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## LEGAL LIABILITY OF WATER COMPANY.

**DAMAGES RECOVERABLE WHEN WATER SUPPLIED IS DANGEROUSLY CONTAMINATED.**

The Supreme Court of the State of New Jersey has decided that a water company supplying water for domestic purposes is bound to exercise reasonable care to see that the water is wholesome and safe.

In *Jones v. Mount Holly Water Co.* (see page 2669 of this issue of the Public Health Reports) the plaintiff was a customer of the water company. Three of his children became ill, and he sued the company for damages, alleging that the illness was caused by contamination of the water with fecal matter. He secured a verdict for \$750 in the lower court, and the supreme court sustained the verdict.

The court held that the evidence was sufficient to justify the jury in finding that the illness of the children resulted from the contamination of the water and that the company had been guilty of negligence in supplying water which was unsafe for drinking purposes.

Judge Kalisch, in the opinion, said:

It must be borne in mind that the defendant company was in the water-supply business for profit. The plaintiff had paid for the supply which he was to receive, in advance. Hence it became the duty of the defendant company to give to the plaintiff water fit for domestic purposes, including fitness for drinking. Water is a necessity of life, and one who undertakes to trade in it and supply customers stands in no different position to those with whom he deals than does a dealer in foodstuffs. He is bound to use reasonable care that whatever is supplied for food or drink shall be ordinarily and reasonably pure and wholesome.

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Actual notice or knowledge of the unwholesomeness of the water was not an essential element to be proven in order to establish the defendant's liability. It was sufficient if there was testimony tending to show that the defendant, in the exercise of reasonable care, might have discovered the unwholesomeness and dangerous condition of the water.

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## THE QUARANTINE SITUATION.

**A GENERAL REVIEW OF THE SUBJECT AS AFFECTED BY THE WORLD PREVALENCE OF CHOLERA, YELLOW FEVER, PLAGUE, AND TYPHUS FEVER.**

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When a quarantine officer inspects an arriving vessel his judgment of its sanitary status must be based upon two sets of conditions; first, conditions apparent at the time of inspection and second, the sanitary history of the port or ports of departure.

Under the first heading would naturally come (a) the presence of quarantinable disease on board at the time of inspection; (b) during the voyage; (c) prior to departure from the foreign port; (d) the sanitary condition of the vessel; (e) the kind of cargo carried.

Under the second heading would come (a) the previous sanitary condition of the foreign port or ports and vicinity; (b) the recent sanitary history of the foreign port or ports and vicinity; (c) the measures carried out at the port of departure; (d) the type and nationality of the vessel.

It is not the purpose in this short review to discuss the relative importance of the above-mentioned factors in determining a vessel's sanitary status more than to say that there is no one factor as important as a knowledge of the sanitary history of the ports from which vessels have taken on cargo and passengers for United States ports. On this account the United States Public Health Service is endeavoring in every way possible to develop its system for the gathering of information in regard to health conditions in foreign ports, in order that no needless restrictions shall be imposed upon vessels, and, on the other hand, that active measures may be taken when necessary. Perhaps no review of world conditions affecting the diseases mentioned in the title would be complete without comparison with conditions prevailing in the year before that now to be discussed.

#### Cholera.

During the fiscal year ended June 30, 1914, cholera was present in Austria-Hungary, Ceylon, China, Dutch East Indies, Egypt, India, Philippine Islands, Russia, Siam, the Straits Settlements, Turkey in Asia, and Turkey in Europe.

With the exception of Turkey in Asia and Turkey in Europe, cholera was reported in the countries named above during the fiscal year ended June 30, 1915, and in addition to this, in the Balkan territory, Borneo, Germany, and Indo-China. It is interesting to note that while cholera was reported in eight places in Russia for the six months ending December 25, 1914, during the succeeding six months it was reported in only one place in that country, Petrograd, at which place cholera had not been reported during the previous six months. This fact illustrates the unreliability of reports from those ports of Europe affected by present conditions. However, with the amount of cholera reported in Russia during the six months ended December 25, 1914, and the absence of reports from that country, save from Petrograd, during the six months following, we may conclude that the disease was more or less widely prevalent, on account of the fact that during the six months ending June 25, 1915, cholera was reported to be present in prison camps in Germany, in 23 localities in Silesia, and in

Brandenburg, Posen, and Zirka in Germany, all of which cases are probably traceable to the seat of war in the East.

The new infection in the Balkan territory has probably originated from the constant infection of Austria-Hungary, or reverse infection from Turkey, where cholera was reported prevalent during the fiscal years 1914 and 1915.

The cholera infection in the Balkan territory, as might have been expected, has been carried into Italy, the disease having been reported recently in and near Venice and Leghorn.

For the present, in any event, quarantine officers must watch travel from the Greek, Italian, and Holland ports with a view to the detection of either active cases of cholera, or, what is still more important, the detection of cholera carriers.

#### Yellow Fever.

During the fiscal year ended June 30, 1914, yellow fever was present in the following-named countries: Brazil, Ecuador, Mexico, South Nigeria, Trinidad, and Venezuela. During the fiscal year ended June 30, 1915, the disease prevailed in the above-mentioned countries with the following exceptions: Its disappearance from South Nigeria and Trinidad and its appearance in French Guiana. South America, as usual, appears to have furnished the largest number of cases of yellow fever.

The presence of the disease in Merida, Yucatan, has been of special concern to the Public Health Service, on account of the constant intercourse between Mexican ports and southern ports of the United States. Owing to disturbed conditions in Mexico, the populations of the coastal towns have greatly increased on account of the influx of refugees, and the possibility of yellow fever occurring in epidemic form is constantly present. On this account the representatives of the Service stationed in the offices of the American consuls in the various Mexican ports have proven of the greatest public health, as well as financial, advantage.

In addition to the presence of these officers in the Mexican ports during the summer quarantine season, a medical officer, expert in the diagnosis of yellow fever, personally visited all of the Mexican ports and a considerable part of the contiguous country, and upon his reports of actual conditions the quarantine requirements have been regulated and adjusted. Apparently the unprecedented lack of rain, with its effect upon mosquito propagation, has had much to do with the freedom of the Mexican ports in general from yellow fever.

The disease has persisted as usual at Guayaquil, Ecuador, and was present during the middle of the last fiscal year in Maracaibo and La Guayra, Venezuela.

**Plague.**

History in regard to plague has repeated itself to a great extent, at least so far as the various maritime countries are concerned. There have been no unusual outbreaks of the disease, and in most instances, according to reports, the infection has been found in rats and has not affected man to any considerable extent. During the fiscal year ended June 30, 1914, plague was present in the following-named countries: Brazil, British East Africa, Ceylon, Chile, China, Cuba, Dutch East Indies, Ecuador, Egypt, German East Africa, Great Britain, Greece, Hawaii, India, Indo-China, Italy, Japan, Mauritius, Peru, Philippine Islands, Portugal, Russia, Senegal, Siam, Straits Settlements, Tripoli, Turkey in Asia, and Zanzibar.

This disease prevailed in all of the above-named countries in the fiscal year 1915 with the exception of British East Africa, German East Africa, Italy, Senegal, and Tripoli.

From the standpoint of the quarantine officer the presence of the disease in certain ports in close proximity to United States ports is deserving of constant attention. For example, plague has appeared in Terceira, Azores, from which point immigrants depart regularly for United States ports, via St. Michaels and Fayal. The disease has persisted in Cuba, in the cities of Habana and Santiago, and cases have been reported at Pinar del Rio and Guanabacoa. While there were 9 cases of plague in Liverpool between August 8 and August 12, 1914, no cases of the disease were reported during the six months preceding the end of the last fiscal year, until August 27, when 3 plague-infected rats were found in that port. It is reported that some measures are being carried out for rat eradication, followed by bacteriological examination. The disease is reported present in various localities in Greece, chiefly Piræus and Saloniki. In Turkey the presence of the disease at such places as Bagdad, Smyrna, Jaffa, and Beirut is of importance. Likewise is its presence at Alexandria and Port Said. As usual, the disease persisted in various Chinese ports during the year, among the most important cities affected being Amoy, Canton, Changchow, Chinchew, Fatshan, Hongkong, and Shanghai. The same may be said of the disease in India, the principal cities affected being Bombay, Calcutta, and Rangoon.

Of special importance to quarantine officers is the knowledge that the disease persists in South America, especially in the ports of Bahia, Pernambuco, and Rio de Janeiro, and in the inspection of vessels, even from clean ports, it is important that consideration be given to the connection which vessels might have with ports known to be infected. While the number of cases in Peru has not been great in any one locality, the disease was present in Callao, Lima, Arequipa, Ancachs, and La Libertad.

So far the effect of conditions in Europe on the transmission of plague has not been marked.

#### **Typhus Fever.**

During the year this disease has appeared in the reports from Europe much more frequently than usual, and as a result it has been discovered in arriving immigrants and in those who have recently arrived. Cases have been reported in various cities and localities in the United States in persons who have associated with other persons recently arrived from Europe, and in some instances had apparently not associated with the latter. It is believed that were it possible to trace the infection in these cases, they would be found to be due to contact with unrecognized cases of typhus originating in some European country.

The disease has existed during the past year in Austria-Hungary in the cities of Vienna, Budapest, and Fiume, and also in certain localities in Bosnia-Herzegovina and Croatia-Slavonia. During the year in Austria-Hungary alone 5,589 cases were reported, and it is probable that there were many thousands of cases of the diseases either unrecognized or unreported.

The presence of the disease in Austria-Hungary would account for its introduction into Germany, where amongst the German soldiers and prisoners of war 240 cases occurred between February 14 and May 8, 1915. In addition to these, cases were reported at Frankfurt on the Main, Konigsberg, and Lubeck.

For quarantine purposes the presence of the disease in Greece and Italy has caused special orders to be issued for the observance of care in the inspection of persons likely to have originated in the infected districts. Among the important cities of Greece in which typhus fever is present are Athens and Saloniki, and in Italy it was reported in Florence, Venice, and Turin.

In January, 1915, an epidemic of typhus occurred in Serbia, and at one time there were estimated to be between 500 and 1,000 deaths daily from the disease. Reports of its virulence and the fact that a number of physicians and nurses contracted the disease caused much comment in the daily press. The epidemic, however, has long since diminished, and the disease has apparently been under control during the last two or three months.

Reports as to the prevalence of typhus fever have come from Madrid and Tarragona in Spain, Zurich and St. Gall in Switzerland, and Moscow, Odessa, Petrograd, and Warsaw in Russia.

The bureau has notified all Public Health Service officers engaged in quarantine and immigration duty, as far back as last March, to be

on the lookout for passengers arriving from Greek and Italian ports who might be the means of bringing the disease into this country. A number of measures were instituted both at foreign ports and United States ports for the fumigation of baggage originating in Serbia and Greece, for the purpose of destroying vermin contained therein.

In addition to this, it should be stated that the force of service representatives, guards, etc., along the Mexico-Texas border has been increased on account of the prevalence of typhus fever at many places in Mexico and the danger of its introduction into Texas through refugees constantly crossing the border.

On the whole, it is thought that the quarantine situation to-day demands more careful attention from everyone concerned than it demanded in the past, so far as cholera, typhus fever, and plague are concerned; and with the cessation of hostilities in Europe there is every indication that the work and responsibilities of the quarantine system of the Public Health Service will be increased to an immeasurable degree. In the meantime it will be only by constant study of the information at hand regarding the world prevalence and geographic distribution of these diseases and the sanitary conditions in the countries of Europe that such deductions can be drawn as to the probable avenues of infection of this country as will guide quarantine officers at the ports of entry in the detection of the quarantinable diseases, even in the relatively few immigrants who are coming in daily by steamers from a number of different ports and who are capable of introducing infection.

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## THE NOTIFIABLE DISEASES.

### REPORTED PREVALENCE DURING 1914 BY STATES.

DENGUE, DIPHTHERIA, GONORRHEA, LEPROSY, MALARIA, MEASLES, EPIDEMIC CEREBROSPINAL MENINGITIS, POLIOMYELITIS, RABIES, ROCKY MOUNTAIN SPOTTED FEVER, SCARLET FEVER, SEPTIC SORE THROAT, SMALLPOX, SYPHILIS, TUBERCULOSIS, TYPHOID FEVER, AND TYPHUS FEVER—CASES REPORTED, INDICATED CASE RATES PER 1,000 POPULATION, AND INDICATED FATALITY RATES PER 100 CASES.

The data from which the following tables have been compiled were obtained from the health departments of the respective States. It is believed that all of the health departments which are making a serious effort to obtain information of the occurrence of preventable diseases within their respective jurisdictions have furnished the data contained in their records. As regards the States not reporting, either the records of the prevalence of communicable diseases were too incomplete to be useful or the data were not in available form.

The tables contain data furnished by and relating to the following States:

Arizona.	Maryland.	Rhode Island.
California.	Michigan.	South Carolina.
Colorado.	Minnesota.	South Dakota.
Connecticut.	Mississippi.	Utah.
District of Columbia.	Montana.	Vermont.
Hawaii.	New Jersey.	Virginia.
Illinois.	New York.	Washington.
Indiana.	Ohio.	Wisconsin.
Iowa.	Oregon.	Wyoming.
Kansas.	Philippine Islands.	
Louisiana.	Porto Rico.	

The populations used in computing the case rates were those estimated by the Bureau of the Census as of July 1, 1914.

It will be noted that some of the States are apparently much more successful in obtaining reports of the notifiable diseases than are others. This may be due to the greater activity of their health departments or to a greater interest in the public welfare on the part of their practicing physicians. The effective grasp of the control of disease possessed by the health departments in certain States is indicated in a number of instances by the large numbers of cases reported as compared with the number of deaths registered from the same causes.

In studying these tables it should be kept in mind that a relatively large number of reported cases of a communicable disease, as indicated by a high case rate (and more especially when accompanied by a relatively small number of deaths, as indicated by a low fatality rate), usually means that the health department of that State is active and that the cases of the disease are being properly reported by the practicing physicians. It does not necessarily mean that the disease is more prevalent in that State than in other States. A high fatality rate may mean that the disease was unusually virulent in a State, that the physicians did not treat the disease in that State with the success usual elsewhere, or that the practicing physicians did not report all of their cases. On the other hand, an unusually low fatality rate may be due to the fact that the disease in the State was unusually mild, that the physicians treated it with unusual success, that the practicing physicians reported their cases satisfactorily, or that the registration of deaths was incomplete, or the assignment of the causes of death inaccurate.

#### SUMMARIES OF HIGHEST AND LOWEST RATES.

In the following tables giving summaries of highest and lowest rates there are some points worthy of special attention.

One point of interest is the ratio of notified cases of diphtheria to the deaths registered as due to this disease in a number of the States,

particularly Louisiana, Minnesota, and the District of Columbia. Louisiana had approximately 16 cases reported for each death registered, giving a recorded fatality rate of 6.35. The District of Columbia had between 14 and 15 cases reported for each death registered, giving a recorded fatality rate of 6.86. Minnesota had 13 cases reported for each death registered, giving a recorded fatality rate of 7.58.

Mississippi has the highest reported case rate for measles. To what extent this is due to the manner in which the Mississippi State Department of Health collects information in regard to the occurrence of disease is not known. In Mississippi physicians are required to report cases of cholera, diphtheria, epidemic cerebrospinal meningitis, poliomyelitis, smallpox, typhoid fever, and yellow fever within 24 hours to the county health officer and whenever there occurs within a county an epidemic of any of these diseases the county health officer is required to report within five days to the secretary of the State board of health the number of cases occurring. Of the other notifiable diseases, among which is measles, physicians are required on the first day of each month to report the number of cases of each disease treated or examined by them during the preceding calendar month. Mississippi has been getting in this way reports of exceptionally large numbers of cases of malaria, measles, and pellagra, and the highest reported case rates of any State for tuberculosis and typhoid fever. Whether these high case rates are due in any way to fictitious or duplicated reports by physicians, or to the fact that with the method used for collecting these reports Mississippi is getting unusually complete records of cases, could be told only by a field investigation.

The State of Virginia follows a somewhat similar plan. Physicians are required to report immediately to the local board of health cases of smallpox, cholera, plague, diphtheria, scarlet fever, and yellow fever, and once a month the cases treated or examined by them of typhoid fever, measles, chicken-pox, tuberculosis, and hookworm disease. In cooperation with the State department of health the Public Health Service sends once a month to each physician in the State a return postal card on which are to be noted the number of cases of each of the notifiable diseases treated or examined by him during the preceding calendar month. This gives at monthly intervals a very definite idea of the relative prevalence and geographic distribution of the controllable diseases in the various localities throughout the State. The information is also useful to the State department of health as a check upon the work of local boards of health. It will be noted that while Mississippi had the highest reported typhoid case rate, Virginia had the second highest. Virginia was the one State, in addition to Mississippi, having any considerable number of cases of malaria reported. It will be readily understood

that this does not mean at all that the disease is any more prevalent in Virginia, and for that matter in Mississippi, than in other States. It probably means only that these States are getting a little better information than others regarding the prevalence and geographic distribution of the disease within their jurisdictions.

Utah had one of the highest reported case rates for scarlet fever and one of the three lowest fatality rates. The same was true as regards typhoid fever. These diseases, therefore, were either unusually mild in Utah, or the cases unusually well reported, or some of the deaths due to them assigned to other causes. The indications are that Utah is securing better reports of the notifiable diseases occurring within her borders than most other States. It is not known whether the Utah statute making the penalty for the willful violation of the law in regard to the reporting of cases of the notifiable diseases the cancellation or revocation of the physician's license has any relation to these excellent reports.

As regards tuberculosis, next to Mississippi, which had 3.2 cases reported for each death registered, the greatest proportion of cases to deaths was reported by Maryland, which had 2.6 cases reported for each death registered, and Indiana, which had 2.2 cases for each death. It is probable that the Mississippi figures for this disease are influenced to a larger extent than those in the two other States mentioned by the duplication of reports, inasmuch as in Mississippi the name and residence of the patient are not given and there is no means of discovering and eliminating duplicates which are a factor in the reports of a disease of such chronicity as tuberculosis. The highest reported case rates will be noticed to have been in the States of Mississippi, New York, and New Jersey.

As regards typhoid fever, the highest reported case rates were recorded in Mississippi, Virginia, and Utah, the Mississippi rate, however, being nearly twice as high as the next highest, which was Virginia. However, Utah showed the lowest fatality rate and Mississippi the next lowest, which would indicate that probably these States did not actually have a greater amount of typhoid fever than some of the other States, but merely that their information as to its occurrence was more complete.

As regards smallpox, the very low fatality rates registered in certain States are of particular interest. In the State of Illinois there were 3,956 reported cases and only two registered deaths from the disease.

In Arizona there were 68 reported cases of smallpox and 7 deaths. This gives a fatality rate of a little over 10 per cent and was the highest recorded in any State. The infection was evidently in part of the virulent type and probably imported from Mexico, where this

type of the disease exists. The tabulation shows that New Jersey had the next highest fatality rate, but upon examination it will be found that there were 23 reported cases with one death, giving a fatality rate of 4.35. This one death, so far as any information at hand goes, may have been purely accidental and the fatality rate recorded has no significance in showing the virulence of the disease. In Maryland, however, there were 5 deaths in 216 cases, which would seem to indicate that the virulent infection had gained access to the State and played some part, although apparently a minor part, in the occurrence of the disease. Except for these States, the disease for the States considered in this report seems to have been invariably of the mild type and the fatality rates below 1 per cent. In Wisconsin, South Dakota, and Illinois it was below one-tenth of 1 per cent.

*Highest and lowest rates.*

	Number of cases reported per annum per 1,000 inhabitants.			Indicated fatality rate per 100 cases.	
	Highest.	Lowest.		Highest.	Lowest. <sup>1</sup>
<b>Diphtheria:</b>			<b>Diphtheria:</b>		
New Jersey.....	2.620	.....	Arizona.....	58.54	.....
New York.....	2.277	.....	Porto Rico.....	31.30	.....
Connecticut.....	2.213	.....	Wyoming.....	31.25	.....
Wyoming.....	.....	0.095	Louisiana.....	.....	6.35
Porto Rico.....	.....	.111	District of Columbia.....	.....	6.86
Arizona.....	.....	.172	Minnesota.....	.....	7.58
<b>Measles:</b>			<b>Measles:</b>		
Mississippi.....	9.447	.....	Arizona.....	18.64	.....
Montana.....	6.521	.....	Rhode Island.....	7.35	.....
Colorado.....	4.876	.....	Connecticut.....	3.01	.....
Philippine Islands.....	.....	.012	Minnesota.....	3.01	.....
New Jersey.....	.....	.085	District of Columbia.....	.....	.11
Arizona.....	.....	.247	Utah.....	.....	.40
<b>Scarlet fever:</b>			Vermont.....	.....	.46
Minnesota.....	2.892	.....	<b>Scarlet fever:</b>		
Utah.....	2.335	.....	Porto Rico.....	66.66	.....
New Jersey.....	2.268	.....	Arizona.....	13.04	.....
Porto Rico.....	.....	.003	Hawaii.....	12.50	.....
Hawaii.....	.....	.038	District of Columbia.....	.....	.32
South Carolina.....	.....	.130	Louisiana.....	.....	.98
<b>Smallpox:</b>			Utah.....	.....	1.34
Montana.....	2.922	.....	<b>Smallpox:</b>		
Utah.....	2.748	.....	Arizona.....	10.29	.....
Virginia.....	1.477	.....	New Jersey.....	4.35	.....
New Jersey.....	.....	.008	Maryland.....	2.31	.....
Vermont.....	.....	.069	Illinois.....	.....	.05
Connecticut.....	.....	.079	Wisconsin.....	.....	.09
<b>Tuberculosis:</b>			California.....	.....	.13
Mississippi.....	4.152	.....	<b>Tuberculosis:</b>		
Hawaii.....	3.360	.....	Vermont.....	94.28	.....
New York.....	3.139	.....	California.....	93.09	.....
South Dakota.....	.....	.086	Kansas.....	93.06	.....
South Carolina.....	.....	.242	Mississippi.....	.....	31.39
Utah.....	.....	.357	Maryland.....	.....	39.70
<b>Typhoid fever:</b>			Indiana.....	.....	45.79
Mississippi.....	3.249	.....	<b>Typhoid fever:</b>		
Virginia.....	1.825	.....	Porto Rico.....	34.73	.....
Utah.....	1.612	.....	South Dakota.....	29.58	.....
Philippine Islands.....	.....	.029	Wyoming.....	26.53	.....
South Dakota.....	.....	.215	Utah.....	.....	9.73
Wisconsin.....	.....	.226	Mississippi.....	.....	10.10
			Maryland.....	.....	10.59

<sup>1</sup> In computing the lowest fatality rates the data were used for those States only in which at least one death was registered from the respective diseases.

REPORTED PREVALENCE OF CERTAIN DISEASES, BY MONTHS, DURING THE CALENDAR YEAR 1914; CASE RATES PER ANNUM PER 1,000 POPULATION; AND FATALITY RATES PER 100 CASES, FOR CERTAIN STATES.

GONORRHEA.<sup>1</sup>

	Estimated population, July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
California <sup>2</sup> .....	2,757,895	23	1	27	1	30		51		35	1	22	2	33	
Kansas.....	1,784,897					2									
Louisiana.....	1,773,482						1					26		17	
Michigan.....	2,976,030													6	
Vermont.....	381,205	13		10		11		18		15		21		12	
		August.		September.		October.		November.		December.		Total cases reported, 1914.		Total deaths registered, 1914.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.		
California <sup>2</sup> .....	53			40	1	39	2	51			59	2	462	10	
Kansas.....	19			18	1	10		28			15		5	4	
Louisiana.....	3			2		3		1			6		167		
Michigan.....	13			21	1	24		23			19		21		
Vermont.....													200	1	

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

<sup>2</sup> The health officer states that cases are known not to be completely reported.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

DIPHTHERIA.<sup>1</sup>

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Arizona.....	289,053	1		7		3		3		2		4		5	
California.....	2,757,895	202	21	153	17	131	18	152	12	174	23	186	19	118	9
Colorado.....	960,537	51		58		51		44		40		39		46	
Connecticut.....	1,202,688	298	35	211	16	210	20	189	18	159	18	176	9	134	15
District of Columbia.....	353,378	66	2	62	4	44	4	35		12	1	16		20	2
Hawaii.....	208,063	14		16		189	3	20		15		18		11	
Illinois.....	5,986,781	1,158	108	486	100	970	105	749	87	711	70	635	65	606	63
Indiana.....	2,779,467	409	42	312	39	186	33	157	20	137	17	82	13	119	10
Iowa.....	2,221,755	92	18	95	8	108	18	65	7	72	17	76	13	36	7
Kansas.....	1,784,897	25	12	40	8	79	4	44	8	29	3	17	5	20	5
Louisiana.....	1,773,482	137	8	104	6	104	12	86	6	62	5	68	3	52	2
Maryland.....	1,341,075	104	8	77	10	51	8	62	7	28	3	44	3	22	1
Michigan.....	2,976,030	504	50	383	58	346	46	253	22	248	26	215	25	210	21
Minnesota.....	2,213,919	502	40	361	23	441	40	332	28	475	32	319	24	227	31
Mississippi.....	1,901,882	77	16	63	13	33	17	29	13	18	2	36	8	65	5
Montana.....	432,614	22	5	28	1	23	1	15	6	13	3	19	1	15	3
New Jersey.....	2,815,663	566		585		481		412		561		439		499	
New York.....	9,899,761	2,061	163	2,151	212	1,894	242	1,873	212	2,139	198	2,048	154	1,618	141
Ohio.....	5,026,898	1,148		858		655		524		461		372		362	
Oregon.....	788,239	18		15		30	1	15		35		35		21	
Philippine Islands <sup>2</sup> .....	8,650,937						9								
Porto Rico.....	1,184,489	13	4	14	1	11	1	5	2	15	6	8	3	9	3
Rhode Island.....	591,215	106	10	91	10	92	10	69	5	70	7	48	4	63	4
South Carolina.....	1,590,015	130		99		88		106		69		59		95	
South Dakota.....	661,583	11		20		13		13		10		18		26	
Utah.....	464,518	50		32		23		25		19		20		17	
Vermont.....	311,205	32	3	17	2	17	1	21	2	19	6	20	2	18	1
Virginia.....	2,150,009	202	24	147	19	128	10	84	16	67	6	47	4	104	10
Washington.....	1,407,865	56	2	43		40		26		30		30		36	
Wisconsin.....	2,446,716	337	35	168	34	315	22	269	30	208	24	156	15	102	13
Wyoming.....	168,738			2		2		1							

	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
Arizona.....	107	15	198	28	6	6	4	4	41	24	2,879	41	0.172	58.54
California.....	43	39	89	34	345	417	4	32	466	264	2,679	740	.971	10.00
Colorado.....	128	10	183	14	376	327	27	23	271	228	2,662	271	2.213	8.56
District of Columbia.....	28	4	27	1	41	57	2	6	49	31	452	3	1.279	6.86
Illinois.....	10	2	34	7	17	14	1	1	7	29	335	1	1.754	7.95
Indiana.....	577	76	687	46	1,231	1,314	98	123	1,364	1,048	10,458	120	1.747	10.40
Iowa.....	149	20	200	29	581	590	30	50	486	329	3,329	53	1.198	11.26
Mo. &.....	32	3	35	2	130	151	20	16	129	109	1,030	19	1.464	15.44
Kansas.....	29	0	61	8	427	463	42	35	285	170	1,528	34	.856	11.13
Louisiana.....	99	8	213	15	401	281	15	12	187	114	1,704	21	1.012	6.35
Maryland.....	26	5	33	7	106	120	6	13	112	80	700	10	1.580	11.27
Michigan.....	235	30	402	45	647	813	62	44	615	476	4,421	47	1.654	9.67
Minnesota.....	235	20	225	24	380	499	32	24	370	347	4,577	29	2.977	7.58
Mississippi.....	72	11	111	14	207	231	18	43	147	185	1,089	35	.573	17.91
Montana.....	11	.....	9	1	30	33	3	1	36	28	263	3	.608	8.28
N. Jersey.....	314	81	512	91	864	1,054	3	163	956	611	7,373	61	2.620	8.25
N. York.....	1,104	81	1,358	91	1,064	2,216	128	163	2,111	2,006	22,337	191	2.277	8.80
Ohio.....	486	1	815	3	1,387	1,517	75	5	1,046	39	9,621	7	1.914	9.77
Oregon.....	24	.....	21	.....	37	73	.....	.....	73	.....	.....	.....	.509	.....
Philippine Islands *.....	.....	.....	13	49	.....	.....	8	.....	.....	241	41	.....	.....	.....
Porto Rico.....	17	2	2	6	12	10	2	4	2	131	2	41	.111	31.30
Rhode Island.....	61	7	76	7	117	103	13	18	104	106	990	11	1.675	10.71
South Carolina.....	198	.....	444	3	387	270	143	.....	143	2,088	.....	.....	1.313	8.12
South Dakota.....	20	2	7	.....	25	28	.....	.....	8	16	197	.....	.....	.....
Utah.....	21	2	29	4	35	34	6	5	37	39	336	4	.816	11.64
Vermont.....	20	4	20	2	112	96	6	8	55	40	442	5	1.224	9.05
Virginia.....	193	19	307	19	518	590	42	62	277	274	2,724	39	1.267	10.06
Washington.....	82	41	41	2	40	47	4	4	38	44	459	4	.326	9.59
Wisconsin.....	110	18	154	21	312	354	25	30	342	292	2,767	25	1.131	10.55
Wyoming.....	.....	.....	5	2	3	3	1	1	.....	15	.....	.....	.095	31.25

\* States in which no cases of this disease were reported are not included in this table.

† Reported by quarters.



MALARIA.<sup>1</sup>

Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Arizona.....	239,053	2	6	4	7	3	24	5	16	5	1	8	38	8
California.....	2,757,895	2	1	7	1	5	24	5	16	5	11	8	38	8
Kansas.....	1,784,897	1	1	1	1	1	1	1	2	2	4	4	2	6
Maryland.....	1,341,075	3,916	35	23	3,608	1	4,101	28	7,135	67	10,319	110	13,122	129
Mississippi.....	1,901,832	5	4	11	11	2,709	4,426	34	63	103	2,751	115	115	1
New Jersey.....	2,815,633	50	56	46	40	51	16	45	13	40	14	34	17	41
Philippine Islands <sup>2</sup> .....	8,650,937	96	63	29	29	73	73	112	112	82	82	82	1,415	16
Porto Rico.....	1,184,489													
South Carolina.....	1,690,015													
Virginia <sup>3</sup> .....	2,150,000													
August.	September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.		
Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.							
Arizona.....	70	8	58	12	40	7	34	1	331	70	3	.....		
California.....	1	4	7	2	2	2	2	1	8	26	0	.....		
Kansas.....	6	2	2	2	60	2	2	3	68	0	0.072	9.38		
Maryland.....	19,778	182	22,060	100	15,001	163	9,502	73	116,688	1,020	61.354	.....		
Mississippi.....	114	114	3,170	79	79	10	10	37	718	10	.285	1.99		
New Jersey.....	26	64	3,171	5,699	36	55	46	5,004	11,401	19,753	.....	.....		
Philippine Islands <sup>2</sup> .....	45	235	20	42	117	55	51	80	305	613	.....	.....		
Porto Rico.....	45	235	20	42	117	55	51	80	305	613	.....	.....		
South Carolina.....	45	235	20	42	117	55	51	80	305	613	.....	.....		
Virginia <sup>3</sup> .....	1,358	28	2,050	26	1,045	29	752	13	866	117	3.221	1.689		

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

<sup>2</sup> The health officer states that cases are known not to be completely reported.

<sup>3</sup> Reported by quarters.

<sup>4</sup> For the last six months only.



	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
Arizona.....	385	8	710	4	2	1,085	11	6	14	982	21	11	0.247	18.64
California.....	10	3	43	1	10	33	45	33	45	4,435	10	150	3.210	1.69
Colorado.....	42	4	7	4	62	3	264	2	303	4,843	1	146	4.027	3.01
District of Columbia.....	7	4	4	4	13	38	38	25	25	947	1	1	2.690	.11
Hawaii.....	3		3							57		1	.274	1.76
Illinois.....	115	8	89	2	76	1	265	3	598	13,295	5	220	2.221	1.65
Indiana <sup>2</sup> .....	78	4	43		122	4	243	6	221	12,074	2	147	4.344	1.22
Iowa.....	20	4	7		20		129	21	83	3,903	1	90	2.187	2.31
Kansas.....	11		7		21		15	1	8	3,794	9	9	.448	1.13
Louisiana.....														
Maryland.....	18		15		15		36		14			19	1.491	.95
Michigan.....	35	3	44	3	107	1	160	3	289	9,177	7	179	3.084	1.84
Minnesota.....	14	1	5		23		210	1	92	2,460	1	74	1.111	3.01
Mississippi.....	239	8	277	10	106	3	198	2	142	17,967	2	328	9.447	1.83
Montana.....	12		5		8		6		16	2,921		16	6.521	.57
New Jersey.....										240			.085	
New York.....	1,123	35	533	9	671	14	1,057	17	1,798	47,833	27	832	4.387	1.74
Ohio.....	213		122		168		543		571	16,191			3.865	1.65
Oregon.....	71	1	27		31	1	23	1	76	3,027		50	3.865	1.65
Philippine Islands <sup>3</sup> .....			19	123					22	123		418	.012	
Rhode Island.....	7	3	6		7		17		28	816	3	60	1.890	7.35
South Carolina.....	1	1	2		4		2		2	4,230			2.660	1.29
South Dakota.....	1	1	2		1		8		3	543		7	.821	1.29
Texas.....	19		11		20		13		16	2,019		8	4.871	.40
Utah.....	14		2		3		9		8	484		2	1.202	.46
Vermont.....														
Washington <sup>2</sup> .....	26		22		25		32		103	4,281	1	49	3.041	1.36
Wisconsin.....	55	1	33		97	3	94	1	152	6,109	3	83	2.497	1.36
Wyoming.....	11		3		1		11		7	444		6	2.631	1.35

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

<sup>2</sup> The health officer states that cases are known not to be completely reported.

<sup>3</sup> Reported by quarters.



	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths regis. tered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
Arizona.....											8	1	0.033	.....
California.....					7	4	1	3	6	5	70	40	.025	57.14
Connecticut.....					2	2	5	3	2	1	31	20	.026	64.52
District of Columbia.....	2		4	3	1	1			1		8	5	.023	62.50
Hawaii.....					1				1	2	9	4	.043	44.44
Illinois.....	18	6	10	9	9	5	12	6	14	2	196	80	.033	40.82
Indiana.....	4	2	2	3	2	3	3	5	5	6	72	74	.026	.....
Iowa.....	1	5	1	1	2	2	2	1	2	2	19	31	.009	.....
Kansas.....	2		6	6	5	5	1	1	3		31		.017	.....
Louisiana.....	1		1	2	2	2	4		7		66	22	.037	33.33
Maryland.....	6		6		4		4		3		39		.029	.....
Minnesota.....	1	1	1	1		1		2			21	12	.009	57.14
Mississippi.....	2		9	9	3	3	5	1	3	1	61	13	.032	21.31
Montana.....		8	2	6	2	5	1	7		1	12	12	.028	.....
New York.....	28	27	28	28	30	28	27	22	40	26	446	360	.045	80.72
Ohio.....	11		7		13		9		9		201		.040	.....
Oregon.....											5	1	.006	20.00
Philippine Islands <sup>1</sup> .....				30						12	5	79		.....
South Carolina.....			1				2		3		19		.012	.....
South Dakota.....		5		1		7		5	2	5	9	46	.014	.....
Utah.....				3		1		1	1	1		12		.....
Washington.....	1	2	1	3	2	3		2	1		21	23	.015	.....
Wisconsin.....	2	31	7	25	8	24	6	26	7	20	75	341	.031	.....
Wyoming.....											2	2	.012	100.00

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

\* Reported by quarters.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

POLIOMYELITIS (ACUTE INFECTIOUS).<sup>1</sup>

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Arizona.....	230,053														
California.....	2,757,895	4	2	3	2	3	3	4	1	1	1	8	1	12	3
Connecticut.....	1,202,688	2						1	1	2	1			1	
District of Columbia.....	353,378														
Hawaii.....	208,063			1				2		1	1				
Illinois.....	5,986,761	12	4	7		4	1	11	5	7	3	5	4	5	1
Indiana.....	2,739,467	5	2	2		0		2	3	1	2	1	1	2	2
Iowa.....	2,221,535	2			2	3	3	2		4	1				
Kansas.....	1,784,897		1		1									6	3
Louisiana.....	1,773,492									2				1	
Maryland.....	1,341,075						1							1	
Michigan.....	2,676,030	4	2	3		2	3	1	1	2	2	1	3	5	1
Minnesota.....	2,213,919	4	3	1	2	1		2	2	1	2	2	1	2	
Mississippi.....	1,901,882	11	2	19	3	3	3	6	2	6	4	3	2	8	2
Montana.....	432,614														
New Jersey.....	2,815,063	8				2		5				1		3	
New York.....	9,899,701	16	8	14	3	11	6	12	6	4	2	13	3	12	7
Ohio.....	5,026,898	11		2		5		3		3		5		2	
South Carolina.....	1,590,015	2		1		7						2		1	1
Vermont.....	361,205													5	
Washington.....	1,407,865						1	1	2		1				
Wisconsin.....	2,446,716	2	1		1			1	1			2	1	3	1

	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
Arizona.....			1	2	5	3		1			1		0.004	.....
California.....	10	3	2		3		2	1	1	3	56	26	.020	46.45
Connecticut.....			2		3						11	2	.009	18.15
District of Columbia.....	2	1	1		2		3	1			8	1	.023	12.50
Hawaii.....								1			5	2	.024	40.00
Illinois.....	8	3	32	6	29	6	11	1	11	1	142	55	.024	24.65
Indiana.....	9	4	4	5	11	3	4	2	1		58	23	.021	46.25
Iowa.....	4	2	4	3	6	2	1	1			19	16	.009	84.21
Kansas.....	1	2	6	3	5	2	3	1	4	1	25	13	.014	52.00
Louisiana.....							2	2	2		7		.004	.....
Maryland.....	2		1		1		2	2	3		12		.009	.....
Michigan.....	8	1	12	4	7	6	2	1			49	28	.016	57.14
Minnesota.....	1	1	2	1	1	1	3	19	1		19	13	.009	68.42
Mississippi.....	14	1	15	2	9	1	9	10	10	1	113	23	.059	20.35
Montana.....					1		1	1			2		.005	.....
New Jersey.....	2		3		4		2	2	2		32		.011	.....
New York.....	33	6	53	18	31	7	18	10	7		224	70	.023	31.25
Ohio.....	4		9	3	13		5	6	3		63		.013	.....
South Carolina.....			1		2		2	2	5		21		.013	.....
Vermont.....	76	15	141	20	62	12	9	3	6		301	52	.833	17.28
Washington.....	8	2	7	1	3	1		2			21	9	.015	42.86
Wisconsin.....	3		3		10	1	4		2		31	11	.013	35.48

1 States in which no cases of this disease were reported are not included in this table.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

SCARLET FEVER.<sup>1</sup>

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Arizona.....	239,053	8	.....	4	.....	21	.....	12	.....	8	.....	2	.....	.....	.....
California.....	2,757,805	16	.....	250	10	221	6	278	11	199	7	152	8	140	6
Colorado.....	909,537	180	.....	169	.....	128	.....	148	.....	102	.....	79	.....	44	.....
Connecticut.....	1,202,688	240	.....	268	18	282	7	232	5	157	5	121	10	61	5
District of Columbia.....	353,375	70	.....	60	.....	26	.....	16	.....	14	.....	10	.....	6	.....
Hawaii.....	208,063	1	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	1	.....
Illinois.....	5,086,781	1,048	49	893	69	1,086	54	870	44	797	51	566	43	274	21
Indiana.....	2,780,781	602	10	593	6	662	10	468	21	315	11	175	3	100	6
Iowa.....	2,221,535	141	5	127	7	151	6	186	7	113	11	23	4	39	0
Kansas.....	1,784,897	13	3	113	2	139	9	50	5	66	4	45	3	25	3
Louisiana.....	1,773,482	9	.....	17	.....	31	.....	36	.....	27	.....	9	.....	3	.....
Maryland.....	1,341,075	103	5	188	8	171	2	134	.....	165	5	81	3	69	2
Michigan.....	2,976,030	359	19	285	19	311	20	360	13	74	22	181	9	133	3
Minnesota.....	2,213,919	899	37	822	33	1,305	58	1,268	68	664	49	300	17	156	9
Mississippi.....	1,901,882	37	.....	78	.....	9	.....	25	.....	23	.....	19	.....	9	.....
Montana.....	432,014	78	12	54	1	108	2	83	4	66	1	40	.....	17	.....
New Jersey.....	2,815,663	751	.....	782	.....	1,016	.....	975	.....	526	.....	668	.....	265	.....
New York.....	9,899,761	1,969	67	2,117	95	2,664	102	2,433	115	2,489	96	1,516	68	801	31
Ohio.....	5,026,898	911	.....	700	.....	757	.....	627	.....	540	.....	322	.....	215	.....
Oregon.....	783,239	42	1	24	1	29	1	55	1	52	2	20	1	50	1
Philippine Islands <sup>2</sup> .....	8,050,937	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Porto Rico.....	1,184,489	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rhode Island.....	591,215	121	6	105	2	107	2	95	6	106	5	58	1	40	6
South Carolina.....	1,590,015	21	.....	10	.....	14	.....	8	.....	5	.....	12	.....	11	.....
South Dakota.....	661,583	57	3	92	.....	70	2	42	1	54	3	11	.....	21	1
Utah.....	414,518	148	.....	133	2	130	2	89	3	106	1	45	3	25	.....
Vermont.....	361,205	44	.....	27	.....	66	4	66	4	33	2	40	.....	35	.....
Virginia.....	2,150,009	274	.....	167	6	175	8	108	5	73	2	43	1	36	.....
Washington.....	1,407,865	100	2	125	4	165	1	83	2	62	2	47	.....	31	.....
Wisconsin.....	2,446,716	400	19	369	15	513	19	497	36	339	32	151	11	118	8
Wyoming.....	168,736	11	2	11	1	25	.....	15	1	14	1	3	.....	4	.....

	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.					
Arizona.....	2				1		1		10		69	9	0.289	13.04	
California.....	95	3	132	4	336	5	331	7	448		2,831	83	1.027	2.93	
Colorado.....	34		61		118		118		132		1,227		1.349		
Connecticut.....	50	4	59	4	131	3	157	5	171	5	1,969	81	1.637	4.11	
District of Columbia.....	6		10		19		31		43		311	1	0.880	0.32	
Hawaii.....	3	1	2								8	1	0.038	12.50	
Illinois.....	237	16	312	12	554	13	814	13	750	15	7,921	403	1.323	5.09	
Indiana.....	92	6	118	6	346	8	520	7	520	20	4,522	110	1.027	2.43	
Iowa.....	23	6	41	4	73	4	61	6	102	2	1,074	67	0.483	6.24	
Kansas.....	25	1	28		96		129	3	100	1	854	35	0.478	4.10	
Louisiana.....	6		9		11		39		7		204	2	0.115	0.98	
Maryland.....	60	2	55	1	68		213	5	268	6	1,655	42	1.234	2.54	
Michigan.....	92	9	175	7	322	10	441	19	429	19	3,162	179	1.062	5.66	
Minnesota.....	147	10	172	7	225	5	258	14	277	14	6,403	321	2.892	5.01	
Mississippi.....	8	1	17		38	1	28		34	1	325	4	0.171	1.23	
Montana.....	47	2	40	2	52		64		52	1	701	25	1.620	3.57	
New Jersey.....	157		155		320		446		425		6,386	242	2.268	3.79	
New York.....	507	27	594	19	859	17	1,245	26	1,462	29	18,696	682	1.889	3.65	
Ohio.....	273		467		756		782		976		7,526		1.497		
Oregon.....	21	1	20		36	1	37	2	48	1	437	13	0.558	2.97	
Philippine Islands <sup>2</sup> .....				6					2	11		64			
Porto Rico.....												2		0.003	66.66
Rhode Island.....	28	1	47	2	110	3	123	6	112	4	1,082	42	1.830	3.88	
South Carolina.....	7		23		43		36		17		207		0.130		
South Dakota.....	7		11		30		9		21		425	11	0.642	2.59	
Utah.....	15		45	1	73	1	97		63		968	13	2.335	1.34	
Vermont.....	23	1	12		14		10		26		406	12	1.124	2.96	
Virginia.....	65		135	3	221		341	1	211		1,849	39	0.860	2.11	
Washington.....	23		31		83	1	73		62	3	785	22	0.558	2.80	
Wisconsin.....	58	6	94	2	172	6	221	16	222	15	3,194	185	1.305	5.79	
Wyoming.....	7		4		14	1			6		114	6	0.676	5.26	

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

<sup>2</sup> Reported by quarters.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

SMALLPOX.

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Arizona.....	239,053	25	.....	4	.....	9	.....	5	.....	3	.....	6	.....	1	.....
California.....	2,757,895	120	.....	113	.....	76	.....	139	.....	50	.....	39	.....	18	.....
Colorado.....	909,537	47	.....	50	.....	65	.....	40	.....	70	.....	47	.....	25	.....
Connecticut.....	1,202,688	22	.....	31	.....	14	.....	12	.....	4	.....	3	.....	7	.....
District of Columbia.....	353,378	30	.....	16	.....	27	.....	3	.....	28	.....	18	.....	9	.....
Illinois.....	5,986,781	501	.....	415	.....	802	.....	333	.....	334	.....	192	.....	120	.....
Indiana.....	2,779,467	234	.....	458	.....	680	.....	449	.....	420	.....	313	.....	102	.....
Iowa.....	2,231,755	537	.....	469	.....	626	.....	467	.....	313	.....	180	.....	76	.....
Kansas.....	1,784,897	36	.....	220	.....	405	.....	223	.....	241	.....	157	.....	50	.....
Louisiana.....	1,773,482	101	.....	69	.....	54	.....	86	.....	28	.....	16	.....	3	.....
Maryland.....	1,341,075	1	.....	51	.....	76	.....	35	.....	11	.....	16	.....	7	.....
Michigan.....	2,676,030	241	.....	155	.....	181	.....	124	.....	117	.....	137	.....	83	.....
Minnesota.....	2,213,919	243	.....	220	.....	222	.....	248	.....	246	.....	102	.....	82	.....
Mississippi.....	1,901,882	52	.....	117	.....	132	.....	226	.....	200	.....	90	.....	30	.....
Montana.....	432,614	181	.....	184	.....	177	.....	141	.....	119	.....	112	.....	61	.....
New Jersey.....	2,815,693	.....	.....	.....	.....	5	.....	.....	.....	5	.....	3	.....	.....	.....
New York.....	9,690,703	332	.....	253	.....	61	.....	43	.....	41	.....	11	.....	3	.....
Ohio.....	5,026,898	882	.....	731	.....	682	.....	519	.....	454	.....	336	.....	210	.....
Oregon.....	1,763,226	98	.....	81	.....	49	.....	61	.....	36	.....	23	.....	21	.....
Philippine Islands.....	8,650,837	.....	.....	.....	.....	34	.....	156	.....	.....	.....	14	.....	.....	.....
South Carolina.....	1,590,015	194	.....	110	.....	126	.....	57	.....	95	.....	32	.....	22	.....
South Dakota.....	661,983	198	.....	216	.....	216	.....	1	.....	157	.....	55	.....	12	.....
Texas.....	3,434,318	163	.....	136	.....	129	.....	133	.....	128	.....	67	.....	51	.....
Vermont.....	361,205	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Virginia.....	2,150,009	727	.....	552	.....	567	.....	513	.....	278	.....	162	.....	78	.....
Washington.....	1,407,865	155	.....	92	.....	108	.....	108	.....	112	.....	46	.....	36	.....
Wisconsin.....	2,446,716	560	.....	481	.....	447	.....	358	.....	299	.....	176	.....	96	.....
Wyoming.....	168,736	19	.....	26	.....	10	.....	6	.....	7	.....	2	.....	12	.....

	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
Arizona.....	9				1		1		4		68	7	0.284	10.29
California.....	44		14		19		11		34		777	1	.282	.13
Colorado.....	11		19		31		15		20		440		.484	
Connecticut.....					2						95		.079	
District of Columbia.....			1		3		9		6		180		.424	
Illinois.....	58		67	1	314		369		451		3,956	2	.661	.05
Indiana.....	85	1	140		282		537	1	386	1	4,080	7	1.452	.17
Iowa.....	10	2	46		61		163		207		3,155	10	1.420	.32
Kansas.....	10		5		57	1	129	1	83	1	1,616	7	.905	.43
Louisiana.....	19		1		3		51		154		1,585	1	.330	.17
Maryland.....					2		15		2		216	5	.161	2.31
Michigan.....	27	1	28		66		95		172		1,426	2	.479	.14
Minnesota.....	66		35		67		113		203	1	1,847	6	.834	.60
Mississippi.....	32		20		22		81		171		1,173	7	.617	.60
Montana.....	30		17		31		121	1	90	1	1,264	5	2.922	.40
New Jersey.....											23	1	.008	4.35
New York.....	1		3		5		26		12		791	3	.080	.38
Ohio.....	102		55		116		343		328		4,789	2	.963	.43
Oregon.....	28		7		7		21		35		464	2	.592	
Philippine Islands <sup>1</sup> .....			55	123					48	33	151	430		
South Carolina.....	7		6		16		10		29		634		.399	
South Dakota.....	14		21		20		24		14		1,226	1	1.856	.08
Utah.....	21		55		65		92	1	93		1,139	2	2.748	.18
Vermont.....							9		12		25		.069	
Virginia.....	70		37	1	28		30		99	2	3,176	18	1.477	.57
Washington.....	10	1	24		13		27		18		749	3	.532	.40
Wisconsin.....	77		68		223		199		298		3,302	3	1.350	.09
Wyoming.....	1				3						80		.510	

\* Reported by quarters.

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

SYPHILIS.<sup>1</sup>

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.		Total deaths received here 1914.		
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.			
																	September.	
California <sup>2</sup> .....	2,757,895	5	21	4	13	24	22	46	22	25	20	24	18	39	16	310		
Louisiana.....	1,773,482									15	18	18		10			99	
Michigan.....	2,976,030									13		3		1				22
Porto Rico.....	1,184,489	5	1	2		4		1		3		3		3				
Vermont.....	1,391,205	14		14	1	11	1	28	1	18	1	15	1	17		212		
																	7	
																		310
																22		
																	48	
																		212
																310		
																	99	
																		22
																212		
																	7	
																		310
																22		
																	48	
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																	99	
																		22
																212		
																	7	
																		310
																22		
																	48	

PELLAGRA.<sup>1</sup>

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
California.....	2,757,895	2	1					1						4	3
District of Columbia.....	353,378	2				3		2						2	2
Kansas.....	1,784,897	1		3	1	3	1	1		2	5	3	2	4	2
Louisiana.....	1,773,482											31		10	
Maryland.....	1,341,075	1				1								1	1
Michigan.....	2,976,080	1													1
Minnesota.....	2,213,919							1		1				1	2
Mississippi.....	1,901,882	235	35	150	41	230	35	371	57	1,249	102	1,911	197	2,185	210
Oregon.....	783,239					1				1					
Rhode Island.....	591,215	1								2		3	1		
South Carolina.....	1,590,015	32	13	13	9	24	15	46		72	18	87		126	
Virginia.....	2,150,009	8	11	15	15	15	15	15	20	18	16	57	24	74	29

	August.		September.		October.		November.		December.		Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.			
California.....	3	3	2	5	4	5	1	2			11	0.004	.....
District of Columbia.....	2	1	3	1	1	2	2	2			21	.009	66.47
Kansas.....	1	1	1	3	1	2	2	2			22	.012	36.36
Louisiana.....	44	2	13	8	9	3	5	4			115	.066	14.76
Maryland.....											2	.001	.....
Michigan.....	2	2									4	.001	100.00
Minnesota.....											2	.001	.....
Mississippi.....	1,728	156	1,050	106	624	103	603	92	418	71	10,904	6.760	10.99
Oregon.....					2	2	2	2			3	.004	100.00
Rhode Island.....	3	3	1	1							7	.012	.....
South Carolina.....	18	14	42	25	9	37	6	35	1		448	.282	.....
Virginia.....	51	27	42	25	37	27	31	28	23	11	386	.180	63.99

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.  
<sup>2</sup> The health officer states that cases are known not to be completely reported.

\* Reported for 8 months only.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

TUBERCULOSIS.<sup>1</sup>

	Estimate of population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
California <sup>2</sup> .....	2,757,835	425	407	526	527	430	489	507	489	424	465	433	459	517	413
Connecticut.....	1,202,688	135	120	127	176	167	145	153	135	183	135	183	104	165	112
District of Columbia.....	233,378	85	62	60	108	76	54	50	64	89	64	81	58	111	76
Hawaii.....	208,063	43	79	32	58	58	34	60	38	48	38	75	32	46	23
Indiana <sup>2</sup> .....	2,779,467	319	.....	365	389	211	365	208	365	212	377	192	327	173	326
Kansas.....	1,784,827	100	86	70	102	101	92	101	92	92	104	88	76	88	81
Louisiana.....	1,773,482	138	88	101	131	131	98	116	81	172	80	140	71	167	88
Maine.....	1,341,075	283	108	125	128	128	130	305	130	296	134	288	69	365	91
Michigan.....	2,978,030	231	216	245	265	153	264	317	264	196	255	160	253	352	217
Minnesota.....	2,213,919	241	198	193	227	227	238	235	238	207	221	370	186	359	215
Mississippi.....	1,901,882	571	210	494	200	536	237	473	214	707	236	722	224	834	200
Montana.....	432,614	12	23	34	14	14	33	22	46	12	38	34	41	31	26
New Jersey.....	2,853,663	703	624	.....	804	804	.....	789	.....	733	.....	714	.....	660	.....
New York <sup>2</sup> .....	9,889,761	2,480	1,471	1,411	2,749	2,749	1,700	2,803	1,579	2,704	1,538	2,914	1,390	2,560	1,264
Ohio.....	5,026,538	515	454	.....	562	562	.....	567	.....	555	.....	506	.....	448	.....
Oregon <sup>2</sup> .....	783,239	38	67	63	41	41	53	38	59	57	72	33	58	41	40
Philippine Islands <sup>3</sup> .....	8,650,917	.....	.....	.....	1,886	1,886	4,736	.....	.....	.....	.....	1,487	4,562	.....	.....
Porto Rico.....	1,184,489	78	138	112	90	90	121	89	138	62	121	1,466	148	104	129
Rhode Island.....	591,215	69	88	77	97	97	91	75	93	63	73	69	75	61	89
South Carolina.....	1,530,015	65	.....	73	48	48	.....	31	.....	22	.....	30	.....	33	.....
South Dakota.....	661,583	4	18	17	10	10	28	3	23	4	27	5	23	6	31
Utah.....	414,518	15	18	18	12	12	12	13	15	17	16	10	10	7	12
Vermont.....	361,205	15	23	18	25	25	23	11	23	32	22	19	22	13	16
Virginia.....	2,150,003	383	303	307	397	397	320	403	353	353	306	361	406	391	268
Washington <sup>2</sup> .....	1,497,865	91	100	103	147	147	112	109	127	111	111	131	93	150	87
Wisconsin.....	2,446,716	208	208	202	261	261	220	147	228	172	262	113	202	137	163

	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths registered, 1914.	Indicated case rate per annum per 1,000 inhabitants.	Number of cases reported for each death registered.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
California <sup>1</sup> .....	405	342	510	360	549	393	460	400	559	493	5,685	5,292	2.061	1.07
Connecticut.....	176	132	146	116	150	108	132	121	138	126	1,885	1,496	1.697	1.26
District of Columbia.....	77	64	96	46	83	55	78	55	87	51	1,057	715	2.992	1.48
Hawaii.....	56	23	37	23	71	37	64	26	67	31	1,089	371	3.360	1.88
Indiana <sup>2</sup> .....	111	280	193	301	166	291	154	206	176	306	3,022	1,796	1.411	2.18
Kansas.....	88	72	71	65	95	90	58	78	95	89	1,080	1,005	.605	1.07
Louisiana.....	152	69	118	86	129	96	98	137	175	110	1,673	1,106	.943	1.51
Maryland.....	286	101	263	101	294	108	228	124	242	116	3,438	1,365	2.564	2.52
Michigan.....	109	194	85	184	218	196	168	199	262	191	2,566	2,679	.802	1.86
Minnesota.....	333	179	277	143	268	144	183	172	176	156	3,045	2,295	1.375	1.33
Mississippi.....	923	207	759	176	666	180	657	198	555	191	7,897	2,479	4.152	3.19
Montana.....	16	28	28	31	26	31	25	28	13	34	236	399	.546	.....
New Jersey.....	618	.....	697	.....	779	.....	591	.....	685	.....	8,467	4,330	3.007	1.96
New York <sup>2</sup> .....	2,342	1,194	2,508	1,244	2,992	1,134	2,252	1,164	2,510	1,349	31,073	16,438	3.139	1.89
Ohio.....	437	.....	374	.....	415	.....	380	.....	442	.....	5,685	.....	1.131	.....
Oregon <sup>2</sup> .....	39	46	25	33	19	33	12	42	32	56	419	622	.535	.....
Philippine Islands <sup>3</sup> .....	.....	.....	2,266	5,049	.....	.....	.....	.....	2,158	4,890	7,797	19,236	.901	.....
Porto Rico.....	70	132	88	150	107	147	81	136	90	172	1,014	1,664	.858	.....
Rhode Island.....	57	76	80	76	50	57	45	64	66	75	801	934	1.355	.....
South Carolina.....	13	.....	27	.....	21	.....	17	.....	4	.....	384	.....	.242	.....
South Dakota.....	7	26	4	16	2	25	4	22	29	33	57	289	.086	.....
Utah.....	14	11	9	8	0	9	15	16	17	21	148	164	.357	.....
Vermont.....	17	16	14	24	16	24	15	24	40	21	207	280	.829	.....
Virginia.....	407	225	331	266	349	258	372	264	310	258	4,421	3,551	2.056	1.06
Washington <sup>2</sup> .....	298	89	143	78	131	85	125	85	123	112	1,601	1,210	1.351	1.23
Wisconsin.....	173	169	98	150	142	152	86	168	101	190	1,765	2,319	1.721	.....

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

<sup>2</sup> The health officer states that cases are known not to be completely reported.

<sup>3</sup> Reported by quarters.

Reported prevalence of certain diseases, by months, during the calendar year 1914; case rates per annum per 1,000 population; and fatality rates per 100 cases, for certain States—Continued.

TYPHOID FEVER.

	Estimated population July 1, 1914.	January.		February.		March.		April.		May.		June.		July.	
		Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
California.....	2,757,895	161	23	140	27	106	25	284	36	111	26	127	27	196	46
Colorado.....	909,537	36	.....	14	.....	11	.....	19	.....	10	.....	7	.....	62	.....
Connecticut.....	1,202,688	15	4	20	4	15	9	35	9	32	9	39	8	50	7
District of Columbia.....	353,378	18	3	20	4	13	2	13	2	13	1	15	2	36	4
Hawaii.....	208,063	16	1	20	1	31	8	9	5	21	7	14	3	14	3
Illinois.....	5,986,781	291	57	172	47	146	51	150	32	140	27	197	26	344	41
Indiana.....	2,779,467	142	37	127	38	132	45	83	33	79	21	124	31	193	34
Iowa.....	2,221,755	13	21	.....	11	.....	10	.....	9	.....	.....	.....	12	.....	9
Kansas.....	1,784,897	13	21	31	9	30	9	19	12	31	10	54	20	241	27
Louisiana.....	1,773,482	9	.....	.....	.....	7	1	12	2	29	4	31	5	31	4
Maryland.....	1,341,075	98	9	115	16	58	11	50	2	73	14	67	12	168	18
Michigan.....	2,976,030	108	30	126	26	158	38	113	31	75	24	112	15	140	26
Minnesota.....	2,213,919	102	23	61	14	69	15	59	8	70	14	92	18	121	11
Mississippi.....	1,901,882	248	41	178	21	123	23	96	18	233	28	600	68	878	111
Montana.....	432,611	27	5	12	2	17	4	34	5	46	8	27	2	28	6
New Jersey.....	2,815,663	70	.....	60	.....	54	.....	61	.....	106	.....	87	.....	177	.....
New York.....	9,899,761	303	67	236	57	290	50	358	61	340	61	325	43	416	69
Ohio.....	5,029,898	296	.....	290	.....	152	.....	215	.....	371	.....	285	.....	474	.....
Oregon.....	783,239	10	4	18	3	21	7	6	4	16	8	18	2	13	4
Philippine Islands <sup>a</sup> .....	8,650,367	.....	.....	.....	.....	68	491	.....	.....	.....	.....	72	538	.....	.....
Porto Rico.....	1,184,489	27	13	14	7	36	17	20	5	28	14	30	12	48	8
Rhode Island.....	2,591,215	16	3	12	3	23	3	14	5	28	1	20	3	28	3
South Carolina.....	1,590,015	56	.....	30	.....	39	.....	19	.....	67	.....	271	.....	309	.....
South Dakota.....	661,983	2	.....	8	1	8	3	4	4	6	2	5	1	13	1
Utah.....	414,518	20	2	18	5	71	2	23	2	24	4	47	4	74	5
Vermont.....	361,205	22	.....	18	0	24	3	21	5	3	2	10	3	3	3
Virginia.....	2,150,009	187	23	112	15	111	20	108	8	139	26	256	32	530	49
Washington <sup>2</sup> .....	1,407,865	61	16	31	18	15	7	26	5	21	15	34	34	56	7
Wisconsin.....	2,446,716	45	9	26	11	32	14	30	7	34	10	34	12	43	15
Wyoming.....	168,736	.....	2	3	.....	3	.....	5	1	2	1	2	1	4	2

	August.		September.		October.		November.		December.		Total cases reported, 1914.	Total deaths regis-tered, 1914.	Indicated case rate per annum per 1,000 inhabi-tants.	Indicated fatality rate per 100 cases.
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
California.....	211	37	131	35	173	24	114	45	106	25	1,810	376	0.656	20.77
Colorado.....	98	10	195	20	173	6	101	.....	47	.....	639	.....	.703	.....
Connecticut.....	62	10	185	20	106	.....	121	.....	43	.....	734	108	.610	14.71
District of Columbia.....	57	11	69	8	38	.....	53	.....	13	.....	340	45	.962	13.24
Hawaii.....	11	4	6	2	25	.....	23	.....	9	.....	199	49	.956	24.62
Illinois.....	469	04	597	82	564	71	570	82	314	60	3,954	680	.660	15.93
Indiana.....	392	65	323	70	414	75	339	78	162	41	2,500	568	.899	22.72
Iowa.....	265	21	304	43	338	33	243	47	124	21	1,693	389	.949	20.02
Kansas.....	74	6	61	7	48	.....	122	20	100	27	624	83	.265	15.84
Louisiana.....	293	29	340	23	231	25	258	28	109	10	1,860	197	1.387	10.59
Maryland.....	295	27	275	48	241	33	211	44	89	30	1,943	378	.653	19.46
Michigan.....	360	17	288	19	310	33	109	31	109	14	1,784	217	.806	12.16
Minnesota.....	1,088	87	850	62	823	67	661	59	392	39	6,179	624	3.249	10.10
Mississippi.....	51	5	84	5	89	.....	61	5	25	.....	501	61	1.158	12.18
Montana.....	179	.....	273	.....	268	.....	129	.....	80	.....	1,564	223	.555	14.26
New Jersey.....	691	69	939	117	776	113	421	98	333	62	5,481	867	.654	15.82
New York.....	597	.....	856	.....	610	.....	412	.....	238	.....	4,796	.....	.954	.....
Ohio.....	47	3	11	7	31	.....	15	4	19	.....	227	60	.290	26.43
Oregon.....	.....	.....	70	507	.....	.....	.....	.....	41	534	251	2,070	.029	.....
Philippine Islands <sup>1</sup> .....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Porto Rico.....	45	8	48	11	41	17	25	12	21	21	383	133	.323	34.73
Rhode Island.....	44	7	66	5	78	11	43	11	33	3	405	68	.685	14.22
South Carolina.....	231	.....	147	.....	85	.....	45	.....	18	.....	1,317	.....	.828	.....
South Dakota.....	21	4	20	4	24	.....	14	10	14	6	1,142	42	.215	29.58
Utah.....	106	9	117	10	104	8	37	10	27	4	668	65	1.612	9.73
Vermont.....	54	2	61	6	25	.....	17	1	17	4	275	44	.761	16.00
Virginia.....	829	83	633	89	475	68	384	45	160	26	3,924	484	1.825	12.33
Washington <sup>2</sup> .....	85	11	150	10	110	15	92	8	73	52	149	150	.521	20.33
Wisconsin.....	43	10	67	9	103	16	56	8	40	13	553	134	.226	24.23
Wyoming.....	6	1	12	1	8	3	2	1	2	.....	49	13	.290	26.53

<sup>1</sup> States in which no cases of this disease were reported are not included in this table.

<sup>2</sup> The health officer states that cases are known not to be completely reported.

<sup>3</sup> Reported by quarters.

**Dengue.**

During the year 12 cases of dengue, with 4 deaths, were reported in Hawaii. Of these, 2 were reported in January, 1 in February, 2 in April, 3 in June, 1 in August, 1 in September, 1 in October, and 1 in December.

**Rocky Mountain Spotted Fever.**

During the year 10 cases of Rocky Mountain spotted fever, with 7 deaths, were reported in Montana; 7 cases, with 3 deaths, in Oregon; 3 cases, with 1 death, in Washington; and 9 cases, with 4 deaths, in Wyoming. The disease is present in a number of other States, but evidently the cases have not been reported.

**Septic Sore Throat.**

Eighteen cases of septic sore throat were reported in Maryland; 375 cases, with 9 deaths, in New York State; and 24 cases in South Carolina.

**Typhus Fever.**

Eight cases of typhus fever, with 1 death, were reported in the State of New York, 1 fatal case in Rhode Island, 1 case in South Carolina, and 333 cases in the Philippine Islands.

**PLAGUE-PREVENTION WORK.**

**LOUISIANA—NEW ORLEANS—PLAGUE ERADICATION.**

The following report of plague-eradication work at New Orleans for the week ended August 21, 1915, was received from Passed Asst. Surg. Simpson, of the United States Public Health Service, in temporary charge of the work:

OUTGOING QUARANTINE.		BUILDINGS RAT PROOFED.	
Vessels fumigated with sulphur.....	9	By elevation.....	186
Vessels fumigated with carbon monoxide....	14	By marginal concrete wall.....	213
Vessels fumigated with hydrocyanic gas.....	2	By concrete floor and wall.....	286
Pounds of sulphur used.....	1,785	By minor repairs.....	384
Pounds of coke consumed in carbon-monoxide fumigation.....	19,860	Total buildings rat proofed.....	1,069
Pounds of potassium cyanide used in hydrocyanic-gas fumigation.....	152	Square yards of concrete laid.....	16,938
Pounds of sodium carbonate used in hydrocyanic-gas fumigation.....	200	Lots and sheds, planking removed.....	132
Pounds of sulphuric acid used in hydrocyanic-gas fumigation.....	154	Buildings demolished.....	85
Clean bills of health issued.....	28	Total buildings rat proofed to date (abated).....	95,046
Foul bills of health issued.....	4		
		<b>LABORATORY OPERATIONS.</b>	
<b>FIELD OPERATIONS.</b>		Rodents received, by species:	
Rats trapped.....	5,608	Mus rattus.....	87
Premises inspected.....	10,594	Mus norvegicus.....	1,617
Notices served.....	3,608	Mus alexandrinus.....	104
Garbage cans installed.....	403	Mus musculus.....	3,670
		Wood rats.....	53
		Musk rats.....	27
		Putrid (included in enumeration of species).....	160

## LABORATORY OPERATIONS—continued.

Total rodents received at laboratory.....	5,558
Rodents examined.....	2,028
Number of suspicious rats.....	3
Plague rats confirmed.....	0
Last case of human plague, Oct. 4, 1914.	
Last case of rodent plague, Aug. 8, 1915.	
Total rodents captured to Aug. 21.....	419,077
Total rodents examined to Aug. 21.....	279,021

## LABORATORY OPERATIONS—continued.

Total cases of rodent plague to Aug. 21, by species:	
Mus musculus.....	4
Mus alexandrinus.....	8
Mus rattus.....	16
Mus norvegicus.....	219
Total rodent cases to Aug. 21, 1915...	247

## WASHINGTON—SEATTLE—PLAGUE ERADICATION.

The following report of plague-eradication work at Seattle for the week ended August 14, 1915, was received from Surg. Lloyd, of the United States Public Health Service, in charge of the work:

## RAT PROOFING.

New buildings inspected.....	26
New buildings reinspected.....	28
Basements concreted, new buildings (13,230 square feet).....	26
Floors concreted, new buildings (48,130 square feet).....	10
Yards, etc., concreted, new structures (3,045 square feet).....	13
Sidewalks concreted (square feet).....	6,275
Total concrete laid, new structures (square feet).....	70,780
New buildings elevated.....	2
New premises rat proofed, concrete.....	36
Old buildings inspected.....	3
Premises rat proofed, concrete, old buildings.....	1
Floors concreted, old buildings (1,575 square feet).....	1
Rat holes cemented, old buildings.....	18
Wooden floors removed, old buildings.....	1
Doors rat proofed, old buildings.....	2

## LABORATORY AND RODENT OPERATIONS.

Dead rodents received.....	15
Rodents trapped and killed.....	270
Total.....	285
Rodents examined for plague infection.....	235
Rodents proven plague infected.....	0
Poison distributed (pounds).....	15
Bodies examined for plague infection.....	1

## CLASSIFICATION OF RODENTS.

Mus rattus.....	10
Mus alexandrinus.....	65

## CLASSIFICATION OF RODENTS—continued.

Mus norvegicus.....	183
Mus musculus.....	22

## WATER FRONT.

Vessels inspected and histories recorded.....	11
Vessels fumigated.....	0
New rat guards installed.....	3
Defective rat guards repaired.....	9
Port sanitary statements issued.....	39

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

## MISCELLANEOUS WORK.

Rat-proofing notices sent to contractors, new buildings.....	24
Letters sent in re rat complaints.....	9

## RODENTS EXAMINED IN EVERETT.

Mus norvegicus trapped.....	56
Mus rattus trapped.....	1
Mus musculus trapped.....	2
Mus alexandrinus trapped.....	0
Total.....	59
Rodents examined for plague infection.....	54
Rodents proven plague infected.....	0

## RAT-PROOFING OPERATIONS IN EVERETT.

New buildings inspected.....	8
New buildings, concrete foundations.....	6
New buildings elevated 18 inches.....	2
New buildings basements concreted (140 square feet).....	1
New buildings yards concreted (270 square feet).....	1
Total concrete laid, new buildings (square feet).....	410

**HAWAII—HONOLULU—PLAGUE PREVENTION.**

The following report of plague-prevention work at Honolulu for the week ended August 7, 1915, was received from Passed Asst. Surg. Fauntleroy, of the United States Public Health Service:

Total rats and mongoose taken.....	331	Average number of traps set daily.....	984
Rats trapped.....	317	Cost per rat destroyed.....cents..	21½
Mongoose trapped.....	13	Last case rat plague, Aiea, 9 miles from Honolulu,	
Rat found dead (mus rattus).....	1	Apr. 12, 1910.	
Examined microscopically.....	284	Last case human plague, Honolulu, July 12, 1910.	
Showing plague infection.....	0	Last case rat plague, Kalopa stable, Paauhau,	
Classification of rats trapped:		Hawaii, Aug. 29, 1914.	
Mus alexandrinus.....	178	Last case human plague, Paauhau landing, Ha-	
Mus musculus.....	59	wahi, Aug. 16, 1914.	
Mus norvegicus.....	71		
Mus rattus.....	9		

# 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.

### ANTHRAX.

#### Utah—Human Cases.

Dr. T. B. Beatty, secretary of the Utah State Board of Health, reported, August 27, 1915, that two cases of anthrax in human subjects were recently notified in that State. One case occurred in Utah County in a child 7 years old, who became infected from handling the hide of a cow dead from anthrax. Another case occurred in Davis County in a man who was infected while skinning a cow dead from the disease. The latter case resulted in death five days after inoculation.

### BERIBERI.

#### Texas.

The State Board of Health of Texas reported that during the month of July, 1915, 1 case of beriberi was notified in that State.

### CEREBROSPINAL MENINGITIS.

#### State Reports for July, 1915.

Place.	New cases reported.	Place.	New cases reported.
California:		Virginia:	
Kern County.....	1	Bedford County.....	1
Indiana:		Brunswick County.....	3
Marion County.....	2	Chesterfield County.....	1
Ripley County.....	1	Elizabeth City County.....	1
Total.....	3	Floyd County.....	1
Iowa:		Franklin County.....	2
Scott County.....	1	Hanover County.....	9
Montana:		Louisa County.....	1
Sweet Grass County.....	1	Middlesex County.....	1
New York:		Montgomery County.....	1
Chautauqua County.....	1	Nansemond County.....	1
Chemung County.....	1	Orange County.....	1
Erie County.....	1	Prince Edward County.....	1
Greene County.....	1	Roanoke County.....	1
Nassau County.....	1	Rockbridge County.....	2
Schenectady County.....	1	Southampton County.....	1
New York City.....	14	Tazewell County.....	2
Total.....	20	Total.....	30

**CEREBROSPINAL MENINGITIS—Continued.****City Reports for Week Ended Aug. 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....		1	Malden, Mass.....		1
Chicago, Ill.....	1		Nashville, Tenn.....	1	1
Cleveland, Ohio.....	2	2	Passaic, N. J.....		1
Dayton, Ohio.....	2		Philadelphia, Pa.....	2	1
Kearny, N. J.....	1		Pittsburgh, Pa.....	1	
Kokomo, Ind.....	1	1			

**DIPHTHERIA.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2656.

**ERYSIPELAS.****City Reports for Week Ended Aug. 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Buffalo, N. Y.....	3		Philadelphia, Pa.....	1	1
Chicago, Ill.....	7		Pittsburgh, Pa.....		1
Cumberland, Md.....	1		Rochester, N. Y.....	1	
Dayton, Ohio.....	1		Sacramento, Cal.....	1	
Detroit, Mich.....	2		St. Louis, Mo.....	3	1
Kalamazoo, Mich.....	2		San Diego, Cal.....	1	
Los Angeles, Cal.....	1		Schenectady, N. Y.....	1	
New Castle, Pa.....	1		Wilkes-Barre, Pa.....	2	
New Orleans, La.....		1			

**GONORRHEA.****State Reports for July, 1915.**

During the month of July, 1915, cases of gonorrhoea were notified in States as follows: California, 176; Kansas, 11.

**LEPROSY.****California—Los Angeles.**

During the week ended August 14, 1915, 1 case of leprosy was notified in Los Angeles, Cal.

**MALARIA.****State Reports for July, 1915.**

During the month of July, 1915, cases of malaria were notified in States as follows: California, 29; Kansas, 4; Virginia, 1,469.

**City Reports for Week Ended Aug. 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Berkeley, Cal.....	1		Philadelphia, Pa.....	2	
Boston, Mass.....	1		Richmond, Va.....	2	1
Charleston, S. C.....		1	Sacramento, Cal.....	2	
Chicago, Ill.....		1	Trenton, N. J.....	1	
New Orleans, La.....		1			

**MEASLES.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2656.

**PELLAGRA.****State Reports for July, 1915.**

During the month of July, 1915, cases of pellagra were notified in States as follows: Kansas, 8; Texas, 46; Virginia, 118.

**City Reports for Week Ended Aug. 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md. ....		1	New Orleans, La. ....	2	2
Brownsville, Tex. ....	1		Northampton, Mass. ....	1	
Los Angeles, Cal. ....		1	Philadelphia, Pa. ....		1
Lynchburg, Va. ....		1	Richmond, Va. ....	2	1
Memphis, Tenn. ....	2	4	Taunton, Mass. ....	1	
Mobile, Ala. ....	1	2			

**PLAGUE.****California—Plague-Infected Squirrels Found.**

Passed Asst. Surg. Hurley reported that plague-infected ground squirrels were found in California as follows: In Contra Costa County, 1 squirrel, shot July 19, 1915, on the McCusker ranch near Lafayette; in San Benito County, 2 squirrels found dead July 15, 1915, on the L. J. Abrams ranch, 2½ miles from Vallecitos.

**Louisiana—New Orleans—Plague-Infected Rat Found.**

Passed Asst. Surg. Simpson reported by telegraph August 25, 1915, that a plague-infected rat was found on Howard Street between Second and Third Streets, New Orleans, La.

**PNEUMONIA.****City Reports for Week Ended Aug. 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chicago, Ill. ....	56	24	Norfolk, Va. ....	2	2
Cleveland, Ohio. ....	7		Philadelphia, Pa. ....	6	4
Dayton, Ohio. ....	2		Pittsburgh, Pa. ....	3	6
Los Angeles, Cal. ....	3		Rochester, N. Y. ....	2	
Newport, Ky. ....	1	1			

**POLIOMYELITIS (INFANTILE PARALYSIS).****State Reports for July, 1915.**

Place.	New cases reported.	Place.	New cases reported.
<b>California:</b>		<b>Virginia:</b>	
San Bernardino County—		Accomac County.....	1
Colton.....	1	Appomattox County.....	2
<b>Indiana:</b>		Bedford County.....	1
Lake County.....	2	Caroline County.....	1
Marion County.....	2	Gloucester County.....	1
Total.....	4	Highland County.....	1
<b>New Ycrk:</b>		Lee County.....	2
Cortland County.....	1	Louisa County.....	1
Genesee County.....	1	Mecklenburg County.....	4
Monroe County.....	2	Nansemond County.....	2
Montgomery County.....	2	Orange County.....	1
Orange County.....	1	Prince Edward County.....	2
Westchester County.....	2	Scott County.....	1
New York City.....	4	Smith County.....	1
Total.....	13	Warren County.....	1
		York County.....	1
		Total.....	23

**City Reports for Week Ended August 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	3	.....	Cleveland, Ohio.....	4	.....
Baltimore, Md.....	2	.....	Rochester, N. Y.....	1	.....
Boston, Mass.....	1	1	Salt Lake City, Utah.....	1	.....
Canton, Ohio.....	5	.....	Springfield, Mass.....	.....	1
Chicago, Ill.....	1	.....	Wilkes-Barre, Pa.....	1	.....
Cincinnati, Ohio.....	1	.....			

**RABIES.****Virginia.**

Collaborating Epidemiologist Brumfield reported that during the month of July, 1915, 1 case of rabies was notified in Virginia.

**ROCKY MOUNTAIN SPOTTED FEVER.****Montana Report for July, 1915.**

During the month of July, 1915, 1 case of Rocky Mountain spotted fever was notified in Custer County, Mont.

**SCARLET FEVER.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2656.

**SMALLPOX.****Kansas.**

Collaborating Epidemiologist Crumbine reported that during the week ended August 21, 1915, cases of smallpox were notified in counties of Kansas as follows: Morris, 1; Namaha, 1; Sedgwick, 2.

## SMALLPOX—Continued.

## Minnesota.

Collaborating Epidemiologist Bracken reported by telegraph that during the week ended August 28, 1915, two new foci of smallpox infection were reported in Minnesota, cases of the disease having been notified as follows: Grant County, Herman, 1; Martin County, Fox Lake Township, 2.

## State Reports for July. 1915.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
<b>California:</b>						
Alameda County—						
Alameda.....	1		1			
Imperial County.....	3					3
Kern County—						
Bakersfield.....	1		1			
San Bernardino County—						
San Bernardino.....	1			1		
San Francisco County—						
San Francisco.....	1					1
Santa Clara County.....	8		4		4	
<b>Total.....</b>	<b>15</b>		<b>6</b>	<b>1</b>	<b>4</b>	<b>4</b>
<b>Kansas:</b>						
Atchison County—						
Atchison.....	2				2	
Barton County.....	1				1	
Cherokee County.....	2				2	
Crawford County.....	13				7	6
Pittsburg.....	6					6
Dickinson County.....	1					1
Douglas County.....	1				1	
Franklin County.....	1				1	
Geary County.....	1					1
Greenwood County.....	2				2	
Harper County.....	4				2	2
Jefferson County.....	5					5
Kingman County.....	1				1	
Labette County.....	4				2	2
Lane County.....	1				1	
Linn County.....	1				1	
Morris County.....	1				1	
Morton County.....	1					1
Rawlins County.....	1				1	
Reno County—						
Rutchinson.....	3				3	
Republic County.....	1		1			
Sedgwick County—						
Wichita.....	13					13
Shawnee County—						
Topeka.....	14				11	3
Wilson County.....	2		1			1
Wyandotte County—						
Kansas City.....	4					4
<b>Total.....</b>	<b>86</b>		<b>2</b>		<b>39</b>	<b>45</b>
<b>New York:</b>						
Erie County.....	1					1
Niagara County.....	1				1	
Orange County.....	1					1
Orleans County.....	1				1	
<b>Total.....</b>	<b>4</b>				<b>2</b>	<b>2</b>

**SMALLPOX—Continued.**

**Miscellaneous State Reports.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
<b>Indiana (July 1-31):</b>			<b>Montana (July 1-31)—Contd.</b>		
Counties—			Lewis and Clark County—		
Allen.....	4	.....	Telena.....	4	.....
Blackford.....	5	.....	Meagher County.....	1	.....
Boone.....	1	.....	Park County—		
Clay.....	1	.....	Livingston.....	1	.....
Clinton.....	1	.....	Powell County.....	6	.....
Delaware.....	4	.....	Ravalli County.....	1	.....
Elkhart.....	3	.....	Silverbow County.....	6	.....
Fountain.....	5	.....	Butte.....	7	.....
Gibson.....	25	.....	<b>Total.....</b>	<b>35</b>	<b>.....</b>
Hancock.....	1	.....	<b>North Dakota (July 1-31):</b>		
Hendricks.....	1	.....	Counties—		
Jasper.....	2	.....	Emmons.....	6	.....
Jay.....	3	.....	Kidder.....	2	.....
Jennings.....	5	.....	McLean.....	2	.....
Johnson.....	1	.....	Nelson.....	2	.....
Knox.....	8	.....	Renville.....	1	.....
Lawrence.....	20	.....	Sargent.....	1	.....
Madison.....	11	.....	Slope.....	1	.....
Marion.....	3	.....	Ward.....	5	.....
Miami.....	1	.....	<b>Total.....</b>	<b>20</b>	<b>.....</b>
Montgomery.....	5	.....	<b>Texas (July 1-31):</b>		
Piko.....	4	.....	Counties—		
Ripley.....	1	.....	Bell.....	1	.....
Shelby.....	4	.....	Cameron.....	6	2
Vanderburg.....	3	.....	El Paso.....	6	.....
Vermilion.....	1	.....	Galveston.....	2	.....
Vigo.....	16	.....	Hale.....	2	.....
Warren.....	2	.....	Hunt.....	1	.....
<b>Total.....</b>	<b>141</b>	<b>.....</b>	Jefferson.....	2	.....
<b>Iowa (July 1-31):</b>			Kent.....	7	.....
Counties—			Mills.....	3	.....
Appanoose.....	1	.....	Navarro.....	1	.....
Boone.....	5	.....	Par. er.....	1	.....
Cass.....	9	.....	Smith.....	5	.....
Decatur.....	1	.....	Tarrant.....	5	.....
Hardin.....	2	.....	Trinity.....	6	.....
Jasper.....	1	.....	Williamson.....	12	.....
Keokuk.....	2	.....	Young.....	5	.....
Linn.....	7	.....	<b>Total.....</b>	<b>70</b>	<b>2</b>
Mahaska.....	1	.....	<b>Virginia (July 1-31):</b>		
Muscatine.....	2	.....	Charlotte County.....		
Plymouth.....	1	.....	Nottoway County.....		
Polk.....	4	.....	Page County.....		
Pottawatomie.....	1	.....	Prince Edward County.....		
Scott.....	45	.....	Shenandoah County.....		
Shelby.....	1	.....	Southampton County.....		
Story.....	1	.....	Spottsylvania County—		
Taylor.....	2	.....	Fredericksburg.....		
Webster.....	2	.....	Stafford County.....		
<b>Total.....</b>	<b>88</b>	<b>.....</b>	Washington County.....		
<b>Montana (July 1-31):</b>			<b>Total.....</b>		
Beaverhead County.....	1	.....	<b>65</b>		
Broadwater County.....	3	.....			
Gallatin County.....	1	.....			
Granite County.....	4	.....			

**City Reports for Week Ended August 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Brownsville, Tex.....	4	.....	New Bedford, Mass.....	.....	1
Butte, Mont.....	6	.....	New Orleans, La.....	1	.....
Cleveland, Ohio.....	1	.....	Racine, Wis.....	3	.....
Davenport, Iowa.....	8	.....	Springfield, Ill.....	4	.....
Lincoln, Nebr.....	3	.....	Superior, Wis.....	2	.....

## SYPHILIS.

## State Reports for July, 1915.

During the month of July, 1915, cases of syphilis were notified in States as follows: California, 36; Kansas, 5.

## TETANUS.

## City Reports for Week Ended August 14, 1915.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....		1	Galveston, Tex.....		1
Chicago, Ill.....	1		Los Angeles, Cal.....		1
Columbus, Ohio.....		1	Reading, Pa.....		1
Detroit, Mich.....		2			

## TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2656.

## TYPHOID FEVER.

## State Reports for July, 1915.

Place.	New cases reported.	Place.	New cases reported.
California:		California—Continued.	
Alameda County—		Santa Clara County.....	1
Alameda.....	2	Palo Alto.....	1
Berkeley.....	3	Siskiyou County—	
Hayward.....	1	Dunsmuir.....	1
Oakland.....	6	Montague.....	1
Pleasanton.....	1	Yreka.....	2
Colusa County.....	5	Sonoma County.....	1
Contra Costa County—		Stanislaus County.....	2
Hercules.....	2	Tehama County—	
Richmond.....	1	Corning.....	1
Fresno County.....	2	Yolo County.....	1
Fresno.....	1		
Imperial County.....	4	Total.....	125
Kern County.....	6	Indiana:	
Bakersfield.....	6	Allen County.....	8
Taft.....	4	Clark County.....	3
Los Angeles County.....	2	Clay County.....	3
Alhambra.....	2	Daviess County.....	4
Long Beach.....	5	DeCATur County.....	2
Los Angeles.....	13	DeKalb County.....	1
Pasadena.....	1	Delaware County.....	8
San Gabriel.....	1	Elkhart County.....	1
Sawtelle.....	1	Floyd County.....	3
South Pasadena.....	2	Fountain County.....	2
Mariposa County.....	1	Franklin County.....	1
Merced County.....	2	Grant County.....	3
Modoc County.....	2	Hamilton County.....	3
Monterey County.....	1	Hancock County.....	2
Salinas.....	1	Henrieks County.....	1
Nevada County.....	1	Howard County.....	4
Orange County.....	4	Huntington County.....	4
Anaheim.....	1	Jackson County.....	2
Placer County.....	1	Jasper County.....	3
Sacramento County.....	3	Jay County.....	1
Sacramento.....	4	Jefferson County.....	3
San Benito County.....	2	Jolnson County.....	9
San Bernardino County—		Knox County.....	1
Redlands.....	3	Lake County.....	3
San Bernardino.....	2	Lawrence County.....	4
San Diego County—		Marion County.....	30
San Diego.....	2	Miami County.....	2
San Francisco.....	12	Orange County.....	1
San Joaquin County—		Parke County.....	1
Stockton.....	1		

TYPHOID FEVER—Continued.

State Reports for July, 1915—Continued.

Place.	New cases reported.	Place.	New cases reported.
<b>Indiana—Continued.</b>		<b>New York—Continued.</b>	
Pike County.....	15	Cayuga County.....	6
Putnam County.....	4	Chautauqua County.....	5
Ripley County.....	1	Chemung County.....	1
St. Joseph County.....	2	Chenango County.....	5
Vanderburg County.....	4	Clinton County.....	1
Warrick County.....	1	Columbia County.....	3
Washington County.....	5	Delaware County.....	1
Wayne County.....	4	Dutchess County.....	2
Total.....	149	Erie County.....	18
<b>Kansas:</b>		Essex County.....	2
Allen County.....	2	Franklin County.....	2
Anderson County.....	3	Fulton County.....	3
Barton County.....	5	Genesee County.....	2
Bourbon County.....	3	Greene County.....	2
Fort Scott.....	2	Hamilton County.....	1
Brown County.....	2	Herkimer County.....	3
Butler County.....	5	Jefferson County.....	13
Cherokee County.....	10	Lewis County.....	1
Cloud County.....	4	Livingston County.....	1
Cowley County.....	2	Madison County.....	3
Crawford County.....	7	Monroe County.....	14
Decatur County.....	2	Montgomery County.....	6
Dickinson County.....	2	Nassau County.....	2
Doniphan County.....	2	Niagara County.....	5
Douglas County.....	4	Oneida County.....	6
Elk County.....	1	Onondaga County.....	5
Finney County.....	1	Ontario County.....	2
Franklin County.....	4	Orange County.....	8
Graham County.....	1	Orleans County.....	3
Gray County.....	3	Rensselaer County.....	3
Greenwood County.....	7	St. Lawrence County.....	3
Harvey County.....	1	Saratoga County.....	5
Johnson County.....	1	Schenectady County.....	6
Labette County.....	1	Schoharie County.....	1
Lincoln County.....	1	Schuyler County.....	2
Marshall County.....	2	Seneca County.....	2
Miami County.....	21	Steuben County.....	2
Neosho County.....	3	Suffolk County.....	1
Pawnee County.....	3	Sullivan County.....	1
Phillips County.....	1	Tioga County.....	1
Reno County.....	5	Tompkins County.....	1
Republic County.....	1	Ulster County.....	4
Rice County.....	1	Warren County.....	3
Riley County.....	2	Washington County.....	1
Saline County.....	3	Wayne County.....	9
Sedgwick County—		Westchester County.....	25
Wichita.....	4	New York City.....	191
Shawnee County—		Total.....	402
Topeka.....	2	<b>North Dakota:</b>	
Sheridan County.....	1	Cass County.....	2
Smith County.....	1	Pierce County.....	3
Sumner County.....	2	Traill County.....	1
Wilson County.....	1	Total.....	6
Total.....	129	<b>Texas:</b>	
<b>Montana:</b>		Armstrong County.....	1
Beaverhead County.....	2	Brook County.....	3
Blaine County.....	1	Coleman County.....	6
Cascade County.....	2	Collin County.....	9
Great Falls.....	3	Comal County.....	1
Dawson County.....	1	Cameron County.....	1
Hill County.....	2	Deaf Smith County.....	6
Sanders County.....	1	Dallas County.....	17
Sheridan County.....	4	Eastland County.....	5
Stillwater County.....	3	El Paso County.....	6
Yellowstone County.....	2	Ellis County.....	2
Billings.....	1	Galveston County.....	6
Total.....	22	Grayson County.....	2
<b>New York:</b>		Gonzales County.....	3
Albany County.....	8	Hardin County.....	30
Allegany County.....	2	Hansford County.....	2
Broome County.....	3	Johnson County.....	8
Cattaraugus County.....	3	Lubbock County.....	2
		Lafayette County.....	3
		Menard County.....	1

## TYPHOID FEVER—Continued.

## State Reports for July, 1915—Continued.

Place.	New cases reported.	Place.	New cases reported.
<b>Texas—Continued.</b>		<b>Virginia—Continued.</b>	
Mills County.....	1	Henry County.....	47
Navarro County.....	4	Isle of Wight County.....	13
Palo Pinto County.....	2	James City County.....	4
Stephens County.....	2	King and Queen County.....	5
Smith County.....	2	King William County.....	6
Taylor County.....	8	Lancaster County.....	2
Tarrant County.....	26	Lee County.....	11
Trinity County.....	2	Loudoun County.....	4
Upshur County.....	2	Louisa County.....	3
Williamson County.....	4	Lunenburg County.....	2
Wise County.....	1	Madison County.....	2
<b>Total.....</b>	<b>168</b>	Mathews County.....	2
<b>Virginia:</b>		Mecklenburg County.....	14
Accomac County.....	19	Middlesex County.....	6
Albemarle County.....	10	Montgomery County.....	7
Alexandria County.....	2	Nansemond County.....	7
Alleghany County.....	3	Nelson County.....	6
Amelia County.....	1	Norfolk County.....	16
Amherst County.....	2	Portsmouth.....	3
Appomattox County.....	3	Northampton County.....	13
Augusta County.....	10	Northumberland County.....	14
Bedford County.....	18	Orange County.....	6
Bland County.....	2	Page County.....	3
Botetourt County.....	1	Patrick County.....	3
Brunswick County.....	4	Pittsylvania County.....	19
Buckingham County.....	7	Danville.....	10
Campbell County.....	25	Powhatan County.....	1
Lynchburg.....	9	Prince Edward County.....	7
Caroline County.....	5	Prince George County.....	4
Carroll County.....	3	Prince William County.....	1
Charlotte County.....	2	Pulaski County.....	3
Chesterfield County.....	3	Rappahannock County.....	3
Clarke County.....	5	Roanoke County.....	6
Craig County.....	6	Roanoke.....	5
Culpeper County.....	5	Rockbridge County.....	2
Dickenson County.....	2	Rockingham County.....	9
Dinwiddie County.....	4	Russell County.....	1
Elizabeth City County.....	3	Scott County.....	5
Essex County.....	2	Shenandoah County.....	2
Fauquier County.....	3	Smyth County.....	8
Floyd County.....	7	Southampton County.....	28
Franklin County.....	7	Spotsylvania County.....	1
Frederick County.....	2	Fredericksburg.....	1
Giles County.....	3	Surry County.....	4
Gloucester County.....	4	Sussex County.....	12
Goochland County.....	3	Tazewell County.....	4
Grayson County.....	4	Warren County.....	1
Greene County.....	2	Washington County.....	8
Greensville County.....	7	Westmoreland County.....	3
Halifax County.....	12	Wise County.....	19
Hanover County.....	9	Wythe County.....	7
Henrico County.....	3	York County.....	2
Richmond.....	23	<b>Total.....</b>	<b>620</b>

**TYPHOID FEVER—Continued.**

**City Reports for Week Ended Aug. 14, 1915.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	2		New Bedford, Mass.....	2	
Alameda, Cal.....	1		Newburyport, Mass.....	1	
Baltimore, Md.....	41	4	New Castle, Pa.....	2	
Bayonne, N. J.....	1		New Haven, Conn.....	7	
Berkeley, Cal.....	1		New Orleans, La.....	3	1
Boston, Mass.....	6	1	Newton, Mass.....	3	
Buffalo, N. Y.....	10		Norfolk, Va.....	6	
Cairo, Ill.....	1		Norristown, Pa.....	4	
Cambridge, Mass.....	1		Northampton, Mass.....	1	
Camden, N. J.....	3		Orange, N. J.....	1	
Charleston, S. C.....	6	2	Philadelphia, Pa.....	20	2
Chicago, Ill.....	13	2	Pittsburgh, Pa.....	6	1
Cincinnati, Ohio.....	2	1	Portsmouth, Va.....	6	
Cleveland, Ohio.....	9		Providence, R. I.....	7	
Columbus, Ohio.....	3		Reading, Pa.....	1	1
Cumberland, Md.....	2		Richmond, Va.....	5	1
Danville, Ill.....	1		Roanoke, Va.....	9	
Dayton, Ohio.....	11		Rochester, N. Y.....	7	
Detroit, Mich.....	4		Rockford, Ill.....	2	
East Orange, N. J.....	1		Rock Island, Ill.....	1	
Fall River, Mass.....	4		Rutland, Vt.....	1	
Galveston, Tex.....	2	1	Sacramento, Cal.....	2	
Harrisburg, Pa.....	1	1	St. Louis, Mo.....	4	3
Hartford, Conn.....	30		Salt Lake City, Utah.....	3	
Johnstown, Pa.....	1		Saratoga Springs, N. Y.....	1	
Kansas City, Kans.....	1		Schenectady, N. Y.....	1	1
Key West, Fla.....		1	Seattle, Wash.....	5	
Kokomo, Ind.....		1	Somerville, Mass.....		1
Lancaster, Pa.....	2		Springfield, Ill.....	3	1
Lawrence, Mass.....	1		Springfield, Mass.....	4	1
Lexington, Ky.....	2		Steubenville, Ohio.....	3	
Lincoln, Nebr.....	3	1	Tacoma, Wash.....	1	
Little Rock, Ark.....	2		Taunton, Mass.....	1	
Lorain, Ohio.....	1		Toledo, Ohio.....	16	
Los Angeles, Cal.....	11		Trenton, N. J.....	2	
Lowell, Mass.....	1		Waltham, Mass.....	2	
Lynchburg, Va.....	2		Washington, D. C.....	13	
Lynn, Mass.....	2		Wheeling, W. Va.....	1	1
Memphis, Tenn.....	13	2	Wilkes-Barre, Pa.....	2	1
Mobile, Ala.....	5		Wilksburg, Pa.....	1	
Montclair, N. J.....	1		York, Pa.....	1	
Nashville, Tenn.....	30	1	Zanesville, Ohio.....	3	

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

**State Reports for July, 1915.**

State.	Cases reported.			State.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
California.....	170	126	91	New York.....	1,382	4,245	670
Indiana.....	101	330	112	North Dakota.....	18	34	16
Iowa.....	28		7	Texas.....	93		46
Kansas.....	70	209	39	Virginia.....	137	106	40
Montana.....	9	54	18				

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

City Reports for Week Ended Aug. 14, 1915.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.	584,605	163	11	.....	12	1	5	.....	42	31
Boston, Mass.	745,139	206	54	6	26	2	18	3	38	21
Chicago, Ill.	2,447,045	636	76	12	81	4	20	1	321	72
Cleveland, Ohio.	655,975	.....	33	2	14	.....	5	1	23	13
Detroit, Mich.	554,717	19c	15	2	19	1	2	.....	33	25
Philadelphia, Pa.	1,683,664	425	25	1	72	4	7	.....	143	56
Pittsburgh, Pa.	571,984	160	13	3	47	.....	11	1	19	13
St. Louis, Mo.	745,988	160	45	5	12	1	2	.....	33	16
From 300,000 to 500,000 in- habitants:										
Buffalo, N. Y.	461,335	106	10	.....	42	1	4	.....	27	11
Cincinnati, Ohio.	406,706	.....	4	.....	9	.....	4	.....	30	20
Jersey City, N. J.	300,133	87	9	1	3	1	8	.....	18	8
Los Angeles, Cal.	465,367	96	4	.....	4	.....	3	.....	46	12
New Orleans, La.	366,484	107	22	2	1	.....	1	.....	20	12
Seattle, Wash.	330,834	43	.....	.....	4	.....	1	.....	.....	4
Washington, D. C.	358,679	109	3	.....	6	.....	1	.....	18	13
From 200,000 to 300,000 in- habitants:										
Columbus, Ohio.	209,722	72	4	.....	.....	.....	5	.....	9	7
Portland, Oreg.	272,833	39	5	1	4	.....	.....	.....	6	3
Providence, R. I.	250,025	53	4	.....	.....	1	4	.....	.....	9
Rochester, N. Y.	250,747	58	.....	.....	.....	.....	.....	1	13	2
From 100,000 to 200,000 in- habitants:										
Cambridge, Mass.	111,669	21	4	.....	.....	.....	5	.....	5	.....
Camden, N. J.	104,349	.....	3	.....	.....	.....	1	.....	7	.....
Dayton, Ohio.	125,509	13	.....	.....	.....	.....	3	.....	6	1
Fall River, Mass.	126,904	36	.....	.....	15	.....	1	.....	2	4
Grand Rapids, Mich.	125,759	35	2	.....	2	.....	1	.....	1	3
Hartford, Conn.	103,969	48	1	.....	.....	.....	1	.....	12	2
Lowell, Mass.	112,124	34	.....	1	2	.....	.....	4	4	4
Lynn, Mass.	100,316	21	1	.....	.....	.....	4	.....	5	3
Memphis, Tenn.	146,113	.....	2	.....	.....	.....	1	.....	6	5
Nashville, Tenn.	115,978	34	3	.....	.....	.....	.....	.....	3	6
New Bedford, Mass.	114,694	34	1	.....	.....	.....	.....	.....	10	5
New Haven, Conn.	147,095	.....	.....	.....	.....	.....	.....	.....	16	5
Oakland, Cal.	190,803	8	5	.....	.....	.....	2	.....	2	6
Reading, Pa.	105,094	27	.....	.....	13	.....	.....	.....	12	.....
Richmond, Va.	154,674	55	3	.....	1	.....	3	.....	8	5
Salt Lake City, Utah.	113,567	23	7	1	.....	.....	1	.....	.....	1
Springfield, Mass.	103,216	37	3	.....	6	1	.....	.....	4	1
Tacoma, Wash.	108,094	.....	.....	.....	.....	.....	.....	1	.....	.....
Toledo, Ohio.	187,840	40	2	.....	1	.....	3	.....	13	9
Trenton, N. J.	109,212	46	.....	.....	10	.....	.....	.....	9	4
From 50,000 to 100,000 in- habitants:										
Akron, Ohio.	82,958	.....	.....	.....	1	.....	1	.....	.....	.....
Altoona, Pa.	57,606	6	2	.....	.....	.....	.....	.....	.....	.....
Atlantic City, N. J.	55,806	8	1	.....	.....	.....	.....	.....	.....	.....
Bayonne, N. J.	67,532	.....	4	.....	3	.....	2	.....	4	.....
Berkeley, Cal.	54,879	6	.....	.....	.....	.....	.....	.....	.....	.....
Binghamton, N. Y.	53,082	20	1	.....	2	.....	1	.....	2	1
Brockton, Mass.	65,746	11	7	.....	6	.....	.....	.....	.....	.....
Canton, Ohio.	59,139	.....	.....	.....	.....	.....	2	.....	1	.....
Charleston, S. C.	60,427	29	2	.....	.....	.....	.....	.....	.....	1
Duluth, Minn.	91,913	.....	1	.....	.....	.....	4	.....	2	1
Harrisburg, Pa.	70,754	23	1	.....	.....	.....	1	.....	5	2
Johnstown, Pa.	66,585	19	3	1	1	.....	.....	.....	3	1
Kansas City, Kans.	96,854	.....	3	.....	.....	.....	.....	.....	3	1
Lancaster, Pa.	50,269	13	.....	.....	.....	.....	1	.....	1	.....
Lawrence, Mass.	98,197	30	1	.....	2	.....	.....	.....	.....	1
Little Rock, Ark.	55,158	9	2	.....	.....	.....	1	.....	1	.....
Malden, Mass.	50,067	15	6	.....	1	.....	1	.....	1	.....
Manchester, N. H.	76,959	36	.....	.....	.....	.....	.....	.....	1	1
Mobile, Ala.	56,536	12	1	.....	.....	.....	.....	.....	.....	3
New Britain, Conn.	52,203	.....	.....	.....	.....	.....	1	.....	2	.....
Norfolk, Va.	88,076	.....	.....	.....	1	.....	1	.....	3	3
Passaic, N. J.	69,010	20	.....	.....	.....	.....	2	.....	1	2
Pawtucket, R. I.	58,156	14	.....	.....	.....	.....	1	.....	.....	1
Rockford, Ill.	53,761	7	2	.....	.....	.....	.....	.....	.....	.....
Sacramento, Cal.	64,806	21	.....	.....	.....	.....	.....	.....	1	1
San Diego, Cal.	51,115	15	5	.....	.....	.....	1	.....	4	2
Schenectady, N. Y.	95,265	22	8	.....	2	.....	.....	.....	5	.....

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

City Reports for Week Ended Aug. 14, 1915—Continued.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.		
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
From 50,000 to 100,000 in- habitants—Continued.											
Somerville, Mass.	85,460	17	3					4		1	1
South Bend, Ind.	67,030	13									
Springfield, Ill.	59,468	14	1					2			1
Wilkes-Barre, Pa.	75,218	28	2					2		1	
York, Pa.	50,543									3	
From 25,000 to 50,000 inhabitants:											
Alameda, Cal.	27,031	6	1								2
Brookline, Mass.	31,934	4	1			1					
Butler, Pa.	26,587	5									
Butte, Mont.	42,918	12				2				2	3
Chelsea, Mass.	1 32,452	6	1			3		1		1	
Chicopee, Mass.	28,688	11	3			1		1			1
Cumberland, Md.	25,564	7	1							1	
Danville, Ill.	31,554	6	1							3	1
East Orange, N. J.	41,155	5	1							1	
Elgin, Ill.	27,844	6						1	1		
Everett, Mass.	38,907	7	6			1		1		2	
Fitchburg, Mass.	41,144	10		1							
Galveston, Tex.	41,076	16								1	
Liverhill, Mass.	47,774	10	5	1		1				1	
Kalamazoo, Mich.	47,364	12								1	2
Kenosha, Wis.	30,319	5	1	1				1			1
Lexington, Ky.	39,703	13	1					1		7	1
Lincoln, Nebr.	46,028	16				1		2			1
Lorain, Ohio.	35,662		1								
Lynchburg, Va.	32,385	11								1	1
Medford, Mass.	23,737	6	1							1	1
Montclair, N. J.	25,550	5				3		1		1	2
New Castle, Pa.	40,351							1		1	
Newport, Ky.	31,722	2	1								
Newport, R. I.	29,631	5	1							1	
Newton, Mass.	43,085	6						1		1	
Niagara Falls, N. Y.	36,240	13	1			2				1	
Norristown, Pa.	30,833	7	1			3					
Orange, N. J.	32,524	9								5	
Pasadena, Cal.	43,859	11								2	1
Perth Amboy, N. J.	39,725		3							1	
Pittsfield, Mass.	37,580	11								3	1
Portsmouth, Va.	38,610	5									1
Racine, Wis.	45,507	8	2			1					
Roanoke, Va.	41,929	6	6								
Rock Island, Ill.	27,961	4						2			
Steubenville, Ohio.	26,631	19	1					3			
Superior, Wis.	45,285	4									1
Taunton, Mass.	35,957	13	2			3					
Waltham, Mass.	30,129	8	10	1		5		1		2	
West Hoboken, N. J.	41,893	6	2	1				1		3	
Wheeling, W. Va.	43,097	12									
Williamsport, Pa.	33,495	7	4								
Woonsocket, R. I.	43,355		1					3			
From 10,000 to 25,000 inhabitants:											
Ann Arbor, Mich.	14,979	9				1		2		2	
Braddock, Pa.	21,310					6				1	
Cairo, Ill.	15,593	6									
Clinton, Mass.	1 13,075	5									
Concord, N. H.	22,480	14						2			
Galesburg, Ill.	23,923	9								1	1
Kearny, N. J.	22,753	6	1			1				2	
Key West, Fla.	21,437	5						11			1
Kokomo, Ind.	20,312	7						2			1
Melrose, Mass.	17,166	4	3								
Morristown, N. J.	13,158	3				1					
Muscataine, Iowa	17,287	6									
Nanticoke, Pa.	22,441	5									
Newburyport, Mass.	15,195	5						1		1	
New London, Conn.	20,771	8	1								
North Adams, Mass.	1 22,019	6									
Northampton, Mass.	19,846	7	1							2	
Plainfield, N. J.	23,280					1				2	
Rutland, Vt.	14,624							1			
Saratoga Springs, N. Y.	12,842	8	2	1							
Wilkinsburg, Pa.	22,361									2	

1 Population Apr. 15, 1910; no estimate made.

# FOREIGN REPORTS.

## AUSTRIA-HUNGARY.

### Cholera.

Cholera has been notified in Austria-Hungary as follows:

*Austria.*—June 13–July 3, 1915: Cases, 939; deaths, 202.

*Bosnia-Herzegovina.*—June 13–26, 1915: Cases, 34; deaths, 12.

*Croatia-Slavonia.*—June 21–27, 1915: Cases, 47; deaths, 19.

*Hungary.*—June 14–July 4, 1915: Cases, 416; deaths, 203.

### Cholera Carriers.

During the period from June 13 to 26, 1915, 80 cholera carriers were found in Bosnia-Herzegovina. Of these, 52 were found among troops.

### Typhus Fever.

During the period from June 6 to July 17, 1915, 2,050 cases of typhus fever were notified in Austria-Hungary, including 4 cases notified at Budapest among troops.

## CHINA.

### Examination of Rats—Shanghai.

During the week ended July 17, 1915, 161 rats were examined at Shanghai. No plague infection was found.

## CUBA.

### Communicable Diseases—Habana.

Communicable diseases were notified at Habana during the 10-day period ended August 10, 1915, as follows:

Disease.	New cases.	Deaths.	Remaining under treatment Aug. 10, 1915.
Diphtheria.....	5		6
Leprosy.....			248
Malaria.....	2		13
Measles.....	3		2
Paratyphoid fever.....	2	1	12
Scarlet fever.....	1		2
Tetanus in the new born.....	1	1	
Typhoid fever.....	17	2	35
Varicella.....			3

<sup>1</sup> From the interior of the Republic.

**CURAÇAO.****Typhus Fever.**

During the week ended August 14, 1915, 4 cases of typhus fever with 1 death were notified on the island of Curaçao, West Indies.

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

During the two weeks ended July 17, 1915, 365 rats were examined at Liverpool. The total number of rats examined from July 25, 1914, to July 17, 1915, was 10,900. No plague infection was found.

**INDO-CHINA.****Communicable Diseases.**

Communicable diseases were notified in Indo China during the month of February, 1915, as follows:

Disease and district.	Cases.	Deaths.	Disease and district.	Cases.	Deaths.
<b>Cholera:</b>			<b>Plague:</b>		
Anam.....	6	3	Anam.....	26	21
Cochin China.....	278	139	Cambodia.....	19	16
Laos.....	1	1	Cochin China.....	21	12
Tonkin.....	46	21	Laos.....	20	20
Total.....	331	164	Total.....	86	69
<b>Leprosy:</b>			<b>Smallpox:</b>		
Cochin China.....	1		Cambodia.....	9	
Tonkin.....	13		Laos.....	6	
Total.....	14		Tonkin.....	10	
			Total.....	25	

**PERSIA.****Cholera—Tabriz.**

Cholera was reported present at Tabriz, in the vilayet of Tuzla, August 26, 1915.

**PERU.****Plague.**

Plague has been notified in Peru as follows:

Place.	May 17-June 27, 1915.		June 28-July 4, 1915.	
	New cases.	Remain- ing June 27.	New cases.	Remain- ing July 4.
Callao.....	2	1		1
Lima (city).....	1	1		
Mollendo.....	3	2		4
Quillo (Yungay).....		2		
Trujillo.....	6	5	1	2

**PHILIPPINE ISLANDS.****Cholera—Manila.**

During the week ended July 10, 1915, 2 cases of cholera, with 1 death, were notified at Manila.

**RUSSIA.****Cholera.**

Cholera was reported present August 29, 1915, at Kherson, Odessa, and Theodosia, Russia.

**TURKEY IN ASIA.****Plague—Chios.**

Plague was reported present on the island of Chios, August 6, 1915.

**TYPHUS FEVER.****Reports Received During Week Ended Sept. 3, 1915.<sup>1</sup>**

Place.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Austria.....	June 6-July 3.....	2,046		
Budapest.....	July 11-17.....	4		Among troops.
China:				
Hankow.....	July 4-10.....		1	
Curacao.....	Aug. 8-14.....	4	1	
Egypt:				
Alexandria.....	July 16-22.....	4	1	
Cairo.....	June 4-July 1.....	161	130	
Port Said.....	do.....	8	5	
Germany.....				Total, July 11-17: Cases, 13; July 18-24: Cases, 30.
Bavaria.....	July 11-17.....	2		
Bromberg, government district.	July 18-24.....	1		
Cassel, government district.	do.....	1		
Erlurt, government district.	July 11-17.....	1		
Frankfort, government district.	July 18-24.....	1		
Saxe-Weimar.....	July 11-17.....	10		At Jena.
Saxony.....	July 18-24.....	27		
Great Britain and Ireland:				
Dublin.....	July 23-31.....	1		
Glasgow.....	Aug. 6.....	1		
Russia:				
Moscow.....	July 10-17.....	8	1	
Turkey in Asia:				
Adana.....	July 4-10.....			Present.
Jaffa.....	June 19-25.....		1	
Tarsus.....	July 4-10.....			Do.

<sup>1</sup> From medical officers of the Public Health Service, American consuls, and other sources.

## TYPHUS FEVER—Continued.

Reports Received from June 26 to Aug. 27, 1915.

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Austria-Hungary:</b>				
Austria.....	Apr. 25-May 22....	1,212		Mainly among soldiers, prisoners of war, and persons from Galicia; 6 among the civil population, of which 1 in Vienna.
Bosnia-Herzegovina.....	May 2-15.....	64		Mainly among military.
<b>Hungary:</b>				
Budapest.....	May 16-July 10....	14	6	
<b>Azores:</b>				
Terceira.....	May 23-29.....	1		July 24, 1915; present.
<b>Canary Islands:</b>				
Santa Cruz de Tenerife....	May 16-June 19....		2	
<b>China:</b>				
Antung.....	June 28-July 4....	1		
Hungtaohotze Station.....	Apr. 19-25.....	1		On Eastern Chinese Ry.
Mukden.....	June 6-July 3.....			Present.
Tientsin.....	do.....		1	
<b>Cuba:</b>				
Santiago.....	July 4-10.....	2	2	
<b>Dutch East Indies:</b>				
Java.....	Apr. 25-May 10....	35	7	
Batavia.....	June 6-19.....	18	4	
<b>Egypt:</b>				
Alexandria.....	May 21-July 15....	134	40	
Cairo.....	May 7-June 3.....	70	95	
Port Said.....	do.....	2	3	
<b>France:</b>				
La Rochelle.....	July 11-17.....	1	1	
<b>Germany:</b>				
.....	May 16-22.....	12		In German soldiers and 1 prison-camp employee; among prisoners of war in 14 districts and in Saxony and Hesse.
Do.....	June 6-26.....	33		Among military; Present in prison camps.
Do.....	June 27-July 3....	76		Do.
Aix la Chapelle.....	May 30-June 5.....		1	
Bremen.....	May 30-June 12....	1	1	
Breslau.....	May 30-June 5.....	5		
Konigsberg.....	June 6-12.....	3		
Leipzig.....	do.....		1	
<b>Great Britain and Ireland:</b>				
Dublin.....	May 23-July 10....	6		
Glasgow.....	May 29-Aug. 4.....	2		
Newcastle.....	June 27-July 3....	1		
<b>Greece:</b>				
Athens.....	June 14-July 19....		4	
Saloniki.....	May 30-July 17....		21	
<b>Italy:</b>				
Florence.....	May 1-31.....	5	1	
Turin.....	May 17-23.....	1		
<b>Japan:</b>				
Tokyo.....	June 7-13.....	2		
<b>Mexico:</b>				
Aguascalientes.....	June 21-27.....		1	
<b>Russia:</b>				
Moscow.....	May 2-July 3.....	213	59	
Petrograd.....	May 9-July 3.....	16	3	
Riga.....	Mar. 1-31.....	1	1	
Do.....	June 6-12.....	1		
Vladivostok.....	June 15-21.....	1	1	
Warsaw.....				Sept. 27-Oct. 31, 1914: Cases, 31. Nov. 1-28, 1914: Cases, 31; deaths, 1. Maximum incidence, Nov. 22-28: Cases, 20; deaths, 1.
<b>Serbia:</b>				Prevalent.
Apr. 27.....				
<b>Spain:</b>				
Madrid.....	June 1-30.....		1	
<b>Switzerland:</b>				
Zurich.....	May 30-July 10....	2		
<b>Turkey in Asia:</b>				
Adana.....	May 9-15.....			Present.
Beirut.....	May 27-June 2....	2	1	
Harput.....	Apr. 1-30.....			Do.
Jaffa.....	Apr. 25-June 19....	15	7	
Mersina.....	May 9-29.....	2	2	
Tarsus.....	do.....			Do.
Trebizond.....				October, 1914-May 22, 1915: 6,000 fatal cases (estimated).
Tripoli.....	May 9-15.....	1	1	

**CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX.**Reports Received During Week Ended Sept. 3, 1915.<sup>1</sup>**CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Austria-Hungary:</b>				
Austria.....	June 13-26.....	667	181	Reported out of date, June 7-20: Cases, 7; deaths, 5.
Do.....	June 27-July 3.....	272	21	
Bosnia-Herzegovina.....	June 13-19.....	9	3	Carriers, Banjaluka, 8; Donja Tuzla, 20.
Do.....	June 20-26.....	25	9	Carriers, 52; of these, 34 among troops.
Croatia-Slavonia.....	June 21-27.....	47	19	
Hungary.....	June 14-20.....	190	124	
Do.....	June 28-July 4.....	226	79	Reported out of date, June 14-20: Cases, 22; deaths, 9. Total, June 13-July 24: Cases, 30.
<b>Germany:</b>				
Government district—				
Breslau.....	June 13-July 24.....	4		
Frankfort am Main.....	do.....	1		
Gumbinnen.....	do.....	1		
Konigsberg.....	do.....	2		
Liegnitz.....	do.....	1		
Marlenwerder.....	do.....	12		
Oppeln.....	do.....	5		
Potsdam.....	do.....	3		
Wiesbaden.....	do.....	1		
<b>India:</b>				
Bassein.....	June 13-July 3.....		5	In Burma.
Calcutta.....	June 20-July 10.....		46	
Henzada.....	June 20-26.....		1	Do.
Madras.....	July 11-17.....	1		
Pegu.....	June 27-July 3.....		1	Do.
Prome.....	do.....		1	Do.
Rangoon.....	July 4-10.....	3	2	Do.
<b>Indo-China:</b>				
Province—				
Anam.....	Feb. 1-28.....	6	3	
Cochin China.....	do.....	278	139	
Laos.....	do.....	1	1	
Tonkin.....	do.....	46	21	
Saigon.....	June 20-26.....	360	269	
<b>Persia:</b>				
Tabriz.....	Aug. 26.....			Present.
<b>Philippine Islands:</b>				
Manila.....	July 4-10.....	2		
<b>Russia:</b>				
Kherson.....	Aug. 29.....			Do.
Odessa.....	do.....			Do.
Theodosia.....	do.....			Do.

**PLAGUE.**

<b>China:</b>				
Amoy.....	June 27-July 3.....			Present, with estimated number of 40 deaths daily.
Do.....	July 4-10.....			Present, with estimated number of 10 deaths daily.
<b>Egypt:</b>				
Fayoum, province.....	July 9-15.....	1		Jan. 1-July 15, 1915: Cases, 188; corresponding period, 1914: Cases, 157.
Minieh, province.....	do.....	4		
Port Said.....	do.....	2		
<b>India:</b>				
Bassein.....	June 13-26.....		3	In Burma.
Bombay.....	July 11-17.....	11	11	
Calcutta.....	June 20-July 3.....		4	
Karachi.....	July 11-17.....	1		
Mandalay.....	June 13-July 3.....		2	Do.
Moulmein.....	June 27-July 3.....		3	Do.
Rangoon.....	July 4-10.....	13	12	Do.
<b>Peru:</b>				
Callao.....	May 17-June 27.....	2		
Lima (city).....	do.....	1		
Mollendo.....	do.....	3		
Trujillo.....	do.....	6		
<b>Indo-China:</b>				
Province—				
Anam.....	Feb. 1-28.....	26	21	
Cambodia.....	do.....	19	16	
Cochin China.....	do.....	21	12	
Laos.....	do.....	20	20	
<b>Turkey In Asia:</b>				
Chios, island.....	Aug. 6.....			Present.

<sup>1</sup> From medical officers of the Public Health Service, American consuls, and other sources.

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

Reports Received During Week Ended Sept. 3, 1915—Continued.

## SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Australia:				
New South Wales—				
Newcastle District—				
Hamilton.....	July 16-22.....	1		
Kurri Kurri.....	July 9-22.....	2		
Plattsburg.....	July 16-22.....	1		
Austria-Hungary:				
Austria.....	June 6-26.....	2,022		
Budapest.....	July 11-17.....	7		
Vienna.....	June 6-12.....	13		
Canada:				
Alberta—				
Edmonston.....				Epidemic 30 miles south closed Aug. 14, 1915. Cases, 100 (estimated).
Canary Islands:				
Santa Cruz de Teneriffe.....	July 18-24.....		1	
China:				
Harbin.....	May 3-9.....	1		
Manchuria Station.....	June 21-27.....	2		Eastern Chinese Railway.
Nanking.....	July 10-17.....			Present.
Egypt:				
Cairo.....	June 4-July 1.....	6	3	
India:				
Bombay.....	July 11-17.....	4	6	
Calcutta.....	June 19-July 10.....		18	
Karachi.....	July 11-17.....	1		
Madras.....	do.....	3		
Rangoon.....	July 4-10.....	3	2	
Indo-China:				
Province—				
Cambodia.....	Feb. 1-28.....	9		
Laos.....	do.....	6		
Tonkin.....	do.....	10		
Mexico:				
Aguaascalientes.....	July 5-Aug. 8.....		6	
Frontera.....	July 18-31.....	17	3	
Spain:				
Madrid.....	July 1-31.....		4	

Reports Received from June 26 to Aug. 27, 1915.

## CHOLERA.

Austria-Hungary:				
Austria.....	May 2-June 5.....	239	52	July 3-17, 1915: 5 cases in Galacia.
Vienna.....	May 9-15.....	9	3	Among soldiers and prisoners.
Trieste.....	June 27-July 3.....	1		
Bosnia-Herzegovina.....	Apr. 25-May 29.....	128	46	96 cholera carriers in 3 localities.
Croatia-Slavonia.....	May 3-June 7.....	70	21	14 among soldiers.
Hungary.....	Apr. 26-June 13.....	510	187	May 16-23: 5 additional cases notified.
Budapest.....	June 28-July 10.....	2		
Ceylon:				
Colombo.....	Apr. 25-May 22.....	8	1	
China:				
Hongkong.....	May 2-8.....	1	1	
Dutch East Indies:				
Java—				
Batavia.....	Apr. 25-June 5.....	56	50	
Germany.....	July 24-31.....			Among soldiers; 15 cases, 1 death.
Do.....	July 18-31.....	215	25	In prison camps.
Berlin.....	July 18-24.....	1		Among soldiers.
Berlitz.....	do.....	1		Do.
Breslau.....	July 18-31.....	2		Do.
Bromberg.....	July 25-31.....	1		Do.
Cannstatt.....	do.....	1		Do.
Danzig.....	July 18-24.....	1		Do.
Hanover.....	July 25-31.....	1		Do.
Jagerndorf.....	June 13-July 2.....	1		
Landsberg.....	July 25-31.....	1		Do.
Leipzig.....	do.....	1		Do.
Patschkau.....	July 18-24.....	1		Do.
Posen.....	July 25-31.....	1		Do.
Rosenberg.....	June 13-July 2.....	1		

**CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.****Reports Received from June 26 to Aug. 27, 1915—Continued.****CHOLERA—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Germany—Continued.</b>				
Sachsenhausen.....	June 13-July 2....	1	1	Among soldiers.
Schneidemuhl.....	July 25-31.....	1		
Silesia.....	July 3-17.....	5		
Slaventzitz.....	June 13-July 2....	1		
Sommerfeld.....	July 18-24.....	1		
Spandau.....	July 25-31.....	1		
Striegan.....	July 18-24.....	1	1	Do. Do. Do.
<b>India:</b>				
Akyab.....	May 16-29.....		2	Epidemic.
Bassein.....	Apr. 18-June 5....		22	
Bombay.....	June 6-July 10....	3	3	
Calcutta.....	Apr. 25-June 5....		141	
Madras.....	May 2-June 5....	4	5	
Rangoon.....	Apr. 24-June 12... .....	3	4	
<b>Indo-China</b> .....				
Jan. 1-31, 1915: Cases, 284; deaths, 178.				
<b>Provinces—</b>				
Anam.....	Jan. 1-31.....	3	2	
Cochin China.....	.....do.....	243	158	
Tonkin.....	.....do.....	38	18	
Saigon.....	May 2-June 19.... .....	656	306	
<b>Italy:</b>				
Leghorn.....	Aug. 11.....	1		
Venice.....	.....do.....	3		
<b>Russia:</b>				
Moscow.....	June 6-12.....	75	14	
<b>Serbia:</b>				
Siam:				
Bangkok.....	Apr. 19-May 15.... .....		4	
<b>Straits Settlements:</b>				
Singapore.....	May 9-June 12.... .....	2	1	

**YELLOW FEVER.**

<b>Brazil:</b>				
Bahia.....	July 11-17.....	1	1	

**PLAGUE.<sup>1</sup>**

Bahrein, island.....	Apr. 1-30.....			Present.
<b>Ceylon:</b>				
Colombo.....	May 9-29.....	3	3	
<b>China:</b>				
Amoy.....	May 2-June 5.... .....			Present. Present in Sio-Khe Valley, 60 miles inland.
Do.....	June 13-19.....			Increasing.
Do.....	June 20-26.....			40 deaths daily (estimated). At Kulangsu, international settlement, 1 case.
Hongkong.....	May 9-June 26.... .....	52	46	
<b>Cuba:</b>				
Habana.....	Aug. 15.....	1		
<b>Brazil:</b>				
Bahia.....	June 20-July 10... .....	4	3	
<b>Dutch East Indies:</b>				
Java.....				Jan. 1-Feb. 25, 1915: Cases, 2,004; deaths, 1,864.
Do.....	Mar. 12-July 3.... .....	1,057	956	
Kediri residency.....	.....do.....	37	32	
Madioen residency.....	.....do.....	5	5	
Pasoeroean residency.....	.....do.....	29	26	
Surabaya residency.....	.....do.....	14	14	
Soerakarta residency.....	.....do.....	2	2	
Surabaya.....	Apr. 18-June 19... .....	16	15	
<b>Ecuador:</b>				
Guayaquil.....	May 1-31.....	1		
<b>Egypt:</b>				
Alexandria.....	May 21-27.....		1	Jan. 1-May 20, 1915: Cases, 93 deaths, 48.
Assiut, province.....	May 14-June 3.... .....	7	2	
Fayoum, province.....	May 14-July 9.... .....	49	9	
Galioubeh, province.....	May 14-27.....	1		
Minieh, province.....	May 14-July 11... .....	10	5	
Port Said.....	May 28-July 12... .....	7	3	

<sup>1</sup>The report of a case of plague at Paauhau, Hawaii, June 29, 1915, and heretofore published in this table, was an error. Bacteriological examinations made after the death of the patient proved the disease not to be plague.

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

Reports Received from June 26 to Aug. 27, 1915—Continued.

## PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Greece:				
Zante.....	Aug. 1-11.....	12	10	
India:				
Bassein.....	Apr. 18-June 12.....		58	
Bombay.....	May 2-July 10.....	145	130	
Calcutta.....	Apr. 25-June 5.....		55	
Henzada.....	May 2-8.....	1		
Karachi.....	May 2-July 10.....	615	531	
Mandalay.....	Apr. 25-June 12.....		3	
Moulmein.....	May 23-June 12.....		5	
Myingyan.....	Apr. 5-17.....		1	
Pegu.....	Apr. 18-May 1.....		5	
Rangoon.....	Apr. 18-July 3.....	128	96	Apr. 1-May 31, 1915: Cases, 94; deaths, 92.
Toungoo.....	Apr. 25-May 1.....		38	
Indo-China:				
Saigon.....	May 9-June 19.....	10	6	Jan. 1-31, 1915: Cases, 73; deaths, 58.
Provinces—				
Anam.....	Jan. 1-31.....	36	33	
Cambodia.....	do.....	18	18	
Cochin China.....	do.....	19	7	
Japan:				
Taiwan, island—				
Kagi.....	May 30-July 3.....	7	7	
Tokyo.....	May 31-June 13.....	5	5	
Persia:				
Mohammerah.....	Apr. 10-June 1.....	3		
Peru:				
Callao.....	May 3-9.....	1		
Lima (city).....	do.....	1		
Mollendo.....	do.....	1		
Salaverry.....	Apr. 26-May 27.....	2		May 30. Vicinity,
Trujillo.....	May 3-9.....	2		May 30, 7 cases in hospital.
Straits Settlements:				
Singapore.....	Apr. 25-June 5.....	4	1	
Turkey in Asia:				
Bagdad.....	May 2-June 20.....	739	555	
Union of South Africa:				
Cape Province—				
Tarka, district.....	June 2-16.....	2	1	
Wodehouse, district.....	June 5.....	2	2	At Dordrecht.
Zanzibar:				
Zanzibar.....	Mar. 1-31.....		1	

## SMALLPOX.

Australia:				
New South Wales—				
New Castle District.....				June 10-July 24: Cases, 13.
Cessnock.....	June 10-July 1.....	4		
Kurri Kurri.....	May 26-July 1.....	6		
Standford Morthyr.....	June 25-July 24.....	1		
Victoria:				
Melbourne.....	Apr. 20.....	1		At Point Nepean quarantine station, from S. S. Lord Derby from Rangoon.
Western Australia—				
Fremantle.....	Apr. 27.....	1		At Woodmans Point quarantine station, from S. S. City of Baroda from Calcutta via Colombo.
Austria-Hungary:				
Austria.....	May 2-15.....	275		
Dalmatia, Province.....	May 2-8.....	1		
Vienna.....	May 2-July 17.....	31	8	Aug., 1914-May 3, 1915: Cases, 1,487; deaths, 316. May 9-15, 1915: Cases, 23.
Hungary—				
Budapest.....	May 2-July 10.....	284	1	
Brazil:				
Rio de Janeiro.....	Apr. 18-July 10.....	114	34	
Canada:				
Ontario—				
Hamilton.....	June 1-30.....	2	4	
Sarnia.....	June 13-19.....	1		
Toronto.....	June 6-Aug. 7.....	7		

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

## Reports Received from June 26 to Aug. 27, 1915—Continued.

## SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Canada—Continued.</b>				
Quebec—				
Montreal	June 13—Aug. 7	11		
Sherbrooke	June 1—30		1	
<b>Ceylon:</b>				
Colombo	May 2—29	21	7	
<b>China:</b>				
Chungking	May 23—June 19			Present.
Foochow	May 9—22			Do.
Hongkong	May 9—July 3	8	5	
Nanking	June 20—July 3			Do.
Shanghai	May 9—June 25	4	5	Natives.
Tientsin	May 16—22		1	
<b>Dutch East Indies:</b>				
Java	Apr. 18—June 25	550	140	
Batavia	Apr. 25—June 19		29	Natives.
<b>Egypt:</b>				
Alexandria	May 21—July 15	41	14	
Cairo	Apr. 30—June 3	10	3	
<b>Germany</b>				
Hamburg	June 6—12	1		
Government districts—				
Allenstein	June 13—19	1		
Arnsberg	do.	1		
Breslau	June 20—July 3	1		
Danzig	June 13—19	2		
Gumbinnen	May 23—29	2		
Marienwerder	do.	2		
Merseburg	June 20—July 3	1		
Oppeln	May 16—July 3	7		
Posen	May 30—June 5	3		Prisoners of war.
Potsdam	June 13—July 3	3		
<b>Great Britain:</b>				
Bristol	Mar. 21—May 22	29	7	1 from vessel from Bombay. Maximum incidence, Apr. 4—17: Cases, 22; deaths, 2.
London	May 30—June 12	3		
<b>Greece:</b>				
Saloniki	May 23—29		1	
<b>India:</b>				
Bassein	May 2—8		1	
Bombay	May 2—July 10	186	101	
Calcutta	Apr. 25—June 5		237	
Karachi	May 2—June 12	23	4	
Madras	May 2—10	14	7	
Moulmein	May 23—29		1	
Pegu	Apr. 18—June 12	1	1	
Rangoon	Apr. 18—July 3	97	39	May 1—31, 1915: Cases, 37; deaths, 14.
<b>Indo-China:</b>				
Province—				
Anam	Jan. 1—31			Present.
Cambodia	do.	23	5	
Cochin China	do.	12		
Saigon	May 23—29	1	1	
Tonkin	Jan. 1—31	56	12	
<b>Italy:</b>				
Milan	May 1—31	1		
<b>Japan:</b>				
Taiwan, island	May 23—29	1		
<b>Mexico:</b>				
Acapulco	July 14—20		1	
Agua-calientes	June 7—July 4		8	
Frontera	May 23—July 17	98	38	
Mazatlan	June 23—July 13		3	
Monterey	June 14—Aug. 1	9		
Progreso	June 6—July 24	7	1	
Salina Cruz	June 1—30	4	1	Soldier from San Geronimo.
Vera Cruz	June 7—Aug. 1	69	42	
<b>Portugal:</b>				
Lisbon	May 23—July 17	23		
<b>Russia:</b>				
Moscow	May 2—15	19	5	
Petrograd	May 8—July 3	274	107	
Riga	May 9—July 17	61		Mar. 1—31, 1915: Cases, 89; deaths, 22.
Vladivostok	May 29—June 4	1		Sept. 27—Oct. 31, 1914: Cases, 51; deaths, 16. Nov. 1—28, 1914: Cases, 70; deaths, 23.
Warsaw				

**CHOLERA, YELLOW FEVER, PLAGUE, AND SMALLPOX—Continued.****Reports Received from June 26 to Aug. 27, 1915—Continued.****SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Serbia.....	Apr. 21-May 3....	356	.....	
Spain:				
Madrid.....	June 1-30.....	.....	3	
Seville.....	May 1-June 30.....	.....	7	
Valencia.....	May 30-Aug. 1....	74	10	
Straits Settlements:				
Penang.....	Apr. 25-May 15....	6	2	
Singapore.....	May 23-29.....	1	.....	
Switzerland:				
Basel.....	May 16-July 3....	18	.....	
Turkey in Asia:				
Bagdad.....	May 2-8.....	.....	.....	Present.
Beirut.....	May 16-July 17....	64	25	
Haifa.....	May 3-June 20....	6	.....	
Jaffa.....	May 9-29.....	2	.....	
Mersina.....	May 30-June 5....	1	.....	
Tripoli.....	May 2-8.....	.....	.....	Do.

# SANITARY LEGISLATION.

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## COURT DECISIONS.

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### NEW JERSEY SUPREME COURT.

#### Polluted Drinking Water—Water Company Liable for Damages.

JONES *v.* MOUNT HOLLY WATER Co., 93 Atl. Rep., 860. (Apr. 15, 1915.)

Water is a necessity of life, and one who undertakes to trade in it and supply customers is bound to use reasonable care that it shall be ordinarily and reasonably pure and wholesome.

A water company which supplies water for domestic purposes is liable to a customer for damages resulting from illness caused by typhoid or paratyphoid fever resulting from the pollution of the water when the circumstances are such that the water company knew or should have known that the water was contaminated and unsafe.

The plaintiff was not legally required to prove by positive testimony and with absolute certainty that the drinking of the water was the cause of the illness. It was sufficient for him to prove facts and circumstances from which it was made to reasonably appear that the drinking of the water was the probable cause of the typhoid fever, there being no evidence to show any other cause.

KALISCH, *J.*: The defendant, a corporation, is engaged in the business of supplying water for drinking and domestic purposes in the township of Northampton, in the county of Burlington. It supplied water for the purposes stated to the inhabitants of Mount Holly, among whom were the plaintiff and his family. For the supply of water to be furnished by the defendant company to the plaintiff for his and his family's use the plaintiff paid the defendant company \$25.90 (one year's supply) in advance, from April 1, 1911, to April 1, 1912. In January, 1912, three of the plaintiff's children became ill, which illness was diagnosed as typhoid or paratyphoid fever. The plaintiff claims that the illnesses of his children were attributable to the drinking water supplied by the defendant company; the water being in an impure and unwholesome state, in that it was permeated with dirt and filth and contained paratyphoid germs in large quantities, which the defendant knew, or ought to have known in the exercise of due and reasonable care.

The plaintiff sued the defendant to recover the moneys expended by him for medical services, medicines, and nursing required by the children during their illnesses, and for loss of time incurred by him as a result thereof. The plaintiff recovered a verdict for \$750. The defendant seeks to have this verdict set aside for the various reasons hereafter referred to and considered. No claim is made that the verdict is excessive.

The first reason assigned in the brief of counsel of the defendant is that the case does not show any contractual relation between the plaintiff and defendant, and that the complaint is one founded upon contract, with an imperfect allegation of negligence. But no point is sought to be made of this, and we can not very well perceive how a successful attack can now be made on the nature and character of the pleadings, since it appears that the parties to the controversy treated the action as one of negligence, and that the cause was tried out and submitted to the jury in that aspect.

The second reason relied on by the defendant for a new trial is that the plaintiff had failed to establish any negligence of the defendant which proximately resulted in the

illnesses of the plaintiff's children. There was plenary testimony from which a jury might have reasonably inferred that the water furnished by the defendant company was polluted with fecal matter and other filth and contained germs indicating the presence of typhoid germs in the water. This testimony came from witnesses who spoke of the polluted condition of the water along the sources of supply of the defendant company in the month of December, 1911, and before that time and prior to the breaking out of a typhoid-fever epidemic in Mount Holly in the months of January, February, and March, 1912.

From the testimony it is also apparent that the bad condition of the water supply and the nature and character of the sources of the pollution were matters which were so open and above the surface that they would give rise to the fair inference that those conditions were known to the defendant company, or at least ought to have been known by it, before January, 1912. Besides all this, there was proof of actual knowledge of the defendant company of the pollution of the water and the sources of its pollution, extending back a period of three and one-half years prior to the outbreak of the typhoid-fever epidemic. The letter written by the defendant company under date of March 12, 1912, to the State board of health is evidence of that fact. In addition there were 23 cases of typhoid fever in a population of 6,000 from December 1, 1911, to February 26, 1912, a majority of the cases occurring in January and all of which persons so afflicted, with two or three exceptions, had been using and drinking the water supplied by the defendant company.

The testimony relating to the cases of typhoid fever prevailing after the plaintiff's children were taken ill was objected to on the ground that it was immaterial and irrelevant; but we think that it was material and relevant on the question whether or not the water supplied by the defendant company, which was drunk by the persons who had been afflicted with the fever, was the source of the disease.

It must be borne in mind that the defendant company was in the water supply business for profit. The plaintiff had paid for the supply which he was to receive in advance. Hence it became the duty of the defendant company to give to the plaintiff water fit for domestic purposes, including fitness for drinking. Water is a necessity of life, and one who undertakes to trade in it and supply customers stands in no different position to those with whom he deals than does a dealer in foodstuffs. He is bound to use reasonable care that whatever is supplied for food or drink shall be ordinarily and reasonably pure and wholesome.

In *Tomlinson v. Armour & Co.* (75 N. J. Law, 748; 70 Atl., 314; 19 L. R. A. (N. S.); 923) it was held by our court of errors and appeals that a declaration alleging that defendant was engaged in the business of putting up in tin cans or vessels and vending meats for food and domestic use, which was sold by the defendant to a retail dealer, to be sold to customers and patrons; that plaintiff purchased said can of ham from said retailer for food and domestic use; that the defendant negligently put up in said can of ham diseased, unfit, and unwholesome ham, which was deleterious and poisonous to the human body and health; and that the plaintiff, without fault or negligence on her part, ate a piece of ham taken from said can, and in consequence thereof became poisoned and sick with ptomaine poison, stated a good cause of action, notwithstanding the absence of scienter. The legal principle laid down in that case is only applicable to the facts of the present case in so far as it requires the exercise of reasonable care that the water furnished shall be reasonably pure and wholesome, and that negligently furnishing water which is deleterious to the human body or health will furnish a valid cause of action to a customer injured by the use of the water.

Actual notice or knowledge of the unwholesomeness of the water of the defendant company was not an essential element to be proven, in order to establish the defendant's liability. It was sufficient if there was testimony tending to show that the defendant, in the exercise of reasonable care, might have discovered the unwholesomeness and dangerous condition of the water. And the case sub judice differs from the

case cited in this essential particular: That the streams from which the water supply is taken are not under the immediate supervision and care of the water company, and covering many miles in area may be easily polluted and contaminated without the knowledge of the water company; whereas, in the canning of the ham, that was done in the factory of Armour & Co., and by its servants.

We think that the plaintiff properly met the burden of establishing that the defendant either knew, or in the exercise of due and reasonable care would have ascertained, that the water it was furnishing its customers in Mount Holly was impure and contaminated with germs deleterious to the human body and health. The duty resting upon the water company was to furnish its customers for consumption pure and wholesome water. In *Jersey City v. Flynn* (74 N. J. Eq., 104, 135, 136; 70 Atl., 497, 501) the contract requirement of the water company was:

That the water delivered should be pure and wholesome and free from pollution deleterious for drinking and domestic purposes.

We think that this contract stipulation aptly states what a public water supply should be. And in *Peffer v. Penn. Water Co.* (221 Pa., 578; 70 Atl., 870) it was held that the obligation of a water company to its customers is to furnish water that is ordinarily pure and wholesome; that pure and wholesome water necessarily means such as is reasonably free from bacteria and coli, or any other infection or contamination which renders the water unfit for domestic use and unsafe and dangerous to individuals.

Viewing the facts of the present case in the light of the duty resting upon the defendant company, the plaintiff met the burden of establishing the defendant's liability by the introduction of testimony which tended to prove open and notorious pollution and contamination of streams connected with the defendant's sources of water supply.

But it is claimed that there was no proof of any typhoid germs in the water, and that therefore there is no tenable ground for imputing the typhoid fever to the drinking of the water. This argument does not commend itself to us as sound. There was proof to the effect that for a long period of time before the outbreak of the typhoid fever epidemic there were discharged into the sources of the defendant's water supply large quantities of fecal and vegetable matter, which the scientific experts testify are indicative of the presence of the bacilli coli, and which in turn indicate the presence of typhoid fever germs, but not necessarily so. And where there are bacilli coli in any considerable quantity there is a probability of the presence of the typhoid fever germ. Furthermore it appears that the president of the defendant company came before the board of health in response to a communication sent to the defendant by the town clerk relating to the water supply, and made statements relating to the condition of the water before the outbreak of the fever. It is true that this letter was written in June, 1912, six months after the appearance of the epidemic; but since it appears that the president of the defendant company appeared on its behalf, to explain the condition of the water supply as it had been and what was done to remedy it, we think the statements he made in that regard as to what was done by the company to ascertain the condition of the water supply prior to or at the time of the outbreak of the epidemic were competent to be given in evidence. (*Halsey v. Lehigh Valley R. R. Co.*, 45 N. J. Law, 26; *Agricultural Ins. Co. v. Potts*, 55 N. J. Law, 158; 26 Atl., 27, 537; 39 Am. St. Rep., 637; *Carey v. Wolff Co.*, 72 N. J. Law, 510; 63 Atl., 270.) From his statements it appears that bacilli coli were found in the tests made of the water after going through the filtration plant of the defendant company.

The plaintiff was not legally required to prove by positive testimony and with absolute certainty that the drinking of the water was the cause of the typhoid fever. The plaintiff satisfied the burden which the law imposed upon him by proving such facts and circumstances from which it was made to reasonably appear that the drinking of the

water was the probable efficient cause of the typhoid fever. (*Wilkins v. Standard Oil Co.*, 78 N. J. Law, 524; 75 Atl., 166.) It is only where it appears that the injuries were occasioned by one of two causes, for one of which the defendant is responsible, but not for the other, the plaintiff must prove such facts and circumstances as will exclude the equal probability of the injury having resulted from the cause for which the defendant is not liable. (*Stumpf, v. D., L. & W. R. R. Co.*, 76 N. J. Law, 153; 69 Atl., 207.) The present case is barren of any testimony from which a reasonable inference can be drawn that the illnesses of the plaintiff's children were due to any other cause than that of the water supplied by the defendant.

The defendant makes the further contention that the plaintiff's case must fail because the allegation in his complaint is that the illness with which each of his children was afflicted was typhoid fever, whereas it appears by the testimony that it was not true typhoid, but was what is known in medical learning as para-typhoid, a much milder form of disease. We think that it is a matter of no consequence whether or not the illnesses which the plaintiff's children had were true typhoid fever; the crucial question being whether their illnesses were due to the unwholesomeness of the water supplied by the defendant.

We do not find anything in the defendant's criticisms of the judge's charge, or in the exceptions taken to the admission or rejection of testimony in the cause, which would warrant a disturbance of the verdict.

The rule to show cause will be discharged.

# STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

## CONNECTICUT.

### Communicable Diseases—Notification of Cases by Physicians. (Chap. 92, Act Mar. 31, 1915.)

Section 2534 of the general statutes is hereby amended to read as follows:

Every physician shall report in writing every case of cholera, yellow fever, typhus fever, leprosy, smallpox, diphtheria, membranous croup, typhoid fever, scarlet fever, diseases of a venereal nature, or other contagious or infectious diseases occurring in his practice, to the health officer of the town, city, or borough in which such case occurs, within 12 hours after his recognition of the disease: *Provided*, In reporting any disease of a venereal nature the name of the patient suffering from the same shall not be disclosed. Every person who shall violate any provision of this section shall be fined not more than \$25.

### Antitoxin and Vaccine—Free Distribution of. (Chap. 139, Act Apr. 14, 1915.)

Chapter 161 of the public acts of 1911 is hereby amended to read as follows:

The State board of health is hereby authorized to procure diphtheria antitoxin; tetanus antitoxin, and vaccine lymph for the free use of people of the State upon whom the purchase thereof would impose a financial hardship, and to distribute the same to town, city, and borough health officers, who shall furnish the same to such persons upon recommendation of attending physicians.

### Schools—Medical Examination of Pupils—Appointment and Duties of School Physicians. (Chap. 275, Act May 18, 1915.)

Section 1 of chapter 207 of the public acts of 1907 is hereby amended to read as follows:

The board of education, board of school visitors, or district school committee of each city, town, or district of more than 10,000 inhabitants shall, and those of less than 10,000 may, appoint one or more school physicians and shall assign such physician or physicians to the public school or schools within the limits of such city, town, or district, and shall provide such physicians with proper facilities for the performance of their duties as prescribed in this act: *Provided*, In cities or towns in which the board of health is maintaining medical inspection substantially as provided for in this act, the board of health shall appoint and assign such physicians, and any city, town, or district may transfer to the board of health or the local health officer the duties prescribed in this act: *Provided*, No physical examination shall be made of any female child in attendance at any public school unless such examination shall be made by a woman physician; or unless after notice to the parent or guardian of such child and a reasonable opportunity to be present at such examination having been given, such examination shall be made in the presence of such parent or guardian or of a female nurse employed in such school.

**Burial—Regulation of. (Chap. 158, Act Apr. 21, 1915.)**

Section 1 of chapter 169 of the public acts of 1911 is hereby amended to read as follows:

No person shall bury the body of any deceased person within a distance of 350 feet from any dwelling house, unless a public highway intervenes between such place of burial and such dwelling house, except in a cemetery heretofore established, or in a plot of land adjacent to such cemetery which has been annexed thereto and made a part thereof, with the approval in writing of the secretary of the State board of health. Such approval shall contain a detailed description of the land so annexed and shall be recorded in the land records of the town in which such cemetery is situated.

**Deaths—Preparation and Transportation of Dead Bodies—State Board of Health to Make Regulations Concerning. (Chap. 213, Act May 7, 1915.)**

SECTION 1. The State board of health is hereby authorized to make such regulations concerning the preparation and transportation of the bodies of deceased persons to be removed from or into the limits of any town, or into any adjoining State as the public health and welfare may require. Such regulations shall be signed by the secretary of the State board of health, and a copy thereof shall be mailed to each town clerk, licensed embalmer, and undertaker at least 15 days before the same shall take effect.

SEC. 2. Any person who shall violate any regulation of the State board of health made pursuant to the provisions of this act shall be fined not more than \$50.

**Vaults and Mausoleums for Public Use—Plans and Specifications to be Approved by State Board of Health. (Chap. 206, Act May 7, 1915.)**

SECTION 1. No person shall construct any vault, crypt, or mausoleum for public use, wholly or partially above the surface of the ground, to be used to contain the body of any dead person until plans and specifications thereof shall be approved by the State board of health. Such plans and specifications shall provide: (a) That such structure be so arranged that the cell or crypt may be readily examined at any time by any person authorized by law to examine the same. (b) That suitable provision be made for hermetically and permanently sealing each crypt or cell after the placing of any body therein, and in such manner that no odor or effluvia may escape therefrom. (c) That the materials of which such structure is to be constructed are to be of the best quality and of a character best suited for the purposes intended. Upon approval of such plans and specifications said board shall file a certificate of such approval, signed by the president or secretary of said board, or both, with a copy of such plans and specifications, in the office of the town clerk of the town or city wherein such structure is to be erected, and said clerk shall retain the same on file.

SEC. 2. Such structure shall be erected under the supervision of an inspector to be appointed by said board, which shall determine the amount of his compensation, which shall be paid by the person erecting the same. No vault, crypt, mausoleum, or structure erected as aforesaid shall be used for the purpose of interring therein any body until the person interring the same shall have obtained from said board a certificate signed by the president or secretary, or both, certifying that the plans and specifications filed pursuant to the provisions of this act have been complied with, which certificate shall be filed in the office of the town clerk.

SEC. 3. Any person or any officer, manager, or agent of any corporation or association, violating any provision of this act, shall be fined not more than \$500, or imprisoned not more than six months: *Provided*, The provisions of this act shall not be construed so as to prohibit or apply to the construction of temporary receiving vaults.

**Mosquito Breeding Places—Elimination of. (Chap. 264, Act May 18, 1915.)**

SECTION 1. The director of the Connecticut Agricultural Experiment Station may make rules and orders concerning the elimination of mosquitoes and mosquito breeding places or areas, and he or his agents or employees may enter upon any swamp, marsh, or land to ascertain if mosquitoes breed thereon, or to survey, drain, fill, or otherwise eliminate any such mosquito breeding place.

SEC. 2. Whenever sufficient funds have been raised for the purpose by the State or by any city, borough, or town in which such swamp, marsh, or land is located, or by voluntary contributions, said director shall drain, fill, or otherwise treat such place or area, or cause any such place or area to be drained, filled, or mosquito breeding therein otherwise eliminated, and shall cause notice of any such order to be given to the owners of any such place or area by publishing a copy of such order containing a description of the place or area proposed to be drained, filled, or mosquito breeding therein otherwise eliminated, with the proposed plan of elimination, at least three times in a newspaper having a circulation in the locality where such place or area is situated, such publication to begin not less than 10 days before beginning such elimination. Any person claiming to be aggrieved because of any such proposed draining or filling may, within 10 days after publication of such notice, apply to the superior court or any judge thereof in the county in which such land is located, for relief from such order, and shall cause a copy of such application to be served upon said director not less than 6 days before hearing thereon, and said court or such judge may make any proper order concerning the proposed plan of elimination of mosquito breeding.

SEC. 3. Any city, borough, or town wherein any such place or area has been drained to the approval of said director shall keep in repair and free from obstruction any ditch, canal, or drain connected with such place or area, and, upon order of said director, shall construct and maintain suitable tide gates, and may appropriate funds for such purposes and for use under the provisions of this act.

SEC. 4. Any person obstructing the work of examining, surveying, or ditching, or otherwise treating, such mosquito breeding areas or obstructing any ditch, canal, or drain, or the natural outlet of any marsh forming mosquito breeding areas, shall be fined not more than \$100, or imprisoned not more than 90 days, or both.

**Milk—Prohibition of the Sale of. (Chap. 281, Act May 19, 1915.)**

SECTION 1. Every official authorized to prohibit the sale of milk shall state in each order issued for such purpose whether the same is issued to prevent the sale of milk which is unfit for consumption as food. Any official issuing such order shall ascertain the average daily quantity of milk produced by the cows or goats of each person affected by such order of prohibition, and the municipality wherein such sale is prohibited shall pay damages for the value of the milk which such person has been unable to sell because of such order during the period of prohibition, upon proof that at the time such order was issued such milk was fit for such consumption, and the premises where such milk was produced were free from contagious disease.

SEC. 2. Any person aggrieved by such order, in the event of failure to agree with the municipality as to the value of the milk produced during such period, may collect the value thereof from such municipality.

**Milk and Cream—Appeal from Order Prohibiting the Sale of. (Chap. 15, Act Mar. 10, 1915.)**

SECTION 1. Any person claiming to be aggrieved by any order issued by any official authorized to prohibit the sale of milk or cream in any town, city, or borough may take an appeal from such order to the dairy and food commissioner. Such appeal shall be taken by filing in the office of said commissioner a copy of the order

prohibiting such sale, with a brief informal statement of such grievance, and upon payment to said commissioner of a fee of \$5. The commissioner shall account to the treasurer quarterly for the fees collected under the provisions of this act.

SEC. 2. The dairy and food commissioner, or his deputy, within one week after the receipt of an appeal taken pursuant to the provisions of section 1, shall ascertain the methods employed by the person taking such appeal in producing, handling, or distributing milk or cream, and he shall inspect all implements and equipment used in the production or handling of the same, with the cows from which and barns and premises where such milk or cream is produced or procured, and shall make a finding of fact and determine whether the selling or distributing of milk or cream as conducted by such person is detrimental to the public health. Such commissioner, or his deputy, after such inspection, shall forthwith affirm, modify, or rescind any order prohibiting the sale of milk or cream by such person, provided the original order shall remain in force pending such appeal.

SEC. 3. Any person who shall violate the provisions of any order of any official authorized to prohibit the sale of milk or cream shall be fined not more than \$50, or imprisoned not more than 30 days, or both.

**Milk and Cream—Sale of Pasteurized—Labeling Required. (Chap. 151, Act Apr. 20, 1915.)**

Section 6 of chapter 221 of the public acts of 1911 is hereby amended to read as follows:

No person shall sell or exchange, or offer or expose for sale or exchange, or have in his possession with intent to sell or exchange, any milk or cream which has been subjected to the action of heat, commonly known as "pasteurization" unless the receptacle in which the same is contained is plainly labeled "pasteurized," with the day of the week of pasteurization. If such milk or cream has been pasteurized more than one week, there shall be printed on the label in letters at least one-eighth of an inch high the following: "Pasteurized more than one week."

**Midwives—Examination and Registration. (Chap. 110, Act Apr. 8, 1915.)**

SECTION 1. Section 3 of chapter 189 of the public acts of 1913 is hereby amended to read as follows:

No resident shall be eligible to take such examination until she shall present to said examining board a certificate signed by two reputable citizens of this State, stating that she is of good moral character and is a resident of this State, and no non-resident shall be eligible to take such examination until she shall present to said examining board evidence satisfactory to said board that such nonresident is of good moral character.

SEC. 2. Every midwife removing her residence from the town wherein her certificate of registration is recorded under the provisions of chapter 189 of the public acts of 1913, shall cause her certificate of registration to be recorded in the office of the town clerk of the town to which such midwife removes and shall pay a recording fee of 25 cents to such town clerk.

SEC. 3. The State board of health shall record the certificate of registration for every nonresident midwife in a book to be kept by said board for such purpose, and such midwife shall pay said board a fee of 25 cents therefor. Every nonresident midwife having such certificate of registration shall annually register with said board by forwarding to said board a statement containing her name, age, date of her certificate of registration, and residence and post-office address, and shall pay said board for such registration a fee of \$1 and said board shall record the same in a book to be kept for such purpose and shall thereupon issue to such midwife a certificate of such annual registration.

**Sec. 4.** Every midwife failing to comply with the provisions of this act shall be subject to the penalties provided in section 8 of chapter 189 of the public acts of 1913.

**Physicians, Dentists, Veterinarians, Pharmacists, and Registered Nurses—Revocation of Licenses or Certificates of Registration. (Chap. 104, Act Apr. 8, 1915.)**

**SECTION 1.** The authority authorized to grant any license or certificate of registration to any physician, dentist, veterinarian, pharmacist, or registered nurse, after giving 10 days' written notice in such manner as it may determine to any person holding such license or certificate of registration, and upon proof that such licensee or holder of such certificate is addicted to the use of any drug to such an extent as to render him incapable of performing his duties, may revoke such license or certificate of registration. After one year from the date of revocation of such license or certificate of registration, such authority may grant a new license or certificate of registration to such person upon finding that he has recovered from such habit.

**Sec. 2.** Any person aggrieved by the action of the authority revoking any license or certificate of registration, under the provisions of section 1, may bring a petition to the superior court in the county in which he resides, praying that such license or certificate of registration be restored. Such court may restore such license or certificate of registration upon finding any irregularity in the revocation of the same. Such petition shall be brought to the next return day, or the next but one, of such court, and costs in such proceedings shall be taxed in the manner provided for taxation of costs on appeals from decisions of county commissioners in revoking licenses to sell spirituous and intoxicating liquors.

**Foods and Drugs—Misbranding of. (Chap. 204, Act May 7, 1915.)**

Section 4 of chapter 255 of the public acts of 1907 as amended by chapter 178 of the public acts of 1909 is hereby amended to read as follows:

The term "misbranded" as used in this act shall apply to all drugs or articles of food, or articles which enter into the composition of food, the package or label of which shall bear any statement, design, or device regarding such article, or the ingredients or substances contained therein, which shall be false or misleading in any particular, and to any food or drug product which is falsely branded as to the State, Territory, or country in which it is manufactured or produced. For the purposes of this act an article shall be deemed to be misbranded: In the case of drugs: First, if it be an imitation of or offered for sale under the name of another article; second, if the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have been placed in such package, or except when dispensed by a registered physician or veterinary, or by a licensed pharmacist in filling the prescription of a registered physician or veterinary, or in case of drugs for external use only, or, except when a drug is sold under or by a name recognized in the United States Pharmacopœia, the package fails to bear a statement on the label of the quantity or proportion of alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any of said substances contained therein; third, if the package or label shall bear or contain any statement, design, or device regarding the curative or therapeutic effect of such article or any of the ingredients or substances contained therein, which is false.

In the case of foods: First, if it be an imitation of or offered for sale under the distinctive name of another article; second, if it be labeled or branded so as to deceive or mislead the purchaser, or purport to be a foreign product when not in fact a foreign product, or if the contents of the package as originally put up shall have been removed in whole or in part and other contents shall have been placed in such package, or if it fails to bear a statement on the label of the quantity or proportion of morphine, opium,

cocaine, alpha or beta eucaine, heroin, chloform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any of said substances contained therein; third, if, when in package form and the contents are stated in terms of weight and measure, the weight or measure is not plainly and correctly stated on the outside of the package; fourth, if the package containing it, or the label of such package, shall bear any statement, design, or device regarding the ingredients or the substances contained therein, which statement, design, or device shall be false or misleading in any particular: *Provided*, That an article of food which does not contain any added poisonous or deleterious ingredients shall not be deemed to be adulterated or misbranded in the following cases: First, in the case of any mixture or compound which may be known as an article of food under its distinctive name, and not an imitation of or offered for sale under the distinctive name of another article, if the name be accompanied, on the same label or brand, with a statement of the place where such article has been manufactured or produced; second, in the case of an article labeled, branded, or tagged so as to plainly indicate that it is a compound, imitation, or blend, and the word "compound," "imitation," or "blend," as the case may be, is plainly stated on the package in which it is offered for sale: *Provided*, That the term "blend" as used herein shall be construed to mean a mixture of like substances, not excluding harmless coloring or flavoring ingredients used for the purpose of coloring and flavoring only: *And provided*, That nothing in this act shall be construed to require proprietors or manufacturers of proprietary foods which contain no unwholesome added ingredients to disclose their trade formulæ except so far as the provisions of this act may require to secure freedom from adulteration or misbranding.

#### Habit-Forming Drugs—Sale and Dispensing of. (Chap. 313, Act May 20, 1915.)

SECTION 1. No person, firm, or corporation shall sell, furnish, give away, or deliver cocoa leaves, or any cocaine, or any alpha or beta eucaine, or any synthetic substitute for them, or any salt, compound, or derivative thereof, except decocanized cocoa leaves and preparations thereof, or any opium, morphine, heroin, codeine, or any preparation thereof, or any salt, compound, or derivative of the same, except upon the written order of a manufacturer of or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, veterinarian registered under the laws of the State in which he resides, or an incorporated hospital, college, or scientific institution, through its superintendent or official in immediate charge, or upon the written prescription of a physician, dentist, or veterinarian registered under the laws of the State in which he resides, bearing the date when signed, his office address, the registry number given him under the provisions of public act 223 of the Sixty-third Congress, approved December 17, 1914, the signature of the physician, dentist, or veterinarian giving it, the name and address of the patient for whom prescribed, which prescription when filled shall show the date of filling and shall be retained on file by the druggist filling it for a period of at least two years.

Such prescription shall not be filled a second time, nor shall a copy of the same be made, except for the purpose of record by the druggist filling the same, and shall be open to inspection by the officers of the State board of health, the commissioners of pharmacy, the county health officers in their respective counties, the authorized agents of such officials, and the police authorities and police officers in their respective jurisdictions: *Provided*, The provisions of this act shall not apply to any prescription, nor to the sale, distribution, giving away, dispensing, or possession of any preparation or remedy when such prescription does not prescribe an article, or such preparation or remedy does not contain more than two grains of opium or more than one-quarter of a grain of morphine or more than one-eighth of a grain of heroin, or more than one grain of codeine, or any salt, compound, or derivative of any such preparation or remedy in one fluid ounce, or, if a solid or semisolid preparation, in the avoirdupois ounce; nor to any liniment, ointment, or other preparation which is prepared for

external use only, except a liniment, ointment, or other preparation which contains cocaine, or any of its salts, or alpha or beta eucaine, or any of their salts or derivatives, or any synthetic substitute for them: *Provided*, Any such preparation or remedy is sold, distributed, given away, or dispensed, or in possession in good faith as medicine or any such prescription is delivered or held in good faith and not for the purpose of evading the provisions of this act: *Provided*, The possession of any prescription or drug mentioned in this act, except a prescription, preparation, or remedy exempted in this section, by anyone other than a manufacturer of or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, or veterinarian, registered under the laws of the State in which he resides, or superintendent or official in charge of an incorporated hospital, college, or scientific institution, shall be presumptive evidence that such possession is in violation of the provisions of this act. The provisions of this section shall not apply to any person having in possession any such drug who secured the same upon a legal prescription therefor, nor shall the provisions of this act apply to decocainized coca leaves or any preparation made therefrom, or to any other preparation of coca leaves which do not contain cocaine.

SEC. 2. No practitioner of veterinary medicine or surgery shall prescribe any drug mentioned in section 1 of this act for the use of any human being, and no physician or dentist shall prescribe, sell, give away, or deliver any coca leaves, or any cocaine, or any alpha or beta eucaine, or any compound, derivative, or synthetic substitute for any such article, or opium, morphine, heroin, codeine, or any preparation thereof or any salt, compound, or derivative of any such substance to any person known to such physician or dentist to be an habitual user of any such drug, except when such drug is obviously needed for therapeutic purposes.

SEC. 3. The provisions of this act shall not be construed to prevent any authorized practitioner of medicine, dentistry, or veterinary medicine, from prescribing, administering, dispensing, or distributing any drug mentioned in this act that may be indicated for any patient under his care: *Provided*, Such prescribing, administering, dispensing, or distributing is not for the purpose of evading any provision of this act: *And provided*, Every physician, dentist, or veterinarian shall make a record in a book kept by him for such purpose, of the date, the name and address of the patient to whom administered, dispensed, or distributed, and the quantity and kind of drug administered, dispensed, or distributed, except such quantities as are exempted by the provisions of section 1: *Provided*, Such record shall not be required where the physician, dentist, or veterinarian administers, dispenses, or distributes any drug mentioned in this act to a patient whom he personally attends. Each page of such book shall be ruled and kept in substantially the following form:

Name of physician or dentist (sign in full on each page).

Date.	Name of person to whom dispensed.	Address.	Drugs dispensed.	Amount dispensed.

*Provided*, Any form of record approved or required by the commissioner of internal revenue under the provisions of public act 223 of the Sixty-third Congress, approved December 17, 1914, shall be a sufficient record to comply with the requirements of this act. Such record shall be open to inspection by the State board of health, the county health officers in their respective counties, the authorized agents of such officials, and the police authorities and police officers in their respective jurisdictions.

SEC. 4. Any manufacturer of or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, or veterinarian

registered under the laws of the State in which he resides, may sell coca leaves, cocaine, or any alpha or beta eucaine, or any synthetic substitute for any such article, or any preparation containing the same, or any salt, compound, or derivative thereof, or any opium, morphine, codeine, heroin, or any preparation thereof, or any salt, compound, or derivative of any such substance to any manufacturer of or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, or veterinarian registered under the laws of the State in which he resides, or to any incorporated hospital, college, or scientific institution, but any such substance or preparation, except such preparations as are included within the exemptions set forth in section 1, shall be sold only upon a written order of an incorporated hospital, college, or scientific institution, signed by its superintendent or official in immediate charge, or upon a written order signed by such manufacturer of or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, or veterinarian registered under the laws of the State in which he resides, which order shall state the article or articles ordered, the quantity ordered, and the date. Such orders shall be kept on file in the laboratory, warehouse, pharmacy, or store in which the same are filled by the proprietor thereof or his successors for a period of not less than two years after the date of delivery, and shall be open to inspection by the State board of health, the commissioners of pharmacy, the county health officers in their respective counties, the authorized agents of such officials, and the police authorities and police officers in their respective jurisdictions.

SEC. 5. Any manufacturer of or jobber in drugs, wholesale druggist, registered pharmacist actively engaged in business as such, physician, dentist, or veterinarian registered under the laws of the State in which he resides, and any incorporated hospital, college, or scientific institution through its superintendent or official in immediate charge that shall give an order for any such drug in accordance herewith shall preserve a duplicate thereof for a period of two years after the date of giving the same, which shall be open to inspection by the State board of health, the commissioners of pharmacy, the county health officers in their respective counties, the authorized agents of such officials, and the police authorities and police officers in their respective jurisdictions. Any order required by the regulations of the commissioner of internal revenue under the provisions of public act 223 of the Sixty-third Congress, approved December 17, 1914, shall be a sufficient order to comply with the provisions of this and the preceding section.

SEC. 6. No person shall, for the purpose of evading or assisting in the evasion of any provision of this act, falsely represent that he is a physician, dentist, or veterinarian, or that he is a manufacturer of or jobber in drugs, wholesale druggist, or pharmacist actively engaged in business as such, or that he is superintendent or an official in immediate charge of an incorporated hospital, college, or scientific institution, or a person registered under the provisions of public act 223 of the Sixty-third Congress, approved December 17, 1914, or, not being an authorized physician, dentist, or veterinarian, make or alter a prescription for any of said drugs.

SEC. 7. The possession of a Federal certificate issued under the provisions of public act 223 of the Sixty-third Congress, approved December 17, 1914, by any person shall be prima facie evidence of an intent to sell, furnish, give away, or deliver any of said drugs.

SEC. 8. No provision in this act shall apply to common carriers transporting any such drug or to any employee thereof acting within the scope of his employment, nor to any person who shall deliver any such drug which has been prescribed or dispensed by a physician, dentist, or veterinarian registered under the laws of the State in which he resides who has been employed to prescribe for the patient receiving such drug, nor to a nurse under the supervision of a physician, dentist, or veterinarian

having possession or access to any such drug in the course of his employment or occupation and not on his own account, or to the possession of any such drug which has been prescribed in good faith by a physician, dentist, or veterinarian, nor to any United States, State, county, municipal, or district official who has possession of any such drug by reason of his official duties or who, as an officer or agent of any incorporated society for the suppression of vice, has the same in his possession for the purpose of assisting in the prosecution of violations of this act.

SEC. 9. The repeal of any law by this act shall not affect any action, suit, or prosecution pending at the time of the repeal for an offense committed, or for the recovery of a penalty or forfeiture incurred under the provisions of any act repealed. No person shall use or utter any paper purporting to be an original prescription or order of a physician, dentist, or veterinarian, or use a copy of any prescription, for the purpose of obtaining any of said drugs.

SEC. 10. Any person violating any provision of this act shall be fined not more than \$1,000, or imprisoned not more than one year, or both.

SEC. 11. The commissioners of pharmacy, in making payment to the treasurer of the State, as provided in section 15 of chapter 216 of the public acts of 1909, are authorized to retain a sum not exceeding \$500 as a reserve fund for the purpose of defraying expenses.

SEC. 12. Chapter 191 of the public acts of 1913 is hereby repealed.

#### **Medical and Surgical Chests Required in Factories. (Chap. 42, Act Mar. 23, 1915.)**

SECTION 1. Every person, firm, or corporation employing persons to work in connection with dangerous machinery in any manufacturing establishment, except those maintaining equipped first-aid-to-the-injured rooms, shall cause to be conveniently placed where such machinery is operated, subject to such change in location as the factory inspector may direct, an emergency kit for use in case of accidents. Such kit shall contain sterilized material for bandages, antiseptic cotton, and restoratives, with such other materials as are necessary in emergencies. Such materials shall be kept in a dust-proof case or cabinet within easy access of all persons employed on such premises.

SEC. 2. The executive officer of any corporation, or general manager, or other person, having control of dangerous machinery, who shall fail to comply with any provision of this act shall be fined not more than \$100.

#### **Drinking Water—Bottling and Sale of—License Required. (Chap. 184, Act Apr. 29, 1915.)**

SECTION 1. Section 1 of chapter 126 of the public acts of 1913 is hereby amended to read as follows:

Any person engaged in the business of bottling and selling drinking water shall apply to the State board of health for a license, stating the location of the spring or other source from which water is to be taken and sold and the location of the premises where such business is to be conducted. Said board shall cause an examination of the water to be made, and if it finds the same to be free from contamination and the premises, where bottling is to be done, in a sanitary condition, with the proper facilities for cleansing and sterilizing all bottles to be filled, it may grant a license for one year to the person making such application, upon payment of a license fee of \$10. Such license may be renewed annually upon payment of a fee of \$5. Said board may revoke such license at any time when, upon examination, water sold by such licensee is shown to be polluted, or the premises where such water is bottled, to be in an insanitary condition.

**Water and Ice Supplies—Prevention of Contamination of. (Chap. 306, Act May 29, 1915.)**

SECTION 1. The State board of health shall have supervision over all matters concerning the purity of any source of water or ice supply used by any municipality, public institution, or water or ice company for obtaining water or ice. The term "source of water or ice supply" shall include all springs, streams, water courses, brooks, rivers, lakes, ponds, wells, or underground waters from which water or ice is taken, and all springs, streams, water courses, brooks, rivers, lakes, ponds, wells, or underground waters tributary thereto and all lands drained by such springs, streams, water courses, brooks, rivers, lakes, ponds, wells, or underground waters.

SEC. 2. Every person, firm, or corporation supplying water to the public at the time of the passage of this act shall, on request, furnish the State board of health with all reasonable information regarding its water works and the source from which its supply of water is derived. No system of water supply owned or used by such municipal or private corporation or individual shall hereafter be constructed until the plans therefor have been submitted to and approved by said board.

SEC. 3. The State board of health may, and, upon complaint, shall, investigate any source of water or ice supply from which water or ice used by the public is obtained, and if it finds that such source of water or ice supply is contaminated or rendered impure, it shall notify any person or corporation causing such contamination, of its findings, and after hearing, shall make such orders as may be necessary to prevent the contamination thereof.

SEC. 4. The State board of health may employ agents, engineers, and assistants to carry out the provisions of this act at an expense not exceeding such sums as may be approved by the State board of control.

SEC. 5. Any person or corporation aggrieved by any order of the State board of health, made under the provisions of this act, may appeal within 30 days to the superior court for the county in which the source of the water or ice supply is located. If such source is located in more than one county the appeal shall be taken to the superior court for that county containing the part of such source nearest the mouth of the stream or river forming the main portion of the source of supply. Such appeal shall be by a petition in writing. An attested copy of such petition shall be served on the State board of health at least 12 days before the return day of such petition, and the appellant shall give notice to all parties in interest by publication in a newspaper or as may be ordered by the court to which such appeal may be brought or by any judge of such court when such court is not in session. Such court may hear such appeal, by itself or a committee, and shall proceed thereon in the same manner as upon complaints for equitable relief, and may make such order, including taxation of costs, as it may find proper.

SEC. 6. Any order of the State board of health issued under the provisions of this act to any person or corporation shall specify the time within which such person or corporation shall comply with the terms thereof. If such person or corporation shall fail to comply with the terms of such order and no appeal shall be taken therefrom, the county health officer of such county shall bring a complaint against such person or corporation to the superior court of such county.

SEC. 7. Any person or corporation violating any provision of this act, or any order of the State board of health made under the provisions hereof, shall be fined not more than \$100.

**Sewage—Disposal of. (Chap. 284, Act May 19, 1915.)**

SECTION 1. The term "waters of the State" shall include that portion of the Atlantic Ocean and its estuaries and Long Island Sound and its estuaries within the State, and all springs, ponds, streams, lakes, rivers, wells, and bodies of surface or underground

water, whether natural or artificial, within the boundaries of this State or subject to its jurisdiction. "Sewage" shall mean human and animal excretions and all domestic and such manufacturing wastes as may tend to the detriment of the public health.

SEC. 2. The State board of health may investigate all points of sewage discharge and may examine all existing or proposed public sewerage systems and refuse disposal plants, and may compel their operation in a manner which shall protect the public health, or may order their alteration, extension, or replacement by other structures when necessary for the protection of the public health. After the passage of this act no public sewerage system or refuse disposal plant shall be built until the design of the same has been filed with the State board of health.

SEC. 3. No person, corporation, or municipality shall place or permit to be placed or discharge or permit to flow into any of the waters of the State, any sewage, except as hereinafter provided. The provisions of this act shall not prevent the discharge of sewage from any private sewerage system or any public sewerage system owned and maintained by a municipality, provided such sewerage system was in operation and was discharging sewage into the waters of the State, or was in process of construction, on the date of the passage of this act; nor shall the provisions of this act prevent the discharge into the waters of the State of sewage from any existing plant or sewerage system owned and maintained by any person or private corporation; but these exceptions shall not permit the continuance or increase of any pollution of the waters of the State which is prejudicial to the public health.

SEC. 4. Whenever complaint in writing shall be made to the State board of health by the mayor of a city, or any of the selectmen of a town, or the warden or any of the burgesses of a borough, or any committeeman of a fire district, or the local health officer of a city or town, of an existing or threatened pollution of any of the waters of the State, the State board of health shall investigate such complaint, and whenever said board shall have reason to believe that any of the waters of the State are being polluted in a manner prejudicial to the public health, it may, upon its own motion, investigate such pollution. If said board shall find that any of the waters of the State are being polluted in a manner prejudicial to the public health, it may petition the superior court for such order as may be necessary to prevent the continuance of such pollution.

SEC. 5. Any person, or the directors of any private corporation, or the trustees of any institution, who shall discharge sewage, or permit the same to flow into the waters of the State contrary to the provisions of this act, shall be fined not more than \$500 for each offense, or imprisoned not more than six months, or both.

SEC. 6. Any person, corporation, or municipality aggrieved by any order of said board may appeal to the superior court for the county wherein the pollution occurs, or wherein the sewerage system or refuse disposal plant is located. Such appeal shall be by a petition in writing and shall be taken within 30 days from the date on which the order appealed from is mailed or served. A copy of such petition shall be served on the secretary of the State board of health at least 12 days before the return day. Said court may hear such appeal and determine all questions thereon, either by itself or a committee, in the same manner as upon complaints for equitable relief, and make such order as may be equitable. Such appeal shall be a supersedeas of the order appealed from until final action of the court thereon.

SEC. 7. If any person, corporation, or municipality shall fail to comply with any order issued under the provisions of this act, the State board of health shall bring a complaint against such person, corporation, or municipality to the superior court for Hartford County; and said court may enforce such order in any appropriate manner.

SEC. 8. Nothing contained in this act shall be construed as recognizing a vested right in any person, corporation, or municipality to discharge sewage into the waters of the State, or as legalizing such disposal of sewage.

**SEC. 9.** The State board of health, on request of any person, corporation, or municipality, shall furnish such person, corporation, or municipality such information and assistance as may be reasonably necessary in ascertaining or installing the most practicable sewerage system or refuse disposal plant.

**SEC. 10.** This act shall take effect January 1, 1916.

**Ordinances Relating to the Public Health—Towns Authorized to Adopt. (Chap. 246, Act May 12, 1915.)**

**SECTION 1.** Any town may adopt ordinances or by-laws for the promotion of the public health, and to prevent contamination of any public or private water supply; to improve the sanitary condition of dwellings, outbuildings, and premises connected therewith; to prevent fires; to regulate the disposal of sewage, and the collection of garbage, and may fix a penalty not exceeding \$25 for the violation of any such by-law.

**SEC. 2.** Section 1908 of the general statutes is hereby repealed.

**Mattresses, Pillows, Cushions, etc.—Manufacture of—Labeling Required. (Chap. 59, Act Mar. 24, 1915.)**

**SECTION 1.** Any person, firm, or corporation engaged in the manufacture of mattresses, pillows, cushions, muff beds, down quilts, or bags containing hair, down, or feathers, shall label all manufactured articles as follows: Upon each such mattress, pillow, cushion, muff bed, down quilt, or bag there shall be conspicuously and securely fixed a label of paper or cloth legibly printed in the English language and containing the name and address of the manufacturer and of the kind of material used in the manufacture of such mattress, pillow, cushion, muff bed, or down quilt, and if the material used therein has been previously used in any such article, or is made of second-hand wearing apparel or bedding, it shall be branded "made over." If such manufactured article be inclosed in a bale, bundle, box, or crate, the same shall bear a tag stating that the contents of the package is branded or labeled as required by this act.

**SEC. 2.** No person, firm, or corporation shall use in the manufacture of any mattress, pillow, cushion, muff bed, down quilt, or bag any material which has been used in or about a public or private hospital or sanitarium, or in any room, tenement, or apartment where any person has had any contagious or infectious disease, or by any person having such disease.

**SEC. 3.** No merchant or dealer shall sell, offer, or expose for sale, or deliver to any common carrier any mattress, pillow, cushion, muff bed, down quilt, or bag containing hair, down, or feathers unless the same be branded and labeled as provided in section 1.

**SEC. 4.** Any person, firm, or corporation or association or its officers or agents, engaged in the manufacture of any of the articles mentioned in section 1, or any merchant or dealer, who shall violate any of the provisions of this act, shall be fined not more than \$100, or imprisoned not more than 60 days, or both.

**SEC. 5.** This act shall take effect January 1, 1916.

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

## NEW YORK, N. Y.

### Burial and Cremation—Permits—Communicable Diseases. (Reg. Dept. of Health, Mar. 30, 1915.)

Regulations of the department of health of the city of New York, adopted March 30, 1915, effective April 1, 1915, relating to section 42 of the Sanitary Code, which provides as follows:

SEC. 42. *Dead bodies of human beings; interment, cremation, or other disposition; permit required.*—No interment, cremation, or other disposition, of the dead body of any human being shall be made in the city of New York without a permit therefor issued by the board of health or otherwise than in accordance with the terms of such permit and the regulations of said board, and the said dead body shall be placed in a metallic or tin-lined box, or a box so constructed as to prevent the issuance of any liquids therefrom. No sexton or other person shall assist in, assent to, or allow the interment, cremation, or other disposition of any such body, or aid the preparation of or assist in preparing any grave or place of deposit for any such body, unless a permit shall have been issued, as hereinbefore provided, authorizing such interment, cremation, or other disposition of such body; and it shall be the duty of every person who shall receive any such permit to return such permit to the department of health in accordance with the regulations of the board of health.

REGULATION 1. *Filing of proper certificate.*—No permit for interment, cremation, or other disposition of the remains of deceased persons will be issued unless a proper certificate of death filled out in black ink is filed in the Bureau of Records.

REG. 2. *Refusal of illegible, imperfect, or altered certificates.*—No certificate will be accepted which is illegible or imperfectly filled out, or which has been corrected, interlined, or altered in any manner. No certificate of death will be accepted upon which the cause of death is indefinite. Such certificates shall be returned to the physicians signing them for additional information, correction, or a new certificate.

REG. 3. *Physicians signing certificates must be registered.*—No certificate of death will be accepted unless the physician signing same is registered in the bureau of records, either as a practicing physician or as an interne in an institution.

REG. 4. *Certification by undertaker of employment.*—No permit for the burial, cremation, or other disposition of the remains of deceased persons shall be granted, unless the undertaker in charge of the funeral will certify that he has been employed by the next of kin or other person charged with the disposition of the body.

REG. 5. *Place to obtain permits.*—Permits for the disposal of the remains of persons deceased in this city must be obtained at the office of the borough in which death took place, except in cases in which permits are required after office hours; in such cases permits may be obtained at the central office between 6 p. m. and 12 p. m. daily.

REG. 6. *Permits issued in other cities to be accepted.*—Burial or cremation permits issued by boards of health in any State of the United States other than that of the city of New York must be accepted by superintendents of cemeteries or crematories, provided the name of the cemetery or crematory is stated thereon, and if not stated said permit must be exchanged for one issued by the board of health of this city.

REG. 7. *Conditions on permits to be observed.*—Superintendents or keepers of cemeteries and crematories shall not permit human remains to be interred or cremated except in accordance with the conditions stated upon the permit presented at the time of such burial or cremation; and no permit shall be accepted by them which has been altered or changed in any manner whatsoever.

REG. 8. *Procedure in deaths from contagion.*—When the body of a person dead of a contagious disease is to be transported to any place outside the city limits the undertaker must notify the department of health in order that the department may send one of its inspectors to determine who may accompany the said remains without danger to the public health during the journey or at the city or place of destination. And furthermore, the undertaker shall notify by telegraph the health officer of the city or place of destination that the body is about to be shipped, and such notice shall state the name of the deceased, the cause of death, the date of death, and the time of arrival. When the burial or cremation is to take place in a cemetery or crematory immediately adjacent to the city of New York and the body is to be transported directly to the said cemetery or crematory by hearse, and at no time during said transportation placed in a railroad car or other public conveyance, the last rule need not be complied with.

REG. 9. *Remains of persons deceased from infectious diseases; caskets to be officially sealed.*—All caskets, coffins, or other receptacles containing the remains of persons deceased from smallpox, diphtheria (croup), scarlet fever, yellow fever, typhus fever, plague, Asiatic cholera, measles, or other infectious disease, shall be sealed immediately by the undertaker or other person charged with inclosing the remains with the official seal provided for that purpose by the department of health, and upon said seal shall be stated the day and hour of sealing, and the name and number of license of the undertaker.

#### Midwifery—Practice of—Schools for. (Reg. Dept. of Health, Mar. 30, 1915.)

Regulations of the department of health of the city of New York, adopted March 30, 1914, effective April 1, 1914, relating to section 196 of the sanitary code, which provides as follows:

SEC. 196. *Practice of midwifery regulated.*—No person other than a duly licensed physician shall practice midwifery in the city of New York without a permit therefor, issued by the board of health or otherwise than in accordance with the terms of said permit and with the regulations of said board.

#### REGULATIONS.

REGULATION A. *Permit to be obtained for practice of midwifery.*—No permit will be granted unless an application, made on the printed blank form issued by the board, has been filed with the department of health.

REG. B. *Certificate of application.*—The application must be certified to by two reputable and responsible laymen (preferably clergymen, priests, or rabbis).

REG. C. *Requirements for permit.*—The applicant must be 21 years of age or over, and of moral character. She must be able to read and write. She must be clean, and show evidence in general appearance of habits of cleanliness. The applicant must also present a diploma or certificate showing that she is a graduate of a school for midwives, registered by the board of health of the city of New York as maintaining a satisfactory standard of preparation, instruction, and course of study, but the requirements of a diploma shall not apply to any person who is now, or heretofore has been, authorized to practice midwifery by the said board.

REG. D. *Permit to expire in one year.*—The permit will allow the holder to act as a midwife for one year from the date of issuance and must be renewed at the end of that time. The board of health may at any time revoke this permit.

**REG. E. Permit not to be granted to applicants who have been guilty of illegal practice.**—No permit will be granted to an applicant who has been convicted of criminal practice, or of practicing medicine illegally, and any such conviction will be sufficient cause for the revocation of a permit.

**REG. F. Cases in which midwives may practice.**—A duly licensed and registered midwife may practice midwifery in cases of normal labor, and in no others. No midwife shall in any case of labor use instruments of any kind nor assist labor by any artificial, forcible, or mechanical means, nor perform version nor attempt to remove adherent placenta nor administer, prescribe, advise, or employ any poisonous or dangerous drug, herb, or medicine, nor attempt the treatment of diseases.

**REG. 1. Applicant to appear in person; to report change in name or address.**—Before a permit is given to an applicant she must appear in person at the department of health and register her name and address. She will also receive and receipt for a copy of the rules and regulations governing the practice of midwifery which have been adopted by the board of health. These rules and regulations must be explicitly followed.

Any midwife changing her name and address must at once report such change to the department of health.

**REG. 2. Midwife to attend only normal cases.**—A midwife shall attend only cases of normal labor in which there is an uncomplicated vertex (head) presentation. In all other cases a physician must be called.

**REG. 3. Midwife's home to be open to inspection.**—The home of the midwife, her equipment, record of cases, and register of births shall at all times be open to inspection to the authorized officers, inspectors, and agents of the department of health.

**REG. 4. Midwife to be clean.**—Each midwife must be scrupulously clean in every way, including her person, clothing, equipment, and house. She must keep her nails short and keep the skin of her hands, as far as possible, free from cracks and abrasions by use of lanolin or other simple application. When attending a case of labor she must wear a clean dress, of washable material which can be boiled, such as linen or cotton, and over it a clean, washable apron or overall. The sleeves of the dress must be so made that they can be readily rolled up above the elbows.

**REG. 5. Cases to be referred to physicians.**—If during pregnancy any of the following conditions develop or are suspected the midwife shall not engage to attend the case, but must refer it to a physician: (1) Whenever the patient is a dwarf or is deformed; (2) whenever there is bleeding, or repeated staining in small amounts; (3) whenever there is swelling or puffiness of the face or hands; (4) whenever there is excessive vomiting; (5) whenever there is persistent headache; (6) Whenever there is dimness of vision; (7) whenever there are fits or convulsions; (8) whenever there is a purulent discharge; (9) whenever there are sores or warts of the genitals; (10) whenever there is any case known to have syphilis, or suspected of it.

**REG. 6. Midwife's equipment.**—Every midwife must take to each case the following equipment: Nailbrush; wooden or bone nail cleaner; jar of green or soft castile soap; tube of vaseline; clinical thermometer; agate or glass douche reservoir; two rounded vaginal douche nozzles, not to be used except upon physician's orders; two rectal nozzles, large and small; one soft rubber catheter; blunt scissors for cutting cord; lysol; boric acid powder; silver nitrate solution outfit, furnished free by the department of health; medicine dropper; narrow tape or soft twine for tying cord; sterile gauze in individual packages, for cord dressing; sterile absorbent cotton (preferably in one-quarter pound packages).

No other instruments shall be used or owned by a midwife or kept in her possession. (Possession of these instruments will be taken to indicate their use.)

**REG. 7. Container for equipment; how to be kept.**—The equipment specified in rule 6 must be carried either in a metal case which can be easily boiled, or in a bag fitted with an inner lining of washable material which can be easily removed, and which must be washed and boiled before each case of labor. The bag and its contents must at all

times be kept neat and clean. The douche nozzles for rectal and vaginal use must be marked and kept separately.

At every case, before using the nailbrush, nail cleaner, douche reservoir and tubing, vaginal nozzle, catheter, scissors, and tape or twine, they must be boiled for five minutes; when the labor is terminated, the douche reservoir and tubing, vaginal nozzles, catheter, scissors, nailbrush, nail cleaner must be washed with soap and water and boiled before replacing them in the bag or case.

**REG. 8. Preparation for internal examination.**—Before making an internal examination or conducting a delivery, a midwife must prepare her hands and the patient as follows:

The midwife, after thoroughly washing her hands with warm water and soap, must thoroughly wash the patient's external genitals, the internal surface of thighs, and the lower part of the abdomen, with warm water and soap, then rinse them with clean water and a disinfecting solution, prepared by adding one teaspoonful of lysol to one pint of water. She must then cover the genitals with a clean towel of cloth or cotton which has been soaked in the disinfecting solution, and she must allow it to remain there until the examination is made. The midwife's hands must be cleaned and disinfected as follows:

Cut the finger nails short with clippers or scissors.

Scrub the hands and forearms up to the elbows with the nailbrush and green soap and warm water for five minutes, paying special attention to the nails and to the inner surface of the fingers. Then soak the hands for three minutes in the disinfecting solution. After having cleaned and disinfected the hands in this way they must not come in contact with anything before touching the parts of the patient to be examined. As few vaginal examinations as possible should be made. Before each examination the midwife's hands and the patient must be prepared as above described.

No vaginal douche shall be given before labor.

**REG. 9. Midwife not to leave patient.**—A midwife in charge of a case of labor must not leave the patient without giving an address at which she may be found without delay, and after the beginning of the second stage she must stay with the patient until the birth is completed, and shall not leave for at least an hour after the expulsion of the afterbirth. Where a physician has been sent for because the case is abnormal or complicated, the midwife must await his arrival and be ready to carry out his instructions.

**REG. 10. Physician to be summoned during labor.**—If, during labor, any of the following conditions exist or develop, a physician must be summoned immediately: (a) The presenting part is other than an uncomplicated vertex (head); (b) fits or convulsions; (c) excessive bleeding; (d) prolapse of the cord; (e) a swelling or tumor that obstructs the birth of the child; (f) signs of exhaustion or collapse of the mother; (g) unduly prolonged labor; (h) when foetal heart has been heard and ceases to be heard.

**REG. 11. In cases of convulsion or bleeding, physician to be summoned.**—After a birth of the child, if the mother develops convulsions or has excessive bleeding or has been lacerated, a physician must be called in attendance.

**REG. 12. Midwife to examine afterbirth.**—A midwife must, in all cases, examine the afterbirth (placenta and membranes) before it is destroyed and must satisfy herself that it has been completely expelled.

**REG. 13. Physician to be called if afterbirth is not expelled.**—Under no circumstances shall a midwife introduce her hand into the vagina or uterus to remove either the whole or parts of the afterbirth (placenta or membranes). If, after an hour from the birth of the child, the mother being in otherwise good condition, the afterbirth (placenta and membranes) is not expelled or can not be expelled by gentle manipulation of the uterus through the abdominal walls, a physician must be called to extract it.

**REG. 14. Procedure after delivery.**—After the labor is over the midwife must clean the skin around the external genitals with the antiseptic solution mentioned above, and then place a dry sterile pad over the vulva. The midwife must bathe and dress the patient in this manner at least once daily for five days after delivery, and also after each time that it is necessary to use a catheter. After the birth is complete the midwife must not make vaginal examinations. If it is necessary to catheterize the patient the catheter must be boiled and the midwife, after washing her hands (Rule 8) and before passing the boiled catheter, should separate the upper part of the vulva and wash the opening to the bladder by pouring the disinfecting solution over it from a cup or small pitcher that has been previously boiled.

**REG. 15. Soiled articles to be removed after labor.**—After the labor is over and before washing the baby, the midwife should remove the soiled sheets, together with all soiled pads, newspapers, etc., that have been used to protect the mattress, leaving the patient on a smooth, dry, clean sheet.

**REG. 16. Stillbirths.**—Should the child not breathe after birth the midwife must report the fact at once, by telephone or messenger, to the department of health, when an inspector will visit the case and countersign the stillbirth certificate which the midwife must leave at the home.

The foetus must not be removed from the premises until this certificate has been approved by the inspector from the department of health and a permit has been issued by the bureau of records.

**REG. 17. Use of silver nitrate solution.**—As soon as the child is born, and if possible before the expulsion of the afterbirth, the eyes should be washed with boric acid solution. The eyelids must then be separated and one or two drops of a 1 per cent solution of silver nitrate dropped in the eye and the lids brought together.

One application only of the silver nitrate solution should be made, and ordinarily no further attention should be given the eyes for several hours.

The silver nitrate solution will be furnished free by the department of health.

**REG. 18. Reports of cases of sore eyes.**—When the infant has or develops sore eyes, or any redness, inflammation, or discharge from the eyes, the midwife in attendance must at once call a physician and must report to the department of health the name and address of the mother, and state the time when such condition of the eyes was first noticed.

**REG. 19. Care of patient after labor.**—After labor, and throughout the lying-in period, the midwife must exercise due care in washing her hands and in dressing or catheterizing the patient.

**REG. 20. Physician to be summoned during lying-in period.**—If, during the lying-in period, any of the following conditions develop, a physician must be summoned: (1) Whenever there are convulsions; (2) wherever there is excessive bleeding; (3) whenever there is foul smelling discharge (lochia); (4) whenever there is a persistent rise of temperature to 101 degrees F. for twenty-four hours; (5) whenever there is swelling and redness of the breasts; (6) whenever there is a severe chill (rigor) with rise of temperature; (7) whenever there is inability to nurse the child.

**REG. 21. Physician to be summoned if child develops certain conditions.**—Every child should be thoroughly examined after birth and if the child has or develops any of the following conditions a physician must be summoned: (1) Whenever there is any deformity or malformation or injury; (2) whenever there is inability to suckle or nurse; (3) whenever there is inflammation around, or discharge from, the navel; (4) whenever there is swelling and redness of the eyelids with a discharge of matter from the eyes; (5) whenever there is bleeding from the mouth, navel or bowels; (6) whenever there is any rash, sore, or smuffles suggestive of syphilis.

**REG. 22. Midwife to attend cases seven days after labor.**—The midwife shall visit her patient at least once daily for seven days after labor, giving the necessary attention

to the toilet and bed of both mother and infant. She shall record the pulse and temperature of the mother at each visit and give proper directions as to food of mother and nursing of the child during the periods between her visits, she shall give instructions how to keep the air in the patient's room fresh; she shall arrange to have the baby sleep in a basket or crib, instead of in the bed with the mother; she shall watch constantly for any symptoms of the complications or abnormalities described in Rules 5, 20, and 21. She shall give to the child its daily bath and attend to the dressing of the cord and the cleansing of the mouth.

REG. 23. *Disinfection of midwife's equipment, etc., after infectious disease.*—Whenever a midwife has been in attendance upon a patient or in contact with any person suffering from puerperal fever or from any other condition known or believed to be infectious, she must disinfect herself, her clothing and all the contents of her bag and other appliances before going to any other maternity patient. In order to disinfect her person a midwife must take a hot bath and must wash her hair. She must disinfect her hands as in Rule 8.

She must make an entire change of clothing and have all garments which she wore while in attendance upon the infected person washed and boiled. Those garments which can not be washed should be well and repeatedly shaken during the course of two days, and hung out in the open air so that they may be exposed to the rays of the sun. Care should be taken to change their exposure frequently so as to insure the sun's reaching every part.

Should the midwife herself contract a local infection, such as a sore on her hands or an abscess or boil, or a communicable disease, such as diphtheria, scarlet fever, typhoid fever, etc., she shall not attend cases of confinement or visit her patients until she has entirely recovered and disinfecting herself, her clothing, and all the contents of her bag and other appliances and has received a certificate from the department of health.

After any case of communicable disease the house must be thoroughly cleaned and the floor and surface of midwife's bedroom scrubbed with soap and water. Bedding must be washed and boiled. Carpets, hangings and other articles which can not be boiled must be sunned and aired.

REG. 24. *Report of births.*—Within ten days of the birth of the child, the midwife must send the report of the birth to the department of health on one of the blanks issued for that purpose. She must also keep on the stubs of her birth certificate book a record of every birth she attends.

#### REGULATIONS GOVERNING THE CONDUCT OF SCHOOLS FOR MIDWIFERY.

REG. A. *Schools must comply with regulations.*—No school for midwives shall be registered by the board of health unless it complies with the regulations of said board prescribing the preliminary qualifications of the students and the curriculum of the school as hereinafter set forth.

REG. B. *Application for permit.*—No permit will be granted unless an application, made on the prescribed blank form, has been duly filed with the department of health.

REG. C. *Permit to be renewed.*—The permit will allow the holder to conduct a school for midwives for one year from the date of issuance and must be renewed at the end of that time.

REG. D. *General conduct of schools.*—1. The school must be conducted under the supervision of a hospital recognized by the department of health.

2. The school must have facilities to accommodate at least 10 pregnant women during the lying-in period, and facilities for their confinement on the premises.

3. The school must have a resident physician and one or more registered nurses.

4. The permit must be displayed in a conspicuous place.

5. Violation of any of the rules and regulations of the board of health may lead to the revocation of the permit.

**REG. E. Requirements for entrance to the schools.**—1. The applicant must be at least 21 years of age, be free from any disease that might be communicated during the practice of midwifery, and must present a certificate of recent vaccination.

2. The applicant must give for reference the names and addresses of two persons not relatives, who have known the applicant for at least one year.

3. The applicant must fill out the application blank (in her own handwriting), including name, present address, age, whether single or married or widow, education, height, weight, general physical condition, including sight and hearing.

**REG. F. Instruction and course of study in schools.**—The instruction and course of study at the school must include the following:

1. A probation period (of at least two weeks) to determine the fitness of the applicant.

2. A course of study of at least six months duration.

3. Pupils to reside at the school during the entire course.

4. Pupils to be on duty at least 10 hours daily or 70 hours weekly.

5. Time lost by absence to be made up.

6. Each pupil to have attended at least 20 cases of labor, and have had the care of at least 20 mothers and new-born infants during the lying-in period (10 days).

7. The instruction given to pupils must equip them with a thorough theoretical and practical knowledge of obstetrics, and must at least include:

(a) The principles of hygiene as applied to the home, the food supply, and the person.

(b) The elementary anatomy of the female generative organs and pelvis.

(c) Pelvimetry.

(d) Pregnancy (its symptoms and complications).

(e) Normal labor: Symptoms, mechanics, course, management, presentation, palpation, auscultation, vaginal examination, asepsis, antiseptics. (preparation and use).

(f) Puerperium: Normal and abnormal.

(g) Hemorrhage: Varieties and treatment.

(h) Puerperal fevers: Cause and symptoms.

(i) Preparation of dressings and room for labor, method of giving baths, douches, and irrigations; performance of catheterization; care of instruments.

(j) Care of infants: Asphyxia; eyes; cord; hygiene of infancy; infant feeding; home modification of milk.

**REG. G. Recognition of schools outside of New York City.**—1. A school conducted in the United States outside of New York City will be recognized by the department of health if it is under State or municipal control, and all of the requirements herein-before mentioned are fulfilled.

2. A school conducted in a foreign country will be recognized by the department of health if it is under the control of the Government and maintains a resident course of at least six months, approved by the department of health.

#### **Children—Board and Care. (Reg. Dept. of Health, Mar. 30, 1915.)**

Regulations of the department of health of the city of New York, adopted March 30, 1915, effective April 1, 1915, relating to section 197 of the sanitary code, which provides as follows:

**SEC. 197. Board and care of children regulated.**—No person other than a superintendent of the poor, a superintendent of almshouses, or an institution duly incorporated for the purpose, shall receive, board, or keep, except under legal commitment, any nursing child, or any child under the age of 12 years who is not a relative, pupil, or ward, or an apprentice, of such person, without a permit therefor issued by the board

of health or otherwise than in accordance with the terms of said permit and with the regulations of said board.

REGULATION 1. *Applicant must specify whether she intends to act as wet or dry nurse.*—The applicant for a permit must specify whether she intends to act as a wet nurse or as a dry nurse.

REG. 2. *Quality and quantity of milk to be adequate and suitable.*—A permit for wet nursing will not be issued unless the quantity of milk is adequate and the quality of milk is suitable. If at any time after the issuance of the permit the quantity of the milk is inadequate or the quality of milk is unsuitable such permit will be immediately revoked.

REG. 3. *Personal attention required.*—The person to whom a permit is issued must give personal attention to the proper feeding, care, and hygiene of the child or children intrusted to her care and control.

REG. 4. *Children to be always attended.*—The child or children must never be left without an attendant.

REG. 5. *Rooms to be kept clean and sanitary.*—The rooms must be well ventilated, clean, and sanitary and must be kept in an orderly and neat condition.

REG. 6. *Excess boarders forbidden.*—No greater number of children than the terms of the permit allow shall be received, boarded, or kept.

REG. 7. *Notice of removal.*—It shall be the duty of any person to whom a permit has been granted to immediately notify the department of health in the event of removal to another address or to another apartment at the same address.

REG. 8. *Notice of illness.*—If the child is taken ill the parent or the institution from which the child was obtained shall be immediately notified, and the child should be treated by a private physician or at a hospital or dispensary or the department of health immediately notified of such illness.

REG. 9. *Care of sore eyes.*—If a child's eyes become sore they should be treated by a private physician or at a hospital or dispensary or the department of health immediately notified of such fact.

REG. 10. *Permits.*—The permit is issued for the period of one year and may be revoked by the board of health at any time for a violation of any of these regulations.

#### **Stables—Maintenance of. (Reg. Dept. of Health, Mar. 30, 1915.)**

Regulations of the Department of Health of the City of New York, adopted March 30, 1915, effective April 1, 1915, relating to Section 58 of the Sanitary Code, which provides as follows:

SEC. 58. *Stables; to be maintained in accordance with the regulations of the board of health.*—No stable shall be maintained in the city of New York without a permit therefor issued by the board of health or otherwise than in accordance with the terms of said permit and with the regulations of said board. The provisions of this section shall apply to the owner, lessee, tenant, occupant, or person in charge of such stable.

REGULATION 1. *Stable on lot with tenement house forbidden.*—No permit will be granted to maintain a stable in a tenement house; or on the same lot or premises with a tenement house located within the fire limits of the city of New York as described in the building code of said city. A permit may, however, be granted to maintain a stable on the same lot or premises with a tenement house located outside the said limits, provided such stable is not within 20 feet of any building used for living purposes, is not occupied by more than two horses, and is maintained so as not to create a nuisance.

REG. 2. *Light.*—Every stable shall be adequately lighted by natural or artificial means.

REG. 3. *Ventilation.*—Every stable shall be adequately ventilated to the external air by natural or mechanical means. Windows or other openings shall be so con-

structed and arranged as to be readily opened, and shall be of a size sufficient to provide 1½ square feet of area for every horse or other animal occupying such stable. In all cellar stables and buildings used as stables for the first time on or after July 1, 1915, 800 cubic feet of air space shall be provided for each horse or other animal accommodated therein.

REG. 4. *Water supply and drainage.*—Every stable shall be provided with a proper and adequate water supply. All water supplied fixtures shall be properly trapped and sewer or cesspool connected.

REG. 5. *Sewers and cesspools.*—Every stable shall be connected with a public sewer or, if there be no public sewer in the street to which the stable can be connected, a properly constructed water-tight cesspool located outside of the stable shall be provided.

REG. 6. *Height of ceiling.*—The ceiling of every building used as a stable for the first time after July 1, 1915, shall be at least 8 feet in height, measured from the surface of the floor to the ceiling.

REG. 7. *Floors to be water-tight, drainage.*—The floors of stable shall be water-tight and preferably of nonabsorbent material. The floors of stalls shall be of concrete or other water-tight, nonabsorbent material, so graded and drained as to discharge all liquid matter into properly trapped sewer or cesspool connected valley drains. All floor racks provided in stalls shall be removable.

REG. 8. *Surfaces cleaned.*—Walls, ceilings, exposed woodwork, floors, stalls, and valley drains of stables shall be maintained in a clean condition at all times, and the walls, ceilings, and exposed woodwork whitewashed whenever required by the department of health.

REG. 9. *Care of manure on premises.*—No manure vault, pit, or bin shall be allowed upon premises used for stabling purposes, except upon premises used for farming in unimproved sections of the city. All manure and stable refuse shall be kept within the stable and removed daily, or if not removed daily shall be pressed into bales or barrels adequately screened or otherwise protected or covered so that flies can not have access thereto, or otherwise treated as approved by the department of health. All such manure or stable refuse so baled, barreled, or treated shall be removed from the stable at least twice weekly.

REG. 10. *Loading of manure within stable.*—The loading of manure for removal shall be done within the stable without causing a nuisance.

REG. 11. *Bedding not to be dried on streets, etc.*—No straw, hay, or other substance which has been used as bedding for animals, shall be placed or dried upon any street, sidewalk, or roof of any building.

REG. 12. *Yard to be cleaned and graded.*—The stable yard shall be maintained in a clean condition, and the surface thereof so graded as to prevent the accumulation of liquids thereon.

REG. 13. *Nuisance of fly breeding forbidden.*—Every stable shall be maintained so as not to cause a nuisance or permit of the breeding of flies.

#### Street Sweepings—Use for Filling Land. (Reg. Dept. of Health, Mar. 30, 1915.)

Regulations of the department of health of the City of New York, adopted March 30, 1915, effective April 1, 1915, relating to Section 252 of the sanitary code, which provides as follows:

SEC. 252. *Filling in land; offensive and unwholesome materials not to be used; the use of street sweepings for filling-in purposes forbidden.*—No person shall fill in any land under or above water within the limits of the city of New York, or any of the islands situated within such limits, with garbage, dead animals or any parts thereof, decaying matter, or any offensive and unwholesome material, or with dirt, ashes, or other

refuse, when mixed with such garbage, dead animals or parts thereof, decaying matter, or offensive and unwholesome material.

No street sweepings shall be deposited or used to fill up or raise the surface or level of any lot, grounds, dock, wharf, or pier in or adjacent to the built-up portions of the city of New York without a permit therefor issued by the board of health, or otherwise than in accordance with the terms of said permit and with the regulations of said board.

**REGULATION 1. *Information in application.***—Any person or persons desiring to fill in any vacant land with street sweepings and refuse shall make written application for permit to the department of health, describing the land, his or their interest therein, and the source from which the material is to be obtained.

**REG. 2. *Amount of offensive material permitted.***—In the material used as fill the amount of putrescible matter shall be kept below 2½ per cent, except in the case of street sweepings alone, which may contain a larger amount of animal excrement or deciduous vegetable matter, and all putrescible matter shall be immediately raked out and properly buried or removed from the dump.

**REG. 3. *Trim removed daily.***—All material trimmed and sorted from the dump shall be removed at the expiration of each day's work, except glass, which may be stored in a properly screened building approved by the department of health.

**REG. 4. *Paper and cans to be removed.***—All paper and cans shall be raked from the surface of the dump each day and properly buried or removed.

**REG. 5. *Dump to be graded.***—Every part of the vacant land used as a dump, when filled to its required grade, shall be made level and covered with sufficient earth or clean ashes.

**REG. 6. *Escape of dust or odors forbidden.***—No dust or offensive odors shall be allowed to escape from such dump to the detriment or annoyance of any person or persons not being therein or thereupon engaged, and no one shall fire a dump or burn anything thereon, except in a properly constructed incinerator approved by the department of health.

**REG. 7. *Sprinkling.***—When deemed necessary the department of health may require the dump to be sprinkled with water to prevent the rising of dust therefrom, and may require the use of an adequate disinfecting solution to prevent the escape therefrom of offensive odors and the breeding of flies.

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