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BERIBERI.¹

A REPORT ON BERIBERI IN THE COUNTY JAIL AT ELIZABETH, N. J.

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I was detailed to proceed to Elizabeth, N. J., to investigate the character of several cases of sickness, supposed to be beriberi, that were appearing in the county jail of that place. I arrived at Elizabeth, N. J., November 6, 1913, and with Dr. Livingood, the jail physician, proceeded to the hospital where three of the cases were confined. These cases were examined and found to be beriberi. One of the cases was well on the road toward recovery, but the other two were in the active stage of the disease. From the hospital we went to the jail, where I saw three more cases.

Case 1.—H. S. Colored. Admitted to the jail, May 17, 1913; developed beriberi August 22, 1913, 44 days after admission. Admitted to hospital with edema of entire body, dyspnea, anemia, heart enlarged with mitral regurgitation. Examination of the case showed marked atrophy of the muscles of the legs, knee jerks absent. Pressure over posterior tibial muscles showed very marked tenderness; no areas of anesthesia could be demonstrated. Examination of the heart showed physical signs of dilatation.

Case 2.—G. O. Italian. Admitted to jail April 28, 1913; developed the disease September 27, 1913, 152 days after admission. He was admitted to the hospital on account of edema of legs. His heart was enlarged, gums were swollen, and he had nose bleed. Examination showed marked atrophy of both legs, extreme tenderness on pressure over calves, absent knee jerks, heart dilated with pseudo mitral murmur. No areas of anesthesia could be demonstrated.

Case 3.—F. T. Polak. Admitted to jail June 9, 1913; developed the disease September 9, 1913, 92 days after admission. Admitted to hospital with edema of entire body, albuminuria, heart enlarged, dyspnea, anemia, and anorexia. Examination showed this case to be well toward recovery. The knee jerks had returned; there was some pain on pressure over the calf muscles and some atrophy. This case showed well-marked areas of anesthesia along the peroneal aspect of the tibia, being the only one of the three hospital cases in which this phenomenon could be demonstrated. The heart of this patient was about normal.

Of the three cases I saw in the jail one was practically recovered; the only remaining symptom being decreased patellar reflex of the left leg. Of the other two cases, one—an Italian—presented typical symptoms of the paralytic form of the disease, dilated heart, absence

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of patellar reflexes, areas of anesthesia over peroneal side of both legs, atrophy of muscles, and pain on pressure over nerves. The other prisoner had not come under medical observation but was examined on account of being the only remaining prisoner confined more than 60 days. In this case I found well-marked areas of anesthesia over peroneal muscles and tibia, pain on pressure, a moderate grade of anemia, and a beginning edema of the left leg. This case was early in the disease and presented one symptom not often observed; that is, exaggerated patellar reflexes.

These six comprised all the prisoners serving a sentence of 60 days or more. The short-term prisoners were not examined for early lesions.

In the last three years, during which time Dr. Livingood has been jail physician, 22 cases of jail edema have been tabulated by him, as follows:

Name.	Date committed.	Date of development of symptoms.	Time confined before development of symptoms.	Total number of days served.	Date of discharge.
1. M. M.	June 23, 1910	Sept. 28, 1910; to hospital Oct. 20, 1910; returned Nov. 30, 1910.	<i>Days.</i> 95	194	Feb. 15, 1911.
2. J. C.	Mar. 14, 1911	May 28, 1911; hospital June 6, 1911.	75	84	June 6, 1911.
3. M. L.	June 14, 1911	Aug. 8, 1911.....	55	57	Aug. 10, 1911.
4. I. K.	June 5, 1911	.....do.....	64	79	Aug. 23, 1911.
5. G. N.	May 27, 1913	Aug. 13, 1913.....	78	81	Aug. 16, 1913.
6. H. S.	May 6, 1911	Oct. 17, 1911.....	164	181	Nov. 7, 1911.
7. J. Di G.	July 12, 1911	Nov. 15, 1911.....	126	355	July 2, 1912.
8. G. F.	Mar. 1, 1911	To hospital May 11, 1911.	71	76	May 18, 1911.
9. J. F.	Dec. 28, 1911	To hospital Mar. 11, 1912.	73	78	Mar. 12, 1912.
10. J. D.	June 30, 1912	Sept. 26, 1912.....	88	107	Oct. 29, 1912.
11. W. McC.	Nov. 7, 1912	Feb. 1, 1913.....	86	161	Apr. 11, 1913.
12. C. P.	Mar. 22, 1913	July 21, 1913.....	121	129	July 29, 1913.
13. G. H.	July 9, 1913	Aug. 22, 1913.....	44	44	Aug. 22, 1913.
14. H. S.	May 17, 1913	To hospital Aug. 22, 1913.	97	115	Sept. 9, 1913.
15. A. P.	Apr. 14, 1913	Sept. 9, 1913.....	148	173	Oct. 4, 1913.
16. F. T.	June 9, 1913	To hospital Sept. 9, 1913.	92	113	Sept. 30, 1913.
17. G. O.	Apr. 28, 1913	Sept. 27, 1913.....	152	185	
18. R. G.	Mar. 24, 1913	June 6, 1913.....	74	81	June 13, 1913.
19. T. F.	July 8, 1913	Oct. 3, 1913.....	87	93	Oct. 9, 1913.
20. T. F.	Mar. 6, 1913	June 11, 1913.....	97	113	June 27, 1913.
21. G. H.	June 6, 1913	Sept. 25, 1913.....	111	115	To Plainfield Sept. 29, 1913.
21. G. N.	May 27, 1913	Aug. 13, 1913.....	78	81	Aug. 16, 1913.
22. T. S.	June 13, 1913	.....	.....	.....	To hospital Aug. 7, 1913.

These cases are now recognized as beriberi. There is a history, however, of the disease having occurred periodically during the last 10 or 15 years.

This is a county jail and prisoners are confined here only while awaiting trial or serving a sentence of one year or less. Dr. Livingood informs me that at least 80 per cent of all prisoners serving more than 90 days contract the disease.

quarter ended June 30, 1913, there were 166,237 poison baits set in new territory and the rats found poisoned averaged for each 100 baits 0.72. During the next quarter there were 177,309 baits set in territory that had been worked over, and only 216 rats, or 0.12 rat per 100 baits were killed. From the foregoing it appears that the rat poison ranks lowest in efficiency but perhaps highest in economy. In view of the fact that the original cost of the cage trap is many times more than that of the spring trap, and the cost of maintenance is very high, it will be apparent that the spring trap is by far the more economical as well as more effective of the two.

RURAL SCHOOLS.

SANITARY SURVEY OF SCHOOLS IN BARTHOLOMEW COUNTY, IND.

By J. A. NYDEGGER, Surgeon, United States Public Health Service.

The survey of the schools of Bartholomew County was made upon the request of the health commissioner of the county of Bartholomew and the secretary of the Indiana State Board of Health. Work was begun September 23, 1913. It was planned that the scope of the survey should include: (1) a medical inspection of the school children of the public and parochial schools, with especial reference to the occurrence of contagious and infectious diseases, particularly trachoma, and the extent of existence of defective teeth, hypertrophied tonsils, and adenoids, and (2) a sanitary inspection of the school buildings, grounds, outhouses, etc.

In order to have the inspection reports uniform, and also to expedite the work of the survey, a blank form for use in making the inspections was prepared. This form embraced some 36 items of medical and sanitary information relating to the pupils and schools, to be obtained at each school visited.

Bartholomew County is one of the large counties of Indiana. It lies in the southeastern part of the State and has an area of some 400 square miles. The surface in the greater part is level or rolling, but in the western section of the county is broken up and quite hilly. The White River and its tributaries traverse the county in a general direction from north to south. The lowlands are very fertile. Here the surface is overlaid with a deep humus, in part mixed with gravel from former river washings, with a gravelly substratum. The hilly section is mostly hard clay soil mixed with shale, with shaly substrata. This makes a permanent water supply a matter of some difficulty without going to a considerable depth.

The estimated population of the county is 28,000. The taxable basis is \$20,000,000. Columbus, the county seat, a modern, prosperous city, of some 11,000 people, is centrally located in the county.

There are a number of other towns. Of these, Hope is the largest after Columbus. Excellent roads form an extensive network over the county.

Schools.

The county is subdivided into 14 townships. The townships contain from 4 to 10 schools each, according to size and population. Consolidated schools have recently been erected in a number of townships, thereby greatly lessening the total number of schoolhouses in the county.

A single school trustee is responsible for the schools in a township, except where there are municipal or village schools, and he provides for new school buildings, maintenance of buildings, employment of teachers, etc., and has general supervision of the school property. It is a pleasure for me here to refer to the great interest and pride some of these trustees take in their duties.

In all, I visited and investigated 83 schools. Fifty-seven, or 69 per cent, were one-room rural district schools; seven, or 8 per cent, were two and three-room rural schools; six, or 7 per cent, were consolidated schools with from three to nine rooms each; three, or 3.6 per cent, were parochial schools; two, or 2.5 per cent, were village schools; and eight schools, or 9 per cent, were in the city of Columbus. These schools employ 173 teachers. In all 3,969 school children were inspected.

Twenty-six frame schoolhouses were inspected. Twenty-three were one-room rural schools, one was a three-room town school, and two were in the city of Columbus.

Area and Condition of School Yards.

In the towns, as a rule, the school yards are of ample size and well kept, graded, and subdrained. The same may be said of the grounds belonging to the consolidated township schools. Here the yards are of ample size, and on the whole graded, clean, and well policed. The yards of the rural schools average from an acre in dimension to a third of an acre. About 90 per cent of the rural-school yards are level, some are sloping, and still a few others are decidedly abrupt and badly adapted for such purposes. The large majority of these yards were found to be fairly well policed, while some appeared to be practically neglected, with litter and rubbish lying about.

Drainage.

The school yards in most instances are sufficiently well drained. Some are drained well by the nature of the soil and others by the contour of the surface. Many of the yards are partly gravel in composition and porous, and drain quickly. At the large majority of

schools the surface drainage from the outhouses is away from the buildings and wells, while at a limited number it is directly toward the buildings and wells.

Outhouses and Excreta Disposal.

In Columbus, where a water-carriage system exists, all of the schools are supplied with flush-out closets and urinals, with the exception of two, the kindergarten and the Booker T. Washington Colored School. The former is furnished with a single outhouse in the school yard, provided with a brick vault. The outhouse is clean and well kept, but no screen is provided in front of entrance. The vault is in fair sanitary condition. Odors, however, were present. The Booker T. Washington School is provided with a double frame outhouse in the yard, supplied with screens in front of entrances for each sex. Brick vaults are furnished and have sewer connections. This outhouse is in good sanitary condition.

The Hartsville School is provided with new frame outhouses, properly separated for the sexes, screened entrances, and concrete vaults, trapped at rear to permit of access for emptying. The outhouses are not provided with screened openings for ventilation. Otherwise the buildings are good and suitable.

In the one and two room rural schools the sanitary condition of the outhouses was classified as follows:

Name of township.	Total number outhouses.	Outhouses in good sanitary condition.	Outhouses in fair sanitary condition.	Outhouses in bad sanitary condition.
Harrison.....	7		1	6
Rockcreek.....	5		2	3
Nineveh.....	6	1	2	3
Wayne.....	10	1	3	6
Columbus.....	7		3	4
Jackson.....	4		2	2
Sandcreek.....	6		2	4
Union.....	6	1		5
Clay.....	5			5
Ohio.....	4		4	
Flatrock.....	2		1	1
German.....	2		1	1
Clifty.....	2			2
Total.....	66	3	21	42

The outhouses at about 2 per cent of the rural schools are provided with vaults. In the remainder the excreta is received upon the surface of the ground. In many the conditions were unspeakably dirty and insanitary, being filled with excreta almost to the seat. In a small percentage of these outhouses some attempt at removal of excreta and at cleaning up at the beginning of the school year was apparent. The vast majority of these outhouses are simply set on the ground and are freely open beneath and at the back, thereby

allowing free access of flies, animals, etc., to the excreta. In a considerable number of the outhouses objectionable odors were so strong as to make it practically impossible to remain within. In a very few a urine trough had been provided in the outhouses for boys, while in others the seats and floors were urine soaked and gave forth strong odors. As a rule the outhouses are located at from 60 feet to 100 feet away from the school buildings.

Seventy sets of outhouses were inspected as to their being provided with suitable screens in front of them. Forty-two sets of outhouses were noted as having proper screens in front of them. Twenty-eight sets of outhouses were without screens. These screens were classified as good, fair, and bad, according to their condition. Thirty-one were good; five were fair, and six were bad.

Outhouses, with relation to source of water supply and drainage.—In one instance, that of district school No. 4, Ohio Township, the source of water supply (a well) was noted as being 30 feet away from the outhouses. In two other instances the wells were noted as being about 50 feet distant from the outhouses. At still two other rural schools the wells were about 60 feet distant. At the other rural schools the average distance of the wells from the outhouses was from 75 feet to 150 feet. The majority of the wells average 100 feet from the outhouses. At a limited number of rural schools the source of water supply was from 15 rods to one-fourth mile distant. At two rural schools the slope of the school yards was such as to permit of surface drainage from the outhouses into the wells. At the large majority of the schools the grounds were either level or nearly so, while at a few the outhouses were situated at the lower part of sloping grounds, and the drainage was distinctly away from the wells.

Sources of Water Supply.

Seventy-two schools inspected are supplied with drinking water from wells, cisterns, or springs. Of this number 35 are supplied from driven wells, 33 from open or dug wells, 3 from cisterns supplied with rainwater from roofs of school buildings, and one from a spring. The remainder are supplied with city water. The wells, as a rule, are shallow. Few exceed 40 feet in depth. The average depth is from 20 to 25 feet. The driven wells are mostly in the low, level sections of the country, while the dug wells are more frequently seen in the hilly sections. Owing to the dry summer season which had prevailed in that part of Indiana a number of the school wells were not being used at the time of the survey, some having gone completely dry, while in others the water was low and scant in amount. This was mostly the case in the hilly section of the county. While a number of the wells were covered with concrete, whether driven or dug, the majority of them were covered simply with boards.

Kind of Drinking Cups Used.

Seven schools in Columbus have drinking fountains installed. Outside of Columbus eight schools use individual drinking cups. Twenty-four schools still use the common drinking cup, and 43 schools use both the common and individual cups. In explanation of the large number of schools still using both individual and common cups it might be said that, in many instances, practically all the children of a school would be supplied with individual cups, while still at the pump the common cup would be found in use, thus in a measure destroying the benefit conferred by using the individual cup.

In nine rural schools the common water bucket was found in use.

In four rural schools water coolers were used. In the remainder of the rural schools the water is pumped or drawn from the well as required.

Drainage from Pumps, etc.

In 28 instances the school wells were found to be supplied with satisfactory drains or troughs. In 20 instances the wells were not supplied with drains or troughs. In 11 instances a drain or trough was supplied, but was unsatisfactory and allowed the water to reach the well again, or was too short to carry the overflow water away from the well to a satisfactory distance. In 2 instances it was noted that the overflow water from the pump fell directly back into the well through coarse-screened openings in the well cover. With one exception, all of these defects were noted at rural schools.

Disinfection and Special Cleansing of Schoolhouses.

Of the 83 total schools visited and inspected 76 were reported as having been specially cleaned and disinfected before the beginning of the school year. Seven schools were reported as having been specially cleaned before the opening of school, but not disinfected. The method of disinfection of schoolrooms by the county health department is by formaldehyd gas, evolved from the combination of wood alcohol and potassium permanganate.

Lighting of Schools.

In the township consolidated, town, and city schools the lighting is good. In all of these buildings the light is admitted from the left side of the rooms. The Indiana laws require that the window or lighting area of a room shall be not less than one-sixth of the floor area. In all the above buildings the law has been fully complied with and there is in all an excess of illuminating surface beyond what is required. With the light coming from but one side of a room there can be no cross-lights. The case was found to be different in the

rural school buildings, the majority of which are old, many of them having been erected a quarter of a century ago. In the sixty-odd rural school buildings inspected in this respect, practically all, with the exception perhaps of some dwellings used temporarily for school purposes, were sufficiently lighted. A number of schools, in which the window area as compared to the floor area was estimated, exceeded the requirement by from 10 to 15 per cent. The usual custom of lighting the rooms from both sides was adhered to in a large proportion of these schools, while a few of them were found to be lighted from both sides and also the front. In 46 rural school-rooms bad cross-lights were found to exist. In 10 rural schools the cross-lights were not bad. One room was found to be insufficiently lighted, and in one the school children sat facing the light.

Color of Interior Walls and Ceilings.

In the city, town, and township consolidated schools some uniformity existed as to the color of walls and ceilings; that is, some one color scheme had been carried out in a building. Possibly light green colored walls and ceilings predominated. In a number of buildings ocher was the color selected for the finish. Still other buildings had light gray and drab colored walls and ceilings. In the rural schools many of the rooms were papered. Generally some attempt at uniformity of color was found in the schools of a township. This resulted from the fact of one individual, the trustee, having selected the colors. The selection of colors for finish of interior of rooms seems, however, to have been left entirely to the fancy of the individual selecting them in the various townships. Green, gray, ocher, yellow, orange, white, brown, blue, and rose, of many shades were observed. A moderately light-green shade for the walls with a lighter ceiling of the same color is the finish usually adopted for schoolrooms at the present time.

Heating.

The Columbus city schools, the Hope High School, and three town and consolidated school buildings are heated by steam. Five town and consolidated township schools are heated by "sanitary heaters." Three schools are heated by hot-air furnaces. Forty-one schools are heated by coal stoves and 23 are heated by wood stoves. The method of heating rural schools was found to be chiefly by means of stoves.

It is impracticable to use steam for heating schools, except in the larger or consolidated buildings provided with basements. The patent or "sanitary heater" referred to appears to be a good type of heater to use in smaller schools in town or country. This heater is practically a jacketed coal stove located in the room to be heated. Fresh

air from without gains access at the bottom of the jacket from a piped wall inlet. The fresh air becoming warmed by contact with the exterior of the stove rises, and passing upward to the top of the jacket, some 5 feet above the floor, escapes into the room. An attached receptacle for water, placed on top of the heater, preserves a proper degree of moisture in the room air.

The heating of the country school is a question. Until the consolidated rural school is more universally in use there will remain the one-room rural school and the vexed problem of heating it. This, as we know, is generally done by stoves, and in a cold climate this is an unsatisfactory method. The floors are always cold and the children suffer cruelly from chilblains and colds. While the upper part of the room is too warm, the outer row of seats is in an icy atmosphere, and the whole room suffers from bad air. It is believed the type of sanitary heater mentioned would in a measure solve the problem of heating country schools. This method is well worth a trial, and the increased cost would not prove excessive. This type of heater supplies fresh warmed air in the room, where frequently foul air exists, and maintains a more uniform temperature in the room than the ordinary stove.

Ventilation.

Various methods of ventilation were found to exist in the schools. Natural ventilation, which is afforded by perflation of air through open windows and doors and what percolates by cracks and crevices, without any special provisions for outlet of foul air, was found to exist in 55 of the schools visited. Natural ventilation was the method mostly observed in the rural school. Natural ventilation with additional fresh-air inlets was found in two schools. Natural ventilation with additional fresh-air inlets and foul-air outlets was found in three schools. Natural ventilation with additional foul-air outlets was also noted in two other schools. The schools supplied with the accessory forms of natural ventilation were of the rural type with but one or two exceptions. In schools where steam was used for heating, as in the Columbus schools and a few others, warmed fresh air, introduced from without through the radiators, is constantly supplied to the schoolrooms and foul air is removed by means of specially constructed outlets and air shafts.

In six schools, where sanitary heaters and furnaces are provided, warmed, fresh air is supplied the schoolrooms, and special foul-air outlets and shafts are also provided.

In the more recently constructed city of Columbus schools, in those of more recent construction in the towns, and in the central or township consolidated schools, the ventilation is good. There does not appear to be overcrowding of the school children, and the usual allowance of cubic air space per capita is not curtailed.

In many of the rural schools the conditions were different. Although the weather was warm at the time of the inspection, and heat was not required, many of the schools were found with closed doors and closed windows, and the odor of foul air was noticeably perceptible. It is believed that many of the school children in the rural school suffer from the effects of bad ventilation. The maintenance of the normal moisture of the air of schoolrooms is necessary if comfort and good health are to be expected.

The methods found in use in the schools for maintaining the moisture of the air were noted, as follows: In 68 schoolrooms the air was supplied with moisture from vessels on the stoves. In 10 schoolrooms the air was supplied with moisture from steam radiators, and in 5 schoolrooms there were no visible means of supplying moisture.

Cloak Rooms.

A matter of no small importance in schools is that of having separate cloakrooms. All schools should be provided with them. They can be provided at a slightly increased cost, and do much in the way of promoting the hygiene of the schoolroom. Wet and soiled and frequently bad-smelling clothes are hung up in these rooms, and thus are kept out of the schoolroom.

Of the schools inspected, 52 were provided with cloakrooms for keeping wraps, lunches, etc.; 31 schools had no special rooms for clothing, and the wraps and lunches as well were kept in the schoolroom proper. This absence of a special cloakroom was noticed to be confined entirely to the rural schools.

Facilities for Washing Hands and Face.

The facilities provided for washing hands and face were shown to be somewhat varied. Of the 83 schools inspected, six city schools in Columbus are provided with lavatories. The Booker T. Washington colored school in this city is provided with a stationary washbasin, located underneath the sanitary drinking fountain, for purposes of washing hands and face.

At the high school in Hope no facilities are provided for this purpose beyond the pump at the well. Here, however, the school children mostly wash at home. In the East Columbus consolidated school, with about 300 scholars enrolled, the common washbasin is used in all rooms except the one presided over by the principal. The children in this room wash their hands and faces at home.

At the Hartsville School the children wash at home, or, if at school, at the pump in the yard.

At the Hawcreek consolidated school the school children wash in a common washbasin in a sink in the basement.

At three schools no provision was made for washing, and the children are expected to do this at home, as in all instances they live in the towns nearby. In three country schools, no provision whatever was made for washing hands and face. In 31 rural schools the common washbasin was found to be still in use.

In the movement for the promotion of hygiene in schools, and the discarding of the common towel and common drinking cup, the common washbasin should be included. It is a dirty, objectionable vessel at best in a schoolroom, and in sections where water is scarce, the same wash water is frequently used by a number of different school children.

The Use of Towels in Schools.

Notwithstanding the campaign against the common towel in schools, it still continues to be used to a great extent, as my inspection showed. Unless its use is prohibited by law and this is strictly enforced, the common towel will continue to be used in many schools in the future. In the course of the survey, teachers were encountered who believed the common towel was all right, and saw no objection to its use by the school children.

The survey showed that in five schools in Columbus paper towels only were used. In the Columbus Central High School the common towel was still found in use, but I was informed that thereafter paper towels would be used in that school also. In the East Columbus consolidated school common towels were used in all rooms, except in the room in charge of the principal, where none was used. In the Hawcreek township consolidated school no common towel was used. The school children must use handkerchiefs or individual towels. In a number of the other consolidated and town schools the same rule applied. In the town schools, however, the school children have the advantage of the nearness to their homes in this respect.

In 24 schools (mostly rural) the common towel was found in use, and in 49 others (mostly rural) individual towels or none were used. Here must be explained the term "individual towel." It can mean anything—from a handkerchief or a piece of cloth to an individual towel. In most cases where the common towel was not used a handkerchief or a piece of cloth answered the purpose of a towel. In a number of schools nothing is used for wiping the hands and face after washing. They are simply allowed to dry by exposure to the air.

Adjustable Seats.

In making the survey, adjustable seats were a matter to which attention was paid. Now that adjustable seats for school children of all sizes are available, they should be provided in all schools. No longer should an inspector enter a school, city or country, and see

children sitting on seats so high that their feet are suspended in the air. All seats and desks should be adjusted to the occupant. In all cases the seat should have such a relation to the desk top and the floor as to afford an easy natural position to the child.

Of the 83 schools inspected only 17 were provided with adjustable seats. The number of adjustable seats provided per school varied. In one school in Columbus 5 per cent of the seats were of the adjustable type. In two more schools in that city one-sixth and one-fifth of the number of seats provided, respectively, were adjustable. Two schools in Columbus had none. In the Hartsville School 46 per cent of the seats are adjustable. In the Hawcreek Township consolidated school no adjustable seats were found, although 25 adjustable seats had been ordered. In the East Columbus Township consolidated school, with an enrollment of 330 school children, only 37 adjustable seats were found. In the Hope School about the same proportion of adjustable seats was found. In Flatrock Township 78, or 29 per cent, adjustable seats were provided in three schools, with an enrollment of 270 children. In three schools in Clifty Township, with an enrollment of 132 children, there were 29, or 22 per cent, in two schools, and none in the third. In a total of five schools in Rockcreek Township 66, or 63 per cent, adjustable seats were found in four schools where the enrollment was 104, while the fifth school, with 2 rooms and 42 scholars enrolled, had none.

In 61 schools, or 73½ per cent, mostly rural, no adjustable seats were found.

Location of Blackboards.

Attention was given to the location of blackboards also in making the survey. Blackboards can be placed either too high on the walls, so as to be above the reach of the smaller children, or again placed too low, requiring the children to stoop. Both of these defects in location add to the discomfort of the child and tire it all the more quickly. Again, the location of the blackboards with reference to the light reaching them from one side (left preferably), from being equally distributed over the entire surface, or so as not to cause confusion and shadows, should always be borne in mind. With these points in view, the results of the survey were as follows:

In 44 schools the blackboards were properly located. In 39 schools the blackboards were improperly placed. This is a matter of much hygienic importance to the school children. Improperly located blackboards lead to eyestrain, while properly located and lighted boards are a pleasure for the children to work at. In a number of the schools the blackboards were found to extend into corners and hence to include angles. No worse locations could be selected for blackboards than corners, for the light always must be bad there. The material of the blackboards inspected was black-painted boards

or black-painted plaster, and in some schools slate stone was used. In all the newer, consolidated, and town schools, the blackboards were found properly placed. In the country schools mainly the defects as to location and proper illumination were observed.

Health of School Children.

In making the survey the occurrence of contagious and infectious diseases among the school children was especially sought for, particular attention being paid to the search for trachoma and defective oral and pharyngeal conditions. Organic diseases, deformities of back and limbs, defective hearing, defective speech, and mentally dull and backward children were observed.

In general, the 4,000 school children examined throughout the county were found to be well nourished and in good health, as was evidenced by their rosy complexions, sparkling eyes, and vivacity. In some of the western townships, in the hilly and less fertile sections of the county, some of the children appeared to be not well nourished.

In making the survey, it was desired to ascertain how many school children were suffering from defective teeth. The defects observed in a cursory examination would have doubtless been greatly increased had the examination been made from a dentist's point of view, with the use of mirror and probe. The age of the children examined ranged from 6 to 14 years for the rural and graded schools, and higher for the high schools. In the 3,969 school children examined, 1,435, or 38.67 per cent, had defective teeth, ranging from one tooth to three or four or more defective teeth per child.

Five hundred and thirty-nine children, or 14 per cent of the total number examined, had enlarged tonsils. It is safe to estimate that fully 25 per cent, or 125, of that number, also have adenoids.

There was no noticeable difference in the proportion of enlarged tonsils observed in school children in towns from those in the rural schools.

Trachoma.—Trachoma was found to exist in 20 schools in 8 townships, 1 town, and 1 city. Forty-eight cases of well-marked trachoma were found in the 3,969 school children examined, or 1.2 per cent. Twenty cases of trachoma were found in 11 county schools and 1 township consolidated school. Fourteen cases were found in 6 Columbus schools, 11 cases were found in the East Columbus consolidated school, and 3 in the high school, town of Hope. In the country schools, 6 cases were found in 1 school in Wayne Township. From the above it will be noted that trachoma is most prevalent in the two townships, Columbus and Wayne. Thirty-four cases were found to exist in these two townships.

An interesting feature of the existence of six cases of trachoma in one rural school, in Wayne Township, is that five of the cases are in

two families; two cases being in one family and three cases being in another family. In another county school with two cases, both cases were in one family. An interesting feature, as showing the contagiousness of the disease, was observed in this family. The two children at the school with trachoma, upon being asked whether any other members of the family had sore eyes, replied that there were two older sisters in the family and that both had had sore eyes for years. Their home was near the school and it was next visited. There it was learned that of a family of six, five had sore eyes. The wife, a second one, who had not been a member of the household long, was the only member free from the disease. The father, who was absent at the time, had had sore eyes for a number of years, and subsequently the two older daughters had developed sore eyes. Both older daughters lived away from home and could not be seen. One of the sisters was reported as being almost blind from her eye trouble. Of the three cases of trachoma seen in the Hope High School, two were in one family—brothers. Also two cases seen in the Central High School, Columbus, were brothers.

In the East Columbus Township consolidated school, 11 well-marked cases of trachoma were found. In this school 330 children are enrolled and 290 were present and examined, the percentage of cases there being 3.8 per cent. In district No. 2 school, Wayne Township, with six cases of trachoma found in 32 school children examined, the percentage rate is 19 per cent. An interesting feature in connection with the extent of trachoma in the East Columbus Township consolidated school may here be reported. It was noted that in all rooms beside that of the principal, a common towel was used by the school children. Here is an instance where the use of the common towel might easily have acted as a disseminator of the disease.

School children found suffering with trachoma ranged from 6 to 16 years of age, and it was about equally prevalent in both boys and girls, 20 being in the former and 28 in the latter. In a number of these cases there was a decided discharge from the eyes, denoting the acuteness of the disease. Other cases had apparently passed beyond this stage. In all, the granulations were large and plentiful.

With the exception of one family in which trachoma existed and which had come into the county some two years previously from Kentucky, all the school children found to be suffering from trachoma were born in Indiana as far as ascertained and many of them in Bartholomew County, although they had not always lived in the same locality.

Doubtless trachoma had existed in Bartholomew County for years and was introduced either from some other part of the State or from other States or was brought in from Europe by immigrants.

Trachoma and cases suspicious of trachoma in Bartholomew County, Ind., schools, September-October, 1913.

Township.	Trachoma.	Suspicious.
Sandcreek	3	2
Rookcreek	1	1
Harrison	2	1
Wayne	9	
Clay	2	2
German	1	
Columbus	1	1
East Columbus consolidated schools	11	2
Hawcreek Township consolidated schools	1	
Hope High School	3	
Columbus—		
Central High School	2	
Washington School	1	
Jefferson School	4	1
McKinley School	1	
Garfield School	4	
Lincoln School	2	2
Total	48	12

Follicular conjunctivitis.—Twenty cases of follicular conjunctivitis were observed in the school children in 14 schools. This disease was noted to be prevalent more in children in the rural schools. Sixteen cases were found in 13 country schools and four cases in one school in Columbus.

Impetigo contagiosa.—Three cases of impetigo contagiosa were observed in children in one school. Investigation showed that these cases were all members of one family. No other cases of this disease were noted.

Summary.

This report would not be complete without some reference being made to the rapid strides in the way of improvement going on in the rural schools of Bartholomew County. The movement in the way of providing more sanitary buildings and grounds, with a corresponding bettering in educational facilities, is much in evidence. Chief in this respect is the establishment in rural districts of central or consolidated schools. By so doing, the consolidated school absorbs anywhere from 3 to 10 or more one-teacher, one-room rural schools, according to the school population of a township. This central school building is constructed in accordance with the latest approved ideas of school architecture, and is properly heated, lighted, and ventilated. Excreta is disposed of by the crematory method. Sanitary drinking fountains supplied from a deep well, by air pressure, take the place of the common cup, the common water bucket, and the shallow well, so frequently seen much in evidence in the one-room rural school.

By consolidation, the rural schools become graded in the central school, thereby affording the school children a marked advantage, not only in the way of providing comfortable and sanitary school-

rooms, but also in the way of providing far better educational features.

A number of these excellent consolidated township schools were visited in the course of the survey, and if especial reference could be made to any one of them, doubtless the Hawcreek Township consolidated schools would be considered. Previous to the establishment of this consolidated school, 11 one-room rural schools existed in the township, presided over by a like number of teachers. With the placing of all these schools under one roof, the work is now done by seven teachers, and the school is graded. Additional courses, such as manual training, domestic science, etc., which were not taught in the one-room schools, have been added. The children are transported to and from the school. It was an interesting sight to see 11 large, comfortable, heated vans, each accommodating about 20 children, draw up to the school at the end of the day to carry the 200 school children to their respective homes. I was informed that at this school no child walked. All rode to and from school. The fine assembly room is the social center of the community.

PREVALENCE OF DISEASE.

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

IN CERTAIN STATES AND CITIES.

SMALLPOX.

California—Los Angeles.

Senior Surg. Brooks, of the Public Health Service, reported by telegraph that during the week ended January 31, 1914, 1 case of smallpox had been notified at Los Angeles, Cal., making 11 cases reported during the month of January.

Indiana—Evansville.

Acting Asst. Surg. Werry, of the Public Health Service, reported by telegraph that during the week ended January 31, 1914, 12 cases of smallpox had been notified at Evansville, Ind.

Maryland—Lutherville.

The State department of health of Maryland reported by telegraph February 4, 1914, that 2 cases of smallpox had been notified at Lutherville, Baltimore County, Md.

Maryland—Warren.

The State department of health of Maryland reported by telegraph January 29, 1914, that 4 new cases of smallpox had been notified at Warren, Baltimore County, Md.

New York—Niagara Falls.

Acting Asst. Surg. Bingham, of the Public Health Service, reported by telegraph that during the week ended January 31, 1914, 33 cases of smallpox, with 1 death, had been notified at Niagara Falls, N. Y.

Texas—Kingsville.

Acting Asst. Surg. Fairbanks, of the Public Health Service, at Brownsville, Tex., reported by telegraph January 31, 1914, that 60 cases of smallpox had been notified at Kingsville, Tex.

SMALLPOX—Continued.

Washington—Oroville and Molson.

Acting Asst. Surg. Beale, of the Public Health Service, reported that during the period from September 22 to December 23, 1913, 11 cases of smallpox had been notified at Oroville, and that 7 cases had been recently reported at Molson, Wash.

Miscellaneous State Reports.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Illinois (Dec. 1-31):			Montana (Dec. 1-31):		
Counties—			Counties—		
Bureau.....	4		Cascade.....	1	
Calhoun.....	5		Great Falls.....	8	
Clinton.....	2		Carbon.....	7	
Cook.....	8		Custer.....	1	
Dekalb.....	4		Hill.....	11	
Dewitt.....	3		Meagher.....	11	1
Dupage.....	1		Missoula.....	4	
Grundy.....	1		Musselshell.....	1	
Hardin.....	1		Ravalli.....	9	
Iroquois.....	1		Rosebud.....	2	
Jo Daviess.....	18		Sanders.....	1	
Kane.....	18		Silverbow.....	3	
Knox.....	10		Butte.....	13	
La Salle.....	1		Teton.....	1	
Lee.....	38		Yellowstone.....	5	
McLean.....	1		Total.....	78	1
Madison.....	5		Oregon (Dec. 1-31):		
Mercer.....	6		Counties—		
Morgan.....	3		Baker.....	1	
Rock Island.....	2		Columbia.....	1	
St. Clair.....	2		Marion.....	1	
Stephenson.....	4		Morrow.....	1	
White.....	1		Multnomah.....	8	
Whiteside.....	3		Umatilla.....	2	
Will.....	30		Union.....	2	
Williamson.....	1		Wasco.....	26	
Winnebago.....	4		Yamhill.....	2	
Total.....	177		Total.....	44	
Mississippi (Dec. 1-31):					
Counties—					
Lee.....	1				
Lincoln.....	2				
Marion.....	8				
Noxubee.....	8				
Oktibbeha.....	4				
Scott.....	1				
Total.....	24				

City Reports for Week Ended Jan. 17, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Aurora, Ill.....	7		Milwaukee, Wis.....	47	
Baltimore, Md.....	4		Nashville, Tenn.....	10	
Buffalo, N. Y.....	1		New Orleans, La.....	1	
Chicago, Ill.....	1		Niagara Falls, N. Y.....	63	
Cincinnati, Ohio.....		1	Plainfield, N. J.....	3	
Columbus, Ohio.....	28		Portsmouth, Va.....	4	
Dallas, Tex.....	21		Reading, Pa.....	5	
Detroit, Mich.....	17		Richmond, Va.....	2	
Dunkirk, N. Y.....	1		St. Joseph, Mo.....	1	
Evansville, Ind.....	12		St. Louis, Mo.....	6	
Hartford, Conn.....	1		San Francisco, Cal.....	3	
La Crosse, Wis.....	5		South Bend, Ind.....	1	
Lafayette, Ind.....	2		Spokane, Wash.....	5	
Lexington, Ky.....	6		Superior, Wis.....	5	
Los Angeles, Cal.....	4		Toledo, Ohio.....	37	
Lynchburg, Va.....	2		Washington, D. C.....	13	
Marinette, Wis.....	1		Zanesville, Ohio.....	1	

TYPHOID FEVER.

State Reports for December, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Mississippi:		Mississippi—Continued.	
Amite County.....	2	Noxubee County.....	6
Benton County.....	3	Oktibbeha County.....	16
Bolivar County.....	7	Panola County.....	2
Carroll County.....	2	Pearl River County.....	5
Clarke County.....	2	Perry County.....	3
Clay County.....	5	Pike County.....	2
Coahoma County.....	4	Pontotoc County.....	5
Copiah County.....	2	Prentiss County.....	10
Franklin County.....	1	Scott County.....	6
George County.....	3	Sunflower County.....	7
Greene County.....	1	Tate County.....	3
Grenada County.....	6	Tishomingo County.....	6
Hancock County.....	1	Tunica County.....	6
Harrison County.....	3	Union County.....	2
Hinds County.....	2	Warren County.....	4
Issaquena County.....	15	Washington County.....	1
Jackson County.....	3	Yalobusha County.....	2
Jasper County.....	1	Yazoo County.....	11
Jefferson Davis County.....	3		
Jones County.....	13	Total.....	226
Lafayette County.....	1		
Lauderdale County.....	8	Oregon:	
Lawrence County.....	4	Clatsop County.....	1
Lee County.....	2	Harney County.....	1
Lincoln County.....	12	Multnomah County.....	2
Marion County.....	4	Union County.....	3
Marshall County.....	12	Wasco County.....	2
Monroe County.....	4		
Montgomery County.....	3	Total.....	9

Washington—Centralia.

There has been an outbreak of typhoid fever at Centralia, which began about November 25. Surgeon Lloyd, of the Public Health Service, who made an investigation, reports that up to January 23 there had been reported 333 cases with 22 deaths. Most of the cases occurred during the month of December. The outbreak was water borne and effective measures have been taken by the authorities to remedy the defective conditions in the water supply. It is reported that during the outbreak nearly 4,000 persons in the city were given antityphoid vaccine.

TYPHOID FEVER—Continued.

City Reports for Week Ended Jan. 17, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Ann Arbor, Mich.	2		Lynchburg, Va.		1
Auburn, N. Y.	1		Lynn, Mass.	1	
Baltimore, Md.	3	2	Nashville, Tenn.	1	1
Beaver Falls, Pa.	1		Newark, N. J.	3	
Boston, Mass.	13	3	New Bedford, Mass.	1	
Brockton, Mass.	1		New Castle, Pa.	1	
Brookline, Mass.	1		New Orleans, La.	2	2
Buffalo, N. Y.	3		Northampton, Mass.	1	
Chicago, Ill.	28	2	Oakland, Cal.	2	1
Cincinnati, Ohio.	1		Pasadena, Cal.		1
Cleveland, Ohio.	7		Philadelphia, Pa.	7	1
Columbus, Ohio.	2		Pottstown, Pa.	2	
Cumberland, Md.	1	1	Providence, R. I.	3	
Dallas, Tex.	1	1	Reading, Pa.	3	
Dunkirk, N. Y.	2		Rockford, Ill.	2	
Elmira, N. Y.	1		Sacramento, Cal.	13	
Erie, Pa.	1		Saginaw, Mich.	1	
Fall River, Mass.	1		St. Joseph, Mo.	1	
Grand Rapids, Mich.	5	1	St. Louis, Mo.	7	3
Haverhill, Mass.		1	San Francisco, Cal.	6	
Hoboken, N. J.	4		Spokane, Wash.	1	
Lancaster, Pa.	2		Toledo, Ohio.	3	3
Lawrence, Mass.	2		Trenton, N. J.	2	
Los Angeles, Cal.	4		Washington, D. C.	4	1
Lowell, Mass.	2		York, Pa.	1	

CEREBROSPINAL MENINGITIS.

Mississippi Report for December, 1913.

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Mississippi:		Mississippi—Continued.	
Amite County	1	Montgomery County	1
Bolivar County	3	Warren County	1
Jasper County	1		
Monroe County	1	Total	8

Arkansas—Shirley.

The State Board of Health of Arkansas reported January 28, 1914, that 7 cases of cerebrospinal meningitis, with 5 deaths, had been notified at Shirley, Van Buren County, Ark.

City Reports for Week Ended January 17, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Aurora, Ill.		1	Dayton, Ohio.		1
Austin, Tex.	1	1	Lexington, Ky.		1
Baltimore, Md.	1	1	Los Angeles, Cal.	2	1
Bayonne, N. J.		1	Malden, Mass.	1	1
Buffalo, N. Y.	1		Milwaukee, Wis.	1	1
Chicago, Ill.		2	San Francisco, Cal.	1	1
Cincinnati, Ohio.	1		South Bethlehem, Pa.	1	
Cleveland, Ohio.	1		Wilkes-Barre, Pa.	1	1

POLIOMYELITIS (INFANTILE PARALYSIS).**Mississippi Report for December, 1913.**

Places.	Number of new cases reported during month.	Places.	Number of new cases reported during month.
Mississippi:		Mississippi—Continued.	
Bolivar County.....	1	Warren County.....	1
Covington County.....	1	Total.....	6
Monroe County.....	2		
Tate County.....	1		

City Reports for Week Ended January 17, 1914.

During the week ended January 17, 1914, poliomyelitis was notified by cities as follows: Pittsburgh, Pa., 1 case; Providence, R. I., 1 case.

ERYSIPELAS.**City Reports for Week Ended Jan. 17, 1914.**

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Ann Arbor, Mich.....	1	.....	Lowell, Mass.....	.....	1
Binghamton, N. Y.....	3	.....	Milwaukee, Wis.....	2	.....
Boston, Mass.....	.....	1	Nanticoke, Pa.....	1	.....
Buffalo, N. Y.....	6	.....	Norristown, Pa.....	1	.....
Chicago, Ill.....	17	2	Philadelphia, Pa.....	6	1
Cincinnati, Ohio.....	2	.....	Pittsburgh, Pa.....	7	1
Cleveland, Ohio.....	4	1	Saginaw, Mich.....	1	.....
Dunkirk, N. Y.....	1	.....	St. Louis, Mo.....	10	1
Evansville, Ind.....	.....	2	San Francisco, Cal.....	4	2
Hartford, Conn.....	1	.....	Schenectady, N. Y.....	.....	1
Los Angeles, Cal.....	6	.....	South Bethlehem, Pa.....	1	.....

MALARIA.**Mississippi Report for December, 1913.**

The State registrar of vital statistics of Mississippi reported that during the month of December, 1913, 3,376 cases of malaria had been notified in the State of Mississippi.

PELLAGRA.**Mississippi Report for December, 1913.**

The State registrar of vital statistics of Mississippi reported that during the month of December, 1913, 198 cases of pellagra had been notified in the State of Mississippi.

City Reports for Week Ended Jan. 17, 1914.

During the week ended January 17, 1914, pellagra was notified by cities, as follows: Lynchburg, Va., 1 death; New Orleans, La., 1 death.

PLAGUE.

Rats Collected and Examined.

Places.	Week ended—	Found dead.	Total collected.	Examined.	Found infected.
California:					
Cities—					
Oakland.....	Jan. 10, 1914	21	513	285	.....
Berkeley.....	do	0	130	53	.....
San Francisco.....	do	3	1,503	847	.....
Washington—					
City—					
Seattle.....	Jan. 3, 1914	.....	1,662	1,181	.....
Do.....	Jan. 10, 1914	19	1,584	.....	1

Washington—Seattle—Plague-Infected Rats Found.

Surg. Lloyd, of the Public Health Service, reports the finding of plague-infected rats as follows: January 28, 1914, 1 rat; January 29, 1914, 1 rat.

PNEUMONIA.

City Reports for Week Ended Jan. 17, 1914.

Places.	Cases.	Deaths.	Places.	Cases.	Deaths.
Auburn, N. Y.....	2	1	New Castle, Pa.....	2	.....
Beaver Falls, Pa.....	1	.....	Norristown, Pa.....	1	2
Binghamton, N. Y.....	16	6	Philadelphia, Pa.....	53	95
Chicago, Ill.....	242	121	Pittsburgh, Pa.....	21	48
Cleveland, Ohio.....	40	19	Pottstown, Pa.....	2	2
Elmira, N. Y.....	1	.....	Reading, Pa.....	2	2
Erie, Pa.....	1	.....	Sacramento, Cal.....	2	1
Galesburg, Ill.....	1	1	San Francisco, Cal.....	13	13
Grand Rapids, Mich.....	6	8	Schenectady, N. Y.....	2	6
Lancaster, Pa.....	4	.....	South Bethlehem, Pa.....	2	3
Los Angeles, Cal.....	21	14	Spokane, Wash.....	2	2
Manchester, N. H.....	5	5	Toledo, Ohio.....	7	.....

RABIES.

California—Berkeley—Rabies in Animals.

Surg. Long, of the Public Health Service, reported by telegraph that during the week ended January 31, 1914, rabies had been reported in 3 dogs and 1 cow at Berkeley, Cal.

California—Redlands and Pasadena—Rabies in Animals.

Senior Surg. Brooks, of the Public Health Service, reported that during the month of January, 1914, rabies had been reported in a dog at Redlands, and also in one at Pasadena, Cal.

New Jersey—East Orange.

During the week ended January 17, 1914, a death from rabies was notified at East Orange, N. J.

RABIES—Continued.

Washington—Seattle—Rabies in Animals.

Surg. Lloyd, of the Public Health Service, reported by telegraph that during the week ended January 31, 1914, rabies had been reported in 3 dogs at Seattle, Wash.

TYPHUS FEVER.

Immigration Station, Ellis Island, N. Y.

Senior Surg. Williams, of the Public Health Service, chief medical officer at Ellis Island Immigration Station, reported by telegraph that on January 28, 1914, a case of typhus fever had been removed from among steerage passengers of the steamship *Rochambeau*, which arrived at the port of New York, January 27 from Havre.

Port of New York Quarantine.

The health officer of the port of New York reported by telegraph that on January 30, 1914, a case of typhus fever had been removed to Swinburne Island hospital from among the contacts detained from the steamship *Belvedere*, making the fourth case from that vessel.

TETANUS.

During the week ended January 17, 1914, 3 cases of tetanus were notified in Boston, Mass.

SCARLET FEVER, MEASLES, DIPHTHERIA, AND TUBERCULOSIS.

State Reports for December, 1913.

	Scarlet fever.	Measles.	Diphtheria.
Mississippi.....	34	76	70
Oregon.....	30	481	36

City Reports for Week Ended Jan. 17, 1914.

Cities.	Population, United States census 1910.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.....	558,485	213	33	1	6	19	1	14	23	
Boston, Mass.....	670,585	257	43	2	46	101	3	54	22	
Chicago, Ill.....	2,185,283	646	179	6	59	95	5	205	61	
Cleveland, Ohio.....	560,663	170	57	3	27	19	3	23	15	
Philadelphia, Pa.....	1,549,008	594	62	15	72	52	8	108	40	
Pittsburgh, Pa.....	533,905	191	28	1	63	95	4	28	10	
St. Louis, Mo.....	687,029	286	73	6	87	36	3	42	17	

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

City Reports for Week Ended Jan. 17, 1914—Continued.

Cities.	Population, United States census, 1910.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.	423,715	157	27	2	25	8	32	14		
Cincinnati, Ohio	364,463	134	31	1	1	16	37	19		
Detroit, Mich.	465,766	43	43	2		16	1			
Los Angeles, Cal.	319,198	125	9	1	8	14	1	36	17	
Milwaukee, Wis.	373,857	121	27	6	30	1	36	5	29	9
Newark, N. J.	347,469	121	43	1	274	3	59		30	16
New Orleans, La.	339,075	160	34	3	27		1		21	27
San Francisco, Cal.	416,912	132	10	1	11		9		36	17
Washington, D. C.	331,069	106	10		45		16		15	12
From 200,000 to 300,000 inhabitants:										
Jersey City, N. J.	267,779	86					1			13
Providence, R. I.	224,326	84	10	3	8	2	11		7	6
From 100,000 to 200,000 inhabitants:										
Cambridge, Mass.	104,839	31	2		22				6	4
Columbus, Ohio	181,548	59	3	1			5		8	8
Dayton, Ohio	116,577	34	17		22		8		2	6
Fall River, Mass.	119,295	53	6	2	1		19		8	8
Grand Rapids, Mich.	112,571	49	12		126		24	1	4	1
Lowell, Mass.	106,294	47	5	3	18		9			3
Nashville, Tenn.	110,364				2		3		6	7
Oakland, Cal.	150,174	45	5	1			2		5	4
Richmond, Va.	127,628	66	1	1			14			9
Spokane, Wash.	104,402		5		16		4		3	3
Toledo, Ohio	163,497	49	7				4		1	3
Worcester, Mass.	145,986	47	9	2	2		5		3	5
From 50,000 to 100,000 inhabitants:										
Altoona, Pa.	52,127	19	2				4			1
Bayonne, N. J.	55,545	22	2		16	2			3	1
Brookton, Mass.	56,878	18	6		8		10		1	
Camden, N. J.	94,533		3		2				7	
Dallas, Tex.	92,104		4		3		9		2	1
Erie, Pa.	66,525	29	4		1		1			
Evansville, Ind.	69,647	25	1		1					1
Harrisburg, Pa.	64,186	18	3		4		1		8	1
Hartford, Conn.	95,915	33	11		3		1		3	3
Hoboken, N. J.	70,324	20	2		1		2		6	
Johnstown, Pa.	55,482		15	1	11	1	4			5
Lawrence, Mass.	85,992		10	4					2	
Lynn, Mass.	89,336	23	6	1	5		4		6	
Manchester, N. H.	70,063	25	2				5		5	
New Bedford, Mass.	96,652	40	2	2	1		15	3	7	3
Passaic, N. J.	54,773	22			7				1	2
Pawtucket, R. I.	51,622		4	1			3			1
Reading, Pa.	96,071	33	3		1		8			2
Saginaw, Mich.	50,510	15	3		1		3			
St. Joseph, Mo.	77,403	22	2		2		1		4	2
Schenectady, N. Y.	72,826	15	5	1	1		3		3	1
South Bend, Ind.	53,684	12	1	1			1			
Springfield, Ill.	51,678	18	6							1
Springfield, Mass.	88,926	35	4				4		1	3
Trenton, N. J.	96,815	55	2				9		5	7
Wilkes-Barre, Pa.	67,105	27	2		3		3		2	
Yonkers, N. Y.	79,803	29	7		70	1	5		5	3
From 25,000 to 50,000 inhabitants:										
Atlantic City, N. J.	46,150	11	1						1	
Auburn, N. Y.	34,668	14					3		1	
Aurora, Ill.	29,807	13	1				4		1	
Austin, Tex.	29,860	9	1		8		1			
Binghamton, N. Y.	48,443	18	2		9				5	2
Brookline, Mass.	27,792	11			2		2			2
Chelsea, Mass.	32,452	20	1		3		4		1	1
Chicopee, Mass.	25,401	6					1			2
Danville, Ill.	27,871	5	3							
East Orange, N. J.	34,371		4		57		3			
Elmira, N. Y.	37,176	12					1		1	
Everett, Mass.	33,484	11	1		1		11		2	2
Haverhill, Mass.	44,115	20			1		2			
La Crosse, Wis.	30,417	10					1			

IN INSULAR POSSESSIONS.

HAWAII.

Examination of Rats and Mongoose—Plague-Infected Rat Found.

During the week ended January 10, 1914, 386 rats and mongoose were examined at Honolulu for plague infection. No plague-infected animal was found.

A plague-infected rat was found January 3, 1914, at Kukuihaele, Hawaii.

PORTO RICO.

Examination of Rats and Mongoose.

Rats and mongoose have been examined in Porto Rico as follows: Month of November, 1913, 3,273; month of December, 1913, 3,691; January 3 to 16, 1914, 1,880. No plague-infected animal was found.

FOREIGN REPORTS.

CHINA.

Smallpox—Tong An.

Hemorrhagic smallpox was reported prevalent, December 29, 1913, at Tong An, about 30 miles from Amoy.

JAPAN.

Plague—Yokohama.

During the week ended January 10, 1914, a case of plague was notified at Yokohama.

TRINIDAD.

Yellow Fever—Brighton.

A case of yellow fever was notified, December 30, 1913, at Brighton, Island of Trinidad.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.

Reports Received During Week Ended Feb. 6, 1914.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Dec. 6, 13.....	14	3	
Dutch East Indies:				
Java—				
Batavia.....	Dec. 7-20.....	12	8	
Samarang.....	do.....	27	15	
India:				
Bombay.....	Dec. 14-20.....	1	—	
Rangoon.....	Nov. 1-30.....	3	2	
Roumania.....				
Servia.....				Total Nov. 14 to Dec. 7: Cases 18, deaths 15. Nov. 10-24, 8 cases with 2 deaths in the districts Podrigne and Pojarevatz.
Straits Settlements:				
Singapore.....	Dec. 6-13.....	4	5	
Turkey in Asia:				
Smyrna.....	Jan. 5.....	1	—	
Trebizond.....	Dec. 21-Jan. 11.....	11	5	
Turkey in Europe:				
Constantinople.....	Jan. 5-11.....	6	4	
Pera.....	Jan. 10.....	4	—	
Rodosto.....	Dec. 30-Jan. 9.....	15	—	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received During Week Ended Feb. 6, 1914—Continued.****YELLOW FEVER.**

Places.	Date.	Cases.	Deaths.	Remarks.
Trinidad: Brighton.....	Dec. 30.....	1		Total Nov. 22-Dec. 30: Cases 10; deaths 3, including previous reports.

PLAGUE.

British East Africa: Mombasa.....	Dec. 6-15.....		6	
Chile: Iquique.....	Dec. 28-Jan. 4.....	5	2	
India: Bombay.....	Dec. 14-20.....	4	3	
Rangoon.....	Nov. 1-30.....	19	18	
Japan: Yokohama.....	Jan. 4-10.....	1		Total Sept. 19-Jan. 10: Cases, 22; deaths, 17.
Mauritius.....	Nov. 6-27.....	23	15	Total Jan. 1-Nov. 27: Cases 273; deaths 163.
Morocco: Casablanca ¹	Jan. 7.....	1	1	
New Caledonia: Bourail.....	Sept. 1-Oct. 14.....	8	2	In a school of the tribe of the Azaren.
Peru: Trujillo.....				Jan. 7, 7 cases in the lazaretto.

SMALLPOX.

Algeria: Algiers.....	Oct. 1-31.....	1		
Constantine.....	do.....	9		
Oran.....	do.....	47		
Arabia: Matarah.....	Dec. 23-26.....	9		
Austria-Hungary: Upper Austria.....	Dec. 14-20.....	2		
Brazil: Para.....	Dec. 27-Jan. 10.....	3	5	
Canada: Toronto.....	Dec. 28-Jan. 10.....	2		
China: Amoy.....	Dec. 21-27.....			Present.
Hankow.....	Dec. 14-20.....	1	1	
Tong An.....	Dec. 27.....			Present. 20 miles from Amoy.
Dutch East Indies: Java.....				Dec. 13, 16 cases with 6 deaths in the interior.
Batavia.....	Dec. 6-13.....	5	2	
Mexico: Aguascalientes.....	Jan. 12-18.....	2	1	
Portugal: Lisbon.....	Dec. 21-27.....	2		
Russia: Moscow.....	Dec. 14-27.....	2	2	
Odessa.....	Dec. 14-20.....	1		
Servia: Belgrade.....	Dec. 16-Jan. 5.....	10	4	
Spain: Almeria.....	Dec. 1-31.....		5	
Madrid.....	do.....		27	
Straits Settlements: Penang.....	Dec. 6.....	2	1	
Turkey in Europe: Constantinople.....	Dec. 27-Jan. 3.....		1	

¹ From the Veröffentlichungen des Kaiserlichen Gesundheitsamtes, Jan. 14, 1914.

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

Reports Received from Dec. 27, 1913, to Jan. 30, 1914.

CHOLERA.

Places.	Date.	Cases.	Deaths.	Remarks.	
Austria-Hungary:					
Bosnia-Herzegovina—					
Brod.....	Nov. 13-18.....	2			
Kostjnica.....	.....do.....	1		
Novigrad.....	Oct. 26-Nov. 5....	1			
Sjekocac.....	Nov. 6.....	1			
Travnik, district.....	Dec. 10-16.....	6			
Vranduk.....	Nov. 20.....	1			
Zanica.....	Oct. 26-Nov. 19..	9	2		
Croatia-Slavonia—					
Pozanga.....	Nov. 18-Dec. 1....	2			
Syrmen—					
Adasovci.....	.....do.....	6	2	
Semlin.....	.....do.....	1	1	
Vitrova—					
Dobrovic.....	.....do.....	2	2	
Hungary.					
Bacs-Bodrog, district..	Nov. 9-Dec. 13....	51	30	Total Sept. 1-Dec. 13: Cases 728, deaths 371.	
Jasz-Nagy-Kun-Szolnok—					
Szolnok.....	Nov. 9-15.....	2	2		
Maramaros.....	Nov. 30-Dec. 6....	1	1		
Pest Fels—					
Soroksar.....	Nov. 9-22.....	2	1		
Szabolcs—					
Nyiregyhaza.....	Nov. 9-15.....	1	1		
Temes—					
Varasliget.....	.....do.....		1	
Torontal.....	Nov. 9-Dec. 13....	27	19		
Ung—					
Jasza.....	Nov. 9-15.....	1	1		
Ceylon:					
Colombo.....	Nov. 9-Dec. 6....	16	13		
China:					
Hongkong.....	Nov. 9-22.....	3			
Dutch East Indies:					
Java—					
Batavia and Tanjong Priok.....	Nov. 9-Dec. 6....	31	24		
Samarang.....	Nov. 30-Dec. 6....	3			
India:					
Bombay.....	Nov. 10-Dec. 13....	12	4		
Calcutta.....	Nov. 9-Dec. 13....		265		
Madras.....	Nov. 16-Dec. 20....	3	2		
Philippine Islands:					
Manila.....	Nov. 9-Dec. 27....	40	32	Total, Aug. 23-Dec. 27: Cases 157, deaths 108. Third quarter, 1913: Cases 14, deaths 6.	
Provinces.....					
Bulacan—					
Bulacan.....	Dec. 14-20.....			Present in vicinity.	
Meycauayan.....	.....do.....			Present.
Capiz.....					
Banga.....	Dec. 17-20.....			Total, Dec. 17-23: Cases 26, deaths 18.	
Calivo.....	.....do.....			Present.
New Washington.....	.....do.....			One death daily.
Cavite—					
Santa Cruz.....	Nov. 13-19.....			Present.	
Cebu—					
Cebu.....	.....do.....			Do.
Opon.....	Nov. 19.....	1		Do.	
Pampanga.....	Dec. 27.....			On Mactan Island.	
Pangasinan.....					
Pangasinan.....	Dec. 19-29.....			Present in Guagua, Macabebe, San Fernando, and other places.	
Rizal—					
Las Pinas.....	.....do.....	1		Present in Dagupan, Lingayen, San Carlos, and Urdaneta.
Pasig.....	Nov. 19.....			Present.	
Russia:					
Bessarabia—					
Ismail.....	Oct. 26-Nov. 8....	6	1		
Ekaterinoslav.....	.....do.....	1		
Kherson.....	.....do.....	6	9	
Taurida—					
Dneiper district.....	.....do.....	1	2	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from Dec. 27, 1913, to Jan. 30, 1914—Continued.****CHOLERA—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
Siam:				
Bangkok.....	Nov. 2-29.....		38	
Straits Settlements:				
Singapore.....	Nov. 2-Dec. 6.....	14	9	
Turkey in Asia:				
Beirut.....	Dec. 23.....	2	1	From among troops on the s. s. Bahr Amer from Rodosto.
Smyrna.....	Dec. 16-22.....	2		
Trebizond.....	Dec. 9-16.....	6	4	Among troops from s. s. Guldjemat. Jan. 8, present.
Turkey in Europe:				
Constantinople.....	Nov. 25-Jan. 4....	117	42	Total, Aug. 2, 1913, to Jan. 4, 1914: Cases 191, deaths 82.
Gallipoli.....	Jan. 1-3.....	2	2	
Pera.....	Jan. 3.....	1		
Rodosto.....	Dec. 21-29.....	7		

YELLOW FEVER.

Brazil:				
Bahia.....	Nov. 23-Dec. 20...	5	4	
Ceara.....	Nov. 1-30.....		2	
Ecuador:				
Guayaquil.....	do.....	5	3	
Milagro.....	do.....	1	1	
Naranjito.....	do.....	1	1	
Mexico:				
Merida.....	Dec. 10-11.....	1	1	From Campeche.
Do.....	Jan. 4-10.....	1	1	Do.
Southern Nigeria:				
Lagos.....	Oct. 20-28.....	3	1	Among Europeans from a vessel. Including p.evious report.
Togo:				
Lome.....	Sept. 12.....	1		
Trinidad:				
Brighton.....				Total Nov. 27-Dec. 12, 6 cases, with 1 death.

PLAGUE.

Australia:				
Thursday Island Quarantine Station.	May 21.....	5		Pestis Minor from s. s. Tayuan from Hongkong to Townville.
Azores:				
Terceira—				
Angra-Heroismo.....	Dec. 21.....		1	
Brazil:				
Bahia.....	Nov. 23-Dec. 27...	16	5	
Rio de Janeiro.....	Nov. 16-22.....	1	1	
British East Africa:				
Kisumu.....	Sept. 12-Oct. 13...	2	2	
Mombasa.....	Sept. 12-Nov. 15...	31	10	
Nairobi.....	do.....	3	3	
Chile:				
Iquique.....	Nov. 9-Dec. 20....	10	4	
China:				
Hongkong.....	Nov. 2-Dec. 6.....	19	17	
Shanghai.....	Oct. 1-7.....	1		
Dutch East Indies:				
Provinces—				
Kediri.....	Nov. 1-30.....	307	268	
Mad'oen.....	do.....	89	81	
Malang.....	do.....	820	770	
Surabaya.....	do.....	60	64	
Ecuador:				
Babahoyo.....	Nov. 1-30.....	1		
Guayaquil.....	do.....	193	83	
Milagro.....	do.....	1		
Yaguachi.....	do.....	2	2	
Egypt:				
Provinces—				
Assouan.....	Dec. 10.....	1		
Garbieh.....	Dec. 11.....	1		
Minieh.....	Dec. 9-24.....	3	1	Jan. 1-Dec. 24: Cases 654, deaths 304.

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from Dec. 27, 1913, to Jan. 30, 1914—Continued.****PLAGUE—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
India.....				Total Jan. 1–Nov. 29, 1913: Cases, 209,710; deaths, 176,966.
Bombay.....	Nov. 9–Dec. 13.....	16	13	
Calcutta.....	Nov. 2–Dec. 13.....		11	
Karachi.....	Nov. 9–Dec. 20.....	86	83	
Madras.....	Nov. 16–Dec. 20.....	4	2	
Rangoon.....	Oct. 26–31.....	7	7	
Indo-China:				
Saigon.....	Nov. 11–24.....	5		
Japan:				
Kobe.....	Dec. 1–7.....	1		
Mauritius.....	Oct. 26–Nov. 6.....	33	22	
Morocco:				
El-Araish (Larache).....	Sept. 17.....	1		Among the military.
Peru:				
Trujillo.....				Dec. 31: 3 cases in the lazaretto.
Philippine Islands:				
Manila.....	Nov. 23–29.....	1	1	Third quarter, 1913: Cases 2, deaths 1.
Russia:				
Ural, territory.....				Total Oct. 20–Nov. 10: Cases, 212; deaths, 170; and 2 fatal cases from Issum-Tube.
Djaksabevsk district—				
Djumarta.....	Nov. 9–10.....	5	1	
Djantayu.....	Nov. 8–10.....	2		
Kizilu.....	Nov. 8.....	1	1	
Fourteenth village.....	Nov. 7–9.....	6		
Sarbas.....	Nov. 8–10.....	13	7	
Kaziljar district.....	Nov. 5–10.....	39	24	In Assaukurt, Baitchurek, Bis-kuduk, and Djamankuduk.
Lbistchensky district—				
Issum Tube.....	Oct. 20–Nov. 10.....	138	127	
Kaimikov.....	Nov. 4–10.....	6	6	
Siam:				
Bangkok.....	Nov. 2–29.....		1	
Turkey in Asia:				
Beirut.....	Dec. 10–23.....	2	2	

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	Sept. 1–30.....	1		
Oran.....	do.....	37		
Arabia:				
Aden.....	Nov. 25–Dec. 15.....	5	4	
Maskat.....	Nov. 30–Dec. 6.....	10		Dec. 20, present.
Matarah.....	do.....			Present.
Australia:				
New South Wales.....				Total, July 1–Dec. 6: Cases, 1,049; Oct. 29–Dec. 6, 18 cases.
Sydney.....				July 1–Dec. 6: Cases, 1,009.
Austria-Hungary:				
Tyrol.....	Nov. 23–29.....	1		
Brazil:				
Bahia.....	Nov. 23–Dec. 27.....	14		
Para.....	Dec. 1–20.....	18	21	
Do.....	Jan. 7–14.....	2		
Pernambuco.....	Nov. 1–Dec. 15.....		49	
Rio de Janeiro.....	Nov. 9–Dec. 20.....	112	19	
Canada:				
Ontario—				
Ottawa.....	Dec. 7–20.....	3		
Toronto.....	Dec. 7–13.....	1		
Quebec—				
Montreal.....	Dec. 7–Jan. 17.....	21		
Ottawa.....	Dec. 28–Jan. 14.....	8		
Ceylon:				
Colombo.....	Nov. 30–Dec. 6.....	1		
China:				
Amoy.....	Dec. 14–20.....			Present.
Dalny.....	Dec. 7–13.....	2	1	
Hankow.....	Nov. 2–Dec. 13.....	6		
Shanghai.....	Dec. 8–14.....	1		
Tientsin.....	Nov. 9–15.....	1	1	

CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.**Reports Received from Dec. 27, 1913, to Jan. 30, 1914—Continued.****SMALLPOX—Continued.**

Places.	Date.	Cases.	Deaths.	Remarks.
Dutch East Indies:				
Java—				
Batavia.....	Nov. 9-Dec. 6.....	28	3	
Surabaya.....	Oct. 28-Nov. 8.....	3		
Egypt:				
Alexandria.....	Nov. 23-Dec. 23.....	5	3	
Cairo.....	Nov. 19-Dec. 23.....	41	18	
Port Said.....	Dec. 3-9.....		1	
France:				
Marseille.....	Nov. 1-30.....		31	
Nice.....	do.....	1		
Paris.....	Nov. 23-Dec. 27.....	11		
St. Etienne.....	Nov. 16-30.....	8	3	
Germany.....				Dec. 7-13: Case, 1.
Gibraltar.....	Dec. 1-28.....	3		
Great Britain:				
Nottingham.....	Dec. 21-27.....	28		
India:				
Bombay.....	Nov. 23-Dec. 13.....	7	3	
Calcutta.....	Nov. 2-Dec. 13.....		9	
Karachi.....	Nov. 2-Dec. 20.....	3	1	
Madras.....	Nov. 2-Dec. 13.....	11	4	
Indo-China:				
Saigon.....	Nov. 11-24.....	1	1	
Italy:				
Leghorn.....	Dec. 21-27.....	1		
Turin.....	Dec. 22-28.....	1		
Japan.....				Total, Jan. 1-Oct. 31: Cases, 105; deaths, 39.
Mexico:				
Acapulco.....	Dec. 6.....		1	
Aguascalientes.....	Dec. 1-Jan. 11.....		15	
Chihuahua.....	Dec. 29-Jan. 4.....		1	
Imuris.....	do.....	5		
Llano.....	Jan. 17.....	8		
Mexico.....	Oct. 26-Nov. 15.....	15	10	
Monterey.....	Nov. 17-Jan. 4.....		4	
San Luis Potosi.....	Nov. 2-29.....	2		
Vera Cruz.....	Dec. 6-Jan. 10.....	8	2	
Norway:				
Trondhjem.....	Nov. 1-30.....	5		
Philippine Islands:				Third quarter 1913: Cases, 15.
Manila.....				
Portugal:				
Lisbon.....	Nov. 16-29.....	5		
Russia:				
Odessa.....	do.....	1	1	
St. Petersburg.....	Nov. 23-Dec. 27.....	35	5	
Warsaw.....	Oct. 5-18.....	7	4	
Servia:				
Belgrade.....	Nov. 7-29.....	3	1	
Spain:				
Almeria.....	Nov. 1-30.....		2	
Barcelona.....	Nov. 30-Jan. 3.....		16	
Madrid.....	Nov. 1-30.....		31	
Seville.....	do.....		1	
Valencia.....	Dec. 1-27.....	3		
Straits Settlements:				
Penang.....	Nov. 2-22.....	11		
Singapore.....	do.....	2		
Switzerland:				
Canton—				
Basel.....	Nov. 23-Dec. 13.....	21		
Genoa.....	Nov. 23-29.....	3	1	
Turkey in Asia:				
Adana.....	Dec. 22-28.....			Epidemic.
Beirut.....	Nov. 23-Dec. 27.....	135	53	
Jaffa.....	Dec. 6-27.....	12		
Smyrna.....	Nov. 16-Dec. 13.....		85	
Tarsus.....	Dec. 28.....			Still present.
Turkey in Europe:				
Constantinople.....	Nov. 20-Dec. 20.....		8	
Saloniki.....	Dec. 1-21.....		29	

SANITARY LEGISLATION.

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

IOWA.

Railway Stations—Closets or Privies Required. (Act Apr. 10, 1913.)

SECTION 1. That at all railway stations in this State, where a depot and waiting rooms for passengers are maintained, there shall be within the same or connected therewith sanitary closets, including separate closets for women, which in cities or towns having a system of sewerage, so located that the same can be reasonably used by the railroad property, shall be thoroughly drained, constructed, and plumbed according to approved sanitary principles and said depots and closets shall be kept in a clean and sanitary condition, free from any offensive odors. Depots in cities or towns not provided with a sewerage system shall be provided with privies or closets properly screened and separated for the use of males and females, which shall be cleaned and disinfected as often as necessary to keep and maintain them in an approved sanitary condition.

SEC. 2. It shall be the duty of the hotel inspector and his deputies to see that the provisions of the act are fully complied with and on complaint being filed by an employee or patron of the railway company shall by himself or deputy personally inspect the same.

SEC. 3. It shall be the duty of the inspector upon ascertaining, by inspection or otherwise, that any railroad company has not complied with the provisions of this act at any of its depots, to notify the station agent of such depot, in writing, stating in what respect it is delinquent and requiring it in a reasonable time, to be fixed by the inspector, to do or cause to be done the things necessary to make it comply with the law.

SEC. 4. Any railroad company, which after receiving said notice fails to comply, within the time fixed, with the provisions of this act, shall be guilty of a misdemeanor and upon conviction shall be fined not exceeding \$100 for each offense and the inspector shall file information in such a case.

SEC. 5. Such railroad companies shall pay a fee of \$5 to the person making the inspection. If there is no cause of complaint, the person complaining shall be liable for such fee. All fees shall forthwith be paid over to the State treasurer to be kept in the hotel inspection fund.

SEC. 6. The inspector shall be allowed his necessary expenses while engaged in the actual work of inspection, to be audited and paid out of the hotel inspection fund as provided in section 13 thereof.

KANSAS.

Communicable Diseases—Notification of Cases—Placarding—Quarantine. (Reg. Bd. of H., Dec. 11, 1913.)

Resolved, That after January 1, 1914, all cases of pertussis or whooping cough, vari-cella or chicken pox, and epidemic parotitis or mumps, be included in the list of diseases required to be reported by the attending physician.

Be it further resolved, That in the belief that in all cases of communicable disease the public is entitled to such notice of same that individuals may be enabled to avoid exposure to infection, all premises, on or in which cases of typhoid fever, infantile paralysis or mumps occur, shall be placarded as are other diseases mentioned in the quarantine law. Any person afflicted with any of these diseases is prohibited from attending school, or other places of public assemblage.

Be it still further declared, That three weeks or 21 days shall be held to constitute the minimum limit of quarantine in cases of infantile paralysis, or such longer period as may in the judgment of the health officer be deemed necessary.

MISSISSIPPI.

Morbidity Reports. (Reg. Bd. of H., Oct. 30, 1913.)

SECTION 1. It shall be, and is hereby, the duty of county health officer to secure a report from physicians each month, of the diseases named in section 2, of the rules and regulations of the State board of health governing the morbidity reports, as provided in section 2487, of the Mississippi Code, 1906.

SEC. 2. The State board of health provides that the following diseases shall be notifiable: Asiatic cholera, cancer, chicken pox, diphtheria, dysentery (amebic), epidemic cerebrospinal meningitis, hookworm disease, leprosy, malaria, measles, pellagra, plague, pneumonia, poliomyelitis (acute), rabies, scarlet fever, smallpox, tuberculosis (all forms), typhoid fever, typhus fever, whooping cough, yellow fever.

SEC. 3. Each and every licensed physician practicing in the State of Mississippi, who treats or examines any person suffering from or afflicted with or suspected to be suffering from, or afflicted with any one of the notifiable diseases named in section 2, shall on the first day of the month following, report the number of cases of each disease or suspected disease to the county health officer of the county in which the patient resides or is temporarily located. Such reports shall show the number of cases of each disease by color or race. When a physician has not attended any cases of notifiable diseases during a month, he shall report such fact to the county health officer.

Physicians should be careful to not duplicate the reports of a case. The report which is made on the first day of each month should include only new cases which were attended during the preceding month. A recurrence of a disease should not be reported as a new case. A case which has been reported during one month and is treated through or into a part of the next month should not be again reported. The report should not include the number of cases treated during a month, but the new cases attended by the physician.

SEC. 4. Each and every physician shall report to the county health officer within 24 hours any person suffering from or afflicted with or suspected to be suffering from or afflicted with any of the following diseases: Asiatic cholera, diphtheria, epidemic cerebrospinal meningitis, acute poliomyelitis, smallpox, typhoid fever, and yellow fever. Such cases shall be also included in the monthly report made to the county health officer. In reporting to the county health officer the diseases named in this section, the physician shall furnish the following information:

- (1) The date and hour the report is made.
- (2) The name of the disease or suspected disease.
- (3) The name, age, sex, color, occupation, address, and school attended, or place of employment of patient.
- (4) Number of adults and of children in the household.

(5) Source or probable source of infection or origin or probable origin of the disease.

(6) Name and address of the reporting physician.

SEC. 5. That the superintendent or other person in charge of any hospital, asylum, or other institution, public or private, shall report all diseases or suspected diseases occurring in the institution as provided in sections 2 and 3.

Cases of the diseases named in section 2 which occur in charity hospitals, county or State institutions, the superintendents will be held responsible for making the report to the county health officer. The physicians in attendance upon cases which occur in pay hospitals or sanatoria shall be held responsible for reporting the same to the county health officer.

SEC. 6. Teachers or other persons employed in or in charge of public or private schools, including Sunday schools, shall report immediately to the county health officer each and every known or suspected case of notifiable disease in persons attending or employed in their respective schools.

SEC. 7. When any person is suffering from or afflicted with or suspected to be suffering from or afflicted with any disease named in section 2, and no physician is in attendance, the head of the household shall report such case, or suspected case, to the county health officer as provided in sections 2 and 3 of these regulations.

SEC. 8. Whenever there occurs within a county an epidemic of the diseases named in section 4, the county health officer shall, within five days, report to the secretary of the State board of health the number of cases occurring in the epidemic, the origin of the epidemic, and what action has been taken by the county health officer to prevent the spread of such disease.

SEC. 9. The county health officer shall report to the secretary of the State board of health on the 10th day of each month, giving such information as required by the State board of health.

SEC. 10. Any physician or other person or persons who shall fail, neglect, or refuse to comply with, or shall falsify any report, or shall violate any of the provisions of the rules and regulations of the Mississippi State Board of Health governing the morbidity reports, upon conviction shall be guilty of a misdemeanor, and subject to the penalty provided in section 2511 of the Mississippi Code of 1906.

SEC. 11. The county health officer shall be responsible for the enforcement of the rules and regulations governing morbidity reports in his respective county. Failure, neglect, or refusal on the part of the county health officer to enforce the said rules and regulations shall be grounds for removal from office, and shall render him liable to penalty as provided in section 2511 of the Mississippi Code of 1906, or both.

NEW YORK.

Tuberculosis, County Hospitals—Payment of Bills. (Chap. 40, Act Feb. 25, 1913.)

SECTION 1. Subdivision 6 of section 47 of chapter 16 of the laws of 1909, entitled "An act in relation to counties, constituting chapter 11 of the consolidated laws," as added by chapter 349 of the laws of 1909, is hereby amended to read as follows:

"6. Shall certify all bills and accounts including salaries and wages and transmit them to the board of supervisors of the county, who shall provide for their payment in the same manner as other charges against the county are paid. The board of supervisors of a county not having a purchasing agent or auditing commission may make an appropriation for the maintenance of such hospital and direct the county treasurer to pay all bills, accounts, salaries and wages, which are approved by the board of managers, within the amount of such appropriation, subject to such regulations as to the payment and audit thereof as the board of supervisors may deem proper."

Tuberculosis, County Hospitals—Establishment of. (Chap. 166, Act Apr. 2, 1913.)

SECTION 1. Section 45 of chapter 16 of the laws of 1909, entitled "An act in relation to counties, constituting chapter eleven of the consolidated laws," is hereby amended to read as follows:

"SEC. 45. *Establishment of county hospital for tuberculosis.*—The board of supervisors of any county shall have power by a majority vote to establish a county hospital for the care and treatment of persons suffering from the disease known as tuberculosis. When the board of supervisors of any county shall have voted to establish such hospital it shall have the following power:

"1. To purchase and lease real property therefor, or acquire such real property, and easements therein, by condemnation proceedings, in the manner prescribed by the condemnation law, in any town, city, or village in the county. After the presentation of the petition in such proceeding prescribed in section 3360 of the code of civil procedure and the filing of the notice of pendency of action prescribed in section 3381 thereof, said board of supervisors shall be and become seized of the whole or such part of the real property described in said petition to be acquired for carrying into effect the provisions of this act, as such board may, by resolution adopted at a regular or special session, determine to be necessary for the immediate use, and such board for and in the name of such county may enter upon, occupy, and use such real property so described and required for such purposes. Such resolution shall contain a description of the real property of which possession is to be taken and the day upon which possession will be taken. Said board of supervisors shall cause a copy of such resolution to be filed in the county clerk's office of the county in which such property is situate, and notice of the adoption thereof, with a copy of the resolution and of its intention to take possession of the premises therein described on a day certain, also therein named, to be served, either personally or by mail, upon the owner or owners of and persons interested in such real property, at least five days prior to the day fixed in such resolution for taking possession. From the time of the service of such notice the entry upon and appropriation by the county of the real property therein described for the purposes provided for by this act shall be deemed complete, and such notice so served shall be conclusive evidence of such entry and appropriation and of the quantity and boundaries of the lands appropriated. The board of supervisors may cause a duplicate copy of such papers so served, with an affidavit of due service thereof on such owner or person interested, to be recorded in the books used for recording deeds in the office of the county clerk of its county, and the record of such notice and such proof of service shall be prima facie evidence of the due service thereof. Compensation for property thus acquired shall be made in such condemnation proceeding.

"2. To erect all necessary buildings, make all necessary improvements and repairs, and alter any existing buildings for the use of said hospital, provided that the plans for such erection, alteration, or repair shall first be approved by the State commissioner of health.

"3. To cause to be assessed, levied, and collected such sums of money as it shall deem necessary for suitable lands, buildings, and improvements for said hospital, and for the maintenance thereof, and for all other necessary expenditures therefor; and to borrow money for the erection of such hospital and for the purchase of a site therefor on the credit of the county, and issue county obligations therefor, in such manner as it may do for other county purposes.

"4. To appoint a board of managers for said hospital as hereinafter provided.

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

Tuberculosis, County Hospitals—Buildings—Maintenance of Patients. (Chap. 379, Act Apr. 28, 1913.)

SECTION 1. Subdivision 2 of section 45 of chapter 16 of the laws of 1909, entitled "An act in relation to counties, constituting chapter 11 of the consolidated laws," as added by chapter 341 of the laws of 1909, is hereby amended to read as follows:

"2. To erect all necessary buildings and alter any buildings on the property when acquired for the use of said hospital, provided that the plans for such erection or alteration shall first be approved by the State commissioner of health."

SEC. 2. Section 47 of such chapter, as added by chapter 341 of the laws of 1909, is hereby amended by adding thereto a new subdivision to be subdivision 8, to read as follows:

"8. Shall notwithstanding any other general or special law erect all additional buildings found necessary after the hospital has been placed in operation and make all necessary improvements and repairs within the limits of the appropriations made therefor by the board of supervisors, provided that the plans for such additional buildings, improvements, or repairs shall first be approved by the State commissioner of health."

SEC. 3. Subdivision 5 of section 48 of such chapter, as added by chapter 341 of the laws of 1909 and amended by chapters 149 and 239 of the laws of 1912, is hereby amended to read as follows:

"5. Shall receive into the hospital in the order of application any person found to be suffering from tuberculosis in any form who is entitled to admission thereto under the provisions of this chapter; and shall also receive persons from other counties as hereinafter provided. Said superintendent shall cause to be kept proper accounts and records of the admission of all patients, their name, age, sex, color, marital condition, residence, occupation, and place of last employment."

SEC. 4. Section 49-*a* of such chapter, as added by chapter 341 of the laws of 1909 and amended by chapters 149 and 239 of the laws of 1912, is hereby amended to read as follows:

"**SEC. 49a.** *Maintenance of patients in the county in which hospital is situated.*—Wherever a patient has been admitted to said hospital from the county in which the hospital is situated, the superintendent shall cause such inquiry to be made as he may deem necessary as to his circumstances, and of the relatives of such patient legally liable for his support. If he find that such patient or said relatives are able to pay for his care and treatment in whole or in part, an order shall be made directing such patient or said relatives to pay to the treasurer of such hospital for the support of such patient a specified sum per week, in proportion to their financial ability, but such sum shall not exceed the actual per capita cost of maintenance. The superintendent shall have the same power and authority to collect such sum from the estate of the patient, or his relatives legally liable for his support, as is possessed by an overseer of the poor in like circumstances. If the superintendent find that such patient or said relatives are not able to pay, either in whole or in part, for his care and treatment in such hospital, the same shall become a charge upon the county. When any indigent patient shall have been admitted to any such hospital as a resident of the county in which the hospital is located, and it shall be found that such patient has not acquired a settlement within such county under the provisions of the poor law, the superintendent of such hospital shall collect from the county in which such patient has a settlement the cost of his maintenance in such hospital, or may in his discretion return such patient to the locality in which he has a settlement."

"**SEC. 5.** Section 49-*e* of such chapter, as added by chapter 341 of the laws of 1909, is hereby amended to read as follows:

"**SEC. 49e.** *Hospitals at almshouses.*—Wherever a hospital for the care and treatment of persons suffering from tuberculosis exists in connection with or on the grounds of a

county almshouse, the board of supervisors may, after sections 45 to 49e of this chapter take effect, appoint a board of managers for such hospital, and such hospital and its board of managers shall thereafter be subject to all the provisions of this act, in like manner as if it had been originally established hereunder. Any hospital for the care and treatment of tuberculosis which may hereafter be established by any board of supervisors shall be subject to all the provisions of said sections. No hospital authorized under the provisions of this chapter shall hereafter be located on the grounds of an almshouse."

Tuberculosis Hospitals—Workshops in Connection With. (Chap. 341, Act Apr. 19, 1913.)

SECTION 1. Chapter 29 of the laws of 1909, entitled "An act relating to municipal corporations, constituting chapter 24 of the consolidated laws," is hereby amended by inserting therein a new section, to be section 135-a, to read as follows:

"SEC. 135-a. *Workshops in connection with tuberculosis hospitals.*—Any municipal corporation maintaining a hospital or a sanatorium for the treatment of tuberculosis may establish and maintain workshops in connection therewith for the production of articles or supplies required by such hospital or sanatorium, or by any other institution or department of such municipality. Except in a supervisory capacity no person shall be employed in such workshop or workshops unless he is or shall have been a patient suffering from tuberculosis in such hospital or sanatorium. The appropriate municipal authorities may appropriate or provide funds for the establishment and maintenance of the said workshops in the same manner as for the establishment and maintenance of such hospitals or sanatoria. Notwithstanding the provisions of the prison law in relation to the sale of articles manufactured in the State prisons, the products of such workshop may be used in such hospital or sanatorium or by any other institution or department of such municipality. Such workshops shall be under the direction and control of the municipal authority having direction and control of the hospital or sanatorium to which they may be attached."

Food—Cleanliness Required in its Preparation and Service in Public Places. (Chap. 552, Act May 16, 1913.)

SECTION 1. Chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," is hereby amended by adding, after article 17 thereof, a new article to be article 17-a, to read as follows:

"ART. 17-a. SEC. 343-a. *Cleanliness in the preparation and service of food.*—A person or corporation engaged in the preparation and sale of food in any hotel, public restaurant, public dining room, dining car, or steamboat in this State, or an officer of any public, penal, or charitable institution in this State, shall not use in the preparation or service of any food utensils, dishes, or other containers which have not been previously cleansed in a sanitary manner. In such cleansing the use of water which has become unsanitary by previous use is prohibited.

"SEC. 343-b. *Powers of the State commissioner of health.*—The State commissioner of health is hereby vested with full power and authority to inspect and supervise all public places in this State above enumerated in which food is prepared, sold, or served. Such commissioner or his duly authorized agents or employees shall be permitted access to the kitchens of all hotels, public restaurants, public dining rooms, dining cars, and steamboats in this State and to the kitchens of all public, penal, and charitable institutions in this State for the purpose of ascertaining whether the provisions of this article are being observed, and he may adopt such rules and regulations as may be determined upon from time to time for the proper enforcement of this article. The State commissioner of health may appoint and designate from time to time persons to make the inspections authorized by this article.

"**SEC. 343-c. Penalties.**—Any person or corporation, or officer thereof, violating any of the provisions of this article shall be guilty of a misdemeanor. The conviction of any corporation shall not relieve any officer or officers, agents, or employees of such corporation from prosecution under the provisions of this article."

SEC. 2. This act shall take effect September 1, 1913.

Cold Storage—License for Plants—Condemnation of Unwholesome Foodstuffs.
(Chap. 560, Act May 17, 1913.)

SECTION 1. Article 16-a of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as added to by chapter 335 of the laws of 1911, is hereby amended by adding two new sections, to be known as sections 336-a and 338-a, to read as follows:

"**SEC. 336-a. License to be secured.**—On and after the first day of October, 1913, no person or persons, firm, corporation or corporations, other than those engaged solely and exclusively in the business of storing nuts, fruit, cheese, or vegetables only, shall operate a cold storage or refrigerating warehouse without a license to be issued by the State department of health. Any person or persons, firm, corporation, or corporations desiring such a license shall make written application to the department on or before the first day of September, 1913, stating the location of its plant or plants. On receipt of the application the department shall cause an examination to be made into the sanitary condition of such plant or plants and if they are found to be in a sanitary condition and otherwise properly equipped for the business of cold storage, the department shall cause a license to be issued authorizing the applicant to operate a cold storage or refrigerating warehouse for and during the period of one year. The license shall be issued upon payment by the applicant of a license fee of \$25 to the State treasurer.

"On or before the first day of September in each subsequent year any person or persons, firm, corporation or corporations, engaged in the business of cold-storage or refrigerating warehousing, shall make a renewal application to the State department of health, stating the location of its plant or plants. If the State department of health is satisfied that the plant or plants continue in a sanitary condition and are otherwise properly equipped for the business of cold storage, the department shall on or before the first day of October in each subsequent year issue a renewal license for one year on the payment of the license fee of \$25. Should any person or persons, firm, corporation or corporations, desire to begin the business of cold-storage or refrigerating warehousing after the first day of October, 1913, it or they shall file an application with the State department of health stating the location of its plant or plants; and the State department of health, after an examination, on payment of the license fee may then issue a license to such applicant, for a period up to and including the first day of October next following. In the event that any warehouse licensed under the provisions of this section, or any portion thereof, shall be deemed by the State department of health to be conducted in an unsanitary manner, it shall be the duty of the department to close such warehouse, or portion thereof, until it shall be put in satisfactory condition; and the department shall have power also to suspend the license in case the needed changes shall not be made within a reasonable time.

"**SEC. 338a. Food to be condemned.**—The State commissioner of health may seize and condemn any articles of food in cold-storage warehouses which are found to be unfit for use, and such articles of food shall be destroyed or otherwise disposed of under such conditions as the State commissioner of health may prescribe."

Hotels—Sanitary Regulation of. (Chap. 630, Act May 23, 1913.)

SECTION 1. Article 18 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as renumbered article 20 by section 1 of chapter 445 of the laws of 1912, is hereby renumbered article 21 thereof.

SEC. 2. Such chapter is hereby amended by inserting therein a new article, to be article 20 thereof, to read as follows:

"ART. 20. *Sanitary conditions in hotels.*—SEC. 354. *Sewers and drainage.*—Every hotel in this State shall be well drained and ventilated and every hotel connected with a cesspool or located in any city or village having a sewer system shall be well ventilated, drained, plumbed, and connected according to sanitary principles with such cesspool or sewer system, and shall be kept free from effluvia arising from sewer, drain, water-closet, or other source within the control of the owner, manager, agent, or other person in charge of said hotel.

"SEC. 355. *Bedding, sheets, and towels.*—Every hotel in this State shall furnish each guest with clean linen or cotton individual towels in each room occupied by such guest, and also in the public lavatories and washrooms of such hotel, and with clean sheets and pillow slips for the bed, bunk, or cot to be occupied by such guest. Each sheet used shall be 91 inches long, minimum length after being hemmed and laundered, and of sufficient width to completely cover the mattress and springs, and all sheets and pillow slips after being used by one guest must be washed, dried, and ironed before being furnished to another guest.

"SEC. 356. *Violation a misdemeanor—Enforcement.*—All departments of health and the commissioner or commissioners thereof shall have power to enforce the provisions of this article. The commissioners of health and the respective local boards of health, and any person authorized by either of them so to do, may enter any hotel or any part thereof at any reasonable time to inspect and examine the same to determine whether or not the laws relating to hotels are being complied with. Any hotel proprietor or manager violating any of the provisions of this article is guilty of a misdemeanor. This article shall not apply to cities having a population of one million inhabitants or over."

SEC. 3. This act shall take effect September 1, 1913.

Drugs—Proof of Violations of Law—Taking Samples. (Chap. 223, Act Apr. 7, 1913.)

SECTION 1. Article 11 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as amended by chapter 422 of the laws of 1910, is hereby amended by inserting therein after section 240, a new section, to be section 240a, to read as follows:

"SEC. 240a. *Proof required in prosecuting for certain violations.*—In an action or proceeding, civil or criminal, against any person for violating any provision of this article relating to retailing or dispensing drugs, chemicals, medicines, prescriptions, and poisons, or to misbranding or substituting, it shall be necessary to prove at the trial or hearing that at the time and place of the taking of any sample of drugs, chemicals, medicines, or poisons to be analyzed, the person taking the same divided it into two substantially equal parts, hermetically or otherwise effectively and completely sealed, delivered one such sealed part to the pharmacist, druggist, or storekeeper from whose premises such sample was taken and delivered the other part so sealed to the chemist designated by the State board of pharmacy; and the facts herein required to be proven shall be alleged in the complaint or information by which such action or proceeding was begun."

Institute for the Study of Malignant Disease—Objects of. (Chap. 91, Act Mar. 20, 1913.)

SECTION 1. Section 346 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as added by chapter 128 of the laws of 1911, is hereby amended to read as follows:

"**SEC. 346.** *Objects and purposes of the institute; gifts to institute in aid thereof.*—The institute shall conduct investigations into the cause, nature, mortality rate, treatment, prevention and cure of cancer and allied diseases, and may receive in its hospital for study, experimental or other treatment, cases of cancer and allied diseases free of charge. It shall publish from time to time the results of its investigations for the benefit of humanity and shall from time to time collect its publications into the form of a scientific report for distribution to scientific bodies and to medical scientists and qualified members of the medical profession. The direction of research work in whole or in part toward malignant diseases other than cancer shall not be a violation of the conditions of the grants made under the provisions of which this article is a part. The institute may receive gifts, legacies, and bequests, and use the same in such manner as the board of trustees may determine for the advancement of its objects and purposes."

Laboratories, Hygienic and Antitoxin—Purchase of Site. (Chap. 657, Act May 23 1913.)

SECTION 1. The commissioners of the land office may acquire by purchase a farm site for the hygienic and antitoxin laboratories of the State department of health, at a cost of not more than \$10,000. Such site shall be subject to the approval of the commissioner of health, and the title thereof shall be approved by the attorney general before a conveyance thereof shall have been accepted on behalf of the State.

SEC. 2. Upon the acquisition of such site, the commissioner of health shall cause such part of the equipment of the hygienic and antitoxin laboratories of the State department of health now located on Yates and Morris Streets, in the city of Albany, to be transferred thereto as he deems proper, and shall notify the commissioners of the land office of the portion of such premises vacated by him and no longer required for the purposes of such laboratories.

SEC. 3. The commissioners of the land office upon receiving notice from the commissioner of health that the whole or a part of the property has been vacated for laboratory purposes, may sell the vacated part thereof specified in such notice, and such commissioners are hereby authorized to execute in behalf of the people of the State a conveyance thereof. The proceeds of any such sale shall be paid into the State treasury.

SEC. 4. The sum of \$10,000, or so much thereof as may be necessary, is hereby appropriated, for the purposes of this act, out of any money in the treasury not otherwise appropriated, payable by the treasurer on the warrant of the comptroller, on the order of the commissioners of the land office and the commissioner of health.

Schools—Medical Inspection of. (Chap. 627, Act May 23, 1913.)

SECTION 1, chapter 21 of the laws of 1909, entitled "An act relating to education, constituting chapter 16 of the consolidated laws," as amended by chapter 140 of the laws of 1910, is hereby further amended by inserting therein a new article, to be known as article 20-a, and to read as follows:

"**ART. 20-a, SEC. 570.** *Medical inspection to be provided.*—Medical inspection shall be provided for all pupils attending the public schools in this State, except in cities of the first class, as provided in this article. Medical inspection shall include the services of a trained registered nurse, if one is employed, and shall also include such

services as may be rendered as provided herein in examining pupils for the existence of disease or physical defects and in testing the eyes and ears of such pupils.

"SEC. 571. *Employment of medical inspectors.*—The board of education in each city and union free school district, and the trustee or board of trustees of a common school district, shall employ, at a compensation to be agreed upon by the parties, a competent physician residing in the city or district or, in case of a common school district, in the town where such district is situated, as a medical inspector, to make inspections of pupils attending the public schools in the city or district. The physicians so employed shall be legally qualified to practice medicine in this State, and shall have so practiced for a period of at least two years immediately prior to such employment. Any such board or trustees may employ one or more school nurses, who shall be registered trained nurses and authorized to practice as such. Such nurses when so employed shall aid the medical inspector of the district and shall perform such duties for the benefit of the public schools as may be prescribed by such inspector.

"A medical inspector or school nurse may be employed by the trustees or boards of education of two or more school districts, and the compensation of such inspector, and the expenses incurred in making inspections of pupils as provided herein, shall be borne jointly by such districts, and be apportioned among them according to the assessed valuation of the taxable property therein.

"In cities and union free school districts having more than 5,000 inhabitants, the board of education may employ such additional medical inspectors as may be necessary to properly inspect the pupils in the school in such cities and union free school district.

"The trustees of a common school district or the board of education of a union free school district whose boundaries are coterminous with the boundaries of an incorporated village shall, in the employment of medical inspectors, employ the health officer of the town in which such common school district is located or the health officer of the union free school district, so far as may be advantageous to the interests of such district.

"SEC. 572. *Pupils to furnish health certificates.*—A health certificate shall be furnished by each pupil in the public schools upon his entrance in such schools, and thereafter at the opening of such schools at the beginning of each school year. Each certificate shall be signed by a duly licensed physician who is authorized to practice medicine in this State, and shall describe the condition of the pupil when the examination was made, which shall not be more than 30 days prior to the presentation of such certificate, and state whether such pupil is in a fit condition of bodily health to permit his or her attendance at the public schools. Such certificate shall be submitted within 30 days to the principal or teacher having charge of the school and shall be filed with the clerk of the district. If such pupil does not present a health certificate as herein required, the principal or teacher in charge of the school shall cause a notice to be sent to the parents of such pupil that if the required health certificate is not furnished within 30 days from the date of such notice, an examination will be made of such pupil as provided herein.

"SEC. 573. *Examinations by medical inspectors.*—Each principal or teacher in charge of a public school shall report to the medical inspector having jurisdiction over such school the names of all pupils who have not furnished health certificates as provided in the preceding section, and the medical inspector shall cause such pupils to be separately and carefully examined and tested to ascertain whether any of them are suffering from defective sight or hearing, or from any other physical disability tending to prevent them from receiving the full benefit of school work, or requiring a modification of such work to prevent injury to the pupils or to receive the best educational results. If it be ascertained upon such test or examination that any of such pupils are afflicted with defective sight or hearing or other physical disability as above described the principal or teacher, having charge of such school, shall notify the parents or other persons with whom such pupils are living, as to the existence of such defects and physical disability. If the parents or guardians are unable or unwilling to provide the necessary relief and

treatment for such pupils, such fact shall be reported by the principal or teacher to the medical inspector, whose duty it shall be to provide relief for such pupils.

"**SEC. 574. Record of examination; eye and ear tests.**—Medical inspectors or principals and teachers in charge of public schools shall make eye and ear tests of the pupils in such schools, at least once in each school year. The State commissioner of health shall prescribe the method of making such tests, and shall furnish general instruction in respect to such tests. The commissioner of education, after consultation with the State commissioner of health, shall prescribe and furnish to the school authorities suitable rules of instruction as to tests and examinations made as provided in this article, together with test cards, blanks, record books and other useful appliances for carrying out the purposes of this article. The commissioner of education shall provide for pupils in the normal schools, city training schools and training classes instruction and practice in the best methods of testing the sight and hearing of children.

"**SEC. 575. Existence of contagious diseases; return after illness.**—Whenever upon investigation a pupil in the public schools shows symptoms of smallpox, scarlet fever, measles, chicken pox, tuberculosis, diphtheria, influenza, tonsillitis, whooping cough, mumps, scabies or trachoma, he shall be excluded from the school and sent to his home immediately, in a safe and proper conveyance, and the health officer of the city or town shall be immediately notified of the existence of such disease. The medical inspector shall examine each pupil returning to a school without a certificate from the health officer of the city or town, or the family physician, after absence on account of illness or from unknown cause. Such medical inspectors may make such examinations of teachers, janitors, and school buildings as in their opinion the protection of the health of the pupils and teachers may require.

"**SEC. 576. Enforcement of law.**—It shall be the duty of the commissioner of education to enforce the provisions of this article, and he may adopt such rules and regulations not inconsistent herewith, after consultation with the State commissioner of health, for the purpose of carrying into full force and effect the objects and intent of this article. He may, in his discretion, withhold the public money from a district which wilfully refuses or neglects to comply with this article and the rules and regulations made hereunder.

"**SEC. 577. State medical inspection of schools.**—The commissioner of education shall appoint a competent physician who has been in the actual practice of his profession for a period of at least five years as State medical inspector of schools. The State medical inspector of schools, under the supervision of the commissioner of education, shall perform such duties as may be required for carrying out the provisions of this article. The said medical inspector shall be appointed in the same manner as other employees of the education department."

SEC. 2. This act shall take effect August 1, 1913.

Health Officer of the Port of New York—Fees, Salaries, and Expenses. (Chap. 136, Act Mar. 26, 1913.)

SECTION 1. Section 144 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as amended by chapter 375 of the laws of 1909 and chapter 425 of the laws of 1910, is hereby amended to read as follows:

"**SEC. 144. Fees of health officer, payment of salaries and expenses.**—The health officer shall receive, on behalf of the State of New York, for services rendered by him, fees at rates not to exceed the following, namely: For inspection of any vessel from a foreign port, whose registered gross tonnage shall exceed 500 tons, the sum of \$10. For inspection of every vessel from a foreign port, whose gross registered tonnage shall not exceed 500 tons, \$5. For inspection of every such other vessel as the health officer may deem to be quarantinable and subject to visitation and inspection and so designate either

by name or by class, \$3. For medical inspection of third-class or steerage passengers upon all ships entering the port of New York as follows: For the first 100 or fraction thereof, \$5; for every additional 100 or fraction thereof of such passengers, \$3. For each special permit issued for the discharge of cargo, portion of cargo, or baggage brought as freight, \$1. For special sanitary inspection of every vessel before or after the discharge of cargo or ballast, \$10. For fumigation and disinfection of every vessel, which, in the judgment of the health officer, shall require fumigation and disinfection, at rates to be fixed in proportion to the service rendered by the health officer, but not to exceed the following: For vessels whose gross registered tonnage shall not exceed 2,000 tons, \$50; for vessels whose gross registered tonnage shall exceed 2,000 tons, for every 1,000 or fraction thereof in excess of the said 2,000 tons, \$25; for boarding every vessel carrying passengers between sunset and sunrise and inspecting the same, at the request of the owner, consignee, or master of the vessel and granting pratique when such pratique can be given without danger to the public health, \$15. For vaccination of persons on vessels, each 25 cents. But no charge shall be made for the vaccination of any person who shall have been successfully vaccinated by the medical officer of said vessel. For the maintenance and care of all persons removed from vessels and detained at quarantine for observation, \$1.50 per capita per diem. For the maintenance, care, medical treatment, and hospital accommodation of all persons removed from vessels, whose physical condition shall make such medical treatment and hospital accommodation necessary in the judgment of the health officer, \$2 per capita per diem.

“He shall pay all the salaries and wages of the deputy health officers and other officers and employees as may be necessary for the performance of the duties imposed upon him by law for the carrying on of a quarantine establishment, and shall pay all the necessary expenses of maintaining such establishment and the steamboat service necessarily connected therewith. The salary of the health officer and of all persons appointed or employed by him, and all the expenses necessarily incurred by him in the performance of the duties of his office, shall be paid by the State out of the money appropriated therefor. There may be annually appropriated for the health officer a contingent fund, which, notwithstanding any other provision of law, may be paid to him by the treasurer on the warrant of the comptroller. Such fund may be used by him to pay the current expenses of his office for which no immediate payment in cash is required, but he shall render to the State comptroller on or before the 5th day of each month a sworn itemized statement of all expenditures from such fund during the preceding calendar month. The health officer shall keep an account of all moneys received or disbursed by him under this section. This section shall not affect the liability of masters or owners of vessels, or consignees or agents of such masters or owners of vessels, passengers, or other persons to pay for such services, labor, or work as they are respectively required to pay or discharge by law. And the health officer shall have the power to order to quarantine and detain therein any vessel whose master, owner, consignee, or agent doing business in the city of New York, if there be such agent of said master, owner, or consignee, or any one of such, shall refuse or neglect to pay the fees and charges herein provided for within three days after notification to such master, owner, consignee, or agent of the fact that such charges have been assessed against such vessel. Such power may be exercised by the health officer within a period of one year after the performance of the services for which such charges are made, and such vessel may be released from the health officer's custody as aforesaid only upon the filing of a bond in double the amount of said charges or a judicial determination with respect to the same. Nothing herein contained shall affect the right of the health officer, or of the State through the health officer, to proceed for the collection of such fees as is otherwise by law provided.”

Health Officer of the Port of New York—Lien for Fees and Expenses. (Chap. 162, Act Apr. 2, 1913.)

SECTION 1. Section 138 of chapter 49 of the laws of 1909, entitled "An act in relation to public health, constituting chapter 45 of the consolidated laws," as amended by chapter 375 of the laws of 1909 is hereby amended to read as follows:

"**SEC. 138. *Lien for services and expenses.***—All such expenses, services, and charges shall be a lien on the vessels, merchandise, or other property in relation to which they shall have been made, incurred or rendered, and if such master, owner, consignee or the charterer or agent of vessels where the owner does not reside within the United States, shall omit to pay the same within three days after the presentation of such account, the health officer may proceed to enforce such lien in the manner provided in the lien law for the enforcement of liens upon vessels; or he may have or maintain an action against such master, owner, consignee or the charterer or agent of such vessels where the owner does not reside within the United States to recover the amount of such expenses, services and charges, and such master, owner, consignee, charterer or agent shall be deemed indebted to him in such amount and may recover from any passenger liable to pay the same [sic] amount of any expense incurred on account of such passenger. The health officer shall have the same remedies to enforce any other lien or to recover for any expenses, services or charges which are by law made payable to him if they remain unpaid for three days after payment shall have been demanded by him. The vessel, cargo or other property upon which any lien exists by virtue of any provision in this article, shall be held in quarantine until the amount due for the expenses, services or charges constituting such lien is paid, unless such master, owner, consignee, charterer or agent shall execute to the health officer a bond with sufficient sureties to be approved by him, conditioned for the payment thereof within ten days thereafter."

Autopsies—Commissioner of Health to Prescribe Methods and Forms for Keeping Records of. (Chap. 620, Act May 21, 1913.)

SECTION 1. Article 2 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," is hereby amended by inserting after section 5, a new section, to be section 5-a, to read as follows:

"**SEC. 5-a. *Regulation and control of autopsies.***—The commissioner of health shall prescribe and prepare the necessary methods and forms for obtaining and preserving records and statistics of autopsies which are conducted by the coroner or by his order within the State of New York, and shall require all those performing such autopsies, for the purpose of determining the cause of death, to enter upon such record the pathological appearances and findings embodying such information as may be prescribed, and to append thereto the diagnosis of the cause of death, and a copy thereof shall be duly filed within 10 days with the coroner of the county in which such autopsy shall be held, and a transcript thereof shall be filed within 10 days thereafter by the coroner with the State commissioner of health, and it shall thereupon become a matter of public record which shall be open to the inspection and transcription of and by one affected or likely to be affected, in a civil or criminal action, by its contents upon an order of a court of record or of a justice of the supreme court.

"It shall be the duty of any surgeon performing such an autopsy, under the provisions of this section, to permit the attendance, as a matter of right, of a person, or the medical representative of such person, likely to be the defendant or representative of such deceased person in a civil or criminal action of which such autopsy and its findings and conclusions may prove to become a part or in any way affected thereby."

NORTH CAROLINA.

**Tuberculosis—Notification of Cases—Bureau of Tuberculosis—State Sanatorium—
Educational Work. (Act Oct. 13, 1913.)**

SECTION 1. That the board of directors managing and controlling the body politic and corporate existing under the name and style of "North Carolina Sanatorium for the Treatment of Tuberculosis" is hereby dissolved, and in lieu thereof the members of the State board of health shall be, and are hereby, declared to be ex officio the directors of said corporation as created and established under chapter 964, Public Laws of 1907.

SEC. 2. That the North Carolina Sanatorium for the Treatment of Tuberculosis is hereby empowered and authorized to elect and employ such officials and to pay such fees and salaries (provided the appropriation of this act is not exceeded) as the directors shall find necessary for the proper management and maintenance of the institution; that the directors shall determine the qualifications for admission of those applying as patients to the institution; that the directors shall make all such by-laws and regulations for the government of the said institution as shall be necessary, among which shall be such as shall make the institution as nearly self-supporting as shall be consistent with the purpose of its creation; and that the directors shall do such other things as seem reasonably necessary and incident to the proper management and maintenance of the institution.

SEC. 3. That the directors shall equip, operate, and maintain a bureau for tuberculosis, located in their offices in Raleigh, to which bureau the reports of cases of tuberculosis, as hereinafter provided, shall be made; and the bureau of tuberculosis shall keep a register of all persons in this State known to be afflicted with tuberculosis. The bureau shall have exclusive control of such register and shall not permit the inspection thereof nor disclose any of its personal particulars, except to representatives of municipal or county governments, the State government, or organizations, orders, churches, or corporations interested in and contemplating making financial provision in the institution for the care and treatment of afflicted citizens or members of their respective organizations, orders, churches, or corporations.

SEC. 4. That the bureau of tuberculosis shall develop and maintain a correspondence school with those of the State's tuberculous population, to the end that the tuberculous population of this State shall be properly advised and directed both as to methods for obtaining cures and as to methods for preventing the spread of the disease to other persons.

SEC. 5. That all physicians and the executive officers of every private or public hospital, institution for the treatment of disease, or dispensary shall report, on blank forms and in accordance with the instructions of the bureau of tuberculosis, the names and other particulars of all persons afflicted with tuberculosis whom they are called upon to examine or treat or who are to be examined or treated in the hospital, institution, or dispensary of which he or she is the executive head, within 7 days after the disease is recognized by such physician or executive officer. Any violation of this section shall be a misdemeanor and subject to a fine of not less than \$10 nor more than \$100, and the judge in addition to imposing the said fine may, upon the evidence produced in the trial or upon such further evidence as may be produced before him, find and cause to be entered upon the records of the court that the physician deliberately and falsely diagnosed the disease, tuberculosis, as some other disease in order to avoid the requirements of this section, and the North Carolina Board of Medical Examiners upon such record shall revoke the license of such physician: *Provided*, That nothing in this section shall abrogate the rights and powers of municipalities and counties to require the reporting of cases of tuberculosis by physicians to the local authorities: *Provided further*, That municipalities and counties may, when desired, in lieu of

reports by physicians, call upon the bureau of tuberculosis for notification of cases of tuberculosis reported to the said bureau from such municipality or county.

SEC. 6. The directors shall be empowered to receive or accept the gifts or donations for the benefit of the State sanatorium, and the directors shall, in their discretion, use the same for carrying out the purpose for which the sanatorium is established.

SEC. 7. Each director shall be entitled to receive, as compensation, the sum of \$4 per day while engaged in conducting the affairs of the sanatorium in addition to his necessary traveling expenses.

SEC. 8. That all appropriations heretofore made to the North Carolina Sanatorium for the Treatment of Tuberculosis and not heretofore received by it is hereby transferred to the directors herein named for the purposes herein specified: *Provided*, the annual appropriation of \$7,500 for the support and maintenance of indigent patients, or such part thereof as the board of directors may deem proper, may be used to help to defray the expenses of the bureau of tuberculosis.

Births and Deaths—Registration of—Compensation of Officers. (Act Oct. 6, 1913.)

SECTION 1. That section 19, chapter 109, Public Laws of 1913, is hereby amended by striking out all after the period in line 9, to and including the colon in line 16,¹ and inserting in lieu thereof the words: "The compensation of local registrars for service required of them by this act shall be paid by the county treasurers for registration work outside of incorporated municipalities, and by the town or city treasurer for registration work in incorporated municipalities. The State registrar shall certify every three months to the treasurers of the several counties and incorporated municipalities the number of births and deaths properly registered, with the names of the local registrars and the amount due each at the rates fixed herein."

SECTION 2. That section 20, chapter 109, Laws of 1913,² be amended by adding at the end of the section the following: "*Provided further*, That for furnishing the United States Census Bureau with transcripts of deaths and births the State registrar may receive from the Census Bureau such compensation for his service, not exceeding 1 cent for each certificate, as the State board of health may approve."

NORTH DAKOTA.

Communicable Diseases—Morbidity Reports—Quarantine—Disinfection. (Reg. Bd. of H., Nov. 21, 1913.)

The term health officer as used in these regulations shall apply to and include all superintendents of county boards of health, all health officers of cities, all township supervisors, and health officials of villages by whatsoever name known.

1. Notification of every case of any one of the diseases known as smallpox, diphtheria, scarlet fever, measles, and whooping cough shall be made in writing to the health officer within 24 hours by the attending physician, or any other person who has knowledge of the existence of such disease, which notification shall specify the name of the disease, and the name and place of residence of the person so afflicted. Notification of every case of tuberculosis or typhoid fever shall be made in writing to the health officer as soon as a diagnosis is made, giving name of the disease, name, age, and address of the person afflicted.

2. If the disease is smallpox, diphtheria, or scarlet fever, the health officer shall at once, after receiving such notification, see that the patient is completely isolated from all other occupants of the house or building or removed to a hospital for such cases. If the disease is typhoid fever, tuberculosis, measles, or whooping cough, see section 11 for instructions.

¹ Public Health Reports, Oct. 24, 1913, p. 2272, sec. 19, lines 7-12.

² Idem, p. 2273.

3. If the disease is smallpox, diphtheria, or scarlet fever, the health officer shall give notice to the public of the danger of infection from such disease, in the house or building, by placing placards with the name of the disease upon such, in large and distinctly printed letters on the outer walls of the house or building, close to the front, rear, and other entrances.

4. The health officer shall rigidly quarantine on the premises upon which the infected house is situated, all the occupants of the house or building, not ill of the disease until after: (a) The removal or thorough isolation of the patient; (b) Until after disinfection to the satisfaction of the health officer, of those not ill of the disease, their persons, clothing, and that part of the house occupied by them. After all such precautions have been taken, such persons shall not engage in their usual vocations, or in any other way mix or come in contact with other individuals until the health officer shall have given a certificate that in his opinion they may do so without danger of spreading the disease.

5. School boards are forbidden from employing any person as teacher afflicted with pulmonary tuberculosis and all parents, guardians, or persons having the care and custody of any child or minor afflicted with pulmonary tuberculosis are forbidden from sending such child or minor to any school or other public place.

6. In case the disease be scarlet fever, the certificate releasing from quarantine shall not be given by the health officer, to the person exposed, and who have not had the disease, until after the usual period of incubation has elapsed since last exposure, viz: a period of at least seven days, or longer, at the discretion of the health officer. In case the disease be diphtheria, the quarantine period shall be at least four days, or until a bacteriological examination of the secretions of the pharynx or naso-pharynx has been made and found free from bacilli, such examination to be at the discretion of the health officer. In case of smallpox, persons who have never had the disease, and who have not well-marked vaccinal scars, must not be released until after a period of 14 days after last exposure. All who have been exposed must be vaccinated, or revaccinated, at once, and those who have had smallpox, or who have on their persons well-marked typical vaccination scars, may be released, after thorough disinfection of persons and clothing, without further detention. It is, however, provided that under certain conditions which the health officer may consider justifiable, those exposed may be given restricted liberty after they are disinfected and vaccinated.

7. No child shall be permitted to enter any school in the State until satisfactory evidence of successful vaccination has been given to the proper authorities.

8. No health officer shall release any persons from quarantine who have been exposed to any of these diseases until he is satisfied as to the perfection of the isolation, disinfection, vaccination, and immunity from the disease, and that such persons may mingle with the public without danger of imparting the disease to which they have been exposed.

9. During the existence of the infection from any of the above diseases in any house or building, if it is found by the health officer that his instructions for the isolation of the patient are not being strictly adhered to, then he shall at once withdraw any permissions he may have given, allowing parties occupying other parts of the same building to mingle with the public.

10. In any case of suspected infectious or contagious diseases the health officer shall have the right to take whatever steps he may deem necessary to arrive at a correct diagnosis, but in no way interfere with the treatment of the case. This implies that the health officer shall quarantine all cases which are suspected to be communicable diseases until a correct diagnosis is made.

11. The minimum period during which a case of scarlet fever shall be deemed infectious shall be up to 5 days beyond complete desquamation, but in no case shall it be less than 30 days. In diphtheria the period shall be 30 days unless an absence of the diphtheria bacilli is proved by a bacteriological examination. The latter

method of determining the time of quarantine is much to be preferred, for it will allow a person liberty when he is no longer dangerous to the public, and not before. Some few throats are free from bacilli about the end of the second week, but very many not until after 30 days, even where antitoxin is used. In smallpox the period shall be five days after all crusts shall have fallen from the skin, providing, however, that no case shall be quarantined less than 21 days. The minimum period of quarantine for measles shall be two weeks; whooping cough, one week after all paroxysmal cough has ceased, provided, however, that this shall not apply to adults who are not in attendance upon persons afflicted with whooping cough or measles. In case of typhoid fever the patient shall be isolated as well as possible, though not absolutely quarantined. Stools must be thoroughly disinfected before being emptied. There are several disinfectants which are reliable, such as chlorinated lime 4 per cent, 40 per cent solution of formaldehyde 4 per cent, and carbolic acid 5 per cent. Mix the disinfectants freely with the stools. Cover and let stand at least one hour before emptying. In case of tuberculosis the patient must be instructed how to dispose of his sputum and required to sleep alone in a well-ventilated room.

12. During the period of quarantine of any of these diseases no person or persons whomsoever, other than the attendants, physicians, health officers, and clergymen, shall have ingress to the isolated rooms or premises, and these shall only enter upon taking reasonable precautions to avoid being the cause of the spread of the disease. Clergymen shall only enter under the direction of the health officer.

13. No person from any house or building where smallpox, diphtheria, or scarlet fever exists shall expose himself or herself in any railway car, cab, or public conveyance without he or she has a certificate from the health officer that there is no danger of infection to others from such exposure.

14. No person shall let or hire any house or room in a house or other building where any of the diseases mentioned in section 1 have been until the same have been thoroughly disinfected and a certificate to that effect received from the health officer. This provision shall also apply to all hotels and lodging houses.

15. There shall be no public funeral of any person who has died from any of these diseases, and the coffin containing the body of any person dead from the same shall not be taken in any church or public building, typhoid fever and tuberculosis excepted.

16. The body of a person having died from smallpox, diphtheria, scarlet fever, measles, or whooping cough shall not be deposited in a public morgue.

17. No person, either by himself or agent, shall sell or expose for sale milk from cows kept upon premises where any of these diseases exist, nor milk which has been handled by, or has been in contact with, persons who have or who have been exposed to any of such diseases, until such person has received a certificate from the health officer stating that there is no danger of infection to others.

18. In all cases of these diseases the means of disinfection shall be: Burn everything of little value. Boil in water for one hour everything that can be boiled, the articles to be completely submerged. Wash the floors, woodwork, walls, ceilings, and all furniture that can be washed with a corrosive-sublimate solution of the strength of 1-2000 or carbolic acid 1-50. All furniture or other things that would be injured by any of the above means must be exposed from 10 to 12 hours in a room made air-tight by closing up seams and openings to the fumes of burning sulphur, using not less than 4 pounds of sulphur to each 1,000 cubic feet of space, or exposed to the action of formaldehyde gas for not less than 10 hours, not less than 12 ounces of 40 per cent solution of formaldehyde being vaporized in an approved generator, or by pouring 28 ounces of 40 per cent solution of formaldehyde upon 13½ ounces of powdered permanganate of potash in some such vessel as an earthen milk pan. The latter method is expensive and should not be used excepting where other methods are impracticable. Before fumigating the temperature of the room must be raised to at least 70° F.

19. The persons of patients recovered from any of these diseases shall be bathed thoroughly with soap and water and provided with clean, sterile clothing.

20. The bodies of all persons having died of these diseases shall be encased in sheets previously soaked in a solution of corrosive sublimate, 1-500, and shall be coffined as early as possible.

21. No public or private hospital for the care and treatment of any infectious disease shall be established, conducted, maintained, or carried on within 200 yards of any building previously erected.

22. Whenever the superintendent of the State board of health shall have information satisfactory to him, and is of the opinion that smallpox, diphtheria, scarlet fever, measles, whooping cough or typhoid fever is epidemic or threatens to become epidemic in any county, township, city, town, or village in the State he shall have authority, as executive officer of the board, to issue a proclamation in the name of the board, declaring such disease epidemic, and to order and enforce such measures in the way of quarantine, isolation of the sick, vaccination, disinfection, and closure of schools, public and private, religious and secular, as in his judgment may be necessary to stamp out the infection.

23. It shall be the duty of the local health officer in his respective jurisdiction to disinfect or cause to be disinfected any body where death has been caused by smallpox, diphtheria, scarlet fever, or any dangerous contagious or infectious disease.

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26. No superintendent, principal, or teacher of any school, and no parent, guardian, or master of any child or minor, having the power and authority to prevent, shall permit any such child or minor having smallpox, scarlet fever, diphtheria, measles, chicken pox, tuberculosis, infantile paralysis, erysipelas, whooping cough, mumps, scabies, pediculosis, ringworm, trachoma, or any other communicable disease, or any child residing in any house in which such disease exists or has recently existed, to attend any public, private, or parochial school, Sunday school, or church until the local health officer or school inspector shall have given his permission for such attendance.

27. The period of exclusion from school for children having the common communicable diseases are as follows: Scarlet fever, six weeks or longer if redness of the throat, nasal discharge, or other sequelæ persist; measles, two weeks from the date of the appearance of the eruption; German measles, one week from the date of the appearance of the eruption; chicken pox, until all scabs are gone; diphtheria, one week after second negative culture from nose and throat; whooping cough, eight weeks from appearance of characteristic cough; mumps, three weeks or longer if swelling persists; pediculosis, until all parasites and nits are gone; ringworm, scabies, and impetigo, until examination reveals successful treatment; smallpox, after complete desquamation, but at least four weeks shall have elapsed from appearance of eruption.

Common Drinking Cups and Common Towels—Prohibited in Public Places. (Reg. Bd. of H., Nov. 21, 1913.)

24. The use of the common drinking cup shall be prohibited on all railroad trains, railroad stations, waiting rooms, hotels, restaurants, boarding houses, stores, schools (public and private), or any State institution or other public place in the State of North Dakota.

25. The common towel, having been proven to be a medium through which disease is carried from person to person, therefore, for the protection of the public health, the use of the aforesaid towel shall be prohibited in all railroad stations, waiting rooms, hotels, restaurants, boarding houses, boarding schools, or other public places in this State.

WEST VIRGINIA.**Common Drinking Cups—Prohibited in Public Places. (Act Feb. 22, 1913.)**

SECTION 1. That the use of the common drinking cup, an undoubted source of communication of infectious diseases, is hereby prohibited in all public places, upon all railroad trains and boats carrying passengers, in all public buildings of every description, and at public drinking springs and fountains within this State. The State board of health shall have full authority to establish rules and regulations to make this prohibition effective, as in their judgment may seem wise and proper.

SEC. 2. All persons, firms or corporations failing to observe the provisions of this act, or the rules and regulations of the State board of health made in relation thereto, shall be deemed guilty of a misdemeanor and upon conviction thereof shall be fined not less than \$10 nor more than \$50 for each offense