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SICKNESS FREQUENCY AMONG INDUSTRIAL EMPLOYEES.¹

DISEASE PREVALENCE AMONG WAGE-EARNERS DURING THE FIRST HALF OF THE YEAR 1920.

In accordance with plans which the Public Health Service is developing with the aid of a committee of the American Public Health Association, for the collection, tabulation, and publication of information concerning the prevalence of disease among the wage-earning population,² the following tables are presented for the first half of the year 1920. The figures have been supplied by sick-benefit associations of the employees of certain plants which are cooperating with the Public Health Service by reporting currently the cases for which sick benefits were paid.

The tabulations herewith presented include those cases which caused disability for one week or longer; hence only the more serious illnesses are recorded. In subsequent publications the sickness reports from associations recording illnesses of shorter duration will be included. The present publication is intended as the first of a series of publications of industrial morbidity statistics which, it is hoped, will increase in volume, completeness, and accuracy.

Only a few of the associations have reported their morbidity experience for the entire six months' period. A number submitted their first report in May or June. Others which began to report earlier were unable at the time the figures were tabulated to submit complete statistics for the later months, owing to the unsettled status of some of their cases. For these reasons the statistics at the present time are not continuous for the entire period, and the changes in the associations considered from month to month made impracticable the computation of sickness frequency rates for the six months *combined*, though it is feasible to compute the rates for each month separately.

¹ From the Statistical Office, United States Public Health Service. The tables and graphs presented in this article were made under the immediate supervision of Assistant Statistician Dean K. Brundage.

² See "Sickness Records for Industrial Establishments," Reprint No. 573 from the Public Health Reports, November 14, 1919, pp. 2503-2604.

The number of persons considered is the number of employees reported as holding membership in the various associations during each month. While practically all of the reporting associations require a physician's certificate naming the ailment causing disability, the correct diagnosis probably is not always reported; but a fairly accurate idea of the more serious affections occurring among the working people whose disabilities have been reported is afforded by the number of cases and frequency rates shown in the following tables.

Disabling Sickness According to Month of Onset.

It will be noticed in Table I that the number of disability cases which started in January was 267 per 1,000 persons. This means that if cases of sickness which disable for at least a week should occur as often during the whole year as they did in January, the number of such cases by the end of the year would be 267 for every 1,000 persons under consideration. When it is considered that illness causing incapacity for less than a full week is not included in the tables herein presented, an extraordinarily high frequency of sickness is manifested. The majority of the members of most associations for sickness insurance, moreover, are men in the vigorous period of life—i. e., 13 of the 29 associations whose reports have been tabulated specify definite age limits for eligibility to membership, the average being from 17 to 55 years of age. In some other respects, too, industrial employees insured in sick-benefit associations are a distinctly selected group, as temporary or casual laborers are seldom admitted to membership, and some may be too poor to afford the cost of insurance. Women have not the privilege of belonging to some of the reporting associations, and in those reporting associations which do have female members their number is relatively small, so that the sickness rates presented could not be affected to any appreciable extent by the supposedly greater frequency of illness among women. Furthermore, not all diseases are included in the tabulations, as sick benefits are denied for the venereal diseases, and 8 of the 29 reporting associations in this group refuse to pay benefits for chronic diseases contracted prior to the date of joining the association. Eighteen of the associations do not pay for disabilities brought on by the use of intoxicating liquors; 13 decline to pay for disabilities resulting from the violation of any civil law; and 10 for the results of willful or gross negligence. Just how rigidly these rules are enforced is not known, but, considering these restrictions, the statistics should be regarded as a *minimum* statement of the disabilities actually occurring and lasting seven days or longer.

TABLE I.—Frequency of cases of sickness causing disability for one week or longer among the members of sick-benefit associations in certain industrial establishments reporting to the Public Health Service: By month of onset, January to June, 1920.^a

Month of onset.	Number of associations reporting.	Member-ship.	Cases reported.	Cases per 1,000 persons per year. ^b
1920.				
January.....	8	13,818	312	267
February.....	11	21,283	546	324
March.....	14	23,196	262	133
April.....	15	24,904	226	111
May.....	14	32,035	256	94
June.....	14	40,074	269	82

^a Including nonindustrial accidents, but not including the venereal diseases.

^b The annual frequency rate or case rate for a single month means the number of cases that would occur in a year among 1,000 persons if the rate at which new cases occurred during the month should continue throughout the year.

The marked seasonal variation in the occurrence of sickness from January to June is a conspicuous feature of Table I. The rate at which new cases occurred in February, for example, was approximately four times the incidence rate in June. It will be recalled that the recrudescence of epidemic influenza occurred in the first three months of this year, particularly in February, and in order to show the influence of the epidemic upon the seasonal variation in disease incidence, Figure 1 is presented. Cases diagnosed either as influenza or as grippe have been combined to represent the epidemic, because the terms are often used interchangeably in reporting the same disease. Figure 1 permits consideration of the incidence rates for influenza in relation to the rates for all other diseases, and shows the pronounced accentuation of the usual seasonal variation by the occurrence of the epidemic in the months in which sickness ordinarily is heavy.

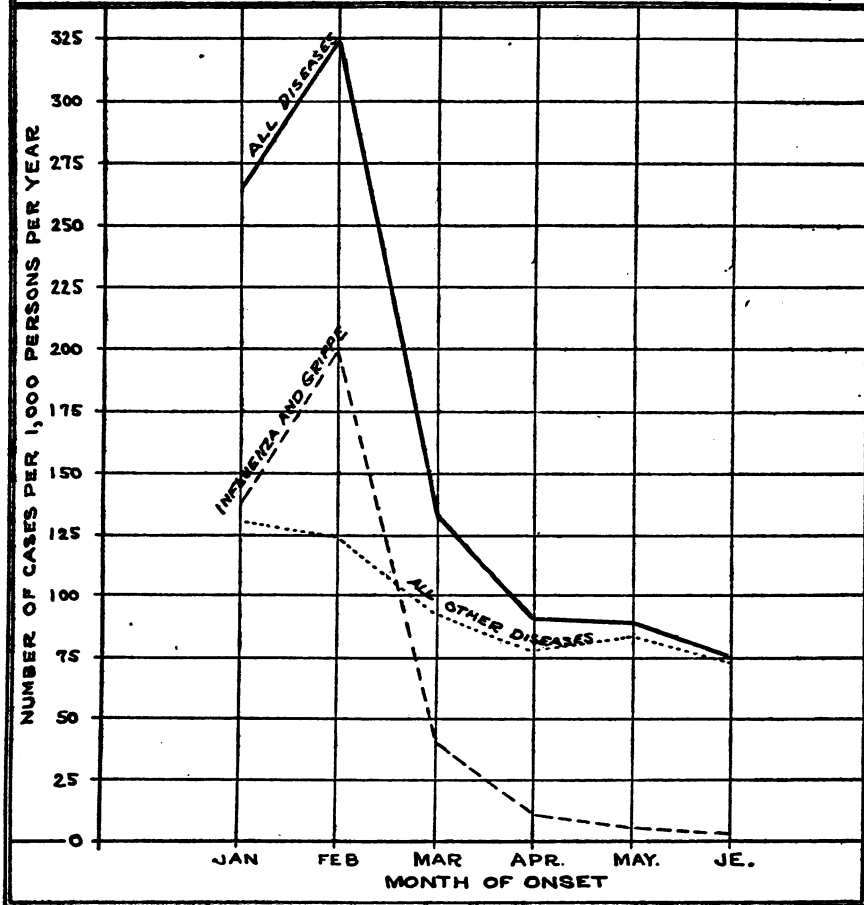
Frequency of Specific Diseases and Groups of Diseases.

In Table II are presented the number of cases of the more important diseases and groups of diseases occurring each month and the annual incidence rate per 1,000 persons considered.

It should be stated that the monthly fluctuations in the incidence of all diseases or of the more important specific diseases or of groups of diseases herein noted are indicated in a general way for each association.

FREQUENCY OF INFLUENZA AND GRIPPE COMPARED WITH THE FREQUENCY OF OTHER DISEASES, BY MONTH OF ONSET, JANUARY TO JUNE 1920.

ANNUAL NUMBER OF CASES PER 1,000 MEMBERS OF CERTAIN SICK-BENEFIT ASSOCIATIONS REPORTING TO THE PUBLIC HEALTH SERVICE.⁽¹⁾



⁽¹⁾ INCLUDES ONLY THOSE SICKNESS AND NON-INDUSTRIAL ACCIDENT CASES WHICH CAUSED ABSENCE FROM WORK FOR ONE WEEK OR MORE.

FIG. 1.

TABLE II.—Number of cases of sickness causing disability for one week or longer, and annual frequency rates per 1,000 members of sick-benefit associations in certain industrial establishments reporting to the Public Health Service: By month of onset, January to June, 1920, and by disease causing disability.

Disease or condition causing disability. (With corresponding title numbers in parentheses from the International List of the Causes of Death.)	Number of new cases.						Number of cases per 1,000 persons per year.					
	Jan.	Feb.	Mar.	Apr. (a)	May. (a)	June. (a)	Jan.	Feb.	Mar.	Apr. (a)	May. (a)	June. (a)
All diseases and conditions (1-189)^b.....	312	546	262	155	211	223	266.6	323.8	133.3	91.5	89.7	78.1
General diseases (1-59)	183	363	113	58	53	60	156.4	215.2	57.5	33.1	22.5	20.5
Typhoid fever (1).....	2		1	1	1	1	1.7		.5	.6	.4	
Influenza and grippe (10).....	159	338	79	21	14	9	135.8	200.4	40.2	12.4	5.9	3.1
Tuberculosis of the lungs (28, 29).....	4	2	5	2	3	8	3.4	1.2	2.5	1.2	1.3	2.7
Cancer (all forms) (38-46).....			1	2	1				.5	1.2	.4	
Rheumatism (47, 48).....	8	11	13	16	22	23	6.8	6.5	6.6	9.4	9.3	7.8
Others (2-9, 11-27, 30-38, 49-59).....	10	12	14	14	12	20	8.5	7.1	7.1	8.3	5.1	6.8
Diseases of the nervous system (60-76)^c.....	10	15	15	9	16	20	8.5	8.9	7.6	5.3	6.8	6.8
Neuralgia and neuritis (73).....	5	4	4		3	4	4.3	2.4	2.0		1.3	1.4
Cerebral hemorrhage, apoplexy, paralysis (64-66).....	1		1		1		.9		.5		.4	
Mental alienation (insanity) (67, 68).....	1	2	3	1		1	.9	1.2	1.5	.6		.3
Others (60-63, 69-72, 74).....	3	4	6	4	7	9	2.5	2.4	3.1	2.4	3.0	3.1
Diseases of the eyes and annexa (75).....		2		4	2	5		1.2		2.4	.8	1.7
Diseases of the ears (76).....		3	1		3	1		1.8	.5		1.3	.3
Diseases of the circulatory system (77-85)	3	7	10	6	15	9	2.6	4.2	5.1	3.5	6.4	3.1
Diseases of the heart (77-80).....	1	2	3	3	4	2	.9	1.2	1.5	1.8	1.7	.7
Diseases of the veins (83).....	1	4	5	2	5	5	.9	2.4	2.5	1.2	2.1	1.7
Others (81-82, 84-85).....	1	1	2	1	6	2	.9	.6	1.0	.6	2.5	.7
Diseases of the respiratory system (86-98)	57	71	45	31	50	29	48.7	42.1	22.9	18.3	21.3	9.9
Bronchitis (89, 90).....	23	33	23	10	12	7	19.6	19.6	11.7	5.9	5.1	2.4
Pneumonia (all forms) (91, 92).....	19	22	7	10	25	9	16.2	13.0	3.6	5.9	10.6	3.1
Others (86-88, 93-98).....	15	16	15	11	13	13	12.8	9.5	7.6	6.5	5.5	4.4
Diseases of the digestive system (99-103, 105-118)	28	38	48	22	41	44	23.9	22.5	24.4	13.0	17.4	15.0
Tonsillitis and other diseases of the pharynx (100).....	17	20	20	6	13	10	14.5	11.9	10.2	3.5	5.5	3.4
Diseases of the stomach (102, 103).....	5	9	13	6	9	9	4.3	5.3	6.6	3.5	3.8	3.1
Diarrhea and enteritis (105).....	2	2	4			2	1.7	1.2	2.0			.7
Appendicitis (108).....	4	4	5	5	6	11	3.4	2.4	2.5	3.0	2.5	3.8
Hernia (109).....		2	1	5	8	6		1.2	.5	3.0	3.4	2.0
Others (99, 101, 106-107, 110-118).....		1	5		5	6		.6	2.5		2.1	2.0
Diseases of the genitourinary system and annexa (119-133)	2	6	1	3	5	1	1.7	3.6	.5	1.8	2.1	.3
Acute nephritis and Bright's disease (119, 120).....	2	1					1.7		.6			
Others (121-133).....		5	1	3	5	1		3.0	.5	1.8	2.1	.3
The puerperal state (134-141)												
Diseases of the skin and cellular tissue (142-145)	6	14	6	4	8	11	5.1	8.3	3.1	2.4	3.4	3.8
Furuncle (143).....	1	8	1	2	4	7	.9	4.7	.5	1.2	1.7	2.4
Others (142, 144, 145).....	5	6	5	2	4	4	4.3	3.6	2.5	1.2	1.7	1.4

^a Totals for April, May, and June differ from those shown in Table I, because association II does not report diagnosis.

^b Except the venereal diseases.

^c Including organs of special sense (eyes, ears).

TABLE II.—Number of cases of sickness causing disability for one week or longer, etc.—Continued.

Diseases or condition causing disability. (With corresponding title numbers in parenthesis from the International List of the Causes of Death)	Number of new cases.						Number of cases per 1,000 persons per year.					
	Jan.	Feb.	Mar.	Apr.	May.	June.	Jan.	Feb.	Mar.	Apr.	May.	June.
Diseases of the bones and organs of locomotion (146-149)	5	2	7	4	5	7	4.3	1.2	3.6	2.4	2.1	2.4
Diseases of the bones (146).....	1	1			1	1	.9	.6			.4	.3
Diseases of the joints (147).....			4	1		1			2.0	.6		.3
Others (including lumbago) (148, 149).....	4	1	3	3	4	5	3.4	.6	1.5	1.8	1.7	1.7
Senility (154)												
External causes (155-186)	4	17	6	17	10	29	3.4	10.1	3.1	10.0	4.3	9.9
Ill-defined diseases, and conditions (187-189)	14	13	11	3	8	13	12.0	7.7	5.6	1.8	3.4	4.4
Number of members	13,818	21,283	23,196	20,661	27,777	35,766						

The outstanding causes of disability are found in the general, the respiratory, and the digestive groups of diseases. For these three groups combined the rate ranged from 86 per cent of total sickness in February to 60 per cent of the rate for all diseases in June.

When influenza, grippe, and pulmonary tuberculosis are removed from the general diseases group, and added to the group designated as "Diseases of the respiratory system," as has been done in Table III and Figures 2 and 3, it becomes apparent that the rates for total respiratory diseases were greater than the rates for any other group, not only in January and February but in June as well. The respiratory affections are characterized from January to June by a tremendous seasonal fluctuation, and by a surprising prevalence, in comparison with other disease groups, in the first month of summer.

TABLE III.—Frequency of the principal groups of diseases. Number of cases of sickness causing disability for one week or longer per 1,000 persons per year among the membership of sick-benefit associations reporting to the Public Health Service: By month of onset January to June, 1920.

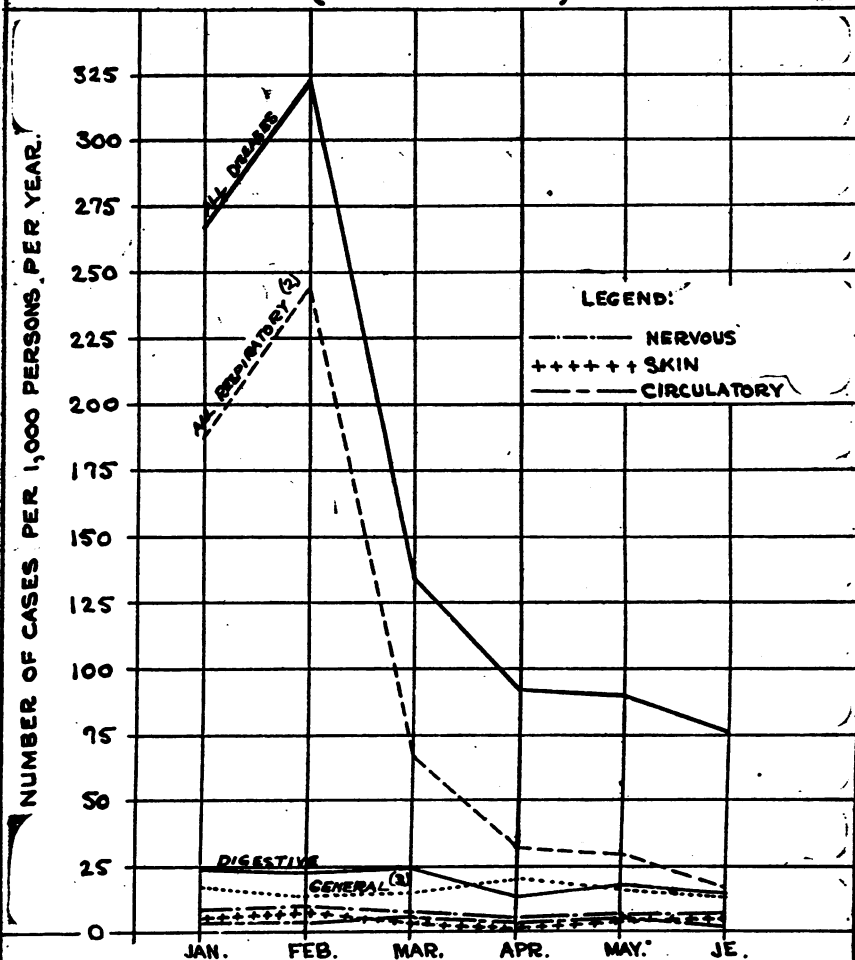
Disease or condition causing disability (with corresponding title numbers in parentheses from the International List of the Causes of Death).	Jan.	Feb.	Mar.	Apr.	May.	June.
All diseases and conditions (1-189) ^a	266.6	323.8	133.3	91.5	89.7	76.1
All respiratory diseases (10, 28, 29, 86-98) ^b	187.9	243.7	65.6	31.9	28.5	15.7
General diseases (1-9, 11-27, 30-59) ^c	17.2	13.6	14.3	19.5	15.3	14.7
Diseases of the nervous system (60-76).....	8.5	8.9	7.6	5.2	6.8	6.8
Diseases of the circulatory system (77-85).....	2.6	4.2	5.1	3.5	6.4	3.1
Diseases of the digestive system (99-103, 105-118).....	23.9	22.5	24.4	13.0	17.4	15.0
Diseases of the genito-urinary system (119-133).....	1.7	3.6	.5	1.8	2.1	.3
Diseases of the skin and cellular tissue (142-145).....	5.1	8.3	2.1	2.4	3.4	3.8
Diseases of the bones and organs of locomotion (146-149).....	4.3	1.2	3.6	2.4	2.1	2.4
External causes (155-186).....	3.4	10.1	3.1	10.0	4.3	9.9
Ill-defined diseases and conditions (187-189).....	12.0	7.7	5.6	1.8	3.4	4.4

^a Except the venereal diseases.

^b Including influenza, grippe, and tuberculosis of the lungs (10, 28, and 29).

^c Exclusive of influenza, grippe, and tuberculosis of the lungs (10, 28, and 29).

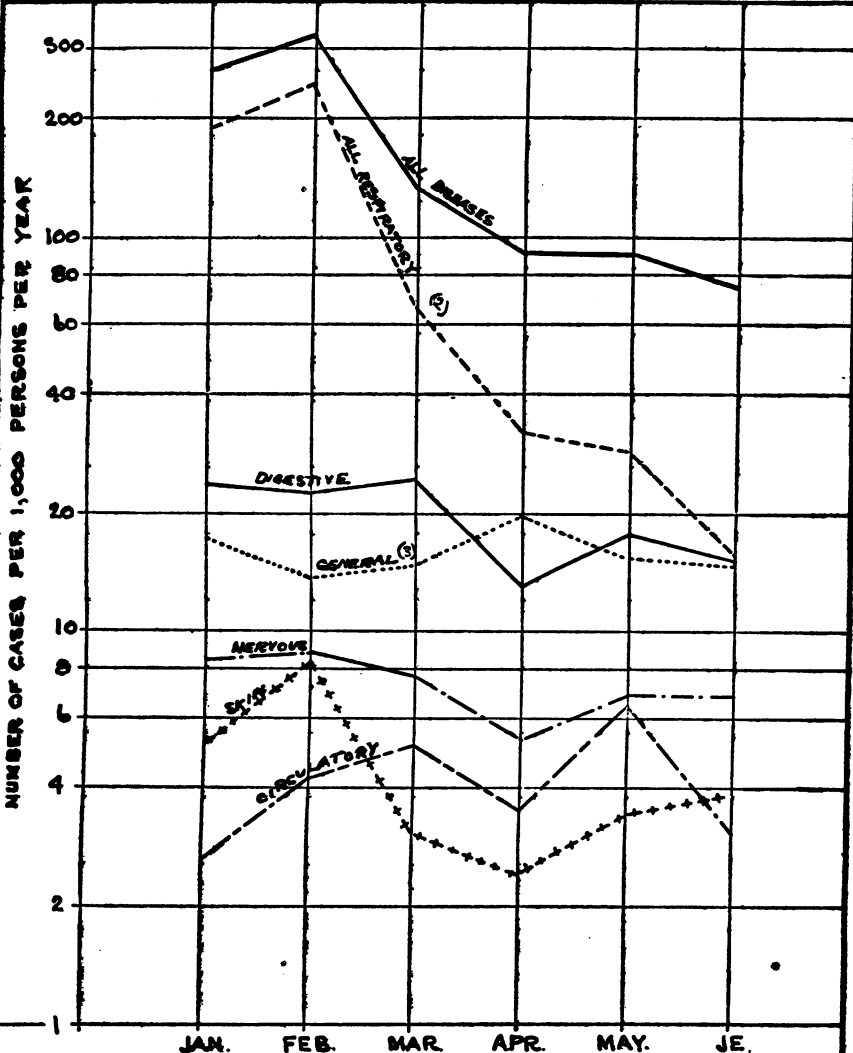
FREQUENCY OF THE PRINCIPAL GROUPS OF DISEASES. NUMBER OF CASES PER 1,000 PERSONS PER YEAR AMONG THE MEMBERSHIP OF SICK-BENEFIT ASSOCIATIONS REPORTING TO THE PUBLIC HEALTH SERVICE. (1) BY MONTH OF ONSET, JANUARY TO JUNE 1920. (NATURAL SCALE).



(1) INCLUDES ONLY THOSE SICKNESS AND NON-INDUSTRIAL ACCIDENTS CASES WHICH CAUSED ABSENCE FROM WORK FOR ONE WEEK OR MORE.
 (2) INCLUDING INFLUENZA, LA GRIPPE, AND TUBERCULOSIS OF THE LUNGS.
 (3) EXCLUSIVE OF INFLUENZA, LA GRIPPE, AND TUBERCULOSIS OF THE LUNGS.

FIG. 2.

FREQUENCY OF THE PRINCIPAL GROUPS OF DISEASES. NUMBER OF CASES PER 1,000 PERSONS PER YEAR AMONG THE MEMBERSHIP OF SICK-BENEFIT ASSOCIATIONS REPORTING TO THE PUBLIC HEALTH SERVICE. (1) BY MONTH OF ONSET, (JANUARY TO JUNE 1920. (LOGARITHMIC SCALE).



(1) INCLUDES ONLY THOSE SICKNESS AND NON-INDUSTRIAL ACCIDENTS CASES WHICH CAUSED ABSENCE FROM WORK FOR ONE WEEK OR MORE.

(2) INCLUDING INFLUENZA, LA GRIPPE, AND TUBERCULOSIS OF THE LUNGS.

(3) EXCLUSIVE OF INFLUENZA, LA GRIPPE, AND TUBERCULOSIS OF THE LUNGS.

FIG. 3.

In Figure 3 the incidence of the several groups of diseases are plotted on a logarithmic scale for the purpose of showing the relative variations rather than the actual variations.³ It will be noted that the digestive diseases were the second most prevalent group among the persons under consideration during the six months' period. The slight seasonal fluctuation may be accounted for by the fact that tonsillitis, which occurs mostly in winter weather, is included in this group in accordance with the International List of the Causes of Death.

The general diseases in every month except April were slightly less frequent than the digestive troubles. They include those affections listed under this title in the International List of the Causes of Death, with the exception of influenza, grippe, and tuberculosis of the lungs, which have been added to the respiratory group as mentioned above. Among the more common diseases in the general group are rheumatism, cancer, diabetes, goiter, anemia, erysipelas, smallpox, and other epidemic diseases.

The rates for the other disease groups are lower than those for the three that have been mentioned, and they fail to exhibit any very marked seasonal tendencies.

Referring to the frequency rates for specific diseases exhibited in Table II, the most outstanding feature is, of course, the incidence of epidemic influenza. Next to influenza and grippe the most prevalent diseases were bronchitis, pneumonia, and diseases of the pharynx (principally tonsillitis); and their frequency fluctuated from month to month in fairly similar fashion. It is interesting to observe the behavior of rheumatism, which occurred oftener in June than in the winter months, the incidence rate in June being fairly high for all large reporting establishments. Rheumatism was most prevalent in April and May.

Less frequent than the particular diseases just mentioned were the stomach troubles, appendicitis, neuralgia and neuritis, and tuberculosis of the lungs. For new cases of tuberculosis the rate varied between one and three per 1,000 persons per year, which seems to indicate a relatively slight disability from tuberculosis lasting seven days or longer. It may be offered in explanation that many cases which actually began in the period under consideration probably had not yet reached a stage involving actual incapacity for work.

³ The reader is referred to the following recent discussions of the use of the logarithmic scale in graphic presentation: Whipple, G. W., *Vital Statistics* (1919), pp. 83-87; Fisher, Irving, *The Ratio Chart: Quarterly Publication of the American Statistical Association*, 1917, p. 577; Field, J. A., *Some Advantages of the Logarithmic Scale in Statistical Diagrams: Journal of Political Economy*, XXV, 8, October, 1917.

Sickness Rates for the Reporting Sick-Benefit Associations.

The frequency of sickness which caused absence from work for one week or longer in the reporting associations is shown in Table IV. The associations have been classified according to size—those having more than 3,000 members appearing in Group I and those with less than that number in Group II—to facilitate observation of the rates for the large and for the small industrial establishments.

TABLE IV.—Number of cases of sickness and case rates for all reporting sick-benefit associations, and for each reporting association having more than 500 members,^a by months, January to June, 1920.

[Where blank spaces appear, the statistics were not available.]

Sick-benefit associations.	Average membership.	Number of cases in—						Number of cases per 1,000 persons per year.					
		Jan.	Feb.	Mar.	Apr.	May.	June.	Jan.	Feb.	Mar.	Apr.	May.	June.
All reporting associations.....	25,885	312	546	262	226	256	269	267	324	133	111	94	82
Group I ^b	21,563	258	406	180	157	185	237	267	283	118	99	82	81
A.....	8,485	123	79	43	26	.....	.....	171	118	60	37	.....	.....
B ^c	2,910	135	181	62	.....	.....	.....	546	784	252	.....	.....	.....
C.....	6,678	.....	146	75	60	.....	.....	.....	276	133	110	.....	.....
D.....	4,133	.....	.....	.....	.....	38	33	.....	.....	.....	.....	108	98
E.....	18,481	.....	.....	.....	.....	102	80	.....	.....	.....	.....	66	53
F.....	3,061	.....	.....	.....	.....	.....	20	.....	.....	.....	.....	.....	80
G.....	5,577	.....	.....	.....	.....	.....	58	.....	.....	.....	.....	.....	127
H.....	4,270	.....	.....	.....	71	45	46	.....	.....	.....	204	125	130
Group II ^d	4,322	54	140	82	69	71	32	264	551	189	153	160	88
N.....	874	20	45	13	5	13	5	270	649	175	70	176	70
O.....	552	.....	19	4	8	2	1	.....	461	83	174	43	22
P.....	640	.....	.....	12	8	11	8	.....	.....	219	151	203	156
Q.....	695	19	39	9	9	8	.....	327	719	152	157	135	.....
R.....	1,128	.....	.....	9	5	11	8	.....	.....	96	55	115	84
Others ^e	1,230	15	37	35	34	26	10	207	414	336	259	227	101

^a Includes only those sickness and nonindustrial accident cases which caused absence from work for one week or longer.

^b Associations which have more than 3,000 members.

^c Included with the large associations because the membership is nearly 3,000.

^d Associations which have less than 3,000 members.

^e Associations which have less than 500 members.

It will be noticed at once how large the fluctuation in disease incidence was from month to month in accordance with expected seasonal variation for all establishments. What are perhaps more important are the wide differences among reporting establishments in the same month. In February, for instance, the frequency rate for association B was nearly seven times as great as the rate for association A, and in April, association H had nearly six times as much sickness as establishment A. It may be observed that similar differences appear in the rates among the smaller associations. These marked differences afford strong reasons for a careful study not only of the causes of illness in the different plants, but of the conditions which give rise to them. While it is not the purpose to analyze these differences at this time, since the records for the different associations are not sufficiently comparable with respect to the period covered, the value

of statistics of this nature will, it is believed, become more and more manifested as they accumulate. In later publications it is hoped to present more detailed analyses.

Cooperation Invited.

The tables herein presented represent merely a beginning in the publication of industrial morbidity statistics. It is intended to extend the collection of sickness statistics to as many plants as will cooperate by furnishing reports periodically. While the number of reporting associations has been considerably augmented of late, it is hoped that more establishments will report the disabilities occurring among their employees.

ACKNOWLEDGMENTS.

Acknowledgments are made to those corporation managers and association secretaries whose generous assistance has made possible the inauguration of the present plan to obtain current information of the incidence of disease among the wage-earning population.

RECENT EXPERIMENTS IN THE CONTROL OF AIR DUSTINESS.¹

By O. M. SPENCER, Passed Assistant Surgeon (R.), United States Public Health Service.

We may assume as generally accepted that tuberculosis never appears unless the tubercle bacilli are present, and that even when such bacilli are present, tuberculosis does not develop unless they are in sufficient numbers to overthrow normal resistance or unless they find in the ultimate victim a physical condition sufficiently subnormal to predispose him to their virulent assaults. Factors that may so predispose an individual vary. Perhaps they may be due to the virulence of the tubercle bacilli, to racial stock, or to emaciation resulting from various causes, such as deterioration caused by alcohol, or from fatigue, or like factors within the individual; or they may come from more remote factors that influence or tend to develop physical disabilities, such as poor ventilation, exposure to extremes of heat and cold, wet processes, inadequate lighting, bad housing, low standards of living, insanitary community conditions, or unhealthy climatic conditions.

Because there are these ramifications of the influencing factors of tuberculosis, a restriction in the scope of this subject may not be out of harmony with the general program. I am, therefore, taking the liberty to discuss the results of some recent studies made by

¹ Read at the North Atlantic Tuberculosis Conference held at Richmond, Va., Oct. 7-8, 1920.

United States Public Health Service officers, of air conditions prevailing in certain occupations and having a tendency to excite or accelerate the development of tuberculosis.

It is commonly known that there are certain principal occupations creating air conditions that tend to produce characteristic fibroid changes in the lungs, commonly designated as pneumoconiosis, which changes predispose the worker to infection from the tubercle bacilli. I refer here to such trades as those followed by cutlery makers, filers, grinders, abrasive workers, polishers, buffers, manufacturers of jewelry, brass workers, finishers, sand blasters, saw filers, toolmakers, glass blowers, glassworkers, cotton workers (because of mineral substances used in sizing), marble and stone quarry men, molders, potters, miners of copper, gold, silver, graphite, iron, lead, zinc, mica, phosphate, spar, and quicksilver. These trades are typical, and the list inserted here is not at all complete. The important point is not how many trades carry this exposure, but what preventive measures are available when a trade tends to produce an air dustiness of particles capable of producing fibroid changes in the lung tissue, or capable of filling the lung with foreign matter, thereby restricting its capacity to function.

We have become accustomed to-day to certain standard methods for air purification in industrial plants. These methods take the form of hoods, exhausts, and fume lines usually beginning at or near the work plane and following certain engineering specifications, exhausting at a place sufficiently remote and protected to control the hazards arising from the occupation. In certain occupations where it has been thought that such fume lines could not be satisfactorily installed and operated, wet processes have been introduced. In point of origin, the wet process antedates the exhaust as a means for controlling dusty operations. To a large extent these two processes have given a sense of security to the operator and the operative.

States as governmental units, and, in some instances, municipal authorities, have endeavored to standardize such safety devices by fixing the size of the fume line, the number of branches that may enter a main without increasing the size of the main, the angle at which such branch pipes must enter the main pipes, the strength of the exhaust as determined by anemometer or U-tube readings, and like precautions. These regulations, occasionally enforced by factory inspection, have given an added sense of security to the hazardous occupations. The great question is, however, Is this sense of security fancied or real? Certain observations made by officers of the Public Health Service aroused a doubt as to the adequacy of these so-called protective devices and led to a comprehensive research. The results of the investigation show that in many instances,

because of mistakes in planning and installation and because of an imperfect method for determining the efficiency of such devices, operatives have been exposed to almost as great a hazard as if no protective devices had been installed. The crux of the problem as now presented in the industries cited is largely the production of a method for checking up the efficiency of the apparatus installed; and I shall endeavor to show that such a check can best be made, not by anemometer or U-tube readings, but by air samples taken at the plane of work and dust counts made therefrom.

All dust counts mentioned in this work were made from samples collected by the Palmer water-spray machine, and refer to the number of one-fourth standard unit dust particles per cubic foot of air, as classified by Palmer,² and arranged according to size, from 1 to 10 microns. It was shown by Dr. McCrea, in the report of the Miners' Phthisis Prevention Committee, of Johannesburg, South Africa,³ that the dust extracted from the lungs of deceased miners by acid oxidation consisted of particles from 12 microns to less than 1 or 2 microns in diameter. The majority of particles were found in the smaller sizes.

It has been the almost universal belief that, of the two main types of control of air dustiness, wet grinding is safer and has a smaller dust hazard than dry grinding under an exhaust system. This in some instances has been proved false by recent studies conducted by Winslow and Greenburg in an ax-grinding factory.⁴ In this plant the owners were worried by the dry grinding with an exhaust system and were satisfied with a wet-grinding process, and so sought advice as to a feasible plan for correcting the former.

Dust counts of samples were collected by the Palmer water-spray machine in the wet and dry grinding shops by Winslow and Greenburg, with the following results:

Wet-grinding shops.

Number of samples.	Number of dust particles per cubic foot of air. (One-fourth standard unit.)		
	Minimum.	Maximum.	Average.
32	• 870,000	50,000,000	15,800,000

• This was the only sample below one million.

¹ Palmer, G. T., Coleman, L. V., and Ward, H. C., A Study of Methods for Determining Air Dustiness: American Journal of Public Health, Vol. VI, p. 1049, 1916.

² Miners' Phthisis Prevention Committee—General Report. Johannesburg, 1916.

⁴ Winslow, C.-E. A., and Greenburg, Leonard, A Study of the Dust Hazard in the Wet and Dry Grinding Shops of an Ax Factory: Public Health Reports, vol. 35, No. 41, Oct. 8, 1920, pp. 2393-2401. Reprint No. 616.

Dry-grinding shops with exhaust system.

Number of samples.	Number of dust particles per cubic foot of air. (One-fourth standard unit.)		
	Minimum.	Maximum.	Average.
10	51,500	400,000	151,500

By these experiments Winslow and Greenburg not only showed that the wet grinding was hazardous and gave a false sense of security, but they also showed that the exhaust system in the dry-grinding plant was adequate.

Two important facts stand out as a result of this test: one is that wet grinding was not, here at least, a safe method; the other is that the methods of testing adopted in this test give an actual picture of the efficiency of the system of dust reduction installed.

Another corporation using the wet method of grinding, not satisfied with conditions in their grinding rooms, requested the Public Health Service to assist them in improving health conditions. The plant management realized that the mere compliance with the State laws in wet-grinding processes did not prevent a dust hazard. The labor turnover from accidents and sickness was very high, and the men employed in the grinding room were discontented because of the wet process in use and its attendant dust hazard.

A survey of the plant was made by Scientific Assistant Myron Bantrell,⁵ and dust samples from which counts were made were taken in various rooms of the plant. The counts were of one-fourth standard unit dust particles and ranged in number from 69,000 on the roof of building to 4,548,000 in the grinding room. The average number of particles in the grinding room was 2,841,000. These conditions prevailed notwithstanding the fact that the management complied with the State laws in every way in its wet-grinding process, using a special compound of oil and water.

This survey brings out the important fact that even a strict compliance with the present laws in regard to wet grinding does not always prevent a dust hazard, and that it is absolutely necessary to have some definite method of checking up the efficiency of dust-prevention devices after their installation.

These illustrations are not intended to depreciate wet grinding as a safeguard against air dustiness, but to point to the fact that wet grinding, as such, must not be allowed to allay suspicion and thereby cause plant managers or factory inspectors to fail to establish a satisfactory checking device against its possible failure. As a matter of

⁵ Bantrell, Myron, A Study of Occupational Health Hazards.

fact, numerous surveys have shown that dust particles in wet-grinding processes are often caused by the worker's regulating the flow of liquid to suit himself, decreasing the specified amount in order to protect himself from the spray and to increase the speed in his work. The stream of water is often out of line, the speed of the grinding wheel causes the spray to be thrown in all directions, and this spray carries metal and mineral particles to various parts of the room; the tool in process of grinding deflects the stream of water from the wheel, and thus the dust particles are not properly settled; in some plants the liquid solution is used continuously for a certain period of time, and therefore carries a certain amount of metal and metallic dust and bacteria in the solution; and in some instances workers were found to have discontinued the stream of water and hence were dry grinding without any method for settling the dust.

On the other hand, dry grinding with an exhaust system also has dangers and shortcomings; for care and attention must be given to the size and location of the hoods, the angle of taper of the ducts, the angle at which the branch pipes enter the main pipe, the use and size of the bends and elbows, the plugging and stoppage of the screens in the hoods, and, the most important factor, the suction maintained at the terminal hoods. I assume that it is generally known that there are several ways of testing the suction velocity of exhaust systems. One of the most popular is that of drilling a hole one-eighth inch in diameter in the suction pipe and applying to this hole the end of the rubber tube which is connected to a glass tube containing a colored solution and backed with a scale on which can be read the difference in the level of the two arms of the U-tube produced by the negative head in the suction pipe.

Using this method of testing the suction in the exhaust pipe, and the Palmer dust machine to count the dust particles in the air, Winslow, Greenburg, and Angermeyer^a made a special study in the polishing shops of a small-arms plant by making observations in pairs: first, under normal conditions, with the exhaust system working, a dust count was made; then the doors in the main exhaust ducts were opened between the fans and the hood, and after an interval of 5 to 10 minutes, the work process being continued, a second dust count was made.

The results of these experiments showed that a reduction in the suction head readings of the U-tubes is quickly followed by an increase in the air dustiness; and a tabulation of the suction head pressure and the number of dust particles in these experiments proved that there is a definite relation between the suction head in the

^a Winslow, C.-E. A., Greenburg, L., and Angermeyer, H. C., Standards for Measuring the Efficiency of Exhaust Systems in Polishing Shops: Public Health Reports, vol. 34, No. 10, March 7, 1919, pp. 427-449, Reprint No. 509.

exhaust and the dust in the air, provided there is no interference with the exhaust system between the point of the U-tube reading and the polishing wheels. And it is this possible defect in the arrangement of the hood with regard to slope, size, position, angle, and partial or total stoppage of the screen, that forces us to realize that the U-tube test is not always one of accuracy and reliability.

Not only do these experiments demonstrate this fact, but they demonstrate the fact that only by the actual dust count at the plane of work and of the atmosphere of the room could the efficiency of the exhaust system be checked or relied upon.

As to the two methods of preventing dust mentioned here, there are processes where dry grinding falls far short in giving a finished surface as compared with that obtained by wet grinding. There may be processes where dry grinding is preferable to wet; but both methods are essential, being determined by the character of the work and the finish desired.

Circumstances and the nature of the work to be done should determine the type of safety device to be installed. The air exhaust has certain advantages in sanitation, because the worker can not, by cutting off the fluid, convert the wet method into the dry method; there is no deflected spray in the dry method causing the clothes of the worker to become damp; hoods can be arranged in the dry method to catch any particles of dust liberated; the suction head at every grinding wheel can be tested in the dry method and a comparison of the amount of dust produced by each worker can be made, and in this way any defects in the separate hood and branch line can be located. There is no stream of water or liquid to be kept fixed on a certain point in the dry method. The dry method is cleaner, more comfortable for the workers, and less likely to produce discontentment among them.

The important point, however, in connection with the installation or maintenance of either the wet or the dry system, is that the supervision of its operation should guarantee efficient control of the dust caused by the process. This can best be accomplished by use of a dust sampling machine and a dust count.

No general standard of air dustiness has yet been worked out. An attempt is now being made by Prof. C.-E. A. Winslow and other workers in the Public Health Service. In the report made by Winslow, Greenburg, and Angermeyer⁶ the authors make the following statements from deductions drawn in extensive dust studies: "It appears then that the dust content of a polishing shop can be kept generally under 300,000 small one-fourth standard unit dust particles per cubic foot and should not average over 200,000."

But this tentative standard seems a probable one, as suggested by dust counts made from samples taken under ordinary conditions

⁶ Loc. cit.

to which men are exposed in offices, department stores, and on the street. Palmer, Coleman, and Ward ⁷ recorded the following dust content of the air of the city streets and occupied space where no particular dust hazard exists.

Source of samples.	Number of samples.	Average total count. ^a
Outdoors—Balcony City College.....	3	153,000
Outdoors—Woolworth Building (street level, 10th floor, and 58th floor).....	3	71,000
Business office.....	2	150,000
Department store, basement.....	4	108,000

^a The counts in this study included five sizes of particles, viz., 100-standard units, 25-standard units, 1-standard unit, and one-fourth standard unit.

This and the previous counts made under varying conditions demonstrate a method whereby standards for dustiness in any or all processes may be established. However, the standard mentioned here for polishing shops is tentative, and has been arrived at by engineers without the aid of medical officers. Physical examinations of the exposed workers, as well as X-ray plates of the lungs, in an intensive study over a long period of time, to see if the standard adopted for certain processes prevents the fibroid changes in the lungs produced by pneumoconiosis, must yet be made before the tentative standards can be accepted as adequate. It is in this direction that future work in dustiness must be conducted in hazardous industries to make the workplaces safe for the employees. This applies not only to grinding and polishing and to wet and dry exhaust systems, as here mentioned, but to all occupations and processes where dust hazards exist.

There are many factors which are essential to dust-prevention devices and systems; however, any one of them may be only slightly defective and yet cause the entire system to fail in its purpose. It is to the method of determining the efficiency and inefficiency of all devices for decreasing dustiness that I particularly wish to call your attention; because, as stated by Winslow, "the actual efficiency of any exhaust system or method for the control of the dust hazard can only be determined by the actual examination of the air in the work-room while the process is being carried on and the exhaust system at work."

I have reviewed briefly the findings of investigators of air conditions having a tendency to excite the development of tuberculosis, the question of the efficiency of certain devices and processes in eliminating the hazard, and the matter of tentative standards of air dustiness. Evidence shows that occupations which cause the worker to breathe dusts containing mineral and metallic dust particles rang-

⁷ Loc. cit.

ing from 1 to 10 microns in diameter, subject the individual to pneumoconiosis, caused by the rough, sharp, jagged, and hard dust particles, which predisposes to infection from the tubercle bacilli.

It has also been shown that the present methods used for removing dusts are subject to many faults and defects, and that it is only by an actual dust count at the plane of work and in the room or at the place where the process is being conducted that we can determine the efficiency of the system and the amount of protection that is afforded the worker; and that tentative standards of dustiness can be created, by making dust counts in any place and under any conditions desired, pending a study of living conditions to change the tentative to real standards.

I believe that I have made clear the following needs in the study of the control of air dustiness:

1. The necessity for establishing a "standard dust table" of the number of dust particles of a certain size permissible in all dust-creating or dust-hazardous processes and occupations.

2. The necessity for checking the efficiency of all dust-removing systems or devices at regular intervals by an actual dust count at the plane of work and in the workroom, which count must come within the limits prescribed by the "standard dust table" for that particular process.

If these two suggestions should be adopted and included in every State law for the control of air conditions in industries, the amount of pneumoconiosis would be unquestionably reduced, and the mortality from tuberculosis in dusty trades diminished.

If, in addition to the establishment of the "standard dust table" and the regular testing of dust-removing devices in plants by actual dust count, intensive education of employees as to their constant danger of tuberculous infection at home and in the plant is carried out and workers come to realize the hazards to which they are subjected, we may expect to lower the present industrial mortality rate from tuberculosis to that of the ordinary death rate.

AMBULATORY TREATMENT OF DRUG ADDICTION.

THE PENNSYLVANIA STATE DEPARTMENT OF HEALTH CONSIDERS IT A VIOLATION OF THE STATE ANTINARCOTIC LAW.

In an article published in Public Health Reports for July 18, 1919,¹ the ambulatory treatment of drug addiction was defined and held to be presumptively a violation of the Harrison narcotic drug act. As the Pennsylvania antinarcotic law follows the Harrison law very closely, the action of the commissioner of health of Pennsylvania in the order published herewith, declaring the ambulatory treatment of

¹ Treatment of Drug Addiction, by Arthur D. Greenfield, Attorney and Counselor at Law.

drug addiction not to be in compliance with the Pennsylvania law, further strengthens this interpretation.

“Whereas the Pennsylvania antinarcotic law rigidly interdicts the issuance of narcotic drugs in any quantity whatsoever to a known habitual user thereof except in pursuance of a prescription issued in good faith by a physician (a) for the cure or treatment of some malady other than the drug habit, or (b) for the purpose of curing such patient of such habit, and not for the purpose of satisfying a craving for the drug, and since the parallel provisions of the Federal law, as construed by the courts in numerous decisions, are to the effect that an order for morphine issued to an habitual user thereof, not in the course of professional treatment in an attempted cure of the habit, but for the purpose of providing the user with narcotics sufficient to keep him comfortable by maintaining his customary use, is not a prescription within the meaning and intent of the act.

“Therefore the so-called reductive ambulatory treatment of drug addiction, rejected by the United States Internal Revenue Bureau, must not be accepted as fulfilling the requirements of section 8 of the Pennsylvania antinarcotic law.

“The bureau of drug control of the Pennsylvania Department of Health must see to it that in the treatment of drug addiction, as such, narcotics must not be furnished, either on dispensing or prescribing in writing, by physicians to the addict himself, but must be personally administered by the physician or be placed in the hands of a nurse or other reliable person who is not an addict and who is held personally responsible for carrying out the directions of the physician in charge. Written records must be kept of all such administration of narcotics.

“Druggists filling narcotic prescriptions for the treatment of addiction, as such—but not in the treatment of disease other than addiction and in the usual medicinal dosage—will not be permitted to deliver the drugs into the hands of the addict for whom the prescription is written, but must place the drugs in the hands of the person known to the druggist as qualified to receive them under this order and as certified in writing on each such prescription or by the physician writing the same, as the designated recipient thereof, and such person, on the delivery to him of the drugs, must receipt for the same by signing his or her name and address on the back of each prescription.

(Signed)

“EDWARD MARTIN,

“*Commissioner of Health.*”

“SEPTEMBER 28, 1920.”

In April, 1919, the department of health of the city of New York opened a dispensary for drug addicts. The “clinic” was established

immediately following the arrest by internal revenue agents of certain physicians and druggists who had been supplying narcotic drugs, and was opened because of the fear of possible consequences resulting from the sudden shutting off of the source of supply of the many addicts who had been obtaining drugs from the arrested persons and from others in the same business who had suspended operation because of being frightened by these arrests. This clinic was closed in March, 1920. An account of its operation, its failure, and the conclusions reached after its trial, was published in Public Health Reports for March 26, 1920,

In a recent report of a Committee of the Institute of Criminal Law and Criminology² occurs this statement:

It is now generally conceded that the so-called narcotic drug clinics, as conducted, have been a failure and probably no more municipalities will establish clinics of this type.

In view of the failure of the ambulatory treatment of drug addiction, it is believed that the action of the commissioner of health of Pennsylvania will stimulate other States whose laws authorize a similar interpretation by their administrative officials.

PUBLIC HEALTH ENGINEERING ABSTRACTS.

State supervision of municipal water supplies.—H. A. Whittaker, Director, Division of Sanitation, Minnesota State Board of Health.—*Journal-Lancet*, October 15, 1920.

The sanitary faults most commonly found in water supplies are (1) the use of surface waters without treatment; (2) the use of surface waters, with water-purification plants, in localities where underground supplies are preferable; (3) the installation of water-purification plants by local authorities possessing but little knowledge of the treatment methods; (4) the installation of chlorine plants to treat water that can not be properly purified with chlorine; (5) the addition of chlorine to raw water entering a filter plant, rather than to the effluent; (6) failure to provide duplicate parts of important equipment of water-purification plants; (7) the installation of by-passes around water-treatment plants; (8) the use of unskilled waterworks operators; (9) the location of exposed mains, reservoirs, etc., where they are subject to flooding with surface waters; (10) improper construction of well casings and covers; (11) the construction of pits around wells at the surface, in which all or part of the pumping equipment is located; (12) the connection of any part of the water-supply system with sewers or drains, making it possible for sewage or surface water

² Narcotic Drugs and Crime—Report of Committee (G) of the Institute. L. L. Stanley, resident physician, California State Prison, San Quentin, Calif.

to back up into the wells, well pits, etc., (13) the improper construction of underground and surface reservoirs; and (14) emergency connections between public and private water-supply systems.

These errors can be prevented if proper supervisory powers are afforded the State health authorities over all water supplies in the State. A well-organized subdivision with adequate engineering and laboratory facilities should be provided for this work.

The benefits of such supervision have been demonstrated in Minnesota, where the average annual typhoid death rate of 428 from 1900 to 1910 has been reduced to 82 in 1919, resulting in the year 1919 alone of a saving of \$1,380,000 in fees, not including the lives saved and the reduction in typhoid carriers.

The de-watering of sewage sludge, with special reference to the Birmingham method.—F. R. O'Shaughnessy, Consulting Chemist, Birmingham, England.—*Journal Royal Sanitary Institute*, volume 41, No. 2, September, 1920, page 147.

In the Birmingham Sludge Digestion Process the digestion chamber is separate from the sedimentation tank containing the crude sewage. When charged from the latter tank, the digestion chamber receives a dose of several hundred tons of crude sludge (about 90 per cent water) in a few hours.

In the process the sludge is made to undergo vigorous fermentation without causing nuisance, the action producing a black, inoffensive, mobile sludge with altered physical characteristics so that it readily parts with its aqueous content. The end product is pumped on prepared plots about one-half acre in area, which are leveled, drained, and covered with several inches of ashes, the depth of sludge being 18 inches. By drainage and evaporation the water escapes, leaving a firm, inodorous, peat-like solid about 6 inches thick, which is removed.

The results show one-third of the sludge to be destroyed by this exhaustive digestion. The action causes a change in the physical condition of the sludge from a highly complex colloidal state to a simple and practically noncolloidal state.

The presence of industrial wastes, such as tar, in the sewage at various times interferes with the action, and this condition requires careful attention in order to obtain good results.

Novel application of copper sulphate to basin walls for control of algæ.—George A. Bilkison, Chief Chemist, Water Department, Kansas City, Mo.—*Engineering and Contracting*, volume 54, No. 19, November 10, 1920, page 469.

The algal growth in seven storage basins, especially along the walls, causes offensive odors and trouble in the meters. Various methods were tried to prevent this growth. A satisfactory method now used

consists of applying a 5 per cent aqueous solution of copper sulphate, by means of a spray, directly to the algal growth on the basin walls after the water elevation in the basin is brought down below the algal line. After such application, a wire brush is used to scrub the walls.

With the use of this method every two months during warm weather the basin walls are kept comparatively free from algæ.

A rational program for the prevention of the pollution of our lakes and streams.—Paul Hansen, Consulting Engineer, Chicago, Ill.—*Illinois Medical Journal*, volume 38, No. 5, November, 1920, page 404.

A waterway must be regarded as both draining and watering the territory through which it flows. The treatment of polluted material entering a waterway will depend on whether the waterway is used for domestic purposes, fishing, bathing, or to remove industrial wastes. For domestic purposes, the water can be made practically safe by water purification. For bathing and fishing purposes, the quality of water should be similar to that of the best bathing beaches. Signs of pollution should not be evident to the senses. Where fishing is an important activity, the pollution should not be sufficient to harm the fish. For disposal of industrial wastes, waterways should provide sufficient clear water to prevent putrefactive decomposition.

The public does not object to waterway pollution to a limited degree. What really is wanted is clean waterways containing no pollution which will unduly jeopardize a reasonable use of our waterways by riparian owners or by the general public. It is a matter which can be effectively and satisfactorily handled by State departments of health, as has been proved in the State of Ohio and many other States. Technically speaking, the limitation of water pollution is best worked out when under the supervision of some expert authority operating under adaptable general laws which represent in broad terms the will of the people.

PRINCIPAL CAUSES OF DEATH AMONG INSURED WAGE EARNERS.

COMPARISONS, BY COLOR, OF THE DEATH RATES FOR THE THIRD QUARTERS AND THE FIRST NINE MONTHS OF 1918, 1919, AND 1920.

Among the 13,000,000 (approximately) insured wage earners in the industrial department of the Metropolitan Life Insurance Co. during the first nine months of 1920, the death rate was 10.2 per 1,000, or 9 per cent lower than the rate for the corresponding period of 1919. This suggests that, barring possible severe epidemics in the last quarter, 1920 will have an even better mortality rate than the record-breaking figure for 1919. The low death rate for tuberculosis

is the outstanding feature in this mortality experience. As compared with the data for the same period in 1919, the mortality was much lower this year from influenza, pneumonia, and external causes, typhoid fever, diarrhea and enteritis, and Bright's disease.

The principal epidemic diseases of children showed higher death rates this year than last. The high figures for diphtheria during the summer indicate that we shall have, perhaps, a still more unfavorable mortality record for this disease during the colder weather if steps are not taken to protect susceptibles.

In a group of eight American cities the number of deaths from puerperal diseases per 1,000 births was 6.3 during the first six months of 1920, as compared with 5.5 in 1919. This is an increase of 15 per cent.

Death rates (annual basis) per 100,000 persons exposed—Third quarters of 1918, 1919, and 1920 compared, by color, for principal causes of death.

[Industrial Department, Metropolitan Life Insurance Co.]

Cause of death.	Death rates per 100,000 persons exposed.					
	White.			Colored.		
	July-Sept., 1920.	July-Sept., 1919.	July-Sept., 1918.	July-Sept., 1920.	July-Sept., 1919.	July-Sept., 1918.
All causes of death.....	709.9	747.2	884.0	1,232.0	1,379.7	1,575.2
Typhoid fever.....	7.4	8.8	11.8	16.8	17.7	36.1
Measles.....	4.3	2.3	5.0	2.8	1.1	1.7
Scarlet fever.....	2.9	2.7	1.6	1.0		
Whooping cough.....	5.5	3.5	7.2	6.8	4.6	16.9
Diphtheria and croup.....	13.7	14.6	13.9	3.5	4.6	6.4
Influenza.....	5.2	9.8	5.2	17.6	26.7	8.4
Tuberculosis—all forms.....	100.3	114.4	132.7	272.4	329.1	372.5
Tuberculosis of lungs.....	89.0	101.6	117.9	247.8	294.6	341.4
Tuberculous meningitis.....	6.0	7.0	8.1	5.8	9.5	9.6
Other forms of tuberculosis.....	5.3	5.3	6.6	13.8	25.0	21.5
Meningitis—total.....	5.6	5.5	7.7	3.8	3.3	7.6
Cerebrospinal meningitis.....	4.4	4.5	6.0	3.5	2.7	4.9
Cerebral hemorrhage, apoplexy.....	45.2	47.4	51.7	76.3	75.7	94.8
Organic diseases of heart.....	83.9	81.8	97.4	152.2	173.7	189.3
Total respiratory diseases.....	35.8	38.9	50.0	73.6	83.6	100.3
Bronchitis.....	3.2	4.3	4.9	8.3	8.7	9.0
Broncho-pneumonia.....	10.5	11.7	11.1	16.8	19.6	18.6
Pneumonia—lobar and undefined.....	15.8	17.2	27.8	36.2	42.5	56.7
Other diseases of respiratory system.....	6.2	5.7	6.2	12.3	12.8	16.0
Diarrhea and enteritis.....	25.2	27.8	41.4	23.6	28.0	41.9
Under 2 years.....	12.1	13.1	22.4	7.3	11.7	16.0
2 years and over.....	13.1	14.6	19.0	16.3	16.3	25.9
Nephritis and Bright's disease.....	58.5	62.0	71.1	125.0	132.8	155.6
Total puerperal state.....	18.5	13.2	13.8	25.1	23.7	23.0
Puerperal septicemia.....	7.7	4.7	4.9	11.8	12.3	9.0
Puerperal albuminuria and convulsions.....	5.2	4.0	4.0	7.0	6.0	8.4
Other diseases of puerperal state.....	5.6	4.5	4.9	6.3	5.4	5.5
Total external causes ^a	80.1	89.5	136.2	103.7	122.0	132.3
Suicides.....	6.3	7.0	8.9	3.0	5.2	4.9
Homicides.....	3.8	3.7	3.6	23.9	36.8	30.0
Accidental and unspecified violence ^b	69.7	71.0	84.0	71.6	77.3	95.4
Accidental drowning.....	13.4	15.5	17.5	18.6	18.5	13.3
Automobile accidents.....	15.2	12.3	12.8	8.8	8.4	7.9
War deaths.....	.4	7.9	39.7	.3	2.7	2.0
All other and ill-defined causes of death.....	218.3	225.0	237.3	333.0	353.1	388.5

^a Includes "war deaths."

^b Excludes "war deaths."

Death rates (annual basis) per 100,000 persons exposed—First nine months of 1918, 1919, and 1920, compared, by color, for principal causes of death.

[Industrial Department, Metropolitan Life Insurance Co.]

Cause of death.	Death rates per 100,000 persons exposed.					
	White.			Colored.		
	January-September, 1920.	January-September, 1919.	January-September, 1918.	January-September, 1920.	January-September, 1919.	January-September, 1918.
All causes of death.....	955.6	1,051.8	1,027.8	1,539.1	1,656.9	1,821.1
Typhoid fever.....	5.3	5.9	8.2	10.8	13.3	23.3
Measles.....	10.9	4.0	11.3	4.5	2.4	7.0
Scarlet fever.....	6.2	4.1	4.3	.7	.3	.7
Whooping cough.....	7.0	3.3	8.7	8.5	3.0	16.7
Diphtheria and croup.....	20.7	18.8	18.4	5.2	5.8	7.5
Influenza.....	63.3	120.3	12.3	101.9	152.6	31.2
Tuberculosis, all forms.....	121.6	138.0	160.6	297.6	329.4	405.6
Tuberculosis of lungs.....	109.2	124.4	144.1	272.3	298.8	369.4
Tuberculous meningitis.....	6.3	7.0	9.1	6.3	10.3	10.4
Other forms of tuberculosis.....	6.1	6.6	7.3	19.0	20.4	25.8
Meningitis, total.....	6.1	7.4	9.6	7.3	5.2	9.6
Cerebrospinal meningitis.....	5.2	5.9	6.3	6.2	4.7	6.1
Cerebral hemorrhage, apoplexy.....	56.7	54.9	59.4	86.2	87.4	95.2
Organic diseases of heart.....	112.1	107.7	123.3	175.4	180.8	210.6
Total respiratory diseases.....	131.9	146.2	131.9	216.6	235.1	277.5
Bronchitis.....	8.6	8.5	9.4	12.2	11.7	15.8
Broncho-pneumonia.....	38.6	39.4	30.2	46.3	49.1	47.1
Pneumonia, lobar and undefined.....	74.2	89.7	82.9	143.9	159.5	196.8
Other diseases of respiratory system.....	10.3	8.6	9.3	14.3	14.8	17.8
Diarrhea and enteritis.....	15.5	16.6	23.7	14.8	19.6	25.1
Under 2 years.....	7.1	7.8	12.1	4.8	6.5	8.9
2 years and over.....	8.3	8.8	11.6	10.0	13.1	16.3
Nephritis and Bright's disease.....	72.1	73.9	85.2	128.9	136.3	168.3
Total puerperal state.....	23.1	19.8	17.0	30.5	25.1	27.4
Puerperal septicemia.....	7.9	5.9	7.0	12.3	11.5	11.4
Puerperal albuminuria and convulsions.....	4.8	4.5	4.3	6.9	5.0	7.8
Other diseases of puerperal state.....	10.3	9.4	5.7	10.8	8.7	8.2
Total external causes ^a	67.6	97.5	105.6	91.1	116.4	123.8
Suicides.....	6.1	7.5	7.7	3.7	5.0	5.3
Homicides.....	3.2	3.7	3.4	22.8	32.1	28.1
Accidental and unspecified violence ^b	57.7	63.2	74.0	64.3	69.2	90.1
Accidental drowning.....	7.2	(c)	(c)	9.7	(c)	(c)
Automobile accidents.....	10.3	(c)	(c)	5.8	(c)	(c)
War deaths.....	.6	23.1	20.4	.3	10.2	2.2
All other and ill-defined causes of death.....	235.6	233.4	248.3	358.9	344.3	391.7

^a Includes war deaths.

^b Excludes war deaths.

^c Data unavailable.

DEATHS DURING WEEK ENDED NOV. 20, 1920.

[From the "Weekly Health Index," Nov. 23, 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. 20, 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. 20, 1920.		Average annual death rate per 1,000. ²	Per cent of deaths under 1 year.	
		Total deaths.	Death rate. ¹		Week ended Nov. 20, 1920.	Previous year or years. ³
Akron, Ohio.....	208,435	40	10.0	C 8.6	12.5	³ 11.7
Albany, N. Y.....	113,344	23	10.6	C 13.9	.....	C 3.3
Atlanta, Ga.....	200,616	54	14.0	C 13.2	16.7	C 6.0
Baltimore, Md.....	733,826	193	13.7	A 15.5	16.6	A 13.4
Birmingham, Ala.....	178,270	56	16.4	A 18.3	17.9	A 11.2
Boston, Mass.....	747,923	192	13.4	A 14.9	15.6	A 15.8
Bridgeport, Conn.....	143,152	26	9.5	A 14.7	15.4	A 17.1
Buffalo, N. Y.....	506,775	131	13.5	C 12.9	16.8	C 15.3
Cambridge, Mass.....	109,456	29	13.8	A 15.1	6.9	A 12.7
Chicago, Ill.....	2,701,705	576	11.1	A 12.7	13.4	A 17.5
Cincinnati, Ohio.....	401,247	88	11.4	C 14.2	6.8	C 11.0
Cleveland, Ohio.....	796,836	155	10.1	C 9.9	12.3	C 18.1
Columbus, Ohio.....	237,031	71	15.6	C 15.1	15.5	C 10.3
Dallas, Tex.....	158,976	37	12.1	A 11.4	13.5	A 13.8
Dayton, Ohio.....	153,830	26	8.8	C 9.6	11.5	C 21.4
Denver, Colo.....	256,491	75	15.2	A 14.6	12.0	.....
Detroit, Mich.....	993,739	206	10.8	.....	24.3	.....
Fall River, Mass.....	120,485	33	14.3	C 13.4	24.2	C 41.9
Grand Rapids, Mich.....	137,634	32	12.1	C 11.1	15.6	C 27.6
Hartford, Conn.....	138,036	26	9.8	.....	19.2	.....
Houston, Tex.....	138,276	25	9.4	.....	12.0	.....
Indianapolis, Ind.....	314,194	65	10.8	C 10.1	16.9	C 11.7
Jersey City, N. J.....	298,079	56	9.8	C 13.7	21.4	C 24.4
Kansas City, Kans.....	101,177	27	13.9	.....	25.9	.....
Kansas City, Mo.....	324,410	92	14.8	C 12.7	12.0	C 9.0
Los Angeles, Calif.....	576,673	161	14.6	A 12.9	9.3	A 7.8
Louisville, Ky.....	234,891	65	14.4	C 14.7	15.4	C 10.6
Lowell, Mass.....	112,479	29	13.4	A 15.2	20.7	A 21.5
Milwaukee, Wis.....	457,147	111	12.7	A 11.0	15.3	A 23.4
Murmenpolis, Minn.....	383,582	87	11.9	C 12.7	11.5	C 14.1
Nashville, Tenn.....	118,342	35	15.4	C 13.3	14.3	C 6.7
Newark, N. J.....	414,216	95	12.0	C 10.8	23.2	C 12.9
New Bedford, Mass.....	121,217	23	9.9	A 14.2	26.1	A 17.3
New Haven, Conn.....	162,519	37	11.9	C 12.6	8.1	C 5.1
New Orleans, La.....	387,219	134	18.0	A 19.7	8.2	A 12.8
New York, N. Y.....	5,620,048	1,166	10.8	C 10.5	13.1	C 12.3
Norfolk, Va.....	115,777	25	11.3	.....	20.0	.....
Oakland, Calif.....	216,361	39	9.4	A 12.1	12.8	A 9.8
Omaha, Nebr.....	191,601	46	12.5	C 12.1	19.6	C 11.4
Philadelphia, Pa.....	1,823,158	443	12.7	³ 14.5	14.4	³ 14.6
Pittsburgh, Pa.....	583,193	179	15.9	C 15.2	15.6	C 13.5
Portland, Oreg.....	254,288	49	9.9	C 10.8	12.2	C 1.9
Providence, R. I.....	237,595	62	13.6	C 13.2	12.9	C 6.7
Richmond, Va.....	171,607	37	11.2	C 13.6	16.2	C 6.8
Rochester, N. Y.....	295,750	52	9.2	C 9.8	5.8	C 14.5
St. Louis, Mo.....	772,897	184	12.4	C 11.4	14.7	C 13.1
St. Paul, Minn.....	234,680	47	10.4	C 14.3	8.5	C 15.6
Salt Lake City, Utah.....	118,110	25	11.0	A 13.2	12.0	.....
San Francisco, Calif.....	506,676	123	13.2	C 15.1	9.4	C 7.6
Seattle, Wash.....	315,652	59	9.7	A 8.6	8.5	A 12.6
Spokane, Wash.....	104,204	31	15.5	C 9.5	6.5	C 0.0
Springfield, Mass.....	129,338	29	11.7	.....	20.7	.....
Syracuse, N. Y.....	171,647	36	10.9	C 13.8	5.6	C 15.6
Toledo, Ohio.....	243,164	59	12.7	A 13.3	16.9	A 13.5
Trenton, N. J.....	119,280	34	14.9	A 20.1	30.6	A 15.9
Washington, D. C.....	437,571	119	14.2	A 15.6	5.0	A 10.5
Wilmington, Del.....	110,168	34	16.1	C 7.2	17.6	.....
Worcester, Mass.....	179,754	53	15.4	C 11.7	15.1	C 17.5
Yonkers, N. Y.....	100,176	15	7.8	A 11.5	13.3	A 18.8
Youngstown, Ohio.....	132,358	32	12.6	.....	18.8	.....

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 1913, 1916, and 1917.

Summary of information received by telegraph from industrial insurance companies for week ended Nov. 20, 1920.

Policies in force.....	45,212,203
Number of death claims.....	7,399
Death claims per 1,000 policies in force, annual rate.....	8.5

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. 27, 1920.

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

ALABAMA.		CONNECTICUT.	
	Cases.		Cases.
Diphtheria	22	Cerebrospinal meningitis	2
Hookworm	29	Chicken pox	39
Poliomyelitis	1	Diphtheria:	
Scarlet fever	13	Bridgeport	12
Smallpox	8	Bristol	10
Tetanus	1	Hartford	8
Tuberculosis	14	New Britain	9
Typhoid fever	14	New Haven	16
		Scattering	38
		Dysentery (bacillary)	1
		Influenza	28
		Measles:	
		Putnam (city)	31
		Scattering	28
		Mumps	19
		Pneumonia (lobar)	16
		Poliomyelitis	1
		Scarlet fever:	
		Bridgeport	14
		Meriden (city)	12
		New Haven	14
		Scattering	54
		Septic sore throat	1
		Tuberculosis (all forms)	46
		Typhoid fever	5
		Whooping cough	66
ARKANSAS.		DELAWARE.	
	Cases.		Cases.
Chicken pox	5	Cerebrospinal meningitis—Wilmington	2
Diphtheria	28	Chicken pox	5
Influenza	24	Diphtheria	6
Malaria	44	Measles	1
Measles	39	Pneumonia	5
Pellagra	7	Scarlet fever	10
Scarlet fever	11	Smallpox	2
Smallpox	3	Tuberculosis:	
Trachoma	2	Wilmington	8
Tuberculosis	12	Scattering	6
Typhoid fever	10	Typhoid fever	2
Whooping cough	17	Whooping cough	18
CALIFORNIA.			
	Cases.		
Cerebrospinal meningitis	1		
Influenza	7		
Smallpox:			
Fullerton	15		
Lompoc	19		
Orange	8		
Richmond	17		
Sacramento	10		
San Diego County	11		
San Francisco	37		
Scattering	72		
Typhoid fever	6		

FLORIDA.		INDIANA.	
	Cases.		Cases.
Cerebrospinal meningitis.....	1	Diphtheria.....	123
Diphtheria.....	12	Poliomyelitis—Tippecanoe County.....	1
Influenza.....	5	Scarlet fever.....	200
Malaria.....	13	Smallpox.....	137
Scarlet fever.....	6	Typhoid fever.....	17
Smallpox.....	3		
Typhoid fever.....	3		
GEORGIA.		IOWA.	
		Cerebrospinal meningitis—Decorah.....	1
Cerebrospinal meningitis.....	1	Diphtheria.....	46
Chicken pox.....	25	Poliomyelitis—Kanawha.....	1
Dengue.....	7	Scarlet fever.....	103
Diphtheria.....	55	Smallpox:	
Dysentery (amebic).....	1	Decorah.....	34
Dysentery (bacillary).....	1	Harrison County.....	24
Hookworm.....	51	Scattering.....	65
Influenza.....	13		
Malaria.....	34		
Measles.....	9	KANSAS.	
Mumps.....	2	Cerebrospinal meningitis.....	1
Paratyphoid fever.....	1	Chicken pox.....	34
Pneumonia.....	9	Diphtheria.....	266
Poliomyelitis.....	1	Influenza.....	10
Scarlet fever.....	23	Leprosy.....	1
Septic sore throat.....	7	Measles.....	166
Smallpox.....	25	Mumps.....	5
Tuberculosis (pulmonary).....	18	Pellagra.....	1
Typhoid fever.....	7	Pneumonia.....	22
Whooping cough.....	7	Poliomyelitis.....	1
		Scarlet fever.....	182
		Smallpox.....	34
		Trachoma.....	1
		Tuberculosis.....	13
		Typhoid fever.....	23
		Whooping cough.....	43
ILLINOIS.		LOUISIANA.	
Cerebrospinal meningitis:		Cerebrospinal meningitis.....	3
Chicago.....	2	Diphtheria.....	56
Rock Island.....	1	Scarlet fever.....	15
Diphtheria:		Smallpox.....	11
Chicago.....	326		
East St. Louis.....	10	MAINE.	
Elgin.....	9	Chicken pox.....	18
Germantown.....	9	Diphtheria.....	15
Scattering.....	119	Influenza.....	13
Influenza.....	39	Measles.....	57
Lethargic encephalitis—Kankakee.....	1	Mumps.....	5
Pneumonia.....	170	Pneumonia.....	2
Poliomyelitis:		Poliomyelitis—Sanford.....	1
Alton.....	1	Scarlet fever.....	23
Chicago.....	1	Septic sore throat.....	3
Cobden.....	1	Smallpox.....	4
Crawford County—Montgomery Township.....	1	Tuberculosis.....	7
Herrin.....	1	Typhoid fever.....	5
Madison County—Leaf Township.....	1	Whooping cough.....	16
White Hall.....	1		
Scarlet fever:		MARYLAND.	
Chicago.....	157	Cerebrospinal meningitis.....	1
East Peoria.....	10	Chicken pox.....	57
Springfield.....	45	Diphtheria.....	96
Scattering.....	92	Dysentery.....	4
Smallpox:		Impetigo contagiosa.....	1
Gillespie.....	18		
Olney.....	12		
Virginia.....	18		
Scattering.....	53		
Typhoid fever.....	21		

¹ Week ended Friday.

MARYLAND—continued.

	Cases.
Influenza.....	37
Malaria.....	5
Measles.....	39
Mumps.....	6
Ophthalmia neonatorum.....	1
Pellagra.....	1
Pneumonia (all forms).....	64
Poliomyelitis.....	2
Scabies.....	1
Scarlet fever.....	56
Septic sore throat.....	3
Smallpox.....	3
Tuberculosis.....	71
Typhoid fever.....	26
Vincent's angina.....	2
Whooping cough.....	43

MASSACHUSETTS.

Anthrax.....	1
Cerebrospinal meningitis.....	1
Chicken pox.....	135
Conjunctivitis (suppurative).....	3
Diphtheria.....	169
German measles.....	4
Influenza.....	18
Malaria.....	2
Measles.....	337
Mumps.....	32
Ophthalmia neonatorum.....	27
Pneumonia (lobar).....	81
Poliomyelitis.....	7
Scarlet fever.....	157
Septic sore throat.....	2
Trachoma.....	1
Tuberculosis (all forms).....	136
Typhoid fever.....	17
Whooping cough.....	102

MINNESOTA.

Poliomyelitis.....	3
Smallpox:	
Sherburne County—	
Santiago Township.....	10
Scattering.....	16

MISSISSIPPI.

Diphtheria.....	46
Scarlet fever.....	24
Smallpox.....	3
Typhoid fever.....	6

MONTANA.

Diphtheria.....	4
Poliomyelitis—Corvallis.....	1
Scarlet fever.....	21
Smallpox.....	20
Typhoid fever.....	9

NEBRASKA.

Chicken pox.....	51
Diphtheria:	
Omaha.....	14
Scattering.....	19
Influenza.....	4
Measles.....	3
Mumps.....	3

NEBRASKA—continued.

	Cases.
Poliomyelitis:	
Bancroft.....	1
Scarlet fever:	
Filley.....	10
Scattering.....	32
Smallpox.....	20
Tuberculosis.....	1
Typhoid fever.....	2
Whooping cough.....	3

NEW JERSEY.

Chicken pox.....	173
Diphtheria.....	234
Influenza.....	13
Malaria.....	1
Measles.....	71
Pneumonia.....	114
Scarlet fever.....	127
Typhoid fever.....	7
Whooping cough.....	109

NEW MEXICO.

Chicken pox.....	20
Conjunctivitis.....	2
Diphtheria.....	27
German measles.....	1
Influenza.....	2
Measles.....	43
Mumps.....	19
Pneumonia.....	5
Scarlet fever.....	22
Smallpox.....	1
Tuberculosis.....	59
Typhoid fever.....	8
Whooping cough.....	5

NEW YORK.

(Exclusive of New York City.)

Cerebrospinal meningitis:	
Little Falls.....	1
Newburgh.....	1
Diphtheria.....	365
Influenza.....	51
Lethargic encephalitis.....	2
Measles.....	758
Pneumonia.....	182
Poliomyelitis:	
Endicott.....	1
Jamestown.....	1
Scarlet fever.....	265
Smallpox.....	2
Typhoid fever.....	29
Whooping cough.....	247

NORTH CAROLINA.

Chicken pox.....	43
Diphtheria.....	102
German measles.....	2
Measles.....	49
Poliomyelitis.....	2
Scarlet fever.....	56
Septic sore throat.....	7
Smallpox.....	28
Typhoid fever.....	19
Whooping cough.....	154

OHIO.		WASHINGTON—continued.	
	Cases.		Cases.
Smallpox—Williams County.....	92	Mumps.....	3
SOUTH DAKOTA.		Pneumonia.....	1
Chicken pox.....	5	Scarlet fever.....	32
Diphtheria.....	23	Smallpox.....	119
Influenza.....	1	Tuberculosis.....	1
Measles.....	26	Typhoid fever.....	5
Pneumonia.....	6	Whooping cough.....	7
Scarlet fever.....	14	WEST VIRGINIA.	
Smallpox.....	32	Diphtheria:	
Tuberculosis.....	2	Wheeling.....	18
Typhoid fever.....	1	Scattering.....	36
TEXAS.		Measles.....	14
Cerebrospinal meningitis.....	1	Scarlet fever.....	13
Chicken pox.....	18	Smallpox:	
Diphtheria.....	116	Sistersville.....	13
Influenza.....	19	Weston.....	11
Measles.....	13	Scattering.....	7
Pneumonia.....	19	Typhoid fever.....	9
Scarlet fever.....	33	WISCONSIN.	
Smallpox.....	28	Milwaukee:	
Typhoid fever.....	13	Cerebrospinal meningitis.....	1
VERMONT.		Chicken pox.....	14
Chicken pox.....	34	Diphtheria.....	96
Diphtheria.....	8	Influenza.....	1
Measles.....	8	Measles.....	7
Mumps.....	28	Scarlet fever.....	39
Pneumonia.....	2	Smallpox.....	16
Scarlet fever.....	16	Tuberculosis.....	15
Smallpox.....	7	Whooping cough.....	6
Typhoid fever.....	1	Scattering:	
Whooping cough.....	37	Chicken pox.....	109
VIRGINIA.		Diphtheria.....	72
Smallpox—Lee County.....	4	German measles.....	1
WASHINGTON.		Influenza.....	24
Chicken pox.....	75	Measles.....	74
Diphtheria.....	43	Poliomyelitis.....	3
German measles.....	1	Scarlet fever.....	99
Measles.....	24	Smallpox.....	132
		Trachoma.....	6
		Tuberculosis.....	18
		Typhoid fever.....	6
		Whooping cough.....	126

District of Columbia and Kentucky Reports for Week Ended Nov. 20, 1920.

DISTRICT OF COLUMBIA.		KENTUCKY—continued.	
	Cases.		Cases.
Chicken pox.....	26	Mumps.....	1
Diphtheria.....	38	Ophthalmia neonatorum.....	1
Influenza.....	4	Pneumonia.....	25
Measles.....	15	Poliomyelitis—Grant County.....	2
Scarlet fever.....	16	Scarlet fever:	
Smallpox.....	1	Campbell County.....	9
Tuberculosis.....	23	Jefferson County.....	11
Typhoid fever.....	2	Scattering.....	16
Whooping cough.....	20	Septic sore throat.....	3
KENTUCKY.		Smallpox:	
Chicken pox.....	11	Davies County.....	11
Diphtheria:		Scattering.....	13
Allen County.....	9	Tonsillitis.....	4
Jefferson County.....	31	Trachoma.....	7
Scattering.....	58	Tuberculosis.....	13
Influenza.....	29	Typhoid fever.....	23
Measles.....	6	Whooping cough.....	7

SUMMARY OF CASES REPORTED MONTHLY BY STATES.

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week:

State.	Cerebrospinal meningitis.	Diphtheria.	Influenza.	Malaria.	Measles.	Fellagra.	Pollomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
<i>October, 1920.</i>										
Alabama.....	9	265	13	66	7	3		88	36	78
Arizona.....		15			76			16	1	15
Indiana.....	2	378			65		3	563	211	132
Maryland.....		302	122	21	49		11	197		164
Minnesota.....	4	371	7		25		7	267	389	98
Mississippi.....	2	543	585	16,015	67	323	4	281	56	212
New Jersey.....	14	740	37	10	104		13	326		88
North Dakota.....		195			55			26	26	43
Oregon.....	1	49	24		87			69	127	21
Rhode Island.....		91	4		24		6	47		10
South Carolina.....	1	516	30	194	14	4		20	20	41
Washington.....	2	169	26		44		4	144	184	73

RECIPROCAL NOTIFICATION.

Minnesota—October, 1920.

Cases of communicable diseases referred during October, 1920, to other State health departments by the Department of Health of the State of Minnesota.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Diphtheria: East Grand Forks, Polk County.	Grand Forks, N. Dak.....	Patient works in Grand Forks, N. Dak.
Typhoid fever: Wilton Township, Beltrami County.	Libby, Lincoln County, Mont.....	Patient lived at Libby 3 weeks previous to first symptoms.
Turtle River Township, Beltrami County.	Forest River, Walsh County, N. Dak.	Patient associated with another typhoid patient in Forest River.
Saum, Beltrami County.	.....do.....	Patient did threshing on farms near Forest River.
Detroit, Becker County.	Colgate, Steele County, N. Dak.....	Patient worked with threshing crew near Colgate.
Bricelyn, Faribault County.	Elsie, Perkins County, Nebr.....	Patient worked on farm near Elsie 3 weeks previous to first symptoms.
Minneapolis, Hennepin County.	Roberts, St. Croix County, Wis.....	Patient nursed a typhoid patient at Roberts.
Do.....	Vienna, Clark County, S. Dak.....	Patient contracted typhoid at Vienna.
Do.....	Bordett, Alberta, Canada.....	Patient did farming at Bordett 3 weeks previous to first symptoms.
Milaca, Mille Lacs County.	Trails County, N. Dak.....	Patient worked in Trails County 3 weeks previous to first symptoms.
Little Falls, Morrison County.	Gardner, Cass County, N. Dak.....	Patient worked on farm at Gardner.
Worthington, Nobles County.	Lenox, Taylor County, Iowa.....	Patient left for Lenox with typhoid.
Do.....	.....do.....	Do.
Duluth, St. Louis County.	New Rockford, Eddy County, N. Dak.	Specimen examined at Duluth positive.
Tuberculosis: Mayo Clinic, Rochester, Olmsted County.	Stuttgart, Arkansas County, Ark.....	15 advanced, 12 moderately advanced, 1 stage of disease not given, 3 apparently arrested cases left Mayo Clinic for homes.
Do.....	Insmont, Park County, Colo.....	
Do.....	Elk River, Clearwater County, Idaho.	
Do.....	Chicago, Cook County, Ill.....	
Do.....	Dixon, Lee County, Ill.....	
Do.....	Ganton, Fulton County, Ill.....	
Do.....	Chicago, Cook County, Ill.....	
Do.....	Washington, Daviess County, Ind.....	
Do.....	Chrinda, Page County, Iowa.....	
Do.....	Sioux City, Woodbury County, Iowa.	
Do.....	Dubuque, Dubuque County, Iowa.....	
Do.....	New Sharon, Mahaska County, Iowa..	
Do.....	Avoca, Pottawattamie County, Iowa..	
Do.....	Hampton, Franklin County, Iowa.....	
Do.....	Cedar Falls, Black Hawk County, Iowa	

Cases of communicable diseases referred during October, 1920, to other State health departments by the Department of Health of the State of Minnesota—Continued.

Disease and locality of notification.	Referred to health department of—	Why referred.
Tuberculosis—Contd.		
Mayo Clinic, Rochester, Olmsted County.	Webster City, Hamilton County, Iowa	
Do.....	Illmo, Scott County, Mo.....	
Do.....	Detroit, Wayne County, Mich.....	
Do.....	Great Falls, Cascade County, Mont.....	
Do.....	Bradshaw, York County, Nebr.....	
Do.....	Lena, Arthur County, Nebr.....	
Do.....	Las Cruces, Dona Ana County, N. Mex.	
Do.....	Manfred, Wells County, N. Dak.....	
Do.....	Akron, Summit County, Ohio.....	
Do.....	Rutland, Lake County, S. Dak.....	
Do.....	Carpenter, Clark County, S. Dak.....	
Do.....	Sparta, Monroe County, Wis.....	
Do.....	Montsano, Grays Harbor County, Wash.	
Do.....	Webster, Burnett County, Wis.....	
Do.....	Fullerton, Ontario, Canada.....	
Pokegama Sanitarium, Pine County.	West Colorado Springs, El Paso County, Colo.	3 improved, 2 unimproved cases left. Pokegama Sanitarium for homes.
Do.....	Leiters Ford, Fulton County, Ind.....	
Do.....	Savage, Richland County, Mont.....	
Do.....	Fargo, Cass County, N. Dak.....	
Do.....	New Richmond, St. Croix County, Wis.	
Oronoco Sanitarium, Rochester, Olmsted County.	Corral Coulee, Mont.....	1 advanced and 1 improved case left Oronoco Sanitarium for homes.
Do.....	Marinette, Marinette County, Wis.....	
Minnesota State Sanitarium, Cass County.	Youngwood, Westmoreland County, Pa.	Left for home unimproved.
Riverside Sanatorium, Yellow Medicine County.	Niagara, Marinette County, Wis.....	Left for home as an improved case.

ANTHRAX.

Washington—October, 1920.

During October, 1920, one case of anthrax was reported in Washington.

CEREBROSPINAL MENINGITIS.

City Reports for Week Ended Nov. 13, 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:				Minnesota:			
Oakland.....	0	1	.....	Duluth.....	(1)	1	.....
Sacramento.....	0	1	.....	Missouri:			
San Bernardino.....		1	.....	Kansas City.....	(1)	1	.....
San Francisco.....	(1)	1	.....	New Jersey:			
Santa Barbara.....			1	Orange.....	0	1	.....
Connecticut:				New York:			
New Britain.....	0		1	New York.....	4	6	2
Illinois:				Rhode Island:			
Chicago.....	1	1	1	Providence.....	(1)	1	1
Danville.....	0	1	.....	Texas:			
Massachusetts:				Beaumont.....	0		1
Adams.....		1	.....	Dallas.....	(1)	1	.....
Brockton.....	0	1	1	Virginia:			
Lynn.....	0	1	.....	Richmond.....	0		1
Michigan:							
Flint.....	0		1				
Port Huron.....		1	1				

¹ Average less than 1.

DENGUE.

Alabama and Georgia.

During October, 1920, 45 cases of dengue were reported in Alabama. During the week ended November 13, 1920, 19 cases were reported at Savannah, Ga.

DIPHTHERIA.

See Telegraphic weekly reports from States, p. 2922; Monthly summaries by States, p. 2926; and Weekly reports from cities, p. 2935.

INFLUENZA.

City Reports for Week Ended Nov. 13, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Missouri:		
Mobile.....		2	Joplin.....	1	
Arkansas:			Kansas City.....	2	
Hot Springs.....	1		St. Louis.....	4	
California:			Montana:		
Los Angeles.....	2		Missoula.....	1	
San Francisco.....	4		New Hampshire:		
Santa Barbara.....		1	Keene.....	1	
Vallejo.....	1	1	New Jersey:		
Connecticut:			Trenton.....	4	
Hartford.....	1		New York:		
New Britain.....	5		Binghamton.....	2	
Georgia:			Buffalo.....	2	
Atlanta.....	2		Jamestown.....	7	
Columbus.....	2		New York.....	28	5
Illinois:			Ohio:		
Chicago.....	7	2	Cincinnati.....	1	
Indiana:			Cleveland.....	2	2
Indianapolis.....		2	Oklahoma:		
Marion.....	1		Tulsa.....	2	
Kansas:			Pennsylvania:		
Parsons.....	3		Philadelphia.....		1
Kentucky:			South Carolina:		
Covington.....	1		Spartanburg.....		1
Maryland:			Tennessee:		
Baltimore.....	1	2	Memphis.....	1	
Cumberland.....	8		Nashville.....		1
Massachusetts:			Texas:		
Boston.....	5		Dallas.....	8	1
Cambridge.....	4		Virginia:		
Methuen.....	1		Lynchburg.....	1	
Quincy.....	1		Washington:		
Michigan:			Spokane.....	1	
Detroit.....	2		Wisconsin:		
			Kenosha.....	1	

LEPROSY.

Indianapolis, Ind., and West Orange, N. J.

During October, 1920, a case of leprosy was reported at West Orange, N. J., in the person of T. M., white, male, aged 30, a native of Greece. The disease was diagnosed clinically October 26 as tubercular leprosy. The patient escaped.

During November, 1920, a case of leprosy was reported at Indianapolis, Ind., in the person of R. B., white, male, aged 45, a Spanish-American War veteran, who was in the Philippines two years beginning in 1899. The disease was diagnosed clinically November 8 and verified bacteriologically November 15, 1920, as maculo-anesthetic leprosy. The patient is quarantined at his home.

LETHARGIC ENCEPHALITIS.**Illinois, Maryland, and Oregon.**

During October, 1920, one case of lethargic encephalitis was reported in Maryland, and one case in Oregon. During the week ended November 6, 1920, one case was reported at Portland, Oreg., and during the week ended November 13, 1920, one case was reported at Evanston, Ill.

MALARIA.**City Reports for Week Ended Nov. 13, 1920.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Louisiana:		
Birmingham.....	2	2	New Orleans.....	1	
Arkansas:			South Carolina:		
North Little Rock.....		1	Charleston.....		1
California:			Tennessee:		
Sacramento.....	1		Memphis.....	3	
San Francisco.....	1		Texas:		
Georgia:			Beaumont.....		1
Atlanta.....	3		Dallas.....	20	
Savannah.....	2		Waco.....	2	

MEASLES.

See Telegraphic weekly reports from States, p. 2922; Monthly summaries by States, p. 2926; and Weekly reports from cities, p. 2935.

PELLAGRA.**City Reports for Week Ended Nov. 13, 1920.**

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Tennessee:		
Montgomery.....		1	Memphis.....		1
Massachusetts:			Nashville.....	2	1
Newburyport.....	1		Texas:		
North Carolina:			Dallas.....	1	1
Raleigh.....		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. 27.....	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. 27.....	0	0	
Texas:				
Beaumont.....	June 19 to Aug. 20.....	14	5	
	Aug. 21 to Nov. 27.....	0	0	
Galveston.....	June 8 to Oct. 20.....	16	10	
	Oct. 21 to Nov. 13.....	0	0	
	Nov. 14.....	1	1	
	Nov. 15-27.....	0	0	
Port Arthur.....	July 7.....	1	1	From Galveston.

PLAGUE—Continued.
Plague-Infected Rodents.

Place.	Period covered.	Rodents found plague infected.
Florida:	1920.	
Pensacola.....	June 28 to Sept. 19.....	31
	Sept. 20 to Nov. 27.....	0
Louisiana:	1919.	
New Orleans.....	November and December.....	308
	1920.	
	January to October.....	266
	Nov. 1-17.....	0
	Nov. 18.....	1
	Nov. 19.....	1
	Nov. 20-29.....	0
	Nov. 30.....	1
Texas:		
Beaumont.....	July 1 to Oct. 25.....	123
	Oct. 26 to Nov. 27.....	0
Galveston.....	June 21 to Nov. 9.....	61
	Nov. 10-23.....	0
	Nov. 24.....	1
	Nov. 29.....	1
	Nov. 30.....	1
Port Arthur.....	Oct. 25.....	1

PNEUMONIA (ALL FORMS).

City Reports for Week Ended Nov. 13, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Alabama:			Illinois—Continued.		
Birmingham.....		5	Jacksonville.....		2
Mobile.....		1	La Salle.....		1
Montgomery.....		1	Oak Park.....		4
Arizona:			Peoria.....		3
Tucson.....		1	Rock Island.....	1	
California:			Indiana:		
Berkeley.....		1	Evansville.....	2	
Los Angeles.....	14	4	Fort Wayne.....		2
Oakland.....	1	5	Gary.....		1
Pasadena.....		1	Hammond.....	1	
Riverside.....		2	Huntington.....		1
Sacramento.....		1	Indianapolis.....		8
San Diego.....	3	3	Kokomo.....		3
San Francisco.....	6	7	La Fayette.....	1	
Santa Barbara.....		1	South Bend.....		1
Colorado:			Terre Haute.....		2
Colorado Springs.....		4	Kansas:		
Pueblo.....		1	Kansas City.....	1	
Connecticut:			Parsons.....	1	
Bridgeport.....	4	5	Topeka.....	2	
Hartford.....	1	3	Kentucky:		
Manchester.....	1		Covington.....	1	
New Britain.....		2	Louisville.....	4	4
New Haven.....		3	Louisiana:		
New London.....		1	Baton Rouge.....	1	1
Norwalk.....		1	New Orleans.....		8
Waterbury.....		3	Maine:		
District of Columbia:			Lewiston.....		1
Washington.....		15	Maryland:		
Georgia:			Baltimore.....	24	9
Atlanta.....	2	15	Cumberland.....	3	
Columbus.....	1		Massachusetts:		
Savannah.....		4	Boston.....	22	14
Aurora.....	1		Brockton.....		1
Illinois:			Cambridge.....	2	2
Chicago.....	135	30	Chelsea.....		2
Elgin.....		1	Clinton.....	1	
Evanston.....	1		Easthampton.....	1	
Freeport.....	2		Everett.....	1	

PNEUMONIA (ALL FORMS)—Continued.

City Reports for Week Ended Nov. 13, 1920—Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Massachusetts—Continued.			New York—Continued.		
Fall River.....	1	4	Buffalo.....	10	5
Haverhill.....	1	.....	Cohoes.....	1	.....
Holyoke.....	2	.....	Ithaca.....	.....	1
Lawrence.....	1	.....	Jamestown.....	5	1
Lowell.....	1	2	Lackawanna.....	2	1
Lynn.....	2	.....	Lockport.....	1	.....
Malden.....	1	1	Middletown.....	1	1
Medford.....	1	1	Mount Vernon.....	2	1
Methuen.....	1	.....	Newburgh.....	1	.....
New Bedford.....	3	3	New York.....	216	92
Newton.....	3	.....	Peekskill.....	3	.....
Peabody.....	.....	1	Poughkeepsie.....	1	1
Pittsfield.....	2	2	Rochester.....	6	.....
Plymouth.....	.....	1	Rome.....	3	.....
Quincy.....	.....	1	Saratoga Springs.....	2	1
Southbridge.....	1	1	Schenectady.....	3	.....
Springfield.....	4	1	Syracuse.....	8	5
Taunton.....	.....	1	Troy.....	3	2
Watertown.....	1	1	Yonkers.....	1	1
Worcester.....	2	6	North Carolina:		
Michigan:			Durham.....	.....	1
Detroit.....	39	22	Wilmington.....	.....	1
Flint.....	.....	1	North Dakota:		
Grand Rapids.....	3	.....	Grand Forks.....	3	.....
Highland Park.....	1	.....	Ohio:		
Kalamazoo.....	2	2	Alliance.....	.....	1
Ludington.....	1	.....	Chillicothe.....	.....	2
Pontiac.....	2	3	Cincinnati.....	2	2
Port Huron.....	1	1	Cleveland.....	11	17
Saginaw.....	1	1	Columbus.....	3	4
Sault Ste. Marie.....	1	1	Dayton.....	1	.....
Minnesota:			Ironton.....	.....	1
Duluth.....	1	4	Lancaster.....	1	.....
Hibbing.....	4	.....	Mansfield.....	4	.....
Minneapolis.....	.....	3	Middletown.....	1	.....
St. Paul.....	.....	4	New Philadelphia.....	1	.....
Missouri:			Sandusky.....	.....	1
Independence.....	1	2	Springfield.....	.....	1
Kansas City.....	7	7	Tiffin.....	1	.....
St. Charles.....	1	1	Toledo.....	1	3
St. Joseph.....	.....	3	Oregon:		
Montana:			Portland.....	.....	3
Butte.....	.....	1	Pennsylvania:		
Great Falls.....	1	1	Philadelphia.....	33	45
Missoula.....	1	1	Rhode Island:		
Nebraska:			Providence.....	.....	2
Omaha.....	.....	5	South Carolina:		
Nevada:			Charleston.....	.....	1
Reno.....	1	.....	Spartanburg.....	.....	1
New Hampshire:			Tennessee:		
Manchester.....	.....	1	Memphis.....	.....	3
New Jersey:			Nashville.....	1	6
Atlantic City.....	1	.....	Texas:		
Bayonne.....	1	.....	Beaumont.....	.....	1
Belleville.....	2	.....	Dallas.....	1	1
Bloomfield.....	4	.....	Fort Worth.....	.....	1
East Orange.....	1	.....	Galveston.....	.....	1
Elizabeth.....	.....	1	San Angelo.....	.....	1
Gloucester.....	2	.....	Waco.....	.....	1
Hackensack.....	3	2	Utah:		
Harrison.....	1	.....	Salt Lake City.....	.....	2
Hoboken.....	1	3	Vermont:		
Jersey City.....	5	.....	Rutland.....	1	1
Kearny.....	1	.....	Virginia:		
Morristown.....	1	3	Norfolk.....	1	.....
Newark.....	34	8	Roanoke.....	1	3
Orange.....	3	1	West Virginia:		
Passaic.....	.....	1	Huntington.....	.....	1
Paterson.....	2	.....	Morgantown.....	1	.....
Perth Amboy.....	.....	1	Wheeling.....	.....	4
Plainfield.....	.....	2	Wisconsin:		
Trenton.....	12	3	Green Bay.....	.....	2
New York:			Kenosha.....	.....	1
Albany.....	9	.....	Milwaukee.....	8	11
Auburn.....	1	.....	Racine.....	.....	2
Binghamton.....	4	.....	.....	.....	.....

POLIOMYELITIS (INFANTILE PARALYSIS).

City Reports for Week Ended Nov. 13, 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:				Michigan:			
Birmingham.....	0	1	.....	Detroit.....	(¹)	1	1
California:				Flint.....	0	2	.....
Los Angeles.....	(¹)	1	.....	Saginaw.....	0	1	.....
San Diego.....	0	1	.....	Minnesota:			
Santa Barbara.....			1	St. Paul.....	0	1	.....
Illinois:				Missouri:			
Chicago.....	² 1	2	.....	St. Louis.....	(¹)	1	.....
Maryland:				New York:			
Baltimore.....	(³)	1	.....	New York.....	3	13	2
Massachusetts:				North Dakota:			
Boston.....	(²)	4	.....	Fargo.....		1	.....
Brockton.....	0	2	.....	Rhode Island:			
Danvers.....		1	.....	East Providence.....	0	1	.....
Leominster.....		1	1	Wisconsin:			
Salem.....		1	.....	Eau Claire.....	0	1	1
Waltham.....	0	2	1				

¹ Average less than 1.
² Excluding 1916 and 1917, epidemic years.
³ Excluding 1916, average less than 1.

RABIES IN ANIMALS.

Memphis, Tenn.—Week Ended Nov. 13, 1920.

During the week ended November 13, 1920, one case of rabies in animals was reported at Memphis, Tenn.

SCARLET FEVER.

See Telegraphic weekly reports from States, p. 2922; Monthly summaries by States, p. 2926; and Weekly reports from cities, p. 2935.

SMALLPOX.

City Reports for Week Ended Nov. 13, 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:				Colorado:			
Birmingham.....	(¹)	1	.....	Denver.....	11	7	.....
California:				Pueblo.....	1	1	.....
Berkeley.....	0	2	.....	Georgia:			
Oakland.....	0	5	.....	Atlanta.....	1	2	.....
Pasadena.....	0	1	.....	Idaho:			
Sacramento.....	0	3	.....	Boise.....	1	6	.....
San Diego.....	0	1	.....	Illinois:			
San Francisco.....	(¹)	5	.....	Bloomington.....		4	.....
Santa Cruz.....	0	1	.....	Chicago.....	2	3	.....

¹ Average less than 1.

SMALLPOX—Continued.

City Reports for Week Ended Nov. 13, 1920—Continued.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
Illinois—Continued.				North Dakota:			
East St. Louis.....	0	2		Fargo.....	(¹)	16	
Evanston.....	0	1		Grand Forks.....		4	
Oak Park.....	0	1		Ohio:			
Rockford.....	0	2		Akron.....	3	19	
Indiana:				Canton.....	(¹)	15	
Indianapolis.....	2	5		Cincinnati.....	(¹)	3	
Marion.....	0	1		Cleveland.....	12	7	
Mishawaka.....	0	4		Dayton.....	2	1	
South Bend.....	0	12		Findlay.....	(¹)	1	
Terre Haute.....	0	2		Middletown.....	0	1	
Iowa:				Springfield.....	(¹)	1	
Cedar Rapids.....	0	2		Tiffin.....	0	4	
Clinton.....	0	9		Oklahoma:			
Dubuque.....	(¹)	8		Oklahoma City.....	1	1	
Kansas:				Tulsa.....		1	
Kansas City.....	10	1		Oregon:			
Louisiana:				Portland.....	10	8	
New Orleans.....	0	10		South Dakota:			
Maine:				Sioux Falls.....	0	3	
Lewiston.....		1		Utah:			
Michigan:				Salt Lake City.....	2	25	
Detroit.....	9	8		Vermont:			
Sault Ste. Marie.....	0	7		Rutland.....	0	1	
Minnesota:				Washington:			
Duluth.....	0	9		Aberdeen.....	3	2	
Minneapolis.....	10	47		Seattle.....	6	13	
St. Paul.....	14	8		Spokane.....	13	25	
Winona.....	0	5		Tacoma.....	(¹)	1	
Missouri:				Yakima.....	1	1	
Independence.....	0	1		West Virginia:			
Kansas City.....	13	15		Bluefield.....	1	1	
St. Louis.....	(¹)	1		Wisconsin:			
Montana:				Green Bay.....	(¹)	5	
Billings.....	1	1		Madison.....	(¹)	2	
Great Falls.....	0	2		Marinette.....	1	3	
Missoula.....	0	7		Milwaukee.....	4	21	
Nebraska:				Racine.....	(¹)	1	
Lincoln.....	3	1		Sheboygan.....		12	
Omaha.....	20	2					
Nevada:							
Reno.....	0	2					

¹ Average less than 1.

TETANUS.

City Reports for Week Ended Nov. 13, 1920.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
California:			Minnesota:		
Sacramento.....	1	1	Minneapolis.....	1	1
Connecticut:			New York:		
Manchester.....	1		New York.....		1
Georgia:			North Carolina:		
Savannah.....		1	Winston-Salem.....		1
Illinois:			Ohio:		
Chicago.....		2	Cincinnati.....	1	
Massachusetts:			Pennsylvania:		
Danvers.....		1	Philadelphia.....		1
Michigan:			Texas:		
Cadillac.....	1	1	Beaumont.....		1

TUBERCULOSIS.

See Telegraphic weekly reports from States, p. 2922, and Weekly reports from cities, p. 2935.

TYPHOID FEVER.

City Reports for Week Ended Nov. 13, 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:				Minnesota:			
Birmingham.....	5	4	.....	Minneapolis.....	2	1	.....
Mobile.....	2	1	.....	St. Cloud.....	1	3	.....
Montgomery.....	(1)	1	.....	St. Paul.....	(1)	4	.....
Arkansas:				Missouri:			
Fort Smith.....		1	.....	Kansas City.....	1	1	.....
California:				St. Joseph.....	(1)	2	1
Los Angeles.....	3	4	1	St. Louis.....	7	2	.....
Pasadena.....	0	1	.....	Montana:			
Santa Cruz.....	0	1	.....	Billings.....	0	1	1
Colorado:				Missoula.....	0	1	.....
Pueblo.....	0	3	.....	Nebraska:			
Connecticut:				Omaha.....	(1)	1	1
Hartford.....	2	1	2	Nevada:			
New Haven.....	1	2	.....	Reno.....	1	2	.....
Norwich.....	0	1	1	New Hampshire:			
District of Columbia:				Keene.....	0	1	.....
Washington.....	8	4	.....	Manchester.....	(1)	1	1
Delaware:				Portsmouth.....	(1)	1	.....
Wilmington.....	(1)	1	2	New Jersey:			
Georgia:				Atlantic City.....	(1)	1	.....
Atlanta.....	2	2	1	Hoboken.....	(1)	1	.....
Savannah.....	0	3	1	Jersey City.....	0	1	.....
Illinois:				Morristown.....	(1)	1	.....
Alton.....	0	3	.....	New Mexico:			
Chicago.....	14	4	.....	Albuquerque.....	2	4	.....
Danville.....	(1)	1	.....	New York:			
Decatur.....	0	1	.....	Albany.....	2	1	.....
Elgin.....	(1)	2	.....	Buffalo.....	4	.....	1
Kankakee.....	0	1	.....	Elmira.....	0	1	.....
Kewanee.....	0	1	.....	Ithaca.....	(1)	4	.....
Mattoon.....	1	1	.....	Jamestown.....	0	2	.....
Indiana:				New York.....	31	24	1
Elkhart.....	0	.....	1	North Tonawanda.....	(1)	1	.....
Evansville.....	(1)	1	1	Schenectady.....	(1)	1	.....
Fort Wayne.....	3	1	.....	Syracuse.....	(1)	1	.....
Hammond.....	0	1	.....	North Carolina:			
Huntington.....	0	1	.....	Durham.....	6	1	.....
Indianapolis.....	4	1	.....	High Point.....	.....	1	.....
Richmond.....	.....	1	1	Ohio:			
Iowa:				Alliance.....	0	2	1
Cedar Rapids.....	1	1	.....	Ashtabula.....	0	1	1
Kansas:				Canton.....	(1)	2	.....
Kansas City.....	0	1	.....	Cleveland.....	4	11	1
Kentucky:				Columbus.....	2	3	.....
Covington.....	0	1	.....	Lancaster.....	0	.....	1
Lexington.....	1	1	2	Mansfield.....	0	2	.....
Louisiana:				Marion.....	.....	2	.....
New Orleans.....	4	3	.....	Newark.....	1	1	.....
Maine:				Toledo.....	4	2	.....
Auburn.....	.....	1	.....	Oklahoma:			
Lewiston.....	.....	1	.....	Oklahoma City.....	1	1	.....
Maryland:				Tulsa.....	.....	3	.....
Baltimore.....	12	3	1	Oregon:			
Cumberland.....	2	2	.....	Portland.....	2	2	.....
Massachusetts:				Pennsylvania:			
Boston.....	4	6	.....	Philadelphia.....	10	5	.....
Fall River.....	4	1	.....	South Carolina:			
Lawrence.....	(1)	1	.....	Charleston.....	(1)	2	.....
New Bedford.....	1	1	.....	Tennessee:			
Pittsfield.....	0	3	.....	Knoxville.....	(1)	.....	1
Michigan:				Memphis.....	(1)	4	.....
Ann Arbor.....	(1)	2	.....	Nashville.....	4	2	1
Detroit.....	6	3	2	Texas:			
Grand Rapids.....	2	1	.....	Beaumont.....	0	1	.....
Holland.....	1	.....	1	Dallas.....	3	1	.....
Kalamazoo.....	(1)	2	.....	Utah:			
Muskegon.....	.....	2	1	Salt Lake City.....	1	1	.....
Pontiac.....	(1)	.....	1	Vermont:			
Saginaw.....	(1)	4	.....	Rutland.....	0	1	.....

1 Average less than 1.

TYPHOID FEVER—Continued.

City Reports for Week Ended Nov. 13, 1920—Continued.

Place.	Average cases.	1920		Place.	Average cases.	1920	
		Cases.	Deaths.			Cases.	Deaths.
Virginia:				West Virginia—Contd.			
Alexandria.....	1	1	.....	Charleston.....	0	1	.....
Petersburg.....	1	1	.....	Morgantown.....	1	1	.....
Richmond.....	2	1	.....	Parkersburg.....	0	1	.....
Roanoke.....	(1)	1	.....	Wheeling.....	(1)	2	2
Washington:				Wisconsin:			
Seattle.....	2	2	.....	Janesville.....	0	3	.....
West Virginia:				Racine.....	(1)	1	.....
Bluefield.....	0	1	.....			

¹ Average less than 1.

YELLOW FEVER.

Immigration Hospital, San Francisco, Calif.

One death from yellow fever occurred at the San Francisco Immigration Hospital, November 16, 1920. The patient was taken from the American steamship *Curacao*, six days out from Mazatlan, Mexico, where he had boarded the vessel.

The source of the infection is not definitely determined, but the vessel had recently touched at various Mexican ports, some of which are known to be infected.

DIPHThERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City Reports for Week Ended Nov. 13, 1920.

City.	Population as of July 1, 1917 (estimated by U. S. Census Bureau).	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Aberdeen, Wash.....	21,392	.....	.....	.....	.....	.....	1	.....	.....	.....
Adams, Mass.....	14,406	2	.....	.....	13	.....	.....	.....	2	.....
Akron, Ohio.....	93,604	35	8	.....	2	.....	1	.....	.....	.....
Alameda, Calif.....	28,433	8	8	.....	2	.....	.....	.....	1	.....
Albany, N. Y.....	106,632	.....	8	.....	5	.....	2	.....	4	.....
Albuquerque, N. Mex.....	14,509	3	1	.....	5	.....	.....	.....	2	3
Alexandria, Va.....	17,959	1	.....	.....	.....	.....	.....	.....	1	.....
Alliance, Ohio.....	19,581	5	3	.....	.....	.....	.....	.....	.....	.....
Alton, Ill.....	23,783	11	6	2	1	.....	.....	.....	.....	.....
Amesbury, Mass.....	10,200	2	3	.....	.....	.....	3	.....	.....	.....
Anaconda, Mont.....	10,631	3	.....	.....	2	.....	10	.....	.....	1
Ann Arbor, Mich.....	15,041	11	4	.....	.....	.....	1	.....	.....	.....
Anniston, Ala.....	14,326	.....	.....	.....	.....	.....	2	.....	.....	.....
Arlington, Mass.....	13,073	4	.....	.....	.....	.....	.....	.....	.....	1
Asbury Park, N. J.....	14,629	2	.....	.....	.....	.....	.....	.....	.....	.....
Ashtabula, Ohio.....	22,008	5	2	.....	.....	.....	.....	.....	.....	.....
Atchison, Kans.....	16,785	.....	6	.....	.....	.....	5	.....	.....	.....
Atlanta, Ga.....	196,144	77	20	2	2	.....	9	.....	3	4
Atlantic City, N. J.....	53,515	8	1	.....	.....	.....	.....	.....	.....	.....
Attleboro, Mass.....	19,776	5	.....	.....	.....	.....	.....	.....	.....	2
Auburn, Me.....	16,607	1	.....	.....	.....	.....	1	.....	.....	1
Auburn, N. Y.....	37,823	7	1	.....	.....	.....	1	.....	3	1
Aurora, Ill.....	34,795	10	.....	.....	1	.....	.....	.....	.....	.....
Baltimore, Md.....	594,637	176	60	3	12	1	8	.....	22	13
Bangor, Me.....	26,953	.....	.....	.....	4	.....	2	.....	1	.....

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

City Reports for Week Ended Nov. 13, 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.
Barberton, Ohio.....	14,187	6	1							
Baton Rouge, La.....	17,544	5	1				1			
Bayonne, N. J.....	72,204		4		3		2		2	
Beacon, N. Y.....	11,674	1								
Beatrice, Nebr.....	10,437	3								
Beaumont, Tex.....	28,851	12								
Belleville, N. J.....	12,797		1						1	
Beloit, Wis.....	18,547	0							1	
Benton Harbor, Mich.....	11,099	2								
Berkeley, Calif.....	60,427	16	1				4		2	2
Berlin, N. H.....	13,892	4			6					
Beverly, Mass.....	22,128	4	1							
Billings, Mont.....	15,123	5	1		11					
Binghamton, N. Y.....	54,864	15	1		49		3			
Birmingham, Ala.....	189,716	46	13	1	1		4		4	6
Bloomfield, N. J.....	19,013	2	4		1		3		1	
Bloomington, Ill.....	27,462	6					1		1	
Bloomington, Ind.....	11,661	3					1			1
Bloomfield, W. Va.....	16,123		3		3		3			
Boise, Idaho.....	35,951	2	1							
Boston, Mass.....	767,813	189	33		14	1	26	1	37	15
Brazil, Ind.....	10,472	2					1			
Bridgeport, Conn.....	124,724	36	8		1		5		2	3
Bristol, Conn.....	16,318	3	2						3	
Brookton, Mass.....	69,152	12					2			
Brookline, Mass.....	33,526	6	3				2		1	
Brunswick, Ga.....	10,934	2	2						1	1
Buffalo, N. Y.....	475,791	123	106	7	61	1	11	1	28	9
Burlington, Iowa.....	25,144	7					2			
Burlington, Vt.....	21,802	4					1			1
Butte, Mont.....	44,057	19			54				5	6
Cadillac, Mich.....	10,158	4								
Cambridge, Mass.....	114,223	26	4		3		5		4	4
Canton, Ohio.....	62,566	17	7	1	2		7		1	
Cedar Rapids, Iowa.....	38,033		1	1			1			
Chanute, Kans.....	12,968	2								
Charleston, S. C.....	61,041	20	4	1			1			2
Charleston, W. Va.....	31,060				5					
Charlotte, N. C.....	40,759	5	6		9				1	
Chelsea, Mass.....	46,405	11	5		10		2			
Cheyenne, Wyo.....	11,320	1								
Chicago, Ill.....	2,547,201	542	333	31	74	1	151	1	121	39
Chicopee, Mass.....	29,950	4	14				1		2	1
Chillicothe, Ohio.....	15,625	5	1				6			
Cincinnati, Ohio.....	414,248	104	29		4		17		7	8
Cleveland, Ohio.....	692,259		44	3	24	1	83	1	15	15
Clinton, Mass.....	13,075	2			23					
Coffeyville, Kans.....	18,331	5	6				1			
Cohoes, N. Y.....	25,292	4								
Colorado Springs, Colo.....	38,965	11							5	2
Columbia, S. C.....	35,185		2		5		4			
Columbus, Ga.....	26,306		3				3			
Columbus, Ohio.....	220,135	56	33		1		9		3	5
Council Bluffs, Iowa.....	31,838	3	1				2			
Covington, Ky.....	59,623	8	1				4			
Cranston, R. I.....	26,773	6								
Crawfordsville, Ind.....	11,443						1			
Cumberland, Md.....	26,686	8	3	1			1		1	
Dallas, Tex.....	129,738	37	13	2			3		4	3
Danvers, Mass.....	10,037	1	1						1	
Danville, Ill.....	32,969	4					1			
Danville, Va.....	20,183		3						1	
Dayton, Ohio.....	128,939	31	11		3		7		2	
Decatur, Ill.....	41,483	11	2	1	2					
Dedham, Mass.....	10,618	2								
Denver, Colo.....	268,429	74	18	1	53		1		3	11
Des Moines, Iowa.....	104,052		9				12			
Detroit, Mich.....	619,648	188	131	5	9		89		18	14
Dover, N. H.....	13,276	7					1			
Dubuque, Iowa.....	40,066		3				4			
Duluth, Minn.....	97,077	19	27				2		1	3

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Nov. 13, 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.
Durham, N. C.	26,160	3	4				3			
East Chicago, Ind.	30,286	6								1
East Cleveland, Ohio.	13,864						3		1	
Easthampton, Mass.	10,656		3							
East Orange, N. J.	43,761	10	13							
East Providence, R. I.	18,485		4		1		1			
East St. Louis, Ill.	77,312	14	3				5		1	2
Eau Claire, Wis.	18,887		2				2	1		
Elgin, Ill.	28,532	9	3							
Elizabeth, N. J.	88,830		13		2		5		6	2
Elkhart, Ind.	22,273	3					5			
Elmira, N. Y.	38,272	14								1
El Paso, Tex.	69,149	33		2						7
Elwood, Ind.	11,028	2								
Englewood, N. J.	12,603	3							1	
Eugene, Oreg.	14,257	7	2	1	10					
Eureka, Calif.	15,142	4							1	1
Evanston, Ill.	29,304	11	3				5			
Evansville, Ind.	76,981	19	12						1	
Everett, Mass.	40,160	12	3				1		1	
Fairmont, W. Va.	16,111		5				1			
Fall River, Mass.	129,828	34	6	1	6	1	4		5	3
Fargo, N. Dak.	17,872	4	1				2			
Findlay, Ohio.	14,858	4	1							
Flint, Mich.	57,386	19	8				12	2		
Fond du Lac, Wis.	21,486		6							
Fort Scott, Kans.	10,564	6	16	1						
Fort Smith, Ark.	29,390		6				1			
Fort Wayne, Ind.	73,014	18	3		1					2
Fort Worth, Tex.	109,597	12	9				1	1		
Fostoria, Ohio.	10,959	2	1							
Frankfort, Ind.	10,103	0					1			
Freeport, Ill.	19,844	9	1							
Fremont, Nebr.	10,080	4								
Fremont, Ohio.	11,034	2					1			
Galesburg, Ill.	24,629	3								
Galveston, Tex.	42,650	9								
Gardner, Mass.	17,534	6	1						2	2
Gary, Ind.	56,000	12	6				1			2
Geneva, N. Y.	13,915	4								1
Glens Falls, N. Y.	17,160	6			1		1		1	1
Grand Forks, N. Dak.	16,342	0	10							
Grand Rapids, Mich.	152,361	42	31	2			7	1	3	3
Great Falls, Mont.	13,948	6			2		3		1	
Greeley, Colo.	11,942	0								
Green Bay, Wis.	30,017	7	1		2					
Greenfield, Mass.	12,251	2	1				1			
Greenwich, Conn.	19,594	8	5	2					1	
Hackensack, N. J.	17,412	8	1							
Hammond, Ind.	27,016	5	3				3		1	1
Harrison, N. J.	17,345		10						2	2
Hartford, Conn.	112,831	45	20				7		4	2
Haverhill, Mass.	49,180	9	3				2		4	1
Hibbing, Minn.	17,550		1							
Highland Park, Mich.	33,859	1	10		1		1		2	
High Point, N. C.	13,489		1				1			
Hoboken, N. J.	78,324	18	3				1			1
Holland, Mich.	13,459	5	3	1					1	1
Holyoke, Mass.	66,503	13					1			
Hot Springs, Ark.	17,690	8	3				1			1
Huntington, Ind.	10,982	5					6		2	1
Huntington, W. Va.	47,686	12	2							
Hutchinson, Kans.	21,461		10				3			
Independence, Mo.	11,964	6	2				3		1	
Indianapolis, Ind.	283,622	76	12	1	1		23	1	8	7
Ironton, Ohio.	14,079	4	3		1					
Ironwood, Mich.	15,095	5			3					
Irvington, N. J.	16,710		1				2		3	
Ishpeming, Mich.	12,448	5	2				5	1		
Ithaca, N. Y.	16,017	3							1	
Jacksonville, Ill.	15,506	10								

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Nov. 13, 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.
Jamestown, N. Y.	37,431	10	15				4			
Janesville, Wis.	14,411	3					2			
Jefferson City, Mo.	13,712	1							1	
Jersey City, N. J.	312,557		26		1		4		12	
Joplin, Mo.	33,400		3							
Kalamazoo, Mich.	50,408	18	1				13		1	
Kankakee, Ill.	14,270	3								
Kansas City, Kans.	102,096		14		3		6		12	
Kansas City, Mo.	305,816	64	22	2	3	1	17		4	5
Kearny, N. J.	24,325	4	3				4			
Keene, N. H.	10,725	2							2	
Kenosha, Wis.	32,833	3	6		2				1	
Kewanee, Ill.	13,607	5	1				5			1
Knoxville, Tenn.	59,112	2	2				3		1	1
Kokomo, Ind.	21,629	8					1		1	1
Lackawanna, N. Y.	16,219	5	6		20			1	2	1
La Fayette, Ind.	21,481	6					1			2
Lancaster, Ohio.	16,086	5					2			
La Salle, Ill.	12,332	8					11			
Laurel, Miss.	12,313		1							
Lawrence, Kans.	13,477	6	2				3		1	1
Lawrence, Mass.	102,923	14	2		1		5		3	2
Leavenworth, Kans.	19,363	3	3				5			
Leominster, Mass.	21,365	4								
Lewiston, Me.	28,061	7	1	1			9		6	
Lexington, Ky.	41,997	17	1	1			1		1	2
Lincoln, Nebr.	46,957	10	1				2		1	1
Little Rock, Ark.	58,716		8		17		1			
Lockport, N. Y.	20,028	4							1	
Logansport, Ind.	21,338	4					2			
Long Beach, Calif.	29,163	13	4	1						1
Lorain, Ohio.	38,266	2	2		1				1	
Los Angeles, Calif.	535,485	164	53	1	33	1	14		60	17
Louisville, Ky.	240,808	72	21	4			13		10	5
Lowell, Mass.	114,366	26	16		57		3		6	
Ludington, Mich.	10,566	4								
Lynchburg, Va.	33,497	4			1				1	
Lynn, Mass.	104,534	20	10	1	1		4		2	
Madison, Wis.	31,315	8	1				1			1
Malden, Mass.	52,243	8	4						1	
Manchester, Conn.	15,859	1								
Manchester, N. H.	79,607	22	22	4			10		4	
Manitowoc, Wis.	13,931						1			
Mankato, Minn.	10,365	3					1			
Mansfield, Ohio.	23,051	6	1							
Marion, Ind.	19,923	7	3				3			
Marquette, Mich.	12,555	1	1							
Marshalltown, Iowa.	14,519		1							
Martinsburg, W. Va.	12,984		4							
Medford, Mass.	26,681	7	3		1					
Melrose, Mass.	17,724	5					3			
Memphis, Tenn.	151,877	25	54				6		8	1
Meriden, Conn.	29,431		2				6		1	
Methuen, Mass.	14,320	3	1		3		1		2	
Middletown, N. Y.	15,590		4		20		1		1	
Middletown, Ohio.	16,354	3					1		1	
Milwaukee, Wis.	445,008	82	62	4	2		23	1	14	4
Minneapolis, Minn.	373,448	55	24	2	1		26		26	4
Mishawaka, Ind.	17,083	2								
Missoula, Mont.	19,075	3			2				3	
Mobile, Ala.	59,201	18	3				1			1
Monmouth, Ill.	10,346	4					1			
Monroe, La.	13,698	0	9							
Montclair, N. J.	27,987	1								
Montgomery, Ala.	44,039	8	2		5				1	
Morgantown, W. Va.	14,444	5							1	
Morristown, N. J.	13,410	9	1							1
Moundsville, W. Va.	11,513	2								
Mount Vernon, N. Y.	37,991	9	2		2		1			
Muncie, Ind.	25,653	13	9	1			7			

¹ Population Apr. 15, 1910.

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

City Reports for Week Ended Nov. 13, 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.
Muscataine, Iowa	17,713	0					1			
Muskegon, Mich.	27,434	18	11			5				
Muskogee, Okla.	47,173	1	3	1	2	3				
Nashville, Tenn.	118,136	49	12			2			3	3
Newark, N. J.	418,789	91	28		6	21			22	10
Newark, Ohio.	30,317	5				2			1	
New Bedford, Mass.	121,622	24	11	1	2	2			7	1
New Britain, Conn.	55,385	19	17		4	9	1			
New Brunswick, N. J.	25,855		1							
Newburgh, N. Y.	29,893	6	1							
Newburyport, Mass.	15,291	3								
New Haven, Conn.	152,275	39	15		1	24			5	4
New London, Conn.	21,199	6			1	4			2	
New Orleans, La.	377,010	125	10	2	27	1			17	17
New Philadelphia, Ohio.	10,133					3				
Newport, R. I.	30,565	5								
Newton, Mass.	44,343	11			48					
New York, N. Y.	5,737,492	1,128	361	21	39	1	138	4	302	83
Niagara Falls, N. Y.	38,466	13	14	1	1	27				1
Norfolk, Va.	91,148		8		1	1			2	6
North Adams, Mass.	122,019	4			4					
Northampton, Mass.	20,006	10	1		1					
North Attleboro, Mass.	11,248	3								
North Little Rock, Ark.	15,515	2	1			1				
North Tonawanda, N. Y.	14,060	1								
Norwalk, Conn.	27,332	6	5						1	1
Norwich, Conn.	21,923	5	1							
Norwood, Ohio.	23,269	4	1						1	
Oakland, Calif.	206,405	42	11			10			4	3
Oak Park, Ill.	27,816	12	2		1	5				
Oklahoma City, Okla.	97,588	14	26			1				3
Olean, N. Y.	16,927	8			2	1			2	1
Omaha, Nebr.	177,777	26	13			7				1
Oranoe, N. J.	33,636	5	6			1			3	
Oshkosh, Wis.	36,549	7				2				1
Paducah, Ky.	25,178		11			2				
Parlersburg, W. Va.	21,059	5	3	1		1				
Parsons, Kans.	15,952		8			1				
Pasadena, Calif.	49,620	11	2						1	2
Pascale, N. J.	74,478	11	4		2	5	1			
Paterson, N. J.	140,512		9			7			13	
Pawtucket, R. I.	60,666	18	6	3		1				2
Peabody, Mass.	18,785	5				1				
Peekskill, N. Y.	19,034	0	2							
Peoria, Ill.	10,973					3				
Peoria, Ill.	72,184	17	15		1	15				2
Perth Amboy, N. J.	42,646	11	7	2	5	2			1	
Petersburg, Va.	25,817	9	4			2			4	1
Philadelphia, Pa.	1,735,514	437	95	7	7	149	1		76	34
Phillipsburg, N. J.	15,879	1							1	1
Piqua, Ohio.	14,275	2							1	
Pittsfield, Mass.	39,678	13	7		23				2	3
Plainfield, N. J.	24,330	13	3	2		5				
Plattsburg, N. Y.	13,111	2								
Plymouth, Mass.	14,001	3								1
Pontiac, Mich.	18,006	15	4			9				
Port Chester, N. Y.	16,727	4	3						1	
Port Huron, Mich.	118,863	11			1				2	
Portland, Me.	64,720	10	7		9	1				
Portland, Oreg.	308,399	37	6	1	9	9			2	3
Poughkeepsie, N. Y.	30,786	10	1						4	1
Providence, R. I.	259,895	58	20	1	18	7			2	7
Pueblo, Colo.	56,084	12	11	1		2			2	2
Quincy, Mass.	39,022	9	8						3	
Racine, Wis.	47,465	14		2		6			1	
Rahway, N. J.	10,361	3				1				
Raleigh, N. C.	20,274	15	7		19					2
Redwiz, Minn.	10,158									
Reno, Nev.	15,514	1				1				
Richmond, Ind.	25,080	8	5						2	1

¹ Population Apr. 15, 1910.

² Pulmonary tuberculosis only.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS—

Continued.

City Reports for Week Ended Nov. 13, 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.
Richmond, Va.	158,702	52	32	1			3			7
Riverside, Calif.	20,496	9	1							1
Roanoke, Va.	46,282	18	17		1		3		1	
Rochester, N. Y.	264,714	50	102				6	1	9	4
Rockford, Ill.	56,739	14	3				3			2
Rock Island, Ill.	29,452	5					2		1	
Rocky Mount, N. C.	12,673	4								
Rome, Ga.	15,607		2				3			
Rome, N. Y.	24,259				13				2	
Rutland, Vt.	15,038	4	1		1					
Sacramento, Calif.	68,984	34	2	2					1	6
Saginaw, Mich.	56,469	16	5						1	
St. Charles, Mo.	10,498	4					1		1	1
St. Cloud, Minn.	12,013		5		1		1			
St. Joseph, Mo.	26,498	22	5		1		5			
St. Louis, Mo.	768,630	169	169	10	2		29		28	12
St. Paul, Minn.	252,465	48	25	1			8		8	2
Salem, Mass.	49,346	4	2						2	
Salt Lake City, Utah	121,623	30	2		64	1	2		1	3
San Angelo, Tex.	10,321	10								3
San Bernardino, Calif.	17,616	10							1	2
San Diego, Calif.	56,412	24					1		5	4
Sandusky, Ohio	20,226	3								
Sanford, Me.	11,217	1								
San Francisco, Calif.	471,023	141	24	4	2		11		30	13
San Jose, Calif.	39,810		2				2			
Santa Barbara, Calif.	15,360	13								
Santa Cruz, Calif.	15,150	4					1			
Saratoga Springs, N. Y.	13,839	3								1
Saugus, Mass.	10,210						3			
Sault Ste. Marie, Mich.	14,130	4					11			
Savannah, Ga.	69,250	36	6				1		2	2
Schenectady, N. Y.	103,774	18	6		4			1	8	
Seattle, Wash.	366,445		22	2			11			
Sheboygan, Wis.	28,907		1		1		2			
Sioux Falls, S. Dak.	16,887	7					3			1
Somerville, Mass.	38,618	22	3				2		3	2
South Bend, Ind.	70,967	12	5				5		3	1
Southbridge, Mass.	14,465	6								
Spartanburg, S. C.	21,985	8	6							
Spokane, Wash.	157,656		10		2		9			
Springfield, Ill.	62,623	9	1		8		1			
Springfield, Mass.	108,668	23	4				19		1	2
Springfield, Ohio	52,296	21	8		7		2			
Steubenville, Ohio	28,259	12	1				1			
Stillwater, Minn.	110,198								1	
Superior, Wis.	47,167	10	5				4			1
Syracuse, N. Y.	158,559	49	24		10		13		7	
Tacoma, Wash.	117,446		3				1			
Taunton, Mass.	36,610	7	4		6		2			1
Terre Haute, Ind.	67,331	13	5	1			6			
Tiffin, Ohio	12,912	2								1
Toledo, Ohio	202,010	48	59	1			12		5	1
Topeka, Kans.	49,533	6	2		40		5			
Traverse City, Mich.	14,090	7					1		1	1
Trenton, N. J.	113,974	33	1				2		8	2
Trinidad, Colo.	14,413				22		2			3
Troy, N. Y.	78,094	18			7		1		3	3
Tucson, Ariz.	17,324	17								6
Tulsa, Okla.	32,507		27				2			
Vallejo, Calif.	13,803	2								
Vancouver, Wash.	13,805						3			
Virginia, Minn.	15,954								1	
Waco, Tex.	34,015	12							2	1
Wakefield, Mass.	12,947									
Waltham, Mass.	31,011	9			4		1			
Washington, D. C.	369,282	106	30	1	6		23		18	9
Waterbury, Conn.	89,201	21	9		1		1		4	
Watertown, Mass.	15,188	2					1			
Watertown, N. Y.	30,404						1			
Wausau, Wis.	19,666	5								

1 Population Apr. 15, 1910.

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

City Reports for Week Ended Nov. 13, 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.
Westfield, Mass.....	18,769	5	1							
West Hoboken, N. J.....	44,386	5							2	2
West New York, N. J.....	19,613	1	6	1						
West Orange, N. J.....	13,964	2	2						1	
Wheeling, W. Va.....	43,657	17	23		6		1			1
White Plains, N. Y.....	23,331	5							1	
Wilmington, Del.....	95,369	19	6				7			
Wilmington, N. C.....	30,400	13	4							
Winona, Minn.....	18,583						3			
Winston-Salem, N. C.....	33,136	14	2	1					5	2
Winthrop, Mass.....	13,105	1			1		2			
Woburn, Mass.....	16,076	3								
Worcester, Mass.....	166,106	42	6		2		12		5	3
Yonkers, N. Y.....	103,066	18	12	1			2		1	3
Zanesville, Ohio.....	31,320	12	2				2		1	

¹ Population Apr. 15, 1910.

FOREIGN AND INSULAR.

CHILE.

Typhus Fever—Concepcion.

On October 13, 1920, 34 cases of typhus fever were reported under treatment at Concepcion, Chile. Six cases were reported during the week ended October 18 in the local jail. The prevalence of typhus fever was stated October 22, 1920, to be increasing.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Nov. 1-10, 1920.		Remaining under treatment Nov. 10, 1920.
	New cases.	Deaths.	
Cerebrospinal meningitis.....			1
Chicken pox.....	2		2
Diphtheria.....	3		2
Leprosy.....	1		12
Malaria.....	59		197
Measles.....	27		33
Scarlet fever.....			4
Typhoid fever.....	27	3	273

¹ From the interior, 52; from abroad, 1.

² From the interior, 32; from abroad, 3.

INDO-CHINA.

Cholera—Plague—Smallpox—June, 1920.

During the month of June, 1920, cholera, plague, and smallpox were reported in Indo-China as follows:

Cholera.—Provinces of Anam, Cambodia, Cochin-China, and Tonkin: Cases, 292; fatalities, 201 (foreign 1 fatal case); during the corresponding period in 1919, cases 871, fatalities 663, of which 2 cases with 1 death were of foreigners.

Plague.—Provinces, Anam, Cambodia, Cochin-China, Kwang-Chow-Wan: Cases, 72; fatalities, 63; corresponding period of 1919, cases, 105; fatalities, 79.

Smallpox.—Provinces, Anam, Cambodia, Cochin-China, and Tonkin: Cases, 318; fatalities, 220; during the same period, 1919, cases, 82; fatalities, 23.

Influenza—June, 1920.

During the month of June, 1920, 392 cases of influenza, with 63 fatalities, were reported in Indo-China. During the corresponding period of 1919, 2 cases were reported. The occurrence of influenza during June, 1920, was reported in the Provinces of Anam, Cochin-China, and Tonkin.

JAMAICA.

Infectious Disease Reported Present.¹

During the week ended October 30, 1920, 382 cases of alastrim, or Kaffir pox, were reported present in the island of Jamaica.

SWITZERLAND.

Lethargic Encephalitis—January-June, 1920.

During the first six months of 1920 there were reported 960 cases of lethargic encephalitis in Switzerland.

VIRGIN ISLANDS.

Contagious Diseases—October, 1920.

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

	Cases.	Remarks.
In St. Thomas and St. John:		
Chancroid.....	3	2 imported.
Chicken pox.....	3	St. John.
Gonorrhœa.....	4	1 imported; 1 St. John.
Malaria.....	1	Imported.
Syphilis.....	14	6 imported.
Tuberculosis.....	2	
Uncinariasis.....	16	15 imported.
In St. Croix:		
Chancroid.....	1	
Dysentery.....	8	
Filariasis.....	5	
Gonorrhœa.....	15	
Pellagra.....	2	
Schistosomiasis.....	2	
Syphilis.....	3	
Tetanus.....	1	
Trachoma.....	1	
Uncinariasis.....	1	

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

Reports Received During Week Ended Dec. 3, 1920.^a

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China.....				June 1-30, 1920: Cases, 292; deaths, 201.
Philippine Islands:				
Provinces—				
Cagayan.....	Aug. 22-28.....	11	7	
Isabela.....	Aug. 22-Sept. 4....	12	12	
Straits Settlements:				
Singapore.....	Sept. 26-Oct. 2....	1		

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

¹ Public Health Reports, Sept. 3, 1920, p. 2132; Sept. 24, 1920, p. 2298; Oct. 15, 1920, p. 2491; Oct. 29, 1920, p. 2603; Nov. 19, 1920, p. 2814.

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

Reports Received During Week Ended Dec. 3, 1920—Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Azores:				
St. Michaels.....	Oct. 16-Nov. 5....	56	19	
Brazil:				
Bahia.....	Sept. 26-Oct. 2....		1	
Ceylon:				
Colombo.....	Oct. 10-16.....	9	5	
Ecuador:				
Guayaquil.....	Oct. 16-31.....	3	2	
Indo-China				June 1-30, 1920: cases, 72; deaths, 63.
Mesopotamia:				
Bagdad.....	Sept. 1-30.....	1		
Mexico:				
Vera Cruz.....				Nov. 8-14, 2 plague-infected rodents found. Last human case, July 20, 1920.

SMALLPOX.

Austria.....				July 11-28, 1920: Cases, 13.
Graz.....	July 11-28.....	5		
Vienna.....	do.....	1		
Bolivia:				
La Paz.....	Sept. 1-30.....	7	3	
Brazil:				
Bahia.....	Sept. 26-Oct. 2....	1		
Rio de Janeiro.....	Sept. 19-18.....	47	13	
Canada:				
Ontario—				
Hamilton.....	Nov. 14-20.....	4		
Kingston.....	Oct. 31-Nov. 6....	6		
Toronto.....	Nov. 7-13.....	3		
Ceylon:				
Colombo.....	Oct. 10-16.....	6	1	
Cuba:				
Antilla.....	Oct. 26-Nov. 1....	1		For port of Preston.
Do.....	Nov. 9-15.....	1		
Czechoslovakia.....	May 23-June 26....	345	36	
Ecuador:				
Guayaquil.....	Oct. 1-31.....	6	1	
Egypt:				
Cairo.....	Aug. 16-19.....	2		
Germany:				
Berlin.....	July 26-Sept. 4....	55		Additional cases, May 26-June 17, 1920: 42, at Duisbourg.
do.....	do.....	1		
Great Britain:				
Glasgow.....	Oct. 24-30.....	1	1	
Manchester.....	do.....	50		Reported from Middleton, 6 miles from Manchester.
Haiti:				
Port au Prince.....	Nov. 1-7.....	45		
Indo-China				June 1-30, 1920: cases, 318, deaths, 220.
Liberia:				
Monrovia.....	Nov. 13.....			Present.
Madeira:				
Funchal.....	Oct. 31-Nov. 6....		2	
Mexico:				
Chihuahua.....	Nov. 8-14.....	1		
Guadalajara.....	Oct. 1-30.....	1	1	
Persia:				
Teheran.....	June 6.....			Present.
Portugal:				
Oporto.....	Nov. 1-6.....	1		
Spain:				
Barcelona.....	Oct. 21-27.....		1	
Gijon.....				July-September, 1920: Cases, 17.
Malaga.....				Sept. 1-30, 1920: Deaths, 6.
Valencia.....	Oct. 24-30.....	1		

TYPHUS FEVER.

Bolivia:				
La Paz.....	Sept. 1-30.....	7	9	
Chile:				
Concepcion.....	Oct. 13.....	34		
Czechoslovakia.....	Apr. 25-June 26....	540	79	Increasing; 6 cases in jail.

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

Reports Received During Week Ended Dec. 3, 1920—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Egypt:				
Cairo.....	Aug. 6-19.....	36	17	
Germany:				
Berlin.....	July 25-31.....	2		July 18-Sept. 28, 1920: Cases, 14; of these, 3 among interned Russians.
Great Britain:				
Belfast.....	Oct. 24-30.....		2	
Do.....	Oct. 31-Nov. 6.....	4		
Hungary:				
Budapest.....	June 14-20.....	1		
Italy:				
Trieste.....	Oct. 4-10.....	41	1	
Do.....	Oct. 24-30.....	34	1	
Mexico:				
San Luis Potosi.....	Nov. 7-13.....	1		
Portugal:				
Oporto.....	Oct. 24-30.....	2		
Do.....	Oct. 31-Nov. 6.....	1	1	
South Africa:				
Port Elizabeth.....	Sept. 27-Oct. 2.....	1		

YELLOW FEVER.

Mexico:				
Vera Cruz.....	Nov. 15-21.....	9	4	
On vessel:				
S. S. Curacao.....	Nov. 16.....	1	1	San Francisco, from Mexican ports, 6 days out from Mazatlan.

Reports Received from June 26 to Nov. 26, 1920.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Rio de Janeiro.....	June 27-July 3.....		1	
China:				
Amoy.....	June 20-Aug. 14.....		12	
Anfung.....	Aug. 9-15.....	1	1	
Canton.....	July 1-Aug. 31.....	5	4	
Changsha.....	Aug. 22-Sept. 18.....	137	50	Aug. 15-21: Present. Oct. 3-9: Present.
Chungking.....	May 16-21.....		1,319	Sept. 18: Present. Oct. 3-9: Present and in vicinity.
Do.....	June 6-Sept. 11.....		5,322	Present.
Dairen.....	Sept. 29.....	4	1	
Foochow.....	July 11-24.....			
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	
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	Sept. 8, 1920: Cases, 13,000; deaths, 5,000 (estimated). Aug. 1-Oct. 7, 1920: Cases, 24,535; deaths, 12,549.
Chosen (Korea):				
Chemulpo.....	Aug. 1-Oct. 7.....	24	21	
Chinnampo.....	Aug. 1-26.....	34	23	
Fusan.....	Aug. 1-Oct. 7.....	684	493	
Gensan.....	Aug. 27-Sept. 2.....	1	1	
Mokpo.....	Aug. 1-Sept. 30.....	28	18	
Seoul.....	Aug. 1-Oct. 22.....	1,032	792	
Galicia:				
Buczacz.....	Oct. 18.....			Present.
Greece:				
Patras.....	July 26-Aug. 1.....			Present in surrounding country.
Zante.....	Aug. 2-8.....			Present.

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

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

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India.....				Apr. 11—May 22, 1920: Deaths, 7,540. May 30—June 26, 1920: Deaths, 3,710. June 27—July 10, 1920: Deaths, 1,711.
Bombay.....	May 2—June 26.....	85	36	
Do.....	June 27—Sept. 18.....	105	68	
Calcutta.....	May 2—June 24.....	439	423	
Do.....	July 18—Oct. 2.....	188	181	
Madras.....	May 2—June 26.....	20	13	
Do.....	July 11—Oct. 9.....	13	2	
Rangoon.....	June 27—Sept. 18.....	22	16	
Indo-China.....				1920: Jan.—Cases, 40; deaths, 24. Feb.—Cases, 25; deaths, 15. Mar.—Cases, 52; deaths, 30. Apr.—Cases, 204; deaths, 99. May—Cases, 328; deaths, 184.
Saigon.....	Apr. 28—June 13.....	13	94	
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. Kochi, June 6—12, 1 case. Hiroshima, June 6—12, 6 cases.
Do.....	June 28—Oct. 17.....	409	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—Oct. 10.....	1,414	553	
Java:				
West Java—				
Batavia.....	Apr. 30—June 3.....	6	2	June 4—17: Present.
Do.....	June 25—Aug. 12.....	3		
Philippine Islands.....				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.
Manila.....	May 9—June 26.....	5	1	
Do.....	June 27—Sept. 25.....	5		
Provinces—				
Altay.....	May 9—15.....	2	1	
Batangas.....	June 27—July 3.....	1		
Bohol.....	do.....	1	1	
Cagayan.....	May 9—June 26.....	11	19	
Do.....	June 27—Aug. 21.....	41	14	
Cavite.....	Sept. 5—11.....	1	1	
Iloilo.....	June 27—July 17.....	3		
Isat eia.....	July 11—31.....	13	14	
Laguna.....	July 4—10.....	8		
Misamis.....	July 11—17.....	4	2	
Nueva Viscaya.....	July 25—31.....	49	42	
Pangasinan.....	July 4—Aug. 7.....	7	5	
Tarlac.....	Sept. 12—18.....	1	1	
Poland:				
Warsaw.....	Oct. 28.....	1	1	Case occurred in employee on river boat plying between Warsaw and Pansig. Reported prevalent in southern Russia, June 4, 1920.
Russia.....				Present. Reported increasing. Jan.—June, 1920: Cases, 1,262; deaths, 584. South Russia, Government of Tauride. Oct. 18: Present.
Grodno.....	Oct. 18.....			
Ebastopol (district).....	June 20.....			
Simferopol.....				
Vilna.....	Sept. 28.....	40		
Siam:				
Bankok.....	Apr. 25—June 26.....	542	343	
Do.....	June 26—Sept. 4.....	61	26	
Straits Settlements:				
Singapore.....	July 18—Sept. 14.....	25	24	
Sumatra:				
Medan.....	Aug. 20—Sept. 3.....	1	1	On local steamship. From Singapore.
Turkey:				
Amassia.....	Dec. 24.....	1		Asiatic Turkey.
Kaiserli.....	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. Kekotticut.....	Aug. 2.....	1		U. S. S.: At Shanghai.
Steamship (local).....	Aug. 20—Sept. 3.....	1	1	At Medan, island of Sumatra. From Singapore.

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

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

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
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. To Nov. 16: Cases, 110; deaths, 38.
Do.....	Nov. 10-16.....	25	8	
Ponta Delgada.....	Oct. 1-26.....	2		
Brazil:				
Bahia.....	Apr. 25-May 22.....	10	10	
Do.....	June 27-Oct. 28.....	12	5	
Pernambuco.....	May 3-9.....	1	1	
Do.....	June 28-Aug. 15.....	32	16	
Porto Alegre.....	June 27-Aug. 21.....	1	2	
British East Africa:				
Kisumu.....	Apr. 25-June 26.....	14	12	Apr. 1-30, 1920: Cases, 22; deaths, 9.
Do.....	July 11-Sept. 4.....	10	5	
Mombasa.....	Apr. 25-June 26.....	104	39	Present.
Do.....	June 27-Aug. 28.....	113	72	
Nairobi.....	Apr. 25-June 10.....	14	8	
Ceylon:				
Colombo.....	May 2-June 12.....	7	2	
Do.....	June 27-Oct. 2.....	36	32	
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-Oct. 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.....	26	23	
Ecuador:				
Guayaquil.....	Aug. 16-Sept. 30.....	9	1	
Egypt:				Jan. 1-Oct. 14, 1920: Cases, 430; deaths, 251.
Cities—				
Alexandria.....	June 18-Oct. 9.....	13	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-Sept. 13.....	7	1	
Beni-Souef.....	July 7-10.....	2	1	
Fayoum.....	June 5.....	1		
Garbieh.....	do.....	1		
Do.....	July 1-Oct. 11.....	21	17	
Girgeh.....	Sept. 22.....	1		Pneumonic.
Keneh.....	May 18.....	1		
Mariut.....	May 18-June 8.....	19	22	
Do.....	July 3-9.....	1	2	
Minieh.....	May 15.....	2	1	Septicmic.
Do.....	July 13.....	1		
Fiume.....	Sept. 21.....	4	2	
Great Britain:				
Liverpool.....	June 20-26.....	1	1	
Greece:				
Athens.....	Aug. 19-Oct. 14.....	3	2	
Chios.....	Oct. 14.....	1		
Dante.....	July 22.....	2		
Kavalla.....	July 5-Oct. 3.....	4		
Nauplia.....	Aug. 21.....	2		Approximately 20 cases Sept. 9.
Piræus.....	June 29-Sept. 20.....	12	1	
Saloniki.....	Sept. 25-Oct. 8.....	4		
India:				
Bombay.....	Apr. 18-June 26.....	170.	135	Apr. 18-June 26, 1920: Cases, 12,476; deaths, 9,961. June 27-Sept. 25, 1920: Cases, 29,743; deaths, 22,604.
Do.....	June 27-Oct. 25.....	59	46	
Calcutta.....	May 2-June 12.....	26	19	
Karachi.....	May 9-Oct. 9.....	79	72	
Madras Presidency.....	do.....	8,017	5,731	
Rangoon.....	Apr. 25-June 26.....	120		
Do.....	June 27-Sept. 25.....	243	202	

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

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

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
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. Apr. 1-30, 1920: Cases, 69; deaths, 63. May 1-31, 1920: Cases, 87; deaths, 75.
Saigon.....	May 10-June 13.....	9	2	
Do.....	July 26-Aug. 15.....	5	4	
Italy:				
Catania.....	June 22-July 3.....	3	2	
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.
East Java.....				
West Java—				
Batavia.....	July 22-Sept. 23.....	16	16	
Bagdad.....	June 1-30.....	6	3	
Mexico:				State of San Luis Potosi. Present in vicinity.
Cerritos.....	Nov. 15.....	15	4	
Tampico.....	July 26-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 18-24.....	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-Apr. 30.....	15	7	
Do.....	Aug. 1-31.....	1	1	
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-Oct. 25.....	6	13	
Russia:				Prevalent.
Batum.....	Sept. 28.....			
Siam:				
Bangkok.....	Apr. 25-June 5.....	8	5	
Do.....	June 28-Aug. 28.....	6	3	
Straits Settlements:				
Singapore.....	Apr. 25-June 19.....	14	13	May 16-22, 1920: Cases, 2; deaths, 3.
Do.....	July 11-Aug. 7.....	3	3	Present.
Syria:				
Beirut.....	June 30.....			
Turkey:				
Constantinople.....	July 25-Aug. 21.....	7	6	
Uruguay:				
Montevideo.....	June 1-30.....	1	1	

SMALLPOX.

Algeria:				
Departments—				
Algiers.....	May 11-Aug. 31.....	51	18	City of Algiers, Apr. 1-30, 1920: 1 case. July 1-Aug. 31, 1920: Cases, 4; deaths, 2.
Constantine.....	June 1-Aug. 31.....	18	168	May 30-June 26, 1920: Cases, 27. June 27-July 10, 1920: Cases, 22.
Oran.....	May 11-Aug. 31.....	168	1	
Austria.....	May 30-June 26.....	1	1	
Vienna.....				
Azores:				
Ponta Delgada.....	July 17-Aug. 20.....	7	1	From Madeira.
St. Michaels.....	Aug. 21-27.....	1	1	
Bollivia:				
La Paz.....	May 2-June 30.....	10	8	
Do.....	July 1-Aug. 31.....	11	5	
Brazil:				
Bahia.....	Apr. 25-June 26.....	5	20	
Do.....	June 27-Sept. 11.....	20	114	
Fernambuco.....	Mar. 29-June 27.....	114	210	
Do.....	June 30-Sept. 19.....	210	431	
Rio de Janeiro.....	Apr. 11-June 26.....	431	45	
Do.....	June 27-Aug. 21.....	45	9	

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

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

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	• Remarks.
Brazil—Continued.				
Santos.....	Mar. 24-28.....	1		
Do.....	July 25-Aug. 15.....		8	
Sao Paulo.....	June 21-27.....		1	
Do.....	June 27-Aug. 8.....		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 Gaspé Counties.....	Aug. 1-Oct. 31.....	2		
Carleton County.....	Sept. 19-25.....	1		
Gloucester County.....	May 31-June 26.....	5		
Do.....	Sept. 19-Oct. 9.....	3		
Madawaska County.....	Oct. 31-Nov. 6.....	1		
Queens County.....	July 4-Aug. 21.....	7		
Restigouche County.....				Sept. 26-Nov. 6, 1920: Cases, 4.
Campbellton.....	July 1-31.....	7		
Nova Scotia—				
Halifax.....	do.....	2		
Sydney.....	May 31-June 26.....	2		
Ontario—				
Cornwall.....	June 25-30.....	2		
Fort William and Port Arthur.....	July 11-Oct. 2.....	4		
Hamilton.....	June 12-Oct. 30.....	9		
Kingston.....	May 31-June 19.....	4		
Montreal.....	Oct. 24-30.....	1		
North Bay.....	June 23-2.....	1		
Do.....	July 11-Oct. 23.....	8		
Ottawa.....	June 6-26.....	32		
Do.....	June 27-Nov. 13.....	187		
Peterborough.....	Apr. 18-July 31.....	33	1	
Prescott.....	July 11-17.....	1		
Do.....	Aug. 1-14.....			Present at Cardinal and Brockville
Sault Ste. Marie.....	Oct. 24-30.....	1		
Toronto.....	June 6-19.....	13		
Do.....	June 26-Nov. 6.....	31		
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		
Saskatchewan—				
Moose Jaw.....	June 26-30.....	6		
Do.....	July 25-Sept. 25.....	3		
Regina.....	June 2-30.....	1		
Do.....	Oct. 3-30.....	5		
Saskatoon.....	Sept. 5-Nov. 6.....	9		
Ceylon:				
Colombo.....	May 9-June 5.....	2		
Do.....	Aug. 29-Oct. 2.....	35	5	
Chile:				
Antofagasta.....	May 17-23.....			1 case in interior.
China				
Amoy.....	May 2-Oct. 9.....	4	19	
Antung.....	May 9-June 13.....	3	3	
Do.....	June 21-27.....	1		
Canton.....	Sept. 1-30.....			Present.
Chungking.....	May 2-June 9.....			
Do.....	July 11-Oct. 9.....			Do.
Dairen.....	Sept. 28-Oct. 4.....	1		Do.
Foochow.....	May 9-29.....			Do.
Do.....	July 26-Oct. 2.....			Do.

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

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

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Hankow.....	June 20-26.....	2		
Harbin.....	Sept. 27-Oct. 3.....	1		
Hongkong.....	Apr. 4-June.....	19	15	Year 1919: Cases, 79. On Eastern Chinese R. R. line. At other stations, 109 cases.
Do.....	June 27-July 17.....	2	2	
Mukden.....	July 19-Oct. 9.....			Present.
Nanking.....	May 9-June 5.....			Do.
Do.....	July 4-Oct. 16.....			Do.
Tientsin.....	May 25-31.....	2		
Do.....	June 16-29.....	2		
Tsinanfu.....	May 9-15.....	1		
Chosen (Korea):				
Chemulpo.....	Mar. 1-June 30.....	6)	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.....	353	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-Oct. 23.....	3		
Habana.....	July 4.....	1		From steamship Frank Hennis, from Jamaica. Arrived Santiago June 30, 1920.
Matanzas.....	Aug. 15-21.....	1	1	In vicinity, at Aguacate, Aug. 1-7, 1920: Cases, 12.
Cyprus.....				
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.....	3		
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. 23.....	177	48	
Liverpool.....	July 18-Sept. 11.....	2		
London.....	June 13-July 19.....	14		
Manchester.....	Aug. 22-28.....	5		
Greece:				
Saloniki.....	May 31-June 27.....	4	1	
Do.....	July 25-Aug. 15.....	1	1	
Haiti.....				
Jaemel.....	Nov. 6.....	1		Nov. 6, 1920: Approximately 35 cases.
Port au Prince.....	Sept. 22.....	5		In vicinity.
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 9-June 26.....	15	12	
Do.....	June 27-July 10.....	7	4	
Madras.....	May 9-June 26.....	27	15	
Do.....	June 27-Oct. 9.....	46	19	
Rangoon.....	Apr. 25-June 26.....	35	14	July 1-31, 1920: Cases, 22; deaths, 4.
Do.....	Aug. 8-Oct. 9.....	7	2	

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

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

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China				
Saigon	May 10-June 13	12	3	Jan. 1-31, 1920: Cases, 410; deaths, 101. Feb. 1-29, 1920: Cases, 625; deaths, 119. Mar. 1-31, 1920: Cases, 782; deaths, 114. Apr. 1-30, 1920: Cases, 312; deaths, 25. May 1-31, 1920: Cases, 428; deaths, 61.
Do.	Aug. 3-Sept. 5	1	1	
Italy:				
Catania	July 12-Oct. 3	91		City and Province, Sept. 18-26, 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-Oct. 3	14	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	166	29	
Trieste	Sept. 25-Oct. 2	16	5	
Turin	June 28-Sept. 12	2		
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:				
East Java—				
Surabaya	Sept. 5-11	1		
West Java—				
Batavia	Apr. 16-June 17	94	26	Apr. 16-June 24, 1920: Cases, 56; deaths, 10. June 25-Sept. 23, 1920: Cases, 115; deaths, 28. Feb. 1-June 23, 1920: Cases, 2,519; deaths, 561.
Do.	July 9-Sept. 23	11	5	
Jugo-Slavia:				
Madera:				
Funchal	June 20-26		2	
Do.	July 18-Oct. 23	1	1	
Malta	May 1-June 30		3	
Manchuria:				
Mukden	May 2-8			
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 21-June 6		1	
Do.	June 28-Oct. 30		12	
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. July 3-16: Present at 4 localities.
Shoal Harbor	July 10-16	7		
New Zealand:				
Dunedin	Aug. 10-Sept. 20	15		
Poland:				
Minsk District	Jan. 1-31	1,052	223	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. 16		26	
Portuguese East Africa:				
Inhambane	Sept. 12-18	1		
Lourenco Marques	Sept. 12-25	6		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		
Sierra Leone:				
Baktau	Sept. 1-30	2		
Freetown	.....do.....	3		

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

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

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Spain:				
Barcelona.....	May 19-June 12.....		4	
Do.....	June 18-Sept. 29.....		20	
Corrunna.....	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	
Straits Settlements:				
Singapore.....	May 16-22.....	1		Received out of date.
Sweden:				
Stockholm.....	Sept. 19-Oct. 9.....	4		
Switzerland:				
Geneva.....	May 9-15.....	7		
Syria:				
Aleppo.....	Aug. 29-Sept. 4.....			In city and in Armenian orphan- age.
Tunis:				
Tunis.....	May 25-June 27.....	6	5	
Do.....	June 23-Oct. 24.....	42	18	
Turkey:				
Constantinople.....	May 16-June 19.....	7		
Do.....	June 23-Oct. 16.....	13		
Union of South Africa:				
East London.....	Sept. 19-25.....	1		
Johannesburg.....	May 1-31.....	23		
Do.....	July 1-31.....	15		
On vessels:				
S. S. Bradford.....	Nov. 4.....	1		At Vancouver. From Talara, Peru, via ports in Chile, Mexico, and Peru. Left Talara about 21 days previous to ar- rival at Vancouver. At Habana from Spanish port. Vessel left Vigo, Spain, Sept. 19.
S. S. Henry R. Mallory.....	Oct. 2.....	1		

TYPHUS FEVER.

Algeria:				
Departments—				
Algiers.....	May 11-Aug. 31.....	44		
Constantine.....	May 21-Aug. 31.....	20		
Oran.....	May 11-Aug. 31.....	352		
Austria:				
Vienna.....	Feb. 15-June 26.....	65		Feb. 15-June 26, 1920: Cases, 67.
Belgium:				
Ghent.....	Sept. 11-Oct. 23.....	10	1	
Bermuda:				
Hamilton.....	Oct. 18-23.....	2		
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:				
Antofagasta.....	July 5-11.....			Mar. 1-June 30, 1920: Cases, 1,338, deaths, 244. Present.
Caleta Co osa.....	May 10-16.....		2	
Concepcion.....	Mar. 8-June 28.....	31	39	
Do.....	June 29-Sept. 20.....		13	
Coquimbo.....	Aug. 8-Oct. 7.....	1	1	
Santiago.....	Mar. 1-June 30.....	470	86	Sept. 10: Cases, 183.
Valparaiso.....	May 2-Sept. 24.....		29	
China:				
Antung.....	July 12-Oct. 17.....	64	9	Report week ended July 31, 1920, not received. At stations on line. On Eastern Chinese Railroad line. Year 1919: Cases, 301. At other stations on line, 739 cases.
Eastern Chinese Railway.....	Aug. 9-Sept. 28.....	5		
Harbin.....				

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

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

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Chosen (Korea):				
Chemulpo.....	June 1-30.....	3		
Seoul.....	Mar. 1-Apr. 30.....	4	1	
Czechoslovakia.....				Feb. 1-28, 1920: Cases, 88; deaths, 7
Leipnik.....	Feb. 22-28.....	1		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	88	
Do.....	June 25-Oct. 7.....	141	62	
Cairo.....	Apr. 2-June 24.....	867	370	
Do.....	July 9-29.....	72	51	
Port Said.....	Apr. 9-June 24.....	112	53	
Germany.....				Feb. 22-Mar. 27, 1920: Cases, 23. Among troops, 4; among persons from Poland, 8. Mar. 28-June 26, 1920: Cases, 95. 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	
Pirrus.....	June 29-July 5.....		1	
Saloniki.....	Apr. 12-27.....	384	42	
Do.....	June 28-Oct. 10.....	133	57	
Guatemala:				
Guatemala City.....	Aug. 9-15.....		1	
Hungary.....				Jan. 19-May 30, 1920: Cases, 54.
Budapest.....	Jan. 10-May 23.....	27		
Italy:				
Catania.....	July 10-17.....	3		
Trieste.....	May 16-22.....	5		
Do.....	June 13-Sept. 25.....	186	15	
Japan:				
Kobe.....	Aug. 17-23.....	7		
Nagasaki.....	May 25-June 27.....	2	1	
Do.....	Sept. 13-Oct. 16.....	4		
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.....			Present.
Do.....	July 2-Aug. 15.....		2	Sept. 19. Present.
Poland.....				Jan. 1-Mar. 31, 1920: Cases, 87,910; deaths, 19,733.
Warsaw.....				Jan. 1-Feb. 29, 1920: Cases, 911; deaths, 117.
Serbia.....				Mar. 14-Apr. 10, 1920: Cases, 181; deaths, 23.
Portugal:				
Oporto.....	Apr. 4-June 24.....	15	6	
Do.....	Aug. 1-Oct. 23.....	7	1	
Russia:				
Riza.....	June 25-Sept. 30.....	84		
Simferopol.....				Jan.-June, 1923: Cases, 3,955; deaths, 500.
Vilna.....	Sept. 28.....	35		
Vladivostok.....	May 1-21.....	22	2	Jan. 1-Apr. 30, 1920: Cases, 1,264; deaths, 144.
Do.....	July 1-Aug. 31.....	36	4	
Spain:				
Barcelona.....	July 9-15.....		1	
Madrid.....	June 1-30.....		1	
Switzerland:				
Geneva.....	June 28-July 4.....	1		

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

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

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
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.....	25		
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	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.
San Blas.....	Sept. 13.....	1		Previously reported P. H. R., Sept. 10, 1920.
Tampico.....	Sept. 17.....	1	2	Aug. 26-Sept. 1, 1920: Cases, 5; deaths, 5. Oct. 21-27, 1920: Cases, 27. Aug. 26-Oct. 27, 1920: Cases, 112; deaths, 59.
Tuxpam.....	Sept. 21-Nov. 4.....	3	2	In sailor from s. s. Yumuri. The vessel left Vera Cruz Oct. 1 for Campeche and New Orleans.
Vera Cruz.....	June 22.....		2	
Do.....	July 19-Nov. 14.....	88	73	
Yucatan State—				
Campeche.....	Oct. 13.....	1	1	
Hocoba.....	Sept. 8.....	8		In interior.
Hunucma.....	Sept. 8-Oct. 11.....	2	1	Do.
Merida.....	Nov. 5.....	1		From Hunucma.
Sotuta.....	Sept. 8.....	1	1	In interior.
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		
Paíta.....	do.....	81		
Do.....	Apr. 1-30.....	14		
Piura.....	Mar. 1-31.....	1		
Do.....	Apr. 1-30.....	4		
Salitral.....	Mar. 1-31.....	2		
Sullana.....	do.....	9		
Do.....	Apr. 1-30.....	1		
Salvador.....				Sept. 12-18, 1920: 1 case. Aug. 22-Oct. 11, 1920: Cases, 3; deaths, 1.
Armenia.....	June 20-26.....	1	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. Yumuri.....	Oct. 13.....	1	1	At Campeche. Vessel left Vera Cruz Oct. 1, 1920.