby declared injurious to life, to public health, morals, safety, and welfare of said District; and such use or occupation of any such building or other structure on, from, and after the 1st day of July, 1918, shall be unlawful.

SEC. 2. That any person or persons, whether as principal, agent, or employee, violating any of the provisions of this act or any amendment thereof for the violation of which no other penalty is prescribed, shall, on conviction thereof in the police court, be punished by a fine of not less than \$10 nor more than \$100 for each such violation, and a like fine for each day during which such violation has continued or may continue, to be recovered as other fines and penalties are recovered.

SEC. 3. That the act of Congress approved July 22, 1892, entitled "An act regulating the construction of buildings along alleyways in the District of Columbia," and all laws or parts of laws inconsistent with the provisions hereof, are hereby repealed.

GEORGIA.

State Board of Health—Organization. (Act 471, Aug. 17, 1914.)

SECTION 1. That the State board of health shall consist of 15 members, 3 of whom, the secretary of the State board of health, the State superintendent of schools, and the State veterinarian, shall be members by virtue of their offices, and 12 who shall be appointed by the governor, 1 from each congressional district, and a majority of whom shall be physicians: *Provided, however,* That the present members of the State board of health shall serve as members of the State board of health under the provisions of this act until the termination of their present terms of office.

County Boards of Health—Organization, Powers, and Duties—Compensation of Members. (Act 471, Aug. 17, 1914.)

SEC. 2. That a county board of health for each county in the State be, and the same is hereby, created, composed of three persons, two of whom shall be members of such board by virtue of their offices, to wit, the county superintendent of schools and the chairman of the board of roads and revenues of the county, or in counties having no such board the ordinary of said county, and one reputable physician elected by the grand jury of the county at the session of the superior court for said county next preceding the regular January session of the county board of health of said county or at any succeeding session of said court. The physician so elected shall hold office for a term of four years and until his successor is elected and qualified. All vacancies shall likewise be filled by elections by the grand jury, and the person so elected shall hold office for the remainder of the term and until his successor is elected and qualified. Said county board of health shall have supervision over all matters relating to health and sanitation in their respective counties, with authority to declare and enforce quarantine therein subject to the provisions of this act, and all the powers and authority now vested in the county authorities by chapter 7 governing sanitary regulations by county authorities embraced in sections 1670 to 1676, inclusive, of the code of 1910, are hereby conferred upon and vested in the county boards of health created and established under provisions of this act. Said county boards of health shall hold their regular sessions on the first Thursdays of January,

April, July, and October in the county courthouse, and may also meet in extra session at any time for county health purposes or when an emergency or necessity may require same. The members of said boards shall receive as their compensation the sum of \$2 per diem while actually engaged in the performance of the duties of said board out of the funds of said county appropriated for quarantine and sanitation.

**Sanitary Districts—Establishment—District Health Officer. (Act 471,
Aug. 17, 1914.)**

SEC. 3. That the following provisions of this act embodied in sections 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, and 15 shall become operative in any county only after the recommendation of two successive grand juries, but on such recommendation it shall become obligatory on the county boards of health and the county boards of roads and revenues, and, in counties having no such boards, upon the ordinary of said county to carry out the provisions of this act. The operations of said sections of this act shall likewise be suspended in any county upon the recommendation of two successive grand juries of said county.

SEC. 4. That for the purpose of carrying out the provisions of this act the State shall be divided into sanitary districts, as follows: Each county shall constitute a sanitary district, except that two or more counties each having a population of less than 37,000 inhabitants, may be combined into one sanitary district: *Provided*, That the total population of the counties so combined does not exceed 75,000 inhabitants. Said combination of counties into a joint sanitary district shall be made by the State board of health upon the recommendation and consent of the county boards of health of the counties concerned. The last preceding United States decennial census shall be taken as a basis for computation of population in all cases under this act.

SEC. 5. That in every such sanitary district there shall be appointed a district commissioner of health for a term of four years. For a county district the appointing board shall be the county board of health, and for districts composed of more than one county the appointing board shall be composed of the boards of health of the counties composing said district, who shall meet in joint session for said purpose. The district commissioners of health shall be appointed from an eligible list furnished by the secretary of the State board of health. This list shall contain the names of those who have passed a satisfactory examination by hygiene and sanitation and State health laws, and certain books and reports may be prescribed by the examining board as the basis of such examinations. The secretary of the State board of health shall, with the aid of a committee from the State board examine all applicants for the position of district health commissioner under rules prescribed by the State board and the provisions of this act, and he shall supervise the work of all district commissioners of health, and shall have the authority to suspend such commissioner for incompetency, willful neglect of duty, immorality, or the commission of a crime involving moral turpitude, with the right of appeal by the party so suspended to the State board, whose decision shall be final. No person shall be examined except a licensed physician, able-bodied, temperate, and of good moral character. The examining board shall prepare a list of questions on the several subjects upon which the applicants shall be examined, and send the same to the county superintendents of education, under whose supervision the examinations shall be held. The applicant shall sign his examination paper by number, and in a sealed envelope accompanying

said paper shall give his name and the number he has adopted, so that his name shall not be known until after the board of examiners shall have passed upon the question of his admission or rejection. The board of examiners shall prescribe and fix a certain standard percentage for passing such examination: *Provided*, That each person applying for examination shall be a resident of the State, and shall pay in advance to the secretary of the State board of health the sum of \$5 as an examination fee. All such fees shall be covered into the general fund of the State. Each person passing such examination shall be entitled to a certificate signed by the secretary of the State board of health, under the seal of the State board of health, which shall be conclusive of the facts stated herein as to such examination and qualifications. The said secretary of the State board of health shall, as soon as the results of an examination have been arrived at, file a copy thereof in his office showing the persons who have been passed, and at the same time send by mail a complete list of those who have passed to the chairman of each county board of health within the State. Regular examinations shall be held by the board in the months of October and April of each year; and especial examinations may be held by the secretary of the State board of health to fill vacancies, and he may issue a certificate which will hold good until the next regular examination. No examination fee shall be required of one holding a temporary certificate, provided same was paid at the time of standing the special examination.

SEC. 6. That the various appointing boards herein authorized and designated shall meet on the first Thursday in January, 1915, and every four years thereafter to perform the duties herein prescribed. They shall on such day, or on any adjourned day when necessary, select from the list of eligible candidates who have passed any of the examinations herein provided for and appoint a health commissioner for the districts over which jurisdiction is conferred upon them. Such commissioners shall hold office until their successors are appointed and qualified, unless sooner removed, as provided herein. The appointing boards shall fix the salaries of said officers as hereinafter provided. In case a vacancy arises in such office before the expiration of the term the appointing board for such district shall meet within 10 days thereafter on the call of the chairman of said board, or of any two members thereof, and shall fill said vacancy in the same manner as is herein prescribed for regular appointments. Any person so appointed to fill a vacancy shall hold office for the remainder of the term and until his successor is appointed and qualified. Each health commissioner appointed shall file his acceptance and his constitutional oath of office with the ordinary of the county in the county districts, and with the ordinary of the county having the larger population in the case of sanitary districts consisting of more than one county. Each commissioner shall be required to give bond in the penal sum of \$1,000, conditioned for the faithful performance of his duties, which bond shall be filed with the same person, as prescribed for the filing of the oath of office. Such acceptance, oath of office, and bond shall be filed and approved by the person receiving same within 10 days after such appointment shall have been made.

SEC. 7. That such commissioner shall give his entire time to the duties of his office and shall not engage in private medical practice, or actively in any other line of business. They shall possess the statutory powers of a constable within the district for which appointed in all matters pertaining to public health and in enforcement of the health laws. They are hereby declared to be officers of the State, and may be removed for malfeasance, misfeasance, or nonfeasance in office and for incompetency. When a district commissioner of health is suspended by the secretary of the State board of health, as hereinbefore provided, the appointing board for said district shall appoint a suc-

cessor to such person until he is restored by law, or until his successor is appointed and qualified, and the person so appointed to fill said vacancy shall take the oath and give the bond required by law of the regular incumbent.

SEC. 8. That in sanitary districts composed of one or more counties the commissioner of health shall receive from the county or counties a salary, to be fixed by the county board of health or by the boards of health of the counties composing the sanitary district, as the case may be, in the sum of not less than \$1,200 per annum. The salaries herein provided for shall be paid out of any fund of the county appropriated therefor, and in the same manner as the salaries of other officers. It shall be the duty of the board of health of each county, at its regular January session, after compliance with the provisions of section 5, and each January session thereafter, to determine and fix the sum necessary to meet the requirements of this act, and they shall certify to the board of county commissioners of roads and revenues, or to the ordinary of the county in counties having no such board, the amount so fixed upon and assessed for the purposes of sanitation and quarantine for said county, and said taxing authority of said county shall levy such tax at the time and in the same manner as is now prescribed for levying taxes for other county purposes. In districts composed of more than one county the appointing board shall prorate the salary so fixed among the several counties comprised in such districts according to population. It shall thereupon be the duty of each county to contribute its portion of such salary to the commissioner of health, and it shall be paid out of the sum appropriated therefor and in the same manner as the salaries of other county officers are paid.

SEC. 9. That in each sanitary district there shall be an annual appropriation of not less than \$500 for the office and traveling expenses of the commissioner of health for carrying out the purposes of this act. This sum shall be in addition to office rent where necessary: *Provided*, That in sanitary districts comprised of more than one county, each county shall contribute not less than \$250 toward the expenses of such commissioner, not including office rent where necessary. The expense fund herein provided for shall in all cases be paid to such commissioner on the first secular day of each month, in accordance with an estimate to be filed by the commissioner with the treasurer of the county at the end of each preceding month. All expenditures made by the commissioners of health shall be submitted in detail at the end of each month to the county board of health of the county or counties composing said district, as the case may be. It shall be the duty of the county board of health to assess an amount sufficient to carry out the provisions of this act and certify the same to the taxing authority of said county as aforesaid, and such taxing authority shall levy a tax for said purposes as aforesaid, and in the absence of an appropriation made therefor the salaries and expenses provided for herein shall be paid out of the general funds of such county not otherwise appropriated.

SEC. 10. That each county shall provide suitable quarters for the district commissioner of health, either in the county courthouse or in rooms rented for such purposes. In sanitary districts composed of more than one county, each county shall provide quarters for said commissioner, but the commissioner may select any one of the county seats for his permanent office, which he may equip out of district funds provided therefor.

SEC. 11. That it shall be the duty of the district commissioner of health to be vigilant in the work of disease prevention and the conservation of public health, and to enforce all health laws of the State and health ordinances of their respective localities, together with the rules and orders of the State board of health. They shall make such sanitary inspections and surveys of

their districts as may be required from time to time by the State board of health or by the county boards of health. They are hereby authorized and invested with the power to enter upon and inspect private property at proper times in regard to the possible presence, source, or cause of disease, to establish quarantine, and in connection therewith to order what is reasonable and necessary for the prevention and suppression of disease; to close schools, churches, theaters, or any place of public assemblage; forbid public gatherings in order to prevent or stay epidemics, and to this end may call in the aid of the sheriff and constables of the county, or the police of any town or city, who shall in such cases render him all needed assistance; they shall collect statistics concerning insanity, feeble-mindedness, tuberculosis, and other infectious diseases; they shall inspect hotels, inns, railway trains, street cars, depots, boats, and ships, and also all places where food is sold, and shall see that all laws pertaining to infectious and contagious diseases are properly enforced. They shall inspect at least once every six months and make a sanitary survey of all public buildings and institutions in their respective jurisdictions, and shall see that all health laws are properly enforced therein, particularly in jails, guardhouses, chain gangs, and other places of detention, and also shall keep a report thereof as part of the records of their office, and shall also file a similar report with the secretary of the State board of health.

They shall at least once every school year inspect and make a sanitary survey of the building, grounds, and the water supply of every school within their jurisdiction, and shall have power to close any school when the sanitary conditions are such as to endanger or imperil the health or life of the pupils attending same. They shall also examine the teachers and janitors for infectious and contagious diseases, and shall also examine each pupil, in the presence of a teacher or nurse, for infectious and contagious diseases and for intestinal parasites, and for defects of eye, ear, nose, throat, lungs, teeth, and other physical defects, and shall make a report of such inspection and examination to the State board of health, to the county board of health, and in case of incorporated towns and cities to the school board of such municipality, and in case of a pupil also to the parent or guardian. Said commissioner shall deliver one or more lectures to the pupils of each school in his district at least once every school year, and such other lectures as may be requested by the county board of health. Said lectures shall be upon infectious and contagious diseases, the part played by mosquitoes, flies, and other insects carrying or transmitting diseases, and on general matters of health and sanitation, and upon such other subjects as may be prescribed by the State board of health or by the county boards. They shall make a monthly report of the work done by them, in such narrative or tabulated form as may be required, to the county boards of health and to the State board of health. A permanent record of all work done in each county shall be kept by the district commissioner of health in form books prescribed by the State board of health, which book shall be open to public inspection and shall be delivered by him to his successor in office. A separate record book shall be kept in each county of the work done in that county.

SEC. 12. That in sanitary districts composed of more than one county the district commissioner of health shall have in each county the same power, authority, and duties as the commissioner of health in single county sanitary districts. In such districts the district commissioner of health shall divide his time in proper ratio among the counties comprising said district. Every commissioner of health appointed under the provisions of this act shall at all times keep himself within reach of telephone and telegraph service, where

possible, and shall respond without delay to the calls or orders of the secretary of the State board or local boards of health or health officers when his assistance is required.

SEC. 13. That the provisions of this act shall not be held to be inconsistent with the present laws relating to the appointment and qualification of the city and town health officers in the cities and towns of this State. But the district commissioner of health shall be deemed to be the supreme authority on all matters affecting the public health of his district, not inconsistent with the authority granted to the State board of health. Any town or city, regardless of population, may have a health organization, as provided in its charter, in addition to the district commissioner of health herein provided for. Otherwise all acts or parts of acts inconsistent herewith are hereby repealed.

SEC. 14. That the county boards of health or district boards of health may employ as many deputy commissioners of health as they may deem necessary to serve the best interests of their county or district, and may also employ visiting nurses to aid them in the examination of school children and to instruct parents in matters pertaining to their children and to perform such other duties as may be required of them by said board. This section shall be so construed as to allow any county, whether in a single county sanitary district or in a joint sanitary district, to exercise all the rights and powers granted in this section.

MISSISSIPPI.

Communicable Diseases—Schools and Institutions—Employees—Certificate of Health May Be Required by Health Officer. (Reg. Bd. of H., Oct. 26, 1914.)

SEC. 5. It shall be unlawful for any school superintendent, principal, school trustee, or the superintendent of any other public or private institution, or the trustees of any other public or private institution, to employ and keep employed in or about such school or institution any teacher, janitor, or other person when such teacher, janitor, or other person is suffering from pulmonary tuberculosis or other contagious or infectious disease.

SEC. 6. When an authorized health officer has reason to suspect that a person employed as teacher or otherwise in or about such a school or the institution, as described in section 5, is dangerous to the inmates of said school or institution because of having tuberculosis or any other contagious or infectious disease, said health officer shall demand of said teacher or person so suspected a certificate of health from a physician of competency and acceptable to said health officer. Should such a teacher or employee refuse to submit to an examination or to furnish such certificate the trustees or person in authority shall dismiss such suspected teacher or employee forthwith.

Tuberculosis—Removal of Patients from Hotels and Boarding Houses. (Reg. Bd. of H., Oct. 26, 1914.)

SEC. 7. That where a suspected case of tuberculosis is lodged in a hotel or public boarding house the municipal sanitary inspector shall examine said patient at request of county health officer and determine if said disease be actually present. His opinion shall be final. If disease be present he shall at once proceed to remove said patient as required by law.

Rabies—Antirabic Treatment Free. (Reg. Bd. of H., Oct. 26, 1914.)

Whereas the United States Public Health Service will furnish free to State boards of health antirabic treatment for administration to indigent cases, provided some person is qualified to make the final preparation required:

Be it

Resolved, That the State board of health has a person qualified to prepare this treatment in the person of Dr. C. R. Stingily, bacteriologist, and agrees to conform to all of the requirements made by the United States Public Health Service.

Resolved further, That the secretary of the State board of health is herewith requested to make final arrangements with the United States Public Health Service for securing this treatment.

Resolved further, That no fee shall be charged for administering the treatment, or the person administering it shall receive no fee for such administration.

NEW YORK.**Midwives—Registration—Qualifications. (Reg. Public Health Council, June 16, 1914.)**

REGULATION 1. *License and registration required for the practice of midwifery.*—On and after the 1st day of January, 1915, no person, other than a duly licensed and registered physician, shall practice midwifery or use the name or title of midwife unless such person shall be duly registered as a midwife with the local registrar of vital statistics, pursuant to the provisions of section 385 of the public health law, as amended by chapter 619 of the laws of 1913, and unless such person shall have received a license to practice midwifery from the State commissioner of health.

REG. 2. *Only licensed midwives to be registered.*—On and after the 1st day of January, 1915, no person not duly licensed as a midwife shall be registered as a midwife by the local registrar of vital statistics.

REG. 3. *Registration required after issuance of license and change of address.*—On and after the 1st day of January, 1915, every licensed midwife shall register her name and address with the local registrar of vital statistics within 10 days after the issuance of such license and after any change in her address.

REG. 4. *Application for license required.*—On and after the 1st day of January, 1915, no license to practice midwifery shall be issued unless written application, sworn to by the applicant, has been made therefor in the form prescribed by the State commissioner of health.

REG. 5. *Qualifications required of applicant for license on and after the 1st day of January, 1915.*—On and after the 1st day of January, 1915, every applicant for a license to practice midwifery must possess the following qualifications:

- (a) Be not less than 21 years of age;
- (b) Be able to read and write;
- (c) Be clean and constantly show evidence in general appearance of habits of cleanliness;
- (d) Either—
 - (1) Possess a diploma from a recognized school for midwives or
 - (2) Have attended under the instruction of a duly licensed and registered physician not less than 15 cases of labor and have had the care of at least 15 mothers and newborn infants during lying-in periods of at least 10 days

each, and shall present written evidence from said physician or physicians that she has received such instruction in said 15 cases and that she is reasonably skillful and competent; and

(c) Present evidence satisfactory to the State commissioner of health of good moral character, vouched for by two reputable citizens, one of whom shall be a minister of a recognized religion.

REG. 6. *Qualifications required of applicant for license before the 1st day of January, 1915.*—Until the 1st day of January, 1915, any woman not less than 21 years of age, who can read and write, who is registered as a midwife with the local registrar of vital statistics, and whose moral character is vouched for to the satisfaction of the State commissioner of health by two reputable citizens, one of whom is a minister of a recognized religion, may be licensed by said commissioner to practice midwifery.

REG. 7. *Register of licensed midwives; same to be presumptive evidence of right to practice.*—The State commissioner of health shall cause to be entered immediately upon a register kept for that purpose the name of every midwife licensed by him. The presence or absence of a woman's name upon said register shall be taken as presumptive evidence for or against her right to practice midwifery.

REG. 8. *Length of term of license.*—Unless revoked, every license to practice midwifery issued by the State commissioner of health on or after the 1st day of January, 1915, shall permit the holder thereof to practice midwifery for one year from the date thereof.

REG. 9. *Revocation of license.*—The State commissioner of health may revoke a license to practice midwifery, for cause, after having given the midwife an opportunity to be heard.

REG. 10. *Midwives forbidden to use instruments, administer or prescribe medicine, or to treat disease.*—A duly licensed and registered midwife may practice midwifery in cases of normal labor and in no others. No midwife shall in any case of labor use instruments of any kind nor assist labor by any artificial, forcible, or mechanical means, nor perform version nor attempt to remove adherent placenta nor administer, prescribe, advise, or employ any poisonous or dangerous drug, herb, or medicine, nor attempt the treatment of disease except where the attendance of a physician can not be speedily secured, and, in such cases, the midwife shall secure the attendance of a physician as soon as possible.

REG. 11. *Supplementary rules and regulations.*—The practice of midwifery shall be subject to such rules and regulations, not inconsistent herewith, as may be established by the State department of health.

REG. 12. *Date of taking effect and territory where effective designated.*—Every regulation in this chapter, unless otherwise specifically stated, shall take effect throughout the State of New York, except in the cities of New York and Rochester, on the 16th day of November, 1914.

Milk and Cream—Inspection, Care, and Sale. (Reg. Public Health Council, June 16, 1914, as Amended Oct. 20, 1914.)

REGULATION 1. *Permit required for sale of milk in municipalities.*—No corporation, association, firm, or individual shall sell or offer for sale at retail milk or cream in any municipality without a permit from the health officer thereof, which shall be issued subject to such conditions as may be imposed by this code or by the local health officer. Such permit shall expire on the 31st day of March, unless another date is designated by the local authorities, and shall be renewable on or before such date in each year, and may be revoked

at any time for cause by the State commissioner of health or the local health officer after a hearing on due notice.

REG. 2. *Application for permit required.*—No permit for the sale at retail of milk or cream in any municipality shall be issued unless written application, sworn to by the applicant, has been made therefor in the form prescribed by the State commissioner of health.

REG. 3. *Information required in application for permit.*—Every application for a permit to sell at retail milk or cream in any municipality shall contain the name of each producer from whom the applicant receives or expects to receive milk or cream for sale, together with the approximate amount of milk or cream to be furnished by each such producer, and upon change in the source or amount of supply notice thereof shall be given promptly to the local health officer.

REG. 4. *Dairy farms to be inspected and scored.*—Previous to the 1st day of January, 1915, the health officer or his representative in every municipality shall make a sanitary inspection of every dairy farm where milk or cream is produced for sale at retail in such municipality and shall score each such dairy farm on the scorecard prescribed by the State commissioner of health.

On and after the 1st day of January, 1915, each such health officer or his representative shall make such inspection and scoring at least once in each year and before the 31st day of March in each year unless another date is designated by the local authorities pursuant to regulation 1 of this chapter.

The local health officer of such municipality may, however, in his discretion, accept the inspection and scoring by the health officer or his representative of another municipality.

REG. 5. *Conditions of issuance of permit.*—On and after the 1st day of January, 1915, no permit to sell at retail milk or cream in any municipality shall be issued unless the premises where it is proposed to handle such milk or cream shall, in the opinion of the local health officer or his representative, after inspection, have been rendered clean and sanitary; and unless each farm or dairy where such milk or cream is produced shall have been rated, after inspection by a health officer or his representative, or, in case of protest, by a sanitary supervisor of the State department of health, at least 40 per cent on the score card prescribed by the State commissioner of health.

REG. 6. *Conditions of renewal of permit.*—No permit to sell at retail milk or cream in any municipality shall be renewed unless inspection has been made within the preceding six months by the local health officer or his representative of the premises where such milk or cream is handled and unless each farm or dairy where such milk or cream is produced has been rated by a health officer or his representative, or, in case of protest, by a sanitary supervisor of the State department of health, within the preceding six months after inspection at least 40 per cent on the score card prescribed by the State commissioner of health.

REG. 7. *Public display of permit.*—Permits to sell milk or cream shall be publicly displayed in such manner as may be prescribed by the local health authorities.

REG. 8. *Milk and cream to be kept only under sanitary conditions.*—No milk or cream shall be sold or kept for sale under any conditions which, in the opinion of the local health officer, are not clean and sanitary.

All vessels containing such milk or cream for sale shall at all times be covered, kept cool, and so placed that the contents will not be exposed to sun, dust, dirt, flies, or other insects.

REG. 9. *Conditions of bottling of milk and cream.*—No milk or cream shall be served or sold in bottles or offered for sale in bottles unless the bottling is done

under clean and sanitary conditions at the place of production or collecting or distributing station.

Each bottle shall be capped and each cap shall show the name of the producer or dealer and the place of bottling.

REG. 10. *Receptacles to be kept in sanitary condition; when to be condemned and seized.*—Every can or other vessel which is used to contain milk or cream intended for sale shall be constantly kept in a clean and sanitary condition. When emptied, and before being returned by the person to whom it was last delivered full or partly full, every such can or other vessel shall be effectively cleansed. The local health officer or his representative shall condemn any such can or other vessel found by him to be in such condition that it can not be rendered by washing clean and sanitary as a receptacle for milk or cream, and shall destroy or so mark the condemned vessel as to show that it has been condemned. When so condemned and marked, such can or other vessel shall not be used again to contain milk or cream for sale. The local health officer or his representative may seize and hold as evidence any can or other vessel returned or otherwise used in violation of this regulation.

REG. 11. *Utensils to be cleansed.*—All dippers, measures, or other utensils used in the handling of milk or cream intended for sale shall be maintained in a cleanly condition.

REG. 12. *Pasteurization.*—Except where a different standard of pasteurization has been adopted previous to the 1st day of September, 1914, by the local health authorities, no milk or cream shall be sold or offered for sale as pasteurized unless it has been subjected to a temperature averaging 145° F. for not less than 30 minutes; and no milk or cream which has been heated by any method shall be sold or offered for sale unless the heating conforms to the provisions of this regulation.

After pasteurization the milk or cream shall be immediately cooled and placed in clean containers and the containers shall be immediately sealed.

No milk or cream shall be pasteurized more than once.

REG. 13. *Designations of milk and cream restricted.*—All milk sold or offered for sale at retail shall bear one of the designations provided in this regulation, which constitutes the minimum requirements permitted in this State.

No term other than "certified" shall be used to designate the grade or quality of milk or cream which is sold or offered for sale, except—

- Grade A raw.
- Grade A pasteurized.
- Grade B raw.
- Grade B pasteurized.
- Grade C raw.
- Grade C pasteurized.

Certified.—No milk shall be sold or offered for sale as certified milk which does not conform to the regulations prescribed by and bear the certification of a milk commission appointed by a county medical society organized under and chartered by the medical society of the State of New York, and which has not been pronounced by such authority to be free from antiseptics, added preservatives and pathogenic bacteria, or bacteria in excessive numbers. All milk sold as certified milk shall be conspicuously marked with the name of the commission certifying it.

No county medical society shall give such certification unless all cows producing such milk have been tested at least once during the previous year with tuberculin, and any cow reacting thereto has been promptly excluded from the herd.

Grade A raw.—No milk or cream shall be sold or offered for sale as “Grade A raw” unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must have been tested at least once during the previous year with tuberculin, and any cow reacting thereto must have been promptly excluded from the herd.

Such milk must not at any time previous to delivery to the consumer contain more than 60,000 bacteria per cubic centimeter, and such cream not more than 300,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the scorecard prescribed by the State commissioner of health not less than 25 per cent for equipment and not less than 50 per cent for methods.

Such milk and cream must be delivered within 36 hours from the time of milking, unless a shorter time shall be prescribed by the local health authorities.

Such milk and cream must be delivered to consumers only in containers sealed at the dairy. The caps or tags must be white and contain the term “Grade A raw” in large black type and the name and address of the dealer.

Grade A pasteurized.—No milk or cream shall be sold or offered for sale as “Grade A pasteurized” unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must be healthy, as disclosed by an annual physical examination.

Such milk or cream before pasteurization must not contain more than 200,000 bacteria per cubic centimeter.

Such milk must not at any time after pasteurization and previous to delivery to the consumer contain more than 30,000 bacteria per cubic centimeter and such cream not more than 150,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the scorecard prescribed by the State commissioner of health not less than 25 per cent for equipment and not less than 43 per cent for methods.

Such milk and cream must be delivered within 36 hours after pasteurization, unless a shorter time shall be prescribed by the local health authorities.

Such milk and cream must be delivered to consumers only in containers sealed at the dairy. The caps or tags must be white and contain the term “Grade A pasteurized” in large black type.

Grade B raw.—No milk or cream shall be sold or offered for sale as “Grade B raw” unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must be healthy, as disclosed by an annual physical examination.

Such milk must not at any time previous to delivery to the consumer contain more than 200,000 bacteria per cubic centimeter, and such cream not more than 750,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the State commissioner of health not less than 23 per cent for equipment and not less than 37 per cent for methods.

Such milk and cream must be delivered within 36 hours from the time of milking, unless a shorter time shall be prescribed by the local health authorities.

The caps or tags on the containers must be white and contain the term “Grade B raw” in large, bright-green type, and the name of the dealer.

Grade B pasteurized.—No milk or cream shall be sold or offered for sale as "Grade B pasteurized" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

All cows producing such milk or cream must be healthy, as disclosed by an annual physical examination.

Such milk or cream before pasteurization must not contain more than 300,000 bacteria per cubic centimeter.

Such milk must not at any time after pasteurization and previous to delivery to the consumer contain more than 100,000 bacteria per cubic centimeter, and such cream not more than 500,000 bacteria per cubic centimeter.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the State commissioner of health not less than 20 per cent for equipment and not less than 35 per cent for methods.

Such milk must be delivered within 36 hours, and such cream within 48 hours after pasteurization, unless a shorter time is prescribed by the local health authorities.

The caps or tags on the containers must be white and contain the term "Grade B pasteurized" in large bright-green type, and the name of the dealer.

Grade C raw.—No milk or cream shall be sold or offered for sale as "Grade C raw" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the State commissioner of health not less than 40 per cent.

Such milk and cream must be delivered within 48 hours from the time of milking, unless a shorter time shall be prescribed by the local health authorities.

The caps or tags affixed to the containers must be white and contain the term "Grade C raw" in large red type.

Grade C pasteurized.—No milk or cream shall be sold or offered for sale as "Grade C pasteurized" unless it conforms to the following requirements:

The dealer selling or delivering such milk or cream must hold a permit from the local health officer.

Such milk and cream must be produced on farms which are duly scored on the score card prescribed by the State commissioner of health not less than 40 per cent.

Such milk and cream must be delivered within 48 hours after pasteurization, unless a shorter time shall be prescribed by the local health authorities.

The caps or tags affixed to the containers must be white and contain the term "Grade C pasteurized" in large red type.

The bacterial count herein required shall be made only at county or municipal laboratories or such other laboratories as may be approved by the State commissioner of health.

In those municipalities where a bacterial count of the milk is, in the opinion of the local health authorities, impracticable, they may in their discretion grade milk and cream according to the score of the dairies producing it, as prescribed in this regulation, but no such milk shall be designated "certified," "Grade A raw," or "Grade A pasteurized."

This regulation shall not be construed to rescind or modify any existing local regulation or ordinance controlling the grading of milk or cream established prior to the 1st day of September, 1914.

REG. 14. *Supplementary regulations by local authorities.*—The health authorities of any municipality may, in their discretion, increase the stringency of these

regulations or add to them in any way not inconsistent with the provisions thereof.

REG. 15. *When to take effect.*—Every regulation in this chapter, unless otherwise specifically stated, shall take effect throughout the State of New York, except the city of New York, on the 16th day of November, 1914.

OHIO.

Deaths—Transportation of Dead Bodies. (Reg. Bd. of H., Oct. 21, 1914.)

RULE 1. A transit permit and transit label issued by the proper health authorities shall be required for each dead body transported by common carrier.

The transit permit shall state the name, sex, color, and age of the deceased, the cause and date of death, the initial and terminal points, the date and route of shipment, a statement as to the method of preparation of the body, the date of issuance, the signature of the undertaker, the signature and the official title of the officer issuing the permit.

The transit label shall state the place and date of death, the name of the deceased, the name of the escort or consignee, the initial and terminal points, the date of issuance, and the signature and official title of the officer issuing the permit shall be attached to the outside case.

RULE 2. The transportation of bodies dead of smallpox, plague, Asiatic cholera, typhus fever, diphtheria (membranous croup, diphtheritic sore throat), scarlet fever (scarlet rash, scarlatina), shall be permitted only under the following conditions:

The body shall be thoroughly embalmed with an approved disinfectant fluid, all orifices shall be closed with absorbent cotton, the body shall be washed with the disinfectant fluid, enveloped in a sheet saturated with the same, and placed at once in the coffin or casket, which shall be immediately closed, and the coffin or casket, or the outside case containing the same, shall be metal or metal-lined and hermetically and permanently sealed.

RULE 3. The transportation of bodies dead of any diseases other than those mentioned in rule 2 shall be permitted under the following conditions:

(a) When the destination can be reached within 24 hours after death, the coffin or casket shall be incased in a strong outer box made of good sound lumber not less than seven-eighths of an inch thick; all joints must be tongued and grooved, top and bottom, put on with cleats or crosspieces, all put securely together, and be tightly closed with white lead, asphalt varnish, or paraffin paint, and a rubber gasket placed on the upper edge between the lid and box.

(b) When the destination can not be reached within 24 hours after death, the body shall be thoroughly embalmed and the coffin or casket placed in an outside case constructed as provided in paragraph (a).

RULE 4. No disinterred body dead from any disease or cause shall be transported by common carrier unless approved by the health authorities having jurisdiction at the place of disinterment, and transit permit and transit label shall be required as provided in rule 1.

The disinterment and transportation of bodies dead of diseases mentioned in rule 2 shall not be allowed except by special permission of the health authorities at both places of disinterment and the point of destination.

All disinterred remains shall be inclosed in metal or metal-lined boxes and hermetically sealed, providing that bodies in a receiving vault when prepared by licensed embalmer shall not be regarded as disinterred bodies until after the expiration of 30 days.

RULE 5. The outside case may be omitted in all instances when the coffin or casket is transported in hearse or undertaker's wagon.

RULE 6. Every outside case shall bear at least four handles, and when over 5 feet 6 inches in length shall bear six handles.

RULE 7. An approved disinfectant fluid shall contain not less than 5 per cent of formaldehyde gas. The term "embalming" as employed in these rules shall require the injection by licensed embalmers of not less than 10 per cent of the body weight, injected arterially in addition to cavity injection, and 12 hours shall elapse between the time of embalming and the shipment of the body.

SOUTH CAROLINA.

Communicable Diseases—List of Diseases Made Notifiable. (Reg. Bd. of H., July 18, 1913.)

The following diseases were made reportable in South Carolina:

Actinomycosis.	Ophthalmia neonatorum (conjunctivitis of newborn infants).
Anthrax.	Paragonimiasis (endemic hemoptysis).
Cancer.	Paratyphoid fever.
Chicken-pox.	Pellagra.
Cholera, Asiatic (also cholera nostras when Asiatic cholera is present or its importation threatened).	Plague.
Continued fever lasting seven days.	Pneumonia (acute).
Dengue.	Poliomyelitis (acute infectious).
Diphtheria.	Rabies.
Dysentery:	Rocky Mountain spotted, or tick fever.
(a) Amebic.	Scarlet fever.
(b) Bacillary.	Septic sore throat.
Favus.	Smallpox.
German measles.	Tetanus.
Glanders.	Trachoma.
Hookworm disease.	Trichinosis.
Leprosy.	Tuberculosis (all forms, the organ or part affected in each case to be specified).
Malaria.	Typhoid fever.
Measles.	Typhus fever.
Meningitis:	Whooping cough.
(a) Epidemic cerebrospinal.	Yellow fever.
(b) Tuberculous.	
Mumps.	

Milk and Milk Products—Production, Care, and Sale.—(Reg. Bd. of H., Dec. 16, 1913.)

Any person owning or managing a dairy or dairy farm, the products of which are sold, shall conform to each and every rule herein set forth for maintaining and handling all such products in a cleanly and sanitary condition.

Cows.—Cows shall be in a healthy condition, and should be tested for tuberculosis once a year, and those reacting or showing evidence of tuberculosis shall be removed.

Cows shall be kept in a cleanly condition, curried and brushed daily. Bedding shall be fresh, and the temperature of the stable kept comfortable.

Location of stable.—Stable shall be located on ground which is well drained and free from any contaminating surroundings.

Construction.—Stables shall have water-tight floors and gutters for proper drainage; walls and ceilings to be tight and smooth. A proper stall for feeding shall be provided.

Light.—Provision shall be made for 4 square feet of glass light for each cow, and free from any contaminating surroundings.

Ventilation.—An automatic ventilating system should be installed if practicable.

Cubic feet of space per cow.—There shall be provided not less than 500 cubic feet of space per cow.

Barn roof.—A cover to the barn shall be provided, so as to protect cows from rain and sunshine, and if the roof is a slanting one, the lowest place shall be not less than 8 feet above the ground.

Cleanliness of stables.—Stables shall be kept clean at all times. The floors, walls, ceilings, and ledges to be kept free from dust or dirt. Mangers, partitions, and windows shall also be kept clean.

Storage of food.—If any foodstuffs are stored in the loft, the floor of such loft shall be absolutely tight, so that no particles of foodstuffs may come through. No storage of foodstuffs above the stalls shall be permitted unless the floor be tight and dust proof.

Removal and care of manure.—The barnyard shall at all times be kept clean and well drained; manure or other refuse shall be removed twice a day to a distance of at least 150 feet from the barn or stables and stored into a fly and wind proof receptacle.

Milk room—Construction.—The milk room shall be provided with doors and windows securely screened against flies; tight walls and floors, kept constantly clean; the walls and floor to be of such construction as to allow easy and thorough cleansing, and all walls and ceilings shall have ample light and ventilation.

Location of milk room.—The milk room shall be free from contaminating surroundings, and shall be removed from all barns at least 150 feet.

No portion of the building shall be used for stabling any other animal, fowls, or for sleeping purposes, nor shall any cows used for dairy purposes be stabled in any portion of the building.

No water-closet, privy, or cesspool, urinal, or other source of contamination shall be erected, kept, or permitted within 150 feet of the room or portion of the building where cows are stabled, or in which milk or other dairy product is stored, mixed, or altered.

Utensils and milking.—Water for cleaning all milk utensils shall be clean, convenient, and abundant. A small-topped milking pail is recommended. Facilities for hot water and steam shall be in the milk house and not in the kitchen.

Every care shall be taken to maintain absolute cleanliness of milking utensils, which should be thoroughly washed and sterilized in live steam before being placed in use for the reception of milk.

Personal cleanliness of employees shall at all times be maintained, who shall, before milking, wash their hands, clean their finger nails, and milk with dry hands.

The udders of cows shall be washed and dried immediately before milking.

Handling the milk.—All milk removed shall be handled by attendants having clean hands and whose outer garments are of clean, washable material. Milk shall be removed immediately from the stable and cooled immediately after milking the cow.

No person suffering from a communicable disease, or residing in a house where such disease is under treatment, and subject to quarantine, isolation,

or observation, shall in any way handle, furnish, or sell milk or its products unless especially authorized by the local health officer.

No person shall sell or offer for sale any milk or dairy product from cows which have not been tested for tuberculosis and found to be free of the disease, nor from any cow known or suspected to be suffering from any local or general disease which is liable to render the milk from said cow unwholesome, nor milk watered, or adulterated milk, or milk known as swill milk, or milk from cows that are fed on swill, garbage, or other like substance, nor any butter or cheese made from any such milk.

Slaughterhouses and Meat Markets—Sanitary Regulation. (Reg. Bd. of H., Dec. 16, 1913.)

1. No person or persons shall build or use any slaughterhouses within the limits of any town or city in the State without the consent of the local health officer; and the keeping and slaughtering of all cattle or other animals, and the preparation and keeping of all meat, fish, birds, or other animal food shall be in the manner best adapted to secure and continue their wholesomeness as food.

2. Every butcher or other person leasing or occupying any place, room, or other building wherein any cattle, sheep, or swine have been or are killed or dressed, and every person being owner, lessee, or occupant of any room or stable wherein animals are kept, or of any market, public or private, shall cause such place, room, building, stable, or market, and their yards and appurtenances, to be thoroughly cleaned and purified, and all offal, blood, fat, garbage, refuse, and unwholesome or offensive matter to be removed therefrom at least once each 24 hours after the use thereof for any purpose herein referred to. All woodwork, save floors and counters, in any building, place, or premises above mentioned shall at all times be kept thoroughly painted or whitewashed, and the floors of such building, place, or premises shall be so constructed as to prevent blood or foul liquids or washings contaminating the soil by seepage, leakage, or by any other means.

3. All slaughterhouses and markets shall be supplied by a pure and wholesome water supply.

4. No person shall urinate, defecate, or commit any nuisance whatsoever in the slaughtering pens of any abattoir or slaughterhouse, or within 125 feet thereof.

5. Markets shall be well ventilated.

6. The use of sawdust, sand, or other absorbent material on the floors of markets is prohibited.

7. Each day the stalls and stands of markets shall be washed and cleaned so as to keep them in the highest state of cleanliness.

8. In every meat market each room wherein meat is handled or stored shall be completely screened at doors, windows, and other openings with wire gauze, 18-mesh per inch in either direction, and such gauze shall at all times be kept in perfect repair. No meat offered for sale shall be exposed on the street or sidewalk.

9. The floor of every meat market shall be scrubbed once daily with water and concentrated lye, or other cleansing agent, and shall be kept clean at all times.

10. All meat that is or becomes tainted, or attacked by putrefactive bacteria, shall be removed from the premises at once or destroyed, and shall not be stored in any ice chest or refrigerator.

11. Chopping blocks shall be scraped daily, and counters must be thoroughly scoured; all knives, saws, and other implements must be scalded and washed thoroughly daily, and maintained at all times in a cleanly condition.

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14. No dogs, cats, or other animals shall be allowed in a market or slaughterhouse.

Foodstuffs—Protection. (Reg. Bd. of H., Dec. 16, 1913.)

15. All dealers in foodstuffs, such as milk, meat, fish, vegetables (of whatsoever kind and variety, whether to be eaten raw or cooked), fruits, candies, cakes, confections, etc., shall not expose or exhibit the same on any sidewalk or alley in the State of South Carolina; but all such food intended for human consumption and offered for sale shall at all times be kept free from contamination by dust, dirt, flies, insects, cats, dogs, or other domestic animals.

Lavatories—Required where Foodstuffs are Prepared or Persons Employed. (Reg. Bd. of H., Dec. 16, 1913.)

12. No manufactory, bakery, butcher shop, slaughterhouse, or any other place where human food or drinks are prepared for use, and all stores, shops, public or office buildings, offices, and other places where people are employed, or places catering to the public, shall operate unless there be provided for the use of any and all persons operating, patronizing, or employed therein a wash sink or lavatory, which shall be provided with or in connection to the urinals and water-closets, with an abundance of towels, water, and soap, and shall at all times be open and free to the use of persons operating in, patronizing, or employed in such places.

Garbage and Refuse—Organic Waste—Care and Disposal. (Reg. Bd. of H., Dec. 16, 1913.)

13. No house refuse, offal, garbage, dead animals, decaying vegetable matter, or organic waste of any kind shall be thrown upon any street, road, or public place; and no such refuse, putrescible or decaying animal or vegetable matter shall be kept in house, cellar, or adjoining outhouses or premises for more than 48 hours in any incorporated or unincorporated city, town, village, or built-up community. All receptacles for such garbage, etc., shall be so constructed as to be of sufficient dimensions for the reception of all garbage, and shall be water-tight, made of tight-matched lumber or galvanized iron, and shall stand at least 9 inches from the ground, and be provided with a suitable cover, which must be kept properly adjusted to same, so as to protect the contents from flies, insects, rats, and animals, or vermin. All garbage or refuse containers shall have their contents emptied at least once every 48 hours.

Barber Shops—Sanitary Regulation of. (Reg. Bd. of H., Dec. 16, 1913.)

1. No owner or manager of a barber shop shall knowingly permit any person suffering from a communicable disease, or from a venereal disease in a communicable stage, to act as a barber in said shop.

2. No person who, to his own knowledge, is suffering from a communicable disease, or from a venereal disease in a communicable stage which might be conveyed to another person by contact, shall act as a barber.

3. All barber shops, together with all furniture, shall be kept in a clean and sanitary condition.

(a) Mugs, shaving brushes, razors, scissors, clipping machines, pincers, needles, and other steel instruments shall be cleaned and sterilized either by steam, boiling water, or in alcohol of at least 60 per cent strength after each separate use.

(b) Combs and brushes shall be thoroughly sterilized after each separate use.

(c) A separate clean towel shall be used for each person.

(d) Alum or other material used to stop the flow of blood shall be applied only on a towel or other clean cloth.

(e) The use of powder puffs and sponges is prohibited.

(f) Every barber shop shall be kept well ventilated and provided with hot and cold water.

(g) Head rests of chairs shall be covered with a towel that has been washed since having been used before, or by clean new paper.

(h) Every barber shall cleanse his hands immediately and thoroughly before serving each customer.

(i) No person shall use a barber shop as a dormitory, nor shall any part of the shop be so used.

(j) No barber shall undertake to treat any disease of the skin or any lesions of the skin whatsoever, such as pimples, boils, warts, moles, and the like.

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

MANILA, P. I.

Garbage and Refuse—Not to be Disposed of so as to Contaminate Waterways. (Ord. 225, Aug. 25, 1914.)

SECTION 1. Section 788 of the Revised Ordinances of the city of Manila is hereby amended so as to read as follows:

“SEC. 788. *Filth, garbage, etc.*—No person or persons, firm, or corporation, shall throw or deposit, or allow to fall or escape, or cause to be thrown, placed, or deposited, any dung, carrion, dead animal, offal, garbage, sweepings, or any filthy, putrid, or offensive substance, or the contents of any privy vault or cesspool upon the margin or bank, or into the waters of any bay, estero, canal, reservoir, ditch, creek, or river in the city of Manila, or any stream flowing into any of the same, or upon any beach, shore, public grounds or property, or private grounds or property when the natural drainage or flow of the surface water thereof is into any river, canal, stream, bay, creek, reservoir, or other body of water within the limits of said city, nor shall any person urinate or defecate into or upon any of the places herein mentioned.”

ANN ARBOR, MICH.

Slaughterhouses—Regulation of. (Ord. Sept. 14, 1914.)

SECTION 1. Every slaughterhouse or other place for the slaughtering of animals or the operation at which animals are slaughtered for the purpose of being used for food, exhibited for sale as food, and for use as food within the limits of the city of Ann Arbor shall be constructed in accordance with the following provisions:

The same shall consist of a substantial and suitable building well lighted, containing a killing room, a chill room, a cold storage and refrigerating room, and suitable pens, chutes, etc., commensurate therewith. The killing room shall be adequate in size, and the floor of said killing room shall be of concrete, not less than 3 inches thick, connected with sewer by means of suitable traps, and duly equipped with water seals, and constructed in such a manner as to secure perfect drainage; it shall be provided with hot and cold water, also tank for scalding animals, together with an ample supply of hose; it shall be provided with runways, windlasses, overhead trackage, and system of trolleys running from the killing room into and connecting with chill and cold storage rooms by which and upon which animals slaughtered can be raised, lowered, and carried from killing room to chill room and cold-storage rooms without handling same with hands; it shall be amply equipped with buckets, tubes,

and other utensils and devices into which the blood, offal, and refuse shall be placed and immediately removed, without the necessity of handling with hands; the walls, ceilings, and partitions in said building, and the floor of the same, shall be constructed of material susceptible of a high degree of sanitation and easily kept so; all apparatus, tools, knives and cleavers, etc., used in or about said building shall be kept perfectly clean; said room shall be provided with cuspidors, toilets, towels, and soap for use of employees working therein.

The chill room shall be of adequate size; the walls, partitions, and ceilings of said room shall be thoroughly insulated with approved material and equipped in such a manner that all condensation shall take place above carcasses and be promptly trapped out of the building, thereby securing as far as practicable dry refrigeration; said construction and equipment shall be such that the approximate temperature maintained shall be 40° F.; it shall also be equipped with overhead trolleys and trackage, connected with the killing rooms, and also with the cold-storage or refrigerating room, and the same shall be sufficient in height and capacity to permit all animals slaughtered to be hung from the trolleys, and no animal, or portion of same, shall be placed on the floor or permitted to rest thereon, and all animals and food products placed therein shall be handled with the hands as little as possible.

Cold-storage and refrigerating rooms shall be of adequate size; and shall be equipped with adequate systems of artificial lights; the walls, partitions, and ceilings of said room shall be thoroughly insulated with approved insulating material, and constructed in such a manner as to produce dry refrigeration, and said construction and equipment shall be such that the approximate temperature to be maintained shall be 43° F. It shall also be connected with the killing room and chill room by overhead trackage and trolleys, which shall be sufficient in height, size, and capacity to permit all animals killed and stored therein to be hung from the trolley, and no portion of same placed on the floor; the walls, partitions, and floor shall be kept perfectly clean.

SEC. 2. No person or persons, corporation or corporations, shall erect within the corporate limits of the city of Ann Arbor, a building in which animals are to be slaughtered and prepared for market or human food, unless the plans of such proposed building are first approved by the health officer of the city of Ann Arbor, and a plan of such proposed building shall be filed with the city clerk.

SEC. 3. Every owner, lessee, or occupier of a slaughterhouse in this city shall at all times afford free access to every part of said premises to the health officer, or to any committee or member of the common council, or its authorized agents, for the purpose of inspecting such premises or contents.

SEC. 4. Every slaughterhouse where animals are slaughtered to be used as food, offered for sale, or sold for food within the limits of the city of Ann Arbor, shall be located at such places as are permitted by the common council of the city of Ann Arbor, and shall be so located as to permit connection with the sewer system and water service, and so it shall be supplied with an adequate supply of water for daily and constant flushing and purifying the place, with adequate sewerage and drainage for the speedy removal of all blood and other refuse from such slaughtering, killing, or rendering of tallow and lard.

SEC. 5. All slaughterhouses in which animals are slaughtered, to be used as food, exhibited for sale, or sold for food in the city of Ann Arbor, shall be operated in accordance with the following provisions:

(a) No animal intended for slaughter shall remain on the premises or premises immediately adjoining or adjacent thereto overnight, and not more than 25 animals of any one kind shall be kept at any one time.

(b) No cattle, sheep, or swine shall be killed for human food within the limits of the city of Ann Arbor while such cattle, sheep, or swine are in a diseased, overheated, or feverish, or exhausted condition. No calf which shall be less than 4 weeks old, no pig which shall be less than 5 weeks old, and no lamb which shall be less than 8 weeks old shall be killed for human food, or same or any part thereof shall be kept or offered for sale in said city.

(c) All tracks, traps, and other receptacles, all chutes, platforms, racks, tables, etc., and all knives, saws, cleavers, and other tools, and all utensils, machinery, and articles used in moving, handling, cutting, chopping, or other process shall be thoroughly cleaned before using.

(d) No employee or other person shall be permitted to expectorate on the floor, and proper cuspidors, which will not readily upset, shall be provided for employees in each room and shall be kept thoroughly clean and sanitary.

(e) Water-closets and toilet rooms shall be required for employees, and such rooms shall be entirely separated from compartments in which carcasses are dressed or meat-food products are stored, placed, handled, or prepared. Such closets, etc., shall be conveniently located, sufficient in number, and shall be kept in sanitary condition. Convenient and sanitary urinals and washstands shall be provided.

(f) The room in which meat or meat-food products are prepared, stored, packed, or otherwise handled shall be free from odors from toilet rooms, catch basins, tank rooms, etc., and shall be kept free from flies and other vermin by screening or other methods.

(g) Meat and food products must not be permitted to fall on floors, and in the event of their having fallen the soiled portions must be removed and condemned.

(h) Only good, clean water shall be used in the preparation of carcasses, parts of meat, or meat-food products, etc.

(i) Each animal that is slaughtered shall be required to remain in the chill room and refrigerating room at least 12 hours before same is delivered to owner or used for food or offered for sale as food.

SEC. 6. No person or persons, corporation or corporations, shall bring or cause to be brought into or kept or offered for sale in any public or private market in this city any meat or dead animals the flesh of which is intended to be used for human food until such meat or dead animal shall have been fully and properly cooled and until all blood shall have ceased dripping therefrom. No cased, blown, plaited, raised, stuffed, putrid, impure, or unwholesome meat, fish, bird, or fowl shall be held, bought or sold, or offered for sale for human food in any place in this city.

SEC. 7. The provisions of the ordinance with reference to the equipment, management, and operation of slaughterhouses shall apply to all slaughterhouses now in construction or operation or that may hereafter be constructed or operated, and from and after 30 days from the time this ordinance shall become operative it shall be unlawful for any person, firm, corporation, association, butcher, vendor of meat, or any other person to have any animal slaughtered to be used as food, or exhibited for sale as food, or sold for food, within the limits of the city of Ann Arbor at any slaughterhouse not equipped, managed, and operated in accordance with the provisions of this ordinance.

SEC. 8. From and after 30 days from the time this ordinance shall become operative it shall be unlawful for any person, firm, corporation, association, butcher, or other person to erect, establish, maintain, or operate any slaughterhouse where animals are slaughtered to be used as food or offered for sale as food or sold for food within the limits of the city of Ann Arbor which slaughter-

house is not constructed, maintained, and operated in accordance with all of the provisions of this ordinance; and it is hereby declared to be the duty of the health officer to enforce the provisions of this ordinance.

Sec. 9. Any violation of any of the provisions of this ordinance shall be punished by a fine, to be imposed upon the offender when duly convicted thereof, not exceeding \$100 and the costs of prosecution, and in imposing such fine the court may make a further sentence that in default of the payment of such fine and costs the offender may be imprisoned in the county jail of Washtenaw County for a period of time not exceeding 90 days.

And every day any person or persons shall violate the provisions of this ordinance shall be deemed a separate offense.

Sec. 10. All ordinances or parts of ordinances in the city of Ann Arbor inconsistent with the provisions of this ordinance are hereby repealed: *Provided*, That nothing in this ordinance shall be construed to prevent any farmer from killing, dressing, or selling in the open market, unless diseased, any meat intended for food that he has purchased, raised, fed, or slaughtered.

BERKELEY, CAL.

Foodstuffs Unfit for Human Consumption—To be Condemned and Destroyed. (Ord. Oct. 23, 1914.)

SECTION 1. For the purposes of this ordinance the term "food" shall include all articles used for food, drink, liquor, confectionery, or condiment by man, whether simple, mixed, or compound.

Sec. 2. The health officer of the city of Berkeley, or any inspector authorized by him, is hereby empowered and directed to seize, confiscate, condemn, and destroy all food which is or has become tainted, decayed, spoiled, adulterated, unwholesome, or unfit for human consumption when found within the city of Berkeley and in the possession or under the control or on the premises of any person, firm, association, or corporation, provided said food is prepared for sale, offered for sale, stored or kept for sale, or otherwise intended for human consumption.

Sec. 3. The health officer, or any inspector authorized by him, is hereby empowered and directed to seize and to hold for such time as he may deem necessary for proper examination any food found within the city of Berkeley which is prepared for sale, offered for sale, stored or kept for sale, or otherwise intended for human consumption, and which he may suspect of being tainted, decayed, spoiled, adulterated, unwholesome, or unfit for human consumption.

BIRMINGHAM, ALA.

Privies and Cesspools—Permit Required. (Ord. 239-C, June 3, 1914.)

That it shall be unlawful for any person to dig or use, or cause to be dug or used, any cesspool or privy vault in the city of Birmingham, or to connect any plumbing with the same, except upon written permit from the city health officer.

Any person, firm, or corporation violating any provision of this ordinance shall, upon conviction, be punished within the limits and as provided in section 1216 of the Code of Alabama.

BOSTON, MASS.

Sausage-Manufacturing Establishments—Sanitary Regulation. (Reg. Bd. of H., Oct. 16, 1914.)

1. All establishments in the city of Boston used for the manufacture of sausage shall be so constructed that proper sanitary conditions may be maintained in every department.

2. The floors shall be constructed of a smooth, impervious substance, easily cleaned and flushed and properly graded to drains connecting with sewers, and shall be satisfactory to the board of health.

3. The walls and ceilings shall be of cement, enameled tile or brick, or other smooth, impervious substance.

4. Tables, benches, or stands on which sausage is prepared must be constructed of smooth, impervious material. If wood is used, only hardwood will be approved. Wooden benches and tables must be so constructed that they can be easily taken apart and thoroughly cleaned. Wooden benches or tables showing chipped or broken surfaces will be condemned.

5. All cutters, grinders, stuffers, and other apparatus used in the manufacture of sausage shall be so constructed as to be readily cleaned, and must be thoroughly cleansed at the end of each day's work, and kept covered when not in use.

6. Rooms which require artificial lighting or any portion of which is below the surface of the ground shall not be used in the manufacture of sausage unless a special permit for such use is issued by the board of health.

7. An adequate supply of hot and cold water must be furnished at all times, and facilities for flushing provided in each room.

8. Ample toilet facilities must be provided for employees. No urinal or water-closet shall be maintained in any room in which sausage is prepared or stored; nor shall any urinal or water-closet be so located as to allow odors from the same to permeate such room.

9. All caldrons, smoke rooms, and cooking apparatus must be constructed so that the fumes and odors arising therefrom do not cause a nuisance.

10. Spitting is absolutely prohibited except in receptacles provided for the purpose. Cuspidors in sufficient number must be provided.

11. All windows and doors shall be properly screened against flies from May 1 to November 1. The premises must be kept free from rats, mice, and vermin.

12. Meats shall not be placed directly on the floor. All racks on which meat is placed or hung shall be constructed of hard, smooth material, satisfactory to the board of health, and must be kept in a clean, sanitary condition.

13. Employees before beginning work must change street clothing for clean washable outer clothing to be worn only in the establishment.

14. Meats shall at all times be handled in a clean manner and be protected from dust and dirt.

15. Employees engaged in the handling of meats must keep themselves clean. The hands especially must be kept scrupulously clean and show no evidence of sores or cuts.

16. Water-tight and properly covered receptacles of metal kept in a sanitary condition must be provided at each establishment for the reception of waste matter.

Egg Breaking and Canning Establishments—Sanitary Regulation. (Reg. Bd. of H., Oct. 20, 1914.)

1. All establishments in the city of Boston used for the breaking and canning of eggs shall, subject to the approval of the board of health, be provided with sufficient facilities for washing utensils and apparatus and the hands of employees, and with a sufficient number of sanitary water-closets. No room in which eggs are to be broken from the shell for food shall be occupied for such purpose until approved by the board of health.

2. The walls and ceilings of all rooms used for the breaking of eggs intended for food shall be of hard, smooth material, easily cleaned, approved by the board of health.

3. The hands of all persons engaged in breaking eggs from the shell for food shall be washed before beginning work and kept clean as far as the work will permit. All employees shall wear clean outer garments approved by the board of health.

4. All windows and doors in egg-breaking rooms shall be securely screened against flies and other insects. Such rooms shall be kept free from rats, mice, and vermin.

5. All utensils, apparatus, and receptacles used in breaking eggs shall be subject to the approval of the board of health, and such utensils, apparatus, and receptacles as in the opinion of the board or its inspector are unfit for use, shall be condemned. All cups into which eggs are broken for food shall be subject to the approval of the board of health, shall be of metal, and of such shape and construction as to prevent the collection of any substance about the edges, seams, or handle. All tables used for the breaking of eggs for food shall be of hard, smooth material, of a design and construction approved by the board of health.

6. No eggs unfit for food within the meaning of chapter 654 of the acts of 1913 shall be broken or canned for food. No eggs broken or canned for food shall contain any preservative in violation of law.

7. All eggs shall be lighted (process known as candling) before breaking, and such eggs as at the time of lighting are known to be, or suspected of being, unfit for food shall not be broken out for food. All dirty-shell eggs, otherwise fit for food, shall be handled in such a way as to prevent dirt from getting into the broken-out product. Wash in wire-screened-bottom receptacles, letting the water wash through.) All leaky eggs shall be kept separate so as not to foul the sound-shell eggs.

8. No eggs which have been broken from the shell for food shall be allowed to remain outside of the refrigerator for more than half an hour. All such eggs must be cooled as rapidly as possible to a temperature of 45° F. or lower. All such eggs offered for, and during, transportation shall be so protected as to maintain the temperature as low as possible. All utensils used in the storage and transportation of such eggs shall be of a construction approved by the board of health, and shall be thoroughly washed and cleansed before being used.

9. All utensils which have come in contact with, and the hands of the employee handling, an egg which when broken from the shell is found to be unfit for food, shall be at once thoroughly washed.

10. Proper receptacles easily distinguishable from receptacles in which edible eggs are kept shall be provided for eggs found to be unfit for food, and shall when in use always contain at least 1 pound of common salt for every gallon of their volume, or other soluble satisfactory to the board of health.

11. All eggs unfit for food and broken out for manufacturing purposes shall, if broken in the same room in which edible eggs are broken, be broken out only after all breaking for food purposes has been finished for the day, and then only in separate utensils.

12. All utensils, apparatus, receptacles, tables, and benches used in the room where eggs are broken from the shell for food shall be thoroughly cleansed at the end of work each forenoon and afternoon.

13. The floor of each room shall be thoroughly cleansed at the end of work each forenoon and afternoon.

14. All egg shells and refuse egg matter shall be treated with a deodorizer and removed from the premises daily. Proper metallic receptacles with covers shall be provided for refuse material.

BRIDGEPORT, CONN.

Nuisances. (Reg. Bd. of H., Sept. 8, 1914.)

Any person who shall deposit upon any street, public place, vacant lot, or yard any ashes, filth, tin cans, or rubbish of any kind, unless the same is deposited in the manner prescribed by the board of health, shall be fined not more than \$10.

CHATTANOOGA, TENN.

Wells—Analysis of Water Required—Infected to be Filled. (Ord. 1492, Sept. 28, 1914.)

SECTION 1. It shall be the duty of the owner or person in control of any premises within the corporate limits of the city on which there is a well to report, within 30 days after this ordinance takes effect, at the office of the commissioner of the department of education and health the location of all such wells on his premises, and thereafter once during each calendar month to furnish at said office in the municipal building a sample of the water from such wells.

SEC. 2. There shall be kept in said office a record showing the location of all wells reported, as provided in section 1, and it shall be the duty of the commissioner of the department of education and health to have all samples of water furnished to him as provided in section 1 hereof analyzed by the city bacteriologist. If upon such analysis any such water shall be found to be infected or deleterious to health or in such condition as to produce disease, said commissioner shall at once notify the owner or person in control of the premises on which the well from which such water has come is located.

SEC. 3. It shall be the duty of any person receiving notice from the commissioner of the department of education and health, as provided in section 2 hereof, to immediately stop the use of water from the well in question for drinking purposes, and, within 10 days, cause said well to be filled or stopped up, so that water can be used only from it for other purposes than drinking.

SEC. 4. Any person violating any of the provisions of this ordinance shall, upon conviction, be fined not less than \$2 nor more than \$50 for each offense, and each day upon which such person shall be in default shall be deemed a separate offense.