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SICKNESS RECORDS FOR INDUSTRIAL ESTABLISHMENTS¹

No factory management, employee's organization, or public health agency can control or prevent sickness without knowing when, where, and under what conditions sickness actually occurs.

This knowledge is essential, not simply for a single day or month or year, but *continuously*. Eternal vigilance is never more necessary than in the control and prevention of disease, and this vigilance can be maintained only by the systematic reporting of sickness. The slow influence of many conditions, harmful or helpful, can not be recognized and evaluated unless records of ill health are currently available for observation and study in connection with a knowledge of the conditions under which people work and live. So well recognized is this fundamental principle that the effectiveness of a city health department is judged in large measure by the accuracy and completeness of its morbidity reports. For without dependable and prompt records of what sickness actually occurs, a public health agency is blind.

The same principle obviously holds true for groups of persons employed in factory, mine, or store; but it has not been put into practice except in relatively few establishments. This is true in spite of the fact that never before has so much attention been given to the health of workers. Progressive industrial establishments are spending large sums of money for the improvement of working conditions and for the care of workers who become sick. Literally thousands of organizations exist among employees for the purpose of affording financial relief to those who are disabled because of disease. Public health agencies are devoting much effort toward building up a knowledge of industrial hygiene. But, without current information as to the occurrence of disease and as to the conditions under which disease occurs, much of this money and of this effort has been spent "on general principles," or has been concentrated on the elimination of a few well recognized hazards to health.

¹ From the Statistical Office, United States Public Health Service. Prepared in cooperation with the committee on industrial morbidity statistics of the Section on Vital Statistics, American Public Health Association. The members of this committee were: Dr. Louis I. Dublin, chairman; Mr. Carl B. Auel; Mr. William A. Hathaway; Dr. George E. Tucker; and Dr. B. S. Warren, secretary.

Acknowledgments are made to a number of officials of sick benefits associations, industrial physicians, and others in various industrial establishments, and to representatives of the Federal Bureau of the Census and of Labor Statistics, for data and suggestions.

Desirable and valuable as "wholesale sanitation" of places of work and of industrial communities and as safeguards against specific hazards may be, their adequacy can not be tested until we know as much as possible of what the entire sickness situation is from week to week or from month to month. Preventive measures can not be *definite* in their application unless where, when, and how disease occurs are definitely known.

The growing realization of the importance of a current index of sickness among employees—not only as a foundation for intelligent prevention of disease but as an essential in economical plant operation—led the Public Health Service to study the question of sickness records in industrial establishments. Information from several hundred plants which had sick benefit associations among their employees was secured, the information covering the character of the records kept, the preventive measures attempted, and the sickness experience for three years. The results of this inquiry showed that while many records were available, the records differed so widely in their form and character and were so rarely prepared for use as indices of sickness prevalence and incidence that they were practically valueless, except in a few instances, for the chief purpose in view. Accordingly it was determined to work out, if possible, a practicable standard plan for reporting and recording sickness which would be elastic enough for adaptation to many systems already in use by individual plants and yet would furnish at least some of the fundamental facts necessary for a current knowledge of sickness prevalence among the wage earning population.

After considerable study, the project was presented in 1917 before the Vital Statistics Section of the American Public Health Association¹ with the result that a special committee on industrial morbidity statistics was formed to work in conjunction with the Public Health Service. This committee was organized to represent the Public Health Service, statisticians interested in industrial morbidity, employment and welfare managers, and organized labor. Its report, presented to the Vital Statistics Section of the American Public Health Association in October, 1918, was made after a number of sessions held during the year. It recommended (1) a standard plan for recording sickness among employees and (2) that the Public Health Service should be made the central agency or clearing house for the collection, analysis, and publication of industrial morbidity statistics on the grounds that such an arrangement would promote uniformity in the statistical procedure used and that no bias could be attached to the results.² This committee has continued its work during 1919 in

¹ Warren, B. S., and Sydenstricker, Edgar: "Morbidity Statistics for War Industries Needed." Public Health Reports, Feb. 1, 1918.

² Reprint No. 484 from the Public Health Reports, Aug. 30, 1918. See also Public Health Reports, Oct. 17, 1919, pp. 2289-2294.

cooperation with the Public Health Service, having also the assistance and advice of representatives of the Vital Statistics Division of the Bureau of the Census, and the Bureau of Labor Statistics.

With the assistance of this committee and of others, two suggested plans for the recording and reporting of disease prevalence among workers were formulated, and these plans are presented in the following pages in the hope that they may be utilized by individual plants and sick benefit organizations of workers.

ESSENTIALS IN SICKNESS RECORDS AND REPORTS.

Essential facts to be recorded.—Unless sickness among a group of persons is expressed in the form of a *rate*, there is afforded no basis for comparison with sickness among other groups of persons, nor can the increase or decrease of sickness among any group be measured. In order to express sickness in terms of rates per 100 or per 1,000 or more persons considered, two sets of records are necessary, namely:

(a) The number of persons for whom sickness records are kept, whether they are actually sick or not, during a given period.

(b) The number of cases of sickness occurring among these persons during the same period.

These are fundamental facts that are essential to any knowledge of sickness. In order to ascertain whether or not a *specific* group of the persons considered is affected relatively more or less, for both the persons considered and the cases of sickness there should be a record kept of

(c) The sex, age, and occupation (or department within the plant) of each person employed or holding membership in the sick benefit association, and of each case of sickness.

It is necessary also that the *disease causing sickness* should be recorded. Hence for every case of sickness a record is essential of

(d) The diagnosis of the sickness, preferably by a physician.

Obviously it is important that the *severity* of cases of sickness from various diseases among groups of persons of different sex, age, and occupation should be known. Probably the most practicable measure of the severity of illness is the duration of the period of inability to work. Therefore, if possible, for each case of sickness a record should be kept of

(e) The number of *days lost* from work by each worker on account of each illness.

Where sick-benefit associations keep the record of sickness, the number of sick days paid for will indicate the severity of each case.

The greater the detail in which the facts as to conditions of work and living are ascertained and recorded, the greater will be the degree of accuracy and definiteness with which the facts of sickness can be studied and analyzed. The foregoing essentials, however, are

believed to be sufficient for *current* sickness records. Where it is desirable to analyze in greater detail the conditions under which sickness from any cause or causes occur, it becomes a matter of special study.

Standardization in records and reports.—To render possible comparisons of the sickness experience of one group of workers with another, it is obvious that not only the essential facts as outlined above must be recorded, but that they should be recorded and tabulated in similar terms. It is necessary that as far as possible the same methods should be employed in stating the number of persons for whom records are kept and the number of cases of sickness, and in grouping persons and cases according to sex, age, and occupation. Of equal importance is agreement as to the terms in which the causes of sickness (diagnosis) are stated. If it be practicable gradually to standardize the methods and terms used, the value of sickness records becomes cumulative. Not only will the records for any one establishment or association be comparable for different periods, but the records of an increasing number of plants will furnish a body of material which will be of inestimable importance in the study of disabling sickness and of various diseases, especially in their relation to conditions of work.

It is believed that from such a body of material, as it accumulates, the normal expectancy of sickness and of the occurrence of various diseases among persons of different sex and age under varying conditions, the amount of preventable illness, the effect of certain hazards and of improvements in conditions may be ascertained. Undoubtedly it may be hoped that these accumulations of records and the records for groups of workers will afford a basis for the further study of the incidence of specific diseases in relation to conditions of work and living when such studies may appear to be desirable.

Manifestly if regular reports of the occurrence of disease are made to a single collecting agency, this desired standardization of records and accumulation of experience will be greatly furthered. To this end, and in accordance with the recommendations of the committee on industrial morbidity statistics, the Public Health Service hopes that those establishments and sick-benefit associations whose sickness records conform to the plan herein described will furnish monthly reports of the number of persons for whom records are made and of the cases of sickness (by disease) occurring among such persons. Accordingly, in the following plan, tentative forms have been prepared for monthly reports to the Statistical Office of the Public Health Service. It is desired to publish tables based on these reports, without mention, of course, of any individual establishment or association, as a part of the regular statistical record of disease prevalence made by the Service. In the analysis of such reports, as

well as of the detailed records of certain establishments, the Public Health Service may be in a position to cooperate in the control and prevention of diseases causing sickness among employees.

PROPOSED PLANS FOR RECORDING AND REPORTING SICKNESS AMONG INDUSTRIAL EMPLOYEES.

In order to make possible the adoption of a standard method of sickness reporting by as many establishments and sick benefit associations as possible, two plans prepared by the Public Health Service and later considered by the committee on industrial morbidity statistics, Vital Statistics Section of the American Public Health Association, are presented below. Both of these plans are based on the same principles, but they differ with respect to the amount of detail on which personnel records are kept.

In each plan it is regarded as essential that a diagnosis of each case of sickness causing disability be recorded.

Plan A.

1. *Record of personnel and sickness.*—This plan is based on the keeping of an individual personnel card for every employee to be considered, whether such employee becomes sick or not. The card also provides blank spaces for the record of illnesses to which the individual may be subjected. In some establishments and associations personnel cards of various kinds are already kept, and only certain modifications may be necessary to secure uniformity in sickness records.

The following card (4 by 6 inches) is suggested.

1. Name of Employee.						2. Check No.	3. Date This Record Begins	4. Firm No.	5. Date Employment Ended.
6. Color and Sex.		7. Year of Birth.		8. Marital Condition.		9. Speaks English?		10.	
11. Departments and Occupations in Plant.									
From—	To—	Months.	Department.	Occupation.	Possible Injurious Conditions.				
12. Former Occupations Outside of Plant.									
From—	To—	Months.	Occupation.	Industry.	Possible Injurious Conditions.				
13. Remarks:									

ployee is absent on account of sickness for only a fraction of a day, do not record the illness, as only sickness incapacitating for *one day or longer* is included in the definition of a case of disabling sickness. For sick benefit associations, the date on which a member began to draw sick benefits is regarded as the date of beginning of absence, and the date on which sick benefits ceased is regarded as the date on which absence ended.

Days Lost Through Illness.—This is the period between the date of the beginning and the date of the close of the absence, excluding Sundays and holidays. For sick benefit associations, the number of working days for which sick benefits were paid should be considered as days lost through illness.

Sickness or Non-Industrial Injury Causing Disability.—Record the disease or condition causing disability as given by the attending physician. Where there is no physician, give the diagnosis as described by the employee. The International List of Causes of Death, however, should be the basis of classification, and the physician should state his diagnosis in such terms as to permit of assignment to the appropriate title of the International List.¹ Injuries should be recorded only if nonindustrial in character—that is, if they happened outside of working hours while employee was not at work. Occupational disease should be recorded.

By Whom Diagnosed.—Record whether by physician, nurse, or patient.

Remarks.—Give any additional information pertinent to the case.

The face of the card is to be filled out for each employee at the time of his employment, or at the beginning of his membership in the sick benefit association if sick benefit records are used. The reverse side is to be filled out as cases of disabling illness occur. The card is then kept in an active file, subdivided by departments, so long as the employee remains with the establishment (or is full member of the sick benefit association), and after that in an inactive file. When the employee is shifted from one department to another the card is to be revised to cover the change in the space given to occupation, the date of the change is recorded, and the card is transferred to the file of the department to which the employee goes.

2. *Reports and tabulation.*—The card shown above will serve both as a record of personnel and of sickness among the personnel. To be of current value, of course, it is necessary to put into (monthly) tabular statements the number of the personnel, the number of cases of sickness occurring among them, and the sickness rate per 1,000 persons, for any group of workers desired.

To facilitate keeping the personnel record it is suggested that "tabs" or "signals," located in certain divisions of the top of the card, be used to designate sex, color, and age group. Three such age groups will answer. Thus, a blue signal in the left third of the top of the card would indicate "white male, under 25 years," in the middle third "25 to 44 years," and in the right third "45 years and over." A red signal could be used for the white females, a yellow one for

¹ The committee on industrial morbidity statistics of the vital statistics section, American Public Health Association, has recommended that "the International List of Causes of Death shall be the basis of classification of sickness in industrial morbidity studies. This classification may be subdivided as occasion arises, either through interest in some special form of disease or out of the peculiar geographical location or occupational hazards."

It was further recommended that the full list of titles of the International List be printed on the back of all certificates which are required by establishments as proof of sickness, with instructions that the physician should state his diagnosis in such terms as to permit of assignment to the appropriate title of the International List.

[illegible]

These two monthly statements or reports will enable monthly tabulation of the incidence of such diseases as occurred and of the severity (in terms of days sick) of each disease or of all sickness among employees of different sex and age in various occupations or departments. The nature and form of the tables to be made from these data depend, of course, on the character and purpose of the information desired, and the following tables are merely presented as illustrations:

Age.	Males.			Females.		
	Number exposed.	Cases of sickness.	Cases per 1,000 exposed.	Number exposed.	Cases of sickness.	Cases per 1,000 exposed.
Total, all ages						
Under 25 years						
25 to 44 years						
45 years and over						

Distinction may further be made for white and colored persons where there is a sufficient number of colored employees. Where no such classification is desired in the personnel of the establishment it may be useful to distinguish between those speaking English and those not speaking English.

TABLE 2.—Average number of days of sickness in Table 1 per employee exposed, and days per case of sickness by age and sex during the month of , 19.... (Color or language distinction may be made as suggested in Table 1 where the conditions warrant such classification).

	Males.				Females.			
	Number exposed.	Days lost through sickness.	Days lost per 1,000 exposed.	Days lost per case of sickness.	Number exposed.	Days lost through sickness.	Days lost per 1,000 exposed.	Days lost per case of sickness.
Total, all ages.....								
Under 25 years.....								
25 to 44 years.....								
45 years and over.....								

TABLE 3.—Number of cases of sickness in Table 1 classified by disease or condition, and rates per 1,000 exposed, by sex, during the month of , 19....

Disease or condition.	White males.		White females.	
	Number of cases.	Cases per 1,000 exposed.	Number of cases.	Cases per 1,000 exposed.
All disease and conditions.....				
Typhoid fever, etc.....				

TABLE 4.—Number of cases of sickness in Table 1 and days of sickness in Table 2 classified by principal occupations, and rates per 1,000 exposed in each occupation.

Industry and specific occupation.	Number of cases of sickness.	Cases per 1,000 exposed.	Number of days lost through sickness.	Days lost per 1,000 exposed.	Days lost per case of sickness.
Automobile factories:					
Grinders.....					
Painters.....					
Varnishers.....					
Enamellers, etc.....					

TABLE 5.—Sickness rates per 1,000 exposed in each occupation or department from specified diseases during the month of , 19....

Industry and specific occupation (or department).	Cases per 1,000 exposed, of—					
	Typhoid fever.	Influenza.	Rheumatism.	Pneumonia.	Malaria.	Etc.
Automobile factories:						
Grinders.....						
Painters, etc.....						

Plan B.

PERSONNEL RECORD.

For reasons which are obvious from the point of view of accurate knowledge to be gained of conditions affecting disease prevalence,

Plan A is far preferable to Plan B. Plan A would afford a more accurate expression of the sickness rate for any department or occupation and for the plant as a whole, and more detailed information as to age as a factor in comparisons of the sickness rates. If it is found impracticable or inadvisable in any plant, however, to inaugurate an individual record card of personnel and sickness, Plan B would be distinctly more than a makeshift; it would be a definite advance over the absence of any record or over the great majority of records now kept.

COOPERATION DESIRED.

The Public Health Service invites any industrial establishment or employees' sick benefit association to take up the question of sickness records and reports with the Statistical Office, either by personal conference or by correspondence with a view to establishing active cooperation. It doubtless will be found that the forms suggested in the foregoing paper need modification, and in most instances any standard plan must be adapted to conditions that are peculiar to any individual plant. For this reason it is believed that definite advantages will result if all plants or associations which may be interested will consult and keep in touch with the Statistical Office of the Public Health Service.

The need for accurate knowledge of disease prevalence is a vital one. No employer or group of employees can hope to improve health conditions efficiently and economically without this knowledge. The Public Health Service is greatly handicapped in its work in this branch of industrial hygiene, by the lack of this fundamental information. There can be no doubt that in some systems of current information as to the occurrence of sickness there is not merely a field but an urgent necessity for cooperative effort that will be a real basis for control and prevention of disease among industrial employees.

NOTE.—Forms for reports to the Public Health Service as outlined above or as may be adapted to records already existing in individual plants, together with explanations as to their use, will be furnished upon request. Before using or adapting such forms, it is suggested that consultation be had with the Statistical Office, United States Public Health Service, 228 First Street NW., Washington, D. C.

MALARIA IN ENGLAND IN 1917 AND 1918.

AN ANALYSIS OF REPORTS AND PAPERS ON MALARIA CONTRACTED IN ENGLAND IN 1917 AND 1918, ISSUED BY THE LOCAL GOVERNMENT BOARD.

By H. R. CARTER, Assistant Surgeon General, United States Public Health Service.

The reports and papers on malaria, issued by the Local Government Board, give the "reaction" of England to the importation of a large number of men infected with malaria in 1916, 1917, and 1918, so far as has been determined up to June, 1919—the date of the last paper. They are of interest to us in America, especially to those in regions in which malaria was, but is no longer, prevalent. The reports on the current year and the two or three following ones will be of even greater interest.

In the past, malaria was prevalent in many parts of England to such an extent as to be of "serious sanitary importance." Shakespeare is full of allusions to ague. James I and Charles II both suffered from it, and Cromwell died of a tertian fever. The Lincolnshire Fens and parts of Kent especially enjoyed (?) a bad reputation, and, I presume, there was a certain immunity among the natives, as a Fen man is exhorted not to take a wife "out-foreign," because she "was sure to die of ague"—the speaker, a Fen man (and a fictitious character) having had this ill luck three times. In some sections—as in Kent, south of the lower Thames—malaria was prevalent up to 1869–70, and maybe longer. England was generally believed to be free from it at the time of the beginning of the war.

Nuttall, Shipley, and Strangeways Pigg¹ found *Anopheles* of three species quite commonly distributed in the low-lying parts of England, one species of which, *A. maculipennis*—the Old World analogue of our *quadrifasciatus*—is known to be elsewhere an efficient vector of malaria. Unfortunately, attention was concentrated rather on the *fact* of *finding Anopheles* than on the *number* found, i. e., whether they were numerous enough to be "of sanitary importance." So the surprise of these gentlemen at the absence of malaria in England, in spite of its frequent introduction from abroad, is, I think, not justified by their findings as published.²

The unknown "third factor" (in addition to *Anopheles* and infected men) predicated as necessary for the conveyance of malaria, and which was absent in England, may have been in many cases a temperature for much of the time so low that the full development of the parasite in the mosquito took place either not at all or so slowly as to materially reduce the efficiency of the insect as a vector. *Anopheles*, of course, may be active at a temperature well below the optimum of that for the development of the parasite in them.

¹Journal of Hygiene, 1901 to 1903.

²The survey implies, however, a considerable—or even large—amount of breeding at some places.

The factors necessary for the conveyance of malaria are obviously:

- (1) Men infective to *Anopheles* mosquitoes;
- (2) Active *Anopheles* of sufficient numbers to serve as vectors;
- (3) Temperature suitable for the full development of the parasite in the mosquito; and
- (4) Men accessible to the infective mosquitoes.

In 1916, 1917, and 1918 a large number of men suffering from malaria were brought to England from the Balkans, Gallipoli, and, I presume, from Palestine and Egypt. How many one can only guess. In the report made in March, 1918, by Ross, 2,460 cases were reported in 1917 as undergoing, in the hospital, specially devised therapy to prevent relapses. The total number under treatment must have been several times more than this. Angus MacDonald, in the paper reviewed, reported 2,417 "proven carriers" (by blood examination ?) at three places only, at which malaria had been contracted in 1917. He says the "actual number was obviously much greater." A conservative estimate would be that from 10,000 to 20,000 men infected with malaria were introduced into England in 1916 and 1917, fewer in 1918—probably 15,000 to 25,000 in all. And they were pretty well scattered in England, too—in camps, villages, and small towns. Very obviously there was abundant material to infect *Anopheles* if other conditions were suitable, and they were so infected. During 1917 and 1918 malaria was reported to have been contracted in England as follows:

Year.	Total cases for year.	Cases in Army.	Cases in Navy.	Civilian cases.
1917.....	231	163	25	43
1918.....	95	61	9	25
Total.....	326	224	34	68

Twenty-nine foci of infection were established; all cases were tertian—the "benign tertian" of British writers—although from 26 per cent to 32 per cent of the infections at the places of origin were æstivo-autumnal—"malignant tertian." We may note here (1) that this form seems to be less apt to relapse and (2) that it certainly requires a higher temperature for sporogony than the simple tertian. Two hundred and seventy of the cases occurred in Kent—234 in the three districts, Sheppey (an island south of the mouth of the Thames), the Isle of Grain, and Sandwich.

At first the infection was, naturally, considered as being derived entirely from the imported infection; but a closer examination showed its existence, and in some amount, in Queensborough (in the Sheppey District) and in the Isle of Grain prior to the advent of the soldiers.¹

¹ It existed also in the Romney Marsh area as late as 1911.

This is not asserted of Sandwich, although Sandwich is in the same general section. The later conclusion was, then, that a certain number of these cases were true indigenous infections, and that the remainder were contracted, through English Anopheles, from the soldiers who had been infected overseas.

S. P. James is very positive in claiming a marked clinical difference between the indigenous infections and the imported ones; the first being far milder and little subject to symptomatic relapse, and the second being extremely severe and having frequent relapses. No difference in the morphology of the parasites was detected. The Sandwich cases were, in general, mild—as mild as those from Queensborough. By this test a number of them would then count as indigenous infections. It seems, then, that malaria was not *entirely* absent from England at any time, but that it lingered in very mild form in a few places, and was discovered as a result of the careful investigation which was prompted by cases of malaria being contracted in England and showing among the troops and civilians in contact with the troops.

The report shows that no control measures likely to be sufficient to prevent the spread of malaria in 1917 were taken. For 1918 measures of control were much better applied. In the Sheppey district, Sandwich, and Romney Marsh, where the great bulk of the cases occurred, measures for the control of mosquito production were undertaken. Generally, however, the measures undertaken were the prompt reporting of cases and their sterilization by quinine, Col. James formulating the treatment.

To my mind the point in these papers which stands out as of prime importance is that, *with the importation of not less than 15,000 men infected with malaria during three years, the total number of cases reported as contracted in England in two years was only 326*, some of which were contracted from preexisting (indigenous) infection. Very obviously malaria shows little tendency to spread in England.

This will be better seen if we look at the statistics for 1917 by themselves, as the measures for control of that year may, I think, be almost disregarded. From 10,000 to 15,000 infected men were imported and there were only 231 cases contracted in England (43 among civilians). If these conditions of conveyance continue, the malaria introduced in 1917 will be “of no sanitary importance” within a year or two.

I think we may take it as a rule, *if the biological conditions of the insect host are such that malaria, once prevalent, spontaneously disappears, that while the introduction of carriers—no matter in what number—may cause an outbreak of malaria, this outbreak will be temporary only and malaria will decrease and spontaneously disappear if these conditions of the insect host remain the same.*¹

¹ The same thing will hold if the malaria has been reduced in the community, by a change of biologic conditions of its *Anopheles*, to a certain stationary amount. It will, after the flare-up from the introduction of carriers, spontaneously return to the same degree of infection.

For malaria to disappear from inability of the insect host to continue it, the mechanism must be such that from, say, 1,000 infected men, less than that number, say 800, receive infection. From 800, then, about 640 would be infected, and from 640, about 512, and so on. Obviously, no matter what the number of infections with which we start, we would have a decreasing series which would ultimately reach a number "of no sanitary importance."

It would be inaccurate to say that the rate of decrease in England is from 15,000 to 326 per annum. On the one hand, a number of relapses will occur in 1919 and 1920 among the cases already imported, which will infect others in addition to the 326; and, on the other hand, when the soldiers are demobilized they will live less commonly in camps in the country where *Anopheles* most abound, and their house contact with other people will be less intimate than it is in barracks.

We are awaiting with much interest to see what the reports for, say, 1919 to 1922 will reveal. A number of men infected with malaria have been demobilized and will scatter more widely than they have done heretofore. An attempt was made to free them from infection, but this effort must have been far from 100 per cent effective. Although their house contact will be less intimate than it was in barracks, yet neither these men nor those infected from them will be under anything like the same medical supervision which they were under even in 1917. I am inclined to think the rapidity of the spontaneous decrease of malaria—I have no doubt of its decrease, but alas, I know it will not be left to itself—will depend mainly on the temperatures of the summers in England for the next few years, i. e., whether they will be warm enough to allow of (1) sufficient production of *Anopheles* and (2) of sufficient development of the parasite in the mosquito to continue a fair percentage of the infection.

The present condition is not without parallel. There was a large importation of infected men in 1855, 1856, and 1857 from the Crimea. Angus MacDonald, in the paper quoted, states that the summers of 1857, 1858, and 1859 were unusually hot, and that malaria occurred in epidemic form in those years. It quickly disappeared after 1860, when summer temperatures became normal.

Although awaiting with much interest further reports, I think there is no reason to doubt the spontaneous disappearance of malaria in England, or rather its reduction to a degree of "no sanitary importance." The same thing would happen, after a temporary outbreak, if a large number of carriers were introduced into many parts of the United States in which malaria formerly prevailed, but which are now free from it *because of a change in the biologic conditions of its *Anopheles*.*

CHILD-WELFARE ORGANIZATION.

More than ever before, by what the war has taught us, we realize the need of intensifying our efforts to promote child health and welfare. Administrative officers throughout the world will, therefore, study with interest the activities conducted by others in this work. For this reason it is considered advisable to present herewith a brief outline of an article by Dr. John Thomson on "Some Practical Points on Child-Welfare Organization." This paper was originally published in the *Edinburgh Medical Journal*. The points considered by Dr. Thomson are:

- I. Classification of child-welfare agencies.
- II. The importance of home visitation.
- III. The staff required.
- IV. Needed extensions of work.

I. Classification of Child-Welfare Agencies.

The organizations for dealing with the welfare of children and mothers are of many different kinds, but may be readily divided into three distinct classes, as follows:

- (1) Preventive agencies: Health centers and visitation, school inspection, and holiday schemes.
- (2) Dispensaries: For the out-patient treatment and visitation of sick children.
- (3) Resident institutions: Hospitals (general and special), convalescent homes, and open-air schools.

The functions of these three classes are quite distinct and are defined as follows:

(1.) *Preventive agencies*.—The work that preventive agencies do is most important and it is such as can not be carried out properly either by dispensaries or hospitals. They are not intended to treat, but to prevent disease. Their duties are three in number:

- (a) To instruct, train, and assist the mothers to keep their children healthy;
- (b) In the case of illness to make the simple diagnosis that the child is ill and needs medical care; and
- (c) To arrange for the child to be sent, without delay, to a place where his illness can be diagnosed and treated.

(2.) *Dispensaries*.—The functions of the dispensaries are:

- (a) To diagnose the nature of the disease present;
- (b) To arrange, if the case is suitable, for out-patient attendance and visitation; and
- (c) If the case is not suitable for out-patient treatment, to send the child to an appropriate institution—children's hospital, fever hospital, cripples' home, special institution, convalescent home, etc., or to a special dispensary, such as those for the eye, ear, throat, or teeth.

(3.) *Resident institutions.*—The business of resident institutions is:

- (a) To give in-patient treatment; and
- (b) When this treatment is finished, to send the child back to home and school life if he is quite well, or, if not, to transfer him to a convalescent home or, in special cases, to some other suitable institution.

II. The Importance of Home Visitation.

The importance of home visitation in connection with health centers and dispensaries can not be too strongly emphasized, and the absence of such visitation interferes greatly with the efficiency of nonresident institutions for looking after children. When an inexperienced mother tries to carry out at home the advice she has been given, she frequently finds that she has either forgotten or imperfectly understood the directions she received or meets with unanticipated difficulty which she does not know how to overcome. Therefore, the advice remains unacted upon. A properly qualified visitor from the child-welfare organization, however, will not only help her to overcome these difficulties but will lend her the needed encouragement to carry out intelligently and persevere in proper treatment. Furthermore, the intelligent and tactful visitor will take advantage of the opportunity to make fertile suggestions to the mother as to the management of the child and the home, and at the same time make investigations of the home conditions to determine whether or not treatment may be carried out successfully at the home. Home visitation will also at times prevent a child from being kept too long at home when early hospital treatment is necessary for his recovery.

III. The Staff Required.

The author believes that the medical staff of maternity hospitals and dispensaries should be different from those of the children's department, and especially so in the case of dispensaries.

The staff of health centers and health visitors, if separate, should work in close collaboration with and under the direct supervision and control of a medical officer. However, if preventive agencies dealing with the babies carry on their work apart from the hospitals and dispensaries, it is doubtful if a sufficient number of experienced physicians will be available for such work. The ideal plan would be, in some cases, to have a dispensary for sick children that provided a room adjoining the health center. Under such arrangement the physicians could easily supervise both the health center and the dispensary. He would also be responsible for the teaching of medical students for the organization and superintendence of the other teaching work of the center.

Whether or not infant health visiting should be undertaken only by experienced and whole-time visitors or left in the hands of volunteer workers is a matter that must be decided by the results of the experience of those in charge of such work. The kind of visiting required in purely preventive work of health visiting does not call for any special technical experience in sick nursing. It can be done by sensible married women or others having sympathy, insight, and common sense together with a practical knowledge of modern ideas of infant feeding, hygiene, and household economy. However, it is undeniable that the larger number of visitors should have special training, and especially is this so in the case of those who must superintend the practical side of the work. Only such unpaid workers should be enrolled as will undertake to act entirely under direction. Before assigning volunteer visitors they should have a good training and be required to pass a thoroughly practical examination on the duties required of them.

One of the great difficulties inherent in any scheme of home visitation is the question of how to avoid harassing the mothers by a useless multiplication of visitors. If all the health visitors are competent and experienced women, it will obviously make it possible to entrust to them duties other than those connected with the babies, and in this way avoid the necessity of sending visitors on other errands to the home.

The visiting of sick children should of course be undertaken by those who are trained nurses.

IV. Needed Extension of Work.

(a) *Children's dispensaries.*—It would be a very great boon to the sick children of populous districts if the out-patient department of children's hospitals could be supplemented by branch dispensaries, especially in congested centers which are far from the hospital.

When a central out-patient department grows beyond a certain size, the large number of children attending, as well as the long distance they have to be brought, interferes seriously with the value of the treatment and in a number of instances more harm than good is done. It is a hardship for the mother and a danger to the sick child when the latter has to be brought long distances in all sorts of weather and kept waiting a long time before advice and medicine are obtained. Furthermore, an unmanageable number of cases, many of them very trivial, interferes with the efficiency of the work. The physician has not enough time to go fully into the important cases. The work of a dispensary physician includes not only the examination of the children and the prescribing for them, but also the instructing and impressing of the mothers in such a way as to make them able and willing to carry out the instructions given.

(b) *Convalescent accommodations*.—Children who are recovering from one of the common acute diseases are peculiarly liable to contract fresh infections, such as tuberculosis, or another acute disease, as measles after whooping cough, or vice versa. In fact, illnesses that children contract at such time are apt to be of a serious type and frequently end fatally. In arranging for the treatment of acute diseases, therefore, it is not enough to provide for hospital or home care only. It is highly important to make adequate provision that the children's convalescence may be completed under suitable fresh-air conditions. Much good has been done by a number of excellent organizations which arrange for holidays and send necessitous children, with or without their mothers, to the country for a week or so. There is need, however, for a more systematic organized provision for this sort of holiday; and it would certainly have an excellent effect in lowering the mortality of the city if there were a few easily accessible convalescent homes for little children who could not otherwise get a change of air, such homes being under close medical supervision.

(c) *Chronic hospital or "cripples' homes"*.—In practically all of the larger cities far more room than is at present available is needed for the treatment of serious chronic ailments, such as tuberculosis; diseases of the spine, the hip or other joints, and the abdomen; and, to less extent, the chronic diseases of the heart, kidneys, and other organs, severe rickety deformities, and certain forms of nervous disease.

It very frequently happens at present that a child who has been found to have spine caries or hip-joint disease in an early and curable stage is kept waiting for admission until his disease is beyond cure, and he either dies or becomes a delicate hunchback or a cripple for the rest of his life.

(d) *Research hospital*.—It is greatly to be desired that a hospital should be founded for the scientific study of atrophy and other common alimentary disorders of early infancy by the best methods of modern research. This institution would be of the greatest value for the treatment of difficult cases and serve as a center for the investigation of the causes, prevention, and treatment of those disorders which are responsible for so large a proportion of infant mortality.

Such an institution should be affiliated with a children's hospital, and in close contact with infant health and visitation centers, the maternity hospital, and the municipal laboratory. It should also stand in close relation to the medical school, especially the departments which deal with bacteriology and pathological chemistry.

(e) *An improved milk supply.*—If successful means could be taken to provide clean and nontuberculous milk for children, one of the most serious etiological factors of a large infantile mortality would be thereby removed.

SCHEME OF CLASSIFICATION OF CHILD WELFARE AGENCIES IN EDINBURGH.

CLASS I. PREVENTION:

Health centers, visitation, and school inspection.

CLASS II. OUT-PATIENT TREATMENT:

Dispensaries and visitation.

CLASS III. IN-PATIENT TREATMENT:

Hospitals (general and special), convalescent homes, and open-air schools.

MOTHERS:

1. Maternity centers (at maternity hospitals, hospice, and other places).
Visitation.
2. Maternity hospital, out-patient department.
Hospice.
Dispensaries.
Visitation.
3. Maternity hospital.
Hospice.
Royal Infirmary and other hospitals.

BABIES:

1. Infant health centers.
Health visitors.
2. Children's Hospital, out-patient department.
Dispensaries.
Visitation by medical officers, Queen's nurses, and other nurses.
3. Children's Hospital (proposed Infants' Hospital).
Other hospitals.

CHILDREN UNDER 5 YEARS:

1. Day nurseries and nursery schools.
Kindergartens and play centers.
Health visitors.
2. Children's Hospital, out-patient department.
Dispensaries.
Visitation by medical officers, Queen's nurses, and other nurses.
3. Children's Hospital and other hospitals.
Cripples' homes, etc.
Convalescent homes.

SCHOOL CHILDREN:

1. Medical inspection of schools.
 - Play centers.
 - Country holiday schemes.
2. School clinics.
 - Children's Hospital, out-patient department.
 - Royal Infirmary and other out-patient departments.
 - Dispensaries (general and special).
 - Special schools and classes.
 - Visitation.
3. Children's Hospital and other hospitals.
 - Cripples' homes, etc.
 - Convalescent homes.
 - Open-air residential schools (Humbie).
 - Asylums for blind, deaf, and imbecile children.

DIVISION OF VENEREAL DISEASES.

Reports received from State boards of health for July, August, and September, 1919.

The accompanying tables show the number of cases of venereal diseases reported by the State boards of health, for the months of July, August, and September, 1919.

Summary of cases of venereal diseases reported by the State boards of health for the months of July, August, and September, 1919.

Disease.	Total.	July.	August.	September.
Gonorrhea.....	40,189	13,021	13,188	13,980
Syphilis.....	28,285	7,915	9,758	10,612
Chaneroid.....	2,046	650	709	687
Others.....	100	8	92	.....

Cases of venereal diseases reported by months by the State boards of health for July, August, and September, 1919.

State.	Total cases of venereal diseases reported for—			Gonorrhea.		
	July.	August.	September.	July.	August.	September.
Alabama.....	1,615	1,042	2,301	619	446	1,211
Arizona.....	22	11	.....	20	10	.....
Arkansas.....	280	436	395	191	280	264
California.....	942	716	789	523	458	424
Colorado.....	366	406	450	259	295	332
Connecticut.....	330	258	313	133	106	110
Delaware.....	96	127	172	77	93	125
Florida.....	.....	356	305	.....	167	131
Georgia.....	1,517	896	1,323	1,019	400	582
Illinois.....	1,435	1,692	1,895	954	1,075	1,083
Indiana.....	516	752	766	292	339	381
Iowa.....	269	232	398	183	181	286
Kansas.....	397	323	310	250	214	214
Louisiana.....	1,243	1,318	1,027	747	734	594
Maine.....	225	208	237	131	155	157
Maryland.....	354	.....	.....	222	.....	.....
Massachusetts.....	1,363	1,008	1,131	1,033	733	795

Cases of venereal diseases reported by months by the State boards of health for July, August, and September, 1919—Continued.

State.	Total cases of venereal diseases reported for—			Gonorrhea.		
	July.	August.	September.	July.	August.	September.
Michigan.....	856	989	793	520	560	478
Minnesota.....	887	652	603	477	353	387
Mississippi.....	245	265	.....	191	201	.....
Montana.....	88	94	275	56	64	215
Nebraska.....	517	518	506	370	374	366
New Hampshire.....	110	158	154	80	120	108
New Jersey.....	640	719	.....	332	384	.....
New York.....	779	2,884	3,452	205	486	838
North Carolina.....	737	862	1,005	444	561	681
North Dakota.....	138	170	133	103	145	106
Ohio.....	1,346	1,287	1,378	677	731	761
Oklahoma.....	923	919	608	593	559	359
Oregon.....	174	88	23	124	53	17
Rhode Island.....	144	181	135	60	53	79
South Carolina.....	847	933	1,099	371	449	553
South Dakota.....	83	67	68	76	55	51
Tennessee.....	.....	.....	317	.....	.....	211
Texas.....	506	1,453	1,239	366	962	835
Utah.....	303	248	371	211	156	220
Vermont.....	93	121	171	74	77	110
Virginia.....	164	181	.....	97	125	.....
Washington.....	242	288	312	210	243	238
West Virginia.....	561	441	534	484	382	421
Wisconsin.....	277	286	.....	247	241	.....
Wyoming.....	.....	210	300	.....	163	233
Total.....	21,594	23,747	25,288	13,021	13,188	13,989

State.	Syphilis.			Chancroid.			Other.		
	July.	August.	September.	July.	August.	September.	July.	August.	September.
Alabama.....	926	548	1,025	70	48	35	.....	.....	.....
Arizona.....	2	1	.....	.....	.....	.....	.....	.....	.....
Arkansas.....	71	140	106	13	16	25	.....	.....	.....
California.....	419	258	365	.....	.....	.....	.....	.....	.....
Colorado.....	99	107	110	8	4	8	.....	.....	.....
Connecticut.....	197	150	201	.....	.....	2	.....	.....	.....
Delaware.....	9	25	37	4	9	10	.....	.....	.....
Florida.....	.....	180	165	.....	9	6	.....	.....	.....
Georgia.....	498	498	707	.....	.....	34	.....	.....	.....
Illinois.....	438	543	775	43	64	37	.....	.....	.....
Indiana.....	214	408	367	10	5	18	.....	.....	.....
Iowa.....	77	44	100	1	7	12	.....	.....	.....
Kansas.....	144	105	93	3	4	3	.....	.....	.....
Louisiana.....	370	438	332	126	146	101	.....	.....	.....
Maine.....	91	53	70	3	.....	10	.....	.....	.....
Maryland.....	84	.....	43	.....	.....	.....	5	.....	.....
Massachusetts.....	330	275	338	.....	.....	.....	.....	.....	.....
Michigan.....	326	423	303	10	6	12	.....	.....	.....
Minnesota.....	367	284	198	13	15	18	.....	.....	.....
Mississippi.....	46	53	.....	8	11	.....	.....	.....	.....
Montana.....	30	29	59	2	1	1	.....	.....	.....
Nebraska.....	119	113	123	28	31	17	.....	.....	.....
New Hampshire.....	28	35	44	2	2	2	.....	.....	.....
New Jersey.....	295	306	.....	13	29	.....	.....	.....	.....
New York.....	506	2,383	2,614	8	15	.....	.....	.....	.....
North Carolina.....	243	214	258	50	54	66	.....	.....	.....
North Dakota.....	33	23	23	2	2	4	.....	.....	.....
Ohio.....	624	432	573	45	34	14	.....	90	.....
Oklahoma.....	311	345	249	19	15	.....	.....	.....	.....
Oregon.....	49	34	6	1	1	.....	.....	.....	.....
Rhode Island.....	83	75	55	1	3	1	.....	.....	.....
South Carolina.....	434	440	483	42	44	63	.....	.....	.....
South Dakota.....	5	8	14	2	4	3	.....	.....	.....
Tennessee.....	.....	.....	80	.....	.....	26	.....	.....	.....
Texas.....	102	385	301	28	106	103	.....	.....	.....
Utah.....	86	87	147	3	3	4	3	2	.....
Vermont.....	19	44	61	.....	.....	.....	.....	.....	.....
Virginia.....	0	54	.....	7	2	.....	.....	.....	.....
Washington.....	0	45	72	2	.....	2	.....	.....	.....
West Virginia.....	11	44	97	16	15	16	.....	.....	.....
Wisconsin.....	19	37	.....	1	8	.....	.....	.....	.....
Wyoming.....	.....	41	63	.....	6	4	.....	.....	.....
Total.....	7,915	9,758	10,612	650	709	687	8	92	.....

ORDINANCE REGULATING FOOD AND SOFT DRINK ESTABLISHMENTS UPHELD.

An ordinance of the city of Portland, Oreg., regulating food and soft drink establishments has been declared valid by the Supreme Court of Oregon.¹

The ordinance provides for the licensing of food and soft drink establishments if the location and sanitary conditions and arrangements are satisfactory. Employees in such establishments are required to obtain health certificates which are good for three months. The medical examinations of employees are made by the bureau of health, and a nominal fee of 25 cents is charged for each examination.

The defendant, who was engaged in conducting a grocery store, refused to obtain a license. He was convicted in the lower courts and the supreme court affirmed the conviction. In the opinion it was said:

He [the defendant] contends that the "ordinance makes no provision or regulation by which the bureau of health is to be guided in determining in what particular the applicant for license shall be 'physically fit,' nor what requirements must be met to constitute a grocery store 'a suitable place'"; * * *

If the premises comply with the ordinance of the city and the rules and regulations of the government with reference to plumbing, water supply, ventilation, and cleanliness, the permit must be granted, and the health officer has no right to refuse it. The ordinance of the city of Portland and the rules and regulations of the government in such matters are both definite and certain, and the only question which the board of public health has any authority to consider is whether or not the premises or place of business come within such terms and provisions. * * *

It is not within the authority, or even the discretion, of the bureau of health to grant arbitrarily a permit to one person who has complied with the ordinance, rules, and regulations, and deny it to another who has complied with them. In the instant case, as to his place of business, there is no claim or pretense on the part of the city that the defendant has not complied with the city ordinance, rules, and regulations. The offense consists in his failure and neglect to pay the required license fee, which he admits he had not paid. * * *

The purpose and intent of both the city of Portland and the Government was to control and to prevent the spread of contagious and infectious disease. * * *

Under its charter the city of Portland had a legal right to adopt the ordinance here involved. It is not for this court to say whether or not the measure should have been enacted; that is a legislative and not a judicial question. The charter also makes it the duty of the bureau of health to enforce such an ordinance, and vests it with such power to make the necessary rules and regulations for its enforcement.

There is no evidence that the requirements of the bureau of health are arbitrary or unreasonable, or that there was any discrimination in their enforcement. * * *

¹ City of Portland v. Traynor, 183 Pac., 933.

DEATHS DURING WEEK ENDED NOV. 1, 1919.

From the "Weekly Health Index," Nov. 5, 1919, issued by the Bureau of the Census, Department of Commerce.

Deaths from all causes in certain large cities of the United States during the week ended Nov. 1, 1919, infant mortality (per cent), annual death rates, and comparison with corresponding week of preceding years.

City.	Population July 1, 1918, estimated.	Week ended Nov. 1, 1919.		Average annual death rate per 1,000. ¹	Per cent of deaths under 1 year.	
		Total deaths.	Death rate. ¹		Week ended Nov. 1, 1919.	Previous year or years. ²
Albany, N. Y.	112,565	28	13.0	C 16.9	3.6	C 5.6
Atlanta, Ga.	201,732	51	13.2	C 23.4	3.9	C 6.8
Baltimore, Md.	369,981	195	15.2	A 15.7	11.3	A 17.0
Boston, Mass.	785,245	184	12.2	A 15.0	18.5	A 17.8
Buffalo, N. Y.	473,229	110	12.1	A 12.3	20.9	A 19.2
Cambridge, Mass.	111,432	20	9.4	A 13.2	10.0	A 13.0
Chicago, Ill.	2,506,681	533	10.7	A 12.3	18.2	A 15.9
Cincinnati, Ohio.	418,022	89	11.1	C 15.0	7.9	C 12.6
Cleveland, Ohio.	810,306	144	9.3	C 10.9	22.9	C 23.3
Columbus, Ohio.	225,296	48	11.1	C 13.7	10.4	C 17.2
Dayton, Ohio.	130,655	34	13.6	A 12.7	14.7	A 17.0
Denver, Colo.		77		A 12.4	6.5	
Fall River, Mass.	128,392	27	11.0	C 16.0	37.0	C 25.6
Grand Rapids, Mich.	135,450	35	13.5	C 11.4	17.1	C 10.3
Indianapolis, Ind.	290,389	71	12.7	C 17.7	11.3	C 8.3
Jersey City, N. J.	318,770	77	12.6	C 12.2	15.6	C 20.5
Kansas City, Mo.	313,785	94	15.6	C 15.5	19.1	C 7.7
Los Angeles, Calif.	568,495	132	12.1	A 11.0	11.4	A 10.5
Louisville, Ky.	242,707	61	13.1	C 8.2	9.8	C 13.2
Lowell, Mass.	109,081	26	12.4	A 17.2	34.6	A 19.7
Memphis, Tenn.	154,759	53	17.9	C 16.8	15.1	C 16.3
Milwaukee, Wis.	453,481	72	8.3	A 10.5	16.7	A 19.1
Minneapolis, Minn.	387,442	69	9.4	C 9.6	7.2	C 13.0
Nashville, Tenn.	119,215	30	13.1	C 18.5	13.3	C 9.5
Newark, N. J.	428,684	82	10.0	A 12.8	19.5	
New Haven, Conn.	154,985	45	15.2	C 11.6	13.3	C 11.8
New Orleans, La.	382,273	105	14.3	A 21.2	9.5	A 10.7
New York, N. Y.	5,215,570	1,043	10.4	A 12.5	15.7	A 16.0
Oakland, Calif.	214,206	52	12.7	A 10.0	9.6	A 15.2
Omaha, Neb.	180,264	40	11.6	C 8.4	20.0	C 18.5
Philadelphia, Pa.	1,761,371	442	13.1	A 14.2	15.2	A 14.9
Pittsburgh, Pa.	593,303	152	13.4	C 18.2	21.1	C 20.0
Portland, Oreg.		63		C 7.3	7.9	C .0
Providence, R. I.	263,613	71	14.0	C 9.1	12.7	C 8.9
Richmond, Va.	160,719	50	16.2	C 16.8	20.0	C 21.6
Rochester, N. Y.	264,856	51	10.0	C 15.3	11.8	C 13.2
St. Louis, Mo.	779,951	152	10.2	C 15.4	7.9	C 10.1
St. Paul, Minn.	257,699	56	11.3	C 8.1	8.9	C 17.9
San Francisco, Calif.	478,530	110	12.0	C 19.7	6.4	C 9.0
Seattle, Wash.		52		A 7.3	7.7	A 12.1
Spokane, Wash.		20		C 8.6	5.0	C 11.5
Syracuse, N. Y.	161,404	50	16.2	C 11.8	16.0	C 22.2
Toledo, Ohio.	262,234	55	10.9	A 13.4	14.5	A 16.4
Washington, D. C.	401,681	94	12.2	A 16.1	16.0	A 13.8
Worcester, Mass.	173,650	23	6.9	C 15.9	4.3	C 25.0

¹ Annual rates per 1,000 estimated population.

² "A" indicates data for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates data for the corresponding week of the year 1917.

³ Population estimated as of July 1, 1919.

⁴ Data are based on statistics of 1915, 1916, and 1917.

Summary of information received by telegraph from industrial insurance companies for week ended Nov. 1, 1919.

Policies in force	41,280,040
Number of death claims	7,058
Death claims per 1,000 policies in force, annual rate	8.9

PREVALENCE OF DISEASE.

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring.

UNITED STATES.

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Nov. 8, 1919.

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers.

ALABAMA.		CALIFORNIA—continued.	
	Cases.		Cases.
Diphtheria.....	65	Typhoid fever:	
Influenza.....	4	Alameda.....	2
Malaria.....	33	Fresno County.....	1
Scarlet fever.....	25	Kern County.....	2
Smallpox.....	2	Los Angeles.....	5
Tuberculosis (pulmonary).....	22	Monterey County.....	1
Typhoid fever.....	3	Oakland.....	2
Venereal diseases.....	150	Sacramento.....	2
Whooping cough.....	6	San Francisco.....	2
		Stockton.....	2
ALASKA.		CONNECTICUT.	
Smallpox:		Cerebrospinal meningitis:	
Ketchikan.....	1	Hartford County—	
Petersburg (to Nov. 10).....	6	South Manchester.....	1
		Chicken pox.....	47
ARKANSAS.		Diphtheria:	
Cerebrospinal meningitis.....	1	Fairfield County—	
Chancroid.....	5	Bridgeport.....	7
Chicken pox.....	21	Stamford.....	5
Diphtheria.....	58	Stratford.....	4
Gonorrhea.....	59	Scattering.....	8
Influenza.....	24	Hartford County—	
Malaria.....	148	Bristol.....	11
Measles.....	2	Hartford.....	12
Ophthalmia neonatorum.....	1	New Britain.....	8
Pellagra.....	4	Scattering.....	5
Scarlet fever.....	50	New Haven County—	
Smallpox.....	3	Derby.....	3
Syphilis.....	26	New Haven.....	6
Trachoma.....	2	Wallingford.....	4
Tuberculosis.....	14	Waterbury.....	11
Typhoid fever.....	23	Scattering.....	3
Whooping cough.....	29	New London County—	
		Groton.....	3
CALIFORNIA.		Stonington.....	8
Influenza.....	31	Scattering.....	6
Polio-myelitis:		Tolland County—	
Los Angeles.....	1	Rockville.....	1
Smallpox:		Windham County—	
Chino.....	3	Scattering.....	3
Eureka.....	5	Erysipelas.....	1
Humboldt County.....	3		
Whittier.....	4		
Scattering.....	6		

CONNECTICUT—continued.

	Cases.
Gonorrhea.....	18
Influenza:	
Fairfield County—	
Greenwich.....	1
Hartford County—	
New Britain.....	3
New Haven County—	
Meriden.....	1
Measles:	
Fairfield County—	
Stamford.....	9
Trumbull.....	1
Hartford County—	
New Britain.....	1
Litchfield County—	
Harwinton.....	1
New Haven County—	
Hamden.....	5
Milford.....	7
New Haven.....	21
Seymour.....	9
Scattering.....	2
Windham County—	
Plainfield.....	1
Mumps.....	16
Pneumonia.....	4
Poliomyelitis:	
New Haven County—	
New Haven.....	1
Scarlet fever:	
Fairfield County—	
Danbury.....	4
Greenwich.....	5
Scattering.....	5
Hartford County—	
Bristol.....	5
Canton.....	4
Hartford.....	7
Scattering.....	8
Litchfield County—	
Plymouth.....	2
Middlesex County—	
Middletown.....	1
New Haven County—	
Meriden.....	6
New Haven.....	9
Waterbury.....	4
New London County—	
Scattering.....	3
Tolland County—	
Rockville.....	12
Syphilis.....	52
Tuberculosis.....	39
Typhoid fever:	
Fairfield County—	
Norwalk.....	2
Hartford County—	
Scattering.....	6
New Haven County—	
New Haven.....	2
New London County—	
New London.....	1
Windham County—	
Plainfield.....	1
Whooping cough.....	35

DELAWARE.

	Cases.
Diphtheria:	
Bridgeville.....	3
Clayton.....	2
Milford.....	3
Newark.....	1
Wilmington.....	3
Malaria:	
Dover.....	1
Measles:	
Bear.....	3
Mumps.....	1
Ophthalmia neonatorum:	
Framington.....	1
Scarlet fever:	
Bridgeville.....	1
Dover.....	1
Frederica.....	1
Georgetown.....	1
Townsend.....	1
Wilmington.....	4
Smallpox:	
Millsboro.....	6
Tuberculosis:	
Georgetown.....	1
Seaford.....	1
Wilmington.....	2
Typhoid fever:	
Marydel.....	3
Middletown.....	2
Seaford.....	1
Sussex County.....	2
Wilmington.....	4
Whooping cough.....	1

FLORIDA.

Diphtheria.....	35
Dysentery.....	8
Influenza.....	31
Malaria.....	197
Pneumonia.....	6
Typhoid fever.....	10

GEORGIA.

Actinomycosis.....	2
Cerebrospinal meningitis.....	1
Chicken pox.....	7
Conjunctivitis (acute infectious).....	7
Diphtheria.....	100
Dysentery (amebic).....	3
Dysentery (bacillary).....	3
Gonorrhea.....	138
Hookworm.....	15
Influenza.....	37
Malaria.....	118
Measles.....	17
Measles (German).....	2
Mumps.....	4
Pneumonia (acute lobar).....	19
Scarlet fever.....	25
Septic sore throat.....	19
Smallpox.....	16
Syphilis.....	157
Tetanus.....	1
Tuberculosis (pulmonary).....	17
Tuberculosis (other forms).....	2
Typhoid fever.....	32
Whooping cough.....	11

ILLINOIS.

	Cases.
Corobrosprosal meningitis:	
Alton.....	1
Chicago.....	1
Germantown.....	1
Chaneroid.....	18
Diphtheria:	
Alvin.....	3
Beardstown.....	3
Chicago.....	239
Decatur.....	6
Grayville.....	3
Harvard.....	4
Oak Park.....	6
Peoria.....	15
Quincy.....	3
Rockford.....	3
Tamms.....	6
West Frankfort.....	3
Scattering.....	103
Gonorrhea.....	345
Influenza:	
Chicago.....	47
Scattering.....	9
Poliomylitis:	
Charleston.....	1
Chicago.....	1
Pembroke.....	1
Tiskilwa.....	1
Scarlet fever:	
Blue Island.....	3
Brown County—	
Buckhart Township.....	3
Chicago.....	189
Jackson County—	
Levan Township.....	4
Laura.....	4
Peoria County—	
Millbrook Township.....	4
Scattering.....	83
Smallpox:	
Brown County—	
Coopertown Township.....	3
Chicago.....	1
Chrisman.....	12
Edgar County—	
Brouillets Creek Township.....	27
Edgar County—	
Prairie Township.....	8
Roodhouse.....	5
Scotland.....	8
Scattering.....	24
Syphilis.....	210
Typhoid fever:	
Chicago.....	11
Jacksonville.....	4
East St. Louis.....	3
Will County—	
Joliet Township.....	5
Scattering.....	23
Chaneroid.....	5
Diphtheria:	
Johnson County.....	3
Lake County.....	5
La Porte County.....	3

INDIANA.

INDIANA—continued.

	Cases.
Diphtheria—Continued.	
Madison County.....	3
St. Joseph County.....	5
Tippecanoe County.....	4
Vanderburg County.....	7
Warriek County.....	3
Wayne County.....	4
Scattering.....	21
Influenza:	
Clay County.....	3
Crawford County.....	1
Elkhart County.....	4
Green County.....	2
Madison County.....	4
Marshall County.....	1
Martin County.....	5
Newton County.....	3
Steuben County.....	3
Vanderburg County.....	1
Whitley County.....	2
Gonorrhea.....	97
Poliomylitis:	
Henry County.....	1
Owen County.....	1
Scarlet fever:	
Cass County.....	11
Clinton County.....	5
Decatur County.....	9
Fountain County.....	3
Johnson County.....	3
Madison County.....	5
Morgan County.....	3
Noble County.....	4
Ripley County.....	10
Vanderburg County.....	5
Vigo County.....	3
Scattering.....	17
Smallpox:	
Bartholomew County.....	6
Cass County.....	3
Fountain County.....	4
Grant County.....	10
Tippecanoe County.....	11
Vermillion County.....	19
Scattering.....	11
Syphilis.....	92
Typhoid fever:	
Allen County.....	4
Delaware County.....	3
Madison County.....	3
Perry County.....	3
Scattering.....	18
IOWA.	
Chaneroid.....	2
Chicken pox.....	1
Diphtheria:	
Albia.....	2
Armstrong.....	2
Carroll County.....	1
Cedar Rapids.....	8
Clinton.....	2
Davenport.....	3
Des Moines.....	6
Dubuque.....	4
Fort Dodge.....	7

IOWA—continued.

Diphtheria—Continued.	Cases.
Grinnell.....	6
Mills County.....	1
Ogden.....	6
Ottumwa.....	1
Polk County.....	3
Red Oak.....	2
Gonorrhea.....	70
Influenza:	
Iowa Falls.....	2
Riceville.....	2
Story City.....	1
Measles:	
Mason City.....	1
Shelby County.....	2
Mumps.....	5
Scarlet fever:	
Adair County.....	1
Audubon County.....	1
Boone.....	4
Cedar Falls.....	1
Clearfield.....	1
Davenport.....	1
Des Moines.....	19
Fredericksburg.....	1
Fort Dodge.....	1
Henry County.....	1
Kellerton.....	1
Lucas County.....	6
Maxwell.....	1
Ottosen.....	1
Ottumwa.....	2
Palo Alto County.....	2
Plover.....	1
Poweshiek County.....	1
Wayne County.....	7
Smallpox:	
Audubon County.....	3
Blackhawk County.....	1
Carroll County.....	2
Cedar Falls.....	2
Clinton.....	1
Davenport.....	18
Davis County.....	1
Dubuque.....	1
Fort Dodge.....	1
Hardin County.....	1
Harrison County.....	1
Lost Nation.....	2
Shelby County.....	1
Steamboat Rock.....	2
Syphilis.....	21

KANSAS.

Cerebrospinal meningitis:	
Elkhart.....	1
Manhattan.....	1
Diphtheria.....	104
Influenza.....	10
Scarlet fever.....	77
Smallpox.....	15

LOUISIANA.

Chancroid.....	15
Diphtheria.....	20
Gonorrhea.....	86

LOUISIANA—continued.

	Cases.
Influenza.....	12
Plague (bubonic).....	1
Scarlet fever.....	5
Smallpox.....	2
Syphilis.....	57
Typhoid fever.....	13

MAINE.

Chancroid.....	1
Chicken pox.....	2
Diphtheria:	
Fort Fairfield.....	1
Norridgewock.....	1
Portland.....	3
Saint Francis.....	2
Gonorrhea.....	30
Measles (German):	
Dexter.....	4
Mumps.....	7
Pneumonia:	
Sanford.....	1
Scarlet fever:	
Augusta.....	3
Bangor.....	2
Bath.....	1
Benton.....	1
Friendship.....	6
Livermore.....	1
Mechanic Falls.....	1
Portland.....	1
Randolph.....	2
Waldoboro.....	1
Smallpox:	
Ashburn.....	1
Augusta.....	4
Lewis.....	1
Monticello.....	2
Syphilis.....	22
Tuberculosis.....	12
Typhoid fever:	
Augusta.....	1
Bath.....	7
Jonesboro.....	1
Machias.....	1
Portland.....	8
Waterville.....	4
Whooping cough.....	13

MASSACHUSETTS.

Cerebrospinal meningitis.....	3
Chicken pox.....	163
Conjunctivitis (suppurative).....	8
Diphtheria.....	220
Dysentery.....	2
Gonorrhea.....	203
Influenza.....	20
Malaria.....	1
Measles (German).....	7
Measles.....	200
Mumps.....	113
Ophthalmia neonatorum.....	18
Pneumonia (lobar).....	55
Scarlet fever.....	256
Septic sore throat.....	4
Smallpox:	
Gardner.....	1

MASSACHUSETTS—continued.

	Cases.
Syphilis.....	80
Trachoma.....	1
Tuberculosis (pulmonary).....	124
Tuberculosis (other forms).....	11
Typhoid fever.....	27
Whooping cough.....	165

MINNESOTA.

Chancroid.....	3
Gonorrhea.....	185
Pollomyelitis.....	1
Smallpox (new foci):	
Becker County—	
Atlanta Township.....	1
Cottonwood County—	
Windom.....	1
Douglass County—	
Alexandria.....	5
Lake Mary Township.....	1
Faribault County—	
Joe Davless Township.....	1
Isanti County—	
Cambridge.....	3
Otter Tail County—	
Oak Valley Township.....	1
Pope County—	
Farwell Township.....	1
Syphilis.....	115

MONTANA.

Diphtheria.....	4
Influenza.....	2
Scarlet fever.....	21
Smallpox.....	21
Typhoid fever.....	2

NEW JERSEY.

Influenza.....	26
Pneumonia.....	72
Smallpox:	
Hudson County—	
North Bergen Township.....	1

NEW YORK (EXCLUSIVE OF NEW YORK CITY).

Cerebrospinal meningitis:	
Buffalo.....	1
Diphtheria:	
Erie County.....	137
Scattering.....	285
Gonorrhea.....	56
Influenza.....	35
Measles.....	105
Pneumonia.....	89
Pollomyelitis:	
Buffalo.....	1
Croghan.....	1
Hornell.....	1
Malone.....	3
Norfolk.....	1
Saratoga Springs.....	1
Scarlet fever.....	223
Smallpox:	
Buffalo.....	1
Rochester.....	1
Syphilis.....	201
Typhoid fever.....	42
Whooping cough.....	272

NORTH CAROLINA.

	Cases.
Cerebrospinal meningitis.....	1
Chancroid.....	11
Chicken pox.....	37
Diphtheria.....	210
Dysentery (bacillary).....	1
Gonorrhea.....	113
Measles.....	15
Measles (German).....	7
Paratyphoid fever.....	2
Pneumonia (broncho).....	6
Pneumonia (lobar).....	2
Scarlet fever.....	67
Septic sore throat.....	19
Smallpox.....	40
Syphilis.....	31
Typhoid fever.....	40
Whooping cough.....	236

OHIO.

Diphtheria:	
Cincinnati.....	37
Columbus.....	35
Crestline.....	11
Portsmouth.....	15
Steubenville.....	10
Wellston.....	13
Youngstown.....	13
Scarlet fever:	
Cincinnati.....	31
Columbus.....	44
Portsmouth.....	9
Smallpox:	
Mansfield.....	7
West Liberty.....	6
Typhoid fever:	
Lima.....	8

VERMONT.

Whooping cough, prevalent.
Mumps, prevalent.

WEST VIRGINIA.

Diphtheria:	
Bluefield.....	2
Charleston.....	4
Clarksburg.....	5
Fairmont.....	4
Hinton.....	2
Huntington.....	9
Keiser.....	3
Martinsburg.....	7
Montgomery.....	3
Morgantown.....	1
Moundsville.....	2
Parkersburg.....	3
Parsons.....	2
Sutton.....	1
Weston.....	4
Wheeling.....	3
Williamson.....	2
Scarlet fever:	
Charleston.....	3
Clarksburg.....	7
Fairmont.....	2
Grafton.....	3
Huntington.....	4

WEST VIRGINIA—continued.

	Cases.
Scarlet fever—Continued.	
Logan.....	1
Morgantown.....	2
Parsons.....	2
Salem.....	10
Smallpox:	
Huntington.....	4
Martinsburg.....	1
Montgomery.....	2
Parkersburg.....	1
Piedmont.....	3
Typhoid fever:	
Beckley.....	1
Bluefield.....	1
Charleston.....	2
Martinsburg.....	1
Ripley.....	3
Sisterville.....	1
Sutton.....	1
Williamson.....	1
WASHINGTON.	
Chicken pox.....	53
Diphtheria.....	30
Influenza.....	8
Measles (German).....	2
Measles.....	18
Mumps.....	21
Pneumonia.....	4
Scarlet fever.....	48
Smallpox.....	121

WASHINGTON—continued.

	Cases.
Tuberculosis.....	7
Typhoid fever.....	12
Whooping cough.....	39
WISCONSIN.	
Milwaukee:	
Chicken pox.....	32
Diphtheria.....	40
Erysipelas.....	3
Measles.....	18
Scarlet fever.....	24
Smallpox.....	13
Tuberculosis.....	8
Typhoid fever.....	1
Whooping cough.....	5
Scattering:	
Cerebrospinal meningitis.....	1
Chancroid.....	2
Chicken pox.....	37
Diphtheria.....	24
Gonorrhea.....	62
Influenza.....	1
Measles.....	98
Ophthalmia neonatorum.....	1
Scarlet fever.....	67
Smallpox.....	1
Syphilis.....	8
Tuberculosis.....	2
Typhoid fever.....	5
Whooping cough.....	44

Kentucky Report for Week Ended Nov. 1, 1919.

	Cases.
Cerebrospinal meningitis:	
Christian County.....	1
Chicken pox.....	44
Diphtheria:	
Bath County.....	4
Bourbon County.....	4
Boyd County.....	10
Caldwell County.....	1
Campbell County.....	2
Cumberland County.....	1
Davess County.....	2
Fleming County.....	3
Franklin County.....	5
Fulton County.....	1
Graves County.....	2
Grayson County.....	1
Greenup County.....	4
Harrison County.....	1
Hopkins County.....	2
Jackson County.....	1
Jefferson County—	
Louisville.....	51
Kenton County.....	9
Lawrence County.....	1
Lewis County.....	1
Logan County.....	4
McCracken County.....	4
Mason County.....	1
Montgomery County.....	1
Muhlenberg County.....	1
Nelson County.....	6
Ohio County.....	1

	Cases.
Diphtheria—Continued.	
Owen County.....	1
Pike County.....	2
Russell County.....	2
Shelby County.....	1
Whitley County.....	1
Dysentery:	
Bath County.....	1
Mercer County.....	4
Pike County.....	6
Shelby County.....	1
Eczema:	
Henry County.....	1
German measles:	
Franklin County.....	2
Gonorrhea.....	12
Influenza:	
Bath County.....	7
Breckenridge County.....	1
Christian County.....	3
Hopkins County.....	3
Greenup County.....	5
Jefferson County—	
Louisville.....	1
Kenton County.....	4
Lawrence County.....	2
McCracken County.....	2
Mason County.....	1
Monroe County.....	1
Montgomery County.....	3
Nelson County.....	2
Ohio County.....	1

Kentucky Report for Week Ended Nov. 1, 1919—Continued.

Influenza—Continued.	Cases.	Septic sore throat:	Cases.
Owen County.....	2	Breckinridge County.....	1
Pike County.....	4	Fleming County.....	6
Shelby County.....	1	Logan County.....	1
Whitley County.....	12	Union County.....	1
Measles:		Smallpox:	
Bath County.....	1	Knox County.....	2
Bourbon County.....	1	Whitley County.....	3
Fulton County.....	1	Syphilis.....	7
Graves County.....	7	Tonsillitis:	
Kenton County.....	1	Breckinridge County.....	3
Meningitis, tubercular:		Caldwell County.....	1
Kenton County.....	1	Christian County.....	2
Mumps.....	1	Trachoma:	
Paratyphoid fever:		Daviess County.....	1
Union County.....	1	Franklin County.....	4
Pellagra:		Jefferson County—	
Harrison County.....	1	Louisville.....	3
McCracken County.....	1	Tuberculosis:	
Metcalfe County.....	1	Boyd County.....	1
Pneumonia:		Campbell County.....	1
Christian County.....	1	Daviess County.....	1
Fleming County.....	1	Elliott County.....	1
Jackson County.....	1	Fleming County.....	2
Jefferson County—		Fulton County.....	4
Louisville.....	2	Graves County.....	1
Knox County.....	3	Jefferson County—	
McCracken County.....	1	Louisville.....	6
Pike County.....	1	Kenton County.....	2
Ophthalmia, purulent:		Logan County.....	1
Boyd County.....	1	Mercer County.....	5
Scarlet fever:		Monroe County.....	3
Bath County.....	1	Typhoid fever:	
Breckinridge County.....	1	Bath County.....	1
Crittenden County.....	4	Campbell County.....	2
Elliott County.....	1	Christian County.....	5
Franklin County.....	1	Cumberland County.....	2
Fulton County.....	1	Elliott County.....	2
Graves County.....	2	Franklin County.....	1
Greenup County.....	1	Fulton County.....	2
Henderson County.....	1	Graves County.....	1
Henry County.....	1	Greenup County.....	4
Hopkins County.....	1	Henry County.....	1
Jefferson County—		Jefferson County—	
Louisville.....	12	Louisville.....	2
Kenton County.....	6	Knox County.....	3
Larue County.....	1	Lewis County.....	1
Lewis County.....	2	Logan County.....	1
McCracken County.....	1	Lyon County.....	1
Mason County.....	1	McCracken County.....	2
Mercer County.....	1	Mercer County.....	2
Monroe County.....	2	Metcalfe County.....	1
Muhlenberg County.....	2	Monroe County.....	4
Ohio County.....	1	Owen County.....	1
Oldham County.....	1	Pike County.....	4
Owen County.....	3	Union County.....	1
Union County.....	3	Warren County.....	7
Warren County.....	1	Whooping cough.....	31

SUMMARY OF CASES REPORTED MONTHLY BY STATES.

Tables showing by counties the reported cases of cerebrospinal meningitis, malaria, pellagra, poliomyelitis, smallpox, and typhoid fever are published under the names of these diseases. (See names of these and other diseases in the table of contents.)

The following monthly State reports include only those which were received during the current week. These reports appear each week as received.

State.	Cerebrospinal meningitis.	Diphtheria.	Malaria.	Measles.	Pellagra.	Poliomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
<i>September, 1919.</i>									
Alabama.....	4	270	902	13	46	6	69	17	150
Hawaii.....	2	10	-----	5	-----	2	-----	-----	26
South Dakota.....	2	13	-----	6	-----	6	59	28	20
Virginia.....	14	448	723	65	19	21	231	124	311

RECIPROCAL NOTIFICATION.

Massachusetts.

Cases of communicable diseases referred during September, 1919, to other State health departments by department of health of the State of Massachusetts.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Anterior poliomyelitis: Boston.....	State board of health, Concord, N. H.	Patient was brought to Boston, Mass., from Portsmouth, N. H., for treatment on Sept. 21.
Do.....	State board of health, Montpelier, Vt.	Patient was brought to Boston, Mass., from Brattleboro, Vt., for treatment.
Typhoid fever: Lowell.....	State board of health Charleston, S. C.	Patient became sick in Lowell, Mass., 16 days after leaving Charleston, S. C.
Medford.....	State board of health, Concord, N. H.	Onset of case day after arriving in Medford, Mass., from Golfston, N. H.
Brookline.....	State department of health, Augusta, Me.	Arrived at Brookline, Mass., from Long Pond, Me., ill.
Lowell.....	Provincial health officer, Halifax, Nova Scotia.	Onset of case at Lowell, Mass., within 14 days after leaving Halifax, Nova Scotia.
Westfield.....	State department of health, Hartford, Conn.	Patient became sick in Westfield, Mass., within 14 days after leaving Essex, Conn.
Boston.....	State board of health, Concord, N. H.	Onset of disease in Boston the day after leaving Manchester, N. H.
Do.....	State board of health Jefferson City, Mo.	Patient visited St. Louis, Mo., on September 6 during acute stage of disease. Entered hospital in Boston, Mass., on Sept. 8.
Do.....	State department of health, Hartford, Conn.	Patient left Douglas, Conn., Aug. 10. Onset of case Aug. 20 at Boston, Mass.
Fall River.....	State board of health, Providence, R. I.	Patient visited Tiverton, R. I., for one week during incubation period, and became sick in Fall River, Mass.
Northampton.....	State department of health, Trenton, N. J.	Onset of disease occurred 4 days after arriving in Northampton, Mass., from Newark, N. J.

ANTHRAX.**Camden, N. J., and Portland, Oreg.**

During the week ended October 25, 1919, one case of anthrax was reported at Camden, N. J., and one case and one death were reported at Portland, Oreg.

CEREBROSPINAL MENINGITIS.**State Reports for September, 1919.**

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Houston County.....	2	Botetourt County.....	3
Lawrence County.....	1	Buchanan County.....	1
Montgomery County.....	1	Henrico County.....	
Total.....	4	Richmond.....	1
South Dakota:		Montgomery County—	
Jerauld County.....	1	Elliston.....	1
Minnehaha County.....	1	Norfolk County—	
Total.....	2	Norfolk.....	1
Virginia:		Nottoway County.....	1
Augusta County—		Prince William County.....	1
Staunton.....	3	Roanoke County.....	1
		Washington County.....	1
		Total.....	14

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	1		Newark, N. J.....	1	2
Attleboro, Mass.....		1	New York, N. Y.....	1	3
Baltimore, Md.....	1		Omaha, Nebr.....	1	1
Boston, Mass.....	2	1	Perth Amboy, N. J.....	1	1
Chattanooga, Tenn.....	1	1	Philadelphia, Pa.....	1	1
Chicago, Ill.....	2	1	Richmond, Va.....		1
Denver, Colo.....	1		St. Louis, Mo.....	1	
Detroit, Mich.....	1		San Francisco, Calif.....	2	2
East Chicago, Ind.....		1	Schaeftady, N. Y.....		1
Green Bay, Wis.....		1	Syracuse, N. Y.....	1	1
Hudson, N. Y.....	1	1	Trenton, N. J.....	1	1
Los Angeles, Calif.....	1		Wheeling, W. Va.....		1
Louisville, Ky.....	1				

DIPHTHERIA.

See *Telegraphic weekly reports from States*, p. 2618; *Monthly summaries by States*, p. 2625; and *Weekly reports from cities*, p. 2634.

INFLUENZA.**Cases reported by State Health Officers, Week Ended Nov. 8, 1919.**

Cases.	Cases.
Alabama	4
Iowa	5
Arkansas	24
Louisiana	12
California	31
Massachusetts	20
Connecticut	5
Montana	2
Florida	31
New Jersey	26
Georgia	37
New York	35
Illinois	56
Washington	8
Indiana	29
Wisconsin	1

LEPROSY.

Hawaii Report for September, 1919.

During the month of September, 1919, two cases of leprosy were reported in the Territory of Hawaii: One case in Lahaina district, island of Maui, and one case in North Kona district, island of Hawaii.

MALARIA.

Alabama and Virginia—September, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Autauga County.....	15	Henry County.....	1
Baldwin County.....	1	Martinsville.....	13
Calhoun County.....	4	Isle of Wight County.....	2
Choctaw County.....	3	James City County.....	21
Clarke County.....	1	King and Queen County.....	16
Coffee County.....	1	King George County.....	15
Etowah County.....	2	King William County.....	10
Fayette County.....	1	West Point.....	15
Greene County.....	600	Lancaster County.....	17
Hale County.....	4	Lee County.....	1
Henry County.....	12	Lunenburg County.....	2
Houston County.....	113	Kenbridge.....	1
Jefferson County.....	6	Meherin.....	1
Lauderdale County.....	9	Mathews County.....	2
Lawrence County.....	3	Mecklenburg County.....	12
Lowndes County.....	2	Chase City.....	2
Marshall County.....	3	Middlesex County.....	11
Mobile County.....	1	Urbanna.....	1
Montgomery County.....	7	Nansemond County.....	3
Pickens County.....	23	Suffolk.....	11
Pike County.....	1	New Kent County.....	10
Russell County.....	1	Norfolk County—	
Talladega County.....	8	Norfolk.....	2
Tuscaloosa County.....	79	Northampton County.....	24
Walker County.....	2	Cape Charles.....	5
Total.....	902	Northumberland County.....	8
Virginia:		Nottoway County.....	1
Accomac County.....	50	Pace County.....	1
Exmore.....	2	Pittsylvania County.....	11
New Church.....	2	Chatham.....	4
Parkley.....	7	Powhatan County.....	8
Alleghany County—		Prince Edward County—	
Clifton Forge.....	2	Farmville.....	1
Amherst County.....	2	Prince George County.....	10
Bedford County—		Hopewell.....	4
Bedford.....	5	Princess Anne County.....	32
Botetourt County.....	1	Prince William County—	
Brunswick County.....	18	Manassas.....	3
Buchanan County.....	1	Richmond County.....	10
Buckingham County.....	1	Rockbridge County.....	1
Campbell County.....	1	Southampton County.....	42
Caroline County.....	9	Franklin.....	22
Charles City County.....	9	Drewryville.....	1
Charlotte County—		Spotsylvania County.....	2
Keysville.....	1	Stafford County.....	8
Chesterfield County.....	3	Falmouth.....	3
Cumberland County.....	2	Surry County.....	20
Dinwiddie County.....	2	Surry.....	5
Elizabeth City County—		Claremont.....	1
Hampton.....	5	Sussex County.....	23
Essex County.....	6	Jarratt.....	3
Fairfax County.....	1	Stony Creek.....	1
Gloucester County.....	4	Warwick County.....	35
Greensville County.....	28	Washington County.....	1
Emporia.....	16	Westmoreland County.....	8
Halifax County.....	19	Wythe County.....	2
South Boston.....	12	York County.....	9
Hanover County.....	29	Total.....	723
Henrico County.....	5		
Richmond.....	2		

MALARIA—Continued.

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....	2	.....	Memphis, Tenn.....	2	.....
Baltimore, Md.....	1	.....	Nashville, Tenn.....	1	.....
Beaumont, Tex.....	1	.....	Newark, N. J.....	1	.....
Bristol, Conn.....	1	.....	New Orleans, La.....	4	3
Charleston, S. C.....	.....	3	Oklahoma City, Okla.....	.....	1
Chicago, Ill.....	1	1	Pine Bluff, Ark.....	10	.....
Columbus, Ga.....	2	1	San Francisco, Calif.....	.....	1
Dallas, Tex.....	18	.....	Savannah, Ga.....	6	1
Joplin, Mo.....	1	.....	Spartanburg, S. C.....	1	.....
Kansas City, Kans.....	1	.....	Springfield, Ohio.....	1	.....
Little Rock, Ark.....	1	.....	Stockton, Calif.....	1	.....
Long Beach, Calif.....	1	.....	Tuscaloosa, Ala.....	2	.....

MEASLES.

See Telegraphic weekly reports from States, p. 2618; Monthly summaries by States, p. 2625; and Weekly reports from cities, p. 2634.

PELLAGRA.

Alabama and Virginia—September, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Bullock County.....	1	Dinwiddie County—	
Butler County.....	1	Petersburg.....	1
Calhoun County.....	6	Giles County.....	1
Chilton County.....	1	Hanover County.....	4
Coffee County.....	1	Henrico County.....	1
Conecuh County.....	1	Henry County.....	.....
Crenshaw County.....	1	Martinsville.....	1
Jefferson County.....	5	James City County.....	1
Lowndes County.....	1	London County.....	1
Mobile County.....	7	Mecklenburg County.....	1
Montgomery County.....	2	Montgomery County.....	1
St. Clair County.....	1	Norfolk County—	
Talladega County.....	6	Portsmouth.....	1
Tallapoosa County.....	1	Pittsylvania County.....	2
Tuscaloosa County.....	10	Wise County—	
Washington County.....	1	Toms Creek.....	1
Total.....	46	Scott County.....	1
Virginia:		Wythe County.....	1
Albemarle County—		Total.....	19
Scottsville.....	1		

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....	.....	1	Dallas, Tex.....	1	.....
Austin, Tex.....	.....	1	Fort Worth, Tex.....	.....	1
Birmingham, Ala.....	.....	3	Mobile, Ala.....	1	.....
Boston, Mass.....	1	.....	Nashville, Tenn.....	1	.....

PNEUMONIA.

City Reports for Week Ended Oct. 25, 1919.

Place.	Lobar.		All forms.		Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.		Cases.	Deaths.	Cases.	Deaths.
Alliance, Ohio.....	.....	1	.....	.....	Morristown, N. J.....	.....	.....	1	.....
Alton, Ill.....	.....	1	.....	1	Newark, N. J.....	7	2	.....	.....
Ansonia, Conn.....	.....	1	.....	.....	New Britain, Conn.....	.....	1	.....	.....
Attleboro, Mass.....	.....	1	.....	.....	Newburgh, N. Y.....	1	.....	.....	.....
Baltimore, Md.....	6	3	.....	.....	Newburyport, Mass.....	.....	.....	1	.....
Belleville, N. J.....	1	.....	.....	.....	New Haven, Conn.....	.....	.....	.....	3
Binghamton, N. Y.....	2	.....	.....	.....	New Orleans, La.....	.....	1	.....	.....
Birmingham, Ala.....	.....	.....	5	.....	New York, N. Y.....	.....	47	82	.....
Boston, Mass.....	27	11	.....	.....	Norfolk, Va.....	1	.....	.....	.....
Bridgeport, Conn.....	.....	1	.....	.....	Oakland, Calif.....	.....	2	.....	.....
Buffalo, N. Y.....	8	3	.....	.....	Oak Park, Ill.....	.....	3	.....	.....
Burlington, Vt.....	.....	2	.....	.....	Oklahoma City, Okla.....	.....	.....	2	3
Cairo, Ill.....	.....	.....	.....	1	Olean, N. Y.....	.....	1	.....	.....
Cambridge, Mass.....	6	4	.....	.....	Omaha, Nebr.....	.....	1	.....	3
Chicago, Ill.....	.....	.....	90	19	Orange, N. J.....	1	.....	.....	.....
Cincinnati, Ohio.....	.....	1	.....	.....	Passaic, N. J.....	.....	.....	1	1
Cleveland, Ohio.....	.....	.....	5	9	Paterson, N. J.....	.....	.....	3	.....
Cohoes, N. Y.....	4	1	.....	.....	Peoria, Ill.....	.....	1	.....	.....
Columbus, Ohio.....	.....	1	.....	.....	Petersburg, Va.....	.....	.....	.....	.....
Dallas, Tex.....	.....	.....	5	1	Philadelphia, Pa.....	42	13	.....	.....
Danville, Ill.....	.....	1	.....	.....	Portland, Oreg.....	.....	1	.....	2
Denver, Colo.....	.....	3	.....	5	Providence, R. I.....	.....	1	.....	.....
Detroit, Mich.....	9	6	15	15	Quincy, Mass.....	1	.....	.....	.....
Duluth, Minn.....	2	1	.....	.....	Racine, Wis.....	.....	1	.....	.....
East Chicago, Ind.....	.....	.....	.....	1	Reno, Nev.....	.....	1	.....	.....
East Orange, N. J.....	.....	.....	1	.....	Richmond, Va.....	.....	3	.....	.....
Elizabeth, N. J.....	.....	.....	.....	2	Rochester, N. Y.....	3	1	.....	.....
Fall River, Mass.....	1	.....	.....	.....	Rome, N. Y.....	1	.....	.....	.....
Flint, Mich.....	.....	1	.....	.....	Rutland, Vt.....	.....	1	.....	.....
Fort Scott, Kans.....	1	.....	.....	.....	Sacramento, Calif.....	.....	.....	1	.....
Framingham, Mass.....	.....	1	.....	.....	Saginaw, Mich.....	.....	.....	.....	1
Galesburg, Ill.....	.....	1	.....	.....	St. Paul, Minn.....	.....	4	.....	.....
Great Falls, Mont.....	.....	1	.....	.....	Salt Lake City, Utah.....	.....	1	.....	.....
Greeley, Colo.....	.....	1	.....	.....	San Bernardino, Calif.....	.....	1	.....	.....
Hartford, Conn.....	.....	1	.....	.....	San Diego, Calif.....	.....	1	.....	2
Highland Park, Mich.....	3	.....	.....	.....	Sanford, Me.....	.....	1	.....	.....
Hoboken, N. J.....	.....	.....	1	1	San Francisco, Calif.....	16	3	.....	.....
Ironwood, Mich.....	1	.....	.....	.....	Somerville, Mass.....	4	2	.....	.....
Jersey City, N. J.....	.....	.....	5	.....	South Bend, Ind.....	.....	.....	.....	2
Kansas City, Kans.....	1	.....	.....	.....	Springfield, Mass.....	7	2	.....	.....
Kansas City, Mo.....	.....	.....	4	17	Springfield, Ohio.....	.....	1	.....	.....
Lackawanna, N. Y.....	4	.....	.....	.....	Syracuse, N. Y.....	.....	.....	.....	3
Lawrence, Mass.....	2	.....	.....	.....	Taunton, Mass.....	.....	2	.....	.....
Lima, Ohio.....	.....	.....	.....	1	Toledo, Ohio.....	.....	1	.....	.....
Little Rock, Ark.....	1	.....	.....	.....	Trenton, N. J.....	1	.....	.....	.....
Los Angeles, Calif.....	.....	.....	16	3	Washington, D. C.....	.....	.....	.....	6
Louisville, Ky.....	.....	.....	2	1	Wausau, Wis.....	.....	.....	.....	1
Lowell, Mass.....	1	.....	.....	.....	West Hoboken, N. J.....	.....	2	.....	.....
Lynn, Mass.....	.....	1	.....	.....	White Plains, N. Y.....	1	.....	.....	.....
Madison, Wis.....	.....	1	.....	.....	Wilmington, Del.....	.....	1	.....	.....
Medford, Mass.....	1	.....	.....	.....	Winston-Salem, N. C.....	1	1	.....	.....
Memphis, Tenn.....	.....	1	.....	.....	Worcester, Mass.....	2	2	.....	.....
Milwaukee, Wis.....	.....	1	.....	.....	Atlanta, Ga.....	.....	.....	.....	1
Minneapolis, Minn.....	.....	.....	.....	3	Atlantic City, N. J.....	1	.....	.....	.....
Montclair, N. J.....	.....	.....	2	.....	Yonkers, N. Y.....	.....	4	.....	.....

POLIOMYELITIS (INFANTILE PARALYSIS).**State Reports for September, 1919.**

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Jefferson County.....	6	Hanover County.....	1
South Dakota:		Henrico County—	
Davison County.....	1	Richmond.....	6
Marshall County.....	1	Highland County—	
Minnehaha County.....	1	Crabbottom.....	1
Turner County.....	3	Norfolk County.....	1
Total.....	6	Pittsylvania County—	
Virginia:		Callands.....	1
Albemarle County.....	1	Roanoke County—	
Scottsville.....	1	Roanoke.....	1
Amelia County.....	1	Washington County.....	5
Buchanan County.....	1	Wise County—	
		Big Stone Gap.....	1
		Total.....	21

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	2		Lincoln, Nebr.....	1	
Boston, Mass.....	1		Lynn, Mass.....	1	
Butler, Pa.....	2		Milwaukee, Wis.....		1
Chicago, Ill.....	1		Oak Park, Ill.....	1	
Dallas, Tex.....	1		Philadelphia, Pa.....	1	1
Denver, Colo.....	1		Richmond, Va.....	1	
Everett, Mass.....	1		St. Louis, Mo.....	2	1
Flint, Mich.....	1		Uniontown, Pa.....	1	
Indianapolis, Ind.....	1				

RABIES IN ANIMALS.**Joplin, Mo., and Petersburg, Va.**

During the week ended October 25, 1919, one case of rabies in animals was reported at Joplin, Mo., and one case was reported at Petersburg, Va.

SCARLET FEVER.

See Telegraphic weekly reports from States, p. 2618; Monthly summaries by States, p. 2625; and Weekly reports from cities, p. 2634.

SMALLPOX.**State Reports for September, 1919.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			South Dakota:		
Jefferson County.....	1		Beadle County.....	1	
Marshall County.....	3		Fall River County.....	5	
Mobile County.....	2		Hanson County.....	2	
Pickens County.....	5		Hutchinson County.....	1	
Sumter County.....	1		Jerauld County.....	1	
Talladega County.....	4		Minnehaha County.....	1	
Wilcox County.....	1		Sully County.....	14	
Total.....	17		Yankton County.....	1	
			Total.....	26	

SMALLPOX—Continued.

State Reports for September, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Virginia:			Virginia—Continued.		
Albemarle County—			Nansemond County.....	5	
Scottsville.....	4		Norfolk County—		
Alleghany County.....	3		Norfolk.....	5	
Covington.....	21		Pittsylvania County—		
Bath County.....	2		Danville.....	6	
Buchanan County.....	2		Sandy Level.....	1	
Campbell County.....	1		Rockingham County.....	3	
Floyd County.....	12		Scott County—		
Franklin County.....	6		Nickelsville.....	2	
Greenville County.....	1		Spotsylvania County.....	6	
Hanover County.....	1		Fredericksburg.....	1	
Henrico County.....	3		Stafford County.....	3	
Lee County—			Warren County—		
Leone Mines.....	1		Front Royal.....	2	
Mecklenburg County.....	2		Total.....	124	
Montgomery County.....	20				
Christiansburg.....	9				
Ironto.....	2				

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Atlanta, Ga.....	1		Los Angeles, Calif.....	3	
Bellingham, Wash.....	5		Marshalltown, Iowa.....	1	
Boise, Idaho.....	3		Milwaukee, Wis.....	9	
Cincinnati, Ohio.....	3		Minneapolis, Minn.....	1	
Cleveland, Ohio.....	2		New York, N. Y.....	1	
Dallas, Tex.....	4		Norfolk, Va.....	1	
Davenport, Iowa.....	4		Ogden, Utah.....	2	
Denver, Colo.....	30		Omaha, Nebr.....	2	
Detroit, Mich.....	3		Portland, Oreg.....	11	
Duluth, Minn.....	1		St. Joseph, Mo.....	7	
Findlay, Ohio.....	1		Salt Lake City, Utah.....	1	
Fond du Lac, Wis.....	4		Seattle, Wash.....	23	
Fort Worth, Tex.....	1		Spokane, Wash.....	9	
Galesburg, Ill.....	1		Steubenville, Ohio.....	1	
Great Falls, Mont.....	1		Stoc:ton, alif.....	1	
Green Bay, Wis.....	3		Superior, Wis.....	1	
Hoquiam, Wash.....	2		Tacoma, Wash.....	5	
Indianapolis, Ind.....	3		Walla Walla, Wash.....	6	
Kokomo, Ind.....	7		Wausau, Wis.....	6	
Lawrence, Mass.....	1		Youngstown, Ohio.....	2	

TETANUS.

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Birmingham, Ala.....		1	St. Louis, Mo.....	1	1
Los Angeles, Calif.....	1		Savannah, Ga.....		1
Marion, Ind.....	1		Schenectady, N. Y.....	1	
New York, N. Y.....		1	Tuscaloosa, Ala.....	1	

TUBERCULOSIS.

See Telegraphic weekly reports from States, p. 2618; and Weekly reports from cities, p. 2634.

TYPHOID FEVER.

State Reports for September, 1919.

Place.	New cases reported.	Place.	New cases reported.
Alabama:		Virginia—Continued.	
Bibb County.....	1	Augusta County.....	6
Bullock County.....	1	Waynesboro.....	1
Butler County.....	2	Botetourt County.....	1
Calhoun County.....	5	Troutville.....	2
Chambers County.....	1	Brunswick County.....	2
Cherokee County.....	1	Buchanan County.....	3
Chilton County.....	2	Emery.....	4
Choctaw County.....	1	Campbell County.....	1
Clarke County.....	1	Lynchburg.....	3
Conecuh County.....	1	Caroline County.....	4
Etowah County.....	2	Bowling Green.....	2
Fayette County.....	5	Carroll County.....	1
Henry County.....	5	Charles City County.....	6
Houston County.....	6	Clarke County.....	2
Jackson County.....	1	Craig County.....	
Jefferson County.....	43	New Castle.....	2
Lamar County.....	1	Culpeper County.....	2
Lauderdale County.....	2	Dinwiddie County.....	6
Lawrence County.....	3	Petersburg.....	4
Lee County.....	1	Fauquier County.....	1
Limestone County.....	1	Crest Hill.....	2
Lowndes County.....	4	Fluvanna County.....	1
Marion County.....	1	Franklin County.....	1
Marshall County.....	3	Frederick County.....	1
Mobile County.....	12	Winchester.....	1
Montgomery County.....	3	Giles County.....	3
Pickens County.....	2	Gloucester County.....	3
Randolph County.....	2	Greene County.....	2
Shelby County.....	1	Greensville County.....	1
St. Clair County.....	1	Halifax County.....	5
Talladega County.....	12	South Boston.....	5
Tallahassee County.....	1	Hanover County.....	10
Tuscaloosa County.....	14	Henrico County.....	4
Walker County.....	6	Richmond.....	7
Washington County.....	2	Henry County.....	1
Total.....	180	Ridgeway.....	1
Hawaii:		Martinsville.....	1
Hawaii Island—		King and Queen County.....	2
North Kohala district.....	3	King George County.....	1
North Kona district.....	4	King William County.....	1
Puna district.....	1	Lancaster County.....	2
West Kau district.....	3	Lee County.....	8
Oahu Island—		Loudoun County.....	2
Honolulu.....	14	Louisiana County.....	1
Koolau-poko district.....	1	Madison County.....	2
Total.....	26	Mathews County.....	3
South Dakota:		Mecklenburg County—	
Aurora County.....	1	Chase City.....	2
Beadle County.....	1	Montgomery County.....	7
Bon Homme County.....	1	Cambria.....	1
Brown County.....	2	Ironto.....	1
Charles Mix County.....	2	Radford.....	1
Haakon County.....	1	Nansemond County.....	2
Hanson County.....	2	Suffolk.....	1
Hutchinson County.....	1	Nelson County.....	1
Jerauld County.....	1	New Kent County.....	2
Jones County.....	1	Norfolk County.....	1
Lake County.....	1	Norfolk.....	17
Lawrence County.....	1	South Norfolk.....	5
Mellette County.....	1	Northampton County.....	1
Minnehaha County.....	3	Cape Charles.....	1
Stanley County.....	1	Northumberland County.....	2
Total.....	20	Notoway County.....	1
Virginia:		Pittsylvania County.....	1
Accomac County.....	6	Danville.....	2
Accomac.....	1	Java.....	1
Chincoteague.....	1	Sandy Level.....	1
Onancock.....	1	Powhatan County.....	1
Albemarle County.....	4	Prince Edward County.....	1
Alleghany County.....	2	Fulaski County.....	2
Clifton Forge.....	8	Fulaski.....	1
Amherst County.....	1	Rappahannock County.....	2
		Roanoke County.....	1
		Salem.....	1
		Roanoke.....	11
		Rockbridge County.....	2
		Buena Vista.....	2
		Rockingham County.....	11

TYPHOID FEVER—Continued.

State Reports for September, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Virginia—Continued.		Virginia—Continued.	
Russell County.....	6	Tazewell County.....	11
Scott County.....	2	Graham.....	2
Shenandoah County.....	8	Pocahontas.....	1
Toms Brook.....	1	Warwick County.....	1
Smyth County.....	4	Washington County.....	2
Marion.....	1	Meadow View.....	1
Southampton County.....	15	Wise County.....	1
Spotsylvania County.....	3	Bondtown.....	1
Fredericksburg.....	2	Olinger.....	6
Stafford County.....	1	Wythe County.....	3
Surry County.....	2		
Sussex County.....	2	Total.....	311

City Reports for Week Ended Oct. 25, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	5		Lancaster, Ohio.....	1	
Allentown, Pa.....	1		Leominster, Mass.....		1
Ann Arbor, Mich.....	1		Lima, Ohio.....	3	
Arlington, Mass.....	1		Lincoln, Nebr.....	1	1
Asbury Park, N. J.....	1		Lincoln, R. I.....	1	
Atlanta, Ga.....	6	2	Little Rock, Ark.....	2	
Attleboro, Mass.....	1		Logansport, Ind.....		1
Baltimore, Md.....	11		Long Beach, Calif.....	2	
Beaver Falls, Pa.....	1		Long Branch, N. J.....	1	
Benton Harbor, Mich.....	1		Los Angeles, Calif.....	3	2
Birmingham, Ala.....	1	1	Louisville, Ky.....	5	1
Bluefield, W. Va.....	1		Lynchburg, Va.....		1
Boston, Mass.....	1		Manchester, Conn.....	1	
Bridgeport, Conn.....	1	1	Marlboro, Mass.....	1	
Buffalo, N. Y.....		4	Memphis, Tenn.....	3	
Butler, Pa.....	2		Middletown, Ohio.....	1	
Cadillac, Mich.....	1		Millwaukee, Wis.....	1	
Camden, N. J.....	4		Mobile, Ala.....	2	
Canton, Ohio.....	1		Monessen, Pa.....	1	
Charleston, S. C.....	1		Nashville, Tenn.....	4	
Chicago, Ill.....	8	2	Newark, N. J.....	3	
Cincinnati, Ohio.....	3	1	New Bedford, Mass.....	1	
Cleveland, Ohio.....	3		New Britain, Conn.....	1	1
Clinton, Mass.....	1		Newburgh, N. Y.....		1
Coatesville, Pa.....	1		New Haven, Conn.....	7	
Coffeyville, Kans.....	3		New London, Conn.....	2	
Colorado Springs, Colo.....	2		Newton, Mass.....	4	
Columbia, S. C.....	2		New York, N. Y.....	33	3
Columbus, Ohio.....	1		Norfolk, Va.....	6	
Covington, Ky.....	1		Norristown, Pa.....	1	
Cumberland, Md.....	1		North Adams, Mass.....	1	
Dallas, Tex.....	7		North Attleboro, Mass.....	1	
Danville, Va.....	1		North Tonawanda, N. Y.....	1	
Decatur, Ill.....	1		Norwood, Ohio.....	1	
Denver, Colo.....	2		Oak Park, Ill.....	1	
Detroit, Mich.....	9	2	Oklahoma City, Okla.....	3	
Dover, N. H.....		1	Omaha, Nebr.....	3	1
East St. Louis, Ill.....		1	Paterson, N. J.....	1	
El Paso, Tex.....	2		Petersburg, Va.....	1	
Evanston, Ill.....	2		Philadelphia, Pa.....	7	3
Flint, Mich.....	3	2	Pittsburgh, Pa.....	3	
Gloucester, N. J.....	1		Pontiac, Mich.....	4	
Great Falls, Mont.....	1	1	Portland, Me.....	4	
Harrisburg, Pa.....	1		Portland, Ore.....		1
Hartford, Conn.....		1	Pottsville, Pa.....	1	
Highland Park, Mich.....	1		Providence, R. I.....	2	1
Homestead, Pa.....	1		Reading, Pa.....	3	
Independence, Mo.....	1		Redlands, Calif.....	1	
Indianapolis, Ind.....	4		Richmond, Va.....	1	
Jersey City, N. J.....	3		Rochester, N. Y.....	1	
Joplin, Mo.....	1		Rome, Ga.....	1	
Kankakee, Ill.....	1		Rome, N. Y.....	1	
Kansas City, Kans.....	1		Sacramento, Calif.....	3	
Kansas City, Mo.....	2	2	St. Joseph, Mo.....	1	
Kenosha, Wis.....	2		St. Louis, Mo.....	6	1

TYPHOID FEVER—Continued.

City Reports for Week Ended Oct. 25, 1919—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
St. Paul, Minn.	2	.....	Warren, Pa.	1	.....
Salt Lake City, Utah	2	.....	Washington, D. C.	4	.....
San Francisco, Calif.	3	.....	White Plains, N. Y.	1	.....
Savannah, Ga.	2	.....	Wichita, Kans.	2	.....
Schenectady, N. Y.	1	.....	Williamsport, Pa.	1	.....
Springfield, Mo.	.....	1	Wilmington, Del.	.....	1
Syracuse, N. Y.	1	.....	Winston-Salem, N. C.	5	1
Toledo, Ohio.	1	.....	Yonkers, N. Y.	2	.....
Tuscaloosa, Ala.	1	.....	York, Pa.	2	.....
Walla Walla, Wash.	4	.....			

TYPHUS FEVER.

New York, N. Y., and Winston-Salem, N. C.

During the week ended October 25, 1919, one case of typhus fever was reported at New York, N. Y., and one death was reported at Winston-Salem, N. C.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City Reports for Week Ended Oct. 25, 1919.

City.	Popula- tion as of July 1, 1917 (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.
Aberdeen, S. Dak.	15,926	.....			1	.....			1	.....
Adams, Mass.	14,406	2	1	.....		.....				.....
Akron, Ohio.	93,604	23	6	.....		.....	5	.....	3	.....
Alameda, Calif.	28,433	3		.....		.....		.....	2	.....
Albany, N. Y.	106,632		4	.....		.....	6	.....	1	.....
Alexandria, La.	16,232	4		.....		.....		.....		2
Allentown, Pa.	65,109		2	.....	3	.....		.....		.....
Alliance, Ohio.	19,581	5		.....	1	.....	2	.....	1	.....
Alton, Ill.	23,783	8	1	.....		.....		.....		.....
Altoona, Pa.	59,712		19	.....	100	.....		.....		.....
Andersen, Ind.	24,230	5		.....		.....		.....		1
Ann Arbor, Mich.	15,041	8		.....		.....		.....		.....
Anniston, Ala.	14,326		1	.....		.....		.....		.....
Ansonia, Conn.	16,954	5		.....		.....	2	.....	1	.....
Appleton, Wis.	18,005	3		.....		.....		.....		.....
Arlington, Mass.	13,073	7		.....		.....	1	.....	1	.....
Asbury Park, N. J.	14,629	1		.....		.....	3	.....		.....
Ashtabula, Ohio.	22,008	3		.....	2	.....		.....		2
Atchison, Kans.	16,785		2	.....		.....		.....		.....
Atlanta, Ga.	196,144	47	16	1	4	.....	6	.....	1	2
Atlantic City, N. J.	59,515	11		.....	1	.....	2	.....	2	.....
Attleboro, Mass.	19,776	5	1	.....	3	.....	1	.....		.....
Auburn, N. Y.	37,823	10		.....		.....		.....	2	1
Austin, Tex.	35,612	2	8	.....		.....		.....		.....
Bakersfield, Calif.	17,543	6	1	.....		.....		.....		.....
Baltimore, Md.	594,637	179	55	3	17	.....	36	.....	20	20
Baton Rouge, La.	17,544	8		.....		.....		.....		.....
Battle Creek, Mich.	30,159	1	10	1		.....	16	.....		.....
Bayonne, N. J.	72,204		7	.....		.....	1	.....	6	.....
Beaumont, Tex.	28,851	10		.....		.....		.....	1	2
Beaver Falls, Pa.	13,749		1	.....		.....	1	.....		.....
Bedford, Ind.	10,613	1	1	.....		.....	1	.....		.....
Belleville, N. J.	12,797			.....		.....		.....	2	.....
Bellingham, Wash.	34,362		1	.....		.....	1	.....		.....
Beloit, Wis.	18,547	5	1	.....		.....		.....		.....
Benton Harbor, Mich.	11,099	1		.....		.....		.....	1	.....
Berkeley, Calif.	60,427	2	1	.....		.....	1	.....	1	.....
Berlin, N. H.	13,892	2	3	.....		.....	1	.....	2	.....

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

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Bethlehem, Pa.	14,353		1		3				2	
Beverly, Mass.	22,128	2	1		1		5			
Biddford, Me.	17,760	2								
Binghamton, N. Y.	54,864	13	3	1			1			
Birmingham, Ala.	189,716	40	3	1			4		2	3
Bloomfield, N. J.	19,013						5			
Birmingham, W. Va.	16,123		3				1			
Boise, Idaho.	35,851	10	1				3			
Boston, Mass.	767,513	175	63	3	67		33		64	14
Braddock, Pa.	22,060		3		1		1			
Brazz, Ind.	19,472	1								
Bridgeport, Conn.	124,724	31	26	1	3		1		1	4
Bristol, Conn.	16,318	3	2				1		1	
Brookton, Mass.	69,152	10	1		17		1		2	
Brookline, Mass.	33,526	13	1		1					
Brunswick, Ga.	10,984	5								
Buffalo, N. Y.	475,781	112	123	15	5		15		30	7
Burlington, Iowa.	20,144	5								
Burlington, Vt.	20,962	4								
Butler, Pa.	28,677		7				4			
Butte, Mont.	44,057		1							
Cadillac, Mich.	10,158	5	3						1	
Calro, Ill.	15,995	9	1				1			
Cambridge, Mass.	114,263	34	7		2		7		8	1
Camden, N. J.	106,117		18		8		2		12	
Canton, Ill.	13,674	5								
Canton, Ohio.	62,566	18	8	2			3		1	
Cape Girardeau, Mo.	11,146		3				5			
Carbondale, Pa.	19,597		2							
Carlisle, Pa.	10,795		1							
Carnegie, Pa.	11,963						7			
Cedar Rapids, Iowa.	38,633		11							
Chanute, Kans.	12,968	2			1					
Charleston, S. C.	61,641	12					2		3	1
Charleston, W. Va.	31,060	6	7					1		
Charlotte, N. C.	46,759	8	7	1			1		2	
Chattanooga, Tenn.	61,575	14	2				1		1	1
Chelsea, Mass.	48,405	10	4				3		1	1
Cheyenne, Wyo.	11,320						1			
Cicero, Ill.	2,547,201	535	197	16	49		166	2	330	20
Chicopee, Mass.	29,950	4						1		
Chillicothe, Ohio.	15,625	1	1							
Cincinnati, Ohio.	414,243	102	26	5	6		22		53	9
Cleveland, Ohio.	692,259	135	74	4	10		36		39	9
Clinton, Iowa.	27,673	0					1			
Coatesville, Pa.	14,998						1			
Coffeyville, Kans.	15,331		6							
Cohoes, N. Y.	25,292	7	1				4			1
Colorado Springs, Colo.	36,965	12							8	3
Columbia, Pa.	11,454		2							
Columbia, S. C.	35,165		3						3	
Columbus, Ga.	26,306	13	1	1	1		4		1	1
Columbus, Ohio.	220,135	61	13		2		11		5	8
Concord, N. H.	22,538	5	4							
Conneville, Pa.	15,876						1			
Council Bluffs, Iowa.	31,834	3	1		1		4			
Covington, Ky.	29,623	12	6		2		2			2
Cranston, R. I.	26,773	3	1							
Cumberland, Md.	25,686	6	2		1		5			1
Dallas, Tex.	129,738	33	42		2		9		9	3
Danbury, Conn.	32,931		2				1		1	
Danvers, Mass.	16,037	0			15					
Danville, Ill.	32,969	3								2
Danville, Va.	20,183		9							
Davenport, Iowa.	40,618		3				1			
Dayton, Ohio.	128,936	30	1						1	
Decatur, Ill.	41,453	3	1							
Dedham, Mass.	10,618	2	2				1			
Denver, Colo.	298,439	77	15		1		8			10
Des Moines, Iowa.	104,052		5		1		21			

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (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.
Detroit, Mich.	619,648	177	98	8	30		80	1		16
Dover, N. H.	13,276	4	1							1
Dubuque, Iowa.	40,006		1				2			
Duluth, Minn.	97,077	14	41				2		4	2
Dunmore, Pa.	21,286		3				2			
East Chicago, Ind.	30,286	11								1
East Cleveland, Ohio.	13,864		6							
Easthampton, Mass.	10,656						7			
Easton, Pa.	30,854		1							
East Orange, N. J.	43,761	6							3	1
East St. Louis, Ill.	77,312	13	2		2		2			
Eau Claire, Wis.	18,887						1			
Elgin, Ill.	28,562	8							1	1
Elizabeth, N. J.	88,830		3		8		5		2	4
Elmira, N. Y.	38,272	10	1						1	
El Paso, Tex.	69,149	37	1	1						12
Englewood, N. J.	12,603	3					3			
Erie, Pa.	76,592		21				8		6	
Eureka, Calif.	15,142	1								1
Evanston, Ill.	29,304	4							1	
Everett, Mass.	40,160	9	36	3					1	1
Everett, Wash.	37,205						1			
Fairmont, W. Va.	16,111		7				7			
Fall River, Mass.	129,828	21	2		14	1			8	3
Fargo, N. Dak.	17,872	4					1			
Farrell, Pa.	10,190		2				1			
Findlay, Ohio.	14,858	2	2				1			
Flint, Mich.	57,386	13	19	3	18		4		1	
Fond du Lac, Wis.	21,486	9					1			
Fort Dodge, Iowa.	21,039	1								1
Fort Scott, Kans.	10,564	4								
Fort Wayne, Ind.	78,014	17	6				1		2	3
Fort Worth, Tex.	109,597	23	46	2						
Fostoria, Ohio.	10,959	2			1		2			
Framingham, Mass.	14,149	7							2	1
Freeport, Ill.	19,844	17	2				1			
Fremont, Nebr.	10,080	5								
Fresno, Calif.	36,314	15	7				1			3
Galesburg, Ill.	24,629	6	1						1	
Galveston, Tex.	42,650	9								1
Grand Rapids, Mich.	132,861	32	1				1		3	1
Great Falls, Mont.	13,948	5					2			
Greely, Colo.	11,942	2								
Green Bay, Wis.	30,017	9	3		1		3			
Greenfield, Mass.	12,251	4	2							
Greensboro, N. C.	20,171	4								
Greensburg, Pa.	15,881						1			
Hackensack, N. J.	17,412	7	1				4		2	1
Hammond, Ind.	27,016	4	4	1						1
Harrisburg, Pa.	73,276		1				1			
Harrison, N. J.	17,345						5		1	
Hartford, Conn.	112,851	30	12				9		7	5
Haverhill, Mass.	49,180	11	7	1			1		3	
Hazleton, Pa.	28,981		2		14					
Hibbing, Minn.	17,550				26		4			
Highland Park, Mich.	33,859	3	7							
Hoboken, N. J.	78,321	7	1				1			1
Holland, Mich.	12,459	2	12							
Holvoke, Mass.	66,503	12	1		1		4		2	1
Homestead, Pa.	23,071		1							
Hudson, N. Y.	12,898	5								
Hutchinson, Kans.	21,461		2				2		1	1
Indianapolis, Ind.	15,111	5								
Indianapolis, Ind.	283,722	71	5				6		10	10
Ironton, Ohio.	14,079	7								
Ironwood, Mich.	15,095	2					3			
Irvinton, N. J.	16,710						1			
Ithaca, N. Y.	16,017	3					1		2	1
Jamestown, N. Y.	37,431	13	5							1
Janesville, Wis.	14,411	5								

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Popu- lation as of July 1, 1917 (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.
Jersey City, N. J.	312,557		20		1		2		15	
Johnstown, Pa.	70,473		6		52					
Joplin, Mo.	33,400	4	2				4		1	
Kalamazoo, Mich.	50,408	14								1
Kankakee, Ill.	14,270	9			1		1			
Kansas City, Kans.	162,096		6		1				2	
Kansas City, Mo.	305,816	21	14		10		10			9
Kearny, N. J.	24,325	3	3				2		2	
Kenosha, Wis.	32,833	9	3				2		4	
Knoxville, Tenn.	59,112		2		1		2		3	3
Kokomo, Ind.	31,929	9	2							1
Lackawanna, N. Y.	16,219	2	5							
La Crosse, Wis.	31,833	6	2	1						
La Fayette, Ind.	21,481	4					4		2	
Lancaster, Ohio.	16,066	3		1			2	1		1
Lancaster, Pa.	51,437		8				1		1	
Laurel, Miss.	12,313			1			1			
Lawrence, Mass.	162,923	18	3				8		2	2
Leavenworth, Kans.	119,365		1							
Lebanon, Pa.	20,947		1							
Leominster, Mass.	21,365	5					5			
Lexington, Ky.	41,997	10	5				2			
Lima, Ohio.	37,145	7	10				14			
Lincoln, Nebr.	46,957	18	1		1		1			
Lincoln, R. I.	10,473		1							
Little Rock, Ark.	63,716		3				2		3	
Logansport, Ind.	21,338	8	1							
Long Beach, Calif.	29,163	8	1				5			
Long Branch, N. J.	15,733	2							1	
Lorain, Ohio.	38,266	0	2							
Los Angeles, Calif.	535,485	107	31		4		3		29	21
Louisville, Ky.	240,808	63	27	3	1		9		12	4
Lowell, Mass.	114,366	24	8	1			11		3	1
Ludington, Mich.	10,566	3					1			
Lynchburg, Va.	33,497	7	1						1	
Lynn, Mass.	104,534		17		1		16		3	
McKeesport, Pa.	48,299				2		4			
Macon, Ga.	46,099	9	22		1					
Madison, Wis.	31,315	5					4			
Mahoney City, Pa.	17,709		4				3			
Manchester, Conn.	15,859	1					2			
Manchester, N. H.	79,607	17	5						8	
Mankato, Minn.	10,365	5					2			
Marinette, Wis.	14,610	2					1			
Marion, Ind.	19,923	10	4				1			
Marlboro, Mass.	15,283	2								
Marquette, Mich.	12,555	3			2		2			
Marshalltown, Iowa.	14,519		2							
Martinsburg, W. Va.	12,984		2							
Martins Ferry, Ohio.	10,135	0	1							1
Mason City, Iowa.	14,938	2	1							
Meadville, Pa.	13,968		1							
Medford, Mass.	26,681	10	1	1						1
Melrose, Mass.	17,721	5			1		1			1
Memphis, Tenn.	151,877	3	45				11		1	2
Meriden, Conn.	29,431		5		1		5		1	
Methuen, Mass.	14,320	2								
Middletown, N. Y.	15,890		2						1	
Middletown, Ohio.	16,284	4								
Milford, Mass.	14,280		1				1			
Milwaukee, Wis.	445,008	73	63	7	9		30		25	5
Minneapolis, Minn.	373,448	62	20		1		21		23	9
Mobile, Ala.	59,201	23	5							1
Monessen, Pa.	23,070		7				6			
Montclair, N. J.	27,087	0			1		1		1	
Montgomery, Ala.	44,039	15	4	1	1		3		3	
Morgantown, W. Va.	14,444	0	1				3			
Morristown, N. J.	13,410	6							1	
Moundsville, W. Va.	11,513	2								
Mount Carmel, Pa.	20,708								3	

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (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.
Mount Vernon, N. Y.	37,991	6	3						2	
Muskogee, Okla.	47,173		15		1		1			
Nanticoke, Pa.	23,811		2				2		1	
Nashua, N. H.	27,541	8	1							
Nashville, Tenn.	118,136	24	10	1			7		2	4
Newark, N. J.	418,789	93	29		20		8		32	8
New Bedford, Mass.	121,722	29	7	1	21		1		10	1
New Britain, Conn.	55,385	18	4				7		2	
New Brunswick, N. J.	25,855		5							
Newburgh, N. Y.	29,883	7					1		1	
Newburyport, Mass.	15,291	9		1						
New Castle, Pa.	41,915		4				20		1	1
New Haven, Conn.	152,275	39	26		15		10		5	3
New London, Conn.	21,199	2	4							
New Orleans, La.	377,010	120	6				6		59	15
Newport, R. I.	30,585	8					1			2
Newton, Mass.	44,345	10	1	1			7			2
New York, N. Y.	5,737,492	1,038	217	13	100	1	64	1	302	118
Niagara Falls, N.	38,466	10	1	1	10		4		1	
Norfolk, Va.	91,148		7				8			
Norristown, Pa.	31,969		2		4		1			
North Adams, Mass.	22,019	2							2	
Northampton, Mass.	20,006	6								1
North Attleboro, Mass.	11,248	0							1	
North Braddock, Pa.	15,684		6							
North Little Rock, Ark.	15,515	0	3						2	
North Tonawanda, N. Y.	14,060	1					4			
Norwalk, Conn.	27,332		1						1	
Norwich, Conn.	21,923		3						1	
Norwood, Ohio	23,269	2			11					
Oakland, Calif.	206,405						6		4	3
Oak Park, Ill.	27,816	11	5		1		3			
Orden, Utah	32,343	10								
Oil City, Pa.	20,162		4				1			
Oklahoma City, Okla.	97,548	16	9	1			3		1	
Old Forge, Pa.	15,479		1							
Olean, N. Y.	16,927	10								
Omaha, Nebr.	177,777	38	6		3		6			1
Orange, N. J.	33,636	11					3		1	
Oshkosh, Wis.	36,549	6								1
Parkersburg, W. Va.	21,059	0	2						1	
Parsons, Kans.	15,952		2				3		1	
Pasadena, Calif.	49,620	2					1		3	1
Passaic, N. J.	74,478	16	4		1					2
Paterson, N. J.	140,512	4	11				3		5	
Peekskill, N. Y.	19,034	2								
Peoria, Ill.	72,184	21	16	1			13		5	2
Perth Amboy, N. J.	42,646	14	2	2			1		7	3
Petersburg, Va.	25,817	6	4						5	1
Philadelphia, Pa.	1,735,514	382	117	10	31		69	1	90	38
Phillipsburg, N. J.	15,879	5	2							
Phoenixville, Pa.	11,871		2							
Pine Bluff, Ark.	17,777						1			
Piqua, Ohio	14,275	1								
Pittsburgh, Pa.	58,196		58		13		25		24	
Pittsfield, Mass.	39,678	6							2	1
Pittston, Pa.	18,975				1		1			
Plainfield, N. J.	24,330	4	4		12		1		1	
Plymouth, Mass.	14,001	3								
Plymouth, Pa.	19,439		3						1	
Pomona, Calif.	15,824	3								
Pontiac, Mich.	18,006	6	12		40		1			
Portland, Me.	64,720	25	46				18		7	1
Portland, Oreg.	308,399	43	3		1					
Portsmouth, N. H.	11,730		3				1			
Pottsville, Pa.	22,717		2						4	
Providence, R. I.	259,895	62	15	5			4			
Pueblo, Colo.	5,084		2				2	1		
Quincy, Mass.	39,022	12	3				1			
Racine, Wis.	47,465	13					16	1	2	

Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (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.
Rahway, N. J.	10,361	2	1							
Raleigh, N. C.	20,274	4	5		1		2			
Reading, Pa.	111,607		11		2		2			
Redlands, Calif.	14,573	3							1	1
Reno, Nev.	15,514	5								
Richmond, Va.	158,702	40	14				9		17	4
Riverside, Calif.	20,496	7	4				1		1	
Rosnoke, Va.	46,282	12	2				2			
Rochester, N. Y.	264,714	65	20	3	19		10		8	2
Rockford, Ill.	56,739	8	7		1					
Rock Island, Ill.	28,452	4			1					
Rocky Mount, N. C.	12,673	4	2						1	1
Rome, Ga.	15,607									
Rome, N. Y.	24,259						1		5	
Rutland, Vt.	15,038	9								
Sacramento, Calif.	68,984	16					1	1	2	2
Saginaw, Mich.	56,469	1	3		1		1			
St. Cloud, Minn.	12,013		3							
St. Joseph, Mo.	86,496	42	5				4			3
St. Louis, Mo.	768,630	208	124	11	21		20		27	12
St. Paul, Minn.	282,466	45	38		1		6		12	1
Salem, Mass.	49,246	13	1				4		4	2
Salt Lake City, Utah	121,623	22					2		2	3
San Angelo, Tex.	10,321	0								
San Bernardino, Calif.	17,616	6								1
San Diego, Calif.	56,412	19	2							1
Sandusky, Ohio	20,226	4								
Sanford, Me.	11,217	3								
San Francisco, Calif.	471,023	137			81	1	8		32	8
San Jose, Calif.	39,810						1			
Santa Barbara, Calif.	15,360		7	1						
Santa Cruz, Calif.	15,150	4					1			
Saugus, Mass.	10,210	1	2							
Savannah, Ga.	69,250	32	7				2		1	1
Schenectady, N. Y.	103,774	14	2						2	1
Scranton, Pa.	149,541		2				8			
Seattle, Wash.	366,445		17		6		21			
Shamokin, Pa.	21,274		3		7		1			
Sharon, Pa.	19,156						3			
Sioux City, Iowa.	58,568						3			
Sioux Falls, S. Dak.	16,887	4			1					
Somerville, Mass.	88,618	16	9							
South Bend, Ind.	70,967	13	1				4		2	
Southbridge, Mass.	14,465	0			1				1	
Spartanburg, S. C.	21,985	5	2							1
Spokane, Wash.	157,656		12				2			
Springfield, Ill.	62,623	10	3				4			2
Springfield, Mass.	108,668	25	2	1	1		6		4	3
Springfield, Mo.	41,169	10								
Springfield, Ohio	52,296	16	1		1		1		1	2
Stamford, Conn.	31,810		2		6		2		2	
Steelton, Pa.	15,759				1					
Steuenville, Ohio	28,259	15	1						1	
Stillwater, Minn.	10,198		1							
Stockton, Calif.	36,209	9					1			
Superior, Wis.	47,167	3	1				3			
Syracuse, N. Y.	158,559	40	12	1			9		5	4
Tacoma, Wash.	117,446		12							
Taunton, Mass.	36,610	12	1						2	1
Terre Haute, Ind.	67,361	13	2							
Toledo, Ohio	202,010	53	11	1	16		26	1	5	6
Topeka, Kans.	49,538	6	1		1				5	
Trenton, N. J.	113,974	23	8		1				5	2
Troy, N. Y.	78,094	21	5				3		6	1
Tuscaloosa, Ala.	10,824	4	1				1			
Uniontown, Pa.	21,600						1			
Vallejo, Calif.	13,803	2	8				1			
Waco, Tex.	34,015	11	5				4			
Wakefield, Mass.	12,947	2	1				1			
Walla Walla, Wash.	26,067		1				4			

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 25, 1919—Continued.

City.	Popula- tion as of July 1, 1917 (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.
Waltham, Mass.	31,011	9	6		1				1	
Washington, D. C.	369,282		28				7		19	9
Washington, Pa.	22,076		1							
Watertown, Mass.	15,188	3					1			
Wausau, Wis.	19,666	4	2		1					
West Chester, Pa.	13,403						2			
Westfield, Mass.	18,769	2	3							
West Hoboken, N. J.	44,386	6	1						2	
West New York, N. J.	19,613	5	4	1					1	
West Orange, N. J.	13,964	2	2				1			
Wheeling, W. Va.	43,657	9	3				1			
White Plains, N. Y.	23,331	5					2		1	1
Wichita, Kans.	73,597	13	10				4		2	
Wilkes-Barre, Pa.	78,334		4				5		3	
Williamsport, Pa.	34,123		2				3			
Wilmington, Del.	95,369	28	4	1			1			3
Wilmington, N. C.	30,400	9	3							
Winchester, Mass.	10,812	0								
Winona, Minn.	18,583	8			10		1			
Winston-Salem, N. C.	33,136	15	2						1	2
Woburn, Mass.	16,076	3								
Worcester, Mass.	166,106	44	17				5		9	1
Yakima, Wash.	22,058		1		2		1			
Yonkers, N. Y.	103,066	20	3		1					
York, Pa.	52,770		18		10		13		1	
Youngstown, Ohio	112,282	23	4				4			
Zanesville, Ohio.	31,320	5								

¹ Population Apr. 15, 1910.

FOREIGN.

AUSTRALIA.

Influenza—Mortality, Aug. 16 to Sept. 12, 1919.

The following table shows the number of deaths from influenza in Australia from August 16 to September 12, 1919:

Week ended—	Victoria.		New South Wales.		South Australia.	Queensland.	Western Australia.	Tasmania.
	Whole State.	Metropolitan area.	Whole State.	Metropolitan area.	Whole State.	Metropolitan area.	Whole State.	Whole State.
1919.								
Aug. 22.....	41	14	56	24	11	1	36	26
Aug. 29.....	24	13	47	13	18	2	34	43
Sept. 5.....	16	8	52	19	22	2	25	38
Sept. 12.....	9	3	25	6	15	3	28	32

CHOSEN (KOREA).

Cholera in Provinces—Sept. 12 to Oct. 1, 1919.

Cases of cholera and deaths therefrom were reported in Chosen (Korea), September 12 to October 1, 1919, as follows:

Province.	Cases.	Deaths.
Keiki.....	96	72
Kogen.....	4	3
Kokal.....	1,628	892
North Helan.....	867	446
North Kankyo.....	253	112
North Keisho.....	55	24
North Zenra.....	184	76
South Chusel.....	186	90
South Helan.....	851	448
South Kankyo.....	239	129
South Zenra.....	8	5
Total.....	4,371	2,297

CUBA.

Communicable Diseases—Habana—Oct. 11 to 20, 1919.

Communicable diseases have been notified at Habana from October 11 to 20, 1919, as follows:

Disease.	New cases.	Deaths.	Remaining under treatment Oct. 20, 1919.
Chicken pox.....	1	.....	3
Diphtheria.....	3	.....	4
Influenza.....	6	.....	6
Leprosy.....	1	.....	19
Malaria.....	37	.....	147
Measles.....	3	.....	3
Paratyphoid fever.....	.....	.....	2
Scarlet fever.....	2	.....	2
Smallpox.....	22	.....	23
Typhoid fever.....	20	2	167

¹ From the interior, 20.

Smallpox—Vaccination Orders.

According to information dated October 30, 1919, there has been an outbreak of smallpox in Habana, Cuba. From October 20 to 24, there were 20 cases of smallpox reported, disseminated throughout the city.

On October 30 the Director of Sanitation issued orders that second and third class passengers from the United States must be vaccinated. On November 4 orders were issued by the United States Public Health Service requiring the vaccination of all passengers and crews leaving Habana for the United States, excepting only those persons who present evidence of successful vaccination within the preceding five years.

HONDURAS.**Yellow Fever—Amapala—Aug. 30 to Sept. 6, 1919.**

Information dated August 31, 1919, stated that there was an alleged outbreak of yellow fever at Amapala, Honduras. A commission from the Rockefeller Foundation arrived at Amapala on August 30, and cooperated with local authorities in investigating the cases of yellow fever that had appeared. Their report states that they assisted in every possible way in cleaning Amapala and all of Honduras of yellow fever.

Eight cases of yellow fever, with one death, were seen by the commission from August 30 to September 6. No new cases have appeared since September 6. The commission believes that all ports of the Gulf of Fonseca, not only of Honduras but also of Salvador and Nicaragua, are now clean of yellow fever, and will recommend to the Government of Salvador that it raise the quarantine against Amapala.

JAPAN.**Influenza—October, 1918, to March, 1919.**

The following table gives the record of influenza, by cases and deaths, in Japan (excluding Formosa) from October, 1918, to March, 1919. The figures are from official sources. The population of Japan, exclusive of Formosa, is given as 57,190,310.

Period.	Cases.	Deaths.
October, 1918-Jan. 15, 1919.....	19,239,226	20,876
Jan. 16-31.....	491,463	8,935
Feb. 1-15.....	515,556	10,077
Feb. 16-28.....	356,320	10,520
Mar. 1-15.....	217,990	7,504
Mar. 16-31.....	127,238	4,856
Total.....	20,947,733	246,768

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.**Reports Received During Week Ended Nov. 14, 1919.****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Hongkong.....	Sept. 14-27.....	14	13	
Tientsin.....	Sept. 14-20.....	2		
Chosen (Korea):				
Kelki.....	Sept. 12-Oct. 1.....	96	72	
Kogen.....	do.....	4	3	
Kokal.....	do.....	1,628	892	
North Heian.....	do.....	867	446	
North Kankyo.....	do.....	253	112	
North Kelsio.....	do.....	55	24	
North Zenra.....	do.....	184	76	
South Chusel.....	do.....	186	90	
South Heian.....	do.....	851	448	
South Kankyo.....	do.....	239	129	
South Zenra.....	do.....	8	5	
India:				
Bombay.....	Aug. 17-Sept. 13.....	38	31	
Rangoon.....	Aug. 31-Sept. 13.....	5	4	
Sumatra:				
Medan.....	Aug. 17-23.....	5	3	

PLAGUE.

British East Africa:				
Nairobi.....	May 1-31.....			Native inspectors, cases 52; deaths 52; native chiefs deaths 27.
Do.....	June 1-30.....			Native inspectors, cases 25; deaths 25; native chiefs, deaths 27.
Do.....	Aug. 24-Sept. 13.....	4	4	
China:				
Hongkong.....	Sept. 14-27.....			Present.
Egypt:				
Port Said.....	Aug. 6-19.....	4		
India:				
Bombay.....	Aug. 17-Sept. 13.....	19	15	
Rangoon.....	Aug. 31-Sept. 13.....	34	29	
Java:				
East Java—				
Surabaya.....	Aug. 27-Sept. 2.....	2	2	
Temangoeng.....	do.....	9	9	

SMALLPOX.

Brazil:				
Rio de Janeiro.....	Sept. 7-13.....	69	12	
Do.....	Sept. 14-20.....	53	17	
Do.....	Sept. 21-27.....	63	14	
British East Africa:				
Nairobi.....	May 1-31.....	5	2	
Do.....	Aug. 24-Sept. 13.....	18	2	
Canada:				
Nova Scotia—				
Halifax.....	Oct. 19-25.....	2		Present in surrounding country.
Quebec.....				
Montreal.....	Oct. 26-Nov. 1.....	1		
Quebec.....	Oct. 19-25.....	1		
Saskatchewan—				
Regina.....	Oct. 26-Nov. 1.....	1		
Cuba:				
Habana.....	Oct. 11-20.....	22		
Egypt:				
Cairo.....	Aug. 6-19.....	40	19	
Port Said.....	do.....	2		
Great Britain:				
Bradford.....	Sept. 21-27.....	3		
India:				
Bombay.....	Aug. 17-Sept. 13.....	16	11	
Rangoon.....	Aug. 31-Sept. 13.....	12	2	
Italy:				
Messina.....	Sept. 22-28.....	42	22	
Trieste.....	Sept. 28-Oct. 4.....	1		

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

Reports Received During Week Ended Nov. 14, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java—				
Surabaya.....	Aug. 27-Sept. 2....	2		
Mexico:				
Salina Cruz.....	Sept. 2-15.....	1		
San Luis Potosi.....	Oct. 19-25.....			Present.
Newfoundland:				
St. Johns.....	Oct. 18-24.....			Present at Shoal Arm, Notre Dame Bay.
Portugal:				
Lisbon.....	Sept. 21-Oct. 4....		20	
South Africa:				
Johannesburg.....	Aug. 1-31.....	4	1	
Spain:				
Barcelona.....	Sept. 11-24.....		6	
Sumatra:				
Medan.....	Aug. 17-23.....	2		

TYPHUS FEVER.

Brazil:				
Rio de Janeiro.....	Sept. 7-20.....	4		
Egypt:				
Cairo.....	Aug. 6-19.....	127	72	
Port Said.....	Aug. 6-12.....	2	1	
Java:				
East Java—				
Paseroean.....	Aug. 27-Sept. 2....	1		
Sumatra:				
Medan.....	Aug. 17-23.....	1		
Tunis:				
Tunis.....	Oct. 5-11.....		1	

YELLOW FEVER.

Brazil:				
Pernambuco.....	Sept. 15-21.....	1	1	
Honduras:				
Amapala.....	Aug. 30-Sept. 6....	8	1	

Reports Received from June 28 to Nov. 7, 1919.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Apr. 20-28.....	10		
Hambantota.....	July 25.....			Outbreak 148 miles from Colombo. Spread to other places.
China:				
Amoy.....	June 17-30.....		25	
Do.....	July 1-Sept. 13.....		643	
Antung.....	Aug. 5-Sept. 28.....	1,119	414	
Canton.....	June 8-21.....	10	3	
Do.....	June 29-Aug. 16.....	10	11	Present in foreign section, island Shamien, Aug. 8.
Do.....	Aug. 31-Sept. 6....	1	1	
Do.....	Sept. 21-27.....	1	1	
Chefoo.....	Aug. 31-Sept. 6....			Daily average over 50 fatalities.
Foochow.....	July 10-23.....			To July 16: Average of 100 fatalities daily. To July 26: Average of 30 cases daily. Five fatal cases European. July 27-Aug. 9: Epidemic.
Hankow.....	Aug. 31-Sept. 6....	1		Foreign.
Hongkong.....	July 13-Sept. 13.....	26	24	
Peking.....	Aug. 24-30.....		1	

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.	
China—Continued.					
Shanghai.....	Aug. 6-31.....	7	1	Choleraic disease prevalent from about July 15 with high mortality	
Swatow.....	May 25-June 28.....		90		
Do.....	June 29-Aug. 30.....		120		
Do.....	Sept. 7-13.....	5		Cases are from reports of physicians from the foreign concessions and native city. Deaths are for the British concession.	
Tientsin.....	Aug. 10-Sept. 13.....	243	4		
Do.....	Aug. 10-Sept. 13.....	243	4		
Tsinanfu.....	do.....	32	3	Present: 30 miles from Swatow. Aug. 26: 6 cases.	
Tsingtao.....	July 6-Sept. 21.....	140	83		
Unkung.....	Aug. 16.....				
Chosen (Korea).....	Aug. 15.....	3		Keiki Province.	
Anyo.....	do.....	1			
New Wiju.....	Aug. 12.....	1			
Seoul.....	Aug. 1-31.....	1	5	In a Korean arrived from Antung, China, where cholera was prevalent.	
Shingshu.....	do.....	1			
South Kankyo.....	Aug. 26.....				
Present.					
India:					
Bombay.....	Apr. 28-June 28.....	84	55	Jan. 19-25, 1919: Cases 113; deaths, 75	
Do.....	June 29-Aug. 9.....	157	91		
Calcutta.....	May 4-June 21.....		617		
Do.....	June 29-Aug. 9.....		100	Present.	
Karachi.....	July 24-30.....	3	2		
Madras.....	May 18-June 28.....	29	19		
Do.....	July 12-Aug. 16.....	33	18	Present.	
Do.....	Aug. 18-Sept. 6.....	19	13		
Rangoon.....	Apr. 28-June 28.....	108	85		
Do.....	June 29-Aug. 23.....	74	72	City and district.	
Indo-China:					
Cochin-China—				City and district.	
Saigon.....	Apr. 21-June 29.....	386	272		
Do.....	July 28-Aug. 24.....	33	30		
Do.....	Aug. 31-Sept. 7.....	8	7	In 1 village.	
Japan:					
Kobe.....	Sept. 21-27.....	1	1		
Pescadores Islands.....	July 14.....	40		July 2-Aug. 12, 1919: Cases, 398; deaths, 245.	
Taiwan Islands.....	Aug. 21-31.....	574	419		
Do.....	Sept. 1-20.....	657	621		
Do.....	Aug. 8.....			Present in vicinity.	
Keelung.....	do.....				
Taihoku.....	do.....				
Tokyo.....	Aug. 18-24.....	4		Sept. 5, 1 case on fishing vessel near Haneda.	
Yokohama.....	Sept. 1-7.....	1			
Java:					
East Java					
Surabaya.....	Apr. 23-June 20.....	97	79	Apr. 2-June 20, 1919: Cases, 613; deaths, 507. June 25-July 15, 1919: Cases, 16; deaths, 16.	
Do.....	June 25-July 15.....	15	13		
Do.....	July 30-Aug. 5.....	1	1		
Do.....	Aug. 13-19.....	1	1	Mar. 28-May 30, 1919: Cases, 1,914; deaths, 1,525.	
Mid-Java					
Samarang.....	Mar. 28-May 30.....	89	84		
West Java					
Batavia.....	May 2-June 5.....	12	5	May 2-June 28, 1919: Cases, 100; deaths, 67. July 18-Aug. 2, 1919: Cases, 10; deaths, 5.	
Do.....	Aug. 2-28.....	6			
Buitenzorg.....	Aug. 15-21.....	1			
Tjandjoer.....	do.....	2	2	Present.	
Manchuria:					
Dairen.....	Aug. 12.....				
Harbin.....	Aug. 7.....			Present and in surrounding country. Aug. 14: Epidemic with an estimated number of from 150 to 200 deaths.	
Mukden					
Sept. 6-13.....					
Mesopotamia:					
Bassorah.....	July 20-23.....	1		Present.	
Persia:					
Ardebil.....	May 2.....				
Enzell.....	Apr. 23.....	1		Outbreak.	
Khorram-Ahab.....	May 3.....				
Mianedje.....	Apr. 28.....				
Zindjan.....	Apr. 21-May 4.....		49	Do.	

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Philippine Islands:				
Manila.....	Apr. 26-June 28....	11	5	
Do.....	June 29-Aug. 2.....	261	133	
Do.....	Aug. 10-Sept. 6....	259	121	
Do.....	Aug. 17-Sept. 20....	290	127	
Provinces.....				May 4-24, 1919: Cases, 567; deaths, 383.
Batangas.....	May 4-24.....	25	23	
Bulacan.....	do.....	48	25	
Cebu.....	do.....	162	84	
Laguna.....	do.....	20	15	
Mindoro.....	do.....	19	14	
Misamis.....	do.....	9	2	
Pampanga.....	do.....	166	131	
Tayabas.....	do.....	118	89	
Provinces.....				June 1-28, 1919: Cases, 615; deaths, 435.
Batangas.....	June 1-28.....	79	61	
Bohol.....	June 15-28.....	11	8	
Bulacan.....	June 1-28.....	63	27	
Cavite.....	June 8-28.....	23	14	
Cebu.....	June 22-28.....	24	11	
Laguna.....	June 8-21.....	16	13	
Ilocos Sur.....	June 15-21.....	1		
Nueva Ecija.....	June 1-28.....	60	39	
Pampanga.....	do.....	105	79	
Pangasinan.....	June 8-28.....	113	81	
Tayabas.....	do.....	108	81	
Union.....	June 22-28.....	7	7	
Provinces.....				June 20-Sept. 20, 1919: Cases, 14,409; deaths, 10,280.
Albay.....	Aug. 31-Sept. 20....	30	12	
Ambos Camarines.....	July 27-Aug. 23....	145	90	
Do.....	Sept. 14-20.....	74	55	
Bataan.....	July 6-Aug. 9.....	8	7	
Do.....	Sept. 7-13.....	5	4	
Batangas.....	June 29-Sept. 20....	1,061	812	
Bohol.....	do.....	78	60	
Bulacan.....	do.....	500	369	
Capiz.....	Aug. 24-Sept. 20....	56	30	
Cavite.....	June 29-Aug. 16....	174	115	
Do.....	Aug. 21-Sept. 20....	107	71	
Cebu.....	June 29-July 26....	84	41	
Do.....	Aug. 17-Sept. 20....	796	486	
Davao.....	Sept. 7-13.....	3	1	
Ilocos Norte.....	Aug. 10-Sept. 20....	407	301	
Ilocos Sur.....	July 20-Aug. 9.....	177	120	
Do.....	Aug. 17-30.....	211	146	
Do.....	Sept. 14-20.....	397	265	
Iloilo.....	July 6-Sept. 20....	325	242	
Laguna.....	do.....	415	310	
Leyte.....	Aug. 24-30.....	41	18	
Mindoro.....	July 20-26.....	125	45	
Do.....	Aug. 24-30.....	79	45	
Misamis.....	July 20-26.....	6	4	
Do.....	Aug. 17-23.....	5	4	
Mountain.....	July 6-12.....	9	2	
Do.....	Aug. 31-Sept. 20....	111	58	
Nueva Ecija.....	June 29-Sept. 20....	544	381	
Occidental Negros.....	July 27-Sept. 20....	123	83	
Oriental Negros.....	July 27-Sept. 6.....	173	103	
Pampanga.....	June 27-Sept. 6.....	568	461	
Pangasinan.....	June 27-Sept. 20....	6,093	4,462	
Rizal.....	July 13-Aug. 23.....	420	262	
Do.....	Aug. 31-Sept. 20....	359	211	
Sorsogon.....	July 27-Aug. 16....	23	21	
Do.....	Sept. 14-20.....	34	19	
Tarlac.....	do.....	10	8	
Tayabas.....	June 29-Sept. 20....	391	320	
Union.....	July 6-Sept. 20....	1,205	867	
Zambales.....	July 13-19.....	1	1	
Do.....	Aug. 31-Sept. 13....	28	116	
Siam:				
Bangkok.....	Apr. 12-June 28....		697	
Do.....	June 30-Aug. 30....		55	
Straits Settlements:				
Singapore.....	July 14-27.....	80	69	Sept. 30: Present.
Sumatra:				
Medan.....	June 29-July 13-26	8	1	Present in neighboring villages, June-July, 1919.
Do.....	Aug. 3-16.....	33	21	

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Turkey:				
Constantinople.....	July 28.....	.....	.....	Present.
On vessel:				
Steamship.....	Aug. 17.....	1	.....	At Yokohama, from Shanghai, Aug. 12, 1919.

PLAGUE.

Azores:				
Fayal Island.....	Sept. 6-19.....	.....	.....	Present.
Terceira Island.....	do.....	.....	.....	Do.
Brazil:				
Ceara.....	Sept. 8.....	.....	.....	Do.
Pernambuco.....	May 26-June 1.....	.....	1	
British East Africa:				
Kisumu.....	May 18-June 28.....	.....	.....	Present. Zanzibar Island.
Do.....	June 29-July 26.....	.....	.....	Do.
Do.....	Aug. 3-6.....	.....	.....	Present in vicinity. Zanzibar Island.
Nairobi.....	June 15-21.....	1	.....	
Do.....	Aug. 17-23.....	5	2	
Ceylon:				
Colombo.....	Aug. 10-16.....	2	2	Town cases.
Chile:				
Antofagasta.....	Aug. 18-23.....	3	.....	
China:				
Amoy.....	June 17-23.....	.....	1	
Do.....	Aug. 18-Sept. 13.....	.....	.....	Present.
Canton.....	May 25-June 28.....	.....	.....	Present. Apr. 27-May 10, 1919.
Foochow.....	May 18-24.....	.....	.....	Present. Cases, 3; present May 24-June 7, 1919.
Hongkong.....	June 15-28.....	42	33	
Do.....	June 29-Aug. 9.....	35	31	
Do.....	Aug. 31-Sept. 13.....	.....	.....	Present.
Ecuador:				
Guayaquil.....	June 16-30.....	2	1	
Posorja.....	June 1-30.....	3	1	Bathing place 65 kilometers from Guayaquil.
Egypt:				Jan. 1-Aug. 6, 1919: Cases, 740; deaths, 405.
Cities—				
Alexandria.....	July 23-29.....	1	.....	
Do.....	Sept. 3-9.....	3	2	
Ismailia.....	July 29.....	2	.....	
Cairo.....	May 1.....	1	.....	
Kantarah.....	June 19-20.....	4	2	Two European. Septicemic.
Do.....	July 31-Aug. 3.....	2	3	
Port Said.....	May 1-June 28.....	9	10	
Do.....	July 2-Aug. 5.....	17	17	
Suez.....	June 5-11.....	3	3	
Provinces—				
Assiout.....	May 17-June 24.....	80	41	
Do.....	July 3-Aug. 6.....	7	3	
Beni-Souef.....	May 19-June 21.....	6	5	
Fayoum.....	May 18-July 5.....	10	7	
Girgeh.....	May 15-July 8.....	32	10	
Menoufia.....	June 8-24.....	5	1	
Minieh.....	May 24-June 25.....	29	11	
Do.....	July 5-7.....	3	1	
France:				
Marseille.....	Aug. 16-Sept. 2.....	5	3	Total number of cases reported to Aug. 27, 11; deaths, 3.
Great Britain:				
Liverpool.....	July 30.....	1	1	In dock laborer.
Greece:				
Athens.....	Oct. 20.....	5	3	
Piræus.....	Oct. 23.....	2	1	
Hawaii:				
Ah Poi Camp.....	Aug. 9.....	1	1	
Paaubau.....	July 19.....	1	.....	
Kukuiiau.....	Sept. 23.....	3	3	
Paauiio.....	Sept. 25.....	2	1	
India:				
Bombay.....	Apr. 28-June 28.....	278	202	Apr. 27-June 28, 1919: Cases, 8,645; deaths, 6,933. June 29-Aug. 9, 1919: Cases, 2,623; deaths, 1,974.
Do.....	June 29-Aug. 9.....	37	23	
Calcutta.....	May 18-June 14.....	.....	38	
Do.....	June 28-Aug. 2.....	.....	22	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**Reports Received from June 28 to Nov. 7, 1919—Continued.****PLAGUE—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Karachi.....	May 18-June 28....	145	182	
Do.....	June 29-Aug. 9....	42	39	
Do.....	Aug. 28-Sept. 6....	19	14	
Madras.....				Jan. 19-25, 1919: Cases, 2; deaths, 1
Madras Presidency.....	July 6-Aug. 16....	381	237	Jan. 19-25, 1919: Cases, 586;
Do.....	Aug. 31-Sept. 6....	154	80	deaths, 347. May 30-June 5:
Rangoon.....	Apr. 28-June 28....	75	63	Cases, 37; deaths, 28.
Do.....	July 6-Aug. 16....	158	144	
Do.....	Aug. 24-30....	31	28	
Indo-China:				
Cochin China—				
Saigon.....	Apr. 21-June 29....	31	23	City and district.
Do.....	July 28-Aug. 24....	8	4	
Do.....	Aug. 31-Sept. 7....	3	3	
Japan:				
Yokohama.....	June 9-15.....	1	1	
Java:				
East Java.....				Apr. 8-June 28, 1919: Cases, 130;
Saratiga.....	Aug. 20-26....	1	1	deaths, 130. July 23-29, 1919:
Surabaya.....	Apr. 23-June 3....	7	7	Cases, 34; deaths, 34.
	July 30-Aug. 12....	4	3	
	Aug. 20-26....	3	3	
Temanggoeng.....	July 30-Aug. 26....	34	34	
Mid-Java.....				Apr. 26-May 30, 1919: Cases, 23;
Samarang.....	Apr. 26-May 20....	10	10	deaths, 23.
Malta:				
Valetta.....	Aug. 1-31....		5	
Mesopotamia:				
Bagdad.....	Apr. 19-June 20....	346	269	
Do.....	July 19-25....	2	1	
Do.....	Aug. 2-8....	1	1	
Basra.....	May 8-10....	108	89	Including suburb of Ashar.
Bassorah.....	July 20-26....	2	1	Total from date of outbreak,
Siam:				March, 1919, to June 24, 1919:
Bangkok.....	Apr. 27-May 17....	2	2	Cases, 396; deaths, 256.
Spain:				
Barcelona.....	Sept. 15....	5		
Straits Settlements:				
Singapore.....	Apr. 13-26....	2	1	
Do.....	July 14-27....	11	7	
Do.....	Aug. 21-30....	1		
Syria:				
Beirut.....	Oct. 11....	24		
Turkey:				
Constantinople.....	Oct. 9....			Bubonic and pneumonic.
On vessels:				
S. S. City of Sparta.....	Apr. 19-21....	1	1	From Bombay, Apr. 3, 1919: Case,
Do.....	May 13-17....	1	1	a soldier at sea.
				At Liverpool: Case, a native
				member of the crew. (Public
				Health Reports, June 27, 1919,
				p. 1463.)
S. S. Clan Lamont.....	Aug. 19....	1		In dock in port of London,
				England. Vessel left Calcutta
				Mar. 23; arrived Buenos Aires
				May 8; sailed June 20; arrived
				Montevideo and sailed June 21;
				arrived St. Vincent, Cape
				Verde Islands, July 10.
S. S. Framlington Court...	July 25....	1		From Alexandria, May 30; from
				Montreal, July 4; from Sydney,
				Nova Scotia, July 9; at Avon-
				mouth, England, July 22, 1919.

SMALLPOX.

Alaska:				
Petersburg.....	Oct. 27....			Present.
Algeria:				
Algiers.....	June 1-30....	1	1	
Do.....	July 1-Aug. 31....	16	6	
Arabia:				
Aden.....	May 13-19....		1	

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Austria.....				Mar. 9-Apr. 5, 1919: Cases, 62.
Salzburg.....	Mar. 9-Apr. 5.....	50		
Vienna.....	do.....	17		
Azores:				
St. Michaels.....	June 7-20.....	1		
Brazil:				
Bahia.....	Apr. 20-June 7.....	4		
Para.....	Sept. 21-27.....		1	
Pernambuco.....	May 4-25.....	5		Jan. 1-May 3, 1919: Cases, 10.
Rio de Janeiro.....	May 11-June 21.....	61	20	
Do.....	June 30-Sept. 6.....	325	89	
British East Africa:				
Kisumu.....	Mar. 2-8.....	1	1	Zanzibar Island.
Mombasa.....	Mar. 1-June 7.....	275	37	
Mtebba.....	Mar. 24-Apr. 6.....			Present: In Uganda.
Nairobi.....	Mar. 1-May 31.....	3		
Prison Island Quarantine Station.....		1	1	Zanzibar Island. In February, 1919. From vessel from India.
British West Indies:				
Granada.....	Sept. 27.....			1 case reported from Carriacou.
Canada:				
British Columbia—				
Vancouver.....	June 15-Sept. 11.....	8		
New Brunswick—				
Antigonish County.....	Sept. 28-Oct. 4.....			Present.
Campbellton.....	June 15-21.....	1		
Do.....	Aug. —Sept. 6.....	1		
Gloucester County.....				July 1-Sept. 30, 1919: Cases, 12.
Moncton.....	July 6-12.....	1		
St. John.....	July 27-Aug. 2.....	1		
Nova Scotia—				
Cities—				
Bridgenorth.....	July 27-Aug. 9.....			A few cases; mild.
Halifax.....	June 28-Sept. 20.....	65		June 15-28, 1919: Cases, 82.
Do.....	Oct. 5-11.....			Present.
Sydney.....	June 8-21.....	3		
Do.....	Aug. 1-Sept. 6.....	4		
Counties—				
Antigonish.....	June 28-Sept. 6.....			Present.
Colchester.....	Aug. 3-8.....			Do.
Cumberland.....	Aug. 30-Sept. 6.....			Do.
Guysborough.....	Aug. 18-30.....			Do.
Do.....	Sept. 21-27.....			Do.
Halifax.....	June 28-Sept. 27.....			Do.
Hants.....	do.....			Do.
Kings.....	Aug. 10-16.....			Do.
Lunenburg.....	July 13-Aug. 16.....			Do.
Pictou.....	July 20-Sept. 13.....			Present. Also on Cape Breton Island, July 27-Aug. 21.
Richmond.....	Aug. 24-Sept. 20.....			Present.
Shelbourne.....	Aug. 24-30.....			Do.
Victoria.....	Aug. 3-9.....			Do.
Ontario—				
Province.....				May 1-June 30, 1919: Cases, 166; deaths, 4. July 1-31, 1919: Cases, 51; death, 1.
Hamilton.....	June 29-Aug. 2.....	2		Township in Kent County.
Harwich.....	May 1-31.....	14	2	
North Bay.....	Sept. 21-27.....	1		
Ottawa.....	June 15-21.....	2		
Do.....	June 29-Sept. 6.....	3		
Peterborough.....	June 15-21.....	4		
Toronto.....	Aug. 31-Sept. 6.....	1		
Do.....	Sept. 21-27.....	1		
Do.....	Oct. 12-18.....	2		
Walpole Island.....	May 1-31.....	42		Kent County, Island in Lake St. Clair. Among Indians.
Prince Edward Island—				
Charlottetown.....	July 16-Aug. 9.....	8		
Quebec:				
Montreal.....	June 8-28.....	18		In Bonaventure and Gaspe Counties, Aug. 1-31, 1919: 2 cases.
Do.....	Aug. 24-Oct. 11.....	13		
Do.....	Oct. 19-25.....	5		
Quebec.....	June 8-28.....	18		June 8-14, 1919; 1 case on incoming vessel.
Do.....	July 5-Sept. 20.....	41		Estimated. On Indian reserve.
Restigouche.....	June 15-July 31.....	40		
Ceylon:				
Colombo.....	May 1-31.....	4		June 17-23: Present.
Do.....	July 13-Aug. 23.....	3	3	

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy.....	May 20-June 16.....		13	Present.
Do.....	July 8-21.....			
Do.....	July 29-Sept. 13.....		3	
Canton.....	May 18-June 21.....			
Do.....	July 1-Aug. 16.....			
Do.....	Aug. 31-Sept. 6.....			
Do.....	Sept. 21-27.....			
Chefoo.....	June 8-21.....			
Chungking.....	May 4-June 28.....			
Do.....	June 29-Aug. 23.....			
Foochow.....	May 18-Aug. 23.....			
Hankow.....	Aug. 31-Sept. 6.....	3		Do. Do. Do. Do. Do. Do. Do. Do. Do. Do.
Hongkong.....	May 18-June 28.....	5	5	
Do.....	Aug. 31-Sept. 13.....	5		
Mukden.....	Sept. 7-13.....			
Nanking.....	May 25-June 28.....			
Do.....	June 29-Aug. 30.....			
Chosen (Korea):				
Chemulpo.....	Apr. 1-June 30.....	22	4	
Do.....	July 1-31.....	1	1	
Fusan.....	do.....	336	96	
Do.....	do.....	4		
Seoul.....	Apr. 1-May 31.....	3	1	
Do.....	Aug. 1-31.....	1		
Cuba:				First case from S. S. Venezia, from Spanish ports; arrived Habana about July 20, 1919.
Habana.....	Aug. 2-Oct. 23.....	35		
Czecho-Slovakia:				Apr. 2-26, 1919: Cases, 11.
Praque.....	May 18-June 21.....	11	2	
Denmark:				Apr. 2-26, 1919: Cases, 11.
Copenhagen.....				
Egypt:				Apr. 16-June 30, 1919: Cases, 469. July 1-15, 1919: Cases, 44.
Alexandria.....	May 14-June 24.....	233	95	
Do.....	June 25-Sept. 9.....	226	118	
Do.....	Sept. 17-23.....	8	2	
Cairo.....	Jan. 2-May 20.....	544	124	
Do.....	June 18-Aug. 5.....	349	131	
Port Said.....	July 9-15.....	1		
Finland:				
Provinces—				
Abo Och Bjorneborg.....	Apr. 16-June 30.....	13		
Kuopio.....	do.....	88		
Do.....	July 1-15.....	1		
St. Michael.....	do.....	73		
Do.....	July 1-15.....	2		
Travastehus.....	Apr. 16-June 30.....	63		
Do.....	July 1-15.....	5		
Vasa.....	Apr. 16-June 14.....	12		
Viborg.....	Apr. 16-June 30.....	340		
Do.....	July 1-15.....	36		
France:				One from Bay.
Havre.....	May 23-30.....	1		
Marseille.....	May 1-June 30.....		5	
Paris.....	May 11-June 28.....	17	28	
Do.....	June 29-Sept. 6.....	61	13	
Do.....	Sept. 14-20.....	6	1	
Gibraltar.....	June 28-Aug. 16.....	1	2	
Great Britain:				
Cardiff.....	June 15-Sept. 2.....	10		
Dundee.....	June 1-7.....	1		
Do.....	Aug. 18-23.....	9	6	
Glasgow.....	June 8-21.....	5		
Liverpool.....	June 22-28.....	1		
Do.....	June 29-Sept. 6.....	6		
London.....	May 25-June 28.....	13		
Do.....	June 29-Aug. 9.....	18	2	
Manchester.....	July 27-Sept. 6.....	11		
Greece:				
Saloniki.....	May 15-June 28.....		48	
Do.....	June 29-Aug. 23.....		43	
India:				
Bombay.....	Apr. 2-June 28.....	712	283	
Do.....	July 6-Aug. 9.....	81	51	

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Calcutta.....	May 4-June 21.....		444	
Do.....	June 29-Aug. 9.....		109	
Karachi.....	May 4-June 21.....	28	17	
Madras.....	May 18-June 28.....	171	55	Jan. 19-25, 1919: Cases, 29; deaths, 25.
Do.....	July 6-Aug. 16.....	236	107	
Do.....	Aug. 18-Sept. 13.....	66	26	
Rangoon.....	Apr. 23-June 28.....	188	92	
Do.....	July 6-Aug. 16.....	44	20	
Do.....	Aug. 24-30.....	11	2	
Indo China:				
Cochin China—				
Saigon.....	Apr. 21-May 18.....	11	4	City and district.
Do.....	Aug. 11-24.....	2		
Do.....	Aug. 31-Sept. 7.....	4	1	
Italy:				
Genoa.....	July 7-Aug. 31.....	8		
Leghorn.....	June 16-29.....	2		
Messina.....	June 1-21.....	13		Province, June 8-21, 1919: Cases, 23; deaths, 3.
Do.....	June 29-Sept. 21.....	527	211	
Milan.....	Mar. 1-June 30.....	50	8	
Milazzo.....	June 1-7.....	1	1	
Naples.....	June 2-29.....	103	91	
Do.....	June 30-Aug. 17.....	123	119	
Palermo.....	May 2-June 20.....	39	5	
Do.....	June 28-July 5.....	37	9	
Turin.....	May 18-June 29.....	5	1	
Do.....	July 6-Sept. 7.....	8		
Venice.....	May 26-June 1.....	2		
Japan:				
Kobe.....	May 4-Sept. 7.....	173	78	
Nagoya.....	June 1-7.....	1	1	
Taiwan Island.....	May 21-Aug. 12.....	20	6	Entire island.
Tokyo.....	May 1-June 5.....	2		
Yokohama.....	May 26-June 1.....	1		
Java:				
East Java.....				Apr. 9-June 3, 1919: Cases, 2; July 9-15, 1919: Cases, 2.
Surabaya.....	May 27-June 3.....	2		
Do.....	July 30-Aug. 5.....	2		
Do.....	Aug. 13-26.....	2		
Mid-Java.....	Apr. 26-May 16.....	7		
West Java.....				May 2-June 26, 1919: Cases, 615; deaths, 148. June 27-Aug. 26, 1919: Cases, 235; deaths, 58.
Batavia.....	Apr. 18-June 5.....	4	1	
Do.....	July 25-31.....	3	2	
Do.....	Aug. 8-28.....	64	12	
Buitenzorg.....	Aug. 15-21.....	5		
Garoet.....	do.....	41	6	
Meester Cornelis.....	Aug. 15-28.....	11	4	
Pandeglang.....	Aug. 22-28.....	4		
Tasikmalaya.....	Aug. 15-21.....	3	3	
Malta.....	May 1-31.....	1		
Valetta.....	Aug. 1-31.....	4	1	
Do.....	Sept. 17-30.....	1		
Manchuria:				
Dairen.....	May 13-June 2.....	3	2	
Mukden.....	July 6-Aug. 23.....			Present.
Mesopotamia:				
Bagdad.....	May 29-30.....	1		
Mexico:				
Cananea.....	Feb. 1-28.....	7		
Do.....	Apr. 1-30.....	1		State of Sonora.
Guadalajara.....	June 1-30.....	1		
Mexico City.....	June 1-28.....	20	1	
Do.....	June 29-Sept. 6.....	4		
Do.....	Sept. 28-Oct. 4.....	2		
Piedras Negras.....	June 22-28.....	2	2	
Salina Cruz.....	Sept. 1-15.....	1		
Do.....	Sept. 17-30.....	1		
San Jeronimo.....	June 17-30.....	5		
San Luis Potosi.....	Sept. 7-13.....		1	
Do.....	Sept. 21-Oct. 4.....		3	
Do.....	Oct. 12-18.....		1	
Tehuantepec.....	Sept. 16.....	2		
Vera Cruz.....	July 6-19.....	4		In State of Oaxaca.
Do.....	June 29-Aug. 30.....	2	9	
Do.....	Sept. 28-Oct. 4.....	2		
Do.....				

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**Reports Received from June 28 to Nov. 7, 1919—Continued.****SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Newfoundland:				
St. Johns.....	June 13-Sept. 26...	9		June 13-27, 1919: Outports, 372 cases. June 28-Sept. 5, 1919: Cases, 58. Sept. 20-Oct. 3, 1919 Cases, 6. Oct. 11, 1919: Cases, 2. Present on Pilley's Island.
Do.....	Oct. 11-17.....	2		
Palestine:				
Jaffa.....	Jan. 30-Feb. 5.....	2		
Philippine Islands:				
Manila.....	May 11-17.....	1		
Portugal:				
Lisbon.....	July 26-Sept. 20.....	85		
Oporto.....	June 1-28.....	25	13	
Do.....	June 29-Sept. 13.....	77	45	
Portuguese East Africa:				
Lourenco Marques.....	Apr. 1-May 31.....	2	1	
Russia:				
Riga.....	June 1-30.....			Present.
Siberia:				
Vladivostok.....	June 8-30.....	45		
Do.....	July 1-31.....	12	3	
Spain:				
Almeria.....	May 18-June 30.....	68	6	
Barcelona.....	May 15-June 19.....	3	6	
Do.....	June 26-Aug. 26.....		37	
Bilbao.....	May 1-10.....	1		
Do.....	Aug. 1-10.....	1		
Do.....	Aug. 21-31.....	3		
Cadiz.....	Apr. 1-May 31.....		5	
Do.....	July 1-31.....		2	
Madrid.....	May 1-31.....	3		
Do.....	Aug. 1-31.....			
Malaga.....	do.....		1	
Seville.....	do.....		1	
Valencia.....	May 11-June 29.....	233	15	
Do.....	July 14-Sept. 13.....	90	13	
Do.....	Sept. 21-27.....	2	1	
Do.....	Sept. 29-Oct. 14.....	8	2	
Vigo.....	Apr. 12.....	2		
Do.....	July 6-19.....	37	8	
Do.....	Sept. 7-20.....		2	
Do.....	Sept. 28-Oct. 4.....	1		
Straits Settlements:				
Singapore.....	Mar. 24-May 17.....	6	3	From vessel, Mar. 22, 1919: Present in villages in vicinity.
Do.....	July 8-27.....	5	1	
Sumatra:				
Medan.....	June 26-July 12.....			Present in surrounding country.
Tunis:				
Tunis.....	June 15-28.....	2	1	June 22-28, 1919: Present in surrounding country. June 29-July 12: Present in surrounding country.
Do.....	June 29-July 5.....	3	2	
Union of South Africa:				
Johannesburg.....	May 1-31.....	1		
On vessels:				
S. S. Eastern.....	Apr. 25-26.....	2	1	Death at sea. Second case landed at Woodmans Quarantine Station, Fremantle, Australia, Apr. 29. Vessel from England via Egypt and Colombo.
S. S. Karoa.....	Apr. 19.....	1		Landed at Colombo. Vessel from the United Kingdom via Egypt and Colombo.
S. S. Khyber.....	Apr. 10-May 4.....	4		From Liverpool, via Port Said, Suez, and Colombo. One case landed at Port Said Apr. 10, 2 cases at Colombo Apr. 22, 1 at quarantine, Fremantle, Australia, May 4, 1919.
S. S. Rio Negros.....	Oct. 4.....	1		At Port of Spain, Trinidad, from Bahia. From Montevideo, Aug. 31; Santos, Sept. 8; Rio de Janeiro, Sept. 15. Arrived Port of Spain, Oct. 4, 1919.
S. S. War Armour.....		7		En route from Naples to Aden and Colombo. Vessel arrived at Fremantle, Australia, June 22, 1919: Cases landed at Colombo.

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	May 1-June 30.....	82	11	
Do.....	July 1-Aug. 31.....	4		
Austria:				Mar. 23-Apr. 5, 1919: Cases, 118.
Vienna.....	Mar. 23-Apr. 5.....	9		
Brazil:				Mar. 30-Apr. 5, 1919: Cases, 2.
Rio de Janeiro.....	May 4-June 21.....	3		
Do.....	July 6-12.....	1		
Do.....	Aug. 31-Sept. 6.....	4		
China:				
Changsha.....	May 11-17.....	1	1	
Antung.....	July 6-30.....	2		
Chosen (Korea):				
Chemulpo.....	Apr. 1-June 30.....	85	10	
Do.....	July 1-31.....	1		
Fusan.....	May 1-June 30.....	5	2	
Do.....	July 1-31.....	1		
Seoul.....	Apr. 1-June 30.....	147	28	
Do.....	July 1-31.....	1		
Colombia:				
Barranquilla.....	July 12-19.....		1	
Czecho-Slovakia:				
Prague.....	May 18-24.....	1		
Egypt:				
Alexandria.....	May 14-June 29.....	474	248	
Do.....	June 28-Sept. 23.....	474	153	
Cairo.....	Jan. 2-Aug. 5.....	4,091	2,270	
Port Said.....	Jan. 9-June 10.....	11	7	
Do.....	July 16-29.....	6	1	
Finland:				Apr. 16-June 30, 1919: Cases, 25.
Provinces—				
Abo Och Bjorneborg.....	May 15.....	1		
Nyland.....	Apr. 16-May 31.....	4		
St. Michael.....	Apr. 16-June 30.....	15		
Viborg.....	Apr. 16-June 14.....	3		
Germany:				Military.
Do.....	Jan. 12-Feb. 22.....	344		Civil.
Do.....	Feb. 22-Mar. 22.....	220		Civil, military, prisoners of war
Do.....	Mar. 23-Apr. 12.....	333		deserters.
Do.....	Apr. 13-26.....	62		55 cases among German troop
Do.....	Apr. 27-May 17.....	126		and among prisoners of war.
				Of these, 90 among Polish work-
				men and Russians; during same
				period, 105 cases among Ger-
				man troops and prisoners of
				war. In addition, Apr. 1-26,
				41 cases were notified among
				Polish workmen and refugees.
Great Britain:				
Glasgow.....	June 8-July 5.....	13	2	
Dublin.....	Aug. 17-30.....	3		June 15-21, 1919: 1 case.
Dundee.....	June 30-July 5.....	3		
Greece:				
Athens.....	July 21-27.....		1	
Saloniki.....	May 15-June 14.....		5	
Do.....	July 6-Aug. 23.....		18	
Hungary:				Feb. 24-May 9, 1919: Cases, 258.
Budapest.....	Sept. 24-May 9.....	124	6	
Debreezin.....	do.....	42		
India:				
Rangoon.....	July 1-31.....		21	
Italy:				Apr. 28-June 8, 1919: Cases 3,470—
				Austrian prisoners, 3,321; Ital-
				ian soldiers, 82; civil popula-
				tion, 67.
Do.....				June 9-15, 1913: Present in 14
				Provinces, with 761 cases, viz,
				Austrian prisoners, 631; Ital-
				ian soldiers, 23; Roumanian sol-
				diers, 97; civil population, 10.
Do.....				June 16-22, 1919: Present in 12
				Provinces, with 127 cases, viz,
				Austrian prisoners, 102; Ital-
				ian soldiers, 8; civil population,
				12; Roumanian soldiers, 5.

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

Reports Received from June 28 to Nov. 7, 1919—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Italy—continued.....				June 23-29, 1919: Present in 14 Provinces, with 117 cases, viz, Austrian prisoners, 107; Italian soldiers, 3; civil population, 7.
Do.....				July 6-13, 1919: Cases, 14, occurring in 7 Provinces—7 prisoners of war, 5 civilians, 2 Italian soldiers.
Do.....				July 21-27, 1919: Cases, 5 occurring in 4 Provinces—1 Austrian prisoner; 4 civil population.
Do.....				July 28-Aug. 3, 1919: 6 cases in 3 Provinces; civil population.
Genoa.....	June 25-July 1.....	91		
Naples.....	May 12-June 22.....	50	16	
Do.....	June 30-Aug. 17.....	17	6	
Palermo.....	July 21-27.....	2		
Venice.....	Apr. 27-June 14.....	58	9	
Do.....	June 30-Sept. 14.....	42	6	
Trieste.....	June 6-12.....	1		
Japan:				
Nagasaki.....	June 16-July 1.....	3		
Do.....	July 14-Sept. 14.....	10	5	
Do.....	Oct. 6.....	4	2	
Java:				
East Java—				
Paseroean.....	Aug. 6-12.....	2		
Do.....	Aug. 20-26.....	1	1	
Surabaya.....	July 30-Aug. 19.....	5	1	
West Java—				
Bandoeng.....	Aug. 15-21.....	5		
Batavia.....	Aug. 8-14.....	12	2	
Buitenzorg.....	Aug. 22-28.....	3		
Mesopotamia:				
Bagdad.....	Apr. 19-June 6.....	34	22	
Do.....	July 26-Aug. 1.....	2		
Mexico:				
Guadalajara.....	May 1-31.....	1		
Do.....	Sept. 24-30.....	3		
Mexico City.....	May 4-June 28.....	216		
Do.....	June 29-Sept. 13.....	272		
Do.....	Sept. 21-Oct. 4.....	41		
San Luis Potosi.....	July 27-Oct. 4.....			Present and in surrounding country.
Newfoundland:				
St. Johns.....	June 21-27.....	1		From vessel.
Palestine:				
Jaffa.....				Oct. 22-Dec. 22, 1918: Cases, 8; deaths, 3.
Portugal:				
Lisbon.....	June 22-28.....	1		
Do.....	July 26-Aug. 23.....	13	2	
Oporto.....	June 1-15.....	52		
Do.....	June 30-Sept. 13.....	94	42	
Russia:				
Archangel.....	May 15-June 1.....	9	2	
Riga.....	May 1-June 30.....	2,826		
Siberia:				
Vladivostok.....	June 9-30.....	104	9	
Do.....	July 1-31.....	56	13	
Spain:				
Barcelona.....	May 15-21.....		1	
Madrid.....	May 1-31.....		1	
Do.....	Aug. 1-31.....	1		
Sumatra:				
Medan.....	June 26-Aug. 9.....	34	4	
Syria:				
Mersina.....	Feb. 13-19.....			Present.
Smyrna.....	Sept. 20.....			Do.
Tunis:				
Tunis.....	May 24-June 21.....	3	1	
Do.....	July 20-Aug. 29.....	2	2	
Do.....	Sept. 21-27.....		1	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**Reports Received from June 28 to Nov. 7, 1919—Continued.****YELLOW FEVER.**

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil: Bahia.....	Apr. 12-June 14...	48	15	Jan. 12-May 17, 1919: Cases, 43; deaths, 25. July 29, 1919, reported seriously prevalent in States of Bahia and Pernambuco.
Canal Zone.....	Aug. 10-12.....	1	1	Patient at Corinto, Nicaragua, at quarantine from S. S. Salvador.
Ecuador: Guayaquil.....	May 1-31.....	1	1	July 31, 1919: at Leon, Nicaragua;
Naranjito.....	May 1-June 15....	2	1	Aug. 2, 1919. Embarked Aug. 6 at Corinto.
Honduras: Amapala.....	Aug. 28.....	1	.....	.....
Mexico: Merida.....	June 30-Sept. 20...	22	9	State of Yucatan.
Temax.....	Sept. 14-20.....	4	2	.....
Nicaragua: Leon.....	Sept. 1.....	.....	.....	Present, and in vicinity.
Do.....	Sept. 5.....	.....	.....	Present.
Corinto.....	...do.....	.....	.....	Do.
Peru: Department of Piura— Paita.....	July 10-22.....	8	5	June 1-Aug. 12, 1912: Cases, 10; deaths, 6.
Piura.....	...do.....	46	10	June 1-Aug. 12, 1919: Cases, 90; deaths, 20.
Salvador: La Union.....	July 6.....	2	.....	.....
St. Miguel.....	June 24-July 6....	4	.....	75 miles from city of San Salvador.
San Salvador.....	...do.....	1	1	.....

CORRECTION.**Yellow Fever at Cartagena Erroneously Reported.**

The statement of the occurrence of yellow fever at Cartagena, Colombia, appearing in Public Health Reports of April 4, 1919, page 716, and in subsequent issues of the Public Health Reports, was an error.