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JOINT INFLUENZA COMMITTEE.

The Surgeon General of the Army, the Surgeon General of the Navy, the Surgeon General of the Public Health Service, and the Director of the Census have designated officers from their respective departments to form a joint influenza committee. The members of the committee are as follows:

Bureau of the Census.—Dr. William H. Davis (chairman), Mr. C. S. Sloane.

Public Health Service.—Dr. Wade H. Frost, Mr. Edgar Sydenstricker.

United States Navy.—Lieut. Commander J. R. Phelps, Surg. Carroll Fox.

United States Army.—Col. D. C. Howard, Col. F. F. Russell, Lieut. Col. A. G. Love.

The functions of the committee are to study the epidemic and to make comparable, so far as possible, the influenza data gathered by the Government departments.

A UNIFIED HEALTH SERVICE.¹

By B. S. WARREN, Assistant Surgeon General, United States Public Health Service.

Within certain limitations a people can have such hygienic conditions as they choose to buy. In other words, "hygienic conditions" are purchasable, and they are safe-paying investments. No State government should delay making such investments on account of the cost. It is now well known from many demonstrations that even under the worst conditions a reasonable expenditure of public funds will afford such protection against disease as to pay large dividends, not only in the saving in human life and suffering but also in dollars and cents.

It is hardly necessary to tell an Alabama audience that Gorgas, Carter, and their assistants made the Panama Canal possible. This demonstration was a wonderful achievement and of itself should be sufficient to cause Gorgas's native State to profit by the example and invest in health work which, beginning at the capital, would reach into the remotest community of the State.

¹ Read before the Birmingham (Ala.) Civic League, Jan. 13, 1919.

Of more recent date, and nearer home, is the health work which protected the soldiers in the camps of this country during the mobilization of the millions of men. By the cooperation of the military and civil health authorities there were established in the camps and zones about the camps, health organizations which controlled the communicable diseases in a record-breaking degree for armies in the field.

Within the boundaries of the camps themselves the Army health authorities were responsible for proper hygienic conditions. In the extra-cantonment zones the Public Health Service, in cooperation with State and local health authorities, was responsible. But all worked together and the results may well be called a "unified health service." Aided by funds from the American Red Cross and local authorities, the Public Health Service established complete health organizations in 51 extra-cantonment zones. In all, the Public Health Service expended \$1,201,909, the American Red Cross \$507,000, and the States and local authorities, \$650,000. The civil population protected by these organizations was approximately three and three-quarter million persons, in addition to the military population. It is not possible here to enumerate all of the work done, but to illustrate: Two thousand five hundred miles of ditches were dug and 1,200 square miles of swampy territory drained, and an antimosquito zone—1 mile in width—was established around each camp. It is a well-known fact that malaria, which was a serious potential disability factor about many of these camps, was practically eliminated from the soldier population, and only 3,160 cases were reported to the Public Health Service during the malarial season of 1918 among the civil population of three and three-quarter million, a rate of 83 per 100,000. From such data as were obtainable for previous years this was a tremendous reduction in the malarial rate in these communities. These results may well be compared with those in Panama, especially since they were obtained not under military conditions, but through the voluntary work of a civil population.

In considering whether or not an adequate health machine is worth while it is well to examine the health records and weigh the value of the results to be expected according to the following standards:

1. The human standard of sorrow and suffering caused by preventable diseases;
2. The actual cost in money of preventable sickness; and
3. The saving to the State of the economic values lost in preventable sickness and death.

One can not place a money value on the sorrow endured by a mother over her baby dead from a preventable cause, nor on the sorrow caused by a defective or blighted child, due to preventable

causes. Still, we know that annually over 16 per cent of all deaths in the United States are in infants under 1 year of age, most of which are preventable, and, further, we know that over 30 per cent of the boys in the draft age, 21 to 31, were rejected on account of physical or mental defects, a large proportion of which could have been prevented by proper attention in infancy and childhood. Over 4,000 infants under 1 year died in Alabama in 1916. Half of these deaths could have been prevented by a reasonably adequate pre and post natal health care. I wonder whether each one of those mothers would have been willing to have paid \$100 to save those babies. If so, I am sure your State health officer would be glad to have had the \$200,000 in order to make effective his plans to save the babies.

As to actual cost in money of preventable sickness, consider one item: The death rate in Alabama for the year 1917 from typhoid fever was 38 per 100,000 population, or a toll of 898 deaths and at least 8,980 cases of the disease. At a cost for the doctor's bill and time lost from sickness of \$100 per case of the disease, the total cost was \$898,000. A proper support of your State and local health administration with funds and personnel could be expected to reduce the rate to five per 100,000 and save \$780,000 per annum. That item alone would pay the cost.

Concerning the economic values which would accrue to the State by preventing a reasonable amount of the preventable sickness and death, it may be safely stated that if Alabama would free itself from malaria the increase in the taxable values of the State would meet all the expense.

In the matter of health organization some analysis of the responsibilities and relations of the several governmental agencies is necessary in order to determine the character of organization which would result in a "unified health service." With our form of government, the Federal, State, and local political subdivisions have certain responsibilities. Within each of the governmental administrations there are several departments, bureaus, or divisions which have definite relations to health. Furthermore, the legislative branches (Federal, State, and local) have definite relations and responsibilities. In framing any health legislation all of these must be considered and worked out so that the proposed organization will function harmoniously, and result in a "unified health service."

In the beginning of this discussion it may be well to realize that a perfect health machine is not to be expected, but it should be planned so that it will be elastic and easily adjusted, as changing conditions or experience of operation may indicate. It would therefore seem relevant to discuss (1) the Federal, State, and local governmental responsibilities, and (2) the relations to the departments, bureaus, or

divisions which are more or less directly interested in the health of the people.

The Federal Government has at least three definite responsibilities in the field of public health—international control of disease, interstate control of disease, and a general interest in the health of all the people from the general welfare point of view. For the international control it operates the maritime quarantine, and supplements this by the work of its consular service and the detail of Public Health Service officers to the places which are likely to become a menace. For the interstate control of disease, the Federal Government under several acts of Congress undertakes certain measures, mainly through cooperation with State and local health authorities, and uses the Public Health Service for this purpose. In the past, the Public Health Service has largely confined itself to measures of control after the disease needing control had gained a foothold in a State and become a menace to other States. Under more modern methods, however, it has realized that its activities should be aimed at these diseases long before they become a menace. As an example of the latter methods, the Service is inaugurating a system of control of water supplies furnished to the traveling public by interstate common carriers. As a part of its general welfare interest, the Congress has authorized the Public Health Service to investigate the diseases of man and the conditions influencing their propagation and spread, including sanitation and sewage, and the pollution of lakes and navigable streams.

The State, like the Federal Government, has at least three responsibilities in the field of public health—the prevention of the introduction of disease from without, the control of the intercounty, or intermunicipal spread of disease, and the health of all the people within the State from a general welfare point of view. These responsibilities can be met only by some degree of State control over local health conditions. This control should be more than advisory and should be applicable at all times within the localities and not limited to the times and places when and where there is a menace to other localities.

The local government administrations also have at least three responsibilities in the health field—the prevention of the introduction of disease from without, the control of disease within the jurisdiction, and the health of the people from a general welfare point of view.

From the above it would seem that Federal, State, and local health authorities in some degree have identical responsibilities. Then, if we are to have a "unified health service" there should be very close cooperation on account of this community of interest; in fact, why not form a joint partnership and work together for the one service—prevention of disease? For example, a case of typhoid fever in a remote rural district of Alabama is a matter of joint interest to the

county, State, and Federal health authorities. The typhoid germ does not recognize county or State lines and may find its way into intra and interstate traffic and cause the loss of many human lives and the expenditure of large sums of State and Federal funds. The rational procedure would be to form the partnership and prevent or control all preventable diseases at their source. In the formation of this partnership due consideration must be given in its organization to the other departments, bureaus or divisions and groups of people which are more or less directly interested in health work. The most important of these may be mentioned as follows: The medical profession, and an adequate medical service for all the people; the child welfare agencies and the prevention of infant mortality; the department of education and the health supervision of the school children; the Department of Labor and the health of the workers; the Department of Agriculture and the rural health; the various groups interested in the control of special disease, like venereal diseases, tuberculosis, etc.

In these days of progress in preventive medicine there is some tendency to separate too sharply the preventive from curative medicine. It should not be forgotten that an adequate medical service to the whole people will do more to prevent disease and disability than any other single measure to be considered. At present the people in the United States are paying out money sufficient for the maintenance of an adequate medical service, but fail to receive it. This money, however, is spent in such a haphazard manner that the service is not only often inadequate or worthless but at times actually harmful. For one item—drugs—the United States spends \$500,000,000 a year. This sum alone, if properly expended, would buy all necessary drugs and add \$2,000 a year to the income of each of the 125,000 physicians in active practice in the United States. It may be safely stated that an adequate medical service can not be had except in our medical centers, and in these centers only the rich and some of the charity patients receive such service. The great middle class can not afford such expense. Since the people as a whole are paying the price for the best, there should be no reason why they should not have the best. With a proper organization, distribution, and training of the medical and sanitary personnel of the country, and a proper expenditure of the funds now being spent for medical purposes, there would be available, to every person, adequate medical and hospital services and supplies. With such service closely coordinated with, or forming part of, the health department, it needs no argument to show that disease prevention would begin at the source—the bedside, and eliminate a large proportion of disease spread.

In some governmental administrations there have grown up, outside of the health departments, child-welfare agencies which have practically taken over the matter of prevention of infant mortality. These agencies may have assumed this responsibility, but health departments can not thus escape their responsibility for infant health. This is but a part of the whole question of public health, and child welfare agencies must be auxiliary to health departments or be made a part of them in so far as the infant health is concerned. Without doubt these activities should be so correlated as to prevent duplication of work, and that part of the work which relate to medical and sanitary matters should be the particular province of the health department.

The relations of the departments of education to health departments have likewise to be considered in any unified health-service program. Like child-welfare agencies, the departments of education in some jurisdictions have taken on health functions and have organized school-hygiene divisions, more or less independent of the health departments. Where the school-hygiene divisions are doing good work the organization should be utilized, but it should be brought under such relation to the health departments that it would be auxiliary to that of the health department. So far as the internal school administration is concerned, it may be necessary to have the health work under the immediate control of the school boards, but the standards governing the health work should be fixed by the health departments. Furthermore, the medical inspection of the children should be under such supervision by the health department that the findings may be of the greatest service in the control of disease. It should be clearly recognized that the health departments are responsible for health conditions in all age groups, and that those in the school-age group are not to be excepted. Further it should also be clearly recognized that only the questions of health which relate to the child's ability to attend school regularly and to learn his lessons are the concern of the school authorities, and only then in so far as they are responsible for the efficient expenditure of educational funds.

Industrial hygiene is another subject which must be given careful consideration in working out a unified health-service program. All labor departments are vitally concerned in this subject. The War Labor Board announced as one of the principles governing its awards, a living wage sufficient to maintain a family in health and comfort. With such a recognition of the importance of health it then becomes the duty of the health departments to work out the standards of health in industry and to cooperate with the labor departments in their enforcement. In this group of the population, as in school children, it should be clearly recognized that the health departments

are responsible for the health of all the people and that the industrial workers are no exception. Labor departments should not therefore organize independent health bureaus or divisions but should call upon the health departments to do this work for them.

In the matter of rural hygiene, there has been much study and investigation of rural health conditions. These have shown the great need of permanent health organization in this field. The results obtained by such organizations under intelligent direction have demonstrated their value, but progress is slow. Something must be done to stimulate the development of rural hygiene. The Federal and State authorities, as well as the local governments, have a definite responsibility and should make common cause of this work and agree on a working plan which will place rural health service at least on a par with urban health work, as exemplified in our progressive city health departments.

Before leaving this question of the relation of health departments to other departments, bureaus, and agencies, it would be well to remember that the volunteer and endowed health agencies will be found to be a great help in developing a "unified health service" if they are utilized in a proper manner. In all places where to-day they exist they should be consulted and some practicable plan worked out for using them and bringing them under proper governmental control. At present some of these agencies are developing independent organizations which are exercising some sort of direction in Government health affairs. In a democratic government there should be no agency directing governmental administration which is not responsible to the people. Such agencies must be controlled and made auxiliary to Government administration.

Referring now to State health organizations, I may say that Surgeon Carroll Fox, of the United States Public Health Service, has made intensive studies of many State health organizations and, upon the request of the several State authorities, has submitted recommendations for their improvement. A review of these reports shows a striking uniformity in most of the essential recommendations, which are about as follows:

1. All health activities should be brought together into one department—the health department.

2. There should be a small State board of health (seven) with advisory and quasi-legislative functions, appointed for a definite term of office (seven years), with the terms so arranged that only one term will expire within one year.

3. There should be one chief executive of the health department, who should be held responsible for the proper administration and enforcement of all the health laws and regulations. He should be a man skilled in knowledge of preventive medicine, with experience in

health work and health administration. He should be appointed for a term of years (six), and his tenure of office should be subject only to efficiency and good behavior. He should give all of his time to his office and not engage in the private practice of his profession.

4. The department should be composed of bureaus or divisions in charge of chiefs who give all of their time to their work. The bureaus or divisions recommended vary somewhat according to States, but are generally as follows (the names indicating the functions): (*a*) Vital statistics; (*b*) communicable or preventable diseases, or epidemiology; (*c*) public-health engineering; (*d*) infant welfare, or child hygiene and school hygiene; (*e*) health education; (*f*) food and drugs; (*g*) industrial hygiene; and (*h*) administrative or clerical.

The number of bureaus or divisions and the duties vary according to States, depending upon local conditions. I should state that it is highly advisable to leave the number and duties of the divisions to the discretion of the department, to be created as necessity arises.

5. The State should be divided into convenient health districts, varying according to local necessity from 4 to 20, each district to be in charge of an all-time district health officer. Under the direction of the health department these officers should have sufficient authority over local health administration in their districts to enforce the State health laws and regulations, but not thereby relieving the local health authorities of their local responsibility.

6. The appointment of all chiefs of bureaus or divisions, district health officers, engineers, scientific personnel, public health nurses, and employees should be for a probationary period and after satisfactory examination. These appointments should be permanent, subject to efficiency and good behavior. The field officers should constitute a mobile corps subject to change of station within the State. In addition to the value of a trained health personnel, Fox seems to stress in his reports the value of public health nurses and advises their employment in such numbers as the appropriation will warrant.

7. There should be an annual conference of the State field forces and local health officers with the health department.

8. In the matter of amount of appropriations, Dr. Fox varies his recommendations considerably, but states that where practicable 2 per cent of the State revenue should be devoted to State health work, and 2 per cent of county revenues to local health work. But in the cities a larger per cent would be required for city health work.

9. Concerning laws and regulations governing measures for disease reporting and control, milk supplies, water supplies, sewage disposal and the like, the recommendations are numerous and vary considerably according to local conditions.

The above recommendations, as outlined, are very generally accepted by health workers as the basic principle upon which to build a State health department, and such States as New York and Massachusetts, with health departments based on practically the same principles, have been operating long enough to demonstrate their practicability and effectiveness. But the Public Health Service realizes that each State presents many individual problems and therefore would not recommend a plan for any State without a very careful study of State and local conditions.

In most of the States, outside of the larger cities, the local health organization is for the most part a question of part-time service by the health officials, though some counties now have all-time health officers who are demonstrating their value. While waiting for this progressive spirit of public health service to reach out into all the counties the district health officers of a State organized as outlined above can make much progress, especially if the local organizations can afford the services of a full-time public-health nurse to place under his direction.

In the development of rural county health work on the basis of a partnership between the Federal, State, and local authorities, the Public Health Service already has a small annual appropriation to put into this activity. This amount is to be used for demonstration purposes. In a county with 20,000 population the sum of \$6,000 (the Federal, State, and local government each appropriating a third) would provide an all-time organization of a health officer, one inspector, and one public-health nurse.

Whether urban or rural, and whether organized on a part-time or an all-time service basis, the local health organization should be correlated with the State health department, so that a unified health service would be the result.

As stated in the beginning of this discussion, "within certain limitations a people can have such hygienic conditions as they choose to buy." The one big essential is the appropriations. You may have a model law and an ideal plan for health organization, but without adequate appropriations the results will be disappointing. It then becomes the duty of Federal, State, and local health agencies and other groups interested in the health of the people to work together to demonstrate the value of health work, and to create such a public demand for it that the people will insist on the best and will be willing to pay the price.

A NOTE ON THE FLIGHT OF MOSQUITOES THROUGH HORIZONTAL WATER PIPES.

By W. W. KING, Surgeon, United States Public Health Service.

An attempt to get rid of or to materially reduce the excessive number of mosquitoes at my own residence in St. Thomas, Virgin Islands, resulted in some very interesting experiences and brought to my attention certain points in the habits of mosquitoes which apparently have a practical application in antimosquito work, but to which I can not find reference in the literature at my command.

In various works treating of mosquitoes and measures for their extermination, I found reference to the necessity of screening the downspouts leading into cisterns, but no distinction was made between the spouts which descend perpendicularly and those running more or less horizontally for some distance. The following observations, so far as they go, indicate that mosquitoes do make a distinction, because they readily utilized perpendicular spouts to pass in and out, but did not enter through spouts that had a considerable horizontal section. On the other hand, horizontal pipes nearly 200 feet in length were no hindrance to their escape when they were breeding in cisterns. The conditions under which these observations were made are given in considerable detail for the better comprehension of circumstances which might have affected the behavior of the mosquitoes.

The house crowns the summit of a rather steep hill, 240 feet high, at the edge of town where the houses are sparsely scattered. Hence it seemed reasonable to suppose that the elimination of breeding places on the premises would reduce the number of mosquitoes to a minimum. As is usual in St. Thomas, the water supply is rain water collected from the roof into cisterns and tanks, in this case two underground concrete cisterns, "A" and "B," and a small iron tank "C." From the cisterns a windmill pumps the water to a cedar tank, "D," in an ancient stone tower, whence it is piped throughout the house. (See plan.)

Search for mosquito breeding places showed larvæ in good numbers in both cisterns and in the iron tank, but not in the tank "D" in the tower, and it is worthy of note here that even when mosquitoes were most abundant in the house, larvæ were never found in this tank, although there were unscreened openings in its board covering, and the dimly lighted and wind-protected interior of the tower and the always-open door below would seem to afford a favorable avenue to the water above. The rim of the tank is 29 feet above ground, a height apparently not prohibitive for mosquito breeding, because I have found larvæ in tanks on the roofs of houses in St. Thomas at much greater heights.

pipe "K," 12 feet long; and by the downspouts "L" and "M," through the horizontal pipe "N." The spout "L" runs downward about 12 feet, and the horizontal section "N," from "L" to the cistern, is 20 feet in length; both are 5 inches in diameter.

None of these pipes were screened yet the mosquito larvæ disappeared from the cistern after the trapdoor was kept constantly closed, and reappeared only once later, in small numbers, probably from mosquito eggs deposited on the water in a sagging gutter, and washed into the cistern. No more larvæ were noticed after repairs were made to the gutter.

It is believed that the mosquitoes which hatched in this cistern after the trapdoor was permanently closed, and those hatched from larvæ remaining in cistern "A" when the spout "E" was screened, found their way out through the unscreened spouts in spite of their horizontal sections, aided possibly by the upward air current. A comparatively strong current of air entered cistern "B" through the overflow pipe and passed out with less force, through the rain spouts, but none of the air currents were sufficiently strong to hinder the flight of mosquitoes. A considerable portion of the surface of the water in these cisterns could be observed for dead mosquitoes but only an occasional one was seen, too few to account for the number of larvæ which had been present.

To test this point, a jar containing some hundreds of pupæ and well developed larvæ was suspended in cistern "B," and the spouts were screened to catch the mosquitoes at the point of escape. When observed some days later it was found that the screens had been imperfectly fastened and had become disarranged by heavy rains, so that mosquitoes could easily pass. The mosquitoes had hatched and disappeared, but as none were caught the experiment was inconclusive, and it can only be supposed that the mosquitoes escaped by the rain pipes as the only way out.

The iron tank "C" has a small overflow opening on one side and a number of small holes in the top. One 3-inch downspout "O" descends perpendicularly from the roof, a distance of 10½ feet. All openings were screened or plugged except this spout, yet mosquito larvæ persisted until the spout also was screened.

The plague of mosquitoes was only slightly if at all diminished by the elimination of the cisterns and tank as sources of supply. Search for other breeding places was unsuccessful for a long time until the septic tank "P" was opened. Mosquitoes by the hundreds flew out of the opened trap, and the foul water at the bottom was teeming with larvæ. This tank had not been considered a possible breeding place as it was thought to be inaccessible to mosquitoes because the trapdoor was always tightly closed and the ventilator was effectively

screened. The only other openings are the 4-inch drain "Q" and the 5-inch drain "R" carrying water-closet, bath and kitchen waste from the house. At the highest points in each drain are ventilating pipes, "S" and "T," $2\frac{1}{2}$ and 4 inches in diameter.

Inasmuch as mosquitoes did not seek the water in the cisterns through horizontal rain pipes comparatively short in relation to the drains, it is not presumable that the female mosquitoes would enter these ventilators and traverse the long horizontal pipes to reach the water in the septic tank. Yet this water was alive with larvæ, a fact apparently explainable in only one way; that the mosquito deposited her eggs on the water in the bowls of the toilets, and they were flushed through the drains into the septic tank where the larvæ developed.

The mosquitoes bred in this place had but one way to escape, which was to fly back up the drains and out the ventilating pipes. The horizontal distance to the bottom of the nearer outlet, "S," is 82 feet, and to the farther one, "T," 191 feet. The upright ventilators are 13 and 14 feet high, respectively. Positive evidence that the mosquitoes did escape by this route was secured by covering the ventilator hoods with cloth netting and catching a large number of mosquitoes inside the netting. In their passage upward through the drains, the mosquitoes were probably aided somewhat by an upward current of air. The odor of kerosene thrown on the water in the tank was perceptible at the nearer ventilator in about five minutes.

In a few days after screening the ventilators and oiling the septic tank, the plague of mosquitoes sensibly diminished, and in a short time the house was practically free from them. These mosquitoes were roughly identified as *Culex quinquefasciatus*. At first there had been some white-striped mosquitoes apparently *Aedes*, but they were not seen after the cisterns and iron tank were free from larvæ.

The chief points of these observations are as follows: (a) Mosquitoes entered and left cisterns through unscreened perpendicular water-spouts $2\frac{1}{2}$ and 3 inches in diameter and 14 and 10 feet high.

(b) Mosquitoes did not enter cisterns through larger unscreened water spouts when these pipes had a horizontal section from 12 to 32 feet long. No observations were obtained of a horizontal distance of less than 12 feet.

(c) Mosquitoes bred in the cisterns and septic tank and having no other means of exit passed through horizontal pipes 4 and 5 inches in diameter for a distance of 191 feet in the longest instance, aided probably to a certain degree by air currents. No doubt they would, pass through greater distances, but there was no opportunity to observe any instance of it.

These observations deal with only one or two species of mosquitoes and are limited in number and circumstances, but if they should be generally true under conditions ordinarily met with in antimosquito work, then they have an actual practical value.

In accordance with these facts it seems unnecessary to screen waterspouts and other pipes into cisterns and similar deposits of water when such pipes have a considerable horizontal section. The saving in this way of time, labor, and materials may be quite appreciable. However, the screening of such openings will be required in those instances where mosquitoes are breeding from eggs carried into the water from an outside place of deposit.

Sewers, cesspools, etc., may be breeding places of certain kinds of mosquitoes, and their possible passage for considerable distance up the soil and drain pipes must be considered. Such pipes are usually trapped near the sewer or cesspool, but not always, especially in old constructions and in localities where plumbing laws are lax or non-existent. It is probable that the most important antimosquito work is done in the smaller towns, villages, and isolated houses, where local deposits of water are apt to be found in place of a piped water system.

EPIDEMIC INFLUENZA.

PREVALENCE IN THE UNITED STATES.

Telegraphic reports received by the United States Public Health Service for the week ended February 22, 1919, indicate that there has been little change in the number of cases of influenza reported throughout the United States. These reports are received from State health officers and from zones surrounding Army camps.

As compared with the week ended February 15, decreases in the number of cases notified are reported from Arkansas, California, Florida, Louisiana, Maine, New Jersey, and Vermont. Increases are reported from Alabama, Connecticut, Illinois, Iowa, Kansas, North Carolina, and Virginia. The number of cases is not large, however, and the increases in most instances are very slight.

The following table shows the number of cases of influenza reported in the zones surrounding military camps in the United States from December 29, 1918, to February 22, 1919, inclusive, by weeks. The cases reported from September 15 to December 28, 1918, are shown in the Public Health Reports, vol. 33, No. 49, December 6, 1918, pages 2153-2154, and vol. 34, No. 1, January 3, 1919, pages 1-2.

Cases of influenza reported in extra-cantonment zones.

State and zone.	Cases reported week ended—							
	Jan. 4	Jan. 11	Jan. 18	Jan. 25	Feb. 1	Feb. 8	Feb. 15	Feb. 22
New Hampshire and Maine:								
Portsmouth-Kittery sanitary district.....	58	79	41	43	58	9	0	0
Massachusetts:								
Devens.....	71	57	39	9	2	2	1	0
New Jersey:								
Dix.....	25	4	42	0	6	4	0	3
Merritt.....	105	95	99	92	99	37	39	34
Ohio:								
Sherman.....	26	5	38	26	14	13	23	4
Iowa:								
Dodge.....	13	12	0	2	0	4	0	0
Kansas:								
Funston.....	36	82	36	37	15	4	12	30
Leavenworth.....	27	24	45	28	40	17	6	0
Virginia:								
Humphreys.....	16	105	119	168	109	73	97	134
Lee.....	465	398	102	27	112	33	89	66
Portsmouth and Norfolk County health district.....	155	465	335	160	140	54	28	134
Tidewater health district.....	151	9	27	23	30	15	10	1
North Carolina:								
Fayetteville sanitary district.....	47	58	239	195	83	6	20	13
Greene.....	62	46	85	35	(1)			
Polk.....	249	379	634	509	260	166	144	102
Wilmington sanitary district.....	34	37	277	382	106	45	28	19
South Carolina:								
Charleston sanitary district.....	106	97	277	449	224	61	20	19
Jackson.....	45	5	337	728	136	99	27	17
Savner.....	141	286	401	431	268	169	226	15
Wadsworth.....	38	34	172	153	34	24	19	
Georgia:								
Gas and Flame School.....	89	129	220	163	75	65	31	32
Gordon.....	52	113	165	253	192	75	66	8
Hancock.....	188	537	1,036	287	54	10	3	11
Pieric Acid Plant.....	10	15	32	33	57	23	8	7
Souther Field.....					84	59	100	35
Wheeler.....	27	75	103	52	17		1	1
Florida:								
Johnston.....	15	39	159	143	58	(1)		
Kentucky and Indiana:								
Taylor.....	237	284	180	188	134	82	90	305
Tennessee and Georgia:								
Oglethorpe.....	61	29	28	30	34	19	17	0
Alabama:								
McClellan.....	6	26	68	15	9	8	0	2
Sheridan.....	0	15	21	17	0	0	0	0
Mississippi:								
Gulfport health district.....	585	743	810	389	242	134	91	64
Arkansas:								
Ehorts.....	88	50	82	106	13	6	15	12
Pike.....	132	241	668	527	133	67	53	
Louisiana:								
Beauregard.....	174	198	126	148	19	23	1	
Gerstner Field.....	82	75	62	40	43	17	12	11
Oklahoma:								
Doniphan.....	12	1	27	0	(1)			
Texas:								
Bowie.....	9	18	11	6	6	9	1	
Logan.....	5	12	0	23	1	0	2	0
MacArthur.....	2	10	18	7	(1)			
Travis.....	106	203	253	133	34	16	9	7
Washington:								
Bremerton.....	1	244	126	129	35	(1)		
Lewis.....	18	25	40	5	2	6	8	0
Vancouver.....	41	186	367	109	0	(1)		

¹Reports discontinued.

THE VENEREAL CLINICS AND DETENTION HOMES OF THE PUBLIC HEALTH SERVICE.

While a large part of the campaign against venereal disease is educational in character it is indispensable also to provide clinics and detention homes where the venereally infected can secure advice, diagnosis, and treatment.

In developing this phase of its work the Public Health Service, through its Division of Venereal Diseases, now operates 102 clinics for the free treatment of venereal diseases and 33 detention homes for the quarantine and treatment of infected persons; 29 of the 33 detention homes are in direct cooperation with the clinics operating in the extra-cantonment zones or the so-called United States Government clinics. In most cases these detention homes are operated by the clinic personnel.

The following statistical report covers the activities during the month of January of only 15 clinics and 13 detention homes, 12 of the latter being in direct cooperation with the United States Government clinics. Reports from the remaining clinics and detention homes were not received in time to be included in this report. The average number of days each of the 15 clinics were open was 25.5.

TABLE I.—*Patients under care of clinics.*

Sex, age, group, and color.	Total under care of clinics.	Re-main-ing from last month.	New pa-tients admit-ted.	Discharged—		Discontinuing treatment—		Died.	Remaining under treatment—	
				As non-infectious but not cured.	As prob-ably cured.	With per-mission.	With-out per-mission.		In clinics.	In in-stitu-tions.
Male:										
15 years and over—										
White.....	1,691	1,303	388	-----	72	73	191	-----	1,345	10
Colored.....	2,503	1,982	521	7	131	160	206	-----	1,992	7
Under 15 years—										
White.....	25	18	7	-----	-----	2	-----	-----	21	1
Colored.....	40	29	11	-----	-----	2	2	-----	36	-----
Female:										
15 years and over—										
White.....	1,456	1,169	287	36	106	93	101	1	880	239
Colored.....	1,558	1,271	287	17	62	76	159	3	1,162	79
Under 15 years—										
White.....	51	42	9	-----	1	2	-----	-----	41	7
Colored.....	51	36	15	-----	1	2	-----	-----	47	1
Total.....	7,375	5,850	1,525	60	374	410	653	4	5,524	344

Table I shows that there were 7,375 patients listed in the active files of the 15 clinics and the detention homes. Of the 1,525 new patients admitted during the month 1,500 were admitted at the clinics, the remaining 25 being sent direct to a detention home operating independently of any of the clinics. The average number of patients admitted during the month at each of the clinics would, therefore, equal 100. It will be noted that 374, or 24.8 per cent, of the patients terminating treatment were discharged as probably cured, and 60,

or 3.9 per cent, were discharged as noninfectious but not cured. The most striking feature of Table I is the fact that 659, or 43.7 per cent, of the patients terminating treatment discontinued without permission. The number of patients remaining under treatment on January 31 was 5,868, of which 5,524 were under treatment at the clinics and 344 in the detention homes.

Of the 7,375 patients there were 6,612 who were actually treated, the remaining 763 being under observation. To the 6,612 patients there were 19,796 treatments administered, 5,796 of which consisted in the administering of asphenamine, 4,953 doses to infectious cases, and 843 to noninfectious cases of syphilis. In addition to the actual treatments there were 1,959 examinations and consultations without treatment. There were also 583 prophylactic treatments given at the clinics operating in the extra-cantonment zones at San Antonio, Tex., and Little Rock, Ark.

TABLE II.—*Record of attendance at clinics.*

Sex, age, group, and color.	Total number of visits to clinics.	Voluntary visits.	Involuntary visits.	Visits due to persuasion.
Male:				
15 years and over—				
White.....	3,521	3,128	287	106
Colored.....	4,292	3,735	419	138
Under 15 years—				
White.....	78	74	1	3
Colored.....	44	41	.....	3
Female:				
15 years and over—				
White.....	3,319	2,088	1,134	97
Colored.....	3,124	2,014	942	168
Under 15 years—				
White.....	114	95	14	5
Colored.....	86	52	32	2
Total.....	15,705	11,912	3,170	623

¹ Included in these totals are visits made by patients whose color was not stated.

The number of visits to the clinics as shown in Table II equals 15,705, or a daily average attendance of 41.1 at each of the clinics. Table II clearly shows that the number of voluntary visits far exceeds the involuntary visits. It is especially interesting to note that 623, or 3.9 per cent, of all the visits to the clinics were due to the persuasion of the social workers and nurses comprising the clinic personnel.

During the month there were 239 patients placed in detention, 226 of whom were females. It was found that of the total number of females 98.2 per cent were found infected with venereal diseases.

The laboratory work of the clinics may be summarized as follows:

Wassermann examinations.....	1,528
Microscopic examinations for <i>Treponema pallidum</i>	55
Microscopic examinations for gonococci for diagnosis.....	2,476
Microscopic examinations for gonococci for release.....	1,342

Total..... 5,401

DEATHS DURING WEEK ENDED FEBRUARY 15, 1919, IN CITIES.

The following table shows the registered deaths from all causes and from pneumonia (all forms) and influenza combined, in certain large cities of the United States during the week ended February 15, 1919. The annual death rates per 1,000 population for the week and for the corresponding week of previous years are also shown.

The data are taken from the "Weekly Health Index," February 18, 1919, issued by the Bureau of the Census, Department of Commerce. The populations used in computing the rates are estimated by the Bureau of the Census as of July 1, 1918.

Registered deaths and annual death rates per 1,000 population in certain large cities of the United States, week ended February 15, 1919—Deaths from all causes, and from pneumonia (all forms) and influenza combined.

City.	Popula- tion July 1, 1918, estimated.	Total deaths, all causes.	Annual death rate per 1,000.	Annual death rate for preceding years. ¹	Influenza and pneumonia (all forms).	
					Number of deaths.	Annual rate per 1,000.
Albany, N. Y.	112,565	47	21.8	C 19.0	16	7.4
Atlanta, Ga.	201,732	72	18.6	C 19.1	...	...
Baltimore, Md.	269,981	313	24.4	A 20.0	117	9.1
Birmingham, Ala.	197,670	84	22.2	A 18.8	28	7.4
Boston, Mass.	785,245	262	17.4	A 18.0	71	4.7
Buffalo, N. Y.	473,529	187	20.6	C 15.3	35	3.9
Cambridge, Mass.	111,432	28	13.1	A 16.6	3	1.4
Chicago, Ill.	2,596,681	903	18.1	A 17.3	235	4.7
Cincinnati, Ohio	418,022	162	20.2	C 21.2	37	4.6
Cleveland, Ohio.	810,306	249	16.0	C 12.2	80	5.2
Columbus, Ohio.	225,596	68	15.7	C 21.3	15	3.5
Dayton, Ohio.	130,655	38	15.2	C 15.6	...	...
Denver, Colo.	...	101	...	...	...	...
Fall River, Mass.	128,592	41	16.7	C 18.7	15	6.1
Grand Rapids, Mich.	135,450	33	12.7	C 9.6	...	...
Indianapolis, Ind.	289,577	98	17.6	C 13.9	...	...
Kansas City, Mo.	313,785	134	22.3	C 20.6	51	8.5
Los Angeles, Cal.	568,495	160	14.7	A 15.3	21	1.9
Louisville, Ky.	242,707	85	18.3	C 21.7	19	4.1
Lowell, Mass.	109,081	38	18.2	A 19.3	18	8.6
Memphis, Tenn.	154,759	49	16.5	C 15.5	19	6.4
Milwaukee, Wis.	453,481	110	12.6	A 14.7	...	...
Minneapolis, Minn.	383,442	95	12.9	C 14.1	...	...
Nashville, Tenn.	119,215	59	25.8	C 21.0	16	7.0
Newark, N. J.	428,684	132	16.1	C 17.8	32	3.9
New Haven, Conn.	154,865	52	17.5	C 20.9	11	3.7
New Orleans, La.	382,273	176	24.0	A 22.4	49	6.7
New York, N. Y.	5,215,879	2,090	20.9	C 17.4	786	7.9
Omaha, Nebr.	180,264	47	13.6	C 8.1	...	...
Philadelphia, Pa.	1,761,371	728	21.6	* 18.5	232	6.9
Pittsburgh, Pa.	593,303	309	27.2	C 18.7	163	14.3
Portland, Oreg.	...	64	...	...	10	...
Providence, R. I.	263,613	103	20.4	C 19.0	28	5.5
Richmond, Va.	160,719	69	22.4	C 21.7	9	2.9
Rochester, N. Y.	264,856	68	13.4	C 15.4	16	3.2
St. Louis, Mo.	779,951	239	16.0	C 18.7	64	4.3
St. Paul, Minn.	257,699	58	11.7	C 7.1	...	...
San Francisco, Cal.	478,530	151	16.5	C 18.1	20	2.2
Seattle, Wash.	...	79	...	...	21	...
Spokane, Wash.	...	22	...	...	...	...
Syracuse, N. Y.	161,404	57	18.4	C 20.4	10	3.2
Toledo, Ohio.	262,234	70	13.9	A 13.6	11	2.2
Washington, D. C.	401,681	149	19.3	A 19.1	40	5.2
Worcester, Mass.	173,650	87	26.1	C 19.8	28	6.9

¹ "A" indicates that the rate given is the average annual death rate per 1,000 population for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates that the rate is the annual death rate per 1,000 population for the corresponding week of 1918.

² Population estimated as of July 1, 1919.

* Rate is based on statistics of 1915, 1916, and 1917.

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.

EXTRA-CANTONMENT ZONES—CASES REPORTED WEEK ENDED FEB. 22.

CHARLESTON SANITARY DISTRICT, S. C.		FAYETTEVILLE SANITARY DISTRICT, N. C.	
Influenza:	Cases.	Influenza.....	Cases.
Charleston.....	19	Measles.....	13
CAMP DEVENS ZONE, MASS.		Mumps.....	2
Measles:		Pneumonia.....	2
Lancaster.....	3	Tuberculosis.....	1
Lunenburg.....	2	CAMP FUNSTON ZONE, KANS.	
Pneumonia:		Junction City:	
Ayer.....	2	Influenza.....	12
Scarlet fever:		Mumps.....	1
Shirley.....	1	Pneumonia.....	1
Whooping cough:		Scarlet fever.....	4
Lancaster.....	2	Manhattan:	
CAMP DIX ZONE, N. J.		Diphtheria.....	1
Influenza:		Gonorrhea.....	4
Chesterfield Township.....	3	Influenza.....	18
Measles:		Mumps.....	5
New Hanover Township.....	1	Pneumonia.....	3
CAMP DODGE ZONE, IOWA.		Scarlet fever.....	2
Des Moines:		GERSTNER FIELD ZONE, LA.	
Diphtheria.....	9	Influenza.....	11
Diphtheria carrier.....	1	Smallpox.....	17
Gonorrhea.....	2	CAMP GORDON ZONE, GA.	
Measles.....	1	Atlanta:	
Scarlet fever.....	11	Chicken pox.....	6
Smallpox.....	1	Gonorrhea.....	5
Syphilis.....	4	Influenza.....	8
CAMP EBERTS ZONE, ARK.		Measles.....	1
Chicken pox:		Mumps.....	2
Ward.....	2	Scarlet fever.....	6
Gonorrhea:		Smallpox.....	31
Lonoke.....	1	Syphilis.....	13
Influenza:		GULFPORT HEALTH DISTRICT, MISS.	
Austin.....	1	Diphtheria:	
Cabot.....	5	Biloxi.....	1
Cabot, R. F. D.....	2	Gonorrhea:	
England, R. F. D.....	4	Biloxi.....	1
Pneumonia:		Pascagoula.....	4
Ward.....	2	Influenza:	
Scarlet fever:		Bay St. Louis.....	1
Austin, R. F. D.....	2	Biloxi.....	9
		Eastside.....	2
		Gulfport.....	10

GULFPORT HEALTH DISTRICT, MISS.—continued.

Influenza—Continued.	Cases.
Handsboro.....	4
Lizana.....	8
Lyman.....	4
Moss Point.....	9
Ocean Springs.....	1
Pascagoula.....	1
Pass Christian.....	6
Saucier.....	9
Malaria:	
Biloxi.....	1
Gulfport.....	7
Meningitis:	
Bay St. Louis.....	1
Mumps:	
Gulfport.....	5
Moss Point.....	3
Pneumonia:	
Moss Point.....	1
Pass Christian.....	1
Wade.....	1
Pneumonia, broncho:	
Long Beach.....	1
Syphilis:	
Pascagoula.....	1
Tuberculosis:	
Biloxi.....	1
Gulfport.....	2
Ocean Springs.....	1
Whooping cough:	
Biloxi.....	4
Moss Point.....	4
CAMP HANCOCK ZONE, GA.	
Augusta:	
Influenza.....	11
Tuberculosis.....	1
CAMP HUMPHREYS ZONE, VA.	
Chicken pox:	
Alexandria.....	3
Fredericksburg.....	1
Influenza:	
Alexandria.....	19
Alexandria County.....	6
Fairfax County.....	5
Fredericksburg.....	104
Mumps:	
Alexandria.....	1
Fredericksburg.....	1
Pneumonia:	
Alexandria.....	8
Smallpox:	
Alexandria.....	1
Tuberculosis, pulmonary:	
Alexandria.....	1
Typhoid fever:	
Alexandria.....	1
Whooping cough:	
Fredericksburg.....	2
CAMP JACKSON ZONE, S. C.	
Columbia:	
Diphtheria.....	1
Influenza.....	17
Meningitis, suspected.....	1
Mumps.....	1
Pneumonia.....	2
Scarlet fever.....	1

CAMP JACKSON ZONE, S. C.—continued.

Government Clinic:	Cases.
Gonorrhea.....	6
Syphilis.....	17

FORT LEAVENWORTH ZONE, KANS.

Leavenworth:	
Chicken pox.....	1
Diphtheria.....	8
Pneumonia.....	2
Scarlet fever.....	1
Smallpox.....	4
Leavenworth County:	
Diphtheria.....	1
Erysipelas.....	1

CAMP LEE ZONE, VA.

Hopewell:	
Chicken pox.....	1
Diphtheria.....	1
Petersburg:	
Influenza.....	63
Scarlet fever.....	1
Syphilis.....	3
Prince George County:	
Influenza.....	3

CAMP LEWIS ZONE, WASH.

Measles:	
Lake City.....	2
Mumps:	
Collins.....	2
Scarlet fever:	
Lakeview.....	1
Smallpox:	
McKenna.....	3

CAMP LOGAN ZONE, TEX.

Houston:	
Chicken pox.....	1
Diphtheria.....	2
Gonorrhea.....	5
Measles.....	7
Syphilis.....	1
Trachoma.....	1
Tuberculosis.....	5

CAMP M'CLELLAN ZONE, ALA.

Anniston:	
Gonorrhea.....	1
Influenza.....	2
Syphilis.....	1

CAMP MERRITT ZONE, N. J.

Chicken pox:	
Englewood.....	5
Diphtheria:	
Closter.....	1
Englewood.....	4
Gonorrhea:	
Englewood.....	1
Influenza:	
Closter.....	3
Cresskill.....	1
Dumont.....	3
Englewood.....	27
Measles:	
Englewood.....	1
Mumps:	
Englewood.....	2

CAMP MERRITT ZONE, N. J.—continued.

	Cases.
Pneumonia:	
Closter.....	1
Englewood.....	3
Scarlet fever:	
Dumont.....	2

MUSCLE SHOALS SANITARY DISTRICT, ALA.

Florence:	
Gonorrhea.....	1
Measles.....	5
Muscle Shoals:	
Chancroid.....	11
Diphtheria.....	1
Gonorrhea.....	16
Influenza.....	25
Measles.....	9
Mumps.....	7
Pneumonia.....	3
Syphilis.....	5
Typhoid fever.....	1
Sheffield:	
Diphtheria.....	1
Measles.....	3
Mumps.....	1
Tuberculosis.....	1

FORT OGLETHORPE ZONE, GA. AND TENN.

Chattanooga:	
Diphtheria.....	1
Measles.....	2

PICRIC ACID PLANT ZONE, GA.

Brunswick:	
Gonorrhea.....	8
Influenza.....	7
Measles.....	9
Meningitis.....	1
Pneumonia.....	1
Smallpox.....	1
Syphilis.....	8
Tuberculosis.....	1

CAMP POLK ZONE, N. C.

Chicken pox:	
Durham.....	4
Raleigh.....	2
Diphtheria:	
Durham County.....	1
Influenza:	
Durham.....	2
Raleigh.....	100
Measles:	
Durham.....	1
Mumps:	
Durham.....	1
Scarlet fever:	
Wake County.....	1
Septic sore throat:	
Raleigh.....	1
Smallpox:	
Wake County.....	1
Whooping cough:	
Durham County.....	3
Wake County.....	6

PORTSMOUTH AND NORFOLK COUNTY HEALTH DISTRICT, VA.

	Cases.
Diphtheria:	
Norfolk County.....	1
Influenza:	
Norfolk.....	134
Measles:	
Norfolk.....	2
Norfolk County.....	2
Portsmouth.....	6
Pneumonia:	
Norfolk.....	2
Scarlet fever:	
Norfolk County.....	1
Smallpox:	
Norfolk.....	1

CAMP SHERIDAN ZONE, ALA.

Government Clinic:	
Chancroid.....	1
Gonorrhea.....	4
Syphilis.....	12
Montgomery:	
Chicken pox.....	1
Smallpox.....	1
Tuberculosis.....	1

CAMP SHERMAN ZONE, OHIO.

Chillicothe:	
Diphtheria.....	1
Influenza.....	4
Government Clinic:	
Gonorrhea.....	4
Syphilis.....	3
CAMP ZACHARY TAYLOR ZONE, KY. AND IND.	
Cerebrospinal meningitis:	
Louisville.....	3
Chicken pox:	
Jefferson County.....	1
Louisville.....	2
Diphtheria:	
Louisville.....	6
Gonorrhea:	
County Jail Clinic.....	11
Government Clinic.....	29
Influenza:	
Jefferson County.....	52
Louisville.....	242
New Albany.....	11
Measles:	
Louisville.....	1
Pneumonia:	
Louisville.....	6
Scarlet fever:	
Louisville.....	2
Syphilis:	
County Jail Clinic.....	13
Government Clinic.....	40
Trachoma:	
Louisville.....	1
Tuberculosis, pulmonary:	
Louisville.....	7

TIDEWATER HEALTH DISTRICT, VA.

	Cases.
Hampton:	
Mumps.....	1
Newport News:	
Chancroid.....	3
Chicken pox.....	1
Gonorrhea.....	13
Influenza.....	1
Measles.....	1
Mumps.....	3
Pneumonia.....	1
Scarlet fever.....	1
Syphilis.....	2
Tuberculosis.....	1
Whooping cough.....	1
Phoenix:	
Mumps.....	1
Scarlet fever.....	1

CAMP TRAVIS ZONE, TEX.

San Antonio:	
Chancroid.....	1
Chicken pox.....	1
Diphtheria.....	1
Gonorrhea.....	6
Influenza.....	7
Measles.....	6
Meningitis.....	1
Mumps.....	1
Pneumonia.....	12
Smallpox.....	1
Syphilis.....	9
Typhoid fever.....	1

CAMP UPTON ZONE, N. Y.

	Cases.
Brook Haven:	
Chicken pox.....	1
Pneumonia.....	2
Whooping cough.....	10
Riverhead:	
Diphtheria.....	4
Pneumonia.....	1

CAMP WHEELER ZONE, GA.

East Macon:	
Smallpox.....	1
Macon:	
Chicken pox.....	4
Influenza.....	1
Measles.....	2
Meningitis.....	1

WILMINGTON SANITARY DISTRICT, N. C.

East Wilmington:	
Pneumonia.....	1
Wilmington:	
Diphtheria.....	1
Influenza.....	19
Mumps.....	1
Pneumonia.....	3
Tuberculosis.....	2
Typhoid fever.....	2
Winter Park:	
Whooping cough.....	1

DISEASE CONDITIONS AMONG TROOPS IN THE UNITED STATES.

The following data are taken from telegraphic reports received in the office of the Surgeon General of the United States Army for the week ended February 14, 1919. Reports from the American Expeditionary Forces are delayed in transmission, and the "current week" for troops in the American Expeditionary Forces is not the same period as "current week" for troops in the United States.

	Current week.	Last week.
Annual admission rate per 1,000 (all causes):		
All troops in United States.....	1,300.14	1,210.09
American Expeditionary Forces.....	1,064.66	939.31
Annual admission rate per 1,000 (disease only):		
All troops in United States.....	1,132.34	994.13
American Expeditionary Forces.....	845.02	743.09
Non-effective rate per 1,000 on day of report:		
All troops in United States ¹	60.15	54.96
American Expeditionary Forces.....	45.41	49.17
Annual death rate per 1,000 (all causes):		
All troops in United States ¹	10.92	12.74
American Expeditionary Forces.....	15.59	16.48
Annual death rate per 1,000 (disease only):		
All troops in United States ¹	10.09	11.89
American Expeditionary Forces.....	9.67	6.22

¹ Sick and death rates among troops in the United States will continue to be relatively high as the numerical strength of troops in the United States continues to decline from week to week as a result of demobilization. Well men only are eligible for discharge, while the sick and otherwise disabled are retained in service for further treatment. The continued influx of sick and wounded (properly chargeable to commands overseas) is another factor tending to increase rates in the United States and to diminish correspondingly similar rates overseas.

Cases of special diseases reported during the week ended Feb. 14, 1919.

Camp.	Pneu- monia.	Dys- entery.	Ma- laria.	Venereal diseases.		Influ- enza.	Meas- les.	Menin- gitis.	Scar- let fever.	Annual admission rate per 1,000 (disease only).	Non- effec- tive rate per 1,000 on day of re- port.
				Total.	New infect- ions.						
Beauregard.....	1			12			1	1		1,620.75	58.79
Bowie.....	6			27	17	7	26		1	3,033.33	126.29
Fremont.....				3						789.65	214.28
Greene.....	2			19		2	2			1,449.06	77.43
Hancock.....	2			26	6	9			2	730.06	72.91
Kearny.....				29	7	2				966.84	38.22
Logan.....	3		1	6	3	5	2			414.13	43.90
MacArthur.....	4			2		12				1,292.31	62.39
McClellan.....	4			17	1					843.45	66.96
Sevier.....				9	2	7	1			1,030.83	43.31
Sheridan.....				9	3					1,184.06	54.60
Shelby.....	4		3	4	4	15				1,631.73	61.18
Wadsworth.....			1	9	6					839.23	39.82
Wheeler.....	1			1		1	1			662.85	72.52
Custer.....	1			10	10		1		5	1,503.68	80.15
Devens.....	3			11	2	3			1	1,150.52	91.09
Dix.....	4			10		3	1	1		1,587.49	96.02
Dodge.....	8			7		9			5	1,518.08	102.61
Eustis.....	4			4		1				1,589.35	57.17
Funston.....	1			8		10	2	2	10	609.59	43.93
Gordon.....	5			16		16	2		1	1,246.60	68.95
Grant.....	5			6		6	7			747.30	65.92
Humphreys.....	6		1	13	3	5	2		4	646.18	28.47
Jackson.....	6			29		30	2	1		1,064.47	69.25
J. E. Johnston.....				1		1				443.77	37.65
Henry Knox.....	1			1				1	2	1,699.34	49.22
Las Casas.....	1		4	9						1,043.47	84.72
Lee.....	1			25	13	24	1	1	9	1,162.49	86.45
Lewis.....	19			11	3	2	1		2	1,019.74	71.86
Meade.....	4			6			1	1	6	641.87	38.04
Pike.....	5			178		34			1	2,319.85	102.31
Sherman.....	6			28		13			1	1,603.06	106.47
Ta-lor.....	18			12	10	29	1		9	1,215.99	95.53
Travis.....	3			40	1	4	7			2,400.35	85.52
Upton.....				12	3	16	1		1	1,987.09	78.03
Northeastern De- partment.....				8	5					756.98	28.92
Eastern Depart- ment.....	7	1	3	20	3	10			3	804.28	24.25
Southeastern De- partment.....	1			18	5	13				1,503.88	35.03
Central Depart- ment.....	1			1		9				1,111.05	31.10
Southern Depart- ment.....	6			52	5	74	1		3	1,210.20	50.47
Western Depart- ment.....	6			8	1	3	3		1	735.23	23.61
Aviation camps.....	2			37		22	1		1	878.24	38.51
Port of embarka- tion:											
Hoboken.....	18		1	7		93			3	1,323.63	144.16
Newport News.....	18		1	147	12	93	3		8	3,317.72	129.18
Alcatraz Disci- plinary Barracks.....										1,346.27	19.41
Leavenworth Dis- ciplinary Bar- racks.....				8						1,521.77	47.82
Columbus Bar- racks.....				2						1,227.40	43.17
Jefferson Bar- racks.....				1		1				1,212.43	51.81
Fort Logan.....				1	1		1			611.76	36.67
Fort McDowell.....				14						1,605.88	52.94
Fort Sill.....				7	7	11	1		2	792.28	39.91
Fort Slocum.....				3						852.45	41.46
Fort Thomas.....										1,210.95	49.31
West Point.....										840.77	15.86
Arsenals.....						25	5			900.59	34.93
Miscellaneous small stations.....	5	1	1	6		12	4		1	779.33	32.46
Total.....	205	2	16	953	133	637	81	8	82	1,132.34	60.15

*Number of deaths and annual rates per 1,000 at large camps in United States, week ended
Feb. 14, 1919.*

Camps.	Strength.	Deaths.		Deaths, annual rate per 1,000.	
		All causes.	Disease only.	All causes.	Disease only.
Beauregard.....	5,358	2	2	19.41	19.41
Bowie.....	5,400	1	1	9.62	9.62
Fremont.....	1,778	1		29.24	
Greene.....	4,378				
Hancock.....	8,476	1	1	6.13	6.13
Kearny.....	7,691				
Logan.....	4,897	1	1	10.61	10.61
MacArthur.....	5,754	1	1	9.03	9.03
McClellan.....	6,720	3	3	23.21	23.21
Sevier.....	4,086	2	2	25.45	25.45
Shelby.....	5,067				
Sheridan.....	4,743	1	1	10.96	10.96
Wadsworth.....	4,771				
Wheeler.....	2,275	1	1	22.85	22.85
Custer.....	9,095	1	1	5.71	5.71
Devens.....	8,497	2	1	12.23	6.11
Dix.....	17,595	2	2	5.91	5.91
Dodge.....	13,767	2	1	7.55	3.77
Eustis.....	2,781	1	1	18.69	18.69
Funston.....	16,895	4	4	12.31	12.31
Gordon.....	10,472	1	1	4.96	4.96
Grant.....	18,371	5		14.15	14.15
Humphreys.....	10,225				
Jackson.....	12,753	2	2	8.15	8.15
J. E. Johnston.....	1,992				
Henry Knox.....	4,896				
Las Casas.....	897				
Lee.....	17,056				
Lewis.....	14,888	4	4	13.96	13.96
Meade.....	12,798				
Pike.....	11,232	3	3	13.89	13.89
Sherman.....	14,368	2	1	7.23	3.62
Taylor.....	19,499	6	6	15.99	15.99
Travis.....	11,336	3	3	13.76	13.76
Upton.....	16,123	4	4	12.90	12.90
Northeastern Department.....	5,152	1	1	10.09	10.09
Eastern Department.....	32,653	2	2	3.18	3.18
Southeastern Department.....	6,051	1	1	8.59	8.59
Central Department.....	6,890	4	3	30.23	20.15
Southern Department.....	41,552	9	8	11.26	10.01
Western Department.....	12,662	1	1	4.10	4.10
Aviation camps.....	38,195	7	5	9.53	6.80
Port of embarkation:					
Hoboken.....	22,541	10	10	23.05	23.05
Newport News.....	24,095	9	9	19.42	19.42
All others.....	116,687	31	31	13.82	13.92
Total.....	623,405	131	121	10.92	10.09

Annual admission rate per 1,000 for certain diseases.

Diseases.	Troops in United States.		American Expedi- tionary Forces.	
	Current week.	Last week.	Current week.	Last week.
Pneumonia.....	17.09	17.10	31.18	25.64
Dysentery.....	0.16	0.62	0.83	1.11
Malaria.....	1.33	0.69	0.11	0.11
Venereal.....	79.49	59.93	38.94	36.34
Paratyphoid.....	0.0	0.0	0.59	0.35
Typhoid.....	1.16	0.07	3.94	2.02
Measles.....	6.75	8.86	3.07	1.46
Meningitis.....	0.66	0.62	2.71	1.79
Scarlet fever.....	6.83	7.30	1.64	1.08
Influenza.....	53.13	56.59		

RECIPROCAL NOTIFICATION.

Minnesota.

Cases of communicable diseases referred during January, 1919, to other State health departments by Department of Health of the State of Minnesota.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Scarlet fever: Minneapolis Health Department, Hennepin County.	Valley, Vernon County, Wis. Baldwin Township, St. Croix County, Wis. (P. O. Woodville).	Mother and 2 children exposed to scarlet fever while visiting in Minneapolis. Farmer sick with scarlet fever 1 day after arrival from Wisconsin.
Tuberculosis: Mayo Clinic, Rochester, Olmsted County.	Chandler, Maricopa County, Ariz.; Pocatello, Bannock County, Idaho; Galesburg, Knox County, Ill.; East Moline, Rock Island County, Ill.; Oakville, Louisa County, Iowa; Ironwood, Gogebic County, Mich.; Bowling Green, route No. 7, Pike County, Mo.; Cooperstown, Griggs County, N. Dak.; Ashton, Spink County, S. Dak.; Fort Worth, Tarrant County, Tex.; Winnipeg, Manitoba, Canada.	4 advanced, 5 moderately advanced, 1 incipient, and 1 apparently arrested cases left Mayo Clinic for homes.
Pokegama Sanatorium, Pine County.	Forest City, Winnebago County, Iowa; Wishek, McIntosh County, N. Dak.	2 open cases left sanatorium for homes.
Ottertail County Sanatorium, Ottertail County.	Wibaux, Wibaux County, Mont.	Fatal case removed from sanatorium to home.
Deerwood Sanatorium, Crow Wing County.	Minot, Ward County, N. Dak.	Open case left sanatorium for home.
Thomas Hospital, Minneapolis, Hennepin County.	St. Olaf, Clayton County, Iowa; Souris, Bottineau County, N. Dak.; Hollandale, Iowa County, Wis.	1 open case left hospital; 2 fatal cases removed from hospital to homes.
Typhoid fever: St. Paul Health Department, Ramsay County.	Waco, McLennan County, Tex. Portage, Columbia County, Wis.	Lived at Waco, Tex., 3 weeks previous to being taken sick. Lived at Portage, Wis., 3 weeks previous to being taken sick.

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Feb. 22, 1919.

Alabama.—State totals: Typhoid fever 4, malaria 2, smallpox 18, measles 36, scarlet fever 3, diphtheria 7, meningitis 3, influenza 366.

Arkansas.—State totals: Influenza 110, smallpox 22, meningitis 2, malaria 8, diphtheria 2, chicken pox 33, measles 10, tuberculosis 8.

California.—Influenza: Cases reported in State 364. Smallpox: Chico 7, Tulare County 1, Long Beach 3, Los Angeles 3, Marysville 2, San Francisco 4, Fresno County 1, Madera County 1. Typhoid fever: Los Angeles 2, Berkeley 2, San Francisco 1. Cerebrospinal meningitis: Eldorado County 1, San Francisco 1.

Connecticut.—Cerebrospinal meningitis: New Haven 1, Waterbury 1. Total influenza cases reported 340.

Florida.—Reports indicate no unusual prevalence of disease. Only 25 cases of influenza reported.

Illinois.—Diphtheria 154; of which in Chicago 117, Streator 6. Scarlet fever 118; of which in Chicago 57, Quincy 7, Naperville 7, Valley Township (Stark County) 7, Wosung Township (Ogle County) 5. Smallpox 55; of which in Pekin 15, Mount Sterling 5, Urbana 4,

Elgin 4, Peoria 4. Meningitis: Chicago 5, Wilmette 1. Poliomyelitis: Chicago 1. Gonorrhea 193, syphilis 105, influenza 1,680 (of which in Chicago 498). Recrudescence of influenza noted in the following Illinois communities: Calhoun County; Hamburg precinct 18, Montrose 20; Hamilton County—Beaver Creek Township 31; Jackson County—Elk Township 19, Warren 33; Livingston County—Fayette Township 33, Woodstock 15; Monroe County—Prairie DuLong precinct 14; Peoria County—Millbrook Township 62, Duquoin 52; Richland County—Preston Township 52; Saline County—Independence Township 80; Shelby County—Herrick Township 48, Springfield 47.

Indiana.—Scarlet fever: Present in Hendricks County. Diphtheria: Fountain County 3, Floyd 2, Grant 4, White 1, Marshall 1, Posey 1, Rush 1, Howard 4, Randolph epidemic. Syphilis 21, gonorrhea 23, chancroid 1. Rabies present in Martin and Clark Counties.

Iowa.—Chancroid: Council Bluffs 1, Sioux City 1. Diphtheria: Clinton 1, Davenport 1, Des Moines 10, Dubuque 1, Iowa City 1, Ottumwa 1. Gonorrhea: Audubon 1, Boone 1, Burlington 1, Correctionville 5, Council Bluffs 10, Davenport 9, Des Moines 9, Dubuque 2, Gowrie 1, Marshalltown 1, Mason City 14, Sioux City 5, Ute 1. Measles: Northwood 1. Mumps: Northwood 2. Scarlet fever: Boone 1, Burlington 1, Des Moines 8, Goodell 1, Ottosen 1, Pella 1, Seymour 1. Smallpox: Cedar Rapids 4, Davenport 2, Des Moines 1, Dubuque 1, Farley 1, Ottumwa 1. Syphilis: Boone 1, Davenport 2, Des Moines 1, Dubuque 1, Marshalltown 1, Mason City 1, Sioux City 2. In rural districts of following counties: Diphtheria: Union 1. Scarlet fever: Davis 1, Franklin 1, Hancock 1, Marion 1, Marshall 1, Pottawattamie 3. Smallpox: Des Moines 2, Page 1. Influenza cases reported 276.

Kansas.—State totals: Typhoid fever 3, smallpox 48, diphtheria 24, scarlet fever 56, influenza 2,860.

Louisiana.—State totals: Influenza 291, meningitis 3, smallpox 77, diphtheria 12, scarlet fever 2.

Maine.—Chicken pox: Auburn 5, East Liverpool 1. Diphtheria: Friendship 1, Portland 1, Thomaston 1, Bradley 1. German measles: Portland 4. Gonorrhea: Canton 1, Peru 1, Sanford 1, Sumner 1, Turner 1, Camden 2, Bath 11, Augusta 5, Dover 2, Portland 6, Lewiston 2, Waterville 21, Ashland 1. Measles: Unity 2. Scarlet fever: Portland 5, Auburn 1, East Liverpool 1, Washburn 1. Smallpox: Frenchville 3, Guerette 18, Fort Kent 5, Katahdin Iron Works 2, Lewiston 1. Syphilis: Lewiston 3, Bangor 1, Bath 1, Portland 9, Auburn 1, Waterville 2, Augusta 2, Ashland 1. Typhoid fever: Portland 1, Foxcroft 2. State totals: Tuberculosis 15, influenza 64.

Massachusetts.—Unusual prevalence. Diphtheria: Boston 39, Somerville 9. Measles: Fall River 32, Staunton 9. Scarlet fever: Gloucester 8, Holyoke 12. Typhoid fever: Lawrence 7.

Minnesota.—Smallpox (new foci): Faribault County, Blue Earth, 4; Kanabec County, Comfort Township, 2. State totals: Syphilis 57 cases, gonorrhea 85 cases, chancroid 3 cases.

New Jersey.—Influenza cases reported 1,151. Pneumonia cases reported 312. No unusual prevalence of other diseases.

New York.—Outside of New York City. State totals: Typhoid fever 14, measles 214 (slight increase), scarlet fever 148, diphtheria 142 (both show decrease). Smallpox: Union Springs 1, Buffalo 1, Kenmore 1. Cerebrospinal meningitis: Buffalo 1. Anthrax: Binghanton 1. Pneumonia cases 176. Voluntary reports: Syphilis 180, gonorrhea 39.

North Carolina.—State totals: Whooping cough 87, measles 143, diphtheria 18, scarlet fever 13, septic sore throat 3, smallpox 45, chicken pox 21, typhoid fever 9, broncho-pneumonia 39, lobar pneumonia 42, trachoma 2, syphilis 13, gonorrhea 39. Influenza by counties: Alamance 22, Bertie 139, Clay 2, Cleveland 88, Cumberland 20, Davidson 135, Durham 1, Franklin 2, Gaston 6. City of Charlotte 45.

Ohio.—Smallpox: Epidemic in Miami Valley; Dennison, Tuscarawas County, 17 cases. Scarlet fever: Lima, Allen County, 15 cases. Trachoma: Green County Children's Home 6 cases.

Oregon.—Influenza: Portland 35 cases (4 deaths), Clackamas 11 cases, Marion 6, Multnomah 1, Union 4, Wasco 1.

Vermont.—Eighteen towns report 345 cases influenza. No other outbreak or unusual prevalence.

Virginia.—Influenza reported in State 233 cases. One case smallpox at Norfolk.

Washington.—No unusual outbreaks. Smallpox: Wenatchee 1 case, Seattle 7, Puyallup 13, Tacoma 9, Pierce County 3, Yakima 14. Influenza: Seattle 36 cases.

ANTHRAX.

City Report for Week Ended Feb. 8, 1919.

During the week ended February 8, 1919, one case of anthrax and one death were reported in Hartford, Conn.

CEREBROSPINAL MENINGITIS.

State Reports for January, 1919.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Massachusetts—Continued.	
Fairfield County—		Middlesex County.....	1
Bridgeport.....	1	Cambridge.....	1
Hartford County—		Lowell.....	1
Hartford.....	1	Medford.....	1
New London County—		Waltham.....	1
Griswold.....	1	Suffolk County—	
Total.....	3	Boston.....	4
Illinois:		Worcester County—	
Cook County—		Fitchburg.....	1
Chicago.....	14	Lancaster, town.....	1
Jersey County—		Southbridge, town.....	1
Jerseyville.....	1	Worcester.....	2
Livingston County—		Total.....	24
Pontiac.....	1		
Total.....	16	Minnesota:	
Louisiana:		Crow Wing County—	
Beauregard Parish.....	1	Ironton.....	1
Lincoln Parish.....	1	Ramsey County—	
Orleans Parish.....	2	St. Paul.....	1
Rapides Parish.....	1	Total.....	2
Terrebonne Parish.....	3	Montana:	
Vermillion Parish.....	1	Beaverhead County.....	1
Washington Parish.....	1	Silverbow County.....	1
Total.....	10	Butte.....	1
Massachusetts:		Total.....	3
Berkshire County—		Nebraska:	
Pittsfield.....	1	Douglas County.....	4
Bristol County—		Rhode Island:	
Fall River.....	1	Providence.....	1
Essex County—		West Warwick, town.....	1
Haverhill.....	1	Total.....	2
Ipswich, town.....	1	West Virginia:	
Lawrence.....	1	Clay County.....	1
Lynn.....	1	Kanawha County.....	1
Manchester, town.....	1	Marshall County.....	1
Salem.....	1	Ohio County.....	1
Hampden County—		Wyoming County.....	1
Holyoke.....	1	Total.....	5
Springfield.....	1		

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Baltimore, Md.....	3	1	Little Rock, Ark.....	1	.....
Bellaire, Ohio.....	1	1	Nashville, Tenn.....	2	.....
Birmingham, Ala.....	1	1	Newburgh, N. Y.....	1	.....
Boston, Mass.....	1	1	New York, N. Y.....	10	5
Brunswick, Ga.....	1	.....	Philadelphia, Pa.....	1	1
Buffalo, N. Y.....	1	1	Portland, Oreg.....	2	1
Chicago, Ill.....	2	.....	Providence, R. I.....	1	.....
Detroit, Mich.....	1	.....	Saratoga Springs, N. Y.....	1	1
Fall River, Mass.....	1	.....	Wilmington, Del.....	1	1

CHANCROID.

Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.

Cases.	Cases.
Muscle Shoals sanitary district, Ala.....	11
Camp Sheridan zone, Ala.....	1
Tidewater health district, Va.....	3
Camp Travis zone, Tex.....	1

DIPHTHERIA.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

Cases.		Cases.	
Camp Dodge zone, Iowa.....	9	Fort Oglethorpe zone, Ga. and Tenn.....	1
Camp Funston zone, Kans.....	1	Camp Polk zone, N. C.....	1
Gulfport health district, Miss.....	1	Portsmouth and Norfolk County health dis-	
Camp Jackson zone, S. C.....	1	trict, Va.....	1
Fort Leavenworth zone, Kans.....	9	Camp Sherman zone, Ohio.....	1
Camp Lee zone, Va.....	1	Camp Zachary Taylor zone, Ky. and Ind.....	6
Camp Logan zone, Tex.....	2	Camp Travis zone, Tex.....	1
Camp Merritt zone, N. J.....	5	Camp Upton zone, N. Y.....	4
Muscle Shoals sanitary district, Ala.....	2	Wilmington sanitary district, N. C.....	1

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 415.

GONORRHEA.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

Cases.		Cases.	
Camp Dodge zone, Iowa.....	2	Camp Merritt zone, N. J.....	1
Camp Eberts zone, Ark.....	1	Muscle Shoals sanitary district, Ala.....	17
Camp Funston zone, Kans.....	4	Pieric Acid Plant zone, Ga.....	8
Camp Gordon zone, Ga.....	5	Camp Sheridan zone, Ala.....	4
Gulfport health district, Miss.....	5	Camp Sherman zone, Ohio.....	4
Camp Jackson zone, S. C.....	6	Camp Zachary Taylor zone, Ky. and Ind.....	40
Camp Logan zone, Tex.....	5	Tidewater health district, Va.....	13
Camp McClellan zone, Ala.....	1	Camp Travis zone, Tex.....	6

INFLUENZA.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

Cases.		Cases.	
Charleston sanitary district, S. C.....	19	Camp Merritt zone, N. J.....	34
Camp Dix zone, N. J.....	3	Muscle Shoals sanitary district, Ala.....	25
Camp Eberts zone, Ark.....	12	Pieric Acid Plant zone, Ga.....	7
Fayetteville sanitary district, N. C.....	13	Camp Polk zone, N. C.....	102
Camp Funston zone, Kans.....	30	Portsmouth and Norfolk County health dis-	
Gerstner Field zone, La.....	11	trict, Va.....	131
Camp Gordon zone, Ga.....	8	Camp Sherman zone, Ohio.....	4
Gulfport health district, Miss.....	64	Camp Zachary Taylor zone, Ky. and Ind.....	305
Camp Hancock zone, Ga.....	11	Tidewater health district, Va.....	1
Camp Humphreys zone, Va.....	134	Camp Travis zone, Tex.....	7
Camp Jackson zone, S. C.....	17	Camp Wheeler zone, Ga.....	1
Camp Lee zone, Va.....	66	Wilmington sanitary district, N. C.....	19
Camp McClellan zone, Ala.....	2		

MALARIA.**Louisiana Report for January, 1919.**

Place.	New cases reported.	Place.	New cases reported.
Louisiana:		Louisiana—Continued.	
East Baton Rouge Parish.....	1	Vermillion Parish.....	1
Rapides Parish.....	15	Washington Parish.....	1
St. Landry Parish.....	2	Total.....	20

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alexandria, La.....	3	.....	New York, N. Y.....	1	.....
Baton Rouge, La.....	1	1	Palestine, Tex.....	2	.....
Bloomfield, N. J.....	1	.....	Stockton, Cal.....	1	.....
Little Rock, Ark.....	1	.....	Tuscaloosa, Ala.....	2	.....
Newark, N. J.....	1	.....			

MEASLES.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

	Cases.		Cases.
Camp Devens zone, Mass.....	5	Fort Oglethorpe zone, Ga. and Tenn.....	2
Camp Dix zone, N. J.....	1	Picric Acid Plant zone, Ga.....	9
Camp Dodge zone, Iowa.....	1	Camp Polk zone, N. C.....	1
Fayetteville sanitary district, N. C.....	19	Portsmouth and Norfolk County health district, Va.....	10
Camp Gordon zone, Ga.....	1	Camp Zachary Taylor zone, Ky. and Ind.....	1
Camp Lewis zone, Wash.....	2	Tidewater health district, Va.....	1
Camp Logan zone, Tex.....	7	Camp Travis zone, Tex.....	6
Camp Merritt zone, N. J.....	1	Camp Wheeler zone, Ga.....	2
Muscle Shoals sanitary district, Ala.....	17		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 415.

PELLAGRA.**State Reports for January, 1919.**

During the month of January, 1919, cases of pellagra were reported as follows: Orleans Parish, La., 1; Boston, Mass., 1.

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Austin, Tex.....	1	1	Memphis, Tenn.....		1
Birmingham, Ala.....	1		Nashville, Tenn.....		1
Charleston, S. C.....	1		Pine Bluff, Ark.....	1	
Fort Worth, Tex.....	1	1	Troy, N. Y.....		4
Houston, Tex.....		1			

PNEUMONIA.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

	Cases.		Cases.
Camp Devens zone, Mass.....	2	Muscle Shoals sanitary district, Ala.....	3
Camp Eberts zone, Ark.....	2	Picric Acid Plant zone, Ga.....	1
Fayetteville sanitary district, N. C.....	2	Portsmouth and Norfolk County health district, Va.....	2
Camp Funston zone, Kans.....	4	Camp Zachary Taylor zone, Ky. and Ind.....	6
Gulfport health district, Miss.....	3	Tidewater health district, Va.....	1
Camp Humphreys zone, Va.....	8	Camp Travis zone, Tex.....	12
Camp Jackson zone, S. C.....	2	Camp Upton zone, N. Y.....	3
Fort Leavenworth zone, Kans.....	2	Wilmington sanitary district, N. C.....	4
Camp Merritt zone, N. J.....	4		

City Reports for Week Ended Feb. 8, 1919.

Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.
Akron, Ohio.....	1			
Ann Arbor, Mich.....	2	1		
Anniston, Ala.....	2			
Atlanta, Ga.....	2	8		
Baltimore, Md.....	35	36		
Baton Rouge, La.....			20	5
Bayonne, N. J.....	1			
Belleville, N. J.....	1			
Beverly, Mass.....	1	2		
Binghamton, N. Y.....	1			
Boston, Mass.....	77	23		
Bristol, Conn.....	1	1		
Brockton, Mass.....	1			
Brookline, Mass.....	1	1		
Brunswick, Ga.....	5	1		

PNEUMONIA—Continued.

City Reports for Week Ended Feb. 8, 1919—Continued.

Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.
Buffalo, N. Y.	18	16		
Butte, Mont.	1			
Cambridge, Mass.	1	3		
Camden, N. J.	18			
Cape Girardeau, Mo.	5	2		
Charleston, W. Va.	8	2		
Chelsea, Mass.	2	2		
Chicago, Ill.			363	92
Cleveland, Ohio.	186	46		
Cranston, R. I.			2	2
Danville, Ill.	6			
Dayton, Ohio.	2	2		
Detroit, Mich.	29	43	40	61
Duluth, Minn.	3	1		
Easthampton, Mass.	2			
East Orange, N. J.			4	1
Elmira, N. Y.	4	2		
Englewood, N. J.	4			
Fall River, Mass.	4	1		
Fort Worth, Tex.	11	5		
Geneva, N. Y.	1			
Grand Rapids, Mich.	8	1		
Greenwich, Conn.	3	2		
Hackensack, N. J.			3	4
Harrison, N. J.	1			
Hartford, Conn.	1	4		
Haverhill, Mass.	10	5		
Highland Park, Mich.	7	2		
Hoquiam, Wash.	1			
Independence, Mo.			2	
Jamestown, N. Y.			5	2
Jersey City, N. J.			18	
Joplin, Mo.	2			
Kalamazoo, Mich.	2	2		
Kansas City, Kans.	8			
Kansas City, Mo.	34	19		
Kearny, N. J.	2	2		
Lackawanna, N. Y.	6			
Lakewood, Ohio.	1	1		
Lawrence, Mass.	2	1		
Lincoln, Nebr.	1			
Little Rock, Ark.	10	1		
Los Angeles, Cal.	4	2		
Lynn, Mass.	4	2		
Malden, Mass.	1			
Manchester, Conn.	2			
Manchester, N. H.	1	1		
Marion, Ind.	2	2		
Medford, Mass.	1			
Melrose, Mass.	1			
Meriden, Conn.	1			
Montclair, N. J.	5	1		
Morgantown, W. Va.	1			
Morristown, N. J.	2	1		
Mount Vernon, N. Y.	4	3		
Newark, N. J.	66	20		
New Bedford, Mass.	1			
New Britain, Conn.	1	1		
Newburgh, N. Y.	2	4		
New London, Conn.	2	1		
Newport, Ky.	3	3		
Newton, Mass.	2	1		
New York, N. Y.		280	665	501
Norfolk, Va.	2	3		
North Tonawanda, N. Y.	1			
Norwalk, Conn.	2	5		
Norwood, Ohio.	1			
Orange, N. J.	1	1		
Ossining, N. Y.	3	1		
Palestine, Tex.	4	1		
Parkersburg, W. Va.	5	2		
Passaic, N. J.	3			
Philadelphia, Pa.	275	73		
Pine Bluff, Ark.	3			
Plattsburgh, N. Y.	1			
Pontiac, Mich.	6	1		
Port Chester, N. Y.	10	3		

PNEUMONIA—Continued.

City Reports for Week Ended Feb. 8, 1918—Continued.

Place.	Lobar.		All forms.	
	Cases.	Deaths.	Cases.	Deaths.
Portsmouth, N. H.	1	.....	.....	.....
Poughkeepsie, N. Y.	4	1	.....	.....
Quincy, Ill.	2	.....	.....	.....
Richmond, Va.	1	4	.....	.....
Riverside, Cal.	3	.....	.....	.....
Rochester, N. Y.	11	3	.....	.....
Sacramento, Cal.	1	3	1	5
Salem, Mass.	1	.....	.....	.....
San Antonio, Tex.	8	4	.....	.....
Sandusky, Ohio.	.....	.....	1	3
Saratoga Springs, N. Y.	3	4	.....	.....
Sault Ste. Marie, Mich.	1	.....	.....	.....
Schenectady, N. Y.	1	.....	.....	.....
Somerville, Mass.	5	1	.....	.....
Springfield, Mass.	14	3	.....	.....
Taunton, Mass.	1	2	.....	.....
Toledo, Ohio.	1	4	.....	.....
Trenton, N. J.	5	6	.....	.....
Watertown, Mass.	1	1	.....	.....
Westfield, Mass.	3	.....	.....	.....
Winston-Salem, N. C.	7	3	.....	.....

POLIOMYELITIS (INFANTILE PARALYSIS).

State Reports for January, 1919.

Place.	New cases reported.	Place.	New cases reported.
Connecticut:		Massachusetts—Continued.	
New Haven County—		Hampden County—	
New Haven.....	1	Springfield.....	1
Illinois:		Worcester County—	
Cook County—		Athol, town.....	1
Blue Island.....	1	Suffolk County—	
Chicago.....	8	Boston.....	1
Saline County—		Total.....	4
Eldorado.....	1	Michigan:	
Total.....	10	Calhoun County—	
Massachusetts:		Marshall.....	1
Essex County—			
Gloucester.....	1		

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Boston, Mass.	1	.....	Milwaukee, Wis.	1	.....
Bridgeport, Conn.	1	.....	Port Huron, Mich.	1	.....
Columbus, Ohio.	1	.....	St. Louis, Mo.	1	.....

RABIES IN ANIMALS.

City Reports for Week Ended Feb. 8, 1919.

During the week ended February 8, 1919, 1 case of rabies in animals was reported in Kansas City, Mo., and 11 cases were reported in San Antonio, Tex.

SCARLET FEVER.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

	Cases.		Cases.
Camp Devens zone, Mass.....	1	Camp Lewis zone, Wash.....	1
Camp Dodge zone, Iowa.....	11	Camp Merritt zone, N. J.....	2
Camp Eberts zone, Ark.....	2	Camp Polk zone, N. C.....	1
Camp Funston zone, Kans.....	6	Portsmouth and Norfolk County health district, Va.....	1
Camp Gordon zone, Ga.....	6	Camp Zachary Taylor zone, Ky. and Ind.....	2
Camp Jackson zone, S. C.....	1	Tidewater health district, Va.....	2
Fort Leavenworth zone, Kans.....	1		
Camp Lee zone, Va.....	1		

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

SMALLPOX.**Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.**

	Cases.		Cases.
Camp Dodge zone, Iowa.....	1	Camp Polk zone, N. C.....	1
Gerstner Field zone, La.....	17	Portsmouth and Norfolk County health district, Va.....	1
Camp Gordon zone, Ga.....	31	Camp Sheridan zone, Ala.....	1
Camp Humphreys zone, Va.....	1	Camp Travis zone, Tex.....	1
Fort Leavenworth zone, Kans.....	4	Camp Wheeler zone, Ga.....	1
Camp Lewis zone, Wash.....	3		
Pieric Acid Plant zone, Ga.....	1		

State Reports for January, 1919—Vaccination Histories.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Arizona:						
Gila County.....	1			1		
Michigan:						
Alger County—						
Munising.....	1					1
Allegan County—						
Casco Township.....	1				1	
Allegan.....	1				1	
Barry County—						
Barry Township.....	1		1			
Calhoun County—						
Washington Heights.....	1					1
Cass County—						
Dowagiac.....	1				1	
Clare County—						
Harrison.....	1			1		
Eaton County—						
Carmel Township.....	3				2	
Grand Ledge.....	1				1	
Gogebic County—						
Ironwood Township.....	1					1
Bessmer.....	1				1	
Ironwood.....	4				4	
Grand Traverse County—						
Traverse City.....	6				6	
Gratiot County—						
Lafayette Township.....	1				1	
Ingham County—						
Delhi Township.....	2				2	
Lansing.....	11				11	
Kalamazoo County—						
Kalamazoo Township.....	3				3	
Kalamazoo.....	15				13	2
Kent County—						
Grand Rapids.....	1					1
Lenawee County—						
Adrian Township.....	1				1	
Cambridge Township.....	1				1	
Palmyra Township.....	1			1		
Rome Township.....	1				1	
Clayton.....	1					1

SMALLPOX—Continued.

State Reports for January, 1919—Vaccination Histories—Continued.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
Michigan—Continued.						
Mason County—						
Sherman Township.....	1				1	
Ludington.....	1				1	
Menominee County—						
Menominee.....	3				3	
Midland County—						
Ingersoll Township.....	3				3	
Midland Township.....	1				1	
Mount Haley Township...	6				6	
Monroe County—						
Monroe.....	6				6	
Oakland County—						
Holly Township.....	1				1	
Pontiac.....	1			1		
Ogemaw County—						
Edwards Township.....	2					2
West Branch Township...	1				1	
Saginaw County—						
Blumfield Township.....	2				1	1
Washtenaw County—						
Bridgewater Township....	1					1
Wayne County—						
Detroit.....	11					11
Total.....	101		1	3	75	22
Minnesota:						
Anoka County—						
Columbia Heights.....	1			1		
Blue Earth County—						
Ceresco Township.....	1				1	
Chippewa County—						
Clara City.....	1				1	
Clearwater County—						
Popple Township.....	3				3	
Crow Wing County—						
Rabbit Lake Township.....	1				1	
Hennepin County—						
Minneapolis.....	33			7	26	
Kanabec County—						
Whited Township.....	2				2	
Nobles County—						
Adrian.....	1			1		
Norman County—						
Hendrum.....	12				12	
Flom Township.....	63				63	
Olmsted County—						
Rochester.....	1				1	
Ottertail County—						
Richville.....	4				4	
Polk County—						
Queen Township.....	1			1		
Sletten Township.....	1				1	
Rice County—						
Faribault.....	1				1	
Cannon City Township....	1				1	
Rock County—						
Luverne.....	1			1		
Magnolia.....	1				1	
Denver Township.....	1					1
Rose Dell Township.....	1				1	
St. Louis County—						
Duluth.....	5				5	
Great Scott Township....	1				1	
Washington County—						
Newport.....	1				1	
Lincoln Township.....	1				1	
Wright County—						
Cokato.....	1				1	
Total.....	140			11	128	1

SMALLPOX—Continued.

State Reports for January, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Illinois:			Louisiana—Continued:		
Adams County—			Calcasieu Parish.....	69	.....
Quincy.....	1	.....	East Feliciana Parish.....	4	.....
Brown County—			Evangeline Parish.....	7	.....
Mount Sterling.....	1	.....	Iberia Parish.....	1	.....
Champaign County—			Jefferson Davis Parish.....	3	.....
Sidney.....	1	.....	Natchitoches Parish.....	2	.....
Urbana.....	1	.....	Orleans Parish.....	4	.....
Christian County—			Ouachita Parish.....	2	.....
Palmer.....	1	.....	Rapides Parish.....	2	.....
Stonington.....	1	.....	Richland Parish.....	5	.....
Cook County—			St. Charles Parish.....	2	.....
Chicago.....	21	.....	St. Landry Parish.....	3	.....
De Witt County—			Vermilion Parish.....	8	.....
Wellon.....	1	.....	Vernon Parish.....	2	.....
Fayette County—			Total.....	123	.....
St. Elmo.....	2	.....			
Fulton County—			Montana:		
Canton.....	2	.....	Beaverhead County.....	2	.....
Joshua Township.....	3	.....	Big Horn County.....	5	.....
Henry County—			Cascade County—		
Atkinson Township.....	1	.....	Great Falls.....	7	.....
Kane County—			Fergus County.....	4	.....
East Dunlap.....	4	.....	Flathead County.....	4	.....
Elgin.....	31	.....	Kalispell.....	1	.....
Lawrence County—			Silverbow County—		
Lawrenceville.....	2	.....	Butte.....	3	.....
Logan County—			Yellowstone County—		
Oran Township.....	2	.....	Billings.....	3	.....
Macon County—			Total.....	29	.....
Decatur.....	1	.....			
Macoupin County—			Nebraska:		
Carlinville.....	1	.....	Box Butte County.....	3	.....
Gillespie.....	2	.....	Cheyenne County.....	5	.....
Marion County—			Dakota County.....	1	.....
Haines Township.....	1	.....	Douglas County.....	67	.....
Salem.....	8	.....	Fillmore County.....	2	.....
Toni Township.....	2	.....	Franklin County.....	4	.....
Marshall County—			Furnas County.....	19	.....
Lacon.....	5	.....	Hall County.....	1	.....
McHenry County—			Hitchcock County.....	1	.....
Huntley.....	1	.....	Johnson County.....	3	.....
Woodstock.....	2	.....	Lancaster County.....	48	.....
McLean County—			Merriek County.....	3	.....
Bloomington.....	1	.....	Nance County.....	1	.....
Normal.....	16	.....	Phelps County.....	1	.....
Montgomery County—			Seward County.....	3	.....
Audubon Township.....	1	.....	Total.....	162	.....
Nokomis.....	2	.....			
Schram City.....	16	.....	West Virginia:		
Morgan County—			Braxton County.....	1	.....
Jacksonville.....	10	.....	Fayette County.....	6	.....
Peoria County—			Jefferson County.....	2	.....
Kingston Mines.....	3	.....	Kanawha County.....	13	.....
Peoria.....	35	.....	Lincoln County.....	4	.....
Rock Island County—			Logan County.....	1	.....
Rock Island.....	12	.....	McDowell County.....	1	.....
Saline County—			Marion County.....	3	.....
El Dorado.....	1	.....	Mercer County.....	3	.....
St. Clair County—			Mingo County.....	43	.....
East St. Louis.....	5	.....	Preston County.....	1	.....
Stephenson County—			Raleigh County.....	3	.....
Freeport.....	2	.....	Randolph County.....	4	.....
Tazewell County—			Roane County.....	8	.....
Pekin.....	24	.....	Taylor County.....	1	.....
Winnebago County—			Wetzel County.....	5	.....
Rockford.....	1	.....	Wood County.....	1	.....
Total.....	227	.....	Wyoming County.....	45	.....
Louisiana:			Total.....	145	.....
Acadia Parish.....	2	.....			
Allen Parish.....	4	.....			
Beauregard Parish.....	3	.....			

SMALLPOX—Continued.

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Adrian, Mich.	3	.....	Mankato, Minn.	1	.....
Asheville, N. C.	2	.....	Marshalltown, Iowa.	5	.....
Atchison, Kans.	16	.....	Memphis, Tenn.	4	.....
Atlanta, Ga.	17	.....	Middletown, Ohio.	1	.....
Bedford, Ind.	4	.....	Milwaukee, Wis.	3	.....
Beloit, Wis.	1	.....	Minneapolis, Minn.	4	.....
Cape Girardeau, Mo.	2	.....	Mobile, Ala.	6	.....
Cedar Rapids, Iowa.	4	.....	Muskogee, Okla.	6	.....
Chanute, Kans.	7	.....	New Orleans, La.	2	.....
Chicago, Ill.	2	.....	Niagara Falls, N. Y.	1	.....
Cincinnati, Ohio.	3	.....	Norfolk, Va.	1	.....
Cleveland, Ohio.	15	.....	North Yakima, Wash.	20	.....
Corpus Christi, Tex.	1	.....	Oklahoma City, Okla.	5	.....
Council Bluffs, Iowa.	4	.....	Omaha, Nebr.	19	.....
Cumberland, Md.	1	.....	Pekin, Ill.	1	.....
Davenport, Iowa.	1	.....	Peoria, Ill.	5	.....
Dayton, Ohio.	1	.....	Pontiac, Mich.	1	.....
Denver, Colo.	11	.....	Portland, Oreg.	6	.....
Des Moines, Iowa.	2	.....	Racine, Wis.	1	.....
Detroit, Mich.	2	.....	Roanoke, Va.	5	.....
Dubuque, Iowa.	1	.....	Rockford, Ill.	4	.....
Duluth, Minn.	3	.....	Rock Island, Ill.	3	.....
Durham, N. C.	1	.....	Sacramento, Cal.	1	.....
Elgin, Ill.	4	.....	St. Joseph, Mo.	3	.....
Fort Worth, Tex.	4	.....	St. Paul, Minn.	6	.....
Galesburg, Ill.	1	.....	Salt Lake City, Utah	3	.....
Green Bay, Wis.	3	.....	San Antonio, Tex.	1	.....
Ironwood, Mich.	3	.....	Seattle, Wash.	7	.....
Joplin, Mo.	2	.....	Sioux City, Iowa.	2	.....
Kalamazoo, Mich.	1	.....	Sioux Falls, S. Dak.	3	.....
Kansas City, Mo.	7	.....	Spartanburg, S. C.	1	.....
Leavenworth, Kans.	1	.....	Springfield, Ill.	1	.....
Lincoln, Nebr.	17	1	Superior, Wis.	2	.....
Long Beach, Cal.	1	.....	Tacoma, Wash.	5	.....
Los Angeles, Cal.	4	.....	Washington, D. C.	7	.....
Ludington, Mich.	1	.....	Winston-Salem, N. C.	13	.....
Madison, Wis.	6	.....			

SYPHILIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.

	Cases.		Cases.
Camp Dodge Zone, Iowa.	4	Muscle Shoals sanitary district, Ala.	5
Camp Gordon zone, Ga.	13	Pierce Acid Plant zone, Ga.	8
Gulfport health district, Miss.	1	Camp Sheridan zone, Ala.	12
Camp Jackson zone, S. C.	17	Camp Sherman zone, Ohio.	3
Camp Lee zone, Va.	3	Camp Zachary Taylor zone, Ky. and Ind.	53
Camp Logan zone, Tex.	1	Tidewater health district, Va.	2
Camp McClellan zone, Ala.	1	Camp Travis zone, Tex.	9

TETANUS.

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Cleveland, Ohio.	1	.....	Mobile, Ala.	.....	1
Denver, Colo.	.....	1	Newark, N. J.	1	.....

TUBERCULOSIS.

Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.

	Cases.		Cases.
Fayetteville sanitary district, N. C.....	1	Picrie Acid Plant zone, Ga.....	1
Gulfport health district, Miss.....	4	Camp Sheridan zone, Ala.....	1
Camp Hancock zone, Ga.....	1	Camp Zachary Taylor zone, Ky. and Ind.....	7
Camp Humphreys zone, Va.....	1	Tidewater health district, Va.....	1
Camp Logan zone, Tex.....	5	Wilmington sanitary district, N. C.....	2
Muscle Shoals sanitary district, Ala.....	1		

See also Diphtheria, measles, scarlet fever, and tuberculosis, page 415.

TYPHOID FEVER.

Cases Reported in Extra-Cantonment Zones, Week Ended Feb. 22, 1919.

	Cases.		Cases.
Camp Humphreys zone, Va.....	1	Camp Travis zone, Tex.....	1
Muscle Shoals sanitary district, Ala.....	1	Wilmington sanitary district, N. C.....	2

State Reports for January, 1919.

Place.	New cases reported.	Place.	New cases reported.
Arizona:		Louisiana—Continued.	
Cochise County.....	1	Orleans Parish.....	3
Connecticut:		Rapides Parish.....	2
New Haven County—		Red River Parish.....	1
Derby.....	1	St. Martin Parish.....	1
New Haven.....	2	Total.....	23
Fairfield County—		Massachusetts:	
Shelton.....	1	Bristol County—	
Westport.....	1	Fall River.....	2
Hartford County—		New Bedford.....	4
Hartford.....	1	North Attleboro, town.....	1
Total.....	6	Essex County—	
Illinois:		Gloucester.....	2
Champaign County—		Haverhill.....	2
Urbana.....	1	Lawrence.....	12
Cook County—		Lynn.....	2
Chicago.....	9	Marblehead, town.....	1
Lake County—		Saugus, town.....	1
Lake Forest.....	1	Middlesex County—	
North Chicago.....	6	Cambridge.....	1
Madison County—		Frammingham, town.....	1
Edwardsville.....	1	Natick, town.....	1
Highland.....	1	Newton.....	5
Montgomery County—		Somerville.....	3
Waggoner.....	1	Norfolk County—	
Rock Island County—		Cohasset, town.....	2
East Moline.....	3	Quincy.....	1
Saline County—		Suffolk County—	
Galatia.....	1	Boston.....	8
Tazewell County—		Revere.....	1
Pekin.....	1	Worcester County—	
Vermilion County—		Brookfield, town.....	4
Danville Township.....	1	Leominster.....	1
Williamson County—		Uxbridge, town.....	1
Cambria.....	1	Worcester.....	1
Franklin County—		Total.....	57
Six Mile Township.....	4	Michigan:	
Zeigler.....	3	Eaton County—	
Total.....	34	Delta Township.....	1
Louisiana:		Genesee County—	
Avoyelles Parish.....	3	Flint.....	1
Beauregard Parish.....	4	Gratiot County—	
East Baton Rouge Parish.....	1	North Star Township.....	1
East Feliciana Parish.....	2	Houghton County—	
Grant Parish.....	1	Stanton Township.....	3
Iberville Parish.....	3	Ingham County—	
Jackson Parish.....	1	Meridan Township.....	1
Natchitoches Parish.....	1	Lansing.....	2
		Kalamazoo County—	
		Kalamazoo.....	2

TYPHOID FEVER—Continued.

State Reports for January, 1919—Continued.

Place.	New cases reported.	Place.	New cases reported.
Michigan—Continued.		Montana:	
Kent County—		Blaine County.....	1
Sparta Township.....	1	Fergus County.....	1
Walker Township.....	5	Flathead County.....	1
Oakland County—		Park County.....	
Twy Township.....	3	Livingston.....	1
Pontiac.....	1	Total.....	4
Saginaw County—			
Saginaw.....	3	Nebraska:	
St. Clair County—		Adams County.....	3
Cottrellville Township.....	2	Colfax County.....	10
Mussey Township.....	1	Douglas County.....	2
Port Huron Township.....	1	Total.....	15
Van Buren County—			
Columbia Township.....	2	Rhode Island:	
Wayne County—		Providence.....	1
Wyandotte.....	3	West Warwick, town.....	4
Total.....	33	Total.....	5
Minnesota:		West Virginia:	
Beltrami County—		Braxton County.....	2
Turtle River.....	1	Fayette County.....	1
Hennepin County—		Kanawha County.....	3
Minneapolis.....	4	Lewis County.....	1
Koochiching County—		Logan County.....	1
South International Falls.....	1	Marion County.....	6
Marshall County—		Monongalia County.....	1
Rosewood.....	5	Monroe County.....	1
Ramsey County—		Preston County.....	1
St. Paul.....	4	Raleigh County.....	3
St. Louis County—		Randolph County.....	2
Duluth.....	2	Upshur County.....	5
Hibbing.....	1	Webster County.....	2
Stearns County—		Wetzel County.....	1
St. Cloud.....	2	Total.....	30
Swift County—			
Appleton.....	1		
Winona County—			
Winona.....	1		
Total.....	22		

City Reports for Week Ended Feb. 8, 1919.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Akron, Ohio.....	1		Lynne, Mass.....	1	
Alexandria, La.....		1	Medford, Mass.....	1	
Asheville, N. C.....	1		Memphis, Tenn.....	2	1
Baltimore, Md.....	6	1	Milwaukee, Wis.....	1	
Baton Rouge, La.....	1		Moline, Ill.....	2	
Birmingham, Ala.....		1	Nashua, N. H.....	1	
Boston, Mass.....	1		New Haven, Conn.....	1	
Buffalo, N. Y.....	1		New Orleans, La.....	2	1
Charleston, W. Va.....	2	1	New York, N. Y.....	7	1
Charlotte, N. C.....	2		Norfolk, Va.....	1	
Chicago, Ill.....	2		Northampton, Mass.....	1	
Cincinnati, Ohio.....	2		North Yakima, Wash.....	5	
Covington, Ky.....	2		Norwood, Ohio.....	1	
Denver, Colo.....	2		Passaic, N. J.....	1	
Detroit, Mich.....	2		Philadelphia, Pa.....	5	1
Fall River, Mass.....	1		Portland, Me.....	1	
Fort Worth, Tex.....	2		Providence, R. I.....		1
Hammond, Ind.....		1	Richmond, Va.....	1	
Independence, Mo.....	6		Saginaw, Mich.....	1	1
Ironton, Ohio.....	4		St. Louis, Mo.....	1	3
Kansas City, Mo.....	1	4	Salt Lake City, Utah.....	1	
Lackawanna, N. Y.....	1		Toledo, Ohio.....	2	
Lawrence, Mass.....	5		Waltham, Mass.....	1	
Lima, Ohio.....	2		Washington, D. C.....	3	
Little Rock, Ark.....	1		Watertown, Mass.....	1	
Los Angeles, Cal.....	4		Zanesville, Ohio.....	1	

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

State Reports for January, 1919.

State.	Cases reported.			State.	Cases reported.		
	Diphtheria.	Measles.	Scarlet fever.		Diphtheria.	Measles.	Scarlet fever.
Arizona.....	1	2	2	Minnesota.....	436	54	230
Connecticut.....	280	362	196	Montana.....	27	14	79
Illinois.....	750	338	391	Nebraska.....	33	39	68
Louisiana.....	37	44	16	Rhode Island.....	108	12	52
Massachusetts.....	738	511	565	West Virginia.....	44	50	77
Michigan.....	669	96	407				

City Reports for Week Ended Feb. 8, 1919.

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.
Aberdeen, S. Dak.....	15,926	3								
Adams, Mass.....	14,406	2	1						1	
Adrian, Mich.....	11,570	8								
Akron, Ohio.....	93,604	45	3		22		9			
Alameda, Cal.....	28,433	7	1						1	
Alexandria, La.....	16,232	5								
Alton, Ill.....	23,783	10								2
Anderson, Ind.....	24,230	9								3
Ann Arbor, Mich.....	15,041	10					1			
Anniston, Ala.....	14,326								1	
Ansonia, Conn.....	16,954	1								
Appleton, Wis.....	18,005	5								
Arlington, Mass.....	13,073	1								
Asbury Park, N. J.....	14,629	2								
Asheville, N. C.....	25,656	24	1						2	9
Ashtabula, Ohio.....	22,008	4								
Atlanta, Ga.....	196,144	85	2				3			4
Atlantic City, N. J.....	59,515	9			1		1		1	
Attleboro, Mass.....	19,776	6			1		1			
Auburn, N. Y.....	37,823	14					2			
Austin, Tex.....	35,612	11	1						3	3
Baltimore, Md.....	594,637		35	4	8		72	1	23	35
Bangor, Me.....	26,958						4			
Barre, Vt.....	12,401	2								1
Baton Rouge, La.....	17,544	6	1		2		1			
Battle Creek, Mich.....	30,159		9		1		1			
Bayonne, N. J.....	72,204		12		1				6	
Beacon, N. Y.....	11,674	3								
Bedford, Ind.....	10,613	4							1	
Bellaire, Ohio.....	14,575	4								
Bellefonte, N. J.....	12,797						2			
Bellingham, Wash.....	34,362				1					
Beloit, Wis.....	18,547	6								1
Benton Harbor, Mich.....	11,099	2					2		1	
Berkeley, Cal.....	60,427	12							1	2
Berlin, N. H.....	13,892	4								
Beverly, Mass.....	22,128	6							1	
Biddeford, Me.....	17,760	6								2
Billings, Mont.....	15,123	6					4		1	
Binghamton, N. Y.....	54,864	12			1		2		4	
Birmingham, Ala.....	189,716	63	3	1	13	1	2		21	6
Bloomfield, N. J.....	19,013	3	1	1						1
Bloomington, Ind.....	11,661								1	3
Boston, Mass.....	767,813	301	87	7	5		29	2	52	23
Brazil, Ind.....	10,472	6								
Bridgeport, Conn.....	124,724	46	11	2	5				5	2
Bristol, Conn.....	16,318	4	3				5		2	
Brockton, Mass.....	69,152	18	1				4		2	1
Brookline, Mass.....	33,526	11	1				4		1	
Brunswick, Ga.....	10,984	6			6					
Buffalo, N. Y.....	475,781	201	81	5	25		19	1	31	15
Burlington, Iowa.....	25,144	3					4			
Burlington, Vt.....	21,802	7			17					1
Butte, Mont.....	44,057		1		1		4			
Calao, Ill.....	15,995	3								1
Cambridge, Mass.....	114,293	50	6		1		2		3	5

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

City Reports for Week Ended Feb. 8, 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.
Camden, N. J.	108,117		4				4		5	
Canton, Ohio.	62,566	20			4		2		1	1
Cape Girardeau, Mo.	11,146	3								1
Champaign, Ill.	15,052	5								6
Chanute, Kans.	12,968	7					1			1
Charleston, S. C.	61,041	33								6
Charleston, W. Va.	31,060	19	1							3
Charlotte, N. C.	40,759	17			7				2	2
Chelsea, Mass.	48,405	25	1	1	1		4		1	
Chicago, Ill.	2,547,201	803	143	20	94	1	72	1	332	64
Chicopee, Mass.	29,950	9		1					1	
Chillicothe, Ohio.	15,625	3	1				1			
Cincinnati, Ohio.	414,248	150	6		2		6		11	20
Cleveland, Ohio.	692,259	271	17	2	5		8		26	18
Clinton, Mass.	113,075	5					1		1	
Coffeyville, Kans.	18,331						1			
Cohoes, N. Y.	25,292	5					7		1	
Colorado Springs, Colo.	38,965	15	1		1				21	6
Columbia, S. C.	35,165				4				3	
Columbus, Ohio.	220,135	54					2		4	4
Concord, N. H.	22,858	13	1							1
Corpus Christi, Tex.	10,789	4			1					
Council Bluffs, Iowa.	31,838	12	1	1	1		1			
Covington, Ky.	59,623	27	2		1		1		1	5
Cranston, R. I.	26,773	7	1						1	1
Cumberland, Md.	26,686	7			64		1	1		
Danbury, Conn.	22,931	8								
Danvers, Mass.	10,037		1							
Danville, Ill.	32,969	14	1						11	
Danville, Va.	20,133	5								
Dayton, Ohio.	128,939	44	2				2		4	
Decatur, Ill.	41,483	10	2	1						
Dedham, Mass.	10,618	4								
Denver, Colo.	268,439	97	10		2		13			17
Des Moines, Iowa.	104,052	5					2			
Detroit, Mich.	619,648	294	85	7	7		56	1	52	10
Dover, N. H.	13,276	7							1	
Dubuque, Iowa.	40,096		2							2
Duluth, Minn.	97,077	23	8	1	3		1		4	1
Durham, N. C.	26,160	7							1	1
East Chicago, Ind.	30,288	9								1
Easthampton, Mass.	10,656						2			
East Orange, N. J.	43,761	9					4		4	
East Providence, R. I.	18,485						2			
Elgin, Ill.	28,562	7	2							
Elizabeth, N. J.	88,830		4		1		3		2	1
Elmira, N. Y.	38,272	19			3				5	
Englewood, N. J.	12,603	3								1
Eureka, Cal.	15,142	4								
Evanston, Ill.	29,304	10			1		1			
Everett, Mass.	40,160	10	2	2			4		2	
Fall River, Mass.	129,828	45	9	2	23	2	1		8	3
Fargo, N. Dak.	17,872	3					4			
Findlay, Ohio.	14,858	8			4					1
Fitchburg, Mass.	42,119		4						1	
Fond du Lac, Wis.	21,486	5								1
Fort Scott, Kans.	10,564	3	1							1
Fort Wayne, Ind.	78,014	16								2
Fort Worth, Tex.	109,597	22								
Fostoria, Ohio.	10,959	5					1			1
Framingham, Mass.	14,149	4								
Frederick, Md.	11,225	9								
Fremont, Nebr.	10,080	4								
Fresno, Cal.	36,314	10								1
Galesburg, Ill.	24,629	7			40					
Galveston, Tex.	42,650	11								2
Geneva, N. Y.	13,915	3								
Gloversville, N. Y.	22,314		1							
Grand Rapids, Mich.	132,861	31	1		2		10		6	1
Great Falls, Mont.	13,948	12	1		5		1		1	
Green Bay, Wis.	30,017	8								
Greenfield, Mass.	12,251	5			1		1		1	
Greensboro, N. C.	20,171	2								

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Feb. 8, 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.
Greenwich, Conn.	19,594						1			
Hackensack, N. J.	17,412	6					2			
Hammond, Ind.	27,016	14								1
Harrison, N. J.	17,345								1	
Hartford, Conn.	112,831	58	5	1	59	1	6	3	5	5
Haverhill, Mass.	49,180	20	6	2			1		6	4
Highland Park, Mich.	33,859	5	13		1		1		4	
Hoboken, N. J.	78,324	19	7	1	1				2	3
Holland, Mich.	12,459	6								
Holyoke, Mass.	66,503	11	5				4		1	2
Houston, Tex.	116,878	39			6				1	5
Hudson, N. Y.	12,898	6								4
Independence, Mo.	11,964	4							1	
Indianapolis, Ind.	283,622	112	13	2	13		14		25	16
Ironton, Ohio	14,079	7	1							3
Ironwood, Mich.	15,095	4	4				1			1
Ithaca, N. Y.	16,017	9			1		3	1		
Jamestown, N. Y.	37,431	13	1				3		1	3
Janesville, Wis.	14,411	7								
Jersey City, N. J.	312,557		44		5		8		10	
Johnstown, N. Y.	10,678	2							6	
Joplin, Mo.	33,400	6					1		1	
Kalamazoo, Mich.	50,408	17	1		1		1		1	2
Kansas City, Kans.	102,096		7				1		6	
Kansas City, Mo.	305,816	115	9	1	16		12	1	1	5
Kearny, N. J.	24,325	8					2		2	1
Kenosha, Wis.	32,833	7	4		10		1		2	
Knoxville, Tenn.	59,112		1		4		7		3	3
Kokomo, Ind.	21,929	7					7		3	
Lackawanna, N. Y.	16,219	5	7		10		1		2	
La Crosse, Wis.	31,833	12	1	1			1			
La Fayette, Ind.	21,481	11					3			
Lakewood, Ohio	23,813	6	1						1	1
Lancaster, Ohio	16,086	6			8		4		1	
Lawrence, Mass.	102,923	39	3	1					2	6
Leavenworth, Kans.	19,363	6								
Lima, Ohio	37,145	12	1				8			
Lincoln, Nebr.	46,957	15	1		1		3			
Little Rock, Ark.	58,716	10			5		6		10	3
Logansport, Ind.	21,338	5								
Long Beach, Cal.	29,163	12					1			
Long Branch, N. J.	15,733	1	1						2	
Lorain, Ohio	38,266	4	2		15		1		2	
Los Angeles, Cal.	535,485		4	1	4		8		37	18
Louisville, Ky.	240,608	93	5		3		7		6	
Lowell, Mass.	114,366	41	2		2		7		3	1
Ludington, Mich.	10,566						3			
Lynchburg, Va.	33,497	19								1
Lynn, Mass.	104,534	27	9	1	2		6		1	1
Madison, Wis.	31,315	10			17		1			3
Malden, Mass.	52,243				2				1	
Manchester, Conn.	15,859	4			2		5		2	
Manchester, N. H.	79,607								7	
Manitowoc, Wis.	13,931	6	1							
Marion, Ind.	19,923	5	3		7		7			
Marlboro, Mass.	15,285	3	1							
Marquette, Mich.	12,555	4								
Marshalltown, Iowa	14,519		3				2			
Martinsburg, W. Va.	12,984		1		1					
Martins Ferry, Ohio	10,135	1	2						1	
Mason City, Iowa	14,938	10								
Medford, Mass.	26,661	10							1	1
Melrose, Mass.	17,724	7	1		1					
Memphis, Tenn.	151,877	76	3		4			1	6	9
Meriden, Conn.	29,431	4					6			2
Methuen, Mass.	14,320	5							1	
Middletown, N. Y.	15,890				1					
Middletown, Ohio	16,584	4	1							1
Milwaukee, Wis.	445,008	100	13				32		22	12
Minneapolis, Minn.	373,448	111	23	2	1		16	1	16	9
Mishawaka, Ind.	17,063	2								1
Missoula, Mont.	19,075	7					8			
Mobile, Ala.	59,201	36			4		1			3

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Feb. 8, 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.
Moline, Ill.	27,976		2							
Montclair, N. J.	27,087	1								
Montgomery, Ala.	44,039	12								1
Morgantown, W. Va.	14,444	1			1		1			
Morristown, N. J.	13,410	5								
Mount Vernon, N. Y.	37,991	13					1		1	
Nashua, N. H.	27,541	6					11			
Nashville, Tenn.	118,136	57	1	1	28		4		4	7
Newark, N. J.	418,789	141	34	1	2		22		44	23
New Bedford, Mass.	121,622	47	6	1	2		2		9	5
New Britain, Conn.	55,385	18			4		11			
Newburgh, N. Y.	29,893	12	2	1			2		1	1
Newburyport, Mass.	15,291	8								
New Haven, Conn.	152,275	41	6		26		8		14	2
New London, Conn.	21,199		11						1	1
New Orleans, La.	377,010	197	4				4		25	26
Newport, Ky.	32,133	8								
Newport, R. I.	30,585	7								
Newton, Mass.	44,345	12					1		2	
New York, N. Y.	5,737,492	2,209	371	33	43	2	149	4	369	194
Niagara Falls, N. Y.	38,466	11	2				3		6	
Norfolk, Va.	91,148				1				1	1
North Adams, Mass.	122,019	5								
Northampton, Mass.	20,006	6	1		1		2		1	1
North Attleboro, Mass.	11,248	3								
North Tonawanda, N. Y.	14,060	2			5				4	
North Yakima, Wash.	22,058		1		1		9			
Norwalk, Conn.	27,332						2			
Norwich, Conn.	21,923	1	3				1			1
Oakland, Cal.	206,405	63	4	1			2		6	4
Oak Park, Ill.	27,816	8	1		14		2		2	
Oklahoma City, Okla.	97,588	19			8					
Olean, N. Y.	16,927	7								
Omaha, Nebr.	177,777	33	3		10		1			2
Orange, Conn.	14,393	4	1				1			1
Orange, N. J.	33,636	15	5		1		2			
Ossining, N. Y.	14,064	12	1						1	
Palestine, Tex.	12,075	5							1	
Parkersburg, W. Va.	21,059	13	1		1					2
Pasadena, Cal.	49,620	13	1							
Passaic, N. J.	74,478	10	2		3				3	
Pawtucket, R. I.	60,666	16	4							1
Peekskill, N. Y.	19,034	9								
Pekin, Ill.	10,973						1			
Peoria, Ill.	72,184	20					2			2
Philadelphia, Pa.	1,735,514	750	83	9	12		60	1	140	69
Pine Bluff, Ark.	17,777		2				1			
Plainfield, N. J.	24,330	6								
Plattsburg, N. Y.	13,111	5							1	
Pontiac, Mich.	18,006		9		2		1			
Port Chester, N. Y.	16,727	8			1				2	1
Port Huron, Mich.	18,863	7	1						1	
Portland, Me.	64,720	23	1				1			1
Portland, Oreg.	308,399	62	4	1	6		8		6	3
Portsmouth, N. H.	11,730								1	
Portsmouth, Va.	40,693		3		1				1	1
Poughkeepsie, N. Y.	30,786	7	1		1				1	
Providence, R. I.	259,895	98	20	3			5			3
Quincy, Ill.	36,832				1		5	1		
Quincy, Mass.	39,022	12	1				5			1
Racine, Wis.	47,465	11							2	
Railway, N. J.	10,361	3								
Raleigh, N. C.	23,274	14							1	
Redlands, Cal.	14,573	4					1			
Reno, Nev.	15,514	6								
Richmond, Va.	158,702	67	2	1	3		1		6	5
Riverside, Cal.	20,496	11							3	
Roanoke, Va.	46,282	17	1		12					1
Rochester, N. Y.	264,714	81	6	2	2		11		8	5
Rockford, Ill.	56,739	11	4						3	1
Rock Island, Ill.	29,452								1	
Rocky Mount, N. C.	12,673	4							1	1
Rome, N. Y.	24,259		2		3		1		3	

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Feb. 8, 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.
Rutland, Vt.	15,038	9	1							
Sacramento, Cal.	68,984	33							10	4
Saginaw, Mich.	56,469	36	3							1
Saint Joseph, Mo.	96,498	26	6	2			5		2	1
Saint Louis, Mo.	768,630	243	43	3	3		12		39	18
Saint Paul, Minn.	252,465	63	18	1	9		14		13	5
Salem, Mass.	49,346	12	12				9		3	
Salem, Oreg.	21,274									2
Salt Lake City, Utah.	121,623	45	4		1		4			1
San Angelo, Tex.	10,321	3								3
San Antonio, Tex.	128,215	9	11		11				12	5
San Diego, Cal.	56,412	30	6	1	1		1		3	3
Sandusky, Ohio.	20,226	7	2						1	
Sanford, Me.	11,217	2								
Santa Barbara, Cal.	15,360	9								
Santa Cruz, Cal.	15,150	1								
Saratoga Springs, N. Y.	13,839	11								
Saugus, Mass.	10,210	7								1
Sault Sainte Marie, Mich.	14,130	1	1		1		1			
Schenectady, N. Y.	103,774	23	4	4			3		4	
Seattle, Wash.	366,445		10		13		30			
Sioux City, Iowa.	58,568		1				2			
Sioux Falls, S. Dak.	16,887	3								
Somerville, Mass.	88,618	33	14	1	1		7		4	3
South Bend, Ind.	70,967	11	1	1	19					1
Southbridge, Mass.	14,465	2								
Spartanburg, S. C.	21,985	4			10				1	1
Spokane, Wash.	157,656						3			
Springfield, Ill.	62,623	12	2	1			1			
Springfield, Mass.	108,668	42	2		1		6		5	2
Springfield, Mo.	41,169	7								1
Springfield, Ohio.	52,296	18			17				1	1
Steubenville, Ohio.	28,259	11					1		1	
Stockton, Cal.	36,209	17								
Streator, Ill.	11,313	6	1							
Superior, Wis.	47,167	4								
Syracuse, N. Y.	158,559	44	7				16		4	2
Tacoma, Wash.	117,446		1				1			
Taunton, Mass.	36,610	20			8				1	3
Terre Haute, Ind.	67,361	22								2
Toledo, Ohio.	202,010	57	15				16		2	1
Topeka, Kans.	49,538	14					1			
Trenton, N. J.	113,974	53	12						6	3
Troy, N. Y.	78,094	38	2	1			4		5	1
Tuscaloosa, Ala.	10,824		2				1		1	
Utica, N. Y.	89,272	30	5		10				6	2
Vallejo, Cal.	13,803	3								
Vancouver, Wash.	13,805						2		1	
Waltham, Mass.	31,011	8	1		1		2		1	2
Washington, D. C.	369,282	150	48	3	2		15		36	9
Waterbury, Conn.	89,201	3	4		4		3			2
Watertown, Mass.	15,138	9					1		2	
Watertown, N. Y.	30,404	4		2						
Wausau, Wis.	19,666	4					1			
Westfield, Mass.	18,769	7	4				6			1
West Hoboken, N. J.	44,386	14	1				1		1	1
West New York, N. J.	19,613	4	3	1			1			1
West Orange, N. J.	13,964	2	1						1	1
Wheeling, W. Va.	43,657	14								
White Plains, N. Y.	23,331						1			
Wichita, Kans.	73,597	32					1		1	2
Wilmington, Del.	95,369	41	2	1	1					3
Winchester, Mass.	10,812	4								
Winona, Minn.	13,583	7								
Winston-Salem, N. C.	33,196	17	3	1			2		1	
Withrop, Mass.	13,105									
Woburn, Mass.	16,076	4								
Yonkers, N. Y.	103,066		4		2		3		2	4
Youngstown, Ohio.	112,282	54	3		16		6		2	2
Zanesville, Ohio.	31,320	5			1					1

1 Population Apr. 15, 1910.

FOREIGN.

DENMARK.

Influenza—September–December, 1918.

Statistics published by the administration of public hygiene of Denmark show the prevalence of influenza as follows: For the entire country, during the month of September, 1918, 10,057 cases, of which 2,617 cases occurred at Copenhagen, and during the month of October, 1918, 113,651 cases for the entire country, of which 43,813 occurred at Copenhagen. (Population of Denmark, 3,018,000; population of Copenhagen, 539,000.)

For the month of November and the first week of December, 1918, the weekly bulletin of demographic and medical statistics of the city of Copenhagen shows as follows: Copenhagen, week ended November 9, 5,676 cases; week ended November 16, 2,924 cases; week ended November 23, 1,932 cases; week ended November 30, 1,835 cases; week ended December 7, 2,746 cases.

GREECE.

Further Relative to Influenza—Saloniki.¹

Influenza has been further reported at Saloniki as follows: December 8 to 28, 1918, 416 fatal cases; December 29, 1918, to January 4, 1919, 158 fatal cases.

HAWAII.

Influenza—Honolulu—December, 1918–January, 1919.

Influenza in mild form was reported present during December, 1918, in the Ewa district of the county of Honolulu, Island of Oahu. From January 1 to 15, 1919, 543 cases of influenza were reported in the county of Honolulu. Of these, 489 occurred in the Ewa district, 33 in the city of Honolulu, and 5 on vessels. During the week ended January 25, 1919, 206 cases were reported in the city and county of Honolulu, which includes the entire Island of Oahu. Of these 206 cases, 203 originated on the island and 3 occurred on arriving vessels.

MEXICO.

Influenza—Vera Cruz.

During the three weeks ended February 2, 1919, 96 fatal cases of influenza were notified at Vera Cruz, Mexico.

¹ Public Health Reports, Jan. 17, 1919, p. 97.

NEWFOUNDLAND.**Influenza.**

Influenza was reported present in the Island of Newfoundland, October 18, 1918, with 77 cases in hospital at St. Johns and an estimated number of about 400 cases present at outports. Influenza continued to be reported during the months of November and December, 1918. During the week ended January 10, 1919, 115 cases were reported in hospital at St. Johns. (Population of St. Johns. officially estimated, 35,000.)

RUSSIA.**Influenza—Archangel, City and Government.¹**

During the period from November 15 to December 1, 1918, 10 new cases of influenza were reported in the city of Archangel, and in the Archangel government, 2,621 cases.

SERBIA.**Typhus Fever—Belgrade.**

Typhus fever was reported present, February 5, 1919, at Belgrade, Serbia, with 62 cases. The disease developed among Serbian soldiers arriving from the south and among Czech prisoners.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER.**Reports Received During Week Ended Feb. 28, 1919.²****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
Germany:				
Berlin.....	To Oct. 5.....	17	11	
Bremen.....	Oct. 13-19.....	1		On a barge.
Marlenwerder.....				1 case in October, 1918, on a barge in canal.
Indo-China:				
Cochin-China—				
Saigon.....	Nov. 18-Dec. 22...	57	33	
Philippine Islands:				
Provinces.....				Dec. 29, 1918-Jan. 4, 1919: Cases, 88; deaths, 73.
Batangas.....	Dec. 29-Jan. 4.....	3	2	
Bulacan.....	do.....	12	10	
Cavite.....	do.....	10	10	
Ilocos Sur.....	do.....	11	10	
Laguna.....	do.....	6	3	
Pangasinan.....	do.....	45	37	
Tayabas.....	do.....	1	1	
Poland:				
Warsaw.....	Sept. 29-Oct. 5.....	2		
Russia:				
Petrograd.....	Aug. 22-Sept. 11.....	536		In civil and military hospitals.
Ukrania—				
Ekaterinoslav.....	Sept. 1-20.....	7	6	
Odessa.....	do.....	25		Sept. 1-20, 1918: 11 cases on s. s. Helena.

¹ Public Health Reports, Dec. 27, 1918, p. 2355.

² From medical officers of the Public Health Service, American consuls, and other sources.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**Reports Received During Week Ended Feb. 28, 1919—Continued.****PLAGUE.**

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China:				
Cochin-China—				
Saigon.....	Nov. 18-24.....	2		
Mesopotamia:				
Bagdad.....	Nov. 16-29.....	5	2	

SMALLPOX.

Canada:				
Ontario—				
Ottawa.....	Feb. 2-8.....	1		
Toronto.....	do.....	1		
Canal Zone:				
Colon.....	Jan. 19-25.....	6		
China:				
Chungking.....	Dec. 14-28.....			Present.
Nanking.....	Jan. 5-11.....			Do.
Indo-China:				
Cochin-China—				
Saigon.....	Nov. 18-Dec. 22.....	7	2	
Mesopotamia:				
Bagdad.....	Nov. 16-29.....	115	42	
Mexico:				
Mexico City.....	Jan. 12-25.....	5		
Newfoundland:				
St. Johns.....	Feb. 1-7.....	1		
Outports—				
Frenchmans Cove.....	do.....	1		
Melvers.....	do.....	15		
Merashen.....	do.....			Present.
Middle Arm.....	do.....	40		Bay of Islands.
Musgrave Harbor.....	do.....			Present.
St. Georges.....	do.....	11		
Philippine Islands:				
Manila.....	Dec. 29-Jan. 4.....	1	1	Varioloid, 1.

TYPHUS FEVER.

Austria-Hungary:				
Hungary.....	Sept. 2-8.....	2		
Germany:				
Breslau.....	Sept. 29-Oct. 19.....	12	8	
Königsberg.....	do.....	3	1	
Mostoken.....	do.....	7	2	District of Allenstein.
Greece:				
Saloniki.....	Dec. 8-21.....		6	
Do.....	Dec. 29-Jan. 4.....		25	
Mexico:				
Mexico City.....	Jan. 12-25.....	66		
Poland:				
Lodz.....	Sept. 15-28.....	9	2	Sept. 15-28, 1918: Cases, 276; deaths, 24.
Warsaw.....	do.....	70	10	
Serbia:				
Belgrade.....	Feb. 5.....	62		Among soldiers and prisoners.
Spain:				
Madrid.....	Dec. 1-31.....		1	

Reports Received from Dec. 28, 1918, to Feb. 21, 1919.**CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
Ceylon:				
Colombo.....	Nov. 17-30.....	4	5	
India:				
Bombay.....	Aug. 18-Nov. 9.....	26	15	
Calcutta.....	Sept. 29-Dec. 14.....		152	Report for Nov. 23, 1918, missing.
Madras.....	Oct. 5-Dec. 14.....	141	95	
Rangoon.....	do.....	29	27	

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

Reports Received from Dec. 28, 1918, to Feb. 21, 1919—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China:				
Anam.....	Aug. 1-31.....	5	5	
Cambodia.....	do.....	98	71	
Cochin-China.....	do.....	110	89	
Saigon.....	Oct. 7-Nov. 10.....	18	12	
Tonkin.....	Aug. 1-31.....	1		
Java:				
East Java—				
Surabaya (district).....	Oct. 7-Nov. 18.....	636	391	
Mid-Java.....				Sept. 25-Nov. 27, 1918: Cases, 2,883; deaths, 1,707.
Samarang.....	Sept. 25-Oct. 16.....	120	111	
West Java.....				Oct. 2-Nov. 27, 1918: Cases, 396; deaths, 227.
Batavia.....	Oct. 2-Nov. 27.....	280	142	
Mesopotamia:				
Bagdad.....	Oct. 11-18.....	8		
Philippine Islands:				
Manila.....	Sept. 22-Dec. 28.....	181	121	
Do.....	Dec. 29-Jan. 4.....	4	3	
Provinces.....				Nov. 2-9, 1918: Cases, 511; deaths, 417. Nov. 17-Dec. 28, 1918: Cases, 1,203; deaths, 858.
Albay.....	Dec. 15-21.....	1	1	
Bataan.....	Nov. 17-Dec. 28.....	38	32	
Batangas.....	Nov. 2-9.....	156	141	
Do.....	Nov. 17-Dec. 28.....	79	65	
Bohol.....	Nov. 2-9.....	19	17	
Do.....	Nov. 17-Dec. 21.....	12	5	
Bulacan.....	Oct. 27-Nov. 2.....	5	6	
Do.....	Nov. 17-Dec. 28.....	44	30	
Capiz.....	Dec. 22-28.....	7	5	
Cavite.....	Oct. 27-Nov. 2.....	38	28	
Do.....	Nov. 17-Dec. 21.....	163	75	
Cebu.....	Dec. 15-21.....	41	20	
Ilocos Sur.....	Dec. 8-28.....	17	8	
Iloilo.....	Oct. 27-Nov. 2.....	9	6	
Do.....	Nov. 17-Dec. 21.....	70	51	
Laguna.....	Oct. 27-Dec. 28.....	18	11	
Mindoro.....	Nov. 24-30.....	4	5	
Misamis.....	Oct. 27-Nov. 2.....	6	5	
Do.....	Nov. 17-Dec. 28.....	75	48	
Oriental Negros.....	Nov. 2-9.....	20	8	
Do.....	Nov. 17-Dec. 7.....	6	6	
Pampanga.....	Nov. 24-Dec. 14.....	4	4	
Pangasinan.....	Nov. 2-9.....	236	192	
Do.....	Nov. 17-Dec. 28.....	428	313	
Rizal.....	Oct. 27-Nov. 2.....	3	1	
Do.....	Nov. 24-30.....	16	5	
Samar.....	Dec. 15-21.....	8	1	
Sorsogon.....	Nov. 17-23.....	8	4	
Tayabas.....	Nov. 2-9.....	7	4	
Do.....	Nov. 17-Dec. 28.....	54	25	
Union.....	Nov. 2-Dec. 28.....	18	14	
Zamboanga.....	Dec. 8-28.....	27	19	
Russia:				
Petrograd.....	To July 16.....	3,388	1,054	
Do.....	July 17-Aug. 21.....	2,943	1,455	In civil hospitals. In military hospitals, July 5-Aug. 21, 1918: Cases, 884; deaths, 783.

PLAGUE.

China:				
Amoy.....				Present.
Chungking.....	Dec. 1-7.....			Do.
Hongkong.....	Oct. 26-Dec. 8.....	1	1	
Do.....	Nov. 9-Dec. 28.....	1	2	
Nanking.....	Nov. 2-9.....			Always prevalent.
Ceylon:				
Colombo.....	Oct. 27-Nov. 2.....	1	1	
Ecuador:				
Guayaquil.....	Nov. 1-Dec. 31.....	15	3	
Taura.....	Dec. 16-31.....	1	1	
Egypt.....				Jan. 1-Nov. 21, 1918: Cases, 357; deaths, 153.

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

Reports Received from Dec. 28, 1918, to Feb. 21, 1919—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Bombay.....	Aug. 18-Dec. 7.....	38	27	Sept. 23-Dec. 7, 1918: Cases, 19,548; deaths, 15,049.
Karachi.....	Oct. 19-26.....	16	16	
Madras.....	Dec. 8-14.....	3	1	
Madras Presidency.....	Oct. 13-Dec. 14.....	910	624	
Rangoon.....	Oct. 5-Dec. 14.....	76	76	
Indo-China:				
Anam.....	Aug. 1-31.....	15	10	
Cambodia.....	do.....		23	
Cochin-China.....	do.....	14	11	
Saigon.....	Oct. 7-Nov. 3.....	3	1	
Java:				
East Java.....				Oct. 7-21, 1918: Cases, 17; deaths, 17.
Surabaya (district).....	Oct. 7-Nov. 18.....	61	61	
Mid-Java.....				Sept. 25-Oct. 16, 1918: Cases, 14; deaths, 14.
Samarang.....	Sept. 25-Oct. 16.....	6	6	
Siam:				
Bankok.....	Sept. 21-28.....	4	3	
Do.....	Oct. 5-12.....	2	2	
Venezuela:				
Caracas.....	Dec. 30.....	1		

SMALLPOX.

Algeria:				
Algiers.....	Oct. 1-Dec. 31.....	2	1	
Canada:				
New Brunswick—				
Campbellton.....	Dec. 22-23.....	1		
Do.....	Jan. 5-11.....	1		
St. John.....	Nov. 8-14.....	3		
Do.....	Jan. 23-Feb. 8.....	5		
Nova Scotia—				
Bear River.....	Dec. 29-Jan. 4.....			Present.
Bigbee.....	Jan. 10.....			Do.
Digby.....	do.....			Do.
Halifax.....	Dec. 7-23.....	10		
Do.....	Jan. 5-Feb. 8.....	67		
Middleton.....	Dec. 23-Jan. 4.....			Do.
Sydney.....	Jan. 5-25.....	2		
Ontario—				
North Bay.....	Jan. 19-25.....	1		
Ottawa.....	Jan. 12-25.....	5		
Quebec—				
Montreal.....	Jan. 24-Dec. 21.....	2		
Do.....	Jan. 12-25.....	12		
Paspébiac.....	do.....	2		
Quebec.....	Dec. 15-21.....	1		
Do.....	Dec. 29-Feb. 1.....	4		
Canal Zone.				
Do.....	Jan. 1-25.....	28		Aug. 1-Dec. 31, 1918: Cases, 133. Occurring at Colon, Panama, and various points in interior.
Colon.....	Dec. 15-21.....	1		
Do.....	Dec. 29-Jan. 4.....	1		
China:				
Amoy.....	Oct. 13-Dec. 8.....			Present.
Canton.....	Nov. 17-23.....			Do.
Chungking.....	Nov. 10-30.....			Do.
Foochow.....	Nov. 24-Dec. 21.....			Do.
Hongkong.....	Dec. 15-21.....	1	1	
Nanking.....	Dec. 1-23.....			Do.
Chosen:				
Chemulpo.....	Nov. 30.....	2		
Denmark:				
Copenhagen.....	Nov. 9-Dec. 28.....	12		
Do.....	Dec. 29-Jan. 11.....	8		
Egypt:				
Alexandria.....	Dec. 17-23.....	1	1	
India:				
Bombay.....	Aug. 18-Dec. 6.....	20	4	Report for week ended Nov. 23, 1918, missing.
Calcutta.....	Sept. 29-Dec. 14.....		11	
Karachi.....	Sept. 29-Oct. 5.....	1	1	
Madras.....	Oct. 5-Dec. 14.....	47	30	
Rangoon.....	Oct. 20-Dec. 14.....	23	4	

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

Reports Received from Dec. 28, 1918, to Feb. 21, 1919—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China:				
Anam.....	Aug. 1-31.....	29	8	
Cambodia.....	do.....	78	40	
Cochin-China.....	do.....	97	27	
Saigon.....	Oct. 7-20.....	13	3	
Tonkin.....	Aug. 1-31.....	5		
Japan:				
Kobe.....	Oct. 26-Dec. 28.....	182	46	
Do.....	Dec. 29-Jan. 4.....	37	3	
Java:				
East Java.....				Oct. 7-21, 1918: Cases, 6.
Surabaya (district).....	Oct. 7-Nov. 18.....	15		
Mid-Java.....				Sept. 25-Nov. 27, 1918: Cases, 164.
West Java.....				Oct. 2-Nov. 27, 1918: Cases, 648;
Batavia.....	Oct. 2-Nov. 27.....	174	144	deaths 221.
Mesopotamia:				
Bagdad.....	Oct. 11-Nov. 15.....	166	33	
Mexico:				
Ciudad Juarez.....	Nov. 24-30.....	1		
Mexico City.....	Sept. 22-Dec. 28.....	23		
Do.....	Dec. 29-Jan. 11.....	3		
Newfoundland:				
St. John's.....	Dec. 6-20.....	4		
Do.....	Dec. 28-Jan. 31.....	4		
Outports—				
Avonale.....	do.....	4		
Blaine Harbor.....	Dec. 14-20.....	2		
Bay of Islands.....	Jan. 11-17.....	6		
Bay Roberts.....	Dec. 21-27.....	1		
Bonavista.....	Jan. 26-31.....	1		
Bryants Cove.....	Dec. 7-13.....	3		
Burin.....	do.....	4		
Coleys Point.....	Dec. 14-20.....	1		
Curling.....	Jan. 26-31.....	3		
Kings Cove.....	Jan. 18-24.....	1		
Musgrave Harbor.....	Dec. 7-13.....	4		
Do.....	Jan. 11-17.....	6		
Paradise.....	Dec. 7-13.....	60		Placentia Bay.
St. Jacques.....	Jan. 18-24.....	2		
Philippine Islands:				
Manila.....	Nov. 2-9.....	2	2	
Do.....	Dec. 29-Jan. 4.....	1		Varioloid 1.
Portugal:				
Lisbon.....	Nov. 16-Dec. 28.....	843		
Portuguese East Africa:				
Lourenco Marques.....				July 1-Oct. 31, 1918: 45 fatal cases.
Siberia:				
Vladivostok.....	Nov. 1-3.....	4		
Spain:				
Cadiz.....	Oct. 1-31.....		3	
Madrid.....	Sept. 1-Oct. 31.....		153	
Seville.....	Nov. 1-30.....		2	
Valencia.....	Nov. 10-Dec. 21.....	40	9	
Straits Settlements:				
Penang.....	Oct. 6-12.....	1		
Union of South Africa:				
Cape Town.....	Aug. 1-30.....	1		
Johannesburg.....	Aug. 1-Oct. 31.....	12		Nov. 1-30, 1918: Cases, 4.

TYPHUS FEVER.

Algeria:			
Algiers.....	Nov. 1-30.....		1
Brazil:			
Ceara.....	Sept. 14-21.....	1	
China:			
Antung.....	Dec. 2-15.....	2	
Do.....	Jan. 6-12.....		1
Colombia:			
Barranquilla.....	Nov. 8-Dec. 28.....		3
Do.....	Jan. 19-25.....	1	
Egypt:			
Alexandria.....	Oct. 14-Dec. 31.....	85	36

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

Reports Received from Dec. 28, 1918, to Feb. 21, 1919—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Great Britain:				
Glasgow.....	Dec. 22-28.....	5	.....	
Greece:				
Saloniki.....	Sept. 29-Dec. 7.....	.....	28	
Japan:				
Nagasaki.....	Nov. 10-Dec. 29.....	13	4	
Do.....	Dec. 30-Jan. 5.....	4	.....	
Java:				
East Java.....	.....	.....	.....	Oct. 7-21, 1918: Cases, 5.
Surabaya.....	Oct. 7-21.....	4	.....	
Mid-Java.....	.....	.....	.....	Sept. 25-Oct. 16, 1918: Cases, 8.
West Java.....	.....	.....	.....	Oct. 2-23: Cases, 31; deaths, 6.
Batavia.....	Oct. 2-23.....	15	4	
Mesopotamia:				
Bagdad.....	Oct. 5-11.....	1	.....	
Mexico:				
Guadalajara.....	Nov. 1-30.....	2	.....	
Mexico City.....	Sept. 22-Dec. 28.....	434	.....	
Do.....	Dec. 29-Jan. 11.....	62	.....	
Siberia:				
Vladivostok.....	Sept. 1-Dec. 15.....	23	.....	
Spain:				
Huelva.....	Oct. 1-31.....	.....	2	
Union of South Africa:				
Port Elizabeth.....	Sept. 14-28.....	.....	.....	Present among natives in several interior towns.

YELLOW FEVER.

Brazil:				
Pernambuco.....	Oct. 1-Nov. 30.....	2	1	
Ecuador:				
Babahoyo.....	Nov. 1-30.....	1	.....	
Duran.....	Nov. 1-Dec. 31.....	3	2	
Guayaquil.....	do.....	163	87	
Milagro.....	Nov. 1-15.....	1	.....	
Punta de Piedra.....	Nov. 1-30.....	1	.....	
Salvador:				
San Salvador.....	Jan. 9.....	1	.....	
On vessel:				
S. S. Jamaica.....	Jan. 30.....	1	.....	At quarantine station, Canal Zone, Panama.

X