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INTERSTATE SANITARY DISTRICTS.

In the interest of cooperation with State health authorities as an aid to the enforcement of the interstate quarantine laws and regulations the Secretary of the Treasury, on February 12, 1917, revised the interstate sanitary districts so that they follow State boundaries. Under this revision the interstate sanitary districts are as follows:

District of the North Atlantic.—Maine, New Hampshire, Massachusetts, Vermont, Rhode Island, and Connecticut.

District of the Mid-Atlantic.—New York, Pennsylvania, New Jersey, Delaware, Maryland, and the District of Columbia.

District of the Ohio.—Virginia, North Carolina, West Virginia, Kentucky, and Tennessee.

District of the South Atlantic.—South Carolina, Georgia, and Florida.

District of the Great Lakes.—Ohio, Michigan, Indiana, Illinois, Wisconsin, and Minnesota, together with jurisdiction over vessels operating on all of the Great Lakes and the St. Lawrence River, and on the Mississippi River and its tributaries north of Cairo, Ill., and the Ohio River and its tributaries between Cairo, Ill., and Pittsburgh, Pa.

District of the Upper Missouri.—Montana, North Dakota, and South Dakota.

District of the Missouri.—Nebraska, Iowa, Kansas, and Missouri.

District of the Gulf.—Oklahoma, Arkansas, Louisiana, Alabama, and Mississippi.

District of the Rocky Mountains.—Utah, Wyoming, and Colorado.

District of the Rio Grande.—Arizona, New Mexico, and Texas.

District of the North Pacific.—Washington, Oregon, and Idaho.

District of the Pacific.—California and Nevada.

INTERSTATE QUARANTINE REGULATIONS.

The following amendments to the Interstate Quarantine Regulations promulgated by the Treasury Department January 15, 1916, were made by the Secretary of the Treasury February 12, 1917, in accordance with the act of Congress approved February 15, 1893.

Water for Drinking or Culinary Purposes Provided on Cars and Vessels by Interstate Carriers.

Section 13 was amended to read as follows:

SEC. 13. Water for drinking or culinary purposes provided on any car, vessel, vehicle, or other conveyance, by any person, firm, or corporation while engaged in interstate traffic, shall conform to the bacteriological standard for drinking water, as promulgated by the Secretary of the Treasury on October 21, 1914, and shall not be from a supply that is exposed to contamination.

(*a*) The person, firm, or corporation before mentioned shall procure from the Interstate sanitary officer, or the State or other health authority within whose jurisdiction the water is obtained, a certificate showing that the water supply conforms to the foregoing requirements. The aforesaid certificates shall be executed semi-annaully or as often as the Surgeon General of the United States Public Health Service may direct, and shall be filed with the United States Public Health Service.

(*b*) Ice used for cooling such water shall be clear natural ice, ice made from distilled water, or ice made from water certified as aforesaid, and before the ice is placed in the water it shall be first carefully washed with water of known safety, and handled in such manner as to prevent its becoming contaminated by the organisms of infectious or contagious diseases: *Provided*, That the foregoing shall not apply to ice which does not come in contact with the water which is to be cooled.

(*c*) Water containers shall be cleansed at least once in each week that they are in operation.

(*d*) The provisions of this section shall also apply to water provided for drinking or culinary purposes on vessels plying between foreign ports on or near the frontiers of the United States, and adjacent ports in the United States, in accordance with article 4, Foreign Quarantine Regulations of the United States, promulgated October 20, 1910, and amendments thereto.

Water for Drinking Purposes Provided at Stations by Interstate Carriers.

Section 14 was amended to read as follows:

SEC. 14. No person, firm, or corporation engaging in interstate traffic shall maintain or permit to be maintained at or near any station or other ordinary stopping place over which the aforesaid person, firm, or corporation has control, any tank, cistern, receptacle, hydrant, pump, well, stream, brook, pool, ditch, or other place or article containing water which may be contaminated by organisms likely to cause a contagious or infectious disease, and which water may conveniently be obtained by employees of the aforesaid person, firm, or corporation, or by the general public engaging in interstate traffic, unless approved signs, prohibiting the use of such water for drinking purposes, be properly placed and properly maintained.

Interstate Transportation of Persons Having Contagious or Infectious Diseases.

Section 18 was amended to read as follows:

SEC. 18. No person knowing that he is in the communicable stage of any of the diseases enumerated in section 1 shall travel on any car, vessel, vehicle, or other conveyance engaging in interstate traffic, except as hereinafter provided, nor shall any parent, guardian, physician, nurse, or other person, allow or procure such transportation for any minor, ward, patient, or other person under his charge.

Sanitation of Camps Occupied by Migratory Workers.

The following section was added:

SEC. 37. Persons, firms, or corporations maintaining camps of migratory workers shall at all times maintain such camps in a proper sanitary condition and shall take

proper measures to maintain the camps so occupied in a vermin-free condition and shall exercise such other precautions as shall prevent the interstate spread of disease from such camps, and the Surgeon General may from time to time detail officers or employees of the United States Public Health Service to make such inspections as shall be necessary for the enforcement of this regulation.

Prohibiting the Interstate Transportation of Oysters and Clams Grown or Handled under Insanitary Conditions.

The following section was added:

SEC. 38. After notification in writing by the proper health authorities, common carriers shall not transport nor accept for transportation in interstate traffic, nor shall any person, firm, or corporation offer for transportation in interstate traffic, any oysters, clams, or other shellfish which have been grown, fattened, or handled in such a way as to render them liable to become agents in the interstate spread of disease, and the Surgeon General of the United States Public Health Service shall from time to time cause sanitary inspections to be made by officers of the Public Health Service of beds used for growing or fattening oysters, clams, or other shellfish and of shucking houses and other similar places in which oysters, clams, or other shellfish are shucked or otherwise prepared for interstate shipment, and he may forbid the interstate shipment of any such oysters, clams, or other shellfish which are produced or handled in a manner which will render them liable to become agents for the interstate spread of disease.

ARIDITY OF INDOOR ATMOSPHERES IN WINTER.

In the January bulletin of the Kansas State Board of Health appears a short article entitled "Aridity of living rooms in cold weather," by S. D. Flora, observer of the United States Weather Bureau. The author emphasizes the more than desert dryness of the indoor air of artificially heated houses and buildings throughout the northern part of the United States during the winter. A series of measurements is given of the humidity of both the indoor and outdoor air at the Weather Bureau office in Topeka, Kans., during the winter of 1909–10. The observations were made three times a day—8 a. m., 12 m., and 4 p. m.—indoors and out, with the standard type of whirling psychrometer, over a period of 40 days of typical winter weather. The room in which the measurements were made was said to have been a steam-heated, well-ventilated office room, kept at an average temperature of about 72° F. For the period during which the observations were made the average indoor relative humidity was found to be 23 per cent. This is the same average as that obtained in Death Valley, Cal., during the summer of 1891. The outdoor humidity in Topeka at the same time averaged 82 per cent. The average relative humidity during the driest month of the year is stated to be for Yuma, Ariz., 35 per cent; for Santa Fe, N. Mex., 29 per cent; and for Pueblo, Colo., 38 per cent. The arid conditions in the residences of Topeka were not essentially different from those in

the Weather Bureau office, as was shown by observations on the humidity made in a number of houses in the city.

Indoor air in heated houses and buildings is, in cold weather, usually drier than desert air.

CLIMATE AND TUBERCULOSIS.

THE RELATION OF CLIMATE TO RECOVERY.

By JOHN W. TRASK, Assistant Surgeon General, United States Public Health Service.

In zoological gardens wild animals, including those from the tropics, such as monkeys and the felines, are prone to be sickly and ill-conditioned when housed in artificially heated buildings. When it is possible to house them in outdoor unheated cages, they do better, and often the best treatment that can be given to a sick animal is to put it in an outdoor cage. The experience with domestic animals is similar. Range cattle are freer from disease than cattle which are housed. An indoor life, and more particularly a life in heated dwellings, does not seem to furnish the natural or most suitable atmosphere for animals and in this statement we may include man.

Conditions unsuited to the well may be expected to be still more unsuited to the sick, who have the handicap of disease to combat. This has been found to be so. Those affected with certain diseases, among which is tuberculosis, do best under outdoor conditions. Some diseases, such as measles and typhoid fever, have naturally a short duration. These diseases either quickly overcome the body's resisting powers and cause the death of the patient or the diseases themselves are overcome by the development of increased resisting powers on the part of the sick. Tuberculosis is a disease of a different type. Its course is slower and the fight between the disease and the patient more prolonged. Tuberculosis does not quickly overcome the affected individual, nor does the individual to any great extent develop special resisting powers. Recovery depends upon the sick doing whatever is possible to aid the body in its fight against the malady. This means the living, so far as possible, of a life favorable to normal physiological functioning, the living of a favorable life in a suitable environment.

To live a favorable life, consideration must be given to the diet, rest, exercise and work, recreation and amusement, and peace of mind. Under suitable environment are included the conditions which will make the living of a favorable life possible, giving due consideration to the above factors, and also to the suitability of the atmosphere or climate to promote the highest physiologic efficiency of the human machine.

The Quest of Climate.

To a person who finds himself affected with tuberculosis the possible benefit to be derived from a change of climate frequently suggests itself or is suggested, even before due consideration is given to the many other things of equal or greater importance. The common idea is that somewhere far off there must be a region with a climate specially suited to the tuberculous.

When the population of what is now the United States was mainly along the Atlantic coast consumptives were advised to go to the Alleghenies. As the populated area extended westward and more became acquainted with the Allegheny region, the advice was to go to the pine woods of Michigan, then to Minnesota and the Rocky Mountains, then to the Pacific coast, and finally to the arid southwest. In all these places consumptives got well in greater numbers than if they had stayed at home and continued their previous habits of life. In the Alleghenies, the pine woods of Michigan, and the Rockies they lived an outdoor life and slept in dwellings less well made and admitting more outdoor air. Their facilities for heating their abodes were cruder, less efficient, and for the consumptive undoubtedly better than those they had left at home. For the consumptive "roughing it," to the extent it implied hard work was often bad, but "roughing it" was good to the extent that it meant an outdoor life.

Climate relates to the condition of the air of a locality as regards temperature, humidity, and prevailing winds, and for the purpose of the present discussion may be considered to be the same thing as atmosphere. It is really a suitable and favorable atmosphere the consumptive needs and seeks.

The conditions to be sought in an atmosphere or climate are those which are most suitable to maintaining the natural wellbeing of the body, conditions adapted to the well, but of special importance to those who have a chronic affection, such as tuberculosis, to overcome. The things which make a climate good or bad are the temperature and humidity of the air, the frequency and velocity of winds, and the presence or absence of dust and smoke.

Temperature.—The favorable atmosphere is comfortably cool. It must not be hot. Moderately cool air is invigorating. A hot atmosphere is debilitating. Very cold weather is uncomfortable and is likely to drive one indoors. Moderate daily changes in the temperature are an advantage. They give a physiologic stimulus not present in the absence of such temperature change. The human animal thrives best in a cool atmosphere with moderate changes in temperature. These are the conditions usually found in the early autumn in the latitude of New York and Pennsylvania and later as one moves south.

Humidity.—In warm weather air that is very moist interferes with evaporation from the skin. It also lessens the dissipation of heat by radiation. Thus the proper cooling of the body and the regulation of the body temperature are interfered with.

In cool weather, on the other hand, moist air robs the body of its heat by conduction. As a result cold, moist air is "chilling."

A dry atmosphere, being a poor conductor of heat, does not produce, when cold, the chilly sensations nor the chilling of the body that occur with moist air. A cold, dry atmosphere, therefore, is not so unpleasant as one with a greater degree of moisture. In a warm dry atmosphere there are rapid evaporation of perspiration and free loss of heat by radiation, both of which tend to keep the body cool. One does not suffer from heat in a dry atmosphere as one does in the presence of greater humidity, nor is the heat so depressing.

In dry climates one is not made so uncomfortable by either the cold of winter or the heat of summer. Otherwise, the dryness of arid regions has the disadvantage that the constant breathing of excessively dry air is likely to irritate the mucous membranes of the nose and throat. The same undesirable conditions are found in many artificially heated houses during cold weather in all parts of the country. During the wintertime the air in heated houses, schools, and offices is apt to be of desert dryness. The common head cold and the prevalence of catarrhal conditions of the nose and throat are due to this indoor dryness to a greater degree than to the outdoor cold and storms.

Winds.—Winds are annoying, uncomfortable, and objectionable. Wind is likely to fill the air with dust. It interferes with the satisfactory regulation of the body heat. It robs the body of its heat by conduction, if damp, and by evaporation, if dry. A wind also requires on the part of the individual physical resistance which is exhausting to all but the robust. Cold weather is most enjoyable when the air is still, warm weather when the air is in motion to the extent of gentle breezes. In only a comparatively few regions are winds sufficiently frequent and prolonged to constitute a distinctly unfavorable feature.

Dust and smoke.—A dusty atmosphere is objectionable and unpleasant. It irritates the nose and throat. Smoke may be considered as a combination of the gases of combustion and of dust in the shape of carbon particles. The air is sufficiently free from impurities, such as dust and smoke, practically everywhere except in manufacturing cities and in arid regions during windy periods.

What Constitutes the Best Climate.

The best climate for one affected with pulmonary tuberculosis is that which furnishes a favorable atmosphere for the greatest number of hours of the day and the greatest number of days of the year.

The favorable atmosphere must be cool or at least it must not be hot for long at a time. Nor must it be too cold, although cold is less objectionable than heat. Much depends upon the climate to which the individual has become accustomed by previous residence. One who was born and grew up in the latitude of Portland, Me., or of Duluth, Minn., will have developed a much more active and efficient heat regulating mechanism so far as protection against cold is concerned than one whose residence has been Jacksonville, Fla., or New Orleans, La. Atmospheric conditions which would be delightful and suitable to one would probably be found to be cold and unpleasant to the other.

The climate characterized by favorable weather conditions all the day and all the year does not exist. Probably every locality in the temperate zones has favorable weather or atmospheric conditions for part of the year, or at least for part of the day during certain months. Few regions (excepting the tropics at low altitudes) are entirely devoid of suitable atmospheric conditions for part of the day or part of the year. It is also true that few regions have conditions that are highly favorable for more than a part of the year or part of the day. No climate is entirely good and few are entirely bad. To live in a highly favorable climate, a person would have to divide his year between different localities, living in one locality at one season and in other localities during other parts of the year.

One can frequently secure a beneficial change of climate by taking advantage of the favorable weather conditions in one's own locality, a thing that many do not do. Many live, work, and sleep in a quite unsuitable atmosphere and at the same time the outdoor atmospheric conditions may be very good. A person may live in a locality with a favorable climate and yet actually himself live in a very inferior atmosphere. Indoor climate and outdoor climate are two quite different things and usually the outdoor climate is far the better.

As the important thing for the sick individual is to live in the most favorable atmospheric conditions available to him without sacrificing other conditions of equal or greater importance, such as suitable food, an abundance of rest, and peace of mind, and sometimes interest and employment of mind, frequently the best available climate, and often the only suitable climate, all things considered, is to be found at his home or in the vicinity. No climate can make up for insufficient food, nor for the necessity of working when one should be resting, and least of all make up for the devitalizing effect of homesickness or of excessive worry.

One can frequently make a radical and favorable change in the atmosphere in which one lives during 8 or 12 hours of the day by sleeping on a porch during warm and moderate weather and in a cool room with open windows in colder weather. Also, one can at times improve the climate in the workshop or office, can change the atmosphere from one distinctly unfavorable to one that is cool and clean. Because of the greater facilities and less expense, a person will frequently be able to take advantage of the favorable atmospheric conditions at home to a greater degree than he would of the favorable conditions away from home in a locality having naturally a more favorable climate.

To one living in a city, a cleaner air and a cooler summer temperature can usually be obtained in the suburbs away from the heat of the city. The hot days of the summer are not so unfavorable a feature if the nights are cool, and the nights are usually much cooler away from the heat-absorbing stone, brick, and asphalt of the metropolis.

The Arid Southwest.

The arid Southwest has acquired a reputation for having a favorable climate. Like most localities, it has both favorable and unfavorable features. If one is to live an outdoor life one is most likely to do it under conditions where the outdoors is pleasanter and more attractive than the indoors. Then it takes no effort to keep in the open air. If one can at the same time find atmospheric conditions that are seldom disagreeably warm, and that have at least a large part of the day cool and invigorating, the combination is fortunate. These are the conditions to be found during a large part of the year in most localities of the Southwest at altitudes of from 3,000 to 6,000 feet. The air is dry, it seldom rains, practically all days are bright. During the day in the sun the thermometer may register high, but because of the dryness of the air, evaporation from the skin is rapid and much heat is lost by radiation. As a result the heat is not oppressive. In the shade it is invariably comfortably cool. The evenings and nights are cool and invigorating. In winter, too, the days are comfortably warm. The nights may be cold, but the small amount of moisture in the air keeps the body from chilling as it would with a higher degree of humidity. The dryness of the air is otherwise perhaps a disadvantage. Many find that it dries and irritates the mucous membranes of the nose and throat.

The wind storms which prevail in many localities during two or three months of the late winter and early spring are an unpleasant feature of this region. Because of the dryness these windstorms are likely to be also dust storms. During these storms the outdoors is far from attractive and the region loses much of its favorable character.

The effects of altitude must also be considered. While it is necessary to go to altitudes of from 3,000 to 6,000 feet to secure the most bracing atmospheric conditions and to avoid the summer heat of the lower levels, the increased work thrown upon the heart and lungs at these altitudes is a disadvantage to many.

Things the Consumptive Should Consider.

The consumptive who contemplates going to a distance in search of a favorable climate must consider the advantages and disadvantages, how much good the better climate will do, and what he forfeits in making the change—whether the gains compensate for the losses.

Living in a favorable atmosphere is highly desirable. It is one of the factors which will materially assist in regaining health. Climate, however, must not be secured at the expense of other factors of equal importance. In considering climate one should have in mind the expense, the kind of life that will be necessary in the new locality, the possible absence of family and friends, and the facilities for proper medical care and nursing.

Expense.—It costs considerable to go away from home and live as a consumptive must live. There is the question of railroad fare, living expenses, and medical supervision. There is usually a far better chance of regaining health at home than in going away with insufficient funds chasing the will o' the wisp, the "best climate," which may possibly after all be found in one's own dooryard during as many months of the year as in the prospective new locality. Consumptives are prone to try first one locality, then another, ever in search of the wished-for climate which will miraculously restore health, often living in boarding houses, having unsatisfactory food and poor medical supervision, lonely and sick.

Food.—The consumptive needs greater attention to his food than does the well individual. The food should be good, well prepared, and appetizing. One should consider whether this will be obtainable away from home.

Work.—Many expect to secure work to pay their expenses in the locality to which they go in search of health. One should know whether work can be obtained and of what kind, whether it will be indoor work under unfavorable conditions; whether the work will be too great a tax on the strength of the individual. It should be understood that in the new locality there will probably be many other health seekers also wanting work, and that the competition is likely to be keen; also that the atmosphere of the office or workshop is likely to be little better in one locality than in another. One who must work should carefully consider whether more suitable work under more favorable conditions can not be secured in the home locality.

Medical supervision.—Every consumptive needs at times competent medical advice and supervision. This is particularly so for a patient who has not had training as to how a consumptive should live and what he should avoid, such as is usually best acquired at a well-managed sanatorium. One should consider whether better medical supervision can be obtained at home than away.

Absence of family and friends.—In leaving family and friends to go among strangers in a new locality one should realize the possible effects. This is particularly true for one who has never before been away from home. It is practically impossible for a consumptive who is homesick to regain his health. His best chance for recovery is where he can at least occasionally see his family and friends.

Summary.

A favorable climate for a consumptive is one that is not too warm. A moderately cool atmosphere is invigorating, while a too warm one is depressing. Very cold weather, on the other hand, makes the living of an outdoor life more difficult and less attractive. Moderately cool atmospheric conditions are those to be sought.

No locality has a climate that is favorable all the year, and most localities in the United States have favorable climates for a considerable portion of the year if one will only take advantage of them.

In one's quest for a favorable climate one must not forfeit suitable food, rest, and peace of mind, or gain a more favorable atmosphere in which to live at the price of homesickness and worry.

The consumptive can usually obtain the most favorable conditions for recovery, including an outdoor life, suitable food, rest, medical attention, and nursing, at or near his home. A suitable atmosphere or climate can be obtained during many hours of the day by avoiding overheated or crowded rooms and by sleeping on a porch in all ordinary weather and in a room with open windows when it is very cold or stormy.

Leaving home, except to go to a sanatorium, is fraught with much danger, unless one is financially able to meet all possible demands, and it should be most carefully considered even then.

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.

Kansas—Wright.

Collaborating Epidemiologist Crumbine reported February 15, 1917, that 5 cases of cerebrospinal meningitis, all in one family, had been notified at Wright, Kans.

City Reports for week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md		1	Manchester, N. H	1	1
Binghamton, N. Y	1		Nashville, Tenn	1	
Boston, Mass	1	1	New York, N. Y	7	4
Buffalo, N. Y	1		Omaha, Nebr	3	
Chicago, Ill	2	1	Philadelphia, Pa	4	2
Cleveland, Ohio	1		Portsmouth, Va	1	1
Detroit, Mich	1		Saginaw, Mich	1	1
Dubuque, Iowa	1	1	St. Joseph, Mo	1	1
El Paso, Tex	1	1	St. Louis, Mo	1	
Hartford, Conn	4		San Francisco, Cal	1	
Indianapolis, Ind	1		San Jose, Cal	1	
Kansas City, Kans	2		Springfield, Mass	1	
Kansas City, Mo	1				

DIPHTHERIA.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 331.

ERYSIPELAS.

City Reports for Week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio		1	Long Beach, Cal	1	
Alameda, Cal	2		Los Angeles, Cal	2	
Baltimore, Md	7	1	Milwaukee, Wis	6	1
Binghamton, N. Y	2		Newark, N. J	10	
Boston, Mass		2	New Castle, Pa	1	
Braddock, Pa	1		New York, N. Y		9
Bridgeport, Conn	1		Pasadena, Cal	1	
Buffalo, N. Y	7		Philadelphia, Pa	24	2
Butte, Mont	1	1	Pittsburgh, Pa	13	
Butler, Pa	1		Portland, Oreg	2	
Camden, N. J	1		Providence, R. I	1	
Chicago, Ill	37	5	Reading, Pa	1	
Cincinnati, Ohio	2		Rockford, Ill	1	
Cleveland, Ohio	12		St. Joseph, Mo	1	1
Cumberland, Md	1		St. Louis, Mo	14	
Denver, Colo	1		San Francisco, Cal	4	
Detroit, Mich	9	1	Seattle, Wash	2	1
Duluth, Minn	2		Springfield, Ill		1
Erie, Pa	1		Syracuse, N. Y		1
Jackson, Mich	1		Wichita, Kans	1	
Lincoln, Nebr	1	1			

LEPROSY.

City Report for Week Ended Feb. 3, 1917.

During the week ended February 3, 1917, one death from leprosy was reported in New York, N. Y.

MALARIA.

City Reports for Week Ended Feb. 3, 1917.

During the week ended February 3, 1917, one case of malaria was reported in Brockton, Mass., and one death in Birmingham, Ala.

Arkansas Report for December, 1916.

Place.	New cases reported.	Place.	New cases reported.
Arkansas:		Arkansas—Continued.	
Carroll County	2	Newton County	8
Clay County	1	Ouachita County	1
Garland County	4	Phillips County	34
Greene County	40	Saline County	20
Hempstead County	16	Sevier County	50
Izard County	10	St. Francis County	16
Jackson County	10	Washington County	1
Lafayette County	28	White County	10
Mississippi County	25		
Monroe County	2	Total	278

MEASLES.

California—Los Angeles.

Senior Surg. Brooks reported concerning an increase in the prevalence of measles in Los Angeles, Cal., as follows: During the month of January, 1917, 176 cases were notified; during the week ended February 3, 1917, 81 cases were notified; and during the week ended February 10, 1917, 126 cases were notified.

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 331.

PELLAGRA.

Arkansas Report for December, 1916.

Place.	New cases reported.	Place.	New cases reported.
Arkansas:		Arkansas—Continued.	
Drew County	6	Saline County	4
Phillips County	3	White County	1
Pulaski County	3		
		Total	17

City Reports for Week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala	1	.....	Nashville, Tenn	.....	1
Charleston, S. C	.....	1	Taunton, Mass	.....	1
Mobile, Ala	.....	1	Washington, D. C	1	.....

PNEUMONIA.

City Reports for Week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Allentown, Pa.	1	.....	Manchester, N. H.	6	6
Auburn, N. Y.	4	4	McKeesport, Pa.	4	.....
Baltimore, Md.	25	33	Newark, N. J.	78	21
Binghamton, N. Y.	2	3	New Castle, Pa.	4	.....
Birmingham, Ala.	4	8	Newport, Ky.	1	1
Braddock, Pa.	8	.....	Norristown, Pa.	8	1
Bridgeport, Conn.	.....	18	Pasadena, Cal.	1	2
Chicago, Ill.	303	121	Pawtucket, R. I.	.....	4
Cleveland, Ohio.	66	37	Philadelphia, Pa.	149	65
Coffeyville, Kans.	3	.....	Pittsburgh, Pa.	32	40
Detroit, Mich.	14	31	Reading, Pa.	4	3
Dubuque, Iowa.	5	5	Rocky Mount, N. C.	1	1
Erie, Pa.	3	.....	Saginaw, Mich.	7	7
Flint, Mich.	3	.....	Sandusky, Ohio.	2	1
Grand Rapids, Mich.	7	4	San Francisco, Cal.	14	13
Jackson, Mich.	1	.....	San Jose, Cal.	.....	1
Kalamazoo, Mich.	7	5	Schenectady, N. Y.	4	4
Kansas City, Kans.	2	.....	Toledo, Ohio.	4	3
Kansas City, Mo.	8	28	Topeka, Kans.	.....	1
Lancaster, Pa.	2	.....	Wichita, Kans.	3	2
Lexington, Ky.	1	3	Wilkinsburg, Pa.	3	2
Lincoln, Nebr.	1	.....	York, Pa.	1	.....
Lorain, Ohio.	1	.....	Zanesville, Ohio.	1	3
Los Angeles, Cal.	10	9			

POLIOMYELITIS (INFANTILE PARALYSIS).

Arkansas Report for December, 1916.

During the month of December, 1916, one case of poliomyelitis was reported in Craighead County, Ark.

City Reports for Week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.	.....	1	Niagara Falls, N. Y.	1	.....
Albany, N. Y.	1	.....	Philadelphia, Pa.	1	.....
Boston, Mass.	.....	1	San Diego, Cal.	1	1
Chicago, Ill.	1	2	San Francisco, Cal.	1	.....
Lawrence, Mass.	.....	1	Toledo, Ohio.	1	.....
New York, N. Y.	4	1			

RABIES IN ANIMALS.

City Reports for Week Ended Feb. 3, 1917.

During the week ended February 3, 1917, one case of rabies in animals was reported in Detroit, Mich.; one case was reported in Worcester, Mass.; and one case in Niagara Falls, N. Y.

ROCKY MOUNTAIN SPOTTED FEVER.

State Reports for the Year 1916.

Surg. Fricks reported concerning the occurrence of Rocky Mountain spotted fever during the year 1916, as follows:

State.	Cases.	Deaths.	State.	Cases.	Deaths.
California.	11	.....	Utah.	29	.....
Colorado.	5	1	Washington.	3	.....
Idaho.	151	11	Wyoming.	26	6
Montana.	19	6			
Nevada.	20	2	Total.	290	30
Oregon.	26	4			

ROCKY MOUNTAIN SPOTTED FEVER—Continued.

State Report for the Year 1916—Continued.

This total of 290 cases, with 30 deaths, gives a case fatality rate of approximately 10 per cent for 1916, as compared with 572 cases, with 40 deaths, reported in 1915, representing a case fatality rate of about 7 per cent.

The greatest differences between the reported cases for the two years is found in the figures for the States of Colorado, Idaho, and Oregon, as follows: Colorado, 1915, 14 cases, 1 death; 1916, 5 cases, 1 death. Idaho, 1915, 360 cases, 11 deaths; 1916, 151 cases, 11 deaths. Oregon, 1915, 46 cases, 4 deaths; 1916, 26 cases, 4 deaths.

A great reduction in cases has occurred in certain counties in Idaho, notably Bannock and Elmore.

SCARLET FEVER.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 331.

SMALLPOX.

Connecticut.

Collaborating Epidemiologist Black reported that during the week ended February 17, 1917, 16 new cases of smallpox were notified in the State of Connecticut, all of which occurred in Waterbury.

Minnesota.

Collaborating Epidemiologist Bracken reported that during the week ended February 17, 1917, 3 new foci of smallpox infection were reported in Minnesota, cases of the disease having been notified as follows: Chisago County, Shaffer Township, 1; Olmsted County, Dover, 1; Polk County, Fairfax Township, 1.

Arkansas Report for December, 1916.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Arkansas:			Arkansas—Continued:		
Benton County	2	.....	Phillips County	4	.....
Clay County	2	.....	Pike County	52	.....
Craighead County	16	.....	Polk County	20	.....
Dallas County	1	.....	Pulaski County	15	.....
Faulkner County	4	.....	Saline County	2	.....
Garland County	18	.....	Scott County	7	.....
Greene County	4	.....	Sevier County	4	.....
Hot Spring County	1	.....	St. Francis County	8	.....
Izard County	3	.....	White County	12	.....
Jackson County	3	.....			
Mississippi County	15	.....	Total	193	.....

SMALLPOX—Continued.

City Reports for Week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio		2	Ogden, Utah	2	
Austin, Tex	2		Oklahoma City, Okla	5	
Butte, Mont	7		Omaha, Nebr	8	
Chicago, Ill	5		Portland, Oreg	4	
Cleveland, Ohio	10		Rockford, Ill	6	
Columbus, Ohio	1		Rocky Mount, N. C	1	
Danville, Ill	3		St. Joseph, Mo	2	
Detroit, Mich	7		St. Louis, Mo	2	
El Paso, Tex	2	2	St. Paul, Minn	3	
Flint, Mich	3		San Diego, Cal	1	
Grand Rapids, Mich	1		San Francisco, Cal	14	1
Indianapolis, Ind	6		Seattle, Wash	3	
Johnstown, Pa	2		Sioux City, Iowa	1	
Kansas City, Mo	2		Toledo, Ohio	5	
Little Rock, Ark	2		Topeka, Kans	2	
Minneapolis, Minn	13		Wichita, Kans	3	
New Orleans, La	8				

TETANUS.

City Reports for Week Ended Feb. 3, 1917.

During the week ended February 3, 1917, one death from tetanus was reported in Birmingham, Ala., and one case and one death were reported in Los Angeles, Cal.

TUBERCULOSIS.

See Diphtheria, measles, scarlet fever, and tuberculosis, page 331.

TYPHOID FEVER.

California—Infection from Polluted Oysters.

The secretary of the California State Board of Health reported by telegraph February 15, 1917, the occurrence of cases of typhoid fever in San Francisco, Berkeley, Alameda, Pasadena, Redlands, and San Diego, Cal., a total of 42 cases of the disease having been notified. Bacteriological investigation by the San Diego health department indicated that the source of the infection was polluted oysters.

New York—Utica.

The director of the division of communicable diseases of the New York State Department of Health reported by telegraph, February 17, 1917, that 40 cases of typhoid fever had developed in the city of Utica, N. Y., apparently due to infected water.

TYPHOID FEVER—Continued.

Arkansas Report for December, 1916.

Place.	New cases reported.	Place.	New cases reported.
Arkansas:		Arkansas—Continued.	
Carroll County	1	Newton County	1
Dallas County	2	Perry County	1
Faulkner County	4	Pulaski County	3
Garland County	5	Saline County	8
Greene County	2	St. Francis County	1
Hempstead County	2	Washington County	17
Izard County	3	White County	3
Lawrence County	1		
Mississippi County	1	Total	55

City Reports for Week Ended Feb. 3, 1917.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Albany, N. Y.	4		Milwaukee, Wis.	1	
Allentown, Pa.	3		Minneapolis, Minn.	3	
Ann Arbor, Mich.	2		Newark, N. J.	2	
Atlantic City, N. J.	1		New Bedford, Mass.	1	
Baltimore, Md.	2	2	New Castle, Pa.	5	
Beaver Falls, Pa.	2		New London, Conn.		1
Birmingham, Ala.	3	1	New Orleans, La.	2	
Boston, Mass.	3		New York, N. Y.	29	3
Buffalo, N. Y.	7	1	Norristown, Pa.		1
Cambridge, Mass.	1		Pasadena, Cal.	1	1
Camden, N. J.	1		Philadelphia, Pa.	8	2
Charleston, S. C.		1	Pittsburgh, Pa.	2	1
Chicago, Ill.	2	2	Reading, Pa.	3	
Cleveland, Ohio.	5	3	Sacramento, Cal.	1	
Covington, Ky.	1		Saginaw, Mich.	1	
Denver, Colo.	1		St. Joseph, Mo.	1	1
Detroit, Mich.	8	1	St. Louis, Mo.	4	1
East Chicago, Ind.	13		St. Paul, Minn.	1	
El Paso, Tex.		1	San Diego, Cal.	6	2
Flint, Mich.	3		Sandusky, Ohio.	1	
Fort Wayne, Ind.		1	San Francisco, Cal.	6	1
Fort Worth, Tex.	1		Schenectady, N. Y.	1	
Galveston, Tex.	3		Seattle, Wash.	2	
Hoboken, N. J.	2		South Bend, Ind.	1	
Indianapolis, Ind.	3		Steubenville, Ohio.	1	
Jackson, Mich.	1		Syracuse, N. Y.		1
Kalamazoo, Mich.	1		Toledo, Ohio.	1	
Kansas City, Mo.	2		Trenton, N. J.	1	
Lancaster, Pa.	2		Troy, N. Y.		1
Lawrence, Mass.		1	Washington, D. C.	4	
Lexington, Ky.	1	1	Wilkinsburg, Pa.	1	
Los Angeles, Cal.		1	Winston-Salem, N. C.	1	
Lowell, Mass.	1	1	Zanesville, Ohio.	1	
Manchester, N. H.	1	1			

TYPHUS FEVER.

Texas—El Paso and Laredo.

Senior Surg. Pierce reported that during the week ended February 3, 1917, 3 new cases of typhus fever were notified at El Paso and 1 new case at Laredo, Tex., making totals of 53 cases reported at El Paso and 11 cases at Laredo during the period from July 1, 1916, to February 3, 1917.

During the week ended February 10, 1917, no new case of typhus fever was reported at El Paso or Laredo.

TYPHUS FEVER—Continued

Texas—El Paso and Laredo—Continued.

During the two weeks ended February 10, 1917, 68,888 persons were inspected at points in Texas on the Mexican border. Of this number 8,338 were disinfected for destruction of vermin and 5,765 were vaccinated. Three sick persons were detained for observation and 64 were refused admission because of illness.

City Report for Week Ended Feb. 3, 1917.

During the week ended February 3, 1917, three cases of typhus fever were reported in El Paso, Tex.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

Arkansas Report for December, 1916.

During the month of December, 1916, 26 cases of diphtheria, 309 cases of measles, and 44 cases of scarlet fever were reported in Arkansas.

City Reports for Week Ended Feb. 3, 1917.

City.	Population as of July 1, 1916 (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	589,621	.....	16	3	17	.....	6	.....	48	31
Boston, Mass	756,476	307	75	5	121	.....	38	.....	52	28
Chicago, Ill	2,497,722	880	185	34	330	9	421	18	250	75
Cleveland, Ohio	674,073	217	32	7	58	.....	16	.....	38	26
Detroit, Mich	571,784	245	96	8	16	1	105	1	22	12
Los Angeles, Cal	503,812	150	23	1	81	.....	10	.....	60	21
New York, N. Y	5,602,841	1,754	321	24	323	7	134	4	344	222
Philadelphia, Pa	1,709,518	649	67	11	17	1	34	.....	157	84
Pittsburgh, Pa	579,090	199	20	2	93	.....	14	.....	25	12
St. Louis, Mo	757,309	254	93	1	179	2	52	.....	37	26
From 300,000 to 500,000 inhabitants:										
Buffalo, N. Y	468,558	110	32	3	6	.....	19	.....	22	19
Cincinnati, Ohio	410,476	169	18	.....	19	.....	8	1	26	27
Jersey City, N. J	306,345	104	19	3	8	.....	18	.....	25	7
Milwaukee, Wis	436,535	.....	28	.....	3	.....	94	2	14	6
Minneapolis, Minn	363,454	.....	10	.....	13	.....	16	.....	.....	.....
Newark, N. J	408,894	127	30	2	17	.....	15	.....	47	20
New Orleans, La	371,747	.....	16	1	494	10	.....	.....	34	29
San Francisco, Cal	463,516	159	21	.....	224	1	44	.....	19	15
Seattle, Wash	348,639	48	.....	.....	155	1	4	.....	13	3
Washington, D. C	363,980	152	4	.....	46	.....	13	.....	23	11
From 200,000 to 300,000 inhabitants:										
Columbus, Ohio	214,878	70	3	.....	110	3	1	.....	8	7
Denver, Colo	260,800	75	6	.....	151	.....	9	.....	.....	15
Indianapolis, Ind	271,708	.....	17	.....	65	.....	11	.....	11	.....
Kansas City, Mo	297,847	.....	14	3	49	.....	50	.....	.....	13
Portland, Oreg	295,465	41	2	.....	215	1	24	.....	2	.....
Providence, R. I	254,960	95	15	5	2	.....	12	.....	.....	11
St. Paul, Minn	247,232	62	11	.....	22	.....	16	.....	6	4
From 100,000 to 200,000 inhabitants:										
Albany, N. Y	104,199	.....	1	.....	4	.....	.....	.....	22	.....
Birmingham, Ala	181,762	68	1	.....	73	1	.....	.....	18	5
Bridgeport, Conn	121,579	53	7	1	20	.....	3	.....	4	4
Cambridge, Mass	112,981	31	15	2	27	.....	2	.....	6	3

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

City Reports for Week Ended Feb. 3, 1917—Continued.

City.	Population as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 100,000 to 200,000 inhabitants—Continued.										
Camden, N. J.	106,233		4				2		2	
Fall River, Mass.	128,366	54	6	2	98	3	2		13	6
Ft. Worth, Tex.	104,562	23	2		15					
Grand Rapids, Mich.	128,291	42	1	1	15		19		3	2
Hartford, Conn.	110,900	48	6		1		1		4	1
Lawrence, Mass.	100,560	32	3		1		1		2	3
Lowell, Mass.	113,245	45	11	2	24	1	2		8	6
Lynn, Mass.	102,425	34	2		4		3		8	4
Nashville, Tenn.	117,057	53	1		77		3		8	5
New Bedford, Mass.	118,158	32	2	1	32		3		12	4
New Haven, Conn.	149,685		4		28				2	1
Omaha, Nebr.	165,470	31	4		3		18			5
Reading, Pa.	109,381	39	1				2		5	3
Richmond, Va.	156,687	58	4		35		5		4	7
Salt Lake City, Utah.	117,399	38	1		65		17		1	1
Springfield, Mass.	105,942	32	17	1			12		5	
Syracuse, N. Y.	155,624	54	12	1	15		17		4	3
Tacoma, Wash.	112,770	19			36		4			
Toledo, Ohio.	191,554	75	6	1	4		88	1	11	12
Trenton, N. J.	111,593	40	3				1		4	1
Worcester, Mass.	163,314	46	6		1		17		4	4
From 50,000 to 100,000 inhabitants:										
Akron, Ohio.	85,625		8		9		7		1	
Allentown, Pa.	63,505	21	3				5	1	1	
Atlantic City, N. J.	57,660	11			39		3		7	
Bayonne, N. J.	69,893		3				2		7	
Berkeley, Cal.	57,653	6	1		18		5		1	
Binghamton, N. Y.	53,973	35	11	1	24	1	5		3	2
Brockton, Mass.	67,449	21	2		1		4		6	1
Canton, Ohio.	60,852	8					7		1	1
Charleston, S. C.	60,734	34					1			2
Covington, Ky.	57,144	28	1				2		1	6
Duluth, Minn.	94,495		6		2		6		5	
Elizabeth, N. J.	86,690	28	16		2		7		3	2
El Paso, Tex.	63,705	71	1	1	11	2	3			13
Erie, Pa.	75,195		3		7		1		4	31
Evansville, Ind.	76,078	20	2		17				1	3
Flint, Mich.	54,772	13	2				17		2	1
Fort Wayne, Ind.	76,183	27	2				2		4	1
Hoboken, N. J.	77,214	20	2		1		11		6	
Johnstown, Pa.	68,529	24			4				2	2
Kansas City, Kans.	99,437		4		2		17			
Lancaster, Pa.	50,853		1		1		1		1	
Little Rock, Ark.	57,343	35			26		2			
Malden, Mass.	51,155	10	6		1		4		1	
Manchester, N. H.	78,283	41	1	2	2		1		1	1
Mobile, Ala.	58,221	16			2					2
New Britain, Conn.	53,794		3				3		9	
Norfolk, Va.	89,612	5	2		16		1		1	3
Oklahoma City, Okla.	92,943	22	1	1	56		2			3
Passaic, N. J.	71,744	19	4				2		3	2
Pawtucket, R. I.	59,411	22	1		1					
Portland, Me.	63,867	25	3	1						1
Rockford, Ill.	55,185	20			2		2		2	2
Sacramento, Cal.	66,895	39			5		3		12	4
Saginaw, Mich.	55,642	29	1		1		3			
St. Joseph, Mo.	85,236	25	3		3		7		1	1
San Diego, Cal.	53,330				7		2		7	2
Schenectady, N. Y.	99,519	21	1		56		5		8	2
Sioux City, Iowa.	57,078						1			
Somerville, Mass.	87,039	31	5		5		3		4	3
South Bend, Ind.	68,946	18			2		17		2	2
Springfield, Ill.	61,120	39	6		6		2			1
Troy, N. Y.	77,916		4	1	42		3		6	3
Wichita, Kans.	70,722		1		17		1		4	1
Wilkes-Barre, Pa.	76,776	29	6		1				3	1
Wilmington, Del.	94,265	39	1	1			5			
York, Pa.	51,656		1				4			

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

City Reports for Week Ended Feb. 3, 1917—Continued.

City.	Population as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 25,000 to 50,000 inhabitants:										
Alameda, Cal.	27,732	7	.....	.....	12	.....	17	1	1	2
Auburn, N. Y.	37,385	10	.....	.....	1	.....	2	.....	.....	1
Austin, Tex.	34,814	7	1	.....	.....	.....	.....	.....	.....	.....
Brookline, Mass.	32,730	9	1	.....	2	.....	1	.....	1	.....
Butler, Pa.	27,632	11	.....	.....	1	.....	1	.....	.....	1
Butte, Mont.	43,425	24	2	.....	14	.....	2	.....	.....	.....
Chelsea, Mass.	46,192	14	1	.....	.....	.....	1	.....	1	2
Cumberland, Md.	26,074	6	.....	.....	1	.....	.....	.....	2	.....
Danville, Ill.	32,261	10	.....	.....	4	.....	1	.....	2	1
Davenport, Iowa.	48,811	.....	.....	.....	.....	.....	1	.....	.....	.....
Dubuque, Iowa.	39,873	8	.....	.....	16	.....	.....	.....	2	2
East Chicago, Ind.	28,743	.....	.....	.....	.....	.....	3	.....	.....	2
East Orange, N. J.	42,458	7	2	.....	13	.....	3	.....	1	.....
Elgin, Ill.	28,203	9	.....	.....	55	.....	1	.....	.....	1
Everett, Mass.	39,233	17	6	.....	1	.....	.....	.....	2	2
Everett, Wash.	35,486	3	1	.....	73	.....	.....	.....	.....	.....
Fitchburg, Mass.	41,781	12	3	1	.....	.....	.....	.....	2	.....
Galveston, Tex.	41,863	9	1	.....	.....	.....	.....	.....	.....	.....
Haverhill, Mass.	48,477	.....	5	.....	9	.....	.....	.....	4	1
Jackson, Mich.	35,363	14	8	2	24	.....	6	.....	1	1
Kalamazoo, Mich.	48,886	22	.....	.....	8	.....	3	.....	1	3
Kenosha, Wis.	31,576	5	4	2	.....	.....	1	.....	.....	.....
Kingston, N. Y.	26,771	18	1	.....	.....	.....	.....	.....	.....	2
Knoxville, Tenn.	38,676	.....	.....	30	.....	.....	.....	.....	1	.....
La Crosse, Wis.	31,677	9	.....	.....	.....	.....	.....	.....	2	1
Lexington, Ky.	41,097	21	1	1	8	.....	.....	.....	5	.....
Lima, Ohio.	35,384	.....	.....	.....	.....	.....	3	.....	.....	.....
Lincoln, Nebr.	46,515	19	2	.....	14	.....	5	.....	.....	.....
Long Beach, Cal.	27,587	12	.....	.....	1	.....	.....	.....	3	.....
Lorain, Ohio.	36,964	.....	.....	.....	.....	.....	8	.....	.....	.....
Lynchburg, Va.	32,940	9	.....	.....	4	.....	2	.....	5	.....
Madison, Wis.	30,699	.....	.....	.....	.....	.....	12	.....	4	.....
McKeesport, Pa.	47,521	12	3	.....	.....	.....	4	.....	.....	1
Medford, Mass.	26,234	13	4	.....	11	.....	.....	.....	1	.....
Montclair, N. J.	26,318	9	.....	.....	1	.....	.....	.....	.....	.....
Newburgh, N. Y.	29,603	.....	2	.....	1	.....	.....	.....	2	5
New Castle, Pa.	41,133	.....	.....	.....	.....	.....	.....	.....	6	.....
Newport, Ky.	31,927	12	1	.....	.....	.....	.....	.....	2	2
Newton, Mass.	43,715	13	1	.....	24	.....	1	.....	3	.....
Niagara Falls, N. Y.	37,353	11	.....	.....	3	.....	.....	.....	7	.....
Norristown, Pa.	31,401	11	5	.....	.....	.....	.....	.....	2	.....
Ogden, Utah.	31,404	4	.....	.....	28	.....	2	.....	.....	.....
Orange, N. J.	33,080	16	.....	.....	.....	.....	3	.....	1	.....
Pasadena, Cal.	46,450	14	2	.....	1	.....	.....	.....	.....	2
Perth Amboy, N. J.	41,185	.....	2	.....	.....	.....	.....	.....	4	.....
Pittsfield, Mass.	38,629	8	.....	.....	.....	.....	1	.....	4	2
Portsmouth, Va.	39,651	12	2	.....	8	.....	6	.....	.....	1
Quincy, Ill.	36,798	12	.....	.....	7	.....	1	.....	.....	2
Quincy, Mass.	38,136	8	.....	1	.....	2	.....	.....	.....	3
Racine, Wis.	46,486	10	2	.....	.....	.....	2	.....	2	.....
Roanoke, Va.	43,284	14	2	.....	32	.....	.....	.....	2	.....
San Jose, Cal.	38,902	6	.....	.....	1	.....	.....	.....	2	.....
Steubenville, Ohio.	27,445	15	.....	.....	.....	.....	.....	.....	.....	.....
Superior, Wis.	46,226	5	.....	.....	.....	.....	.....	.....	.....	.....
Taunton, Mass.	36,283	25	.....	.....	.....	.....	.....	.....	.....	4
Topeka, Kans.	48,726	20	1	.....	42	.....	.....	.....	.....	.....
Waltham, Mass.	30,570	11	.....	.....	2	.....	.....	.....	.....	.....
West Hoboken, N. J.	43,139	4	1	.....	.....	.....	1	.....	4	1
Wheeling, W. Va.	43,377	12	1	.....	4	.....	1	.....	1	.....
Williamsport, Pa.	33,809	.....	5	.....	.....	.....	1	.....	.....	.....
Wilmington, N. C.	29,892	10	.....	.....	.....	.....	.....	.....	2	.....
Winston-Salem, N. C.	31,155	10	1	.....	86	.....	5	2	1	1
Zanesville, Ohio.	30,863	13	.....	.....	2	.....	.....	.....	1	1
From 10,000 to 25,000 inhabitants:										
Ann Arbor, Mich.	15,010	12	.....	.....	.....	.....	2	.....	3	2
Beaver Falls, Pa.	13,532	.....	1	.....	1	.....	.....	.....	.....	.....
Braddock, Pa.	21,685	.....	.....	.....	.....	.....	2	.....	.....	.....
Cairo, Ill.	15,794	10	.....	.....	19	.....	1	.....	.....	.....

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

City Reports for Week Ended Feb. 3, 1917—Continued.

City.	Population as of July 1, 1916 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
From 10,000 to 25,000 inhabitants—Continued.										
Clinton, Mass	[1] 13,075	4			8					
Coffeyville, Kans	17,548		2							
Concord, N. H	22,669	12			1					
Galesburg, Ill	24,276	9			1		1			
Harrison, N. J	16,950		1		1		1		1	
Kearny, N. J	23,539	8	2				2		1	
Kokomo, Ind	20,930	14	3		32	1			1	1
Long Branch, N. J	15,395	2	1				2		1	
Morristown, N. J	13,284	5					1			
Nanticoke, Pa	23,126	8					4			
Newburyport, Mass	15,243	10	2				2			
New London, Conn	20,985	12								
North Adams, Mass	[1] 22,019	13							1	
Northampton, Mass	19,926	15			1		3		3	3
Plainfield, N. J	23,805	10					2		2	2
Portsmouth, N. H	11,666				1					
Rocky Mount, N. C	12,067	8	2	1	36					
Rutland, Vt	14,831	7			19			1		
Sandusky, Ohio	20,193	1			4					1
Saratoga Springs, N. Y	13,821	6					1			
Steelton, Pa	15,548	4							1	
Wilkinsburg, Pa	23,228	8	1		2		2			1
Woburn, Mass	15,969	5								2

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

FOREIGN.

CHINA.

Examination of Rats—Shanghai.

During the week ended December 30, 1916, 195 rats were examined at Shanghai. No plague infection was found. The last plague-infected rat at Shanghai was reported found during the week ended May 6, 1916.

Plague-Infected Rats—Hongkong.

The finding of plague-infected rats has been reported at Hongkong as follows: Week ended November 25, 1916, out of 2,516 rats examined, 5 were found infected; three weeks ended December 23, 1916, out of 6,500 rats examined, 5 found infected, of which three were found during the week ended December 23, 1916.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Jan. 21-31, 1917.		Remaining under treatment Jan. 31, 1917.
	New cases.	Deaths.	
Diphtheria	11	4	6
Leprosy	10		10
Malaria	23		63
Measles	21		16
Paratyphoid fever			2
Scarlet fever	3		5
Smallpox			2
Typhoid fever	15	2	36
Varicella	2		1

CYPRUS.

Leprosy—Malaria—Typhoid Fever.

The following statement of the occurrence of leprosy, malaria, and typhoid fever during the period from 1910 to 1915, inclusive, was taken from the annual report of the medical officer of the island of Cyprus for the year ended December 31, 1915:

	Leprosy.	Malaria.	Typhoid fever.
1910	12	6,074	334
1911	12	7,198	299
1912	9	10,035	447
1913	12	7,342	338
1914	12	6,622	341
1915	5	4,539	267
	62	41,810	2,026

The population of the island of Cyprus as estimated December 31, 1915, was 294,664.

DOMINICAN REPUBLIC.

Quarantine Against Porto Rico Removed.

According to information dated January 11, 1917, the quarantine measures on account of smallpox which were imposed at ports in the Dominican Republic against arrivals from Porto Rico, May 26, 1916,[1] and modified in August, 1916, have been removed.

GREAT BRITAIN.

Examination of Rats—Liverpool.

During the two weeks ended January 27, 1917, 350 rats were examined at Liverpool. No plague infection was found. The last plague-infected rat at Liverpool was reported found in October, 1916.

Plague-Infected Rats, October–November, 1916—London.

During the period from October 5 to November 6, 1916, out of 601 rats examined at London 4 rats were found plague infected. The last plague-infected rat was found November 6, 1916.

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

Reports Received During the Week Ended Feb. 23, 1917.[2]

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Calcutta	Oct. 8–14	3		
Indo-China				Aug. 1–31, 1916: Cases, 872; deaths, 754.
Provinces—				
Anam	Aug. 1–31	178	181	
Cambodia	do	17	13	
Cochin-China	do	61	41	
Kouang-Tcheou-Wan	do	112	109	
Laos	do	210	210	
Tonkin	do	294	200	
Indo-China				Sept. 1–30, 1916: Cases, 107; deaths, 82.
Provinces—				
Cambodia	Sept. 1–30	2	2	
Cochin-China	do	8	7	
Kouang-Tcheou-Wan	do	21	29	
Laos	do	34	18	
Tonkin	do	32	26	
Japan:				
Osaka	Nov. 21–Dec. 25	19	54	Aug. 13–Dec. 25, 1916: Cases, 971; deaths, 631.
Do	Dec. 26–Jan. 20	16	8	
Java:				
East Java	Oct. 14–27	5	3	
West Java				Oct. 13–Nov. 16, 1916: Cases, 115; deaths, 52.
Batavia	Oct. 13–Nov. 16	21	8	

[1] Public Health Reports, Sept. 29, 1916, p. 2714.
[2] 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 the Week Ended Feb. 23, 1917—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia	Dec. 3-16	2		
Ceylon:				
Colombo	Dec. 17-30	21	11	
Chile:				
Tocopilla	Sept. 12	1		
Egypt:				
Port Said	Jan. 18	1	1	
India:				
Bombay	Dec. 24-30	9	10	
Karachi	Dec. 30-Jan. 4	1	1	
Indo-China				Aug. 1-31, 1916: Cases, 44; deaths, 30.
Provinces—				
Anam	Aug. 1-31	17	13	
Cambodia	do	9	9	
Cochin-China	do	18	8	
Indo-China				Sept. 1-30, 1916: Cases, 27; deaths, 17.
Provinces—				
Anam	Sept. 1-30	17	9	
Cambodia	do	6	5	
Cochin-China	do	4	3	
Java:				
East Java				Aug. 26-Nov. 3, 1916: Cases, 63; deaths, 62.
Residencies—				
Kediri	Aug. 26-Nov. 3	18	16	
Madioen	do	8	8	
Pasoeroean	do	3	3	
Samarang	do	5	5	
Surubaya	do	14	15	
Surakarta	do	15	15	
Siam:				
Bangkok	Nov. 26-Dec. 2	1		

SMALLPOX.

Australia:				
New South Wales—				
Coonamble	Dec. 8	1		
Austria-Hungary:				
Austria—				
Vienna	Dec. 24-Jan. 6	4	1	
Hungary—				
Budapest	Dec. 17-23	4	1	
Canada:				
Ontario—				
Sarnia	Feb. 4-10	1		
China:				
Amoy	Dec. 10-16		3	
Antung	Jan. 8-14	2	1	
Canton	Nov. 1-Dec. 20		14	
Dairen	Dec. 17-Jan. 6	44	13	
Hongkong	Dec. 9-30	244	172	
Mukden	Jan. 7-13			Present.
Egypt:				
Cairo	Aug. 20-Sept. 2	5	1	
Port Said	Aug. 20-26	1		
India:				
Bombay	Dec. 24-30	2	1	
Indo-China				Aug. 1-31, 1916: Cases, 74; deaths, 54.
Provinces—				
Anam	Aug. 1-31	10	4	
Cambodia	do	3	3	
Cochin-China	do	31	21	
Laos	do	28	26	
Tonkin	do	2		
Indo-China				Sept. 1-30, 1916: Cases, 25; deaths, 5.
Provinces—				
Anam	Sept. 1-30	2	1	
Cambodia	do	1	1	
Cochin-China	do	21	3	
Laos	do	1		
Japan:				
Kobe	Nov. 28-Dec. 3	3		

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

Reports Received During the Week Ended Feb. 23, 1917—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java	Sept. 30-Nov. 3	56	1	
Mid-Java	do	60	8	
West Java				Oct. 13-Nov. 16, 1916: Cases, 124; deaths, 17.
Batavia	Oct. 20-Nov. 16	19	6	
Spain:				
Cadiz	Dec. 1-31		1	
Madrid	do		53	Jan. 1-Dec. 31, 1916: Deaths, 405.
Valencia	Jan. 14-20	1		
Straits Settlements:				
Penang	Dec. 3-16	4	1	
Switzerland:				
Basel	Jan. 7-13	5		
On vessel:				
S. S. Nippon Maru	Jan 22	2		Landed at Yokohama quarantine.
Do	Jan 24-Feb. 3	3		En route to Honolulu. Vessel from oriental ports.

TYPHUS FEVER.

Austria-Hungary:				
Hungary—				
Budapest	Dec. 17-23	2	1	
Egypt:				
Alexandria	Jan. 1-7	4	3	
Cairo	Aug. 20-Sept. 2	20	14	
Port Said	do	2	1	
Great Britain:				
Glasgow	Jan. 7-13		1	
Java:				
East Java	Oct. 7-Nov. 3	7		
Mid-Java	Sept. 30-Nov. 3	33	5	
West Java				Oct. 13-Nov. 16, 1916: Cases, 77; deaths, 7.
Batavia	Oct. 13-Nov. 16	55	6	
Spain:				
Madrid	Dec. 1-31		1	Jan. 1-Dec. 31, 1916: Deaths, 35.
Sweden:				
Stockholm	Jan. 2-8	1		

Reports Received from Dec. 30, 1916, to Feb. 16, 1917.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay	Nov. 5-Dec. 23	13	12	
Calcutta	Oct. 15-Dec. 9		93	
Madras	Nov. 5-Dec. 16	5		
Rangoon	Nov. 26-Dec. 16	2	3	
Indo-China				June 1-July 31, 1916: Cases, 3,578; deaths, 2,578.
Provinces—				
Anam	June 1-July 31	904	691	
Cambodia	do	8	6	
Cochin-China	do	231	144	
Kouang-Tcheou-Wan	July 1-31	83	62	
Laos	June 1-July 31	433	417	
Tonkin	June 1-30	1,276	775	
Japan:				
Fukuoka	Jan. 19	33		
Nagasaki	Nov. 27-Dec. 3	9	4	
Osaka	Nov. 16-Dec. 5	8	11	Aug. 13-Dec. 5, 1916: Cases, 966; deaths, 625.
Do	Jan. 6-16	9		
Taiwan Island—				
Keelung	Nov. 13-Dec. 23	5	7	
Taihoku	do	14	5	
Yokohama	Nov. 6-Dec. 3	5	3	
Districts	do	1	1	

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

Reports Received from Dec. 30, 1916, to Feb. 16, 1917—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
West Java				Nov. 17-30, 1916: Cases, 16; deaths, 11.
Batavia	Nov. 17-30	1	1	
Philippine Islands:				
Manila	Oct. 29-Dec. 30	201	70	Not previously reported: Cases, 49; deaths, 2.
Provinces				Oct. 29-Dec. 9, 1916: Cases, 4,191; deaths, 2,030.
Albay	Oct. 29-Dec. 9	246	147	
Do	Dec. 17-30	20	10	
Antique	Nov. 18-25	8	7	
Bataan	Oct. 29-Dec. 9	93	77	
Do	Dec. 17-23	2	2	
Batangas	Oct. 29-Nov. 18	1	1	
Bohol	Oct. 29-Dec. 9	46	18	
Do	Dec. 17-23	1		
Bulacan	Oct. 29-Dec. 9	96	67	
Do	Dec. 17-23	10	6	
Camarines	Oct. 29-Dec. 9	61	37	
Capiz	do	45	34	
Do	Dec. 17-30	27	23	
Cavite	Oct. 29-Dec. 9	156	113	
Do	Dec. 17-30	24	13	
Cebu	Dec. 24-30	12	6	
Iloilo	Oct. 29-Dec. 9	237	148	
Do	Dec. 17-30	37	31	
Laguna	Nov. 5-25	12	10	
Leyte	Oct. 29-Dec. 9	127	98	
Do	Dec. 17-30	90	62	
Masbate	Dec. 17-23	8	2	
Misamis	Oct. 29-Dec. 9	126	79	
Do	Dec. 17-30	17	12	
Negros Occidental	Oct. 29-Dec. 9	910	553	
Do	Dec. 24-30	11	5	
Pampanga	Dec. 3-9	4	3	
Do	Dec. 17-23	6	5	
Rizal	Oct. 29-Dec. 9	27	14	
Do	Dec. 17-30	4		
Samar	Nov. 5-18	13	10	
Sorsogon	Oct. 29-Dec. 2	131	71	
Do	Dec. 17-23	1	2	
Tayabas	Nov. 5-18	1	1	
Zambales	Oct. 29-Dec. 2	7	1	
Straits Settlements:				
Singapore	Oct. 22-28	2	2	
Turkey in Asia				Sept. 22-Dec. 12, 1916: Cases, 258; deaths, 117.
Bagdad	Nov. 6-30	17	6	
Beirut	Dec. 7-12	2	1	
Tarsus	Nov. 7	1	1	
Turkey in Europe:				
Constantinople	Oct. 1-Nov. 17	8	1	

PLAGUE.

Brazil:				
Bahia	Nov. 5-Dec. 2	13	9	Jan. 1-Nov. 11, 1916: Cases, 14; deaths, 7. Nov. 5-11: Cases, 4; deaths, 2.
Joazeiro				June 1-Nov. 6, 1916: Cases, 67; deaths, 51.
Ceylon:				
Colombo	Oct. 28-Dec. 9	29	19	July 23-29, 1916: Cases, 9; deaths, 8.
China:				
Amoy, vicinity	Nov. 19-Dec. 2			Present.
Hongkong	Dec. 24-30	1	1	
Kansu Province—				
Taochow	Oct. 1-24		20	Pneumonic. Reported present in other localities in Province.
Ecuador				Sept. 1-Nov. 30, 1916: Cases, 156; deaths, 57.
Duran	Oct. 1-31	1		
Guayaquil	Sept. 1-30	21	7	
Do	Oct. 1-31	43	13	
Do	Nov. 1-30	83	35	

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

Reports Received from Dec. 30, 1916, to Feb. 16, 1917—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Ecuador—Continued.				
Milagro	Nov. 1-30	1		
Nobol	Oct. 1-31	1	1	
Santa Rosa	Sept. 1-30	1	1	
Egypt				Jan. 1-Dec. 30, 1916: Cases, 1,702; deaths, 828.
Alexandria	Nov. 12-Dec. 25	4	3	1 case on s. s. Proton, arrived Nov. 16, 1916, from Sidi Barand and Sollum.
Port Said	Dec. 11	1		
India				Oct. 15-Dec. 9, 1916: Cases, 62,977; deaths, 47,146.
Bassein	Oct. 22-Dec. 2		3	
Bombay	Nov. 5-Dec. 23	64	49	Oct. 8-14, 1916: Cases, 13; deaths, 7. Received out of date. Original report lost on s. s. Arabia.
Karachi	Oct. 29-Dec. 23	3	2	
Madras	Nov. 19-Dec. 16	6	3	Oct. 8-14, 1916: Cases, 1; deaths, 1.
Madras Presidency	Nov. 5-Dec. 16	4,003	2,677	Oct. 8-14, 1916: Cases, 534; deaths, 353. Sept. 17-23, 1916: Cases, 429; deaths, 280.
Mandalay	Oct. 28-Nov. 18		2	
Moulmein	Dec. 3-9		1	
Prome	Oct. 22-Dec. 9		96	
Rangoon	Oct. 28-Dec. 16	27	24	Oct. 1-7, 1916: Cases, 9; deaths, 9.
Toungoo	Oct. 22-Dec. 9		10	
Indo-China				June 1-July 31, 1916: Cases, 168; deaths, 104.
Provinces—				
Anam	June 1-July 31	44	29	
Cambodia	do	35	33	
Cochin-China	do	62	36	
Kouang-Tcheou-Wan	July 1-31	27	6	
Saigon	Nov. 6-19	3	1	
Japan:				
Nagoya	Dec. 10-16	2		
Yokkaichi	Nov. 12-Dec. 16	32	12	
Java:				
East Java—				
Djocja Residency	Nov. 4-17	1	1	
Kediri Residency	Aug. 26-Sept. 22	12	10	
Pasoeroean Residency	do	2	2	
Surabaya Residency	Nov. 4-17	13	13	Surabaya City, Nov. 4-17, 1916: Cases, 5; deaths, 5.
Surakarta Residency	do	6	6	
Mid-Java—				
Samarang	do	1	1	
Siam:				
Bangkok	Oct. 22-Nov. 18	4	3	
Straits Settlements:				
Singapore	do	5	5	
Union of South Africa:				
Cape of Good Hope State—				
Uitenhage district	Oct. 31-Nov. 12	2	2	Total, Oct. 23-Nov. 12, 1916: Cases, 24; deaths, 13.

SMALLPOX.

Austria-Hungary:				
Austria—				
Vienna	Nov. 12-Dec. 9	8	1	
Hungary—				
Budapest	Nov. 5-Dec. 9	69	1	
Brazil:				
Bahia	Nov. 12-Dec. 2	4		
Rio de Janeiro	Nov. 12-Dec. 30	50	12	
Canada:				
Ontario—				
Sarnia	Jan. 28-Feb. 3	2		
Toronto	do	2		
China:				
Amoy	Oct. 31-Dec. 9			Present.
Chungking	Oct. 28-Dec. 23			Do.
Dairen	Nov. 5-Dec. 26	48	8	
Foochow	Oct. 29-Dec. 16			Do.
Harbin	Nov. 6-19	2		
Hongkong	Oct. 28-Dec. 9	105	71	
Mukden	Dec. 9-30			Do.
Do	Dec. 31-Jan. 6			Do.

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

Reports Received from Dec. 30, 1916, to Feb. 16, 1917—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Nanking	Nov. 12-25			Present.
Tientsin	Dec. 17-30	1	1	
Tsingtao	Dec. 1-9	3		
Cuba:				
Casa Blanca	Jan. 12	1		Vicinity of Habana. Case landed Jan. 1, 1917, from s. s. Alfonso XII, from Santander, Spain.
Encrucijada	Jan. 10	1		In Santa Clara Province. Case landed from s. s. Montevideo from Barcelona, via Las Palmas, Canary Islands, and Porto Rico; arrived at Habana Jan. 6, 1917.
Guanabacoa	Jan. 9	1		Vicinity of Habana. Case landed from s. s. Montevideo.
Habana	Jan. 10-20	2		At Mariel quarantine station. From s. s. Montevideo.
Ecuador:				
Guayaquil	Nov. 1-30	10	1	
Egypt:				
Alexandria	Dec. 25-31		3	
Cairo	June 11-July 1	50	20	
Do	July 2-Sept. 9	54	19	
Port Said	June 11-17	1	1	
Do	Sept. 3-9	1	1	
France:				
Marseille	Oct. 1-Nov. 30		14	
Hawaii:				
Honolulu	Jan. 9	1		From s. s. Tenyo Maru from oriental ports.
Do	Jan. 24	1		From s. s. Ecuador from Hongkong.
India:				
Bombay	Dec. 10-23	3		Oct. 8-14, 1916: Cases, 3; deaths, 3. Received out of date. Original report lost on s. s. Arabia.
Calcutta	Nov. 5-Dec. 2		2	
Madras	Nov. 5-Dec. 16	22	3	
Moulmein	Oct. 28-Nov. 4		4	
Rangoon	Oct. 28-Dec. 16	14	1	
Indo-China				June 1-July 31, 1916: Cases, 111; deaths, 35.
Provinces—				
Anam	June 1-July 31	14	6	
Cambodia	do	21	7	
Cochin-China	do	48	16	
Tonkin	do	23	6	
Saigon	Nov. 6-Dec. 10	26	6	
Japan:				
Kobe	Dec. 4-10	1	1	
Do	Jan. 1-7	1		
Java:				
East Java				Sept. 16-Nov. 10, 1916: Cases, 21; deaths, 1.
Surabaya	Nov. 4-10	1		
Mid-Java				Sept. 16-Nov. 17, 1916: Cases, 51; deaths, 3.
Samarang	Nov. 4-10	3		
West Java				Sept. 29-Nov. 30, 1916: Cases, 206; deaths, 32.
Batavia	Sept. 29-Nov. 30	16	2	
Mexico:				
Mexico City	Dec. 10-30	20		
Do	Dec. 31-Jan. 6	6		
Nuevo Laredo	Dec. 10-30	1		
Portugal:				
Lisbon	Nov. 19-Dec. 2	6		
Portuguese East Africa:				
Lourenco Marques	Sept. 1-30		1	
Russia:				
Moscow	Oct. 16-Dec. 18	43	12	Nov. 13-25, 1916: Cases, 35; deaths, 8.
Archangel	Nov. 25-Dec. 8	5		
Petrograd	Oct. 8-Nov. 25	95	31	
South Africa:				
Johannesburg	Nov. 26-Dec. 2	15		
Spain:				
Cadiz	Nov. 1-30		2	
Madrid	do		91	
Malaga	Sept. 1-Oct. 31		2	
Seville	Nov. 1-30		22	
Valencia	Nov. 19-Dec. 23	5	1	

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

Reports Received from Dec. 30, 1916, to Feb. 16, 1917—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Straits Settlements:				
Penang	Oct. 28–Dec. 2	7	2	
Singapore	Nov. 19–Dec. 9	2	1	
Switzerland:				
Basel	Nov. 5–11	1		
Do	Dec. 31–Jan. 6	1		
Tunisia:				
Tunis	Nov. 25–Dec. 15	51	27	
Do	Dec. 30–Jan 12	20	4	
Turkey in Asia:				
Trebizond	Nov. 11–Dec. 16	1	1	
Union of South Africa:				
Johannesburg	Sept. 10–Nov. 28	25		

TYPHUS FEVER.

Argentina:				
Rosario	Nov. 1–30		1	
Austria-Hungary:				
Austria—Vienna	Nov. 5–Dec. 23	20	1	
Hungary—Budapest	do	1		
Belgium:				
Ghent	Oct. 29–Nov. 4		1	
Liege	do		1	
China:				
Antung	Nov. 27–Dec. 10	6		
Hankow	Nov. 12–18	1		
Tientsin	Oct. 29–Nov. 4	1		
Cuba:				
Santiago	Dec. 7–13	1	1	
Egypt:				
Alexandria	Nov. 12–Dec. 31	28	12	Nov. 19–25, 1916: 1 case; Dec. 17–23, 1916: Cases, 4.
Cairo	June 11–July 1	275	142	
Do	July 2–Sept. 16	232	119	
Port Said	June 11–17	20	9	
Do	July 2–Aug. 19	5	5	
Germany:				
Berlin	Oct. 15–Dec. 9		5	
Bremen	Oct. 22–Nov. 18	1	2	
Frankfort-on-Main	Nov. 12–18		1	
Königsberg	Nov. 12–Dec. 23	5	5	
Do	Dec. 31–Jan. 6		1	
Nuremberg	Oct. 29–Nov. 11	3		
Great Britain:				
Cork	Jan. 7–13	1		
Glasgow	Dec. 3–30	4		
Greece:				
Saloniki	Nov. 7–Dec. 4		21	
Java:				
East Java				Sept. 16–22, 1916: Cases, 2.
Mid-Java				Sept. 16–Nov. 10, 1916: Cases, 21; deaths, 2.
Samarang	Nov. 4–10	7		
West Java				Sept. 29–Nov. 30, 1916: Cases, 53; deaths, 3.
Batavia	Sept. 29–Nov. 30	44	3	
Mexico:				
Aguascalientes	Dec. 22			Epidemic.
Ciudad Juarez				July, 1916–Feb. 5, 1917: Cases, 100 (estimated).
Durango	Dec. 12			Present.
Mexico City	Dec. 3–30	835		
Do	Dec. 31–Jan. 6	162		
Nuevo Laredo	Dec. 10–16	4		July 1–Dec. 16, 1916: Cases, 28.
Netherlands:				
Rotterdam	Nov. 26–Dec. 30	8		
Russia:				
Moscow	Oct. 16–Nov. 25	55	4	
Archangel	Nov. 25–Dec. 8	10	4	
Petrograd	Oct. 8–Dec. 2	139	42	
Spain:				
Madrid	Nov. 1–30		2	
Sweden:				
Stockholm	Nov. 28–Dec. 4	1		
Do	Jan. 23–30	1		

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

Reports Received from Dec. 30, 1916, to Feb. 16, 1917—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Switzerland:				
Zurich	Dec. 3-9	1		
Do	Jan. 7-13	1		
Tunisia:				
Tunis	Dec. 16-22	1		
Turkey in Asia:				
Haifa	Oct. 16-22	1		

YELLOW FEVER.

Brazil:				
Victoria	Jan. 27			Present.
Ecuador:				
Babahoyo	Nov. 1-30	1	1	
Chobo	do	1		
Duran	Oct. 1-31	1		
Guayaquil	Sept. 1-30	17	5	
Do	Oct. 1-31	15	12	
Do	Nov. 1-30	6	3	
Milagro	Sept. 1-30	1		
	Oct. 1-31	2	1	
Gold Coast				In 1915: Cases, 2; deaths, 2. European and native.