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## SELLING DISEASED PORK FOR FOOD.

**JUDICIAL DECISION HOLDING DEALER LIABLE FOR DAMAGES CAUSED BY ILLNESS RESULTING FROM EATING PORK INFECTED WITH TRICHINÆ.**

The Supreme Court of New York has affirmed a judgment against a dealer for \$1,000 damages for illness caused by eating pork infected with trichinæ. The pork had been inspected, and it bore the United States Government stamp.

Judge Howard, in the opinion, stated his belief that the old rule of law to the effect that "there is an implied warranty on the part of the vendor of foodstuffs that goods sold for immediate consumption are fit and wholesome" is a doctrine not suitable to modern conditions, but the court regarded the law as settled in the State of New York, and felt bound to adhere to the rule, though it was intimated that if an appeal is taken the court of appeals might reverse the decision. The opinion is published in full in this issue of the Public Health Reports, page 1793.

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## PORK AND TRICHINÆ.

**THE NEED FOR THE THOROUGH COOKING OF FRESH PORK BEFORE IT IS EATEN.**

According to results of microscopic examination by the United States Department of Agriculture, more than 14 out of every 1,000 hogs slaughtered in this country contain the parasite known as *Trichinella spiralis*, and more than 25 out of every 1,000 of the hogs contain either this worm or bodies resembling the cysts of this worm.

If taken alive into the human body, this parasite, known ordinarily as trichina, is capable of producing a disease known as trichinosis, and statistics of 14,820 cases in man show that 5.6 per cent were fatal. But if the worms are killed by thoroughly cooking the pork they will not produce this disease. Hence, if the meat is thoroughly cooked the consumer need have no fear of contracting trichinosis.

The meat inspection conducted under the Federal laws, and under the regulations promulgated by the United States Department of Agriculture, does not include an inspection for the presence of trichinæ in hogs, as it can not be determined with certainty by any known method of inspection whether pork is free from these parasites.

Experience shows that the microscopic inspection for trichina conducted in some countries is weakened by such an incidence of error and uncertainty that it is untrustworthy, and that it eliminates from the trade only part of the trichinous meat. On account of the uncertainty and untrustworthiness of this microscopic inspection neither meat-inspection systems nor meat dealers are in a position to give scientific assurance that pork, even if inspected microscopically, does not contain this infection. Hence, the public is warned that in spite of any assurance to the contrary given by any person, it is not safe to eat even microscopically inspected pork unless this is thoroughly cooked or unless it is treated by some other safeguarding process that kills the trichinae.

Pork, despite the presence of trichinae, if otherwise sound, is rendered fit for food if properly and thoroughly cooked; but no pork or pork product of any kind is fit for human consumption unless it is first prepared so as to destroy any trichinae which may be present. Trichinae may be destroyed by exposure to a freezing temperature not higher than 5° F. for 20 days, or by certain special curing processes; but as these methods are not generally applicable, thorough cooking is the only means that is available to the consumer under usual conditions of rendering fresh or cured pork safe for food.

### SMALLPOX IN PORTO RICO, 1916.

By W. W. KING, Surgeon, United States Public Health Service, chief quarantine officer for Porto Rico.

On May 4, 1916, the presence of smallpox in San Juan, P. R., was announced by the director of sanitation, and this announcement was soon followed by reports of cases from other places in Porto Rico, particularly Trujillo Alto, a small town about 12 miles eastward from San Juan. To June 17 the following cases had been reported, but it is now known that a considerable number of cases had occurred in San Juan prior to the above date.

#### *Cases reported to June 17, 1916.*

Arecibo.....	14	Loiza.....	39
Arroyo.....	8	Mayaguez.....	13
Barceloneta.....	4	Patillas.....	1
Barros.....	3	Rio Piedras.....	10
Bayamon.....	14	San Juan.....	242
Caguas.....	4	San Lorenzo.....	4
Camuy.....	1	Trujillo Alto.....	100
Carolina.....	2	Utuado.....	4
Cataño.....	2	Vega Baja.....	1
Cidra.....	2	Vieques.....	1
Fajardo.....	3	Yabucoa.....	1
Garabo.....	18		
Humacao.....	2	Total.....	502
Juncos.....	9		

Of the 502 cases reported, 2 resulted fatally at Trujillo Alto.

The first cases reported in San Juan came from that portion of the city known as Puerta de Tierra, inhabited chiefly by laboring people, white and black, who live under precisely those conditions favorable to the spread of smallpox. Energetic measures were at once instituted and investigation revealed numerous foci of infection located chiefly in two streets, San Augustin and San Andres. Scattered foci were also found in San Juan proper and the suburb, Santurce.

As rapidly as possible the patients were removed to the isolation hospital, some 66 persons being admitted during the first week. To meet the abnormal demand upon this hospital, beyond its normal capacity, additional quarters were provided by the conversion of a large warehouse, in the same grounds, into a temporary hospital.

The form of the disease has been mild, as a rule, so much so that it has led some persons unfamiliar with the disease in its mild forms to raise the question of its being genuine smallpox. Severer forms have not been wanting, however, and probably 7 or 8 per cent of the cases may be so classed. Two deaths have occurred to date (June 22).

Vaccination, particularly in Puerta de Tierra, was promptly begun with the supply of virus on hand. Cabled rush orders brought additional and ample supplies, and vaccination has been vigorously pushed with the result that the outbreak is apparently under control in San Juan, although it may require further time to completely eradicate it. In all, more than 40,000 persons have been vaccinated.

The announcement of the presence of the disease, the number of cases and their distribution came as an unpleasant shock to the public generally. An important factor which undoubtedly obscured the situation was the simultaneous widespread prevalence of chicken-pox. There can be no question that true chicken pox had been prevalent for some months. I personally have seen a number of typical cases varying from mild to severe. As evidence of its nonidentity with smallpox, I may cite four cases of my own observation. Vaccination gave typical positive "takes" on three children who had recently had chicken-pox. In one instance the vaccination had been done immediately after disappearance of the chicken-pox eruption. A fourth child developed severe chicken-pox before complete healing of a rather marked vaccination "take." Similar instances are reported by various physicians, including a case where smallpox was contracted a short time after recovery from chicken-pox. Both diseases attacked children, and a few cases, at least, of chicken-pox occurred in adults. On the other hand, the cases which I saw at the isolation hospital during the first days of the outbreak were typical smallpox and easily distinguishable as such except in a few instances, where after mild attacks convalescence was so far advanced that diagnosis

was difficult. Confusing cases did occur, presenting symptoms and eruptions which were not distinctive yet suggestive of either disease.

Whether the present outbreak started from imported cases or from those previously existing in Porto Rico, can not now be determined. The disease had existed so long a time previous to discovery and so many persons had been attacked, that it was not possible to trace it back to its origin.

The general vaccination under the early military government attempted to include the entire population of the island, but unquestionably thousands of persons managed to avoid it. During the succeeding years more or less vaccinations were done, sometimes many thousands, but the increase of population by birth and immigration has exceeded the number of vaccinations, hence there has been a varying but constant increase in the number of persons nonimmune to smallpox, which number has further been augmented by those whose immunity conferred by vaccination has gradually worn off.

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## **PUBLIC HEALTH ADMINISTRATION IN NEBRASKA.**

By CARROLL FOX, Surgeon, United States Public Health Service.

The following report gives the results of a study of public health organization and administration in the State of Nebraska, carried on through a period of approximately six weeks from March 15, 1916, to May 1, 1916.

Nebraska has an area of 76,808 square miles, contains 93 counties, and had a population on July 1, 1915, estimated at 1,258,624. There are but two large cities in the State—Omaha, with an estimated population of 163,200, and Lincoln, with an estimated population of 46,028. The eastern part of the State is by far the most populous. The principal industries are grain and cattle raising, and to a lesser extent dairying. Manufacturing is of minor importance.

During the course of the study the following places were visited: Omaha, Lincoln, Grand Island, Hastings, North Platte, Kearney, Seward, Columbus, and Ashland.

For information and assistance obtained during the study the writer is indebted to the various State and local officials and others interested in the subject of the public health.

### **THE STATE BOARD OF HEALTH.**

*Composition of the board.*—The State board of health is composed of the governor, the attorney general, and the superintendent of public instruction. The governor is ex officio chairman and the superintendent of public instruction is secretary of the board.

*Meetings.*—The board meets upon the call of the chairman. A majority constitutes a quorum.

*Powers and duties of the board.*—The powers and duties of the board of health are as follows:

To have supervision and control over all matters relating to sanitation and all quarantine necessary to prevent the spread of communicable diseases.

To formulate, adopt, and publish reasonable rules and regulations to promote sanitation throughout the State and prevent the introduction or the spread of disease.

To adopt and enforce special quarantine and sanitary regulations in emergencies, or when the local board of health fails or refuses to act, or where no board has been established. Under such circumstances, the necessary expenses must be defrayed by the locality.

To make careful inquiry into the causes of the various communicable diseases, epidemic and endemic, and to take prompt action to suppress them.

To make careful studies relative to the sanitary condition of localities, employments, the personal and business habits of the people, and the relation of the diseases of the lower animals to man, and to promulgate the necessary regulations to protect the people against the diseases of lower animals.

To collect and preserve such information as may be useful in the discharge of its duties and for dissemination among the people.

In addition to the above the board of health is empowered to license and inspect maternity homes, to grant certificates to practice medicine; to inspect the equipment and methods of teaching in all medical colleges and schools within the State and to refuse to examine graduates of any school which it may judge not up to standing; and to grant licenses to practice dentistry after the applicants have been examined by a board of examiners composed of dentists appointed by the board of health. The State board of health is also required to appoint a board of examiners for embalmers.

It is the duty of all local, municipal, and county boards of health, health authorities, officers of State institutions, police officers, sheriffs, constables, and all other officers and employees of the State or of any locality, and every person, to observe and enforce the regulations promulgated by the State board of health. For violation there is provided a fine of not less than \$5 nor more than \$200.

*The State medical board.*—Inasmuch as the State board of health consists of State officers not necessarily versed in sanitary matters, there is authority in law for the appointment of a State medical board made up of four physicians, each having had at least seven years' consecutive practice within the State. Two of these physicians

must be appointed from the so-called regular school, one from the so-called homeopathic, and one from the so-called eclectic school. They receive their appointment from the governor and are entitled to reimbursement from the fees collected from applicants for license to practice medicine.

*Duties of the secretaries or members of the State medical board.*—

It is the duty of the secretaries to assist and advise the board of health, to summon witnesses, and to take testimony and report such testimony, together with advice and recommendations, to the board of health. It is also their duty to hold examinations for license to practice medicine under rules and regulations prescribed by the board of health.

Finally, they are required by law to advise, assist, and act under the direction of the board of health in the performance of such duties as relate to communicable disease.

*Discussion.*—Under the constitution of the State of Nebraska, all State boards must be composed of elective officers of the State. The State board of health is, therefore, a lay board comprised of State officials who lay no claim to any special knowledge on the subject of public health. For this reason the idea was conceived to create a board composed of physicians who could act as advisors to the State board of health. It seems, however, that it was not thought necessary to provide for a State health officer with special qualifications to act as executive officer of the board of health. In the absence of such a position, the advisory State medical board, whose members are known under the law as secretaries, has assumed the details of administration. Because of its professional character, and therefore greater knowledge on public health matters, it has to a certain extent assumed the duties of the board of health, and thus at present the executive of the State board of health is in reality a board of four officials. This is a cumbersome arrangement and results in a subdivision of authority and responsibility not conducive to efficiency.

The system of a board within a board is not in accordance with modern ideas. Furthermore, the members of the advisory board live in different parts of the State and meet at infrequent intervals. Their secretary, to whom they have delegated the authority to represent them in official matters, does not live in Lincoln and, therefore, can not keep in close touch with the subordinates of the board of health who are carrying on the active work.

Many misunderstandings and deficiencies occurring in the health organization can be traced to the absence of an executive head. In order to increase efficiency and bring the State board of health on a plane with similar organizations elsewhere, it is necessary, there-

fore, to provide for a full-time State health officer to act as executive officer of the board of health. Such a man should have had previous experience in public health work; he should have administrative ability; and he should retain his position as long as he rendered efficient service to the State. In this way all responsibility would be assumed by one experienced individual. It is suggested that an examination for State health officer be held before the secretaries and the board of health, the applicant securing the highest mark to be appointed to the position by the State board of health.

At the same time certain divisions in the health department should be organized to carry on special duties, each division to have a full-time chief to act as the immediate assistant to the State health officer. As the latter would be required to assume the responsibilities of administration and enforcement of laws and regulations, his assistants should be appointed by the State board of health upon his recommendation. These bureau chiefs should hold office during efficiency and not be discharged on account of political considerations.

The State medical board should be retained as the medical examining board. It should also act in a purely advisory capacity when called upon for advice by the board of health or the State health officer.

To bring this reorganization about and render it effective, certain of the laws would have to be amended and more money appropriated.

#### REGISTRATION OF BIRTHS AND DEATHS.

The registration of births and deaths is required by a law patterned very closely after the model law proposed by the Bureau of the Census. Its enforcement has been imposed on the State board of health, and two clerks, at \$840 per annum each, are engaged in the work.

*Death registrations.*—During 1915, 10,572 deaths were reported to the State registrar. As the population of the State of Nebraska is estimated at 1,258,624, the recorded death rate is 8.4 per thousand. This is, without doubt, too low. In order to arrive at a figure more closely approaching the true death rate, figures for 10 of the principal cities of Nebraska have been computed for the calendar year 1915, and an average calculated which may be looked upon as the approximate urban death rate for the State as a whole. The results given in the following table show an average death rate of 12.1. It is believed to be not unfair to assume that the death rate for the State as a whole is probably at least 12 per thousand.

City.	Population estimated as of July 1, 1915.	Number of deaths.	Death rate per 1,000 inhabitants.	Number of births.	Birth rate per 1,000 inhabitants.	Number of stillbirths.
Omaha.....	163,200	1,828	11.2	2,864	17.5	139
Lincoln.....	46,028	610	13.2	1,169	25.3	41
Grand Island.....	12,519	191	15.2	244	19.4	7
Hastings.....	10,873	158	14.5	334	30.7	6
Beatrice.....	10,137	142	14.0	127	12.5	5
Fremont.....	9,770	112	11.4	185	18.9	4
Norfolk.....	7,096	89	12.5	130	18.3	2
York.....	6,786	67	9.8	92	13.5	2
Kearney.....	6,486	126	19.4	191	29.4	3
Columbus.....	5,760	75	13.0	136	23.6	4
Total.....	278,655	3,398	12.1	5,472	19.6	213

Deaths in State institutions and stillbirths have been excluded in the calculation.

*Preventable deaths.*—Of the 10,572 deaths, 5,056 or 47.8 per cent, were due to causes that might have been prevented. The number of deaths from these diseases, together with the death rate per 100,000 population, is shown in the following table:

*Total preventable deaths in entire State, calendar year 1915.*

Recorded cause of death.	Number of deaths.	Death rate per 100,000.
Pneumonia.....	962	76.6
Tuberculosis, pulmonary.....	481	38.3
Tuberculosis, other forms.....	59	4.7
Influenza.....	202	16.0
Typhoid fever.....	109	8.6
Measles.....	106	8.4
Diphtheria.....	91	7.2
Whooping cough.....	87	6.9
Scarlet fever.....	54	4.3
Tetanus.....	17	1.3
Septicemia (puerperal included).....	106	8.4
Meningitis (tuberculous excluded).....	67	5.3
Erysipelas.....	30	2.3
Diarrheas and enteritis.....	258	20.5
Bronchitis.....	71	5.6
Other infections.....	97	7.7
Malignant growths.....	698	55.6
Accident.....	472	37.6
Lead poisoning.....	1	.....
Pellagra.....	1	.....
Rickets.....	5	.....
Causes peculiar to early infancy.....	1,082	86.2
Total.....	5,056	.....



*Deaths of infants under 1 year of age for year 1915.*

Recorded cause of death.	Number of deaths.	Per cent of total deaths under 1 year.
Pneumonia.....	246	14.7
Diarrhea and enteritis.....	137	8.2
Whooping cough.....	59	3.5
Measles.....	30	1.7
Influenza.....	24	1.4
Meningitis (tuberculous excluded).....	20	1.1
Erysipelas.....	8	.....
Tetanus.....	3	.....
Scarlet fever.....	1	.....
Tuberculosis.....	6	.....
Poliomyelitis (infantile paralysis).....	3	.....
Cerebrospinal meningitis.....	1	.....
Syphilis.....	5	.....
Other infections.....	33	1.9
Premature birth.....	365	21.8
Congenital debility.....	154	9.2
Convulsions.....	42	2.5
Other causes, mostly preventable.....	469	28.1
Unknown.....	63	.....
Total.....	1,669	.....

*Infant mortality.*—Of the total deaths, 1,669 occurred in infants under 1 year of age. Practically all of these deaths might have been prevented. This figure represents 33 per cent of the total preventable deaths. The recorded infant mortality rate for the State during 1915 was 64.2.

*Birth registration.*—The total number of births registered in the State during 1915 was 25,963, giving a recorded birth rate of 20.6 per thousand.<sup>1</sup>

*Discussion.*—In order to bring the State up to the standard required by the United States Census Bureau, some intensive work is required. The increased activities would be necessitated both in the office and in the field and would require an additional force, including a full-time statistician who could devote part of his time to investigations of the efficiency of registration in different localities, and an additional clerk, thereby permitting a more careful check on reports received, as well as a more extensive statistical study of material on hand.

When a locality is visited, reports of births and deaths in local newspapers and church and cemetery records should be consulted. The names of persons, obtained in this way, should be compared with the certificates received in the health department. Consultations should be had with local officials, physicians, and other citizens, deficiencies determined, and these persons encouraged by instruction and explanation to take a personal interest in securing more efficient birth and death returns.

<sup>1</sup> In making all of the above computations stillbirths have been excluded.

In order to increase the registration of both births and deaths, it is suggested that the cooperation of the ministers should be obtained, so that they might use their influence with the parents in having a birth or death certificate submitted where it had not already been done, whenever officiating at a christening or a funeral.

In remote parts of the State it likewise might be well to make those undertakers who have the confidence of the health department subregistrars, giving them the authority under certain conditions to issue burial permits, afterwards reporting to the nearest local registrar.

It might likewise be well to require all persons or firms dealing in coffins to report a sale to the State board of health, giving the name of the deceased.

There is a plan in use in certain other States which it might be well to adopt in Nebraska, when the office force is large enough to perform any increased work. This consists in issuing to the parents a receipt for every birth certificate received, thus giving them a record which they can preserve and which will encourage them to make sure that a birth report has been forwarded by the proper person.

#### EPIDEMIOLOGICAL ACTIVITIES.

The epidemiological activities of the State board of health are carried on by the State health inspector, who has also been made responsible for the efficiency of the birth and death registrations and, to a certain extent, the activities concerned with the maintenance of the purity of water supplies and the disposal of sewage within the State. This official is appointed by the board of health from three applicants nominated in writing by not less than three members of the State medical board. He must be a graduate physician of skill and experience. His term of office is one year, and he is subject to removal for cause after a hearing before the State board of health. He receives a salary of \$1,800 per year.

#### Report of Diseases.

*Requirements of law.*—The following is a summary of the law requiring the notification of diseases:

It is the duty of all boards of health and of all physicians in localities where there are no health authorities, or where such health authorities fail to act, to report to the State board of health promptly the existence of Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus fever, typhoid fever, and such other communicable diseases as the State board of health may from time to time specify.

For violation there is provided a fine of not less than \$10 nor more than \$100 for each offense.

*Requirements of regulations.*—The following diseases are declared notifiable:

Anthrax.	Whooping cough.
Chicken-pox.	Dysentery, amebic and bacillary.
German measles (rötheln).	Cholera, Asiatic.
Glanders.	Diphtheria (membranous croup).
Measles.	Epidemic sore throat.
Mumps.	Poliomyelitis.
Ophthalmia neonatorum.	Scarlet fever (scarlatina).
Puerperal septicemia.	Smallpox.
Rabies.	Bubonic plague.
Trachoma.	Cerebrospinal meningitis.
Tuberculosis.	Typhus fever.
Typhoid fever.	

It is the duty of every physician attending a person supposed to be suffering from any of the above-named diseases to report in writing within 24 hours the name and residence to the local health officer.

Where a physician is not in attendance, it becomes the duty of the owner or agent of the building in which the patient resides or the head of the family in which the disease occurs to report as above.

It is also the duty of all superintendents or other persons in charge of hospitals, institutions, or dispensaries, of school-teachers, of proprietors of hotels, boarding and lodging houses, of nurses or persons in charge of camps to report the presence or the supposed presence of any communicable disease to the local health officer.

It is likewise the duty of physicians or persons in charge of milk-producing farms or creameries to report immediately to the local health officers the presence of any case of cholera, diphtheria, amebic and bacillary dysentery, epidemic cerebrospinal meningitis, septic sore throat, measles, scarlet fever, smallpox, or typhoid fever occurring in the establishment; and the health officer is required to report immediately to the secretary of the State board of health by telephone or telegraph the existence of such disease, together with all facts relative to the isolation of the case, and to give the names of persons and the locality to which such dairy products are delivered.

Physicians or others are required to report the occurrence of a number or group of cases of food poisoning to the State board of health and to the local health officer. The local health officer is also required to report as above to the State board of health.

*Discussion.*—The reports of cases of communicable diseases occurring during 1915, as filed in the health department, are grossly deficient. Heretofore physicians in the State have been required to report their notifiable diseases directly to the State board of health. Recent regulations, however, require that these reports be made to the local health officer, who in turn must transmit a quarterly summary of these reports to the State board of health. This means that reports received will be too old to be of any value, except for purely statistical purposes. It would be better to have the local health officer transmit the original morbidity reports as soon as he has obtained all of the information from them that he may need for immediate action.

It is true that physicians and others are required to report an outbreak of disease immediately, but in order that the health department may carry on efficient work, it should be cognizant of the first case, so that prompt prophylactic measures may be taken and an epidemic prevented.

It should be needless to say that a prompt report must be made by physicians of all cases of notifiable diseases. This is an obligation which the practicing physicians owe to their community, but one which many of them do not seem to realize.

### The Control of Diseases.

*Requirements of the law.*—The laws relating to the power of the State board of health to promulgate regulations for the purpose of controlling the communicable diseases have already been mentioned.

In addition to these laws there is one which authorizes the State board of health to prohibit the use of the common drinking cup in public places, vehicles of common carriers, etc., and provides a fine of not to exceed \$25 for the violation of such regulations.

*Requirements of regulations.*—These regulations are comprehensive, yet notably deficient in that no mention is made of the necessity for vaccination in the case of smallpox.

They cover the subjects of the exclusion from school and public gatherings of persons suffering from certain diseases; the exclusion from school and public gatherings of well members of the family; the responsibility of parents and guardians under such circumstances; quarantine; the precautions to be taken by physicians; terminal disinfection; the submission of cultures from cases of diphtheria; the exemption of adult members of the family from quarantine; the removal of cases of communicable diseases; the removal of infected articles; the right of entry and inspection; the care of the discharges; special precautions; placarding and interference with placards; maximum periods of incubation; minimum periods of isolation; the sale, distribution, or handling of foods; cleansing, renovation and disinfection of rooms and articles; disinfection of the person; forbidding the renting of rooms while contaminated with infected material; duties of common carrier; the placarding of common carriers; the duties of undertakers; forbidding public funerals in certain diseases, and the sanitary maintenance of camps.

In addition, there are some special regulations promulgated for the purpose of preventing the spread of tuberculosis. These provide for the reporting of tuberculosis to the local health officer, who is required to transmit to the attending physician a printed statement specifying the precautions that must be taken to prevent the spread of the disease. After the attending physician has taken all these precautions he is entitled to a fee of \$1, to be paid by the locality.

It is required that registrars report promptly to the health officer the name and address of every person reported to have died of tuberculosis. If it is found that no report of the case has been made, his attention must be called to the provisions of the regulations; after repeated violations, local authorities are required to take the necessary steps to enforce the penalty provided. The

regulations also provide for the examination of sputum, the protection of records and the disinfection of premises, prohibit the occupancy of any apartment or premises until the disinfection has been accomplished, and provide a penalty of not to exceed \$10 in case a person is careless or refuses to comply with the precautions necessary to prevent the spread of the disease. Where physicians fail to perform the duties required by the regulations, or make false reports, they may be subjected to a fine of not to exceed \$100. Physicians are also required to report the recovery of a case to the local health officer. In addition to the penalty already mentioned, there is another providing a fine of not less than \$5 nor more than \$50 for violation of certain of the provisions.

*The tuberculosis sanatorium.*—The State maintains an institution for the care of the tuberculous. Both advanced and incipient cases are taken. At present its maximum capacity is approximately 40 patients, who are housed in a well-designed wooden pavilion, containing two wards, one for male and one for female patients. There will soon be ready for occupancy a brick building, which will increase the capacity of the sanatorium to approximately 100 patients. There is likewise under construction a power plant to furnish heat and light.

There is also a small tuberculosis pavilion in connection with the county hospital of Douglas County. It is too small for the purpose.

It is needless to state that the facilities for isolating cases of tuberculosis within the State are entirely inadequate and it is suggested that steps be taken to interest the different counties in building sanatoria in which to place tuberculous patients who are a menace to the health of the community.

*Discussion.*—To a large extent the duties of the State health inspector are concerned with the settlement of disputes among physicians over diagnoses and of disagreements among the local officials as to how certain diseases should be handled under the regulations. The amount allowed by the legislature for traveling expenses incurred by officials of the State board of health is entirely inadequate and would not permit of any intensive work being carried on for the control of disease. Nor could one man properly perform the comprehensive duties of the office even though the fund for traveling expenses were sufficiently large to enable him to be on the road at all times. Furthermore, one man could not be expected to be an expert on the three important subjects of epidemiology, sanitary engineering, and vital statistics.

On account of the inadequate force in the board of health and lack of funds, the enforcement of regulations must necessarily be left to the local health officers. Except in a few instances, however, local health organizations are very deficient. In order to get results, it is necessary, not only to reorganize and enlarge the State board of health, but to require that each county and city be provided with a

health organization which could render active assistance to the State officials. A study of the table already given will show that much active and intensive work is necessary in the interest of the public health. This table represents but approximately 70 per cent of the deaths that actually occur from preventable causes. If one could add the unreported deaths as well as those due to syphilis and other communicable diseases reported under other heads, the number of deaths from preventable causes would be shown to be much greater. The greatest number of deaths of this nature were due to pneumonia, a disease quite common in Nebraska, especially among the very old and the very young. Next in the number of deaths is malignant growths, followed by tuberculosis. Influenza, or a disease resembling it and reported under that name, occasioned 202 deaths, many of them in the aged and complicated by pneumonia. Smallpox is all too common, due to the fact that general vaccination is not practiced. The ordinary communicable diseases, as for instance scarlet fever and diphtheria, are quite prevalent.

Occupational diseases play a very minor part in the public health problems of the State.

#### **Diagnostic Laboratory.**

The bacteriological laboratory of the State board of health was established in 1913. Previous to that time the necessary work had been performed in the laboratory of the State University at Lincoln.

In the laboratory there is employed one bacteriologist, at a salary of \$2,400 per year; he has no assistant. Much of his time is taken up with the examination of water supplies. In addition to this examinations are made of cultures in the case of diphtheria both for diagnosis and for release from quarantine; of sputum for the diagnosis of tuberculosis; of blood for the Widal test in case of suspected typhoid; and of animal heads for suspected rabies. Some clinical laboratory work is carried on, as for instance the examination of urine and gastric contents, and examinations for both the food and drug commissioner and the State veterinarian.

*Method of procedure.*—Approved mailing outfits are supplied to physicians and health officers upon request. Those in use for the diagnosis of diphtheria contain a tube of blood serum, a wooden tongue depressor, and two swabs. Those for the diagnosis of tuberculosis contain a stoppered wide-mouth bottle with a small quantity of carbolic-acid solution. Wright's capsules are furnished for the submission of blood specimens for the Widal reaction; but, as is so often the case, physicians do not seem to understand their use, and finally resort to the drop of blood on a glass slide in order to secure a specimen suitable for examination. Two outfits are furnished for

forwarding water samples to the laboratory, one to be used when chemical analysis is desired and one for bacteriological examination.

The laboratory is well equipped, and examinations are made in a scientific manner.

*Discussion.*—A study of the following table will show that physicians are taking but little advantage of the laboratory facilities offered by the State. On the other hand, it should be said that there is as much work carried on in the laboratory as may reasonably be expected from one man. Previous to April, 1915, the bacteriologist had an assistant who received \$1,000 per year and who relieved him of much of the routine work, as, for instance, the cleansing and sterilization of glassware, preparation of media, etc.; but the position has since been abolished. It is not economy to use the time of a skilled employee to perform duties that could as well be done by a less skilled and lower paid man. Such an arrangement also interferes with the scientific work which the bacteriologist should be required to do.

If the State is to take its place in the front rank in public health matters, it is necessary that the amount of work performed in the laboratory be greatly increased and its scope broadened. Physicians should be encouraged to send in more specimens, and facilities should be extended to physicians and health officers so that they could have Wasserman reactions determined, as well as the examination of tissues or tumors for suspected malignancy.

Mailing outfits for the submission of specimens for examination should be supplied to conveniently located distributing stations in different parts of the State, so that physicians could secure them without delay.

There should be employed not only a bacteriologist to perform the diagnostic work but a chemist to take over the examination of water and sewage analysis and a laboratory attendant to perform that part of the routine work required preparatory to making investigations.

It should not be necessary for either the bacteriologist or the chemist to carry on correspondence, which in a properly organized health department would be attended to by the sanitary engineer and the epidemiologist.

The forms for reporting the results of diagnoses should be of the same size as the morbidity report cards, so that positive reports of diagnosis could be filed with the epidemiologist in lieu of morbidity reports.

Daily reports should be made to the epidemiologist, giving the location from which positive specimens were received.

It is suggested that too much stress is laid on the importance of the chemical analysis of water, which, moreover, takes a great deal

of time. The most important point to determine is the presence or absence of colon bacilli. Because of local conditions, it may be necessary for the present to continue chemical analysis of water, but with the proper organization and the formation of a bureau of public health engineering, such examinations need only be made when considered necessary by the sanitary engineer after a sanitary survey.

The cost of maintaining the diagnostic laboratory during 1915 was \$2,975.46, making a cost per examination of \$1.36. It may be safely assumed that the purely diagnostic work of the laboratory should be increased at least tenfold. Excluding water analysis, the work would then amount to 13,790 examinations, with an increase of only \$1,340, \$840 of which would be spent for a laboratory assistant and \$500 for maintenance. This would reduce the cost per examination to 31½ cents.

*Tabulation of examinations made in the laboratory of the State board of health, calendar year 1915.*

	Positive.	Negative.	Total examinations.	Unsuitable for examination.
Water:				
Chemical.....			144	
Bacteriological.....			480	
Ice:				
Chemical.....			88	
Bacteriological.....			88	
Milk (human), bacteriological.....			2	
Cerebrospinal fluid.....			13	
Milk (cows), bacteriological.....			127	
Milk (human), chemical.....			40	
Widal reactions.....	78	153	231	22
Diazo reactions.....	46	23	69	
Rabies.....	5	32	37	
Diphtheria, cultures.....	62	169	231	27
Tuberculosis, sputum.....	103	225	328	2
Malaria.....	2	6	8	
Vaccines:				
Antityphoid.....			46	
Autogenous.....			1	
Miscellaneous.....			232	
Feces.....			14	
Total.....			2,179	51

### Local Health Authorities.

*Requirements of laws.*—In municipal corporations the law provides for the creation of a board of health to consist of the mayor, the city physician, the president of the city council, and the marshal. This board is authorized: To make and enforce necessary regulations relating to matters of health and sanitation, including the control of communicable diseases, control of hospitals, sanitation of streets, vacant grounds, stockyards and the like, and wells, cisterns, privies, cesspools, stables, and other places that may become offensive; to abate or prevent the occurrence of nuisances; and to enforce all State laws relating to health and sanitation. The jurisdiction of the board of health ex-



tends 5 miles beyond the city limits. Penalties are provided for the violation of such regulations.

The board of trustees of villages is authorized by law to appoint a board of health to consist of three members, one of whom shall be a competent physician. This board is authorized to enforce the quarantine laws in the village and to have jurisdiction 3 miles beyond the village limits. Where a board of health is not created, the board of trustees is vested with the powers and duties of a board of health and is required to enforce the regulations of the State board of health. The members of the board of health hold office for one year, unless sooner removed by the president of the board.

County boards are required to establish a board of health, one member of which shall be a legally registered physician. Such boards have jurisdiction throughout the county except in incorporated cities and villages having the power to establish boards of health and quarantine regulations. The board is required to make and enforce regulations to prevent the introduction and spread of communicable diseases. Where no board has been established, it is the duty of the county board of supervisors, or commissioners, to enforce the quarantine laws and regulations of the State board of health.

*Requirements of regulations.*—Local health officers are required to make quarterly reports as to general sanitary conditions and the presence of disease. They are also required to keep in close touch with the diseases existing within their jurisdiction and, if necessary, to notify the State board of health of conditions. They shall report to the State board of health any deficiency in birth and death registrations occurring within their respective districts, or any violation of the vital statistics act. They are required to investigate water supplies, sewerage systems, public buildings, and conditions of places where nuisances are liable to arise, and to make report from time to time to the State board of health upon the results of such investigation. All conditions needing an investigation must be immediately reported by them to the State board of health. They must obey such directions as may be given them by the State board of health. At least once every year, or as often as is deemed necessary, local health officers are required to meet when called by the State board of health for conference on public health matters.

The only cities having health departments worthy of the name are Omaha and Lincoln. Their organizations are described as follows:

*Omaha.*—The city of Omaha is under a commission form of government. One of the commissioners is known as the commissioner of police sanitation and public welfare. The department of health is under the control of a health commissioner, who is directly responsible to the commissioner of police sanitation and public welfare. The commissioner of health receives \$3,000 per annum and is permitted to do outside practice.

The medical work required for the control of communicable diseases is performed by the commissioner and two medical assistants who are part-time men; one receives \$125 and one \$100 per month. The methods practiced in the control of these diseases are based on modern ideas. The city is fortunate in having an isolation hospital for the common communicable diseases, as well as one for the isolation of smallpox. At one time the former was a large residence,

which has been remodeled to suit the purposes and is conveniently located near the business section of the city. It will, if necessary, accommodate 75 beds.

There are employed one chemist at \$1,800 per annum and one bacteriologist at \$1,800 per annum, both part time. The laboratory work is performed in the laboratories of the Creighton Medical College in Omaha, the city health department having no laboratory facilities of its own.

There is but one inspector employed in the milk-inspection division. He is required to inspect 85 near-by dairies, as well as perform the city work. The ordinance requires that all milk must be sold in the original package and must be either obtained from tuberculin tested cows or pasteurized. The tuberculin test is given once a year. The inspector has obtained some excellent results among the dairies selling raw milk as regards cleanliness of barns, milk houses, and animals, construction of concrete floors, use of small-topped milk pails, proper drainage, ventilation, etc. He has acted on the principle that expensive equipment is unnecessary, provided the principles of cleanliness are practiced. That good results have been obtained is proved by the bacteriological findings, the average on all samples for the year being approximately 37,000 bacteria per cubic centimeter.

There is, however, too much work for one man to do, and the inspector should be given an assistant for city work, so that he could devote more of his time to the inspection of dairies.

In the work of sanitary inspection, there are employed one restaurant inspector; one bakery and confectionery inspector; one sanitary plumbing inspector, whose special duties are to inspect places having old installations or using the surface privy; one sanitary inspector engaged in fumigating and placarding for communicable diseases; one meat inspector who looks after the sanitation of meat markets; two slaughterhouse inspectors who make ante and post mortem inspections of animals killed in slaughterhouses not under Government supervision; one clerk whose duty is to issue burial permits; and two clerks for general purposes.

The collection of garbage is under the control of the health department. From the residence sections it is collected once a week in winter and twice a week in summer, and from wholesale houses, hotels, and restaurants once a day throughout the entire year. Garbage is disposed of by feeding it to swine on a ranch located near the city. For the present this seems to be a satisfactory method and costs the city of Omaha nothing. By maintaining proper sanitary conditions on the ranch there should be no nuisance produced.

Rubbish is collected under private contract. It has been used for filling in low and insanitary places in the city limits, but on account

of complaints it was stopped and a new method used, which it is thought may not prove as satisfactory. Rubbish which of itself has little value becomes valuable when used to fill low, marshy land, since otherwise useless land may be reclaimed and nuisances such as mosquito-breeding areas done away with. If no garbage is deposited with the rubbish this practice should not be objectionable.

There is no adequate system of health supervision of schools in Omaha. It is highly desirable that such be inaugurated as soon as possible and placed in the health department for reasons of efficiency and economy.

During 1915 the health department received \$31,500 for public health work, and for 1916 the appropriation amounts to \$35,000. For the collection of garbage \$33,000 was expended during 1915. In addition to this there was an appropriation of \$7,000 for the maintenance of the isolation hospital.

The water supply for the city of Omaha is obtained from the Missouri River. It passes through six sedimentation basins and is treated by alum as a coagulant and by chlorine. The process furnishes good water, as determined by laboratory tests which are made daily by chemists employed by the city water department. A close check is also kept on the process of purification. The city is well sewered. The sewage passes into the Missouri River untreated.

*Lincoln.*—The health department of the city of Lincoln is engaged in the following activities: Collection of birth and death certificates, milk inspection, control of communicable diseases, including operation of isolation hospital, meat inspection, food inspection, sanitary inspection, gas inspection, inspection of weights and measures. The two latter activities have nothing to do with public health and should not be included in the work of a health department.

There are employed a full-time superintendent of health, who receives \$1,800 per year; a clerk, who is in charge of the birth and death reports, at \$780 per year; a deputy superintendent, who performs the necessary bacteriological work and the duties of a city physician (\$1,200 per year); a visiting nurse, at \$840 per year; two sanitary inspectors, one at \$960 per year and one at \$840; a food inspector, at \$960 per year; a meat inspector, who is a veterinarian and who receives \$1,200 per year; and an inspector who has charge of the inspection of milk and dairies and acts as the inspector of gas, weights, and measures (\$900 per year).

The amount received by the health department during 1915 was \$13,430, a sum inadequate properly to support a health department in a city of the size and importance of Lincoln. The health department is therefore handicapped in not having a sufficient number of employees to carry on its activities. All of the employees are full time.

The health department is a part of the department of public safety, presided over by a commissioner. There is also a board of health, composed of the mayor, commissioner of public safety, and four physicians, including the superintendent of health.

The visiting nurse is concerned in the control of communicable diseases. She exercises some health supervision over the children of the parochial schools, acting as school inspector as well as school nurse in such schools. She also visits families having newborn infants and instructs and supervises the work of the midwives of the city. The number of nurses should be increased to not less than three in order that they may perform all of the work which is usually required of them according to modern ideas, including prenatal work, child welfare, school hygiene, and the prevention of communicable diseases.

The city is fortunate in having an isolation hospital which will accommodate 35 patients.

School inspection, except for that already mentioned, is under the control of the educational department. This should be combined with the health department for efficiency as well as for reasons of economy.

Garbage is at present being collected under contract and dumped. The city is now contemplating the construction of an incinerator.

The water supply is obtained from deep wells and is treated with hypochlorite. Daily examinations show it to be of good quality.

The city is sewered and the sewage passes into a creek untreated.

*Other cities.*—In addition to Omaha and Lincoln there were visited the cities of Columbus, Grand Island, North Platte, Kearney, Hastings, Ashland, and Seward.

There is a health officer in all of these communities, but in no instance has he been furnished with any assistants.

Hastings has a small isolation hospital constructed of brick. On account of an outbreak of smallpox, Grand Island has rented temporarily a building. In a few instances, as for instance Kearney, the health officer is performing some laboratory work in his own laboratory. None was exercising any supervision over the milk supply. All the cities were supplied with water from bored wells, furnishing a water of a satisfactory nature and requiring no treatment. All were sewered and, with the exception of Hastings, disposed of their sewage untreated into rivers, creeks, or sloughs. Hastings uses a septic tank, the effluent passing into pits, where it evaporates and percolates through the soil, which is afterwards plowed. The plant is faulty in design in that for a part of the time the sewage must pass direct to the pits without passing through the tanks. Garbage is dumped. The collection of vital statistics in these communities seems to be satisfactory. All of the health officers

were more or less actively engaged in the proceedings required under the regulations to control the communicable diseases.

Each of the cities visited could well afford to furnish a public health nurse and a milk inspector to assist the health officer. The need for a State sanitary engineer was apparent in practically every community.

### PUBLIC HEALTH ENGINEERING.

*Requirements of laws.*—The only law providing for the maintenance of the purity of water supplies is summarized as follows:

Whoever obstructs the course of any river or stream, thereby making an artificial pond or producing stagnant water which is injurious to the public health, is liable to a fine of not to exceed \$500, and the board is authorized to order such nuisance abated or removed.

It is prohibited to put any dead animal or part thereof or other filthy substance into any well or running water which is used for domestic purposes.

For violation there is provided a fine of not less than \$2 nor more than \$40.

*Requirements of regulations.*—The only regulation applying to the maintenance of the purity of water supplies is summarized as follows:

No person or corporation is permitted to furnish to any person or corporation for domestic purposes any water which has been condemned by the State board of health or from a source of supply which has been condemned, unless such water has been purified by some method approved by the State board of health, or unless the condemnation has been removed.

*Discussion.*—As in other States, many communities have problems of water supply and sewage disposal the solution of which has an extremely important bearing on the public health. There is no expert in the health department to assist communities in working out these problems. The bacteriologist devotes a great deal of his time to the analysis of water upon request of local officials, but much of this work, which is done without a knowledge of local conditions, is unsatisfactory and futile unless the results obtained are utilized in a practical manner by one with a thorough knowledge of the subject. It is highly important that there be organized in the health department a bureau of public health engineering in charge of a capable sanitary engineer, who could advise and assist local officials at the expense of the State. In rendering this assistance it would be necessary to make a survey to determine the requirements, draw up tentative plans, and inform the authorities as to the approximate cost. It would then be necessary for the sanitary engineer to exercise general supervision over the work of the contractors in order to determine whether or not the community was getting all that it was paying for. As has been pointed out in other reports, it is a common thing to find a small city supplied with a sewerage

system or a system of water supply entirely inadequate to meet the needs of the community and not giving the results that were to be expected. Such a condition as this could be easily avoided by securing the proper advice from the State sanitary engineer before any decision was made. In time it would be advisable to enact a comprehensive law giving supervisory control to the State board of health of all water supplies, public and private, sewerage systems, garbage-disposal systems, and systems for the disposal of trades wastes. As soon as possible a chemist should be added to the staff of the State board of health to perform the water and sewage analyses under the direction of the sanitary engineer.

#### **DISSEMINATION OF INFORMATION.**

A bulletin is published quarterly by the State board of health, containing articles and information which are of especial interest to the health officials of the State. This bulletin, however, is of little value as popular reading, and literature of such character is lacking. Circulars that would be of benefit to the laymen should be published without delay, to cover the subjects of typhoid fever, measles, whooping cough, diphtheria, tuberculosis, disposal of sewage, flies, etc.

As soon as the funds will permit, it is also suggested that a public health exhibit be acquired and shown in the different communities of the State, to be accompanied by lectures with moving pictures or lantern slides for the education of the people. It must be kept in mind that to bring the activities of the health department to a successful issue it is most essential to carry on an energetic educational campaign along the lines of public health.

Every year there is held a meeting of local health officers with the State health officials to discuss questions of public health interest. This is an excellent idea, and provision should be made by law whereby those attending the meeting could be reimbursed for traveling expenses by the locality which they represent.

#### **HEALTH SUPERVISION OF SCHOOLS.**

In a few of the cities there is maintained a system of health supervision of schools. This is very superficial and is in the hands of educational authorities rather than the health department. The public health nurse, as part of this system, is given minor importance as compared to the physician, whereas the reverse should be the case. It should not be necessary to point out the great value of the nurse in public health work and the advantages to be gained, both as to efficiency and economy when the health supervision of schools is made a part of the work of the health department.

In time it would be wise for the State board of health to organize a bureau of child welfare to take up the activities concerned with infant welfare, school hygiene, and the supervision of midwives in localities not already carrying on such activities.

### THE CONTROL OF THE MILK SUPPLY.

The enforcement of the laws enacted for the maintenance of the purity of milk and dairy products has been placed in the hands of the commissioner of food, drugs, dairies, and oils. In this office there are employed 16 inspectors throughout the year and an additional 6 during the summer months. Some of these inspectors are given regular districts in which they carry on all of the activities pertaining to the office of the commissioner, while some are detailed to perform certain specific duties.

In addition to a supervision of the milk supply not only on the producing farm, but at creameries and all other places handling milk, inspectors are also required to enforce those regulations relating to the maintenance of sanitation in places selling, preparing, or handling food products.

A few of the cities have employed inspectors to maintain the purity of milk furnished to their citizens, but the great majority have not thought this necessary, although large enough to take an active part in this important health work.

It is quite impossible for the State to exercise the control over the milk supply that is needed without some assistance from the locality. It is suggested that the health department, with a proper organization and some necessary field men, would be able to cooperate with the food and drug commissioner and assist him in enforcing the regulations promulgated for the purpose of maintaining the cleanliness of the milk supply.

### APPROPRIATIONS AND EXPENDITURES.

*Expenditures.*—The itemized expenses incurred by the State board of health during 1915 are presented in the following table:

*Tabulation of expenditures, State board of health, calendar year 1915.*

	State medical board.	General adminis- tration.	Epidem- iology.	Vital statis- tics.	Educa- tional.	Diagnos- tic labora- tory.	Total.
Antitoxins and vaccines.....						\$35.00	\$35.00
Badges.....			\$1.00				1.00
Binding.....				\$90.25			90.25
Books.....			5.00			1.50	6.50
Drugs, chemicals and disinfectants.....			1.65			49.74	51.39
Dues to societies and associations.....		\$10.00					10.00
Express and freight.....	\$0.63			3.05	\$5.28		8.96
Gas and electricity.....						33.92	33.92
Ice.....						14.13	14.13

*Tabulation of expenditures, State board of health, calendar year 1915—Continued.*

	State medical board.	General administration.	Epidemiology.	Vital statistics.	Educational.	Diagnostic laboratory.	Total.
Installation of equipment.....						\$7.35	\$7.35
Laboratory supplies.....						19.80	19.80
Licenses to practice.....	\$24.70						24.70
Maps.....			\$4.40				4.40
Miscellaneous.....		\$3.55	.75				4.30
Office furniture.....				\$40.25			40.25
Office supplies.....	1.25		2.50	107.35			111.10
Printing.....			21.50	292.17	\$411.30	5.50	730.47
Rent.....					15.00		15.00
Repairs to furniture.....			1.00	11.50			12.50
Salaries:							
Medical officers.....			1,800.00				
Bacteriologist.....						2,400.00	
Clerks.....	120.00			1,680.00			
Laboratory attendant.....						249.99	
Stamps, postage, and revenue.....	43.00		1.00	179.80	15.72	50.00	289.52
Stationery.....	71.06		19.25	113.60	56.58	39.05	299.54
Telegraph and telephone.....	30.97	87.35	22.89			69.48	210.69
Traveling expenses.....			280.88		6.30		287.18
Typewriters and repairs.....				88.90			88.90
Total.....	291.61	100.90	2,161.82	2,596.87	510.18	2,975.46	8,636.84

*Appropriations.*—There were appropriated to the State board of health for the biennial period 1915 and 1916 the following amounts:

Salary of a State health inspector.....	\$3,600	
Salary of a stenographer.....	1,680	
Salary of a clerk.....	1,680	
Salary of a bacteriologist.....	4,800	
		\$11,760
Incidentals, books, blanks, etc., for State board of health.....	5,500	
Traveling expenses.....	500	
Books, blanks, stationery, telephone, etc., for laboratory.....	2,000	
		8,000
Total.....		19,760

This total is equivalent to \$9,980 per annum.

There was collected by the State during 1915 in general taxation the sum of \$2,934,981.59, which, with a balance from the previous year, \$70,571.33, makes a total income from this source of \$3,005,552.92. Computing the amount that should go to public health on the 2 per cent basis, it will be seen that the State board of health would have received \$58,699.62 per annum. At the end of the year 1915 there was a balance of \$132,314. If the amount mentioned above had been appropriated to health work, there would still have been \$73,614.59 remaining in the Treasury. The total amount of money collected by the State from all sources, plus the balance from the previous year, was \$7,244,498.60. There was expended during the same period \$6,753,207.87, leaving a balance at the end of the year of \$1,284,008.82. The amount actually received by the State board of health represents but thirty-three one-hundredths of 1 per cent of the amount available



through general taxation, a sum entirely inadequate to meet the public health needs of the State.

Following out the suggestions that have been made in this report, there would be required for the present an annual appropriation of \$24,700 to be used in the maintenance of the health department, including salaries. The employees who are required under the plan of reorganization and who are to be paid out of the above amount include a State health officer or executive officer of the board of health, an epidemiologist to be chief of the bureau of epidemiology, a sanitary engineer to be chief of the bureau of public health engineering, a statistician to be chief of the bureau of statistics, a bacteriologist, a laboratory attendant, and four clerks and stenographers.

There are six new positions created, viz, the State health officer, the sanitary engineer, the laboratory attendant, and three clerks and stenographers. The position of epidemiologist is now represented by that of the State health inspector, and this position should be done away with and that of epidemiologist, or chief of the bureau of epidemiology, created and filled by promoting the State health inspector. The position of statistician is now represented by that of vital statistics clerk. It might be created and filled by the promotion of the one occupying the position of clerk. The position of bacteriologist is already provided for.

Larger quarters for the State health organization should be provided in the capitol, as the amount suggested above would be inadequate were the extra expense of rent to be incurred.

#### MISCELLANEOUS.

*Hotel inspection.*—The laws enacted for the purpose of maintaining sanitary conditions in hotels and providing for the safety and comfort of guests have been placed for their enforcement in the hands of a deputy hotel commissioner, who has an inspector to assist him. It would seem wise to place the hotel inspection under the board of health, thus making available to that body an additional field force which could, in addition to hotel inspection, inspect other conditions in the communities visited.

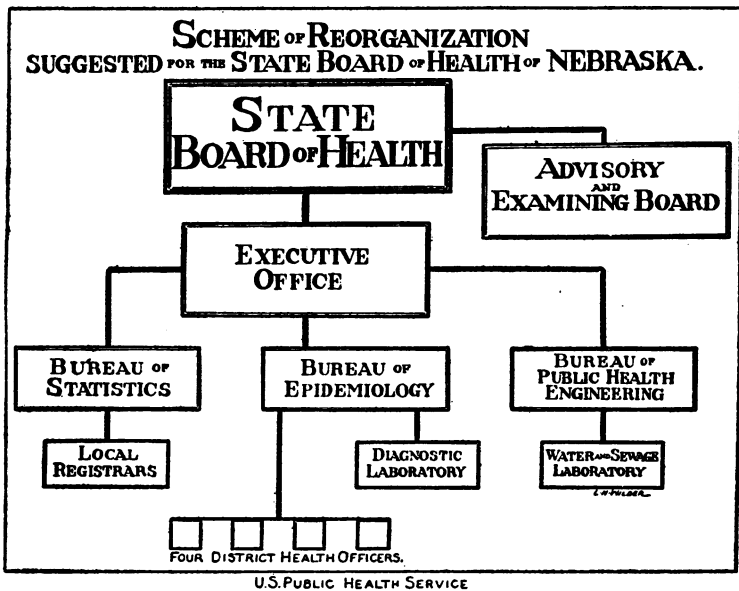
*The orthopedic hospital.*—In addition to other State institutions there has been established an orthopedic hospital, which is of more or less interest from the public health standpoint, inasmuch as its purpose is to correct deformities and thus make useful citizens out of children who might otherwise be charges upon the community during adult life. The work of the hospital, however, is more of a relief than of a public health nature and must, therefore, be considered as such an institution.

**RECOMMENDATIONS.**

After a thorough study of the State board of health and careful consideration of the public health needs of the State, the following recommendations are offered:

1. That the name of the State health organization be changed to the State department of health.

2. That a full-time State health officer to act as executive officer of the board of health be appointed by the State board of health, at a salary of not less than \$3,000 per annum; that the State health officer be a physician with previous experience in public health work, and that he hold his office as long as he renders efficient services to the State; that he receive his appointment only after passing a com-



petitive examination before the board of health and the advisory board.

3. That the State department of health be organized into the State board of health, the executive office, a bureau of epidemiology, a bureau of public health engineering, and a bureau of statistics.

4. That the bureau of epidemiology be placed in charge of a full-time epidemiologist, to be appointed by the State board of health upon the recommendation of the State health officer, that he hold his position as long as he renders efficient service to the State, and that his salary be not less than \$2,500 per year.

5. That a full-time sanitary engineer be placed in charge of the bureau of public health engineering, that he be appointed by the board of health upon the recommendation of the State health officer

at a salary of not less than \$2,000 per annum, and that he hold his office so long as he renders efficient services to the State.

6. That a full-time registrar be placed in charge of the bureau of statistics, that he be appointed by the State board of health upon the recommendation of the State health officer, at a salary of not less than \$1,200 per annum, and that he hold his office as long as he renders efficient service to the State.

7. That the position now designated State health inspector be changed to that of chief of the bureau of epidemiology.

8. That in addition to the above the personnel of the State department of health be increased by the addition of one laboratory attendant and at least three clerks.

9. That all of the employees of the health department be full time and hold their office during efficiency.

10. That the bureau of epidemiology be made responsible for the collection of information regarding the prevalence of disease and for the enforcement of the State laws and regulations relating to morbidity reports, the control of preventable diseases, the work of the diagnostic laboratory, and the supervision of the activities of local health authorities.

11. That the bureau of public health engineering be made responsible for the activities concerned in the maintenance of the purity of water supplies, the disposal of sewage, garbage, and trades wastes, and the laboratory work entailed in the analysis of water and sewage.

12. That the bureau of statistics be made responsible for the registration of births, deaths, marriages, and divorces, and the compilation and tabulation of data relating thereto.

13. That the laboratory be divided into two parts, the diagnostic and the water and sewage laboratory; that the former be made a division of the bureau of epidemiology and the latter a division of the bureau of public health engineering.

14. That the work of the laboratory be extended both in amount and in scope so that the physicians and health officers of the State may have greater facilities to assist them in the diagnosis of communicable diseases.

15. That energetic efforts be made without delay to secure the notification of reportable diseases and complete birth and death registration.

16. That educational literature on the different subjects of public health be published by the State board of health and distributed among the citizens of the State.

17. That a public health exhibit be acquired by the State board of health and exhibited in the different communities of the State, accompanied by lectures and moving pictures.

18. That the advisory board be retained as an examining board and in a purely advisory capacity—i. e., to give advice when called upon by the State board of health but to have no administrative or controlling function.

19. That the advisory board meet jointly with the State board of health upon the call of the president of the board of health.

20. That not less than \$24,700 per annum be appropriated to the State board of health to be used in the following manner, at the discretion of the State board of health :

	Per annum.
1 State health officer, at not less than-----	\$3, 000
1 epidemiologist, at not less than-----	2, 500
1 sanitary engineer, at not less than-----	2, 000
1 bacteriologist, at not less than-----	1, 800
1 registrar, at not less than-----	1, 200
1 laboratory attendant-----	840
4 clerks and stenographers, at \$840-----	3, 360
Maintenance of health department, including traveling expenses, labora- tory expenses, printing, etc.-----	10, 000
Total-----	24, 700

21. That larger quarters for the State department of health be provided in the statehouse at Lincoln.

22. That a record of the expenditures be kept by the State department of health, according to the nature of the expense and the bureau incurring it, so that the cost of maintaining any bureau, or the cost of any activity, may be determined without delay.

23. That the regulations of the State board of health be amended to provide for vaccination against smallpox.

The above recommendations are made for the purpose of placing the State health organization in Nebraska on a par with the health organizations of other States having progressive State health departments, as well as to provide an adequate organization for carrying on the public health work immediately required. This will require some legislation.

In addition to the above it will be necessary to add to this organization in the future, and for this purpose the following recommendations are made :

24. That as soon as practicable a chemist be employed to be placed in charge of the water and sewage laboratory under the direction of the sanitary engineer.

25. That the State be divided into not less than four districts, each district to have a full-time district health officer, who must be a physician with previous experience in public-health work, and to receive not less than \$1,800 per annum ; that district health officers be made responsible to the State health officer and the epidemiologist

for the efficiency of their work and that they hold office as long as they render satisfactory services to the State; that they perform within their districts all the work required of a public health official, including the collection of morbidity reports and the control of communicable diseases, the delivery of public health lectures, the supervision of local health authorities, supervision over the milk supply, registration of births and deaths, the health supervision of schools in rural districts, etc.

26. That in order to defray the expenses of the district health organization, including the salary of the district health officers and assistants, and necessary traveling expenses, there be appropriated the sum of \$20,000, or \$5,000 for each district.

**PLAGUE-PREVENTION WORK.**

**CALIFORNIA.**

The following report of plague-prevention work in California for the week ended June 10, 1916, was received from Senior Surg. Pierce, of the United States Public Health Service, in charge of the work:

SAN FRANCISCO, CAL.	
RAT PROOFING.	
New buildings:	
Inspections of work under construction	266
Basements concreted (square feet 102,-645).....	95
Floors concreted (square feet 60,732).....	54
Yards, passageways, etc., concreted (square feet, 61,191).....	298
Total area of concrete laid (square feet).....	224,568
Class A, B, and C (fire-proof) buildings:	
Inspections made.....	157
Roof and basement ventilators, etc., screened.....	645
Wire screening used (square feet).....	3,120
Openings around pipes, etc., closed with cement.....	1,355
Sidewalk lens lights replaced.....	700
Old buildings:	
Inspections made.....	358
Wooden floors removed.....	50
Yards and passageways, planking removed.....	17
New foundation walls installed (cubic feet).....	6,434
Concrete floors installed (square feet 31,939).....	39
Basements concreted (square feet 43,115).....	50
Yards and passageways, etc., concreted (square feet 52,530).....	130
Total area concrete laid (square feet).....	127,384
Floors rat proofed with wire cloth (square feet, 2,000).....	3
Buildings razed.....	27

SAN FRANCISCO, CAL.—Continued.	
RAT PROOFING—continued.	
New garbage cans stamped approved.....	188
Nuisances abated.....	402
OPERATIONS ON THE WATER FRONT.	
Vessels inspected for rat guards.....	14
Reinspections made on vessels.....	23
New rat guards procured.....	21
Defective rat guards repaired.....	16
Rats trapped on wharves and water front..	24
Rats trapped on vessels.....	60
Traps set on wharves and water front.....	252
Traps set on vessels.....	129
Vessels trapped on.....	24
Poisons placed on water front (pieces).....	3,600
Poisons placed within Panama Pacific International Exposition grounds (pieces)	30,000
Bait used on water front and vessels, bacon, pounds.....	6
Bread used in poisoning water front (loaves)	9
Pounds of poison used on water front.....	3

RATS COLLECTED AND EXAMINED FOR PLAGUE.

Cities.	Collected.	Examined.	Found infected.
San Francisco.....	149	117	(1)
Oakland.....	9	9	(1)
Total.....	158	126	(1)

SAN FRANCISCO, CAL.—Continued.

RATS IDENTIFIED.

Mus norvegicus.....	56
Mus rattus.....	48
Mus alexandrinus.....	25
Mus musculus.....	20

SQUIRRELS COLLECTED AND EXAMINED FOR PLAGUE.

Counties.	Col-lected.	Ex-aminated.	Found infected.
Alameda.....	890	890	1
Contra Costa.....	677	677	3
San Benito.....	522	522	(1)
Merced.....	286	286	(1)
Santa Clara.....	351	351	2
Santa Cruz.....	148	148	1
Stanislaus.....	229	229	(1)
San Joaquin.....	195	195	(1)
San Mateo.....	248	248	(1)
San Luis Obispo.....	557	557	(1)
Monterey.....	175	175	(1)
Fresno.....	131	131	(1)
Sonoma.....	12	12	(1)
Total.....	4,409	4,409	7

<sup>1</sup> None.

OTHER ANIMALS COLLECTED AND EXAMINED.

Rabbits.....	50
Found infected.....	None.

RANCHES INSPECTED AND HUNTED OVER.

Alameda County.....	65
Contra Costa County.....	33
Merced County.....	43

RANCHES INSPECTED AND HUNTED OVER—Contd.

Santa Clara County.....	31
San Benito County.....	25
San Joaquin County.....	31
Santa Cruz County.....	26
Stanislaus County.....	19
San Mateo County.....	13
Fresno County.....	10
San Luis Obispo County.....	12
Monterey County.....	9
Sonoma County.....	2
Total.....	319

PLAGUE INFECTED SQUIRRELS.

Alameda County:	
Shot May 29, 1916. Thos. Egan ranch, sec. 5, T. 2 S., R. 3 E., 3 miles north of Altamont.....	1
Contra Costa County:	
Shot May 29, 1916—	
Stine ranch, 1 mile west of Walnut Creek.....	1
Fernandez estate property, 6 miles southeast of Pinole.....	1
Shot May 30, 1916. Lacassie ranch, 1 mile northeast of Walnut Creek.....	1
Santa Clara County:	
Shot May 27, 1916. J. Heinlen ranch, 6½ miles west of Coyote.....	1
Shot May 30, 1916. A. Brassy ranch, 7 miles southwest of Coyote.....	1
Santa Cruz County:	
Shot May 30, 1916. George F. Silliman ranch, 8 miles east of Watsonville....	1

RECORD OF PLAGUE INFECTION.

Places in California.	Date of last case of human plague.	Date of last case of rat plague.	Date of last case of squirrel plague.	Total number of rodents found infected since May, 1907.
<b>Cities:</b>				
San Francisco.....	Jan. 30, 1908	Oct. 23, 1908	(1)	398 rats.
Oakland.....	Aug. 9, 1911	Dec. 1, 1908	(1)	126 rats.
Berkeley.....	Aug. 28, 1907	(1)	(1)	(1)
Los Angeles.....	Aug. 11, 1908	(1)	Aug. 21, 1908	1 squirrel.
<b>Counties:</b>				
Alameda (exclusive of Oakland and Berkeley).....	Sept. 24, 1909	Oct. 17, 1909 <sup>2</sup>	May 29, 1916	290 squirrels.
Contra Costa.....	July 13, 1915	(1)	May 30, 1916	1,618 squirrels.
Fresno.....	(1)	(1)	Oct. 27, 1911	1 squirrel.
Merced.....	(1)	(1)	May 12, 1916	7 squirrels.
Monterey.....	(1)	(1)	May 27, 1916	38 squirrels.
San Benito.....	June 4, 1913	(1)	.....do.....	62 squirrels.
San Joaquin.....	Sept. 18, 1911	(1)	Aug. 26, 1911	18 squirrels.
Santa Clara.....	Aug. 31, 1910	(1)	May 30, 1916	31 squirrels.
San Luis Obispo.....	(1)	(1)	Jan. 29, 1910	1 squirrel.
Santa Cruz.....	(1)	(1)	May 30, 1916	5 squirrels.
Stanislaus.....	(1)	(1)	June 2, 1911	13 squirrels.

<sup>1</sup> None.

<sup>2</sup> Wood rat.

The work is being carried on in the following-named counties: Alameda, Contra Costa, San Francisco, Stanislaus, San Benito, Monterey, Merced, Santa Clara, San Mateo, Santa Cruz, San Luis Obispo, Fresno, San Joaquin, Sonoma, Lassen, and Modoc.

WASHINGTON—SEATTLE—PLAGUE ERADICATION.

The following report of plague-eradication work at Seattle for the week ended June 17, 1916, was received from Surg. Lloyd, of the United States Public Health Service, in charge of the work.

**RAT PROOFING.**

New buildings inspected.....	22
New buildings reinspected.....	35
Basements concreted, new buildings (square feet, 17,194).....	15
Yards, etc., concreted, new buildings (square feet, 1,224).....	5
Sidewalks concreted (square feet, 8,275).	
Total concrete laid, new structures (square feet).....	26,693
New buildings elevated.....	5
New premises rat proofed, concrete.....	15
Old buildings inspected.....	4
Premises rat proofed, concrete, old build- ings.....	4
Floors concreted, old buildings (square feet, 9,374).....	4
Wooden floors removed, old buildings.....	4
Buildings razed.....	3

**LABORATORY AND RODENT OPERATIONS.**

Dead rodents received.....	13
Rodents trapped and killed.....	298
Rodents recovered after fumigation.....	22
Total.....	333
Rodents examined for plague infection.....	222
Rodents proven plague infected.....	None.
Poison distributed, pounds.....	5
Bodies examined for plague infection.....	None.

**CLASSIFICATION OF RODENTS.**

Mus rattus.....	42
Mus alexandrinus.....	85
Mus norvegicus.....	154
Mus musculus.....	50
Unclassified.....	2

**WATER FRONT.**

Vessels inspected and histories recorded....	15
Vessels fumigated.....	5
Sulphur used, pounds.....	6,300
New rat guards installed.....	15
Defective rat guards repaired.....	27
Fumigation certificates issued.....	5
Port sanitary statements issued.....	37
The usual day and night patrol was maintained to enforce rat guarding and fending.	

**MISCELLANEOUS WORK.**

Rat proofing notices sent to contractors, new buildings.....	14
Letters sent in rerat complaints.....	7
Fishing vessels inspected— medicine chests.	4

**RODENTS EXAMINED IN EVERETT.**

Mus norvegicus trapped.....	66
Mus musculus trapped.....	3
Total.....	69
Rodents examined for plague infection.....	62
Rodents proven plague infected.....	None.

**RAT PROOFING OPERATIONS IN EVERETT.**

New buildings inspected.....	13
New buildings, concrete foundations.....	10
New buildings elevated.....	3

**RODENTS EXAMINED IN TACOMA.**

Mus norvegicus trapped.....	90
Mus norvegicus found dead.....	2
Total.....	92
Rodents examined for plague infection.....	85
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 10, 1916.**

Total rats and mongoose taken.....	348
Rats trapped.....	310
Mongoose trapped.....	6
Rats killed by sulphur dioxide.....	2
Examined microscopically.....	284
Examined macroscopically.....	64
Showing plague infection.....	None.
Classification of rats trapped:	
Mus alexandrinus.....	153
Mus musculus.....	134
Mus norvegicus.....	45
Mus rattus.....	8

Classification of rats killed by sulphur dioxide:  
 Mus alexandrinus..... 2  
 Average number of traps set daily..... 984  
 Cost per rat destroyed..... 22½ cents  
 Last case rat plague, Aiea, 9 miles from Honolulu, Apr. 12, 1910.  
 Last case human plague, Honolulu, July 12, 1910.

**Hilo.**

**WEEK ENDED JUNE 3, 1916.**

Rats and mongoose taken.....	2,396
Rats trapped.....	2,335
Mongoose taken.....	61
Rats and mongoose examined macroscopically.....	2,396
Rats and mongoose plague infected.....	None.
Classification of rats trapped and found dead:	
Mus norvegicus.....	618
Mus alexandrinus.....	280

Classification of rats trapped and found dead—Continued.  
 Mus rattus..... 580  
 Mus musculus..... 857  
 Last case of rat plague, Paauhau Sugar Co., Jan. 18, 1916.  
 Last case of human plague, Paauhau Sugar Co., Dec. 16, 1915.

# 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.

### CEREBROSPINAL MENINGITIS.

State Reports for May, 1916.

Place.	New cases reported.	Place.	New cases reported.
<b>California:</b>		<b>Hawaii:</b>	
Imperial County.....	1	Hawaii—	
Inyo County—		South Kona District.....	1
Bishop.....	2	Oahu—	
Los Angeles County.....	1	Honolulu.....	2
Los Angeles.....	3	Total.....	3
Sacramento County—		<b>Iowa:</b>	
Sacramento.....	1	Polk County.....	1
San Joaquin County—		<b>Montana:</b>	
Stockton.....	1	Broadwater County.....	1
Total.....	9		

City Reports for Week Ended June 17, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....		1	Newark, N. J.....	1	1
Boston, Mass.....	3	1	Newton, Mass.....		1
Bridgport, Conn.....	1		New York, N. Y.....	11	6
Buffalo, N. Y.....	1		Omaha, Nebr.....		1
Chicago, Ill.....	1	1	Philadelphia, Pa.....	1	1
Cincinnati, Ohio.....	1		Providence, R. I.....	2	
Detroit, Mich.....	1		St. Louis, Mo.....	2	2
Milwaukee, Wis.....	1	1	San Francisco, Cal.....	1	1

### DIPHTHERIA.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1786.



**ERYSIPELAS.**

**City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.		2	Los Angeles, Cal.	1	1
Binghamton, N. Y.	1		Lynn, Mass.		1
Boston, Mass.		2	Milwaukee, Wis.	3	1
Braddock, Pa.	1		Newark, N. J.	2	1
Buffalo, N. Y.	3		New York, N. Y.		8
Butte, Mont.	1	1	Omaha, Nebr.	1	2
Chicago, Ill.	19	4	Philadelphia, Pa.	10	
Cincinnati, Ohio.	3		Pittsburgh, Pa.	7	
Cleveland, Ohio.		1	Reading, Pa.	2	
Cumberland, Md.	1		Rochester, N. Y.		1
Detroit, Mich.	5		St. Louis, Mo.	5	3
Erie, Pa.	1		San Francisco, Cal.	6	1
Harrisburg, Pa.	1		Seattle, Wash.	1	
Hartford, Conn.	2		Troy, N. Y.	1	
Lawrence, Mass.		1			

**MALARIA.**

**California Report for May, 1916.**

Place.	New cases reported.	Place.	New cases reported.
California:		California—Continued.	
Alameda County—		Sacramento County—	
Oakland	1	Sacramento	5
Butte County	25	San Bernardino County	1
Calaveras County—		San Francisco	5
Angels Camp	1	San Joaquin County—	
Colusa County—		Tracy	1
Colusa	12	Santa Clara County—	
Fresno County—		Palo Alto	1
Clovis	2	Solano County	3
Firebaugh	7	Tehama County	1
Kings County—		Red Bluff	2
Lemoore	2	Tuolumne County	1
Merced County	5	Yolo County	13
Merced	5	Yuba County—	
Gustine	1	Marysville	1
Nevada County	1	Wheatland	4
Placer County	12		
Rocklin	2	Total	114

**City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.	3		New York, N. Y.		1
Little Rock, Ark.	2		Richmond, Va.	1	
Montclair, N. J.	1		Stockton, Cal.	1	
Newark, N. J.	2		Taunton, Mass.	2	
New Orleans, La.	2	2	Wilmington, N. C.	2	

**MEASLES.**

**Washington—Seattle.**

Surg. Boggess reported that during the week ended June 24, 1916, 322 cases of measles were notified in Seattle, Wash., making a total of 4,955 cases, with 8 deaths, reported since the beginning of the epidemic, February 15, 1916.

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 1786.

**PELLAGRA.****California Report for May, 1916.**

Place.	New cases reported.	Place.	New cases reported.
California:		California—Continued:	
Los Angeles County .....	1	Tulare County .....	3
Los Angeles .....	2	Total .....	7
Pomona .....	1		

**City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chattanooga, Tenn .....		1	New York, N. Y .....		1
Concord, N. H .....		1	Philadelphia, Pa .....		1
Nashville, Tenn .....	15				

**PLAGUE.****Louisiana—Harvey—Plague-Infected Rat Found.**

Passed Asst. Surg. Simpson reported that a rat trapped June 12, 1916, in Harvey, Jefferson Parish, La., was proven positive for plague infection June 27, 1916.

**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 trapped June 16, 1916, at 1516 Camp Street was proven positive for plague infection June 21, and another rat found dead after fumigation at the Morgan warehouse "A," corner of Bienville and North Peters Streets, was proven positive for plague infection June 25, 1916.

**PNEUMONIA.****City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Braddock, Pa .....	2		Newcastle, Pa .....	1	
Chicago, Ill .....	88	51	Norfolk, Va .....	2	2
Cleveland, Ohio .....	11	12	Pasadena, Cal .....	1	
Detroit, Mich .....	2	11	Philadelphia, Pa .....	34	15
Dubuque, Iowa .....	2	2	Pittsburgh, Pa .....	6	12
Grand Rapids, Mich .....	2	2	Rochester, N. Y .....	6	4
Kalamazoo, Mich .....	1	1	San Francisco, Cal .....	5	4
Kansas City, Mo .....	1	7	Steelton, Pa .....	1	1
Los Angeles, Cal .....	3		Stockton, Cal .....	1	1
Manchester, N. H .....	1	1	Wichita, Kans .....	1	
Newark, N. J .....	22	6			

**POLIOMYELITIS (INFANTILE PARALYSIS).**

**New York—New York City.**

The commissioner of health of the city of New York reported that an outbreak of poliomyelitis was current in New York City June 30 1916; that cases of the disease have occurred sporadically, principally in the Borough of Brooklyn, since January, 1916, and that, up to June 30, 275 cases, with 15 deaths, have been recorded.

**California Report for May, 1916.**

During the month of May, 1916, 2 cases of poliomyelitis were reported in the State of California, both in Los Angeles County.

**City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Clinton, Mass.....	1	.....	St. Louis, Mo.....	1	.....
Grand Rapids, Mich.....	1	.....	San Francisco, Cal.....	1	.....
New Bedford, Mass.....	2	.....	Worcester, Mass.....	1	.....
New York, N. Y.....	15	3			

**ROCKY MOUNTAIN SPOTTED FEVER.**

**State Reports for May, 1916.**

Place.	New cases reported.	Place.	New cases reported.
California:		Montana—Continued.	
Lassen County--		Musselshell County.....	2
Susanville.....	1	Ravalli County.....	3
Montana:		Rosebud County.....	1
Carbon County.....	1	Total.....	8
Dawson County.....	1		

**SCARLET FEVER.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1768.

**SMALLPOX.**

**Minnesota.**

Collaborating Epidemiologist Bracken reported by telegraph that during the week ended July 1, 1916, two new foci of smallpox infection were reported in the State of Minnesota, cases of the disease having been notified as follows: Carver County, Watertown, 1; Stearns County, St. Joseph Township, 7.

**Porto Rico.**

Surg. King reported by telegraph that during the week ended June 25, 1916, new cases of smallpox were notified in Porto Rico as follows: Aguas Buenas 5, Arecibo 2, Bayamon 1, Rio Piedras 1, San Juan 24.

## SMALLPOX—Continued.

## Washington—Seattle.

Surg. Boggess reported that during the week ended June 24, 1916, 2 cases of smallpox were notified in Seattle, Wash., making a total of 50 cases reported since May 29, 1916.

## California Report for May, 1916.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within seven years preceding attack.	Number last vaccinated more than seven years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
<b>California:</b>						
Alameda County—						
Oakland.....	1			1		
Amador County.....	1					1
El Dorado County—						
Placerville.....	3			3		
Imperial County.....	1			1		
Kern County.....	1		1			
Los Angeles County—						
Long Beach.....	5			3	2	
Los Angeles.....	5			3	2	
San Bernardino County.....	1		1			
Total.....	15		2	11	4	1

## Miscellaneous State Reports.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
<b>Iowa (May 1-31):</b>			<b>Montana (May 1-31)—Con.</b>		
Counties—			Chouteau County.....	14	
Benton.....	2		Custer County.....	4	
Blackhawk.....	1		Flathead County—		
Boone.....	5		Kalispell.....	1	
Butler.....	1		Fergus County.....	9	
Carroll.....	1		Gallatin County.....	2	
Cherokee.....	2		Bozeman.....	1	
Clay.....	3		Hill County.....	10	
Clayton.....	24		Lewis and Clark County..	1	
Dallas.....	11		Madison County.....	2	
Franklin.....	1		Musselshell County.....	4	
Greene.....	1		Richland County.....	1	
Hardin.....	15		Silver Bow County—		
Howard.....	9		Butte.....	4	
Jackson.....	2		Teton County.....	12	
Johnson.....	3		Yellowstone County.....	1	
Keokuk.....	3		Billings.....	7	
Linn.....	7		Total.....	80	
Mills.....	3				
Pocahontas.....	1		<b>Washington (May 1-31):</b>		
Polk.....	8		King County—		
Scott.....	23		Seattle.....	32	
Sioux.....	6		Pierce County—		
Story.....	1		Tacoma.....	1	
Tama.....	6		Skagit County.....	10	
Taylor.....	1		Spokane County.....	6	
Wapello.....	1		Spokane.....	17	
Total.....	146		Whatcom County—		
			Bellingham.....	4	
<b>Montana (May 1-31):</b>			Yakima County.....	1	
Blaine County.....	1		Total.....	71	
Big Horn County.....	1				
Carbon County.....	4				
Cascade County.....	1				

**SMALLPOX—Continued.**

**City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....	2		New Orleans, La.....	9	
Chicago, Ill.....	1		New York, N. Y.....	1	
Coffeyville, Kans.....	1		Oklahoma, Okla.....	5	
Davenport, Iowa.....	2		Omaha, Nebr.....	2	
Detroit, Mich.....	3		Pittsburgh, Pa.....	1	
Duluth, Minn.....	6		Rock Island, Ill.....	1	
Elgin, Ill.....	2		St. Louis, Mo.....	4	
El Paso, Tex.....	1	1	St. Paul, Minn.....	5	
Evansville, Ind.....	1		Seattle, Wash.....	2	
Galveston, Tex.....	1		Springfield, Ill.....	7	
Kansas City, Mo.....	2		Superior, Wis.....	1	
Kokomo, Ind.....	5		Toledo, Ohio.....	5	
Muscatine, Iowa.....	2				

**TETANUS.**

**City Reports for Week Ended June 17, 1916.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Boston, Mass.....	1	1	Malden, Mass.....	1	1
El Paso, Tex.....	4		Newark, N. J.....	2	
Los Angeles, Cal.....		1			

**TUBERCULOSIS.**

See Diphtheria, measles, scarlet fever, and tuberculosis, page 1786.

**TYPHOID FEVER.**

**State Reports for May, 1916.**

Place.	New cases reported.	Place.	New cases reported.
<b>California:</b>		<b>California—Continued.</b>	
Alameda County.....	4	San Diego County.....	1
Alameda.....	1	East San Diego.....	1
Berkeley.....	3	San Diego.....	1
Oakland.....	8	San Francisco.....	14
Butte County.....	2	San Joaquin County—	
Colusa County.....	1	Lodi.....	1
Contra Costa County.....	1	Stockton.....	2
Pittsburg.....	1	San Luis Obispo County—	
Fresno County.....	19	Paso Robles.....	2
Coalinga.....	6	San Luis Obispo.....	1
Fresno.....	1	Santa Barbara County—	
Imperial County.....	1	Santa Barbara.....	1
El Centro.....	3	Santa Clara County.....	1
Imperial.....	1	Mountain View.....	1
Kern County—		Sonoma County.....	1
Bakersfield.....	2	Healdsburg.....	1
Tehachapi.....	1	Stanislaus County.....	1
Kings County.....	2	Tulare County.....	1
Lemoore.....	1	Tuolumne County.....	1
Los Angeles County.....	1		
Burbank.....	2	Total.....	121
Covina.....	1		
Los Angeles.....	11	<b>Hawaii:</b>	
San Fernando.....	1	Hawaii—	
Whittier.....	1	Hilo.....	1
Orange County.....	8	South Hilo district.....	1
Riverside County—		South Kona district.....	1
Corona.....	1	Molokai.....	1
Hemet.....	2	Oahu.....	
Sacramento County.....	1	Honolulu.....	7
Sacramento.....	1		
San Benito County.....	1	Total.....	11
San Bernardino County.....	1		

## TYPHOID FEVER—Continued.

## State Reports for May, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
<b>Montana:</b>		<b>Washington:</b>	
Blaine County.....	3	Benton County.....	1
Custer County.....	1	Chelan County.....	4
Dawson County.....	1	Grays Harbor County.....	1
Deerlodge County—		King County.....	1
Anaconda.....	2	Seattle.....	1
Fallon County.....	1	Lewis County.....	1
Fergus County.....	1	Lincoln County.....	4
Hill County.....	2	Pierce County—	
Lewis and Clark County—		Tacoma.....	1
Helena.....	1	Snohomish County—	
Lincoln County.....	2	Everett.....	2
Ravalli County.....	2	Spokane County—	
Yellowstone County.....	2	Spokane.....	1
		Yakima County.....	6
<b>Total.....</b>	<b>18</b>	<b>Total.....</b>	<b>23</b>

## City Reports for Week Ended June 17, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Allentown, Pa.....	1		Newark, N. J.....	2	1
Atlantic City, N. J.....	1		New Bedford, Mass.....	3	
Baltimore, Md.....	10		New Britain, Conn.....	10	1
Birmingham, Ala.....	15	2	Newburyport, Mass.....	1	
Boston, Mass.....	2	1	New Haven, Conn.....	2	1
Bridgeport, Conn.....	1		New Orleans, La.....	6	1
Buffalo, N. Y.....	2	1	New York, N. Y.....	26	2
Camden, N. J.....	4		Norfolk, Va.....	2	
Canton, Ohio.....	2		Norristown, Pa.....	1	
Charleston, S. C.....	10		Oakland, Cal.....	1	
Chattanooga, Tenn.....	2		Omaha, Nebr.....	1	
Chicago, Ill.....	19	2	Orange, N. J.....	2	
Cincinnati, Ohio.....	1		Philadelphia, Pa.....	22	
Cleveland, Ohio.....	1	1	Pittsburgh, Pa.....	4	1
Columbus, Ohio.....	2		Providence, R. I.....	1	
Cumberland, Md.....	1		Reading, Pa.....	4	
Detroit, Mich.....	9	2	Rock Island, Ill.....	1	
Duluth, Minn.....	1		St. Louis, Mo.....	4	1
Everett, Wash.....	2		Salt Lake City, Utah.....	1	
Galveston, Tex.....	5		San Diego, Cal.....	1	
Grand Rapids, Mich.....	1		Sandusky, Ohio.....	2	
Harrisburg, Pa.....	2		San Francisco, Cal.....	4	
Hartford, Conn.....		1	Schenectady, N. Y.....	1	
Hoboken, N. J.....	1		Springfield, Ill.....	2	1
Kansas City, Mo.....	3		Springfield, Ohio.....	1	
Kenosha, Wis.....	2		Syracuse, N. Y.....	1	
Long Branch, N. J.....	1		Tacoma, Wash.....	1	
Lorain, Ohio.....	1		Toledo, Ohio.....	3	1
Lowell, Mass.....	1		Troy, N. Y.....	2	
Lynchburg, Va.....	2		Washington, D. C.....	4	1
Malden, Mass.....		1	Wheeling, W. Va.....	1	1
Milwaukee, Wis.....	6	1	Wilkes-Barre, Pa.....		1
Nashville, Tenn.....	11	1	Worcester, Mass.....	1	

## TYPHUS FEVER.

## Arizona—Morenci—In Mining Camp.

Ten cases of typhus fever have been reported in the mining camp of the Detroit Copper Mining Co., Morenci, Ariz., as follows: V. L., wife, and two children, who came from Jalisco, Mexico, about May 4, 1916. The first of these cases began about May 25, 1916. L. R., wife, and four children, who arrived at Morenci May 1 from Jalisco, Mexico. The time at which the disease began in this family is not given in the report.

**TYPHUS FEVER—Continued:**

**City Report for Week Ended June 17, 1916.**

During the week ended June 17, 1916, there was notified one death from typhus fever at Chattanooga, Tenn.

**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.
California.....	327	447	387	Montana.....	17	616	25
Hawaii.....	15	213	.....	Washington.....	29	3,667	33
Iowa.....	23	.....	119				

**City Reports for Week Ended June 17, 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.
<b>Over 500,000 inhabitants:</b>										
Baltimore, Md.....	584,605	171	11	1	68	1	17	.....	44	24
Boston, Mass.....	745,139	199	60	4	230	4	24	1	54	20
Chicago, Ill.....	2,447,045	626	110	18	211	8	187	4	283	67
Cleveland, Ohio.....	656,975	158	17	3	80	6	9	1	31	20
Detroit, Mich.....	554,717	167	89	7	8	2	40	1	30	16
New York, N. Y.....	5,468,190	1,324	368	29	766	16	118	5	394	175
Philadelphia, Pa.....	1,683,664	436	47	4	218	4	28	.....	101	58
Pittsburgh, Pa.....	571,984	167	20	2	169	.....	11	.....	20	21
St. Louis, Mo.....	715,988	192	42	3	181	4	28	.....	43	25
<b>From 300,000 to 500,000 inhabitants:</b>										
Buffalo, N. Y.....	461,335	.....	7	2	14	1	19	.....	32	11
Cincinnati, Ohio.....	406,706	93	9	.....	28	.....	4	.....	25	10
Jersey City, N. J.....	300,133	79	15	.....	21	1	15	.....	18	5
Los Angeles, Cal.....	465,367	117	6	.....	33	1	6	.....	36	17
Milwaukee, Wis.....	428,062	76	8	.....	45	1	22	.....	21	8
Newark, N. J.....	399,000	.....	10	.....	76	1	31	.....	38	12
New Orleans, La.....	366,484	118	3	.....	22	.....	.....	.....	31	22
San Francisco, Cal.....	416,912	126	34	5	1	.....	21	.....	31	11
Seattle, Wash.....	330,834	46	.....	.....	291	.....	5	.....	10	4
Washington, D. C.....	358,679	.....	7	.....	112	.....	2	.....	25	17
<b>From 200,000 to 300,000 inhabitants:</b>										
Columbus, Ohio.....	209,722	73	.....	.....	47	3	3	.....	9	7
Kansas City, Mo.....	289,879	.....	11	6	64	1	17	2	.....	11
Portland, Oreg.....	272,833	35	.....	.....	21	.....	14	.....	1	2
Providence, R. I.....	250,025	63	9	3	5	2	18	1	.....	16
Rochester, N. Y.....	250,747	87	2	.....	107	1	4	.....	16	10
St. Paul, Minn.....	241,999	65	9	1	81	2	9	.....	13	8
<b>From 100,000 to 200,000 inhabitants:</b>										
Birmingham, Ala.....	174,108	42	.....	.....	2	.....	1	.....	12	4
Bridgeport, Conn.....	118,434	25	12	.....	4	.....	1	.....	3	3
Cambridge, Mass.....	111,860	28	8	.....	26	.....	1	.....	3	5
Camden, N. J.....	104,349	.....	7	.....	9	.....	3	.....	10	.....
Fall River, Mass.....	126,904	.....	1	.....	11	.....	.....	1	8	.....
Grand Rapids, Mich.....	125,759	23	1	.....	11	.....	6	.....	4	1
Hartford, Conn.....	108,969	42	6	.....	4	.....	4	.....	5	2
Lowell, Mass.....	112,124	29	.....	.....	75	.....	1	.....	2	.....
Lynn, Mass.....	100,816	21	5	1	5	.....	1	.....	5	3
Nashville, Tenn.....	115,978	28	1	1	10	.....	1	.....	2	2
New Bedford, Mass.....	114,694	33	.....	.....	5	.....	2	.....	4	2
New Haven, Conn.....	147,095	.....	1	.....	14	.....	2	.....	.....	.....

Population Apr. 15, 1910; no estimate made.

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

City Reports for Week Ended June 17, 1916—Continued.

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.
From 100,000 to 200,000 inhabitants—Continued.										
Oakland, Cal.	190,803		2				5		9	5
Omaha, Nebr.		41	3		12		21			3
Reading, Pa.	105,094	33	2		3		5		5	2
Richmond, Va.	154,674	62	2		137	2	1		3	4
Salt Lake City, Utah.	113,567	22	2		153		14	1		
Springfield, Mass.	103,216	24	1		37	1	7		1	2
Syracuse, N. Y.	152,534	32	1		18		1		11	2
Tacoma, Wash.	108,094		1		38				11	
Toledo, Ohio.	187,840	73	10	2	41		17			6
Trenton, N. J.	109,212	44	8		4				7	2
Worcester, Mass.	160,523	58	3	1	50	4	3		10	6
From 50,000 to 100,000 inhabitants:										
Allentown, Pa.	61,901	29	8	1			1		2	
Atlantic City, N. J.	55,806	5			13		2		5	
Bayonne, N. J.	67,582		1		11		5		4	
Berkeley, Cal.	54,879	10							1	1
Binghamton, N. Y.	53,082	17	3		46	2	2		4	1
Brockton, Mass.	65,746	10			19	1			2	2
Canton, Ohio.	59,139	8	1		5		3			
Charleston, S. C.	60,427	26			1					5
Chattanooga, Tenn.	58,576	24					6			1
Covington, Ky.	56,520	15	2		6		1		2	
Duluth, Minn.	91,913				5		2			
El Paso, Tex.	51,936	45	2	2						8
Erie, Pa.	73,798	15			74		9			
Evansville, Ind.	72,125	18							2	1
Harrisburg, Pa.	70,754	30	2		15			6	6	1
Hoboken, N. J.	76,104	11	4		10		10	1	9	2
Johnstown, Pa.	66,585	17	1		16				1	1
Kansas City, Kans.	96,854		2		10		2		5	
Lancaster, Pa.	50,269				61				1	
Lawrence, Mass.	98,197	22	2		1				1	2
Little Rock, Ark.	55,158	14			2				1	
Malden, Mass.	50,067	11			7		1		1	1
Manchester, N. H.	76,959	22			10	1	3			
New Britain, Conn.	52,203		2		5				2	1
Norfolk, Va.	88,076				20				6	6
Oklahoma, Okla.	88,158	17			9		1			3
Passaic, N. J.	69,010	18	1		1		3		2	1
Pawtucket, R. I.	58,156	16	4	1			1		1	1
Rockford, Ill.	53,761	14			5		1		7	
Sacramento, Cal.	64,806	15							2	
Saginaw, Mich.	54,815	24			2					1
San Diego, Cal.	51,115		3		23		1			
Schenectady, N. Y.	95,265	21			1		3		5	3
Sioux City, Iowa	55,588		1	1			1			
Somerville, Mass.	85,460	16	1	1	5		1		6	2
South Bend, Ind.	67,090	10	5		10					
Springfield, Ill.	59,468		1				3			1
Springfield, Ohio	50,804	12	3		6		2		1	1
Troy, N. Y.	77,736		5		10		2		5	1
Wichita, Kans.	67,847		1		2		2		2	
Wilkes-Barre, Pa.	75,218		6	1	4				6	1
Wilmington, Del.	93,161	21	1		1	1	2			
York, Pa.	50,543		2		6				2	
From 25,000 to 50,000 inhabitants:										
Alameda, Cal.	27,031	9					1		1	1
Butler, Pa.	26,587	5					14			1
Butte, Mont.	42,918	29	1		9				2	5
Chelsea, Mass.	32,452	10	2				1		1	1
Chicopee, Mass.	28,688	9	2		12		2		1	
Cumberland, Md.	25,564	7			3	1			2	3
Davenport, Iowa	47,127		1				5			
Dubuque, Iowa	39,650						8	1	1	1
East Orange, N. J.	41,155	5	1		24		5		1	2
Elgin, Ill.	27,844	5					2			

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



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

City Reports for Week Ended June 17, 1916—Continued.

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.
From 25,000 to 50,000 inhabitants—Continued.										
Everett, Mass.	38,307	7	1		4		2		1	
Everett, Wash.	33,767	4			2		1	1		
Fitchburg, Mass.	41,144	16	4		29		3		1	2
Galveston, Tex.	41,076	5								1
Haverhill, Mass.	47,774		8		11		1		3	2
Kalamazoo, Mich.	47,364	17			24				1	1
Konosha, Wis.	30,319	7			81	1			1	1
La Crosse, Wis.	31,522	11	3	1	8				4	
Lexington, Ky.	39,703	18							6	2
Lorain, Ohio.	35,662		2		13		2			
Lynchburg, Va.	32,385	10			11				2	
Madison, Wis.	30,084		1		1					
Medford, Mass.	25,737	7	4		1		3		1	1
Montclair, N. J.	25,550	3			16				2	1
New Castle, Pa.	40,351		1		17					
Newport, R. I.	29,631	5	2							1
Newton, Mass.	43,085	14			17					
Niagara Falls, N. Y.	36,240	11	1		27				6	1
Norristown, Pa.	30,833	7	1		3		1			
Ogden, Utah.	30,466	6	1		1		1			
Orange, N. J.	32,524	16			12		1	1	2	3
Pasadena, Cal.	43,859	14			3		1		4	1
Perth Amboy, N. J.	39,725		3		1					
Pittsfield, Mass.	37,580	9	1		1		1			1
Portsmouth, Va.	38,610	13			2					2
Racine, Wis.	45,507				4		1			
Roanoke, Va.	41,929	6			54				3	2
Rock Island, Ill.	27,961	5			3		3			
Steubenville, Ohio.	26,631	6								
Stockton, Cal.	34,508		2						2	
Superior, Wis.	45,285	6	3		11		1			
Taunton, Mass.	35,957	12	4						2	1
Waltham, Mass.	30,129	4			16					
West Hoboken, N. J.	41,893	9			9		1		1	1
Wheeling, W. Va.	43,097	11	2		4					1
Williamsport, Pa.	33,495		3						6	
Wilmington, N. C.	28,264	12			2					1
Zanesville, Ohio.	30,406	9								1
From 10,000 to 25,000 inhabitants.										
Ann Arbor, Mich.	14,979	7			1		1			
Beaver Falls, Pa.	13,316				3					
Braddock, Pa.	21,310		1						2	
Cairo, Ill.	15,593	4			2					
Clinton, Mass.	13,075	2			2					
Coffeyville, Kans.	16,765				2					
Concord, N. H.	22,480				23					
Galesburg, Ill.	23,923	5			38					
Kearny, N. J.	22,753	6	1		10		1			2
Kokomo, Ind.	20,312	8			2					
Long Branch, N. J.	15,057	5	4						1	
Marinette, Wis.	14,610				19					
Melrose, Mass.	17,166	7	1				1			
Morristown, N. J.	13,158	7	3		3		1			
Muscataine, Iowa	17,287						1			
Nanticoke, Pa.	22,441	2	1						1	1
Newburyport, Mass.	15,195	3							2	
New London, Conn.	20,771	10	2		12					
Northampton, Mass.	19,846				9		1		1	
Plainfield, N. J.	23,280	7			1				2	2
Rutland, Vt.	14,624	8			4		2			2
Sandusky, Ohio.	20,160				17				1	
Saratoga Springs, N. Y.	12,842	2			1		2			1
Steelton, Pa.	15,337	3							2	

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

## **FOREIGN.**

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### **CHINA.**

#### **Examination of Rats—Shanghai.**

During the three weeks ended May 27, 1916, 846 rats were examined at Shanghai. No plague infection was found.

### **DOMINICAN REPUBLIC.**

#### **Measures Against Arrivals from Porto Rico.**

By order of the superior board of health of the Dominican Republic, dated May 26, 1916, measures have been instituted as follows against arrivals from Porto Rico:

All Dominican ports are declared closed to vessels coming from ports in Porto Rico, with the exception of the port of Santo Domingo.

All passengers arriving at Santo Domingo from Porto Rico are required to have vaccination certificates issued by the health authorities at the port of embarkation and viséed by the Dominican consul residing at the port. The vaccination must have taken place not less than 20 days from the date of embarkation. Passengers vaccinated without result must have certificate of revaccination issued and viséed by the authorities above referred to. These requirements extend to the crew of the vessel and to the captain.

Baggage will not be delivered until after it has been disinfected.

The captain of a vessel arriving from Porto Rico shall present his manifest at the port of Santo Domingo to the quarantine officer at the time of that officer's visit on board, in order that the said officer may select the cargo to be disinfected.

Foreign war ships are exempted from these requirements. Vessels arriving from Porto Rico at any Dominican port other than that of Santo Domingo with the sole object of taking on cargo will be admitted to entrance on condition that no packages be landed and that the crew be submitted to the requirements specified above.

### **GREAT BRITAIN.**

#### **Examination of Rats—Liverpool.**

During the two weeks ended June 3, 1916, 354 rats were examined at Liverpool. No plague infection was found.

## INDO-CHINA.

## Communicable Diseases.

Communicable diseases have been notified in Indo-China as follows:

Period.	Cholera.		Plague.		Smallpox.		Typhoid fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Dec. 1-31, 1915.....	510	395	90	70	74	14	4	.....
Jan. 1-31, 1916.....	915	527	110	86	38	15	3	.....
Feb. 1-29, 1916.....	417	235	95	67	96	1	4	1

*Distribution—Cholera.*—In December, 1915, cholera was confined to the Provinces of Anam and Tonkin, with the greater prevalence in Anam; in January and February, 1916, the disease occurred mainly in Anam, only a few cases being notified in Cambodia and Cochin China.

*Plague.*—Plague was distributed in December, 1915, in the Provinces of Anam, Cambodia, Cochin China, and Tonkin, with the greatest prevalence in Anam and Tonkin. During January and February, 1916, the disease was confined to the Provinces of Anam, Cambodia, and Cochin China.

*Smallpox.*—During December, 1915, 48 cases of smallpox were notified in Anam and a few cases in Cambodia, Cochin China, and Tonkin. In January and February, 1916, the disease was confined mainly to Tonkin.

The Province of Laos remained free from infection with the exception of two cases of cholera, notified in February, 1916.

## Leprosy.

During the month of December, 1915, 11 cases of leprosy were notified in Indo-China and from January 1 to February 29, 1916, 13 cases.

## JAPAN.

## Typhus Fever—Tokyo.

During the two weeks ended June 4, 1916, 39 cases of typhus fever were notified at Tokyo, making a total from January 1, 1916, of 372 cases.

## SOCIETY ISLANDS.

Leprosy—Tahiti.<sup>1</sup>

Under date of May 2, 1916, leprosy was reported present in Tahiti, cases being known to exist outside of the leper asylum. In 1915, 70 inmates were reported present in the asylum.

<sup>1</sup> Public Health Reports, June 4, 1915, page 1712.

**CHOLERA, PLAGUE, SMALLPOX, AND TYPHUS FEVER.****Reports Received During Week Ended July 7, 1916.<sup>1</sup>****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bassein	Apr. 23-29		1	
Hezazada	do		2	
Indo-China				Dec. 1-31, 1915: Cases, 510; deaths, 395. Jan. 1-Feb. 29, 1916: Cases, 1,332; deaths, 762.
Provinces—				
Anam	Dec. 1-31	493	388	
Do	Jan. 1-Feb. 29	1,295	738	
Cambodia	do	11	16	
Cochin China	do	6	1	
Tonkin	Dec. 1-31	17	7	
Do	Jan. 1-Feb. 29	20	13	
Saigon	May 1-14	35	2	
Java				West Java: Apr. 13-19, 1916: Cases, 17; deaths, 14.
Batavia	Apr. 13-19	17	14	
Philippine Islands:				
Manila	May 14-20	9	11	Not previously reported, cases, 3; deaths, 1.
Provinces				May 1-27, 1916: Cases, 12; deaths, 10.

**PLAGUE.**

Chile:				
Mejillones	May 28-June 3	1		
India:				
Bassein	Apr. 23-29		47	
Hezazada	do		3	
Moulmein	do		13	
Prome	do		1	
Indo-China				Dec. 1-31, 1915: Cases, 90; deaths, 70. Jan. 1-Feb. 29, 1916: Cases, 205; deaths, 153.
Provinces—				
Anam	Dec. 1-31	36	20	
Do	Jan. 1-Feb. 29	79	62	
Cambodia	Dec. 1-31	27	36	
Do	Jan. 1-Feb. 29	77	71	
Cochin China	Dec. 1-31	4	1	
Do	Jan. 1-Feb. 29	49	20	
Tonkin	Dec. 1-31	23	23	
Siam:				
Bangkok	Apr. 30-May 6	10	10	

**SMALLPOX.**

Austria-Hungary:				
Austria				Feb. 13-19, 1916: Cases, 1,536.
Brazil:				
Santos	May 8-14		1	
China:				
Antung	May 22-28	2		
Dairen	May 21-27	1		
Chungking	May 7-13			Present.
Foochow	do			Do.
Tientsin	do	7	2	
Germany:				
Breslau	May 21-27	1		
Great Britain:				
Cardiff	June 4-10	1		
London	do	1		
Indo-China				Dec. 1-31, 1915: Cases, 74; deaths, 14. Jan. 1-Feb. 29, 1916: Cases, 134; deaths, 16.
Provinces—				
Anam	Dec. 1-31	48		
Do	Jan. 1-Feb. 29	24		
Cambodia	Dec. 1-31	19	13	
Do	Jan. 1-Feb. 29	37	14	
Cochin China	Dec. 1-31	1	1	
Do	Feb. 1-29	10		
Tonkin	Dec. 1-31	6		
Do	Jan. 1-Feb. 29	63	2	

<sup>1</sup> From medical officers of the Public Health Service, American consuls, and other sources. For reports received from Jan. 1, to June 30, 1915, see Public Health Reports for June 30, 1916. The tables of epidemic diseases are terminated semiannually and new tables begun.

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

## Reports Received During Week Ended July 7, 1916—Continued.

## SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Japan:				
Kobe.....	May 29-June 4....	12	2	
Java.....				Mid-Java, Apr. 1-7, 1916: Cases, 9; deaths, 2. West Java, Apr. 13-19, 1916: Cases, 23; deaths, 4.
Batavia.....	Apr. 13-19.....	1	1	
Mexico:				
Aguascalientes.....	June 12-18.....		10	
Frontera.....	May 28-June 10....	4	1	
Guadalajara.....	June 11-17.....	35	9	
Tenosique.....	June 14.....			175 miles south of Frontera. Epidemic among troops.
Vera Cruz.....	June 4-11.....		4	June 19-25, 1916: Cases, 33.
Porto Rico.....				
Agua Buenas.....	June 19-25.....	5		
Arecibo.....	do.....	2		
Bayamon.....	do.....	1		
Río Piedras.....	do.....	1		
San Juan.....	do.....	24		
Portugal:				
Lisbon.....	May 21-June 3....	4		
Russia:				
Riga.....	Apr. 6-12.....	1		

## TYPHUS FEVER.

Austria-Hungary:				
Austria.....				Feb. 13-26, 1916: Cases, 845.
Hungary.....				Feb. 21-Mar. 5, 1916: Cases, 35; deaths, 7.
Germany:				
Chemnitz.....	May 28-June 3....		1	
Hanover.....	May 7-13.....	2		
Greece:				
Salonika.....	May 1-7.....		4	
Japan:				
Tokyo.....	May 22-June 4....	39		Jan. 1-June 4, 1916: Cases, 391.
Java.....				Mid-Java, Apr. 1-7, 1916: Cases, 8; deaths, 2. West Java, Apr. 13-19, 1916: Cases, 2; deaths, 1.
Batavia.....	Apr. 13-19.....	2	1	
Samarang.....	Apr. 1-7.....		1	
Mexico:				
Agua Calientes.....	June 12-18.....		12	
Guadalajara.....	June 11-17.....	4	1	
Vera Cruz.....	June 4-11.....		1	

# SANITARY LEGISLATION.

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## COURT DECISIONS.

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

#### Pork Containing Trichinæ—Dealer Held Liable for Damages.

RINALDI *v.* MOHICAN CO. (Mar. 8, 1916.)

When a dealer sells foodstuffs for immediate consumption, there is an implied warranty that the goods are fit for food and are wholesome.

Plaintiff purchased from a dealer pork which bore the United States Government stamp, but was infected with trichinæ. She and her family were made ill by eating the pork. The court held that the dealer was liable for damages.

[157 New York Supplement, 561.]

HOWARD, J.: The plaintiff became infected with a parasite found in pork and known as trichinæ. She purchased the pork from the defendant, a retail dealer. The meat appeared clean, good, and wholesome. It also bore the United States Government stamp to the effect that it was sound and fit for consumption and free from defect. The plaintiff cooked the meat, and she and her family ate it and were made sick. She has recovered a judgment against the defendant for the damages which she suffered, upon the theory that the sale of the pork for immediate consumption carried with it an implied warranty that it was sound and fit for use. It is quite apparent from the record that the defendant's store was clean and sanitary and that the defendant was absolutely free from negligence. There was no lack of care whatever in the handling or sale of the meat, so that we are confronted squarely with the question as to whether the sale of this meat under these circumstances did carry with it an implied warranty of fitness.

Were this question being presented to this court for the first time, I should rebel vigorously against following, in this instance, the common-law rule of implied warranty proclaimed as far back as the days of Blackstone and adhered to in this State, and quite generally in all the States of the Union. Many common-law doctrines established centuries ago are rejected by the courts, as inapplicable to present-day conditions. The rule that there is an implied warranty on the part of the vendor of foodstuffs, that goods sold for immediate consumption are fit and wholesome, is a doctrine no longer suitable, I believe, to modern conditions. This court has, however, twice, very recently, committed itself to the old rule. (*Race v. Krum*, 162 App. Div. 911, 146 N. Y. Supp. 197, reported on reargument 163 App. Div. 924, 147 N. Y. Supp. 818; *Leahy v. Essex Co.*, 164 App. Div. 903, 148 N. Y. Supp. 1063.) Frequently, where courts follow slavishly in the footsteps of precedent, they fail to do justice, and are conscious that they are failing to do justice; but, although going contrary to their judgment, they feel bound by the established law. In the *Race* case, decided in March, 1914, I dissented from the application of the doctrine of implied warranty, as did also Justice Woodward; however, a majority of the court adopted the old rule.

In July, 1914, we decided the Leahy case, again adopting the common-law doctrine. Now we are asked to distinguish this case from the Race case. Unless we are to make this court ridiculous, I do not see how we can do so. In the Race case all the decisions relating to the subject were thoroughly examined, and then examined again on reargument.

There are, it is true, two distinguishing features between the facts of this case and the facts of the Race case. In the Race case the commodity was ice cream and was compounded by the defendant; here the meat was sold in the same form that it was purchased. In the Race case there was no Government inspection or stamp of fitness; here there was such a stamp. But neither of these distinctions removes the present case from the operation of the doctrine, for if the principle of implied warranty is to control there can be no distinction between a vendor who compounds the article (as in the case of ice cream) and one who retails goods in the same shape as they were when he bought them, as in this case. In neither case is the vendor accused of negligence or want of care. The implied warranty rule rests upon a principle of public policy. The reason for that rule is stated in *Wiedeman v. Keller* (171 Ill., 93, 49 N. E., 210), as follows:

It may be said that the rule is a harsh one; but, as a general rule, in the sale of provisions the vendor has so many more facilities for ascertaining the soundness or unsoundness of the article offered for sale than are possessed by the purchaser that it is much safer to hold the vendor liable than it would be to compel the purchaser to assume the risk.

If this is the principle on which the rule rests, no amount of care can relieve the vendor. The Government stamp adds nothing to his position, for he has warranted the goods, and whether he has been careful or careless is of no concern. We did not affirm in the Race case on the doctrine of negligence or want of reasonable care, but flatly on the doctrine of implied warranty. This doctrine was applied squarely by the Supreme Court of Illinois in *Wiedeman v. Keller*, supra, where many leading authorities were examined. That was a sale of meat, and was practically parallel with the case before us. In view of the attitude which this court has assumed, the *Wiedeman* case should have great weight with us. In *Bigelow v. Maine Central Ry. Co.* (110 Me., 105, 85 Atl., 396, 43 L. R. A. (N. S.), 627), the Supreme Judicial Court of Maine rejected the common-law doctrine as not being applicable to canned asparagus.

Personally I approve of the doctrine there propounded. This court, however, having so recently twice taken a contrary position on the subject, it would be better, I think, to allow the court of appeals to dispose of the question in this state than for us to attempt to make a distinction here and thus inject confusion, and perhaps ridicule, into the law. The judgment should be affirmed.

Judgment and order unanimously affirmed, with costs. The court disapproves of the finding of fact that the defendant had any knowledge of a defective condition of the meat, and finds that there was no credible evidence to establish such knowledge. All concur; Lyon, J., in result.

# STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

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## ILLINOIS.

### **Waterworks and Sewerage Systems—Construction, Alterations, or Additions—Approval of State Board of Health Required. Ice Supplies. (Reg. Bd. of H., Apr. 5, 1916.)**

**RULE No. 1.** No municipality, district, corporation, company, institution, persons or person shall install or enter into contract for installing waterworks or sewers to serve more than 25 persons until complete plans and specifications fully describing such waterworks or sewers have been submitted to and received the written approval of the State board of health and thereafter such plans and specifications must be substantially adhered to unless deviations are submitted to and receive the written approval of the State board of health.

**RULE No. 2.** No municipality, district, corporation, company, institution, persons or person shall make or enter into contract for making any additions to or changes or alterations in any existing waterworks serving more than 25 persons, when such additions, changes, or alterations involve the source of supply or means for collecting, storing, or treating the water, until complete plans and specifications fully describing proposed additions, changes, or alterations have been submitted to and received the written approval of the State board of health and thereafter such plans and specifications must be substantially adhered to unless deviations are submitted to and receive the written approval of the State board of health.

**RULE No. 3.** No municipality, district, corporation, company, institution, persons or person shall make or enter into contract for making alterations or changes in or additions to any existing sewers or existing sewage treatment works serving more than 25 persons until complete plans and specifications fully describing such alterations, changes, or additions have been submitted to and received the written approval of the State board of health and thereafter such plans and specifications must be substantially adhered to unless deviations are submitted to and receive the written approval of the State board of health.

**RULE No. 4.** Any municipality, district, corporation, company, institution, persons or person owning or operating water purification works or sewage treatment works shall submit to the State board of health monthly records showing clearly the character of effluents produced.

**RULE No. 5.** No municipality, district, corporation, company, institution, persons or person shall offer lots for sale in any subdivision unless within the boundaries of an area incorporated as a municipality or sanitary district until complete plans and specifications for sewerage, drainage, and water supply have been submitted to and received the written approval of the State board of health and thereafter such plans and specifications shall be substantially adhered to unless deviations are submitted to and receive the written approval of the State board of health.

**RULE No. 6.** No natural ice shall be furnished or vended to the public for domestic purposes until the source of the ice supply has received the written approval of the State board of health, which approval is revocable upon evidence being presented or discovered of undue contamination entering the source.



## INDIANA.

**Food and Drink—Containers Must be Kept in a Cleanly Manner. (Reg. Bd. of H., Jan. 14, 1916.)**

All packages and containers designed to be refilled with food or drink, shall, when emptied, be cared for in such a manner that they may be readily and thoroughly cleaned before use. It is understood that such care will require milk bottles, ice cream cans, etc., to be washed and rinsed with water as provided by section 1, chapter 69,<sup>1</sup> acts 1913, and that beer, soda, and other bottles intended to be refilled shall, when emptied, be returned to the case with neck down and kept in a clean place until collected, or shipped to the owner.

## LOUISIANA.

**Plague—Prevention of—Rat Proofing. (Reg. Bd. of H., Mar. 18, 1916.)**

That chapter 3 of the Sanitary Code of Louisiana be hereby amended as follows, and that said amendment shall be designated as section 78A:

SEC. 78A. (a) Every building, outhouse, superstructure or substructure, lot, open area or other premise, sidewalk, street, or alley, now constructed or hereafter to be constructed in all localities where human or rodent bubonic plague has been found (hereafter in this section referred to as "infected localities"), shall be rat proofed in the manner hereinafter provided for:

(b) It shall be unlawful for any person, firm, or corporation to have or maintain, or hereafter to construct, any building, outhouse, superstructure or substructure, lot, open area or other premise, sidewalk, street, or alley within such infected localities unless the same shall be rat proofed in the manner hereinafter provided for.

(c) For the purpose of rat proofing, all buildings, outhouses, superstructures or substructures in such infected localities shall be divided into two classes, to wit, class A and class B. In class A shall fall every stable; slaughterhouse; abattoir; market, public or private, where meat, game, fish, cysters, or vegetables are sold; blacksmith shop; grocery store; bakery; delicatessen; sausage factory; rendering plant; candy factory; ice-cream manufactory; hotel kitchen; restaurant kitchen; grain elevator; flour mill; rice mill; dock, wharf, or pier; freight depot handling food-stuffs; warehouse where grain or cereals are stored; milk depots where milk is received or stored for distribution or sale, or where milk is converted into cream cheese or other products; dairy; building wherein poultry, animals, game, or birds are housed, raised, cooped, stored, or kept for sale; produce or commission house; hide store; canning factory; brewery; and all other buildings, outhouses, superstructures or substructures, except buildings used exclusively for residential purposes, where food-stuffs are manufactured, stored, handled, prepared, used, sold, kept, or offered for sale. "Foodstuffs" as herein used is hereby defined to mean flour and flour products, animals and animal products, vegetables and vegetable products, produce, groceries, cereals, grain and the products of cereals and grain, poultry and its products, game, birds, fish, vegetables, fruit, milk, cream and its products, ice cream, hides and tallow, or any combination of any one or more of the foregoing. The word "stable," hereinabove used, shall be understood to mean and include all buildings, outhouses, superstructures or substructures in which there is kept, stalled, confined, fed, or stabled one or more horses, donkeys, mules, cows, goats, or other live stock. In class B shall fall all buildings used exclusively for residential purposes, and all other buildings, outhouses, superstructures or substructures not hereinabove defined or specified as class A.

<sup>1</sup> Reprint No. 264 from the Public Health Reports. p. 160.

(d) All buildings, outhouses, superstructures or substructures hereinabove defined and described as class A and class B shall be rat proofed in the following manner, to wit:

*Class A.*—All buildings, outhouses, superstructures and substructures of class A shall have the ground area covered with a floor of concrete, which concrete shall be not less than 3 inches thick, and shall be overlaid with a wearing coat of cement mortar not less than three-quarters of an inch thick, or with mosaic tiling or other material impermeable to rats; and such floors shall rest, without any intervening space between, upon the ground or upon filling of clean earth, sand, cinders, broken stone or brick, gravel or similar material, which filling shall be free from animal or vegetable substances; or in lieu thereof the said floor shall be constructed of reinforced concrete with a top dressing or wearing coat as hereinbefore provided for; the said floor in any of the above cases shall extend to and be hermetically sealed to the walls surrounding said floor, which walls shall be of concrete, stone, or brick laid in cement mortar, and said walls shall be not less than 6 inches in thickness and shall extend into and below the surface of the surrounding soil at least 2 feet and above the surface of the surrounding soil at least 1 foot, and shall extend to the height of at least 1 foot above the level of the first or ground floor of the building: *Provided*, That such part of any structure hereinabove defined as of class A that shall be entirely over a body of water may be rat proofed as of class B as hereinafter provided for.

(e) *Provided further*, That where any building, outhouse, superstructure or substructure is occupied as a stable as hereinbefore defined the following additional rat proofing measures shall form a part of class A construction and shall be required in the construction of all stables:

(f) *Stall floors.*—Stall floors shall constitute a part of and be continuous with the concrete floor of the stable, and for drainage purposes shall have a slope of one-eighth inch per foot to the gutter drains hereinafter provided for.

Wooden planking may be laid upon the concrete floor of stalls, without intervening space beneath, or such planking may be elevated not more than one-half inch above said stall floor, but shall be easily removable, and such removable planking shall be raised at least once a week and the planking and the concrete floor beneath thoroughly cleaned.

(g) *Gutters.*—Semicircular or V-shaped gutter drains shall be constructed in and form part of the concrete floor of stables, and shall be so placed that a gutter shall receive all liquid matter from each stall, and each gutter shall be connected with the public sewer, or with a main gutter of the same construction, which in turn shall be connected with the public sewer, or, in absence of sewer, connected with a storage tank, or otherwise as approved by the State board of health. All openings from drains into sewers shall be protected by metal gratings having openings not greater than one-half inch between the bars of said gratings.

(h) *Manure receptacle.*—Each stable shall be provided with a receptacle for holding manure, and such receptacle shall be water-tight, and shall be constructed and closed in such manner that the contents shall be inaccessible to flies and rats. Each receptacle shall be of sufficient size to hold all the manure formed between the periods of carting away.

(i) *Manure.*—All manure in and about all stables shall be placed in said manure receptacle at least once each day, and all manure shall be removed from said receptacle at least twice per week between May 1 and September 30, and at least once per week between October 1 and April 30. All manure so removed shall be placed in wagons so protected as to render such manure inaccessible to flies.

(j) *Mangers.*—Mangers shall be at least 18 inches deep. They may be constructed of wood or like material, but if constructed of wood, mangers shall have the interior covered with galvanized iron or other metal. Whenever mangers are attached or affixed to the walls of stables or stalls, or otherwise supported against such walls,

they shall be made to approximate such walls closely without any intervening space between the wall and the manger, to prevent the accumulation of food or débris.

(k) *Feed bins.*—All grain, malt, or other animal food of whatever character, except hay, used, fed, or stored in stables, shall be kept in a feed bin or feed room, which shall be constructed of wood, metal, concrete, brick, or stone, and shall be closed with a close-fitting top, cover, or door. If constructed of wood or like material, the feed bin or feed room shall be completely lined or covered with galvanized iron or other metal in such manner as to prevent the ingress or egress of rats, and said feed bin or feed room shall be maintained closed at all times except when momentarily opened to take food therefrom or when opened to be filled. No feed shall be scattered about such bin or room or stable, and all such food found on the floor of the stable shall be collected and removed daily and placed in the manure receptacle. No foodstuffs intended for human consumption shall be kept or stored in any stable.

(l) *Class B.*—All buildings, outhouses, superstructures, or substructures of class B when constructed with a basement or cellar shall have the ground area of such basement or cellar covered with a floor of concrete as directed hereinabove for class A, which floor shall extend to and be hermetically sealed to a surrounding wall of concrete, stone, or brick laid in cement mortar, which wall shall be not less than 6 inches in thickness and shall extend upward to a height of at least 1 foot above the surface of the surrounding soil.

(m) All buildings, outhouses, or superstructures of class B without basements or cellars shall be constructed in accordance with one of the two following methods hereinafter designated and described as method 1 and method 2.

(n) *Method 1.*—All buildings, outhouses, or superstructures of method 1 shall be set upon pillars or underpinning of concrete, stone, or brick laid in cement mortar, such pillars to be of a height as determined by the width of the building as follows: 0 feet to 30 feet, height of pillars 18 inches; 30 feet to 40 feet, height of pillars 24 inches; 40 feet to 50 feet, height of pillars 30 inches; 50 feet to 60 feet, height of pillars 36 inches.

The measurements above stated shall be taken from the surrounding ground level to the under surface of the most dependent timber of the building where such building is nearest the ground, and the intervening space between such building and the ground shall be open and shall be maintained open on at least three sides, and the ground area beneath shall be clean, even, and free from all lumber, brick, rubbish, débris, or other rat-harboring material: *Provided*, The openings between pillars may be protected with wire mesh, with openings in the mesh not less than 2 inches in size, provided an increase in elevation is made to cover the width of the frames to which the wire mesh is attached.

(o) *Method 2.*—All buildings, superstructures, or substructures of method 2 shall be rat proofed by constructing at the margin of the ground area of the building a wall of concrete, stone, or brick laid in cement mortar. Such wall shall extend without break around the entire building, shall be not less than 6 inches thick, shall extend not less than 2 feet below the surface of the surrounding soil, and shall extend upward to and fit closely the under surface of the sill: *Provided*, The said wall may be constructed with openings therein for ventilation purposes only, but all such openings for ventilation shall be securely screened with wire mesh not less than 12 gauge, with openings in the mesh not greater than one-half inch, or closed with metallic gratings having openings between the bars of such gratings no greater than one-half inch: *Provided further*, That the ground area inclosed by such marginal foundation wall shall be covered and protected by a floor of tongue and groove pine flooring, closely fitted and firmly set and not less than seven-eighths of an inch thick, or shall be covered by a floor of material equal or superior in quality, strength, and structure. In either case such floor shall extend to and be closely fitted to the walls at every point, without intervening space between the edges of the floor and the sides of the wall, and the

whole constructed and closed in such manner as to prevent the entrance of rats beneath the building.

(p) *Provided further*, That in all buildings, outhouses, superstructures or substructures of class B, whether with basements or cellars or without, in which there is space above the sill, between the wall studs or floor joists, all such space from the upper surface of the sill for a distance of at least 18 inches above the floor level of the building shall be solidly closed and obliterated by a fill of concrete, cement mortar, or brick laid in cement mortar.

(q) *Provided further*, That all buildings, outhouses, superstructures or substructures, hereinabove described and defined as class A and B, in which there are any openings in walls or roofs, or in which there is inclosed space in walls between the wall proper and the covering on same, or between ceilings and the floor above, or beneath raised or supplementary floors, or beneath driveways or truck runways, or beneath or behind or above counters, shelving, bins, or other fixtures, all such openings or spaces shall be eliminated, closed or protected, in the manner hereafter specified and described, to wit: All defective, unnatural, or unnecessary openings in foundation, basement, outside, interior, or partition walls, and all openings similar in character in floors and ceilings, shall be securely and completely closed with concrete, cement mortar, or brick laid in cement mortar, or with material identical in character with that in which the opening occurs; all ventilator openings in foundation or basement walls shall be securely screened with wire mesh of not less than 12 gauge with openings in the mesh not greater than one-half inch, or with metallic gratings with openings between the bars not greater than one-half inch; all doors, windows, or transoms in foundation or basement walls allowed to remain open at night shall be screened with wire mesh not less than 12 gauge with openings in the mesh not greater than one-half inch; all doors, windows, transoms, and ventilator openings above the foundation or basement which are accessible to rats and are allowed to remain open at night, and all roof hatches and roof elevator doors allowed to remain open at night, and all roof ventilators of louvre, skylight, or other pattern, and all roof downspouts, gutters, toilet vents, unused chimney flues, or other roof openings accessible to rats, shall be screened with wire mesh not less than 16 gauge, with openings in the mesh not greater than one-half inch. all in such manner as to prevent the ingress or egress of rats: *And provided further*, That wherever within the building proper there is any inclosed space in walls between the wall proper and the covering on same, or on top of the walls between floor sills or roof rafters, or above ceilings between the ceiling and the floor above, or other ceiling covering above, or beneath raised or supplementary floors, or driveways, or truck runways, or beneath or behind or above counters, shelving, bins, or other fixtures—all such inclosed space shall be opened up and eliminated by the removal of said ceiling or said floor, or other covering inclosing such space, or such space shall be completely filled and solidly closed with concrete or cement mortar, or with material identical in character with that inclosing and forming the space: *Provided*, That in class B buildings such space may be completely inclosed and protected by accurate, rat-tight construction, using material identical with that inclosing such space, or such space shall be protected and made impervious to rats by a "flashing" of galvanized iron, not less than 26 gauge, and of such width and length as may be required to adequately protect such space, and such galvanized iron shall be well lapped wherever joined, and shall be fastened by nails centered not less than 1 inch apart along the margin of the metal; all in such manner as to effectively prevent the entrance of rats.

(r) *Provided further*, That in any case where, under the foregoing provisions, any building, outhouse, superstructure, or substructure is required to be rat proofed in the manner hereinabove provided for class A, and the first floor above the ground, or basement, or cellar, as the case may be, is used in part for class B purposes, and the part used for class B purposes is effectively separated from the part falling under

class A by the construction of a division wall, or if such division wall is present, by effectively and permanently closing all openings in such wall, and in either case the whole, in such manner as to make such wall whole and continuous in its entirety, without doorways, windows, transoms, or other openings between the part used for class A purposes and the part used for class B purposes, then in such case, and for rat-proofing purposes only, each part so divided and separated will be deemed a separate building, and the part used for class B purposes may be rat proofed as a building of class B, and the part falling under class A shall be rat proofed as a building of class A, all in the manner hereinabove defined and specified: *Provided*, That the owner of any building, outhouse, superstructure, or substructure of class B may rat proof same as provided for in class A, if he so elects.

(s) All premises, improved or unimproved, all open lots, areas, streets, sidewalks, and alleys in such infected localities shall be kept clean and free from all rubbish and similar loose material that might serve as a harborage for rats, and all lumber, boxes, barrels, loose iron, and similar material that may be permitted to remain on the premises, and that may be used for a harborage by rats, shall be placed on supports and elevated not less than 2 feet from the ground, with a clear intervening space beneath to prevent the harboring of rats.

(t) All planking and plank walks on and in yards, alleys and alleyways, streets, sidewalks, or other open areas shall be removed and the ground thoroughly cleaned of all rubbish or débris and left bare, or such bare ground may be covered with gravel or cinders, or such bare ground may be covered with concrete, or street paving, or stone, flagstones, or brick when laid in cement mortar: *Provided*, That wherever such ground covering of concrete, street paving, stone, flagstone, or brick is installed or extended beneath a roof or other similar covering, or is laid in such manner that its margin projects above the surface of the surrounding ground level, then the margin of such ground covering shall be protected from rat burrowing and rat harborage by the construction of a concrete or brick marginal wall; such wall to be not less than 6 inches in thickness, to extend not less than 2 feet into the ground and upward flush with the surface of the ground covering, with which it shall make a tight joint.

(u) The construction and the materials used in rat proofing shall conform to the building ordinances of such infected localities except and only in so far as the same may be modified herein.

(v) It shall be the duty of every owner, agent, or occupant of each building, outhouse, superstructure or substructure, lot, open area and other premises, sidewalks, street, and alley in such infected localities to comply with all the provisions of this section 78A.

(w) It is hereby made the duty of departments of public safety, health departments, or other departments having jurisdiction to enforce the provisions of this section 78A: *Provided*, That no affidavit shall be filed against any owner, agent, occupant, or other person charged with the duty of complying with the provisions of this section 78A until 30 days shall have elapsed after a communication shall have been deposited in the United States mail, addressed by said health department to such owner, agent, occupant, or person to his residence or to the premises upon which said violation shall be alleged to lie, which communication shall designate the character of violation with which such person shall be charged and the location of the premises upon which the offense is alleged to lie.

(x) Each day's violation of any provision of this section 78A shall constitute a separate and distinct offense.

(y) Any person violating any of the provisions of this section 78A of the Sanitary Code shall be fined not less than \$10 nor more than \$200 for the first offense; not less than \$25 nor more than \$400 for the second offense; not less than \$50 nor more than \$500, or imprisonment for not less than 10 days nor more than 6 months, or both, in the discretion of the court, for each subsequent offense.

(2) The enforcement of the foregoing regulations shall be under the direction of the president of the State board of health, who is hereby authorized and directed to determine when the necessity may arise to enforce and carry out said regulations.

### MAINE.

#### Communicable Diseases—Notification of Cases—Quarantine—School Attendance—Libraries—Disinfection—Funerals. (Reg. Bd. of H., Jan. 26, 1916.)

**RULE 1. Definitions.**—Unless specifically provided herein, the following words and terms used in these rules and regulations are defined for the purposes thereof as follows:

(1) The term "infectious or contagious diseases" is used simply in the sense of "communicable diseases." No effort is made to differentiate between the meaning of infectious and contagious.

(2) The word "town" means and includes city, town, or plantation.

(3) The term "local board of health" means and includes the local board of health and the executive officer of the board, whether the medical health officer when one has been appointed, or the secretary when there is no health officer.

(4) The term "health officer" means and includes the executive officer, or any duly authorized agent of the board.

(5) The term "householder" means and includes the parents, guardians, caretakers, or other persons who have charge of children or minors, or of the household or of a number or group of persons who dwell together or have their lodging or board together, and to the keeper, superintendent, manager, or other person who has charge of an almshouse, workhouse, house of correction, jail, prison, hospital, boarding school, camp, or other institution; it also means and includes the master or other commanding officer of a ship or steamboat.

**RULE 2. Notifiable diseases.**—The following diseases are declared to be notifiable diseases:

Anthrax.  
Cerebrospinal meningitis, epidemic.  
Chicken-pox.  
Cholera, Asiatic.  
Diphtheria (membranous croup).  
Dysentery, amebic or bacillary.  
Epidemic or septic sore throat.  
German measles.  
Glanders.  
Leprosy.  
Measles.  
Mumps.  
Ophthalmia neonatorum.

Paratyphoid fever.  
Pellagra.  
Plague.  
Poliomyelitis, acute anterior (infantile paralysis).  
Rabies.  
Scarlet fever.  
Smallpox.  
Tetanus.  
Trachoma.  
Typhoid fever.  
Typhus fever.  
Whooping cough.

**RULE 3. Physicians to report cases.**—When any physician knows or has reason to believe that any person whom he has called to visit, or who visits or consults him, is infected with any of the diseases in rule 2, such physician shall forthwith give notice thereof to the local board of health or to the health officer of the town in which such person lives. Such report shall be by telephone when practicable and shall include the full name, age, and address of the persons affected, together with the name of the disease.

**RULE 4. Householdors to report cases.**—Whenever any householder knows or has reason to believe that any person within his family or household has any of the diseases listed in rule 2 he shall within 24 hours give notice thereof to the health officer or the secretary of the local board of health of the town in which he resides, and such report shall be by telephone, when practicable, and shall also be made in writing.

**RULE 5. Reports to State board of health.**—The secretary or executive officer of each local board of health shall report promptly to the State board of health upon blanks furnished by the State board of health for that purpose, and at such times and in such manner as is provided by those blanks, all cases and outbreaks of the diseases which are enumerated in rule 2.

**RULE 6. Quarantine.**—The following degrees of quarantine or control shall be carried out in all cases of infectious or contagious diseases which the State board has declared or may declare notifiable or quarantinable: Full quarantine, modified quarantine, and observations.

*Full quarantine.*—Full quarantine is defined to mean and include:

(a) Strict isolation of the person sick and of those attendant upon him in a room or rooms screened against flies and mosquitoes in the months when those insects are around.

(b) Absolute prohibition of entrance to or exit from the building, or in case of buildings of proper construction from the isolated apartment, in which the sick person is confined except the attending physician, health authority, or any person or persons specially authorized by the health authorities to enter or to leave the building.

(c) Persons affected with any of the following diseases shall be placed under full quarantine: Cholera (Asiatic), plague, smallpox, and typhus fever.

*Modified quarantine.*—Modified quarantine is defined to mean and include:

(a) Complete separation of the person sick and of those attendant upon him from all other persons in the building or on the premises, in a room screened when practicable against flies and mosquitoes during those months in which those insects are active.

(b) Prohibition of entrance into or exit from the building in which the sick person is confined, except as the local board of health may permit under rule 9.

(c) Persons affected with any of the following diseases shall be placed under modified quarantine: Anthrax, cerebrospinal meningitis, diphtheria (membranous croup), dysentery, epidemic or septic sore throat, glanders, leprosy, measles, paratyphoid fever, poliomyelitis, scarlet fever, and typhoid fever.

*Observation.*—Observation is defined to mean and include:

(a) The inspection from time to time by the officers or agents of the local board of health of a person suffering from or affected with an infectious or contagious disease, or a disease which may be notifiable under the rules and regulations of the State board of health, and not subject to the regulations for full quarantine or modified quarantine.

(b) The supplying of information and advice, printed or otherwise, to such persons relative to the measures for the care of the sick and the prevention of the spread of infection. The health officer or local board of health shall exercise such a degree of supervision and control over such persons as may be deemed necessary to prevent their becoming dangerous to the public.

(c) Persons affected with any of the following diseases shall be placed under observation: Chicken-pox, German measles, mumps, ophthalmia neonatorum, pellagra, rabies, tetanus, trachoma, and whooping cough.

When persons or a house, building, or place has been put under full quarantine, modified quarantine, or observation by a local board of health, no person quarantined or persons within the quarantined area shall leave it, and no person outside shall enter it, nor shall they do anything which is in violation of the definition of that degree of quarantine which may be in force in the given place or area, nor shall they do anything in disobedience of the orders or regulations of the local board of health.

**RULE 7. Contacts and suspects.**—Persons who have been exposed to an infectious or contagious disease, or who are suspected of having an infectious or contagious disease, or of being infectious or the carriers of infection, may be placed under quarantine or observation as is provided in rule 6 until the period of incubation has elapsed, or until the nature of the disease has been determined, or the period of infectiousness and

danger to the public has ended; and said persons shall obey all orders and shall be guided by the instructions which may be given by the local board of health.

**RULE 8. Children.**—When the well children who remain in the same home with those who are sick under quarantine or under observation, are permitted by the local board of health to play in their own yard, they shall be kept off the streets and from all places outside of their premises and it shall be the duty of their parents, guardians, or other persons under whose charge they are, to keep said children within their own yards or on their own premises. Parents, teachers, or other guardians of children in other homes or other places shall not allow the children under their charge to enter houses, premises, or yards which are held under quarantine or observation, nor to play with children or families which are placed under quarantine or observation.

**RULE 9. Adults need not always be quarantined.**—When a person affected with an infectious disease is properly isolated on the premises except in cases of smallpox, plague, typhus fever, or Asiatic cholera, the adult members of the family or household, particularly the wage earners, who do not come in contact with the patient or with his secretions or excretions, unless forbidden by the health officer or local board of health, may continue their usual vocations, provided their vocations do not bring them in close contact or association with children; and provided further that they do not go into other people's homes or attend any public entertainments, clubs, lodges, church services, etc., without permission from the local board of health.

**RULE 10. Quarantine in certain emergencies.**—When any case of diphtheria, epidemic cerebrospinal meningitis, poliomyelitis (infantile paralysis), measles, or scarlet fever is not or can not be properly isolated on the premises and can not be removed to a suitable hospital, it shall be the duty of the health officer to forbid any member of the household from leaving the premises, except under such conditions as he may specify, and except as is provided in rule 20.

**RULE 11. Disregard of quarantine rules.**—In case any of the general provisions for modified quarantine or observation, or any of the orders or regulations of the health officials relating thereto are violated or disobeyed, the local board of health or health officer may enforce full quarantine or modified quarantine, when in the opinion of the local board the public safety requires such action.

**RULE 12. Milkmen, grocerymen, etc.**—When milkmen deliver milk to persons, houses, or premises which are under quarantine, they shall empty the milk into covered containers placed outside the door of said house or premises, or shall deliver the milk in containers which shall not be used again, but shall be burned as soon as they are emptied. They shall not enter such premises nor remove milk bottles, nor take anything else therefrom until the house or premises has been released from quarantine and disinfected and the bottles have been sterilized by boiling. If bottles have been delivered, they shall not be taken from the house until the quarantine has been raised and the bottles have been sterilized in accordance with the instructions of the local board of health.

Grocerymen and other persons delivering merchandise are forbidden to enter such premises or remove packages or other articles therefrom, until such articles have first been boiled or otherwise sterilized under the instructions of the health officer.

**RULE 13. Infectious books, and reports to librarians and superintendents of schools.**—The secretary of the local board of health of each town and city in which there is a public or circulating library shall promptly report to the librarian or owner of said library the names and places of residence of all families in which cases of infectious diseases have appeared, and it shall furthermore be the duty of the local board of health of every town and city to report the same facts to the superintendent of schools or to the teacher of the school in whose district the families belong.

No person shall carry any book or magazine from any public or circulating library to a house or home where there is an infectious or contagious disease, and no person shall return to such library without the permission of the local board of health any book



or magazine which has been in a home when an infectious or contagious disease has been present therein; and until permission is given by the local board of health, librarians, or owners shall allow nothing to be taken to or returned from the places in which such disease exists.

**RULE 14. *The duty of teachers.***—It shall be the duty of teachers and of principals of schools to note the condition or the symptoms of their pupils which are suggestive of the onset of a contagious or an infectious disease, and this particularly when a disease of this kind is prevalent or present in the community. Among the symptoms which should excite suspicion are those of a common cold or a cough when measles or whooping cough are around; tonsillitis or sore throat which may mean diphtheria or scarlet fever; or a rash at any time. The teacher or principal shall immediately report to the health officer the condition of any pupil which is suggestive of a contagious or infectious disease and shall exclude such pupil from the schoolroom until he has been seen by the health officer or a physician. The teacher shall furthermore exclude from the schoolroom children from houses in which there is, or recently has been, a contagious or infectious disease until a certificate of readmission is received from the local health department.

**RULE 15. *The physician to arrange for precautionary measures.***—It shall be the duty of any physician, immediately upon discovering a case of infectious disease, to secure such isolation of the patient or to take such other action as may be required by the rules and regulations or printed instructions which may from time to time be issued by the State board of health; and all persons in a family, house or place where an infectious disease is found or who has been dwelling or staying therein, shall act in compliance with the advice or instructions which may be received from the physician, until it is modified or annulled by the local board of health.

**RULE 16. *The physician to instruct as to the disinfection of excreta in certain diseases.***—It shall be the duty of the physician in attendance on any case suspected by him to be typhoid fever, paratyphoid fever, dysentery, or Asiatic cholera, to give detailed instructions to the nurse or other person in attendance in regard to the disinfection and disposal of excreta. Such instructions shall be given on the first visit, and shall conform to the rules and regulations or printed instructions of the State board of health. It shall be the duty of the nurse or person in attendance to carry out the disinfection in detail until its modification or discontinuance is permitted by the local health officer.

**RULE 17. *Physicians shall report cases on dairy farms.***—When a case of typhoid fever, paratyphoid fever, scarlet fever, diphtheria, epidemic or septic sore throat, smallpox, poliomyelitis (infantile paralysis), cerebrospinal meningitis, tuberculosis, or Asiatic cholera exists on any farm or in any dairy, producing milk, cream, butter, or other dairy products for sale, or when it is learned that any person who is employed or has lately been employed or engaged in handling milk or dairy products, or that any of the members of the family of said person is or has recently had any of said diseases, it shall be the duty of the physician in attendance, or who has learned such facts or received such information, to report immediately, and by telephone when practicable, to the local board of health the existence on such farm or dairy of such disease, and said report shall state the nature of the disease, the name of the person who is or has been ill with the disease, the location of the place where such person is or has been ill, and the name of the owner or manager of said dairy premises.

**RULE 18. *The duty of the owners or persons in charge of dairy farms.***—When no physician is in attendance, it shall be the duty of the owner or persons in charge of any farm or dairy, producing milk, cream, butter, cheese, or other food products likely to be consumed raw, to report forthwith to the local health officer the name and address and all facts relating to the illness and physical condition of any person who is affected with any disease presumably infectious or contagious, and who is employed or resides

on or in such farm or dairy, or comes in contact in any way therewith or with its products.

**RULE 19. *Special reports to the State board of health.***—It shall be the duty of the health officer or local board of health to report immediately to the State board of health the existence of any of the diseases enumerated in rule 17, on any farm or in any dairy producing milk, cream, butter, or other dairy products for sale, together with all facts as to the isolation of such cases, and giving the names of the localities to which such dairy products are delivered.

**RULE 20. *Danger of infecting foods.***—When a case of diphtheria, typhoid fever, or paratyphoid fever, or a person who is a carrier of either of these diseases, or when a case of epidemic or septic sore throat, dysentery, epidemic cerebrospinal meningitis, poliomyelitis, scarlet fever or smallpox exists on any farm or in any dairy, producing or handling milk, cream, ice cream, butter, cheese, or other foods likely to be consumed raw, or exists in any home or other place where such foods are produced, handled, or sold, no such foods shall be sold or delivered from such farm, dairy, or other place, except under the following conditions:

(a) That such foods are not brought into the house where such case exists;

(b) That all persons coming in contact with such foods eat, sleep, and work wholly outside such house;

(c) That such persons do not come in contact in any way with such house or its inmates or contents;

(d) That said inmates are properly isolated and separated from all other parts of said farm or dairy and efficiently cared for; and

(e) That a permit be issued by the health officer.

**RULE 21. *Household pets.***—Householders and those who have the care of the sick shall not allow a cat or a dog in a room where there is a person affected with any infectious disease, and when any of said diseases are present in a house or tenement these animals shall not be allowed to visit other homes. It shall be the duty of the local boards of health to enforce this rule.

**RULE 22. *Disinfection.***—After death, removal, or recovery of a person who has been sick with diphtheria, scarlet fever, typhoid fever, tuberculosis, poliomyelitis, cerebrospinal meningitis, smallpox, or any of the diseases for which full quarantine is required, the rooms which have been occupied by the persons infected with these diseases shall, together with their contents, be thoroughly disinfected. All persons, nurses, attendants, and others who have occupied such apartments during the period of quarantine or isolation shall have their clothing disinfected and shall take a disinfecting bath before they are released. All disinfection prescribed in this rule shall be done under the supervision of the local board of health and in accordance with the directions for such work which may be given from time to time by the State board of health.

**RULE 23. *Funerals.***—No public funeral shall be held over the remains of any person who has died of diphtheria, scarlet fever, poliomyelitis, cerebrospinal meningitis, or smallpox or any of the other diseases for which full quarantine is required; nor shall the bodies of such persons be taken into any church, chapel, or any other public place. The funerals of persons dying of these diseases shall be strictly private and any persons whose presence is not necessary shall not be present, and no person shall invite unnecessary persons to attend such funerals; and it shall be the duty of undertakers to warn families in cases of death from an infectious disease against a public funeral, and no undertaker shall conduct a funeral in violation of the terms of this rule.

**MASSACHUSETTS.****Domestic Animals—Communicable Diseases—Laboratory Services by State Department of Health for Department of Animal Industry. (Ch. 155, Act Apr. 26, 1916.)**

SECTION 1. The State department of health is hereby authorized to perform for the department of animal industry upon such terms and conditions as may be agreed upon, such services in its laboratory as may be necessary in the examination of materials from animals suspected of being infected with glanders, tuberculosis, rabies, or other diseases of domestic animals.

**NEW JERSEY.****Births, Deaths, and Marriages—Reporting of—Enforcement of Laws Relating Thereto. (Res. Dept. of H., Mar. 7, 1916.)**

*Resolved*, That the director of the State department of health with the aid of the chief of the bureau of vital statistics shall take prompt and vigorous measures to enforce the laws of the State relating to the reporting of births, marriages, and deaths, and that in any and every case of failure of the responsible party to properly report a birth or marriage within five days and to exchange a certificate of death for a burial permit before burial, the said director and bureau chief shall, as soon as that failure becomes known to them, mail a notice of such failure to the local board of health and to each member thereof in whose jurisdiction the violation occurs, accompanied by a warning that if said board does not order prosecution and submit to the State department of health proof of such prosecution of said delinquent person or an excuse for the delinquency acceptable to the director of the State department of health, then the said State department of health will sue, in cases of failure to report births, under chapter 389, of the laws of 1915, to recover penalty from each member of the local board except any member who may have voted to prosecute the violator of the law; for failure to report marriages prosecutions will be ordered under chapter 199, laws of 1912; and for failure to exchange a certificate of death for a burial or transit permit before burial takes place prosecution will be ordered under chapter 109, laws of 1909.

**NEW YORK.****Tuberculosis—Notification of Cases. (Ch. 370, Act May 1, 1916.)**

SECTION 1. Section 320 of chapter 49 of the laws of 1909 entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as amended by chapter 559<sup>1</sup> of the laws of 1913, and chapter 318<sup>2</sup> of the laws of 1914, is hereby amended to read as follows:

SEC. 320. *Reports of tuberculosis by physicians and others.*—Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of New York to report by telephone or in person or in writing, on a form to be furnished as hereinafter provided, the name and address of every person known by said physician to have tuberculosis, to the health officer of the city, town, or village in which said person resides or may be, within 24 hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution to report the name, age, sex, color, occupation, place where last employed, if known, and the previous address of every patient having tuberculosis who comes into his care

<sup>1</sup> Reprint No. 264 from the Public Health Reports, p. 305.

<sup>2</sup> Reprint No. 279 from the Public Health Reports, p. 109.

or under his observation, within 24 hours thereafter to the health officer of the city, town, or village in which said patient resided immediately previous to admission to said institution; except that if such residence be outside of the State of New York, then such report shall be made to the State commissioner of health.

Any physician, nurse, employer, teacher, head of a family, landlord, or other person may report in writing the name and address of any person coming under his observation who appears to be suffering from tuberculosis to the health officer of the city, town, or village in which such person is, and the health officer shall thereupon take such steps as may be prescribed by the sanitary code provided the person making such report signs his own name and address thereon.

Each registrar of vital statistics shall promptly report to the health officer the name and address of every person reported to him as having died from tuberculosis. The health officer shall ascertain whether such person has been previously reported as having tuberculosis by the physician signing the death certificate, and if it appears that such physician has not so reported such person, the health officer shall call the attention of such physician to the provisions of this section. In case of repeated violations of the provisions of this section by any physician the health officer shall report such repeated violations to the board of health or other local health authorities, who shall cause such steps to be taken as may be necessary to enforce the penalty provided for such violation.

#### **Typhoid Fever—Carriers—Care of. (Ch. 371, Act May 1, 1916.)**

SECTION 1. Chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," is hereby amended by adding a new section to be known as section 36a, and to read as follows:

SEC. 36a. *Providing for the care and maintenance of carriers of disease.*—Whenever an individual is declared by the State commissioner of health as being a carrier of typhoid-fever bacilli and whenever, for the protection of the public health, the State commissioner of health shall have certified to the necessity of continued quarantine, or whenever in accordance with rules and regulations adopted by the State commissioner of health a carrier of the germs of typhoid fever is prevented from carrying on any occupation which would enable him to gain a livelihood, such individual may be given hospital or institutional care under the surveillance of the local health officer at the expense of the State if such hospital or institution in the judgment of the State commissioner of health be properly equipped for the care and maintenance of said individual.

When no such hospital or institution is available and when in the opinion of the State commissioner of health such individual may be cared for at home or in a private family with due regard to the protection of the public health, the local charities commissioner or overseer of the poor shall, in accordance with rules and regulations adopted by the commissioner of health, furnish necessary medical attendance and maintenance. No expenditure for the purposes herein authorized shall be contracted for or incurred by any local overseer of the poor or charities commissioner until after such expenditure has been authorized and approved by the State commissioner of health. A verified statement of any such approved expense incurred hereunder shall be transmitted by the local overseer of the poor or charities commissioner to the State commissioner of health. The commissioner of health shall examine this statement, and if satisfied that such authorized expenses are correct and necessary in accordance with rules and regulations adopted by him he shall audit and allow the same and when so audited the amount thereof shall be paid by the State treasurer on the warrant of the comptroller to such institution or local poor officer.

**Tuberculosis Hospitals—Establishment of.<sup>1</sup> (Ch. 291, Act Apr. 24, 1916.)**

SECTION 1. Section 319 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as amended by chapter 171 of the laws of 1909, is hereby amended to read as follows:

SEC. 319. *Consents requisite to the establishment of hospitals or camps for the treatment of pulmonary tuberculosis.*—A hospital, camp, or other establishment for the treatment of patients suffering from the disease known as pulmonary tuberculosis, shall not be established in any town by any person, association, corporation or municipality, except when authorized as provided by this section. The person, association, corporation, or municipality proposing to establish such a hospital, camp, or other establishment shall file with the State commissioner of health a petition describing the character thereof, stating the county and town in which it is to be located and describing the site in such town for such proposed hospital, camp, or other establishment, and requesting the commissioner to fix a date and place for a hearing on such petition before the State commissioner of health and the local health officer, who shall constitute a board to approve or disapprove the establishment of such hospital, camp, or other establishment in accordance with such petition. The State commissioner of health shall fix a date and place for a hearing on such petition, which date shall be not less than 30 nor more than 40 days after the receipt thereof. A notice of such hearing specifying the date and place thereof and briefly describing the proposed site for such hospital, camp, or other establishment shall be mailed to the person, association, corporation, or municipality proposing to establish the same and to the health officer and each member of the board of health of the town in which it is proposed to establish such hospital, camp, or other establishment at least 20 days before the hearing, and also published twice in a local newspaper of the town, or if there is no such paper published therein, then in the newspapers of the county designated in pursuance of law to publish the session laws.

At the time and place fixed for such hearing the State commissioner of health, or his deputy, when designated by the commissioner, and the local health officer shall hear the petitioner and any person who desires to be heard in reference to the location of such hospital, camp, or other establishment, and they shall within 30 days after the hearing, if they are able to agree, approve or disapprove of the location thereof and shall notify the person, association, corporation, or municipality of their determination. The determination of the State commissioner of health, or his deputy, as the case may be, and the local health officer shall be final and conclusive; but if within 30 days after the hearing they are unable to agree, they shall within such 30 days notify the person, association, corporation, or municipality proposing to establish such hospital, camp, or other establishment that they are unable to agree. Within 10 days after the receipt of such notice, such person, association, corporation, or municipality may file in the office of the State commissioner of health a request that the petition be referred to a board consisting of the lieutenant governor, the speaker of the assembly, and the State commissioner of health. Such officers shall approve or disapprove of the proposed location of such hospital, camp, or other establishment after a hearing, of which notice shall be mailed to the person, association, corporation, or municipality proposing to establish the same and to the health officer and to each member of the local board of health of the town, or without a hearing, upon the evidence, papers, and documents filed with the State commissioner of health or that may be submitted to them, as the board shall determine. They shall make their determination within 30 days after the request for such submission has been filed in the office of the State commissioner of health and cause a copy thereof to be mailed to the person, association, corporation, or municipality proposing to establish such hospital, camp, or other

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<sup>1</sup> See *People ex rel. Buckbee v. Biggs*, Public Health Reports, June 23, 1916, p. 1643.

establishment and to the health officer of the town in which it is proposed to establish the same. Such determination shall be final and conclusive.

**Communicable Diseases—Control of, in Schools. (Reg. Commissioners of Health and Education, Apr. 25, 1916.)**

1. Whenever a school-teacher, a school medical inspector, school nurse, or attendance officer discovers that any school child absent from school is affected with any disease presumably communicable, he or she shall report forthwith to the local health officer all known facts relating to the illness of the child, together with the name, age, and address of such child, and the name of the physician, if any, in attendance.

2. When no physician is in attendance, it shall be the duty of the local health officer to investigate the nature of the illness of every person within his jurisdiction reported to him as affected with a disease presumably communicable.

3. Whenever a case of communicable disease occurs in any school, it shall be the duty of the school medical inspector to immediately notify the health officer of such case and to ask his cooperation and assistance in controlling the disease in said school.

4. Whenever a case of communicable disease occurs in any school in his jurisdiction it shall be the duty of the health officer to render every assistance possible to the school medical inspector in the control of said disease.

5. Whenever a case of communicable disease occurs in any school and there is no school medical inspector directly responsible for the prevention and control of communicable disease in said school, it shall be the duty of the local health officer to take all steps necessary to prevent the spread of the disease.

6. Whenever a child in attendance at school is reported to the school medical inspector by the school nurse or teacher as being affected with a disease presumably communicable, it shall be the duty of the school medical inspector to examine the child promptly, and if such child is affected with a communicable disease the school medical inspector shall report immediately to the local health officer all the facts relating to the illness, together with the name and address of such child.

7. Whenever a case of communicable disease, in a family with a child or children of school age, is reported to the local health officer, it shall be the duty of the local health officer to notify the school medical inspector promptly of the name, age, and address of such child or children and the nature of the communicable disease, and also of the names and ages of all other children in the same household.

**Schools—Medical Inspection of Pupils—Appointment of Physicians and Nurses. (Ch. 182, Act Apr. 11, 1916.)**

SECTION 1. Section 571 of chapter 21 of the laws of 1909, entitled "An act relating to education, constituting chapter 16 of the consolidated laws," as added by chapter 627<sup>1</sup> of the laws of 1913, is hereby amended to read as follows:

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

<sup>1</sup> Reprint No. 264 from the Public Health Reports, p. 312.

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

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

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

**Quarantine Establishment—Appointment of Commission to Effectuate Transfer of, to United States—Abolishment of Office of Health Officer for Port of New York. (Ch. 342, Act Apr. 27, 1916.)**

SECTION 1. A commission is hereby created consisting of the governor, lieutenant governor, attorney general, comptroller, and State engineer and surveyor, to negotiate with the proper authorities of the United States, for the transfer of title or the surrender of the possession and use to the United States, upon the payment of such compensation as may be agreed upon, of the quarantine establishment of this State, consisting of docks and wharves, anchorage for vessels, stationary hospital, boarding station, crematory, residence for officers and men, and such other places and structures as have been authorized by law for quarantine purposes. If such agreement be made, such commission shall have power to execute and deliver to the proper authorities of the United States, in behalf of this State, all deeds and other instruments necessary to effectuate such transfer or surrender.

SEC. 2. Upon the completion of such transfer or surrender, such commission shall file a certificate thereof, in duplicate, in the offices of the secretary of state and State comptroller, and thereupon the office of health officer for the port of New York shall be abolished, and the terms of office of the health officer for the port of New York then in office and of all his subordinate officers and employees shall terminate.

SEC. 3. Upon the transfer of title or the surrender of the possession and use of the quarantine establishment to the United States pursuant to this act, jurisdiction of the land and water included in such establishment shall be ceded to the United States by this State, on condition that the jurisdiction so ceded shall not prevent the execution thereon of any process, civil or criminal, issued under the authority of the State, except as such process might effect [sic] the property of the United States therein, and that such jurisdiction shall continue in the United States so long only as such land and water shall remain the property or in the possession of the United States.

**Mosquitoes—Extermination of—Establishment of Districts. (Ch. 246, Act Apr. 17, 1916.)**

SECTION 1. The town board of any town in the county of Suffolk may establish one or more districts for the purposes of this act within the town and outside the boundaries of any incorporated village, on the petition of a majority of the owners of taxable real property in the proposed district. The petition must be signed by the petitioners and acknowledged in the same manner as a deed to be recorded. Such petition, accompanied with a map showing the boundaries of the proposed district

shall be filed with the town clerk. If any such district be established, the town board shall thereafter include in the annual budget of taxes to be levied by the board of supervisors a sum not exceeding \$800 for the extermination of mosquitoes in such district, which sum shall be levied by such board of supervisors upon the property subject to taxation in the district as so established. For the purpose of the levying of such tax, the town board shall apportion the same pro rata upon such taxable property and transmit a certified statement thereof to the board of supervisors. Such apportionment shall be on the basis of the valuation of such property as fixed by the last preceding assessment roll of the town. After the boundaries of such district shall have been established, if any farm or lot or the real property of a corporation or joint-stock association shall have been divided by any such boundary line, it shall be the duty of the town assessors after fixing the valuation of the whole of such real property as now required by law to determine what portion of such valuation is on account of that part of such real property lying within such district.

SEC. 2. The tax provided for in this act shall when collected be paid to the supervisor, who shall pay the same over as needed to a committee to be elected as hereinafter provided. Such committee shall have charge of the expenditure of the moneys so paid over for the extermination of mosquitoes in such district.

SEC. 3. A public meeting of electors residing in such district and owning taxable property therein shall be held annually in the month of September, at a time and at a place in such village to be designated by the town clerk, for the purpose of electing a committee for the extermination of mosquitoes for the ensuing year. The number of members to serve on the committee shall be determined at each meeting, but shall not exceed seven persons. No person shall be qualified to serve on such committee who is not at the time a resident taxpayer of such district. Notice of such meeting, including a statement of its objects and purposes and of the time and place of holding the same, shall be given by publication in a newspaper in such town once a week for the preceding four weeks. No person shall be entitled to vote at such meeting who is not an elector and taxpayer residing in such district. A chairman and two inspectors of election shall be chosen by the persons entitled to vote at the meeting, and all voting shall be by ballot. The chairman shall announce the result of the vote upon any question or for candidates for membership in such committee, and the result of such vote shall be certified by the chairman and said inspectors to the town clerk. Such certificate shall be sufficient warrant to the supervisor to pay over to the persons certified to have been elected any moneys in his hands available for the purposes of this act. Such committee shall file with the town clerk annually on the 1st day of October a report of its proceedings for the previous year. Such report shall set forth in detail the moneys received and expended, the manner of such expenditure, and the work accomplished.

#### **Local Boards of Health—Organization—Appointment of Health Officers—Consolidated Health Districts. (Ch. 369, Act May 1, 1916.)**

SECTION 1. Section 20 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as amended by chapter 165 of the laws of 1909, chapter 559<sup>1</sup> of the laws of 1913, chapters 124<sup>2</sup> and 555<sup>3</sup>, of the laws of 1915, is hereby amended to read as follows:

SEC. 20. *Local boards of health.*—There shall continue to be local boards of health and health officers in the several cities, villages, and towns of the State except as hereinafter provided. In the cities, except cities of the first and second class, the board shall consist of the mayor of the city, who shall be its president, and at least six other per-

<sup>1</sup> Reprint No. 264 from the Public Health Reports, p. 317.

<sup>2</sup> Public Health Reports, Apr. 23, 1915, p. 1282.

<sup>3</sup> Public Health Reports, July 9, 1915, p. 2091.



sons, one of whom shall be a competent physician, who shall be appointed by the common council, upon the nomination of the mayor, and shall hold office for three years. Appointments of members of such boards shall be made for such shorter terms as at any time may be necessary in order that the terms of two appointed members shall expire annually. In the cities, except cities of the first and second class, and such other cities whose charters otherwise provide, the board shall appoint for a term of four years a competent physician, not one of its members, to be the health officer of the city, and shall fill any vacancy that now exists or may hereafter exist from expiration of term or otherwise in the office of health officer of the city. In villages the board of health shall consist of the board of trustees of such village. In towns the board of health shall consist of the town board.

The local board of health shall appoint a competent physician, not a member of the local board of health, to be the health officer of the municipality. The term of office of the health officer shall be four years, and he shall hold office until the appointment of his successor. He may be removed for just cause by the local board of health or the State commissioner of health after a hearing; such removal by the local board of health must be approved by the State commissioner of health. The health officer need not reside within the village or town for which he shall be chosen. Notice of the membership and organization of every local board of health shall be forthwith given by such board to the State department of health. The term "municipality," when used in this article, means the city, village, town, or consolidated health district for which any such local board may be or is appointed. The provisions herein contained as to boards of health and for the appointment of health officers shall apply to all towns and villages whether such villages are organized under general or special laws. The members of town boards and of village boards of trustees and of boards of health of consolidated health districts shall not receive additional compensation by reason of serving as members of boards of health. Any matter within the jurisdiction of a town or village board of health may be considered and acted upon at any meeting of such town board or village board of trustees.

The State commissioner of health, on the request of the town board of any town and the board of trustees of any village and the common council or other like authority of any city, may combine into one health district, hereinafter referred to as a consolidated health district, any two or more of such towns, villages, or cities and may, on the request of the town board of any town, board of trustees of any village, or common council or other like authority of any city at any time thereafter set apart such town, village, or city as a separate health district. In any consolidated health district there shall be a board of health which shall consist of the supervisor of each town, the president of the board of trustees of each village, and the mayor of each city included in each district: *Provided*, That if the number of members so provided for is an even number, such members shall, within 30 days after such district shall have been established by the State commissioner of health, choose an additional member of such board of health to be known as the elective member. An elective member shall serve for a term of two years from the 1st day of January preceding his election and until his successor shall have been appointed: *Provided*, That if at any time the number of members of the board of health, excluding the elective member, shall become an odd number, the term of office of the elective member shall thereupon cease.

The board of health of a consolidated health district shall from time to time elect a president from among its members. The health officer of a consolidated health district shall serve as the secretary of the board of health thereof without additional remuneration therefor.

In each such consolidated health district the board of health shall appoint a health officer. Each board of health and each health officer of a consolidated health district shall have all the rights, powers, duties, and obligations conferred and imposed by law upon boards of health and health officers, respectively.

When any consolidated health district is established as herein provided, the boards of health of the towns, villages, or cities included within such district shall thereupon cease to exist as boards of health, and all their rights, powers, duties, and obligations shall thereupon be transferred to the board of health of such district. When the board of health of any such consolidated health district shall have appointed a health officer therefor, the terms of office of the health officers of the towns, villages, or cities included in such district shall cease, and all their rights, powers, duties, and obligations shall thereupon be transferred to and imposed upon the health officer appointed for such consolidated health district.

The board of health of any such consolidated health district shall from time to time audit all accounts, and allow or reject all charges, claims, and demands against such health district for the remuneration and expenses of the health officer, registrar or registrars, and for all other expenses lawfully incurred by said board of health or on its authority. Unless such board of health of such consolidated health district adopts the estimate system of payment as provided by this section, they shall, prior to the annual meeting of the board of supervisors each year, make an abstract, to be known as the consolidated health district abstract, of the names of all persons who have presented to them accounts to be audited, the amounts claimed by each such person, and the amounts finally audited and approved by them, respectively, and, if such district be wholly in one county, shall deliver such abstract to the clerk of the board of supervisors. If such consolidated health district be located in more than one county, the board of health of such district shall divide the total amount of the consolidated health district abstract as audited and approved in proportion to the assessed valuation of the real and personal property of the towns, villages, or cities of such consolidated health district located in each county, as determined by the last preceding assessment rolls of the towns or cities wholly or partly included in such district, and shall deliver a certified copy of such abstract to the board of supervisors of each such county, with a statement of the amount due from the real and personal property of each town, village, or city of the consolidated health district in each such county on account of the expenses of such board. The board of supervisors of each such county shall levy a tax upon the real and personal property within such health district sufficient to provide for the sums audited and approved by the board of health thereof and chargeable to the real and personal property of each town, village, or city of the consolidated health district in each such county. Such sums, when collected and paid to the county treasurer of each such county, respectively, shall be paid by him to the president of such board of health and shall be disbursed by him in accordance with the abstract of claims audited and approved by such board of health, as hereinabove provided.

The board of health of any consolidated health district may annually make an estimate of the expenses of such board for the ensuing calendar year and, if such district be wholly in one county, shall deliver a certified copy of such estimate to the clerk of the board of supervisors of such county prior to the annual meeting of the board preceding such year. If such consolidated health district be located in more than one county, the board of health of such district shall proportion the total amount of such estimate in the same manner as provided by this section for proportioning the expenses of such a district when audited and approved by the board, and shall deliver to the clerk of the board of supervisors of each such county a certified statement of the total estimate and the amount due from the real and personal property of each town, village, or city of the consolidated health district in each such county on account thereof. The board of supervisors of each such county shall levy a tax upon the real and personal property within such health district sufficient to provide for the portion of the amount of such estimate chargeable to the real and personal property of each town, village, or city of the consolidated health district in each such county. Such sums, when collected and paid to the county treasurer of each county, respectively,

shall be paid by him to the president of such board of health and shall be disbursed by the board of health in accordance with the estimates. After such estimate system has been adopted by a consolidated health district, the board of health thereof shall deduct from the estimate for the succeeding calendar year the amount, if any, remaining in the hands of such board after all of the liabilities incurred on account of the preceding estimate have been paid before the certified statement of the total estimate and the amount due from the real and personal property of each town, village, or city of the consolidated health district in each such county is certified to the respective clerks of the boards of supervisors for collection.

**Milk—Evaporated or Condensed—Sale of. (Ch. 144, Act Apr. 6, 1916.)**

SECTION 1. Section 37 of chapter 9 of the laws of 1909, entitled "An act in relation to agriculture, constituting chapter 1 of the consolidated laws," as amended by chapter 508 of the laws of 1911, is hereby amended to read as follows:

SEC. 37. *Regulations in regard to evaporated or condensed milk.*—No evaporated or condensed milk shall be made or offered or exposed for sale or exchange unless manufactured from pure, clean, healthy, fresh, unadulterated, and wholesome milk from which the cream has not been removed either wholly or in part, or unless the proportion of milk solids shall be in quantity the equivalent of 11.5 per centum of milk solids in crude milk, and of which solids 25 per centum shall be fats. No person shall manufacture, sell, or offer for sale or exchange in hermetically sealed cans any condensed milk unless put up in packages upon which shall be distinctly labeled or stamped the name of the person or corporation by whom made and the brand by which or under which it is made. When evaporated or condensed milk shall be sold from cans or packages not hermetically sealed, the producer shall brand or label the original cans or packages with the name of the manufacturer of the milk contained therein: *Provided, however,* That unsweetened evaporated or condensed milk, sold or offered for sale in containers not hermetically sealed, shall contain at least 10 per centum of milk fats.

**Births and Deaths—Registration of—Penalties. (Ch. 58, Act Mar. 20, 1916.)**

SECTION 1. Section 392 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as added by chapter 619<sup>1</sup> of the laws of 1913, is hereby amended to read as follows:

SEC. 392. *Penalties.*—Any person, who for himself or as an officer, agent, or employee of any other person, or of any corporation or partnership, shall inter, cremate, or otherwise finally dispose of the dead body of a human being, or permit the same to be done, or shall remove said body from the primary registration district in which the death occurred or the body was found, without the authority of a burial or removal permit issued by the local registrar of the district in which the death occurred, or in which the body was found; or shall refuse or fail to furnish correctly any information in his possession, or shall furnish false information affecting any certificate or record required by this article; or shall willfully alter, otherwise than is provided by this article, or shall falsify any certificate of birth or death, or any record established by this article; or being required by this article to fill out a certificate of death and file the same with the local registrar, or deliver it, upon request, to any person charged with the duty of filing the same, shall fail, neglect or refuse to perform such duty in the manner required by this article; or being a registrar, deputy registrar, or subregistrar, shall fail, neglect, or refuse to perform his duty as required by this article and by the instructions and direction of the State commissioner of health thereunder, shall be deemed guilty of a misdemeanor and upon conviction thereof shall for the first offense be fined not less than

<sup>1</sup> Reprint No. 264 from the Public Health Reports, p. 326.

**\$5 nor more than \$50, and for each subsequent offense not less than \$10 or more than \$100, or be imprisoned in the county jail not more than 60 days, or be both fined and imprisoned in the discretion of the court. Whenever any physician, midwife, or other person shall fail or neglect to properly record and file a certificate of birth as required by this article, such person shall be liable to a penalty of not less than \$5 nor more than \$50 for the first and second offenses, which penalty may be recovered by an action brought by the State commissioner of health in any court of competent jurisdiction, and for every subsequent offense such person shall be guilty of a misdemeanor, punishable by a fine of not less than \$10 nor more than \$100, or by imprisonment for not more than 60 days, or both.**

**Health Laws and Regulations—Penalty for Violations of. (Ch. 372, Act May 1, 1916.)**

SECTION 1. Section 17 of chapter 49 of the laws of 1909, entitled "An act in relation to the public health, constituting chapter 45 of the consolidated laws," as added by chapter 384<sup>1</sup> of the laws of 1915, is hereby amended to read as follows:

SEC. 17. *Violations of health laws or regulations.*—Any person violating, disobeying, or disregarding the terms of any lawful notice, order, or regulation prescribed by the State commissioner of health or by the Sanitary Code, or any provision of the public health law or Sanitary Code, for which a civil penalty is not otherwise expressly prescribed by law, shall be liable to the people of the State for a civil penalty of not to exceed \$50 for every such violation. The said penalty may be recovered by an action brought by the State commissioner of health in any court of competent jurisdiction. Nothing in this section contained shall be construed to alter or repeal any existing provision of law declaring such violations or any of them misdemeanors or felonies or prescribing the penalty therefor.

**PHILIPPINE ISLANDS.**

**Philippine General Hospital—Separation of, from the Philippine Health Service—Regulation. (Act No. 2563, Feb. 3, 1916.)**

SECTION 1. The Philippine General Hospital is hereby separated from the Philippine health service and the same shall hereafter be conducted, under the immediate supervision of the secretary of the interior, by a chief to be known as the director of the Philippine General Hospital. There shall be an assistant director, who shall act in case of absence or disability of the director and shall perform such duties as may be assigned to him by the director.

SEC. 2. The director and assistant director of the Philippine General Hospital shall be appointed by the governor general, with the advice and consent of the Philippine Commission. They shall be physicians of good repute and graduates from a medical college of recognized standing.

SEC. 3. It shall be incumbent upon the Philippine General Hospital to provide for the training of medical students of the University of the Philippines and for the accommodation and medical treatment of emergency patients in the city of Manila, to render free medical service to such persons entitled thereto as shall apply for the same, and so far as facilities and means of the hospital shall extend, to supply medical service and medical attendance gratuitously to poor persons in said city. When not incompatible with the interests of the hospital suitable accommodations and attendance shall be supplied to pay patients upon terms to be fixed by regulation.

SEC. 4. The director of the Philippine General Hospital shall have authority, with the approval of the secretary of the interior, to adopt and promulgate such regulations,

<sup>1</sup> Public Health Reports, May 21, 1915, p. 1576.

not inconsistent with law, as may be necessary to secure the efficient administration of the hospital and the proper enforcement of all laws relating thereto, but such regulations shall in no way limit the free admission to the clinics, operating rooms, and wards of the hospital of the students and members of the faculty of the college of medicine and surgery of the University of the Philippines.

SEC. 5. All acts and parts of acts inconsistent with the provisions of this act are hereby repealed.

SEC. 6. This act shall take effect as of the 1st day of January, 1916

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