

# PUBLIC HEALTH REPORTS

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## WORKMEN'S COMPENSATION AND TUBERCULOSIS.

The New York workmen's compensation law provides for compensation for "accidental injuries arising out of and in the course of employment and such disease or infection as may naturally and unavoidably result therefrom." A workman in the State of New York jumped into a river to save himself when a timber broke. He "contracted a heavy cold and pleurisy, which developed into tuberculosis."

The New York Industrial Commission awarded compensation to the workman, and the State supreme court affirmed the award.

The opinion is published in this issue of the Public Health Reports, page 1719.

## DIRECTORY OF CITY HEALTH OFFICERS.

CONTAINING THE NAMES AND OFFICIAL TITLES OF THE HEALTH OFFICERS OF CITIES  
HAVING A POPULATION OF OVER 10,000 IN 1910.

Blank forms requesting information were sent to the health officers of cities having a population of 10,000 and over in 1910. A part of the information asked for was the name of the health officer and his official title. The request was accompanied by an addressed franked envelope for use in returning the blank when filled out. The cities listed below are the ones from which the information was returned and the data are as given by the respective health departments.

City.	Name of health officer.	Official title.
Alabama:		
Mobile.....	Charles A. Mohr.....	City health officer.
Arizona:		
Phoenix.....	H. K. Beauchamps.....	Do.
Arkansas:		
Fort Smith.....	C. P. Wilson.....	Do.
Little Rock.....	Milton Vaughan.....	Chief health officer.
California:		
Alameda.....	A. Hieronymus.....	Health officer.
Berkeley.....	J. J. Benton.....	Do.

City.	Name of health officer.	Official title.
<b>California—Continued.</b>		
Eureka.....	Lawrence B. Wing.....	Health officer.
Oakland.....	Kirby B. Smith.....	Do.
Pasadena.....	Stanley P. Black.....	Do.
Redlands.....	Frank H. Folkins.....	City health physician.
San Bernardino.....	D. W. Gardner.....	Health officer.
Santa Cruz.....	H. E. Piper.....	Do.
San Francisco.....	Wm. C. Hassler.....	Do.
San Jose.....	Paul Sanford.....	Secretary and health officer.
Stockton.....	E. A. Arthur.....	City health officer.
<b>Connecticut:</b>		
Bridgeport.....	E. A. McLellan.....	Do.
Greenwich.....	A. W. Klein.....	Health officer.
Hartford.....	C. P. Botsford.....	Superintendent of board of health.
New Britain.....	T. E. Reeks.....	Superintendent of health.
New London.....	E. C. Chipman.....	Health officer.
Norwalk.....	Wm. J. Tracey.....	Do.
Norwich.....	Edward J. Brophy.....	City health officer.
Willimantic.....	W. P. S. Keating.....	Do.
<b>Colorado:</b>		
Colorado Springs.....	O. R. Gillett.....	Health officer.
Denver.....	F. R. Coffman.....	Deputy health commissioner.
Trinidad.....	G. W. Robinson.....	City physician.
<b>District of Columbia:</b>		
Washington.....	W. C. Woodward.....	Health officer.
<b>Florida:</b>		
Jacksonville.....	Charles E. Terry.....	City health officer.
Key West.....	J. N. Fogarty.....	Do.
<b>Georgia:</b>		
Athens.....	J. P. Procter.....	President board of health.
Augusta.....	E. E. Murphy.....	Do.
Brunswick.....	T. F. Abercromby.....	Commissioner of health.
Columbus.....	J. T. Moncrieff.....	Health officer.
Macon.....	O. H. Weaver.....	Chairman board of health.
<b>Illinois:</b>		
Alton.....	(Mrs.) S. Demuth.....	Do.
Aurora.....	G. B. Schwachtgen.....	Do.
Belleville.....	B. H. Portnondo.....	President board of health.
Cairo.....	W. C. Clark.....	Health officer.
Champaign.....	W. E. Schowengudt.....	Do.
Chicago.....	John D. Robertson.....	Commissioner of health.
Chicago Heights.....	I. C. Harman.....	Do.
Danville.....	S. L. Landauer.....	Health commissioner.
Elgin.....	A. J. Volstoff.....	Health officer.
Evanston.....	C. T. Roome.....	Commissioner of health.
Galesburg.....	F. G. Hall.....	Health commissioner.
Granite City.....	R. D. Luster.....	
Kankakee.....	Thos. Bowman.....	Health officer.
La Salle.....	G. F. Ruediger.....	Health commissioner.
Lincoln.....	E. F. Turner, jr.....	Health officer.
Quincy.....	W. H. Gross.....	Health commissioner.
Rockford.....	Wm. E. Park.....	Commissioner of health.
Rock Island.....	C. T. Foster.....	Health commissioner.
<b>Indiana:</b>		
East Chicago.....	D. F. McGuire.....	Secretary board of health.
Evansville.....	P. H. Linthicum.....	City health commissioner.
Fort Wayne.....	J. H. Gilpin.....	Secretary board of health.

City.	Name of health officer.	Official title.
<b>Indiana—Continued.</b>		
Gary.....	C. M. Reyher.....	Secretary board of health.
Huntington.....	B. H. Grayston.....	Do.
Indianapolis.....	Herman G. Morgan.....	Health officer.
Kokomo.....	Edgar Cox.....	City health officer.
La Fayette.....	C. McClelland.....	Secretary board of health.
Logansport.....	R. E. Troutmen.....	Do.
Marion.....	M. S. Davis.....	City health officer.
New Albany.....	C. C. Funk.....	Secretary board of health.
Richmond.....	S. G. Smelser.....	Do.
South Bend.....	Chas. S. Bosenbury.....	Do.
<b>Iowa:</b>		
Cedar Rapids.....	D. E. Beardsley.....	
Clinton.....	H. R. Sugg.....	Health officer.
Council Bluffs.....	Chas. H. Bower.....	Do.
Davenport.....	W. A. Stoecks.....	City physician.
Ottumwa.....	J. A. Hull.....	Do.
Waterloo.....	J. E. Ridenour.....	Health officer.
<b>Kansas:</b>		
Coffeyville.....	W. H. Wells.....	City physician.
Fort Scott.....	C. F. Harrar.....	Secretary board of health.
Hutchinson.....	W. F. Schore.....	City physician.
Independence.....	R. R. Bittmann.....	Chairman board of health.
Kansas City.....	Carleton A. Coon.....	Chief food and dairy inspector.
Leavenworth.....	Stewart McKee.....	City physician.
Topeka.....	H. L. Clark.....	Do.
Wichita.....	O. G. Hutchison.....	Secretary board of health.
<b>Kentucky:</b>		
Covington.....	J. M. O'Maley.....	Health officer.
Louisville.....	W. Ed. Grant.....	Do.
Paducah.....	H. P. Linn.....	Do.
<b>Louisiana:</b>		
Alexandria.....	J. A. White.....	Health officer.
Monroe.....	F. C. Bennett.....	President board of health.
New Orleans.....	W. T. O'Reilly.....	Superintendent of public health.
<b>Maine:</b>		
Auburn.....	C. H. Cunningham.....	
Augusta.....	Geo. A. Coombs.....	Health officer.
Biddeford.....	James J. Neilon.....	Secretary board of health.
<b>Maryland:</b>		
Cumberland.....	Max J. Colton.....	Health officer.
Darlington.....	W. B. Kirk.....	Do.
Frederick.....	Ira J. McCurdy.....	City health officer.
<b>Massachusetts:</b>		
Attleboro.....	Ralph P. Kent.....	Health officer.
Boston.....	Francis K. Mahoney.....	Health commissioner.
Brockton.....	Fred. J. Ripley.....	Health officer.
Brookline.....	Francis P. Denny.....	Do.
Cambridge.....	B. H. Pelce.....	Medical inspector.
Chelsea.....	W. J. Randall.....	Health officer.
Clinton.....	Edward DeCourcy.....	Agent board of health.
Everett.....	John W. Seaver.....	Do.
Fall River.....	Samuel B. Morriss.....	Do.
Gloucester.....	C. H. Morrow.....	Health officer.
Haverhill.....	Geo. T. Lennon.....	Agent board of health.
Lawrence.....	Wm. T. Sellers.....	Clerk of public health.

City.	Name of health officer.	Official title.
<b>Massachusetts—Continued.</b>		
Lowell.....	Frederick A. Bates.....	Agent board of health.
Lynn.....	John W. Tapper.....	Chairman board of health.
Marlboro.....	J. J. Cassidy.....	Agent board of health.
Methuen.....	David D. Woodbury.....	Chairman board of health.
Medford.....	J. Paul Haley.....	Medical inspector.
New Bedford.....	Wm. G. Kirschbaum.....	Agent board of health.
Newburyport.....	William Thurston.....	Do.
Newton.....	Francis Geo. Curtis.....	Chairman board of health.
North Adams.....	D. W. Hyde.....	Agent board of health.
Revere.....	Jes. E. Lamb.....	Health officer.
Somerville.....	Caleb A. Page.....	Agent board of health.
Southbridge.....	Albert R. Brown.....	Do.
Springfield.....	Wm. L. Young.....	Do.
Taunton.....	T. J. Robinson.....	Chairman board of health.
Waltham.....	A. L. Stone.....	Agent board of health.
Watertown.....	Chas. F. Horan.....	Do.
Westfield.....	Wm. M. Porter.....	Do.
Winthrop.....	S. A. Mowry.....	Health officer.
Worcester.....	Jas. C. Coffey.....	Executive officer board of health.
<b>Michigan</b>		
Adrian.....	J. P. Bland.....	Health officer.
Alpena.....	Jas. Eakins.....	Do.
Ann Arbor.....	John A. Wessinger.....	Do.
Battle Creek.....	Eugene Miller.....	Do.
Detroit.....	Wm. H. Price.....	Do.
Flint.....	D. D. Knapp.....	Do.
Jackson.....	C. G. Parnall.....	Do.
Kalamazoo.....	R. G. Leland.....	Do.
Manistee.....	E. S. Ellis.....	Do.
Marquette.....	R. C. Main.....	Do.
Muskegon.....	A. B. Egan.....	Do.
Saginaw.....	W. J. O'Reilly.....	Do.
Sault Ste. Marie.....	J. J. Griffin.....	City health officer.
<b>Minnesota:</b>		
Mankato.....	A. F. Schmitt.....	Health commissioner.
Minneapolis.....	H. M. Guilford.....	Acting health commissioner.
St. Paul.....	Justus Ohage.....	Chief health officer.
Virginia.....	John D. Crowe.....	Health officer.
<b>Mississippi:</b>		
Hattiesburg.....	Robert Donald.....	County and city health officer.
Jackson.....	H. L. Crook.....	City physician.
Meridian.....	T. J. Houston.....	City health officer.
Vicksburg.....	D. P. Kennedy.....	Health officer.
<b>Missouri:</b>		
Joplin.....	R. B. Tyler.....	Commissioner of health and sanitation.
Moberly.....	Thos. S. Fleming.....	Health commissioner.
St. Joseph.....	F. G. Beard.....	Police surgeon.
St. Louis.....	Max C. Starkloff.....	Health commissioner.
Springfield.....	E. F. James.....	Commissioner of health and sanitation.
<b>Montana:</b>		
Billings.....	F. L. Arnold.....	City physician.
Helena.....	Wm. C. Riddell.....	Secretary board of health.
Missoula.....	E. C. Anderson.....	City health officer.
<b>Nebraska:</b>		
Lincoln.....	C. F. Chapman.....	Superintendent of health.
Grand Island.....	Henry E. Clifford.....	City clerk.
Omaha.....	R. W. Connell.....	Commissioner of health.

City.	Name of health officer.	Official title.
<b>New Hampshire:</b>		
Berlin.....	L. P. Geer.....	Health officer.
Dover.....	H. K. Reynolds.....	Executive officer.
Keene.....	C. Y. Shedd.....	Secretary board of health.
Manchester.....	R. N. Hoyt.....	Health officer.
Nashua.....	F. B. Shea.....	Do.
<b>New Jersey:</b>		
Asbury Park.....	B. H. Obert.....	Do.
Bayonne.....	John T. Connelly.....	Do.
Camden.....	John F. Leavitt.....	Do.
East Orange.....	John Hall.....	Do.
Hackensack.....	Geo. Wm. Finke.....	
Harrison.....	John T. McClure.....	Do.
Irvington.....	Jos. K. Clickenger.....	Sanitary inspector.
Kearny.....	H. V. Amerman.....	Acting health inspector.
Jersey City.....	F. H. Edsall.....	Superintendent of health.
Long Branch.....	N. A. Nelson.....	Health officer.
Montclair.....	C. H. Wells.....	Do.
Morristown.....	J. J. Belbey.....	Sanitary inspector.
Newark.....	Chas. V. Craster.....	Health officer.
Orange.....	F. J. Osborne.....	Do.
Passaic.....	John N. Ryan.....	Do.
Paterson.....	Thomas A. Clay.....	Do.
Perth Amboy.....	W. J. Willsey.....	Do.
Plainfield.....	N. J. R. Chandler.....	Do.
Trenton.....	A. S. Fell.....	Do.
West Hoboken.....	F. A. E. Frederick.....	Do.
West New York.....	Randolph Kunze.....	Chief inspector.
West Orange.....	Malcolm Lewis.....	Health officer.
<b>Nevada:</b>		
Reno.....	W. L. Samuels.....	Do.
<b>New York:</b>		
Albany.....	Arthur Sauter.....	Do.
Batavia.....	Victor M. Rice.....	Do.
Fulton.....	A. L. Hall.....	Do.
Ithaca.....	H. H. Crum.....	Do.
Kingston.....	Frank A. Johnston.....	Do.
Lackawanna.....	John J. Drake.....	Do.
Little Falls.....	A. B. Santry.....	Do.
Mount Vernon.....	C. M. Quinn.....	Do.
Newburgh.....	Thos. J. Burke.....	Do.
New Rochelle.....	E. H. Coddling.....	Do.
New York.....	Haven Emerson.....	Commissioner of health.
North Tonawanda.....	Thos. P. C. Barnard.....	Health officer.
Olean.....	J. A. Johnson.....	Do.
Ossining.....	R. T. Irvine.....	Do.
Oswego.....	Jas. K. Stockwell.....	Do.
Oyster Bay.....	Wm. J. Burns.....	Do.
Peekskill.....	E. D. M. Lyon.....	Do.
Rochester.....	G. W. Goler.....	Do.
Syracuse.....	F. W. Sears.....	Do.
Troy.....	C. E. Nichols.....	Do.
Utica.....	Chas. N. Hickman.....	Do.
White Plains.....	E. G. Ramsdell.....	Do.
Watertown.....	P. E. Thornhill.....	Do.
Watervliet.....	Geo. S. Haswell.....	Do.
Yonkers.....	Wm. P. Coons.....	Do.

City.	Name of health officer.	Official title.
<b>North Carolina:</b>		
Asheville.....	C. V. Reynolds.....	Health officer.
Charlotte.....	A. B. Cook.....	Chief of health department.
Durham.....	A. Cheatham.....	Superintendent of health.
Guilford.....	Wm. M. Jones.....	County health officer.
<b>North Dakota:</b>		
Fargo.....	Paul Sorknen.....	Health officer.
Grand Forks.....	Dralford Dean.....	Do.
<b>Ohio:</b>		
Bellaire.....	D. W. Boone.....	Do.
Cambridge.....	O. F. Lowry.....	Registrar.
Canton.....	Chas. A. La Mont.....	Health officer.
Chillicothe.....	J. M. Hanley.....	Do.
Cincinnati.....	J. H. Landis.....	Do.
Cleveland.....	R. H. Bishop, jr.....	Commissioner of health.
Columbus.....	Louis Kahn.....	Health officer.
Findlay.....	Amos Beardsley.....	Do.
Hamilton.....	A. L. Smedley.....	Do.
Steubenville.....	T. W. Smith.....	Do.
Lancaster.....	C. H. Hamilton.....	Do.
Lorain.....	V. Adair.....	Do.
Marion.....	Addison Bain.....	Do.
Middletown.....	G. D. Lummis.....	Do.
Newark.....	W. H. Knauss.....	Do.
Norwood.....	Frank Perry.....	Do.
Piqua.....	Jas. H. Lowe.....	Do.
Sandusky.....	H. C. Schoepfle.....	Director of health.
Springfield.....	J. R. McDowell.....	Do.
Toledo.....	C. D. Selby.....	Commissioner of health.
Youngstown.....	H. E. Welch.....	Health officer.
Zanesville.....	G. W. McCormick.....	Do.
<b>Oklahoma:</b>		
Chickasha.....	E. L. Dawson.....	Superintendent of health.
Oklahoma City.....	Geo. Hunter.....	Health commissioner.
Tulsa.....	J. E. Webb.....	Superintendent of health.
<b>Oregon:</b>		
Portland.....	M. B. Marcellus.....	Health officer.
<b>Pennsylvania:</b>		
Allentown.....	J. T. Beitz.....	Do.
Altoona.....	T. G. Herbert.....	Do.
Beaver Falls.....	W. A. Hoffman.....	Secretary and health officer.
Braddock.....	John McDevitt.....	Health officer.
Bradford City.....	Wm. Roedell.....	Do.
Butler.....	R. B. Fowzer.....	Do.
Carnegie.....	A. A. Tarter.....	Ordinance officer.
Carbondale.....	M. E. Gallagher.....	Health officer.
Chambersburg.....	R. W. Walker.....	Secretary and health officer.
Columbia.....	H. B. Clepper.....	Health officer.
Duquesne.....	John C. Helfrich.....	Do.
Easton.....	J. Jas. Cowdran.....	Do.
Erie.....	J. W. Wright.....	Do.
Farrell.....	Frank Chullick.....	Do.
Homestead.....	Jas. L. King.....	Do.
Dunmore.....	Patrick Crane.....	Do.
Lancaster City.....	James H. Drew.....	Do.
Mahanoy City.....	John Sullivan.....	Do.
McKeesport.....	Fred. W. Hooper.....	Do.
Meadville.....	F. Dake.....	Do.

City.	Name of health officer.	Official title.
<b>Pennsylvania—Continued.</b>		
Nanticoke.....	Philip Edmunds .....	Health officer.
Norristown.....	Chas. E. White.....	Do.
North Braddock.....	R. M. Syloes.....	Do.
Oil City.....	E. M. Voorhis.....	Do.
Old Forge.....	Steve Chichi.....	Do.
Philadelphia.....	Wilmer Krusen.....	Director of health.
Pittsburgh.....	J. F. Edwards.....	Do.
Plymouth.....	H. G. Templeton.....	Health officer.
Pottstown.....	C. Missioner.....	Do.
Scranton.....	Geo. J. Van Vechten.....	Superintendent of health.
Steelton.....	E. G. Butler.....	Health officer.
Sunbury.....	V. A. Koble.....	Do.
Uniontown.....	Miss E. V. Haney.....	Do.
Warsaw.....	H. J. Bierce.....	Do.
Washington.....	W. B. Winter.....	Do.
Williamsport.....	N. E. Young.....	Do.
<b>Rhode Island:</b>		
Central Falls.....	A. R. V. Fenwick.....	Superintendent of health.
Cumberland.....	R. Woodhead.....	Health officer.
East Providence.....	Geo. F. Allison.....	Do.
Pawtucket.....	Chas. H. Holt.....	Superintendent of health.
Providence.....	Chas. V. Chapin.....	Do.
Woonsocket.....	Thos. J. McLaughlin.....	Health officer.
<b>South Carolina:</b>		
Charleston.....	J. M. Green.....	Do.
Greenville.....	Clarence E. Smith.....	Commissioner of health.
<b>South Dakota:</b>		
Aberdeen.....	M. C. Johnson.....	President city board of health.
<b>Tennessee:</b>		
Jackson.....	W. G. Saunders.....	Health officer.
Nashville.....	Wm. E. Hibbett.....	Do.
<b>Texas:</b>		
Austin.....	S. A. Woolsey.....	City health officer.
Galveston.....	Walter Kleberg.....	Do.
San Antonio.....	W. A. King.....	Health officer.
Temple.....	L. R. Talley.....	
<b>Utah:</b>		
Ogden.....	Geo. Shuten.....	Health inspector.
Salt Lake City.....	R. W. Ashley.....	Health commissioner.
<b>Virginia:</b>		
Alexandria.....	E. A. Gorman.....	Health officer.
Lynchburg.....	Mosby G. Perrow.....	Do.
Norfolk.....	P. S. Schenck.....	Health commissioner.
Portsmouth.....	Vernon Brooks.....	Health officer.
Richmond.....	Ernest C. Levy.....	Chief health officer.
Roanoke.....	W. B. Foster.....	Health officer.
Staunton.....	F. E. Hamlin.....	Do.
<b>Vermont:</b>		
Barre.....	J. W. Stewart.....	Do.
Burlington.....	F. J. Ennis.....	Do.
Rutland.....	F. H. Gebhardt.....	City health officer.
<b>Washington:</b>		
Aberdeen.....	John B. Kinne.....	Health officer.
Bellingham.....	W. W. Ballaine.....	City health officer.
North Yakima.....	Thos. Tetreau.....	Health officer.
Seattle.....	J. S. McBride.....	Commissioner of health.
Spokane.....	John B. Anderson.....	Health officer.

City.	Name of health officer.	Official title.
<b>West Virginia:</b>		
Parkersburg .....	M. B. Stone .....	City health officer.
Wheeling .....	Wm. C. Etzler .....	Health commissioner.
<b>Wisconsin:</b>		
Appleton .....	F. P. Dohrasty .....	Health officer.
Beloit .....	H. E. Burger .....	Do.
Fond du Lac .....	F. M. McGauley .....	City physician and health officer.
Marinette .....	S. P. Jones .....	Health officer.
Milwaukee .....	Geo. C. Ruhland .....	Commissioner of health.
Manitowoc .....	J. E. Meany .....	Health officer.
Oshkosh .....	A. H. Broche .....	Health commissioner and city physician.
Racine .....	H. C. Baker .....	Health officer.
Superior .....	C. M. Gould .....	Health commissioner.
Wausau .....	Wm. E. Zilisch .....	Health officer.

## THE NOTIFIABLE DISEASES.<sup>1</sup>

### PREVALENCE DURING 1915 IN CITIES OF OVER 100,000.

**DIPHTHERIA, GONORRHEA, MALARIA, MEASLES, EPIDEMIC CEREBROSPINAL MENINGITIS, PELLAGRA, POLIOMYELITIS, RABIES IN MAN, RABIES IN ANIMALS, SCARLET FEVER, SMALLPOX, SYPHILIS, TUBERCULOSIS, AND TYPHOID FEVER—CASES REPORTED, INDICATED CASE RATES PER 1,000 POPULATION, AND INDICATED FATALITY RATES PER 100 CASES.**

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 city is active and that the cases of the disease are being properly reported by the practicing physicians. It does not usually mean that the disease is more prevalent in that city than in other cities. A high fatality rate may mean that the disease was unusually virulent in a city, that the physicians did not treat the disease in that city with the success usual elsewhere, or that the practicing physicians did not report all of their cases to the health department. On the other hand, an unusually low fatality rate may be due to the fact that the disease in the city 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.

<sup>1</sup> The data from which these tables have been compiled were obtained from the health departments of the respective cities. It is believed that all the municipal 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.

It will be noted that some of the cities 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. That the health departments of certain cities are securing sufficiently complete information of the prevalence of preventable diseases to make possible their control is indicated in a number of instances by the large numbers of cases reported as compared with the numbers of deaths registered from the same causes.



## SUMMARIES OF HIGHEST AND LOWEST RATES.

	Number of cases reported per annum per 1,000 inhabitants.			Indicated fatality rates per 100 cases.	
	Highest.	Lowest. <sup>1</sup>		Highest.	Lowest. <sup>2</sup>
<b>Diphtheria:</b>			<b>Diphtheria:</b>		
New Orleans, La.....	5.002		Fall River, Mass.....	20.00	
St. Louis, Mo.....	4.838		New Bedford, Mass.....	17.33	
Boston, Mass.....	3.908		Albany, N. Y.....	14.29	
Seattle, Wash.....		0.212 <sup>3</sup>	Richmond, Va.....		1.92
Louisville, Ky.....		.721	Denver, Colo.....		2.62
Denver, Colo.....		.905	Seattle, Wash.....		2.86
<b>Measles:</b>			<b>Measles:</b>		
Los Angeles, Cal.....	12.605		Providence, R. I.....	* 8.70	
Syracuse, N. Y.....	11.460		Detroit, Mich.....	* 6.98	
Trenton, N. J.....	11.317		Bridgeport, Conn.....	* 4.80	
Louisville, Ky.....		.114	Los Angeles, Cal.....		.15
Nashville, Tenn.....		.172	Camden, N. J.....		.17
Richmond, Va.....		.252	Washington, D. C.....		.26
<b>Meningitis (epidemic cerebrospinal):</b>			<b>Meningitis (epidemic cerebrospinal):</b>		
Paterson, N. J.....	.095		Minneapolis, Minn.....	100.00	
Louisville, Ky.....	.093		Newark, N. J.....	100.00	
Providence, R. I.....	.080		San Francisco, Cal.....	100.00	
			Dayton, Ohio.....	100.00	
			Lowell, Mass.....	100.00	
			Paterson, N. J.....	100.00	
			Reading, Pa.....	100.00	
			San Antonio, Tex.....	100.00	
			Springfield, Mass.....	100.00	
			Toledo, Ohio.....	100.00	
			St. Paul, Minn.....		25.00
			Detroit, Mich.....		26.32
			Buffalo, N. Y.....		32.14
Jersey City, N. J.....		.003	<b>Poliomyelitis (infantile paralysis):</b>		
Toledo, Ohio.....		.005	Minneapolis, Minn.....	* 100.00	
Syracuse, N. Y.....		.007	St. Paul, Minn.....	* 100.00	
<b>Poliomyelitis (infantile paralysis):</b>			Bridgeport, Conn.....	* 100.00	
Cleveland, Ohio.....	.218		Dayton, Ohio.....	* 100.00	
Lowell, Mass.....	.107		Trenton, N. J.....	* 100.00	
Fall River, Mass.....	.095		Los Angeles, Cal.....		6.67
			Pittsburgh, Pa.....		7.69
			Boston, Mass.....		10.00
Minneapolis, Minn.....		.003	<b>Scarlet fever:</b>		
Denver, Colo.....		.004	Cleveland, Ohio.....	* 7.77	
Columbus, Ohio.....		.005	Camden, N. J.....	* 6.67	
<b>Scarlet fever:</b>			Birmingham, Ala.....	* 6.49	
Dayton, Ohio.....	4.175		Richmond, Va.....		.41
Boston, Mass.....	3.677		Seattle, Wash.....		.70
St. Paul, Minn.....	3.508		Kansas City, Mo.....		.80
New Orleans, La.....		.191	<b>Smallpox:</b>		
Camden, N. J.....		.287	New Bedford, Mass.....	43.48	
Louisville, Ky.....		.422	San Antonio, Tex.....	8.39	
<b>Smallpox:</b>			New Orleans, La.....	6.94	
San Antonio, Tex.....	1.197		Detroit, Mich.....		* .85
Dallas, Tex.....	.849		St. Paul, Minn.....		* .85
Louisville, Ky.....	.848		Kansas City, Mo.....		* 1.61
New York, N. Y.....		.0004	<b>Tuberculosis:</b>		
Boston, Mass.....		.0010	Nashville, Tenn.....	93.80	
Jersey City, N. J.....		.0030	Dayton, Ohio.....	78.78	
<b>Tuberculosis:</b>			Syracuse, N. Y.....	77.49	
Newark, N. J.....	5.376		Hartford, Conn.....		23.71
Chicago, Ill.....	5.194		Camden, N. J.....		29.31
Los Angeles, Cal.....	5.063		Seattle, Wash.....		31.64
Salt Lake City, Utah.....		.220	<b>Typhoid fever:</b>		
Kansas City, Mo.....		.369	Jersey City, N. J.....	* 40.43	
Dallas, Tex.....		.626	New Orleans, La.....	* 33.91	
<b>Typhoid fever:</b>			San Antonio, Tex.....	* 32.86	
Nashville, Tenn.....	3.596		Lynn, Mass.....		4.92
Birmingham, Ala.....	2.441		Salt Lake City, Utah.....		6.67
Toledo, Ohio.....	2.284		Hartford, Conn.....		8.97
Jersey City, N. J.....		.157			
Seattle, Wash.....		.166			
Newark, N. J.....		.243			

<sup>1</sup> Only those cities have been considered in which at least one case was reported.

<sup>2</sup> In computing the lowest fatality rates the data were used for those cities only in which at least one death was registered from the respective diseases.

<sup>3</sup> Indicated high fatality rate undoubtedly due to incomplete reporting of cases.

<sup>4</sup> As regards smallpox the records are of special interest. There were certain cities which had a considerable number of reported cases without any recorded death. For example, Milwaukee had 1,157 reported cases of smallpox with no recorded death; Indianapolis had 489 reported cases without a death, Toledo 474 cases with no death, Nashville 370 cases with no death, and Salt Lake City 327 cases with no death.

## REPORTED PREVALENCE FOR THE YEAR 1915.

DIPHTHERIA.<sup>1</sup>

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
Over 500,000 inhabitants:					
Baltimore, Md.....	584,605	1,151	79	1.969	6.86
Boston, Mass.....	745,139	2,912	218	3.908	7.49
Chicago, Ill.....	2,447,045	5,863	680	2.396	11.60
Cleveland, Ohio.....	656,975	2,030	163	3.090	8.03
Detroit, Mich.....	551,717	1,899	116	3.423	6.11
New York, N. Y.....	5,468,190	15,279	1,278	2.794	8.36
Philadelphia, Pa.....	1,683,664	2,615	315	1.553	12.05
Pittsburgh, Pa.....	571,984	1,496	153	2.615	10.23
St. Louis, Mo.....	745,988	3,609	182	4.838	5.04
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.....	461,335	960	78	2.081	8.13
Cincinnati, Ohio.....	403,705	604	47	2.223	5.20
Jersey City, N. J.....	309,133	1,003	60	3.342	5.98
Los Angeles, Cal.....	465,367	699	36	1.502	5.15
Minneapolis, Minn.....	353,460	1,077	63	3.047	5.85
Newark, N. J.....	393,000	1,203	50	3.015	4.16
New Orleans, La.....	368,484	1,833	111	5.002	6.06
San Francisco, Cal.....	* 416,912	1,390	113	3.334	8.13
Seattle, Wash.....	330,834	70	2	2.12	2.86
Washington, D. C.....	358,679	645	28	1.798	4.34
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.....	209,722	644	23	3.071	3.57
Denver, Colo.....	253,161	229	6	.905	2.62
Indianapolis, Ind.....	265,578	312	21	1.175	6.73
Kansas City, Mo.....	289,879	580	61	2.001	10.52
Louisville, Ky.....	237,012	171	12	.721	7.02
Providence, R. I.....	250,025	657	53	2.628	8.07
St. Paul, Minn.....	241,999	481	30	1.988	6.24
From 100,000 to 200,000 inhabitants:					
Albany, N. Y.....	103,580	126	18	1.216	14.29
Birmingham, Ala.....	174,108	163	15	.936	9.20
Bridgeport, Conn.....	118,434	296	32	2.499	10.81
Camden, N. J.....	104,349	191	27	1.830	14.14
Dallas, Tex.....	116,605	130	8	1.115	6.15
Dayton, Ohio.....	125,509	266	18	2.119	6.77
Fall River, Mass.....	126,904	170	34	1.340	20.00
Grand Rapids, Mich.....	125,759	157	13	1.249	8.28
Hartford, Conn.....	108,969	361	15	3.313	4.16
Lowell, Mass.....	112,124	206	25	1.837	12.14
Lynn, Mass.....	100,316	210	20	2.093	9.52
Nashville, Tenn.....	115,978	113	11	.974	9.73
New Bedford, Mass.....	114,684	150	26	1.308	17.33
New Haven, Conn.....	147,085	273	35	1.856	12.82
Oakland, Cal.....	190,803	222	15	1.164	6.76
Paterson, N. J.....	136,374	* 253	17	1.855	6.72
Reading, Pa.....	105,094	97	9	.923	9.28
Richmond, Va.....	154,674	312	6	2.017	1.92
Salt Lake City, Utah.....	113,567	226	30	1.990	13.27
San Antonio, Tex.....	119,447	261	14	2.185	5.36
Seranton, Pa.....	144,081	355	38	2.467	10.70
Springfield, Mass.....	103,216	142	10	1.376	7.04
Syracuse, N. Y.....	152,534	306	13	2.006	4.25
Toledo, Ohio.....	187,840	322	31	1.714	9.63
Trenton, N. J.....	109,212	* 315	27	2.884	8.57

GONORRHEA.<sup>4</sup>

Over 500,000 inhabitants:					
Cleveland, Ohio.....	656,975	26	1	0.040	3.85
New York, N. Y.....	5,468,190	9,709	.....	1.776	.....
Pittsburgh, Pa.....	571,984	33	4	.058	12.12
From 300,000 to 500,000 inhabitants:					
Cincinnati, Ohio.....	406,706	160	1	.393	.63
Los Angeles, Cal.....	465,367	* 377	.....	.810	.....
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.....	209,722	* 80	.....	.381	.....
Providence, R. I.....	250,025	* 328	1	1.312	.30

<sup>1</sup> Cities in which no cases of this disease were reported are not included in this table.<sup>2</sup> Population Apr. 15, 1910; no estimate made.<sup>3</sup> The health officer states that cases are known not to be completely reported.<sup>4</sup> Cities in which no cases of this disease were reported are not included in this table. It is recognized, however, that reporting is incomplete in all the cities.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

## GONORRHEA—Continued.

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
From 100,000 to 200,000 inhabitants:					
Dayton, Ohio.....	125,509	67	.....	0.534	.....
Oakland, Cal.....	190,803	13	.....	.016	.....
Toledo, Ohio.....	187,840	1 462	.....	2.460	.....

MALARIA.<sup>3</sup>

Over 500,000 inhabitants:					
Baltimore, Md.....	584,605	3	1	0.005	33.33
Boston, Mass.....	745,139	33	.....	.044	.....
Cleveland, Ohio.....	656,975	15	.....	.023	.....
New York, N. Y.....	5,468,190	51	11	.009	21.57
Philadelphia, Pa.....	1,683,664	23	3	.014	13.04
Pittsburgh, Pa.....	571,984	9	2	.016	22.22
From 300,000 to 500,000 inhabitants:					
Jersey City, N. J.....	300,133	7	.....	.023	.....
Los Angeles, Cal.....	465,367	6	.....	.013	.....
Newark, N. J.....	399,000	58	1	.145	1.72
San Francisco, Cal.....	3 416,912	12	1	.029	8.33
From 200,000 to 300,000 inhabitants:					
Louisville, Ky.....	237,012	38	9	.160	23.68
From 100,000 to 200,000 inhabitants:					
Camden, N. J.....	104,349	3	.....	.029	.....
Lowell, Mass.....	112,124	2	.....	.018	.....
Paterson, N. J.....	136,374	120	.....	.147	.....
San Antonio, Tex.....	119,447	12	16	.017	.....
Springfield, Mass.....	103,216	12	.....	.019	.....
Toledo, Ohio.....	187,840	2	2	.011	100.00

MEASLES.<sup>3</sup>

Over 500,000 inhabitants:					
Baltimore, Md.....	584,605	1,846	19	3.158	1.03
Boston, Mass.....	745,139	5,183	40	6.956	.77
Chicago, Ill.....	2,447,045	18,964	236	7.750	1.24
Cleveland, Ohio.....	656,975	4,294	77	6.536	1.79
Detroit, Mich.....	554,717	1 731	51	1.318	6.98
New York, N. Y.....	5,468,190	38,186	630	6.983	1.65
Philadelphia, Pa.....	1,683,664	14,089	184	8.368	1.31
Pittsburgh, Pa.....	571,984	5,638	74	9.857	1.31
St. Louis, Mo.....	745,988	5,321	46	7.133	.85
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.....	461,335	4,904	51	10.630	1.04
Cincinnati, Ohio.....	406,706	1,163	14	2.890	1.20
Jersey City, N. J.....	300,133	1,800	32	5.997	1.78
Los Angeles, Cal.....	465,367	15,866	9	12.605	.15
Minneapolis, Minn.....	353,460	668	12	1.890	1.80
Newark, N. J.....	399,000	1,465	13	3.672	.89
New Orleans, La.....	506,484	353	3	.963	.85
San Francisco, Cal.....	3 416,912	1,713	19	4.109	1.11
Seattle, Wash.....	330,834	343	.....	1.037	.....
Washington, D. C.....	358,679	1,940	5	5.409	.26
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.....	209,722	574	14	2.737	2.41
Denver, Colo.....	253,161	163	2	.644	1.23
Indianapolis, Ind.....	265,578	717	.....	2.700	.....
Kansas City, Mo.....	289,879	556	2	1.918	.36
Louisville, Ky.....	237,012	27	.....	.114	.....
Providence, R. I.....	250,025	253	22	1.012	8.70
St. Paul, Minn.....	241,999	1,216	15	5.025	1.23
From 100,000 to 200,000 inhabitants:					
Albany, N. Y.....	103,580	209	2	2.018	.96
Birmingham, Ala.....	174,108	1,315	10	7.553	.76
Bridgeport, Conn.....	118,434	125	6	1.055	4.80
Camden, N. J.....	194,349	579	1	5.549	.17
Dallas, Tex.....	116,605	35	.....	.300	.....
Dayton, Ohio.....	125,509	456	.....	3.633	.....

<sup>1</sup> The health officer states that cases are known not to be completely reported.<sup>2</sup> Cities in which no cases of this disease were reported are not included in this table.<sup>3</sup> Population Apr. 15, 1910; no estimate made.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

## MEASLES—Continued.

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
From 100,000 to 200,000 inhabitants—Continued.					
Fall River, Mass.	126,904	373	11	2.939	2.95
Grand Rapids, Mich.	125,759	244	.....	1.940	.....
Hartford, Conn.	108,969	102	3	.936	2.94
Lowell, Mass.	112,124	164	.....	1.463	.....
Lynn, Mass.	100,316	1,354	2	3.529	.56
Nashville, Tenn.	115,978	20	.....	.172	.....
New Bedford, Mass.	114,694	1,064	4	9.277	.38
New Haven, Conn.	147,095	1,685	12	4.657	1.75
Oakland, Cal.	190,803	1,388	2	2.034	.52
Paterson, N. J.	136,374	1,175	.....	1.283	.....
Reading, Pa.	105,094	945	6	8.992	.64
Richmond, Va.	154,674	39	.....	.252	.....
Salt Lake City, Utah.	113,567	56	.....	.493	.....
San Antonio, Tex.	119,447	137	1	1.147	.73
Scranton, Pa.	144,081	433	5	3.005	1.15
Springfield, Mass.	103,216	634	3	6.142	.47
Syracuse, N. Y.	152,534	1,748	8	11.460	.46
Toledo, Ohio.	187,840	1,943	8	5.020	.85
Trenton, N. J.	109,212	1,236	17	11.317	1.38

MENINGITIS (epidemic cerebrospinal).<sup>1</sup>

Over 500,000 inhabitants:					
Baltimore, Md.	584,605	13	6	0.005	.....
Boston, Mass.	745,139	46	29	.062	63.04
Chicago, Ill.	2,447,045	91	51	.037	56.04
Cleveland, Ohio.	656,975	45	19	.068	42.22
Detroit, Mich.	554,717	119	5	.034	26.32
New York, N. Y.	5,468,190	174	119	.032	68.39
Philadelphia, Pa.	1,683,664	29	15	.017	51.72
Pittsburgh, Pa.	571,984	8	4	.014	50.00
St. Louis, Mo.	745,988	27	22	.036	81.48
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.	461,335	28	9	.061	32.14
Cincinnati, Ohio.	406,706	28	17	.069	60.71
Jersey City, N. J.	300,133	1	.....	.003	.....
Los Angeles, Cal.	465,367	24	12	.052	50.00
Minneapolis, Minn.	353,460	4	4	.011	100.00
Newark, N. J.	399,000	16	16	.040	100.00
New Orleans, La.	366,484	11	10	.030	90.91
San Francisco, Cal.	346,912	7	7	.017	100.00
Seattle, Wash.	330,834	3	1	.009	33.33
Washington, D. C.	358,679	5	6	.014	.....
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.	209,722	11	5	.052	45.45
Denver, Colo.	253,161	2	.....	.008	.....
Indianapolis, Ind.	265,578	21	15	.079	71.43
Kansas City, Mo.	289,879	6	10	.021	.....
Louisville, Ky.	237,012	22	9	.093	40.91
Providence, R. I.	250,025	20	21	.080	.....
St. Paul, Minn.	241,999	4	1	.017	25.00
From 100,000 to 200,000 inhabitants:					
Albany, N. Y.	103,580	3	1	.029	33.33
Birmingham, Ala.	174,108	7	6	.040	85.71
Bridgeport, Conn.	118,434	6	7	.051	.....
Dallas, Tex.	116,605	6	3	.051	50.00
Dayton, Ohio.	125,509	4	4	.032	100.00
Fall River, Mass.	126,904	10	5	.079	50.00
Hartford, Conn.	108,969	1	.....	.009	.....
Lowell, Mass.	112,124	6	6	.054	100.00
Nashville, Tenn.	115,978	4	3	.034	75.00
New Bedford, Mass.	114,694	1	.....	.009	.....
Paterson, N. J.	136,374	113	13	.095	100.00
Reading, Pa.	105,094	1	1	.010	100.00
Salt Lake City, Utah.	113,567	3	2	.026	66.67
San Antonio, Tex.	119,447	4	4	.033	100.00
Springfield, Mass.	103,216	2	2	.019	100.00
Syracuse, N. Y.	152,534	1	.....	.007	.....
Toledo, Ohio.	187,840	1	1	.005	100.00

<sup>1</sup> The health officer states that cases are known not to be completely reported.<sup>2</sup> Cities in which no cases of this disease were reported are not included in this table.<sup>3</sup> Population Apr. 15, 1910; no estimate made.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

PELLAGRA.<sup>1</sup>

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
Over 500,000 inhabitants:					
Baltimore, Md.	584,605	1	8	0.002	.....
Boston, Mass.	745,139	11	4	.015	36.36
Detroit, Mich.	554,717	1	1	.002	100.00
New York, N. Y.	5,468,190	4	4	.0007	100.00
Philadelphia, Pa.	1,683,664	4	5	.002	.....
From 300,000 to 500,000 inhabitants:					
Los Angeles, Cal.	465,367	9	6	.019	66.67
New Orleans, La.	366,484	80	80	.218	100.00
Seattle, Wash.	330,834	1	1	.003	100.00
Washington, D. C.	358,679	22	16	.061	72.73
From 200,000 to 300,000 inhabitants:					
Kansas City, Mo.	289,879	1	1	.004	100.00
Louisville, Ky.	237,012	2	2	.008	100.00
From 100,000 to 200,000 inhabitants:					
Birmingham, Ala.	174,108	2 97	111	.557	.....
Dallas, Tex.	116,605	35	33	.300	94.29
Fall River, Mass.	126,904	2	2	.016	100.00
Hartford, Conn.	108,969	1	.....	.009	.....
Lowell, Mass.	112,124	3	1	.027	33.33
Nashville, Tenn.	115,978	527	36	4.544	6.83
Richmond, Va.	154,674	2 14	25	.091	.....

POLIOMYELITIS (infantile paralysis).<sup>1</sup>

Over 500,000 inhabitants:					
Baltimore, Md.	584,605	26	4	0.044	15.38
Boston, Mass.	745,139	20	2	.027	10.00
Chicago, Ill.	2,447,045	31	9	.013	29.03
Cleveland, Ohio.	656,975	143	.....	.218	.....
Detroit, Mich.	554,717	2 6	10	.011	.....
New York, N. Y.	5,468,190	95	12	.017	12.63
Philadelphia, Pa.	1,683,664	12	7	.007	58.33
Pittsburgh, Pa.	571,984	13	1	.023	7.69
St. Louis, Mo.	745,988	6	.....	.008	.....
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.	461,335	31	5	.067	16.13
Cincinnati, Ohio.	406,706	8	1	.020	12.50
Jersey City, N. J.	300,133	3	.....	.010	.....
Los Angeles, Cal.	465,367	15	1	.032	6.67
Minneapolis, Minn.	353,460	1	1	.003	100.00
Newark, N. J.	399,000	9	1	.023	11.11
New Orleans, La.	366,484	5	.....	.014	.....
San Francisco, Cal.	3 416,912	8	1	.019	12.50
Seattle, Wash.	330,834	2	.....	.006	.....
Washington, D. C.	358,679	6	2	.017	33.33
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.	209,722	1	5	.005	.....
Denver, Colo.	253,161	1	.....	.004	.....
Indianapolis, Ind.	265,578	2	1	.008	50.00
Kansas City, Mo.	289,879	7	.....	.024	.....
Providence, R. I.	250,025	6	1	.024	16.67
St. Paul, Minn.	241,999	3	3	.012	100.00
From 100,000 to 200,000 inhabitants:					
Birmingham, Ala.	174,108	1	2	.006	.....
Bridgeport, Conn.	118,434	2	2	.017	100.0
Dallas, Tex.	116,605	1	.....	.009	.....
Dayton, Ohio.	125,509	1 1	1	.008	100.00
Fall River, Mass.	126,904	1 2	.....	.095	.....
Hartford, Conn.	108,969	6	.....	.083	.....
Lowell, Mass.	112,124	12	3	.107	25.00
Lynn, Mass.	100,316	1	.....	.010	.....
Nashville, Tenn.	115,978	4	3	.034	75.00
New Bedford, Mass.	114,694	1	.....	.009	.....
Oakland, Cal.	190,803	2	.....	.010	.....
Paterson, N. J.	136,374	2 2	.....	.015	.....
Reading, Pa.	105,694	3	1	.029	33.33
Salt Lake City, Utah	113,567	2	.....	.018	.....
Springfield, Mass.	103,216	7	3	.068	42.86
Toledo, Ohio.	187,840	5	2	.027	40.00
Trenton, N. J.	109,212	2 1	1	.009	100.00

<sup>1</sup> Cities 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> Population Apr. 15, 1910; no estimate made.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

RABIES IN MAN.<sup>1</sup>

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
Over 500,000 inhabitants:					
Chicago, Ill.....	2,447,045	3	1	0.001	33.33
Cleveland, Ohio.....	656,975	3	2	.005	66.67
New York, N. Y.....	5,468,190	1	1	.0002	100.00
Pittsburgh, Pa.....	571,984	4	5	.007	.....
From 300,000 to 500,000 inhabitants:					
Los Angeles, Cal.....	465,367	1	.....	.002	.....
Minneapolis, Minn.....	353,460	1	1	.003	100.00
From 200,000 to 300,000 inhabitants:					
Louisville, Ky.....	237,012	4	.....	.017	.....
From 100,000 to 200,000 inhabitants:					
Oakland, Cal.....	190,803	1	1	.005	100.00
Reading, Pa.....	105,094	3	3	.029	100.00

RABIES IN ANIMALS.<sup>1</sup>

Over 500,000 inhabitants:					
Boston, Mass.....	745,139	3	.....	.....	.....
Detroit, Mich.....	554,717	48	.....	.....	.....
New York, N. Y.....	5,468,190	103	.....	.....	.....
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.....	461,335	4	.....	.....	.....
Los Angeles, Cal.....	465,367	27	.....	.....	.....
Minneapolis, Minn.....	353,460	8	.....	.....	.....
Newark, N. J.....	399,000	8	.....	.....	.....
Seattle, Wash.....	330,834	20	.....	.....	.....
From 200,000 to 300,000 inhabitants:					
Providence, R. I.....	250,025	24	.....	.....	.....
St. Paul, Minn.....	241,909	5	.....	.....	.....
From 100,000 to 200,000 inhabitants:					
Bridgeport, Conn.....	118,434	7	.....	.....	.....
Dayton, Ohio.....	125,509	1	.....	.....	.....
Lynn, Mass.....	100,316	1	.....	.....	.....
Oakland, Cal.....	190,803	19	.....	.....	.....
Toledo, Ohio.....	187,840	13	.....	.....	.....

SCARLET FEVER.<sup>1</sup>

Over 500,000 inhabitants:					
Baltimore, Md.....	584,605	1,270	33	2.172	2.69
Boston, Mass.....	745,139	2,740	79	3.677	2.88
Chicago, Ill.....	2,447,045	3,366	77	1.376	2.29
Cleveland, Ohio.....	656,975	927	72	1.411	7.77
Detroit, Mich.....	554,717	909	25	1.639	2.75
New York, N. Y.....	5,468,190	9,879	291	1.807	2.95
Philadelphia, Pa.....	1,683,664	1,072	26	.637	2.43
Pittsburgh, Pa.....	571,984	1,470	54	2.570	3.67
St. Louis, Mo.....	745,988	738	20	.969	2.71
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.....	461,335	662	25	1.435	3.78
Cincinnati, Ohio.....	406,706	296	4	.728	1.35
Jersey City, N. J.....	300,133	800	12	2.665	1.50
Los Angeles, Cal.....	465,367	561	8	1.206	1.43
Minneapolis, Minn.....	353,460	466	14	1.318	3.00
Newark, N. J.....	399,000	608	13	1.524	2.14
New Orleans, La.....	366,484	70	2	.191	2.86
San Francisco, Cal.....	416,912	423	6	1.015	1.42
Seattle, Wash.....	330,834	143	1	.432	.70
Washington, D. C.....	358,679	794	8	2.214	1.01
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.....	209,722	289	3	1.378	1.04
Denver, Colo.....	253,161	506	8	1.999	1.58
Indianapolis, Ind.....	265,578	395	6	1.487	1.52
Kansas City, Mo.....	289,879	125	1	.431	.80
Louisville, Ky.....	237,012	100	.....	.422	.....
Providence, R. I.....	250,025	811	18	3.244	2.22
St. Paul, Minn.....	241,999	849	28	3.508	3.30

<sup>1</sup> Cities 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> Population Apr 15, 1910; no estimate made.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

## SCARLET FEVER—Continued.

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
From 100,000 to 200,000 inhabitants:					
Albany, N. Y.	103,580	235	3	2.269	1.28
Birmingham, Ala.	174,108	339	22	1.947	6.49
Bridgeport, Conn.	118,434	150	6	1.267	4.00
Camden, N. J.	104,349	30	2	.287	6.67
Dallas, Tex.	116,605	206		1.787	
Dayton, Ohio.	125,509	524	8	4.175	1.53
Fall River, Mass.	126,904	183	8	1.442	4.37
Grand Rapids, Mich.	125,759	96	1	.783	1.04
Hartford, Conn.	108,969	114	1	1.046	.88
Lowell, Mass.	112,124	121		1.079	
Lynn, Mass.	100,316	284		2.831	
Nashville, Tenn.	115,978	79	1	.681	1.27
New Bedford, Mass.	114,694	137	7	1.194	5.11
New Haven, Conn.	147,095	288	3	1.958	1.04
Oakland, Cal.	190,803	83	1	.435	1.20
Paterson, N. J.	136,374	1155		1.137	
Reading, Pa.	105,094	207	6	1.970	2.90
Richmond, Va.	154,674	246	1	1.590	.41
Salt Lake City, Utah	113,567	78	2	.687	2.56
San Antonio, Tex.	119,447	83		.695	
Scranton, Pa.	144,081	235	4	1.631	1.70
Springfield, Mass.	103,216	117	1	1.134	.85
Syracuse, N. Y.	152,534	76		.498	
Toledo, Ohio	187,840	290	8	1.544	2.76
Trenton, N. J.	169,212	296	2	.879	2.08

## SMALLPOX.:

Over 500,000 inhabitants:					
Baltimore, Md.	584,605	12		0.021	
Boston, Mass.	745,139	1		.001	
Chicago, Ill.	2,447,045	33		.013	
Cleveland, Ohio.	656,975	45		.068	
Detroit, Mich.	554,717	117	1	.211	0.85
New York, N. Y.	5,468,190	2		.0004	
Pittsburgh, Pa.	571,984	4		.007	
St. Louis, Mo.	745,988	169		.227	
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.	461,335	10		.022	
Cincinnati, Ohio.	406,706	47		.116	
Jersey City, N. J.	300,133	1		.003	
Los Angeles, Cal.	465,367	22		.047	
Minneapolis, Minn.	353,490	175		.495	
New Orleans, La.	366,484	72	5	.196	6.94
San Francisco, Cal.	416,912	7		.017	
Seattle, Wash.	330,834	16		.048	
Washington, D. C.	358,679	15		.042	
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.	209,722	2		.010	
Denver, Colo.	253,161	50		.198	
Indianapolis, Ind.	265,578	31		.117	
Kansas City, Mo.	289,879	62	1	.214	1.61
Louisville, Ky.	237,012	201		.848	
St. Paul, Minn.	241,999	117	1	.483	.85
From 100,000 to 200,000 inhabitants:					
Birmingham, Ala.	174,108	34	1	.195	2.94
Camden, N. J.	104,349	6		.057	
Dallas, Tex.	116,605	99		.849	
Dayton, Ohio.	125,509	2		.016	
Grand Rapids, Mich.	125,759	36		.286	
Nashville, Tenn.	115,978	6		.052	
New Bedford, Mass.	114,694	23	10	.201	43.48
Oakland, Cal.	190,803	2		.010	
Richmond, Va.	154,674	16		.103	
Salt Lake City, Utah.	113,567	76		.669	
San Antonio, Tex.	119,447	143	12	1.197	8.39
Syracuse, N. Y.	152,534	1		.007	
Toledo, Ohio.	187,840	87		.463	

<sup>1</sup> The health officer states that cases are known not to be completely reported.

<sup>2</sup> Cities in which no cases of this disease were reported are not included in this table.

<sup>3</sup> Population Apr. 15, 1910, no estimate made.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

SYPHILIS.<sup>1</sup>

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
Over 500,000 inhabitants:					
Boston, Mass.....	745,139	-----	79	-----	-----
Cleveland, Ohio.....	656,975	56	78	0.085	-----
New York, N. Y.....	5,468,190	17,335	-----	3.170	-----
Pittsburgh, Pa.....	571,984	21	77	.037	-----
From 300,000 to 500,000 inhabitants:					
Cincinnati, Ohio.....	406,706	171	57	.420	33.33
Los Angeles, Cal.....	465,367	* 253	-----	.544	-----
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.....	209,722	* 19	14	.091	73.68
Providence, R. I.....	250,025	* 381	10	1.524	2.62
From 100,000 to 200,000 inhabitants:					
Dayton, Ohio.....	125,509	36	9	.287	25.00
Oakland, Cal.....	190,803	* 55	15	.288	27.27
Toledo, Ohio.....	187,840	273	-----	1.453	-----

TUBERCULOSIS.<sup>2</sup>

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Number of cases reported for each death registered.
Over 500,000 inhabitants:					
Baltimore, Md.....	584,605	1,094	1,095	2.898	1.55
Boston, Mass.....	745,139	3,119	1,222	4.186	2.55
Chicago, Ill.....	2,447,045	12,709	4,169	5.194	3.05
Cleveland, Ohio.....	656,975	1,619	821	2.464	1.97
Detroit, Mich.....	554,717	<sup>2</sup> 1,545	758	2.785	2.04
New York, N. Y.....	5,468,190	22,441	8,825	4.104	2.54
Philadelphia, Pa.....	1,683,664	6,289	2,664	3.735	2.36
Pittsburgh, Pa.....	571,984	1,415	743	2.474	1.90
St. Louis, Mo.....	745,988	1,936	915	2.595	2.12
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.....	461,335	1,439	709	3.119	2.03
Cincinnati, Ohio.....	406,706	1,456	896	3.580	1.63
Jersey City, N. J.....	300,133	1,245	437	4.148	2.85
Los Angeles, Cal.....	465,367	<sup>2</sup> 2,356	1,003	5.063	2.35
Minneapolis, Minn.....	353,460	1,175	413	3.324	2.85
Newark, N. J.....	399,000	2,145	685	5.376	3.13
New Orleans, La.....	336,484	1,544	1,111	4.213	1.39
San Francisco, Cal.....	<sup>4</sup> 416,912	1,592	793	3.819	2.01
Seattle, Wash.....	330,834	648	205	1.959	3.16
Washington, D. C.....	358,679	1,095	734	3.853	1.49
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.....	209,722	379	608	1.807	-----
Indianapolis, Ind.....	265,578	781	417	2.941	1.87
Kansas City, Mo.....	289,879	107	386	.369	-----
Louisville, Ky.....	237,012	708	447	2.987	1.58
Providence, R. I.....	250,025	<sup>2</sup> 165	394	.660	-----
St. Paul, Minn.....	241,999	477	305	1.971	1.56
From 100,000 to 200,000 inhabitants:					
Albany, N. Y.....	103,580	415	299	4.007	1.39
Birmingham, Ala.....	174,108	490	961	2.814	-----
Bridgeport, Conn.....	118,434	296	163	2.499	1.82
Camden, N. J.....	104,349	290	85	2.779	3.41
Dallas, Tex.....	116,605	<sup>2</sup> 73	159	.626	-----
Dayton, Ohio.....	125,509	245	193	1.952	1.27
Fall River, Mass.....	126,604	<sup>2</sup> 265	154	2.876	2.37
Grand Rapids, Mich.....	125,759	274	120	2.179	2.28
Hartford, Conn.....	108,969	291	69	2.670	4.22
Lowell, Mass.....	112,124	212	133	1.891	1.59
Lynn, Mass.....	100,316	219	109	2.183	2.01

<sup>1</sup> Cities in which no cases of this disease were reported are not included in this table. It is recognized, however, that reporting is incomplete in all the cities.

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

<sup>3</sup> Cities in which no cases of this disease were reported are not included in this table.

<sup>4</sup> Population Apr. 15, 1910; no estimate made.



## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

## TUBERCULOSIS—Continued.

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Number of cases reported for each death registered.
From 100,000 to 200,000 inhabitants—Continued.					
Nashville, Tenn.	115,978	242	227	2.087	1.07
New Bedford, Mass.	114,694	476	164	4.150	2.90
New Haven, Conn.	147,095	1,375	121	2.549	3.10
Oakland, Cal.	190,803	312	213	1.635	1.46
Paterson, N. J.	136,374	1,307	169	2.251	1.82
Reading, Pa.	105,094	208	94	1.979	2.21
Salt Lake City, Utah.	113,567	125	44	1.220	.....
San Antonio, Tex.	119,447	198	465	1.658	.....
Scranton, Pa.	144,081	179	119	1.242	1.50
Springfield, Mass.	103,216	173	101	1.676	1.71
Syracuse, N. Y.	162,534	191	148	1.252	1.29
Toledo, Ohio.	187,840	1,610	362	3.247	1.69
Trenton, N. J.	109,212	1,331	181	3.031	1.83

TYPHOID FEVER.<sup>2</sup>

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
Over 500,000 inhabitants:					
Baltimore, Md.	584,605	949	128	1.623	13.49
Boston, Mass.	745,139	381	40	.511	10.50
Chicago, Ill.	2,447,045	915	133	.374	14.54
Cleveland, Ohio.	656,975	313	54	.476	17.25
Detroit, Mich.	554,717	1,455	72	.820	15.82
New York, N. Y.	5,468,190	2,455	332	.449	13.52
Philadelphia, Pa.	1,683,664	787	109	.467	13.85
Pittsburgh, Pa.	571,984	363	59	.635	16.25
St. Louis, Mo.	745,988	306	52	.410	16.99
From 300,000 to 500,000 inhabitants:					
Buffalo, N. Y.	461,335	259	46	.561	17.76
Cincinnati, Ohio.	406,706	141	30	.347	21.28
Jersey City, N. J.	300,133	47	19	.157	40.43
Los Angeles, Cal.	465,367	171	24	.367	14.04
Minneapolis, Minn.	353,460	166	25	.470	15.06
Newark, N. J.	399,000	97	9	.243	9.28
New Orleans, La.	366,484	233	79	.636	33.91
San Francisco, Cal.	416,912	205	43	.492	20.98
Seattle, Wash.	330,834	55	8	.166	14.55
Washington, D. C.	358,679	359	42	1.001	11.70
From 200,000 to 300,000 inhabitants:					
Columbus, Ohio.	209,722	164	28	.782	17.07
Denver, Colo.	253,161	145	17	.573	11.72
Indianapolis, Ind.	265,578	184	34	.693	18.48
Kansas City, Mo.	289,879	72	23	.245	31.95
Louisville, Ky.	237,012	225	29	.949	12.89
Providence, R. I.	250,025	204	21	.816	10.29
St. Paul, Minn.	241,999	151	18	.624	11.92
From 100,000 to 200,000 inhabitants:					
Albany, N. Y.	103,580	77	13	.743	16.88
Birmingham, Ala.	174,108	425	61	2.441	14.35
Bridgeport, Conn.	118,434	38	6	.321	15.79
Camden, N. J.	104,349	63	7	.604	11.11
Dallas, Tex.	116,605	155	24	1.329	15.48
Dayton, Ohio.	125,509	144	18	1.147	12.50
Fall River, Mass.	126,904	173	22	1.363	12.72
Grand Rapids, Mich.	125,750	177	36	1.408	20.34
Hartford, Conn.	108,969	145	13	1.331	8.97
Lowell, Mass.	112,124	112	18	.999	16.07
Lynn, Mass.	100,316	61	3	.608	4.92
Nashville, Tenn.	115,978	417	44	3.596	10.55

<sup>1</sup> The health officer states that cases are known not to be completely reported.<sup>2</sup> Cities in which no cases of this disease were reported are not included in this table.<sup>3</sup> Population Apr. 15, 1910; no estimate made.

## REPORTED PREVALENCE FOR THE YEAR 1915—Continued.

## TYPHOID FEVER—Continued.

City.	Estimated population July 1, 1915.	Cases.	Deaths.	Indicated case rate per 1,000 inhabitants.	Indicated fatality rate per 100 cases.
From 100,000 to 200,000 inhabitants—Continued.					
New Bedford, Mass.	114,694	151	21	1.317	13.91
New Haven, Conn.	147,095	158	27	1.074	17.09
Oakland, Cal.	190,803	131	13	.687	9.92
Paterson, N. J.	136,374	140	7	.293	17.50
Reading, Pa.	105,094	117	17	1.113	14.53
Richmond, Va.	154,674	155	19	1.002	12.26
Salt Lake City, Utah.	113,567	120	8	1.057	6.67
San Antonio, Tex.	119,447	170	23	.586	32.86
Scranton, Pa.	144,081	72	15	.500	20.83
Springfield, Mass.	103,216	52	11	.504	21.15
Syracuse, N. Y.	152,534	75	9	.492	12.00
Toledo, Ohio.	187,840	1429	45	2.284	10.49
Trenton, N. J.	109,212	142	6	.385	14.29

<sup>1</sup> The health officer states that cases are known not to be completely reported.

## PLAGUE-PREVENTION WORK.

## LOUISIANA—NEW ORLEANS—PLAGUE ERADICATION.

The following report of plague-eradication work at New Orleans for the week ended June 17, 1916, was received from Passed Asst. Surg. Simpson, of the United States Public Health Service, in charge of the work:

OUTGOING QUARANTINE.		LABORATORY OPERATIONS.	
Vessels fumigated with cyanide gas.	16	Rodents received, by species:	
Cyanide used in cyanide-gas fumigation (pounds).	879	Mus rattus.	130
Sulphuric acid used in cyanide-gas fumigation (pints).	1,317	Mus norvegicus.	1,416
Clean bills of health issued.	38	Mus alexandrinus.	141
Foul bills of health issued.	1	Mus musculus.	5,411
		Wood rats.	60
		Musk rats.	20
		Putrid (included in enumeration of species).	207
		Total rodents received at laboratory.	7,178
		Rodents examined.	1,957
		Rats suspected of plague.	152
		Plague rats confirmed.	None.
		PLAGUE STATUS TO JUNE 17, 1916.	
		Last case of human plague, Sept. 8, 1916.	
		Last case of rodent plague, May 23, 1916.	
		Total number of rodents captured to June 17.	747,434
		Total number of rodents examined to June 17.	363,370
		Total cases of rodent plague to June 17, by species:	
		Mus musculus.	6
		Mus rattus.	18
		Mus alexandrinus.	13
		Mus norvegicus.	258
		Total rodent cases to June 17, 1916.	925

<sup>1</sup> Indicates the number of rodents the tissues of which were inoculated into guinea pigs. Most of them showed on necropsy only evidence of recent inflammatory process; practically none presented gross lesions characteristic of plague infection.

**WASHINGTON—SEATTLE—PLAGUE ERADICATION.**

The following report of plague-eradication work at Seattle for the week ended June 10, 1916, was received from Surg. Lloyd, of the United States Public Health Service, in charge of the work:

RAT PROOFING.		WATER FRONT.	
New buildings inspected.....	36	Vessels inspected and histories recorded....	10
New buildings reinspected.....	40	New rat guards installed.....	8
Basements concreted, new buildings (13,756 square feet).....	25	Defective rat guards repaired.....	15
Floors concreted, new buildings (24,592 square feet).....	5	Port sanitary statements issued.....	34
Yards, etc., concreted, new buildings (2,645 square feet).....	7	The usual day and night patrol was maintained to enforce rat guarding and fending.	
Sidewalks concreted (square feet).....	9,270	MISCELLANEOUS WORK.	
Total concrete laid, new structures (square feet).....	50,263	Rat-proofing notices sent to contractors, new buildings.....	11
New buildings elevated.....	5	Letters sent in re rat complaints.....	4
New premises rat proofed, concrete.....	30	Lectures delivered on sanitary measures....	1
Old buildings inspected.....	5	Fishing vessels inspected—medicine chests.	4
Premises rat proofed, concrete, old buildings	3	RODENTS EXAMINED IN EVERETT.	
Floors concreted, old buildings (2,280 square feet).....	3	Mus norvegicus trapped.....	66
Wooden floors removed, old buildings.....	3	Mus musculus trapped.....	3
Buildings razed.....	2	Total.....	69
LABORATORY AND RODENT OPERATIONS.		Rodents examined for plague infection.....	62
Dead rodents received.....	9	Rodents proven plague infected.....	None.
Rodents trapped and killed.....	298	RAT-PROOFING OPERATIONS IN EVERETT.	
Total.....	307	New buildings inspected.....	13
Rodents examined for plague infection.....	222	New buildings reinspected.....	4
Rodents proven plague infected.....	None.	New buildings concrete foundations.....	10
Poison distributed, pounds.....	18	New buildings elevated.....	3
Bodies examined for plague infection.....	1	RODENTS EXAMINED IN TACOMA.	
Bodies found plague infected.....	None.	Mus norvegicus trapped.....	122
CLASSIFICATION OF RODENTS.		Mus norvegicus found dead.....	1
Mus rattus.....	18	Mus rattus found dead.....	1
Mus alexandrinus.....	49	Total.....	124
Mus norvegicus.....	189	Rodents examined for plague infection.....	121
Mus musculus.....	51	Rodents proven plague infected.....	None.

**HAWAII—PLAGUE PREVENTION.**

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

**Honolulu.**

WEEK ENDED JUNE 3, 1916.

Total rats and mongoose taken.....	330	Average number of traps set daily.....	984
Rats trapped.....	329	Cost per rat destroyed.....	22½ cents.
Mongoose trapped.....	1	Last case rat plague, Aiea, 9 miles from Honolulu, Apr. 12, 1910.	
Examined microscopically.....	261	Last case human plague, Honolulu, July 12, 1910.	
Examined macroscopically.....	69		
Showing plague infection.....	None.		
Classification of rats trapped:			
Mus alexandrinus.....	138		
Mus musculus.....	117		
Mus norvegicus.....	42		
Mus rattus.....	32		

**Hilo.**

WEEK ENDED MAY 27, 1916.

Rats and mongoose taken.....	2,437	Classification of rats trapped and found	
Rats trapped.....	2,392	dead—Continued.	
Rats found dead.....	2	<i>Mus alexandrinus</i> .....	319
Mongoose taken.....	43	<i>Mus rattus</i> .....	583
Rats and mongoose examined macroscopically.....	2,437	<i>Mus musculus</i> .....	900
Rats and mongoose plague infected.....	None.	Last case of rat plague, Paauhau Sugar Co.,	
Classification of rats trapped and found dead:		Jan. 18, 1916.	
<i>Mus norvegicus</i> .....	592	Last case of human plague, Paauhau Sugar Co., Dec. 16, 1915.	

**PORTO RICO—PLAGUE PREVENTION.**

The following table shows the number of rats and mice examined in Porto Rico for plague infection during the three weeks ended June 9, 1916. No plague infection was found:

Place.	Rats.	Mice.
San Juan.....	157	7
Puerta de Tierra.....	140	1
Santurce.....	313	6

# 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.*

## UNITED STATES.

### RECIPROCAL NOTIFICATION.

#### Minnesota.

*Cases of communicable diseases referred during April, 1916, to other State or provincial health departments by Dr. H. M. Brucken, collaborating epidemiologist for the State of Minnesota.*

Disease and locality of notification.	Referred to health authority of.	Why referred.
Diphtheria: Minneapolis City Hospital, Hennepin County.	Osage, Mitchell County, Iowa.....  Fargo, Cass County, N. Dak.....	Patient taken sick 3 days after coming from Osage, Iowa. Traveling compan- ion also exposed.  Above traveling companion destined for Fargo, N. Dak.
Scarlet fever: Ida Township, Douglas Coun- ty.	Rock Springs, Rosebud County, Mont.	3 children in a family had scarlet fever in Ida Town- ship. Family returned to Montana where it was re- ported a baby in this family died of scarlet fever shortly afterward.
Smallpox: Minneapolis health depart- ment, Hennepin County.	Hawarden, Sioux County, Iowa & Northwestern Railway Co.	Patient came from Iowa to home of relative in Minne- apolis and from there went to a physician's office, where a diagnosis of small- pox was made.
Tuberculosis: Mayo Clinic, Rochester, Olm- sted County.	Hot Springs, Garland, County, Ark... Walnut, Bureau County, Ill..... Chicago, Cook County, Ill..... Cantril, Van Buren County, Iowa.... Fort Dodge, Webster County, Iowa... Columbia Falls, Flathead County, Mont. Willow City, Bottineau County, N. Dak. Springfield, Clark County, Ohio..... Lake Preston, R. No. 2, Kingsbury County, S. Dak. Hayti, Hamlin County, S. Dak..... Prescott, Pierce County, Wis..... Beaver Dam, Dodge County, Wis..... La Crosse, La Crosse County, Wis..... Moose Jaw, Saskatchewan, Canada.... Milestone, Saskatchewan, Canada.... Darlingford, Manitoba, Canada..... Orchard, Mitchell County, Iowa..... Waukon, Allamakee County, Iowa.... Sykeston, Wells County, N. Dak..... Webster, Ramsey County, N. Dak.... Fargo, Cass County, N. Dak..... Canton, Lincoln County, S. Dak..... Chicago, Cook County, Ill..... Chauvin, Alberta, Canada.....	7 advanced and 10 moder- ately advanced cases left Mayo Clinic for homes.
Pokegama Sanatorium, Pine County.	Ellsworth Township, Emmet County, Iowa.	3 advanced, 2 moderately ad- vanced, 1 incipient; cases left Pokegama Sanatorium for homes.
Thomas Hospital, Minneapo- lis, Hennepin County.		1 advanced and 1 moderately advanced; cases left Mayo Clinic for homes.
Sherburn, Martin County.....		Clinical diagnosis made by Minnesota physicians and sputum examined at Man- kato Branch Laboratory showed tubercle bacilli.

**ANTHRAX.****State Reports for May, 1916.**

During the month of May, 1916, two cases of anthrax were notified in Louisiana and one case in New Jersey.

**CEREBROSPINAL MENINGITIS.****State Reports for May, 1916.**

Place.	New cases reported.	Place.	New cases reported.
<b>Minnesota:</b>		<b>Ohio—Continued.</b>	
Le Sueur County—		Mahoning County.....	1
Le Sueur.....	1	Scioto County.....	1
Murray County—		Total.....	11
Lake Wilson.....	1		
Ramsey County—		<b>Virginia:</b>	
St. Paul.....	3	Accomac County.....	1
Total.....	5	Albemarle County.....	1
		Floyd County.....	1
<b>Mississippi:</b>		Lee County.....	2
Covington County.....	2	Mecklenburg County.....	1
Hinds County.....	1	Orange County.....	1
Sunflower County.....	1	Smyth County.....	1
Total.....	4	Total.....	8
<b>Ohio:</b>		<b>Wisconsin:</b>	
Belmont County—		Brown County.....	1
Bellaire.....	1	Milwaukee County.....	8
Champaign County.....	1	Price County.....	1
Cuyahoga County—		Sheboygan County.....	1
Cleveland.....	5	Trempealeau County.....	2
Hamilton County—		Total.....	13
Cincinnati.....	1		
Logan County—			
Bellefontaine.....	1		

**City Reports for Week Ended June 10, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Boston, Mass.....	1	1	Milwaukee, Wis.....	5	6
Cairo, Ill.....	1		Newark, N. J.....	1	1
Camden, N. J.....	1		New York, N. Y.....	10	7
Chicago, Ill.....	3		Omaha, Nebr.....		1
Cleveland, Ohio.....	3	1	Providence, R. I.....		2
Detroit, Mich.....	1	1	St. Louis, Mo.....	1	2
Madison, Wis.....		1	Springfield, Ill.....		1

**DIPHThERIA.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1704.

## ERYSIPELAS.

## City Reports for Week Ended June 10, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.		1	New Orleans, La.		1
Binghamton, N. Y.	6		New York, N. Y.	1	3
Boston, Mass.		3	Northampton, Mass.		1
Buffalo, N. Y.	3		Passaic, N. J.	2	
Chicago, Ill.	13	2	Philadelphia, Pa.	12	5
Cleveland, Ohio.	3	2	Pittsburgh, Pa.	11	1
Detroit, Mich.	8		Providence, R. I.		2
Lancaster, Pa.	1		Reading, Pa.	3	
Los Angeles, Cal.	6	1	Rockford, Ill.	1	
Malden, Mass.	1	1	St. Louis, Mo.	7	
Milwaukee, Wis.	4	1	San Francisco, Cal.	2	1
Montclair, N. J.	1		Toledo, Ohio.		1
Newark, N. J.	3		Williamsport, Pa.	1	

## MALARIA.

## State Reports for May, 1916.

Place.	New cases reported.	Place.	New cases reported.
<b>Mississippi:</b>		<b>Mississippi—Continued.</b>	
Adams County.	75	Octibbeha County.	77
Alcorn County.	36	Panola County.	170
Amite County.	75	Pearl River County.	26
Attala County.	140	Perry County.	80
Bolivar County.	718	Pike County.	78
Calhoun County.	74	Pontotoc County.	30
Carroll County.	142	Prentiss County.	52
Chickasaw County.	42	Quitman County.	70
Choctaw County.	42	Rankin County.	58
Claiborne County.	85	Scott County.	139
Clarke County.	25	Sharkey County.	66
Clay County.	48	Simpson County.	104
Coahoma County.	360	Smith County.	87
Copiah County.	127	Sunflower County.	524
Covington County.	110	Tallahatchie County.	194
De Soto County.	20	Tate County.	191
Forest County.	107	Tippah County.	50
Franklin County.	90	Tishomingo County.	18
George County.	20	Tunica County.	185
Greene County.	42	Union County.	40
Grenada County.	83	Warren County.	281
Hancock County.	75	Washington County.	268
Harrison County.	146	Wayne County.	24
Hinds County.	379	Webster County.	50
Holmes County.	390	Wilkinson County.	16
Issaquena County.	41	Winston County.	143
Jackson County.	39	Yallobusha County.	111
Jasper County.	95	Yazoo County.	386
Jefferson County.	82	Walthall County.	45
Jefferson Davis County.	26		
Jones County.	197	Total.	9,485
Kemper County.	60		
Lafayette County.	91	<b>New Jersey:</b>	
Lamar County.	66	Bergen County.	4
Lauderdale County.	66	Essex County.	9
Lawrence County.	96	Mercer County.	4
Leake County.	73	Midhess County.	1
Lee County.	147	Monmouth County.	1
Leflore County.	395	Morris County.	1
Lincoln County.	89	Passaic County.	2
Lowndes County.	48	Somerset County.	4
Madison County.	113	Sussex County.	7
Marion County.	227	Union County.	3
Marshall County.	113		
Monroe County.	93	Total.	36
Montgomery County.	84		
Neshoba County.	98	<b>Ohio:</b>	
Newton County.	40	Ashtabula County—	
Noxubee County.	48	Connecticut.	1

## MALARIA—Continued.

## State Reports for May, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
South Carolina:		Virginia—Continued.	
Beaufort County.....	4	King and Queen County.....	54
Chester County.....	3	King George County.....	13
Marion County.....	17	King William County.....	16
Richland County.....	3	Lancaster County.....	4
Union County.....	5	Loudoun County.....	5
York County.....	6	Louisa County.....	7
Total.....	38	Lunenburg County.....	1
Virginia:		Madison County.....	3
Accomac County.....	23	Mathews County.....	25
Albemarle County.....	2	Mecklenburg County.....	4
Alexandria County.....	2	Middlesex County.....	78
Amelia County.....	3	Nansemond County.....	18
Appomattox County.....	1	New Kent County.....	49
Augusta County.....	1	Norfolk County.....	33
Brunswick County.....	20	Northampton County.....	18
Buckingham County.....	3	Northumberland County.....	8
Campbell County.....	5	Nottoway County.....	2
Caroline County.....	14	Orange County.....	39
Charles City County.....	3	Pittsylvania County.....	8
Charlotte County.....	4	Powhatan County.....	18
Chesterfield County.....	7	Princess Anne County.....	1
Cumberland County.....	2	Prince Edward County.....	8
Dinwiddie County.....	8	Prince George County.....	2
Elizabeth City County.....	6	Prince William County.....	58
Essex County.....	6	Richmond County.....	2
Fairfax County.....	14	Rockingham County.....	8
Fluvanna County.....	4	Southampton County.....	4
Gloucester County.....	8	Spotsylvania County.....	7
Greensville County.....	47	Stafford County.....	2
Halifax County.....	27	Surry County.....	17
Hanover County.....	7	Sussex County.....	1
Henrico County.....	20	Warren County.....	8
Henry County.....	25	Warwick County.....	2
Isle of Wight County.....	27	Wise County.....	31
James City County.....	9	York County.....	807
		Total.....	

## City Reports for Week Ended June 10, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	1	.....	Nashville, Tenn.....	.....	1
Birmingham, Ala.....	1	.....	Newark, N. J.....	1	.....
Boston, Mass.....	1	.....	New York, N. Y.....	.....	1
Hartford, Conn.....	1	.....	Pittsburgh, Pa.....	.....	1
Los Angeles, Cal.....	2	.....	Plainfield, N. J.....	1	.....
Mobile, Ala.....	1	.....			

## MEASLES.

## Washington—Port Townsend.

Passed Asst. Surg. Earle reported by telegraph June 25, 1916, that 20 cases of measles had been notified in Port Townsend, Wash., and that 6 cases of the disease had occurred at Fort Worden, located near Port Townsend.

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 1704.



## PELLAGRA.

## State Reports for May, 1916.

Place.	New cases reported.	Place.	New cases reported.
<b>Mississippi:</b>		<b>Mississippi—Continued.</b>	
Adams County.....	22	Yazoo County.....	32
Alcorn County.....	1	Walthall County.....	11
Amite County.....	1	Total.....	1,168
Attala County.....	5		
Bolivar County.....	140	<b>Ohio:</b>	
Calhoun County.....	3	Hamilton County -	
Carroll County.....	4	Cincinnati.....	1
Chickasaw County.....	9		
Claiborne County.....	1	<b>South Carolina:</b>	
Clarke County.....	2	Abbeville County.....	2
Clay County.....	6	Anderson County.....	1
Coahoma County.....	147	Cherokee County.....	1
Copiah County.....	29	Fairfield County.....	1
Covington County.....	24	Greenville County.....	2
De Soto County.....	18	Greenwood County.....	4
Forest County.....	27	Horry County.....	1
Franklin County.....	1	Laurens County.....	1
George County.....	2	Marion County.....	7
Grenada County.....	3	Oconee County.....	1
Hancock County.....	5	Pickens County.....	2
Harrison County.....	15	Richland County.....	7
Hinds County.....	45	Spartanburg County.....	4
Holmes County.....	18	Union County.....	2
Ittawamba County.....	10	Total.....	36
Jackson County.....	5		
Jasper County.....	7	<b>Virginia:</b>	
Jefferson County.....	3	Accomac County.....	3
Jones County.....	27	Amherst County.....	2
Kemper County.....	2	Augusta County.....	1
Lafayette County.....	4	Bedford County.....	1
Lamar County.....	7	Botetourt County.....	1
Lauderdale County.....	8	Campbell County.....	6
Lawrence County.....	1	Carroll County.....	1
Leake County.....	1	Charlotte County.....	1
Lee County.....	25	Chesterfield County.....	1
Leflore County.....	37	Culpeper County.....	3
Lincoln County.....	10	Dinwiddie County.....	2
Lowndes County.....	14	Essex County.....	1
Madison County.....	13	Floyd County.....	2
Marion County.....	15	Fluvanna County.....	1
Marshall County.....	34	Giles County.....	1
Monroe County.....	3	Greensville County.....	4
Montgomery County.....	10	Halifax County.....	4
Neshoba County.....	5	Hanover County.....	4
Newton County.....	3	Henrico County.....	8
Noxubee County.....	13	Henry County.....	3
Octibbeha County.....	5	James City County.....	2
Panola County.....	15	King George County.....	1
Pearl River County.....	4	Lee County.....	1
Perry County.....	3	Loudoun County.....	1
Pike County.....	13	Montgomery County.....	4
Prentiss County.....	3	Nansemond County.....	2
Quitman County.....	16	Northumberland County.....	1
Scott County.....	9	Orange County.....	2
Sharkey County.....	2	Patrick County.....	2
Simpson County.....	4	Powhatan County.....	1
Smith County.....	1	Richmond County.....	1
Sunflower County.....	97	Rockingham County.....	1
Tallahatchie County.....	48	Scott County.....	2
Tate County.....	12	Smyth County.....	2
Tippah County.....	2	Southampton County.....	2
Tishomingo County.....	4	Sussex County.....	1
Tulca County.....	22	Warren County.....	1
Warren County.....	7	Wise County.....	1
Washington County.....	51	York County.....	1
Wayne County.....	1	Total.....	79
Wilkinson County.....	1		
Winston County.....	8		
Yalobusha County.....	12		

## PELLAGRA—Continued.

## City Reports for Week Ended June 10, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....		1	New Orleans, La.....	3	2
Chattanooga, Tenn.....		2	Portsmouth, Va.....		1
Everett, Wash.....	1		Richmond, Va.....		1
Mobile, Ala.....	1	1	Roanoke, Va.....	2	
Nashville, Tenn.....		1	Worcester, Mass.....	2	

## PLAGUE.

## Louisiana—New Orleans—Plague-Infected Rats Found.

Passed Asst. Surg. Simpson reported the finding of plague-infected rats at New Orleans, La., as follows: A rat captured June 6, 1916, at 314 Poydras Street was proven positive for plague infection June 19; another rat trapped June 6 at the Washington Avenue dump was proven positive for plague infection June 19; on June 8 a rat was trapped at 304 Poydras Street and was proven plague-infected June 19; and a rat captured May 30 at 1918 Washington Avenue was proven plague-infected June 20, 1916.

## PNEUMONIA.

## City Reports for Week Ended June 10, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alameda, Cal.....	2	1	Morristown, N. J.....	1	
Binghamton, N. Y.....	4	3	Newark, N. J.....	21	3
Braddock, Pa.....	1		New Castle, Pa.....	1	
Chicago, Ill.....	101	50	Newport, Ky.....	2	2
Cleveland, Ohio.....	16	16	Norfolk, Va.....	1	1
Covington, Ky.....	1	1	Philadelphia, Pa.....	56	29
Detroit, Mich.....	3	10	Pittsburgh, Pa.....	11	6
Dubuque, Iowa.....	1	1	Rochester, N. Y.....	5	4
Grand Rapids, Mich.....	1	4	San Francisco, Cal.....	4	3
Harrisburg, Pa.....	1	3	Schenectady, N. Y.....	4	1
Lancaster, Pa.....	1		Somerville, Mass.....	1	
Lincoln, Nebr.....	1	1	Steeltown, Pa.....	2	1
Los Angeles, Cal.....	7	4	Wilkinsburg, Pa.....	1	
Manchester, N. H.....	3	3	York, Pa.....	2	
Marinette, Wis.....	1				

## POLIOMYELITIS (INFANTILE PARALYSIS).

## State Reports for May, 1916.

Place.	New cases reported.	Place.	New cases reported.
Louisiana:		Michigan—Continued.	
Evangeline Parish.....	1	Newaygo County—	
Iberia Parish.....	1	Grant.....	1
Lafayette Parish.....	1	Oceana County—	
Total.....	3	Walkerville.....	1
		Total.....	3
Michigan:		Minnesota:	
Mecosta County—		Stearns County—	
Aetna Township.....	1	St. Cloud.....	1

**POLIOMYELITIS (INFANTILE PARALYSIS)—Continued.****State Reports for May, 1916—Continued.**

Place.	New cases reported.	Place.	New cases reported.
<b>Mississippi:</b>		<b>Ohio:</b>	
Choctaw County.....	1	Guernsey County—	
Covington County.....	1	Cambridge.....	1
Harrison County.....	1	Trumbull County.....	1
Hinds County.....	1	Total.....	2
Jackson County.....	1	<b>South Carolina:</b>	
Lawrence County.....	1	Darlington County.....	1
Lincoln County.....	1	<b>Virginia:</b>	
Marion County.....	4	Accomac County.....	2
Marshall County.....	1	Brunswick County.....	1
Montgomery County.....	1	Caroline County.....	1
Oktibbeha County.....	1	Fauquier County.....	1
Panola County.....	1	Floyd County.....	3
Rankin County.....	1	Henry County.....	14
Simpson County.....	7	Nottoway County.....	1
Yalobusha County.....	11	Page County.....	2
Walsh County.....	1	Princess Anne County.....	1
Total.....	35	Pubaski County.....	1
<b>New Jersey:</b>		Wythe County.....	1
Mercer County.....	2	Total.....	28

**City Reports for Week Ended June 10, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
New York, N. Y.....	11	2	San Francisco, Cal.....	1	1
Philadelphia, Pa.....		1	West Hoboken, N. J.....		
Providence, R. I.....		1			

**ROCKY MOUNTAIN SPOTTED FEVER.****Oregon Report for April, 1916.**

During the month of April, 1916, 7 cases of Rocky Mountain spotted fever were notified in Grant County, Oreg.

**SCARLET FEVER.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1704.

**SMALLPOX.****Arkansas—Lepanto.**

Collaborating Epidemiologist Garrison reported by telegraph June 27, 1916, that 14 cases of smallpox had been notified at Lepanto, Poinsett County, Ark.

**Porto Rico.**

Surg. King reported that during the week ended June 17, 1916, new cases of smallpox were notified in Porto Rico as follows: Arecibo, 2, Bayamon 7, Caguas 1, Juncos 1, San Juan 18.

**SMALLPOX—Continued.****Texas—Galveston.**

Surg. Bahrenburg reported by telegraph that on June 26, 1916, 2 cases of smallpox were notified at Galveston, Tex., making a total of 24 cases of the disease reported since January 1, 1916.

**Washington—Seattle.**

Surg. Lloyd reported that during the week ended June 17, 1916, 2 cases of smallpox were notified at Seattle, Wash., making a total of 48 cases reported in that city since May 29, 1916.

**State Reports for May, 1916.**

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>Michigan:</b>						
Branch County—						
Coldwater.....	2			1		1
Calhoun County—						
Battle Creek.....	2				2	
Clinton County—						
Bath Township.....	1				1	
Eaton County—						
Delta Township.....	3				3	
Emmett County—						
Harbor Springs.....	1				1	
Gratiot County—						
Breckenridge.....	1				1	
Hillsdale County—						
Hillsdale.....	1				1	
Ingham County—						
Lansing.....	4				3	1
Ionia County—						
Belding.....	1		1			
Kent County—						
Walker Township.....	1				1	
Grand Rapids.....	3				3	
Lenawee County—						
Ridgway Township.....	5				5	
Mackinac County—						
Brevort Township.....	4				4	
Monroe County—						
Monroe.....	6				6	
Montcalm County—						
Pine Township.....	1				1	
Greenville.....	1				1	
Oakland County—						
Rochester.....	1				1	
Van Buren County—						
Antwerp Township.....	1				1	
Wayne County—						
Ecorse.....	1					1
Oakwood.....	1					1
Wyandotte.....	1				1	
<b>Total.....</b>	<b>42</b>		<b>1</b>	<b>1</b>	<b>36</b>	<b>4</b>
<b>Minnesota:</b>						
Anoka County—						
Bethel.....	1				1	
Beltrami County—						
Bemidji.....	1				1	
Blue Earth County—						
Mankato.....	5				5	
Danville Township.....	4				4	
Brown County—						
Springfield.....	1				1	

## SMALLPOX—Continued.

## State Reports for May, 1916—Continued.

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.
Minnesota—Continued.						
Crow Wing County—						
Brainerd.....	2			2		
Sibley Township.....	2		1		1	
Dakota County—						
South St. Paul.....	1					1
Faribault County—						
Minnesota Lake.....	1				1	
Freeborn County—						
Albert Lea.....	1				1	
Carlston Township.....	1				1	
Hennepin County—						
Minneapolis.....	10			1	9	
Excelsior.....	1				1	
Isanti County—						
Wyanett Township.....	3				3	
Jackson County—						
Middleton Township.....	1			1		
Petersburg Township.....	1				1	
Lyon County—						
Tracy.....	1			1		
Morrison County—						
Little Falls.....	1				1	
Nicollet County—						
North Mankato.....	2				2	
Norman County—						
Strand Township.....	3				3	
Olmsted County—						
Eyota.....	1			1		
Pine County—						
Dosey Township.....	2				2	
Ramsey County—						
St. Paul.....	36				36	
Redwood County—						
Lamberton.....	1		1			
Renville County—						
Brookfield Township.....	1				1	
Rice County—						
Faribault.....	1				1	
St. Louis County—						
Duluth.....	1			1		
Swift County—						
Benson.....	1				1	
Todd County—						
Hartford Township.....	2				2	
Leslie Township.....	1					1
Wilkin County—						
Breckenridge.....	1				1	
Total.....	91		2	7	80	2
Ohio:						
Adams County.....	5				3	2
Allen County—						
Lima.....	1				1	
Butler County—						
Hamilton.....	1			1		
Champaign County—						
Urbana.....	1					1
Clinton County.....	1				1	
Columbiana County—						
East Liverpool.....	4				3	1
Cuyahoga County—						
Cleveland.....	5					5
Defiance County.....	23				15	8
Erie County—						
Sandusky.....	1				1	
Fayette County.....	6					6
Henry County.....	2				2	
Highland County.....	2					2
Lake County.....	11					1

## SMALLPOX—Continued.

## State Reports for May, 1916—Continued.

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.
Ohio—Continued.						
Lawrence County.....	1					1
Lucas County.....	56			1	6	49
Mahoning County—						
Youngstown.....	13				8	5
Medina County.....	1					1
Miami County.....	1					1
Muskingum County.....	1					1
Ottawa County.....	2				2	
Paulding County.....	17				2	15
Putnam County.....	5					5
Ross County—						
Chillicothe.....	1				1	
Shelby County.....	4					4
Stark County.....	1					1
Trumbull County.....	3				2	1
Tuscarawas County—						
New Philadelphia.....	6				6	
Williams County.....	16				8	8
Wood County.....	5				2	3
Total.....	229			2	63	164
Wisconsin:						
Ashland County.....	3		3			
Bayfield County.....	2					2
Brown County.....	6				3	3
Door County.....	3				3	
Fond du Lac County.....	2					2
Jackson County.....	5				5	
Langlade County.....	2			1	1	
Manitowoc County.....	8			2	6	
Marathon County.....	4			1	2	1
Milwaukee County.....	1			1		1
Outagamie County.....	2		2			
Portage County.....	17		5		11	1
Rusk County.....	1				1	
Shawano County.....	11			1	9	1
Sheboygan County.....	9				9	
Waukesha County.....	4				2	2
Waupaca County.....	7		1		5	1
Wood County.....	2				2	
Total.....	89		11	5	59	14

## Miscellaneous State Reports.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
<b>Colorado (May 1-31):</b>			<b>Louisiana—Continued.</b>		
Kit Carson County.....	2		<b>Parishes—Continued.</b>		
Lincoln County.....	1		Rapides.....	2	
Otero County—			Richland.....	1	
La Junta.....	1		St. Landry.....	1	
Total.....	4		St. Tammany.....	20	
<b>Louisiana (May 1-31):</b>			Vernon.....	6	
Parishes—			Total.....	58	
Allen.....	2		<b>Mississippi (May 1-31):</b>		
Beauregard.....	3		<b>Counties—</b>		
Caddo.....	9		Bolivar.....	1	
Calcasieu.....	10		Hinds.....	5	
Lafayette.....	3		Holmes.....	69	
Pointe Coupee.....	1		Jefferson Davis.....	1	

**SMALLPOX—Continued.****Miscellaneous State Reports—Continued.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
<b>Mississippi—Continued.</b>			<b>Oregon—Continued.</b>		
Counties—Continued.			Linn County.....	1	
Lauderdale.....	1		Multnomah County.....	2	
Lawrence.....	1		Portland.....	3	
Lowndes.....	1		Total.....	13	
Madison.....	1				
Marion.....	20		<b>South Carolina (May 1-31):</b>		
Neshoba.....	9		Counties—		
Newton.....	6		Chester.....	1	
Panola.....	2		Richland.....	5	
Quitman.....	2		Total.....	6	
Sunflower.....	1				
Tunica.....	1		<b>Virginia (May 1-31):</b>		
Warren.....	1		Accomac County.....	1	
Washington.....	2		Albemarle County.....	1	
Yalobusha.....	1		Alleghany County.....	1	
Yazoo.....	24		Buchanan County.....	19	
Total.....	148		Halifax County.....	10	
<b>North Dakota (May 1-31):</b>			Henrico County—		
Counties—			Richmond.....	1	
Cass.....	2		Madison County.....	3	
Emmons.....	2		Montgomery County.....	2	
Foster.....	1		Nansemond County.....	6	
Kidder.....	1		Nelson County.....	2	
Ramsey.....	2		Northumberland County.....	8	
Stutsman.....	13		Nottoway County.....	1	
Ward.....	3		Page County.....	29	
Williams.....	4		Patrick County.....	4	
Total.....	28		Pittsylvania County.....	7	
<b>Oregon (Apr. 1-30):</b>			Roanoke County—		
Clatsop County.....	2		Roanoke.....	7	
Hood River County.....	3		Wise County.....	5	
Jefferson County.....	2		Total.....	107	

**City Reports for Week Ended June 10, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Camden, N. J.....	2		Kansas City, Mo.....	5	
Charleston, S. C.....	2		Kokomo, Ind.....	15	
Chicago, Ill.....	6		Little Rock, Ark.....	3	
Cleveland, Ohio.....	2		Milwaukee, Wis.....	1	
Coffeyville, Kans.....	7		New Orleans, La.....	3	
Detroit, Mich.....	25		Oklahoma, Okla.....	7	
Duluth, Minn.....	2		Omaha, Nebr.....	2	
Elgin, Ill.....	1		Roanoke, Va.....	1	
El Paso, Tex.....	1		Rock Island, Ill.....	5	
Fitchburg, Mass.....	1		St. Louis, Mo.....	5	
Galesburg, Ill.....	1		Springfield, Ill.....	9	
Galveston, Tex.....	2		Toledo, Ohio.....	6	
Kansas City, Kans.....	9				

**TETANUS.****City Reports for Week Ended June 10, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Cleveland, Ohio.....		1	Newark, N. J.....	1	1
El Paso, Tex.....	3		New York, N. Y.....	1	
Galveston, Tex.....		1	San Francisco, Cal.....	1	
Los Angeles, Cal.....	1		Springfield, Ohio.....	1	

**TUBERCULOSIS.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1704.

**TYPHOID FEVER.****State Reports for May, 1916.**

Place.	New cases reported.	Place.	New cases reported.
<b>Louisiana:</b>		<b>Michigan—Continued.</b>	
Acadia Parish.....	1	Mecosta County—	
Allen Parish.....	1	Chippewa Township.....	1
Ascension Parish.....	1	Missaukee County—	
Avoyelles Parish.....	1	Norwich Township.....	1
Beauregard Parish.....	3	Richland Township.....	2
Caddo Parish.....	3	Montcalm County—	
East Baton Rouge Parish.....	1	Reynolds Township.....	1
East Feliciana Parish.....	1	Montmorency County—	
Evangeline Parish.....	1	Briley Township.....	1
Iberia Parish.....	7	Newaygo County—	
Iberville Parish.....	2	Fremont.....	1
Jackson Parish.....	1	Oakland County—	
Jefferson Davis Parish.....	2	Farmington.....	1
Lafayette Parish.....	7	Pontiac.....	1
Morehouse Parish.....	1	Otsego County—	
Pointe Coupee Parish.....	2	Chester Township.....	1
Rapides Parish.....	2	Roscommon County—	
Richland Parish.....	1	Roscommon.....	1
Sabine Parish.....	2	Saginaw County—	
St. Charles Parish.....	3	Chapin Township.....	1
St. James Parish.....	1	Saginaw.....	1
St. John Parish.....	2	St. Clair County—	
St. Mary Parish.....	9	Grant Township.....	1
St. Tammany.....	7	St. Clair Township.....	1
Tensas Parish.....	3	St. Joseph County—	
Terrebonne Parish.....	4	White Pigeon Township.....	1
Union Parish.....	3	Van Buren County—	
Vermilion Parish.....	12	Decatur.....	1
Vernon Parish.....	1	Washtenaw County—	
Washington Parish.....	2	Ann Arbor.....	2
Winn Parish.....	1	Wayne County—	
Total.....	88	Ford.....	1
		Detroit.....	28
<b>Michigan:</b>		Wyandotte.....	2
Alpena County—		Total.....	94
Long Rapids Township.....	1		
Alpena.....	1	<b>Minnesota:</b>	
Bay County—		Cass County—	
Kawkawlin Township.....	2	Cass Lake.....	1
Bay City.....	3	Cottonwood County—	
Berrien County—		Storden Township.....	1
Niles.....	1	Crow Wing County—	
St. Joseph.....	1	Brainerd.....	1
Delta County—		Crosby.....	1
Maple Ridge Township.....	1	Dakota County—	
Dickinson County—		Farmington.....	1
Norway.....	1	Dodge County—	
Eaton County—		West Concord.....	1
Mulliken.....	1	Freeborn County—	
Charlotte.....	1	Albert Lea.....	2
Emmett County—		Hennepin County—	
Littlefield Township.....	1	Minneapolis.....	5
Genesee County—		Jackson County—	
Davison.....	1	Alpha.....	1
Flint.....	13	Lake County—	
Ingham County—		Two Harbors.....	6
Iansing.....	1	Lyon County—	
Iosco County—		Lynd Township.....	1
East Tawas.....	1	Marshall County—	
Isabella County—		Sinnott Township.....	3
Isabella Township.....	1	Mille Lacs County—	
Kent County—		Milo Township.....	1
Alpine Township.....	1	Morrison County—	
Grand Rapids.....	9	Little Falls.....	1
Lenawee County—		Olmsted County—	
Onsted.....	1	Rochester.....	1
Macomb County—		Polk County—	
Mount Clemens.....	1	McIntosh.....	1
Marquette County—		Ramsey County—	
Marquette.....	1	St. Paul.....	1



## TYPHOID FEVER—Continued.

## State Reports for May, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
<b>Minnesota—Continued.</b>		<b>Mississippi—Continued.</b>	
St. Louis County—		Tishomingo County.....	1
Aurora.....	1	Tunica County.....	4
Buhl.....	1	Union County.....	3
Duluth.....	3	Warren County.....	2
Ely.....	3	Washington County.....	4
Eveleth.....	2	Webster County.....	1
Hibbing.....	1	Wilkinson County.....	1
Wuori Township.....	3	Winston County.....	2
Sherburne County—		Yazoo County.....	5
Big Lake.....	1	Walthall County.....	4
Washington County—		<b>Total.....</b>	<b>399</b>
Stillwater.....	1		
Watsonwan County—		<b>New Jersey:</b>	
Butterfield.....	1	Atlantic County.....	3
Winona County—		Bergen County.....	3
Winona.....	1	Burlington County.....	5
<b>Total.....</b>	<b>47</b>	Camden County.....	10
		Cumberland County.....	1
<b>Mississippi:</b>		Essex County.....	10
Adams County.....	8	Gloucester County.....	4
Amite County.....	5	Hudson County.....	3
Attala County.....	3	Hunterdon County.....	1
Bolivar County.....	12	Mercer County.....	4
Calhoun County.....	6	Middlesex County.....	2
Carroll County.....	8	Monmouth County.....	6
Chickasaw County.....	2	Morris County.....	1
Choctaw County.....	2	Passaic County.....	3
Clarke County.....	4	Salem County.....	2
Clay County.....	3	Union County.....	3
Coahoma County.....	4	Warren County.....	2
Copiah County.....	24	<b>Total.....</b>	<b>63</b>
Covington County.....	2		
Desoto County.....	2	<b>Ohio:</b>	
Forest County.....	3	Adams County.....	1
Franklin County.....	5	Allen County—	
George County.....	1	Lima.....	1
Grenada County.....	1	Ashland County—	
Hancock County.....	2	Ashland.....	1
Harrison County.....	12	Ashtabula County.....	1
Hinds County.....	22	Athens County.....	4
Holmes County.....	14	Auglaize County.....	3
Issaquena County.....	1	Belmont County.....	5
Ittawamba County.....	58	Brown County.....	1
Jackson County.....	4	Champaign County.....	6
Jasper County.....	3	Clark County—	
Jefferson County.....	4	Springfield.....	1
Jefferson Davis County.....	2	Clinton County.....	1
Jones County.....	16	Columbiana County—	
Lafayette County.....	2	East Liverpool.....	1
Lamar County.....	6	Wellsville.....	4
Lauderdale County.....	1	Crawford County.....	1
Leake County.....	2	Cuyahoga County—	
Lee County.....	6	Cleveland.....	13
Leflore County.....	4	Darke County.....	1
Lincoln County.....	3	Defiance County.....	1
Lowndes County.....	1	Fairfield County.....	1
Madison County.....	6	Fayette County.....	1
Marion County.....	19	Franklin County—	
Marshall County.....	8	Columbus.....	8
Monroe County.....	3	Gallia County.....	2
Montgomery County.....	2	Guernsey County.....	4
Newton County.....	3	Hamilton County.....	5
Noxubee County.....	4	Harrison County.....	2
Panola County.....	5	Highland County.....	4
Pearl River County.....	2	Jackson County.....	3
Perry County.....	7	Lawrence County.....	13
Pike County.....	8	Logan County—	
Prentiss County.....	2	Bellefontaine.....	12
Scott County.....	4	Lorain County—	
Simpson County.....	9	Elyria.....	1
Smith County.....	5	Lucas County—	
Sunflower County.....	11	Toledo.....	7
Tallahatchie County.....	9	Madison County.....	1
Tate County.....	2	Mahoning County.....	7
Tippah County.....	5		

## TYPHOID FEVER—Continued.

## State Reports for May, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
Ohio—Continued.		Virginia—Continued.	
Montgomery County.....	2	Floyd County.....	1
Morrow County.....	1	Franklin County.....	1
Muskingum County.....	7	Frederick County.....	2
Paulding County.....	2	Giles County.....	1
Putnam County.....	1	Goochland County.....	1
Ross County—		Greene County.....	1
Chillicothe.....	3	Greensville County.....	6
Sandusky County—		Halifax County.....	5
Fremont.....	3	Hanover County.....	4
Scioto County—		Henrico County—	
Portsmouth.....	3	Richmond.....	1
Seneca County—		Highland County.....	1
Fostoria.....	1	Isle of Wight County.....	3
Stark County.....	2	King William County.....	1
Summit County.....	8	Lancaster County.....	2
Trumbull County.....	4	Loudoun County.....	1
Tuscarawas County.....	1	Mecklenburg County.....	3
Wyandot County.....	1	Middlesex County.....	3
Total.....	156	Nansemond County.....	3
North Dakota:		Nelson County.....	1
Williams County.....	3	Norfolk County.....	1
South Carolina:		Northumberland County.....	1
Barnwell County.....	1	Nettaway County.....	1
Beaufort County.....	2	Orange County.....	1
Chester County.....	1	Patrick County.....	2
Darlington County.....	4	Pittsylvania County.....	4
Fairfield County.....	1	Danville.....	1
Florence County.....	1	Powhatan County.....	1
Greenville County.....	5	Prince Edward County.....	1
Laurens County.....	1	Prince George County.....	2
Orangeburg County.....	1	Richmond County.....	1
Richland County.....	8	Roanoke County.....	1
Saluda County.....	4	Roanoke.....	1
Sumter County.....	12	Rockbridge County.....	2
Union County.....	1	Rockingham County.....	1
Total.....	42	Russell County.....	3
Virginia:		Scott County.....	3
Accomac County.....	6	Shenandoah County.....	4
Albemarle County.....	1	Southampton County.....	2
Charlottesville.....	1	Surry County.....	5
Alexandria County.....	1	Sussex County.....	1
Alleghany County.....	4	Tazewell County.....	8
Amelia County.....	2	Warwick County.....	1
Amherst County.....	2	Washington County.....	4
Appomattox County.....	2	Westmoreland County.....	1
Bedford County.....	3	Wise County.....	6
Bland County.....	1	Wythe County.....	2
Botetourt County.....	1	Total.....	155
Buckingham County.....	1	Wisconsin:	
Campbell County.....	6	Door County.....	2
Lynchburg.....	8	Eau Claire County.....	1
Caroline County.....	1	Jefferson County.....	1
Carroll County.....	2	Juneau County.....	1
Charlotte County.....	2	Langlade County.....	1
Chesterfield County.....	1	Lincoln County.....	1
Clarke County.....	2	Marathon County.....	3
Craig County.....	1	Marinette County.....	1
Dinwiddie County.....	1	Milwaukee County.....	23
Elizabeth City County.....	1	Rock County.....	1
Fairfax County.....	2	Sheboygan County.....	5
Fauquier County.....	1	Waukesha County.....	1
		Total.....	41

**TYPHOID FEVER—Continued.****Oregon Report for April, 1916.**

Place.	New cases.	Place.	New cases.
<b>Oregon:</b>		<b>Oregon—Continued.</b>	
Clackamas County.....	1	Multnomah County—	
Columbia County.....	1	Portland.....	4
Coos County.....	1	Umatilla County.....	3
Linn County.....	3	Total.....	13

**City Reports for Week Ended June 10, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Allentown, Pa.....	1	.....	New Orleans, La.....	6	2
Auburn, N. Y.....	1	.....	New York, N. Y.....	17	1
Baltimore, Md.....	4	2	Niagara Falls, N. Y.....	1	.....
Birmingham, Ala.....	8	.....	Norfolk, Va.....	2	.....
Buffalo, N. Y.....	2	.....	Oakland, Cal.....	1	.....
Camden, N. J.....	5	.....	Omaha, Nebr.....	4	.....
Charleston, S. C.....	2	2	Philadelphia, Pa.....	33	6
Chattanooga, Tenn.....	2	.....	Pittsburgh, Pa.....	2	.....
Chicago, Ill.....	9	2	Plainfield, N. J.....	1	.....
Cincinnati, Ohio.....	1	.....	Portland, Oreg.....	1	.....
Cleveland, Ohio.....	4	2	Providence, R. I.....	1	.....
Covington, Ky.....	.....	1	Reading, Pa.....	1	.....
Detroit, Mich.....	5	2	Richmond, Va.....	3	.....
El Paso, Tex.....	1	2	Rochester, N. Y.....	1	.....
Fall River, Mass.....	3	1	Sacramento, Cal.....	3	.....
Fitchburg, Mass.....	2	1	Saginaw, Mich.....	.....	1
Galveston, Tex.....	12	1	St. Louis, Mo.....	7	2
Haverhill, Mass.....	1	.....	San Francisco, Cal.....	4	.....
Jersey City, N. J.....	1	.....	Schenectady, N. Y.....	1	.....
Kansas City, Mo.....	4	.....	Springfield, Ill.....	2	.....
Lawrence, Mass.....	1	.....	Stockton, Cal.....	1	.....
Lexington, Ky.....	.....	1	Superior, Wis.....	4	.....
Lincoln, Nebr.....	4	.....	Syracuse, N. Y.....	1	.....
Little Rock, Ark.....	4	.....	Taunton, Mass.....	1	.....
Los Angeles, Cal.....	3	.....	Toledo, Ohio.....	2	.....
Lynchburg, Va.....	2	.....	Trenton, N. J.....	1	.....
Milwaukee, Wis.....	.....	1	Washington, D. C.....	4	.....
Nanticoke, Pa.....	1	.....	Wheeling, W. Va.....	2	.....
Nashville, Tenn.....	6	.....	Wilkes-Barre, Pa.....	2	.....
Newark, N. J.....	6	.....	Wilkinsburg, Pa.....	1	1
New Britain, Conn.....	4	.....	Wilmington, Del.....	5	.....
New Haven, Conn.....	4	.....	York, Pa.....	1	.....

**TYPHUS FEVER.****Texas—Laredo.**

Asst. Surg. Scott reported that a case of typhus fever was notified at Laredo, Tex., June 13, 1916, in the person of F. F., male, aged 28 years, who came from Monterey, Mexico, about May 31, and was taken sick June 1, 1916. This is the seventeenth case of typhus fever reported at Laredo.

**City Reports for Week Ended June 10, 1916.**

During the week ended June 10, 1916, there were reported by cities three cases and one death from typhus fever—one case each at Clinton, Mass., Galveston, Tex., and New York, N. Y., and one death at Galveston, Tex.

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

## State Reports for May, 1916.

Place.	Cases reported.			Place.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
Louisiana.....	6	74	4	North Dakota.....	26	243	59
Michigan.....	410	2,180	558	Ohio.....	392	9,231	561
Minnesota.....	232	1,222	399	South Carolina.....	27	25	7
Mississippi.....	20	249	41	Virginia.....	58	6,838	47
New Jersey.....	597	.....	619	Wisconsin.....	114	2,026	371

## Oregon Report for April, 1916.

During the month of April, 1916, 25 cases of diphtheria, 318 cases of measles, and 52 cases of scarlet fever were reported in Oregon.

## City Reports for Week Ended June 10, 1916.

City.	Population as of July 1, 1915. (Estimated by United States Census Bureau.)	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.....	534,605	175	4	1	122	17	40	29		
Boston, Mass.....	745,139	202	58	1	298	5	30	1	47	14
Chicago, Ill.....	2,447,045	548	96	8	253	135	4	282	79	
Cleveland, Ohio.....	656,975	160	15	1	131	6	14	31	28	
Detroit, Mich.....	554,717	199	54	4	25	39	1	25	20	
New York, N. Y.....	5,468,190	1,362	315	17	942	123	428	174		
Philadelphia, Pa.....	1,683,664	385	40	5	290	5	32	1	112	35
Pittsburgh, Pa.....	571,984	132	11	1	149	2	6	21	19	
St. Louis, Mo.....	745,988	182	29	4	241	5	29	2	43	21
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.....	461,335	103	9	1	16	13	1	31	93	
Cincinnati, Ohio.....	406,706	111	7	1	35	5	1	40	17	
Jersey City, N. J.....	300,133	73	12	2	43	11	1	19	15	
Los Angeles, Cal.....	465,367	129	2	1	23	5	1	43	15	
Milwaukee, Wis.....	428,062	103	6	1	76	37	33	8		
Newark, N. J.....	399,000	93	19	1	118	34	1	43	14	
New Orleans, La.....	366,484	131	5	1	39	26	17			
San Francisco, Cal.....	416,912	128	29	3	9	28	22	12		
Washington, D. C.....	358,679	9	141	1	6	13	14			
From 200,000 to 300,000 inhabitants:										
Columbus, Ohio.....	209,722	73	8	1	91	2	1	10	6	
Kansas City, Mo.....	289,879	5	67	1	19	2	1	12		
Portland, Ore.....	272,833	30	13	2	13	10	4			
Providence, R. I.....	250,025	70	13	2	11	4	15	6		
Rochester, N. Y.....	250,747	57	5	1	87	3	13	4		
From 100,000 to 200,000 inhabitants:										
Birmingham, Ala.....	174,108	48	3	1	2	11	6			
Cambridge, Mass.....	111,669	29	5	18	1	5	6			
Camden, N. J.....	104,349	4	6	1	1	5				
Fall River, Mass.....	126,904	35	2	1	7	2	10	5		
Grand Rapids, Mich.....	125,759	23	1	14	10	5				
Hartford, Conn.....	108,969	29	5	8	5					
Lowell, Mass.....	112,124	38	2	95	4	3	1	4	2	
Lynn, Mass.....	100,316	15	3	3	4	4	4			
Nashville, Tenn.....	115,978	26	7	7	2	6	1			
New Bedford, Mass.....	114,694	24	1	13	2	2	16	5		
New Haven, Conn.....	147,095	15	3	3	3					
Oakland, Cal.....	190,803	1	2	2	2					
Omaha, Nebr.....	163,200	30	18	7	1	1	1			
Reading, Pa.....	105,094	21	4	6	6	6	2			

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

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

## City Reports for Week Ended June 10, 1916—Continued.

City.	Population as of July 1, 1915. (Es- timated by United States Census Bureau.)	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tubercu- losis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 100,000 to 200,000 inhabit- ants—Continued.										
Richmond, Va.	154,674	61	.....	.....	188	2	1	.....	7	.....
Springfield, Mass.	103,216	20	1	.....	40	.....	2	.....	3	.....
Syracuse, N. Y.	152,534	44	8	.....	22	.....	3	.....	19	5
Tacoma, Wash.	108,094	.....	.....	.....	56	.....	1	.....	.....	.....
Toledo, Ohio.	187,840	.....	9	1	35	.....	20	.....	.....	10
Trenton, N. J.	109,212	35	6	1	2	.....	3	.....	8	2
Worcester, Mass.	160,523	64	5	.....	50	4	2	.....	4	5
From 50,000 to 100,000 inhabit- ants:										
Allentown, Pa.	61,901	26	3	.....	4	.....	1	.....	7	.....
Atlantic City, N. J.	55,806	9	1	.....	12	.....	10	.....	5	.....
Bayonne, N. J.	67,582	.....	3	.....	22	.....	3	.....	2	.....
Berkeley, Cal.	54,879	7	.....	.....	.....	.....	3	.....	3	.....
Binghamton, N. Y.	53,082	19	5	.....	30	2	1	.....	3	2
Brockton, Mass.	65,746	6	7	.....	35	.....	1	.....	7	1
Canton, Ohio.	59,139	9	1	.....	1	.....	3	.....	1	.....
Charleston, S. C.	60,427	35	.....	.....	1	.....	.....	.....	.....	2
Chattanooga, Tenn.	58,576	28	.....	.....	.....	.....	2	.....	1	3
Covington, Ky.	56,520	12	.....	.....	.....	.....	2	.....	1	3
Duluth, Minn.	91,913	17	1	1	3	.....	1	.....	.....	2
El Paso, Tex.	51,936	46	.....	.....	2	2	2	.....	.....	8
Erie, Pa.	73,798	23	5	.....	189	.....	2	.....	.....	.....
Harrisburg, Pa.	70,754	23	.....	.....	20	.....	1	.....	3	2
Hoboken, N. J.	76,104	21	2	.....	9	.....	8	.....	5	1
Johnstown, Pa.	66,585	17	2	.....	16	.....	2	.....	.....	2
Kansas City, Kans.	96,854	.....	1	.....	20	.....	.....	.....	4	.....
Lancaster, Pa.	50,269	.....	1	.....	55	.....	3	.....	.....	.....
Lawrence, Mass.	98,197	17	4	.....	7	.....	.....	.....	7	2
Little Rock, Ark.	55,158	19	.....	.....	1	.....	.....	.....	.....	.....
Malden, Mass.	50,067	7	1	.....	8	.....	3	.....	3	.....
Manchester, N. H.	76,959	34	2	1	8	1	1	.....	1	1
Mobile, Ala.	56,536	15	.....	.....	.....	.....	1	.....	1	2
New Britain, Conn.	52,203	.....	.....	.....	4	.....	3	.....	3	.....
Norfolk, Va.	88,076	.....	.....	.....	14	.....	.....	.....	1	1
Oklahoma, Okla.	88,158	10	.....	.....	17	.....	2	.....	.....	3
Passaic, N. J.	69,010	18	1	.....	.....	.....	.....	.....	1	2
Rockford, Ill.	53,761	8	.....	.....	7	.....	3	.....	.....	.....
Sacramento, Cal.	64,806	17	.....	.....	.....	.....	.....	.....	2	2
Saginaw, Mich.	54,815	13	.....	.....	7	.....	2	.....	1	1
San Diego, Cal.	51,115	17	7	.....	25	.....	.....	.....	5	3
Schenectady, N. Y.	95,265	18	2	.....	4	.....	3	.....	6	.....
Somerville, Mass.	85,460	18	6	.....	2	.....	91	.....	6	1
South Bend, Ind.	67,030	10	3	.....	15	.....	2	.....	.....	.....
Springfield, Ill.	59,468	.....	2	.....	8	1	.....	.....	.....	.....
Springfield, Ohio.	50,804	19	.....	.....	7	1	2	.....	1	1
Troy, N. Y.	77,738	.....	2	.....	40	.....	5	.....	4	5
Wilkes-Barre, Pa.	75,218	11	1	.....	12	.....	.....	.....	3	.....
Wilmington, Del.	93,161	.....	1	1	4	1	.....	.....	.....	.....
York, Pa.	50,543	.....	1	.....	6	.....	.....	.....	5	.....
From 25,000 to 50,000 inhabitants:										
Alameda, Cal.	27,031	4	.....	.....	.....	.....	.....	.....	.....	.....
Auburn, N. Y.	36,947	12	2	1	43	.....	.....	.....	.....	1
Brookline, Mass.	31,934	5	.....	.....	2	.....	.....	.....	.....	1
Butler, Pa.	26,587	11	1	.....	27	.....	.....	.....	3	3
Butte, Mont.	42,918	.....	2	.....	14	.....	.....	.....	2	1
Chelsea, Mass.	32,452	12	1	.....	.....	.....	4	.....	4	.....
Chicopee, Mass.	28,688	8	.....	.....	9	.....	1	.....	4	.....
Cumberland, Md.	25,564	2	.....	.....	6	.....	.....	.....	2	.....
Danville, Ill.	31,554	5	.....	.....	1	.....	.....	.....	1	2
Dubuque, Iowa.	39,650	11	.....	.....	11	.....	3	1	1	1
East Orange, N. J.	41,155	4	.....	.....	40	.....	.....	.....	3	.....
Elgin, Ill.	27,844	5	.....	.....	.....	.....	2	.....	.....	1
Everett, Mass.	38,307	5	3	.....	4	.....	.....	.....	2	1
Everett, Wash.	33,767	5	.....	.....	4	.....	.....	.....	.....	.....
Fitchburg, Mass.	41,144	9	3	.....	22	.....	3	.....	.....	.....
Galveston, Tex.	41,076	14	1	.....	.....	.....	.....	.....	1	1
Haverhill, Mass.	47,774	14	1	.....	6	.....	.....	.....	2	.....

<sup>1</sup>Population Apr. 15, 1910; no estimate made.

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

## City Reports for Week Ended June 10, 1916—Continued.

City.	Population as of July 1, 1915. (Es- timated by United States Census Bureau.)	Total deaths from all causes.	Diph- theria.		Measles.		Scarlet fever.		Tubercu- losis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 25,000 to 50,000 inhabit- ants—Continued.										
Kalamazoo, Mich.	47,364	15			8		1		7	3
Kenosha, Wis.	30,319	6			72					
La Crosse, Wis.	31,522	13	1		10	1				1
Lexington, Ky.	39,703	10	1		3					2
Lincoln, Nebr.	46,028	14	1		5		2			
Lorain, Ohio.	35,662	25			19		5			
Lynchburg, Va.	32,385	6			22				1	2
Madison, Wis.	30,084				22				1	2
Medford, Mass.	25,737	9	2		2		1			
Montclair, N. J.	25,550	4	1		21				1	
New Castle, Pa.	40,351		1		14				3	
Newport, Ky.	31,722								1	
Newport, R. I.	29,631	7	2							2
Newton, Mass.	43,085	6			26				2	
Niagara Falls, N. Y.	36,240	16			22		2		3	3
Norristown, Pa.	30,833	8			7					
Ogden, Utah.	30,466	8					3			
Orange, N. J.	32,524	1	2		18				3	
Pasadena, Cal.	43,859	8	1		2				2	1
Perth Amboy, N. J.	39,725		2				2		1	
Pittsfield, Mass.	37,580	11	2	1			1			
Portsmouth, Va.	38,610	13			2		1			1
Racine, Wis.	45,507				9		1			
Roanoke, Va.	41,929	2	3		58				5	
Rock Island, Ill.	27,961	4			1					
San Jose, Cal.	37,994	8	1							2
Steubenville, Ohio.	26,631	5	2				2			
Stockton, Cal.	34,508	18	1							3
Superior, Wis.	45,285	12	1		11					1
Taunton, Mass.	35,957	15							2	1
Waltham, Mass.	30,129	6			1		1			
West Hoboken, N. J.	41,893	3	1		11		2		4	1
Wheeling, W. Va.	43,097	9			3					
Williamsport, Pa.	33,495		1		1					
Wilmington, N. C.	28,264	13								3
Zanesville, Ohio.	30,406	12								
From 10,000 to 25,000 inhabit- ants:										
Ann Arbor, Mich.	14,979	8	3	1			1			
Braddock, Pa.	21,310				2					
Cairo, Ill.	15,593	4	1							
Clinton, Mass.	13,075	1			5					
Coffeyville, Kans.	16,765				5	1				
Concord, N. H.	22,480	10			15					2
Galesburg, Ill.	23,923				33					
Harrison, N. J.	16,555				8					
Kearny, N. J.	22,753	7	2		24		2		1	
Kokomo, Ind.	20,312	3			4					
Long Branch, N. J.	15,057	6	2	1	2					1
Marionette, Wis.	14,610				34					
Melrose, Mass.	17,166	2					1	1		
Morristown, N. J.	13,158	6			31					
Nanticoke, Pa.	22,441	5					1			
Newburyport, Mass.	15,195	3								
New London, Conn.	20,771	7	1		41					
North Adams, Mass.	12,019	7	1		1		1			
Northampton, Mass.	19,846	9			3				3	1
Plainfield, N. J.	23,280	7			4				1	1
Rutland, Vt.	14,624	2			1		1			
Sandusky, Ohio.	20,160				13					
Saratoga Springs, N. Y.	12,842	6			1				1	1
Steelton, Pa.	15,337	2			2				3	
Wilksburg, Pa.	22,361	7			1					
Woburn, Mass.	15,892									1

\* Population Apr. 15, 1910; no estimate made.

## FOREIGN.

### CHILE.

#### Destruction of Rats—Antofagasta.

During the week ended May 27, 1916, 1,730 rats were reported destroyed at Antofagasta.

#### Plague—Mejillones.

The occurrence of two cases of plague at Mejillones was reported May 29, 1916.

### CUBA.

#### Communicable Diseases—Habana.

Communicable diseases were notified at Habana during the 10-day period ended June 10, 1916, as follows:

Disease.	New cases.	Deaths.	Remain- ing under treat- ment June 10, 1916.
Cerebrospinal meningitis.....	4	2	2
Diphtheria.....	3		3
Leprosy.....			246
Malaria.....	2		15
Measles.....	25		19
Paratyphoid fever.....	2		5
Scarlet fever.....	2		4
Smallpox.....			11
Typhoid fever.....	16	4	39
Varicella.....	2		5

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

<sup>2</sup> Imported.

### ITALY.

#### Quarantine Measures Against Plague.

According to information dated May 15, 1916, arrivals at Italian ports from Port Said are subject to measures prescribed against plague.

### PERSIA.

#### Plague—Mohammerah.

Plague was reported present May 9, 1916, at Mohammerah, on the frontier of Persia and Asiatic Turkey.

## VENEZUELA.

## Malaria—Maracaibo.

During the period from January 1 to April 30, 1916, 144 fatal cases of malaria were notified at Maracaibo.

## ZANZIBAR.

## Examination of Rats—Zanzibar.

During the month of March, 1916, 4,997 rats were examined at Zanzibar. No plague infection was found.

## CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.

Reports Received During Week Ended June 30, 1916.<sup>1</sup>

## CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay	May 7-13	1		
Calcutta	Apr. 30-May 6		53	
Hyderabad	Apr. 30-May 6		1	
Karachi	May 7-13	1	1	
Java				Apr. 6-12, 1916: 1 case, 1 death.
Persia:				
Resht	May 3-8	19	9	
Philippine Islands:				
Manila	May 7-13	4	3	Not previously notified; 1 case with 1 death.
Siam:				
Bangkok	Apr. 16-29	3	3	

## PLAGUE.

Chile:				
Mejillones	May 29	2		
China:				
Hongkong	Apr. 30-May 6	5	5	
Egypt:				Jan. 1-May 25, 1916: Cases, 1,394; deaths, 681.
Alexandria	May 18-23	5	2	
Port Said	May 19-22	1	1	
Provinces—				
Assiout	May 20-24	3	1	
Beni-Souef	May 19-25	9	10	
Fayoum	May 20-25	31	10	
Menoufieh	May 19-22	2	2	
Minieh	May 19-25	12	5	
India:				Apr. 30-May 6, 1916: Cases, 1,944; deaths, 1,521.
Bassein	Apr. 30-May 6		28	
Bombay	May 7-13	109	100	
Calcutta	Apr. 30-May 6		11	
Hyderabad	do		2	
Karachi	May 7-13	22	13	
Madras presidency	do	31	18	
Mandalay	Apr. 30-May 6		1	
Moulmein	do		4	
Mingyan	do		1	
Prome	do		1	
Java:				Mar. 25-Apr. 7, 1916: Cases, 36; deaths, 35.
Kediri residency	Mar. 25-Apr. 7	3	3	
Madison residency	do	3	3	
Paseroean residency	do	4	4	
Surabaya residency	do	16	16	Including Surabaya city: Cases, 9; deaths, 9.
Surakarta residency	do	9	9	
Persia:				
Mohammerah	May 9			Present.
Siam:				
Bangkok	Apr. 16-29	40	33	

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



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

**Reports Received During Week Ended June 30, 1916—Continued.**

## **SMALLPOX.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Austria-Hungary:</b>				
Austria—				
Prague.....	Apr. 30–May 12....	2	1	
Vienna.....	May 7–27.....	13	3	
Hungary—				
Budapest.....	May 14–20.....	5	2	
Brazil:				
Rio de Janeiro.....	Mar. 26–Apr. 8....	36	7	
British East Africa:				
Mombasa.....	Mar. 1–31.....	1		
Canada:				
Quebec—				
Quebec.....	June 11–17.....	1		
China:				
Chungking.....	Apr. 23–May 6....			Present.
Harbin.....	Mar. 21–Apr. 24....	6		
Hongkong.....	Apr. 30–May 6....	25	15	
Nanking.....	May 14–20.....			Do.
France:				
Paris.....	Apr. 30–May 6....	1		
Germany:				
Breslau.....	May 7–20.....	4	2	
Great Britain:				
Aberdeen.....	May 28–June 3....	2		
Cardiff.....	do.....	1		
India:				
Bombay.....	May 7–13.....	60	28	
Calcutta.....	Apr. 30–May 6....		2	
Madras.....	May 7–13.....	15	5	
Japan:				
Kobe.....	May 22–28.....	22	2	
Java:				Mar. 25–Apr. 12, 1916: Cases, 45; deaths, 4.
Batavia.....	Apr. 6–12.....	2		
Mexico:				
Aguascalientes.....	June 5–11.....		14	
Monterey.....	do.....	3		
Puerto Mexico.....	May 1–31.....		1	
San Geronimo.....	June 5.....			Present: hemorrhagic.
Vera Cruz.....	May 29–June 4....	5	2	
Philippine Islands:				
Manila.....	May 7–13.....	1		
Porto Rico:				June 11–17, 1916: Cases, 29.
Arecibo.....	June 11–17.....	2		
Bayamon.....	do.....	7		
Caguas.....	do.....	1		
Juncos.....	do.....	1		
San Juan.....	do.....	13		
Straits Settlements:				
Penang.....	Mar. 26–Apr. 22....	21	12	

## **TYPHUS FEVER.**

<b>Austria-Hungary:</b>				
Hungary—				
Budapest.....	May 14–20.....	3		
Germany:				
Berlin.....	May 14–30.....		4	
Java:				
Samarang.....	Mar. 25–31.....	4	1	
Mexico:				
Aguascalientes.....	June 5–11.....		13	
Guadalupe.....	June 4–10.....	7	1	
Turkey in Asia:				
Haifa.....	Apr. 10–16.....	10	2	

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

Reports Received from Jan. 1 to June 30, 1916.

## **CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Austria-Hungary</b> .....				
Austria.....	Nov. 7-Dec. 18....	209	66	Total, Oct. 25, 1915-Jan. 2, 1916: Cases, 412; deaths, 165. Jan. 3-Feb. 5, 1916: Cases, 138 deaths, 47.
Do.....	Jan. 1-Mar. 25....	153	55	
Cattaro.....	Apr. 2.....			Present.
Bosnia-Herzegovina.....	Dec. 23-Jan. 3....	8	6	
Do.....	Jan. 9-Feb. 22....	45	17	
Croatia-Slavonia.....	Oct. 18-Dec. 20....	247	105	
Do.....	Jan. 3-Feb. 14....	279	265	
Hungary.....	Oct. 15-Jan. 2....	339	197	Nov. 18-Dec. 10, 1915: Cases, 675; deaths, 276. In a prison camp.
Do.....	Jan. 10-Feb. 27....	31	27	
<b>Borneo:</b>				
Putatan.....	Oct. 17-23.....	2		
<b>Greece:</b>				
Corfu.....	Mar. 9-28.....		30	
<b>India:</b>				
Bassein.....	Nov. 28-Jan. 1....		29	
Do.....	Jan. 2-Apr. 22....		39	
Bombay.....	Jan. 16-May 13....	5	4	
Calcutta.....	Oct. 31-Jan. 1....		139	
Do.....	Jan. 2-May 6....		762	
Henzada.....	Oct. 7-Nov. 27....		3	
Do.....	Feb. 26-May 6....		20	
Karachi.....	May 7-13.....	1	1	
Madras.....	Nov. 7-Dec. 4....	5		
Do.....	Jan. 2-Feb. 26....	29	23	
Madras Presidency.....	Nov. 26.....		12	
Mandalay.....	Oct. 24-Dec. 18....		46	
Mergui.....	Oct. 23-Jan. 1....		12	
Do.....	Jan. 2-Mar. 11....		23	
Moulmein.....	Mar. 12-18.....		1	
Myingyan.....	Oct. 19-Dec. 25....		15	
Pakkoku.....	Oct. 10-Nov. 6....		45	
Pegu.....	Jan. 16-Mar. 18....		5	
Prome.....	Nov. 14-Jan. 1....		106	
Rangoon.....	Oct. 31-Jan. 1....	88	69	
Do.....	Jan. 2-Apr. 15....	69	52	
Tavoy.....	Dec. 5-Jan. 1....		18	
Do.....	Jan. 2-Feb. 5....		11	
Toungoo.....	Oct. 7-Dec. 11....		47	
Yenangyaung.....	Nov. 2.....	1	1	American.
<b>Indo-China</b> .....				Sept. 1-30, 1915: Cases, 813; deaths, 549.
Anam Province.....	Sept. 1-30.....	127	92	
Cambodia Province.....	do.....	1	1	
Cochin China Province.....	do.....	15	8	
Saigon.....	Oct. 25-Nov. 28....	4	3	
Do.....	Jan. 3-Apr. 30....	15	5	
Tonkin Province.....	Sept. 1-30.....	670	448	
<b>Java</b> .....				Oct. 15-Dec. 6, 1915: Cases, 86; deaths, 58. Mar. 4-Apr. 12, 1916: Cases, 8; deaths, 7. Apr. 14, 1916: Epidemic.
Batavia.....	Oct. 26-Dec. 27....	55	36	
Do.....	Jan. 11-Apr. 5....	7	6	
Brebes.....	Oct. 15-Dec. 9....	10	10	
Cheribon.....	Dec. 28-Jan. 3....	1		Vicinity of Batavia.
Malang.....	Mar. 4-10.....	2	2	
Modjokerto.....	Feb. 26-Mar. 3....	1	1	
<b>Persia:</b>				
Enzeli.....	Nov. 6-12.....		10	Nov. 22, 1915: Still present.
Do.....	Feb. 6-Mar. 2....		11	Present.
Essaleme.....	Nov. 28.....		7	
Gazian.....	Nov. 6-12.....		4	
Karkhan-Roud.....	Nov. 23.....		38	And in vicinity.
Karvin.....	Nov. 27.....		10	
Resht.....	Nov. 24.....			And vicinity: Present.
Do.....	Feb. 6.....			Present. Apr. 1, 1916: Epidemic, May 3-8: Cases, 19; deaths, 9.
<b>Philippine Islands:</b>				
Manila.....	Dec. 26-Jan. 1....	1	1	
Do.....	Jan. 2-May 13....	33	19	
Provinces—				
Culion.....	Apr. 23-29.....	3	2	
<b>Russia:</b>				
Moscow.....	Nov. 14-27.....	4	1	
<b>Siam:</b>				
Bangkok.....	Jan. 9-Apr. 29....	12	13	

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

## **Reports Received from Jan. 1 to June 30, 1916—Continued.**

### **CHOLERA—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Turkey in Asia:				
Trebizond.....	Dec. 2-4.....	15	10	Dec. 1-31, 1915: Present. Present.
Do.....	Jan. 8.....			

### **PLAGUE.**

Argentina:				
Cordoba Province.....	Dec. 19-Jan. 22...	49	11	In 10 localities.
Brazil:				
Bahia.....	Nov. 21-Feb. 19...	18	11	
Ceylon:				
Colombo.....	Oct. 24-Dec. 25...	37	31	
Do.....	Jan. 2-Apr. 22...	64	63	
Chile:				
Antofagasta.....	Apr. 30-May 13...	4		Jan. 1-May 8, 1916: Cases, 8. Of the 4 cases notified Apr. 30-May 13, 1916, 1 case ended fatally.
Mejillones.....	May 29.....	2		
Tacna.....	Apr. 1-30.....	8		
China:				
Hongkong.....	Nov. 7-Jan. 1.....	4	4	
Do.....	Jan. 2-May 6.....	10	10	
Ecuador:				
Babahoyo.....	Feb. 1-29.....	1		
Duran.....	Dec. 1-31.....	1	1	
Do.....	Jan. 1-Apr. 30.....	5	2	
Guayaquil.....	Nov. 1-Dec. 31.....	234	86	
Do.....	Jan. 1-Apr. 30.....	539	216	
Egypt.....				Jan. 1-Dec. 31, 1915: Cases, 285; deaths, 120. Jan. 1-May 25, 1916: Cases, 1,394; deaths, 681.
Alexandria.....	Dec. 23-31.....	2		
Do.....	Apr. 11-May 23.....	12	8	
Assiout Province.....	Dec. 17-31.....	4	2	
Do.....	Jan. 2-May 24.....	259	111	
Assouan Province.....	Mar. 17-30.....	2	1	
Beni-Souef Province.....	Mar. 23-May 25.....	117	60	
Fayoum Province.....	Jan. 23-May 25.....	386	207	
Galioubeh Province.....	May 9.....	2		
Garbieh Province.....	Dec. 6-28.....	6	48	
Do.....	Jan. 10-Feb. 13.....	2	1	
Girgeh Province.....	Feb. 18-May 3.....	42	30	
Gizeh Province.....	Dec. 27.....	1	1	
Do.....	Mar. 5-May 11.....	26	8	
Keneh Province.....	Feb. 15-May 6.....	9	6	
Menufieh.....	May 15-22.....	3	3	
Minieh Province.....	Nov. 27-Dec. 31.....	13	9	
Do.....	Jan. 1-May 25.....	206	89	
Port Said.....	Aug. 13-Nov. 1.....	3	2	
Do.....	Apr. 6-May 22.....	10	7	
Suez.....	Jan. 10.....	1		On s. s. Syria, from Bombay.
Greece:				
Athens.....	Dec. 8-20.....		1	
Mitylene.....	June 17.....			Present.
Piræus.....	Jan. 29.....	7	5	
Syra Island.....	Jan. 16.....	16	10	
India.....				Oct. 31, 1915-Jan. 1, 1916: Cases, 40,533; deaths, 34,225. Jan. 2- May 6: Cases, 120,538; deaths, 98,198.
Aykar.....	Jan. 16-29.....		1	
Bassein.....	Dec. 26-Jan. 1.....		3	
Do.....	Jan. 2-May 6.....		214	
Bombay.....	Nov. 9-Jan. 1.....	53	51	
Do.....	Jan. 2-May 13.....	1,732	1,349	
Calcutta.....	Nov. 21-27.....		1	
Do.....	Jan. 2-May 6.....		58	
Henzada.....	Dec. 26-Jan. 1.....		1	
Do.....	Jan. 2-May 6.....		334	
Karachi.....	Nov. 7-20.....	2	2	
Do.....	Mar. 25-May 13.....	39	25	
Madras.....	Jan. 2-8.....	1		
Madras Presidency.....	Oct. 16-Nov. 5.....		118	Madras Presidency, Aug. 1, 1898, to June 30, 1915: Cases, 141,356; deaths, 109,095.
Do.....	Nov. 12-Jan. 1.....	1,839	1,288	
Do.....	Jan. 9-May 13.....	5,022	3,479	
Mandalay.....	Oct. 21-Jan. 1.....		266	
Do.....	Jan. 2-May 6.....		1,158	
Moulmein.....	Feb. 13-May 6.....		141	
Mingyan.....	Jan. 30-May 6.....		57	
Pakkokku.....	Mar. 12-18.....		1	

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

## Reports Received from Jan. 1 to June 30, 1916—Continued.

### PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
<b>India—Continued.</b>				
Pegu.....	Jan. 9–Apr. 22.....		90	
Prome.....	Jan. 9–May 6.....		141	
Rangoon.....	Oct. 1–Dec. 18.....	68	66	
Do.....	Jan. 2–Apr. 15.....	997	938	
Toungoo.....	Jan. 10–Apr. 22.....		9	
<b>Indo-China.</b>				
Anam Province.....	Sept. 1–30.....	9	5	Sept. 1–30, 1915: Cases, 72, deaths, 65.
Cambodia Province.....	do.....	20	19	
Cochin China Province.....	do.....	2		
Saigon.....	Oct. 25–Dec. 5.....	8	5	
Do.....	Jan. 3–Apr. 30.....	120	38	
Tonkin Province.....	Sept. 1–30.....	41	41	
<b>Java.</b>				
Kediri residency.....	Oct. 22–Dec. 30.....	527	507	Nov. 19–Dec. 30, 1915: Cases, 1,689; deaths, 1,628. Year 1915: Cases, 4,884; deaths, 4,482, among Chinese and natives. Jan. 1–Apr. 7, 1916: Cases, 961; deaths, 912.
Do.....	Jan. 1–Apr. 7.....	177	190	
Madioen residency.....	Oct. 22–Nov. 11.....	1	1	
Do.....	Jan. 15–Apr. 7.....	48	28	
Paseroean residency.....	Oct. 22–Dec. 30.....	49	50	
Do.....	Jan. 1–Apr. 7.....	64	63	
Surabaya residency.....	Oct. 22–Dec. 30.....	24	24	
Do.....	Jan. 1–Apr. 7.....	124	122	
Surabaya.....	Nov. 5–Dec. 30.....	12	12	
Do.....	Jan. 1–Apr. 7.....	91	93	
Surakarta residency.....	Oct. 22–Dec. 16.....	1,085	1,056	
Do.....	Jan. 1–Apr. 7.....	522	509	
Mauritius.....	Oct. 1–Dec. 30.....	8		
Do.....	Jan. 10–Mar. 2.....	3		
<b>Persia:</b>				
Mohammerah.....	May 9.....			Present.
<b>Peru.</b>				
Ancachs Department.....	Jan. 1–Dec. 31, 1915.....	8	6	Jan. 1–Dec. 31, 1915: Cases, 455; deaths, 240. In addition, 18 cases, cause of disease unknown.
Arequipa Department.....	do.....	23	15	
Callao Department.....	do.....	39	13	
Lambaveque Department.....	do.....	102	38	
Libertad Department.....	do.....	123	63	
Lima Department.....	do.....	104	63	
Piura Department.....	do.....	52	33	
Tumbez, Province, Piura.....	do.....	4	9	
<b>Russia:</b>				
Siberia—				
Transbaikal Province..	October, 1914.....	16	13	
<b>Siam:</b>				
Bangkok.....	Nov. 14–20.....		1	
Do.....	Jan. 2–Apr. 29.....	334	301	
<b>Straits Settlements:</b>				
Penang.....	Nov. 28–Dec. 4.....	1	1	
Singapore.....	Oct. 31–Dec. 18.....	5	2	
Do.....	Feb. 20–Apr. 22.....	2	2	
<b>Union of South Africa:</b>				
Orange Free State.....	Jan. 23–Mar. 19.....	36	22	
At sea.....	Dec. 29, 1915–Jan. 10, 1916.....	4		On s. s. Syria, from Bombay. Three cases left at Aden; 1 arrived Jan. 10 at Suez.

### SMALLPOX.

<b>Algeria:</b>				
Algiers.....	Dec. 1–31.....	1		
<b>Australia:</b>				
New South Wales.....				Nov. 19–Dec. 30, 1915: Cases, 62. Jan. 7–Mar. 23, 1916: Cases, 28. Suburb of Sydney.
Auburn.....	Jan. 21–Feb. 4.....	2		Do.
Bega district.....	Dec. 10–16.....	1		
Bulahdelah district.....	Jan. 3–6.....	1		
Chatswood district.....	Feb. 4–10.....	1		
Cundletown.....	Dec. 21–30.....	3		
Do.....	Jan. 7–13.....	2		
Forster district.....	Jan. 21–27.....	1		
Gloucester district.....	Dec. 10–16.....	1		
Kempsey.....	Jan. 7–13.....	1		On s. s. Yulgilbar from Sydney. Case returned to Sydney.

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

## **Reports Received from Jan. 1 to June 30, 1916—Continued.**

### **SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Australia—Continued.</b>				
New South Wales—Contd.				
Newcastle district.				Nov. 19-Dec. 30, 1915: Cases, 53.
Newcastle.	Mar. 31-Apr. 13.	7		Jan. 7-Mar. 23, 1916: Cases, 17.
Wallsend.	Jan. 3-5.	1		
Rooty Hill district.	Dec. 10-16.	1		
Singleton district.	Feb. 4-24.	2		
Sydney.	Dec. 3-10.	10		
Do.	Jan. 3-5.	1		Apr. 6, 1916, 1 case from s. s. Clan
Taree district.	Jan. 7-13.	2		Maccorquodale from Marseille.
Wyong district.	Jan. 3-6.	1		Case in member of crew taken
				on at Colombo. Removed to
				North Head quarantine sta-
				tion.
<b>Austria-Hungary:</b>				
Austria.				Nov. 7-Dec. 4, 1915: Cases, 3,600.
Prague.	Jan. 9-May 12.	3	1	Jan. 16-Feb. 12, 1916: Cases,
Trieste.	Feb. 20-26.	2		7,821.
Vienna.	Dec. 10-Jan. 1.	24	3	
Do.	Jan. 2-May 27.	178	41	
Hungary—				
Budapest.	Nov. 21-Dec. 31.	373		In addition, Jan. 1-8, 3 among
Do.	Jan. 1-May 20.	206	8	troops.
<b>Brazil:</b>				
Rio de Janeiro.	Nov. 14-Jan. 1.	147	31	
Do.	Jan. 2-Apr. 8.	144	32	
<b>British East Africa:</b>				
Mombasa.	Dec. 1-31.	2	2	
Do.	Jan. 1-Mar. 31.	2	1	
<b>Canada:</b>				
Alberta—				
Calgary.	Mar. 5-25.	2		
Manitoba—				
Winnipeg.	Feb. 10-Apr. 29.	13		
Ontario—				
Fort William and Port	Dec. 19-25.	2		
Arthur.				
Do.	Jan. 16-Apr. 29.	2		
Niagara Falls.	Mar. 19-Apr. 22.	2		
Quebec—				
Montreal.	Dec. 19-25.	1		
Do.	Jan. 16-May 20.	6		
Quebec.	June 11-17.	1		
<b>Canary Islands:</b>				
Grand Canary.	Nov. 23.			
Aucas.	Dec. 5-18.			Epidemic.
Las Palmas.	Jan. 3-9.		1	Present.
<b>Ceylon:</b>				
Colombo.	Oct. 24-Nov. 13.	6	2	
Do.	Jan. 30-Apr. 22.	4		
<b>China:</b>				
Antung.	Jan. 3-Apr. 23.	3		
Chungking.	Feb. 27-May 6.			Do.
Foochow.	Nov. 21-27.			Do.
Do.	Jan. 2-Apr. 29.			Do.
Harbin.	Nov. 15-Dec. 26.	12		
Do.	Jan. 3-Apr. 24.	11		
Hongkong.	Jan. 23-Apr. 15.	126	100	
Nanking.	Nov. 7-Dec. 18.			Do.
Do.	Jan. 16-29.			Apr. 22 May 20: Present.
Shanghai.	Feb. 13-Apr. 8.	3		
Tientsin.	Nov. 21-27.		2	
Do.	Feb. 27-May 6.	60	27	
<b>Colombia:</b>				
Sincé.	Jan. 23.	9		50 miles from Cartagena.
<b>Cuba:</b>				
Guantanamo.	Jan. 16.	1		U. S. naval station. Case, mild
				varioid from U. S. S. Louisi-
				ana.
Do.	Jan. 28-Feb. 8.	1		U. S. naval station. Case, con-
				fluent form.
<b>Egypt:</b>				
Alexandria.	Dec. 21-27.	3		
Do.	Mar. 5-11.	1		
Cairo.	Sept. 3-Dec. 31.	9	1	
Do.	Jan. 1-7.	2		
Port Said.	Dec. 10-16.	1		

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

**Reports Received from Jan. 1 to June 30, 1916—Continued.**

**SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>France:</b>				
Marseille.....	Feb. 1-Mar. 31.....	.....	2	
Paris.....	Dec. 5-11.....	1	.....	
Do.....	Apr. 19-May 6.....	8	.....	
<b>Germany:</b>				
Bavaria—				Jan. 2-8, 1916: Cases, 2.
Munich.....	Dec. 19-25.....	1	.....	
Berlin.....	Feb. 20-26.....	1	.....	
Breslau.....	Dec. 12-18.....	1	1	
Do.....	Mar. 12-May 20.....	7	2	
Bromberg, Govt. district.....	Jan. 2.....	1	.....	
Düsseldorf.....	Dec. 5-11.....	1	.....	
Gumbinnen, Govt. district.....	Jan. 2-8.....	1	.....	
Hamburg.....	Dec. 26-Jan. 1.....	1	.....	
Lüneburg, Govt. district.....	Feb. 13-19.....	1	.....	
Oppeln, Govt. district.....	Nov. 21-Dec. 25.....	14	.....	Of these, 8 in one institution.
Do.....	Jan. 2-8.....	1	.....	
Saxony.....	Nov. 21-Dec. 25.....	1	.....	
<b>Great Britain:</b>				
Aberdeen.....	May 28-June 3.....	2	.....	
Bristol.....	Jan. 30-Feb. 5.....	1	.....	On s. s. from Bombay.
Cardiff.....	Jan. 30-June 3.....	48	4	
Liverpool.....	Mar. 19-Apr. 8.....	7	.....	From vessels.
London.....	May 7-27.....	4	.....	
Manchester.....	Feb. 20-26.....	1	.....	
South Shields.....	Mar. 5-Apr. 22.....	5	1	
<b>Greece:</b>				
Athens.....	May 9.....	.....	.....	Prevalent.
Piræus.....	Jan. 31.....	.....	.....	Present in virulent form.
<b>Guatemala:</b>				
Guatemala City.....	Jan. 9-Mar. 19.....	.....	.....	Present.
<b>India:</b>				
Bombay.....	Nov. 7-Jan. 1.....	103	67	
Do.....	Jan. 2-May 13.....	1,775	913	
Calcutta.....	Nov. 7-Jan. 1.....	.....	3	
Do.....	Jan. 9-May 6.....	5	52	
Karachi.....	Jan. 30-Mar. 25.....	5	1	
Madras.....	Nov. 7-Jan. 1.....	46	20	
Do.....	Jan. 2-May 13.....	1,014	338	
Rangoon.....	Oct. 31-Dec. 11.....	14	7	
Do.....	Jan. 2-Apr. 15.....	525	148	
Toungoo.....	Dec. 5-11.....	.....	1	
<b>Indo-China:</b>				
Saigon.....	Feb. 28-Apr. 30.....	15	1	
<b>Italy:</b>				
Turin.....	Nov. 22-Dec. 5.....	6	.....	
<b>Japan:</b>				
Kobe.....	Apr. 17-May 28.....	92	13	
Yokohama.....	Jan. 17-Mar. 19.....	12	2	
<b>Java:</b>				
Batavia.....	Nov. 9-Jan. 3.....	36	13	Oct. 15-Dec. 30, 1915: Cases, 558; deaths, 118. Jan. 1-Apr. 12, 1916: Cases, 457; deaths, 102.
Do.....	Jan. 4-Apr. 12.....	50	28	
Djember.....	Mar. 4-10.....	1	1	
do.....	.....	1	1	
Loomajang.....	.....	1	1	
Modjokerto.....	do.....	1	1	
Samarang.....	Nov. 12-22.....	2	.....	
Do.....	Feb. 12-25.....	4	2	
Surabaya.....	Feb. 19-25.....	2	2	
Malta.....	Dec. 1-31.....	1	.....	
<b>Manchuria:</b>				
Harbin.....	Nov. 15-28.....	5	.....	See China.
<b>Mexico:</b>				
Aguascalientes.....	Dec. 13-Jan. 2.....	11	7	
Do.....	Jan. 10-June 11.....	.....	420	
Campeche.....	May 3.....	4	.....	
Chihuahua.....	Jan. 3-9.....	1	1	
Frontera.....	Nov. 21-Dec. 25.....	86	24	Dec. 26-31, 1915: Present.
Do.....	Jan. 1-May 27.....	.....	28	Present Jan. 1-Feb. 10; estimated number cases, 70.
Guadalajara.....	Dec. 5-25.....	21	7	
Do.....	Jan. 2-June 8.....	305	82	
Hermosillo.....	Dec. 12-Mar. 4.....	141	29	Feb. 13, from 50 to 100 (estimated) cases present within radius of 50 miles of city.
Juarez.....	Feb. 11-Mar. 19.....	13	.....	
Laguna.....	May 3.....	10	.....	
Matatlan.....	Jan. 25-May 30.....	.....	86	Including 53 cases brought Feb. 9-15, from Sonora.

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

**Reports Received from Jan. 1 to June 30, 1916—Continued.**

## **SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>Mexico—Continued.</b>				
Mexico City.....				Feb. 29, 2 cases on train from Mexico City to El Paso.
Monterey.....	Dec. 13-19.....	5	3	
Do.....	Jan. 3-June 11.....	58	19	
Naco.....	Feb. 15.....	2		
Nogales.....	Feb. 7-Mar. 4.....	27	3	
Piedras Negras.....	Jan. 10-May 6.....	23	24	May 27, 1916: Estimated cases, 40. Numerous in surrounding country.
Progreso.....	Dec. 5-18.....	2		
Puerto Mexico.....	May 1-31.....		1	
Salina Cruz.....	Jan. 1-15.....	1	1	
Saltillo.....	May 1-15.....	5		
San Geronimo.....	June 5.....			Present. Hemorrhagic. Jan. 14: Epidemic; estimated cases, 100.
Tampico.....	Dec. 7-31.....		21	
Do.....	Jan. 1-May 10.....		117	
Vera Cruz.....	Dec. 13-Jan. 1.....	34	29	
Do.....	Jan. 3-June 4.....	132	99	
<b>Netherlands:</b>				
Amsterdam.....	Jan. 15-May 27.....	53	6	
<b>Persia:</b>				
Teheran.....	Nov. 23-Dec. 10.....		140	
<b>Philippine Islands:</b>				
Manila.....	May 7-13.....	1		
<b>Porto Rico:</b>				
Arecibo.....	Apr. 29-June 17.....	7		
Arroyo.....	Apr. 29-June 2.....	9		
Barros.....	May 13-19.....	3		
Bayamon.....	May 13-June 17.....	12		
Caguas.....	do.....	4		
Camuy.....	May 27-June 2.....	1		
Carolina.....	Apr. 29-May 19.....	2		
Cataño.....	do.....	2		
Cidra.....	May 20-26.....	2		
Fajardo.....	May 13-19.....	3		
Gurabo.....	Apr. 29-June 10.....	18		
Humacao.....	Apr. 29-May 12.....	1		
Juncos.....	May 13-June 17.....	8		
Loiza.....	Apr. 29-May 12.....	39		
Mayaguez.....	May 13-19.....	1		
Patillas.....	May 27-June 2.....	1		
Rio Piedras.....	Apr. 29-May 26.....	11		
San Juan.....	Apr. 29-June 17.....	268		
San Lorenzo.....	Apr. 29-May 19.....	7		
Trujillo Alto.....	Apr. 29-June 2.....	116	2	
Utua.....	May 13-June 2.....	4		
Vega Baja.....	June 4-10.....	1		
Vieques.....	May 13-May 19.....	1		
<b>Portugal:</b>				
Lisbon.....	Dec. 5-26.....	4		
Do.....	Feb. 13-May 20.....	27		
<b>Russia:</b>				
Moscow.....	Mar. 5-Apr. 29.....	324	88	
Petrograd.....	Oct. 24-Dec. 25.....	125	37	
Do.....	Jan. 2-Apr. 22.....	444	138	
Riga.....	Nov. 14-Jan. 1.....	6		Aug. 1-31, 1915: Cases, 10; death, 1. Jan. 1-Feb. 29, 1916: Cases, 6; death, 1.
Do.....	Mar. 19-Apr. 8.....	12		
<b>Siberia—</b>				
Vladivostok.....	Dec. 29-Jan. 4.....	10	3	
<b>Siam:</b>				
Bangkok.....	Nov. 28-Dec. 4.....		1	
<b>Spain:</b>				
Cadiz.....	Dec. 1-31.....		1	
Madrid.....	Nov. 1-Dec. 31.....		41	
Do.....	Jan. 1-Apr. 30.....		131	
Seville.....	Dec. 1-31.....		7	
Do.....	Jan. 1-Apr. 30.....		29	
Tarragona.....	Feb. 13-19.....		1	
Valencia.....	Nov. 21-Jan. 1.....	141	10	
Do.....	Jan. 2-May 20.....	148	11	
<b>Straits Settlements:</b>				
Penang.....	Dec. 26-Jan. 1.....	2	1	
Do.....	Jan. 2-Apr. 22.....	86	27	
Singapore.....	Nov. 28-Jan. 1.....	9	1	
Do.....	Jan. 16-Apr. 15.....	30	6	

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

## **Reports Received from Jan. 1 to June 30, 1916—Continued.**

### **SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Switzerland:				
Basel.....	Nov. 29-Dec. 25...	43	.....	Jan. 16-22, 1916: Cases, 13; received out of date.
Do.....	Jan. 30-May 6.....	58	.....	
Turkey in Asia:				
Beirut.....	Oct. 10-Dec. 25....	75	31	
Do.....	Jan. 9-Feb. 12.....	21	9	
Union of South Africa:				
Johannesburg.....	Oct. 17-23.....	2	.....	
Do.....	Mar. 5-11.....	1	.....	
Uruguay:				
Montevideo.....	Oct. 1-31.....	1	.....	
Venezuela:				
Maracibo.....	May 6-19.....	.....	2	Present.
Tachira, State.....	Mar. 12.....	.....	.....	

### **TYPHUS FEVER.**

Algeria:				
Algiers.....	Feb. 1-Apr. 30....	2	2	
Argentina:				
Rosario.....	Oct. 1-31.....	.....	1	
Do.....	Jan. 1-31.....	.....	1	
Austria-Hungary:				
Austria.....				Nov. 14-Dec. 1, 1915: Cases, 490. Jan. 9-Feb. 12, 1916: Cases, 1,580. Jan. 24-Feb. 6, 1916: Cases, 50; deaths, 4.
Trieste.....	Feb. 6-12.....	6	.....	
Vienna.....	Jan. 23-29.....	12	2	
Hungary.....				
Budapest.....	Dec. 12-31.....	3	1	
Do.....	Jan. 1-May 20.....	23	.....	
Canary Islands:				
Santa Cruz de Tenerife.....	Mar. 19-Apr. 8.....	.....	2	
China:				
Antung.....	Nov. 22-Dec. 5....	2	.....	
Do.....	Mar. 13-May 1....	2	.....	
Chefoo.....	Apr. 9-22.....	3	1	
Tientsin.....	Mar. 19-Apr. 29....	2	1	
Cuba:				
Habana.....	Feb. 1-10.....	2	1	Imported from Mexico.
Egypt:				
Alexandria.....	Nov. 12-Dec. 31....	5	2	
Do.....	Jan. 1-Apr. 15....	226	59	
Cairo.....	Aug. 13-Dec. 31....	73	40	
Do.....	Jan. 1-7.....	5	3	
Port Said.....	Nov. 19-Dec. 31....	1	2	
Do.....	Jan. 1-7.....	2	1	
France:				
Havre.....	May 25-31.....	1	1	
Germany:				
Aix la Chapelle.....	Jan. 9-May 6.....	.....	5	Feb. 6-10, 1916: Cases, 69; deaths, 16; prisoners. Feb. 20-Mar. 4, 1916: Cases, 43; death, 1.
Barmen.....	Jan. 2-8.....	2	.....	
Berlin.....	Nov. 21-Jan. 1....	.....	7	
Do.....	Jan. 30-May 30....	.....	19	
Bremen.....	Nov. 28-Dec. 4....	1	1	
Do.....	Jan. 23-Apr. 8....	2	6	
Bromberg, Govt. district.....	Feb. 20-26.....	1	1	
Chemnitz.....	Jan. 23-Mar. 26....	.....	1	
Dortmund.....	Dec. 12-18.....	1	1	
Erfurt.....	Dec. 19-25.....	.....	1	
Do.....	Jan. 2-Mar. 4.....	.....	4	
Frankfort on Main.....	Feb. 5-May 6.....	1	1	
Hanover.....	Nov. 21-Dec. 25....	2	2	
Do.....	Jan. 9-May 29.....	4	5	
Königsberg.....	Nov. 23-Jan. 1....	10	.....	
Do.....	Jan. 1-May 13.....	28	4	
Lübeck.....	Nov. 7-Dec. 31....	3	2	
Do.....	Jan. 1-8.....	1	.....	
Marburg.....	Feb. 20-26.....	1	1	
Merseburg, Govt. district.....	Dec. 26-Jan. 1....	1	.....	
Oppeln, Govt. district.....	Jan. 23-29.....	1	1	
Saxe-Coburg-Gotha.....	Dec. 5-18.....	3	.....	
Do.....	Jan. 9-15.....	1	.....	
Saxony.....	Feb. 20-26.....	37	1	
Stettin, Govt. district.....	Dec. 5-25.....	.....	6	
Do.....	Jan. 9-26.....	1	2	



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

## **Reports Received from Jan. 1 to June 30, 1916—Continued.**

### **TYPHUS FEVER—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Great Britain:				
Cardiff.....	Apr. 23-29.....	1	.....	
Dundee.....	Dec. 12-18.....	3	.....	
Glasgow.....	Feb. 11-Mar. 4.....	9	.....	
Liverpool.....	Dec. 5-18.....	3	2	
Do.....	Mar. 5-11.....	1	1	
Manchester.....	Jan. 23-29.....	5	1	
Southampton.....	May 7-13.....	.....	1	
Greece:				
Saloniki.....	Oct. 24-Jan. 2.....	.....	186	Dec. 10: Present among troops.
Do.....	Jan. 3-Apr. 23.....	.....	35	
Yehije-Vardar.....	Dec. 10.....	.....	.....	Present among troops.
Italy:				
Palermo.....	Dec. 13-19.....	3	.....	
Do.....	Jan. 3-9.....	3	.....	
Japan:				
Tokyo.....	Feb. 27-May 7.....	247	.....	Jan. 1-May 7, 1916: Cases, 327.
Java:				
Batavia.....	Oct. 26-Jan. 3.....	25	13	Oct. 15-Dec. 30, 1915: Cases, 42;
Do.....	Jan. 3-Mar. 29.....	89	15	deaths, 28. Jan. 3-Apr. 5,
Kediri.....	Feb. 19-Mar. 10.....	3	3	1916: Cases, 125; deaths, 35.
Samarang.....	Oct. 22-Dec. 7.....	7	1	
Do.....	Jan. 1-Mar. 31.....	29	12	
Mexico:				
Aguascalientes.....	Dec. 13-Jan. 2.....	.....	12	
Do.....	Jan. 10-June 11.....	.....	164	
Guadalajara.....	Dec. 25-31.....	6	2	
Do.....	Feb. 6-June 10.....	223	45	
Hermosillo.....	Feb. 4-22.....	3	3	
Juarez.....	To Mar. 19.....	5	.....	
Mexico City.....	Dec. 23.....	.....	.....	Prevalent.
Do.....	Jan. 12.....	.....	1	Jan. 1-31, 1916: Cases, 2,001;
Monterey.....	Jan. 3-9.....	1	.....	deaths, 488.
Nogales.....	May 30.....	1	.....	May 15-21: Deaths, 2.
Nuevo Laredo.....	May 7.....	1	.....	From Guayamas.
Oaxaca.....	Dec. 9.....	.....	1	Soldier.
Piedras Negras.....	Mar. 5-18.....	2	.....	American.
Queretaro.....	Dec. 16.....	.....	.....	Prevalent. Estimated number
Salina Cruz.....	Dec. 16-21.....	1	.....	cases, 500.
Do.....	Feb. 1-15.....	1	.....	In person from Mexico City.
Saltillo.....	May 1-15.....	.....	20	
Tampico.....	Dec. 1-31.....	.....	1	
Do.....	Jan. 11-May 10.....	.....	12	Apr. 24, 1916: Present.
Vera Cruz.....	Feb. 7-Apr. 16.....	.....	6	
Russia:				
Moscow.....	Dec. 7-27.....	28	5	Nov. 28-Dec. 11, 1915: Cases, 22.
Do.....	Jan. 2-Mar. 25.....	1,239	128	
Petrograd.....	Oct. 24-Dec. 25.....	34	6	
Do.....	Jan. 2-Apr. 22.....	70	17	
Riga.....	Nov. 14-20.....	12	.....	
Do.....	Mar. 12-18.....	2	.....	
Vladivostok.....	Oct. 8-Nov. 13.....	21	6	
Spain:				
Madrid.....	Nov. 1-30.....	.....	1	
Do.....	Feb. 1-29.....	.....	1	
Sweden:				
Stockholm.....	Dec. 26-Jan. 1.....	1	.....	
Do.....	Feb. 6-May 6.....	6	.....	
Switzerland:				
St. Gall.....	May 7-13.....	1	.....	
Zurich.....	Jan. 16-22.....	1	.....	
Turkey in Asia:				
Adana.....	Mar. 26-Apr. 15.....	.....	.....	Present.
Aleppo.....	Oct. 26-Nov. 1.....	.....	.....	Estimated deaths, 200 daily.
Bagdad district.....	Feb. 23.....	.....	.....	Prevalent.
Beirut.....	Nov. 21-27.....	7	3	
Do.....	Jan. 23-Feb. 12.....	20	10	
Damascus.....	Feb. 1-29.....	1,100	150	Estimated; among troops.
Haifa.....	Apr. 10-16.....	16	2	
Mersina.....	Nov. 21-27.....	3	.....	
Do.....	Apr. 9-15.....	.....	.....	Present.
Tarsus.....	Mar. 26-Apr. 15.....	.....	.....	Do.

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

**Reports Received from Jan. 1 to June 30, 1916—Continued.**

**YELLOW FEVER.**

Place.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Duran.....	Apr. 1-30.....	1	.....	
Guayaquil.....	Nov. 1-30.....	14	7	
Do.....	Jan. 1-Apr. 30.....	66	31	
Milagro.....	Dec. 1-31.....	1	.....	
Do.....	Jan. 1-Apr. 30.....	5	1	
Mexico:				
Frontera.....	Apr. 20.....	.....	1	

# SANITARY LEGISLATION.

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## COURT DECISIONS.

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### NEW YORK SUPREME COURT—APPELLATE DIVISION—THIRD DEPARTMENT.

#### **Tuberculosis and the Workmen's Compensation Law—Compensation Allowed for Disability Caused by Tuberculosis which Followed Exposure and Pleurisy.**

RIST v. LARKIN & SANGSTER et al. (Jan. 5, 1916.)

The New York workmen's compensation law provides for compensation for "accidental injuries arising out of and in the course of employment and such disease or infection as may naturally and unavoidably result therefrom." The commission decided that a workman who was disabled by getting wet, and "contracted a heavy cold and pleurisy, which developed into pulmonary tuberculosis," was entitled to compensation, and the court affirmed the decision.

[156 New York Supplement, 875.]

JOHN M. KELLOGG, P. J.: The commission has found that the claimant, September 3, 1914, was working for his employer on the Mohawk River operating a crane. One of the timbers of the crane broke, and to save himself from being hurt he jumped into the river, a distance of some 10 feet. The water came up to his knees. He waded to the shore, contracted a heavy cold and pleurisy which developed into pulmonary tuberculosis, by reason of which he was disabled from the date of the accident until February 25, 1915, and since that date.

The finding of the commission that claimant's present condition is the result of the accidental breaking of the timber, and that his going into the river resulted therefrom, is not unreasonable, and has some evidence to sustain it. We can not question it. While the claimant jumped into the water, he did so to prevent a personal injury resulting from the accidental breaking of the timber. The jumping into the river was therefore not a voluntary act, but was the result of the accident, which put the claimant in such peril that his getting wet must be considered accidental rather than voluntary.

Subdivision 7 of section 3 of the workmen's compensation law defines injury and personal injury to mean only accidental injuries arising out of and in the course of employment and such diseases or infection as may naturally and unavoidably result therefrom. We consider the claimant in the same position as if the accident had thrown him into the river, and clearly his being accidentally thrown 10 feet into the water was an injury within the meaning of the act, and the disease following has been found to naturally and unavoidably result from that injury. He at the time apparently was not physically disabled by jumping into the water, and it was not then quite clear what injury he had sustained, but it has developed that the injury was very serious.

The award should therefore be affirmed. All concur.

UNITED STATES DISTRICT COURT—SOUTHERN DISTRICT OF OHIO.

**Harrison Antinarcotic Law—Only Physicians who are Engaged in the Legitimate Practice of Their Profession are Entitled to Register.**

TUCKER v. WILLIAMSON. (Dec. 7, 1915.)

A physician who does not personally attend his patients, but in most instances prescribes for them upon their written statements, and who prescribes and distributes to all the same preparation, is not engaged in the legitimate practice of medicine, and is not entitled to register under the Harrison antinarcotic law.

The ruling of the Commissioner of Internal Revenue which limits the right to register under the Harrison antinarcotic law to those physicians who are engaged in the legitimate practice of their profession, and which denies the right of registration to physicians who prescribe or dispense narcotic drugs or preparations on receipt of mail orders from so-called patients, is valid.

The Harrison antinarcotic law does not make an exception of preparations in which the cocaine is in the form of the decomposition products of cocaine and not as cocaine per se, or in which the cocaine is denatured as to its habit-forming and habit-satisfying qualities. The statute prohibits the dispensing of the drug by a person not duly authorized to do so, and there is no exemption on account of the form in which the drug exists or is prescribed.

Suit in equity was brought by Nathan Tucker and William B. Robinson against Beriah E. Williamson, collector of internal revenue for the eleventh district of Ohio, asking for a restraining order and an injunction preventing the collector from enforcing the provisions of the Harrison antinarcotic law and the ruling of the Commissioner of Internal Revenue.

[229 Federal Reporter, 201.]

A motion is made to dismiss the bill, whose averments, as far as need be noted, are as follows: Both of the plaintiffs are graduates of medical schools. Each is a member of his county and State medical society. One has been engaged for 48 years as a physician in lawful practice and the other for 19 years. Both are duly licensed to practice medicine in Ohio, and each has registered as required by the act of Congress of December 17, 1914, known as the Harrison narcotic law. Each has paid the special tax required by that law. In the course of their professional practice only they have been and are prescribing for, dispensing, and distributing to various patients, numbering many thousands, and residing in various States, a certain medicine prepared by them for the relief of asthma and hay fever, which medicinal preparation contains cocaine. They do not personally attend all of their patients for and to whom they thus prescribe, dispense, and distribute such preparation, but in most instances prescribe for such patients and dispense and distribute such medicinal preparation to them upon the written statements of such patients to plaintiffs, describing and setting forth their respective symptoms and conditions. Since March 1, 1915, and for many years prior thereto, plaintiffs have kept a complete record showing the amount of all the drugs mentioned in section 1 of the act in question, dispensed or distributed, the date thereof, and the name and address of each patient to whom such drugs have been dispensed or distributed, and still keep such record as required by the act. The amount of cocaine in each dose does not exceed 0.001 of a grain. The preparation is distinctly alkaline. The greater per cent of cocaine used in it is in the form of the decomposition products of cocaine, and not as cocaine per se, such cocaine being denatured as to its habit-forming or habit-satisfying qualities. As partners and jointly the plaintiffs, by means of the order forms prescribed by the act, have in their possession cocaine, for the sole purpose of its use, sale, and distribution by them and each of them in the lawful practice of their profession as physicians, and have made and preserved duplicates of such orders upon the form issued for that purpose by the Commissioner of Internal Revenue.

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The plaintiffs, on September 10, 1915, were notified by the Acting Commissioner of Internal Revenue that their practice of sending out a preparation containing cocaine

to patients which such physicians have never seen is considered by such commissioner to be an illegitimate practice of medicine and in direct violation of the intents and purposes of the Harrison antinarcotic law, particularly of section 2, and should be stopped, and that a copy of his notification had been furnished to the district attorney and the revenue agents.

\* \* \* \* \*

It is charged that \* \* \* the act in question is unconstitutional and void as applied to the plaintiffs or either of them in connection with their practice as physicians in that it attempts to regulate the prescribing, dispensing, and distributing of the drugs mentioned in it within the State of Ohio. The order of the commissioner of June 10, 1915 (hereinafter mentioned), is also alleged to be without authority of law and void.

\* \* \* \* \*

The ruling announced by the Commissioner of Internal Revenue and the Secretary of the Treasury on June 10, 1915, and of which complaint is made, is, in substance, as stated in this paragraph, and is as follows: The limitation of registration to certain named persons indicates the vesting of a power of discretion in collectors of internal revenue as to who shall register and from whom the special tax may be received. Persons not legitimately engaged in the exercise of their trade or profession can not legally register under the terms of the act. From the express language of the act, a physician can register and dispense the drugs embraced in the act "in the course of his professional practice only." He can prescribe such drugs when he "has been employed to prescribe for the particular patient receiving such drugs," and upon whom he "shall personally attend in the course of his professional practice only." Such prescriptions must be made "in the legitimate practice of his profession," and then only when "employed to prescribe for the particular person (patient) receiving such drugs." The duties of collectors of internal revenue do not end, under the provisions of the act, with simple registration. If parties secure registration through misrepresentation or fraud, such registration is null and void, and does not protect them from prosecution for the illegal use of the drugs, and it is the duty of collectors, when such cases are discovered, to investigate the same, and, when the law has been violated in line with the foregoing, to seize and proceed to forfeit the prohibited drugs illegally in possession of such parties and recommend such persons to the district attorney for indictment and prosecution. The collectors were informed that the foregoing "has special application to those persons who, registering as physicians, prescribe or distribute narcotic drugs or preparations on receipt of mail orders received from so-called patients, or who, under the laws of the State or under municipal regulation, are not permitted to practice medicine."

SATER, District Judge:

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In view of section 1286, G. C. Ohio, the plaintiffs are engaged in the practice of medicine. Under the State rule, if a person examines patients, diagnoses their diseases, and then prescribes and sells his own proprietary remedies, he is practicing medicine, notwithstanding his ostensible and apparent motive may be the sale of his medicines. (Taylor's Law in Relation to Physicians, 39; State v. Van Doren, 109 N. C., 684; 14 S. E., 32; Wharton & Stillé's Med. Jur., vol. 3, sec. 452.) The tendency on the part of the States is to extend rather than to restrict the definition of the term "practicing medicine" (Taylor, supra, 39), and for the manifest purpose of protecting their citizens and rendering amenable to law all practitioners who violate its provisions or are guilty of imposition or other reprehensible conduct.

Legislation by the States regarding the practice of medicine is a valid exercise of the police power. (Hawker v. N. Y., 170 U. S., 189, 191-193; 18 Sup. Ct., 573; 42 L. Ed., 1002; Reetz v. Michigan, 188 U. S., 505, 506; 23 Sup. Ct., 390; 47 L. Ed., 563;

*Collins v. Texas*, 223 U. S., 288; 32 Sup. Ct., 286; 56 L. Ed., 439; *Meffert v. State Board of Medical Registration*, 66 Kans., 710; 72 Pac., 247; 1 L. R. A. (N. S.), 811, affirmed 195 U. S., 625; 25 Sup. Ct., 790; 49 L. Ed., 350.) The exaction by the National Government, however, of a license, as a condition for the sale, dispensing, or distribution of drugs, like that for the sale of intoxicating liquor, is not an exercise of the police power, but is for the purpose of revenue. (*Re Heff*, 197 U. S., 488, 505; 25 Sup. Ct., 506; 49 L. Ed., 848.) A license to dispense the drugs named in the act must be regarded as nothing more than a mere form of imposing a tax and as implying nothing more, except that the licensee shall not be subject to the penalties of the law if he pays such tax and conforms to legal requirements. (*License Tax Cases*, 5 Wall., 462, 471; 18 L. Ed., 497.)

The only physician that may under section 2 (a) lawfully dispense or distribute the drug in question is one who is registered and who acts in the course of his professional practice only. He may not—section 2 (d)—obtain it by means of the prescribed order forms for any purpose other than the use, sale, or distribution of it in the legitimate practice of his profession. That he must in each instance in which he dispenses or distributes the drug be employed to prescribe for the particular patient receiving such drug is necessarily implied from the pertinent provisions of the act and the purpose to be accomplished by it. He may not engage in the business of selling, unless he sells it in filling his own prescriptions, for the sale of it is, generally speaking, the part of the druggist. He must act strictly within the line of actual employment in a legitimate and professional practice only, in which (adopting the definition of the practice of medicine as found in *Underwood v. Scott*, 43 Kans., 714; 23 Pac., 942) he personally judges (diagnoses) the nature, character, and symptoms of the disease, determines the proper remedy for it, and prescribes the application of the remedy to the disease. Personal investigation precedes and personal supervision accompanies the prescribing. The remedy is to be adapted to the disease and wants of the particular patient. That a physician may not prescribe for other than the particular patient that employs him and that is to receive the drug follows from the language and import of sections 4 and 8. The proviso of section 4 makes lawful the sending, shipping, carrying, or delivery of the drug (1) by common carriers engaged in transporting it, and (2) by any employee (acting within the scope of his employment) of any person who shall have registered and paid the special tax; but that section, when it treats of physicians, deals only with the delivery of the drug and permits its delivery by a person (an individual) only when it has been prescribed or dispensed by a registered physician who has been employed to prescribe for the particular patient who is to receive such drug. The law contemplates that there shall be no promiscuous or covert passing around of the drug to persons who have not employed the physician and received it on his prescription. The proviso of section 8, whose validity and scope need not now be considered, makes possession of the drug by an unregistered person who has not paid the tax, other than an employee of a registered person, or a nurse under the supervision of a registered physician, presumptive evidence of a violation of the act, unless such possessor shall have obtained a prescription made in good faith from a registered physician.

The regulation promulgated by the Treasury Department that a physician must be actually absent from his office and in personal attendance upon a patient in order to come within the exemption of section 2 (a) accords with the design that a physician shall maintain supervision over the patient for whom he prescribes. One of the definitions of "attend" (Latin, "attendere") given in Webster's International Dictionary is: "To visit professionally, as a physician." The department thus places (and, I am disposed to think, rightfully so) a more restricted meaning on personal attendance than the courts have placed on medical attendance, it being held that to constitute the latter it is not requisite that the physician should attend the patient at his home and that an attendance at his office is sufficient. (*Cushman v. Insurance Co.*, 70 N. Y., 72;

*Gilligan v. Royal Arcanum*, 26 Ohio Cir. Ct., 42, 43.) It is by personal attendance that the greater part of the business of a regularly practicing general practitioner is done. The personal attendance clause, therefore, covers the majority of all of the cases in which the drug is dispensed or distributed by such a physician. Its effect is to increase the inconvenience and difficulty, and even the expense, of procuring the drug. In harmony with this view is the provision of section 2 (b), which does not permit the filling of prescriptions unless they are written and signed and dated as of the day on which they are signed. The refilling of prescriptions is not permissible. If, instead of personal attendance on a patient by the physician, the patient calls on the physician at his office for treatment, in which event such physician is required to make a record of the drugs mentioned in the act which he dispenses or distributes, the opportunity is afforded of personally diagnosing, studying, supervising, and prescribing for such patient. If a regularly practicing physician may prescribe without seeing his patient, it is in occasional instances only.

The responsibility cast upon the physician is great, and the law consequently exacts of him a high degree of integrity—practices which are both professional and legitimate. Even a layman knows that the diagnosis of diseases has in recent years assumed increased and increasing importance for the purpose of determining and removing their causes. The ascertainment of the blood pressure, the analysis of the blood, urine, and stomach contents, the employment of the X ray and of other appliances and modes of examination for the determination of the physical condition of patients are so usual and so much more assuring than a patient's recital of what may be merely subjective symptoms that skillful and conscientious physicians have come to use, and intelligent people have come to expect, an exaction of the full history of each case and the use of scientific methods in determining the presence or absence of disease and its stage of advancement. Such methods enable the physician to work with greater precision to remove the causes of disease. If he acts only on the patient's statement, however honestly made, he may be misled or treat a symptom and not the disease itself, whether that statement be oral or in writing, and if in writing, and the patient be not seen at all, the prescription sent may not only be an inappropriate remedy, but may reach another for whom the physician did not intend it and of whom he never heard.

In the enactment of legislation the lawmaking body may take into account the advance of learning, and provide for the public health and safety by such reasonable and proper measures as increased knowledge may suggest (*State v. Gravett*, 65 Ohio St., 289, 300; 62 N. E., 325; 55 L. R. A., 791; 87 Am. St. Rep., 605), and may impose new conditions as prerequisite to the practice of medicine as new modes of treating disease are discovered. The statute must be construed with reference to known usages and modes of transacting business (*Shoemaker v. Goshen Township*, 14 Ohio St., 569, 584), as well as the history of the times (*Preston v. Bowder*, 1 Wheat., 115, 120, 121; 4 L. Ed., 50), and for the benefit of the community at large (*Allen v. Little*, 5 Ohio, 66, 72). Although a revenue measure, the provisions of the act defining who may practice under it tend to reduce to a minimum (if it does not wholly eliminate) the number of prescriptions for unfortunate cocaine addicts which are not made in cases of personal supervision, when the patient calls on the physician or the physician on the patient. The physician must, if practicable, prescribe with reference to knowledge personally acquired by seeing his patient. To prescribe, in most instances, for absent patients, on their written statements describing their respective symptoms and conditions, and in every instance to send the same medicinal preparation—a sort of proprietary medicine—is to reverse the policy of the law, make an exception the rule, open the door to fraud, and frequently to furnish treatment which may be hurtful or wholly ineffectual. That the purpose of the law may not fail, the act forbids the registration of and imposes penalties upon physicians who engage in other than legitimate and professional practice, and has cast, or at least has attempted to cast,

upon the Commissioner of Internal Revenue and the Secretary of the Treasury the power of defining in what such practice consists.

The provisions of the act that are directed toward physicians are also made applicable to dentists and veterinary surgeons. A veterinarian, as defined by the Century Dictionary, is:

One who practices the art of treating diseases and injuries of domestic animals, surgically or medically.

It would seem that no veterinarian can legitimately or in the course of his professional practice only prescribe for a human being, because his patients are domestic animals. The veterinarian of necessity almost always treats his patients when away from his office and when personally attending them. The advance made in dentistry in recent years requires the giving of prescriptions to a considerable extent in dental surgery and for the removal of the causes of diseases of the teeth and mouth, but cases of dental surgery are usually treated at the hospitals, although prescriptions for the removal of the causes of disease are ordinarily given at the dentist's office, and of these a record must be kept. If classifying dentists and veterinarians with physicians is a fact to be considered in construing the act, it does not require a modification of the views above expressed, for the reason that personal examination into and personal supervision of each case is necessarily the rule, and prescribing for a patient in his absence is the exception.

If the above conclusions be correct, that the law contemplates prescribing or distributing of the drugs mentioned in the act only in case of the personal attendance of physicians on their patients, or of the personal visits of patients to their physicians, save in exceptional instances, does a physician engage in "the legitimate practice of his profession," or prescribe the drug "in the course of his professional practice only," who does not see most of his patients, who bases most of his prescriptions on their written statements sent to him through the mails, and who prescribes the same remedy for all alike? Who determines what practices are legitimate and professional? The law does not in express language state, but does it do so by necessary implication? The deference to be paid to a departmental ruling and construction of the law is defined in *Smythe v. Fiske* (23 Wall., 374, 382; 23 L. Ed., 47); *U. S. v. Moore* (95 U. S., 760, 763; 24 L. Ed., 588); *Nunn v. Wm. Gerst Brewing Co.*, 99 Fed., 939, 942 (C. C. A., 6); 40 C. C. A., 190; *Swift & Co. v. U. S.* (105, U. S. 691, 695; 26 L. Ed., 1108); *Fairbank v. U. S.*, 181 U. S., 283, 310, 311; 21 Sup. Ct., 648; 45 L. Ed., 862; *Merritt v. Cameron* (137 U. S., 542, 552; 11 Sup. Ct., 174; 34 L. Ed., 772; 26 Cyc., 1602 et seq.).

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Congress established a board, as it were, with powers akin to those of a board of medical examiners, or a board of school examiners, or a board of equalization, to determine what applicants possess the requisite qualifications for registration and practice under the narcotic law. In unmistakable language it indicated that their practice must be legitimate and professional. It did not prescribe, as it might have done, the standard of qualifications. It did, however, what under the authority of the *Lemon* case [*Coopersville Creamery Co. v. Lemon*, 163 Fed., 145; 89 C. C. A., 595] it was altogether competent for it to do—it declared that the practice which should confer upon or deny the physician the right to register and dispense the specified drugs must be legitimate and professional. It was the design of Congress that standards of professional qualifications should be provided to render the law effective for accomplishing its purpose. The regulation fulfills the purpose of the law, and it can not therefore be said to be an addition to it. (*U. S. v. Antikamnia Co.*, 231 U. S., 654, 667; 58 L. Ed., 419; Ann. Cas., 1915A, 49.)

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It follows from the foregoing that collectors of internal revenue should, in licensing physicians, enforce the departmental regulation against those doing a mail-order business as fully as any other valid regulation promulgated by constituted authority;



and that physicians permitted to practice under the act who conduct their business in an illegitimate or unprofessional manner subject themselves to the penalties of the law.

In the Lemon case it was said that if the regulation there under consideration had not the force of law as a conclusive determination of fact it nevertheless furnished a working rule for the guidance of officers and the information of manufacturers, and on the trial of a manufacturer of butter, from whom the tax was exacted on butter alleged to have more than 16 per cent of water in it, a court will commit no error if it submits to a jury the question as to whether such a percentage of water is abnormal. It would not, therefore, be error for a trial judge, should he elect so to do, to determine, in a case triable to himself, or to submit to a jury, in a proper case for its determination, the question of fact whether an accused party's methods of doing business debar him from practice under the law.

Reliance is had by plaintiffs on the averment that the greater part of the cocaine used in their preparation is in the form of the decomposition products of cocaine and not as cocaine per se, and that the cocaine is denatured as to its habit-forming and habit-satisfying qualities. The statute, however, runs against the dispensing of the drug by a person not duly authorized to do so. There is no exemption on account of the form in which the drug exists or is prescribed.

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The motion to dismiss is sustained, and the bill is dismissed.

# STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

## CALIFORNIA.

### Tuberculosis—Notification of Cases—Control of. (Reg. Bd. of H., Apr. 1, 1916.)

**RULE 1. Notification.**—Any person in attendance on a case of tuberculosis, or a case suspected of being tuberculosis, shall report the case immediately to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the secretary of the State board of health all cases so reported to him.

*Note 1.*—In the absence of local rules permitting notification by telephone, the report to the local health authority shall be in writing. In addition to the required notification physicians are expected to fill out and transmit the special data card of the State board of health whenever requested by the local authority.

*Note 2.*—Any physician in attendance on a case of tuberculosis who fails promptly to report the case to the local health authority is guilty of a misdemeanor, punishable by a fine of not less than \$25 nor more than \$500, or by imprisonment for a term of not more than 90 days, or by both such fine and imprisonment. (See public health act, statutes of 1907, p. 893, secs. 16 and 21.)

**RULE 2.** Records of individual cases of tuberculosis shall not be kept so that they are accessible to the public, and special care shall be taken to protect the privacy of these records.

*Note 1.*—The special data card should not be mailed as a postal card, but should be inclosed in an envelope.

*Note 2.*—The State laws do not require that all official records must be accessible to any one who demands to see them. Attempts may be made by patent-medicine sellers or others to gain access to the individual tuberculosis records and secure the names and addresses. This must always be prevented. The information in these records is only for the use of the health officials and for statistical tabulation. Health officers are instructed to refuse access to these records unless the right to see the particular record has been established by process of law.

**RULE 3. Diagnosis.**—The local health authority may require the submission of specimens of sputum from cases of tuberculosis, or cases suspected of being tuberculosis, for the purpose of examination by a State or municipal laboratory. It shall be the duty of every physician attending a case of tuberculosis to submit samples of sputum for examination when required to do so by the local health authority.

*Note.*—Examinations of sputum for tuberculosis will be made without charge by the bureau of communicable diseases, at the State hygienic laboratory in Berkeley, or the branch laboratories in Los Angeles, Fresno, and Sacramento, for all communities except cities having a population of over 25,000. It is expected that these larger cities will provide adequate laboratory facilities. (See directions for sending material to the laboratory.)

**RULE 4. Instructions to household.**—It shall be the duty of the physician in attendance on a person having tuberculosis, or suspected of having tuberculosis, to instruct the patient and the other members of the household in precautionary measures for preventing the spread of tuberculosis.

*Note.*—The following instructions are required by rule 4 in cases of active pulmonary tuberculosis:

1. The patient shall destroy all his sputum by burning. He should spit only into a paper sputum cup or pocket cuspidor, and when these are filled he should burn them.

2. He should hold a clean cloth handkerchief in front of his mouth when he coughs, so as to prevent minute particles of sputum "loaded" with tubercle bacilli from being sprayed about the room. He should never spit into this cloth, but should use a sputum cup or pocket cuspidor. When soiled, the cloth should be burned. It should not be used for more than one day. After handling a cloth or other object soiled with sputum the hands should be thoroughly washed with soap and water.

3. He should never cough into his bare hand, and he should wash his hands frequently.
4. The patient should have his own private drinking and eating utensils. They should be washed and dried by themselves, and boiled if they are ever returned to the common supply.
5. Remnants of the patient's food should be destroyed.
6. He should put nothing into his mouth except food, drink, his thermometer, and his toothbrush.
7. He should sleep alone.
8. He should live in a house effectively screened against flies, and flies should never be permitted to have access to his sputum.
9. When the patient's washable clothing, bed linen, and towels have been soiled with sputum, or where conditions are such that gross infection is probable, they should be boiled or otherwise disinfected before being sent to a public laundry. Disinfection can be brought about by soaking for one hour in 5 per cent phenol (carbolic acid) or 10 per cent formalin. In cases where the consumptive has been careful such extreme precautions are usually not needed. In case of doubt the health officer should decide.
10. Any objects accidentally soiled by sputum should be disinfected and then cleansed.
11. The patient should avoid contacts capable of transferring the infection, such as kissing, or playing with babies and small children.
12. He should spend as much time as possible out of doors, not only because of the beneficial effect of fresh air, but also because the danger of infecting others out of doors is less than in the house. Sunshine and drying gradually kill the tubercle bacilli.
13. The booklet "What you should know about tuberculosis" can be obtained from the bureau of tuberculosis, State board of health, Sacramento, and should be in every household containing a consumptive.

**RULE 5. Investigation of case.**—Upon being notified of a case of tuberculosis, or a case suspected of being tuberculosis, the local health authority shall make an investigation and shall determine that the instructions specified in rule 4 are understood and observed, and in the event of their nonobservance shall take proper legal steps for their enforcement.

*Note 1.*—In conducting the investigation prescribed in rule 5, it is advised that the information required by the special data card of the State board of health be obtained, and that special inquiry be made regarding the danger of spread of the infection through occupation or because of conditions within the household.

*Note 2.*—Persons having open pulmonary tuberculosis should not be engaged in the preparation or serving of food. They should not be allowed to teach or care for young children. This applies only to "open" cases.

*Note 3.*—As far as possible the curable cases should be induced to undergo systematic care under the supervision of a competent physician in a public or private institution in order that the lesions may heal and the expulsion of infectious sputum may be stopped. Advanced cases should be cared for in proper public or private institutions, as far as possible, as they are liable to spread the disease to children and others in their households. Under the State subsidy the county hospitals are providing more and better care for the tuberculous.

*Note 4.*—The family physician and the health officer should pay special attention to detecting beginning cases of tuberculosis in the consumptive's family. Attention to the other members of the family will often lead to the detection of cases in their early stages and permit treatment while the case is still easily curable. Every case cured or arrested is one more focus of infection removed.

**RULE 6. Termination of a case.**—When a consumptive recovers or dies or moves outside the jurisdiction of the local health authority, the attending physician or, in the absence of an attending physician, a responsible member of the household shall notify the local health authority. If departure to the jurisdiction of another health authority is contemplated, the State board of health shall be notified, by the local health authority, of the name of the patient and his destination.

**RULE 7. Disinfection.**—When the rooms of a consumptive are vacated they shall be thoroughly cleansed before being occupied by another person, and such additional disinfection shall be performed by the owner or occupant as may be found necessary by the local health officer.

*Note.*—The principal danger of transfer of infection from the sick to the well lies in frequent proximity of a susceptible person to a careless consumptive. There is, however, some danger from objects which have been recently soiled with sputum, and therefore the premises must be properly taken care of. After a careful consumptive has occupied a room little needs to be done to it more than a thorough cleansing. The methods of cleansing and disinfecting will be discussed under "directions for disinfection."

## ILLINOIS.

**Cerebrospinal Meningitis—Notification of Cases—Placarding—Quarantine—Precautions—School Attendance—Disinfection—Burial. (Reg. Bd. of H., Jan. 19, 1916.)**

1. *Reports.*—Every physician, attendant, parent, householder, or other person having knowledge of a known or suspected case of epidemic meningitis (cerebrospinal fever, spotted fever) must immediately report the same to the local health authorities.

All local health authorities who have been advised of cases of epidemic meningitis shall immediately report the same to the State board of health.

2. *Placarding.*—Whenever a case of epidemic meningitis is reported to the local health authorities, they shall affix in a conspicuous place at each outside entrance of the building, house, or flat, as the case may be, a red warning card not less than 11 by 14 inches in size, on which shall be printed in black with bold-faced type the following: "Epidemic meningitis," in type not less than  $3\frac{1}{4}$  inches in height, and "Keep out," in similar type not less than  $2\frac{1}{4}$  inches in height.

3. *Quarantine.*—The patient and attendant should be confined to one well-lighted, well-ventilated room, screened against flies and other insects, and as remote as possible from other occupied rooms. The rooms should be stripped of draperies, carpets, upholstery, and all other furniture and articles not necessary for the comfort of the occupants.

Visitors must be excluded from the premises.

Occupants of the premises on which the case exists, or others who have been exposed to the case, should be confined until cultures have been made and it has been determined by laboratory examination that they are not "carriers" of the disease.

Occupants of the premises proven not to be carriers and who desire to leave the quarantined premises may be removed, after disinfection of persons and clothing, but they must not return to the quarantined premises during the period of quarantine.

If any such removed occupants are school children or school-teachers, they should again be cultured after removal and should not be permitted to return to school until proven by laboratory examination not to be carriers of the disease.

Quarantine of the infected premises should not be raised until the patient or patients have recovered and until two successive negative cultures at three-day intervals have been obtained from the patient and also one negative culture from attendant and all other inmates of the premises have been obtained and the premises and contents have been thoroughly disinfected in manner approved by the State board of health. (Quarantine in epidemic meningitis can not be terminated with safety without resort to laboratory examination of cultures.)

4. *Precautions.*—No person, except the necessary attendants, the physician, and, if need be, the health officer, should be permitted to come in contact with the patient. Such persons must not handle or prepare food for others and their intercourse with the other members of the household must be as restricted as possible.

An ample supply of towels, basins, water, and a standard disinfectant should always be on hand for the disinfection of the hands of the attendants.

Soiled body and bed clothing, and handkerchiefs and cloths used to receive discharges from the nose and mouth of the patient and of vomit matter should be immediately disinfected by boiling or by immersion in a disinfectant. All knives, forks, spoons, glasses, cups, and plates, and all other articles used or handled by the patient should be immediately disinfected in a similar manner. Remnants of food left by the patient should be burned.

All discharges from the bowels and bladder should be received in a vessel containing a liberal supply of a standard disinfectant. Such disinfection should be continued as long after recovery of the patient as the intestinal discharges continue to be more copious, liquid, or frequent than usual.

The disinfected discharges should never be emptied on the ground or into a stream. If possible they should be buried at least 1 foot below the surface of the ground and not less than 100 feet from any well or source of water supply.

Dogs, cats, and other household pets must be excluded from the infected premises. Any such animals which have been in contact with the patient must be killed or subjected to a thorough disinfecting bath, and must not be permitted to reenter the premises while the case exists.

5. *Exclusions from schools and places of amusement.*—The patient must be excluded from the schools, Sunday schools, theaters, picture shows, and other places of public gathering for at least one week after quarantine has been raised and the premises are disinfected.

Any person removed from infected premises prior to raising of quarantine shall be excluded from the schools, Sunday schools, churches, theaters, picture shows, and other places of public gathering until a culture obtained after such removal has been determined by laboratory examination to be negative.

Any person continuing to reside on infected premises during the period of quarantine shall be confined thereto until quarantine is raised and the premises are disinfected.

6. *Removals without permission prohibited.*—No person residing on premises where epidemic meningitis exists shall be removed from the premises without first securing the consent of the local health authorities.

No person having epidemic meningitis may be removed from the city, village, township, or county in which he is found without first securing the consent of the local health authorities and of the State board of health.

7. *Deliveries of milk, groceries, and other necessities.*—Milk, foodstuffs, and other necessary supplies may be delivered at the infected premises, but there must be no contact of any kind between the attendants and the delivery agents. Milk must be delivered in bottles only, which must not be taken from the infected premises during the existence of the disease. Before they are removed from the premises after the death or recovery of the patient they must be sterilized under the direction of the health officer.

8. *Sale of milk, groceries, and provisions from infected premises prohibited.*—Whenever a case of epidemic meningitis shall occur on any premises where milk, groceries, vegetables, or other foodstuffs are either produced, handled, or sold, the sale, exchange, or distribution in any manner whatsoever, or the removal from the infected premises of milk, cream, groceries, vegetables, or other foodstuffs, or any milk products until the case has terminated and the premises and all utensils are thoroughly disinfected, is prohibited.

9. *Disinfection.*—After the death or recovery of the patient, and after laboratory examinations have determined none of the inmates of the premises to be carriers, the premises and contents shall be thoroughly disinfected under the direction of the local health authorities.

10. *Deaths, burials, and transportation of dead.*—When the body of anyone dead from epidemic meningitis is to be transported by railroad or by other common carrier, the official rules of the State board of health governing the transportation of the dead must be observed.

In the event of death the body must be wrapped in a sheet thoroughly soaked in a standard disinfectant and then placed in an air-tight coffin, which must remain in the sick room until removed for burial. The coffin must not again be opened on any pretext whatsoever. No person whose attendance is not necessary for the conduct of the funeral of any person dead from epidemic meningitis shall be permitted to enter the premises where the death occurred. Interment must be within 48 hours after death.

Flowers which may be sent to the infected premises in case of death from epidemic meningitis must be destroyed immediately upon the removal of the body from the

premises. Under no circumstances must they be taken from the infected premises to the cemetery or to any other place where other persons may be exposed to them, Church services over the remains are prohibited.

**Mumps—Notification of Cases—Quarantine—Precautions—School Attendance—Disinfection—Burial. (Reg. Bd. of H., Jan. 19, 1916.)**

1. *Reports.*—Every physician, attendant, parent, householder, or other person having knowledge of a known or suspected case of mumps must immediately report the same to the local health authorities.

2. *Placarding.*—Placarding of infected premises is not required.

3. *Quarantine.*—The patient should be isolated from all other children and from adults who have not had the disease for a period of at least 21 days. It is advisable that he be confined to a well-lighted, well-ventilated room, screened against flies and other insects, and as remote as possible from other occupied rooms in the house. The room should be stripped of draperies, carpets, upholstery, and all other furniture and articles not necessary for the comfort of the occupants. Visitors must not be permitted.

4. *Precautions.*—No person except the necessary attendant, the physician, and the health officer should be permitted to come in contact with the patient. Such persons must not handle or prepare food for others, and their intercourse with the other members of the household must be as restricted as possible.

An ample supply of towels, basins, water, and a standard disinfectant should always be on hand for the disinfection of the hands of the attendants.

Soiled body and bed clothing and handkerchiefs and cloths used to receive discharges from the nose and mouth of the patient and of vomit matter should be immediately disinfected by boiling or by immersion in a disinfectant. All knives, forks, spoons, glasses, cups, and plates, and all other articles used or handled by the patient should be immediately disinfected in a similar manner. Remnants of food left by the patient should be burned.

All discharges from the bowels and bladder should be received in a vessel containing a liberal supply of a standard disinfectant. Such disinfection should be continued as long after recovery of the patient as the intestinal discharges continue to be more copious, liquid, or frequent than usual.

The disinfected discharges should never be emptied on the ground or into a stream. If possible, they should be buried at least 1 foot below the surface of the ground and not less than 100 feet from any well or source of water supply.

Dogs, cats, and other household pets must be excluded from the infected premises. Any such animals which have been in contact with the patient must be killed or subjected to a thorough disinfecting bath, and must not be permitted to reenter the premises while the case exists.

5. *Exclusion of children from schools and other places of public gathering.*—Children of the family who have had the disease may be permitted to attend school provided that a physician certifies that he has personal knowledge that they have had mumps.

Children of the family who have not had the disease must be excluded from the schools, churches, Sunday schools, theaters, picture shows, and other places of public gathering for three weeks from date of last exposure.

6. *Removals.*—No person affected with mumps shall be removed from the premises on which he resides unless consent to such removal be given by the local health authorities.

7. *Deliveries of milk, groceries, and other necessities.*—Milk, foodstuffs, and other necessary supplies may be delivered at the infected premises, but there must be no contact of any kind between the attendants upon the patient and the delivery agents. Milk must be delivered in bottles only, which must not be taken from the infected premises during the existence of the disease. Before they are removed from the in-

fectured premises after the death or recovery of the patient they must be sterilized under the direction of the health officer.

8. *Sale of milk from infected premises.*—When premises from which milk is sold are quarantined on account of mumps, the sale of milk from such premises should be continued only when the patient is carefully isolated.

Those engaged in the production of milk or milk products, or in the cleansing or care of utensils used for this purpose, should be required to keep out of the sick room and entirely away from the infected individual until quarantine has been raised.

9. *Disinfection.*—Upon the termination of quarantine the sick room and contents must be disinfected. The room must be thoroughly aired and the floor and woodwork must be well scrubbed. The bed clothing and all articles coming in personal contact with the patient must be disinfected by boiling or by immersion in a standard disinfectant.

10. *Deaths and burials.*—In the event of death, the body must be wrapped in a sheet thoroughly soaked in a standard disinfectant and then placed in an air-tight coffin.

#### Scarlet Fever—Quarantine. (Reg. Bd. of H., Jan. 19, 1916.)

Subdivision 3 of the regulations for the control of scarlet fever, adopted February 16, 1915 (Public Health Reports, Apr. 30, 1915, p. 1357), was amended to read as follows:

3. *Quarantine of patient.*—All cases of scarlet fever (scarlatina, scarlet rash) must be quarantined for at least five weeks from date of report. In no instance may this requirement be disregarded by local health authorities in cases in which it is claimed that the disease existed previous to report having been made unless special permission is granted by the State board of health for the raising of quarantine. This permission will not be granted unless it is established to the satisfaction of the board and by medical evidence that the case in question existed previous to its report to the local health authorities. Quarantine must not be raised, however, until desquamation (peeling) and all infectious discharges from nose and ears have entirely ceased and the acute inflammation of the tonsils has disappeared, and the premises have been thoroughly disinfected by or under the supervision of the health officer. All persons continuing to reside on the infected premises shall be confined to the infected building, house, or apartment until quarantine has been raised, excepting as hereinafter provided.

No one but the necessary attendant, the physician, the health officer, and the representative of the State board of health may be permitted to enter or leave the infected premises. Upon leaving they must take all precautions necessary to prevent the spread of the disease. The nursing attendant may leave the premises only in cases of absolute necessity.

An ample supply of towels, basins, water, and an approved disinfectant must always be on hand for the disinfection of the hands of the attendants.

#### KANSAS.

Communicable Diseases—Notification of Carriers—Quarantine—Placarding—Disinfection—Funerals—Common Carriers—Examination of Specimens by State Laboratory—Burial. (Reg. Bd. of H., Mar. 20, 1916.)

RULE 1. No member of any household in which cholera, smallpox, diphtheria (including membranous croup), or epidemic cerebrospinal meningitis exists, and no person afflicted with or recovering from any of these diseases, shall be permitted to appear on the public streets or highways or in any public place, or attend any place of public amusement or worship, or visit any other private house, until after danger from contagion is passed and said household premises thoroughly disinfected.

**RULE 2.** No person who has not had smallpox and who by reason of contact with a patient afflicted with smallpox is thereby declared to be exposed to the disease shall be permitted to appear on the public streets or highways or in any public place, or attend any place of public amusement, worship, or visit any other private house for a period of 21 days after such exposure: *Provided*, That if such exposed persons shall undergo vaccination the above restrictions shall apply only until such time as the said vaccination shall prove successful: *Provided further*, That these restrictions shall not apply to persons who shall present evidence of a successful vaccination. The local city or county health officer in whose jurisdiction the case occurs shall determine as to what constitutes exposure and successful vaccination in each individual case.

**RULE 3.** No member of any household in which scarlet fever exists and no person afflicted with or recovering from such disease shall be permitted to appear on the public streets or highways or in any public place, or attend any place of public amusement, worship, or visit any other private house until the patient or patients in such households shall be entirely recovered and desquamation is completed and in no cases shall the time during which these restrictions shall apply be less than 21 days; furthermore, that all persons recovering from such disease shall be subject to these restrictions for 14 days in addition to these 21 days and until all discharges from the nose, ears, and throat, or suppurating glands have ceased: *Provided further*, That in all instances where in the opinion of the city or county health officer proper and safe arrangements can be made, the wage earners of the family may be released from such restrictions, provided the work of the wage earner does not bring him in contact with children or that he does not attend places of public assemblage.

**RULE 4.** In the belief that in all cases of communicable disease the public is entitled to such notice of same, that individuals may be enabled to avoid exposure to infection, all premises on or in which cases of measles, German measles, whooping cough, chicken-pox, mumps, typhoid fever, or epidemic poliomyelitis shall occur shall be placarded as are other diseases mentioned in the quarantine law.

**RULE 5.** No person afflicted with or recovering from measles, German measles, whooping cough, chicken-pox, mumps, or epidemic poliomyelitis shall be permitted to appear on the public streets or highways or in any public place, or attend any place of public amusement, worship, or visit any other private house until they shall be declared by the local health officer free from danger of transmitting the infection.

**RULE 6.** No member of any household in which measles, German measles, whooping cough, chicken-pox, or mumps exists, who has not had the disease for which the house is placarded, and no person exposed to any of these diseases, shall be permitted to attend school or places of public assemblage during the following periods: In measles, for 14 days after exposure; in German measles, for 14 days after exposure; in whooping cough, for 14 days after exposure; in chicken-pox, for 16 days after exposure; in mumps, immediately upon the appearance of the first symptoms.

**RULE 7.** In epidemic poliomyelitis or infantile paralysis the minimum limit of quarantine shall be 21 days or such longer period as may in the judgment of the health officer be deemed necessary.

**RULE 8.** All houses in which typhoid fever or epidemic poliomyelitis exists shall be effectively screened against flies.

**RULE 9.** The time of quarantine of all contagious diseases or diseases dangerous to the public health, except as herein specified, shall be such time as in the judgment of the city or county health officer in whose jurisdiction the case occurs it may appear safe to raise the quarantine after the house and premises have been fumigated and disinfected according to the requirements of the quarantine law.

Health officers shall be governed by the following periods of isolation and quarantine within the meaning of this rule:



Smallpox, until 14 days after the development of the disease and until scabs have all separated and the scars completely healed.

Chicken-pox, until 12 days after the appearance of the eruption and until the crusts are fallen and the scars are completely healed.

Diphtheria (membranous croup), until two successive negative cultures have been obtained from the nose and throat of the patient at intervals of 24 hours and until one negative culture shall have been obtained from each of other members of the household, unless circumstances in rural communities makes such procedure impracticable.

Scarlet fever as in rule 3.

Measles and German measles, until 7 days after the appearance of the rash and until all discharges from the nose, ears, and throat have disappeared and until the cough has ceased.

Mumps, until two weeks after the appearance of the disease and one week after the disappearance of the swelling.

Whooping cough, until six weeks after the development of the disease or until one week after the last characteristic paroxysmal cough.

**RULE 10.** Any person who is known to harbor the bacilli, virus, or infective agent of any communicable disease, even though manifesting no symptoms of such disease, is hereby declared to be a carrier and a menace to the public health, and the name and address of such person shall be reported immediately to the local city or county health officer in whose jurisdiction such person resides. The local health officer shall immediately investigate and report to the State board of health. Pending the receipt of instructions from the State board of health, the local health officer shall isolate or quarantine the carrier if in his judgment the danger to the community necessitates such action. In the event of any known or suspected carrier leaving the jurisdiction of a local health authority, the State board of health shall be notified by the local health officer of the name of the carrier and his destination.

**RULE 11.** *Care of room in contagious or infectious diseases.*—The room occupied by a person sick with a contagious or infectious disease shall previously be cleared of all carpets, needless clothing, furniture, draperies, books, and toys, and all other articles not actually needed in the care of the sick. After death or recovery the room, furniture, and other contents not to be destroyed must be immediately and thoroughly disinfected by an approved disinfectant. The floor, woodwork, and wooden furniture shall be then scrubbed with soap and water and afterwards mopped with a 2 per cent solution of formalin. All utensils that can be washed shall be thoroughly boiled. Individual dishes and drinking cups shall be used, and, in typhoid fever particularly, the room shall be kept free from flies by effective screening. Dogs, cats, and other pet animals or birds are prohibited in the sick room.

**RULE 12.** *Disinfection of discharges from sick.*—The discharges of the patient must be received into vessels containing some known disinfectant, and, if not buried at once, must be thrown into a cesspool or water-closet, but never on the ground nor into a running stream. Perfect cleanliness on the part of the nurses and attendants is enjoined.

**RULE 13.** A thorough and effective fumigation and disinfection of all premises shall be required after the termination of cases only of cholera, smallpox, scarlet fever, diphtheria, epidemic cerebrospinal meningitis, epidemic poliomyelitis, typhoid fever, puerperal fever, and tuberculosis.

**RULE 14.** *Public funerals.*—Since members of households and others who are brought in contact with cases of communicable disease often acquire infection and even though they may manifest no active symptoms of the disease are capable of transmitting the infection to others in more virulent form, and since public funerals promote contact between relatives of deceased persons and the general public, therefore public funerals

are prohibited in cases where a body has died of a contagious disease, and no more persons should be permitted to go to the cemetery than are necessary to inter the corpse.

**RULE 15. *Transportation of persons having contagious diseases prohibited.***—Transportation companies, including steam railways, suburban electric lines, and street railways, are prohibited from receiving any person for transportation who is suffering from smallpox, diphtheria, scarlet fever, measles, whooping cough, erysipelas, or chicken pox.

**RULE 16. *Public bath.***—No person who is suffering from gonorrhea and syphilis shall be served in a public bathroom in this State; and no person suffering from syphilis shall be served in any barber shop, such prohibition to continue until 12 months has elapsed from date of infection.

**RULE 17.** The following rules have been adopted for the government of the laboratory of the Kansas State Board of Health:

1. Free examinations of sputum, swabs from the cases of suspected diphtheria, from cases of suspected gonorrhea, the Widal reaction for typhoid fever, blood examinations for the malarial organisms, and the examination of the brains of animals suspected of having rabies shall be made for any legally qualified physician of the State.

2. All specimens shall be sent in the mailing cases which are provided by the laboratory of the Kansas State Board of Health. Health officers should keep on hand a supply of mailing cases for distribution in their localities. Mailing cases are sent prepaid to any physician on request.

3. Postage on all specimens sent to the laboratory must be prepaid at first-class or letter rate.

4. Reports of examinations will always be sent by mail, on postal card in open mail if negative, but inclosed if positive. If requested, reports will be made by telephone or telegraph at the expense of the person making the request.

5. Brains of animals suspected of having rabies must be taken out and packed in ice and sent by express prepaid.

6. Pathological specimens of tissues will be examined for cancer, sarcoma, etc., only in the case of indigent patients. Such specimens should be sent in 50 per cent alcohol.

7. No analysis or laboratory examinations shall be made which are not related to or of importance to the public health.

**RULE 18. *State quarantine; when necessary.***—Whenever any part of this State appears to be threatened with Asiatic cholera, smallpox, or other infectious or contagious disease from any adjoining State or Territory, the secretary and executive officer of this board shall have the power, and it shall be his duty, when requested by the mayor and council of any city of this State, or by any local board of health of any city of this State, to establish and maintain quarantine stations at the limits of the State at such points as may be deemed necessary, and to enforce thereat such rules and regulations as he may adopt and publish for the purpose of preventing or obstructing the introduction or spread of such disease into or within the State, by the inspection of all persons, places, and things and the exclusion of all infected or suspected persons and goods, and the purification of all infected places and things. In the interim between the meetings of the State board of health the secretary and executive officers of this board shall have the power and authority to adopt and enforce all rules and regulations which may be necessary to prevent the introduction or spread of such disease into or within the State as is conferred upon the State board of health by law.

**RULE 19. *Disinterment and transportation.***—The following regulations respecting the disinterment and transportation of dead bodies will be observed: Application shall be made for the disinterment of any body in Kansas to the secretary of the State board of health upon a blank prepared for that purpose, setting forth all the material facts concerning the name and age of deceased, the time of death, cause of death, and

when buried; also name and place of reinterment, and the name and address of the undertaker having the remains in charge. Such application will receive the consideration of the secretary, and permission granted if in his judgment disinterment can be made without endangering the public health. No permit will be granted by application made by telegraph or telephone.

**Bread and Other Foodstuffs—Wrapping of.** (Reg. Bd. of H., Mar. 20, 1916.)

REG. 15. All bread loaves before removal from the baking room shall be wrapped in clean, unused paper, unprinted, or printed on one side only.

The use of newspapers, or any unclean paper, for the wrapping of any article of food is prohibited.

**Privies, Cesspools, and Drains—Refuse—Domestic Animals—Offensive Trades—Slaughterhouses—Public Buildings and Institutions.** (Reg. Bd. of H., Mar. 20, 1916.)

RULE 1. *Abandoned wells.*—The use of abandoned wells as cesspools is prohibited.

RULE 2. *Concerning privy vaults, cesspools, etc.*—No privy vault, cesspool, or reservoir into which a privy vault, water-closet, stable, or sink is drained, except it be water-tight, shall be permitted within 50 feet of any well, spring, or other source of water used for drinking and culinary purposes; nor shall any such open into any stream, ditch, or drain, except common sewers, nor shall any such be drained into an underground flow of water or water stratum which is used as a source of water supply.

RULE 3. *Drains.*—All drains carrying domestic sewage containing human or animal excreta passing within 50 feet in ordinary soil, or 80 feet in sandy soil, of any source of water supply shall be water-tight.

RULE 4. *Refuse matter; nuisance.*—The collection of refuse matter in or around the immediate vicinity of any dwelling or place of business, such as swill, waste of meat, fish or shells, bones, decaying vegetables, dead carcasses, excrement, or any kind of offal that may decompose and generate unhealthy gases, and thus affect the purity of the air, shall be considered a nuisance, and must be removed or disposed of, either by burial, burning, or otherwise, and in such manner as not to be offensive.

RULE 5. *Pigpens.*—No pigpen shall be maintained within 100 feet of any well or spring of water used for drinking purposes, or within 30 feet of any street or 50 feet of any inhabited house. Such pens shall be kept in such a manner as not to be offensive by being freely deodorized at short intervals. No swine shall be kept within the limits of any incorporated city between May 1 and November 1 of any year.

RULE 6. *Unwholesome manufactory.*—No person or company shall maintain any manufactory or place of business, such as tanneries, establishments for boiling bones or dead animals, manufacturing of fertilizer, rendering plants, etc., where unwholesome, offensive, or deleterious odors, gases, smoke, or exhalations are generated, except such establishments shall be kept clean and wholesome; nor shall any offensive or deleterious or waste substance, refuse, or injurious matter from such establishments be allowed to accumulate upon the premises, or be thrown or allowed to run into any public waters, stream, watercourse, street, road, or public place; and every person or company conducting such manufactory or business shall use all reasonable means to prevent the escape of smoke, gases, and odors, and to protect the health and safety of all operatives employed therein.

RULE 7. *Cattle, sheep, and pigpens; slaughterhouses, etc.*—Every person owning, leasing, or occupying any place, room, or building wherein cattle, sheep, or swine are killed or dressed, and every person being the owner, lessee, or occupant of any stable wherein animals are kept, or any market, public or private, shall cause such place, room, building, stable, or market to be kept at all times thoroughly cleansed and purified, and all offal, blood, fat, garbage, stable manure, or other unwholesome or offensive refuse shall be removed therefrom at least once in every 24 hours, if used

continuously, or, if only used occasionally, within 24 hours after using; and the floors of such building, place, or premises shall be constructed of cement, so as to prevent the blood, foul liquid, or washings from being absorbed. No blood pit, dung pit, offal pit, or privy well shall remain or be constructed within any such place, room, or building; nor shall swine be kept in the same inclosure with a slaughterhouse, nor fed there or elsewhere upon dead animals.

**RULE 8. *Inspection of slaughterhouses.***—That county and municipal boards of health be required to inspect or have inspected by their health officer all slaughterhouses and other places where animals are slaughtered for food, and that the requirements of the law and rule 9 be rigidly enforced.

**RULE 9. *Sanitary control of public buildings.***—Local boards of health have sanitary control of all public buildings within their jurisdiction. The following is recommended respecting care of the same: All floors and halls not carpeted should be swept with sawdust dampened with a 1 per cent solution of formalin. The common duster should be abolished, and dusting done by removing dust with a dampened cloth. Frequent inspection of all closets, drainage, and ventilation should be made, and where faulty hygienic surroundings are found recommendations in writing for their betterment made to the county board of health and the judge of the district court.

**RULE 10. *Public institutions.***—The State board of health shall cause to be made annually a careful sanitary inspection of all places and things in all the public institutions of Kansas, including the State penal and charitable institutions, the State educational institutions, and all other institutions of higher education. A written report of such inspection shall be made to the State board of health and a copy of the same transmitted by the secretary to the institution inspected, together with such recommendations or orders as are made by the board.

## MASSACHUSETTS.

### Communicable Diseases—Reporting of Cases to State Department of Health by Local Boards of Health. (Ch. 55, Act Mar. 21, 1916.)

**SECTION 1.** Section 52 of chapter 75 of the Revised Laws, as amended by section 1 of chapter 480 of the acts of the year 1907, is hereby further amended by striking out the words "smallpox, diphtheria, scarlet fever or of any other," in the third line, and inserting in place thereof the word "any"; by striking out the word "board" in the fourth and sixth lines and inserting in place thereof the word "department"; and also by striking out the words "the secretary thereof shall forthwith transmit a copy of such notice to the State board of charity," in the eighth and ninth lines, and inserting in place thereof the words "upon request the State department of health shall forthwith certify any such reports to the State board of charity," so as to read as follows:

**SEC. 52.** If the board of health of a city or town has had notice of a case of any disease declared by the State department of health to be dangerous to the public health therein, it shall within 24 hours thereafter give notice thereof to the State department of health stating the name and the location of the patient so afflicted, and upon request the State department of health shall forthwith certify any such reports to the State board of charity.

### Nonpulmonary Tuberculosis—Investigation by State Department of Health. (Ch. 62, Resolve Apr. 27, 1916.)

*Resolved,* That the State department of health is hereby authorized and directed to investigate the matter of nonpulmonary tuberculosis with special reference to children and adolescents throughout the Commonwealth. The department shall determine so far as possible—

First. The present number of cases of nonpulmonary tuberculosis in the Commonwealth, and their situation.

Second. The number of hospital beds now available for the care of such cases.

Third. The number of additional hospital beds needed for the proper care and treatment of such cases and the proper situation of such beds.

Fourth. Whether such additional beds, if needed, should be supplied by additions to or enlargements of existing general or other hospitals, or by providing new institutions designed for the purpose of treating nonpulmonary tuberculous cases exclusively.

Fifth. How such additions to or enlargements of general or other hospitals, or such new institutions, if they are needed, should be financed and administered.

The said department may hold such public or private hearings as it may deem proper for the purpose aforesaid, and shall report to the next general court, on or before the second Wednesday in January, with its conclusions and such recommendations and drafts of proposed legislation as it may deem expedient. To carry out the purposes of this resolve the department may expend a sum not exceeding \$500.

**Syphilis—Prevention and Suppression of—Appropriation. (Ch. 47, Resolve Apr. 11, 1916.)**

*Resolved*, That there be allowed and paid out of the treasury of the Commonwealth a sum not exceeding \$10,000, to be expended under the direction of the State department of health in purchasing dioxy-diamino-arsenobenzol and its derivatives, or other substances of equal or greater value in the prevention of the transmission of syphilis, or in making investigations as to the practicability of manufacturing, or in manufacturing, the same for free distribution to boards of health, hospitals, dispensaries, and physicians for use within the Commonwealth in the suppression of syphilis in such manner and subject to such rules and regulations as the State department of health shall prescribe.

**Tuberculosis—Subsidies to Cities and Towns for Indigent Patients. (Ch. 197, Act May 11, 1916.)**

SECTION 1. Chapter 597 of the acts of the year 1911, as amended in section 1 by section 1 of chapter 637 of the acts of the year 1912, and by chapter 57 of the general acts of the year 1916, is hereby further amended by striking out said section 1 and inserting in place thereof the following:

SECTION 1. Every city or town which places its patients suffering from tuberculosis in a municipal or incorporated tuberculosis hospital in this Commonwealth, or in a building or ward set apart for patients suffering from tuberculosis by a municipal or incorporated hospital in this Commonwealth, shall be entitled to receive from the Commonwealth a subsidy of \$5 a week for each patient who is unable to pay for his support, or whose kindred bound by law to maintain him are unable to pay for the same; but a city or town shall not become entitled to this subsidy unless, upon examination authorized by the trustees of hospitals for consumptives, the sputum of such patient be found to contain bacilli of tuberculosis, nor unless the hospital building or ward be approved by said trustees, who shall not give such approval unless they have by authority of law, or by permission of the hospital, full authority to inspect the same at all times. Said trustees may at any time withdraw their approval. In the case of those hospitals having a bed capacity which, in the judgment of the said trustees, is in excess of the number of beds needed for patients exhibiting tubercle bacilli in their sputum, in the localities which these institutions serve, the subsidy above provided for shall be allowed for such patients not exhibiting tubercle bacilli in their sputum as, in the joint opinion of the superintendent of the institution and of the State district health officer of the district in which the hospital is situated, are bona fide cases of consumption and have been in the institution more than 30 days. Said trustees shall not approve claims for subsidy hereunder for more than 30 days prior to the date when notice is mailed to them that a subsidy in any given case is claimed.

**Tuberculosis—Subsidies to Cities and Towns—Appropriation. (Ch. 18, Special Act Jan. 28, 1916.)**

SECTION 1. A sum not exceeding \$165,651.50 is hereby appropriated, to be paid out of the treasury of the Commonwealth from the ordinary revenue, to certain cities and towns for amounts to which they are entitled for establishing and maintaining tuberculosis hospitals during the period ending November 30, 1915.

**Tuberculosis Hospitals—Expenses of Trustees—Appropriations. (Ch. 70, Special Act Feb. 9, 1916.)**

SECTION 1. The sums hereinafter mentioned are hereby appropriated, to be paid out of the treasury of the Commonwealth from the ordinary revenue, for the expenses of the trustees of the hospitals for consumptives for the fiscal year ending on the 30th day of November, 1916, to wit:

For the salary of the secretary and clerks, a sum not exceeding \$5,770.48.

For traveling and other necessary expenses of the trustees, to include printing and binding their annual report, a sum not exceeding \$3,600.

For the salary of an agent to inspect hospitals in cities and towns, \$1,400.

For the salary of a trained social worker to look up discharged patients, a sum not exceeding \$1,200.

**State Department of Health—Appropriations for Fiscal Year Ending Nov. 30, 1916. (Ch. 73, Special Act Feb. 10, 1916.)**

SECTION 1. The sums hereinafter mentioned are appropriated, to be paid out of the treasury of the Commonwealth from the ordinary revenue, for the salaries and expenses of the State department of health for the fiscal year ending on the 30th day of November, 1916, to wit:

For the salary of the commissioner of health, a sum not exceeding \$7,500.

For general work, including the compensation of the health council, salaries of certain assistants, clerks, and stenographers, and certain traveling and office expenses, a sum not exceeding \$18,240.

For printing and binding the annual report, a sum not exceeding \$4,000.

For the salaries and expenses of the division of hygiene, a sum not exceeding \$14,300.

For the salary of the director of the division of communicable diseases, a sum not exceeding \$4,000.

For the salary and expenses of an epidemiologist, a sum not exceeding \$2,500.

For the salaries traveling and other expenses of the inspectors of health, a sum not exceeding \$38,300.

For salaries and expenses for the maintenance of a diagnostic laboratory, a sum not exceeding \$5,730.

For salaries and expenses in connection with the manufacture and distribution of antitoxin and vaccine lymph, and for making certain investigations relative to the Wassermann test, a sum not exceeding \$27,200.

For expenses of supplies to be used in the enforcement of the law relative to ophthalmia neonatorum, a sum not exceeding \$1,000.

For the salary of the director of the division of food and drugs, a sum not exceeding \$3,000.

For the inspection of milk, food, and drugs, a sum not exceeding \$17,500.

For salaries, traveling and other expenses in connection with slaughtering inspection and the inspection of food products treated by cold storage, a sum not exceeding \$12,000, not including advances to be made for branding apparatus, for which certain cities and towns reimburse the Commonwealth.

For services of engineers, chemists, biologists, clerks, and other employees and experts, and for the necessary traveling and other expenses incurred for the protection

of the purity of inland waters, for the examination of sewer outlets, and for the examination of the sanitary condition of certain rivers and watercourses, a sum not exceeding \$56,000.

For compensation, traveling and other expenses of the State examiners of plumbers, a sum not exceeding \$5,200.

**Common Drinking Cups—Prohibited in Public Places. (Reg. Dept. of H., Mar. 22, 1916.)**

On and after July 1, 1916, it shall be unlawful to provide a common drinking cup—

(a) In any public park, street, or way.

(b) In any building or premises used as a public institution, hotel, theater, public hall or public school, or in any part of any factory, market, office building, or store of any kind which is open to the general public.

(c) In any railroad station, railroad car, steam or ferry boat.

The term "common drinking cup" as used in these regulations shall be construed to mean any vessel or utensil used for conveying water to the mouth and available or common use by the public.

**Common Towels—Prohibited in Public Places. (Reg.<sup>1</sup> Dept. of H., Mar. 22, 1916.)**

On and after July 1, 1916, it shall be unlawful to provide a common towel—

(a) In a lavatory used in connection with any public institution, schoolhouse, hotel, restaurant, theater, or public hall, or in any part of any factory, market, office building, or store of any kind which is open to the general public.

(b) In a lavatory used in connection with any railroad station, railroad car, steam or ferry boat.

The term "common towel" as used in these regulations shall be considered to mean a roller towel or a towel available for use by more than one person without being washed after such use.

**Milk—Taking of Samples. (Ch. 134, Act Apr. 18, 1916.)**

Inspectors of milk and collectors of milk samples shall have authority to take samples from milk intended for sale in their respective cities and towns wherever, within the Commonwealth, such milk is produced, stored, or transported, but this act shall not be construed to permit of any interference by such inspectors or collectors with milk in the course of interstate commerce.

**Habit-Forming Drugs—Commission to Investigate the Extent of Their Use and the Effectiveness of Laws Regulating Their Sale. (Ch. 112, Resolve May 20, 1916.)**

*Resolved*, That a commission of three members, of whom one shall be the head of a division of the State department of health, and another shall be one of the several district attorneys of the Commonwealth or one of their assistants, shall be appointed by the governor to investigate the extent of the use of habit-forming drugs in this Commonwealth and the effectiveness of the laws intended to regulate and to prevent the increasing use of the same. The commission shall serve without compensation, shall have a room in the statehouse assigned for its use, shall give such public hearings as it may deem necessary, and may employ such assistance, clerical or otherwise, and incur such expense necessarily incidental thereto as may be approved by the governor and council. The commission shall report its findings to the next general court, not later than the 10th day of January, with any recommendations which it deems advisable.

<sup>1</sup> Reprint No. 200 from the Public Health Reports, p. 108.

**Habit-Forming Drugs—Searching of Premises for. (Ch. 117, Act Apr. 9, 1916.)**

Section 1 of chapter 372 of the acts of the year 1911, as amended by section 1 of chapter 283<sup>1</sup> of the acts of the year 1912, and by section 1 of chapter 159<sup>2</sup> of the general acts of the year 1915, is hereby further amended by striking out the said section and inserting in place thereof the following:

**SECTION 1.** If a person makes complaint under oath to a police, district, or municipal court, or to a trial justice or justice of the peace authorized to issue warrants in criminal cases, that he has reason to believe that opium, morphine, heroin, codeine, cannabis indica, cannabis sativa, peyote, or any other hypnotic drug, or any salt, compound, or preparation of said substances, or any cocaine, alpha or beta eucaine, or any synthetic substitute for them, or any preparation containing the same, or any salts or compounds thereof, is kept or deposited by a person named therein in a store, shop, warehouse, building, vehicle, steamboat, vessel, or any place whatever other than a manufacturer or jobber, wholesale druggist, registered pharmacist, registered physician, registered veterinarian, registered dentist, registered nurse, employees of incorporated hospitals, or a common carrier or porter when transporting any drug mentioned herein between parties hereinbefore mentioned, such court or justice, if it appears that there is probable cause to believe that said complaint is true, shall issue a search warrant to a sheriff, deputy sheriff, city marshal, chief of police, deputy marshal, police officer, or constable commanding him to search the premises in which it is alleged that any of the above-mentioned drugs is kept or deposited, and to seize and securely keep the same until final action, and to arrest the person or persons in whose possession it is found, together with all persons present if any of the aforesaid substances is found, and to return forthwith the warrant, with his doings thereon, to a court or trial justice having jurisdiction in the place in which said substance is alleged to be kept or deposited.

**Poisons—Sale of. (Ch. 78, Act Mar. 28, 1916.)**

**SECTION 1.** Section 2 of chapter 213 of the Revised Laws, as amended by chapter 263<sup>3</sup> of the acts of the year 1912, and by chapter 585 of the acts of the year 1913, is hereby further amended by striking out the words "laudanum, McMunn's elixir, morphia or any of its salts," in the sixth and seventh lines, and by striking out the word "opium" in the seventh line, so as to read as follows:

**SEC. 2.** Whoever sells arsenic (arsenious acid), atropia or any of its salts, chloral hydrate, chloroform, cotton root and its fluid extract, corrosive sublimate, cyanide of potassium, Donovan's solution, ergot and its fluid extract, Fowler's solution, oil of pennyroyal, oil of savin, oil of tansy, Paris green, Parson's vermin exterminator, phosphorus, prussic acid, "rough on rats," strychnia or any of its salts, tartar emetic, tincture of aconite, tincture of belladonna, tincture of digitalis, tincture of nux vomica, tincture of veratrum viride, compounds of fluorine, or carbolic acid, without the written prescription of a physician, shall affix to the bottle, box, or wrapper containing the article sold a label of red paper upon which shall be printed in large black letters the name and place of business of the vendor and the words "poison" and "antidote," and the label shall also contain the name of an antidote, if any, for the poison sold. He shall also keep a record of the name and quantity of the article sold and of the name and residence of the person or persons to whom it was delivered; which shall be made before the article is delivered and shall at all times be open to inspection by the officers of the district police and by the police authorities and officers of cities and towns; but no sale of cocaine or its salts shall be made except upon the prescription of a physician. Whoever neglects to affix such label to such bottle,

<sup>1</sup> Reprint No. 200 from the Public Health Reports, p. 111.

<sup>2</sup> Public Health Reports, May 28, 1915, p. 1663.

<sup>3</sup> Reprint No. 200 from the Public Health Reports, p. 112.



box, or wrapper before delivery thereof to the purchaser or whoever neglects to keep or refuses to show to said officers such record or whoever purchases any of said poisons and gives a false or fictitious name to the vendor shall be punished by a fine of not more than \$50. The provisions of this section shall not apply to sales by wholesale dealers or manufacturing chemists to retail dealers, or to a general merchant who sells Parisgreen, London purple, or other arsenical poisons in unbroken packages containing not less than one-quarter of a pound, for the sole purpose of destroying potato bugs or other insects upon plants, vines, or trees, except that he shall record each sale and label each package sold, as above provided, Nor shall the provisions of this section apply to sales of compounds containing not more than 50 per cent of sodium fluoride intended solely for the destruction of roaches, ants, or other household insects when sold in sealed metal packages containing not less than one-fourth of a pound plainly labeled in such a manner as to show the purposes for which the preparation is intended.

**Sewage and Waste—Prevention of Discharge or Entrance into Neponset River.  
(Ch. 180, Act May 8, 1916.)**

Section 1 of chapter 541 of the acts of the year 1902, as amended by section 1 of chapter 360 of the acts of the year 1906, is hereby further amended by striking out the said section and inserting in place thereof the following:

**SECTION 1.** The State department of health is hereby authorized and directed to prohibit the entrance or discharge of sewage into any part of the Neponset River or its tributaries, and to prevent the entrance or discharge therein of any other substance which may be injurious to the public health or may tend to create a public nuisance or to obstruct the flow of water, including all waste or refuse from any factory or other establishment where persons are employed, unless the owner thereof shall use the best practicable and reasonably available means to render such waste or refuse harmless.

**Advertisements—Untrue, Deceptive, or Misleading, Prohibited. (Ch. 149, Act Apr. 24, 1916.)**

**SECTION 1.** Any person who, with intent to sell or in anywise dispose of merchandise, securities, service, or anything offered by such person, directly or indirectly, to the public for sale or distribution, or who with intent to increase the consumption of or demand for such merchandise, securities, service, or other thing, or to induce the public in any manner to enter into any obligation relating thereto, or to acquire title thereto, or an interest therein, makes, publishes, disseminates, circulates, or places before the public, or causes, directly or indirectly, to be made, published, disseminated, circulated, or placed before the public within the Commonwealth, in a newspaper or other publication, or in the form of a book, notice, handbill, poster, bill, circular, pamphlet, or letter, or in any other way, an advertisement of any sort regarding merchandise, securities, service, or anything so offered to the public, which advertisement contains any assertion, representation, or statement of fact which is untrue, deceptive, or misleading, and which such person knew, or might on reasonable investigation have ascertained to be untrue, deceptive, or misleading, shall be guilty of a misdemeanor and shall be punished by a fine of not less than \$10 or more than \$500 for each offense: *Provided, however,* That the provisions of this act shall not apply to any owner, publisher, printer, agent, or employee of a newspaper or other publication, periodical, or circular, or to any agent of the advertiser who in good faith and without knowledge of the falsity or deceptive character thereof publishes, causes to be published, or participates in the publication of such advertisement.

**SEC. 2.** The term "person" as used in section 1 shall include a partnership, corporation, or association.

**SEC. 3.** Chapter 489 of the acts of the year 1912, as amended by chapter 288 of the acts of the year 1914 is hereby repealed.

# MINNESOTA.

## Communicable Diseases—Notification of Suspected Cases on Farms and Dairies. (Reg. Bd. of H., Jan. 24, 1916.)

REG. 323. When no physician is in attendance it shall be the duty of any person in charge of any farm, dairy, creamery, or milk station where milk, cream, butter, or other food or food products liable to be eaten without being cooked after handling are produced or handled for commercial purposes to report to the local health authorities all known facts relating to any person presumably affected with a communicable disease, employed by or residing on or in the establishment, or coming in contact in any way with the products enumerated.

## Diphtheria—Control of—Quarantine—Discontinuance of Laboratory Service. (Reg. Bd. of H., Jan. 24, 1916.)

REG. 711. In case laboratory work in relation to diphtheria be discontinued the quarantine period for diphtheria in the territory deprived of laboratory service shall be six weeks, dating from the appearance of symptoms in the last case to develop in the house, but regulations 702, 703, 704, 705, 706, 707, 708, 709, and 710<sup>1</sup> thus suspended shall again be in force on the date when laboratory service is resumed.

The control of diphtheria in public institutions in territory deprived of laboratory service shall be governed by special orders to be issued by the executive officer of the State board of health after the situation has been investigated by a representative of the State board of health.

# NEW HAMPSHIRE.

## Midwives—Registration of—Reporting of Births—Regulation of Practice—Notification of Cases of Ophthalmia Neonatorum. (Reg. Bd. of H., Jan. 27, 1916.)

1. That every person acting or officiating as a midwife shall register her name, nationality, residence with street and number, with the local board of health, and the said local board of health shall immediately transmit a copy of such records to the State board of health.

2. Midwives are required to report to the local board of health within 24 hours every birth at which they officiate, giving the name of the family in which it occurred, with street and number.

3. Midwives are also required to report to the town or city clerk within 6 days, upon blanks furnished for the purpose, every birth attended by them.

4. Midwives are not allowed to use any instrument or artificial force or mechanical means to assist in childbirth or to advise or employ any drug other than antiseptic or disinfectant.

5. Local boards of health are required to see that a physician or a qualified nurse visits each midwife case of birth as soon as possible after notification, to learn if professional or other service is essential to the welfare of the infant—especially to ascertain the condition of the eyes—and to give such sanitary instruction as may be necessary.

6. Should one or both eyes of an infant become inflamed, swollen, and red, and show an unusual discharge at any time within two weeks after its birth, it shall be the duty of the attending midwife, nurse, relative, or other attendant treating or having charge of such infant, to report in writing, within 6 hours thereafter, to the board of health of the city or town in which the parents of the infant reside, the fact that such inflammation, swelling, and redness of the eyes and unnatural discharge exist, except that if a legally qualified physician is in attendance he shall report as required by this section within 24 hours.

7. Upon receipt of a report as set forth in the above the board of health, if no physician is in attendance, shall at once direct the parents, or whoever has charge of such infant having such inflammation, swelling, redness, or unnatural discharge of the eyes, immediately to place it in charge of a legally qualified physician, or in charge of the city or town physician, if unable to pay for medical services.

8. The board of health of every city and town in the State shall make a weekly report to the State board of health, upon blanks furnished for that purpose, of all cases reported under the provisions of paragraph No. 6 of these regulations, and any person violating its provisions is liable to a fine of \$25 for each offense.

## OHIO.

### Maternity Homes and Lying-in Hospitals—Regulation of. (Reg. Bd. of H., Jan. 20, 1916.)

1. The rooms and wards in maternity boarding houses and lying-in hospitals shall be of sufficient size to allow not less than 1,000 cubic feet for each adult patient and of 500 cubic feet for each infant kept therein.

2. All rooms and wards shall be outside rooms and the window space shall not be less than one-fifth of the floor space.

3. The heating of all rooms shall be of sanitary type and sufficient to maintain the temperature at 70° F. in the coldest weather.

4. The flooring and walls shall be in good condition and of character to permit of easy cleaning. All parts of maternity boarding houses and lying-in hospitals shall be kept in a cleanly condition.

5. The plumbing and drainage or other arrangements for the disposal of excreta and household wastes shall be in accordance with the best sanitary practice. The water supply shall be pure.

6. Clean bedding, body linen, and towels shall be kept on hand in sufficient quantity.

7. In each labor case, at the time of expected delivery, a legally qualified physician shall be promptly notified and shall be present and in attendance at the time of birth.

8. After the birth of the child a legally qualified physician shall be in attendance upon the mother and shall conduct all after treatment.

9. Infants under 6 months of age, inmates of maternity boarding houses or lying-in hospitals, shall be breast-fed by their mothers when possible, and no such infants shall be otherwise fed except on the written certificate of the physician in charge, which certificate shall state in detail the reasons for discontinuing breast-feeding and a copy of which shall be sent to the State board of health. If the infant kept at the maternity boarding house or lying-in hospital is not breast-fed by its mother, the feeding and selection of food shall be under the direction of a legally qualified physician. If a wet nurse is provided, she shall meet with the approval of such physician. Under no circumstances will the use of long-tubed nursing bottles be permitted. Proper provision shall be made for care and sterilization of bottles.

10. A register, in book form, to be supplied by the State board of health, shall be kept with all the data required by said board, which data shall be entered in such register in ink within 24 hours after the admission of any woman or child. Two exact copies of such entry shall be made in ink on blanks furnished by the State board of health, and within 24 hours after the admission of such person, one copy shall be sent to the local board of health within whose jurisdiction such maternity boarding house or lying-in hospital is situated and the other copy to the State board of health at Columbus, Ohio.

11. In case of the death of any inmate of any maternity boarding house or lying-in hospital, notice thereof, properly made out upon a form to be furnished by the State board of health, shall be at once sent to the board of health within whose jurisdiction

such maternity boarding house or lying-in hospital is located, and a similar notice shall likewise be sent, and at the same time, to the State board of health, Columbus, Ohio.

12. In case of the removal of a child or the discharge of any woman from a maternity boarding house or lying-in hospital, notice thereof, properly made out upon forms furnished by the State board of health, shall be sent to the local board of health within whose jurisdiction such maternity boarding house or lying-in hospital is located and to the State board of health, Columbus, Ohio, within 24 hours after the discharge of such inmate.

13. Any person maintaining a licensed maternity boarding house or lying-in hospital who violates or permits to be violated any of the above rules or regulations, or who violates or permits to be violated any provisions of an act to regulate the establishment, maintenance, and inspection of maternity boarding houses and lying-in hospitals, passed February 17, 1908, shall have his or her license revoked.

SEC. 12789. *Violating law relating to maternity boarding houses and lying-in hospitals.*—Whoever violates any provisions of law relating to the establishment, maintenance, and inspection of maternity boarding houses and lying-in hospitals shall be fined not more than \$300. (99 v. 16, sec. 15, as amended Apr. 23, 1910.)

14. Full family histories of both parents of each child born in said maternity boarding house or lying-in hospital shall be kept on file in said institution on blanks furnished by the Ohio Board of State Charities.

15. A maternity boarding house or lying-in hospital shall not place children in foster homes for permanent care or for legal adoption. These institutions are not included in the exemptions mentioned in sections 6257 and 6273 of the General Code.

If unusual conditions make necessary the placement of any child in a foster home, the legal guardian of said child shall make application for such care to the judge of the juvenile court of the county in which the child is a legal resident, or to some incorporated charitable organization, society, or institution for the care of children, regularly certified by the board of State charities. In any such case the State board of health shall be notified within 24 hours after the removal of such child from the maternity boarding house or lying-in hospital.

In case the legal guardian is deceased or unknown said maternity boarding house or lying-in hospital shall make application to the juvenile court of the county in which said institution is located for the appointment of guardian, pursuant to section 1645 of the General Code.

#### **Ice Cream Parlors and Soda Fountains—Sanitary Regulation—Cleaning of Utensils—Employees. (Reg. Bd. of H., Mar. 16, 1916.)**

RULE 1. In order that the sale of ice cream, sodas, and soda-fountain sundries may be conducted under sanitary conditions, the operators of ice cream parlors and soda fountains are hereby instructed that all such goods shall be dispensed only in clean or sterile containers. To this end it is ordered that all soda fountains and ice cream parlors be provided with facilities for the thorough cleansing of dippers, glasses, spoons, serving dishes, and any other vessel or utensil coming in contact with ice cream, sodas, or soda-fountain sundries.

RULE 2. Facilities for the cleansing or sterilization of dippers, glasses, spoons, serving dishes, and any other vessel or utensil coming in contact with ice cream, sodas, and soda-fountain sundries shall include—

(a) An adequate supply of hot and cold water of a quality suitable for drinking purposes.

(b) Suitable arrangements for supplying boiling water or live steam.

(c) Suitable provision for taking care of clean or sterile glasses, dishes, etc., so as to keep same clean until wanted for use.

(d) Spoons must be exposed to boiling water or live steam for a period of five minutes.

RULE 3. All dishes and utensils, after each individual service, shall be first washed by rinsing in cold water, then thorough washing in hot water with soap or suitable cleansing powder, or exposed to live steam or boiling water for a period of three to five minutes, then rinsing in clean, cold water, and draining.

In lieu of the above requirement or when it is found impossible or inexpedient to use live steam or boiling water, sterile dishes, cups, and spoons manufactured from paper, wood, or any other suitable material, and handled in a sanitary manner, and used for one service only, will be allowed.

RULE 4. Refrigerators at soda fountains shall be kept clean by washing with hot water and soap or washing powder.

RULE 5. Employees in ice cream parlors and at soda fountains shall be cleanly in person and dress, free from infectious and contagious disease, and trained in the conduct of their work.

RULE 6. The use of straw is forbidden, except when such straws are protected from dust, dirt, and handling by employees or others.

RULE 7. As soon as empty all ice cream containers, milk and cream cans shall be thoroughly rinsed with cold water and covered so that no foreign matter may enter said containers or cans.

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