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THE ACCURACY OF CERTIFIED CAUSES OF DEATH.

ITS RELATION TO MORTALITY STATISTICS AND THE INTERNATIONAL LIST.

Report of a committee of the Vital Statistics Section of the American Public Health Association, composed as follows: Committee:—Haven Emerson, chairman; William H. Guilfooy, E. H. Lewinski-Corwin, Louis I. Dublin, Charles Norris, T. Warfield Longcope, W. R. Williams; George H. Van Buren, executive secretary;

This report is a summary of the conclusions of a committee appointed by the Section on Vital Statistics of the American Public Health Association to consider the accuracy of certified causes of death and their relation to mortality statistics and the International List of Causes of Death.

At the meeting of the Section on Vital Statistics, held September 10, 1915, at Rochester, N. Y., Dr. Haven Emerson, commissioner of health of New York City, read a paper, a synopsis of which follows:

Reliability of Statements of Cause of Death from the Clinical and Pathological Viewpoints.¹

While completeness of records of death is desirable, it is of no more importance than the accuracy of the causes themselves as stated on the death certificates.

The primary necessity for reliable and adequate statement of cause of death is obvious. The high percentage of inaccuracy in certificates of death is well known to registrars, to life insurance companies, and to pathologists, who can compare clinical diagnoses with the demonstrated cause of death at the autopsy.

If the 189 titles of the International List are studied in the light of present-day knowledge of clinical and pathological experience it will appear that there is no plausible guarantee of accuracy in at least 41 per cent of the certificates as now presented to the registrar of records of the New York City Health Department.

In this 41 per cent we find 2,875 deaths in 1914 attributed to causes that can be accepted as reliable only after autopsy and 27,995 which are capable of verification by exact observations, as by chemical, bacteriological, and biological tests before death, but failing such

¹ For the full text of this paper see the American Journal of Public Health, July, 1916.

specific proof, represent no reliable statement of death without autopsy.

It is proposed to separate the reliable or probably correct statements of cause of death from the remainder, so that a beginning may be made in permanently accurate statistics of deaths on which alone future progress in prevention of disease can be based.

The 76 titles of the International List which are recommended for separation as unreliable unless verified by autopsy or supported by specific observation or laboratory proof are the following numbers: 4, 10, 11, 23, 25, 29, 30, 31, 37, 40, 41, 45, 46, 48, 53, 54, 55, 57, 58, 59, 60, 61, 63, 64, 65, 66, 67, 68, 69, 70, 71, 73, 74, 77, 79, 97, 81, 82, 83, 84, 85, 96, 98, 101, 102, 103, 108, 109, 110, 111, 112, 113, 114, 115, 116, 118, 122, 123, 124, 130, 132, 140, 151, 152, 153, 154, 155, 156, 158, 164, 165, 169, 186, 187, 188, 189.

To submit this plan to the critical judgment of clinicians, pathologists, statisticians, and health officers seemed necessary before the section could consider so radical a step as the one proposed.

After the discussion of Dr. Emerson's paper the chairman was authorized to appoint a committee to consider the reliability of the causes of death as specified in the International List of Causes of Death. The committee as appointed was as follows:

Haven Emerson, chairman.

William H. Guilfoyle.

E. H. Lewinski-Corwin.

Louis I. Dublin.

Warfield T. Longcope.

Charles Norris.

W. R. Williams.

George H. Van Buren.

Meetings were held in New York City on November 17 and December 14, 1915, and January 11, February 8, March 14, April 11, May 3, and June 6 and 7, 1916. At each of these the chairman, Dr. Haven Emerson, presided; Mr. George H. Van Buren was made executive secretary.

The November and December meetings were devoted largely to discussion of the committee's status, mission, and powers. It was appointed primarily with the idea that it would make recommendations covering the 189 titles of the International List of Causes of Death with a view to separating them into two classes:

(a) Those not to be accepted as reliable without autopsy or without specific supporting data upon which diagnosis was based.

(b) Those to be accepted as reliable without autopsy or other verification.

It was pointed out, however, that as the committee was one on the accuracy of certified causes of death, it should also consider:

(a) The validity of terms included under each title, i. e., the probability that each term, when reported as a cause of death, represents the exact morbid condition covered

by the title heading. It was agreed that this phase of the subject be considered secondary to that of determining the question of the reliability of the titles as described above. In the course of the committee's discussions, however, it frequently became necessary to discuss the question of reliability on the basis of each included term. This is particularly true of titles under which are included both diseases that are seldom fatal and those that are surely fatal or in which the prognosis is grave.

(b) The fact that a term's reliability as a statistical entity when reported as a cause of death depends, not only upon the fact that the disease which it describes was surely present, but also upon its status as descriptive of the *primary* cause of death. As an instance of this there are a number of titles which the committee might assign to the acceptable class because diagnosis of the conditions covered by them are certain; nevertheless, statistics based on these very returns would be grossly inaccurate, because there would be inaccuracy in the statement of cause of death through the omission of the *primary* cause, even though the terminal condition, and the only one reported, were one that is acceptable without autopsy. It was agreed that this was a phase that has an important bearing on what constitutes a reliable statement of cause of death and that the committee should give it consideration. It was decided, however, that it should, so far as possible, be discussed as a separate and distinct problem upon which the committee should make recommendations.

In considering the International List from the viewpoints outlined above, and in making its recommendations, the committee has been mindful of the fact that, as is plainly set forth in the "Introductory" of the manual, "The International List of Causes of Death makes no pretension of being a proper nomenclature of diseases, or of including a scientific classification of diseases. It is only a practical working list whereby statistical compilers can assign medical terms reported by physicians as causes of death to certain more or less definite titles representing individual diseases or groups of diseases of similar character." The committee realizes that such a list necessarily contains many terms that are unscientific, inaccurate, and indefinite, as well as some that are obsolete. It has borne in mind, however, that many of these expressions are now, and will continue to be, encountered in the practical experience of registration offices, and that since it is not always practicable or possible to obtain more satisfactory statements, it is necessary for registration and compiling offices to use a list like the International List of Causes of Death in order that such expressions, together with the definite and scientific terms, may be compiled uniformly and under the titles which are most likely to cover the conditions reported. When it recommends, therefore, that titles or terms in the list be "eliminated" it means that they should not be mentioned in any publication of the Bureau of the Census or of State or municipal registration offices in such a way as to convey to physicians in general the impression that their use is sanctioned by these offices. Whenever it is necessary to include such terms they should be printed with some identifying sign to show that they are not approved as statements of cause of death.

The committee does not propose that mortality statistics along the lines it recommends be substituted for those now published annually

by the Bureau of the Census. It does believe that *as a purely supplemental study* tables should be published showing the number of deaths compiled on the basis of specific supporting data.

If supplemental statistics are to be compiled of deaths in which the compiling office is to be certain that it is classifying under each title of the International List of Causes of Death only those deaths which were caused by conditions correctly assignable to that title, the compiling office must be sure not only that the diagnosis on the death certificate is correct so far as it goes but that it includes a statement of the *primary* cause of death.

The section on vital statistics of this association has no function of greater importance than that of cooperating with the Bureau of the Census, State and municipal registration offices, and other bureaus, corporations, and persons interested in vital statistics. It is, therefore, very proper that it should consider the questions raised by Dr. Emerson in his paper and register its approval or disapproval of the procedure suggested. In order to do this to good advantage, the section voted to authorize the appointment of the committee whose conclusions follow. These conclusions, or as many of them as are approved by this section, will be submitted to the International Commission charged with the revision of the International List, which will meet in 1919. The conclusions should receive careful consideration at the hands of the Section on Vital Statistics. In this connection, attention is directed to the fact that if adopted by the section and ratified by the commission a practical reconstruction of the International List will result. The committee has recommended the addition of a number of titles to the present list, among which may be mentioned *Acute poliomyelitis, Epidemic cerebrospinal meningitis, Septic sore throat, Diseases of the thymus gland, Diseases of the parathyroid, Diseases of the pituitary body, Hodgkin's disease, Caisson disease, Diseases of the pancreas*, and others. It is recommended that several of the present titles be eliminated, among which are *Cholera nostras, Mycosis, White swellings, Disseminated tuberculosis*, and others. The time allotted to the consideration of the subject at the meetings in Cincinnati will be entirely too short. Each member who has signified his intention of attending the Cincinnati meetings will be supplied several weeks before the meeting with a copy of this report in the hope that he will give to it, to the full extent that time will permit, the thought and study that its importance warrants and will be prepared to give to the section the benefit of his criticisms with clearly stated reasons for each one of them. In this connection, it is important that each member of the section take with him to Cincinnati his copy of the Manual of the International List of causes of death in order that each one present at the meetings of the section may have before him the subject matter which it is proposed to revise.

The Detailed International List of Causes of Death.

I.—GENERAL DISEASES.

1. Typhoid fever.
2. Typhus fever.
3. Relapsing fever.
4. Malaria.
4a. *Including:* Malarial cachexia.
5. Smallpox.
6. Measles.
7. Scarlet fever.
8. Whooping cough.
9. Diphtheria and croup.
9a. *Including:* Croup.
10. Influenza.
11. Miliary fever.
12. Asiatic cholera.
13. Cholera nostras.
14. Dysentery.
15. Plague.
16. Yellow fever.
17. Leprosy.
18. Erysipelas.
19. Other epidemic diseases.
20. Purulent infection and septicæmia.
21. Glanders.
22. Anthrax.
23. Rabies.
24. Tetanus.
25. Mycoses.
26. Pellagra.
27. Beriberi.
28. Tuberculosis of the lungs.
29. Acute miliary tuberculosis.
30. Tuberculous meningitis.
31. Abdominal tuberculosis.
32. Pott's disease.
33. White swellings.
34. Tuberculosis of other organs.
35. Disseminated tuberculosis.
36. Rickets.
37. Syphilis.
38. Gonococcus infection.
39. Cancer and other malignant tumors of the buccal cavity.
40. Cancer and other malignant tumors of the stomach, liver.
41. Cancer and other malignant tumors of the peritonæum, intestines, rectum.
42. Cancer and other malignant tumors of the female genital organs.
43. Cancer and other malignant tumors of the breast.
44. Cancer and other malignant tumors of the skin.
45. Cancer and other malignant tumors of other organs or of organs not specified.
46. Other tumors (tumors of the female genital organs excepted).
47. Acute articular rheumatism.
48. Chronic rheumatism and gout.
49. Scurvey.
50. Diabetes.
51. Exophthalmic goitre.
52. Addison's disease.
53. Leuchæmia.
54. Anæmia, chlorosis.

I.—GENERAL DISEASES—Continued.

55. Other general diseases.
 56. Alcoholism (acute or chronic).
 57. Chronic lead poisoning.
 58. Other chronic occupation poisonings.
 59. Other chronic poisonings.
- II.—DISEASES OF THE NERVOUS SYSTEM AND OF THE ORGANS OF SPECIAL SENSE.
60. Encephalitis.
 61. Simple meningitis.
 - 61a. *Including:* Cerebrospinal fever.
 62. Locomotor ataxia.
 63. Other diseases of the spinal cord.
 64. Cerebral hæmorrhage, apoplexy.
 65. Softening of the brain.
 66. Paralysis without specified cause.
 67. General paralysis of the insane.
 68. Other forms of mental alienation.
 69. Epilepsy.
 70. Convulsions (nonpuerperal).
 71. Convulsions of infants.
 72. Chorea.
 73. Neuralgia and neuritis.
 74. Other diseases of the nervous system.
 75. Diseases of the eyes and their annexa.
 76. Diseases of the ears.

III.—DISEASES OF THE CIRCULATORY SYSTEM.

77. Pericarditis.
78. Acute endocarditis.
79. Organic diseases of the heart.
80. Angina pectoris.
81. Diseases of the arteries, atheroma, aneurysm, etc.
82. Embolism and thrombosis.
83. Diseases of the veins (varices, hæmorrhoids, phlebitis, etc.).
84. Diseases of the lymphatic system (lymphangitis, etc.).
85. Hæmorrhage; other diseases of the circulatory system.

IV.—DISEASES OF THE RESPIRATORY SYSTEM.

86. Diseases of the nasal fossæ.
87. Diseases of the larynx.
88. Diseases of the thyroid body.
89. Acute bronchitis.
90. Chronic bronchitis.
91. Bronchopneumonia.
92. Pneumonia.
93. Pleurisy.
94. Pulmonary congestion, pulmonary apoplexy.
95. Gangrene of the lung.
96. Asthma.
97. Pulmonary emphysema.
98. Other diseases of the respiratory system (tuberculosis excepted).

V.—DISEASES OF THE DIGESTIVE SYSTEM.

99. Diseases of the mouth and annexa.
100. Diseases of the pharynx.
101. Diseases of the œsophagus.
102. Ulcer of the stomach.

The Detailed International List of Causes of Death—Continued.

V.—DISEASES OF THE DIGESTIVE SYSTEM—CON.

103. Other diseases of the stomach (cancer excepted)
104. Diarrhoea and enteritis (under 2 years).
105. Diarrhoea and enteritis (2 years and over).
105a. *Including:* Due to alcoholism.
106. Ankylostomiasis.
107. Intestinal parasites.
108. Appendicitis and typhlitis.
109. Hernia, intestinal obstruction.
110. Other diseases of the intestines.
111. Acute yellow atrophy of the liver.
112. Hydatid tumor of the liver.
113. Cirrhosis of the liver.
113a. *Including:* Due to alcoholism.
114. Biliary calculi.
115. Other diseases of the liver.
116. Diseases of the spleen.
117. Simple peritonitis (nonpuerperal).
118. Other diseases of the digestive system (cancer and tuberculosis excepted).

VI.—NONVENEREAL DISEASES OF THE GENITO-URINARY SYSTEM AND ANNEXA.

119. Acute nephritis.
120. Bright's disease.
121. Chytruria.
122. Other diseases of the kidneys and annexa.
123. Calculi of the urinary passages.
124. Diseases of the bladder.
125. Diseases of the urethra, urinary abscess, etc.
126. Diseases of the prostate.
127. Nonvenereal diseases of the male genital organs
128. Uterine hæmorrhage (nonpuerperal).
129. Uterine tumor (noncancerous).
130. Other diseases of the uterus.
131. Cysts and other tumors of the ovary.
132. Salpingitis and other diseases of the female genital organs.
133. Nonpuerperal diseases of the breast (cancer excepted).

VII.—THE PUERPERAL STATE.

134. Accidents of pregnancy.
135. Puerperal hæmorrhage.
136. Other accidents of labor.
137. Puerperal septicæmia.
138. Puerperal albuminuria and convulsions.
139. Puerperal phlegmasia alba dolens, embolus, sudden death.
140. Following childbirth (not otherwise defined).
141. Puerperal diseases of the breast.

VIII.—DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE.

142. Gangrene.
143. Furuncle.
144. Acute abscess.
145. Other diseases of the skin and annexa.

IX.—DISEASES OF THE BONES AND OF THE ORGANS OF LOCOMOTION.

146. Diseases of the bones (tuberculosis excepted).
147. Diseases of the joints (tuberculosis and rheumatism excepted).
148. Amputations.
149. Other diseases of the organs of locomotion.

X.—MALFORMATIONS.

150. Congenital malformations (stillbirths not included).

XI.—EARLY INFANCY.

151. Congenital debility, icterus, and sclerema.
152. Other causes peculiar to early infancy.
153. Lack of care.

XII. OLD AGE.

154. Senility.

XIII.—EXTERNAL CAUSES.

155. Suicide by poison.
156. Suicide by asphyxia.
157. Suicide by hanging or strangulation.
158. Suicide by drowning.
159. Suicide by firearms.
160. Suicide by cutting or piercing instruments.
161. Suicide by jumping from high places.
162. Suicide by crushing.
163. Other suicides.
164. Poisoning by food.
165. Other acute poisonings.
166. Conflagration.
167. Burns (conflagration excepted).
168. Absorption of deleterious gases (conflagration excepted).
169. Accidental drowning.
170. Traumatism by firearms.
171. Traumatism by cutting or piercing instruments.
172. Traumatism by fall.
173. Traumatism in mines and quarries.
174. Traumatism by machines.
175. Traumatism by other crushing (vehicles, railways, landslides, etc.).
176. Injuries by animals.
177. Starvation.
178. Excessive cold.
179. Effects of heat.
180. Lightning.
181. Electricity (lightning excepted).
182. Homicide by firearms.
183. Homicide by cutting or piercing instruments.
184. Homicide by other means.
185. Fractures (cause not specified).
186. Other external violence.

XIV.—ILL-DEFINED DISEASES.

187. Ill-defined organic disease.
188. Sudden death.
189. Cause of death not specified or ill defined.

In the conclusions which follow relating to each title of the International List, it is understood that all terms at present included under each title, except those approved as acceptable inclusions,

should be eliminated because they are either inadequate statements of cause of death, or are indefinite or obsolete terms.

CONCLUSIONS.

1. Typhoid Fever.

1. *Typhoid fever* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Enteric fever, typhoid fever, typhus abdominalis*.

3. *Paratyphoid fever* should be transferred to title No. 19 (*Other epidemic diseases*).

2. Typhus Fever.

1. *Typhus fever* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Typhus exanthematicus, typhus fever*.

3. *Tabardillo* should be transferred to this title from title No. 19 (*Other epidemic diseases*).

4. It is recommended that the term "Brill's disease" be included in a list (which the committee will recommend be sent out by the Bureau of the Census) made up of terms that are no longer acceptable.

3. Relapsing Fever.

1. The title heading should be changed to *Relapsing (Spirillum obermeieri) fever*, and this statement is an acceptable one without autopsy only when the statement of the cause of death is accompanied or supported by a record of the finding of the etiological factor, that is, the *spirillum obermeieri* before death.

2. Of the terms now included under this title heading the following only are approved as acceptable: *Recurrent fever, relapsing (spirillum) fever*.

3. It is the opinion of the committee that a new title in the International List should be created under the caption of *Malta fever* (a form of relapsing fever due to the *micrococcus melitensis*) and that under this new title should be included the terms *febris melitensis, Malta fever*, and *Mediterranean fever*.

4. Malaria.

1. *Malaria* is not an acceptable statement of cause of death without the supporting statement that the etiological factor, the *plazmodium malarie*, was found in the blood before death.

2. Of the terms now included under this title heading the following only are approved as acceptable: *Estivoautumnal fever, black-*

water fever, malarial hemoglobinuria, malignant tertian malaria, quartan malaria, tertian malaria.

3. The following term should be added to the list of inclusions: *Paludism.*

5. Smallpox.

1. *Smallpox* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable: *Hemorrhagic smallpox, malignant smallpox, smallpox, variola.*

6. Measles.

1. *Measles* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Hemorrhagic measles, measles, morbilli.*

3. The term *rubeola* should be used *only* as a synonym of *German measles.*

7. Scarlet Fever.

1. *Scarlet fever* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Nephritis following scarlet fever, scarlatina, scarlatina angiosa, scarlatina maligna, scarlatinal* (any disease or condition so qualified), *scarlet fever.*

8. Whooping Cough.

1. *Whooping cough* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Pertussis, whooping cough.*

9. Diphtheria and Croup.

1. It is recommended that the title be changed to *Diphtheria* and that this be regarded as an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following *only* are approved as acceptable inclusions: *Buccal diphtheria, cutaneous diphtheria, diphtheria of bronchi, diphtheria of conjunctiva, diphtheria of fauces, diphtheria of larynx, diphtheria of mouth, diphtheria of nose, diphtheria of esophagus, diphtheria of palate, diphtheria of pharynx, diphtheria of skin, diphtheria of tonsil, diphtheria of trachea, diphtheria of vulva, diphtheria of wound, gangrenous diphtheria, nasal diphtheria, postdiphtheritic nephritis.*

The terms *diphtheritic neuritis*, *diphtheritic paralysis* and *postdiphtheritic neuritis* should be accepted only when the muscles involved are specified. When possible, the specific site of the lesion should be stated.

10. Influenza.

1. It is the recommendation of the committee that *Influenza* be considered unacceptable as a statement of cause of death unless confirmed by autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Bronchial influenza*, *bronchitis due to grip*, *bronchopneumonia due to grip*, *grip*, *influenza*, *influenza followed by pneumonia*, *influenzal pneumonia*, *la grippe*, *pneumonia due to grip*.

11. Miliary Fever.

1. It is the recommendation of the committee that *miliary fever* be considered unacceptable as a statement of cause of death without autopsy; that the title be abolished and that the terms now listed under it be transferred to the list of unacceptable terms under title No. 19 now under the tentative subtitle 19B.

12. Asiatic Cholera.

1. *Asiatic cholera* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Asiatic cholera*, *cholera* (where Asiatic cholera is prevalent), *epidemic cholera* (where Asiatic cholera is prevalent).

13. Cholera Nostras.

1. The committee recommends that the title *Cholera nostras* be omitted from the International Classification on the ground that it is merely a symptom of a severe gastrointestinal irritation, from whatever cause, and that reports under this title, if encountered on death certificates, be included under titles 104 and 105, according to age of decedent. The committee, however, is of the opinion that these terms are all indefinite or obsolete and they are not regarded therefore as acceptable inclusions under any title heading.

14. Dysentery.

1. *Dysentery* is not an acceptable statement of cause of death unless the specific cause of infection has been identified.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Amebic dysentery*, *bacillary dysentery*, *balantidic dysentery*, *Cochin-China dysentery*, *dysentery*, *entamebic dysentery*.

3. The committee recommends that the following terms be added to the list of acceptable inclusions: *Schistosomiasis*, *schistoma dysentery*.

4. The committee recommends the transfer to this title of the term *tropical abscess of the liver* from title No. 115 (*Other diseases of the liver*).

15. Plague.

1. *Plague* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Bubonic plague*, *pest*, *plague*, *plague* (pulmonary form), *plague* (septicemic form), *pneumonic plague*.

16. Yellow Fever.

1. *Yellow fever* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Febris flava*, *yellow fever*.

17. Leprosy.

1. *Leprosy* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Anesthetic leprosy*, *leprosy*, *nodular leprosy*, *tubercular leprosy*. The location of the lesion should be stated and all specifications of such location should, of course, be regarded (in addition to those noted above) as acceptable inclusions.

18. Erysipelas.

1. This is an acceptable statement of cause of death without autopsy, inasmuch as autopsy is not necessary to verify the presence of *erysipelas*.

It is an unacceptable statement of cause of death if there is no qualifying statement, because the site and occasion of the infection should be given, particularly in cases of accident or injury.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Erysipelas after vaccination*, *erysipelas neonatorum*, *surgical erysipelas*, *erysipelas of* [any site].

3. The following term should be added to those noted above: *Erysipelas after operation*.

4. The note under title No. 18, in so far as it relates to excluded terms should read:

"This title does not include *puerperal erysipelas* (137)."

18A. Acute Poliomyelitis. (Tentative title.)

1. It is the opinion of the committee that a new title should be created (this may, for the present, be designated 18A), and that the caption should be *Acute poliomyelitis*. This should be considered an acceptable statement of cause of death, without autopsy, when the disease is appearing in epidemic form. It is the judgment of the committee that the term *epidemic infantile paralysis* may be considered an acceptable inclusion under this title.

2. The following terms should be transferred from present title No. 63 to this title: *Acute atrophic infantile paralysis, acute infantile paralysis, acute anterior poliomyelitis, acute poliomyelitis, epidemic poliomyelitis, acute ascending poliomyelitis, acute ascending anterior poliomyelitis, acute ascending spiral paralysis, acute polioencephalomyelitis, progressive ascending anterior poliomyelitis*.

18B. Epidemic Cerebrospinal Meningitis. (Tentative title.)

1. It is the opinion of the committee that a new title should be created (this may, for the present, be designated 18B), and that the caption should be *Epidemic cerebrospinal meningitis*. This should be considered an acceptable statement of cause of death, without autopsy, if the specific-organism, namely, the *meningococcus*, has been recovered from the cerebrospinal fluid.

2. It is the sense of the committee that the terms *cerebrospinal fever, epidemic cerebrospinal meningitis, and meningococcic cerebrospinal meningitis* be transferred from present title No. 61, subtitle 3, to this title.

18C. Septic Sore Throat. (Tentative title.)

1. It is recommended that a new title be created (this may, for the present, be designated 18C) and that its caption be *Septic sore throat*. This is an acceptable cause of death, without autopsy.

2. It is the sense of the committee that the terms *septic sore throat* and *septic disease of throat* should be transferred from present title No. 100 to this title, and that the following terms should be listed under this title as acceptable inclusions: *Streptococcic sore throat, epidemic infectious tonsillitis, epidemic infectious pharyngitis*.

18D. Malta Fever. (Tentative title.)

1. It is the opinion of the committee that a new title in the International List should be created under the caption of *Malta fever* (a form of relapsing fever due to the *micrococcus melitensis*) and that under this new title should be included the terms *febris melitensis, Malta fever, and Mediterranean fever*. This is an acceptable cause of death, without autopsy, if there is an accompanying record of the finding of the etiological factor *micrococcus melitensis* before death.

19. Other Epidemic Diseases.

1. The inclusions under this title heading cover so many conditions that no "blanket" recommendation can be made as to its acceptableness or nonacceptableness without autopsy.

2. It is recommended that the caption of the title be changed to *Other infectious diseases* and that the title be placed after present title No. 38 (*Gonococcus infection*).

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Chicken pox, dengue, dengue fever, frambesia* (if etiological factor has been found), *filariasis* (if etiological organism has been found), *German measles, mumps, milk sickness, Pappataci fever, rötheln, rubella, Rocky Mountain spotted fever, tick bite fever, trembles (milk sickness), varicella, yaws* (if etiological factor has been found).

4. The committee recommends that the terms *phlebotomus fever, rat bite fever, and sandfly fever* be added to the list of inclusions.

5. The committee recommends the transfer of the following terms from other titles to this: *Paratyphoid fever* from title No. 1 (*Typhoid fever*); *miliary fever, sweating fever* from present title No. 11 (*Miliary fever*); *cowpox, vaccinia* from title No. 20 (*Purulent infection and septicemia*); *Vincent's angina* from title No. 100 (*Diseases of the pharynx*); *actinomycosis, aspergillosis, blastomycosis, madura foot, mycetoma, mycosis fungoides, sporotrichosis, streptomycosis* from present title No. 25 (*Mycoses*); *kala-azar* from title No. 54; (*Anemia, Chlorosis*); *sleeping sickness, trypanosomiasis* from present title No. 55 (*Other general diseases*); *psilosis* from title No. 110 (*Other diseases of the intestines*), *acute infectious jaundice; Weil's disease* from title No. 111 (*Acute yellow atrophy of the liver*). *Muguet* from title No. 99 (*Diseases of the mouth and annexa*).

6. The committee recommends the transfer of the following inclusions to other titles: *Mexican typhus, tabardillo* to title No. 2 (*Typhus fever*); *acute parotitis [parotiditis]* to title No. 99 (*Diseases of the mouth and annexa*); *glandular fever* to title No. 189 (*Cause of death not specified or ill-defined*).

7. The term *rubeola* should be used *only* as a synonym of German measles.

20. Purulent Infection and Septicemia.

1. The committee recommends that this be considered acceptable without autopsy if there is an accompanying statement of the site, nature, and means of injury and of the site of the original infection. The committee also recommends that where additional information justifies the assignment of a death in which *septicemia* was a factor to other titles (e. g., to No. 137, *Puerperal septicemia*, or to any of the

titles covering deaths due to external violence), it should be assigned according to standard practice.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *General sepsis, general septicemia, hospital gangrene, pyemia, pyogenic infection, sepsis, septicemia.*

3. The committee recommends the transfer of the following terms to this title:

From title No. 142, *cancrem oris, dermatitis gangrenosa, dry gangrene, gangrene (nontraumatic) (site of lesion must be specified), malignant edema, moist gangrene, noma of mouth, noma of vulva, phagedena of penis, phagedena of vulva.*

From title No. 143, *carbuncle (site must be specified), furunculosis, malignant carbuncle, multiple carbuncle.*

From title No. 144, all terms included under this title, it being the recommendation of the committee that where the location of a pus process is obviously insufficient to cause death, *per se*, without the presence of accompanying septicemia, such cases should be assigned to title No. 20.

4. *Cowpox and vaccinia* should be transferred to title No. 19 (*Other epidemic diseases*).

21. Glanders.

1. *Glanders* is not an acceptable statement of cause of death without autopsy unless there is an accompanying record of the finding of the etiological factor; i. e., the *bacillus mallei*.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Equinia, farcy, glanders.*

3. The following term should be added to the list of acceptable inclusions: *Infection by bacillus mallei.*

4. The reports should include a statement as to whether the infection was acquired in the course of occupation or industry.

22. Anthrax.

1. *Anthrax* is not an acceptable statement of cause of death without autopsy without determination of the etiological factor; i. e., the *bacillus anthracis*.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Anthrax, charbon, malignant pustule, woolsorters' disease.*

3. The following term should be added to the list of acceptable inclusions: *Infection by bacillus anthracis.*

4. The reports should include a statement as to whether the infection was acquired in the course of occupation or industry.

23. Rabies.

1. *Rabies* is not an acceptable statement of cause of death unless verified by autopsy or proof that bite was by a proved rabid animal.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Hydrophobia, rabies*.

3. The committee recommends that the term *lyssa* be added to the list of inclusions.

24. Tetanus.

1. The committee recommends that this be considered an acceptable statement of cause of death, without autopsy, when it is accompanied by information as to date, site, nature, and means of injury.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Lockjaw, tetanus, tetanus neonatorum*.

25. Mycoses.

1. The committee recommends that this title be eliminated and that the following inclusions be transferred to title No. 19, together with the additional term, *oidiomycosis: actinomycosis, aspergillosis, blastomycosis, madura foot, mycetoma, mycosis fungoides, sporotrichosis, streptomycosis*.

26. Pellagra.

1. *Pellagra* is not an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only is approved as an acceptable inclusion: *Pellagra*.

27. Beriberi.

1. *Beriberi* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Beriberi, kakké*.

28. Tuberculosis of the Lungs.

1. *Tuberculosis of the lungs* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Chronic phthisis, chronic pneumonic phthisis, chronic pneumonic tuberculosis, chronic tuberculosis, chronic tuberculous pneumonia, congenital tuberculosis, fibroid phthisis, fibroid tuberculosis, laryngeal tuberculosis, phthisis, phthisis pulmonalis, pneumonic phthisis, pulmonary phthisis, pulmonary tuberculosis, tuberculosis, tuberculosis of bronchi, tuberculosis of larynx, tuberculosis of lung, tuberculosis of pleura, tuberculosis of trachea,*

tuberculosis pulmonalis, tuberculous bronchitis, tuberculous broncho-pneumonia, tuberculous empyema, tuberculous hemoptysis, tuberculous hydropneumothorax, tuberculous laryngitis, tuberculous phthisis, tuberculous pleurisy, tuberculous pneumonia, tuberculous pneumothorax.

29. Acute Miliary Tuberculosis.

1. This is not an acceptable statement of cause of death without autopsy unless tubercles have been found in some accessible part of the body (e. g., the retina) during life.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute general miliary tuberculosis, acute miliary tuberculosis, general miliary tuberculosis.*

30. Tuberculous Meningitis.

1. The committee recommends that the name of this title be changed to *Tuberculosis of brain and cerebrospinal meninges*, and that it be considered an acceptable statement of cause of death without autopsy for children under 10 years of age, but not for decedents of older groups, unless there is confirmatory bacteriological proof of the presence of tubercle bacillus in the spinal fluid.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Tuberculosis of brain, tuberculosis of cerebellum, tuberculosis of cerebral meninges, tuberculosis of cerebrospinal meninges, tuberculosis of cerebrum, tuberculosis of meninges, tuberculosis of spinal meninges, tuberculous encephalitis, tuberculous meningitis, tuberculous inflammation of brain.*

3. The following term should be added to the list of acceptable inclusions: *Solitary tubercle of brain.*

31. Abdominal Tuberculosis.

1. It is the recommendation of the committee that this be considered not acceptable without autopsy, unless proof of an abdominal operation or recovery of tubercle bacillus from the abdominal fluid is presented.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abdominal tuberculosis, intestinal tuberculosis, tabes mesenterica, tuberculosis of abdomen, tuberculosis of alimentary canal, tuberculosis of anus, tuberculosis of appendix, tuberculosis of intestine, tuberculosis of mesenteric gland, tuberculosis of omentum, tuberculosis of peritoneum, tuberculosis of rectum, tuberculosis of stomach, tuberculous appendicitis, tuberculous colitis, tuberculous enteritis, tuberculous ileocolitis, tuberculous peritonitis, tuberculous ulcer of bowel, tuberculous ulcer of intestine.*

3. The terms *tuberculosis of cecum* and *tuberculosis of retroperitoneal lymph nodes* should be added to the list of inclusions.

32. Pott's Disease.

1. It is the recommendation of the committee that the name of this title be changed to *Tuberculosis of the spinal column*, and that it be regarded as an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Caries of spine, caries of vertebrae, Pott's disease, psoas abscess, psoas and lumbar abscess, spinal caries, spinal tuberculosis, tuberculosis of spinal column, tuberculosis of spine, tuberculosis of vertebrae, tuberculous abscess of vertebrae, tuberculous caries of sacrum, tuberculous lumbar abscess.*

33. White Swellings.

1. The committee recommends that this title be discontinued and the terms now listed under it be placed among those to be included under a new title to be called (tentatively) *Tuberculosis of other organs and chronic generalized tuberculosis.*

34. Tuberculosis of Other Organs.

1. The committee recommends that this title, as now constituted, be discontinued, and that the terms now listed under it be included under a new title to be called (tentatively) *Tuberculosis of other organs and chronic generalized tuberculosis.*

2. The committee recommends that statements of cause of death listed under present title No. 34, which relate to organs or parts of the body which are accessible to direct vision, be considered acceptable without autopsy, and that in other cases they be considered unacceptable without autopsy.

35. Disseminated Tuberculosis.

1. The committee recommends that this title, as now constituted, be discontinued, and that the terms now listed under it be included under a new title to be called (tentatively) *Tuberculosis of other organs and chronic generalized tuberculosis.*

35A. Tuberculosis of Other Organs and Chronic Generalized Tuberculosis. (Name and number are tentative.)

1. The committee recommends that tuberculosis of organs not covered by titles 28 to 32 be assigned to this heading which should be subdivided into—

- A. *Generalized tuberculosis.*
- B. *Tuberculosis of the skin and subcutaneous tissues.*
- C. *Tuberculosis of kidneys and genitourinary system.*
- D. *Tuberculosis of bones and joints (except tuberculosis of spinal column).*

E. *Tuberculosis of organs of special sense.*

F. *Tuberculosis of lymphatic system* (except the mesenteric glands).

2. The committee further recommends that a note be added to the title to the effect that wherever possible the location, extent, and character of the tuberculous lesion should be specified.

3. The committee made no recommendations covering the matter of acceptable inclusions under this new tentative title, nor did it discuss the matter of whether or not it should be considered acceptable without autopsy, except as explained under No. 34, which see; also No. 33.

36. Rickets.

1. The committee does not consider *Rickets* an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading, the following only are approved as acceptable inclusions: *Rachitis, rickets*.

3. The committee recommends that the following inclusions be transferred to title No. 146 (*Diseases of the bones*): *Achondroplasia, hypertrophic osteoarthropathy, mollities ossium, osteomalacia, pulmonary osteoarthropathy*.

37. Syphilis.

1. It is the conclusion of the committee that *Syphilis* is not acceptable as a statement of cause of death without autopsy unless diagnosis was based on lesions superficially situated or visible through body orifices, or confirmed by unquestioned specific test; further, that where syphilis is given as a cause of death, a statement of the site, extent and character of the lesion should be given.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Congenital lues, congenital syphilis, gumma of brain, hereditary lues, hereditary syphilis, inherited syphilis, lues infantum, secondary syphilis, syphilis* (unqualified or of any organ or part of the body), *syphilitic* (any affection), *tertiary syphilis*.

3. The term *acquired syphilis* should be added to the list of inclusions.

4. The committee recommends the transfer of the term *hepatitis of newborn* from present title No. 151, subtitle 2 (*Congenital debility*) to this title.

38. Gonococcus Infection.

1. The committee considers this an unacceptable statement of cause of death without autopsy unless a gonococcic lesion has been demonstrated by the recovery of the gonococcus from the site of the lesion, or by specific serum reaction.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Gonococcic arthritis, gonococcic endocarditis, gonococcic infection, gonococcic ophthalmia, gonococcic peritonitis, gonococcus infection* (of any organ), *ophthalmia neonatorum*.

3. The following terms should be added to the list of inclusions: *Gonococcic salpingitis, gonococcic septicemia*.

Conclusions on Prefatory Note on Cancers and Other Malignant Tumors.

(Page 63 of the Manual of the International List of Causes of Death.)

1. The caption of this prefatory note should be changed to *Forms of tumors* and subdivided into (A) *Cancers and other malignant tumors* and (B) *Nonmalignant tumors*.

2. Under (A) the following terms should be retained as acceptable inclusions: *Adenocarcinoma, alveolar cancer, alveolar sarcoma, angiosarcoma, cancer, carcinoma, carcinoma myxomatodes, chondrosarcoma, colloid carcinoma, columnar-celled carcinoma, cystosarcoma, endothelioma, epithelioma, fibrosarcoma, giant-celled sarcoma, hemendothelioma, hypernephroma, lymphendothelioma, lymphosarcoma, malignant tumor, melanosarcoma, metastatic cancer, myeloid sarcoma, myxosarcoma, osteosarcoma, papilliferous carcinoma, plexiform sarcoma, sarcoma, scirrhus carcinoma*.

3. The committee recommends that the following terms be added to the above list: *Multiple myeloma, gliosarcoma, liposarcoma, myosarcoma, chorioepithelioma*.

4. All terms now included in the list of *Cancers and other malignant tumors*, on page 63 of the Manual of the International List of Causes of Death, except those noted above, should be eliminated because they are either indefinite or obsolete.

5. Under (B) *Nonmalignant tumors*, the following terms (now included under present title No. 46, on pp. 66-67 of the Manual) should be retained as acceptable inclusions: *Adenofibroma, adenoma, adenomyxoma, angioma, cavernous lymphangioma, cavernous nevus, chondroma, cystadenoma, cystic hygroma, cystic lymphangioma, cystoma, dermoid cyst, enchondroma, myoma, myxochondroma, myxofibroma, myxoma, fibroid, fibroid tumor, fibrolipoma, fibroma, fibroma molluscum, ganglionic neuroma, glioma, hemangioma, hematoma (nontraumatic), leiomyoma, lipoma, lymphangioma, lymphatic nevus, lymphoma, papilloma, rhabdomyoma, sebaceous cyst, sebaceous tumor, teratoma, tumor (nonmalignant or unqualified)*.

6. The committee recommends that the following terms be added to the above list: *Adenomyoma, cholesteatoma, chordoma, melanoma, neuroma, osteoma, odontoma, xanthoma*.

7. The committee recommends that the term *neurofibroma* be transferred to title No. 74 (*Other diseases of the nervous system*).

39. Cancer and Other Malignant Tumors of the Buccal Cavity.

1. The committee considers this title to be in the acceptable class without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Cancer and other malignant tumors of buccal cavity, cheek, gum, jaw, lip, maxilla, mouth, palate, salivary gland, soft palate, tongue, tonsil.*

40. Cancer and Other Malignant Tumors of the Stomach, Liver.

1. It is the opinion of the committee that reports of cause of death listed under this title are not acceptable without autopsy unless an operation was performed or the neoplasm was otherwise visible or accessible for direct observation.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Cancer and other malignant tumors of bile duct, cardiac orifice of stomach, gall bladder, gall duct, liver, esophagus, pharynx, pylorus, stomach, and carcinoma ventriculi.*

41. Cancer and Other Malignant Tumors of the Peritoneum, Intestines, Rectum.

1. It is the opinion of the committee that reports of cause of death listed under this title are not acceptable without autopsy unless an operation was performed or the neoplasm was otherwise visible or accessible for direct observation.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Cancer and other malignant tumors of anus, appendix, cecum, colon, duodenum, ileum, intestine, jejunum, mesentery, omentum, peritoneum, rectum, retroperitoneal gland, sigmoid flexure, and lymphosarcoma of peritoneum.*

3. The following terms, in the opinion of the committee, should be added to the above list of inclusions: *Cancer of mesenteric gland, cancer of retroperitoneal space.*

42. Cancer and Other Malignant Tumors of the Female Genital Organs.

1. It is the opinion of the committee that reports of cause of death listed under this title are not acceptable without autopsy unless an operation was performed or the neoplasm was otherwise visible or accessible for direct observation.

2. Of the terms now included under this title heading the following only are approved as acceptable synonyms: *Cancer and other malignant tumors of broad ligament, cervix, fallopian tube, ovary, uterine ligament, uterus, vagina, vulva, deciduoma malignum, and syncytioma.*

3. The committee recommends the transfer of the following terms now included under this title: *Othorioepithelioma* to list of malignant

tumors on page 63 of the Manual of the International List of Causes of Death; *hydatid mole* and *hydatidiform mole* to title No. 134 (*Accidents of pregnancy*).

43. Cancer and Other Malignant Tumors of the Breast.

1. It is the opinion of the committee that this title should be placed in the acceptable class without autopsy.

2. Of the terms now included under this title heading the following only are acceptable inclusions: *Cancer and other malignant tumors of the breast, mammary gland, nipple; cancer en cuirasse*.

3. The committee recommends the transfer to this title of the term Paget's disease of nipple from present title No. 133 (*Nonpuerperal diseases of the breast*).

44. Cancer and Other Malignant Tumors of the Skin.

1. The committee recommends that the terms assignable to this title be regarded as acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable: *Cancer and other malignant tumors of auricle (of ear), chin, ear, face, head, nose, scalp, skin, umbilicus; epithelial tumor (location not indicated), epithelioma (location not indicated), rodent ulcer*.

45. Cancer and Other Malignant Tumors of Other Organs or of Organs Not Specified.

1. It is the opinion of the committee that reports of cause of death listed under this title are not acceptable without autopsy unless an operation was performed or the neoplasm was otherwise visible or accessible for direct observation.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *General carcinomatosis, general sarcomatosis, miliary carcinosis, multiple cancer (accept, but query for type), sarcomatosis (unqualified); also cancers of organs or parts of the body not included in titles 39 to 44, if the seat of the cancer is definitely described in the statement of cause of death*.

46. Other Tumors (Tumors of the Female Genital Organs Excepted).

1. The committee recommends that the name of this title be changed to *Benign tumors* (site ill-defined or not stated), that it be considered in the unacceptable class without autopsy, and that to the footnote in the manual beginning with "This title does not include" be added *tumors of the female genital organs*.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Tumor, with location not stated; tumor of abdomen, axilla, blood vessel, chest, connective tissue, gland, hip, mediastinal gland, mediastinum, muscle, neck, thorax*.

3. The inclusions under "Forms of tumor," pages 66 to 67 of the Manual of the International List of Causes of Death, so far as approved, are referred to the new prefatory note on nonmalignant tumors recommended in this report.

4. The committee recommends the transfer of *neurofibroma* to title No. 74 (*Other diseases of the nervous system*).

47. Acute Articular Rheumatism.

1. The committee recommends that the name of this title be changed to *Acute rheumatic fever* and that it be considered an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute articular rheumatism, acute rheumatic arthritis, acute rheumatic fever, rheumatic arthritis, rheumatic carditis,¹ rheumatic endocarditis,¹ rheumatic fever, rheumatic myocarditis,¹ rheumatic pancarditis,¹ rheumatic pericarditis, rheumatic pleurisy.*

3. The committee recommends the transfer of *Schönlein's disease* to title No. 55 (*Other general diseases*).

48. Chronic Rheumatism and Gout.

1. It is the recommendation of the committee that this title be changed to *Chronic arthritis and gout* and subdivided into (A) *Chronic arthritis* and (B) *Gout*. Each is unacceptable without autopsy.

2. The following terms are approved as acceptable inclusions for 48A: *Arthritis deformans, chronic articular rheumatism, chronic inflammatory rheumatism, chronic rheumatic arthritis, chronic rheumatism, chronic rheumatoid arthritis, Heberden's disease, osteoarthritis, rheumatoid arthritis, spondylitis deformans.*

3. The following terms are approved as acceptable inclusions for 48B: *Gout, gout of joint, gouty iritis, gouty synovitis, Heberden's nodes, podagra.*

49. Scurvy.

1. The committee considers this title in the acceptable class without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Barlow's disease, infantile scurvy, scorbutus, scurvy.*

3. The committee recommends that Werlhof's disease be transferred to title No. 55 (*Other general diseases*).

¹ The cardiac lesions due to acute rheumatic inflammation and not the chronic sequelae are referred to by these inclusions.

50. Diabetes.

1. The committee recommends that this title be considered a cause of death that is acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acidosis* (diabetic), *diabetes*, *diabetes mellitus*, *diabetic coma*, *diabetic gangrene*.

51. Exophthalmic Goiter.

1. The committee recommends that this title be discontinued (see new tentative title to follow).

51A. Diseases of the Thyroid Body. (Tentative title.)

1. The committee recommends that this title be transferred to Class I (*General diseases*) from its present place under Class IV.

2. It further recommends that it be subdivided into (A) *Hyperthyreoses* and (B) *Hypothyreoses*.

3. Statements of causes of death under subtitle 51A are acceptable without autopsy; those under subtitle B are unacceptable without autopsy.

4. Subtitle (A) *Hyperthyreoses* should have the following list of inclusions: *Exophthalmic goiter*, *Basedow's disease*, *Grave's diseases*, *Parry's disease*.

5. Subtitle (B) *Hypothyreoses* should have the following list of inclusions: *Adenoma of thyroid gland*, *atrophy of thyroid gland*, *colloid goiter*, *cystic goiter*, *cretinism*, *cretinoid degeneration*, *endemic cretinism*, *endemic deaf-mutism*, *enlargement of thyroid*, *hypothyroidism*, *myxedema*, *pachydermic cachexia*, *sporadic cretinism*.

51B. Diseases of the Thymus Gland. (Tentative title.)

1. The committee recommends that a new title be created with the above caption; that it be given a place among the titles under the class of *General diseases*. The statements of cause of death under this title should be considered unacceptable without autopsy.

2. It further recommends that the following terms be transferred from present title No. 84 (*Diseases of the lymphatic system*): *Atrophy of thymus*, *lymphatism*, *status lymphaticus*, *status thymicolymphaticus*, *thymic asthma*, *status thymicus*, *enlargement of thymus gland*, *persistent thymus gland*.

51C. Diseases of the Parathyroid. (Tentative title.)

1. The committee recommends that a new title be created with the above caption; that it be given a place among the titles under the class of *General diseases*. The statement of cause of death under this title should be considered acceptable without autopsy.

2. It further recommends that under this title be included the term *tetany*.

Specify if following operative procedure.

52. Addison's Disease.

1. The committee considers this title in the class that is acceptable without autopsy.

2. Of the terms now included under this title heading the following only is approved as an acceptable inclusion: *Addison's disease*.

52A. Diseases of Pituitary Body. (Tentative title.)

1. The committee recommends that a new title be created with the above caption; that it be given a place among the titles under the class of *General diseases*. The statements of cause of death under this title should be considered unacceptable without autopsy.

2. It further recommends that the following terms be listed as inclusions: *Acromegaly*, *dyspituitarism*, *gigantism*, *hyperpituitarism*, *hypopituitarism*, *tumor of pituitary body*.

52B. Diseases of the Spleen.

1. This title is placed here tentatively pending action on the committee's recommendation that it be transferred to this class from Class V (*Diseases of the digestive system*). See recommendation under present title No. 116. This statement of cause of death is considered unacceptable without autopsy or operation.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Enlargement of spleen* (nonmalarial), *megalosplenía* (nonmalarial), *tumor of spleen* (non-malignant).

3. The committee recommends the addition of the term *splenomegaly* (nonmalarial).

4. The committee recommends the transfer of the term *hydatid cyst of spleen* to title 107, the new tentative title of which is *Other intestinal parasites*.

53. Leukemia.

1. It is the opinion of the committee that the statement of *leukemia* as a cause of death should not be considered acceptable unless verified by confirmatory blood examination.

2. Of the terms now included under this title heading the following only is approved as an acceptable inclusion: *Leukemia*.

3. The committee recommends that the following terms be added to the list of inclusions: *Acute lymphocytic leukemia*, *chronic lymphocytic leukemia*, *acute myelocytic leukemia*, *chronic myelocytic leukemia*, *lymphochloroma*, *myelochloroma*.

4. The committee recommends that *Hodgkin's disease* with its synonyms be accorded a separate title in the International List (see next title).

53A. Hodgkin's Disease. (Tentative title.)

1. The title is accorded this position tentatively (see recommendation under title No. 53). This title is unacceptable without autopsy, unless accompanied by a record of microscopic proof of the character of the lesion, as shown by specimens removed from the tumor or tumors during life.

2. The committee recommends that the following terms be listed as inclusions under this title heading: *Lymphadenia, lymphadenoma, lymphadenoma of lymphatic glands, lymphadenoma of spleen, lymphadenosis, malignant lymphadenoma, multiple lymphadenoma.*

54. Anemia, Chlorosis.

1. It is of the opinion of the committee, that statements of death from anemia or chlorosis should not be considered acceptable without autopsy unless supported by confirmatory blood examination.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Anemia, chlorosis, pernicious anemia, progressive anemia, splenic anemia.*

3. In the opinion of the committee, the term *progressive pernicious anemia* should be added to the list of inclusions.

4. It is the opinion of the committee, that the following terms now included under this title should be transferred: *Banti's disease and Griesinger's disease* to title No. 116 (*Diseases of the spleen*).

55. Other General Diseases.

1. As this is the residual title of Class I it should be placed after present title No. 59, and become the last title in the class.

2. The title includes so many and such unrelated conditions that no recommendation is made as to its acceptableness or nonacceptableness without autopsy.

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acidosis* (nondiabetic), *adipositas dolorosa, diabetes insipidus, hemochromatosis, hemophilia, hemophilia neonatorum, Henoch's purpura, ochronosis, purpura, purpura rheumatica, sulphhemoglobinemia.*

4. The committee recommends the following transfers of included terms: *Acromegaly* to new tentative title No. 52A *Diseases of the pituitary body*; *chronic polycythemia* to title No. 116 (*Diseases of the spleen*); *methemoglobinemia* to title No. 168 (*Absorption of deleterious gases—Conflagration excepted*); *sleeping sickness* and *trypanosomiasis* to title No. 19 (*Other epidemic diseases*).

5. The committee has recommended the transfer to this title of *Schönlein's disease* from title No. 47 (*Acute articular rheumatism*), of *Werlhof's disease* from title No. 49 (*Scurvy*), of *amyloid degeneration of liver*, *amyloid liver*, *lardaceous degeneration of liver*, *lardaceous liver*, *large waxy liver*, *waxy degeneration of liver*, *waxy liver* from title No. 113 (*Cirrhosis of the liver*), *amyloid degeneration of kidney*, *lardaceous degeneration of kidney*, *waxy degeneration of kidney* from title No. 120 (*Bright's disease*).

56. Alcoholism (Acute or Chronic).

1. The committee recommends that this title be divided into the following subtitles: (A) *Acute ethylism*, (B) *Delirium tremens*, (C) *Chronic alcoholism*. Of these (A) and (B) are acceptable without autopsy; (C) is acceptable if complicating lesions, sufficient to cause death, are specified.

2. The committee approved the following inclusions as acceptable terms: *Alcohol poisoning*, *alcoholic delirium*, *delirium tremens*, *dipsomania*, *ethylism*, *mania a potu*, *temulentia*.

3. The committee suggests the addition to the list of inclusions of the terms *acute alcoholism* and *chronic alcoholism*.

4. It is the recommendation of the committee that the terms *alcoholic neuritis* and *alcoholic polyneuritis* be transferred to this title from present title No. 73 (*Neuralgia and neuritis*).

57. Chronic Lead Poisoning.

1. The committee recommends that chronic lead poisoning be regarded as acceptable, without autopsy, if there appears a statement of an occupation in which decedent would be subject to lead poisoning, or if the source of the poisoning is specified and complications accompanying, sufficient to cause death, are described.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Chronic lead poisoning*, *colica pictonum*, *lead cachexia*, *lead colic*, *lead encephalitis*, *lead encephalopathy*, *lead paralysis*, *lead poisoning* (not acute), *morbus pictorum*, *painters' colic*, *plumbism*, *saturnism*.

3. The committee recommends the addition of the following terms to the list of inclusions: *Lead gout*, *lead nephritis*.

58. Other Chronic Occupation Poisonings.

1. It is recommended that titles 58 and 59 be merged under the caption *Other chronic poisonings* with two subdivisions, viz, (A) *Chronic occupation poisonings* and (B) *Other chronic poisonings*. The committee considers subtitle (A) acceptable without autopsy only in cases where the occupation or source of poison is specified and indicates that the poison was absorbed as a result of occupation;

or the characteristic lesions are superficially located or accessible to direct inspection; or there is chemical or microscopic proof of the presence of poison within the body. The committee considers subtitle (B) acceptable without autopsy only when the source of the poison is specified or there is chemical or microscopic proof of the presence of the poison within the body.

2. The committee did not formally approve as acceptable inclusions any of the terms which now appear under titles 58 and 59; the great majority of those now listed in the Manual of the International List of Causes of Death are acceptable.

59. Other Chronic Poisonings.

1. See conclusions under title No. 58.

60. Encephalitis.

1. The committee recommends that this title be abolished and that the terms now included, as well as those added and transferred to it, be assigned to title No. 74 (*Other diseases of the nervous system*).

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of brain*, *abscess of cerebellum*, *abscess of pons Varolii*, *encephalitis*, *inflammation of brain*.

3. The committee recommends the addition of the following terms: *Influenzal encephalitis* (Wickman), *polioencephalitis superior* (Wernicke).

4. The transfer of the terms *traumatic encephalitis* and *traumatic inflammation of brain* to title No. 186 (*Other external violence*) is recommended.

5. The committee recommends the transfer of *polioencephalitis* from title No. 63 (*Other diseases of the spinal cord*) to this title.

61. Simple Meningitis.

1. It is recommended that the name of this title be changed to *Acute infectious meningitis* and as such be acceptable without autopsy only when the infecting organism is declared, or with autopsy, and that where the death is the result of a trauma or a lesion elsewhere that it be referred to its appropriate heading according to standard practice.

2. It is recommended that the present subtitle 3 (*Cerebrospinal fever*) be transferred to Class I, under the title *Epidemic cerebrospinal meningitis*. (See tentative title 18B.)

3. Of the terms now included under present subtitle 1 (*Simple meningitis*) the following only are approved as acceptable inclusions: *Cerebral meningitis*, *cerebral pachymeningitis*, *Cervical pachymeningitis*,

chronic cerebrospinal meningitis, infectious meningitis,¹ internal pachymeningitis, pachymeningitis, pneumococcic meningitis, purulent meningitis, suppurative meningitis.

4. The committee recommends the addition of the following terms to subtitle 1: *Pachymeningitis externa, pachymeningitis interna hemorrhagica, pachymeningitis externa suppurativa, pachymeningitis interna suppurativa, leptomeningitis suppurativa, influenzal meningitis, suppurativa cerebrospinal meningitis, pneumococcic cerebrospinal meningitis, streptococcic cerebrospinal meningitis.*

5. Of the terms now included under present subtitle 2 (*Cerebrospinal meningitis*—undefined) the following only are approved as acceptable inclusions: *Acute cerebrospinal meningitis, cerebrospinal meningitis.*

6. The note in the Manual of the International List of Causes of Death under title No. 61 should be changed by adding *epidemic cerebrospinal meningitis* and *syphilitic meningitis.*

62. Locomotor Ataxia.

1. The committee recommends that *Locomotor ataxia* be considered acceptable only when accompanied by a statement of the contributing and determining cause of death.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Locomotor ataxia, tabes dorsalis.*

3. The committee recommends the transfer of the term *Duchenne's disease* to title No. 63 (*Other diseases of the spinal cord*).

63. Other Diseases of the Spinal Cord.²

1. The committee recommends that this title with all its inclusions be placed in the unacceptable class except with autopsy.

2. It is recommended that a new title be created, *Acute poliomyelitis.* (See tentative title No. 18A.)

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute ascending myelitis, acute myelitis, amyotrophic lateral sclerosis, amyotrophic paralysis, combined sclerosis of spinal cord, disseminated cerebrospinal sclerosis, disseminated myelitis, disseminated sclerosis, disseminated sclerosis of spinal cord, Erb's disease, Friedreich's ataxia, Friedreich's disease, Brown-Séquard's paralysis, bulbar paralysis, Charcot's disease, chronic myelitis, myelitis, myelitis from pressure, myelitis of spinal cord, new growth of membrane of spinal cord (nonmalignant), new growth of spinal cord (nonmalignant), paralysis agitans, Parkinson's disease,*

¹ If *infectious meningitis* is used as a synonym of *acute infectious meningitis* the infectious organism must be indicated.

² Exclusive of acute poliomyelitis (epidemic infantile paralysis).

primary lateral sclerosis, progressive bulbar paralysis, progressive multiple paralysis, progressive muscular atrophy, progressive muscular dystrophy, hematomyelia, hematomyelitis, hematorrhachis, hemorrhage of spinal cord, hemorrhage of spinal membrane, hereditary ataxia, hereditary spastic paraplegia, labioglossolaryngeal paralysis, labioglossopharyngeal paralysis, Landry's disease, Landry's paralysis, lateral sclerosis, Morvan's disease, multiple sclerosis, syringomyelia, transverse myelitis, pseudohypertrophic paralysis, spastic paralysis of spinal cord, spastic spinal paralysis, trembling paralysis, tumor of spinal cord, tumor of spinal meninges.

4. The committee recommends the addition of the following terms: *Hereditary spinal ataxia, Friedreich's or combined systemic disease, progressive spinal amyotrophy, Brown-Séguard's syndrome.*

5. The committee recommends the transfer to this title of Duchenne's disease from title No. 62 (*Locomotor ataxia*); *paraplegia* from title No. 66 (*Paralysis without specified cause*).

6. The committee recommends the transfer of the following terms now included to other titles: *Acute anterior poliomyelitis, acute atrophic spinal paralysis, acute infantile paralysis, acute ascending poliomyelitis, acute ascending anterior poliomyelitis, acute ascending spinal paralysis, acute polioencephalomyelitis, progressive ascending anterior poliomyelitis, anterior poliomyelitis* to new tentative title 18A; *myasthenia gravis* to title No. 74 (*Other diseases of the nervous system*).

64. Cerebral Hemorrhage, Apoplexy.

1. It is recommended that the name of this title be changed to *Apoplexy* and that it include terms indicating the various anatomico-pathological processes that bring about the apoplectic death; if the contributing preexisting conditions or lesions are stated, statistical assignment according to standard practice is recommended; also that the title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Apoplectic stroke, apoplexy,¹ apoplexy of brain, apoplexy of meninges, cerebral apoplexy, cerebral hemorrhage¹ (1m+), epidural hemorrhage, hematoma of dura mater, hematoma of meninges, hemorrhage of brain¹ (1m+), hemorrhage of cerebellum, hemorrhage of cerebrum, hemorrhage of medulla, hemorrhage of meninges, hemorrhage of pons, intracranial hemorrhage, paralytic shock, paralytic stroke, pontine hemorrhage, ventricular hemorrhage.*

3. The committee recommends the following transfers of included terms: *Alcoholic edema of brain, alcoholic wet brain* to title No. 56 (*Alcoholism, acute or chronic*); *bulbar apoplexy, bulbar hemorrhage* to

¹ Deaths of infants under 1 month of age are assigned to title No. 132, subtitle 1 (*Apoplexy at birth*).

title No. 74 (*Other diseases of the nervous system*); *hemorrhagic pachymeningitis* to title No. 61, the present caption of which is *Simple meningitis*.

65. Softening of the Brain.

1. It is recommended that this title be eliminated as a main title and that the terms now classified under it be transferred to title No. 74 (*Other diseases of the nervous system*.)

2. Of the terms now included under this title heading the following only are approved as acceptable synonyms: *Cerebral softening*, *encephalomalacia*, *softening of brain*. These should be queried when received by registration offices or by the Bureau of the Census to determine whether they were not actually cases of general paresis of the insane, in which event they should be listed under title No. 67 (*General paralysis of the insane*); inquiry should also be made to determine if the condition was due to *arteriosclerosis*, *embolism*, *thrombosis*, *alcoholism*, *traumatism*, or any other discernible cause.

66. Paralysis Without Specified Cause.

1. It is recommended that title No. 66 be eliminated and that all its inclusions be transferred to title No. 74 (*Other diseases of the nervous system*), except those noted below for transfer to other titles.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Congenital hemiplegia*, *hemiplegia*.

3. The committee recommends the transfer of *paraplegia* to title No. 63 (*Other diseases of the spinal cord*) and that of *cerebral hemiplegia* and *hemiplegia of brain* to title No. 64 (*Cerebral hemorrhage, apoplexy*).

4. The committee recommends that reports of *paraplegia* be queried unless specified as of spinal origin.

5. It is recommended that *hereditary hemiplegia* be added to the list of acceptable inclusions to be transferred to title No. 74.

67. General Paralysis of the Insane.

1. This is in the acceptable class without autopsy, provided it is accompanied by a statement of the contributing and determining cause.

2. Of the terms now included under this title heading the following only are approved as acceptable: *Bayles's disease*, *dementia paralytica*, *general paralysis* (insane or reported from asylum), *general paresis*, *general tabetic paralysis*, *generalized paralysis (insane)*, *paralysis of insane*, *paretic dementia*, *progressive general paralysis*.

3. The committee recommends the addition of the term *chronic diffuse meningoencephalitis*.

68. Other Forms of Mental Alienation.

1. This is in the unacceptable class without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Circular insanity, dementia, dementia praecox, exhaustive psychosis, infective psychosis, Korssakoff's disease, Korssakoff's syndrome, manic depressive psychosis, paranoia, primary dementia, terminal dementia, toxic psychosis, traumatic psychosis.*

69. Epilepsy.

1. *Epilepsy* is an unacceptable statement of cause of death without autopsy unless death occurred in an epileptic attack and was witnessed, and there was a previous history of epilepsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Epilepsy, epileptic convulsions, epileptic dementia, epileptic psychosis, grand mal, status epilepticus.*

3. The committee recommends that the term *idiopathic epilepsy* be added to the list of inclusions.

70. Convulsions (Nonpuerperal).

71. Convulsions of Infants.

1. The committee recommends that these titles and included terms be transferred to title No. 189 (*Cause of death not specified or ill-defined*).

2. The following inclusions are approved for this transfer: *Convulsions, infantile convulsions, spasms.*

72. Chorea.

1. *Chorea* is an acceptable statement of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Chorea, chorea insaniens, chorea major, rheumatic chorea, Sydenham's chorea.*

3. The committee recommends that *electric chorea* be added to the list of inclusions.

73. Neuralgia and Neuritis.

1. It is recommended that the term *Neuralgia* be omitted from the title and be included under title No. 189 (*Cause of death not specified or ill-defined*) and that *Neuritis* be considered an acceptable statement of cause of death without autopsy, preferably with statement of the nerve or nerves involved and of the etiological factor.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *General neuritis, multiple neuritis, neuritis (of any nerve), peripheral neuritis, polyneuritis.*

3. The committee recommends the transfer of *alcoholic neuritis* and *alcoholic polyneuritis* to title No. 56 (*Alcoholism, acute and chronic*).

4. The committee recommends that the term *infectious neuritis* be added to the list of inclusions.

5. It is further recommended that registration offices and the Bureau of the Census query returns of *neuritis* and its synonyms to determine the nerve or nerves involved and the etiological factor.

74. Other Diseases of the Nervous System.

1. As this is the residual title of Class II, its position in the International List of Causes of Death should be changed; it should be the last title in the class and should follow present title No. 76 (*Diseases of the ears*).

2. The inclusions under this title heading cover so many conditions that no "blanket" recommendation can be made as to its acceptableness or nonacceptableness without autopsy.

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute hydrocephalus*,¹ *acquired hydrocephalus*,¹ *cerebella tumor*,² *cerebral cyst*,² *cerebral diplegia of children*, *cerebral glioma*,² *cerebral tumor*,² *chronic progressive chorea* (Huntington's chorea), *cyst of brain*,² *cyst of cerebellum*,² *cyst of membrane of brain*,² *cystic tumor of brain*,² *diffuse cerebral sclerosis*, *glioma of brain*,² *glioma of cerebellum*,² *hereditary chorea*, *Huntington's chorea*, *Huntington's disease*, *infantile cerebral diplegia*, *infantile cerebral paralysis*, *infantile imbecility*, *infantile spastic paralysis*, *internal hydrocephalus*,³ *intracranial tumor*,⁴ *Jacksonian epilepsy*, *Little's disease*, *meningeal tumor*,² *new growth of brain* (nonmalignant),² *new growth of membrane of brain* (nonmalignant),² *paramyoclonus multiplex*, *polioencephalitis inferior*, *polioencephalitis superior*, *psammoma*, *symptomatic epilepsy*, *traumatic epilepsy*, *tumor of brain*,² *tumor of corpora quadrigemina*,² *tumor of meninges*,² *tumor of meninges of brain*,² *tumor of motor tract*,² *tumor of nerve*, *tumor of pons Varolii*.²

4. The committee recommends the addition to the list of inclusions of the following terms: *Lobular cerebral sclerosis*, *von Recklinghausen's disease*.

5. The committee recommends the transfer to this title of the following: All inclusions of present titles No. 60 (*Encephalitis*); No. 65 (*Softening of the brain*); No. 66 (*Paralysis without specified cause*); No. 75 (*Diseases of the eyes and their annexa*) *myasthenia gravis* from title No. 63 (*Other diseases of the spinal cord*); *bulbar apoplexy* and

¹This is a satisfactory return if the etiological factor is ascertainable.

²This return is satisfactory only when the cyst or tumor is seen from accessible cavities or through operation.

³Acceptable without autopsy only after inquiry for etiology.

⁴Acceptable without autopsy.

bulbar hemorrhage from title No. 64 (*Cerebral hemorrhage, apoplexy*); *neurofibroma* from title No. 46 (*Other tumors*), *myotonia congenita* and *Thomsen's disease* from present title No. 149 (*Other diseases of the organs of locomotion*); *chronic hydrocephalus, congenital cerebral tumor, congenital hydrocephalus, congenital tumor of brain, megaloccephalus*, from subtitle 1 of present title No. 150 (*Congenital malformations*).

6. The committee recommends the transfer of the following inclusions to other titles: *Cretinism* to new tentative title No. 51A (*Diseases of the thyroid body*); *cysticercus of brain* and *hydatid of brain* to title No. 107 (*Intestinal parasites*); *paralysis of diaphragm, paralysis of phrenic nerve, paralysis of pneumogastric nerve* to title No. 73 (now *Neuralgia and neuritis*, but the committee has recommended that it be changed to *neuritis*); *tetany* to new tentative title 51C (*Diseases of the parathyroid*); tumor of *pituitary body* to new tentative title No. 52A (*Diseases of the pituitary body*); *caisson disease, bends, divers' palsy, divers' paralysis* to a new title to be known as *Caisson disease* and which, for the present, may be designated 74A.

74a. Caisson Disease. (Tentative title.)

1. The committee recommends that a new title be created under the above caption and that under it be included the following terms now listed under title No. 74 (*Other diseases of the nervous system*): *Bends, Caisson disease, divers' palsy, divers' paralysis*.

2. The committee recommends the inclusion of this title in the acceptable class, without autopsy, if the character of the work during which the disease was acquired is specified.

75. Diseases of the Eyes and Their Annexa.

1. The committee recommends that this title be abolished, and that deaths reported as due to any of the conditions now included be compiled under title No. 74 (*Other diseases of the nervous system*).

2. It is the opinion of the committee, however, that *glaucoma* is the only term now listed under this title heading that need be transferred, as none of the others is likely to cause death.

76. Diseases of the Ears.

1. The conditions covered by this title are, when reported in definite terms, acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Caries of middle ear, labyrinthine suppuration, labyrinthine vertigo, otitis media, purulent otitis media, suppurative otitis media*.

3. The committee recommends that the following terms be added to the list of inclusions: *Acute suppurative mastoiditis, chronic suppu-*

rative mastoiditis, acute suppurative otitis media, chronic suppurative otitis media, otitic meningitis.

4. The committee recommends the transfer to this title of the following terms: *Abscess of mastoid process, disease of mastoid cells, empyema of mastoid process, mastoid abscess, mastoiditis, necrosis of mastoid*—all from title No. 146 (*Diseases of the bones—tuberculosis excepted*).

5. The footnote should contain a statement to the effect that where, on inquiry, either *tuberculosis* or *syphilis* is admitted as the etiological factor, the death should be compiled as due to *tuberculosis* or *syphilis*.

77. Pericarditis.

1. Pericarditis is an unacceptable report of cause of death without autopsy unless accompanied by a statement of primary cause or of the character of exudate obtained by paracentesis.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Adherent pericardium, adhesive pericarditis, effusion of pericardium, fibrinous pericarditis, hemopericardium* (inquiry should be made as to source of blood—traumatic? Aneurism?) *hydropericardium, hydropneumopericardium, mediastinopericarditis, pericarditis, pericarditis with effusion, pneumopericardium, purulent pericarditis, pyopericardium, pyopneumopericardium, suppurative pericarditis.*

78. Acute Endocarditis.

1. The committee recommends that the title heading be changed to *Acute infectious endocarditis and myocarditis*, and is of the opinion that it is an acceptable statement without autopsy.

2. The committee recommends that whenever the original site of the infection is specified the death be classified according to standard practice.

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute endocarditis, acute interstitial myocarditis, acute myocarditis, acute ulcerative endocarditis, congenital endocarditis, malignant endocarditis, mycotic endocarditis, septic endocarditis, ulcerative endocarditis, vegetative endocarditis.*

4. The committee recommends that the following terms be added to the list of inclusions: *Acute valvular endocarditis, acute infective endocarditis.*

79. Organic Diseases of the Heart.

1. It is the recommendation of the committee that the name of this title be changed to *Chronic diseases of the heart* and that it be subdivided into (A) *Affections of the myocardium* and (B) *Affections of the valves of the heart.*

2. The committee recommends that the title be put in the acceptable class without autopsy.

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions of the tentative subtitles:

Tentative subtitle (A): *Amyloid degeneration of heart, aneurism of heart, brown atrophy of heart, chronic interstitial myocarditis, chronic myocarditis, fatty degeneration of heart, fatty degeneration of myocardium, myocardial degeneration, myocardial insufficiency.*

Tentative subtitle (B): *Aneurism of valve of heart, aortic incompetency, aortic insufficiency, aortic obstruction, aortic regurgitation, aortic stenosis, aortic valvular disease of heart, cardiac mitral disease, chronic endocarditis, chronic mitral endocarditis, chronic rheumatic endocarditis, chronic ulcerative endocarditis, chronic valvular endocarditis, chronic valvular heart disease, incompetency of aortic valve, incompetency of mitral valve, incompetency of tricuspid valve, insufficiency of aortic valve, insufficiency of mitral valve, insufficiency of tricuspid valve, interstitial myocarditis, mitral incompetency, mitral insufficiency, mitral obstruction, mitral regurgitation, mitral stenosis, mitral valvular disease of heart, pulmonary insufficiency (ly +), pulmonary regurgitation, pulmonary stenosis, pulmonary valvular disease of heart, tricuspid incompetency, tricuspid insufficiency, tricuspid regurgitation, tricuspid valvular disease of heart, valvular cardiac disease, valvular disease of heart.*

4. The committee recommends that the following terms be added to the list of inclusions: *Chronic cardiac hypertrophy and dilatation (A), chronic degenerative myocarditis (A), fatty infiltration of heart (A), tricuspid stenosis (B).*

80. Angina Pectoris.

1. The committee recommends that this title be considered acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Angina of heart, angina pectoris, cardiac angina, stenocardia.*

81. Diseases of the Arteries, Atheroma, Aneurism, Etc.

1. The committee recommends that the name of this title be changed to *Diseases of the arteries* and that the title be subdivided into (A) *Aneurism* and (B) *Other diseases of the arteries*. *Aneurism* is not an acceptable statement without autopsy unless the anatomical location of the enlargement is specified. Subdivision B should be considered an acceptable statement of cause of death, without autopsy. This decision is made not because it is free from error, but because it would be impractical to exclude the title under present clinical conditions.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Aneurism of* (any specified site) *aortitis, arteriocapillary fibrosis, arteriofibrosis, arteriosclerosis, arteriosclerosis of brain, arteriovenous aneurism, arteritis, arteritis obliterans, atheroma, atheromatous degeneration of artery, cerebral arteriosclerosis, diffuse arteriosclerosis, endarteritis, endarteritis deformans, general arteriosclerosis, general atheroma.*

3. The committee recommends that the term *thromboangiitis obliterans* be added to the list of inclusions and that the qualifying word *nontraumatic* be inserted after the term *rupture of artery*.

4. The committee recommends the transfer of *Raynaud's disease* to this title from present title No. 142 (*Grangrene*).

82. Embolism and Thrombosis.

1. It is the recommendation of the committee that *Embolism* and *Thrombosis* be considered acceptable causes of death, without autopsy; and the committee also desires to emphasize the fact that it is desirable to specify the site of obstruction (name of vessel obstructed) and whether the obstruction was embolic or thrombotic, and, if embolic, the source of the embolus.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Basilar thrombosis, cerebral embolism, cerebral thrombosis, embolism of artery, embolism of coronary artery, embolism of mesenteric artery, embolism of pulmonary artery, obstruction of artery by clot, occlusion of artery by clot, pulmonary embolism, pulmonary thrombosis, thrombosis of artery, thrombosis of cerebral sinus, thrombosis of iliac artery, thrombosis of lateral sinus, thrombosis of portal vein, thrombosis of pulmonary artery, thrombosis of splenic vessel, thrombosis of uterine vein, thrombosis of vein.*

83. Diseases of the Veins (Varices, Hemorrhoids, Phlebitis, Etc.).

1. The committee recommends that this title be considered acceptable, without autopsy, if there is an accompanying statement of the site of the lesion or name of the vessel or vessels involved.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Aneurismal varix, endophlebitis, hemorrhoids, periphlebitis, phlebitis* (of a specified vein or sinus), *pylephlebitis, rupture of varicose vein, thrombophlebitis, varices* (location should be specified), *varicocele, varix of bladder, varix of esophagus, varix of pharynx, varix of vulva, venous angioma.*

84. Diseases of the Lymphatic System (Lymphangitis, Etc.).

1. This is an acceptable title without autopsy.

2. In giving *adenitis, lymphadenitis, or lymphangitis* as the cause of death the exact location of the glands or lymph vessels affected

should be stated together with, if possible, the etiological factor responsible for the inflammation.

3. Of the term now included under this title heading the following only are approved as acceptable inclusions: *Adenitis, lymphadenitis, lymphangitis, nonfilarial chylocele, nonfilarial chylous ascites, obliteration of lymphatic vessel, polyadenitis.*

4. The committee recommends the transfer to other titles of the following inclusions: To new tentative title No. 51B (*Diseases of the thymus gland*): *Atrophy of thymus gland, enlargement of thymus gland, lymphatism, persistent thymus gland, status lymphaticus, status thymicus, thymic asthma.*

85. Hemorrhage; Other Diseases of the Circulatory System.

1. This title is acceptable, without autopsy, but the site of the hemorrhage or name of vessel should be specified—also the cause. Any report of *Hemorrhage* should be queried by registration offices and by the Bureau of the Census as to cause and site of lesion.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Adams-Stokes disease, brachycardia, bradycardia, epistaxis, hemorrhage* (cause and site should be specified—see above), *heart block, paroxysmal tachycardia, Stokes-Adams disease, tachycardia.*

86. Diseases of the Nasal Fossae.

1. Names of diseases listed under this heading are acceptable reports of cause of death, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Adenoids, cerebrospinal rhinorrhoea, coryza, coryza of newborn, foreign body in nose.*

3. The committee recommends the transfer of the following terms to this title from present title No. 146 (*Diseases of the bones—tuberculosis excepted*): *Abscess of antrum of Highmore, of ethmoidal sinus, of frontal sinus, of maxillary sinus, of sphenoidal sinus, disease of frontal sinus, empyema of frontal sinus, ethmoidal sinusitis, ethmoiditis, frontal sinusitis, maxillary sinusitis, necrosis of antrum, necrosis of mastoid, sphenoidal sinusitis, sphenoiditis, suppuration of frontal sinus.*

87. Diseases of the Larynx.

1. The committee recommends that statements of the diseases included under this title be considered as acceptable statements of cause of death without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Catarrh of larynx, catarrh of throat, catarrhal croup, catarrhal laryngitis, congestion of glottis, epiglottiditis, gangrenous laryngitis, infective laryngitis, inflam-*

mation of larynx, intubation of larynx, laryngismus stridulus, laryngitis, edema of glottis, edema of larynx, paralysis of glottis, paralysis of larynx, phlegmonous laryngitis, spasm of glottis, spasm of larynx, spasmodic croup, spasmodic laryngitis, stenosis of larynx, stridulous croup, stridulous laryngitis, tumor of larynx (nonmalignant), ulcerative laryngitis.

88. Diseases of the Thyroid Body.

1. The committee is of the opinion that this title should not be classified under the class *Diseases of the respiratory system*, and recommends its transfer with acceptable inclusions to Class I (*General diseases*). (See tentative title of same name No. 51A.)

89. Acute Bronchitis.

1. This title is acceptable as a cause of death when reported for children under 5 years of age, without reservation, but for persons above that age, it is subject to inquiry as to whether a specific irritant was the cause of the bronchitis and whether additional lesions, capable of causing death, were present.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute bronchitis, acute bronchorrhea, acute capillary bronchitis, acute catarrhal bronchitis, acute pulmonary catarrh, acute purulent bronchitis, capillary bronchitis, croupous bronchitis, fibrinous bronchitis, subacute capillary bronchitis, tracheitis, tracheobronchitis.*

90. Chronic Bronchitis.

1. This title is an acceptable statement of cause of death, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable synonyms: *Bronchial catarrh, bronchiectasis, bronchorrhea, chronic bronchitis, chronic bronchorrhea, chronic capillary-bronchitis, chronic catarrhal bronchitis, dilatation of bronchi, fetid bronchitis, peribronchitis, purulent bronchorrhea, subacute bronchitis, ulcerative bronchitis.*

3. The committee recommends the addition to the list of inclusions of the term *chronic purulent bronchitis*.

91. Bronchopneumonia.

1. The statement is an acceptable statement of cause of death, without autopsy.

2. It is the understanding of the committee that the Bureau of the Census has been testing returns of this disease by asking physicians in several thousand cases whether *bronchopneumonia* was the primary cause of death, or whether it occurred as a complication or sequel of

some other disease or abnormal condition. The result of this has been the collection of supplemental data, not on the original certificates, on the basis of which the *bronchopneumonia* was shown to have been the terminal and secondary condition in other diseases. This applied in about 20 per cent of the cases tested, all of which were those of children under 10 years of age. It is the sense of the committee that the practice the Bureau of the Census now pursues of bringing before the physicians concrete examples of what kind of information is necessary for accurate statistics of cause of death, showing them wherein they have failed to supply such information, is a practical step in the right direction in that its immediate effect is correction of faulty data, and its ultimate effect, if persevered in, will be the improvement of basic facts *at their source*.

Although *bronchopneumonia* is only one of the many returns covered by letters of inquiry now being sent to physicians by the Bureau of the Census, this committee on the accuracy of certified causes of death and their relation to mortality statistics wishes to register here its unqualified approval of the procedure.

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Aspiration pneumonia, bronchopneumonia, bronchopulmonitis, catarrhal inflammation of lung, catarrhal pneumonia, croupous bronchopneumonia, deglutition pneumonia, inhalation pneumonia, inspiration pneumonia, lobular pneumonia, septic bronchopneumonia*.

4. The committee recommends that the term *pneumonia*, without qualification, when no further information can be obtained, be assigned to this title instead of to present title No. 92, when reported for decedents under 5 years of age.

92. Pneumonia.

1. It is recommended that this title be subdivided; that a subtitle, *Lobar pneumonia* be created, which will be acceptable without autopsy, and that this be numbered 92A; subtitle 92B should have the caption *Pneumonia* (undefined), and is not acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions. The letter following each indicates the tentative subtitle under which each should be listed. *Acute hepatization of lung* (A), *acute inflammation of lung* (A), *acute interstitial pneumonia* (A), *acute pleuropneumonia* (B), *bilateral lobar pneumonia* (A), *bilateral pneumonia* (A), *central pneumonia* (A), *consolidation of lung* (A), *croupous pneumonia* (A), *diplococcus pneumonia* (A), *double pleuropneumonia* (B), *double pneumonia* (A), *fibrinous pneumonia* (A), *hepatization of lung* (A), *lobar pneumonia* (A),

septic pleuropneumonia (B), *solidification of lung* (A), *suppurative pneumonia* (B), *unresolved pneumonia* (A).

3. It is recommended that *pneumococcus pneumonia* be added to the list of inclusions of subtitle A.

4. The committee recommends that deaths of children under 5 years of age reported as due to *pneumonia*, without further qualification, be classified under title No. 91 (*Bronchopneumonia*), when no more definite data are secured on inquiry. Inquiry should always be made in such cases to determine whether the *pneumonia* was *bronchopneumonia* or *lobar pneumonia*, and whether it was the primary cause or occurred in the course of or following some other disease. *Pneumonia*, unfortunately, is sometimes used in cases where *hypostatic pneumonia* occurred as a terminal condition, and the primary condition in such cases is often not described. *

93. Pleurisy.

1. *Pleurisy*, in the opinion of the committee, is an acceptable cause of death, without autopsy, but if returned as a cause of death without specified cause, inquiry should be made to ascertain whether it was due to *lobar pneumonia*, *acute rheumatism*, *tuberculosis*, or *traumatism*, and, if the last, whether the violence was accidental, suicidal, or homicidal, and what was the means of injury.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Chylous hydrothorax*, *diaphragmatic pleurisy*, *double empyema*, *double hydrothorax*, *double pleuritis*, *empyema*, *exudative pleurisy*, *fibrinous pleurisy*, *fibrous pleurisy*, *hemopneumothorax*, *hemothorax*, *hydropneumothorax*, *hydrothorax*, *plastic pleurisy*, *pleurisy with effusion*, *pleuritis*, *pleuropericarditis*, *pneumothorax*, *purulent pleurisy*, *pyopneumothorax*, *pyothorax*, *serofibrinous pleurisy*, *seropurulent pleurisy*, *subacute pleurisy*, *suppurative pleurisy*, *thoracic fistula*.

94. Pulmonary Congestion, Pulmonary Apoplexy.

1. It is recommended that title No. 94 be called *Pulmonary congestion*, and that the other name included in the present title, *pulmonary apoplexy*, be listed among the terms below. *Pulmonary congestion* is considered acceptable without autopsy only when the cause is specified—as for example, *accidental inhalation of irritating fumes*, or accompanying lesions which are known to lead to congestion of the lungs.

2. Of the terms now included under this title heading, the following only are approved as acceptable inclusions: *Apoplexy of lung*, *congestion of lung*, *hypostatic congestion of lung*, *hypostatic pneumonia*, *edema of lung*, *passive congestion of lung*, *pulmonary apoplexy*, *pulmonary congestion*, *pulmonary edema*, *pulmonary stasis*.

3. The committee recommends the transfer of the following terms to other titles: *Infarction of lung, pulmonary infarction* to title No. 82 (*Embolism and thrombosis*).

4. The committee recommends that an age qualification be placed upon this title, namely, *3 months and over*, and that deaths of infants under 3 months old reported from any of its included terms be classified under present title No. 152, subtitle 2 (*Other diseases of early infancy*).

5. Reports of the conditions listed under this heading should always be queried for the primary cause.

95. Gangrene of the Lung.

1. *Gangrene of the lung*, is, in the opinion of the committee, in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Gangrene of the lung, pulmonary gangrene*.

96. Asthma.

1. It is recommended that this title be discontinued and reports covered by present inclusions be transferred to present title No. 98 (*Other diseases of the respiratory system*).

2. Of the terms now included under this title heading the following only are approved for transfer as acceptable inclusions: *Asthma, asthmatic bronchitis, bronchial asthma, catarrhal asthma, Curschmann's disease, spasmodic asthma*.

97. Pulmonary Emphysema.

1. In the opinion of the committee this is an acceptable statement of cause of death, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Congenital emphysema, emphysema of lung, hypertrophic emphysema, interlobular emphysema, pulmonary emphysema, senile emphysema, vesicular emphysema*.

98. Other Diseases of the Respiratory System (Tuberculosis Excepted).

1. The inclusions under this title heading cover so many conditions that no "blanket" recommendation can be made as to its acceptableness or nonacceptableness, without autopsy.

2. The committee recommends that the parenthetical expression (*tuberculosis excepted*) be omitted from the title heading and that to the note now following the list of inclusions be added *or tuberculosis of respiratory organs*.

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of lung* (only

with cause stated), *anthracosis of lung*, *aspergillosis of lung*, *are-grinders' disease*, *chronic hepatization of lung*, *chronic inflammation of lung*, *chronic interstitial inflammation of lung*, *chronic interstitial pneumonia*, *chronic pleuropneumonia*, *chronic pneumonia*, *chronic pneumonitis*, *colliers' lung*, *grinders' asthma*, *hay asthma*, *hay fever*, *hernia of lung*, *interstitial pneumonia*, *miners' asthma*, *pneumoconiosis*, *potters' asthma*, *pulmonary abscess* (only with cause stated), *pulmonary anthracosis*, *stenosis of bronchi*, *stenosis of trachea*, *stonemasons' lung*, *tracheostenosis*, *tumor of lung* (nonmalignant), *tumor of pleura* (nonmalignant), *tumor of trachea* (nonmalignant), *ulcer of bronchi*, *ulcer of trachea*.

4. The committee recommends that the following terms be added to the list of inclusions: *Metal polishers' disease*, *tumor of bronchi* (nonmalignant).

5. The committee recommends the transfer of the following terms from title No. 96 (*Asthma*): *Asthma*, *asthmatic bronchitis*, *bronchial asthma*, *catarrhal asthma*, *Curschmann's disease*, *spasmodic asthma*.

6. The committee recommends the transfer of the term *hydatid cyst of lung* to title No. 107 (*Intestinal parasites*).

99. Diseases of the Mouth and Annexa.

1. It is recommended that this title be acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Glossitis*, *Mikulicz's disease*, *pyorrhea alveolaris*, *Rigg's disease*, *stomatitis*, *thrush*, *tumor of gum* (nonmalignant)¹ *tumor of lip* (nonmalignant),¹ *tumor of mouth* (nonmalignant),¹ *tumor of parotid gland* (nonmalignant),¹ *tumor of salivary gland* (nonmalignant),¹ *tumor of tongue* (nonmalignant),¹ *Ulorrhagia*.

3. The committee recommends the transfer of the following terms: *Muguet*, to title No. 19 (*Other epidemic diseases*); *odontoma*, to the prefatory note on nonmalignant tumors preceding title No. 39.

100. Diseases of the Pharynx.

1. It is recommended that the caption of this title be changed to *Diseases of the pharynx and tonsils* and be considered acceptable as a cause of death, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of pharynx*, *abscess of tonsil*, *angina Ludovici*, *cellulitis of pharynx*, *follicular amygdalitis*, *follicular tonsillitis*, *Ludwig's angina*, *Ludwig's disease*, *nasopharyngeal abscess*, *parenchymatous tonsillitis*, *peritonsillar abscess*, *postpharyngeal abscess*, *quinsy*, *retropharyngeal abscess*, *stricture of pharynx* (with cause of stricture and manner of death stated, e. g.,

¹ With specification of nature and exact site.

starvation), *suppurative tonsillitis*, *tonsillopharyngeal abscess*, *tumor of pharynx* (nonmalignant), *tumor of throat* (nonmalignant), *tumor of tonsil* (nonmalignant), *tumor of uvula* (nonmalignant).

3. The committee recommends that the term *tumor of fauces* (nonmalignant) be added to the list of inclusions.

4. The committee recommends the transfer of *septic disease of throat* and *septic sore throat* to the new tentative title 18C (*Septic sore throat*) and of *Vincent's angina* to title No. 19 (*Other epidemic diseases*).

101. Diseases of the Esophagus.

1. The committee is of the opinion that this title should be considered acceptable, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of esophagus*, *obstruction of esophagus*, *stenosis of esophagus*, *stricture of esophagus*, *tumor of esophagus* (nonmalignant).

3. Returns of *stricture of* and *stenosis of the esophagus*, without qualification, should be queried to ascertain whether due to congenital stenosis, cicatricial contraction or tumor of the esophagus, to pressure from surrounding parts or other discernible cause.

4. The committee recommends the transfer of the term *foreign body in esophagus* to title No. 186 (*Other external violence*).

102. Ulcer of the Stomach.

1. The committee recommends that the caption of this title be changed to *Ulcer of stomach or duodenum*, and that it be considered unacceptable unless verified by autopsy or operation.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Gastric ulcer*, *gastro-duodenal ulcer*, *gastroesophageal ulcer*, *peptic ulcer*, *perforating gastric ulcer*, *perforating ulcer of stomach*, *round ulcer of stomach*, *ulcer of pylorus*, *ulcer of stomach*, *ulcus rotundum*, *ulcus ventriculi*.

3. The committee recommends that the terms *duodenal ulcer* and *ulcer of duodenum* be transferred to this title from titles Nos. 104 and 105 (*Diarrhea and enteritis*).

103. Other Diseases of the Stomach (Cancer Excepted).

1. The committee recommends that the caption of this title be changed to *Other diseases of the stomach* and that to the footnote beginning *This title does not include*, be added the words *tuberculosis of the stomach* (31). In the opinion of the committee the title is not acceptable unless verified by autopsy or operation.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of stomach*,

cardiospasm (for children under 1 year of age), *gangrene of stomach*, *hematemesis* (with etiology), *hemorrhagic gastritis*, *hypertrophic stenosis of pylorus*, *laceration of stomach* (not external violence; with etiology and fatal symptoms), *obstruction of pylorus* (with etiology), *perforation of stomach* (nontraumatic; with etiology), *phlegmonous gastritis*, *pylorospasm* (-ly), *rupture of stomach* (nontraumatic; with etiology), *stenosis of pylorus* (nonmalignant; with etiology), *stricture of cardia of stomach* (nonmalignant; with etiology), *stricture of pylorus* (nonmalignant; with etiology), *stricture of stomach* (nonmalignant; with etiology), *vomiting of blood*.

3. The committee recommends that the term *tumor of stomach* (*nonmalignant*) be added to the list of inclusions.

4. The committee recommends that the term *foreign body in stomach* be transferred to title No. 186 (*Other external violence*).

104. Diarrhea and Enteritis (Under 2 Years).

1. The committee recommends that this title be placed in the acceptable class, without autopsy.

2. The committee recommends that this title be subdivided into (A) *Acute diarrhea and enteritis* and (B) *Chronic diarrhea and enteritis*, and that unless otherwise specified or self-evident, the inclusions shall appear under both (A) and (B).

3. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Catarrhal colitis* (state whether acute or chronic), *catarrhal diarrhea* (state whether acute or chronic), *catarrhal enteritis* (state whether acute or chronic), *catarrhal gastroduodenitis* (state whether acute or chronic), *catarrhal gastroenteritis* (state whether acute or chronic), *catarrhal ileocolitis* (state whether acute or chronic), *croupous colitis*, *croupous enteritis*, *diarrhea due to food*, *endemic diarrhea*, *enteritis*, *enterocolitis* (-2y), *gastroenteritis* (-2y), *hemorrhagic colitis*, *hemorrhagic enteritis*, *hemorrhagic gastroenteritis*, *ileocolitis* (-2y), *infantile diarrhea*, *infantile enteritis*, *membranous colitis*, *membranous enteritis*, *membranous enterocolitis*, *membranous ileocolitis*, *mucoenteritis*, *necrotic colitis*, *perforating ulcer of intestine* (with autopsy), *phlegmonous enteritis*, *sarcinal infection* (with proof), *sigmoiditis* (with proof), *ulcer of colon* (with autopsy), *ulcer of intestine* (with autopsy), *ulceration of colon*, *ulceration of ileum*, *ulceration of intestine*, *ulcerative colitis*, *ulcerative enteritis*, *ulcerative enterocolitis*, *ulcerative ileocolitis*, *ulcerative perforation of intestine*.

4. The committee recommends that all reports of conditions now listed under title No. 13 (*Cholera nostras*) be classified under this title if encountered on death certificates of children under 2 years of age. These terms, however, are all indefinite and obsolete. It is also recommended that the term *pseudomembranous enteritis* be trans-

ferred to this title from title No. 110 (*Other diseases of the intestines*) when reported for children under 2 years of age.

5. The committee recommends the transfer of *duodenal ulcer* and *ulcer of duodenum* to title No. 102 (*Ulcer of the stomach*); *flagellate diarrhea* to title No. 107 (*Intestinal parasites*).

105. Diarrhea and Enteritis (2 Years and Over).

1. The conclusions for the preceding title are in force for this title with the following exceptions: The terms *enterocolitis*, *gastroenteritis*, and *ileocolitis*, without further qualification, are not approved as acceptable inclusions without autopsy for decedents 2 years of age or over.

106. Ankylostomiasis.

1. The committee recommends that this title be placed in the acceptable class, provided the infectious parasite *ankylostoma duodenale* or its ova have been demonstrated.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Ankylostomiasis*, *hookworm disease*, *necatoriasis*, *uncinariasis*.

3. The committee recommends the addition of the following terms to the list of inclusions: *Infection by ankylostoma duodenale*, *infection by uncinaria americana*, *necator americana*,

107. Intestinal Parasites.

1. The committee recommends that the caption of this title be changed to *Other intestinal parasites* and be considered acceptable only with demonstration of the parasite or its ova in the tissues or discharges.

2. The committee recommends that the title be subdivided into (A) *Infection by cestoda*, (B) *Infection by trematoda*, (C) *Infection by nematoda*, (D) *Infection by coccidia*.

3. Of the terms now included under this title heading the following only are approved as acceptable synonyms:

(A) *Infection by cestoda* (Tapeworm)—

Dibothriocephalus latus.

Bothrioccephalus latus.

Tenia saginata (Taeniasis; Teniasis).

Tenia solium (Taeniasis; Teniasis).

Cysticercus cellulosae (Taeniasis; Toniasis).

Other cestodes.

(B) *Infection by trematoda* (Distomiasis)—

Fasciola hepatica (Fascioliasis).

Distomum hepaticum.

Paragonimus westermani (Paragonimiasis).

(B) *Infection by trematoda* (Distomiasis)—Continued.

Distomum pulmonale.

Schistosomum hematobium (Bilharziasis) (Schistosomiasis).

Distomum hematobium (Schistosomiasis).

Bilharzia hematobium (Schistosomiasis).

Schistosomum japonicum (Schistosomiasis).

Other trematodes (Schistosomiasis).

(C) *Infection by nematoda* (Round worm)—

Ascaris lumbricoides (ascariasis).

Oxyuris vermicularis (oxyuriasis).

Trichocephalus trichiura (Tricocephaliasis).

Trichocephalus dispar.

Trichinella spiralis (Trichinelliasis, Trichiniasis).

Trichina spiralis.

Filaria (several species) (Filariasis).

Filaria (microfilaria) sanguinis hominis.

Strongyloides stercoralis (Anguilluliasis).

Anguillula intestinalis or stercoralis.

Rhabdonema strongyloides or intestinale.

Other nematodes.

(D) *Infection by coccidia*—

Coccidiasis.

4. The committee recommends the transfer to this title of the term *hydatid cyst of lung* from title No. 98 (*Other diseases of the respiratory system*), *echinococcus cyst of liver* from present title No. 112 (*Hydatid tumor of the liver*); *flagellate diarrhea* from titles 104 and 105 (*Diarrhea and enteritis*); *hydatid cyst of spleen* from present title No. 116 (*Diseases of the spleen*); *hydatid cyst of kidney* from title 122 (*Other diseases of the kidneys and annexa*); *hydatid cyst of breast* from present title No. 133 (*Nonpuerperal diseases of the breast*).

108. Appendicitis and Typhlitis.

1. This title is considered unacceptable unless verified by operation or autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of appendix*, *abscess of iliac fossa*, *abscess of vermiform appendix*, *appendicitis*, *appendicular abscess*, *fulminating appendicitis*, *gangrenous appendicitis*, *perforative appendicitis*, *pericecal abscess*, *perityphlitic abscess*, *perityphlitis*, *postcecal abscess*, *recurrent appendicitis*, *ruptured appendix*, *sloughing appendix*, *suppurative appendicitis*, *typhlitis*, *typhlo-dichliditis*.

3. The committee recommends the transfer of the term *tumor of appendix* to title No. 110 (*Other diseases of the intestines*).

109. Hernia, Intestinal Obstruction.

CONCLUSIONS ON SUBTITLE 1—HERNIA.

1. This subtitle is considered acceptable if the hernia is external; or is exposed on operation or autopsy, when internal; also when conditions adequate to cause death, together with type of hernia, are specified.

2. Of the terms now included under this subtitle the following only are approved as acceptable inclusions: *Gangrenous hernia*, *incarcerated hernia*, *strangulated hernia* (each with site specified).

CONCLUSIONS ON SUBTITLE 2—INTESTINAL OBSTRUCTION.

1. This subtitle is considered unacceptable unless the obstruction is demonstrated on autopsy or operation or is accessible by examination through the body orifices.

2. Of the terms now included under this subtitle the following only are approved as acceptable inclusions: *Ileus*, *intestinal obstruction* (site and cause of obstruction to be specified), *intussusception*, *volvulus*.

110. Other Diseases of the Intestines.

1. The inclusions under this title heading cover so many conditions that no "blanket" recommendation can be made as to its acceptableness or nonacceptableness without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of Meckel's diverticulum*, *diverticulitis*, *enteric paralysis* (with adequate etiology), *fecal impaction*, *gangrene of rectum*, *impaction of feces*, *ischio-rectal abscess*, *paralysis of colon* (with adequate etiology), *paralysis of intestine* (with adequate etiology), *perforation of bowel* (with adequate etiology), *perforation of intestine* (with adequate etiology), *periproctitis*, *perirectal abscess*, *perirectal cellulitis*, *procidentia recti*, *rupture of duodenum* (with adequate etiology), *rupture of rectum* (with adequate etiology), *stricture of anus* (with adequate etiology), *stricture of rectum* (with adequate etiology), *tumor of anus* (nonmalignant), *tumor of rectum* (nonmalignant).

3. The committee recommends the transfer of the following inclusions to other titles: *Foreign body in appendix* to title No. 108 (*Appendicitis and typhlitis*); *foreign body in intestine*, *foreign body in rectum* to title No. 186 (*Other external violence*); *psilosis*, *sprue* to present title No. 25 (*Mycoses*) and thence to title No. 19 (*Other epidemic diseases*); *melena* (under 3 months) to title No. 152, subtitle 2 (*Other diseases of early infancy*); *pseudomembranous enteritis* to title No. 104 or 105 (*Diarrhea and enteritis*).

111. Acute Yellow Atrophy of the Liver.

1. It is recommended that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute atrophy of liver*, *acute parenchymatous hepatitis*, *acute yellow atrophy of liver*, *icterus gravis*, *malignant hepatitis (1y+)*, *malignant icterus (1y+)*, *malignant jaundice (1y+)*, *pernicious icterus*.

3. The committee recommends that the terms *acute infective jaundice* and *Weil's disease* be transferred to title No. 19 (*Other epidemic diseases*).

112. Hydatid Tumor of the Liver.

1. The committee recommends that this title be eliminated and that the term *echinococcus cyst of liver* be transferred to title No. 107, the new tentative title of which is *Other intestinal parasites*.

113. Cirrhosis of the Liver.

1. It is recommended that this title be considered in the acceptable class without autopsy, it being understood that where cirrhosis is due to syphilis deaths should be classified under title No. 37 (*Syphilis*); also that in the arrangement of the included terms a subtitle should be established to comprehend alcoholic cirrhosis and synonymous terms. None of the terms listed under this subtitle should be used unless there was a definite history of *chronic alcoholism*.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions, those followed by the letter (A) to be listed under the subtitle covering *alcoholic cirrhosis*: *Alcoholic cirrhosis (A)*, *alcoholic cirrhosis of liver (A)*, *atrophic cirrhosis (A)*, *atrophic cirrhosis of liver (A)*, *cirrhosis of Laënnec*, *cirrhosis of liver*, *congenital cirrhosis of liver (1y+)*, *congenital hepatic cirrhosis (1y+)*, *Hanot's disease*, *hepatic cirrhosis*, *hobnail liver (A)*, *hypertrophic cirrhosis*, *hypertrophic cirrhosis of liver*.

3. The committee recommends that returns of *congenital cirrhosis of liver* be queried for syphilis.

4. The committee recommends the transfer to this title of the term *hypertrophic hepatitis* from title No. 115 (*Other diseases of the liver*).

5. The committee recommends the transfer of the following terms to title No. 55 (*Other general diseases*): *Amyloid degeneration of liver*, *amyloid liver*, *lardaceous degeneration of liver*, *lardaceous liver*, *large waxy liver*, *waxy degeneration of liver*, *waxy liver*.

114. Biliary Calculi.

1. It is recommended that the caption of this title be changed to *Cholelithiasis* and that it be placed in the acceptable class without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Biliary colic, biliary lithiasis, cholelithiasis, colic from gall stones, impacted gall stones.*

115. Other Diseases of the Liver.

1. It is the recommendation of the committee that the name of this title be changed to *Other diseases of the liver and biliary system*, and be considered unacceptable, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of gall bladder, abscess of liver* (etiological factor must be specified), *acute catarrhal jaundice* (1y+), *angiocholecystitis, angiocholitis, biliary fistula, catarrh of bile duct, catarrhal cholangitis, catarrhal icterus* (1y+), *catarrhal jaundice* (1y+), *cholangitis, cholecystitis, choledochitis, chronic catarrhal jaundice, diffuse suppurative hepatitis, empyema of gall bladder, gangrene of gall bladder, gangrene of gall duct, hematogenous icterus* (1y+), *hematogenous jaundice* (1y+), *infectious cholecystitis, necrosis of gall bladder, perforation of bile duct* (with cause), *perforation of gall bladder* (with cause), *perforation of gall duct* (with cause), *rupture of bile duct* (with cause), *rupture of gall bladder* (with cause), *rupture of gall duct* (with cause), *stenosis of bile duct* (with cause), *stenosis of gall duct* (with cause), *stricture of common duct* (with cause), *stricture of gall bladder* (with cause), *stricture of gall duct* (with cause), *suppuration of gall bladder, suppurative cholangitis, suppurative cholecystitis, suppurative choledochitis, tumor of bile duct* (nonmalignant), *tumor of gall bladder* (nonmalignant), *tumor of gall duct* (nonmalignant), *tumor of liver* (nonmalignant).

3. The committee recommends the transfer of the following inclusions to other titles: *Hypertrophic hepatitis* to title No. 113 (*Cirrhosis of the liver*), tentative subtitle (B) (*Other cirrhoses*); *tropical abscess of the liver* to title No. 14 (*Dysentery*).

116. Diseases of the Spleen.

1. The committee recommends that this title be considered unacceptable unless verified by operation or autopsy; it recommends, further, that the title be removed from Class V (*Diseases of the digestive system*) and be inserted between titles No. 52 and No. 53 in the class of *General diseases*. (See tentative title No. 52B.)

117. Simple Peritonitis (Nonpuerperal).

1. It is recommended that the name of this title be changed to *Peritonitis (nonpuerperal)* and that it be placed in the unacceptable class without autopsy; also that all reports under this heading be queried by registration offices and by the Bureau of the Census in order to secure statement of the primary cause.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute general peritonitis, general purulent peritonitis, acute fibrinous peritonitis, acute sero-fibrinous peritonitis, acute suppurative peritonitis, acute hemorrhagic peritonitis.*

3. The committee recommends the addition of the term *acute fibrinopurulent peritonitis* to the list of inclusions.

4. The committee recommends the transfer of the terms *foreign body in peritoneum* and *traumatic peritonitis* to title No. 186 (*Other external violence*).

117A. Diseases of the Pancreas. (Tentative new title.)

1. The committee recommends that a new title with the above caption be established to follow present title No. 117, and that the new title be placed in the unacceptable class, without autopsy.

2. The committee recommends the transfer of the following terms now listed under title No. 118 (*Other diseases of the digestive system*): *Acute pancreatitis, acute suppurative pancreatitis, acute hemorrhagic pancreatitis, chronic suppurative pancreatitis, chronic interstitial pancreatitis, tumor of pancreas (nonmalignant), abscess of pancreas, acute gangrenous pancreatitis.*

3. The committee recommends the addition of the term *calculus of pancreatic duct.*

118. Other Diseases of the Digestive System (Cancer and Tuberculosis excepted).

1. It is recommended that this title be eliminated because of the transfer of all its approved inclusions to more appropriate title headings.

2. The committee has recommended the transfer of many inclusions from this title to the new tentative title 117A (*Diseases of the pancreas*), which see.

119. Acute Nephritis.

1. This title should not be accepted as a primary and exclusive cause of death without autopsy. In all such cases the physician should report the primary condition which led to the nephritis. Reports of it should be queried, therefore, to ascertain whether it appeared as a complication or sequela of some other disease or abnormal condition, and if so the exact nature of the same; it is especially important to query suspected puerperal cases.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Acute albuminous nephritis, acute diffuse nephritis, acute exudative nephritis, acute glomerulonephritis, acute hemorrhagic nephritis, acute interstitial nephritis, acute nephritis, acute parenchymatous nephritis, acute*

tubular nephritis, glomerular nephritis, glomerulonephritis, subacute nephritis.

120. Bright's Disease.

1. It is recommended that this title be considered in the acceptable class, without autopsy,¹ but suggested that the caption be changed to *Chronic Bright's disease*.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Bright's disease, cardiorenal sclerosis, chronic Bright's disease, chronic diffuse nephritis, chronic exudative nephritis, chronic glomerulonephritis, chronic interstitial nephritis, chronic nephritis, chronic parenchymatous nephritis, chronic tubular nephritis, diffuse nephritis, diffuse interstitial nephritis, gouty kidney, granular kidney, hypertrophic interstitial nephritis, large white kidney.*

3. The committee recommends the transfer to other titles of the following terms: *Amyloid degeneration of kidney, lardaceous degeneration of kidney, waxy degeneration of kidney* to title No. 55 (*Other general diseases*); *purulent nephritis, septic nephritis* to title No. 122 (*Other diseases of the kidneys and annexa*).

121. Chyluria.

1. It is recommended that this title be eliminated and that the terms now listed under it be included, if at all, under title No. 124 (*Diseases of the bladder*).

122. Other Diseases of the Kidneys and Annexa.

1. It is recommended that this title be considered unacceptable unless operation or autopsy was performed, or after inquiry.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of kidney, cyst of kidney, cystic degeneration of kidney, cystic disease of kidney, hydronephrosis, infarct of kidney, nephritic abscess, perinephric abscess, perinephritic abscess, perirenal abscess, pyelitis, pyelonephritis, pyonephritis, pyonephrosis, renal abscess, renal cyst, suppurative nephritis, suppurative pyelitis, tumor of kidney* (nonmalignant).

3. The committee recommends that the term *tumor of ureter* (non-malignant) be added to the list of inclusions.

4. The committee recommends the transfer of the terms *purulent nephritis* and *septic nephritis* to this title from title No. 120 (*Bright's disease*).

5. The committee recommends that the term *hydatid cyst of kidney* be transferred to title No. 107 (*intestinal parasites*).

¹ It was agreed, however, that in preparing its report on this title, the committee would call attention to the very considerable error in unautopsied diagnoses of deaths from chronic nephritis, with the suggestion that there are good reasons for excluding this from the acceptable class.

123. Calculi of the Urinary Passages.

1. It is recommended that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Calculus of bladder, calculus of kidney, calculus of pelvis of kidney, calculus of ureter, calculus of urethra, impacted calculus of kidney, impacted calculus of ureter, impacted calculus of urethra, nephrolithiasis, pyonephrosis from calculus, renal calculus, renal colic, stone in bladder, stone in kidney, urinary calculus, urinary lithiasis, vesical calculus.*

124. Diseases of the Bladder.

1. It is recommended that *Diseases of the bladder* be put into the acceptable class, without autopsy, and be subdivided into (A) *Cystitis* and (B) *Other diseases of the bladder.*

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Gangrenous cystitis, purulent cystitis, pyocystitis, suppurative cystitis,* under subtitle (A); and *gangrene of bladder, papilloma of bladder, rupture of bladder (non-traumatic), tumor of bladder (nonmalignant), and vesical abscess* under subtitle (B).

3. The committee recommends the transfer of the term *foreign body in bladder* to title No. 186 (*Other external violence*).

4. The committee recommends the transfer to this title of the terms now listed under title No. 121 (*Chyluria*): *Chyluria, galacturia, hematochyluria, lipemia, lipuria, nonfilarial chyluria, piarrhemia, tropical hematuria.*

125. Diseases of the Urethra, Urinary Abscess, etc.

1. It is recommended that present headings Nos. 125, 126, and 127 be placed under a title to be called *Diseases of the male genital organs* and that this title be considered acceptable, without autopsy. A footnote should follow the new title stating that it does not include cancer, tuberculosis, or syphilitic or gonococcic lesions of the male genital organs.

2. Of the terms now included under these title headings (125, 126, 127) the following only are approved as acceptable inclusions: *Calculus of prostate, enlargement of prostate, epididymitis, hydrocele, hydrocele of spermatic cord, hydrocele of tunica vaginalis, hypertrophy of prostate, laceration of urethra (not external violence), orchitis, phimosis (not congenital), prostatitis, prostatocystitis, rupture of urethra (not external violence), spermatocele, stricture of urethra, tumor of penis (nonmalignant), tumor of scrotum (nonmalignant), tumor of prostate (nonmalignant), tumor of testicle (nonmalignant), tumor of urethra (nonmalignant).*

3. The committee recommends the addition of the term *tumor of spermatic cord* (nonmalignant) to the list of inclusions.

4. The committee recommends the transfer to title No. 171 (*Traumatism by cutting or piercing instruments*) of the term *circumcision*, and to title No. 186 (*Other external violence*) of the terms *foreign body in urethra* and *traumatic orchitis*.

5. The following terms under present title No. 125 are automatically transferred from the new tentative title as the latter relates to deaths of males only, and the committee recommends their transfer to the new tentative title *Diseases of the other female genital organs*, subtitle (C) *Other diseases: Fistula of vagina, urethrovaginal fistula, uterovesical fistula, vesicometrorectal fistula, vesicovaginal fistula*. These terms, however, are not approved by the committee as acceptable statements of cause of death. The committee mentions them here merely to emphasize the fact that, while heretofore classified under present title No. 125, which has no sex limitation, they are excluded from the new tentative title which relates to males only.

126. Diseases of the Prostate.

1. See conclusions on present title No. 125 (*Diseases of the urethra, urinary abscess, etc.*).

127. Nonvenereal Diseases of the Male Genital Organs.

1. See conclusions on present title No. 125 (*Diseases of the urethra, urinary abscess, etc.*).

128. Uterine Hemorrhage (Nonpuerperal).

1. It is recommended that this title be stricken out and that all acceptable inclusions be transferred to title No. 130 (*Other diseases of the uterus*).

2. Of the terms now included under this title heading the following only are approved as acceptable for transfer as noted above: *Hemorrhage of uterus* (nonpuerperal), *hemorrhage of womb* (nonpuerperal), *hemorrhagic metritis* (nonpuerperal), *intrauterine hemorrhage* (nonpuerperal), *uterine hemorrhage* (nonpuerperal).

129. Uterine Tumor (Noncancerous).

1. It is recommended that this title be placed in the acceptable class without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Fibroid of body of uterus*, *fibroid of cervix of uterus*, *fibroid of uterus*, *fibroma of uterus*, *fibromyoma of uterus*, *tumor of uterus* (nonmalignant).

3. The committee recommends the transfer of the term *deciduoma* to title No. 42 (*Cancer of the female genital organs*).

130. Other Diseases of the Uterus.

1. It is recommended that this title be placed in the acceptable class without autopsy with the understanding that when the specific cause is described the death is to be classified thereunder.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Purulent endometritis, pyometra, septic endometritis* (nonpuerperal), *septic metritis* (nonpuerperal), *septic phlebitis of uterus* (nonpuerperal), *suppurative metritis*.

3. It is recommended that all acceptable terms under present title No. 128 (*Uterine hemorrhage—nonpuerperal*) be transferred to this title. (See conclusions on title No. 128.)

4. It is recommended that the terms *traumatic metritis* and *rupture of uterus* (nonpuerperal) be transferred to title No. 186 (*Other external violence*.)

131. Cysts and Other Tumors of the Ovary.

1. It is recommended that titles 131 and 132 be combined under a new title to be called *Diseases of the other female genital organs*, and that this title be subdivided into (A) *Salpingitis*,¹ (B) *Nonmalignant ovarian tumor*, and (C) *Other diseases*. It is the opinion of the committee that the title should be in the unacceptable class, without operation or autopsy.

2. Of the terms now included under present titles Nos. 131 and 132 the following only are approved as acceptable inclusions: Under subtitle (A), *purulent salpingitis, pus tube, pyosalpingitis, pyosalpinx, rupture of pus tube, rupture of tubal abscess, ruptured pyosalpinx, salpingitis, salpingo-oophoritis, salpingo-ovaritis, septic salpingitis, suppuration of fallopian tube*; under subtitle (B), *cyst of ovary, cystic ovary, dermoid cyst of ovary, fibroid of ovary, hematoma of ovary, ovarian cyst, parovarian cyst, tumor of ovary* (nonmalignant); under subtitle (C), *cystic oophoritis, cystic ovaritis, hematosalpinx, oophoritis, ovaritis, pyo-oophoritis, rupture of fallopian tube, nonmalignant tumor of broad ligament, of vagina, of vulva*.

3. The committee recommends that several terms under present title No. 125 (*Diseases of the urethra, urinary abscess, etc.*) be classified under this title, if encountered. As none of these is approved as an acceptable inclusion, they are not listed here. (See conclusions on title No. 125.)

132. Salpingitis and Other Diseases of the Female Genital Organs.

1. See conclusions on present title No. 131, with which it is the recommendation of the committee that this title be consolidated.

¹ All conditions under this subtitle refer to nongonococcal inflammation of the tubes.

133. Nonpuerperal Diseases of the Breast (Cancer Excepted).

1. It is recommended that this title be called *Diseases of the breast*, with a footnote to indicate that this title does not include *cancer*. It should be placed in the acceptable class without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Suppuration of breast, suppuration of mammary gland, tumor of breast (nonmalignant) tumor of mammary gland (nonmalignant)*.

3. The committee recommends the transfer of all terms now listed under present title No. 141 (*Puerperal diseases of the breast*) to this title.

4. The committee recommends the transfer of the term *hydatid cyst of breast* to title No. 107 (*Intestinal parasites*), and of *Paget's disease of nipple* to title No. 43 (*Cancer and other malignant tumors of the breast*).

Class VII. The Puerperal State. (Present titles 134 to 141.)

The committee recommends that the titles under this class be as follows:

ABORTION—acceptable without autopsy.

PUERPERAL HEMORRHAGE—acceptable without autopsy.

PUERPERAL SEPTICEMIA—acceptable without autopsy.

PUERPERAL ALBUMINURIA AND CONVULSIONS—acceptable without autopsy.

OTHER DISEASES OF PREGNANCY, LABOR, AND THE PUERPERIUM—acceptable without autopsy.

The committee recommends that the following terms be included under the title to be known as ABORTION: *Abortion, accidental abortion, induction of abortion, induction of premature labor, miscarriage, tubal abortion*.

The committee recommends that the following terms be included under the title to be known as PUERPERAL HEMORRHAGE: *Accidental hemorrhage of parturition, accidental hemorrhage of puerperium, adherent placenta, detachment of placenta, hemorrhage after labor, hemorrhage during parturition, hemorrhage from detachment of placenta, hemorrhage from uterus after parturition, hemorrhage from uterus during parturition, hemorrhage (puerperium), malposition of placenta, placenta praevia, postpartum hemorrhage, puerperal hemorrhage, retained membranes, retained placenta, retained secundines, retention of placenta, separation of placenta*.

The committee recommends that the following terms be included under the title to be known as PUERPERAL SEPTICEMIA: *Postpartum pyemia, postpartum sepsis, postpartum septicemia, puerperal cellulitis, puerperal endometritis, puerperal erysipelas, puerperal fever, puerperal inflammation of uterus, puerperal lymphangitis, puerperal*

metritis, puerperal metroperitonitis, puerperal metrosalpingitis, puerperal pelvic cellulitis, puerperal pelvic peritonitis, puerperal peritoneal infection, puerperal peritonitis, puerperal periuterine cellulitis, puerperal purulent endometritis, puerperal pyemia, puerperal salpingitis, puerperal sapremia, puerperal sepsis, puerperal septic endometritis, puerperal septic fever, puerperal septic infection, puerperal septic metritis, puerperal septic peritonitis, puerperal septicemia, puerperal suppurative metritis.

The committee recommends that the following terms be included under the title to be known as PUERPERAL ALBUMINURIA AND CONVULSIONS: *Eclampsia gravidarum, eclampsia of labor, eclampsia of pregnancy, postpartum eclampsia, postpuerperal nephritis, puerperal albuminuria, puerperal convulsions, puerperal eclampsia, puerperal nephritis, puerperal toxemia, puerperal uremia, toxemia of pregnancy, uremia of pregnancy.*

The committee recommends that the following terms be included under the title to be known as PUERPERAL PHLEBITIS AND EMBOLISM: *Puerperal embolism, puerperal embolism of lung, puerperal phlebitis, phlegmasia alba dolens, sudden death from cardiac embolism after delivery, sudden death from cardiac thrombosis after delivery, sudden death from cerebral hemorrhage after delivery, sudden death from entrance of air into vein after delivery, sudden death from pulmonary embolism after delivery, sudden death from pulmonary thrombosis after delivery, venous thrombosis consequent on parturition.*

The committee recommends that the following terms be included under the title to be known as OTHER DISEASES OF PREGNANCY, LABOR, AND THE PUERPERIUM: *Abdominal pregnancy, antepartum hemorrhage, ectopic gestation, ectopic pregnancy, emesis gravidarum, hyperemesis gravidarum, hyperemesis of pregnancy, persistent vomiting (pregnancy), puerperal vomiting, tubal pregnancy, uncontrollable vomiting of pregnancy, vomiting of pregnancy, breech presentation (mother), Caesarean section, delayed delivery (mother), difficult labor (mother), dystocia (mother), laceration of cervix (parturition), laceration of perineum (parturition), laceration of peritoneum (parturition), laceration of urinary bladder (parturition), laceration of uterus (parturition), laceration of vagina (parturition), laceration of vulva (parturition), prolonged labor (mother), protracted labor (mother), rupture of bladder (parturition), puerperal insanity, puerperal mania, puerperal melancholia.*

142. Gangrene.

1. The committee recommends that the terms listed under present titles 142 (*Gangrene*), 143 (*Furuncle*), and 144 (*Acute abscess*), be transferred to title No. 20 (*Purulent infection and septicemia*) with the recommendation that inquiry as to location of the lesions, when

not stated, be made. It is agreed that where the location of the pus process is obviously insufficient to cause death, *per se*, without the presence of accompanying septicemia, such cases should be assigned to title No. 20; but where the localized purulent process or abscess affects an important organ or tissue such as the brain, kidney, lung, liver, etc., it is to be accepted and classified as an abscess of that particular organ in accordance with standard practice.

2. The following terms are approved as acceptable for transfer to title No. 20: *Cancrum oris*, *dermatitis gangrenosa*, *dry gangrene*, *gangrene* (nontraumatic—site of lesion must be specified), *malignant edema*, *moist gangrene*, *noma of mouth*, *noma of vulva*, *phagedena of penis*, *phagedena of vulva*.

3. The committee recommends the transfer of *Raynaud's disease* to title No. 81 (*Diseases of the arteries*).

143. Furuncle.

1. See conclusions under title No. 142.

2. The following inclusions are approved for transfer to title No. 20: *Carbuncle* (site must be specified), *furunculosis*, *malignant carbuncle*, *multiple carbuncle*.

144. Acute Abscess.

1. See conclusions under title No. 142.

2. Approved for transfer to title No. 20 (*Purulent infection and septicemia*): *Abscess* (site and nature of infection must be specified, and complication resulting from it).

145. Other Diseases of the Skin and Annexa.

1. By the transfer of titles 142, 143, and 144 to title No. 20 (*Purulent infection and septicemia*) this title is the only one that will remain in Class VIII (DISEASES OF THE SKIN AND OF THE CELLULAR TISSUE). In the opinion of the committee it should be considered as acceptable, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Bedsore* (site must be specified), *chronic ulcer* (site must be specified), *decubitis*, *dermatitis venenata*, *ecthyma*, *herpes zoster*, *infantile eczema* (under 1 year), *malignant pemphigus*, *pemphigus*, *pemphigus neonatorum*, *shingles*, *zona*.

146. Diseases of the Bones (Tuberculosis Excepted).

1. It is recommended that the two titles *Diseases of the bones* and *Diseases of the joints* be amalgamated under a title to be called *Diseases of the bones and joints*. A footnote should follow the title explaining that it does not include rheumatism and tuberculosis; also that where diseases of the bone affect structures connected with

the special senses—nasal fossae, ear, orbit—they are referred to the appropriate headings covering diseases of these organs of special sense. The title is in the acceptable class without autopsy.

2. Of the terms now included under this title heading, the following only are approved as acceptable inclusions: *Caries of bone, circumscribed periostitis, diffuse periostitis, gangrene of bone, infective osteomyelitis, infective periostitis, necrosis of bone* (site specified), *osteitis deformans, osteomyelitis, osteoperiostitis, periostitis* (site specified), *spontaneous fracture of bone, suppurative osteomyelitis* (site specified), *suppurative periostitis* (site specified), *tumor of bone* (site specified).

3. The committee recommends the transfer of the following terms to title No. 76 (*Diseases of the ears*): *Abscess of mastoid process, disease of mastoid cell, empyema of mastoid process, mastoid abscess, mastoiditis, necrosis of mastoid*; it further recommends the transfer of the following terms to title No. 86 (*Diseases of the nasal fossae*): *Abscess of antrum of Highmore, abscess of ethmoidal sinus, abscess of frontal sinus, abscess of maxillary sinus, abscess of sphenoidal sinus, disease of frontal sinus, empyema of frontal sinus, ethmoidal sinusitis, ethmoiditis, frontal sinusitis, maxillary sinusitis, necrosis of antrum, sphenoidal sinusitis, sphenoiditis, suppuration of frontal sinus*, it further recommends the transfer of the following terms to title No. 186 (*Other external violence*): *Foreign body in antrum of Highmore, foreign body in frontal* (and other sinuses); it further recommends the transfer of the term *osteoma* to the list of nonmalignant tumors.

4. The committee recommends the transfer to this title of the following terms from title No. 36 (*Rickets*): *Achondroplasia, osteomalacia, hypertrophic osteoarthropathy, mollities ossium, osteomalacia, pulmonary osteoarthropathy*.

147. Diseases of the Joints (Tuberculosis and Rheumatism Excepted).

1. See conclusions on title No. 146 (*Diseases of the bones*).

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Abscess of joint* (specify joint), *infective synovitis* (site specified), *polyarthritis* (nonvertebral) (site and etiological factor to be specified), *purulent arthritis, purulent synovitis, septic arthritis, suppurative synovitis*.

148. Amputations.

1. The committee recommends that this title be eliminated. The terms included under it are vague and unsatisfactory returns of cause of death. If encountered, they should be queried for the causes for the relief of which the operations were performed and assigned on the basis of information so secured; if no further data can be obtained, they should be classified as deaths of which the causes are not specified, i. e., under present title No. 189.

149. Other Diseases of the Organs of Locomotion.

1. In the opinion of the committee this title should be eliminated and in place of it a title be established under the heading of *Diseases of the muscles*. The new title is acceptable without autopsy. On consideration of the inclusions and of the fact that the title is negligible numerically as a cause of death, the committee wishes to suggest the advisability of eliminating the title and transferring certain inclusions to the new tentative title *Diseases of the bones and joints*, the caption of which would then become *Diseases of the bones, joints, and muscles*.

2. The committee recommends the transfer of *myotonia congenita* and *Thomsen's disease* to title No. 74 (*Other diseases of the nervous system*).

150. Congenital Malformations (Stillbirths Not Included).

1. The committee recommends that subtitle No. 1 (*Hydrocephalus*) be transferred to title No. 74 (*Other diseases of the nervous system*).

2. The following inclusions are approved as acceptable terms for transfer: *Chronic hydrocephalus, congenital cerebral tumor, congenital hydrocephalus, congenital tumor of brain, hydrocephalus of brain, megaloccephalus*.

3. The committee recommends that the two remaining subtitles (*Congenital malformations of the heart* and *Other congenital malformations*) be merged into a new title to be known as *Congenital malformations*. This is to be the first title in a class formed by merging present Classes X and XI—*Malformations* and *Early infancy*. It is further recommended that the new title (*Congenital malformations*) be placed in the acceptable class without autopsy.

4. Of the terms now included under subtitles 1 and 2 of present title No. 150 (*Congenital malformations*) the following only are approved as acceptable inclusions: *Atelocardia, congenital heart disease, congenital malformation of heart, congenital valvular heart disease, cyanosis* (due to malformation of heart), *cyanosis* (persistence of foramen ovale), *cyanosis* (from nonclosure of ductus of Botalli or arteriosus), *morbus caeruleus, patent ductus arteriosus, patent foramen ovale, cerebral hernia* (congenital), *cerebral meningocele, cleft palate, congenital amputation* (acceptable if part designated), *congenital atresia* (acceptable if part designated), *congenital cystic disease of kidney, congenital fracture* (acceptable if designated fully), *congenital imperforate urethra, congenital intestinal obstruction, congenital laryngeal stenosis, congenital pyloric stenosis, congenital spina bifida, congenital stenosis, congenital stenosis of intestine, congenital stenosis of larynx, congenital tumor* (acceptable if location and nature of, is stated), *ectopia* (acceptable if part stated), *ectopia of bladder, ectopia vesicae, encephalocele, exstrophy of bladder, extroversion of bladder, fissure of hip* (harelip), *fissure of palate, fissure of spinal column, harelip,*

hemicephalus, hydrencephalocoele, hydromyelia, hydromyelocele, hydrorhaci:, imperforate anus, imperforate pharynx, imperforate rectum, malformation (acceptable if specified; recommend, therefore, elimination of subtitles under malformation), meningocele, meningomyelocele, microcephaly, omphalocoele, podencephalus, spina bifida, spinal hernia, spinal meningocele, syringomyelocele.

151. Congenital Debility, Icterus, and Sclerema.

1. The committee recommends that present subtitle No. 1 (*Premature birth*) be the second title in the new tentative class, *Congenital malformations and conditions in early infancy*, and that it be placed in the acceptable class without autopsy.

2. Of the terms now included under this subtitle the following only are approved as acceptable inclusions, it being understood that only deaths of infants under 1 year of age are assigned to this heading: *Accidental abortion, immaturity, miscarriage, premature birth, prematurity.*

3. The committee recommends that present subtitle No. 2 (*Congenital debility*) be combined with the second subtitle of present title No. 152 (*Other causes peculiar to early infancy*) and be placed in the unacceptable class without autopsy.

4. Of the terms now included under this subtitle the following only are approved as acceptable inclusions: *Acute catarrhal hepatitis (under 1 year), acute catarrhal jaundice (under 1 year) acute hepatitis (under 1 year), Buhl's disease, congenital cirrhosis of liver (under 1 year), congenital sclerema, hematogenous icterus (under 1 year), hematogenous jaundice (under 1 year), hemorrhagic icterus (under 1 year), hemorrhagic jaundice (under 1 year), hydrops neonatorum, icterus (under 1 year), icterus neonatorum, icterus of newborn, inviability (under 1 year), jaundice (under 1 year), jaundice of newborn, marasmus (under 1 year) (consider carefully, when used properly, justifiable term), edema (under 1 year), edema neonatorum, edema of newborn, sclerema (under 1 year), sclerema neonatorum.*

5. The committee recommends the transfer of *hepatitis of newborn* to title No. 37 (*Syphilis*).

152. Other Causes Peculiar to Early Infancy.

1. The committee recommends that the above title heading comprehend the two subtitles which now comprise it, namely, *Injuries at birth* and *Other causes peculiar to early infancy*. It is further recommended that the latter subtitle include terms now assigned to present subtitle 2 of present title No. 151 (*Congenital debility*).

2. It is recommended that subtitle No. 1 (*Injuries at birth*) be placed in the acceptable class without autopsy.

3. Of the terms now included under the subtitle *Injuries at birth* the following only are approved as acceptable inclusions: *Breech presentation, Caesarean operation, cephalematoma, cephalic hemorrhage* (at birth), *cerebral compression* (injury at birth), *cerebral hemorrhage* (injury at birth), *cerebral pressure* (injury at birth), *compression during birth, compression of brain* (injury at birth), *compression of umbilical cord, delayed confinement, delayed delivery, dystocia, foot presentation, forced delivery, forceps operation, hematoma of brain, hemorrhage of scalp* (injury at birth), *instrumental delivery, malpresentation, placenta praevia, podalic version, prolapse of funis, prolapse of umbilical cord, prolonged labor, protracted dry birth, protracted labor, rupture of brain* (incident to birth), *strangulation of umbilical cord, transverse presentation, vectis* (use of), *version*.

4. Of the terms now included under the subtitle *Other causes peculiar to early infancy*, the following only are approved as acceptable inclusions: *Atelectasis, atelectasis neonatorum, atelectasis of newborn, cellulitis of umbilicus* (under 3 months), *gangrene of umbilical cord, hemorrhage of funis, hemorrhage of navel, hemorrhage of newborn, hemorrhage of umbilical cord, hemorrhage of umbilicus, infected navel, infected umbilicus, infectious omphalitis, melena neonatorum* (see 110), *omphalitis, phlebitis of umbilicus, postnatal asphyxia, septicemia from navel, septicemia of umbilicus, Winckel's disease*. These inclusions should be considered acceptable without autopsy.

5. The committee recommends the transfer of the following terms from other titles: *All terms now listed under title No. 94 (Pulmonary congestion, pulmonary apoplexy) when reported for infants under 3 months of age; melena* from title No. 110 when reported for infants under 3 months of age, *exposure to cold* (under 3 months) and *lack of care* (under 3 months) from present title No. 153 (*Lack of care*).

6. The committee recommends the transfer of the term *hemophilia neonatorum* from this title to title No. 55 (*Other general diseases*).

153. Lack of Care.

1. It is recommended that this title be eliminated. Deaths of infants from abandonment should be included under deaths from homicides, and those reported as due to ignorance of the parent should be included under title No. 152 (*Other causes peculiar to early infancy*).

2. Of the terms now included under this title heading, the following only are approved for transfer to other titles as acceptable inclusions: *Desertion* (newborn) to title No. 184 (*Homicide by other means*), *exposure to cold, lack of care* to title No. 152, subtitle No. 2 (*Other causes peculiar to early infancy*).

154. Senility.

1. The committee considers this a very unsatisfactory title and not acceptable as a cause of death without autopsy. It should always be queried for the *disease causing death*, as it is too often used on death certificates of elderly persons whose deaths should have been reported as due to diseases of various organs.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Morbus senilis, old age, senile dementia, senile insanity, senile paresis, senile psychosis.*

Conclusions on Suicides as a Class.

The committee has been advised that no death is classified in the annual mortality statistics published by the Bureau of the Census as a *suicide* unless the *fact* of suicide is shown, either on the transcript of the death certificate as received by the bureau or through information obtained by an inquiry sent out to determine the matter. The committee desires to express its approval of this practice.

155. Suicide by Poison.

1. It is suggested that the name of this title be changed to *Suicide by ingestion of poisonous solids and liquids*. It is in the acceptable class without autopsy if the character of the solid or liquid is specified.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Poisoning* (suicidal), *suicide by poison* (any solid or liquid).

156. Suicide by Asphyxia.

1. It is recommended that the name of this title be changed to *Suicide by inhalation of poisonous gases* and that it be placed in the acceptable class without autopsy if the character of the gas is specified.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Suicide by asphyxia* (any gas or vapor), *suicide by carbon monoxide, suicide by chloroform* (vapor), *suicide by gas* (any gas), *suicide by illuminating gas, suicide by inhalation of gas* (any gas or vapor), *suicide by suffocation* (any gas or vapor).

157. Suicide by Hanging or Strangulation.

1. The committee recommends that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Suicide by hanging, suicide by strangulation.*

158. Suicide by Drowning.

1. The committee recommends that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Suicide by drowning, suicide by submersion.*

159. Suicide by Firearm.

1. The committee recommends that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Suicide by firearm, suicide by shooting.*

3. The committee recommends the addition of the term *suicide by gunshot wound.*

160. Suicide by Cutting or Piercing Instrument.

1. The committee recommends that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Suicide by cutting instrument, suicide by cutting throat, suicide by piercing instrument.*

3. The committee recommends the addition of the following terms: *Suicide by cutting artery, suicide by cutting blood vessel.*

161. Suicide by Jumping from High Place.

1. The committee recommends that this title be merged with present title No. 163 (*Other suicides*). It is acceptable, without autopsy.

2. The committee approves the retention as an acceptable inclusion of the only term now listed, *suicide by jumping from high place.*

162. Suicide by Crushing.

1. The committee recommends that this title be merged with present title No. 163 (*Other suicides*). It is in the acceptable class, without autopsy.

2. Of the terms now included under this title heading all are approved as acceptable inclusions: *Suicide by crushing, suicide by jumping before train, suicide by jumping before other vehicles.*

163. Other Suicides.

1. The committee recommends that this title be considered acceptable, without autopsy.

2. The committee recommends that registration and compiling offices query all reports of *Suicide*, without further qualification, to

ascertain the manner of death or the means employed. With this information *each* death covered by this return can be classified under one of the titles relating to suicide by specified means.

3. It is the recommendation of the committee that present titles 161 and 162 be merged with this title.

4. Of the terms now included under this title the following only are acceptable inclusions: *Suicide* (unqualified), *suicide by burns*, *suicide by fire*, *suicide by scalds*.

164. Poisoning by Food.

1. This title should be considered unacceptable without supporting data either as to a group of accompanying cases or the ingestion of the particular poisonous substances.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Botulism*, *cheese poisoning*, *egg albumen poisoning*, *fish poisoning*, *meat poisoning*, *milk poisoning*, *mushroom poisoning*, *pork poisoning* (not due to trichinosis), *potato poisoning*, *sausage poisoning* (not due to trichinosis), *shellfish poisoning*.

165. Other Acute Poisonings.

1. It is recommended that the caption of this title be changed to *Other acute accidental poisonings* (gas excepted). This title, in the opinion of the committee, should be considered unacceptable without autopsy unless there are supporting data, and all returns which do not specify that the poisoning was accidental should be queried by registration and compiling offices. In this way many reports will be found to represent cases that are properly chargeable to suicide or homicide.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Accidental poisoning* (only when kind of poisoning is specified), *acute ergotism*, *acute poisoning* (only when kind of poison is specified), *opium narcosis*, *poisoned wound*, *poisoning*, *serum intoxication*, *serum poisoning*.

N. B.—All of the above to be qualified to show accidental character.

3. The committee recommends the transfer of the following terms to title No. 176 (*Injuries by animals*): *Bite of insect*, *bite of venomous serpent*, *bite of viper*, *snake bite*, *venom of animal*, *venom of centipede*, *venomous bite*.

4. It is recommended that the following footnote be added: This title does not include poisonings or infections caused by animals.

166. Conflagration.

1. The committee recommends that this title be considered acceptable without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Conflagration* (to include all injuries of whatsoever nature resulting therefrom), *crushed at fire* (conflagration), *inhalation of smoke* (burning building), *jumped from burning building*, *suffocation* (burning building).

3. The committee recommends that the following terms be added to the list of inclusions: *Prairie fire*, *forest fire*.

4. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

167. Burns (Conflagration Excepted).

1. The committee recommends that the name of this title be *Accidental burns* and that it be placed in the acceptable class, but that returns of *Burns* be queried to determine whether they were received in burning buildings or otherwise; also that a footnote be added stating that it does not include deaths from burns received in burning buildings.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Burn* (conflagration excepted, of any organ or part), *burn by boiling liquid*, *burn by boiling water*, *burn by coal oil*, *burn by corrosive substance*, *burn by fire*, *burn by gasoline*, *burn by kerosene*, *burn by petroleum*, *burn by steam*, *burn by sulphuric acid*, *burn by vitriol*, *effects of corrosives*, *explosion of lamp*, *lamp accident*, *scald* (of any part of body), *scald by steam*.

3. The following terms, now listed under this title heading, should, in the opinion of the committee, be classified under title No. 186 (*Other external violence*) if encountered; they are seldom, if ever, causes of death: *Dermatitis actinica*, *dermatitis ambustionis*, *effects of radium*, *effects of X rays*.

4. The committee recommends that the term *burn by molten metal* be added to the list of inclusions.

5. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

168. Absorption of Deleterious Gases (Conflagration Excepted).

1. It is recommended that the name of this title be changed to *Accidental inhalation of poisonous gases*; that it be placed in the acceptable class without autopsy, and that it be followed by a footnote stating that it does not include deaths in burning buildings. The committee also recommends that all reports that do not specify that the poisoning was accidental be queried by registration and compiling offices. In this way many returns will be found to represent cases that are properly chargeable to suicide or homicide.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Accidental asphyxia* (gas to be stated), *acetylene poisoning*, *acute etherism*, *ammonia poisoning*, *amyl nitrite poisoning*, *anesthesia chloroform*, *anesthetic*, *anesthetic for operation* (unqualified), *asphyxia* (accidental), *asphyxia by fumes*, *asphyxia by gas* (accidental), *asphyxia by smoke* (conflagration excepted), *bisulphide of carbon poisoning*, *carbon bisulphide poisoning*, *carbon dioxide poisoning*, *carbon monoxide poisoning*, *charcoal fumes*, *chloroform* (vapor), *choke damp poisoning* (not in mines), *coal-gas poisoning*, *cordite poisoning* (vapor), *cyanogen poisoning*, *delayed chloroform poisoning* (vapor), *ether* (vapor), *hydrogen sulphide*, *illuminating gas*, *laughing gas*, *marsh gas*, *nitrous oxide*, *noxious vapors or effluvia* (including those produced by explosives), *sewer-gas poisoning*, *sewer poisoning*, *suffocation* (unqualified), *suffocation* (by abnormal atmospheric pressure), *suffocation by smoke* (conflagration excepted), *sulphuretted hydrogen*, *water gas*.

3. The committee recommends the transfer of the following terms to title No. 186 (*Other external violence*): *Overlain*, *suffocation* (unqualified), *suffocation by abnormal atmospheric pressure*.

4. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

169. Accidental Drowning.

1. The committee recommends that this title be placed in the acceptable class, without autopsy, but suggests that returns of *Drowning* be queried to determine whether the death was accidental, suicidal, or homicidal.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Accidental drowning*, *accidental submersion*, *asphyxia by drowning*, *drowning* (unqualified), *found drowned* (open verdict), *lost at sea*, *suffocation by drowning*, *suffocation by submersion*.

3. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

170. Traumatism by Firearm.

1. In the opinion of the committee the name of this title should be *Accidental traumatism by firearms*. This title is not acceptable without supporting data, such as site and extent of injury. The committee also recommends that all reports that do not specify that the traumatism was accidental be queried by registration and compiling offices to determine whether death was accidental, suicidal, or homicidal.

2. All of the following terms as now included may be accepted as properly chargeable to this title if no further information be obtainable, but each should be defined as accidental, otherwise there is always doubt as to correct classification: *Accidental wound by firearms* (of any part of body), *firearms*, *gunshot*, *pistol wound*, *shooting*, *shot traumatism by firearms*, *wound by firearms*.

171. Traumatism by Cutting or Piercing Instrument.

1. The committee recommends that the title be called *Accidental traumatism by cutting or piercing instrument*, and that it be considered unacceptable, without supporting data, such as site and extent of injury. It is also recommended that all reports that do not specify that the traumatism was accidental be queried by registration and compiling offices to determine whether death was accidental, suicidal, or homicidal.

2. All of the following terms, as now included, may be accepted as properly chargeable to this title, if no further information is obtainable, but each should be defined as accidental; otherwise there is always doubt as to correct classification. *Cut* (of any part of body), *incised wound* (of any part of body), *knife cut*, *knife stab* (accidental), *punctured wound* (of any part of body), *stab wound* (of any part of body, accidental), *traumatism by cutting instrument*, *traumatism by piercing instrument*, *wound by cutting instrument* (of any part of body), *wound by piercing instrument* (of any part of body).

3. The committee recommends the transfer of the term *circumcision* to this title from present title No. 127 (*Nonvenereal diseases of the male genital organs*).

4. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

172. Traumatism by Fall.

1. The committee recommends that the name of this title be changed to *Accidental fall* and that it be placed in the acceptable class.

2. All of the following terms as now included under this title are approved as acceptable inclusions: *Accidental fall*, *fall down stairs*, *fall from horse*, *fall in ship*, *fall into hold* (ship, etc.), *injury by diving*, *injury from fall*, *traumatism by falling*.

3. The committee recommends that a footnote be added stating that this title does not include accidents connected with traffic, in burning buildings, or in mines or quarries.

4. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

173. Traumatism in Mines and Quarries.

1. It is recommended that this title be called *Accidents and injuries in mines* and be placed in the acceptable class.

2. It is further recommended that a new title be established to be called *Accidents and injuries in quarries*; for the present it may be referred to as 173A, q. v.

3. Of the terms now included under present title No. 173 the following are approved as acceptable inclusions for the title *Accidents and injuries in mines*: *Accident in mine, asphyxia by gas in mine, choke damp* (unqualified), *explosion of fire damp, fall in pit* (mine), *fall in shaft* (mine), *fall of coal* (mine), *injury by mining machinery, injury by wagon in mine, injury in mine, mining accident, traumatism in mine.*

4. The committee recommends that this title be subdivided into (a) *Injuries by falls*, (b) *Injuries by falling bodies*, (c) *Explosions, asphyxia, and suffocation*, (d) *Injuries by mining machinery and vehicles*, (e) *All other accidents and injuries in mines.*

173a. Accidents and Injuries in Quarries. (Tentative new Title).

1. It is recommended that this tentative new title be placed in the acceptable class.

2. Of the terms now listed under present title No. 173, the following are approved as acceptable inclusions for the title *Accidents and injuries in quarries*: *Accident in quarry, fall in pit* (quarry), *fall of stone* (quarry), *injury in quarry, traumatism in quarry.*

174. Traumatism by Machines.

1. The committee recommends that this title be placed in the acceptable class.

2. Of the terms now included under this title heading the following are approved as acceptable inclusions: *Accidental fall of machinery, caught in shafting, crushed by traveling crane, injury by machinery, traumatism by machinery.*

3. The committee recommends the transfer of the terms *elevator accident* and *traumatism by passenger elevator* from this title to new tentative title No. 175 (*Transportation and other vehicular accidents*—subdivision (e) *Other vehicles*).

4. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

175. Traumatism by Other Crushing.

1. The committee recommends that the name of this title be changed to *Transportation and other vehicular accidents*, that it be placed in the acceptable class and be subdivided as follows (a) *Accidents and injuries on steam railroads*, (b) *Accidents and injuries on street cars*,

(c) *Automobile accidents and injuries*, (d) *Water transportation accidents and injuries*, (e) *Other vehicular accidents and injuries*.

2. Of the terms now included under present title No. 175 (*Traumatism by other crushing*) the following only are approved as acceptable inclusions for the several subtitles noted above: *Automobile accident, bicycle accident, bicycle injury, crushing by bumpers, cycle accident, derailment, earthquake, electric railway accident, elevated railway accident, fall from car or engine, fall from carriage, fall from or with aeroplane, fall from or with balloon, fall from or with parachute, injury getting off car or engine, interurban railway accident, killed on railroad, landslide, motor cycle accident, railroad accident, run over by automobile, run over by car, runaway accident, street car accident, street railway accident, struck by automobile, struck by car or engine, subway accident, surface car accident, thrown from automobile, traumatism by aeroplane, traumatism by automobile, traumatism by balloon, traumatism by crushing, traumatism by electric railroad, traumatism by landslide, traumatism by other crushing, traumatism by railroad, traumatism by street railroad, traumatism by vehicle (carriage, wagon, bicycle, etc.), trolley accident.*

3. The committee recommends that the terms *elevator accident* and *traumatism by passenger elevator* be transferred to this title (sub-title e) from present title No. 174 (*Traumatism by machines*).

4. The committee recommends the transfer of the terms *crushing, earthquake, landslide, traumatism by crushing, traumatism by landslide, traumatism by other crushing, wound by crushing*, to title No. 186 (*Other external violence*).

5. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon occupation of decedent.

176. Injuries by Animals.

1. It is the recommendation of the committee that this title be placed in the acceptable class, without autopsy.

2. All of the following terms, as now included under this title heading, are approved as acceptable inclusions: *Bite (of any animal), dog bite, gored, injury by any animal (due to viciousness), kick (by horse or other animal), traumatism by horses (due to viciousness).*

3. The committee recommends that the terms *bite of insect, bite of venomous serpent, bite of viper, snake bite, venom of animal, venom of centipede, venomous bite* be transferred to this title from present title No. 165 (*Other acute poisonings*).

The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

177. Starvation.

1. It is recommended that the name of this title be changed by adding parenthetically the words *deprivation of food, or water*; it is an acceptable statement of cause of death without autopsy, but, owing to the fact that the word is sometimes used on death certificates in cases where the "starvation" was due to malnutrition from disease, the report should always be queried by registration and compiling offices. *Only* deaths from actual privation (deprivation of food or water) are assignable to this title.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Deprivation of water, hunger, inanition* (starvation), *insufficient nourishment, privation, starvation, thirst*.

178. Excessive Cold.

1. In the opinion of the committee this is an acceptable title, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Effects of cold* (temperature), *exposure to cold* (3m+), *freezing, frostbite, frozen*.

3. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

179. Effects of Heat.

1. It is recommended that this title be placed in the acceptable class, without autopsy.

2. Of the terms now included under this title heading the following only are approved as acceptable inclusions: *Effects of heat in engine room, effects of heat in laundry, etc., excessive heat, heat apoplexy, heat cramps, heat prostration, heat stroke, insolation, overheated, sunstroke, thermic fever*.

3. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

180. Lightning.

1. It is recommended that this title be placed in the acceptable class, without autopsy.

2. The term *lightning*, the only inclusion listed under this title heading, is approved as acceptable.

181. Electricity (Lightning Excepted).

1. It is recommended that this title be placed in the acceptable class, without autopsy.

2. All of the terms now included under this title heading are approved as acceptable inclusions: *Accidental electric shock, acci-*

dental electrocution, electric shock, electricity (lightning excepted), *injury by electric shock*.

3. The committee recommends that a separate tabulation be made of all cases in which death was dependent upon the occupation of decedent.

Conclusions on Homicides as a Class.

The committee has been advised that no death is classified as a *homicide* in the annual mortality statistics published by the Bureau of the Census unless the *fact* of homicide is shown, either on the transcript of the death certificate as received by the bureau or through information obtained by inquiry sent out to determine the matter. The committee desires to express its approval of this practice.

182. Homicide by Firearms.

1. It is recommended that this title be placed in the acceptable class, without autopsy.

2. All of the terms now included under this title heading are approved as acceptable inclusions: *Assassination by firearms, gunshot* (homicidal), *homicide by firearms, homicide by gunshot, shooting* (homicidal), *shot* (homicidal), *shot by burglar, shot in duél, wound by firearms* (homicidal).

183. Homicide by Cutting or Piercing Instruments.

1. It is recommended that this title be placed in the acceptable class, without autopsy. It is further recommended that the last word in the title be changed to the singular form.

2. All of the terms now included under this title heading are approved as acceptable inclusions: *Assassination by cutting or piercing instrument, cut* (homicidal), *homicide by cutting instrument, homicide by piercing instrument, knife cut* (homicidal), *knife stab* (homicidal), *wound by cutting instrument* (homicidal).

184. Homicide by Other Means.

1. The committee recommends that this title be placed in the acceptable class without autopsy.

2. The committee desires to call attention to the fact that, strictly speaking, no term at present listed under this title heading is acceptable unless the means or instrument used and fact that the violence was homicidal are specified. If these data are not specified the report should be queried to determine whether the death was not one assignable to title No. 182 (*Homicide by firearms*) or to title No. 183 (*Homicide by cutting or piercing instruments*). With these restrictions, and with the understanding that some of these terms are acceptable only as methods of violence that *may* be homicidal the following list under this title is printed here: *Assassination* (without

further explanation), *bite of human being, duel, homicidal poisoning, homicidal wound, homicide (unqualified), incendiarism, infanticide (unqualified), killed in fight, lynching, manslaughter, murder (unqualified), throwing of sulphuric acid, throwing of vitriol, traumatism (homicidal), wound (homicidal).*

3. The committee recommends the addition of the following term to the list of inclusions: *Homicidal strangulation.*

4. The committee recommends that a new title be established to be known as *Criminal abortion.* For the present this may be numbered 184X, *q. v.* It is recommended that the term *criminal abortion* (death of mother or child) be transferred to this title.

5. The committee recommends the transfer to this title of the term *desertion* (newborn) from present title No. 153 (*Lack of care*).

184X. Criminal Abortion. (Tentative new title).

1. The committee recommends that a new title be established under the above caption and that it be subdivided into (A) *Induced by instrument or drug*, (B) *Self induced by instrument or drug*, (C) *Induced by another person by instrument or drug*, and that each subtitle be acceptable without autopsy.

2. The committee recommends the transfer to this title of the following term from present title No. 184 (*Homicide by other means*): *Criminal abortion* (death of mother or child).

185. Fractures (Cause Not Specified).

1. The committee recommends that this title be eliminated and that such reports as can not, on inquiry, be classified under more definite titles, be assigned to title No. 186 (*Other external violence*).

186. Other External Violence.

1. In discussing this title the committee desires to call attention to the following headnote in the Manual of the International List of Causes of Death:

“NOTE.—This is the residual title for external causes. Many indefinite returns found here could be assigned elsewhere if the means of death and the character of violence (accidental, suicidal, or homicidal) were stated. Deaths from legal execution and war are also included, and may be stated separately if deemed desirable.”

It is evident that no “blanket” recommendation can be made as to its acceptableness or nonacceptableness without autopsy.

2. Of the terms now included under this title heading the committee approves as acceptable inclusions only such terms as, first, are so defined as to identify them, when used on death certificates, as covering cases of *death by legal execution*, or *death incidental to war*, and, second, such terms as are so defined as to identify them, when used on death certificates, as both *accidental* and *caused by*

means deaths from which are not assignable to any title of the *International List* relating to any other specified form of violence. In other words, no inclusion under this title heading is acceptable that might conceal a death from homicide, suicide, or well-defined accidental violence assignable elsewhere. The following are approved as acceptable inclusions: *Battle, capital punishment, electrocution* (legal execution only), *execution, football accident, hanging* (legal execution only), *killed in cyclone*.

3. The committee realizes, in making the above recommendation, that as this is a residual title, and as such necessarily a more or less indefinite title, deaths reported from ill-defined violence concerning which no definite information is obtained on inquiry must be assigned thereto.

4. The committee has been advised that it is the practice of the Bureau of the Census, so far as practicable, to query all of the unsatisfactory statements listed under this title heading in an effort to obtain data justifying their classification under more definite headings, and desires to express its approval of this practice.

5. The committee recommends the addition of the following terms to the list of inclusions: *Boxing bout, foot race, competitive athletics, athletic competition*.

6. The transfer of the following terms to this title from other titles is recommended: *Traumatic pneumonia* from title No. 92 (*Pneumonia*); *traumatic peritonitis, foreign body in peritoneum* from present title No. 117 (*Simple peritonitis*); *traumatic encephalitis* and *traumatic inflammation of brain* from present title No. 60 (*Encephalitis*); *traumatic metritis, rupture of uterus* (nonpuerperal) from title No. 130 (*Other diseases of the uterus*); *foreign body in bladder* from title No. 124 (*Diseases of the bladder*); *foreign body in esophagus* from title No. 101 (*Diseases of the esophagus*); *foreign body in stomach* from title No. 103 (*Other diseases of the stomach*); *foreign body in urethra* from title No. 125 (*Diseases of the urethra, urinary abscess, etc.*); *foreign body in frontal sinus, maxillary sinus, accessory sinus, antrum of Highmore* from present title No. 146 (*Diseases of the bones*); *foreign body in intestine, rectum*, from title No. 110 (*Other diseases of the intestines*); *landslide, earthquake, crushing* (unqualified), *overlain, suffocation* (unqualified), *suffocation by abnormal atmospheric pressure* from title No. 168 (*absorption of deleterious gases—conflagration excepted*), *traumatism by crushing* (unqualified), *traumatism by landslide, traumatism by other crushing, wound by crushing* from present title No. 175 (*Traumatism by other crushing*), *traumatic orchitis* from present title No. 127 (*Nonvenereal diseases of the male genital organs*).

187. Ill-Defined Organic Disease.

See conclusions on title No. 189.

188. Sudden Death.

See conclusions on title No. 189.

189. Not Specified or Ill-Defined.

1. The committee recommends that present titles Nos. 187 (*Ill-defined organic disease*) and No. 188 (*Sudden death*) be merged with this title and that it be placed in the unacceptable class without autopsy.

2. The inclusions constitute a mass of ill-defined and unsatisfactory terms, none of which are acceptable in the ordinary sense, but all of which, in view of their very indefiniteness, the committee realizes must be included here when no definite information can be secured on inquiry.

3. The committee is advised that the Bureau of the Census and many States and municipal registration offices are making determined efforts to secure more definite data when such returns are received, and desires to express its approval of this practice. It realizes that, until all such reports are eliminated, they must be classified somewhere, and that, therefore, under present conditions, this title must remain in the list.

4. On account of their indefiniteness it recommends the transfer to this title of the term *neuralgia* from title No. 73 (*Neuralgia and neuritis*) and of the terms now included under titles 70 and 71 (*Convulsions, nonpuerperal, and Convulsions of infants*).

PLAGUE-PREVENTION WORK.

CALIFORNIA.

The following report of plague-prevention work in California for the week ended August 19, 1916, was received from Senior Surg. Pierce, of the United States Public Health Service, in charge of the work:

FEDERAL AND COUNTY INSPECTION SERVICE.

[For the enforcement of the law of June 7, 1913.]

Counties.	Inspections.	Reinspections.	Acres inspected.	Acres reinspected.	Acres treated.		Holes treated.
					Waste balls.	Grain.	
Alameda.....		127		34,054		3,878	
Contra Costa.....		73		22,390	25	1,597	
Stanislaus.....	66	68	14,687	28,116	415	8,571	500
San Benito.....	65	36	22,668	18,490		13,352	
Santa Cruz.....		33		6,106		3,200	
Merced.....	32	19	39,535	2,365		2,045	
Monterey.....	44	20	43,799	12,061	100	6,776	1,200
Santa Clara.....	34	13	7,842	3,279		973	
San Mateo.....	19		343				
Total.....	260	389	128,974	126,870	540	40,401	1,700

RATS COLLECTED AND EXAMINED.

Cities.	Collected.	Examined.	Found infected.
Oakland.....	54	54	None.
Richmond.....	39	39	Do.
Pittsburg.....	119	119	Do.
Total.....	212	212	None.

RECORD OF PLAGUE INFECTION.

Places in California.	Date of last case of human plague.	Date of last case of rat plague.	Date of last case of squirrel plague.	Total number rodents found infected since May, 1907.
Cities:				
San Francisco.....	Jan. 30, 1908	Oct. 23, 1908	(1)	398 rats.
Oakland.....	Aug. 9, 1911	Dec. 1, 1908	(1)	126 rats.
Berkeley.....	Aug. 28, 1907	(1)	(1)	None.
Los Angeles.....	Aug. 11, 1908	(1)	Aug. 21, 1908	1 squirrel.
Counties:				
Alameda (exclusive of Oakland and Berkeley).....	Sept. 21, 1909	Oct. 17, 1909 ²	June 23, 1916	293 squirrels, 1 wood rat.
Contra Costa.....	July 13, 1915	(1)	June 28, 1916	1,629 squirrels.
Fresno.....	(1)	(1)	Oct. 27, 1911	1 squirrel.
Merced.....	(1)	(1)	May 12, 1916	7 squirrels.
Monterey.....	(1)	(1)	May 27, 1916	33 squirrels.
San Benito.....	June 4, 1913	(1)	July 1, 1916	72 squirrels.
San Joaquin.....	Sept. 18, 1911	(1)	Aug. 26, 1911	18 squirrels.
Santa Clara.....	Aug. 31, 1910	(1)	June 21, 1916	32 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	18 squirrels.
San Mateo.....	(1)	(1)	June 21, 1916	1 squirrel.

¹ None.

² Wood rat.

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

The following is a record of municipal work performed under the supervision of the United States Public Health Service:

OPERATIONS ON THE WATER FRONT.

Vessels inspected for rat guards.....	29
Reinspections made on vessels.....	4
New rat guards procured.....	2
Defective rat guards repaired.....	1
Rats trapped on wharves and water front.....	44
Rats trapped on vessels.....	46
Traps set on wharves and water front.....	166
Traps set on vessels.....	126
Vessels trapped on.....	20
Poisons placed on water front (pieces).....	3,600
Bait used on water front and vessels, bacon (pounds).....	5
Amount of bread used in poisoning water front (loaves).....	12
Pounds of poison used on water front.....	4
Poisons placed within Panama-Pacific International Exposition grounds (pieces).....	36,000
COOPERATIVE MUNICIPAL WORK.	
Premises inspected.....	589
Nuisances abated.....	106

COOPERATIVE MUNICIPAL WORK—continued.

Rats trapped.....	90
Rats sent to laboratory.....	90
Rats examined.....	90
Poisons placed.....	44,600
Garbage cans stamped approved.....	407
Rats identified:	
Mus norvegicus.....	31
Mus ratus.....	19
Mus alexandrinus.....	40
WORK DONE ON OLD BUILDINGS.	
Wooden floors removed.....	16
Cubic feet new foundation walls installed... ..	2,255
Concrete floors installed (square feet, 11,875)....	3
Basements concreted (square feet, 8,100)....	7
Yards, passageways, etc., concreted (square feet, 880).....	5
Total area concrete laid (square feet).....	20,855
Buildings razed.....	10

LOUISIANA—NEW ORLEANS—PLAGUE ERADICATION.

The following report of plague-eradication work at New Orleans for the week ended September 2, 1916, was received from Passed Asst. Surg. Simpson, of the United States Public Health Service, in charge of the work:

OUTGOING QUARANTINE.		LABORATORY OPERATIONS—continued.	
Vessels fumigated with sulphur.....	2	Rodents received, by species—Continued.	
Vessels fumigated with cyanide gas.....	14	Mus alexandrinus.....	201
Pounds of sulphur used.....	190	Mus musculus.....	7,304
Pounds of cyanide used in cyanide-gas fumigation.....	861	Wood rats.....	63
Pints of sulphuric acid used in cyanide-gas fumigation.....	1,290	Musk rats.....	18
Clean bills of health issued.....	40	Putrid.....	196
Foul bills of health issued.....	3	Total rodents received at laboratory.....	8,732
		Rodents examined.....	1,515
		Number of rats suspected of plague.....	118
FIELD OPERATIONS.		PLAGUE RATS.	
Rodents trapped.....	8,552	Case No. 325:	
Premises inspected.....	7,179	Address, 309 South Johnson Street.	
Notices served.....	345	Captured, Aug. 2, 1916.	
Garbage cans installed.....	25	Diagnosis confirmed, Aug. 29, 1916.	
		Treatment of premises:	
		Fumigation throughout with cyanide.	
		Vacation of premises. Intensive trapping.	
BUILDINGS RAT PROOFED.		PLAGUE STATUS TO SEPT. 2, 1916.	
By elevation.....	110	Last case of human plague, Sept. 8, 1915.	
By marginal concrete wall.....	145	Last case of rodent plague, Aug. 7, 1916.	
By concrete floor and wall.....	161	Total number of rodents captured to Sept. 2.....	626,638
By minor repairs.....	359	Total number of rodents examined to Sept. 2.....	379,178
Total buildings rat proofed.....	775	Total cases of rodent plague to Sept. 2, by species:	
Square yards of concrete laid.....	5,075	Mus rattus.....	6
Premises, planking, and shed flooring removed.....	53	Mus rattus.....	20
Buildings demolished.....	108	Mus alexandrinus.....	16
Total buildings rat proofed to date (abated).....	126,027	Mus norvegicus.....	283
		Total rodent cases to Sept. 2, 1916..	325
LABORATORY OPERATIONS.			
Rodents received, by species:			
Mus rattus.....	186		
Mus norvegicus.....	759		

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

WASHINGTON—SEATTLE—PLAGUE ERADICATION.

The following report of plague-eradication work at Seattle for the week ended August 26, 1916, was received from Surg. Lloyd, of the United States Public Health Service, in charge of the work:

RATPROOFING.		RATPROOFING—continued.	
New buildings inspected.....	29	Total concrete laid, new structures (square feet).....	59,690
New buildings reinspected.....	45	New buildings elevated.....	2
Basements concreted, new buildings (square feet, 24,916).....	9	New premises rat proofed, concrete.....	21
Floors concreted, new buildings (square feet, 29,104).....	12	Old buildings inspected.....	3
Yards, etc., concreted, new buildings (square feet, 400).....	2	Premises rat proofed, concrete, old buildings	3
Sidewalks concreted (square feet).....	5,270	Floors concreted, old buildings (square feet, 4,760).....	3
		Wooden floors removed, old buildings.....	3
		Buildings razed.....	2

LABORATORY AND RODENTS OPERATIONS.

Dead rodents received.....	15
Rodents trapped and killed.....	385
Rodents recovered after fumigation.....	9
Total.....	409
Rodents examined for plague infection.....	285
Proven plague-infected.....	None.
Poison distributed, pounds.....	18
Bodies examined for plague infection.....	1
Bodies found plague-infected.....	None.

CLASSIFICATION OF RODENTS.

<i>Mus rattus</i>	17
<i>Mus alexandrinus</i>	165
<i>Mus norvegicus</i>	171
<i>Mus musculus</i>	56

WATER FRONT.

Vessels inspected and histories recorded....	12
Vessels fumigated.....	2
Sulphur used, pounds.....	770
New rat guards installed.....	6
Defective rat guards repaired.....	14
Fumigation certificates issued.....	2
Port sanitary statements issued.....	42

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

MISCELLANEOUS WORK.

Letters sent in re rat complaints.....	3
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RODENTS EXAMINED IN EVERETT.

<i>Mus norvegicus</i> trapped.....	55
<i>Mus norvegicus</i> found dead.....	2
<i>Mus musculus</i> trapped.....	3
Total.....	60
Rodents examined for plague infection.....	56
Rodents proven plague-infected.....	None.

RAT-PROOFING OPERATIONS IN EVERETT.

New buildings inspected.....	3
New buildings reinspected.....	4
New buildings concrete foundations.....	1
New buildings elevated.....	2

RODENTS EXAMINED IN TACOMA.

<i>Mus norvegicus</i> trapped.....	102
<i>Mus alexandrinus</i> trapped.....	2
Total.....	104
Rodents examined for plague infection.....	100
Rodents proven plague-infected.....	None.

HAWAII—HILO.

The following report of plague-prevention work at Hilo for the week ended August 19, 1916, was received from Surg. Trotter of the United States Public Health Service:

Rats and mongoose taken.....	2,258
Rats trapped.....	2,222
Mongoose taken.....	36
Rats and mongoose examined macroscopically.....	2,258
Rats and mongoose plague-infected.....	None.

Classification of rats trapped and found dead:

<i>Mus norvegicus</i>	471
<i>Mus alexandrinus</i>	363
<i>Mus rattus</i>	556
<i>Mus musculus</i>	832

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 August, 1916.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Wisconsin:	
Bristol County—		Brown County.....	1
Fall River.....	3	Buffalo County.....	2
Middlesex County—		Columbia County.....	1
Newton.....	2	Eau Claire County.....	1
Suffolk County—		Milwaukee County.....	4
Boston.....	1	Portage County.....	1
Total.....	6	Sauk County.....	1
		Sheboygan County.....	4
		Vernon County.....	1
		Total.....	16

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	1	.....	Milwaukee, Wis.....	1	1
Bridgeport, Conn.....	3	.....	Newton, Mass.....	1	.....
Buffalo, N. Y.....	.....	1	New York, N. Y.....	5	1
Butte, Mont.....	1	.....	Philadelphia, Pa.....	2	.....
Chicago, Ill.....	1	.....	Providence, R. I.....	1	.....
Fall River, Mass.....	1	.....	Springfield, Ill.....	.....	1
Los Angeles, Cal.....	1	.....	Stockton, Cal.....	1	.....

DIPHTHERIA.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2628.

ERYSIPELAS.

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Chicago, Ill.....	7	.....	Philadelphia, Pa.....	4	2
Cleveland, Ohio.....	2	.....	Pittsburgh, Pa.....	3	.....
Memphis, Tenn.....	1	.....	St. Louis, Mo.....	2	.....
Milwaukee, Wis.....	1	1	San Francisco, Cal.....	4	.....
Newark, N. J.....	2	.....	Topeka, Kans.....	1	1
Omaha, Nebr.....	1	.....	Williamsport, Pa.....	1	.....

LEPROSY.

Massachusetts—Boston.

During the month of August, 1916, a case of leprosy, in the person of M. A., age 20, male, unmarried, Cuban, was reported at Boston, Mass. The patient was born in Habana, Cuba; came to the United States in June, 1912; but returned to Habana, Cuba, for one year, June, 1914, to June, 1915.

City Report for Week Ended September 2, 1916.

During the week ended September 2, 1916, a case of leprosy was reported at San Francisco, Cal.

MALARIA.

Massachusetts Report for August, 1916.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts:		Massachusetts—Continued.	
Barnstable County—		Norfolk County—	3
Barnstable.....	1	Dedham.....	1
Bristol County—		Walpole.....	
Mansfield.....	2	Suffolk County—	1
Middlesex County—		Boston.....	
Waltham.....	2		11
Watertown.....	1	Total.....	

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Berkeley, Cal.....	3		Mobile, Ala.....		1
Birmingham, Ala.....	1	1	Newark, N. J.....	3	
Charleston, S. C.....		1	New Orleans, La.....	9	1
Little Rock, Ark.....	1		Oklahoma, Okla.....		1
Long Beach, Cal.....	1		Pittsburgh, Pa.....		1
Memphis, Tenn.....		3	Stockton, Cal.....	1	

MEASLES.

Washington—Seattle.

Surg. Lloyd reported that during the two weeks ended September 9, 1916, 7 cases of measles were notified at Seattle, Wash.; making a total of 5,398 cases, with 9 deaths, since February 15, 1916.

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 2628.

PELLAGRA.

State Reports for August, 1916.

Place.	New cases reported.	Place.	New cases reported.
District of Columbia.....	1	Massachusetts—Continued.	
Massachusetts:		Worcester County—	
Middlesex County—		Westboro.....	1
Waltham.....	1	Worcester.....	1
Hampden County—		Total.....	5
Springfield.....	1		
Suffolk County—			
Boston.....	1		

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.....	2		Mobile, Ala.....	1	2
Birmingham, Ala.....		1	Nashville, Tenn.....	23	1
Charleston, S. C.....		1	Oklahoma, Okla.....		1
Lynn, Mass.....	1		Wilmington, N. C.....		1
Memphis, Tenn.....	1	1	Worcester, Mass.....	1	

PLAGUE.

Louisiana—New Orleans—Plague Rats Found.

Passed Asst. Surg. Simpson reported that rats captured in New Orleans, La., have been proved positive for plague infection as follows: A rat captured July 26, 1916, at 842 Canal Street was proved positive September 8, 1916; a rat captured August 15, 1916, at 133 Camp Street was proved positive September 10; a rat captured August 23, 1916, at 1035 Baronne Street was proved positive September 10; a rat captured August 28, 1916, at Marigny and Frenchmen Streets was proved positive September 15, 1916.

PNEUMONIA.

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Beaver Falls, Pa.....	2		New Castle, Pa.....	1	
Berkeley, Cal.....	1	1	Philadelphia, Pa.....	21	13
Chicago, Ill.....	63	30	Pittsburgh, Pa.....	4	10
Cleveland, Ohio.....	5	6	Rochester, N. Y.....	1	2
Detroit, Mich.....	2	6	San Francisco, Cal.....	7	5
Dubuque, Iowa.....	2	2	Schenectady, N. Y.....	1	1
Los Angeles, Cal.....	7	3	Stockton, Cal.....	1	
Newark, N. J.....	10	1	York, Pa.....	1	

POLIOMYELITIS (INFANTILE PARALYSIS).

Cases Reported by States.

The following tabular statement shows the numbers of cases of poliomyelitis reported to the United States Public Health Service by State Health Authorities, during the periods shown:

	Cases reported.		Cases reported.
Alabama:		Mississippi:	
July 1 to Aug. 31.....	99	July 1 to 31.....	57
Arizona:		Montana:	
July 1.....	1	July 1 to 31.....	11
Arkansas:		Reported Aug. 8.....	7
July 1 to 31.....	5	Aug. 9 to 14.....	7
California:		Aug. 16 to 22.....	6
July 1 to 31.....	12	Aug. 20 to 28.....	14
Colorado:		Aug. 27 to Sept. 2.....	4
Jan. 1 to Aug. 17.....	4	Reported Sept. 12.....	9
Connecticut:		Reported Sept. 18.....	7
July 2 to 29.....	143		65
July 30 to Aug. 26.....	280	Nebraska:	
Aug. 27 to Sept. 16.....	219	Reported July 11.....	2
District of Columbia:		New Jersey:	
July 1 to 31.....	8	July 1 to 31.....	640
Aug. 1 to 31.....	13	Aug. 1 to 31.....	2,040
Sept. 1 to 18.....	5	Sept. 1 to 19.....	696
Delaware:			3,376
Reported Aug. 22.....	5	New York (exclusive of New York City):	
Florida:		Jan. 1 to Sept. 9 (Aug. 1 to Sept. 9, 1,566).....	2,592
July 30 to Aug. 5.....	3	North Carolina:	
Idaho:		July 23 to Aug. 23.....	10
July 10 to Aug. 9.....	2	North Dakota:	
Illinois:		Aug. 1 to 31.....	3
July 1 to Sept. 16 (July 1 to Aug. 31, 415).....	563	Ohio:	
Indiana:		July 1 to 31.....	94
July 1 to 31.....	27	Aug. 1 to 31.....	168
Aug. 1 to Sept. 2.....	36		262
Sept. 3 to 16.....	17	Oregon:	
Iowa:		Reported May 14.....	1
July 1 to 31.....	30	Pennsylvania:	
Kansas:		July 1 to Aug. 11.....	273
July 1 to 31.....	14	Rhode Island:	
Aug. 1 to Sept. 13.....	33	Jan. 1 to July 31.....	56
Kentucky:		South Carolina:	
Aug. 14 to 24.....	2	July 1 to 31.....	20
Louisiana:		Aug. 1 to 31.....	68
July 1 to 31.....	19		78
Aug. 1 to 31.....	6	Tennessee:	
Maine:		July 1 to 31.....	18
Jan. 1 to Aug. 21.....	14	Texas:	
Maryland:		Jan. 1 to Aug. 10.....	30
July 1 to 31.....	10	Vermont:	
Aug. 1 to 31.....	64	July 1 to 31.....	1
Sept. 1 to 19.....	57	Aug. 1 to 31.....	8
Massachusetts:			9
July 1 to 31.....	107	Virginia:	
Aug. 1 to 31.....	253	July 1 to 31.....	24
Michigan:		Aug. 1 to 26.....	14
July 1 to 31.....	51		38
Aug. 1 to 31.....	163	Washington:	
Minnesota:		July 1 to 31.....	5
July 1 to 31.....	142	West Virginia:	
Aug. 1 to 31.....	373	Aug. 1 to Sept. 16.....	16
Sept. 1 to 16.....	109	Wisconsin:	
	624	July 1 to 31.....	20
		Aug. 1 to 31.....	173
			193

City Reports—July 2 to September 16, 1916.

The following table shows the number of cases of poliomyelitis reported to the United States Public Health Service by the health departments of cities which reported five or more cases in any one week during July, August, and September, 1916:

City.	Cases reported for week ended—										
	July 8.	July 15.	July 22.	July 29.	Aug. 5.	Aug. 12.	Aug. 19.	Aug. 26.	Sept. 2.	Sept. 9.	Sept. 16.
Atlantic City, N. J.						7	2	5	5		2
Baltimore, Md.	1		2	1		4	4	9	16	12	13
Bayonne, N. J.		1		1	4	12	14	4	1	5	1
Birmingham, Ala.	1		1	3	6	1		2			
Boston, Mass.	1		3	4	4	8	4	8	13	22	38
Bridgport, Conn.			4	5	6	6		3	3		
Camden, N. J.				2	5	11		5	9	5	7
Chicago, Ill.	2	4	10	13	15	23	25	22	24	25	21
Cincinnati, Ohio.		1	1	1	2	2	4	5	2	3	6
Cleveland, Ohio.	4	4	2	1	1		1	3	5	2	3
Detroit, Mich.		2	1	3	4	1		6	1	4	3
East Orange, N. J.			1	3	7	2	8	10	6	10	3
Flint, Mich.		1		4	1	3	3	8		4	
Harrison, N. J.		2	1			10	10	6		7	5
Hartford, Conn.		1	1	3	3			4	6		
Haverhill, Mass.	1						1	5		1	
Indianapolis, Ind.		1	1		2					5	4
Jersey City, N. J.	4	5	8	17	27	22	27	16	22	9	6
Kearny, N. J.		1		3	6	7	4	5		3	3
Long Branch, N. J.				1	1	1	1	2	8		4
Manchester, N. H.					1				3	5	1
Minneapolis, Minn.					8	8	12	14	12	4	5
Montclair, N. J.			1	1		4	5	2	1		
Newark, N. J.	14	65		137	247	260	230	150	89	45	
Newburyport, Mass.								1	2	5	1
New York, N. Y.	535	933	741	912	1,117	1,151	865	707	441	352	252
North Adams, Mass.			4		1			5	2	2	1
Northampton, Mass.							5	2	1	1	
Orange, N. J.		3	2	10	15	9	8	10	15	4	1
Perth Amboy, N. J.	1	3	2	4	5	4	2	3	1	3	2
Philadelphia, Pa.	2		9	16	31	86	106	132	120	125	85
Pittsburgh, Pa.	1	1	1	3	1	5	1	3	5	5	
Pittsfield, Mass.		1	1			1	2	7	2	10	8
Plainfield, N. J.			2	3		2	6	10	1	6	4
Providence, R. I.	1	2	1	3	3	4	3	2	10	7	10
St. Louis, Mo.	1	1		2				5	2		
St. Paul, Minn.	1			5	13	6	9	6	8	7	
Somerville, Mass.				1			6	1	2	1	7
Springfield, Mass.				2	2	2		5	5	9	12
Syracuse, N. Y.					9	3	23	34	33	49	
Toledo, Ohio.	2	9	8	11	11	16	10	10	7	11	1
Trenton, N. J.		2	1	1		4	7	11	7	11	14
Washington, D. C.		2	3	2	2	3	5	7	2	4	
West Hoboken, N. J.	3	1	3	3	5	9	3	7			

Connecticut.

The State health officer of Connecticut reported that from September 10 to 16, 1916, inclusive, 59 cases of poliomyelitis were reported to the Connecticut State Board of Health. The total number of cases notified in the State of Connecticut from July 2 to September 16, 1916, inclusive, was 642.

Indiana.

The epidemiologist of the State Board of Health of Indiana reported that during the week ended September 16, 1916, 8 cases of poliomyelitis were reported to the Indiana State Board of Health, making a

total of 80 cases notified in Indiana from July 1 to September 16, 1916.

Kansas.

Collaborating Epidemiologist Crumbine reported that from July 1 to September 13, 1916, 54 cases of poliomyelitis were reported to the State Board of Health of Kansas. Of these 36 cases were apparently authentic; the diagnosis was doubtful in 11 cases, and in 7 cases the diagnosis was recalled.

Maryland.

The State health officer of Maryland reported that from September 12 to 19, 1916, inclusive, 28 cases of poliomyelitis were reported to the Maryland State Board of Health. From July 1 to September 19, 1916, 131 cases were notified in Maryland.

Baltimore.—Surg. Vogel reported that on September 18 and 19, 1916, six cases of poliomyelitis were notified in Baltimore, Md.

Minnesota.

Collaborating Epidemiologist Bracken reported that during the week ended September 16, 1916, 50 cases of poliomyelitis, with 6 deaths, were reported to the Minnesota State Board of Health. The total since January 1, 1916, is 631 cases, with 64 deaths.

Montana.

The State health officer of Montana reported September 18 that 3 new cases of poliomyelitis had been notified in Billings, 3 in Carbon County, and 1 in Columbus, Mont.

New Jersey.

The State health officer of New Jersey reported that from September 15 to 19, 1916, inclusive, 146 cases of poliomyelitis were reported to the New Jersey State Board of Health. The total number of cases notified in the State of New Jersey from July 1 to September 19, 1916, inclusive, was 3,376.

New York.

New York City.—Surg. Lavinder reported September 15: New cases, 42; deaths, 10. September 16: New cases, 41; deaths, 13. September 17: New cases, 19; deaths, 9. September 18: New cases, 15; deaths, 6. September 19: New cases, 35; deaths, 10. September 20: New cases, 18; deaths, 10. Approximate corrected totals: Cases, 8,816; deaths, 2,207.

Pennsylvania—Philadelphia.

Surg. Foster reported that from September 17 to 19, inclusive, 31 cases of poliomyelitis were notified in Philadelphia, Pa.

Rhode Island.

Passed Asst. Surg. Marshall reported that during the week ended September 16, 1916, 13 cases of poliomyelitis were notified in Rhode Island as follows: Bristol, 1 case; Portsmouth, 1; Cranston, 2; Providence, 8; Scituate, 1.

West Virginia.

The assistant State health commissioner of West Virginia reported that during the week ended September 16, 1916, 1 case of poliomyelitis was reported to the State Board of Health of West Virginia, the case having been notified at Fairmont, Marion County.

Vermont Report for July, 1916.

During the month of July, 1916, a case of poliomyelitis was reported in Underhill, Chittenden County, Vt.

State Reports for August, 1916.

Place.	New cases reported.	Place.	New cases reported.
District of Columbia.....	18	Massachusetts—Continued.	
Massachusetts:		Middlesex County—Continued.	
Barnstable County—		Malden.....	2
Bourne.....	3	Medford.....	2
Orleans.....	1	Newton.....	3
Yarmouth.....	1	Somerville.....	8
Berkshire County—		Reading.....	1
Adams.....	4	Norfolk County—	
North Adams.....	20	Braintree.....	2
Pittsfield.....	10	Brookline.....	1
Savoy.....	1	Canton.....	1
Bristol County—		Milton.....	3
Dartmouth.....	1	Norwood.....	1
Fairhaven.....	1	Stoughton.....	3
Fall River.....	3	Plymouth County—	
New Bedford.....	4	Abington.....	1
Taunton.....	1	Flympton.....	1
Essex County—		Wareham.....	4
Amesbury.....	10	Whitman.....	1
Beverly.....	2	Suffolk County—	
Haverhill.....	6	Boston.....	34
Lawrence.....	3	Chelsea.....	1
Lynn.....	1	Revere.....	3
Peabody.....	2	Worcester County—	
Salem.....	5	Blackstone.....	1
Georgetown.....	1	Douglas.....	1
Newburyport.....	2	Dudley.....	3
Franklin County—		Fitchburg.....	4
Erving.....	3	Hopedale.....	1
Greenfield.....	2	Barre.....	1
Montague.....	6	North Brookfield.....	1
Hampden County—		Leominster.....	1
Agawam.....	1	Southbridge.....	4
East Longmeadow.....	3	Sturbridge.....	1
Holyoke.....	7	Uxbridge.....	2
Southwick.....	1	Webster.....	1
Springfield.....	17	West Boylston.....	1
West Springfield.....	1	Worcester.....	5
Westfield.....	3	Millis.....	1
Hampshire County—		Lancaster.....	1
Easthampton.....	5	Charlton.....	2
Hadley.....	3		
Northampton.....	4	Total.....	253
Middlesex County—			
Cambridge.....	6	Michigan:	
Frammingham.....	1	Arenac County—	
Littleton.....	1	Mason Township.....	2
Lowell.....	4	Moffitt Township.....	1

POLIOMYELITIS—Continued.

State Reports for August, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
Michigan—Continued.		Michigan—Continued.	
Bay County—		Oakland County—	
Frasier Township.....	2	Lyon Township.....	1
Merritt Township.....	1	Troy Township.....	1
Portsmouth Township.....	1	Waterford Township.....	1
Essexville.....	1	Pontiac.....	1
Bay City.....	16	Ogemaw County—	
Berrien County—		Loan Township.....	1
Watervliet Township.....	1	Osceola County—	
Calhoun County—		Le Roy.....	1
Clarence Township.....	1	Roscommon County—	
Leroy Township.....	1	Nester Township.....	1
Marenco Township.....	1	Saginaw County—	
Sheridan Township.....	1	Chapin Township.....	5
Battle Creek.....	2	Fromont Township.....	1
Chippewa County—		James Township.....	1
Raber Township.....	1	Pillsbury Township.....	1
Clinton County—		Thomastown Township.....	1
St. Johns.....	1	St. Charles.....	1
Eaton County—		Saginaw.....	5
Kalamo Township.....	1	St. Clair County—	
Genesee County—		Kimball Township.....	1
Atlas Township.....	1	Sanilac County—	
Mundy Township.....	1	Marion Township.....	1
Flint.....	20	Deererville.....	1
Gladwin County—		Forestville.....	1
Gladwin Township.....	1	Sandusky.....	1
Grout Township.....	1	Shiawassee County—	
Gladwin.....	1	Fairfield Township.....	1
Grand Traverse County—		Tuscola County—	
Traverse City.....	1	Akron Township.....	1
Hillsdale County—		Watertown Township.....	1
Pittsford Township.....	1	Washtenaw County—	
Huron County—		Lodi Township.....	1
Brookfield Township.....	1	Wayne County—	
Ingham County—		Livonia Township.....	1
Wheatfield Township.....	1	Highland Park.....	2
Williamston Township.....	1	Oakwood.....	1
Webberville.....	1	Detroit.....	11
Iansing.....	7	Wexford County—	
Iosco County—		Cadillac.....	1
Grant Township.....	1	Total.....	163
Iron County—			
Iron River.....	1	North Dakota:	
Isabella County—		Bottineau County.....	3
Mount Pleasant.....	1		
Jackson County—		Vermont:	
Jackson.....	3	Bennington County.....	4
Kalamazoo County—		Caledonia County.....	1
Kalamazoo.....	4	Rutland County.....	2
Kalamazoo County—		Woodstock.....	1
Kalamazoo.....	1	Total.....	8
Kent County—			
Grand Rapids.....	8	Wisconsin:	
Lapeer County—		Ashland County.....	1
Arcadia Township.....	1	Barron County.....	1
Lapeer.....	1	Brown County.....	11
Lenawee County—		Buffalo County.....	3
Fairfield Township.....	2	Burnett County.....	1
Franklin Township.....	1	Calumet County.....	1
Madison Township.....	1	Dane County.....	5
Medina Township.....	1	Door County.....	3
Raisin Township.....	1	Douglas County.....	1
Riga Township.....	1	Dunn County.....	6
Rome Township.....	1	Fau Claire County.....	5
Seneca Township.....	1	Fond du Lac County.....	2
Tecumseh Township.....	1	Grant County.....	1
Blissfield.....	2	Iowa County.....	2
Adrian.....	4	Jefferson County.....	2
Midland County—		Kenosha County.....	3
Lee Township.....	1	Kewaunee County.....	3
Missaukee County—		La Crosse County.....	2
Aetna Township.....	1	Langlade County.....	4
West Branch Township.....	1	Manitowoc County.....	13
Monroe County—		Marathon County.....	11
Erie Township.....	1	Marinette County.....	3
Montcalm County—		Milwaukee County.....	3
Howard City.....	1	Oconto County.....	3
Greenville.....	1	Outagamie County.....	13
Muskegon County—			
Muskegon Heights.....	1		

POLIOMYELITIS—Continued.

State Reports for August, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
Wisconsin—Continued.		Wisconsin—Continued.	
Pepin County.....	4	Vernon County.....	1
Pierce County.....	11	Walworth County.....	1
Polk County.....	13	Washington County.....	2
Racine County.....	2	Waukesha County.....	1
Rock County.....	2	Waupaca County.....	4
Rusk County.....	1	Waushara County.....	2
St. Croix County.....	4	Winnebago County.....	1
Shawano County.....	10	Wood County.....	3
Sawyer County.....	1	Total.....	173
Sheboygan County.....	1		
Trempealeau County.....	1		

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	3		Newark, N. J.....	89	24
Atlantic City, N. J.....	5		New Bedford, Mass.....	2	1
Auburn, N. Y.....	1	1	New Britain, Conn.....	2	
Baltimore, Md.....	16	3	Newburyport, Mass.....	2	1
Bayonne, N. J.....	1		Newport, R. I.....	1	1
Binghamton, N. Y.....	1		New York, N. Y.....	441	153
Boston, Mass.....	13	7	Norristown, Pa.....	1	
Bridgeport, Conn.....	3		North Adams, Mass.....	2	2
Buffalo, N. Y.....	1		Northampton, Mass.....	1	1
Cambridge, Mass.....	1		Perth Amboy, N. J.....	1	
Camden, N. J.....	9		Philadelphia, Pa.....	120	43
Chicago, Ill.....	24	3	Pittsburgh, Pa.....	5	2
Cincinnati, Ohio.....	2		Pittsfield, Mass.....	2	1
Cleveland, Ohio.....	5		Plainfield, N. J.....	1	
Cumberland, Md.....	1		Providence, R. I.....	10	2
Detroit, Mich.....	1	1	Orange, N. J.....	15	3
East Orange, N. J.....	6		Quincy, Ill.....	1	
El Paso, Tex.....	3		Richmond, Va.....	2	1
Fitchburg, Mass.....	1		Saginaw, Mich.....	3	
Grand Rapids, Mich.....	1		St. Louis, Mo.....	2	
Hartford, Conn.....	6	4	St. Paul, Minn.....	8	2
Jersey City, N. J.....	22	2	Salt Lake City, Utah.....	1	
Kansas City, Kans.....	1		San Francisco, Cal.....	2	1
Kenosha, Wis.....	2	1	Sioux City, Iowa.....	1	
La Crosse, Wis.....	2		Somerville, Mass.....	2	3
Lancaster, Pa.....	2		Springfield, Mass.....	5	3
Long Branch, N. J.....	8		Syracuse, N. Y.....	33	14
Lowell, Mass.....	2	1	Taunton, Mass.....	1	
Lynchburg, Va.....	1		Toledo, Ohio.....	7	2
Lyons, Mass.....	2		Trenton, N. J.....	7	5
Mancel ester, N. H.....	3	1	Troy, N. Y.....	3	2
Marinette, Wis.....	1		Washington, D. C.....	2	1
Medford, Mass.....	1		Watertown, N. Y.....	1	1
Memphis, Tenn.....	2		West Hoboken, N. J.....		1
Minneapolis, Minn.....	12		Wilmington, Del.....	3	2
Mobile, Ala.....	1		Wilmington, N. C.....	1	
Montclair, N. J.....	1		Worcester, Mass.....	3	
Morristown, N. J.....	1				

RABIES IN MAN.

Idaho—Soda Springs.

The State health officer of Idaho reported that a death from rabies occurred September 8, 1916, at Soda Springs, Idaho.

City Report for Week Ended September 2, 1916.

During the week ended September 2, 1916, a case of rabies in man was reported at Fall River, Mass.

RABIES IN ANIMALS.

City Reports for Week Ended September 2, 1916.

During the week ended September 2, 1916, a case of rabies in animals was reported at Detroit, Mich., and two cases at Toledo, Ohio.

SCARLET FEVER.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2623.

SMALLPOX.

Minnesota.

Collaborating Epidemiologist Bracken reported by telegraph that during the week ended September 16, 1916, one new focus of smallpox infection was reported in Minnesota, 2 cases of the disease having been notified in the village of Gary, Norman County, Minn.

State Reports for August, 1916.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Michigan:						
Allegan County—						
Martin Township.....	2				1	1
Ingham County—						
Lansing.....	2				2	
Lonawee County—						
Rome Township.....	1				1	
Hudson.....	1			1		
Presque Isle County—						
Belknap Township.....	2				2	
Et. Clair County—						
Wales Township.....	2				2	
Wayne County—						
Detroit.....	10		2		8	
Total.....	20		2	1	16	1
Wisconsin:						
Columbia County.....	9		3		6	
Dane County.....	1		1			
Door County.....	1				1	
Douglas County.....	2					2
La Crosse County.....	1				1	
Marathon County.....	3				1	2
Milwaukee County.....	12					
Waushara County.....	2				2	
Total.....	21		4		11	4

¹ No history given.

Miscellaneous State Reports.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
District of Columbia (Aug. 1-31).....	1		Vermont (July 1-31):		
			Caledonia County.....	9	
			Orleans County.....	2	
North Dakota (Aug. 1-31):			Total.....	11	
Emmons County.....	1		Vermont (Aug. 1-31):		
Ransom County.....	4		Caledonia County.....	1	
Stutsman County.....	2				
Total.....	7				

SMALLPOX—Continued.

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Cleveland, Ohio.....	2	.....	Portland, Oreg.....	1	.....
El Paso, Tex.....	1	.....	St. Joseph, Mo.....	1	.....
Lorain, Ohio.....	1	.....	San Francisco, Cal.....	1	.....
Los Angeles, Cal.....	1	.....	Toledo, Ohio.....	1	.....
Omaha, Nebr.....	1	.....	Washington, D. C.....	1	.....

TETANUS.

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.....	1	1	Jersey City, N. J.....	.....	1
Boston, Mass.....	.....	1	La Crosse, Wis.....	1	.....
Chicago, Ill.....	1	.....	Los Angeles, Cal.....	2	2
Denver, Colo.....	.....	1	New York, N. Y.....	1	.....

TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 2628.

TYPHOID FEVER.

State Reports for August, 1916.

Place.	New cases reported.	Place.	New cases reported.
District of Columbia.....	80	Massachusetts—Continued.	
Massachusetts:		Hampshire County—	
Barnstable County—		Easthampton.....	1
Barnstable.....	1	Northampton.....	2
Dennis.....	2	Middlesex County—	
Cummington.....	1	Belmont.....	1
Berkshire County—		Cambridge.....	4
Adams.....	3	Everett.....	1
Great Barrington.....	2	Lowell.....	17
Lenox.....	1	Malden.....	1
North Adams.....	6	Medford.....	1
Pittsfield.....	3	Newton.....	6
Bristol County—		Somerville.....	7
Attleboro.....	3	Waltham.....	2
Fairhaven.....	1	Watertown.....	1
Fall River.....	41	Winchester.....	2
New Bedford.....	4	Wakefield.....	2
Somerset.....	1	Nantucket County—	
Taunton.....	2	Nantucket.....	6
Essex County—		Norfolk County—	
Andover.....	1	Braintree.....	1
Beverly.....	6	Brookline.....	1
Georgetown.....	1	Foxborough.....	1
Gloucester.....	6	Medfield.....	1
Haverhill.....	2	Milton.....	1
Ipswich.....	1	Quincy.....	2
Lawrence.....	11	Plymouth County—	
Lynn.....	29	Bridgewater.....	2
Newburyport.....	1	Brockton.....	1
Peabody.....	1	Hingham.....	1
Rockport.....	1	Marshfield.....	2
Saugus.....	2	Whitman.....	3
Hampden County—		Plymouth.....	3
Chicopee.....	3	Suffolk County—	
Ludlow.....	1	Boston.....	11
Russell.....	1	Chelsea.....	10
Springfield.....	8	Roxbury.....	1
Westfield.....	2	Worcester County—	
West Springfield.....	2	Auburn.....	1
		Blackstone.....	1

TYPHOID FEVER—Continued.

State Reports for August, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
Massachusetts—Continued.		Michigan—Continued.	
Worcester County—Continued.		Jackson County—	
Fitchburg.....	3	Leoni Township.....	1
Milford.....	2	Jackson.....	5
Uxbridge.....	1	Kalamazoo County—	
Webster.....	1	Portage Township.....	2
Worcester.....	2	Kalamazoo.....	3
Holden.....	9	Kalamazoo County—	
Total.....	265	Orange Township.....	1
		Rail River Township.....	1
Michigan:		Kent County—	
Alpena County—		Caleonia Township.....	1
Alpena.....	3	Cascade Township.....	1
Arenac County—		Grand Rapids.....	4
Clayton Township.....	1	Lapeer County—	
Mason Township.....	1	Rich Township.....	1
Barry County—		Livingston County—	
Irving Township.....	1	Hamburg Township.....	1
Hastings.....	1	Oscoda Township.....	1
Bay County—		Howell.....	1
Gilber Township.....	1	Macomb County—	
Bay City.....	14	Mount Clemens.....	1
Benzie County—		Marquette County—	
Frankfort.....	5	Marquette.....	8
Berrien County—		Negaunee.....	3
Buchanan Township.....	1	Manistee County—	
Niles Township.....	2	Dickson Township.....	1
Calhoun County—		Copemish.....	2
Marengo Township.....	1	Manistee.....	2
Tekonsha.....	1	Moore County—	
Battle Creek.....	1	Whiteford Township.....	3
Charlevoix County—		Montcalm County—	
Boyer City.....	1	Greenville.....	2
Chippewa County—		Stanton.....	1
Bruce Township.....	1	Montmorency County—	
Sault Ste. Marie.....	6	Briley Township.....	2
Clare County—		Oakland County—	
Garfield Township.....	1	Avon Township.....	1
Deaia County—		West Bloomfield Township.....	1
Fscanaba.....	2	Farmington.....	1
Easton County—		Orion.....	1
Benton Township.....	1	Rockester.....	1
Grand ledge.....	1	Pontiac.....	1
Genesee County—		Oceana County—	
Gaines Township.....	1	Sfelby.....	1
Mount Morris.....	1	Ontonagon County—	
Flint.....	35	Rockland Township.....	1
Gladwin County—		Otsego County—	
Beaverton.....	1	Gaylord.....	5
Gladwin.....	1	Owlawa County—	
Grand Traverse County—		Wright Township.....	1
Traverse City.....	1	Saginaw County—	
Grafton County—		Frankenmuth Township.....	1
Bethany Township.....	1	Saginaw Township.....	2
Rhaca.....	1	Taymouth Township.....	1
Gogebic County—		Thomastown Township.....	1
Ironwood.....	1	Saginaw.....	13
Hillsdale County—		St. Clair County—	
Wright Township.....	1	Marine City.....	1
Hillsdale.....	1	Sanilac County—	
Houghton County—		Sandusky.....	1
Calumet Township.....	1	Shiawassee County—	
Huron County—		Durand.....	2
Dwight Township.....	2	Van Buren County—	
Ingham County—		Deatur.....	14
Aurelius Township.....	1	South Haven.....	2
Locke Township.....	5	Washtenaw County—	
Lansing Township.....	3	Pittsfield Township.....	2
Lansing.....	51	Ann Arbor.....	58
Ionia County—		Wayne County—	
Lyons Township.....	2	Huron Township.....	1
Lyons.....	2	Grosse Point Farm.....	1
Isabella County—		Hamtramck.....	2
Gilmore Township.....	1	Highland Park.....	2
Lincoln Township.....	1	Oakwood.....	1
Vernon Township.....	1	Northville.....	1
Shepherd.....	1	Detroit.....	40
Mount Pleasant.....	2	Wyandotte.....	3

TYPHOID FEVER—Continued.

State Reports for August, 1916—Continued.

Place.	New cases reported.	Place.	New cases reported.
Michigan—Continued.		Wisconsin:	
Wexford County—		Ashland County.....	1
Harrietta.....	2	Brown County.....	1
Manton.....	1	Buffalo County.....	1
Cadillac.....	2	Calumet County.....	1
Total.....	375	Clark County.....	2
		Crawford County.....	2
		Dane County.....	1
North Dakota:		Door County.....	1
Burleigh County.....	13	Douglas County.....	2
Emmons County.....	1	Eau Claire County.....	2
Nelson County.....	5	Grant County.....	1
Ransom County.....	3	Iron County.....	3
Richland County.....	1	Jeanne County.....	1
Stark County.....	1	Kenosha County.....	5
Stutsman County.....	1	Keweenaw County.....	23
Walsh County.....	8	Manitowoc County.....	4
Ward County.....	1	Marathon County.....	1
Wells County.....	1	Marquette County.....	2
Williams County.....	1	Milwaukee County.....	21
Total.....	36	Oconto County.....	1
		Oneida County.....	1
Vermont:		Rock County.....	1
Addison County.....	1	Rusk County.....	2
Caledonia County.....	1	Shoebogyan County.....	5
Chittenden County.....	2	Vilas County.....	1
Orleans County.....	1	Waukesha County.....	1
Washington County.....	2	Winnebago County.....	3
Windsor County.....	2	Wood County.....	1
Total.....	10	Total.....	96

Vermont Report for July, 1916.

Place.	New cases reported.	Place.	New cases reported.
Vermont:		Vermont—Continued.	
Addison County.....	1	Orange County.....	1
Caledonia County.....	1	Orleans County.....	2
Franklin County.....	3	Total.....	8

City Reports for Week Ended September 2, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Ann Arbor, Mich.....	15	2	Coffeyville, Kans.....	6	1
Atlantic City, N. J.....	5		Columbus, Ohio.....	5	
Austin, Tex.....	1		Cumberland, Md.....	3	
Baltimore, Md.....	76	4	Danville, Ill.....	4	1
Beaver Falls, Pa.....	2		Denver, Colo.....	4	2
Birmingham, Ala.....	9	1	Detroit, Mich.....	7	1
Boston, Mass.....	7		Dubuque, Iowa.....	1	1
Bridgeport, Conn.....	2	2	Duluth, Minn.....	3	
Brockton, Mass.....	2		Elgin, Ill.....	43	3
Buffalo, N. Y.....	12	1	El Paso, Tex.....	1	
Butte, Mont.....	4	1	Everett, Mass.....	1	
Cairo, Ill.....		1	Everett, Wash.....	1	
Camden, N. J.....	5		Fall River, Mass.....	14	
Charleston, S. C.....	5		Fitchburg, Mass.....	1	
Chelsea, Mass.....	2		Fort Worth, Tex.....	4	
Chicago, Ill.....	33	6	Galveston, Tex.....	2	1
Chicopee, Mass.....	1		Grand Rapids, Mich.....	1	
Cincinnati, Ohio.....	3		Harrisburg, Pa.....	25	
Cleveland, Ohio.....	5		Hartford, Conn.....	3	

TYPHOID FEVER—Continued.

City Reports for Week Ended September 2, 1916—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Indianapolis, Ind.	119		Northampton, Mass.	2	1
Jersey City, N. J.	2		Omaha, Neb.	1	
Johnstown, Pa.	7	1	Philadelphia, Pa.	40	3
Kalamazoo, Mich.	3		Pittsfield, Mass.	1	
Kansas City, Kans.	1		Portland, Me.	10	
Kansas City, Mo.	4	1	Portland, Oreg.	1	
Kenosha, Wis.	1		Providence, R. I.	1	
Lawrence, Mass.	1	1	Richmond, Va.	3	4
Lexington, Ky.	5	1	Roanoke, Va.	10	1
Lima, Ohio.	2		Rochester, N. Y.	1	
Lincoln, Nebr.	1		Rockford, Ill.	2	
Little Rock, Ark.	2		Sacramento, Cal.	1	
Long Beach, Cal.	2		Saginaw, Mich.	5	
Long Branch, N. J.	2		St. Joseph, Mo.	2	
Lorain, Ohio.	1		St. Louis, Mo.	21	4
Los Angeles, Cal.	3		St. Paul, Minn.	2	1
Lowell, Mass.	5		Salt Lake City, Utah.	8	
Lynchburg, Va.	9	1	San tusky, Ohio.	1	
Lynn, Mass.	52		San Francisco, Cal.	3	
Malden, Mass.	1		South Bend, Ind.	2	
Melrose, Mass.	1		Springfield, Mass.	3	1
Memphis, Tenn.	8	3	Springfield, Ohio.	1	1
Milwaukee, Wis.	6		Syracuse, N. Y.	1	
Minneapolis, Minn.	8		Toledo, Ohio.	19	3
Mobile, Ala.	3		Topeka, Kans.	4	
Muscatine, Iowa.	1		Trenton, N. J.	3	
Nashville, Tenn.	8		Washington, D. C.	20	
Newark, N. J.	5	1	Watertown, N. Y.	4	
New Bedford, Mass.	1		Wheeling, W. Va.	3	
New Castle, Pa.	4		Wilkes-Barre, Pa.	2	1
New Haven, Conn.	4		Wilkinsburg, Pa.	1	
New Orleans, La.	4	1	Williamsport, Pa.	1	
Newport, R. I.	1		Wilmington, Del.	3	
Newton, Mass.	5		Wilmington, N. C.		1
New York, N. Y.	106	9	Worcester, Mass.	2	
Norristown, Pa.	1		York, Pa.	1	
North Adams, Mass.		1	Zanesville, Ohio.	2	1

TYPHUS FEVER.

California—Los Angeles, Bakersfield, Hanford.

The State health officer of California reported September 14 that a case of typhus fever had been notified in Los Angeles, Cal., in a section laborer who came from Kingman, Ariz.

The assistant director of the bureau of communicable diseases of the State Board of Health of California reported by telegraph September 18 that a case of typhus fever existed at Bakersfield, Cal., in a Mexican who came from Mexico 15 days prior to that date. He also reported 3 cases which were suspected to be typhus fever in Hanford, Cal.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for August, 1916.

Place.	Cases reported.			Place.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
District of Columbia	17	62	22	North Dakota.....	25	35	13
Massachusetts.....	460	595	173	Vermont.....	19	96	21
Michigan.....	329	97	153	Wisconsin.....	259	120	121

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

Vermont Report for July, 1916.

During the month of July, 1916, 19 cases of diphtheria, 201 cases of measles, and 33 cases of scarlet fever were reported in Vermont.

City Reports for Week Ended Sept. 2, 1916.

City.	Population as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Over 500,000 inhabitants:										
Baltimore, Md.	584,605	166	8	2	2		6		42	20
Boston, Mass.	745,139	247	32	2	19	1	7		62	22
Chicago, Ill.	2,447,045	665	83	11	28		32		150	66
Cleveland, Ohio.	656,975	160	26	2			3		29	15
Detroit, Mich.	551,717	185	31	2	1		9	1	19	14
New York, N. Y.	5,488,190	1,388	89	10	43	4	14		321	155
Philadelphia, Pa.	1,683,664	497	23	2	8		11		106	47
Pittsburgh, Pa.	571,981	164	14		12	5	8		16	7
St. Louis, Mo.	745,988	173	30		4		12		46	13
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y.	461,335	111	3		1		8		37	10
Cincinnati, Ohio	406,706	96	15	2			8		17	14
Jersey City, N. J.	300,133	82	15				2		30	6
Los Angeles, Cal.	465,367	81	7		3	1	5		71	14
Milwaukee, Wis.	428,062	87	4		2		7		24	5
Minneapolis, Minn.	353,460		9		2					
Newark, N. J.	399,000	105	11		1		6		40	7
New Orleans, La.	366,484	114	6		14		1	1	29	14
San Francisco, Cal.	416,912	113	14	1	3		6			11
Washington, D. C.	358,679	112	2		3		4		23	11
From 200,000 to 300,000 inhabitants:										
Columbus, Ohio.	209,722	68	3		3		4		6	3
Denver, Colo.	253,161	17	4							12
Indianapolis, Ind.	265,578		11		2		5		22	
Kansas City, Mo.	289,879	77	4				3		5	12
Portland, Oreg.	272,833	37			1		1		1	2
Providence, R. I.	250,025	74	9				5		1	11
Rochester, N. Y.	250,747	54							11	5
St. Paul, Minn.	241,999	47	10				2		7	5
From 100,000 to 200,000 inhabitants:										
Birmingham, Ala.	174,108	48	4		1				3	6
Bridgeport, Conn.	118,434	38	2		6				3	1
Cambridge, Mass.	111,669	18	3		6		2		3	1
Camden, N. J.	104,349								5	
Fall River, Mass.	126,901	47	1		4		2		7	
Grand Rapids, Mich.	125,750	22			2		2		2	3
Hartford, Conn.	108,969	41	4		1		7		7	1
Lowell, Mass.	112,121	44	3		3				4	2
Lynn, Mass.	100,316	18	2						4	3
Memphis, Tenn.	146,113	16	(2)				2		18	8
Nashville, Tenn.	115,978	33	3				2		4	2
New Bedford, Mass.	114,691	33			2		1		7	3
New Haven, Conn.	147,095		1				2		6	1
Omaha, Nebr.	135,455	57	4				1		1	
Reading, Pa.	105,044	19								2
Richmond, Va.	154,674	53	2				1		8	5
Salt Lake City, Utah	113,567	20	1		8		5			1
Springfield, Mass.	103,216	27	1				1		2	
Syracuse, N. Y.	152,534	56	5	1	1		2		7	3
Tacoma, Wash.	108,000				10		1		5	
Toledo, Ohio.	187,840	60	5		1		7			4
Trenton, N. J.	104,212	5	5		1	1	2		3	5
Worcester, Mass.	160,523		2				1		3	7
From 50,000 to 100,000 inhabitants:										
Akron, Ohio.	82,958		8		4		1		5	
Atlantic City, N. J.	55,806				4				16	
Bayonne, N. J.	67,582		1						2	
Berkeley, Cal.	54,879	6							2	
Binghamton, N. Y.	53,082	18	7						4	3

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

² Diphtheria carriers, 2.

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

City Reports for Week Ended Sept. 2, 1916—Continued.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. (cens: Bureau).	Total deat ^s : from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 50,000 to 100,000 inhabit- ants—Continued.										
Brookton, Mass.	65,746	11							1	1
Canton, Ohio.	59,139	11	3						1	
Charleston, S. C.	60,427	25	1	1			1			2
Covington, Ky.	56,520	9	1				2		3	1
Duluth, Minn.	91,913		2						1	
El Paso, Tex.	51,936	24	2	1	4					2
Fort Worth, Tex.	99,528	24								1
Harrisburg, Pa.	70,754	19	3		1				5	1
Hoboken, N. J.	78,104	19	2						3	1
Johnstown, Pa.	66,585	24	2				1		2	
Kansas City, Kans.	96,854		4		1				5	2
Lancaster, Pa.	50,269		2						3	
Lawrence, Mass.	98,197	28							2	
Little Rock, Ark.	55,158	21	1						1	
Malden, Mass.	50,067	7	1		1				6	
Manchester, N. H.	76,959	22	2						1	1
Mobile, Ala.	56,536	21	1							3
New Britain, Conn.	52,203		1						6	
Oklahoma, Okla.	88,158	12					1			1
Passaic, N. J.	69,010	20	2						4	2
Pawtucket, R. I.	58,156	13	3							1
Portland, Me.	63,014	21	2	1			1			
Sacramento, Cal.	64,806	16			1				1	
Saginaw, Mich.	54,815	14					1			
St. Joseph, Mo.	83,974	28							2	3
San Diego, Cal.	51,115		4	1			2			3
Schenectady, N. Y.	95,265	23			1		1		7	2
Somerville, Mass.	85,460	9	1						1	2
South Bend, Ind.	67,030	18	4	2					1	
Springfield, Ill.	53,466	11	2						1	1
Springfield, Ohio.	50,804	19							2	3
Troy, N. Y.	77,738		1				1		1	1
Wichita, Kans.	67,847		2				1		1	1
Wikes-Barre, Pa.	75,218	17	1		4		2		1	2
Wilmington, Del.	93,161	41	1				2			
York, Pa.	50,543								2	
From 25,000 to 50,000 inhabit- ants:										
Alameda, Cal.	27,031	2								
Auburn, N. Y.	36,947	7								
Austin, Tex.	34,016	29	1	1						5
Brookline, Mass.	31,934	5							2	
Butler, Pa.	26,587	8					1			1
Butte, Mont.	42,918	30								1
Chelsea, Mass.	32,452	11	1						2	
Chicopee, Mass.	28,688	13	1		1				1	
Cumberland, Md.	25,564	7					2		1	1
Dubuque, Iowa.	39,660				1					
East Orange, N. J.	41,144	9			2				3	
Elgin, Ill.	27,844	7							1	
Everett, Mass.	38,307		2						4	1
Everett, Wash.	33,767	6								
Fitchburg, Mass.	41,144	9	6		6				4	1
Galveston, Tex.	41,076	12	1						1	1
Haverhill, Mass.	47,774		1						2	1
Kalamazoo, Mich.	47,364	14								
Kenosha, Wis.	30,319	7							4	
La Crosse, Wis.	31,522	6							1	
Lexington, Ky.	39,703	17	7				2		1	4
Lincoln, Nebr.	46,028	12	1				1			
Long Beach, Cal.	26,012	8	1						1	
Lorain, Ohio.	35,662						1			
Lynchburg, Va.	32,385	9					1		1	3
Madison, Wis.	30,084				1				1	
Medford, Mass.	25,737	4	1						1	1
Montclair, N. J.	25,550	9					1		2	1
New Castle, Pa.	40,351								3	
Newport, Ky.	31,722	4								
Newton, Mass.	43,085	11			2					

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

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

City Reports for Week Ended Sept. 2, 1916—Continued.

City.	Popula- tion as of July 1, 1915 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 25,000 to 50,000 inhabit- ants—Continued.										
Niagara Falls, N. Y.	36,240	16			2					2
Norristown, Pa.	30,833	8	3	1						1
Orange, N. J.	32,544	8	3						1	
Passadena, Cal.	43,859	15			1				1	1
Perth Amboy, N. J.	39,755		3				1			
Pittsfield, Mass.	37,580	19	2						1	1
Quincy, Ill.	36,774	11								1
Quincy, Mass.	37,251	7								
Racine, Wis.	45,507	13			4					
Roanoke, Va.	41,929	12	3						2	1
San Jose, Cal.	37,994	9	1	1						
Steubenville, Ohio.	26,631	9								
Stockton, Cal.	34,518	19	1						4	2
Superior, Wis.	45,853	3								
Taunton, Mass.	35,957	15							2	
Topeka, Kans.	47,914	9								
Waltham, Mass.	30,129	3	1						2	
Watertown, N. Y.	29,384	7								1
West Hoboken, N. J.	41,833	9	1						1	
Wheeling, W. Va.	43,097	16					1		1	1
Williamsport, Pa.	33,475		2				1		1	
Wilmington, N. C.	28,274	13					1			4
Zanesville, Ohio.	30,406	11								
From 10,000 to 25,000 inhabit- ants:										
Ann Arbor, Mich.	14,979	11							4	1
Beaver Falls, Pa.	13,316		2							
Cairo, Ill.	15,593	10								
Clinton, Mass.	¹ 13,075	4					1		1	1
Concord, N. H.	22,480	8	3							1
Gal-sturg, Ill.	23,923	7								1
Kokomo, Ind.	20,312	5								
Long Branch, N. J.	15,057	1	2						1	
Melrose, Mass.	17,166	7							1	1
Morristown, N. J.	13,158	2								
Nanticoke, Pa.	22,441	5					1			
Newburyport, Mass.	15,135	4								
New London, Conn.	20,771	9								
North Adams, Mass.	¹ 22,019	12								
Northampton, Mass.	19,846	9	1		1				2	1
Plainfield, N. J.	23,280	10							1	
Rutland, Vt.	14,624	5			3		1	1		
Sandusky, Ohio.	20,160				1					
Saratoga Springs, N. Y.	12,842	5								
Steelton, Pa.	15,337	4	1						2	
Wilkinsburg, Pa.	22,361	6					1			2
Woburn, Mass.	15,862	7								1

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

FOREIGN.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Aug. 11-20, 1916.		Aug. 21-31, 1916.		Remain- ing under treatment Aug. 31, 1916.
	New cases.	Deaths.	New cases.	Deaths.	
Diphtheria.....	3		4		3
Leprosy.....		1	1		244
Malaria.....	110		14	1	8
Measles.....	56	10	19	14	3
Paratyphoid fever.....		1	2		5
Poliomyelitis.....			1		1
Scarlet fever.....	1		4		2
Typhoid fever.....	12	3	15	6	55
Varicella.....					1

¹ From interior of Republic.

GREECE.

Cholera—Moschopolis.

During the week ended July 31, 1916, 15 cases of cholera were reported at Moschopolis, Northern Epirus, Greece.

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

Reports Received During Week Ended Sept. 22, 1916.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Greece:				
Moschopolis.....	July 25-31.....	15	8	
India:				
Bombay.....	July 23-29.....	23	12	
Calcutta.....	July 16-22.....		8	
Java:				
Batavia.....	June 23-29.....	16	10	Mid-Java—June 9-16, 1916: Cases, 3; deaths, 3. West Java—June 23-29, 1916: Cases, 334; deaths, 170. June 20-July 3, 1916: Cases, 1,462; deaths, 786. Total from outbreak, May, 1916: Cases, 5,101; deaths, 2,669.
Turkey in Asia:				
Adana.....	June 20-July 3.....	84	45	
Aleppo.....	June 20-25.....	31	11	
Bagdad.....	June 22-27.....	55	11	
Damascus.....	June 25-July 3.....	42	29	
Jaffa.....	July 21-26.....	81	18	
Smyrna.....	June 23-28.....	3	3	
Turkey in Europe:				
Constantinople.....	June 23 July 6.....	65	34	

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

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

Reports Received During Week Ended Sept. 22, 1916—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	July 9-22.....	16	12	
India.....				July 16-22, 1916: Cases, 1,770; deaths, 1,284.
Bombay.....	July 23-29.....	11	13	
Madras Presidency.....	do.....	138	70	
Straits Settlements:				
Singapore.....	July 16-22.....	1	1	

SMALLPOX.

Australia:				
New South Wales.....				July 21-Aug. 3, 1916: Cases, 21.
Districts—				
Angledool.....	July 21-Aug. 3.....	1		
Narrabri.....	do.....	12		
Waigett.....	do.....	6		
Sydney.....	do.....	2		
Austria-Hungary:				
Austria—				
Prague.....	July 23-29.....	1		
Vienna.....	July 30-Aug. 5.....	1		
China:				
Harbin.....	June 5-July 16.....	5		
Egypt:				
Cairo.....	Apr. 2-15.....	28	11	
Port Said.....	Apr. 9-15.....	2	1	
India:				
Bombay.....	July 23-29.....	4	4	
Madras.....	do.....	12	10	
Java.....				Mid-Java—June 9-16, 1916: Cases, 2; deaths, 5. West Java—June 23-29, 1916: Cases, 27, deaths, 10.
Batavia.....	June 23-29.....	4	1	
Samarang.....	June 9-16.....		2	
Mexico:				
Aguascalientes.....	Aug. 28-Sept. 3.....		3	
Russia:				
Petrograd.....	July 2-30.....	39	9	
Spain:				
Cadiz.....	July 1-31.....		1	
Valencia.....	Aug. 13-19.....	2		
Straits Settlements:				
Singapore.....	July 16-22.....		1	

TYPHUS FEVER.

Austria-Hungary:				
Hungary—				
Budapest.....	July 23-29.....	1		
Canary Islands:				
Santa Cruz de Tenerife.....	July 31-Aug. 5.....		1	
China:				
Antung.....	Aug. 7-13.....	2		
Harbin.....	July 3-16.....	1		
Egypt:				
Alexandria.....	July 30-Aug. 5.....	6	6	
Cairo.....	Apr. 2-15.....	157	63	
Port Said.....	Apr. 9-15.....	4	2	
Germany:				
Berlin.....	July 30-Aug. 12.....		4	
Breslau.....	Aug. 15-21.....	3		
Königsberg.....	Aug. 6-19.....	6		
Stettin.....	Aug. 13-19.....		2	
Great Britain:				
Belfast.....	Aug. 13-26.....	2	1	
Java.....				Mid-Java—June 9-16, 1916: Cases, 4; deaths, 1. West Java—June 23-29, 1916: Cases, 12; deaths, 1.
Batavia.....	June 23-29.....	12	1	

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

Reports Received During Week Ended Sept. 22, 1916—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Mexico—Continued.				
Aguascalientes.....	Aug. 28-Sept. 3.....		16	
Netherlands:				
Rotterdam.....	July 30-Aug. 5.....		1	
Russia:				
Petrograd.....	July 2-30.....	13	2	
Switzerland:				
Zurich.....	Aug. 6-12.....	2		

YELLOW FEVER.

Mexico:				
Merida.....	July 1-Sept. 2.....	19	3	
Progreso.....	Aug. 13-Sept. 2.....	2	1	

Reports Received from July 1 to Sept. 15, 1916.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary.....				Mar. 12-May 6, 1916: Cases, 425; deaths, 155.
Austria.....	Mar. 26-Apr. 8.....	2		
Bosnia-Herzegovina.....	Mar. 12-Apr. 29.....	397	147	
Hungary.....	Mar. 20-Apr. 2.....	2		
Ceylon:				
Colombo.....	June 25-July 1....	1	1	May 7-20, 1916: Cases, 43; deaths, 5, from s. s. Hong Kheng from Haifong; total to June 1: Cases, 61; deaths, 37. May 28-June 10, 1916: Cases, 19, from the port.
China:				
Hongkong.....	Aug. 19.....			Present.
Egypt:				
Suez.....	May 18-20.....	5	2	From s. s. Pei-ho from Bombay.
Tor, quarantine station.....	May 22-June 3.....	112	42	Do.
India:				
Akyab.....	June 11-17.....		1	
Bassein.....	Apr. 23-June 10.....		3	
Bombay.....	May 14-July 1.....	21	9	
Do.....	July 2-22.....	33	21	
Calcutta.....	May 7-July 1.....		259	
Do.....	July 2-15.....		23	
Henzada.....	Apr. 23-June 17.....		6	
Madras.....	June 25-July 1.....	1	1	
Do.....	July 2-22.....	5	3	
Pegu.....	June 4-10.....		1	
Rangoon.....	May 24-July 1.....	12	8	
Indo-China:				
Provinces—				Dec. 1-31, 1915: Cases, 510; deaths, 395. Jan. 1-Feb. 29, 1916: Cases, 1,332; deaths, 762.
Anam.....	Dec. 1-31.....	493	388	
Do.....	Jan. 1-Feb. 29.....	1,295	738	
Cambodia.....	do.....	11	10	
Cochin-China.....	do.....	6	1	
Tonkin.....	Dec. 1-31.....	17	7	
Do.....	Jan. 1-Feb. 20.....	20	13	
Saigon.....	May 1-July 2.....	162	74	
Do.....	July 3-16.....	35	23	
Japan:				
Kobe.....	Aug. 30.....	46		
Nagasaki.....	Aug. 8-13.....	262	107	
Osaka.....	Aug. 30.....	353		
Yokohama.....	Aug. 15.....	1		55 cases, with 9 deaths in quarantine, from s. s. Hawaii Maru from Hongkong via ports.

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

Reports Received from July 1 to Sept. 15, 1916—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java.....				East Java, Apr. 8-June 16, 1916: Cases, 21, deaths, 13. Mid-Java, June 3-9, 1916: 1 case, 1 death. West Java, Apr. 3-June 22, 1916: Cases, 327, deaths 239. Including Malang, 2 cases, and Sidoarjo and Malang, 3 cases, with 2 deaths.
Batavia.....	Apr. 13-June 1.....		79	
Malang.....	Apr. 8-14.....	2	2	
Malang and Djombang.....	Apr. 28-May 5.....	2	2	
Surabaya residency.....	May 6-19.....	5	2	
Persia:				
Asterabad.....	June 10.....			Present, with 4 or 5 deaths daily.
Foumen.....	May 9.....	3	2	Previously erroneously included in cases at Rehct.
Ghazian.....	June 13.....	2	1	
Mohammerah.....	June 12.....			Present.
Teheran.....	Sept. 1.....			Do.
Philippine Islands:				
Manila.....	May 14-July 1.....	36	25	Not previously reported: Cases, 8; deaths, 1. July 16-Aug. 5, 1916: Cases, 868; deaths, 450.
Provinces.....				
Albay.....	July 2-Aug. 5.....	111	54	
Bataan.....	do.....	4	2	
Batangas.....	July 30-Aug. 5.....	5	5	
Bulacan.....	June 18-July 1.....	17	4	
Do.....	July 2-Aug. 5.....	456	205	
Cagayan.....	June 25-July 1.....	2	1	
Do.....	July 2-8.....	2		
Camarines.....	June 18-July 1.....	69	32	
Do.....	July 2-Aug. 5.....	619	398	
Cavite.....	June 11-July 1.....	14	11	
Do.....	July 2-Aug. 5.....	21	16	
Laguna.....	May 21-July 1.....	31	20	
Do.....	July 2-Aug. 5.....	75	51	
Mindanao.....	July 16-Aug. 5.....	19	11	
Misamis.....	do.....	82	41	
Pampanga.....	July 9-Aug. 5.....	61	52	
Rizal.....	May 21-July 1.....	11	9	
Do.....	July 2-Aug. 5.....	82	43	
Romblon.....	June 18-July 1.....	68	39	
Do.....	July 9-29.....	14	11	
Tayabas.....	June 10-24.....	11	8	
Siam:				
Bangkok.....	May 15-27.....	22	21	
Straits Settlements:				
Singapore.....	May 27-June 24.....	8	3	
Turkey in Europe:				
Constantinople.....	May 19-June 15.....	53	29	Present among soldiers June 14.
Turkey in Asia:				
Adana.....	June 16.....	1	1	
Aleppo.....	June 15-18.....	16	5	
Bagdad.....	June 15-21.....	22	6	
Damascus.....	June 16-21.....	35	21	
Jaffa.....	June 17-25.....	67	39	
Smyrna.....	June 15-20.....	19	10	Epidemic. Estimated number cases daily, 50.
At sea:				
Steamship Hong-Kheng.....	Apr. 27-May 9.....	17	14	En route from Haifong, Indo-China, to Colombo.
Steamship Pei-ho.....	Apr. 19-30.....	1	1	From Saigon, Indo-China, for Colombo.
Do.....	May 5-17.....	8	8	From Colombo for Suez.

PLAGUE.

Ceylon:				
Colombo.....	Apr. 30-July 1.....	49	46	
Do.....	July 2-8.....	12	12	
Chile:				
Mejillones.....	May 28-June 3.....	1		
Antofagasta.....	June 4-July 22.....	2		
China:				
Amoy.....	July 16-29.....			Many fatal cases.
Hongkong.....	May 28-June 30.....	7	7	
Do.....	July 23-29.....	1	1	

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

Reports Received from July 1 to Sept. 15, 1916—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.	
Ecuador:					
Ambato.....	May 1-31.....			Epidemic.	
Bahia.....	do.....			Country district, vicinity of Bahia.	
Daule.....	June 1-30.....	4	2		
Guayaquil.....	May 1-June 30.....	10	3		
Manta.....	May 1-31.....			Country district, vicinity of Manta.	
Egypt:					
Alexandria.....	May 26-Aug. 6.....	40	25	Jan. 1-Aug. 10, 1916: Cases, 1,687; deaths, 83. Jan. 1-June 29, 1916: Cases, 1,634; deaths, 792. Imported.	
Cairo.....	July 10.....	1			
Port Said.....	May 28-June 18.....	8	5		
Do.....	July 20-Aug. 3.....	5	4		
Provinces—					
Assout.....	May 27-June 29.....	9	8		
Ben-Souef.....	May 26-June 25.....	34	15		
Do.....	July 1-10.....	2	1		
Fayoum.....	May 26-June 30.....	112	45		
Do.....	July 1-Aug. 3.....	9	2		
Callioubeh.....	June 7.....	1			
Gir'eh.....	June 9-21.....	3	1		
Do.....	July 7-10.....	7	7		
Menoufieh.....	June 12-30.....	9	4		
Do.....	July 1-31.....	5	3		
Minieh.....	May 29-June 30.....	37	14		
Do.....	July 3-10.....	5	2		
Great Britain:					
Bristol.....	Aug. 18.....	1			
India:					
Bassein.....	Apr. 23-July 1.....		201	May 7-July 15, 1916: Cases, 4,890; deaths, 3,616. ¹	
Bombay.....	May 14-July 1.....	290	264		
Do.....	July 2-22.....	60	50		
Calcutta.....	May 7-July 1.....		14		
Henzada.....	Apr. 23-July 1.....		14		
Karachi.....	May 14-July 1.....	72	61		
Do.....	July 2-15.....	1	3		
Madras Presidency.....	May 14-June 24.....	139	94		
Do.....	July 9-15.....	108	78		
Mandalav.....	May 14-June 3.....		1		
Moulmein.....	Apr. 23-June 10.....		37		
Do.....	July 2-8.....		21		
Pegu.....	June 11-July 1.....		2		
Prome.....	Apr. 23-May 20.....		1		
Do.....	July 2-8.....		6		
Rangoon.....	Apr. 23-July 1.....	467	440		
Do.....	July 2-15.....	73	65		
Toungoo.....	June 25-July 1.....		2		
Indo-China:					
Provinces—					
Anam.....	Dec. 1-31.....	36	20	Dec. 1-31, 1915: Cases, 90; deaths, 70. Jan. 1-Feb. 29, 1916: Cases 205; deaths, 153.	
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		
Saigon.....	May 15-July 16.....	74	39		
Java:					
Residences—					
Kediri.....	Apr. 9-May 19.....	18	18		
Paseroean.....	Apr. 9-June 16.....	9	8		
Surabaya.....	do.....	24	21		
Surakarta.....	do.....	15	24		
Japan:					
Taiwan—					
Tamsui.....	July 16-22.....	2	2	17 miles from capital city.	
Mauritius.....	Apr. 15-June 21.....	6	8		
Persia:					
Recht.....	May 2-19.....	20	14		
Siam:					
Bangkok.....	Apr. 30-July 1.....	66	59		
Do.....	July 2-8.....	9	7		
Straits Settlements:					
Singapore.....	Apr. 30-July 1.....	5	1		
Do.....	July 2-8.....		1		
Union of South Africa:					
Orange Free State.....	Jan. 23-Mar. 26.....	36	23	Remaining under treatment Mar. 26, 6 cases.	

¹ Reports for week ended May 20 and 27, 1916, not received.

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

Reports Received from July 1 to Sept, 15, 1916—Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Australia:				
New South Wales—				
Guildford.....	June 9-22.....	2		
Narrabri.....	May 26-June 7....	8		
Do.....	July 7-20.....	4		
Sydney.....	June 23-30.....	1		
Do.....	July 1.....	3		
Tamworth.....	June 9-22.....	1		
Do.....	July 7-20.....	1		
Austria-Hungary:				
Austria—				
Galicia, Province.....	Apr. 23-May 20....	464		Feb. 13-May 20, 1916: Cases, 2,175.
Prague.....	July 2-8.....	1		
Vienna.....	May 27-July 1....	4	1	
Do.....	July 9-29.....	2		
Hungary—				
Budapest.....	May 21-July 1....	38	15	
Do.....	July 2-8.....		1	
Brazil:				
Bahia.....	July 2-Aug. 5....	2	2	
Para.....	July 2-8.....		4	
Rio de Janeiro.....	Apr. 9-June 17....	94	18	
Santos.....	May 8-14.....		1	
British East Africa:				
Mombasa.....	Apr. 24-May 31....	4	2	
Canada:				
Ontario—				
Fort William and Port Arthur.....				
Arthur.....	July 9-15.....	1		
Niagara Falls.....	July 2-8.....	1		
Toronto.....	June 25-July 29...	3		
Ceylon:				
Colombo.....	May 7-June 3....	4		Cases May 28-June 3 from the port.
China:				
Antung.....				
Chungking.....	May 22-June 18....	2	1	
Do.....	May 7-June 24....			
Do.....	July 2-22.....			Present.
Dairen.....	May 21-July 1....	2	1	Do.
Do.....	July 16-Aug. 5....	3		
Foochow.....	May 7-27.....			Do.
Do.....	July 2-22.....			Present.
Harlin.....	May 2-14.....	2	1	
Hongkong.....	May 7-June 24....	63	50	
Do.....	July 2-29.....	4	3	
Nanving.....	June 11-17.....			Do.
Tientsin.....	May 14-July 1....	45	11	
Do.....	July 2-29.....	3	1	
Egypt:				
Alexandria.....				
Cairo.....	May 28-June 17....	4	2	
Port Said.....	Jan. 22-Apr. 1....	27	8	
Do.....	Mar. 12-25.....	2	2	
France:				
Paris.....				
Do.....	May 14-July 1....	9		
Do.....	July 2-8.....	1		
Germany:				
Breslau.....				
Hamburg.....	May 21-27.....	1		
Königsberg.....	June 11-17.....	1		
Do.....	July 2-8.....	3		
Great Britain:				
Cardiff.....				
London.....	June 4-17.....	1	1	
Southampton.....	do.....	1		
Do.....	July 31-Aug. 5....	1		
Greece:				
Athens.....				
Do.....	Apr. 1-June 13....	178	37	Present. Estimated occurrence 10 cases weekly.
Do.....	July 9-23.....			
India:				
Bassein.....				
Bombay.....	May 7-June 10....		2	
Do.....	May 14-July 1....	153	79	
Do.....	July 2-22.....	23	16	
Calcutta.....	July 2-22.....			
Do.....	May 7-June 3....		3	
Do.....	July 2-8.....		1	
Madras.....	July 2-8.....			
Do.....	May 14-July 1....	139	42	
Do.....	July 2-22.....	34	19	
Rangoon.....	July 2-22.....			
Do.....	Apr. 23-July 1....	260	135	
Do.....	July 2-15.....	4	4	

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

Reports Received from July 1 to Sept. 15, 1916—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
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	
Japan:				
Kobe.....	May 29-June 25.....	24	4	
Do.....	July 24-30.....	9	1	
Nagasaki.....	June 26-July 2.....	1	1	
Java.....				East Java, Apr. 8-June 16: Cases, 42; deaths, 9. Mid-Java, Apr. 1-June 9, 1916: Cases, 159; deaths, 33. West Java, Apr. 13-June 22, 1916: Cases, 251; deaths, 49.
Batavia.....	Apr. 13-June 22.....	27	8	
S m rang.....	May 1-19.....	2		
Surabaya.....	May 6-19.....	2	1	
Malta.....	Apr. 1-30.....	7	1	
Mexico:				
Aguascalientes.....	June 12-Aug. 27.....		65	
Front ra.....	May 28-June 10.....	4	1	
Guadalajara.....	June 11-17.....	35	9	
Mazatlan.....	May 31-June 6.....		4	
T nosique.....	June 14.....			175 miles south of Frontera. Epidemic among troops.
V ra ruz.....	June 4-Aug. 6.....	7	12	
Netherlands:				
Amst rdam.....	May 28-June 3.....	1		
Philippine Islands:				
Manila.....	.....do.....			
Do.....	July 1-8.....	3		
Porto Rico:				June 19-25, 1916: Cases, 33.
Aguas Buenas.....	June 19-25.....	5		
Ar.cibo.....	.....do.....	2		
Do.....	Aug. 7-13.....	1		
Bayamon.....	June 19-July 2.....	2		
Naranjito.....	June 26-July 2.....	4		
P io Piedras.....	.....do.....	1		
San Juan.....	.....do.....	21		
Toa Alta.....	.....do.....	12		
Portugal:				
Lisbon.....	May 21-July 1.....	15		
Do.....	July 9-Aug. 12.....	7		
Russia:				
Moscow.....	Apr. 37-July 1.....	222	59	
Do.....	July 2-15.....	23	127	
Riga.....	Apr. 6-12.....	1		
Do.....	July 1-22.....	2		Apr. 1-30, 1916: 1 case.
Petrograd.....	Apr. 23-July 1.....	162	35	
Siam:				
Bangkok.....	May 24-30.....	2		
Spain:				
Madrid.....	May 1-31.....		13	June 1-30, 1916: Cases, 10.
Do.....	July 1-31.....		17	
Malaga.....	May 1-31.....		7	
Seville.....	June 1-30.....		3	
Valencia.....	May 21-July 1.....	12	4	
Do.....	July 8-22.....	5		
Straits Settlements:				
Prang.....	May 14-20.....	3		
Singapore.....	Apr. 30-July 1.....	5	3	
Switzerland:				
Basel.....	May 13-July 1.....	29		
Do.....	July 2-15.....	9		
Union of South Africa:				
Durban.....	June 1-30.....	1		
Johannesburg.....	May 28-June 3.....	1		
At sea:				
Steamship Katana.....				Case of smallpox landed at Colombo, Ceylon, May 12, 1916. Vessel arrived May 27 at Fremantle, Australia, was ordered to quarantine, and proceeded to Melbourne direct for disinfection.

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

Reports Received from July 1 to Sept. 15, 1916—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Austria-Hungary:				
Austria.....				Feb. 13-May 20, 1916: Cases, 2,407.
Galicia, province.....	Apr. 22-May 20....	1,311		
Vienna.....	July 2-15.....	3		
Hungary:				
Budapest.....	May 21-June 24....	14	2	Feb. 21-Mar. 5, 1916: Cases, 37 deaths, 7.
Do.....	July 2-8.....	1		
Canada:				
New Brunswick—				
St. John.....	July 29.....	4		
China:				
Antung.....	June 19-July 29...	3	1	
Harbin.....	May 2-8.....	1		
Tientsin.....	May 14-20.....		1	
Egypt:				
Alexandria.....	May 21-July 1.....	235	93	
Do.....	July 2-29.....	108	47	
Cairo.....	Jan. 8-Mar. 11....	76	35	
Port Said.....	Mar. 18-Apr. 1....	7	2	
Germany:				
Aix la Chapelle.....	July 2-8.....		1	
Berlin.....	June 18-24.....		1	
Do.....	July 16-29.....		3	
Bremen.....	do.....	6		
Chemnitz.....	May 28-June 3.....		1	
Frankfort on Main.....	June 11-17.....		1	
Hanover.....	May 7-27.....	4	1	
Do.....	July 1-22.....	2		
Konigsberg.....	June 4-10.....	1		
Do.....	July 9-29.....	5		
Leipzig.....	June 4-10.....		1	
Stettin.....	July 16-22.....		1	
Great Britain:				
Belfast.....	July 16-Aug. 12....	9	2	
Glasgow.....	July 9-Aug. 12....	8	6	
Greece:				
Saloniki.....	May 1-July 2.....		61	
Do.....	July 3-9.....		12	
Italy:				
Palermo.....	June 29-July 5....	1	1	
Japan:				
Hakodate.....	July 16-22.....	2		
Tokyo.....	May 22-July 25....	114		Jan. 1-July 25, 1916: Cases, 468.
Java:				
Batavia.....	Apr. 13-June 22....	34	12	East Java, Apr. 8-May 24, 1916: Cases, 20; deaths, 9. Mid-Java, Apr. 1-June 9, 1916; Cases, 50; deaths, 13. West Java, Apr. 13-June 22, 1916: Cases, 106, deaths, 17.
Samarang.....	Apr. 1-June 9.....	20	6	
Surabaya.....	Apr. 8-May 12....	6	6	
Mexico:				
Aguascalientes.....	June 12-Aug. 27....		151	
Chihuahua.....	Sept. 7.....	40		
Durango.....	Sept. 1.....			Present.
Juarez.....	Sept. 7.....	12		
Guadalajara.....	June 11-17.....	4	1	
Vera Cruz.....	June 4-9.....		2	
Do.....	July 24-Aug. 6....		6	
Zacatecas, State.....				Sept. 7. Prevalent.
Norway:				
Bergen.....	July 30-Aug. 5....		1	
Russia:				
Moscow.....	Apr. 30-July 1....	909	52	
Do.....	July 9-15.....	19	3	
Petrograd.....	Apr. 23-July 1....	59	13	
Sweden:				
Stockholm.....	June 21-27.....	1		
Do.....	July 9-29.....	5		
Switzerland:				
Geneva.....	May 21-27.....	1		
Zurich.....	July 23-29.....	2		
Turkey in Asia:				
Adana.....	May 13-27.....			Present.
Bagdad.....	June 27.....			Do.
Haifa.....	Apr. 24-June 11....	35	13	
Jaffa.....	Apr. 23-June 25....		47	Mar. 19-Apr. 1, 1916: Present.
Mersina.....	May 7-27.....	8		Apr. 2-8, 1916: Cases, 3. May 6-20: Many cases.
Tarsus.....	May 13-27.....			Present.

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

· Reports Received from July 1 to Sept. 15, 1916—Continued.

YELLOW FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Babahoyo.....	June 1-30.....	2	.....
Guayaquil.....	May 1-June 30....	76	51	
Milagro.....	June 1-30.....	1	1	
Mexico:				
Merida.....	July 1-22.....	9	1	
Progreso.....	Aug. 13.....	1	1	

SANITARY LEGISLATION:

STATE LAWS AND REGULATIONS PERTAINING TO PUBLIC HEALTH.

CALIFORNIA.

Poliomyelitis—Notification of Cases—Investigation—Quarantine. (Reg. Bd. of H., Aug. 5, 1916.)

RULE 1. Notification.—Any person in attendance on a case of poliomyelitis (infantile paralysis), or a case suspected of being poliomyelitis, shall report the case immediately to the local health authority, who shall in turn report at least weekly, on the prescribed form, to the State board of health, all cases so reported to him. In the absence of local rules permitting notification by telephone, the report to the local health authority shall be in writing.

Note 1.—During periods of unusual danger from poliomyelitis the State board of health may find it necessary to require immediate telegraphic notification of cases of poliomyelitis by the local health authorities. The board will notify local health authorities when such requirement is instituted.

Note 2.—Any physician in attendance on a case of poliomyelitis who fails promptly to report the case to the local health authority is guilty of a misdemeanor, punishable by a fine of not less than \$25 nor more than \$500, or by imprisonment for a term of not more than 90 days or by both such fine and imprisonment. (See Public Health Act, Statutes of 1907, p. 833, secs. 16 and 21.)

RULE 2. Instructions to household.—It shall be the duty of the physician in attendance on a person having poliomyelitis, or suspected of having poliomyelitis, to instruct the members of the household in precautionary measures for preventing the spread of poliomyelitis.

Note 1.—Experiments have shown that the microorganism which causes poliomyelitis is present in the secretions from the mouths and noses of persons acutely sick with poliomyelitis and in their bowel discharges. The virus has been demonstrated, also, in the secretions from the noses of healthy persons who have been in contact with the sick. On the basis of present knowledge it appears that the usual method of transmission of poliomyelitis is probably as follows: A person sick from poliomyelitis, or a healthy carrier, enters a community and comes in contact with a number of people. His infectious nasal and mouth secretions become transferred to their mouths or noses and the germs find conditions favorable to their multiplication. Most or all of these persons remain well or at least fail to develop characteristic symptoms of poliomyelitis. They in turn spread the infection to others, chiefly through the usual contacts of ordinary business and social life. In the meantime here and there, usually in widely separated locations, the infection is transmitted to a susceptible person, most commonly a child, who develops the characteristic paralysis, showing that there had been serious damage to the central nervous system. It seems that the infection in adults tends to persist for a time in their noses without extending to the central nervous system, while in young children the infection not infrequently invades the brain and spinal cord and causes serious destruction of nerve tissue, producing paralysis. The difficulty in controlling poliomyelitis lies in the large number of healthy carriers who are the sources of infection in nearly all cases.

Note 2.—The following instructions are required under rule 2:

1. If the patient is not removed at once to a hospital, he shall have a separate bed in a room screened against flies.
2. All persons, except those having the necessary care of the patient, shall be excluded from the sick room.
3. Animals shall be excluded from the sick room.
4. The room shall be kept well aired and clean. It should be freed from unnecessary carpets, draperies, and furniture before the patient is placed in it. Dust should be avoided by frequent moist cleansing of woodwork and floors.

5. The person caring for the patient shall avoid coming in contact with any other person within the household or elsewhere.

6. The person having the care of the patient shall wear a washable outer garment and shall thoroughly wash the hands with soap and water after handling the patient or any object which he may have contaminated. On leaving the room in which the patient is isolated, the attendant shall take off the washable outer garment and leave it in the room until disinfected.

7. All discharges from the nose and mouth shall be buried or disinfected. It is recommended that these discharges be received on pieces of gauze or other soft cloth and be dropped in a paper bag which is conveniently placed. The bag and its contents can easily be buried.

8. Objects which may have been contaminated by the patient shall be disinfected before being removed to any place where they might become possible sources of infection.

(a) Clothing and bedding, including the washable outer garment of the attendant, should be boiled in water or soaked for one hour in 10 per cent formalin solution before being sent to the laundry.

(b) Dishes and other utensils should be boiled in water or soaked for one hour in 10 per cent solution of formalin (1 part in 10).

(c) Remnants of food should be burned, or, if liquid, disinfected by boiling or adding an equal volume of a 10 per cent solution of formalin and allowing to stand for one hour.

9. The feces, urine, and other discharges from the patient shall be immediately disinfected. The following methods are recommended:

(a) *Fisinflection by heat.*—Pour about a quart of hot water into the receptacle containing the excreta, and then a heaping cupful of fresh quicklime (calcium oxide). Cover the receptacle and allow it to stand for two hours. Sufficient heat will be generated to kill the poliomyelitis organism.

(b) *Chemical disinfection.*—Mix with an equal quantity of 10 per cent formalin solution, thoroughly breaking up the masses; cover, and allow to stand at least an hour.

RULE 3. Investigation of case.—Upon being notified of a case of poliomyelitis, or a case suspected of being poliomyelitis, the local health authority shall make an investigation which shall include an inquiry regarding the probable source of the infection. If this source of infection is outside his jurisdiction, he shall notify the State board of health, in order that it may inform the health authority (local or State) within whose jurisdiction the infection was probably contracted. The local health authority shall determine that the instructions specified in rule 2 are understood and observed, and in the event of their nonobservance, shall take proper legal steps for their enforcement.

Note 1.—The record of the health officials' investigation should include the name, address, sex, occupation, and age of patient; the dates of first symptoms, of onset of paralysis, and recovery; the severity of the paralysis, and its distribution; the relation of the case to previous cases or to persons who had been in contact with previous cases; the probable location of the patient when infected; places visited by the patient during a period of two months before the onset (giving dates); dates of instituting and releasing quarantine; condition of the premises with regard to crowding and insanitary conditions.

RULE 4. Quarantine.—If the local health authority, upon making the investigation prescribed in rule 3, is satisfied that the case is one of poliomyelitis, or is strongly suggestive of poliomyelitis, he shall establish a quarantine by affixing a placard in a conspicuous place at the principal entrance to the premises. Until removal of the placard is authorized by the local health authority, no person shall enter or leave the premises or remove any article therefrom without the permission of the local health authority.

Note 1.—The placard specified in rule 4 shall be in the following form, in which the name of the disease shall be in letters not less than 2½ inches in height:

POLIOMYELITIS (INFANTILE PARALYSIS).

These premises are declared to be in a state of quarantine. All persons are forbidden to enter or leave these premises or to remove any articles therefrom without the permission of the local health authority.

Date.....

Local Health Authority.

Note 2.—Until such time as a positive diagnosis is made in cases strongly suggestive of poliomyelitis, the word "suspected" may precede the word "poliomyelitis" on the placard specified in rule 4.

Note 3.—The quarantined premises will ordinarily be a dwelling house with its surrounding yard. Under certain circumstances it is not necessary to quarantine an entire building, as the part in which poliomyelitis is present may have a separate front and rear entrance and may be so constructed that persons can not enter directly from another part of the building. If the local health authority, upon investigation,

NOTICE TO AGENT OR STATION MASTER.

This card must be delivered immediately to the health officer in charge of the district where station is located.

NOTICE TO HEALTH OFFICER.

The passenger named on this card must be kept under observation over a period of 20 days, after which this card must be mailed to the State board of health, marked "Free from infection." Consult the pamphlet on the Regulations of the California State Board of Health for the Prevention of Poliomyelitis.

STATEMENT OF CONDUCTOR.

The undersigned, who is conductor of train No., R. R., hereby certifies that the signature of the passenger on the reverse side corresponds with the name on the ticket presented.

Date.....

.....
Conductor.

RULE 6. Release from quarantine.—The period of quarantine shall be not less than 30 days from the beginning of the disease. When quarantine is terminated the patient and attendants shall bathe and wash their hair with soap and water and put on clean clothes, and the objects in the area of isolation shall be disinfected. The local health authority shall determine the minimum amount of disinfection required and shall see that it is carried out. (See directions for disinfection.)

The patients and contacts shall not attend school or public gatherings for a period of three weeks after release from quarantine.

Note 1.—Disinfection of the objects in the area of isolation is of less importance than the control of convalescent cases and contacts who may have become carriers.

RULE 7. Precautions by the public.—During an epidemic of poliomyelitis, children under 15 years of age shall not be allowed to congregate in public places, and shall be kept, as far as possible, on their own premises, away from contact with members of other families. The public should be instructed by the health authorities regarding the danger from the use of common drinking or eating utensils and from careless personal habits.

Note 1.—Children should be taught to wash their hands before each meal, after each visit to the toilet, and before going to bed, and to keep their fingers out of their mouths or nostrils. They should be instructed to hold a handkerchief over their mouths when coughing or sneezing. All persons, at the time of an epidemic, should avoid contacts capable of transferring the infections, such as kissing or playing with babies and small children.

DIRECTIONS FOR DISINFECTION.

Disinfection, while of much less importance than the control of persons who harbor the germs of poliomyelitis, nevertheless should be performed whenever a case is released from quarantine. This disinfection should be a thorough cleaning of the entire area of isolation. This cleaning should consist in the scrubbing with soap and water of all woodwork and furniture which can be reached by persons in the room. There is no necessity for washing ceilings or the upper parts of high walls. As far as possible, a sick room should not contain upholstered furniture, carpets, and hangings. If such objects are present in the room, they should either be fumigated or exposed to the effects of sunshine and drying for several days. When the conditions in the room indicate marked contamination with fresh, infectious material, as when a case has just died, or has been removed from a room in which the proper precautions were not observed, fumigation may be found necessary as a protection to those who will carry out the proper cleansing of the rooms.

If a room is fumigated for poliomyelitis, formaldehyde gas, in the presence of water vapor, should be used. After 12 hours the room should be opened and aired, and if the remaining formaldehyde gas is oppressive, a little ammonia should be sprayed in the air. The room should then be thoroughly cleaned.

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

SAN JOSE, CAL.

Meat—Inspection and Sale. Slaughterhouses—Sanitary Regulation. (Ord. May 23, 1916.)

SECTION 1. It shall be unlawful for any person, firm, or corporation in the city of San Jose to sell, have, keep, or expose for sale for human consumption, or to have in possession, the flesh of any cattle, calf, sheep, lamb, swine, or goat, unless the same shall have been slaughtered under the supervision of a United States Government inspector or under the supervision of an inspector of the city of San Jose in accordance with the provisions of this ordinance, or under the supervision of an inspector of any other municipal corporation in accordance with standards approved by the board of health of the city of San Jose, and unless the same bears on each primal part thereof the official stamp or mark of one of said officers, placed thereon by him, showing that he has inspected and passed the same as fit for food.

SEC. 2. Any person, firm, or corporation operating or intending to operate a slaughterhouse, or slaughtering or intending to slaughter any of the above animals, any part or parts of which are to be sold, held, kept, or exposed for sale, used or supplied for use either directly for human consumption or for manufacture into any meat food product for human consumption, in the city of San Jose, shall slaughter only at a place or at places approved by the board of health and for which a permit has been issued, and under official inspection as provided by this ordinance. To obtain such approval and inspection he shall make written application therefor to the board of health of said city. Such application shall contain the name of the proprietor and the location of the slaughterhouse, and an agreement that if a permit is issued and inspection given adequate facilities for conducting inspection will be provided and all regulations and orders of the board of health will be observed.

Upon receipt of such application the board of health shall cause such slaughterhouse to be inspected, and if found to conform to, or if thereafter made to conform to, the provisions of this ordinance as to the construction and equipment, and to the requirements for sanitation and the necessary facilities for inspection specified by the board of health, a permit shall be issued authorizing slaughtering at such place under official inspection. The permit shall show the name of the proprietor, the location of the establishment and its official number, and shall bear upon its face in large letters: "Revocable for cause."

SEC. 3. Slaughterhouses shall conform to the following: The floor or floors and the side walls to a height of not less than 1 foot above the finished floor shall be cement, stone, or similar material, constructed and maintained sufficiently tight to prevent the surroundings under or about the same becoming contaminated by filth or offensive matter; floors shall be constructed on an incline in such a manner as to provide adequate drainage therefrom. Side walls, above the cement or similar material, and to a height of not less than 5 feet above the finished floor, shall be sheeted with galvanized iron of a grade known as No. 20 gauge, which shall be cemented, soldered, or otherwise filled so as to be water-tight. All parts of slaughtering establishments, including

a slaughterhouse, storage rooms for meats, stables or corrals used for live stock, shall be kept in a clean, sanitary condition. The blood and offal shall be handled and disposed of in such a manner as to prevent decayed or offensive effluvia emanating therefrom, and no cesspool containing such material shall be allowed to form within 100 feet of a slaughtering floor or a cooling room. Each slaughterhouse shall be provided with a cooling room apart from the killing room, and shall be separated from the killing room by a tight partition in the side next or nearest to the killing room; it shall be thoroughly ventilated and well screened so as to exclude flies and other insects. All slaughtering implements shall be cleaned and disinfected immediately after a day of slaughtering or being used on an animal that has been condemned by the inspector.

SEC. 4. The city of San Jose will inspect and mark meats only at establishments holding a valid permit to operate.

Whenever inspection at slaughtering must be had under this ordinance, the person requiring it shall give notice to the meat inspector of said city, at least 24 hours before such slaughtering is to take place. Should it happen that an inspector of said city can not attend at the time set and no other time can be agreed on, the person slaughtering may, by special permit, proceed without the presence of the inspector, provided that the liver, lungs, heart, and head of the slaughtered animal are left intact in the animal until the inspector has examined and passed upon it.

The person in charge shall inform the inspector at the close of each day at what time on the following day slaughtering will be commenced, and if no slaughtering is to be done on the following day, then he shall notify the inspector at what time on any succeeding day of the work slaughtering will be commenced.

The days, or parts of days, during which slaughtering may be done, shall be fixed by agreement between the holder of a permit and the inspector, and in case agreement can not be had, the inspector shall fix the time at which such slaughtering shall be done.

No slaughtering shall be done or inspection made on any Sunday, unless a special permit in writing is granted therefor by the health department.

SEC. 5. Inspectors shall indelibly mark, stamp, or brand all meat or meat products inspected and passed as fit for human consumption. Such mark shall contain the following: "San Jose Board of Health, inspected and passed. Permit No.," or such other legend as may be adopted by the board of health, and shall be placed upon each primal part or cut of a dressed carcass, known in the trade as sides, quarters, hams, bellies, etc., and tongues, livers, and tails before they have been cut, shredded, or otherwise subdivided.

SEC. 6. It shall be unlawful for any person, firm, or corporation, except a meat inspector, to have in possession, keep, or use any mark, stamp, or brand provided or used for marking, stamping, or branding any article herein required to be marked, stamped, or branded. It shall be unlawful for any person, firm, or corporation to have in possession, keep, make, or use any mark, stamp, or brand having thereon a device of words similar in character or import to the marks, stamps, or brands provided or used for marking, stamping, or branding such articles.

SEC. 7. Carcasses, or parts thereof, not passed shall be marked and destroyed in such manner as the board of health shall prescribe.

SEC. 8. Fees for inspection shall be paid as follows: The inspector shall keep a record of all animals slaughtered or inspected each day and file with the city treasurer on the first of each month, the total number of each kind of animals slaughtered and inspected for each person during the preceding month. The fees payable for such inspection and service shall be at the following rate, to wit:

For each beef slaughtered and inspected, the sum of 25 cents.

For each hog, calf, or veal, the sum of 12 cents.

For each sheep, lamb, or goat, the sum of 3 cents.

Such fees shall be paid to the city treasurer on or before the 15th of each month next following the inspection in accordance with the statement of the inspector. If the fees are not paid on or before the 15th of such month, inspection shall not be furnished to the person in default until the whole amount due has been paid.

SEC. 9. A meat inspector and such number of assistant inspectors as it shall be deemed necessary shall be elected by the board of health of said city. Inspectors shall hold office at the pleasure of the board and shall be subject to its orders and supervision.

SEC. 10. Every person, firm, or corporation violating any of the provisions of this ordinance, and every inspector who shall pass or stamp as fit for human consumption meats unfit for human consumption, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than \$10 or more than \$100, or by imprisonment in the city jail for a period of not less than 5 days nor more than 30 days.

TACOMA, WASH.

Dairy Products—Sale and Inspection—Registration of Dairies. (Ord. 6392, July 5, 1916.)

SECTION 1. That section 5 of ordinance No. 4828,¹ passed January 12, 1912, and entitled:

"An ordinance regulating the sale of milk, cream, and certain other dairy products in the city of Tacoma, providing a penalty for the violation hereof and repealing all ordinances and parts of ordinances in conflict herewith," as amended by ordinance No. 5668, be, and the same is hereby, amended to read as follows:

SEC. 5. It shall be unlawful for any person, firm, or corporation to sell or deliver, offer or expose for sale, or have possession of with intent to sell or deliver in the city of Tacoma any dairy products without a permit so to do duly issued by the health officer or department as hereinafter provided.

All dairy products sold or offered for sale in the city of Tacoma shall first be conveyed to the central station or stations, to be known as the "City of Tacoma Central Dairy Station," which station or stations shall be located at some convenient place or places in the city and shall be maintained for the purpose of inspection, examination, and registration of dairy products by the health department of the city.

All dairymen or producers of dairy products shall make application in writing for inspection and registration, either in their own name or in the name of their duly authorized agent, prior to delivery of any such dairy products to customers. The application shall be made upon blanks provided by the city health officer and shall be verified by affidavit of the applicant. The application shall state the name of the applicant, and if made by a duly authorized agent shall state his own as well as the name of his principal, the location of his place or places of business, the number of cows, if any, owned or controlled, the location of any dairies owned or controlled or from which the applicant proposes to obtain or sell dairy products, the number and description of all wagons or other vehicles to be used by the applicant in his business; and for convenience and certainty in the matter of registration and certification, all animals, buildings, pastures, and dairy apparatus under one common ownership or control for the production in one place or vicinity of dairy products shall be known as a "dairy unit," and if a producer owns, operates, or controls more than one "dairy unit," such producer shall register or cause to be registered through a duly authorized agent each of said "dairy units" so owned, operated, or controlled, and each dairy unit shall have a separate registration number. Thereafter each dairy unit shall be known to the department by such registration number.

¹ Pub. Health Reports Reprint 190, p. 296.

When the owner or operator of any dairy unit shall apply for registration and a permit to sell or dispose of his product, an inspection shall be made by the city health officer, or by some one under his direction, and a report made and filed with the "City of Tacoma Central Dairy Station," where the producer applies for registration and permit, which report shall certify that all cows owned or controlled by the person operating said dairy unit or units have been inspected, and shall show inspection and approval of the barns in which said cows are kept, the food upon which the cows are fed, the water supply, and the apparatus used in caring for, gathering, and distributing dairy products, and shall certify that the cows are in healthy condition, apparently free from disease, and that the stables or barns in which the cows are kept, and the appliances used or to be used in caring for, gathering, or distributing the dairy products are in a clean and sanitary condition, and that the food upon which the cows are fed is clean and wholesome.

In case additions are made from time to time to the herd of cows belonging to the producer or to any of the herds of cows from which he obtains milk, it shall be his duty to immediately report such fact to the health officer in order that such cows may be inspected.

When dairy products from a dairy unit are conveyed to a central station the owner or person in control of said dairy unit either personally or through a duly authorized agent, shall make affidavit that the dairy products so to be disposed of were produced from the dairy unit of such producer and not from the dairy unit of any other producer, which affidavit shall also state the true quantity in gallons contained in the conveyed load or loads, and the approximate time since the milking of all dairy products conveyed on said load or loads.

Should two or more producers or owners, or their duly authorized agents, combine to use a common conveyance for the transportation of dairy products to the central station, the owners or producers or their duly authorized agents in charge of the combined consignment shall separately sign affidavits for the dairy products consigned from their respective dairy units; and should any dairy unit produce dairy units in quantities in excess of the carrying capacity of one vehicle or conveyance, each vehicle or conveyance shall comply with the terms of this ordinance in the same manner required of dairy units conveying all of their dairy products in one conveyance.

Every owner or producer, or owner's or producer's agent, shall permit the inspector or his assistants having charge of the central station to which said dairy products are delivered, to take such samples of said products as may be required for the necessary chemical, physical, and bacteriological examinations, and shall give assistance required in obtaining samples from any and all parts of the conveyed load or loads. Every owner or producer, his or their agent, shall whenever requested assist in measuring and checking the quantity of dairy products in a conveyed load.

Upon compliance with the foregoing provisions of this ordinance the inspector in charge of the central station where dairy products are presented for inspection shall issue a dated certificate or permit to the producer or his authorized agent, to be designated and known as a "daily inspection certificate," which shall, when signed by the inspector in charge, authorize the producer or his agent to sell and dispose of the dairy products so inspected, and the daily inspection certificate shall be displayed in a conspicuous place on the vehicle or conveyance transporting the load and shall always be accessible for public inspection.

No dairy unit or the produce thereof shall receive the approval of the inspector unless the provisions of this ordinance and all ordinances of the city of Tacoma relating to the sale and disposition of dairy products have been complied with.

It shall be unlawful for any retail or wholesale dealer in dairy products to sell, offer, or expose for sale, any such products unless the same shall have been procured by him from a dairy or dairies which have been duly inspected as provided for in this ordinance; and whenever any such dairy products kept, offered, or exposed for

sale in said city are found by the inspector to be in an unwholesome condition, or which have been produced or handled in a manner in violation of this ordinance, he may condemn and destroy the same or cause the same to be disposed of for purposes other than for human food.

The provisions of this ordinance shall not apply to dairy products intended for distribution and sale in certain thinly settled outlying districts within the limits of the city of Tacoma, to be designated by the department of health: *Provided, however,* That within such districts so designated all dairy units shall conform to the requirements of this ordinance except as to inspection of dairy products at the central station.

TYLER, TEX.

Mosquitoes—Prevention of Breeding. (Ord. May 5, 1916.)

SECTION 1. That hereafter it shall be unlawful for any person owning, renting, leasing, occupying, or controlling any premises situated within the corporate limits of the city of Tyler to keep, maintain, or permit on any such premises any cistern, tank, pond, pool, fountain, to contain stagnant water or other collection or body of water of similar character, in which mosquitoes do or may breed, unless the same be kept constantly drained or constantly covered with kerosene oil, so as to effectually prevent any breeding of mosquitoes or larvæ in the water thereof or contained therein, or constantly kept free of vegetable growth and other obstructions and stocked with mosquito-destroying fish, or kept constantly screened with wire netting of at least 14 wires each way to the inch, or otherwise closely and tightly covered as to prevent ingress and egress of mosquitoes to and from the water therein or thereof. All abandoned wells or cisterns shall be kept constantly screened or securely covered or filled up with dirt to the level of the ground.

SEC. 2. No person owning, renting, leasing, occupying, or controlling premises within the corporate limits of the city shall maintain or permit on any land or premises so owned, leased, rented, occupied, or controlled any can, pitcher, bowl, bottle, tub, bucket, barrel, trough, urn, tank, sink, drain, or other receptacle of any kind containing water in which mosquitoes breed unless the same shall be completely emptied or cleansed daily or constantly drained, or protected with wire netting of at least 14 wires each way to the inch, or kept constantly covered with kerosene oil to effectively protect and prevent the propagation of mosquitoes therein.

SEC. 3. No person owning, leasing, renting, occupying, or controlling any premises within the corporate limits of the city shall have, keep, maintain, or permit on any such premises any gutter, eave, or drain holding water for a period longer than 24 hours unless the same shall be constantly protected from the egress or ingress of mosquitoes thereto by a wire netting of at least 14 wires to the inch each way, or shall be kept constantly covered with kerosene oil.

SEC. 4. No person owning, leasing, renting, occupying, or controlling any premises within the corporate limits of the city shall have, keep, maintain, or permit on any such premises any vault, pit, basin, sewer, wash rack, excavation, or other place of similar character containing liquid in which mosquitoes breed unless the same be effectively protected against the ingress or egress of mosquitoes thereto by a wire netting of at least 14 wires to the inch each way, or unless the same shall be constantly kept covered with kerosene oil.

SEC. 5. All ordinances or parts thereof in conflict with this ordinance shall be, and the same are hereby, repealed.

SEC. 6. Any person who shall violate any provision of this ordinance shall be deemed guilty of a misdemeanor, and upon conviction shall be fined not less than \$1 nor more than \$10. Every day's continuance of such violation or failure to comply or refusal to comply with said ordinance shall be considered a separate and distinct offense.