

PUBLIC HEALTH REPORTS

VOL. 35.

NOVEMBER 19, 1920

No. 47

CHILDREN'S TEETH, A COMMUNITY RESPONSIBILITY.

A Practical Plan for Organizing Protective and Remedial Measures.

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Introduction.

For a number of years the United States Public Health Service has been engaged in studies and investigations of the physical status of school children, and as a result of these investigations it has repeatedly drawn attention to the overwhelming preponderance of dental defects over those of all other classes.

The bad effect of decaying teeth, of inflamed gums, and of suppurating areas in the oral cavity on the health and development of young children is obvious, and no effort should be spared to prevent the occurrence of such conditions.

The provision of dental facilities, both preventive and operative, for school children, is a measure which promises to yield the most fruitful results in conserving their health.

This article has been prepared as a result of the long-felt need of this form of health supervision, and in response to the numerous requests received for information pertaining to the establishment of school dental clinics.

Investigations made by the United States Public Health Service and other agencies show that among the classes of defects observed in school children that of dental defects is not only larger than any other, but larger than all the others combined.

The examination of approximately 2,500 rural school children by United States Public Health Service officers revealed 49.3 per cent of the children with two or more decayed teeth. It is of interest to know that the percentage of decayed teeth varied with the sexes and age groups, the highest being 45.5 per cent among the 8-year-old boys and 37.5 per cent in the 7-year-old girls. Among this same group of children 18.3 per cent of the boys and 10.5 per cent of the girls stated they had never used a toothbrush, and but 13.9 per cent of the boys and 40.9 per cent of the girls stated that they used the toothbrush daily.

In a report of a recent and very extensive survey of the mouth conditions in the State by the North Carolina State Board of Health it is stated that 75 per cent of the children examined evidenced beginning decay of the teeth and less than 10 per cent of them had ever visited a dentist, and that 90 out of every 100 parents had never made any attempt to have the dental defects of their children corrected.

Statistics quoted relate largely to rural children. However, reports from several of the larger cities reveal a very high percentage of dental decay in the children attending school, ranging from 30 to 62.7 per cent, depending largely on the dental attention that had been given these children during the years previous to the examinations on which the statistical report was based.

In view of the lack of attention to the dental needs of the children of the land, it is not surprising that of 925,873 men who were found unfit for military duty by the first selective draft examinations, by reason of physical causes, the second highest of all causes of physical rejections was that of dental defects.

Why Teeth Decay.

Dental decay is caused by the action of bacteria, or germs, which normally inhabit the mouth. These germs, acting in the presence of food débris and certain elements in the saliva, result in the formation of an acid which attacks the enamel covering the exposed parts of a tooth, after which the underlying softer parts become rapidly destroyed. Many other factors are actual and potential causes of dental decay and its progress, such as—

1. Low resistance of the teeth to decay because of developmental defect (antenatal and postnatal).
2. Faulty diet (both of the mother during pregnancy and of the child).
3. Neglect of dental attention through ignorance of the parents.
4. The cost of dental attention, a serious consideration with families of low economic status.
5. Failure of the child to call attention to the condition of the teeth, either because it is too young or because of fear.
6. Lack of dental facilities, so common in rural sections.

Effect of Dental Decay.

It is still very little realized by most people that the teeth play a very important part in determining general health. Careful scientific investigations of recent years, however, have shown that uncorrected dental defects in children may seriously injure the growth and development of the body and greatly lower the child's resist-

ance to communicable disease. From the standpoint of school progress carefully kept records have indicated toothache as one of the most frequent causes of absence from school, and that neglected mouth conditions are responsible for a very high percentage of retardation in school work. In addition to these immediate results of dental neglect, the X-ray has pointed to diseased teeth as the starting point of many of the so-called degenerative diseases of later life the onset of which might have been delayed or prevented by proper dental attention during childhood.

1. GROWTH AND DEVELOPMENT.

A very high percentage of undernourished children show marked evidence of dental decay. The examination of a group of 270 of this class at present under the supervision of the Public Health Service revealed 33 per cent of them with from 1 to 4 cavities, 48 per cent with from 4 to 8, and this same group showed some with 9, 10, and 11 cavities.

Young children are notoriously capricious in the choice of food, and when to this tendency there is added imperfect mastication through faulty or painful teeth, the child often refrains from eating the foods best adapted to its needs, even when such foods are offered. In addition to this, the poison absorbed from rotting teeth may seriously affect the child's nutrition and vital resistance. A clean mouth, free from sepsis, is a prerequisite for the proper growth and development of children.

2. RESISTANCE TO COMMUNICABLE DISEASES.

It is quite generally accepted that an individual falls victim to a communicable disease because of the size of the dose of the infecting agent, the virulence of the infecting organism, or an increased susceptibility which is due to lowered vital resistance. Of the many causes operating to lower resistance it is reasonable to suppose that the absorption of septic material from rotting teeth and diseased gums plays an important rôle. Conversely, it is also reasonable to suppose that a clean, healthy mouth will tend to increase the vital resistance of children and render them less susceptible to the communicable diseases. Converging evidence from many sources tends to show that bad teeth do exercise a harmful influence. In Bridgeport, Conn., where during the last five years special attention has been paid to the operation of dental clinics, reports by the city board of health indicate that there has been a very considerable reduction in the incidence of communicable diseases in that city during the period following the establishment of school dental clinics in the year 1914. During this period diphtheria showed a decrease from

26.6 per cent to 18.7 per cent, measles 20 per cent to 4.4 per cent, and scarlet fever from 14.1 per cent to 0.5 per cent.

The effect of the general application of dental measures, both preventive and operative, in the schools of Bridgeport in bringing about a reduction in the amount of communicable diseases may be questioned by reason of the fact that the incidence of the communicable diseases in the general population varies from year to year. However, the general inference of the decline in the percentage of communicable diseases in Bridgeport *pari passu* with the extension of dental work in the schools is strengthened by a report of the improvement in the percentage of communicable diseases following the employment of a dentist and systematic dental service in St. Vincent's Orphanage, Boston, Mass. The average number of children in this institution during the period of observation was 325, and the work was in progress from April, 1912, to November, 1913. A comparative record of the health conditions for several years immediately preceding the employment of a dentist and during the period of service is quoted as follows:

Disease.	Period.						
	May, 1913, to Nov., 1913.	May, 1912, to May, 1913.	Apr., 1911, to May, 1912.	Nov., 1910, to Apr., 1911.	1909 to 1910.	1908 to 1909.	1907 to 1908.
Diphtheria.....	1	0	0	0	1	2	6
Mumps.....	0	0	0	4	10	3	8
Scarlet fever.....	0	0	0	8	12	8	17
Pneumonia.....	0	0	0	6	4	5	3
Measles.....	6	0	0	25	40	50	24
Tonsillitis.....	0	0	0	3	8	16	19
Whooping cough.....	0	0	0	0	2	2	7
Chicken pox.....	0	0	0	6	10	17	15
Typhoid.....	0	0	0	0	0	0	0
Croup.....	0	0	0	0	0	0	4
Tuberculosis, eye.....	0	0	1	0	0	0	0
Tuberculosis, lungs.....	0	0	1	0	0	0	0
Total.....	7	0	2	52	87	103	102

[Mouth hygiene—Fones, p. 466.]

3. PRESERVATION OF FACIAL SYMMETRY.

The preservation of the pulp (commonly referred to as the "nerve") in the "baby teeth" is of the greatest importance. If this is not in normal condition the roots of the first set of teeth will fail to absorb, and many of the irregularities in the permanent teeth may be directly attributed to this cause. The loss of a temporary tooth before proper time also may result in the eruption of the permanent tooth to follow before thorough calcification has taken place, in which case it is more subject to decay. Very frequently little, if any, attention is paid to these temporary teeth, parents assuming that they will be replaced later by the permanent teeth

and, therefore, that attention to them is unnecessary. It is rare to find a child who has not had toothache at some time. Even dentists, as a rule, pay little attention to these teeth, because young children are difficult to work for. This is unfortunate because in reality more can be done for an individual by proper attention to the first set of teeth than by repairing the ravages of decay in the permanent set after they have taken their places in regular manner.

Among 7,059 children examined during a recent investigation of mouth conditions by the Public Health Service, 1,822, or 25.81 per cent, of them were found to have lost one or more of the six-year molars. Because this tooth is the first permanent tooth to appear, and erupting back of the last temporary tooth, it is frequently mistaken for a temporary tooth. This is nothing short of a calamity. Not only does the loss of this tooth mean the loss of masticating surface, but the tooth also determines to a considerable extent the relative positions of the other permanent teeth. Forming, in a manner, the keystone of the dental arch, with its loss this arch collapses to a greater or less degree, markedly modifying the facial symmetry of the developing child. It is important to remember that in young children the first permanent molar is the sixth tooth back counting from the center. Parents should be instructed to watch it carefully for beginning dental decay in order that steps may be taken in time for its preservation.

4. DEGENERATIVE DISEASES.

The child is father to the man in more ways than one. Not only is this true from the standpoint of the acquirement of habits of thought and action during the developmental period, but also from the physical standpoint. Reference has been made to the fact that the percentage of children in need of dental attention is highest among those of 7 and 8 years of age. The neglect of the teeth in early life usually means an infected mouth with abscesses at the roots of the teeth which, unless cared for, persist in later life. It readily may be seen that such abscesses may act as reservoirs of infectious material which may enter the blood stream and be carried to the remote parts of the body, frequently causing rheumatism, heart disease, kidney trouble, and other ailments which may materially shorten life. It has been said that one-fourth of all of the people who die annually in the United States have their life shortened from 5 to 10 years by these so-called degenerative diseases.

Mouth Hygiene as a Branch of Preventive Medicine.

Nearly every country has awakened to the importance of mouth hygiene. In England to-day there is a movement of national magnitude well under way, which is a result of investigations conducted

by a parliamentary committee. The conditions revealed by this investigation were so startling that remedial measures have been adopted with the object of benefiting all the people.

The latest governmental movement in this direction is in New Zealand. Here we find that there has been appointed a national bureau of mouth hygiene with a director and corps of assistant directors who will care for the mouths of all the school children at government expense.

In America we find that several of the States have State bureaus of mouth hygiene under the direction of their health departments. New York has established such a bureau. Among the later States to adopt the measure is Tennessee; and West Virginia has such movement well under way. Delaware will this year (1920) have a mobile clinic visiting the rural schools. Pennsylvania has a similar unit in operation under its child hygiene department, and Virginia will do a similar work in the immediate future. North Carolina has been engaged in this work for several years.

THE DENTAL HYGIENIST.

In America a forward step has been taken in dental hygiene by the training of women specialists for purely preventive work. These "dental hygienists" limit their work to the cleaning and polishing of all surfaces of the teeth above the gum margins. Experience shows that this treatment is most helpful in securing that important condition, healthy gums, and besides, prevents much dental decay. In their specialty the dental hygienists often exceed the dental man in skill and have special qualifications for handling young children.

Recognizing the special adaptation of women to this work, and the virtue of the old adage that prevention is better than cure, some 12 States have already enacted legislation legalizing the practice of dental prophylaxis by women. Among the States that have legalized this work are Maine, Massachusetts, Connecticut, New Hampshire, New York, Michigan, Minnesota, Iowa, Oklahoma, Colorado, and Tennessee. In three other States this movement is assured in the immediate future.

MOUTH HYGIENE.

Measures for conserving the teeth of children may be divided into two classes (1) Practical, preventive, and correctional work, by the establishment of school dental clinics, and (2) education methods.

1. PREVENTIVE AND CORRECTIONAL WORK.

School dental clinics may be regarded as a valuable economic asset, as shown by results secured in a number of communities. Mouth hygiene movements and the establishment of school clinics

become an investment yielding splendid returns, especially by reducing the amount of time lost in school attendance and the number of children who repeat grades. This in itself should be sufficient recommendation of this movement even to those who are not specially interested in the health aspects of this work. Not only can the children attending school be greatly benefited by this work, but its influence extends into the home from which the child comes and furnishes a partial solution of the problem of reaching the child of preschool age.

School dental clinics may be of two types: (A) Centralized clinics and (B) Itinerant clinics.

A. CENTRALIZED CLINICS.

A centralized school dental clinic conveniently located and properly manned will, as a rule, be productive of the best results. In the establishment of these clinics the children themselves should be encouraged to furnish some portion of equipment or part of the furniture and to decorate both the clinic and waiting room. The cooperation of the junior membership of the American Red Cross will be found to be of valuable assistance for this purpose. In other instances the manual training department of the school should be encouraged to provide some of the needed furnishings. By this means the children are stimulated to take an active interest in the work of the clinic.

The advantage of a centralized clinic, where the school population is sufficiently large to justify the expenditure, is that it reduces not only the overhead charge, but also the expenditures for equipment. The method of operation is very simple. An inspection of the children attending the various schools is made either by the school nurse, mouth hygienist, school physician, or dentist, preferably by the school dentist. Cards are issued to the children requiring dental attention, admitting them to the clinic on a specified day at a given hour. It will be found desirable to assign a particular day of the week for the children attending the respective schools.

Great care should be observed to keep a careful record of each case, for which purpose the accompanying form is recommended.

B. ITINERANT SCHOOL DENTAL CLINICS.

The mouth hygiene needs of the smaller towns and less thickly settled rural communities can best be met by organizing itinerant school dental clinics. These should operate usually from the county seat or from one of the larger towns as a base and proceed to the outlying schools of the district where dental facilities are usually entirely absent. Preliminary to the visit of the clinic to a designated school, careful inspection should be made of the children and all

NAME

SCHOOL

GRADE

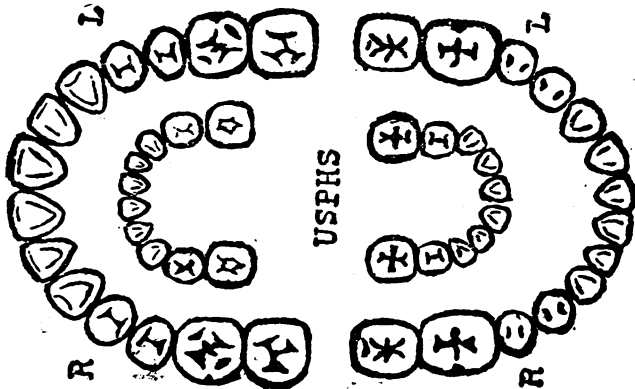
(FAMILY NAME) (GIVEN NAME)

PARENT OR GUARDIAN

MAIL ADDRESS

RACE: W, C, OTHER SEX: M, F, DATE OF BIRTH: YEAR MONTH DAY

	1st	2d	3d	4th	5th	6th	7th	8th
Number of examination								
Date of examination								
Normal occlusion								
Malocclusion, slight								
" marked								
Ability to masticate, good								
" " fair								
" " poor								
Tongue, coated								
Color of gums, pink								
" " light red								
" " dark red								
Calculus, slight								
" extensive								
Stains, slight								
" extensive								
Use of brush, daily								
" " occasionally								
" " never								
Has visited dentist								
No. of cavities and roots								
No. of fillings								
No. of teeth crowned, or on bridges								



CODE: Plot carious areas on chart. Teeth missing—M. Roots remaining—R. Flatulae—F. Caries—C. Draw line from defect and indicate its character and number of examination. Example, C (caries, first examination).

ORAL EXAMINATION OF SCHOOL CHILDREN

observed dental defects recorded, following which, permits should be given to the children entitling them to dental treatment at a designated place on a given day.

EQUIPMENT.

Depending on the resources of the community and the amount of dental work which it is purposed to do in the schools, the equipment of a centralized school dental clinic may be as complete as desired, including X-ray equipment and laboratory facilities.

The following is recommended as the main equipment of a mobile school dental clinic:

I. Equipment of an itinerant school dental clinic for both operative and preventive work. -

Article.	Quantity.	
Acid, trichloroacetic.....bottle..	1	Forceps, rubber dam clamp, num- ber.....
Alloy, copper.....ounces..	3	Forceps, rubber dam punch, per- fected.....number..
Alloy, true dental.....do.....	6	Forceps, tooth extracting, Nos. 150, 151.....number..
Blowers, chip, No. 38.....number..	2	Handpiece, contra-angle.....do.....
Blowers, chip, extra bulbs for, num- ber.....	6	Handpiece, straight.....do.....
Bottles, medicine, ½-ounce, ground- glass stopper..... number..	12	Lamp, alcohol, with flame shield, number.....
Bowl, plaster.....do.....	1	Lancets, Nos. 2, 5.....number..
Brushes, tooth-polishing.....gross..	6	Liquid for synthetic porcelain, bottle.....
Burnishers, No. 30 and No. 34, num- ber.....	2	Ligature, wire, Angles.....box..
Burs for straight handpiece, Nos. ½, 2, ½, 3/4, 3/5, 5/6, 5/8, 7/8, 7/10 (½ dozen each).....dozen..	4½	Mandrels, No. 303.....dozen..
Burs for contra-angle handpiece, Nos. ½, 2, 4, 6, 3/3½, 3/5, 3/9, 5/57, 5/58, 5/60, 5/68, 7/11 (½ dozen each).....dozen..	6	Matrix retainer, Ivory's.....number..
Campho-phenol.....bottle..	1	Matrix retainer, extra bands for, number.....
Cement, Ames copper.....boxes..	3	Mercury, holder.....number..
Cement, S. S. W., pearl grey.....do.....	3	Mercury, jugs, No.½.....do.....
Chair, portable dental, with case, number.....	1	Mirrors, mouth, with L handle, num- ber.....
Chisels, Nos. 3, 85.....number..	2	Mortar and pestle.....number..
Clamp, rubber dam, assorted, num- ber.....	6	Napkins, aseptic, dental.....boxes..
Cotton, holder.....number..	1	Oil stone, Arkansas.....hone..
Cotton, rolls 2, 3 (3 of each), num- ber.....	6	Paper, bibulous.....package..
Cotton, rolls, assorted.....number..	3	Pliers, 4-inch, round-nose, flat, num- ber.....
Composition, Modeling.....boxes..	6	Pliers, dressing, Nos. 2, 17.....number..
Covers, aseptic paper.....do.....	3	Pluggers, Woodson.....do.....
Cuspidor and stand, portable, with case.....number..	1	Points, carborundum, mounted, box.....
Disks, assorted.....boxes..	24	Points, orange wood.....boxes..
Engine belts.....number..	2	Porcelain, synthetic shade 6, num- ber.....
Engine, dental, all cord foot power, portable, with case.....number..	1	Porcelain, synthetic shade 3, num- ber.....
Engine oil.....bottle..	1	Pumice stone, powdered.....pound..
Excavators, Nos. 37, 57, 58, 63, 64, 67, 68, 81, 83.....number..	9	Sandurac gum.....ounce..
Explorers, No. 5.....do.....	1	Scalers, McCall's, Nos. 10, 11, 12.....number..
Eugenol.....bottle..	1	Scalers, pyorrhea.....do.....
Floss, dental, waxed.....tubes..	12	Scissors, gum curved on flat.....pair..
		Shears, 9-lpch.....do.....
		Shears, small, plate (curved collar), pairs.....

Slab, glass, mixing, No. 6.....number.....	1	Syringes, water, No. 21A, extra bulb	
Spatulas, Nos. 22, 24.....do.....	2	for	number..... 1
Spatulas, rubber.....do.....	2	Trays, impression, assorted for chil-	
Sterilizer, small.....do.....	1	dren	number..... 4
Sticks, orange wood.....bundles.....	4	Wax, impression, yellow.....boxes.....	2
Stopping, gutta-percha.....boxes.....	3	Wheels, corborundum, assorted, num-	
Strips, finishing, assorted.....do.....	2	ber	12
Syringes, water.....number.....	2		

In communities where the work will be confined to purely preventive work the following equipment will be found satisfactory:

II. Equipment of a portable school dental clinic for preventive work only.

Article.	Quantity.		
Portable dental chair, with case, number.....	1	Porte polisher.....do.....	1
Portable dental cuspidor, with case, number.....	1	Wood points.....boxes.....	6
Portable dental engine, all cord, foot power, with case.....number.....	1	Dappen glasses.....number.....	3
Engine oil.....bottle.....	1	Water syringe.....do.....	1
Engine belt.....number.....	2	Chip blowers.....do.....	2
Handpiece, contra-angle.....do.....	1	Pliers, dressing.....do.....	2
Polishing brushes.....gross.....	3	Bibulous paper.....package.....	1
Scalers, pyorrhea.....number.....	4	Absorbent cotton.....rolls.....	1
Mouth mirrors.....do.....	6	Sterilizer.....number.....	1
		Aseptic dental napkins.....boxes.....	3
		Campho-phenol.....bottle.....	1
		Eugenol.....do.....	1

THE COST OF EQUIPMENT.

The cost of the equipment for a centralized clinic will vary with the amount of work it is purposed to do. However, very complete dental outfits, including a satisfactory X-ray machine, may be purchased for from \$1,250 to \$1,500.

The equipment recommended for an itinerant dental clinic, exclusive of an automobile for transportation, should cost approximately \$250. Owing to the need of carrying this equipment in special cases designed for convenience of transportation it is not possible to purchase the complete outfit from any one dental manufacturing concern. However, persons interested in securing an outfit of this character should prepare proposals covering all the articles listed, which should be submitted to several dental manufacturing firms with the request that said firms bid on such articles as they are prepared to supply. In fact, it will be found that certain firms specialize in the manufacture of portable dental engines, others in dental cuspidors, and some others in portable dental chairs. The operative and prophylactic instruments may be purchased from any dental supply firm.

THE SCOPE OF THE WORK WHICH MAY BE UNDERTAKEN.

The amount of dental work which should be undertaken in the schools may be considered from many different angles. In some countries, as in New Zealand, all necessary dental work is undertaken; in other places the corrective work is limited to the six-year

molars; while in still other communities nothing but preventive work is considered.

Ordinarily the work should be limited to prevention and to partial correction for children under a given age, preferably 12 years. This, of course, would include the much-needed attention to the important six-year molars. No operative work should be undertaken, however, without first securing the consent of the child's parent or guardian, because in a number of instances it will be found that the parents desire to have the necessary work done by a private dentist.

Each community will necessarily have to determine the amount of corrective work which will be undertaken, and upon this determination will depend the personnel required to operate the clinic and also the equipment to be purchased.

All emergency work should, of course, be undertaken; but in the matter of fillings, it should be limited to cement, synthetic porcelain, gutta-percha, or amalgam (silver).

FEES.

Owing to the great prevalence of dental decay in children and the very common neglect of this condition in very young children, and also because of the quite general lack of dental facilities in outlying districts, school dental service should be provided at community expense as a part of the school system. Furthermore, because in every community there are a number of children suffering from dental decay, whose parents are unable to pay a fee for this work, it is undesirable that a fee system should be arranged requiring a fee for the treatment of children whose parents can pay and free treatment in the case of necessitous children. Such system assumes the aspect of charity, which should be sedulously avoided. In all instances where special and expensive fillings are desired the parents should be required to pay for the material.

In different communities where fees are charged, these range from 10 cents to \$1.50 for each child. In clinics where this latter charge is made, the work is completed in all respects.

PERSONNEL.

The plan of employing a part-time operator should not be generally encouraged, because with personal interest constantly in his mind the general work of the clinic must suffer.

If a community be too small to employ a whole-time operator, a possible solution is offered in joining with some other community, each using the clinic part of the time; in which case the clinic should be of portable type and furnished with facilities for transportation.

If the clinic be small and funds for maintenance limited, a dental hygienist should be employed in preference to a dentist, for the

reason that she will not only be able largely to prevent conditions which the operator would be called upon to relieve, but she would also be able, as a result of her examinations, to notify the parents of the children of their special dental needs before these have become serious.

In the larger centralized clinics, 1 dentist should be employed for each 2,000 school children, and dental hygienists in the proportion of 2 to 4 hygienists to 1 operator. If the corrective work is to be limited, the proportion of hygienists to operators should be increased probably to 12 hygienists to 1 operator, in which case the number of children to each operator can be greatly increased.

II. EDUCATIONAL MEASURES.

Educational measures should be considered from the standpoint of the teacher, the child, the parent, and the school authorities and taxpayers.

TEACHERS.

Teachers should be given in normal school courses at least a working knowledge of mouth hygiene and of such measures as may be carried out by them without special equipment. They should be shown the value of mouth hygiene not only from the standpoint of the preservation of health, but from that of its effect on reducing absences from school and the number of children who repeat grades. In a record of causes of absences from school in the case of 1,000 school children in Valparaiso, Ind., it was found that absences amounted to a total of over 32 school years during 1 school year, and the highest percentage of causes of absences, as given by the pupils, was for toothache.

Many means are available for the instruction of teachers, such as lectures, moving picture films, and the use of instructive charts and pamphlets. Teachers should also be instructed, by practical demonstrations, in dental prophylaxis, the proper conduct of a tooth-brush drill, and the sanitary precautions which should be observed.

Special points for the consideration of the teacher.—1. Decay does not take place upon the cutting edges of the teeth or upon other surfaces which are kept polished by grinding and biting food. The reason for this is that the organisms which cause them to decay can not thrive upon polished surfaces; therefore, any surface of a tooth which can be kept polished will be free from decay.

2. Children will be unable to remove the green stains which have formed on their teeth with an ordinary toothbrush, and this should be carefully removed by a dentist or mouth hygienist and the surfaces carefully polished. The child will then be able to keep this stain from reappearing in the majority of instances.

3. The most important tooth in the mouth is the six-year molar, which appears during the sixth year, and at that time is always number six counting from the front (naturally if a first tooth has been lost, the space should be counted as though the tooth were still in position). The six-year molar comes in directly back of the last baby tooth, and there are four of them, two in each jaw. If one or more of these are lost there will not be a normal development of the jaw.

4. Dental decay and other diseased mouth conditions may lessen the child's vitality and greatly reduce his capacity for school work. Particularly is this true in cases of abscesses and inflamed gums. The normal gums are a bright pink. When they appear red at the edges or bleed upon brushing some form of inflammation exists and the child is in need of dental attention.

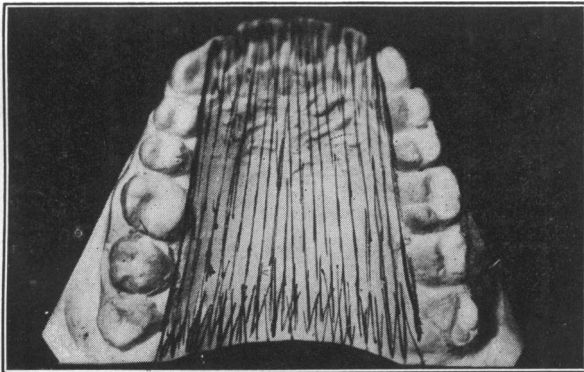
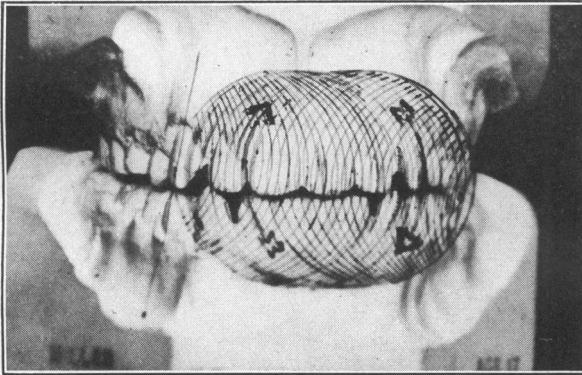
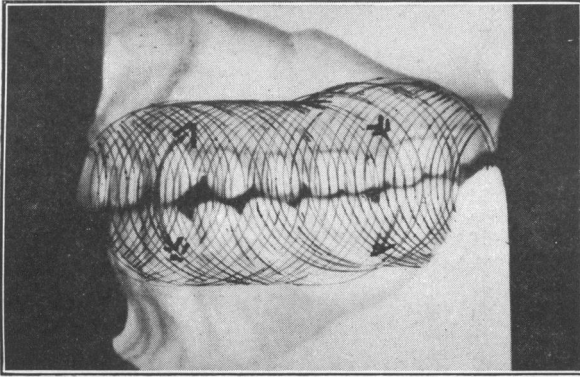
5. A child with a bad mouth is a possible menace to the health of the other children.

6. A dollar or an hour spent in the cause of clean mouths will give great returns in health and school efficiency.

THE PUPIL.

Many attractive ways have been devised for teaching mouth hygiene to school children. The charts and films recommended for use in the normal schools can be used for the purpose. First of all the children should be taught a proper method of making a mouth toilet. This should include the brushing of the teeth and care of the toothbrush. Little rhymes and stories will prove very useful, and many of these are to be had. Compositions prove a splendid feature and may be undertaken at intervals. Likewise, children should be encouraged to make posters illustrating some phase of mouth hygiene.

Method of brushing the teeth.—Smearing the nails with clay or vaseline and endeavoring to cleanse them with an old toothbrush will enable one to form an opinion as to the most effective method of brushing the teeth. Brushing across the nails will leave material along the sides of each nail; brushing up and down the nail will leave the area about the root of the nail uncleansed; but if the brush be used in a rotary manner, the bristles describing a small circle upon the nail, it will be found that all the material will be removed. This motion is to be recommended in brushing one's teeth upon the surface next to the lips and cheek. For the inner or tongue side the brush is used as one would use a hoe, the rotary motion being impracticable, but in using this motion the brush should not be pushed back, as this will tend to carry food debris and germs beneath the gum margins, which is the thing most to be avoided. The stroke



begins up on the gum and moves in the direction of the main axis of the tooth toward the tip or masticating surface, as shown in the accompanying cuts.

For the masticating surface a pulling and pushing motion backward and forward is recommended.

If the gums bleed when the teeth are brushed, some abnormal condition exists and a competent dentist should at once be consulted. A healthy gum is not easily injured.

A thorough rinsing of the mouth should follow to remove such material as has been dislodged by the previous processes. A number of good tooth powders and tooth pastes are on the market, and their use is not objectionable though not absolutely necessary. A very effective mouth wash is ordinary lime water, which may be diluted in reasonable degree should the taste of the stronger solution be objectionable.¹

Toothbrush drills.—The great advantage of the toothbrush drill does not lie in the actual brushing done at the time, but in the formation of the habit and the acceptance of this procedure by the child as a part of the daily routine.

This drill is carried out in various manners; the repetition of the several strokes with the brush 12 or 16 times is the usual procedure.

Toothbrush drills should be held out of doors whenever possible. If after wetting a brush with water the thumb is run over the bristles, it will be noted that a spray flies from the brush to some distance. Care should be exercised that this spray may not reach one's neighbors during these drills, creating a condition worse than that caused by promiscuous coughing and sneezing.

The details of a toothbrush drill must be worked out according to the facilities offered—whether there be running water available or not and whether this be a single bowl or a trough with various jets, as is provided in some schools.

¹ "It has been found that lime water is the best solvent for the glue-like accumulations of food and mucus which collect on and between the teeth where the brush can not reach. It is so much more effective than the better tasting antiseptic (so-called) mouth washes that it should be used by everyone. It is simple to make and very inexpensive.

"Buy 5 cents worth of unslaked lime at a paint store. Place a half cupful in a quart bottle and nearly fill with cold water. Shake thoroughly. After several hours, when settled, pour off as much water as possible down the sink without losing any of the lime in bottom of the bottle. This water is the washings of the lime and should not be used. Again fill the bottle with cold water, shake well, and allow to settle. This is the lime water and should be decanted into a 10 or 12 ounce bottle for use at the washbowl. The quart bottle can again be filled with cold water, shaken, and allowed to settle for future use. This operation may be repeated as long as there is any lime left in the bottle.

"Use the wash without diluting. Thoroughly rinse until it foams in the mouth, then rinse the mouth with warm water.

"Use after each meal.

Toothbrushes should not be kept in the schools, but should be brought from the home carefully wrapped, preferably in oiled paper.

Care of the toothbrush.—After using the brush it should be carefully rinsed and placed apart from others where it may become dried out. It should not be kept in water or any solution, but should be placed when possible where it may receive the direct sun rays for a time. Not only is sunlight nature's destroyer of germs, but the life of the brush will be materially lengthened by this means.

A small toothbrush with comparatively few bristles should be used. The larger sizes are inefficient, and if the brush be too closely bristled, the bristles will not reach the spaces between the teeth.

Use of the toothpick and dental floss.—The use of the toothpick is to be condemned. It is most desirable to preserve those portions of the gums which lie between the teeth, and the use of a toothpick is most injurious to this tissue.

In the improper use of the dental floss much damage is often done. If the floss be held tightly between the fingers and forced through between the teeth, a heavy blow is delivered directly upon this tissue, the floss usually following the neck of one tooth and separating the gum from the tooth at this point, with an eventual recession of the gum following. Floss should be drawn carefully and gently between the teeth with a pulling motion. Thus used, the point where the teeth are in contact with each other and which can not be thoroughly cleansed with the brush are successfully reached.

EDUCATION OF PARENTS AND GUARDIANS.

In order that the community may reap the maximum return from expenditures incurred in operating school dental clinics the work in the schools should be accompanied by follow-up work in the homes to impress upon the responsible heads of families the importance of mouth hygiene from the standpoint of the growth and development of their children and the necessity of securing dental attention for children of preschool age. If the cooperation of the parents is thus secured, many children will enter school in better physical condition and without the necessity of losing time from school by reason of unsound and aching teeth. In fact, without the active cooperation of the parents the greatest benefit will not accrue to children who receive attention in the school, because of the necessity of home supervision to insure that they carry out and put into practice the teachings received in the school.

Diet.—It must be remembered that the diet plays an important part in determining whether or not the child is to have sound teeth or teeth that are poorly resistant to decay. This even extends back to the period before the child is born. Expectant mothers should be

taught to include in their dietary foods rich in phosphorous and lime, such as most fresh fruits and the green vegetables.

Furthermore, the effect of the absence of certain accessory food factors in causing scurvy and rickets (conditions that are invariably associated with bad teeth) makes it highly important that the children of preschool age, and older children as well, be required to eat each day articles of food that are rich in antiscorbutic and anti-rachitic substances, such as fresh fruits, green vegetables, and butter, and encouraged to drink an abundance of milk. The too free consumption of sweets should be discouraged.

SCHOOL AUTHORITIES AND TAXPAYERS.

Mouth hygiene is a business proposition. Regardless of one's means of getting a living, we are all in the business of educating our children. To manage this business we employ a superintendent, but in no other business, as is so often the case in this, would we allow our interests to cease with his employment.

The per capita cost of educating a child is obtained by dividing the total school budget by the number of children in attendance. If a child fails to make grade, the situation is exactly the same as though a manufacturer found that after passing through the plant an article was defective and unsalable. Furthermore, if it was found that a large proportion of the products of the plant were unmarketable, would not immediate steps be taken to remedy the condition? The establishment of school dental clinics and the teaching of mouth hygiene is one of the important remedial steps which should be taken in the school plants. A reduction in the percentage of retarded children not only means fewer school buildings and reduced overhead charge, but also makes possible the employment of better teachers. As a matter of dollars and cents, mouth hygiene offers splendid returns for each dollar expended in the better growth and development of the children and by assuring better physical types.

THE PRESENT STATUS OF VENEREAL DISEASE CLINICS.

By JOHN W. HART, Regional Consultant, United States Public Health Service.

One of the most important accomplishments in the campaign against venereal diseases inaugurated in July, 1918, by the United States Public Health Service, in cooperation with the State boards of health, has been the creation of free venereal disease clinics throughout the United States. The number of these clinics operating under the joint auspices of the State boards of health and the Public Health Service has increased from 237 in 1919 to 427 in 1920. The

work of these clinics has been of notable value in rendering diseased persons noninfectious and thus decreasing the spread of both gonorrhea and syphilis.

When either of these diseases has passed the initial stage, cure is a matter of long-continued treatment. For this reason the man who could pay for medical attention in the case of an acute disease often finds his finances utterly unable to defray the cost of a series of expensive treatments lasting for months or even years. It is, therefore, almost inevitable that he will stop treatment too soon and will continue to spread the disease. Dispensary service or service at nominal cost for those infected with venereal diseases is therefore especially important, since it is required not only by the indigent but by those receiving moderate salaries.

In February, 1919, the Public Health Service made a survey of cities in the United States with a population of 15,000 or more in order to determine just what was being done in each of these cities to control venereal diseases. Ratings made from the survey showed how the cities ranked in venereal disease *control measures* and not, as was sometimes mistakenly supposed, in venereal disease *rate*.

The survey was made by trained observers from the division of venereal diseases of the United States Public Health Service and took the form of a schedule of 180 questions. These were grouped under separate headings, according to the so-called American plan, of medical, educational, and legal measures. The questions under each heading were answered by the person best fitted to give the information desired. For example, all medical questions dealing with quarantine, reporting of physicians, and similar matters, were answered by city health officers, and questions relating to the treatment of infected persons, social-service work, laboratory diagnosis, etc., were answered by the clinician. It is with the last-named series of answers relating to the clinics that this article deals.

The cities to be surveyed were selected in accordance with the census estimate of 1917. This estimate showed a total of 444 cities with a population of over 15,000.

At the time of survey there were, as stated above, 427 clinics for the treatment of venereally diseased persons, but of this number only 359 were located in cities of more than 15,000 inhabitants. It should be remembered, therefore, that the following statistics do not include all the venereal disease clinics in the United States, but refer only to clinics located in cities of more than 15,000 inhabitants, according to the census estimate of 1917.

The questions covered the following points: Location of clinic, equipment, methods of sterilization, methods of case recording and history taking, personnel, methods of treatment, accessibility of laboratory facilities, days and hours open for treatment of patients,

daily average attendance, per capita cost, average monthly cost of operation, methods used in increasing attendance, and fee charged, if any.

Location.

The first point for consideration was the location of the clinic, which was considered advantageous according to its accessibility and the degree of privacy afforded the patient, since it was recognized that the majority of patients applying for treatment are extremely self-conscious and hesitate to be seen visiting a clinic of this type. In considering a standard for venereal disease clinics, to be described in detail later, it was decided that the ideal location for a clinic was in a building visited on business or for other reasons by various persons during the course of a day. It was evident that the patient approaching a clinic located in such a place would feel that he would not attract the attention he might in visiting a building used especially for housing a venereal-disease clinic. Good locations were therefore considered to be in office or municipal buildings, such buildings as a rule being centrally located and offering opportunity to conceal the nature of the visit. After office and municipal buildings and hospitals, miscellaneous other locations were considered. The last classification included clinics located in special clinic buildings, medical schools, etc. The location of these clinics is given as follows:

Location.	Num-ber.	Per cent of clinics surveyed.
Office building.....	59	16.4
Municipal building.....	85	23.7
Hospital.....	142	39.5
Miscellaneous.....	73	20.4

In classifying the clinics under "standard of clinics" all locations as given above were considered to be central unless annotation appeared on the survey to the contrary. It would appear from the schedules that practically 100 per cent of the venereal disease clinics are centrally located.

Equipment.

The equipment of each clinic was given the simple rating of "adequate" or "inadequate," as the case might be, the adequacy of equipment being determined by the following requirements:

Necessary appliances for the treatment of anterior and posterior urethritis, with their several complications. Appliances for the proper preparation and administration of arsphenamine or neoarsphenamine. Apparatus for the sterilization of instruments, glassware, etc. A water still, and sufficient supply of the drugs used in the treatment of gonorrhoea, syphilis, and chancroid, according to the requirements of the "Manual of Treatment" as issued by the

United States Public Health Service. Measured by this standard the following was shown:

	Num-ber.	Per cent of clinics surveyed.
Adequately equipped.....	300	83.5
Inadequately equipped.....	59	16.5

In further considering the equipment of the various clinics it is interesting to note that 204 or 56.8 per cent of the clinics surveyed were equipped with live-steam sterilization, and only 14, or 3.9 per cent, were using chemical sterilization such as the various forms of formaldehyde cabinets used for the sterilization of catheters, cystoscopes, and other equipment of a like nature which might be damaged by boiling. However, it is to be noted that of those clinics not possessing live-steam sterilizers, such sterilization was available to fully 98 per cent through the courtesy of hospitals, laboratories, and offices of private physicians, so that autoclaved dressings were easily secured for such minor operations and dressings as might be made in the clinic.

Records.

The records of the clinic were considered under the headings history of patient and record of treatment. Such records were classed as complete or incomplete. A complete history was assumed to be one which gave the name, address, age, sex, color, marital condition, source of infection where possible, and the usual information on family history, past history, and present illness, date of exposure, period of incubation, treatments received prior to applying to clinic, and such other data as might be included under the heading of general information. Records of treatment were considered complete when they showed the patient's condition at the time treatment was commenced, and the date and type of treatment given, with notations of reactions, serological examinations, and other aids to control of treatment.

A compilation of the records kept in the 359 clinics shows:

	Num-ber.	Per cent of clinics surveyed.
Histories, complete.....	254	70.7
Histories, incomplete.....	105	29.3
Records of treatment, complete.....	257	71.6
Records of treatment, incomplete.....	102	28.4

Personnel.

Personnel of these clinics are supplied in various ways: By the city, State boards of health, private organizations, or, as in a great many instances, by the hospital in which the clinic is located. In the 359 clinics surveyed there were 397 clinicians, 398 female nurses, 90 male nurses, 201 female social workers, 27 male social workers, 124

female clerks, and 31 male clerks. Salaries were paid in 280 clinics, or 77.9 per cent of those surveyed, with a total monthly pay roll of \$61,295.77. In 106 clinics, or 29.5 per cent, fees were charged, such fees usually covering the cost of medicine, dressings, etc.

Cost of Operation.

The actual cost of operation could be secured in only 202, or 56.2 per cent, of the clinics surveyed, because of the fact that a number of clinics were operated in conjunction with a general clinic, and in such cases the cost of operation was known only for the entire clinic, no separate venereal disease clinic account being kept. However, the total cost per month, including all overhead expense, for the 202 clinics enumerated was \$76,095.46, with an average per clinic of \$376.71. From the daily attendance and treatments given it was estimated that the average per capita cost of treatment was \$1.80. Fifty-five and two-tenths per cent of these clinics, however, were shown to have a per capita cost of \$1 or less. The following shows the per capita cost of treatment at the clinics (202) for which the data were secured:

Per capita cost of treatment.	Per cent of clinics.
\$0. 50 and under.....	21. 4
\$0. 51 to \$1.....	33. 8
\$1. 01 to \$1.50.....	15. 8
\$1.51 to \$2.....	9. 0
\$2.01 and over.....	20. 0

Standards for Clinics.

When the clinics had all been rated, it was decided to classify them by groups according as they measured up to certain standards.

In order to be classed under standard "A," a clinic must meet the following requirements:

"A" standard for clinics.

Central location.	Open five days or more per week.
Adequate equipment.	Open four hours or more per day.
Adequate means of sterilization.	Night hours.
Complete histories.	Good treatment.
Complete record of treatments.	Conveniently accessible laboratory.
Convenient source of fresh distilled water, preferably a still in clinic.	No fees charged.
One or more nurses.	Properly advertised.
A social worker.	Follow-up system.
A clerk or one of clinic personnel acting as clerk.	Per capita cost under \$1.
	Daily average attendance, 25.

Four clinics were found to meet these conditions. A fifth clinic met these requirements except that its per capita cost could not be determined.

In order to be classed under standard "B," a clinic was required to meet the following requirements:

*"B" standard for clinics.**Changes from standard "A."*

Central location.	
Adequate equipment.	Laboratory omitted.
Adequate means of sterilization.	
Complete histories.	
Complete record of treatments.	
Convenient source of fresh distilled water, preferably a still in clinic.	
One or more nurses.	
A social worker.	
A clerk or one of clinic personnel acting as clerk.	
Open at least three days per week.	Reduction of two days.
Open three hours per day.	Reduction of one hour.
Night hours.	
Good treatment.	
No fees charged.	
Properly advertised.	
Follow-up system.	
Per capita cost \$1.25.	Per capita cost increased \$0.25.
Daily average attendance 25.	

Seven clinics measured up to this classification.

In order to be classed under standard "C," a clinic was required to meet the following requirements:

*"C" standard for clinics.**Changes from standard "B."*

Central location.	
Adequate equipment.	Distilled water omitted.
Adequate means of sterilization.	
Complete histories.	
Complete record of treatments.	
Nurse.	Social worker omitted.
Open three days per week.	
Open two hours a day.	
Night hours.	Reduction of one hour.
Treatment good for one disease (gonor- rhea or syphilis), fair for other.	Treatment good or fair.
No fees charged.	Advertising and follow up omitted.
Per capita cost \$1.50.	Per capita increased \$0.25.
Daily average attendance 15.	Attendance decreased 10.

Fourteen clinics conformed to standard "C," and five others met the requirements except that the per capita cost could not be determined.

In order to be classed under standard "D," a clinic was required to meet the following requirements:

*"D" standard for clinics.**Changes from standard "C."*¹

Central location.

Adequate sterilization.

Complete record of treatment.

Nurse.

Open three days per week.

Open two hours per day.

Treatment good for one disease (gonorrhea or syphilis), fair for other.

Per capita cost \$2.

Daily average attendance 12.

Equipment omitted.

Histories omitted.

Night hours omitted.

Fees allowed.

Per capita increased \$0.50.

Attendance decreased 3.

Fifty clinics conformed to standard "D" and 20 others conformed to this standard with the exception that the per capita cost could not be determined.

All other clinics not included in "A," "B," "C," and "D" were classed as "E" clinics.

The information relative to the clinics gained through the survey has been used to stimulate the clinics to do better work. State boards of health are constantly striving to raise the standard of work done at venereal disease clinics, and it is believed that many clinics now classified as "E" standard will have been brought to conform to the requirements of a higher standard and that in time highly efficient facilities for treatment will be secured throughout the United States for venereally infected persons.

INDUSTRIAL MORBIDITY STATISTICS.

Report of the Committee on Industrial Morbidity Statistics, Section on Vital Statistics, American Public Health Association, 1920.¹

The following report is of the Committee on Industrial Morbidity Statistics, Section on Vital Statistics, American Public Health Association, for the year ended September, 1920:

Your committee begs to submit as its report for this year a brief statement to the effect that the Statistical Office of the United States Public Health Service has, during the past year, undertaken the work of putting into operation the system of morbidity reports from industrial establishments which, in accordance with your instructions, the committee had developed and suggested in 1918 and 1919. Your committee has held no meetings during the past year, although its members individually have assisted the Public Health Service in various ways in this work. It has held itself in readiness to cooperate as a body whenever it was felt that sufficient trial of the proposed system of industrial morbidity reports had been made to war-

¹ Presented at the annual meeting of the American Public Health Association held in San Francisco, September 13-17, 1920. Reports of the committee presented at the meetings in 1918 and 1919 are contained in Reprints Nos. 484 and 561, respectively, from Public Health Reports.

rant a consideration of such revisions and changes as might appear advisable and to assist in the further development of the plan.

As suggested in previous reports of this committee, the Public Health Service acts as the central collecting agency for current reports of morbidity from industrial establishments. This work has been made a part of the functions of the Statistical Office of the Public Health Service.

In a letter to the chairman of this committee from the statistician in charge of the Statistical Office, one point is mentioned which your committee feels that it should lay especial emphasis upon, namely, the fact that this work is seriously handicapped by the lack of sufficient appropriations. The collection of reports of disease prevalence, in sufficient detail to permit of statistical analysis from the points of view of race, sex, age, and occupation, for a definitely enumerated and observed group of persons, is fundamental to a dependable epidemiology. There is no large body of such material in the United States, and public health work has been, and still is, seriously handicapped by this lack. Particularly is this true in the field of industrial hygiene, where an accurate measure of the effects of occupation upon the health of the workers is badly needed. It is believed that the collection of a large body of facts relating to the incidence of disease among wage earners and a system of current reports of disease prevalence among a large number of wage earners will go far to supply this need. Such is the purpose of the work outlined by your committee, and, while excellent progress has been made, its development and usefulness are postponed in a large measure by insufficient appropriations to the Public Health Service. Your committee therefore feels that every effort should be made to urge the importance of this undertaking and the necessity for sufficiently large appropriations by Congress to the Public Health Service to permit of its proper development as a health measure of fundamental importance.

LOUIS I. DUBLIN, *Chairman.*

CARL B. AUER.

WILLIAM A. HATHAWAY.

B. S. WARREN, *Secretary.*

PRINCIPAL CAUSES OF DEATH IN UNITED STATES REGISTRATION AREA, 1919.¹

CENSUS BUREAU SUMMARIZES MORTALITY STATISTICS.

The Census Bureau's annual bulletin on mortality statistics for the death registration area in continental United States, which will be issued shortly, shows 1,096,436 deaths as having occurred in 1919.

¹ Similar summaries for the years 1917 and 1918 were published in Public Health Reports for July 4, 1919, and Feb. 13, 1920, respectively.

This represents a rate of 12.9 per 1,000 population, and is the lowest rate recorded in any year since the establishment of the registration area. The rate for 1919 is in striking contrast with the unusually high rate for 1918, the year of the pandemic of influenza, which was 18 per 1,000. This is a drop of 5.1 per 1,000 population.

The death registration area in 1919 comprised 33 States, the District of Columbia, and 18 registration cities in nonregistration States, with a total estimated population of 85,147,822, or 81.1 per cent of the estimated population of the United States. The States of Delaware, Florida, and Mississippi were added to the area in 1919 and Nebraska in 1920, so that now the only States not in the area are Alabama, Arizona, Arkansas, Georgia, Idaho, Iowa, Nevada, New Mexico, North Dakota, Oklahoma, South Dakota, Texas, West Virginia, and Wyoming. The Territory of Hawaii is part of the registration area, but the figures given in this summary relate only to the area in continental United States.

The following table shows, for the death registration area in continental United States in 1919, the total number of deaths and the death rate by certain leading causes, together with the percentage which each cause contributed to the total:

Cause of death.	Number of deaths.	Rate per 100,000 population.	Per cent of total.
All causes ¹	1,096,436	1,287.7	100.0
Organic diseases of the heart.....	111,579	131.0	10.2
Tuberculosis (all forms).....	106,985	125.6	9.8
Tuberculosis of the lungs ²	94,772	111.3	8.6
Tuberculous meningitis.....	5,175	6.1	.5
Other forms of tuberculosis.....	7,038	8.3	.6
Pneumonia (all forms).....	105,213	123.6	9.6
Influenza.....	84,113	98.3	7.7
Acute nephritis and Bright's disease.....	75,005	88.1	6.8
Cancer and other malignant tumors.....	68,551	80.5	6.3
External causes (suicide excepted).....	67,654	79.5	6.2
Cerebral hemorrhage and softening.....	66,918	78.6	6.1
Congenital debility and malformations.....	56,714	66.6	5.2
Diarrhea and enteritis (under 2 years).....	37,635	44.2	3.4
Diabetes.....	12,683	14.9	1.2
Diphtheria and croup.....	12,551	14.7	1.1
Bronchitis.....	10,913	12.8	1.0
Appendicitis and typhlitis.....	10,029	11.8	.9
Suicide.....	9,732	11.4	.9
Puerperal affections, other than puerperal septicemia.....	9,538	11.2	.9
Respiratory diseases, other than pneumonia and bronchitis.....	8,965	10.4	.8
Hernia and intestinal obstruction.....	8,853	10.4	.8
Typhoid fever.....	7,866	9.2	.7
Cirrhosis of the liver.....	6,704	7.9	.6
Meningitis.....	5,508	6.5	.5
Puerperal septicemia.....	4,950	5.8	.5
Whooping cough.....	4,714	5.5	.4
Rheumatism.....	3,967	4.6	.4
Measles.....	3,296	3.9	.3
Malaria.....	3,275	3.8	.3
Scarlet fever.....	2,383	2.8	.2
Erysipelas.....	2,186	2.6	.2
Smallpox.....	353	.4	(³)
All other defined causes.....	172,161	202.2	15.7
Unknown and ill-defined causes.....	15,663	18.3	1.4

¹ Exclusive of stillbirths.

² Includes acute military tuberculosis.

³ Less than one-tenth of 1 per cent.

DIVISION OF VENEREAL DISEASES, JULY, AUGUST, AND SEPTEMBER, 1920.

During the months of July, August, and September, 1920, 91,195 cases of venereal diseases were reported to the State boards of health. This is an increase over the preceding three months of 21,781, or about 31 per cent. It is not considered that this indicates an increase in the prevalence of venereal diseases, but is the result of better reporting on the part of physicians.

Veneral disease reports for July, August, and September, 1920—Number of cases reported by the State boards of health, number of admissions to the venereal disease clinics operating under joint control of the United States Public Health Service and State boards of health, and number of treatments of arsphenamine administered.

States.	Cases reported.				Admissions to clinic.								Arsphenamine treatments administered.
					Total admissions.		Syphilis.		Gonorrhea.		Chancroid.		
	Total cases.	Syph. filis.	Gonorrhea.	Chan-croid.	Male.	Fe-male.	Male.	Fe-male.	Male.	Fe-male.	Male.	Fe-male.	
Alabama.....	1,442	577	776	89	1,690	876	846	516	769	341	75	19	6,185
Arizona.....	90	20	65	5									40
Arkansas.....	1,582	662	818	102	273	117	185	89	82	28	6		1,376
California.....	2,143	939	1,204		388	227	228	146	149	80	11	1	2,114
Colorado.....	1,067	380	630	57	375	169	117	97	212	69	46	3	986
Connecticut.....	611	305	306		167	56	67	37	98	19	2		1,155
Delaware.....	159	70	70	19	44	14	25	10	19	4			169
Florida.....	1,267	694	528	45	629	357	391	250	202	105	36	2	3,388
Georgia.....	2,079	853	1,128	98	581	174	225	143	282	25	74	6	3,209
Idaho.....	68	33	35										
Illinois.....	5,084	1,694	3,227	163	757	312	226	168	509	143	22	1	5,470
Indiana.....	1,402	613	763	26	848	241	331	129	488	111	29	1	4,039
Iowa.....	1,012	260	723	29	142	77	72	43	66	34	4		1,507
Kansas.....	742	278	455	9	210	243	102	71	106	172	2		1,620
Kentucky.....	4,278	2,169	2,010	99	566	311	225	200	316	106	25	5	3,117
Louisiana.....	2,833	974	1,470	359	806	280	308	162	405	93	98	5	2,375
Maine.....	525	106	410	9	44	27	29	19	15	8			411
Maryland.....	1,445	577	790	78	678	404	210	232	406	154	62	18	1,484
Massachusetts.....	2,901	703	2,198		1,166	674	551	378	611	296	4		5,942
Michigan.....	5,206	1,716	3,427	63	925	416	339	310	574	105	12	1	2,880
Minnesota.....	3,085	1,242	1,783	60	116	93	51	50	65	43			2,061
Mississippi.....	2,173	922	1,137	114	356	174	153	98	165	76	38		1,720
Missouri.....	2,806	889	1,713	204	770	321	331	196	412	116	27	9	3,661
Montana.....	443	133	310		16	27	10	23	6	4			285
Nebraska.....	1,605	488	1,011	106	217	92	98	43	80	48	39	1	1,411
New Hampshire.....	227	77	145	5	41	18	16	8	25	10			452
New Jersey.....	873	447	406	20	292	99	113	82	178	17	1		883
New York.....	2,055	1,546	509		581	158	278	119	292	39	11		5,693
New Mexico.....	97	38	52	7	1		1						18
North Carolina.....	2,304	608	1,568	128	135	42	48	33	64	9	23		968
North Dakota.....	471	123	347	1	25	27	10	15	15	12			146
Ohio.....	3,187	1,530	1,477	180	1,402	505	611	289	716	216	75	9	8,210
Oklahoma.....	2,064	943	1,019	102	745	274	375	151	318	115	52	8	4,964
Oregon.....	538	145	385	8	38	19	13	8	25	11			227
Pennsylvania.....	3,778	2,729	1,001	48	504	351	313	258	272	92	9	1	7,278
Rhode Island.....	844	593	249	2	81	37	58	32	22	5	1		2,624
South Carolina.....	4,803	2,537	2,057	209	1,529	512	754	297	658	195	117	20	5,784
South Dakota.....	280	44	220	16	23	15	12	8	10	7	1		52
Tennessee.....	394	106	267	21	341	333	126	163	178	169	37	1	1,780
Texas.....	15,507	5,815	8,573	819	1,328	377	548	202	606	161	172	14	3,344
Utah.....	217	46	170	1	19	8	7	4	12	4			86
Vermont.....	211	84	127		7	3	3	2	4	1			106
Virginia.....	1,824	770	997	57	847	353	388	211	423	137	36	5	3,121
Washington.....	1,367	248	1,083	56	116	74	37	28	77	46	2		1,079
West Virginia.....	2,650	839	1,728	83	85	52	63	32	20	20	2		504
Wisconsin.....	1,118	144	952	22	192	108	74	51	199	57	9		1,208
Wyoming.....	318	115	189	14	14	11	3	5	11	4			11
Total.....	91,195	36,824	50,808	3,563	20,200	9,038	8,966	5,399	10,074	3,507	1,160	132	105,173

¹ Reports not complete.

PUBLIC HEALTH ENGINEERING ABSTRACT.**Pasteurization of Milk—Report of the committee on milk supply, Sanitary Engineering Section, American Public Health Association.**

(Published in pamphlet form by the American Public Health Association, Boston, August, 1923.)

In the summary the committee states that information collected throughout the United States and the Dominion of Canada shows that there are approximately 4,200 pasteurization plants in operation in these countries at the present time and that only a very limited number of them are controlled from a public health point of view. There is little uniformity in the definitions of milk pasteurization used by Federal, State, and municipal branches of government, which leads to much confusion as to the proper meaning of "pasteurized milk." There is also a very apparent lack of understanding on the part of the public regarding the actual meaning of pasteurization and the reason for its general application.

The results of scientific workers studying the effect of pasteurization on the composition of milk, indicate that there is little, if any, change in the chemical composition so far as can be determined by chemical analysis. A large amount of experimental work has been conducted on the undesirable effects of pasteurization on milk that is to be used for infant feeding. Some conflicting opinions have resulted from this work, but it is now generally recognized that any ill effects from the use of such milk for infant feeding can be easily remedied by the addition of certain common substances such as orange juice and potato water. The protection from communicable diseases that pasteurization affords older children and adults far overshadows any of the easily remedied ill effects associated with infant feeding.

The evidence presented on the various methods used for the pasteurization of milk indicates that the "holding" system is so much superior to any other that its universal application for the pasteurization of milk to be used for human consumption is justified. The process of pasteurization of milk should consist in subjecting the milk to a temperature not lower than 145° F. for not less than 30 minutes.

The mechanical features of pasteurization plants have not been given sufficient attention by many of the departments supervising the pasteurization of milk, and defects in pasteurizing apparatus are found in many plants now in operation. Defects which can be eliminated by proper design, construction, and operation of the plant may be found associated with nearly every part of the pasteurization apparatus. It is possible to construct a commercial pasteurization plant on a practical basis without inherently dangerous

defects. Such a plant when properly operated should produce a pasteurized milk which is safe for human consumption.

The analytical control of pasteurization plants is a subject that has been given considerable attention by health authorities, and many methods have been studied for the purpose of determining the efficiency of the plants and the various apparatus associated with the pasteurization of milk. The methods discussed in this report include the physical, chemical, physicochemical, and biological. The physical methods, involving the testing of sensitive instruments used to control the process, and biological tests to study the efficiency of plants and the quality of their effluents appear to be the best of those already devised and practically applied. It is clearly evident that the analytical control of pasteurization plants calls for the active cooperation of engineers and laboratory investigators before satisfactory interpretations can be made and efficient results accomplished.

State and municipal supervision of pasteurization should involve certain fundamentals for the protection of the public health. It appears to be generally recognized at the present time that the branch of government to which this supervisory work should be assigned is the health department. This makes possible the correlation of this work with other health activities that are primarily directed towards the suppression of disease. The State should at least set minimum standards for the control of milk pasteurization, which may be supplemented by the municipalities to fit their particular needs. The supervising health department, organized for the control of milk pasteurization, should have available engineering, laboratory, and medical service. The approval of the health department should be required on the system and equipment of each plant producing pasteurized milk. A large part of the supervision should be concentrated on the construction, operation, and management of the plant and its equipment. The operators of such plants should have had proper training and be licensed by the health department. Milk should not be sold as "pasteurized" unless its production and sale are properly legalized and supervised by competent health authorities. Laws and ordinances governing pasteurized milk should be specific in every detail and should provide adequate penalties for offenders.

DEATHS DURING WEEK ENDED NOV. 6, 1920.

[From the "Weekly Health Index," Nov. 9, 1920, issued by the Bureau of the Census, Department of Commerce.]

Deaths from all causes in certain large cities of the United States during the week ended Nov. 6, 1920, infant mortality (per cent), annual death rate, and comparison with corresponding week of preceding years.

City.	Population Jan. 1, 1920, subject to revision.	Week ended Nov. 6, 1920.		Average annual death rate per 1,000. ²	Per cent of deaths under 1 year.	
		Total deaths.	Death rate. ¹		Week ended Nov. 6, 1920.	Previous year or years. ³
Akron, Ohio.....	206,435	39	9.8	C 7.9	15.4	11.
Albany, N. Y.....	113,344	21	9.7	C 14.8	4.8	C 15.6
Atlanta, Ga.....	200,616	61	15.9	C 10.5	13.1	C 7.5
Baltimore, Md.....	733,826	168	11.9	A 14.5	20.2	A 17.8
Birmingham, Ala.....	178,270	39	11.4	A 16.6	15.4	A 10.8
Boston, Mass.....	747,922	184	12.8	A 15.2	12.0	A 16.1
Bridgeport, Conn.....	148,162	25	9.1	A 13.9	36.0	A 18.4
Buffalo, N. Y.....	506,775	116	11.9	C 10.9	18.1	C 14.3
Cambridge, Mass.....	109,466	37	12.9	A 14.1	29.6	A 19.3
Chicago, Ill.....	2,701,705	518	10.0	A 12.1	17.4	A 16.2
Cincinnati, Ohio.....	401,247	103	13.4	C 14.0	5.8	C 10.3
Cleveland, Ohio.....	796,836	170	11.1	C 10.6	24.1	C 19.5
Columbus, Ohio.....	237,031	44	9.7	C 8.9	15.9	O 17.5
Dallas, Tex.....	158,976	42	13.8	A 11.8	19.0	A 9.0
Dayton, Ohio.....	153,830	27	9.2	C 13.4	14.8	C 20.5
Denver, Colo.....	256,491	72	14.6	A 14.3	11.1	.....
Detroit, Mich.....	993,739	183	9.6	.....	25.1	.....
Fall River, Mass.....	120,485	30	13.0	C 13.4	6.7	C 9.7
Grand Rapids, Mich.....	137,634	31	11.7	C 10.7	29.0	C 10.7
Hartford, Conn.....	138,036	18	6.8	.....	5.6	.....
Indianapolis, Ind.....	314,194	62	10.2	C 10.4	16.1	C 14.5
Jersey City, N. J.....	268,079	65	11.4	C 12.8	24.6	C 12.3
Kansas City, Kans.....	101,177	27	13.9	.....	7.4	.....
Kansas City, Mo.....	324,410	72	11.6	C 14.2	12.5	C 17.2
Los Angeles, Calif.....	576,673	181	16.4	A 12.4	9.4	A 7.0
Louisville, Ky.....	234,991	59	13.1	C 10.0	6.5	C 11.1
Lowell, Mass.....	112,479	34	15.8	A 15.2	26.5	A 20.8
Memphis, Tenn.....	162,351	63	20.2	C 21.9	12.7	C 11.1
Milwaukee, Wis.....	457,147	82	9.4	A 11.5	20.7	A 18.5
Minneapolis, Minn.....	380,582	83	11.4	C 11.6	12.0	C 6.0
Nashville, Tenn.....	118,342	31	13.7	C 13.7	19.4	C 12.9
Newark, N. J.....	414,216	66	6.3	C 12.9	13.6	C 14.7
New Bedford, Mass.....	121,217	33	14.2	A 15.2	27.3	A 25.0
New Haven, Conn.....	162,519	33	10.6	C 13.3	9.1	C 14.6
New Orleans, La.....	387,219	124	16.7	A 21.9	17.7	A 10.3
New York, N. Y.....	5,620,048	1,114	10.3	C 9.7	14.1	C 15.0
Norfolk, Va.....	115,777	26	11.7	.....	23.1	.....
Oakland, Calif.....	216,361	37	8.9	A 10.4	13.5	A 12.0
Omaha, Nebr.....	191,601	34	9.3	C 11.3	11.8	C 9.8
Philadelphia, Pa.....	1,823,158	409	11.7	C 14.0	14.9	19.6
Pittsburgh, Pa.....	588,193	142	12.6	C 11.2	14.8	C 24.6
Portland, Oreg.....	258,288	50	10.1	C 10.4	12.0	C 11.6
Providence, R. I.....	237,595	51	11.2	C 10.3	27.5	C 19.1
Richmond, Va.....	171,667	44	13.4	C 13.2	22.7	C 29.9
Rochester, N. Y.....	295,750	74	13.0	C 11.8	20.3	C 19.7
St. Louis, Mo.....	772,897	179	12.1	C 11.6	8.4	C 6.4
St. Paul, Minn.....	224,690	51	11.3	C 9.4	13.7	C 7.1
Salt Lake City, Utah.....	118,110	23	10.2	A 10.3	30.4	.....
San Francisco, Calif.....	506,676	130	13.4	C 13.2	3.1	C 6.5
Seattle, Wash.....	315,652	37	6.1	A 7.5	8.1	A 8.5
Spokane, Wash.....	104,294	22	11.0	C 10.0	9.1	C 10.0
Springfield, Mass.....	129,338	33	13.3	.....	12.1	.....
Syracuse, N. Y.....	171,647	15	4.6	C 9.2	20.0	C 16.7
Toledo, Ohio.....	243,164	95	20.4	A 15.3	3.2	A 12.2
Trenton, N. J.....	119,289	20	8.7	A 16.7	25.0	A 22.6
Washington, D. C.....	427,571	97	11.6	A 15.8	11.3	A 11.3
Wilmington, Del.....	110,163	20	9.5	C 15.8	10.0	.....
Worcester, Mass.....	178,754	41	11.9	C 10.3	9.8	C 11.4
Yonkers, N. Y.....	100,176	23	12.0	A 12.1	21.7	A 24.0
Youngstown, Ohio.....	122,358	27	10.6	.....	29.6	.....

¹ Annual rates per 1,000 population.

² "A" indicates data for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates data for the corresponding week of the year 1919.

³ Data are based on statistics of 1915, 1916, and 1917.

Summary of information received by telegraph from industrial insurance companies for week ended Nov. 6, 1920.

Policies in force.....	45,061,204
Number of death claims.....	6,592
Death claims per 1,000 policies in force, annual rate.....	7.6

PREVALENCE OF DISEASE.

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

UNITED STATES.

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Nov. 13, 1920.

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

ALABAMA.	Cases.	CONNECTICUT—continued.	Cases.
Diphtheria.....	38	German measles.....	1
Hookworm.....	44	Influenza.....	8
Pellagra.....	1	Lethargic encephalitis.....	1
Poliomyelitis.....	1	Measles:	
Scarlet fever.....	17	Putnam (city).....	49
Smallpox.....	2	Thompson.....	10
Tuberculosis.....	9	Scattering.....	17
Typhoid fever.....	13	Mumps.....	30
		Pneumonia (lobar).....	3
CHICKEN POX.....	15	Poliomyelitis.....	1
Diphtheria.....	73	Scarlet fever:	
Hookworm.....	1	New Haven.....	24
Influenza.....	47	Scattering.....	70
Malaria.....	160	Tetanus.....	1
Measles.....	35	Tuberculosis (all forms).....	35
Pellagra.....	4	Typhoid fever.....	8
Scarlet fever.....	41	Whooping cough.....	95
Smallpox.....	5		
Trachoma.....	3	DELAWARE.	
Tuberculosis.....	33	Chicken pox.....	5
Typhoid fever.....	31	Diphtheria.....	6
Whooping cough.....	9	Measles.....	1
		Pneumonia.....	1
CALIFORNIA.		Scarlet fever.....	12
Cerebrospinal meningitis.....	5	Tuberculosis.....	2
Influenza.....	10	Typhoid fever.....	1
Lethargic encephalitis—Palo Alto.....	1	Whooping cough.....	6
Poliomyelitis—Los Angeles.....	1		
Smallpox:		FLORIDA.	
Escondido.....	24	Diphtheria.....	41
Woodland.....	10	Influenza.....	11
Scattering.....	62	Malaria.....	80
Typhoid fever.....	9	Ophthalmia neonatorum.....	1
		Pneumonia.....	33
CONNECTICUT.		Scarlet fever.....	7
Chicken pox.....	26	Smallpox.....	2
Diphtheria:		Typhoid fever.....	15
Cheshire.....	12		
Hartford.....	21	GEORGIA.	
New Britain.....	19	Chicken pox.....	8
New Haven.....	13	Conjunctivitis (acute infectious).....	1
Scattering.....	64	Diphtheria.....	57

GEORGIA—continued.		Cases.	KANSAS.		Cases.
Dengue.....		18	Cerebrospinal meningitis.....		1
Dysentery (bacillary).....		1	Chicken pox.....		19
Hookworm.....		17	Diphtheria.....		288
Influenza.....		18	Influenza.....		13
Malaria.....		51	Malaria.....		1
Measles.....		7	Measles.....		79
Mumps.....		1	Mumps.....		1
Paratyphoid fever.....		1	Pneumonia.....		18
Pneumonia.....		7	Scarlet fever.....		183
Scarlet fever.....		23	Smallpox.....		26
Septic sore throat.....		4	Tuberculosis.....		37
Smallpox.....		19	Typhoid fever.....		34
Trachoma.....		1	Whooping cough.....		54
Tuberculosis (all forms).....		13			
Typhoid fever.....		12	LOUISIANA.		
Whooping cough.....		9	Diphtheria.....		12
ILLINOIS.			Influenza.....		16
Cerebrospinal meningitis:			Poliomyelitis.....		1
Chicago.....		10	Scarlet fever.....		11
Coal City.....		1	Smallpox.....		11
De Soto.....		1	Typhoid fever.....		16
Little York.....		1			
Warren County—Spring Grove Township.....		1	MAINE.		
Will County—Plainfield Township.....		1	Cerebrospinal meningitis.....		1
Diphtheria:			Chicken pox.....		8
Chicago.....		363	Diphtheria.....		18
Lawrence County—Petty Township.....		10	Influenza.....		4
Scattering.....		114	Measles.....		72
Influenza.....		9	Mumps.....		1
Lethargic encephalitis—Evanston.....		1	Pneumonia.....		4
Pneumonia:			Poliomyelitis:		
Chicago.....		113	Mount Desert.....		1
Scattering.....		4	Troy.....		1
Poliomyelitis:			Scarlet fever.....		24
Bishop Hill.....		1	Smallpox.....		5
Chicago.....		2	Tuberculosis.....		71
Cicero.....		1	Typhoid fever.....		7
Dewitt County—Barnett Township.....		1	Whooping cough.....		40
Redick.....		1			
Rock Island.....		1	MARYLAND. ¹		
Villa Grove.....		1	Chicken pox.....		33
Scarlet fever:			Diphtheria.....		110
Chicago.....		157	Dysentery.....		2
La Salle.....		10	Influenza.....		24
Springfield.....		38	Malaria.....		2
Scattering.....		117	Measles.....		16
Smallpox:			Mumps.....		2
Augusta.....		11	Pneumonia (all forms).....		50
Chicago.....		3	Poliomyelitis.....		2
Ogle County—Buffalo Township.....		8	Scarlet fever.....		41
Polo.....		8	Septic sore throat.....		1
Scattering.....		33	Tuberculosis.....		36
Typhoid fever.....		11	Typhoid fever.....		21
INDIANA.			Whooping cough.....		53
Diphtheria.....		134			
Poliomyelitis—Miami County.....		1	MASSACHUSETTS. ¹		
Scarlet fever.....		178	Cerebrospinal meningitis.....		3
Smallpox.....		82	Chicken pox.....		173
Typhoid fever.....		15	Conjunctivitis (suppurative).....		11
IOWA.			Diphtheria.....		194
Diphtheria.....		38	German measles.....		7
Poliomyelitis:			Influenza.....		14
Benton County.....		1	Malaria.....		1
Poweshiek County.....		1	Measles.....		277
Scarlet fever.....		75	Mumps.....		40
Smallpox.....		53	Ophthalmia neonatorum.....		25

¹ Week ended Friday.

MASSACHUSETTS—continued.

	Cases.
Pellagra.....	1
Pneumonia (lobar).....	50
Poliomyelitis.....	16
Scarlet fever.....	144
Septic sore throat.....	2
Tetanus.....	1
Trachoma.....	2
Tuberculosis (all forms).....	141
Typhoid fever.....	15
Whooping cough.....	76

MINNESOTA.

Poliomyelitis.....	6
Smallpox.....	26

MISSISSIPPI.

Diphtheria.....	79
Scarlet fever.....	17
Smallpox.....	1
Typhoid fever.....	8

MONTANA.

Diphtheria.....	7
Scarlet fever.....	24
Smallpox.....	26
Typhoid fever.....	5

NEBRASKA.

Cerebro spinal meningitis—Center.....	1
Chicken pox.....	13
Diphtheria:	
Omaha.....	23
Scattering.....	25
Measles.....	6
Scarlet fever:	
Indianola.....	9
Scattering.....	21
Smallpox.....	40
Typhoid fever.....	1
Whooping cough.....	7

NEW JERSEY.

Diphtheria—Unusual prevalence in several localities.....	
Influenza.....	10
Pneumonia.....	74

NEW MEXICO.

Chicken pox.....	11
Diphtheria:	
Ancho.....	10
Scattering.....	11
Influenza.....	2
Measles.....	8
Mumps.....	5
Paratyphoid fever.....	1
Pneumonia.....	7
Scarlet fever.....	7
Smallpox.....	3
Trachoma.....	2
Tuberculosis.....	43
Typhoid.....	15
Whooping cough.....	5

NEW YORK.

(Exclusive of New York City.)

	Cases.
Diphtheria.....	427
Influenza.....	25
Measles.....	678
Pneumonia.....	126
Poliomyelitis:	
Veteran Town.....	1
Springville Village.....	1
North Hempstead Town.....	1
Scarlet fever.....	210
Smallpox.....	6
Typhoid fever.....	46
Whooping cough.....	340

NORTH CAROLINA.

Chicken pox.....	29
Diphtheria.....	165
German measles.....	2
Measles.....	36
Scarlet fever.....	59
Septic sore throat.....	5
Smallpox.....	13
Typhoid fever.....	19
Whooping cough.....	169

OHIO.

Smallpox—Unusually prevalent in Johnstown and in Licking County.
Typhoid fever—Salem—Epidemic.

SOUTH DAKOTA.

Chicken pox.....	2
Diphtheria.....	34
Measles.....	11
Poliomyelitis.....	1
Scarlet fever.....	39
Smallpox.....	15
Whooping cough.....	6

TEXAS.

Diphtheria.....	326
Influenza.....	37
Pneumonia.....	18
Scarlet fever.....	37
Smallpox.....	21
Tuberculosis.....	33
Typhoid fever.....	37

VERMONT.

Chicken pox.....	41
Diphtheria.....	4
Measles.....	22
Mumps.....	5
Pneumonia.....	4
Scarlet fever.....	17
Smallpox.....	1
Typhoid fever.....	5
Whooping cough.....	58

WASHINGTON.

Chicken pox.....	57
Diphtheria.....	40
German measles.....	1
Influenza.....	1
Measles.....	90

WASHINGTON—continued.

	Cases.
Mumps.....	3
Scarlet fever.....	57
Smallpox.....	78
Tuberculosis.....	1
Typhoid fever.....	23
Whooping cough.....	2
WEST VIRGINIA.	
Diphtheria:	
Clarksburg.....	11
Wheeling.....	14
Scattering.....	31
Measles.....	7
Scarlet fever.....	28
Smallpox.....	8
Typhoid fever.....	7
WISCONSIN.	
Milwaukee:	
Chicken pox.....	11
Diphtheria.....	62

WISCONSIN—continued.

Milwaukee—Continued.	Cases.
Measles.....	2
Scarlet fever.....	23
Smallpox.....	21
Tuberculosis.....	14
Whooping cough.....	14
Scattering:	
Cerebrospinal meningitis.....	1
Chicken pox.....	59
Diphtheria.....	71
German measles.....	1
Influenza.....	18
Measles.....	53
Poliomyelitis.....	3
Scarlet fever.....	95
Smallpox.....	45
Tuberculosis.....	9
Typhoid fever.....	7
Whooping cough.....	80

Kentucky Report for Week Ended Nov. 6, 1920.

	Cases.		Cases.
Cerebrospinal meningitis—Muhlenberg County.....	1	Pneumonia.....	10
Chicken pox.....	15	Scarlet fever:	
Diphtheria:		Jefferson County.....	12
Allen County.....	10	Owen County.....	8
Christian County.....	11	Scattering.....	25
Davies County.....	9	Smallpox.....	12
Jefferson County.....	32	Tonsillitis.....	4
Mercer County.....	8	Trachoma—Pike County.....	13
Scattering.....	48	Tuberculosis:	
Influenza.....	13	Jefferson County.....	17
Malaria.....	2	Scattering.....	5
Measles.....	26	Typhoid fever.....	35
Mumps.....	3	Whooping cough.....	19

SUMMARY OF CASES REPORTED MONTHLY BY STATES.

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

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

State.	Cerebrospinal meningitis.	Diphtheria.	Influenza.	Malaria.	Measles.	Pellagra.	Poliomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
1920.										
Colorado (September).....	1	148			29		3	46	83	103
Connecticut (October).....	9	378	15	2	166		5	242		58
Florida (October).....		103	58	348	3	20		22	11	43
Massachusetts (October).....	11	745	41	7	714	2	190	543		127
Nebraska (October).....	3	184	1		34		5	124	102	34
New Mexico (September).....		45	8	8	12	1		13	9	64
New Mexico (October).....		116	9	3	3			31	9	55
Vermont (October).....	1	30	5		47		1	76	30	14
Wisconsin (October).....	9	455	21		305		20	467	296	38

ACTINOMYCOSIS.

New Mexico—September, 1920.

During September, 1920, one case of actinomycosis was reported in New Mexico.

ANTHRAX.

-Maine and Massachusetts.

During October, 1920, two cases of anthrax were reported in Massachusetts. During the week ended October 30, 1920, one case was reported at Lewiston, Me.

CEREBROSPINAL MENINGITIS.

Colorado—September, 1920.

During September, 1920, one case of cerebrospinal meningitis was reported at Pueblo, Colo.

City Reports for Week Ended Oct. 30, 1920.

The column headed "Average cases" gives the average number of cases reported during the corresponding week of the years 1915 to 1919, inclusive. In instances in which the information is not available for the full five years, the average includes from one to four years.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
California:				Nebraska:			
Los Angeles.....	(¹)	2	.....	Omaha.....	(¹)	1	1
Connecticut:				New Jersey:			
New Haven.....	0	2	1	Plainfield.....	(¹)	1	1
Illinois:				New York:			
Chicago.....	2	2	.....	New York.....	3	4	2.
Jacksonville.....			1	North Carolina:			
Kansas:				Charlotte.....	0	1	1
Hutchinson.....	(¹)	1	.....	Ohio:			
Topeka.....	0	1	.....	Cleveland.....	1	3	2
Maine:				Zanesville.....	0	.....	1
Bangor.....		1	.....	Oregon:			
Massachusetts:				Portland.....	0	.....	1
Fall River.....	(¹)	2	1	West Virginia:			
Salem.....	0	.....	1	Huntington.....		.....	1
Michigan:				Wisconsin:			
Detroit.....	(¹)	1	.....	Superior.....	0	.....	1
Ironwood.....	0	1	1				
Missouri:							
Kansas City.....	(¹)	1	.....			

¹ Average less than 1.**DIPHTHERIA.**

See Telegraphic weekly reports from States, p. 2792; Monthly summaries by States, p. 2795; and Weekly reports from cities, p. 2806.

DENGUE.

Savannah, Ga.—Week Ended Oct. 30, 1920.

During the week ended October 30, 1920, 19 cases of dengue were reported at Savannah, Ga.

INFLUENZA.

New Mexico—September, 1920.

During September, 1920, two cases of influenza were reported in Colfax County, three in Taos County, and three in Valencia County, N. Mex.

City Reports for Week Ended Oct. 30, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Massachusetts—Continued.		
Mobile.....		1	Cambridge.....	2	
Arkansas:			Lynn.....	1	
North Little Rock.....	1		Saugus.....	1	
California:			Michigan:		
Fresno.....	3		Detroit.....	3	
Los Angeles.....	1		Minnesota:		
Oakland.....		1	Minneapolis.....	1	
Sacramento.....	1		St. Paul.....	1	1
Connecticut:			Missouri:		
Bridgeport.....	3		St. Louis.....	1	1
New Britain.....	4		New Jersey:		
Georgia:			Kearny.....		1
Atlanta.....	5		Newark.....	4	
Brunswick.....	4		New York:		
Rome.....	1		Buffalo.....	1	
Illinois:			Hudson.....	1	
Chicago.....	24	3	Jamestown.....	2	
Danville.....	1		New York.....	28	6
Kansas:			Yonkers.....	1	
Parsons.....	1		Ohio:		
Salina.....	1		Cincinnati.....	1	
Kentucky:			Cleveland.....	2	1
Louisville.....	1		Mansfield.....	1	
Paducah.....	1		Pennsylvania:		
Louisiana:			Philadelphia.....	1	
Baton Rouge.....	2		South Carolina:		
Maryland:			Greenville.....	1	
Baltimore.....	8		Texas:		
Cumberland.....	3		Dallas.....	7	
Massachusetts:			El Paso.....		3
Boston.....	3				

LEPROSY.

Colorado, Florida, New Jersey, and Texas.

During September a case of leprosy was reported in Lincoln County, Colo., in the person of V. K., female, aged 25, the disease being diagnosed clinically September 25 as tubercular leprosy. The patient, who has lived at the present address for the past five years and previously in Oklahoma and Texas, is now under the supervision of the Lincoln County health officer.

During October a case of leprosy was reported at Key West, Fla., in the person of L. R., female, white, aged 38.

During the week ended October 30, 1920, one case of leprosy was reported at West Orange, N. J., and one death was reported at Galveston, Tex.

LETHARGIC ENCEPHALITIS.

Connecticut, Florida, and Nebraska.

During October, 1920, one case of lethargic encephalitis was reported in Connecticut, one in Florida, and one in Nebraska.

MALARIA.

New Mexico—September, 1920.

During September, 1920, six cases of malaria were reported in Rio Arriba County, one was reported in Santa Fe County, and one in Taos County, N. Mex.

City Reports for Week Ended Oct. 30, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Louisiana:		
Fort Smith.....	1		Alexandria.....	28	
Arkansas:			Baton Rouge.....	1	
Little Rock.....	5		Massachusetts:		
California:			Lowell.....	1	
Los Angeles.....	1		New Jersey:		
Redlands.....	1		Newark.....	2	
Sacramento.....	1		Oregon:		
Georgia:			Portland.....		1
Atlanta.....	1		Pennsylvania:		
Brunswick.....	1		Philadelphia.....	1	
Rome.....	1		Tennessee:		
Savannah.....	4		Memphis.....		2
Illinois:			Texas:		
Danville.....	1		Dallas.....	31	1
Iowa:			Virginia:		
Keokuk.....	2		Norfolk.....	6	
Kansas:			Richmond.....	1	
Coffeyville.....	1				

MALTA FEVER.

New Mexico and Texas.

Several cases of Malta fever were reported under date of November 6, 1920, in San Angelo, Tex. During October one case was reported in New Mexico.

MEASLES.

See Telegraphic weekly reports from States, p. 2792; Monthly summaries by States, p. 2795; and Weekly reports from cities, p. 2806.

PELLAGRA.

New Mexico—September, 1920.

During September, 1920, one case of pellagra was reported at Bernalillo, Sandoval County, N. Mex.

City Reports for Week Ended Oct. 30, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Missouri:		
Anniston.....	1		Springfield.....		1
Birmingham.....	1		South Carolina:		
Montgomery.....		2	Charleston.....		1
Georgia:			Texas:		
Atlanta.....		3	Austin.....		1

PLAGUE.

Human Cases of Plague Reported.

Place.	Period covered.	Cases.	Deaths.	Remarks.
Florida:				
1920.				
Pensacola.....	May 31 to Aug. 31.....	10	4	
	Sept. 1 to Nov. 13.....	0	0	
Louisiana:				
1919.				
New Orleans.....	Oct. 22 to Dec. 31.....	12	4	
1920.				
	Jan. 1 to Apr. 30.....	0	0	
	May 1 to Aug. 31.....	7	3	
	Sept. 1 to Nov. 13.....	0	0	
Texas:				
Beaumont.....	June 19 to Aug. 20.....	14	5	
	Aug. 21 to Nov. 13.....	0	0	
Galveston.....	June 8 to Oct. 20.....	16	10	
	Oct. 21 to Nov. 13.....	0	0	
	Nov. 14.....	1	1	
Port Arthur.....	July 7.....	1	1	From Galveston.

Plague-infected Rodents.

Place.	Period covered.	Rodents found plague infected.
Florida:		
1920.		
Pensacola.....	June 28 to Sept. 19.....	31
	Sept. 20 to Nov. 13.....	0
Louisiana:		
1919.		
New Orleans.....	November and December.....	308
1920.		
	January to October.....	266
	Nov. 1-13.....	0
Texas:		
Beaumont.....	July 1 to Oct. 25.....	123
	Oct. 26 to Nov. 13.....	0
Galveston.....	June 21 to Oct. 29.....	60
	Oct. 30 to Nov. 8.....	0
	Nov. 9.....	1
	Nov. 10-13.....	0
Port Arthur.....	Oct. 25.....	1

PNEUMONIA (ALL FORMS).

City Reports for Week Ended Oct. 30, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:					
Anniston.....	1		Colorado:		
Birmingham.....	3		Denver.....		8
Mobile.....	1		Grooley.....		1
Arkansas:					
North Little Rock.....	1	1	Pueblo.....		1
California:					
Long Beach.....	4	2	Connecticut:		
Los Angeles.....	15	6	Bridgeport.....	2	1
Oakland.....	3	3	Hartford.....	1	1
Pasadena.....	1	1	New Britain.....	1	
Sacramento.....	1	2	New Haven.....		1
San Diego.....	3	1	Norwich.....	1	1
San Francisco.....	11	7	Delaware:		
Santa Barbara.....	1	1	Wilmington.....		1
Santa Cruz.....	1	1	District of Columbia:		
Stockton.....	2	2	Washington.....		7
Georgia:					
			Atlanta.....	1	7
			Savannah.....		3

PNEUMONIA (ALL FORMS)—Continued.

City Reports for Week Ended Oct. 30, 1920—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Illinois:			Nebraska:		
Alton.....	1		Omaha.....		4
Aurora.....		3	New Hampshire:		
Bloomington.....		1	Concord.....		1
Chicago.....	113	21	New Jersey:		
East St. Louis.....		2	Bloomfield.....	1	
Elgin.....		3	Elizabeth.....		2
Freeport.....		1	Jersey City.....	2	
Jacksonville.....		1	Kearny.....	1	
Kewanee.....		1	Montclair.....	1	
La Salle.....	1	1	Morristown.....	1	1
Mattoon.....	1		Newark.....	42	5
Oak Park.....	1		Passaic.....	2	
Peoria.....		2	Paterson.....	1	
Rockford.....		2	Phillipsburg.....		1
Springfield.....	3		Trenton.....	2	1
Indiana:			West New York.....	1	
Elwood.....		1	New York:		
Fort Wayne.....		1	Albany.....	1	
Gary.....		2	Buffalo.....	16	4
Indianapolis.....		7	Elmira.....	1	
La Fayette.....		2	Geneva.....		1
Richmond.....		2	Glens Falls.....	1	1
Terre Haute.....		1	Ithaca.....	1	1
Iowa:			Jamestown.....	1	1
Burlington.....	1	1	Lackawanna.....	10	1
Council Bluffs.....		1	Middletown.....	2	
Kansas:			Mount Vernon.....	4	
Kansas City.....	4		New York.....	160	90
Parsons.....	1		Niagara Falls.....	3	1
Wichita.....	1		North Tonawanda.....	1	
Kentucky:			Olean.....		1
Louisville.....	1	1	Rochester.....	8	4
Louisiana:			Saratoga Springs.....	2	1
Baton Rouge.....	2	1	Schenectady.....	2	1
New Orleans.....		10	Syracuse.....	4	3
Maine:			Watertown.....	2	
Portland.....	1	1	North Carolina:		
Maryland:			Charlotte.....		2
Baltimore.....	20	10	Durham.....		1
Cumberland.....	3		Greensboro.....		1
Massachusetts:			Wilmington.....		1
Amesbury.....		1	Ohio:		
Boston.....	13	15	Alliance.....		2
Brookline.....	1	1	Barberton.....	2	
Cambridge.....	2	2	Canton.....	2	2
Everett.....	1		Chillicothe.....		1
Fall River.....	4	1	Cincinnati.....	4	1
Haverhill.....		1	Cleveland.....	15	19
Leominster.....	1		Columbus.....		4
Lowell.....	2	2	Dayton.....	2	
Lynn.....	1	1	Lorain.....		1
Medford.....	2	1	Middletown.....		1
Methuen.....	1		Newark.....		3
New Bedford.....		2	New Philadelphia.....	1	
Newburyport.....	1		Piqua.....		1
Newton.....	2		Toledo.....	1	3
Waltham.....	3		Oklahoma:		
Watertown.....	1	1	Oklahoma City.....		1
Winchester.....		1	Oregon:		
Woburn.....		1	Portland.....		4
Worcester.....	4	5	Pennsylvania:		
Michigan:			Philadelphia.....	76	47
Detroit.....	34	19	Rhode Island:		
Flint.....	4	1	Pawtucket.....		2
Grand Rapids.....	1	1	Providence.....		1
Ironwood.....	2		South Carolina:		
Pontiac.....	1	1	Charleston.....		1
Minnesota:			Spartanburg.....	1	1
Duluth.....		2	South Dakota:		
Hibbing.....		1	Sioux Falls.....	1	1
Minneapolis.....	2	5	Tennessee:		
St. Paul.....	2	2	Memphis.....		4
Missouri:			Texas:		
Kansas City.....	3	6	Dallas.....	5	1
St. Joseph.....		2	Fort Worth.....		4
Springfield.....		2	Galveston.....		1
Montana:			Houston.....		4
Butte.....		3	Waco.....		1

PNEUMONIA (ALL FORMS)—Continued.

City Reports for Week Ended Oct. 30, 1920—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Utah:			West Virginia:		
Salt Lake City.....		3	Wheeling.....		3
Virginia:			Wisconsin:		
Lynchburg.....		2	Beloit.....		1
Norfolk.....	2		Green Bay.....		2
Richmond.....		1	Janesville.....		1
Roanoke.....	1	1	Milwaukee.....	7	9

POLIOMYELITIS (INFANTILE PARALYSIS).

Colorado—September, 1920.

During September, 1920, one case of poliomyelitis was reported in Adams County, and two cases were reported at Pueblo, Pueblo County, Colo.

City Reports for Week Ended Oct. 30, 1920.

The column headed "Average cases" gives the average number of cases reported during the corresponding week of the years 1915 to 1919, inclusive. In instances in which the information is not available for the full five years, the average includes from one to four years.

Place.	Average age cases.	1920		Place.	Average age cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
California:				Michigan:			
Los Angeles.....	(¹)	2		Detroit.....	(¹)	4	
Illinois:				Flint.....	2	1	
Chicago.....	² 1	5	3	Minnesota:			
Elgin.....	0	1		Minneapolis.....	(¹)	2	1
Evanston.....	0	1		Missouri:			
Jacksonville.....		1		Kansas City.....	0	1	
Iowa:				St. Louis.....	(¹)	1	
Cedar Rapids.....	0	1		New Jersey:			
Massachusetts:				Jersey City.....	0	1	
Boston.....	(²)	10	3	New York:			
Brookline.....	0	1		New York.....	4	9	
Cambridge.....	(¹)	2		Ohio:			
Haverhill.....	(¹)	2	1	Cleveland.....	(¹)	1	
Lynn.....	1	3		Pennsylvania:			
Medford.....	(¹)	3		Johnstown.....	0	1	
Melrose.....	0	1		Philadelphia.....	(³)	2	
Newton.....	(¹)	1					
Springfield.....	(¹)	1					
Waltham.....	(¹)	3	1				

¹ Average less than 1.

² Excluding 1916 and 1917, epidemic years.

³ Excluding 1916, average less than 1.

⁴ Excluding 1916, an epidemic year.

RABIES IN ANIMALS.

Bloomington, Ind.—Week Ended Oct. 30, 1920.

During the week ended October 30, 1920, one case of rabies in animals was reported at Bloomington, Ind.

- ROCKY MOUNTAIN SPOTTED OR TICK FEVER.

New Mexico—September, 1920.

During September, 1920, one case of Rocky Mountain spotted or tick fever was reported in Colfax County, N. Mex.

SCARLET FEVER.

See Telegraphic weekly reports from States, p. 2792; Monthly summaries by States, p. 2795; and Weekly reports from cities, p. 2806.

SMALLPOX.

Colorado and New Mexico Reports for September, 1920—Vaccination Histories.

Place.	New cases reported.	Deaths.	Vaccination history of cases.			
			Vaccinated within 7 years preceding attack.	Last vaccinated more than 7 years preceding attack.	Never successfully vaccinated.	History not obtained or uncertain.
Colorado:						
Adams County.....	1					1
Alamosa County.....	4		1		3	
Denver.....	27		1		25	1
Eagle County.....	2		2			
El Paso County.....	2				1	1
Fremont County.....	7		6		1	
Grand County.....	8				8	
Kit Carson County.....	3				3	
Las Animas County.....	1					1
Lincoln County.....	1					1
Montezuma County.....	1				1	
Prowers County.....	8					8
Pueblo.....	8				4	4
San Juan County.....	2				2	
San Miguel County.....	6				6	
Weld County.....	1				1	
Montrose County.....	1				1	
Total.....	83		10		56	17
New Mexico:						
Colfax County.....	1				1	
Guadalupe County.....	1					1
Otero County.....	5				1	4
Rio Arriba County.....	1			1		
Roosevelt County.....	1				1	
Total.....	9			1	3	5

City Reports for Week Ended Oct. 30, 1920.

The column headed "Average cases" gives the average number of cases reported during the corresponding week of the years 1915 to 1919, inclusive. In instances in which the information is not available for the full five years, the average includes from one to four years.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				Idaho:			
Anniston.....	0	1		Boise.....	1	4	
Birmingham.....	(¹)	1		Illinois:			
California:				Bloomington.....		3	
Alameda.....	0	1		Chicago.....	2	7	
Fresno.....	0	1		East St. Louis.....	0	3	
Los Angeles.....	1	2		Evanston.....	0	1	
Oakland.....	0	5		Granite City.....		2	1
San Francisco.....	0	17		Rockford.....	0	6	
San Jose.....	0	3		Rock Island.....	0	1	
Santa Cruz.....	0	1		Indiana:			
Stockton.....	(¹)	1		Gary.....		1	
District of Columbia:				Hammond.....	0	3	
Washington.....	0	2		Indianapolis.....	5	10	
Georgia:				Laporte.....		1	
Atlanta.....	(¹)	8		Marion.....	0	1	

¹ Average less than 1.

SMALLPOX—Continued.

City Reports for Week Ended Oct. 30, 1920—Continued.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
Indiana—Continued.				North Carolina—Contd.			
Mishawka.....	0	5	.....	Wilmington.....	0	1	.....
New Castle.....	0	2	.....	Winston-Salem.....	0	1	.....
South Bend.....	0	10	.....	North Dakota:			
Iowa:				Fargo.....	0	8	.....
Cedar Rapids.....	0	1	.....	Grand Forks.....		1	.....
Clinton.....	0	1	.....	Ohio:			
Des Moines.....	0	6	.....	Akron.....	2	9	.....
Dubuque.....	1	10	.....	Canton.....	0	18	.....
Sioux City.....	0	6	.....	Cincinnati.....	1	3	.....
Kansas:				Columbus.....	(¹)	4	.....
Kansas City.....	3	1	.....	Dayton.....	3	2	.....
Salina.....		1	.....	Fostoria.....		1	.....
Wichita.....	3	5	.....	Lima.....	(¹)	11	.....
Louisiana:				Middletown.....	0	1	.....
Baton Rouge.....		1	.....	Newark.....	0	1	.....
New Orleans.....	2	5	1	Portsmouth.....	0	1	.....
Maine:				Tiffin.....		23	.....
Lewiston.....		1	.....	Oregon:			
Waterville.....		1	.....	Portland.....	3	7	.....
Michigan:				South Carolina:			
Battle Creek.....	0	30	.....	Columbia.....	0	1	.....
Detroit.....	2	16	.....	Tennessee:			
Flint.....	2	1	.....	Nashville.....	0	2	.....
Pontiac.....	(¹)	1	.....	Texas:			
Sault Ste. Marie.....	0	5	.....	Dallas.....	2	1	.....
Minnesota:				Utah:			
Duluth.....	(¹)	5	.....	Salt Lake City.....	1	15	.....
Minneapolis.....	4	46	.....	Rutland.....	0	13	.....
St. Paul.....	3	10	.....	Virginia:			
Winona.....	0	14	.....	Norfolk.....	(¹)	1	.....
Missouri:				Washington:			
Kansas City.....	7	1	.....	Seattle.....	6	7	.....
St. Joseph.....	3	2	.....	Spokane.....	9	5	.....
Montana:				Tacoma.....	1	5	.....
Butte.....	3	1	.....	Wisconsin:			
Great Falls.....	1	2	.....	Green Bay.....	1	5	.....
Missoula.....	(¹)	6	.....	Janesville.....	0	2	.....
Nebraska:				Kenosha.....	0	1	.....
Omaha.....	5	4	.....	Madison.....	0	3	.....
Nevada:				Marinette.....	(¹)	1	.....
Reno.....	0	2	.....	Milwaukee.....	3	12	.....
North Carolina:				Sheboygan.....		1	.....
Charlotte.....	0	1	.....			

¹ Average less than 1.

TETANUS.

City Reports for Week Ended Oct. 30, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Illinois:			Michigan:		
Chicago.....	1	.....	Detroit.....	1	.....
East St. Louis.....		1	New York:		
Freeport.....		1	Hudson.....	1	.....
Kansas:			New York.....	3	1
Topeka.....		1	Syracuse.....		1
Louisiana:			Texas:		
New Orleans.....		1	Beaumont.....		1
Massachusetts:			Dallas.....	1	.....
Chicopee.....	1	.....	Galveston.....		1
Springfield.....		1	Houston.....	1	1

TUBERCULOSIS.

See Telegraphic weekly reports from States, p. 2792, and Weekly reports from cities, p. 2806.

TYPHOID FEVER.

Colorado and New Mexico Reports for September, 1920.

Place.	New cases reported.	Place.	New cases reported.
Colorado:		New Mexico—Continued:	
Archuleta County.....	1	Colfax County.....	2
Boulder County.....	9	Curry County.....	3
Denver.....	40	Dona Ana County.....	3
Fremont County.....	10	Eddy County.....	2
Garfield County.....	1	Rio Arriba County.....	3
Huerfano County.....	1	Roosevelt County.....	2
Kit Carson County.....	1	Sandoval County.....	2
Larimer County.....	3	San Juan County.....	3
Las Animas County.....	2	San Miguel County.....	3
Prowers County.....	1	Santa Fe County.....	15
Pueblo.....	25	Sierra County.....	3
Weld County.....	9	Taos County.....	4
		Union County.....	1
Total.....	103	Valencia County.....	1
		Total.....	64
New Mexico:			
Bernalillo County.....	13		
Chaves County.....	4		

City Reports for Week Ended Oct. 30, 1920.

The column headed "Average cases" gives the average number of cases reported during the corresponding week of the years 1915 to 1919, inclusive. In instances in which the information is not available for the full five years, the average includes from one to four years.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				Illinois—Continued.			
Birmingham.....	7	2		Kewanee.....			1
Tuscaloosa.....	(1)	1		Quincy.....	(1)	2	
Arkansas:				Rock Island.....	(1)	1	
● Fort Smith.....		1		East Chicago.....	(1)		1
Little Rock.....	1	2		Indiana:			
California:				Filkhart.....		1	
Long Beach.....	(1)	1		Evansville.....	1	2	
Los Angeles.....	3	6		Indianapolis.....	4	1	
Oakland.....	(1)	2		Kokomo.....	2	1	1
Riverside.....	0	1		Logansport.....	0	2	
Sacramento.....	1	3		Mishawaka.....	0	1	
San Diego.....	(1)	1		Kansas:			
San Francisco.....	4	2		Fort Scott.....	0	1	1
San Jose.....	0	1		Hutchinson.....	0	1	
Colorado:				Kansas City.....	2	1	
Denver.....	3	1		Kentucky:			
Connecticut:				Louisville.....	2	2	
Hartford.....	2	1		Louisiana:			
New Haven.....	4	3		New Orleans.....	1	2	
Delaware:				Maine:			
Wilmington.....	4	4		Lewiston.....		5	
District of Columbia:				Portland.....	2	1	1
Washington.....	7	8		Maryland:			
Georgia:				Baltimore.....	16	6	1
Home.....	1	1		Cumberland.....	(1)	2	
Idaho:				Massachusetts:			
Boise.....	0	3		Boston.....	6	5	
Illinois:				Brockton.....	2	1	
Centralia.....		1		Chelsea.....	(1)	2	
Chicago.....	12	10	2	Fall River.....	4	6	
Danville.....	1	4		Lawrence.....	1	1	
Flgin.....	(1)	1		Lowell.....	2	2	
Jacksonville.....	0	1		Lynn.....	(1)	1	

¹ Average less than 1.

TYPHOID FEVER—Continued.

City Reports for Week Ended Oct. 30, 1920—Continued.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
Massachusetts—Contd.				Ohio—Continued.			
Pittsfield.....	(¹)	2	.....	Piqua.....	0	2	.....
Salem.....	0	1	.....	Tiffin.....		1	.....
Somerville.....	1	4	.....	Toledo.....	2	6	2
Waltham.....	(¹)	1	.....	Oregon:			
Michigan:				Eugene.....	0	1	.....
Detroit.....	11	6	.....	Portland.....	2	1	.....
Holland.....	0	1	.....	Pennsylvania:			
Minnesota:				Altoona.....	0	2	.....
Duluth.....	1	2	.....	Braddock.....	(¹)	1	.....
Hibbing.....	0		1	Chester.....	0	1	.....
Mankato.....	0	1	.....	Erie.....	1	1	.....
Minneapolis.....	3	4	.....	Johnstown.....	1	2	.....
St. Paul.....	1	3	.....	Philadelphia.....	34	5	2
Missouri:				Pittsburgh.....	4	2	.....
Joplin.....	3	1	.....	Reading.....	2	1	.....
Kansas City.....	2		1	Scranton.....	0	1	.....
St. Joseph.....	2	3	.....	Uniontown.....	0	2	.....
Montana:				Wilkinsburg.....	(¹)	1	.....
Missoula.....	0	1	.....	Williamsport.....	(¹)	6	.....
Nebraska:				York.....	4	3	.....
Omaha.....	1	4	.....	Rhode Island:			
Nevada:				Providence.....	3	2	1
Reno.....	0	1	.....	South Carolina:			
New Hampshire:				Charleston.....	2	1	.....
Concord.....	0	1	.....	Columbia.....	2	1	.....
New Jersey:				Greenville.....	1	1	.....
Gloucester.....	1	1	.....	Tennessee:			
Hoboken.....	(¹)	1	.....	Memphis.....	4	3	.....
Newark.....	2	1	.....	Nashville.....	4	5	2
Orange.....	(¹)	1	.....	Texas:			
Paterson.....	1	1	.....	Dallas.....	4	1	.....
New York:				Galveston.....	2	1	.....
Albany.....	0	2	.....	Utah:			
Buffalo.....	5		2	Salt Lake City.....	11	2	.....
Lackawanna.....	0	1	.....	Vermont:			
New York.....	42	27	2	Rutland.....	(¹)	1	.....
Niagara Falls.....	(¹)	2	.....	Virginia:			
Rochester.....	1	1	.....	Lynchburg.....	(¹)	2	.....
Syracuse.....	(¹)	1	.....	Norfolk.....	2	1	.....
Troy.....	(¹)		1	Petersburg.....	1	1	.....
Yonkers.....	2	1	.....	Richmond.....	4	4	.....
North Carolina:				Washington:			
Durham.....	1	1	.....	Seattle.....	1	3	.....
Greensboro.....	0		2	West Virginia:			
Wilmington.....	(¹)	2	.....	Morgantown.....	0		1
Ohio:				Wisconsin:			
Cincinnati.....	(¹)	1	.....	Appleton.....	0	1	.....
Cleveland.....	5	3	2	Green Bay.....	0	2	.....
Columbus.....	2	2	.....	Janesville.....	0		1
Lorain.....	(¹)	2	.....	Kenosha.....	(¹)	1	.....
Middletown.....	1	1	.....	Milwaukee.....	1	1	.....
Newark.....	(¹)	2	.....	Racine.....	(¹)	2	.....

¹Average less than 1.

TYPHUS FEVER.

Florida—October, 1920.

During October, 1920, one case of typhus fever was reported in Florida.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City Reports for Week Ended Oct. 30, 1920.

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.
Adams, Mass.	14,406	1			18				4	
Akron, Ohio	93,604	27	13		6		13			
Alameda, Calif.	28,433	4	5				2			
Albany, N. Y.	106,632		7		3				3	
Albuquerque, N. Mex.	11,509	6			1				10	3
Alexandria, La.	16,232	6								
Alliance, Ohio	19,581	6	3				1		1	
Alton, Ill.	23,783	3	7							
Altoona, Pa.	59,712		5							
Amesbury, Mass.	10,200	6							1	
Anaconda, Mont.	10,631	1	1		4		1			
Ann Arbor, Mich.	15,041	10	2							
Anniston, Ala.	14,326		4				2			
Arlington, Mass.	13,073	3	1	1					1	
Asbury Park, N. J.	14,629	3								
Ashtabula, Ohio	22,008	4	1		3					1
Atlanta, Ga.	196,144	59	20				5		8	2
Atlantic City, N. J.	5,515	10	3		1					
Attleboro, Mass.	19,776	3	1		1				2	
Auburn, Me.	16,607	2								1
Aurora, Ill.	34,795	15	1						1	2
Austin, Tex.	35,612	4	1							
Baltimore, Md.	594,637	167	41	2	9	1	15		30	21
Bangor, Me.	26,958						1		2	
Barberton, Ohio	14,187	2	1							
Baton Rouge, La.	17,544	6	2				3		1	1
Battle Creek, Mich.	30,159		19	1			5			
Bayonne, N. J.	72,204		2				2		3	
Beacon, N. Y.	11,674	2	1						1	
Beatrice, Nebr.	10,437	2								
Beaumont, Tex.	28,851	12		1						3
Beaver Falls, Pa.	13,749		3		6		1			
Bellingham, Wash.	31,362				1					
Beloit, Wis.	18,547	10					1		1	1
Benton Harbor, Mich.	11,099	3	1				3	1		
Berkeley, Calif.	60,427	10					1			
Berlin, N. H.	13,892	3			3					
Bethlehem, Pa.	14,353		5		1		6			
Beverly, Mass.	22,128	4					1		1	1
Billings, Mont.	15,123	10			5		3		5	
Birmingham, Ala.	189,716	45	5	1			5		8	4
Bloomfield, N. J.	19,013	1					4		1	
Bloomington, Ill.	27,462						2		1	1
Bloomington, Ind.	11,661	3					3			
Bluefield, W. Va.	16,123		10		1		5			
Boise, Idaho	35,951	7	1				1			
Boston, Mass.	767,813	193	50	6	9		28		39	9
Braddock, Pa.	22,060			7						
Bradford, Pa.	14,544				3					
Brazil, Ind.	10,472	2	3							1
Bridgeport, Conn.	124,724	34	7		8		7		5	2
Bristol, Conn.	16,318	3	1				1		4	
Brockton, Mass.	69,152	13							3	2
Brookline, Mass.	33,526	9					3		1	
Bruaswick, Ga.	10,984	4	1				1			
Buffalo, N. Y.	475,781	137	122	9	48		10	1	33	10
Burlington, Iowa	25,144				1		1		1	
Burlington, Vt.	21,802	7	1							
Butler, Pa.	28,677		5		1		9			
Butte, Mont.	44,057	15			91				3	
Cadillac, Mich.	10,158	5								
Cambridge, Mass.	114,293	27	2		5		2		10	

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 30, 1920—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Canton, Ill.	13,674	6								
Canton, Ohio	62,566	13	8				8			3
Carbondale, Pa.	19,597		1		3					
Carlisle, Pa.	10,795				1		1			
Carnegie, Pa.	11,963		7				1			
Cedar Rapids, Iowa	38,033		5				3			
Centralia, Ill.	11,838		1							
Charleston, S. C.	61,041	28							2	4
Charleston, W. Va.	31,060		6		1		1			
Charlotte, N. C.	40,759	10	7		5				2	2
Chelsea, Mass.	46,405	16	2		5		1		2	
Chester, Pa.	41,857		8		1		3		1	
Cheyenne, Wyo.	11,320	1								
Chicago Heights, Ill.	22,863	3					7			
Chicago, Ill.	2,547,201	498	280	18	53		127	2	262	33
Chicopee, Mass.	29,950	9	7	1			3		3	
Chillicothe, Ohio.	15,625	3					9			
Cincinnati, Ohio.	414,248	87	18	2			9	2	14	10
Cleveland, Ohio.	692,259	160	44	3	4		56	2	12	10
Coatesville, Pa.	14,998		5						4	
Coffeyville, Kans.	18,331	2	4							
Cohoes, N. Y.	25,292		1			66	1		1	
Columbia, S. C.	35,165		5				1			
Columbus, Ohio.	220,135	70	29		1		2		4	3
Concord, N. H.	22,858	5	1							
Connellsville, Pa.	15,876		2				2			
Corpus Christi, Tex.	10,789	6	1							
Coshocton, Ohio.	11,887		1							
Council Bluffs, Iowa	31,838	7	1				4			
Cranston, R. I.	26,773	3								
Cumt'erland, Md.	26,686	9	1						1	
Dallas, Tex.	129,738	26	25		3		2		8	3
Danville, Ill.	32,969	8					2		2	
Danville, Va.	20,183		6				1			
Dayton, Ohio	128,939	27	10				7		2	
Dedham, Mass.	10,618	2					1			
Denver, Colo.	268,439	72	19	2	62		4			12
Des Moines, Iowa	104,032		30		1		29			
Detroit, Mich.	619,648	166	107	5	12		80	4	29	9
Dubois, Pa.	14,994		2							
Dubuque, Iowa	40,096		2				3			
Duluth, Minn.	97,077	21	6	2	1		3		2	2
Durham, N. C.	26,160	9	6							
East Cleveland, Ohio.	13,864		9						1	
Easthampton, Mass.	10,656		3							
Easton, Pa.	30,854						1		1	
East Providence, R. I.	15,485		1							
East St. Louis, Ill.	77,312	15	5				3		1	
Eau Claire, Wis.	18,887						1			
Elgin, Ill.	28,562	7							4	1
Elizabeth, N. J.	88,830	15	5		1		2	1	2	
Elkhart, Ind.	22,273	4	1				3			1
Elmira, N. Y.	38,272	13	2		1		1			
El Paso, Tex.	69,149	40	10	1			3			15
Elwood, Ind.	11,028	6								
Englewood, N. J.	12,603	2								
Erie, Pa.	76,592		40		2		30			
Eugene, Oreg.	14,357	1	1		6					
Eureka, Cal.	15,142	1	1						2	
Evanston, Ill.	29,304	8	4				3			
Evansville, Ind.	76,981	18	9				3			
Everett, Mass.	40,160	7	1				1		1	
Everett, Wash.	37,205						1		3	
Fairmount, W. Va.	16,111				5					
Fall River, Mass.	129,828	31	17	2	21	1	6		6	
Fargo, N. Dak.	17,872	3					4	2		
Farrell, Pa.	10,190						7			
Findlay, Ohio.	14,858	3							1	
Flint, Mich.	57,368	17	9	1	1		16			1
Font du Lac, Wis.	21,486		2							
Fort Dodge, Iowa	21,039	2								

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 30, 1920—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Fort Scott, Kans.	10,564	5	11							
Fort Smith, Ark.	29,390									
Fort Wayne, Ind.	78,014	22	3			4				
Fort Worth, Tex.	109,597	28	5		2	1				2
Fostoria, Ohio	10,959	2	8			5				4
Framingham, Mass.	14,149	5	1	1		7				
Frankfort, Ind.	10,103	1				1				
Freeport, Ill.	19,844	11								
Fremont, Ohio.	11,634	1							1	
Fresno, Cal.	36,314	8	9						2	
Galesburg, Ill.	24,629	6				4	1			
Galveston, Tex.	42,650	16	1					2		2
Gardner, Mass.	17,534	2	2			1		4		2
Gary, Ind.	56,000	10	4		1	4		4		2
Geneva, N. Y.	13,915	3								
Glens Falls, N. Y.	17,160	6								
Gloucester City, N. J.	11,375		1		1	2			2	
Grand Forks, N. Dak.	16,342		20							
Grand Rapids, Mich.	152,861	31	30	3		8			3	
Great Falls, Mont.	13,948	4	1			4			1	
Greely, Colo.	11,942	5								
Green Bay, Wis.	30,017	8	1			1				
Greenfield, Mass.	12,251	5			3	2				
Greensboro, N. C.	20,171	9				1				
Greensburg, Pa.	15,881		2		3	2				
Greenville, S. C.	18,574		1							
Greenwich, Conn.	19,594	2	22			1				
Hackensack, N. J.	17,412	4	6						1	
Hannibal, Mo.	22,399	3	4			5				
Harrisburg, Pa.	73,276	16		1		1				
Harrison, N. J.	17,345	2								
Hartford, Conn.	112,831	37	14	1		2			7	
Haverhill, Mass.	49,180	17	7	1	2	4			1	1
Hazleton, Pa.	28,981		1			6				
Hibbing, Minn.	17,550	4	2			1				
Hoboken, N. J.	78,324	15	3			1			5	
Holland, Mich.	13,459	1	2			1			1	
Holyoke, Mass.	66,503	8	1			1				1
Hot Springs, Ark.	17,690	6	2							
Houston, Tex.	116,878	42	5			2				1
Hudson, N. Y.	12,898	4								
Huntington, Ind.	10,982	4							1	1
Huntington, W. Va.	47,686	23	1							4
Hutchinson, Kans.	21,461		10							
Independence, Mo.	11,964	2			2			1		
Indianapolis, Ind.	283,622	81	7	1	10	7			3	4
Ironton, Ohio.	14,079	5	2			2				2
Ironwood, Mich.	15,095	2			1	3				
Irvington, N. J.	16,710		3			4				
Ishpeming, Mich.	12,448	1	2							
Ithaca, N. Y.	16,017	10							1	1
Jacksonville, Ill.	15,506	8							2	
Jamestown, N. Y.	37,431	10	4			3				2
Janesville, Wis.	14,411	5				2				1
Jersey City, N. J.	312,557		22		1	2			11	
Johnstown, N. Y.	10,678		11		3	3			1	
Joplin, Mo.	33,400		4	1						
Kalamazoo, Mich.	50,408	15				2			1	1
Kansas City, Kans.	102,096		15		1	9			2	
Kansas City, Mo.	305,816	85	15	1	6	9				6
Kearny, N. J.	24,325	5	2		2	1			4	
Keene, N. H.	10,725								1	
Kenosha, Wis.	32,833		3							
Keokuk, Iowa	14,008		2			2			1	
Kewanee, Ill.	13,607	4	1			4				
Knoxville, Tenn.	59,112		9	1		9			4	4
Kokomo, Ind.	21,929	5							1	1
Lackawanna, N. Y.	16,219	3	2		10					
La Fayette, Ind.	21,481	10				1				
Lake Charles, La.	14,930	2								

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 30, 1920—Continued.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Lancaster, Ohio.....	16,086	3			1				1	
Lancaster, Pa.....	51,437		14				1			
Laporte, Ind.....	13,572	3	3	1			1			
La Salle, Ill.....	12,332	1					1			
Lawrence, Kans.....	13,477	1							2	
Lawrence, Mass.....	102,923	26	4		2		2		3	
Leavenworth, Kans.....	19,363	3							5	1
Leominster, Mass.....	21,365	1					3			
Lewiston, Me.....	28,061	7	6		9		2			
Lexington, Ky.....	41,997	10	2				2			1
Lima, Ohio.....	37,145	5	1				1			1
Little Rock, Ark.....	58,716		5							7
Lockport, N. Y.....	20,028	4			1					3
Logansport, Ind.....	21,338						1			1
Long Beach, Calif.....	29,163	15	4	1					1	1
Lorain, Ohio.....	38,266		5				2			
Los Angeles, Calif.....	535,485	144	65	1	26	1	9		51	19
Louisville, Ky.....	240,808	48	17	1			7		6	3
Lowell, Mass.....	114,366	30	10		53	1	9		5	3
Lynchburg, Va.....	33,497	8	2		1				2	
Lynn, Mass.....	104,534	12	3	1	1		2		3	2
McKeesport, Pa.....	48,299		1				1		2	
McKees Rocks, Pa.....	20,795		3				2			
Madison, Wis.....	31,315	6	2				2		2	
Mahanoy City, Pa.....	17,799		5				1			
Malden, Mass.....	52,243	8	5	1			2		2	1
Manchester, Conn.....	15,859	1								
Manchester, N. H.....	79,607	25	32	1					5	2
Mankato, Minn.....	10,365	4								
Mansfield, Ohio.....	23,031	7					5	1		1
Marinette, Wis.....	14,610		1							
Marion, Ind.....	19,923	3	4				3			1
Marion, Ohio.....	21,129						1			
Marquette, Mich.....	12,555	2	1							
Martinsburg, W. Va.....	12,984		3							
Martins Ferry, Ohio.....	10,135	2	4						1	
Mattoon, Ill.....	12,764		1							
Meadville, Pa.....	13,968						1			
Medford, Mass.....	26,681	9	4				5		1	
Melrose, Mass.....	17,724		1							
Memphis, Tenn.....	151,877	43	41	1	1		4		7	3
Meriden, Conn.....	29,431		4				1			
Methuen, Mass.....	14,320	4	2				1			1
Middletown, N. Y.....	15,890				7				1	
Middletown, Ohio.....	16,384	5	1						3	
Milwaukee, Wis.....	445,008	86	60	5	9		16	1	22	6
Minneapolis, Minn.....	373,448	65	25				17		15	3
Mishawaka, Ind.....	17,083	3					3			
Missoula, Mont.....	19,075	1	1	1			2		1	
Mobile, Ala.....	59,201	16	3				1			1
Monessen, Pa.....	23,070		2		2					
Monmouth, Ill.....	10,346	1					5			
Montclair, N. J.....	27,087	2	1				3			
Montgomery, Ala.....	44,639	14	4		1		1			1
Morgantown, W. Va.....	14,444	3	1				3		1	
Morristown, N. J.....	13,410	4								
Moundsville, W. Va.....	11,515	3								
Mount Carmel, Pa.....	20,709		4							
Mount Vernon, Ill.....	10,043	6	11							
Muncie, Ind.....	25,653	12	10	1			5	1		1
Muscataine, Iowa.....	17,713	5								1
Nanticoke, Pa.....	23,811		10		6		1		1	
Nashua, N. H.....	27,541	8	15				6			
Nashville, Tenn.....	118,136	46	15				21		3	4
Newark, N. J.....	418,789	78	24	1	7		6	1	36	8
Newark, Ohio.....	30,317	29					1			3
New Bedford, Mass.....	121,622	29	10	1	2		1		6	2
New Britain, Conn.....	55,385	10	12	1	2		5		8	2
New Brunswick, N. J.....	25,855	3	3				1		1	
Newburgh, N. Y.....	29,893	14	1				4		1	

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 30, 1920—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.
Newburyport, Mass.	15,291	6								
New Castle, Ind.	14,144	1					2			
New Castle, Pa.	41,915		8		2		9			
New Haven, Conn.	152,275	25	22	2		24		4	1	
New London, Conn.	21,199	4				2				
New Orleans, La.	377,010	114	5		12		2		15	10
New Philadelphia, Ohio.	10,133		2							
Newport, R. I.	39,585	8					4			
Newton, Mass.	44,343	8	1		11		3		1	
New York, N. Y.	5,757,492	1,082	288	14	43	1	92	4	318	93
Niagara Falls, N. Y.	38,466	7	13				10		1	
Norfolk, Va.	91,148		2		4		4		3	5
Norristown, Pa.	31,909		5							
North Adams, Mass.	122,019	4	1						1	
Northampton, Mass.	20,006	9	5						1	
North Attleboro, Mass.	11,248	1	1						2	
North Braddock, Pa.	15,084		3				1			
North Little Rock, Ark.	15,515	3				3			1	1
North Tonawanda, N. Y.	14,060	2	6		1					
Norwalk, Conn.	27,332	6	1							
Norwich, Conn.	21,923	7								
Norwood, Ohio.	23,209	3				1				
Oakland, Calif.	206,405	46	8			1			5	2
Oak Park, Ill.	27,816	4	1						1	
Oil City, Pa.	20,162		18		21					
Oklahoma City, Okla.	97,588	25	17	3						1
Old Forge, Pa.	15,479	2	2		17				1	
Olean, N. Y.	16,927	5	1		3					1
Omaha, Nebr.	177,777	35	12	1	1		6			4
Orange, Conn.	14,353	7	2	1	1		2		1	1
Oshkosh, Wis.	35,549	5					5			
Paducah, Ky.	25,178		4							
Parlersburg, W. Va.	21,059	6	1							
Parsons, Kans.	15,952		11		1		3			
Pasadena, Calif.	49,620	12	1		1				1	1
Passaic, N. J.	74,478	8	4	1			4		1	
Paterson, N. J.	140,512	2	10	4			4		6	
Pawtucket, R. I.	60,666	18	4							
Peabody, Mass.	18,785	3							1	
Peekskill, N. Y.	19,034	3	3							
Peoria, Ill.	10,973	1				1				
Peoria, Ill.	72,184	22	10	1	1		10			1
Petersburg, Va.	25,817	7	8				1		2	1
Philadelphia, Pa.	1,735,514	413	99	5	3	1	123	3	57	33
Phillipsburg, N. J.	15,879	3								
Phoenixville, Pa.	11,871		2				5			
Piqua, Ohio.	14,275	3								1
Pittsburgh, Pa.	586,196		66		7		67		20	
Pittsfield, Mass.	39,678	3	1		14		1		2	
Plainfield, N. J.	24,330	7					2			1
Plymouth, Mass.	14,001								1	
Pontiac, Mich.	18,006		1				6			
Port Chester, N. Y.	16,727	3	6						1	
Port Huron, Mich.	18,863	6					2		2	2
Portland, Me.	64,720	26	1		3		1			
Portland, Oreg.	308,399	56	6	1	4		10		5	2
Portsmouth, N. H.	11,730				1		2			
Portsmouth, Ohio.	29,356	8	6				1			1
Pottstown, Pa.	16,987						2			
Pottsville, Pa.	22,717		8							
Poughkeepsie, N. Y.	30,786	4							1	
Providence, R. I.	259,895	61	12		11		2	1		
Pueblo, Colo.	56,084	10	6	1	2		3			2
Quincy, Ill.	36,832	7								
Quincy, Mass.	39,022	10	11							1
Racine, Wis.	47,465	7	42	3			8		2	
Rahway, N. J.	10,361	3	2				1			
Raleigh, N. C.	20,274	12	5	1	14		4			
Reading, Pa.	111,607		7				3			
Redlands, Calif.	14,573	5			2					1

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 30, 1920—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.
Redwing, Minn.	10,158						1			
Reno, Nev.	15,514								1	
Richmond, Ind.	25,080	11								
Richmond, Va.	158,702	34	55	2			7		19	4
Riverside, Calif.	20,496	7								1
Roanoke, Va.	46,282	13	8				2			1
Rochester, N. Y.	264,714	78	83	4	5		13	1	11	
Rockford, Ill.	56,739	16	1				3			1
Rock Island, Ill.	29,452	4	1						1	
Rocky Mount, N. C.	12,673	1								
Rome, Ga.	15,697		1				1		1	
Rome, N. Y.	24,259				10		1			
Rutland, Vt.	15,038	3					1			
Sacramento, Calif.	68,984	23	2	1			5		1	2
St. Cloud, Minn.	12,013		1							
St. Joseph, Mo.	86,498	25	4				2			3
St. Louis, Mo.	768,630	175	154	6	4		13		24	10
St. Paul, Minn.	252,465	32	10	1			6		5	3
Salem, Mass.	49,346	16	1							1
Salina, Kans.	12,470	2	4				2			
Salt Lake City, Utah.	121,623	29	3	1	25		1			
San Bernardino, Calif.	17,616	9	3						1	2
San Diego, Calif.	56,412	28	3				4		5	
Sandusky, Ohio	20,226	2								1
Sanford, Me.	11,217	1	1							
San Francisco, Calif.	471,023	100	26	1	3		8		18	10
San Jose, Calif.	39,810		1				3		2	
Santa Barbara, Calif.	15,360	9							1	
Santa Cruz, Calif.	15,150	3	2	1						1
Saratoga Springs, N. Y.	13,839	3			1				1	
Saugus, Mass.	10,210	2					1			
Sault Ste. Marie, Mich.	14,130	2					8			
Savannah, Ga.	69,250	33	7						1	3
Schenectady, N. Y.	103,774	11	7	1	4		4		6	2
Scranton, Pa.	149,541		9				12			
Seattle, Wash.	366,445		17		2		6			
Shamokin, Pa.	21,274		2				3			
Sharon, Pa.	19,156		1				12			
Sheboygan, Wis.	28,907	1								
Shenandoah, Pa.	29,753		1				2			
Sioux City, Iowa.	58,568		4	1			2			
Sioux Falls, S. Dak.	16,887		3				1			
Somerville, Mass.	88,618	16	1	2			2		7	
South Bend, Ind.	70,967		7	1			5		2	
Southbridge, Mass.	14,465	2								
Spartanburg, S. C.	21,985	7	5							
Spokane, Wash.	157,656		1				6			
Springfield, Ill.	62,623	11			10		13			
Springfield, Mass.	108,668	22	6	1			13	2	4	1
Springfield, Mo.	41,169	10								
Springfield, Ohio.	52,296	10			5		8		33	1
Steubenville, Ohio.	28,259	6					3			
Stillwater, Minn.	110,198	2								
Stockton, Calif.	36,209	13	3				1			1
Sunbury, Pa.	16,661		12							
Superior, Wis.	47,167	6	2				3			
Syracuse, N. Y.	158,559	39	12		4		11		41	3
Tacoma, Wash.	117,446		2		1					
Terre Haute, Ind.	67,361	20	13				8			
Tiffin, Ohio.	12,962	5								
Toledo, Ohio.	202,010	57	60	3			12	1	7	8
Topeka, Kans.	49,538	15	2		28		10		1	
Traverse City, Mich.	14,090	4								
Trenton, N. J.	113,974	39	5				1		2	3
Troy, N. Y.	78,094	17	1		1		3		5	1
Tucson, Ariz.	17,324	11								7
Tuscaloosa, Ala.	10,824		4							
Uniontown, Pa.	21,600						1			
Vallejo, Calif.	13,803	4	1				4		4	
Vancouver, Wash.	13,805						7			

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Oct. 30, 1920—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.
Waco, Tex.....	34,015	5	1	.....	.....	.....	1	.....	.....	.....
Wakefield, Mass.....	12,947	2	.....	.....	.....	.....	2	.....	.....	.....
Walla Walla, Wash.....	26,067	.....	.....	.....	.....	.....	1	.....	1	.....
Walham, Mass.....	31,011	7	.....	.....	.....	.....	.....	.....	1	.....
Washington, D. C.....	369,282	100	20	1	3	.....	17	.....	28	10
Washington, Pa.....	22,076	.....	.....	.....	10	.....	.....	.....	.....	.....
Watertown, Mass.....	15,188	4	1	.....	.....	.....	.....	.....	3	.....
Watertown, N. Y.....	30,404	.....	.....	.....	.....	.....	.....	.....	3	.....
Waterville, Me.....	12,903	.....	6	.....	.....	.....	1	.....	.....	.....
Watervliet, N. Y.....	15,622	3	.....	.....	.....	.....	.....	.....	1	.....
Wausau, Wis.....	19,666	4	.....	.....	1	.....	.....	.....	.....	1
West Chester, Pa.....	13,403	.....	2	.....	.....	.....	.....	.....	.....	.....
Westfield, Mass.....	18,769	4	1	.....	.....	.....	.....	.....	2	1
West Hoboken, N. J.....	44,336	3	2	.....	.....	.....	.....	.....	.....	.....
West New York, N. J.....	19,613	3	3	.....	.....	.....	.....	.....	2	1
West Orange, N. J.....	12,964	4	2	.....	.....	.....	.....	.....	.....	.....
Wheeling, W. Va.....	43,657	13	3	.....	2	.....	1	.....	1	.....
White Plains, N. Y.....	23,331	8	2	.....	.....	.....	1	.....	1	1
Wichita, Kans.....	73,997	17	17	1	.....	.....	15	.....	2	.....
Wilkes-Barre, Pa.....	78,334	.....	4	.....	13	.....	5	.....	2	.....
Wilkinsburg, Pa.....	23,899	.....	.....	.....	.....	.....	1	.....	.....	.....
Williamsport, Pa.....	34,123	.....	10	.....	.....	.....	21	.....	.....	.....
Wilmington, Del.....	95,369	22	5	.....	.....	.....	3	1	5	.....
Wilmington, N. C.....	30,400	10	.....	.....	.....	.....	.....	.....	.....	.....
Winchester, Mass.....	10,812	4	.....	.....	.....	.....	.....	.....	.....	.....
Winona, Minn.....	18,583	.....	1	.....	.....	.....	4	.....	.....	.....
Winston-Salem, N. C.....	33,136	10	4	.....	1	.....	.....	.....	6	1
Winthrop, Mass.....	13,106	4	.....	.....	.....	.....	.....	.....	.....	.....
Woburn, Mass.....	16,076	3	.....	.....	.....	.....	.....	.....	.....	.....
Worcester, Mass.....	166,106	36	4	1	3	.....	8	.....	9	1
Yonkers, N. Y.....	103,066	18	4	.....	.....	.....	2	.....	11	2
York, Pa.....	52,770	.....	15	.....	.....	.....	5	.....	2	.....
Zanesville, Ohio.....	31,320	7	1	.....	1	.....	.....	.....	.....	.....

*Population Apr. 15, 1910.

FOREIGN AND INSULAR.

CANADA.

Poliomyelitis (Infantile Paralysis)—Winnipeg.

During the five-week period ended October 25, 1920, 26 cases of poliomyelitis (infantile paralysis) were notified at Winnipeg, Canada.

CHINA.

Influenza—Hongkong.

During the week ended September 18, 1920, 10 deaths from influenza were reported at Hongkong, China.

HAITI.

Smallpox.

Information dated November 6, 1920, shows the occurrence of about 35 cases of smallpox in Haiti. One case was reported at Jacmel.

INDO-CHINA.

Cholera—Plague—Smallpox—April—May, 1920.

During April and May, 1920, cholera, plague, and smallpox were reported in Indo-China as follows:

Cholera.—In the Provinces of Anam, Cochin-China, and Tonkin, April, 1920—cases, 204, fatalities, 99; May, 1920—cases, 328, fatalities, 184; May, 1919—cases, 618, fatalities, 513.

Plague.—In the Provinces of Anam, Cambodia, Cochin-China, and Kwang-Chow-Wan, April, 1920—cases, 69, fatalities, 63; May, 1920—cases, 87, fatalities, 75; May, 1919—cases, 130, fatalities, 115.

Smallpox.—Provinces of Anam, Cambodia, Cochin-China, and Tonkin, April, 1920—cases, 302, fatalities, 25; May, 1920—cases, 428, fatalities, 61; May, 1919—cases, 224, fatalities, 62.

Influenza—April—May, 1920.

Influenza was reported in the Provinces of Anam, Cambodia, Cochin-China, and Tonkin, with 1,018 cases and 149 fatalities in April, 1920; 612 cases with 55 fatalities in May, 1920; and in May, 1919, with one case.

JAMAICA.

Infectious Disease Reported Present.²

During the week ended October 16, 1920, 529 cases of alastrim, or Kaffir pox, were reported present in the island of Jamaica.

JAPAN.

Mortality Rate—1908-1917.

The following table gives the mortality rates in Japan for the years 1908 to 1917, inclusive:

Year.	Death rate per 1,000.	Year.	Death rate per 1,000.
1908.....	20.9	1913.....	19.4
1909.....	21.9	1914.....	20.5
1910.....	21.1	1915.....	20.1
1911.....	20.3	1916.....	21.5
1912.....	19.9	1917.....	21.4

Proportional Mortality, 1916.

The following table shows the proportion of deaths from certain causes to each 1,000 deaths from all causes in Japan during the year 1916:

Disease.	Proportion.	Disease.	Proportion.
Typhoid fever.....	8.8	Tubercular meningitis.....	5.8
Measles.....	7.1	Leprosy.....	1.2
Malaria.....	.2	Cancer.....	32.3
Scarlet fever.....	.1	Beriberi.....	13.9
Whooping cough.....	4.9	Meningitis.....	60.2
Diphtheria and croup.....	3.5	Pneumonia.....	33.8
Influenza.....	3.7	Other respiratory diseases.....	23.2
Cholera.....	6.3	Diarrhea and enteritis.....	105.9
Tuberculosis (pulmonary).....	72.9	Nephritis and Bright's disease.....	37.4

Morbidity and Mortality—Kobe—January-August, 1920.

During the period from January to August, 1920, inclusive, 11,124 deaths from all causes were reported at Kobe, Japan. (Population, about 650,000.) The cases of and deaths from certain diseases were distributed by cause as follows:

Disease.	Cases.	Deaths.	Remarks.
Cerebrospinal meningitis.....	85	14	For 3 months only.
Cholera.....	390	196	
Diphtheria.....	96	5	
Dysentery.....	194	47	
Meningitis.....	.....	520
Paratyphoid fever.....	49	2	
Pneumonia.....	.....	2,768
Smallpox.....	52	7	
Typhoid fever.....	224	28	

² Public Health Reports, Sept. 3, 1920, p. 2132; Sept. 24, 1920, p. 2298; Oct. 15, 1920, p. 2491; Oct. 29, 1920, p. 2603.

Morbidity and Mortality—Osaka—January-July, 1920.

During the period January to July, 1920, inclusive, morbidity and mortality were reported at Osaka, Japan, as follows:

Disease.	Cases.	Deaths.	Remarks.
Cerebrospinal meningitis.....	176	70	For 2 months only.
Cholera.....	217	92	
Diphtheria.....	335	88	
Dysentery.....	123	14	
Scarlet fever.....	45	14	
Smallpox.....	300	76	
Typhoid fever.....	405	79	
Typhus fever.....	74	6	

Population, 1,226,600.

Influenza—October, 1918—January, 1919.

During the 100-day period from October 23, 1918, to January 31, 1919, more than 3,000,000 cases of influenza with 60,000 fatalities occurred in the three principal cities and 24 provinces in Japan.

Leprosy—Mortality—1916.

During the year 1916, the latest year for which statistics of leprosy are available, 422 deaths from the disease were reported in the consular district of Kobe and 1,375 for all Japan.

Tuberculosis—1917.

Tuberculosis of the lungs has been stated to be increasing in Japan. In the prefectures of Okayama and Fukushima the department of education is stated to have found that 6 per cent of the teachers in the elementary schools in 1917 were affected with tuberculosis, the number of cases amounting to 9,000 out of the total of approximately 150,000 teachers.

Average Age at Time of Death—1886—1913.

The following table of the average age at time of death in Japan shows a decrease of seven years of life during the period 1886—1913:

Year.	Males.	Females.	Year.	Males.	Females.
1886.....	38.13	38.91	1901.....	32.79	33.99
1887.....	37.26	38.41	1902.....	32.65	33.70
1888.....	35.91	37.45	1903.....	33.42	34.35
1889.....	35.09	36.08	1904.....	34.23	35.36
1890.....	36.39	37.17	1905.....	33.56	34.62
1891.....	36.46	37.75	1906.....	32.11	34.55
1892.....	34.13	35.69	1907.....	33.15	34.09
1893.....	33.11	34.39	1908.....	31.46	32.33
1894.....	33.98	35.42	1909.....	31.39	32.07
1895.....	34.77	35.87	1910.....	30.99	31.36
1896.....	33.87	34.93	1911.....	31.12	31.62
1897.....	32.39	33.65	1912.....	31.60	32.17
1898.....	32.10	33.28	1913.....	31.54	31.74
1899.....	33.28	34.49			
1900.....	33.84	34.93			

A portion of the decrease shown above may be attributed to the increase in number of deaths of children under 1 year of age. In 1907, 24 per cent of all deaths has been stated to have occurred under the age of 1 year. In 10 years (1907 to 1916) the rate has been stated to have increased to 25.8 per cent.

MEXICO.

Plague—Cerritos.

According to information, dated November 1, 1920, 15 cases of plague have been reported at Cerritos, State of San Luis Potosi, Mexico. The disease was reported present in neighboring localities.

VIRGIN ISLANDS.

Contagious Diseases—September, 1920.

The occurrence of contagious diseases in the Virgin Islands during the month of September, 1920, has been reported as follows:

	Cases.	Remarks.
In St. Thomas and St. John:		
Chancroid.....	4	Imported.
Chicken pox.....	1	St. John.
Gonorrhœa.....	12	7 Imported; 1 St. John.
Malaria.....	1	Imported; subtertian.
Syphilis.....	5	1 Imported.
Tuberculosis.....	3	Acute general, 1; chronic pulmonary 2.
Uncinariasis.....	1	Imported; carrier.
St. Croix:		
Chancroid.....	3	
Dysentery.....	12	Entamebic.
Filariasis.....	6	Bancrofti.
Gonorrhœa.....	12	
Pellagra.....	1	
Trachoma.....	3	
Tuberculosis.....	3	Acute pulmonary, 1; chronic pulmonary, 2.

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

Reports Received During Week Ended Nov. 19, 1920.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Madras.....	Sept. 26-Oct. 2....	1		
Indo-China:				
.....				Apr. 1-20, 1920: Cases, 204; deaths, 99. May 1-31, 1920: Cases, 328; deaths, 134.
Japan:				
Kobe.....	Oct. 11-17.....	1		
Straits Settlements:				
Singapore.....	Sept. 5-11.....	1	1	

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

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

Reports Received During Week Ended Nov. 19, 1920—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Azores:				
St. Michaels.....	Nov. 10-16.....	25	8	Total to Nov. 16: Cases, 110; deaths, 38.
Brazil:				
Bahia.....	Sept. 12-18.....	2		
Ceylon:				
Colombo.....	Sept. 5-Oct. 2.....	17	11	Jan. 1-Sept. 16, 1920 Cases, 415; deaths, 242.
Egypt:				
Cities—				
Alexandria.....	Sept. 18-19.....	2		
Provinces—				
Assiout.....	Sept. 13.....	1	1	Pneumonic.
Girgeh.....	Sept. 22.....	1	1	
Greece:				
Saloniki.....	Sept. 27-Oct. 3.....	1		At Kavala, Sept. 27-Oct. 3: 1 case.
India:				
Karachi.....	Sept. 12-18.....	2	2	April 1-30, 1920: Cases, 69; deaths, 63. May 1-31, 1920: Cases, 87; deaths, 75.
Madras Presidency.....	Sept. 26-Oct. 2.....	858	563	
Indo-China.....				
Mexico:				
San Luis Potosi, State—				
Cerritos.....	Nov. 1.....	15		Present in neighboring localities.
Peru:				
Callao.....	Aug. 1-31.....	1		
Trujillo.....	Sept. 5-Oct. 25.....	5	3	
Straits Settlements:				
Singapore.....	May 16-22.....	2	3	

SMALLPOX.

Brazil:				
Bahia.....	Sept. 5-11.....	2		
Santos.....	July 25-Aug. 15.....		8	
Canada:				
New Brunswick—				
Counties—				
Bonaventure and				Oct. 1-31, 1920: Cases, 1.
Gaspe.....				
Ontario—				
Hamilton.....	Oct. 31-Nov. 6.....	2		
Kingston.....	Oct. 18-30.....	9		
Montreal.....	Oct. 24-30.....	1		
Ottawa.....	Oct. 31-Nov. 6.....	29		
Sault Ste. Marie.....	Oct. 24-30.....	1		
Toronto.....	Oct. 31-Nov. 6.....	5		
Saskatchewan—				
Regina.....	Oct. 24-30.....	2		
Ceylon:				
Colombo.....	Sept. 5-Oct. 2.....	26	2	
China:				
Chungking.....	Sept. 19-Oct. 2.....			Present.
Foochow.....	Sept. 26-Oct. 2.....			Do.
Harbin.....	Sept. 27-Oct. 3.....	1		
Mukden.....	Oct. 3-9.....			Do.
Nanking.....	Sept. 28-Oct. 9.....			Do.
Colombia:				
Santa Marta.....	Oct. 3-9.....			Do.
Cuba:				
Antilla.....	Oct. 19-23.....	1		
Egypt:				
Cairo.....	July 23-29.....	1		
Haiti:				
Jacmel (vicinity).....	Nov. 6.....	1		Nov. 6, 1920: Approximately 35 cases.
India:				
Madras.....	Sept. 26-Oct. 2.....	2	2	
Indo-China.....				
Italy:				
Messina.....	Sept. 27-Oct. 3.....	1		Apr. 1-30, 1920: Cases, 5; deaths, 25. May 1-31, 1920: Cases, 428; deaths, 61.
Turin.....	Sept. 6-12.....	1		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**Reports Received During Week Ended Nov. 19, 1920—Continued.****SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
West Java.....				Sept. 10-16, 1920: Cases, 8; deaths, 3.
Batavia.....	Sept. 10-16.....	4	1	
Mexico:				
San Luis Potosi.....	Oct. 24-30.....		1	
New Zealand:				
Dunedin.....	Aug. 24-Sept. 20..	8		
Portugal:				
Lisbon.....	Sept. 19-Oct. 16..		6	
Straits Settlements:				
Singapore.....	May 16-22.....	1		
Tunis:				
Tunis.....	Sept. 27-Oct. 17..		2	
Turkey:				
Constantinople.....	Oct. 10-16.....	1		

TYPHUS FEVER.

Bermuda:				
Hamilton.....	Oct. 18-23.....	2		
Chile:				
Coquimbo.....	Oct. 1-7.....		1	
China:				
Antung.....	Sept. 6-19.....	18	3	
Egypt:				
Cairo.....	July 23-29.....	14	10	
Greece:				
Saloniki.....	Sept. 13-Oct. 10..	5	3	
Italy:				
Trieste.....	Sept. 19-25.....	27	2	
Japan:				
Nagasaki.....	Oct. 4-10.....	1		
Turkey:				
Constantinople.....	Sept. 19-Oct. 2...		4	

YELLOW FEVER.

Mexico:				
Vera Cruz.....	Nov. 8-14.....	12	12	
Yucatan (State):				
Merida.....	Nov. 5.....	1		From Hunucma.

Reports Received from June 26 to Nov. 12, 1920.**CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Rio de Janeiro.....	June 27-July 3 ..		1	
China:				
Amoy.....	June 20-Aug. 14..		12	
Antung.....	Aug. 9-15.....	1	1	
Canton.....	July 1-Aug. 31 ..	5	4	
Changsha.....	Aug. 22-Sept. 18..	137	50	Aug. 15-21: Present.
Chungking.....	May 16-24.....		1,319	
Do.....	June 6-Sept. 11..		5,322	Sept. 18: Present.
Dairen.....	Sept. 29.....	4	1	
Foochow.....	July 11-24.....			Present.
Hankow.....	July 4-17.....	12	5	
Harbin.....				Year 1919: Cases, 603. On Eastern Chinese R. R. line. At other stations, same line, 190 cases.
Hongkong.....	Aug. 8-14.....	1	1	

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

Reports Received from June 25 to Nov. 12, 1920—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.	
China—Continued.					
Nanking.....	Sept. 12-25.....		4	Several cases reported at Nanking University, Aug. 30. Reported prevalent among Chinese, Aug. 30.	
Shanghai.....	Aug. 2-29.....	1	6		
Chosen (Korea)					
Chemulpo.....	Aug. 1-Oct. 7.....	24	21	Sept. 8, 1920. Cases, 13,000; deaths, 5,000 (estimated). Aug. 1-Oct. 7, 1920: Cases, 24,435; deaths, 12,549.	
Chinnampo.....	Aug. 1-26.....	34	23		
Fusan.....	Aug. 1-Oct. 7.....	684	403		
Gensan.....	Aug. 27-Sept. 2.....	1	1		
Mokpo.....	Aug. 1-Sept. 30.....	28	18		
Seoul.....	Aug. 1-Oct. 7.....	1,032	781		
Galicia:					
Buczacz.....	Oct. 18.....			Present.	
Greece:					
Patras.....	July 26-Aug. 1.....			Present in surrounding country.	
Zante.....	Aug. 2-8.....			Present.	
India					
Bombay.....	May 2-June 26.....	85	36	Apr. 11-May 22, 1920: Deaths, 7,549. May 30-June 28, 1920: Deaths, 3,710. June 27-July 10, 1920: Deaths, 1,711.	
Do.....	June 27-Sept. 11.....	103	66		
Calcutta.....	May 2-June 24.....	439	423	July 1-31, 1920: Cases, 18; deaths 16.	
Do.....	July 18-Sept. 18.....	175	168		
Madras.....	May 2-June 26.....	20	13		
Do.....	July 11-Sept. 25.....	11	1		
Rangoon.....	June 27-Sept. 18.....	22	16		
Do.....	July 1-31, 1920.....				
Indo-China					
Saigon.....	Apr. 26-June 13.....	130	94	Jan 1-31, 1920: Cases, 40; deaths, 24. Feb. 1-29, 1920: Cases, 25; deaths, 15. Mar. 1-31, 1920: Cases, 52; deaths, 30.	
Do.....	July 26-Sept. 5.....	9	5		
Japan:					
Kobe.....	June 14-27.....	36	24	Kobe, June 6-13, 34 cases. Moji June 6-12, 10 cases. Kōpi June 6-12, 1 case. Hiroshima, June 6-12, 6 cases.	
Do.....	June 28-Sept. 23.....	408	223		
Nagasaki.....	June 21-27.....	7	7		
Do.....	June 28-July 18.....	34	13		
Osaka.....	June 8.....			Present.	
Taiwan Island.....	May 22-June 20.....	60	33		
Do.....	July 11-Sept. 20.....	1,193	440		
Java:					
West Java—					
Batavia.....	Apr. 30-June 3.....	6	2	June 4-17; Present.	
Do.....	June 25-Aug. 12.....	3	3		
Philippine Islands					
Manila.....	May 9-June 26.....	5	1	May 9-June 26, 1920: Cases, 16; deaths, 12. June 27-July 17, 1920: Cases, 63; deaths, 31. July 25-31: Cases, 57; deaths, 48.	
Do.....	June 27-Sept. 25.....	5	5		
Provinces—					
Albay.....	May 9-15.....	2	1		
Batangas.....	June 27-July 3.....	1	1		
Bohol.....	do.....	1	1		
Cagayan.....	May 9-June 26.....	11	10		
Do.....	June 27-Aug. 21.....	41	14		
Cavite.....	Sept. 5-11.....	1	1		
Iloilo.....	June 27-July 17.....	3	3		
Isabela.....	July 11-31.....	13	14		
Laguna.....	July 4-10.....	8	4		
Misamis.....	July 11-17.....	4	2		
Nueva Viscaya.....	July 25-31.....	49	42		
Pangasinan.....	July 4-Aug. 7.....	7	5		
Poland:					
Warsaw.....	Oct. 23.....	1	1		Case occurred in employee on river boat plying between Warsaw and Danzig.
Russia					
Grodno.....	Oct. 18.....				Reported prevalent in southern Russia, June 4, 1920.
Sebastopol (district).....	June 20.....				
Simferopol.....	do.....				
Vilna.....	Sept. 23.....	40		Reported increasing. Jan.-June, 1920: Cases, 1,262; deaths, 584. South Russia, Government of Tauride. Province of Lithuania. Oct. 18: Present.	
Siam:					
Bangkok.....	Apr. 25-June 26.....	542	343		
Do.....	June 26-Sept. 4.....	61	26		
Straits Settlements:					
Singapore.....	July 18-Sept. 14.....	24	23		

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Sumatra:				
Medan	Aug. 20-Sept. 3....	1	1	On local steamship. From Singapore.
Turkey:				
Amassia	Dec. 24.....	1	.....	Asiatic Turkey.
Kaiseri	Dec. 22.....	1	.....	Do.
Karassi	Jan. 3.....	1	.....	Do.
Mamuret-ul-Aziz	Dec. 31.....	1	1	Do.
Panderma	Dec.-Jan.....	16	6	European Turkey.
Rodosto	Dec. 29.....	1	.....	Asiatic Turkey.
Smyrna	Dec. 22.....	3	2	
On vessel:				
S. S. Keketticut	Aug. 2.....	1	.....	U. S. S.: At Shanghai.
Steamship	Aug. 20-Sept. 3....	1	1	At Medan, Island of Sumatra. From Singapore.

PLAGUE.

Algeria:				
Algiers				Sept. 1-30, 1920: Cases, 3; deaths, 1.
Azores:				
St. Michaels	Oct. 4-20.....	35	12	Oct. 4, 1920: 5 suspect cases isolated vicinity of Ponta Delgada. Oct. 1-31, 1920: Cases, 76; deaths, 27.
Ponta Delgada	Oct. 1-26.....	2	.....
Brazil:				
Bahia	Apr. 25-May 22.....	10	10	
Do	June 27-Oct. 28.....	10	5	
Pernambuco	May 3-9.....	1	1	
Do	June 28-Aug. 15.....	32	16	
Porto Alegre	June 27-Aug. 21.....	2	2	
British East Africa:				Apr. 1-30, 1920: Cases, 22; deaths 9.
Kisumu	Apr. 25-June 26.....	14	12	Present.
Do	July 11-Sept. 4.....	10	5	
Mombasa	Apr. 25-June 26.....	104	39	
Do	June 27-Aug. 28.....	113	72	
Nairobi	Apr. 25-June 10.....	14	8	
Ceylon:				
Colombo	May 25-June 12.....	7	2	
Do	June 27-Sept. 18.....	19	21	
Chile				Mar. 1-May 31, 1920: Cases, 15; deaths, 2. Plague reported in Departments of Tacna and Tarata.
Antofagasta	May 17-June 20.....	5	.....	Mar. 1-May 31, 1920: Cases, 7; deaths, 1.
Do	July 5-(c. 9.....	3	.....
Iquique	Mar. 1-May 31.....	8	1	
China:				
Amoy	June 20-Sept. 18.....	.....	8	
Hongkong	Apr. 4-June 26.....	90	70	
Do	June 27-Aug. 21.....	28	23	
Ecuador:				
Guayaquil	Aug. 16-Sept. 30.....	9	1	
Egypt				Jan. 1-Sept. 30, 1920: Cases, 420; deaths, 245.
Cities—				
Alexandria	June 18-Aug. 12.....	10	7	
Port Said	Aug. 2-Sept. 26.....	3	.....
Suez	May 13-June 8.....	12	6	3 cases pneumonic.
Do	July 3-Aug. 4.....	4	3	
Provinces—				
Assiout	May 15-June 5.....	7	4	
Do	July 2-14.....	6	.....
Beni-Souef	July 7-10.....	2	1	
Fayoum	June 5.....	1	.....
Garbieh	do	1	.....
Do	July 1-Sept. 28.....	19	14	
Keneh	May 18.....	1	.....
Mariut	May 18-June 8.....	19	22	
Do	July 3-9.....	1	2	
Minieh	May 15.....	2	1	Septicemic.
Do	July 13.....	1	.....
Fiume	Sept. 21.....	4	2	

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Great Britain:				
Liverpool.....	June 20-26.....	1	1	
Greece:				
Athens.....	Aug. 19-Oct. 14... ..	3	2	
Chios.....	Oct. 14.....	1	1	
Dante.....	July 22.....	2	2	
Kavalla.....	July 5-Aug. 21.....	3	2	
Nauplia.....	Aug. 21.....	2	2	
Piræus.....	June 29-Sept. 20.....	12	1	Approximately 20 cases Sept. 9.
Saloniki.....	Sept. 25-Oct. 8.....	3	2	
Zante.....				Do.
India.....				Apr. 18-June 26, 1920: Cases, 12,478; deaths, 9,961. June 27-Sept. 18, 1920: Cases, 27,396; deaths, 20,840.
Bombay.....	Apr. 18-June 26.....	170	135	
Do.....	June 27-Sept. 11.....	55	45	
Calcutta.....	May 2-June 12.....	26	19	
Karachi.....	May 9-Sept. 25.....	76	69	
Madras Presidency.....	do.....	6,501	4,730	
Rangoon.....	Apr. 25-June 26.....	120	93	
Do.....	June 27-Aug. 21.....	233	193	
Indo-China.....				Jan. 1-31, 1920: Cases, 42; deaths, 40. Feb. 1-29, 1920: Cases, 41; deaths, 36. Mar. 1-31, 1920: Cases, 79; deaths, 70.
Saigon.....	May 10-June 13.....	9	2	
Do.....	July 26-Aug. 15.....	5	4	
Italy:				
Catania.....	June 22-July 3.....	3	2	
Java:				
East Java.....				Apr. 23-May 5, 1920: Cases, 7; deaths, 7. Apr. 15-June 16, 1920: Cases, 8; deaths, 8. Aug. 5-25, 1920: Cases, 4; deaths, 4. Surabaya Residency.
West Java—Batavia.....	July 22-Sept. 9.....	15	15	
Mesopotamia:				
Bagdad.....	June 1-30.....	6	3	
Mexico:				
Tampico.....	July 25-Sept. 27.....	4	3	
Vera Cruz.....	June 14-20.....	11	1	May 29-July 14, 1920: Cases, 49; deaths, 29. Corrected statement: From outbreak in May to July 20, 1920—cases, 58; deaths, 36.
Do.....	July 19-24.....	2	2	
Peru.....				Mar. 1-31, 1920: Cases, 46; deaths, 29. Apr. 1-30, 1920: Cases, 36; deaths, 13. In coastal departments.
Callao.....	Mar. 1-31.....	6	3	
Do.....	Apr. 1-30.....	9	4	
Lima (city).....	Mar. 1-31.....	5	3	
Do.....	Apr. 1-30.....	4	4	
Lima (country).....	Mar. 1-31.....	1	1	
Do.....	Apr. 1-30.....	1	1	
Mollendo.....	Mar. 1-31.....	13	9	
Paíta.....	do.....	5	2	
Do.....	Apr. 1-30.....	2	2	
Salaverry.....	Mar. 1-31.....	4	3	
Do.....	Apr. 1-30.....	1	1	
San Pedro.....	do.....	6	1	
Trujillo—Salaverry.....	May 31-June 29.....	3	2	
Do.....	Aug. 30-Sept. 5.....	1	11	
Russia:				
Batum.....	Sept. 28.....			Prevalent.
Siam:				
Bangkok.....	Apr. 25-June 5.....	8	5	
Do.....	June 22-Aug. 23.....	6	3	
Straits Settlements:				
Singapore.....	Apr. 25-June 19.....	14	13	
Do.....	July 11-Aug. 7.....	3	3	
Syria:				
Beirut.....	June 30.....			Present.
Turkey:				
Constantinople.....	July 25-Aug. 21.....	7	6	
Uruguay:				
Montevideo.....	June 1-30.....	1	1	

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Departments—				
Algiers.....	May 11-Aug. 31...	51		City of Algiers, Apr. 1-30, 1920: 1 case. July 1-Aug. 31, 1920: Cases, 4; deaths, 2.
Constantine.....	June 1-Aug. 31.....	18		
Cran.....	May 11-Aug. 31.....	168		
Austria:				
Vienna.....	May 30-June 26.....	1		May 30-June 26, 1920: Cases, 27. June 27-July 10, 1920: Cases, 22.
Azores:				
Ponta Delgada.....	July 17-Aug. 20.....	7		From Madeira.
St. Michaels.....	Aug. 21-27.....	1		
Bolivar:				
La Paz.....	May 2-June 30.....	10	8	
Do.....	July 1-Aug. 31.....	11	5	
Brazil:				
Bahia.....	Apr. 25-June 26.....	5	5	
Do.....	June 27-Aug. 21.....	20	2	
Pernambuco.....	Mar. 29-June 27.....	114	3	
Do.....	June 30-Sept. 19.....	210	4	
Rio de Janeiro.....	Apr. 11-June 26.....	431	6	
Do.....	June 27-Aug. 21.....	45	9	
Santos.....	Mar. 24-28.....	1		
Sao Paulo.....	June 21-27.....	1	1	
Do.....	June 27-Aug. 8.....	2	2	
British East Africa:				
Mombasa.....	May 2-22.....	2	1	Mar. 1-31, 1920: Cases, 107. Apr. 1-30, 1920: Cases, 69. Reported by native inspectors.
Do.....	July 11-17.....	3		
Nairobi.....	May 23-June 26.....	11	1	
Do.....	Aug. 1-21.....	5		
Bulgaria:				
Sofia.....	July 11-17.....	1		
Canada:				
Alberta—				
Calgary.....	June 3-9.....	1		
Do.....	July 4-Oct. 9.....	6		
British Columbia—				
Vancouver.....	May 16-Aug. 28.....	4		
Manitoba—				
Winnipeg.....	May 29-June 5.....	3		
Do.....	Aug. 8-21.....	2		
New Brunswick—				
Bonaventura and Gaspe Counties.....	Aug. 1-31.....	1		
Carleton County.....	Sept. 19-25.....	1		
Gloucester County.....	May 31-June 26.....	5		
Do.....	Sept. 19-Oct. 9.....	3		
Queens County.....	July 4-Aug. 21.....	7		
Restigouche County.....	July 1-31.....	7		Sept. 26-Oct. 2, 1920: Cases, 1.
Nova Scotia—				
Halifax.....	.....do.....	2		
Sydney.....	May 31-June 26.....	2		
Ontario—				
Cornwall.....	June 25-30.....	2		
Fort William and Fort Arthur.....	July 11-Oct. 2.....	4		
Hamilton.....	June 13-Oct. 30.....	9		
Kingston.....	May 31-June 19.....	4		
North Bay.....	June 23-2.....	1		
Do.....	July 11-Oct. 23.....	8		
Ottawa.....	June 6-26.....	32		
Do.....	June 27-Oct. 30.....	106		
Peterborough.....	Apr. 18-July 31.....	33	1	
Prescott.....	July 11-17.....	1		
Do.....	Aug. 1-14.....	13		Present at Cardinal and Brockville.
Toronto.....	June 6-19.....	13		
Do.....	June 26-Sept. 25.....	26		
Windsor.....	Aug. 22-Sept. 11.....	5		
Prince Edward Island—				
Charlotte Town.....	Aug. 12-Oct. 13.....	2		
Quebec—				
Montreal.....	June 13-19.....	1		
Do.....	July 4-Aug. 7.....	4		
Quebec.....	June 27-Oct. 2.....	9		

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Canada—Continued.				
Saskatchewan—				
Moose Jaw.....	June 26-30.....	6		
Do.....	July 25-Sept. 25.....	3		
Regina.....	June 2-30.....	1		
Do.....	Oct. 3-23.....	2		
Saskatoon.....	Sept. 5-Oct. 23.....	8		
Ceylon:				
Colombo.....	May 9-June 5.....	2		
Do.....	Aug. 29-Sept. 18.....	9	3	
Chile:				
Antofagasta.....	May 17-23.....			1 case in interior.
China:				
Amoy.....	May 2-Sept. 18.....	4	15	
Antung.....	May 9-June 13.....	3	3	
Do.....	June 21-27.....	1		
Chungking.....	May 2-June 9.....			Present.
Do.....	July 11-Sept. 11.....			Do.
Foochow.....	May 9-29.....			Do.
Do.....	July 28-Sept. 25.....			Do.
Hankow.....	June 20-26.....	2		
Harbin.....				
Hongkong.....	Apr. 4-June 26.....	19	15	Year, 1919: Cases, 79. On East- ern Chinese R. R. line. At other stations, 109 cases.
Do.....	June 27-July 17.....	2	2	
Mukden.....	July 19-Aug. 21.....			Present.
Nanking.....	May 9-June 5.....			Do.
Do.....	July 4-Sept. 25.....			Do.
Tientsin.....	May 25-31.....	2		
Do.....	June 16-29.....	2		
Tsinanfu.....	May 9-15.....	1		
Chosen (Korea):				
Chemulpo.....	Mar. 1-June 30.....	69	40	
Do.....	July 1-31.....	18	8	
Fusan.....	Mar. 1-June 30.....	24	6	
Do.....	July 1-31.....	1	1	
Seoul.....	Mar. 1-June 30.....	358	86	
Do.....	July 1-31.....	15	6	
Colombia:				
Barranquilla.....	May 13-July 3.....			Epidemic.
Santa Marta.....	May 31-Oct. 16.....			Present.
Cuba:				
Antilla.....	Aug. 24-Sept. 13.....	2		
Habana.....	July 4.....	1		From steamship Frank Hennis, from Jamaica. Arrived Santi- ago June 30, 1920.
Matanzas.....	Aug. 15-21.....	1	1	In vicinity, at Aguacate, Aug. 1-7, 1920: Cases, 12.
Cyprus.....				
				August, 1919: Cases, 242; deaths, 54.
Czechoslovakia:				
Moravia.....	Feb. 1-2.....	68		
Danzig.....	June 20-July 17.....	9	2	
Egypt:				
Alexandria.....	May 14-June 29.....	53	19	
Do.....	June 25-Sept. 30.....	13	4	
Cairo.....	Apr. 2-June 24.....	62	23	
Do.....	July 2-Aug. 5.....	2		
Port Said.....	Apr. 2-June 24.....	22	8	
Do.....	July 2-15.....	2	1	
France:				
Brest.....	May 15-31.....	1		
Cette.....	June 24-30.....		1	
Nice.....	June 1-30.....		1	
Paris.....	May 1-10.....	3		
Germany.....				
				Feb. 22-June 12, 1920: Cases, 720. July 11-24, 1920: Cases, 26; deaths, 6. Additional cases, June 13-July 10, 1920, 24; deaths, 2.
Great Britain:				
Edinburgh.....	Aug. 29-Sept. 4.....	7	1	
Glasgow.....	May 25-June 26.....	136	22	
Do.....	July 4-Oct. 16.....	171	48	
Liverpool.....	July 18-Sept. 11.....	2		
London.....	June 13-July 19.....	14		
Manchester.....	Aug. 22-28.....	5		

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Greece:				
Saloniki.....	May 31-June 27...	4	1	
Do.....	July 25-Aug. 15...	1	1	
Haiti:				
Port au Prince.....	Sept. 22.....	5		
India.....				Apr. 11-May 22, 1920: Deaths, 7,743. May 30-June 26, 1920: Deaths, 3,864.
Bombay.....	Apr. 26-June 26...	103	45	May 9-15, 1920: Cases, 26; deaths, 11.
Do.....	June 27-Sept. 4...	49	11	
Calcutta.....	May 2-June 12.....	101	93	
Do.....	July 18-Sept. 18.....	9	8	
Karachi.....	May 8-June 26.....	15	12	
Do.....	June 27-July 10.....	7	4	
Madras.....	May 9-June 26.....	27	15	
Do.....	June 27-Oct. 4.....	43	15	
Rangoon.....	Apr. 25-June 26.....	35	14	July 1-31, 1920: Cases, 22; deaths, 4.
Do.....	Aug. 6-21.....	5	2	
Indo-China.....				Jan. 1-31, 1920: Cases, 410; deaths, 101. Feb. 1-29, 1920: Cases, 625; deaths, 119. Mar. 1-31, 1920: Cases, 782; deaths, 114.
Saigon.....	May 10-June 13.....	12	3	
Do.....	Aug. 3-Sept. 5.....	1	1	
Italy:				
Catania.....	July 12-Oct. 3.....	91		City and Province, Sept. 13-28, 69 cases in district.
Genoa.....	May 17-23.....	12		In Province.
Do.....	June 14-27.....	20		
Do.....	June 28-July 4.....	3		
Messina.....	May 10-June 27.....	7	1	Province, May 10-June 27: Cases 168; deaths, 27.
Do.....	June 28-Sept. 26.....	13	3	Province: Cases, 35; deaths, 3.
Milan.....	Mar. 1-May 31.....	3	5	
Naples.....	May 23-June 20.....	7	3	
Palermo.....	May 11-Sept. 30.....	261	66	
Trieste.....	Sept. 25-Oct. 2.....	16	5	
Turin.....	June 28-July 4.....	1		
Jamaica:				
Kingston.....				Previous report, "July 22—present," was erroneous.
Japan:				
Kobe.....	May 9-June 27.....	10	5	
Do.....	June 28-July 18.....	7	2	
Taiwan Island.....	May 1-June 20.....	40	11	
Do.....	June 21-July 20.....	14	8	
Tokyo.....	Apr. 21-May 10.....	5	4	
Java:				
West Java.....				Apr. 16-June 24, 1920: Cases, 56; deaths, 10. June 25-Sept. 9, 1920: Cases, 75; deaths, 17.
Batavia.....	Apr. 16-June 17.....	94	26	
Do.....	July 9-Sept. 9.....	2	1	Feb. 1-June 23, 1920: Cases, 2,519; deaths, 561.
Jugo-Slavia.....				
Madeira:				
Funchal.....	June 20-26.....		2	
Do.....	July 18-24.....			Sept. 12-18, 1 case.
Malta.....	May 1-June 30.....		3	
Mesopotamia:				
Bagdad.....	July 1-31.....	1		
Mexico:				
Ciudad Juarez.....	Aug. 2-8.....	1		
Guadalajara.....	May 1-31.....	1		
Do.....	July 1-31.....	3		
Laredo.....	July 30.....	2		
Mazatlan.....	May 19-25.....		1	
Salina Cruz.....	June 1-30.....	5	3	
Do.....	Aug. 1-31.....	1	1	
San Luis Potosi.....	May 31-June 6.....		1	
Do.....	June 28-Oct. 16.....		11	
Tampico.....	July 1-31.....		5	
Newfoundland:				
Broad Cove.....	Sept. 4-10.....	1		
Ladle Cove.....	Sept. 11-17.....	6		
St. Johns.....	June 5-11.....	3		Reported at 2 other localities.
Shoal Harbor.....	July 10-16.....	7		July 3-16: Present at 4 localities.
New Zealand:				
Dunedin.....	Aug. 10-23.....	7		

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Poland.....				
Minsk District.....	Jan. 1-31.....	1,052	228	Jan. 1-31, 1920: Cases, 1,895; deaths, 301.
Porto Rico:				
Caguas.....	Aug. 9-15.....	1		
Portugal:				
Lisbon.....	May 16-June 28.....		8	
Do.....	June 27-Oct. 9.....		20	
Portuguese East Africa:				
Inhambane.....	Sept. 12-18.....	1		
Lourenco Marques.....	do.....	2		June 1-Aug. 31, 1920: Deaths, 1.
Russia:				
Riga.....	Aug. 1-Sept. 23.....	3		May, 1920: Cases, 5. June, 1920: Cases, 7.
Vladivostok.....	Jan. 1-June 30.....	252	78	
Do.....	July 1-31.....	2		
Spain:				
Barcelona.....	May 19-June 12.....		4	
Do.....	June 18-Sept. 29.....		20	
Corunna.....	July 16-Oct. 2.....		2	
Malaga.....				Aug. 1-31, 1920: Deaths, 3. Present.
Orense, Province.....	Sept. 6.....			
Valencia.....	May 23-June 26.....	15	3	
Do.....	July 4-Oct. 2.....	11	3	
Vigo.....	May 31-June 26.....		4	
Do.....	July 18-Oct. 2.....		10	
Sweden:				
Stockholm.....	Sept. 19-25.....	2		
Switzerland:				
Geneva.....	May 9-15.....	7		
Syria:				
Aleppo.....	Aug. 29-Sept. 4.....			In city and in Armenian orphanage.
Tunis:				
Tunis.....	May 25-June 27.....	6	5	
Do.....	June 28-Oct. 10.....	38	12	
Turkey:				
Constantinople.....	May 16-June 19.....	7		
Do.....	June 20-Aug. 28.....	12		
Union of South Africa:				
Johannesburg.....	May 1-31.....	23		
Do.....	July 1-31.....	15		
On vessel:				
S. S. Henry R. Mallory.....	Oct. 2.....	1		At Habana from Spanish port. Vessel left Vigo, Spain, Sept. 19.

TYPHUS FEVER.

Algeria:				
Departments—				
Algiers.....	May 11-Aug. 31.....	44		
Constantine.....	May 21-Aug. 31.....	20		
Oran.....	May 11-Aug. 31.....	352		
Austria.....				Feb. 15-June 26, 1920: Cases, 67.
Vienna.....	Feb. 15-June 26.....	65		
Belgium:				
Ghent.....	Sept. 11-Oct. 9.....	9	1	
Bolivia:				
La Paz.....	May 2-June 30.....		17	
Do.....	July 1-31.....		12	
Brazil:				
Ceara.....	Apr. 25-June 12.....		4	
Do.....	July 11-24.....		2	
Bulgaria:				
Sofia.....	June 20-25.....	2		
Chile.....				Mar. 1-June 30, 1920: Cases 1,338, deaths, 244. Present.
Antofagasta.....	July 5-11.....			
Caleta Coloso.....	May 10-16.....		2	
Concepcion.....	Mar. 8-June 28.....	31	39	
Do.....	June 29-Sept. 20.....		13	
Coquimbo.....	Aug. 8-15.....	1		
Santiago.....	Mar. 1-June 30.....	470	86	Sept. 10: Cases, 186.
Valparaiso.....	May 2-Sept. 24.....		99	

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Antung.....	July 12-Oct. 3....	33	4	Report week ended July 31, 1920, not received.
Eastern Chinese Railway... Harbin.....	Aug. 9-Sept. 28....	5		At stations on line. On Eastern Chinese Railroad line. Year 1919: Cases, 301. At other stations on line, 789 cases.
Chosen (Korea):				
Chemulpo.....	June 1-30.....	3		
Seoul.....	Mar. 1-Apr. 30.....	4	1	
Czechoslovakia:				
Leipnik.....	Feb. 22-28.....	1		Feb. 1-28, 1920: Cases, 88; deaths, 7. Quarantine station.
Danzig.....	June 20-26.....	1		Feb. 27-Mar. 27, 1920: Cases, 16.
Do.....	July 25-31.....	1	1	
Egypt:				
Alexandria.....	May 7-June 24.....	338	86	
Do.....	June 25-Oct. 7.....	141	62	
Cairo.....	Apr. 2-June 24.....	867	370	
Do.....	July 9-22.....	58	41	
Port Said.....	Apr. 9-June 24.....	112	53	
Germany.....				Feb. 22-Mar. 27, 1920: Cases, 22 Among troops, 4; among persons from Poland, 8. Mar. 28-June 28, 1920: Cases 96. July 11-24, 1920: Cases, 2. Additional cases, June 18-July 10, 16.
Great Britain:				
Dublin.....	May 23-June 19.....	3	1	
Do.....	Oct. 16-22.....	23		
Dundee.....	July 4-10.....	1		
Glasgow.....	May 30-June 5.....		1	
Queenstown.....	Aug. 1-7.....	1		
Greece:				
Athens.....	June 27-July 21.....		5	
Drama.....	July 12-18.....	1		
Patras.....	June 29-July 4.....		1	
Piræus.....	June 29-July 5.....		1	
Saloniki.....	Apr. 12-27.....	384	42	
Do.....	June 28-Sept. 12....	128	54	
Guatemala:				
Guatemala City.....	Aug. 9-15.....		1	
Hungary:				
Budapest.....	Jan. 10-May 23.....	27		Jan. 19-May 30, 1920: Cases, 54.
Italy:				
Catania.....	July 10-17.....	3		
Trieste.....	May 16-22.....	5		
Do.....	June 13-Sept. 21.....	159	13	
Japan:				
Kobe.....	Aug. 17-23.....	7		
Nagasaki.....	May 25-June 27.....	2	1	
Do.....	Sept. 13-19.....	1		
Jugo-Slavia.....				Feb. 1-June 23, 1920: Cases, 691; deaths, 92.
Java:				
East Java— Surabaya.....	June 10-16.....	1		
West Java— Batavia.....	May 28-June 30.....	5	1	
Mesopotamia:				
Bagdad.....	Aug. 1-31.....	1		
Mexico:				
Chihuahua.....	May 31-June 6.....		1	
Nogales.....	Aug. 9-14.....	2		
San Luis Potosi.....	June 8-July 8.....			
Do.....	July 2-Aug. 15.....		2	Present.
Poland:				Sept. 19: Present.
Warsaw.....				Jan. 1-Mar. 31, 1920: Cases, 87,910; deaths, 19,733.
Serbia.....				Jan. 1-Feb. 29, 1920: Cases, 911; deaths, 117.
Portugal:				Mar. 14-Apr. 10, 1920: Cases, 181; deaths, 23.
Oporto.....	Apr. 4-June 24.....	15	6	
Do.....	Aug. 1-Oct. 2.....	5		

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Russia:				
Riga.....	June 25-Sept. 23...	68		
Simferopol.....	Sept. 23.....	35		Jan.-June, 1920: Cases, 3,955; deaths, 500.
Vilna.....	May 1-21.....	22	2	Jan. 1-Apr. 30, 1920: Cases, 1,264; deaths, 144.
Vladivostok.....	July 1-Aug. 31.....	36	4	
Do.....				
Spain:				
Barcelona.....	July 9-15.....	1	1	
Madrid.....	June 1-30.....		1	
Switzerland:				
Geneva.....	June 28-July 4.....	1		
Tunis:				
Tunis.....	May 24-June 27.....	36	18	
Do.....	July 6-Aug. 31.....	1	1	
Turkey:				
Constantinople.....	May 16-June 12.....	27		
Do.....	June 19-Oct. 9.....	21		
Venezuela:				
Maracaibo.....	July 21-27.....		1	

YELLOW FEVER.

Brazil:				
Bahia.....	May 23-June 19.....	1		
Colombia:				
Buenaventura.....	June 3.....	1	1	
Guatemala:				
Los Amates.....	Aug. 5-Sept. 1.....	10	3	Oct. 25, 1920: Present.
Quirigua.....	Aug. 9-15.....			Aug. 17: Present at several localities.
Virginia.....	Sept. 10.....	1		Present.
Mexico:				
Culliacan.....	Oct. 16.....			Station on railway from Puerto Barrios to Guatemala City, 45 miles from Puerto Barrios.
Empalme.....	Oct. 12.....	1	1	Present.
Guaymas.....	do.....	1	1	Previously reported, 2 deaths; later information shows 1 death.
Mazatlan.....	Oct. 13.....	1	1	
Progreso.....	July 30.....	1		
Do.....	Aug. 4-18.....	4	2	July 30-Aug. 18, 1920: Cases, 5; deaths, 3.
Puerto Mexico.....	Aug. 24-27.....	1	1	Case arrived Aug. 23 on s. s. Melchor Ocampo from Progreso. Previously reported P. H. R., Sept. 10, 1920.
San Blas.....	Sept. 13.....	1		
Tampico.....	Sept. 17.....	1		
Do.....	Sept. 21-Nov. 4.....	3	2	
Tuxpam.....	Sept. 1.....			Aug. 28-Sept. 1, 1920: Cases, 5; deaths, 5; Oct. 21-27, 1920: Cases, 27. Aug. 28-Oct. 27, 1920: Cases 112; deaths, 59.
Vera Cruz.....	June 22.....		2	
Do.....	July 19-Oct. 31.....	76	61	In sailor from s. s. Yumuri. The vessel left Vera Cruz Oct. 1 for Campeche and New Orleans.
Yucatan State—				
Campeche.....	Oct. 13.....	1	1	In interior.
Hocoba.....	Sept. 8.....	8		Do.
Hunucma.....	Sept. 8-Oct. 11.....	2	1	Do.
Sotuta.....	Sept. 8.....	1	1	Do.
Peru.....				Mar. 1-31, 1920: Cases, 228; Apr. 1-20, 1920: Cases, 64.
Callao.....	Apr. 1-30.....	1		At quarantine station. From s. s. Huallaga.
Catacaos.....	Mar. 1-31.....	14		
Do.....	Apr. 1-30.....	2		
La Huaca.....	Mar. 1-31.....	9		
Do.....	Apr. 1-30.....	5		
Morropon.....	do.....	37		
Munuella.....	Mar. 1-31.....	12		
Paifa.....	do.....	81		
Do.....	Apr. 1-30.....	14		
Piura.....	Mar. 1-31.....	1		
Do.....	Apr. 1-30.....	4		

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

Reports Received from June 26 to Nov. 12, 1920—Continued.

YELLOW FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Peru—Continued.				
Batavia.....	Mar. 1-31.....	2		
Sullana.....	do.....	9		
Do.....	Apr. 1-30.....	1		
Salvador.....				
Armenia.....	June 20-26.....	1	1	Sept. 12-18, 1920: 1 case; Aug. 22- Oct. 11, 1920: Cases, 3; deaths, 1. Fatal cases were in Europeans.
San Salvador.....	Aug. 1-21.....	6	2	
Sonsonate.....	May 22-June 24.....	49	17	
On vessels:				
S. S. Haraldshaug.....	Sept. 28.....	1		At Pensacola, Fla. From Puerto Barrios, Tampico, and Vera Cruz.
S. S. Soestdijk.....	Sept. 11.....	1	1	At Quarantine, La.
S. S. Zumuri.....	Oct. 13.....	1	1	At Campeche. Vessel left Vera Cruz Oct. 1, 1920.