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A PROGRAM FOR THE STATISTICS OF THE VENEREAL DISEASES.

By LOUIS I. DUBLIN, Statistician, Metropolitan Life Insurance Co., and MARY AUGUSTA CLARK, Statistician, American Social Hygiene Association.

It must be evident, even to the layman, that the damage done by the venereal diseases is enormous. Most persons now know, in a general way, that gonorrhea is a cause of the sterility of many marriages; the blindness of many new-born infants; the incapacitating of a large number of men for longer or shorter working periods of their lives by acute infection, and later, by chronic invalidism; and the infliction of painful and crippling illness upon hosts of innocent women. Most people know likewise that syphilis is a killing disease; that it is an important causal factor in the mortality of prematurely or stillborn infants; that it plays a large part in causing death immediately after birth at full term and during the first year of life; and that it frequently produces invalidism and death among young people as well as among the aged through its effects upon the circulatory and nervous systems. It is also well known that syphilis is responsible for a considerable part of insanity and economic incapacity. It is because these facts are generally appreciated that the world is now aroused to combat the venereal diseases, and that such conferences as this [1] are being held in this and other civilized countries of the world.

It is the function of the statistician of the venereal diseases to attempt an approximate measure of the losses we have vaguely referred to above. The statistician applies the yardstick and converts vague notions into simple, definite, numerical statements. He must gather the facts of sterile marriages, of blinded babies, of disabled men, of maimed women, and give the community a true picture of the grave damage thus done by gonorrhea in terms of the number of persons affected, the extent of their disability, the resulting economic loss, and the amount of curtailment of their longevity. In like manner, he must obtain from all available sources, from the records of Federal, State, and municipal departments of health, from dispensaries, from private physicians, from general hospitals, and from hospitals for mental diseases, the number of persons suffering from syphilis. He must measure the misery it causes, in terms of the number of babies that die from this cause *in utero* and soon after birth, the extent of disability during the working period of life, the amount of general and mental disease and, if possible, the curtailment of lon-

[1] This paper was originally presented in a less elaborate form at the U. S. Public Health Service Institute on Venereal Disease Control and Social Hygiene, Washington, D. C., Dec. 1, 1920.

gevity. He must determine further the cost of this misery to the tax-paying public. In his search for facts, he must cooperate with medical investigators, guiding them in their researches through clues and suggestions obtained from his analyses. He can relate cause and effect perhaps better than others. His methods permit him to distinguish what is significant from what may be a chance relation. He can gauge results of special efforts made to control the incidence of these diseases. He keeps track of the progress being made.

This is the program of the vital statistician; but, with reference to the venereal diseases, his work is very largely in a rudimentary stage. Exact statistical methods have only begun to be employed in this field. It is, therefore, impossible at this time to present in a statistically satisfactory form the information which the workers in this field so much need and which it is obviously the business of the statistician to gather and develop. It is not too much to say that with the exception of a very few contributions to be referred to later, the information now available is, on the whole, untrustworthy and had better be replaced.

Exigencies of time make it necessary also to limit our discussion to the most outstanding features of our knowledge with reference to the venereal diseases. We shall, therefore, restrict ourselves to the facts of their prevalence as indicated by cases and deaths reported, and shall not consider the, as yet, unreliable data with reference to the damage caused.

To determine the prevalence of the venereal diseases, our first source of information is the reporting of cases or morbidity registration. The principle of notification holds that these infections are communicable and dangerous to the public health. This source of information is still in its infancy, though real forward steps are being made. Nearly all States in one way or another require the reporting of cases of venereal diseases to the health authorities, and have adopted the standard form of law which has the approval of the agencies engaged in the venereal-disease campaign. Other States have the essentials of venereal-disease reporting as a part of their requirements covering the reporting of communicable diseases. There is considerable variation in the details of administering these laws. According to the best data at our disposal, 7 States require the reports to include the name of the patient, 40 report on serial number, but of these, at least 17 in addition require the name of the patient when he fails to observe proper precautions. Practically all of these States have instituted their systems of reporting within the last three years, as a result of the active campaign against the venereal diseases undertaken during the World War, for the protection of soldiers and sailors.

The United States Public Health Service publishes summaries of the figures reported to it by the State boards of health (1).[2] In

[2] Figures in parentheses refer to the bibliography at end of the article.

1919 the service received reports of 131,193 cases of gonorrhea, 100,466 cases of syphilis, and 7,843 cases of chancroid and other venereal infections. The total for all venereal diseases was 239,502 cases. The 1920 reports, summarized in Table I, show 172,387 cases of gonorrhea, 142,869 of syphilis, and 10,861 of chancroid, or a total of 326,117 cases of venereal diseases. Because of the limitations of the figures, no comment is possible on the significance of the data for these years. The increase of the 1920 figures over those for 1919 is probably due to increased activity in securing notification, and not necessarily to an increase in the prevalence of the diseases.

TABLE I.—*Cases of venereal diseases reported to State boards of health, July 1, 1919, to June 30, 1920.*[1]

State.	Total.	Gonorrhea.	Syphilis.	Chancroid.
Alabama	17,963	8,147	9,162	654
Arizona	423	309	113	1
Arkansas	4,769	2,856	1,633	280
California	9,102	4,877	4,225	.....
Colorado	4,703	2,958	1,607	138
Connecticut	3,576	1,213	2,359	4
Delaware	938	634	262	42
District of Columbia[2]	.....	.....	.....	.....
Florida	5,010	2,041	2,766	203
Georgia	11,904	6,079	5,483	342
Idaho[3]	358	222	131	5
Illinois	31,876	17,670	13,222	984
Indiana	9,889	5,282	4,364	243
Iowa	4,167	2,935	1,113	119
Kansas	3,539	2,093	1,388	58
Kentucky	4,165	2,228	1,810	127
Louisiana	8,946	5,104	2,901	941
Maine	2,182	1,431	711	40
Maryland	3,714	1,928	1,475	311
Massachusetts	12,813	8,420	3,889	4
Michigan	19,632	10,986	8,355	291
Minnesota	9,527	5,366	3,952	209
Mississippi	3,351	2,052	1,115	184
Missouri	6,053	3,537	2,157	359
Montana	2,295	1,665	625	5
Nebraska	5,999	3,829	1,866	304
Nevada[2]	.....	.....	.....	.....
New Hampshire	1,212	769	422	21
New Jersey	7,187	3,445	3,477	265
New York	35,851	8,250	27,563	38
New Mexico	465	292	156	17
North Carolina	8,745	5,740	2,461	544
North Dakota	1,264	944	301	19
Ohio	13,748	6,838	6,353	557
Oklahoma[4]	7,665	4,430	2,869	366
Oregon	1,334	966	359	9
Pennsylvania[5]	1,584	534	1,002	48
Rhode Island[3]	1,224	485	732	7
South Carolina	11,826	5,719	5,508	599
South Dakota	1,250	962	257	31
Tennessee	6,893	3,702	2,655	536
Texas	15,264	8,790	5,324	1,150
Utah	1,925	1,343	556	26
Vermont	970	619	351	.....
Virginia	5,621	2,680	2,570	371
Washington	4,189	3,186	945	58
West Virginia	6,246	4,607	1,417	222
Wisconsin	4,077	3,334	641	102
Wyoming	1,183	890	266	27
United States	326,117	172,387	142,869	10,861

[1] Annual Report of the Surgeon General of the United States Public Health Service for the Fiscal Year 1920, p. 316. (See bibliography (1).)
[2] Venereal diseases not reportable.
[3] No report for June.
[4] No report for May and June.
[5] Three months only.

The efficiency of reporting varies greatly in the several States, and in no State has notification as yet reached the stage where it begins to give a true indication of the incidence of these diseases. This deficiency is best indicated by the large number of cases shown to exist through the draft examinations. Those States which, according to the draft results, showed a large number of cases of infection to exist are also the States in which the smallest number of cases are reported by the departments of health. But even in such States as Massachusetts, where there seems to be the highest degree of efficiency in reporting, the number of cases communicated to the State department of health is very small. There were reported in Massachusetts in 1920, 12,313 new cases of venereal diseases, or 3.19 new cases per 1,000 population.

If all of the cases reported in former years which still remain uncured in 1920 could be added to this figure, it would still remain low. There are no records available to show the number of uncured cases carried over from year to year. For purposes of illustrating how low the figures are, let us assume that these infections run an average course of five years, and that the same number of new cases were contracted in former years as in 1920. On the basis of these assumptions the incidence rate will be increased fivefold—from 3.19 per 1,000 to 15.95 per 1,000, or to 1.6 per cent—in the State of Massachusetts. As we shall see later, all the evidence points to a very much higher incidence of the venereal diseases in the community.

A serious defect in venereal-disease notification lies apparently in the laxity which surrounds the whole machinery of reporting these diseases. The figures for the several States presented above represent, we believe, new cases only, but we can not tell whether there are duplications, nor how many. There is the greatest variability among the States in these particulars, and it will be some time before the figures of notification will mean very much as a true measure of venereal-disease incidence. Moreover, supposing this difficulty in reporting procedure were removed, there would remain the further difficulty that only persons suffering from active or troublesome infections are likely to seek treatment. It is thus almost impossible to estimate the extent of undernotification of venereal disease. Some observers have remarked that not more than one-half of the new cases receive medical attention and that only about one-half of these cases are reported by the doctors. On this basis not more than one-fourth of the new cases ever get into the statistical records. In the States where less interest is shown, the proportion of notified cases is very low indeed.

There are three steps which must be taken by all American States in order that we may have eventually a truer idea of the prevalence of venereal diseases. The first is the passage of satisfactory laws

making it obligatory to report cases of venereal diseases in the few States where no law is now operative, and the more rigorous enforcement of laws already enacted. The second and more important step is to educate physicians to make these reports in the interests of community defense against the venereal diseases. Only with the cooperation of physicians can complete morbidity statistics be obtained. This phase of the problem of securing case notification is linked with important considerations of mass and individual psychology. Both physicians and patients must be shown by actual examples of confidence maintained that a notice to the local and State board of health will not jeopardize the physician's or patient's social and economic interests except where the patient willfully endangers the health and security of others by ignoring proper principles of case management. This will serve better to break down the patient's resistance to notification and to insure the positive interest of physicians in the notification acts than will coercive methods. There is hardly any other problem in public-health education that requires more tact in the creation and management of public opinion than that of venereal-disease notification and control. The idea must be "sold" skillfully. An attempt to enforce the provisions of a venereal-disease notification act which ignores the patient's desire to keep knowledge of the case from his friends and neighbors will probably fail to produce results commensurate with the effort. The third step is to educate the public more and more to desire treatment at the hands of skillful and scrupulous physicians. This will increasingly result in the reporting of such cases. This end can be attained by informing the public on the symptoms of the disease and also on the effectiveness of treatment.

It is obvious that case reporting up to the present time has not progressed far enough to give us any considerable amount of dependable information on venereal-disease prevalence in the general population. The statistician must, therefore, turn to other more or less satisfactory indicators of the distribution and effects of venereal disease. The line of attack which has been followed was to collect the facts of incidence for various groups of the population. Highly instructive data (2) were obtained in the recent draft examinations when a large number of men proportionally distributed throughout the entire country were examined. In the second million, for example, 5.67 per cent had a venereal disease at the time of examination. Syphilis showed a rate of 1 per cent, gonococcus infection of 4.5 per cent, and chancroid less than two-tenths of 1 per cent. These figures are far from complete or adequate, since they include the result of clinical inspections without laboratory tests. Furthermore, many of the examining physicians were not sympathetic toward exempt-

ing men who had venereal diseases and therefore were not particularly keen about discovering or recording these infections.

No provision was made for recording age, color, and nationality on the medical examination blanks, with the consequent loss of a rare opportunity for obtaining valuable figures. As to the comparative frequency of the venereal diseases in the two color groups, there are good indications that the prevalence of these diseases was higher among colored draftees than among white. The tabulation of the percentages of infection found in the several States, shown in Table II, reveals consistently low rates in the northern and western States, where the proportion of the colored race is very low. Examples of the percentages found in these States are 1.3 per cent in Vermont and 2.4 per cent in Minnesota. Consistently higher rates were found in the southern States, where the proportion of colored is high—16.3 per cent in Florida, 13.6 per cent in Georgia, etc.

TABLE II.—*Percentage of the second million drafted men from each of the States found to be infected with a venereal disease at the time of arrival at mobilization camps.*[1]

State.	Percentage infected.	State.	Percentage infected.
Florida	16.3	Montana	3.4
Georgia	13.6	Nevada	3.3
Mississippi	13.2	Nebraska	3.1
South Carolina	13.1	Kansas	3.0
Louisiana	12.1	Iowa	3.0
Alabama	11.5	New York	3.0
Texas	11.2	Washington	2.9
Arkansas	10.5	California	2.8
Oklahoma	8.5	Rhode Island	2.8
District of Columbia	8.1	Connecticut	2.7
Delaware	7.7	Colorado	2.5
Virginia	7.1	Minnesota	2.4
North Carolina	7.0	Maine	2.4
New Mexico	6.7	Massachusetts	2.4
Maryland	6.7	Wyoming	2.3
Missouri	6.5	Idaho	2.2
Tennessee	6.5	Oregon	2.2
Illinois	5.3	Alaska	2.1
West Virginia	5.3	Wisconsin	2.0
Arizona	4.8	Utah	1.9
Indiana	4.7	North Dakota	1.9
Michigan	4.5	New Hampshire	1.8
Ohio	4.1	South Dakota	1.6
Kentucky	4.0	Vermont	1.3
Pennsylvania	3.6	State not specified	.6
New Jersey	3.5	United States	5.7

[1] Based on Table 11, p. 105, Defects Found in Drafted Men (2).

These indications were later confirmed by studies made in the Army during 1918 (3), comparing infection rates among white and colored troops. In every case the infection rate among the colored was much higher than among the white troops. For the entire Army the rate among the colored was about five times that among the white.

The morbidity statistics for those who have been admitted to the service of the Army and Navy indicate that the venereal dis-

eases are one of the chief sources of disability among soldiers and sailors. The Navy reports covering the calendar year 1919 (4) show that 33,345 individuals out of an average complement of 298,774 were admitted to sick report with venereal-disease infections. The admission rate for these diseases was 111.62 per 1,000. Of this number, 20,410 were admitted for gonococcus infection, 4,916 for syphilis, and 8,019 for chancroid. This resulted in a loss of 558,421 working days—an average of nearly 17 days per case. The venereal diseases taken as a group accounted for approximately 18 per cent of all the admissions for diseases and 15 per cent of all sick days. But since the sailors were frequently on shore leave in foreign ports, where conditions for contracting venereal diseases are more favorable than in the United States, these figures for 1919 are probably not a fair indication of the incidence of the venereal diseases in the civil population of the United States.

Contrasted with these figures are those of the Army reports for the enlisted men stationed in the United States (5). In this group, out of an average strength of 306,963 men, 26,815 venereal-disease cases were reported during the year 1919. This makes an annual rate of 87.36 per 1,000. There were 16,246 admissions for gonococcus infection, 6,557 for syphilis, and 4,012 for chancroid. About 11 per cent of all admissions to sick report were occasioned by venereal diseases. More admissions were due to gonococcus infection than were due to any other disease, except tonsillitis, bronchitis, and mumps. Sickness from these infections resulted in absence from duty amounting to 871,533 days, or 13.4 per cent of all absences on account of sickness. They caused a greater loss of time than any other disease except tuberculosis.

Venereal diseases were reported less frequently among officers than among enlisted men. In an average strength of 55,554 American officers serving in all countries, there were 1,672 admissions—an annual rate of 30.10 per 1,000. Six per cent of all admissions to sick report, and 6 per cent of all sick days were due to venereal diseases.

Col. Vedder's report (6) of Wassermann surveys in various large groups of the Army furnishes evidence of a greater prevalence of syphilis in the Army than these reports of routine clinical examinations would indicate. His studies have been made with painstaking accuracy upon complete groups, and are worked out in such detail that they are among the best sources we have for data on the prevalence of syphilis. In a group of 1,577 white enlisted men, of whom 3.4 per cent were known to have syphilis, he obtained 12.64 per cent of positive reactions. The percentage of infection was lower among the younger men and increased regularly with advancing age.

Lower infection rates were found among men of officer caliber (7). Among 3,203 candidates for commissions in the Regular Army, 188, or 5.86 per cent, yielded positive reactions. Vedder obtained 5.46 per cent of positive reactions among the cadets at West Point.

On the basis of his wide experience in examining men in the Army, Col. Vedder estimates that about 20 per cent of the young adult male population from which the Army is recruited have syphilis.

In recent years many groups in the civilian population have likewise been examined intensively through the use of the Wassermann reaction, and various indices of the prevalence of syphilis have been obtained. Taking all the evidence together we are inclined to agree with the estimate of the British Royal Commission on Venereal Disease (8) that no less than 10 per cent of the population of the large cities have been infected with this disease. As this is by all accounts an underestimate, and as the prevalence of infection in the rural areas is somewhat lower, this figure (10 per cent) may well prove to be a safe estimate for the country at large.

As might be expected, these figures on the prevalence of syphilis vary from place to place and from group to group. Everything depends upon the social and economic status and the age, sex, and color of the subjects examined. The figures vary from 100 per cent for some groups of prostitutes to zero or a rarity among unmarried girls of good character. Most figures quoted run high because they are for persons among whom a large proportion of syphilis may be expected, as among insane persons, tuberculosis patients, criminals, patients admitted to hospitals or in private practice. As syphilis is clearly a factor in the defect or disability of such persons the rates will be higher than in the population at large. Between 20 and 30 per cent of these persons appear to be syphilitic.

Since Col. Vedder published his summaries, valuable evidence concerning the prevalence of syphilis among one class of supposedly healthy persons has been obtained through Wassermann tests given to pregnant women by many hospitals and dispensaries. These tests are given as a part of the routine procedure of admission, because it has already been established that treatment of the mother during pregnancy is a means of guarding the child against the serious consequences of a syphilitic infection acquired before birth. Among studies reporting results of these tests, the work of Dr. J. Whitridge Williams may be mentioned. Among 4,000 patients in the obstetrical department of the Johns Hopkins Hospital, 449, or 11.2 per cent, presented a positive reaction (9). The percentage of infection was much higher among colored than among white women; 16.29 per cent of the colored and only 2.48 per cent of the white women gave positive reactions. The racial differences found in these studies are similar to

differences reported elsewhere. The prevalence of syphilis among Negroes is considerable, but there is as yet no reliable index of this prevalence. Few data have been collected for Negroes in the rural areas where the majority still live and where conditions of life are not so likely to lead to the spread of venereal infection as in the cities.

There have been no similar surveys to determine the prevalence of gonorrhea in the general population, and it is almost a hopeless task to gather the data for this widely spread disease. There are so many cases that are mild and so many among young people who would naturally conceal their disease, that it is out of the question to get anything like complete reporting of gonorrhea. Much of value might result from investigation into the prevalence of gonorrhea among specific groups of the population like those of Col. Vedder's for syphilis. But there would be many difficulties to overcome, primarily because of the present indifference of the communities to the disease.

The importance of the venereal diseases may also be gauged by the extent to which they cause death or curtail the life span.

Gonorrhea is obviously less important than syphilis in terms of mortality. It is only occasionally that an attack of this disease leads directly to a fatality. Clinical experience shows that, in most cases, the disease, if not at once arrested, takes on a chronic type and, in many instances, becomes a potent source of physical impairment and disability by way of arthritis, endocarditis, cystitis, and especially salpingitis in women. When deaths occur from any of these conditions, and there are many, it is only very rarely that the physician refers to the original gonococcus infection. It is, therefore, not surprising that the number of deaths ascribed to gonorrhea in official publications is very small indeed. In the registration area of the United States in 1919, there were reported only 621 deaths among the more than 85,000,000 persons in the area, or, at a rate of 0.7 per 100,000 (10).

There is much better statistical material with reference to the mortality from syphilis. This disease actually kills, though rarely immediately. In addition, certain unquestionable sequelæ of syphilis, such as general paralysis of the insane and locomotor ataxia, cause many deaths. Fortunately, more and more deaths which are due to these late manifestations of syphilis are being returned as such, without much reservation. It is, therefore, possible to bring together considerable, even though incomplete, material as an indication of the mortality caused by syphilis. In the registration area of the United States in 1919 (10), there was a total of 13,861 deaths reported from syphilis, locomotor ataxia, and general paralysis of the insane combined. The rate per 100,000 for this group of syphilitic

conditions was 16.3. It appears from Table III that even this incomplete count ranks syphilis twelfth in the list of causes of death.[3]

TABLE III.—*Deaths from leading causes in the United States in 1919.*[1]

Cause of death.	Number of deaths.	Death rate per 100,000 population.
1. Organic disease of the heart	111,579	131.0
2. Tuberculosis (total)	106,985	125.6
3. Influenza	84,113	98.8
4. Bright's disease	69,477	81.6
5. Cancer and other malignant tumors (total)	68,551	80.5
6. Cerebral hemorrhage (apoplexy)	65,951	77.5
7. Pneumonia (total)	64,493	75.7
8. Congenital debility, icterus and sclerema	44,423	52.5
9. Broncho-pneumonia	40,720	47.8
10. Diarrhea and enteritis (under 2 years)	37,635	44.2
11. Diseases of the arteries, atheroma, aneurism, etc	18,976	22.3
12. Syphilis, locomotor ataxia, and general paralysis of the insane, combined	13,861	16.3
All causes	1,096,436	1,287.7

[1] Based on Table II, p. 88, Mortality Statistics, 1919 (10).

In the experience of the industrial department of the Metropolitan Life Insurance Co. similar figures were obtained. The rates for syphilis, locomotor ataxia, and general paralysis of the insane for the ten-year period, 1911 to 1920, are presented in Table IV and Chart I. The rate for the three diseases combined for the entire period was 14.2 per 100,000. The combined rate increased regularly from 11.0 in 1911 to 16.6 in 1917, this increase being registered not so much because of the increased prevalence of the disease as because of the greater effort being made to have physicians report deaths from syphilis as such. Since 1917 the combined rate has shown a marked decline. During this period there has been no slacking in effort to secure a true registration of syphilis deaths, and reporting practice has steadily improved. It seems probable, therefore, that there has been a decrease in mortality from syphilis. It is significant that this decline is very decided in the case of syphilis alone, rather than in the other two diseases which are late manifestations of syphilitic infection. And further, so far as it is possible to judge from a comparison of the rates registered in single years, the difference between the rates of 1917 and 1920 appears to be chiefly accounted for by the lowering of rates in the ages between 25 and 55. This comparison is presented in Table V. The suggestion may be ventured that these declines in

[3] Many attempts have been made to allocate to syphilis the deaths presumably due to this disease. The method consists in assuming that a certain percentage of the deaths from certain diseases are due to syphilis. No less a clinician than Osler has tried his hand at it (11). Thus, he took the Registrar General's report of 1915 of England and Wales, and by assuming that various proportions of the diseases of the nervous and vascular systems were syphilitic in origin, and likewise a large proportion of stillbirths and of deaths of infants assigned in the report to congenital debility, he concluded that 60,000 deaths were, in fact, syphilis deaths, instead of the few deaths actually reported as due to this disease. Numerous other investigators have made similar estimates, but not all have had the equipment of Osler, to assume definite proportions of the deaths from certain diseases as due to syphilis. There is, therefore, the greatest variation in the guessing. The fact is no one really knows the true percentage, but nearly everyone agrees that the proportion is large; and even if the most conservative figures are taken as the most probable, we find that syphilis is converted from one of the minor to one of the most important causes of death—one of the very first, ranking with tuberculosis, pneumonia, and heart disease.

the earlier and middle years of life are the result of increasing effectiveness in the treatment of syphilis. Possibly also, these declines may indicate that the effects of the measures to control this disease

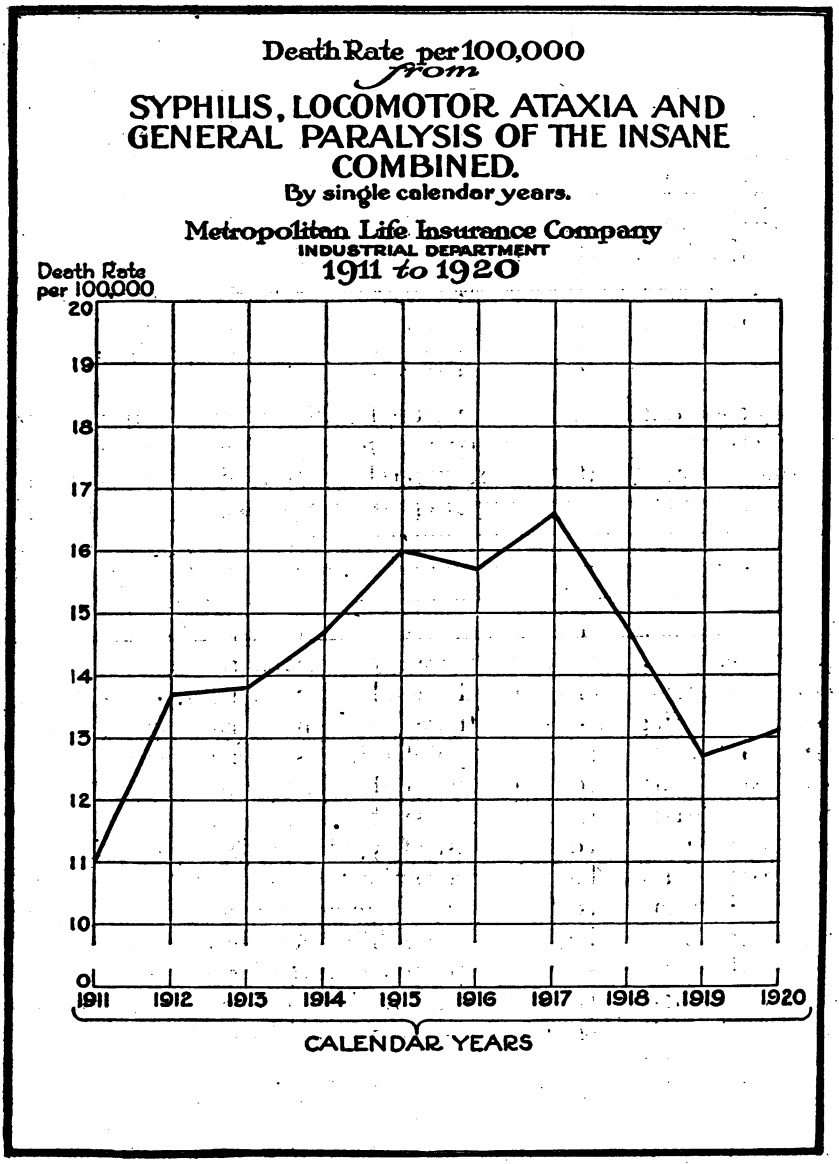

CHART I

initiated during the war are being shown, and that the number of serious infections contracted is actually being reduced. It will be interesting indeed to watch the figures in the next decade and see whether similar or even more accentuated declines are continued.

TABLE IV.—*Death rates per 100,000 for syphilis, locomotor ataxia, and general paralysis of the insane, industrial department, Metropolitan Life Insurance Co. 1911 to 1920.*

Cause of death.	Death rates per 100,000.										
	1911–1920	1920	1919	1918	1917	1916	1915	1914	1913	1912	1911
Syphilis	8.7	7.5	7.3	8.3	12.6	11.9	11.4	9.8	6.0	8.1	3.4
Locomotor ataxia	1.3	1.0	.9	1.1	1.1	1.1	1.3	1.4	1.9	1.4	1.9
General paralysis of the insane	4.2	4.6	4.5	5.3	2.9	2.7	3.3	3.5	5.9	4.2	5.7
Total	14.2	13.1	12.7	14.7	16.6	15.7	16.0	14.7	13.8	13.7	11.0

TABLE V.—*Death rates per 100,000 from syphilis, industrial mortality experience of Metropolitan Life Insurance Co., by age periods, 1917 and 1920.*

Age period (years).	1920	1917	Percentage decline, 1920, since 1917.
All ages—1 and over	7.5	12.6	40.5
1 to 4	1.8	2.7	33.3
5 to 9	.3	.5	40.0
10 to 14	1.1	.8	[1] 37.5
15 to 19	1.2	1.6	25.0
20 to 24	4.1	3.4	[1] 20.6
25 to 34	8.4	14.5	42.1
35 to 44	16.9	33.7	49.9
45 to 54	21.1	38.4	45.1
55 to 64	20.5	32.1	36.1
65 to 74	15.3	23.4	34.6
75 and over	10.5	17.3	39.3

[1] Per cent increase.

Although physicians are reporting more accurately than ever before, it is clear that the rates for recent years represent only a small fraction of the true mortality figures for syphilis. Many physicians still report deaths from syphilis as due to other causes and especially to the secondary causes of death or the sequelæ which are so often associated with it. Clinical work is showing clearly that paralysis of the insane and locomotor ataxia are not the only conditions which are syphilitic in character, but that a considerable number of other diseases are, in many instances, at least, disguised manifestations of syphilitic infection. Thus, congenital debility of newly born infants is, in large measure, the result of syphilis. A very large portion of cases of aneurism is chargeable to syphilis, as are also many deaths from organic diseases of the heart, angina pectoris, etc. The more general use of the Wassermann reaction, as well as of post-mortem examinations, is bringing out the degree to which syphilis is the underlying factor in the deaths ascribed to other diseases and conditions. For a truer expression of the actual mortality rate from syphilis, we shall have to wait until we know much more definitely than at

present the proportion of the deaths assigned to these associated conditions which are, in fact, of syphilitic origin.

But even at the present time, valuable information can be obtained from a study of the syphilis death rates that are available, if we consider the deaths reported as a fair sample of the total which may some day be revealed. In this way we may get an insight into the comparative damage caused by syphilis in the two color groups, in the two sexes, and in the various age periods of life. Again, the experience of the industrial policyholders of the Metropolitan is useful. Table VI and Chart II, show, for the 10-year period, 1911 to 1920, the number of deaths and the death rate for the races, white and colored, and for each of the sexes under each color, and by the several age periods. It is interesting to observe the very much higher rate for Negroes than for whites. In fact, the rate for the former is about three times the rate for the latter, which is consistent with the general medical impression as to the relatively greater frequency of the disease among colored people than among the whites. Moreover, the rate is uniformly higher among males than among females in both races, being about twice as high in the one sex as in the other. It is unfortunate that the figures for these insured do not include the experience of children under 1 year of age, in whom there is a very high death rate from this disease.[4] In the registration area for the years 1910 to 1915, the death rate from syphilis in the first year of life was 137.6 per 100,000, and this is, in fact, the highest rate from syphilis for any age period during life (12). The rate drops rapidly to its minimum in the period between 5 and 15. Syphilis in early infancy is usually congenital, very acute, and frequently fatal. It is, therefore, not surprising that children at the school ages should show low rates; for those who were infected in infancy have been, to a large degree, weeded out. New infections are rare at these ages. Beginning with the age period 15 to 19, and thereafter, there is a continuous increase in the number of infections and of deaths. The syphilis deaths from this point onward are clearly the result of acquired infections. Very high rates are registered in the ages beyond 45. Among the colored males in age group 65 to 74 the very high figure 122.8 per 100,000 is reached. This is a rate which suggests tuberculosis rather than syphilis.

[4] Dr. J. Whitridge Williams reports that of 705 deaths occurring in a series of 10,000 consecutive deliveries, 186, or 26.4 per cent, were due to syphilis. In the white race, syphilis caused 12.8 per cent of the deaths, and in the colored, 34.9 per cent, and is "far and away the most common etiological factor in the production of death" (13). In a more recent study of 4,000 deliveries he found that 104, or 34.4 per cent, of the 302 deaths were due to syphilis. Among white infants, 12.1 per cent died of this cause, and among colored infants, 45.2 per cent. Syphilis was the most important single cause of death and was nearly as important as the next three causes combined, which together were responsible for 37.3 per cent of the deaths (14).

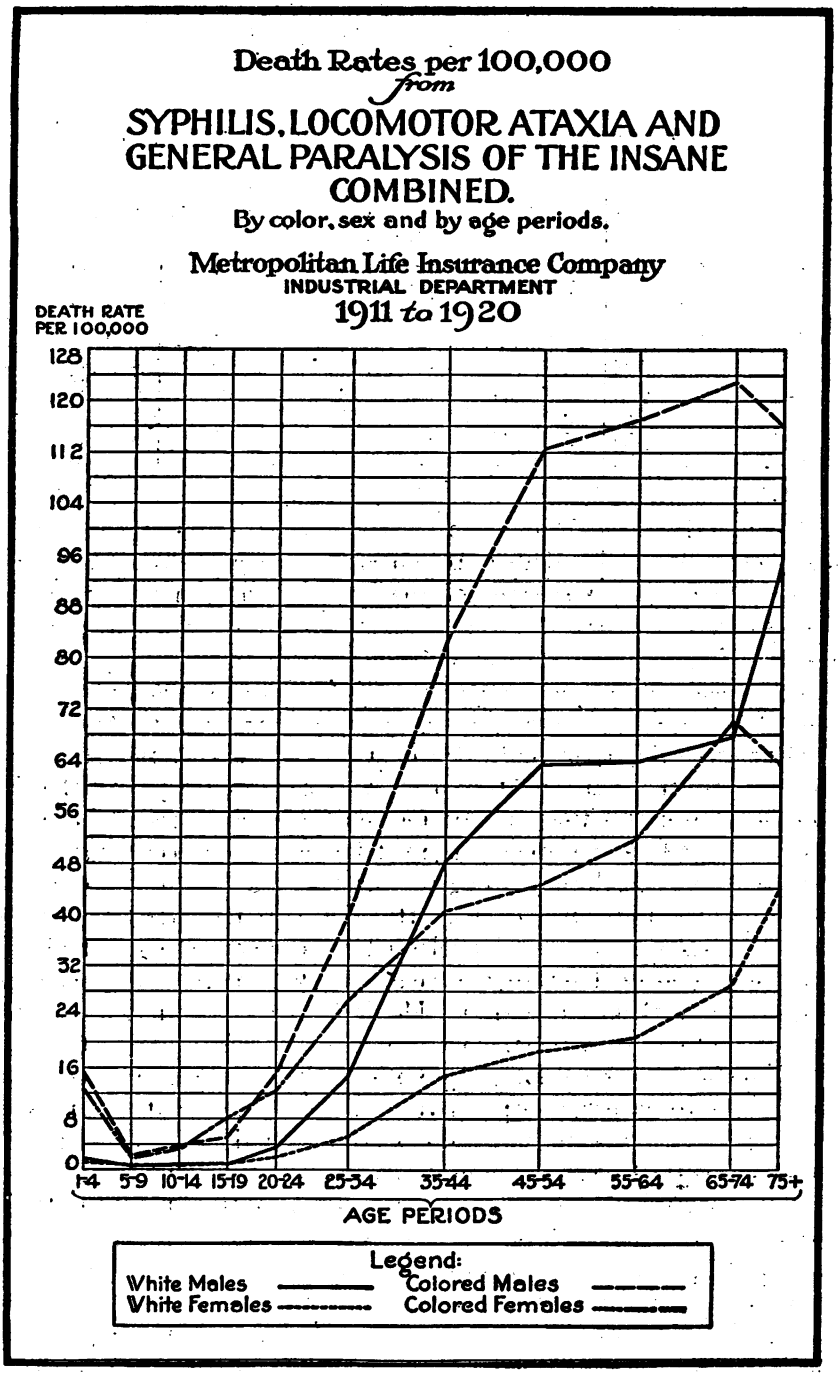
Death Rates per 100,000
from
SYPHILIS, LOCOMOTOR ATAXIA AND GENERAL PARALYSIS OF THE INSANE COMBINED.
By color, sex and by age periods.
Metropolitan Life Insurance Company
INDUSTRIAL DEPARTMENT
1911 to 1920
DEATH RATE PER 100,000
128
120
112
104
96
88
80
72
64
56
48
40
32
24
16
8
0
1-4
5-9
10-14
15-19
20-24
25-34
35-44
45-54
55-64
65-74
75+
AGE PERIODS
Legend:
White Males
White Females
Colored Males
Colored Females

CHART II

TABLE VI.—*Number of deaths and death rates per 100,000 for syphilis, locomotor ataxia, and general paralysis of the insane, combined, by color, by sex, and by age groups, industrial mortality experience of the Metropolitan Life Insurance Co., 1911 to 1920.*

Age period (years).	All persons.		White.				Colored.			
			Male.		Female.		Male.		Female.	
	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.	Deaths.	Rate.
All ages—1 and over.	14,459	14.2	6,642	16.4	3,500	7.1	2,503	46.1	1,724	25.7
1 to 4	216	2.4	79	1.8	52	1.2	46	15.4	39	12.9
5 to 9	78	.6	27	.4	29	.5	12	2.2	10	1.8
10 to 14	107	.9	41	.7	26	.5	21	3.7	19	3.2
15 to 19	168	1.5	45	.9	46	.9	28	5.1	49	8.1
20 to 24	410	4.0	141	3.5	97	2.0	85	15.3	87	12.4
25 to 34	2,115	13.0	839	14.9	425	5.3	455	40.0	396	26.6
35 to 44	3,943	33.5	1,810	48.4	876	14.8	786	82.8	471	40.5
45 to 54	3,572	41.5	1,757	63.4	841	18.6	656	112.4	318	44.5
55 to 64	2,425	42.8	1,223	63.8	631	20.8	357	117.2	214	51.7
65 to 74	1,177	49.1	559	67.7	379	28.9	131	122.8	108	70.2
75 and over	248	64.5	121	95.1	98	43.9	16	116.0	13	63.4

Another line of evidence shows also how serious syphilis is as a cause of death. The Medico-Actuarial Mortality Investigation (15), which covers the experience of the larger American life insurance companies for a period of years, shows that those who admitted a history of syphilis prior to admittance to the companies, had a mortality at least 50 per cent higher than that expected according to the mortality table. In the experience of the Gotha Insurance Co., of Germany (15), a series of 1,778 men who had undergone treatment for syphilis and who were traced for a long period of years, likewise showed a ratio of actual to expected mortality in excess of the table. There were 487 actual deaths against 290 expected according to the experience of the Gotha among all insured men—the ratio of actual to expected being 168 per cent. It must be remembered that these insurance risks were carefully selected lives, many of whom had had thorough treatment for several years and had been free from symptoms prior to their acceptance. Medical directors of insurance companies are, as a class, suspicious of syphilitics. They do not expect them to be good risks and, therefore, are very careful to take only those who are in other respects very desirable applicants. An extra mortality of 50 per cent is probably a minimal figure and only an approximation to the extra mortality which prevails among syphilitics in general. It will prove a very interesting study to follow a group of known syphilitics and determine their mortality and prospective longevity very much as has been done for the tuberculous.

Even the very defective figures at our disposal confirm our initial assumption that the venereal diseases present public-health problems of first importance. There can be no longer any skepticism as to that. Fortunately, the tendency in public-health policy is to recognize their importance, but much more progress could be made if,

along with the positive program of control, there were carried out a well-considered plan to gather accurate information not only of the incidence of the diseases but also of the damage they do. The program of research is every bit as important as that of immediate control of these diseases. In fact, it underlies that control as a primary condition. If more satisfactory information were at hand with reference to the incidence of these diseases, larger appropriations for their management would undoubtedly become available. Also, as information became reliable, it would be possible for the workers in the field, from time to time, to check up their success or failure in their administrative measures. It is, therefore, most important to work out comprehensive plans for the improvement of the statistical picture of the venereal diseases.

The social workers in the field of the venereal diseases are, in the last analysis, those to whom we must turn for the improvement of the statistics of these conditions. They must become missionaries in popularizing the reporting of the venereal diseases as required by law. Each one in his own community must overcome the many prejudices and difficulties which to-day confront the reporting of these diseases. It will depend largely upon their enthusiasm whether physicians will, to an increasing degree, take seriously the requirements of the law. They should obtain the confidence of physicians and encourage them to report their cases of syphilis without disguise and without reservation. There must be a nationwide campaign for stimulating venereal-disease reporting by physicians. Physicians will take note of such a campaign if it is continued long enough and if done in an efficient and sincere manner. The great mass of physicians would not be opposed to venereal-disease reporting, either of cases or deaths, if they really were convinced that no harm would come to their patients and if they felt the community really wanted it. Fifty per cent of the physicians of the United States have already agreed to cooperate with the United States Public Health Service (16). The social workers can also make intensive surveys of the prevalence of the venereal diseases in the general population in the various parts of the country. This can be done in cooperation with the medical profession of their cities, and must include the hospitals and dispensaries and other medical facilities of the community. In this way it might be possible to develop an index of the prevalence of the venereal diseases over a large area of the United States which would have greater merit than the indices we now have for men only at the draft ages, made available through the recent Army examinations.

Another investigation of equal importance can be carried out cooperatively through the combined activities of many syphilographers in various parts of the country and some central agency

which would serve as a statistical laboratory. It is suggested that those physicians whose practice brings them into contact with large numbers of cases of syphilis over long periods of time shall send to this central statistical office records covering the history of their patients from the beginning of their infection through the period of treatment and, finally, to their dismissal either through death or through clinical recovery. It is possible that many physicians will be ready to turn over the valuable material of this character which they have accumulated through their practice. The records of the Army and of the Navy will be invaluable in this connection, for in these establishments records of the early infection of the officer personnel are available in large numbers covering many decades. It should be possible from such a combined study to discover, first, the actual mortality of persons suffering from syphilis as suggested above, and, second, the types of impairments, or rather the sequelæ which follow in the course of syphilitic infection. It is conceivable that a large series of such records would show that there exists a fairly constant relationship between the syphilitic infection and the various types of syphilitic sequelæ; that, for example, aneurisms and other arterial infections follow in a certain proportion of the initial syphilitic lesions; that locomotor ataxia results in a certain proportion of the cases; that, similarly, general paralysis of the insane, organic heart disease, and other conditions follow in a certain number of infections. Such a study must be based upon a large number of cases distributed over a wide area of the country, and must take cognizance of the statistical requirements of age, sex, and race of the individuals included. This would permit the conversion, ultimately, of the crude mortality figures as annually published into truer measures of syphilis mortality. There would also be any number of valuable by-products from such a study which would justify the expenditures of money and of effort.

The statistics of venereal diseases are at the beginning of their development. They have been, for the most part, descriptive rather than analytic in character. But, elementary as they have been, they have served very materially to develop the campaign of social hygiene. Much still remains to be done in this important field of public health work. The development of the program will require not only a larger mass of accurate and fundamental data but will call for higher methods of statistical analysis than have heretofore been necessary. Special problems of research will tax the ingenuity of the most skillful technicians. The statistician will find more and more opportunity for active cooperation with the practical workers in the field of venereal disease, and the two groups should work more cordially together.

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SMALLPOX IN THE UNITED STATES.

The accompanying table shows the number of reported cases of smallpox per 1,000 population by months, from January to September, 1921, compared with the same months during 1920, and the medians for 1913 to 1920, inclusive.

The median was ascertained by arranging the figures so that the greatest number was first, the next smaller number was second, and so on to the smallest number, which was placed last. The middle number of the array was then selected as the median. Data were not available for all the States for the full eight years. As many years as

possible were included for each State, but no year earlier than 1913 was used. The first column shows the number of years for which figures were obtained for each State.

The estimated populations on which the rates were computed are as follows:

	Number of States.	Estimated population.
1921	41	90,907,540
1920	40	87,602,619
Median, 1913-1920	39	85,472,801

The table shows great variations in the prevalence of the disease in different sections of the country.

Smallpox—Annual case rates per 1,000 population, January to September, 1921 and 1920, and medians for the years 1913 to 1920, inclusive.

Geographic division and State.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Nine months.
NEW ENGLAND.										
Maine:										
1921	0.29	0.17	0.18	0.17	0.06	0.14	0.21	0.09	0.08	0.16
1920	1.32	.38	.20	.41	.38	.14	.23	.17	.00	.36
Median (4 years)	.83	.66	.75	.33	.28	.59	.69	.20	.06	.49
Vermont:										
1921	.50	1.11	1.47	.76	.80	.28	.10	.57	.03	.63
1920	.00	.00	.00	.00	.00	.00	.00	.00	.03	.00
Median (8 years)	.10	.11	.13	.31	.33	.03	.17	.00	.00	.13
Massachusetts:										
1921	.03	.01	.04	.02	.00	.00	.00	.00	.00	.01
1920	.00	.00	.00	.00	.03	.00	.01	.00	.00	.00
Median (8 years)	.00	.00	.02	.01	.02	.02	.01	.00	.00	.01
Rhode Island:										
1921	.00	.00	.00	.00	.02	.00	.00	.00	.00	.00
1920	.00	.00	.02	.00	.00	.00	.00	.00	.00	.00
Median (1918-1920)	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
Connecticut:										
1921	.01	.00	.01	.01	.00	.00	.00	.00	.02	.00
1920	.02	.00	.00	.00	.00	.00	.00	.00	.00	.00
Median (8 years)	.02	.01	.03	.01	.02	.03	.00	.00	.00	.01
MIDDLE ATLANTIC.										
New York:										
1921	.04	.08	.17	.12	.08	.10	.04	.04	.01	.08
1920	.04	.02	.05	.02	.03	.03	.02	.03	.02	.03
Median (8 years)	.04	.04	.03	.03	.04	.02	.02	.00	.01	.03
New Jersey:										
1921	.02	.04	.17	.24	.24	.06	.01	.00	.00	.09
1920	.06	.03	.17	.14	.06	.05	.13	.02	.00	.07
Median (8 years)	.01	.01	.04	.01	.01	.02	.00	.00	.00	.01
Pennsylvania:										
1921	.03	.06	.09	.04	.02	.02	.01	.00	.00	.03
1920	.02	.01	.03	.04	.04	.03	.04	.03	.02	.03
Median (8 years)	.03	.03	.05	.04	.05	.04	.03	.01	.01	.03
EAST NORTH CENTRAL.										
Ohio:										
1921	2.83	2.61	2.62	1.89	2.16	1.25	.22	.16	.08	1.54
1920	1.26	1.06	1.29	1.64	1.51	1.27	.61	.58	.30	1.06
Median (8 years)	.87	.87	1.16	1.05	1.04	.89	.40	.23	.21	.75
Indiana:										
1921	4.51	3.18	2.91	3.83	2.29	1.50	.41	.15	.11	2.10
1920	3.17	2.08	2.48	3.39	2.28	1.75	1.02	.57	.46	1.91
Median (8 years)	1.24	2.14	2.18	2.15	2.02	1.33	.56	.36	.27	1.36
Illinois:										
1921	3.33	3.17	2.83	2.03	1.74	.74	.18	.05	.04	1.57
1920	1.40	1.63	1.35	1.99	2.23	1.70	.66	.34	.33	1.29
Median (6 years)	.99	1.20	1.10	.93	1.06	.58	.22	.12	.17	.71

Smallpox—Annual case rates per 1,000 population, January to September, 1921 and 1920, and medians for the years 1913 to 1920, inclusive—Continued.

Geographic division and State.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Nine months.
EAST NORTH CENTRAL—continued.										
Michigan:										
1921	2.49	2.74	2.69	2.07	1.74	1.10	0.44	0.23	0.15	1.52
1920	1.56	1.19	1.48	1.38	1.98	1.34	1.03	.59	.41	1.22
Median (8 years)	.70	.57	.66	.86	.76	.62	.34	.20	.21	.55
Wisconsin:										
1921	5.02	4.64	3.66	2.82	2.51	1.79	.63	.15	.21	2.38
1920	3.34	3.03	2.37	1.72	2.22	2.68	1.15	1.19	.94	2.07
Median (8 years)	1.39	1.06	1.14	1.46	.88	.75	.48	.29	.29	.86
WEST NORTH CENTRAL.										
Minnesota:										
1921	11.30	9.81	6.81	6.12	4.37	2.66	.71	.33	.26	4.71
1920	3.21	2.32	2.46	2.31	2.73	2.10	1.11	.89	.88	2.00
Median (8 years)	1.15	1.51	1.41	1.31	1.18	.91	.60	.29	.23	.95
Iowa:										
1921	5.19	5.96	4.83	3.47	2.57	1.27	.32	.09	.05	2.64
1920	2.21	1.51	1.68	1.98	2.64	2.08	1.03	.51	.61	1.58
Median (7 years)	1.34	1.59	1.71	1.73	1.47	.85	.38	.09	.17	1.04
North Dakota:										
1921	5.35	4.57	5.38	3.65	3.86	1.78	1.24	.18	.74	2.97
1920	.16	.50	.51	.71	.93	.34	.29	.26	.32	.45
Median (5 years)	.30	.54	.71	1.28	.58	.35	.30	.15	.17	.49
South Dakota:										
1921	3.43	7.16	7.72	5.43	3.58	2.85	.64	.20	.47	3.50
1920	2.59	4.42	2.40	4.06	4.76	1.95	.74	.61	.90	2.49
Median (6 years)	2.49	2.20	2.55	2.50	2.31	1.70	.72	.55	.39	1.71
Nebraska:										
1921	4.70	5.64	3.82	4.66	3.44	1.85	.82	.42	.05	2.82
1920	4.88	6.06	5.46	5.69	4.46	2.54	1.02	.60	.72	3.49
Median (1918–1920)	4.11	5.72	5.49	5.72	4.49	3.04	1.02	.41	.73	3.42
Kansas:										
1921	5.00	4.88	5.00	5.08	5.19	1.80	.58	.22	.16	3.10
1920	2.79	2.83	3.38	4.09	3.72	2.84	1.50	.80	.52	2.50
Median (8 years)	1.18	1.86	2.46	2.16	1.83	1.66	.61	.22	.25	1.36
SOUTH ATLANTIC.										
Delaware:										
1921	.00	.00	.00	.00	.00	.00	.00	.00	.00	.00
1920	.84	.22	.00	.05	.10	.05	.00	.05	.00	.15
Median [1]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Maryland:										
1921	.14	.39	.59	.22	.31	.05	.04	.00	.00	.19
1920	.15	.21	.25	.21	.20	.17	.06	.05	.02	.15
Median (6 years)	.14	.10	.10	.24	.15	.07	.03	.02	.01	.09
District of Columbia:										
1921	.08	.14	.34	.13	.34	.00	.03	.13	.00	.13
1920	.05	.26	.48	.61	.32	.36	.27	.00	.00	.26
Median (8 years)	.11	.16	.26	.12	.32	.24	.09	.00	.00	.14
Virginia:										
1921	1.08	1.95	1.94	1.46	.70	.36	.22	.14	.08	.88
1920	2.37	4.36	2.14	1.73	1.72	2.31	.77	.62	.58	1.85
Median (8 years)	.83	.93	.93	1.21	.82	.63	.37	.24	.19	.69
West Virginia:										
1921	4.02	4.10	3.60	3.23	1.76	.66	.60	.09	.19	2.03
1920	3.45	2.39	2.31	2.58	2.73	1.14	1.24	.79	.80	1.94
Median (4 years)	1.48	1.84	1.78	1.99	1.91	.84	.49	.36	.31	1.22
North Carolina:										
1921	1.51	2.20	2.63	1.72	1.59	.67	.30	.21	.24	1.23
1920	2.94	1.66	2.18	1.76	1.43	1.15	.71	.38	.20	1.38
Median (1918–1920)	.61	1.03	1.64	1.78	1.45	.98	.54	.29	.20	.95
South Carolina:										
1921	1.23	1.48	.93	1.79	.66	.55	.20	.14	.29	.81
1920	2.11	.51	.31	.48	.67	1.51	.24	.24	.08	.68
Median (8 years)	.19	.20	.21	.30	.22	.20	.09	.04	.02	.16
Florida:										
1921	1.55	2.76	3.81	2.60	2.09	1.61	55	.50	.34	1.76
1920	2.89	.27	.25	.32	.18	.05	.06	.02	.01	.45
Median (4 years)	1.59	.23	.19	.20	.15	.11	.06	.03	.01	.29
EAST SOUTH CENTRAL.										
Alabama:										
1921	1.43	3.33	2.62	1.42	1.20	1.54	.30	.18	.14	1.35
1920	.76	.73	1.10	1.51	.77	.60	.32	.09	.06	.66
Median (7 years)	.77	.77	.73	.52	.46	.27	.13	.10	.08	.43

[1] Not available.

Smallpox—Annual case rates per 1,000 population, January to September, 1921 and 1920, and medians for the years 1913 to 1920, inclusive—Continued.

Geographic division and State.	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Nine months.
EAST SOUTH CENTRAL—continued.										
Mississippi:										
1921	2.45	2.46	2.50	1.99	1.48	1.03	0.53	0.28	0.07	1.42
1920	2.75	4.22	4.19	3.07	2.47	.99	.81	.46	.30	2.14
Median (7 years)	1.41	2.10	2.06	2.58	1.31	.88	.43	.27	.30	1.26
WEST SOUTH CENTRAL.										
Arkansas:										
1921	.20	.73	.58	.31	.53	.35	.26	.10	.01	.34
1920	1.12	.69	.72	.99	.58	.39	.21	.11	.18	.55
Median (4 years)	1.09	1.23	1.09	1.38	.97	.41	.20	.09	.06	.72
Louisiana:										
1921	2.65	1.61	1.62	1.12	1.18	.45	.25	.10	.00	1.00
1920	.80	1.62	1.85	1.41	.82	.61	.43	.21	.25	.89
Median (7 years)	.77	.96	1.01	.98	.68	.24	28	.13	.05	.57
Oklahoma:										
1921	1.09	1.30	1.26	1.08	1.21	.57	.23	.14	.02	.77
1920 [1]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Median (1913, 1915, 1917)	2.11	1.85	2.75	2.26	1.93	1.28	.83	.44	.52	1.55
MOUNTAIN.										
Montana:										
1921	3.25	2.24	3.09	4.10	2.60	2.28	1.37	.65	1.35	2.33
1920	2.22	2.51	2.50	2.69	4.00	1.68	.80	.51	.77	1.96
Median (7 years)	2.45	2.87	2.75	2.85	2.78	2.15	1.26	.56	.46	2.01
Idaho:										
1921	2.94	4.65	4.67	1.30	1.44	.95	.47	.31	.05	1.87
1920	8.94	8.31	11.07	11.41	7.13	5.61	1.00	2.24	.84	6.28
Average (1913, 1920)	5.88	6.19	6.35	6.77	3.96	5.11	.87	1.45	.90	4.16
Wyoming:										
1921	2.80	4.33	4.02	2.47	4.43	.66	.76	.41	.72	2.29
1920	9.35	7.43	7.20	4.83	10.43	3.59	4.26	1.08	1.86	5.56
Median (8 years)	.65	2.51	.78	.27	1.23	1.07	.71	.52	.20	.88
Colorado:										
1921	5.51	3.92	2.12	4.30	4.41	3.63	1.20	.54	.37	2.89
1920	4.80	4.72	4.29	4.63	3.60	3.07	1.46	.86	1.07	3.17
Median (7 years)	.61	.68	.85	54	91	.63	.39	.18	.26	.56
New Mexico:										
1921	.35	.53	.45	.70	.48	.50	.19	.00	.00	.36
1920	.75	2.37	1.43	1.62	.46	.64	.03	.10	.30	.86
Median [1]	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Arizona:										
1921	1.23	1.36	.83	1.20	.86	.52	.20	.13	.00	.70
1920	.35	.70	.73	1.04	1.91	.54	.10	.17	.07	.62
Average (1918, 1920)	.40	.48	1.55	1.15	1.98	.59	.11	.14	.04	.72
PACIFIC.										
Washington:										
1921	5.23	4.99	5.15	5.87	4.90	1.84	1.36	.84	.45	3.40
1920	8.75	8.81	6.82	6.22	4.69	3.20	2.52	1.54	1.09	4.85
Median (8 years)	1.18	.77	1.38	1.39	1.28	1.15	.55	.35	.29	.93
Oregon:										
1921	3.09	3.92	3.12	2.55	1.94	1.76	.47	.60	.36	1.98
1920	12.40	7.28	4.28	4.05	2.83	2.83	2.26	1.51	1.16	4.29
Median (8 years)	1.14	1.29	1.12	1.11	.95	.79	.65	.34	.19	.84
California:										
1921	3.01	3.75	2.45	1.62	1.39	1.40	.62	.50	.49	1.69
1920	1.55	1.71	1.66	.94	1.04	.79	.64	.54	.70	1.06
Median (8 years)	.29	.35	.34	.35	.31	.17	.11	.14	.12	.24
Above States combined:										
1921	2.19	2.27	2.02	1.69	1.39	.82	.29	.15	.12	1.21
1920	1.63	1.49	1.40	1.45	1.36	1.04	.56	.37	.32	1.06
Median	.74	.86	.94	.94	.80	.56	.28	.16	.15	.60

[1] Not available.

INVESTIGATION OF PUBLIC HEALTH IN FRANCE.

MINISTER OF HEALTH DIRECTS THAT INVESTIGATIONS BE MADE IN LOCALITIES HAVING DEATH RATES ABOVE AVERAGE.

The French Minister of Health has directed the prefects of the various departments of France to arrange without delay for investigation by the sanitary assemblies, as prescribed by the Public Health Law, with a view to rendering healthier all those towns and communes where the death rate is beyond the average for 1920, namely, 17.2 per 1,000. (The average for Havre for that year was 22.5 per 1,000, but the city medical officer of health states that the birth rate in Havre is one of the largest in France, consequently the infant death rate increases the average death rate beyond that of other towns where the birth rate is smaller.) These investigations must show in each case the reasons for the excessive death rate, and state what steps are necessary to lessen it. The Minister insists on the necessity of the prefects having these investigations carried out on the spot. Local investigation, in addition to facilitating discovery of suitable means of remedying the sanitary dangers in a town or commune, will have the advantage also of putting the town councils into touch with the departmental council of health or the sanitary commission, and of preparing the inhabitants to accept willingly the hygienic measures, local or general, that may be considered necessary to improve public health in places where it is deficient.

LIABILITY FOR SALE OF UNWHOLESOME FOOD.

An action was brought in the Georgia courts to recover damages for injuries alleged to have been caused by the consumption of butter containing a deleterious substance. The plaintiff had purchased the butter in the original unbroken package from a retail dealer who had, in turn, purchased it from the defendant. The evidence submitted by the plaintiff showed that the defendant did not manufacture or pack the butter, but acted merely as distributor. Because of the insufficiency of the evidence the lower court granted a nonsuit.

However, the Court of Appeals of Georgia, Division No. 2, reversed the judgment,[1] holding that the distributor of an article is not entirely without responsibility in the matter. The court said: "We do think, however, that, since the evidence is undisputed that the article was actually handled by the defendant, it was incumbent on it to exculpate itself to the extent of showing that it had in good faith procured it from some reputable manufacturer, distributor, or dealer, as an article reasonably safe for the use intended, especially so since there is nothing on the package to indicate who, as manufacturer or packer, was ultimately responsible for the alleged tort."

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[1] Fleetwood *v.* Swift & Co., 108 S. E., 909.

EXAMINATION OF NATIONAL BOARD OF MEDICAL EXAMINERS.

FIRST EXAMINATION OF THE BOARD UNDER THE NEW PLAN TO BE GIVEN IN FEBRUARY, 1922.

The National Board of Medical Examiners announces the first examination under the new plan,[1] in Parts I and II, as follows:

Part I, February 15, 16, and 17 (inclusive), 1922.

Part II, February 20 and 21 (inclusive), 1922.

Application blanks and circulars of information may be had by writing to the Secretary, Dr. J. S. Rodman, 1310 Medical Arts Building, Philadelphia, Pa. Applications for examination should be received no later than January 15, 1922.

DEATHS DURING WEEK ENDED DEC. 3, 1921.

Summary of information received by telegraph from industrial insurance companies for week ended Dec. 3, 1921, and corresponding week, 1920. (From the Weekly Health Index, Dec. 6, 1921, issued by the Bureau of the Census, Department of Commerce.)

	Week ended Dec. 3, 1921.	Corresponding week, 1920.
Policies in force	48,386,191	45,308,699
Number of death claims	8,848	6,675
Death claims per 1,000 policies in force, annual rate	9.5	7.7

[1] An announcement regarding the new plan of examination was published in Public Health Reports or Sept. 16, 1921, pp. 2271-2273.

Deaths from all causes in certain large cities of the United States during the week ended Dec. 3, 1921, infant mortality, annual death rate, and comparison with corresponding week of preceding years. (From the Weekly Health Index, Dec. 6, 1921, issued by the Bureau of the Census, Department of Commerce.)

City.	Estimated population July 1, 1921.	Week ended Dec. 3, 1921.		Average annual death rate per 1,000.[2]		Deaths under 1 year.		Infant mortality rate, week ended Dec. 3, 1921.[3]
		Total deaths.	Death rate.[1]			Week ended Dec. 3, 1921.	Previous year or years.[2]	
Akron, Ohio	229,195	25	5.7		[4]9.1	2	[4]1	19
Albany, N. Y	115,071	34	15.4	C	15.1	5	C 5	112
Atlanta, Ga	207,473	47	11.8	C	15.2	3	C 2	.....
Baltimore, Md	750,864	185	12.8	A	15.5	29	A 28	81
Birmingham, Ala	186,133	62	17.4	A	19.5	12	A 7	.....
Boston, Mass	757,634	196	13.5	A	16.2	28	A 31	76
Bridgeport, Conn	149,967	20	7.0	A	15.1	3	A 6	38
Buffalo, N. Y	519,608	137	13.7	C	12.8	22	C 20	85
Cambridge, Mass	110,444	27	12.7	A	15.0	5	A 5	89
Camden, N. J	119,672	30	13.1		.....	2	.....	30
Chicago, Ill	2,780,655	610	11.4	A	12.8	77	A 103	.....
Cincinnati, Ohio	403,418	130	16.8	C	12.1	13	C 10	86
Cleveland, Ohio	831,138	156	9.8	C	12.0	28	C 28	75
Columbus, Ohio	245,358	36	7.7	C	13.0	4	C 9	46
Dallas, Texas	165,282	43	13.6	A	13.5	5	A 3	.....
Dayton, Ohio	158,119	34	11.2	C	7.8	4	C 5	66
Denver, Colo	263,152	90	17.8	A	14.1	6	.....	.....
Detroit, Mich	1,070,450	176	8.6	C	9.1	28	C 39	53
Fall River, Mass	120,668	31	13.4	C	13.8	2	C 9	30
Fort Worth, Tex	111,423	34	15.9		.....	6	.....	.....
Grand Rapids, Mich	141,197	24	8.9	C	10.9	5	C 5	85
Houston, Tex	144,340	13	4.7	C	8.9	3	C 1	.....
Indianapolis, Ind	325,632	82	13.1	C	13.6	10	C 8	78
Jersey City, N. J	302,788	59	10.2	C	13.1	9	C 13	62
Kansas City, Kans	103,884	34	17.1	C	14.3	7	C 3	167
Kansas City, Mo	336,157	105	16.3	C	12.9	15	C 12	.....
Los Angeles, Calif	611,921	170	14.5	A	14.4	20	A 16	94
Louisville, Ky	236,083	62	13.7	C	16.8	6	C 7	69
Lowell, Mass	113,757	23	10.5	A	12.4	6	A 3	97
Memphis, Tenn	165,656	52	16.4	C	16.9	5	C 7	.....
Milwaukee, Wis	468,386	81	9.0	A	11.6	11	A 18	53
Nashville, Tenn	122,036	30	12.8	C	23.3	1	C 8	.....
New Bedford, Mass	125,012	31	12.9	A	16.6	4	A 11	61
New Haven, Conn	167,007	28	8.7	C	7.9	1	C 3	12
New Orleans, La	394,657	111	14.7	A	21.4	16	A 18	.....
New York, N. Y	5,751,867	1,153	10.5	C	11.3	142	C 168	56
Newark, N. J	424,885	85	10.4	C	12.7	16	C 12	71
Norfolk, Va	121,260	25	10.8		.....	6	.....	106
Oakland, Calif	226,472	47	10.8	A	12.4	2	A 5	25
Omaha, Nebr	197,066	47	12.4		.....	9	.....	104
Paterson, N. J	137,463	32	12.1		.....	4	.....	68
Philadelphia, Pa	1,866,212	470	13.1		[4]14.6	49	[4]62	59
Pittsburgh, Pa	602,452	157	13.6	C	14.1	21	C 29	75
Portland, Oreg	264,859	79	15.6	C	10.6	5	C 4	50
Porovidence, R. I	239,645	49	10.7	C	13.3	6	C 10	49
Richmond, Va	175,686	50	14.8	C	14.5	7	C 7	85
Rochester, N. Y	305,229	65	11.1	C	10.6	9	C 10	70
St. Louis, Mo	786,164	175	11.6	C	11.7	16	C 9	.....
St. Paul, Minn	237,781	48	10.5	C	10.0	4	C 7	40
Salt Lake City, Utah	121,595	26	11.1	A	11.3	5	.....	77
San Francisco, Calif	520,546	143	14.3	C	11.6	8	C 7	46
Seattle, Wash	327,227	57	9.1	A	8.6	5	A 3	42
Springfield, Mass	135,877	35	13.4	C	11.1	6	C 6	90
Syracuse, N. Y	177,265	33	9.7	C	9.9	3	C 7	36
Toledo, Ohio	253,696	66	13.6	A	14.5	6	A 9	60
Trenton, N. J	122,760	31	13.2	A	16.3	3	A 5	46
Washington, D. C	454,026	127	14.6	A	16.0	15	A 13	88
Wilmington, Del	113,408	23	10.6	C	14.1	6	C 3	.....
Worcester, Mass	184,972	44	12.4	C	12.1	5	C 5	54
Yonkers, N. Y	103,324	12	6.1	A	11.5	2	A 4	45

[1] Annual rate 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 1920.
[3] Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1920. Cities left blank are not in the registration area for births.
[4] Data based on statistics of 1915, 1916, and 1917.

PREVALENCE OF DISEASE.

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

UNITED STATES.

CURRENT STATE SUMMARIES.

Telegraphic Reports for Week Ended Dec. 10, 1921.

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

ALABAMA.	Cases.
Chicken pox	15
Diphtheria	50
Hookworm disease	60
Pellagra	1
Scarlet fever	18
Typhoid fever	11

ARKANSAS.	
Chicken pox	3
Diphtheria	16
Influenza	41
Malaria	40
Measles	2
Ophthalmia neonatorum	1
Pellagra	2
Scarlet fever	15
Smallpox	1
Tuberculosis	6
Typhoid fever	8

CALIFORNIA.	
Cerebrospinal meningitis:	
Colton	1
Oakland	1
San Francisco	3
Diphtheria	334
Influenza	29
Lethargic encephalitis—San Francisco	2
Measles	10
Poliomyelitis—Colusa	1
Scarlet fever	133
Smallpox:	
Bakersfield	30
San Jose	30
Santa Clara County	17
Stanislaus County	13
Scattering	43
Typhoid fever	6

COLORADO. (Exclusive of Denver.)	Cases.
Chicken pox	34
Diphtheria	44
Mumps	1
Measles	7
Ophthalmia neonatorum	1
Pneumonia	10
Poliomyelitis	1
Scarlet fever	49
Smallpox	84
Tuberculosis	31
Typhoid fever	12

CONNECTICUT.	
Chicken pox	73
Diphtheria:	
Bridgeport	16
Hartford	10
New Haven	16
Scattering	56
German measles	4
Influenza	3
Lethargic encephalitis	1
Measles:	
Glastonbury	32
Windham	16
Scattering	49
Mumps	19
Paratyphoid fever	1
Pneumonia (lobar)	12
Scarlet fever:	
New Britain	8
New Haven	9
Scattering	62
Tuberculosis (all forms)	21
Typhoid fever	5
Whooping cough	34

DELAWARE.	Cases.
Chicken pox	1
Diphtheria	1
Malaria	1
Measles	2
Pneumonia	2
Scarlet fever:	
Wilmington	20
Scattering	7
Tuberculosis	9
Typhoid fever	4

FLORIDA.	
Diphtheria	20
Influenza	8
Malaria	23
Paratyphoid fever	3
Pneumonia	8
Scarlet fever	5
Smallpox	7
Trachoma	1
Typhoid fever	11

GEORGIA.	
Chicken pox	12
Diphtheria	58
Dysentery (bacillary)	1
Hookworm disease	8
Influenza	13
Malaria	18
Measles	1
Mumps	1
Pneumonia	5
Scarlet fever	17
Septic sore throat	1
Smallpox	15
Tuberculosis (pulmonary)	11
Typhoid fever	3
Typhus fever	1
Whooping cough	1

ILLINOIS.	
Cerebrospinal meningitis:	
Canton	2
Chicago	2
Naperville	1
Pawnee	1
Rock Island	1
Diphtheria:	
Aurora	10
Blue Island	10
Chicago	188
Chicago Heights	8
Cicero	9
Decatur	9
East St. Louis	11
Peoria	8
Rockford	18
Streator	14
Scattering	228
Influenza	15
Lethargic encephalitis—Chicago	2
Pneumonia	267
Poliomyelitis:	
Aurora	1
Charleston	1
Chicago	1
Marion County—Foster Township	1

[1] Week ended Friday.

ILLINOIS—continued.	Cases.
Scarlet fever:	
Chicago	98
Scattering	150
Smallpox	43
Typhoid fever	16
Whooping cough	71

INDIANA.	
Diphtheria	228
Poliomyelitis:	
Clinton County	1
Huntington County	1
Rabies in animals:	
Orange County	1
Lake County	1
Rabies in man—Orange County	1
Scarlet fever	155
Smallpox	6
Typhoid fever	7

IOWA.	
Diphtheria	66
Poliomyelitis—Schaller	1
Scarlet fever	126
Smallpox	22

KANSAS.	
Chicken pox	102
Diphtheria	235
German measles	2
Influenza	4
Measles	4
Mumps	12
Pneumonia	19
Scarlet fever	231
Smallpox	53
Tuberculosis	15
Typhoid fever	7
Whooping cough	9

LOUISIANA.	
Diphtheria	29
Poliomyelitis	1
Scarlet fever	15
Smallpox	7
Typhoid fever	13

MAINE.	
Chicken pox	16
Diphtheria	38
Measles	1
Mumps	1
Pneumonia	9
Poliomyelitis	1
Scarlet fever	46
Tuberculosis	9
Typhoid fever	5
Whooping cough	26

MARYLAND.[1]	
Cerebrospinal meningitis	1
Chicken pox	59
Diphtheria	73
German measles	1
Influenza	18
Malaria	3
Measles	91
Mumps	75

MARYLAND—continued.

	Cases.
Pneumonia (all forms)	65
Poliomyelitis	2
Scarlet fever	88
Septic sore throat	3
Tuberculosis	29
Typhoid fever	31
Whooping cough	29

MASSACHUSETTS.

Cerebrospinal meningitis	3
Chicken pox	261
Conjunctivitis (suppurative)	13
Diphtheria	251
German measles	5
Influenza	3
Measles	247
Mumps	71
Ophthalmia neonatorum	19
Pneumonia (lobar)	104
Poliomyelitis	3
Scarlet fever	160
Tetanus	1
Trachoma	1
Tuberculosis (pulmonary)	143
Typhoid fever	16
Whooping cough	62

MINNESOTA.

Cerebrospinal meningitis	2
Chicken pox	20
Diphtheria:	
Minneapolis	36
Scattering	74
Influenza	3
Measles	7
Pneumonia	3
Poliomyelitis	1
Scarlet fever	191
Smallpox	135
Tuberculosis	66
Typhoid fever	11
Whooping cough	2

MISSISSIPPI.

Cerebrospinal meningitis	1
Diphtheria	48
Scarlet fever	15
Smallpox	15
Typhoid fever	10

MISSOURI.

Chicken pox	115
Diphtheria	255
Epidemic sore throat	9
Influenza	11
Measles	10
Mumps	7
Scarlet fever	113
Smallpox	93
Tetanus	1
Trachoma	16
Tuberculosis	30
Typhoid fever	15
Whooping cough	11

MONTANA.

	Cases.
Diphtheria	25
Poliomyelitis—Malta	1
Scarlet fever	40
Smallpox	68

NEBRASKA.

Chicken pox	10
Diphtheria:	
Omaha	13
Scattering	26
Measles	13
Mumps	5
Scarlet fever:	
Franklin County	11
Scattering	62
Smallpox:	
Adams County	8
Upland	15
Scattering	20
Tuberculosis	4
Typhoid fever	2
Whooping cough	2

NEW JERSEY.

Cerebrospinal meningitis	1
Chicken pox	226
Diphtheria	189
Influenza	8
Measles	134
Pneumonia	93
Scarlet fever	199
Smallpox	1
Typhoid fever	10
Whooping cough	66

NEW MEXICO.

Chicken pox	11
Diphtheria	27
Hookworm disease	1
Measles	2
Pneumonia	1
Scarlet fever	13
Smallpox	2
Trachoma	3
Tuberculosis	7
Typhoid fever	11
Whooping cough	1

NEW YORK.

(Exclusive of New York City.)

Cerebrospinal meningitis:	
Albany	1
Amsterdam	1
Saratoga Springs	1
Diphtheria	346
Influenza	27
Lethargic encephalitis	3
Measles	84
Pneumonia	227
Poliomyelitis	3
Scarlet fever	355
Typhoid fever	52
Whooping cough	178

NORTH CAROLINA.

	Cases.
Cerebrospinal meningitis	1
Chicken pox	73
Diphtheria	122
German measles	1
Measles	7
Scarlet fever	91
Septic sore throat	3
Smallpox	10
Typhoid fever	11
Whooping cough	65

OREGON.

Chicken pox	20
Diphtheria:	
Portland	24
Scattering	18
Influenza	1
Measles	3
Mumps	1
Poliomyelitis:	
Portland	1
Wallowa	2
Scarlet fever:	
Coos County	9
Scattering	11
Smallpox:	
Portland	8
Scattering	15
Tuberculosis	2
Typhoid fever	10
Whooping cough	9

SOUTH DAKOTA.

Chicken pox	8
Diphtheria	42
Measles	4
Mumps	1
Pneumonia	14
Poliomyelitis	1
Scarlet fever	77
Smallpox	45
Tuberculosis	1
Trachoma	3
Typhoid fever	2
Whooping cough	2

TEXAS.

Chicken pox	42
Diphtheria	242
Influenza	17
Pellagra	6
Pneumonia	16
Scarlet fever	129
Smallpox	12
Typhoid fever	38
Whooping cough	37

VERMONT.

Chicken pox	44
Diphtheria	15
Measles	2
Mumps	5
Pneumonia	3
Scarlet fever	56

VERMONT—continued.

	Cases.
Septic sore throat	2
Typhoid fever	5
Whooping cough	4

WASHINGTON.

Chicken pox	133
Diphtheria	28
Measles	5
Mumps	40
Pneumonia	1
Poliomyelitis:	
Chelan County	1
Everett	1
Pierce County	1
Spokane County	1
Scarlet fever:	
Spokane	12
Scattering	30
Smallpox:	
Camas	12
Tacoma	14
Walla Walla	28
Yakima	10
Scattering	39
Tuberculosis	27
Typhoid fever	14
Whooping cough	45

WEST VIRGINIA.

Diphtheria:	
Clarksburg	10
Wheeling	10
Scattering	35
Scarlet fever:	
Wheeling	11
Scattering	23
Typhoid fever:	
Affinity	51
Scattering	5

WISCONSIN.

Milwaukee:	
Chicken pox	88
Diphtheria	31
Measles	1
Pneumonia	17
Scarlet fever	26
Smallpox	1
Tuberculosis	13
Typhoid fever	3
Whooping cough	12
Scattering:	
Chicken pox	134
Diphtheria	140
Influenza	16
Measles	9
Ophthalmia neonatorum	1
Pneumonia	3
Poliomyelitis	1
Scarlet fever	150
Smallpox	51
Trachoma	1
Tuberculosis	56
Typhoid fever	8
Whooping cough	46

Delayed Reports for Week Ended Dec. 3, 1921.

DISTRICT OF COLUMBIA.	Cases.
Chicken pox	39
Diphtheria	46
Influenza	3
Measles	12
Scarlet fever	26
Tuberculosis	21
Typhoid fever	4
Whooping cough	5

KENTUCKY.	
Cerebrospinal meningitis—Adair County	1
Chicken pox	24
Diphtheria:	
Daviess County	13
Jefferson County	49
Shelby County	15
Scattering	52
Influenza	10

KENTUCKY—continued.	Cases.
Measles:	
Jefferson County	60
Shelby County	1
Mumps	1
Pneumonia	28
Poliomyelitis—Graves County	1
Scabies	1
Scarlet fever:	
Jefferson County	13
Scattering	19
Septic sore throat	1
Smallpox	22
Trachoma	3
Tuberculosis:	
Jefferson County	9
Scattering	2
Typhoid fever:	
Logan County	8
Scattering	4
Whooping cough	12

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.	Pellagra.	Poliomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
1921.										
Arizona (October)	.....	45	.....	.....	1	.....	.....	25	1	21
District of Columbia (November)	.....	182	7	.....	27	1	.....	93	.....	5
Florida (November)	1	124	49	78	12	6	2	14	18	29
Massachusetts (November)	18	1,186	30	1	577	1	15	661	1	59
Nebraska (November)	1	405	2	.....	55	.....	6	233	113	10
Oklahoma (October)	1	260	.....	106	1	1	.....	86	34	49
Pennsylvania (October)	10	2,689	.....	1	361	1	51	1,626	1	731
Vermont (November)	.....	67	.....	.....	15	.....	5	201	.....	8

RECIPROCAL NOTIFICATION.

Connecticut—November, 1921.

Cases of communicable diseases referred during November, 1921, to other State health departments by department of health of the State of Connecticut.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Diphtheria: West Haven, Conn.	State board of health, Trenton, N. J.	Patient, teacher in Bloomfield, N. J., came home at Thanksgiving and became ill on Thanksgiving Day.
Pomfret Center, Conn.	State department of public health, Boston, Mass.	Case was on farm from which milk was sent to a dairy in Boston, Mass.
Measles: North Canaan, Conn.	do	Patient, a student in a boys' school, Sheffield, Mass., became ill at his home in North Canaan.
Paratyphoid fever: Stamford, Conn.	State department of health, Albany, N. Y.	Patient was brought from Ossining, N. Y., to hospital in Stamford, Conn., for treatment. Had been ill for three weeks before coming to Connecticut.
Typhoid fever: Waterbury, Conn.	Quebec Superior Board of Health, Montreal, Quebec.	Patient returned from St. Hyacinthe, Quebec, and became ill 10 days after arriving in Waterbury, Conn.
Tuberculosis (pulmonary): New Britain, Conn.	State department of health, Albany, N. Y.	Patient formerly lived in Yonkers, N. Y.

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921.

ANTHRAX.

City.	Cases.	Deaths.
Delaware:		
Wilmington		1
Illinois:		
Chicago	1	

CEREBROSPINAL MENINGITIS.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1920, inclusive. In instances in which data for the full six years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 26, 1921.	
		Cases.	Deaths.
California:			
Pasadena	0		1
San Francisco	0	1	1
Illinois:			
Chicago	1	1	
Louisiana:			
Monroe	0		1
Maryland:			
Baltimore	0	1	1
Massachusetts:			
Boston	0	2	1
North Adams	0		1
Michigan:			
Detroit	0	2	
New Jersey:			
Jersey City	0	1	
New York:			
New York	4	6	5
Troy	0	1	
Yonkers	0	1	1
Ohio:			
Hamilton	0		1
Oregon:			
Portland	0	1	
Pennsylvania:			
Donora		1	
Rhode Island:			
Providence	0	1	
South Carolina:			
Charleston	0		1
Tennessee:			
Memphis	0	1	

DIPHTHERIA.

See p. 3106; also Telegraphic weekly reports from States, p. 3095, and Monthly summaries by States, p. 3099.

INFLUENZA.

City.	Cases.	Deaths.
Alabama:		
Mobile		1
Arkansas:		
Little Rock	2	
California:		
Alameda	1	
Los Angeles	5	
San Francisco	2	
Colorado:		
Denver		2
District of Columbia:		
Washington	2	1
Florida:		
Tampa	11	
Georgia:		
Albany	5	1
Rome	2	
Illinois:		
Chicago	15	2
Cicero	1	
East St. Louis	1	
Kentucky:		
Louisville	2	
Louisiana:		
New Orleans		1
Maine:		
Biddeford	2	
Maryland:		
Baltimore	6	
Massachusetts:		
Boston	2	
Cambridge	1	
Everett	2	
Massachusetts—Continued.		
Haverhill	1	
Lowell	1	
Michigan:		
Detroit	1	
Missouri:		
Kansas City		2
New Jersey:		
Clifton	1	
East Orange	2	
Montclair	1	
Newark	3	
Trenton	1	
New York:		
Albany	3	
Buffalo	2	
New York	20	2
Schenectady	1	
North Carolina:		
Charlotte		1
Ohio:		
Cleveland	1	
Pennsylvania:		
Philadelphia	2	2
Tennessee:		
Memphis	1	2
Texas:		
Dallas		1
El Paso		1
Virginia:		
Roanoke	1	
Wisconsin:		
Kenosha	1	

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

LETHARGIC ENCEPHALITIS.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Massachusetts:					
Danvers		1			

MALARIA.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Arkansas:			Maryland:		
Fort Smith	5		Baltimore	1	
California:			Tennessee:		
Sacramento	1		Memphis	1	1
Florida:			Texas:		
Tampa	5	1	Greenville	3	
Georgia:			Houston		1
Atlanta	1				
Augusta	1				
Savannah	1				

MEASLES.

See p. 3106; also Telegraphic weekly reports from States, p. 3095, and Monthly summaries by States, p. 3099.

PELLAGRA.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
California:			North Carolina:		
Los Angeles		1	Durham		1
Georgia:			South Carolina:		
Valdosta		1	Charleston		2
New York:			Tennessee:		
New York		1	Nashville		1

PNEUMONIA (ALL FORMS).

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Alabama:			Georgia:		
Birmingham		7	Atlanta		8
Mobile		2	Macon		1
Montgomery	1		Rome	2	
Arizona:			Savannah		4
Tucson		1	Illinois:		
Arkansas:			Alton		2
Fort Smith	1		Aurora		1
Little Rock	1		Blue Island		2
California:			Chicago	185	31
Alameda	2		Cicero	5	1
Los Angeles	33	16	Decatur		1
Oakland		3	East St. Louis	3	1
Pasadena	2		Evanston	1	
Sacramento		3	Galesburg	2	1
San Francisco	16	7	Kewanee		2
Santa Barbara		2	La Salle	1	
Colorado:			Mattoon		1
Denver		5	Oak Park		2
Pueblo		1	Peoria	2	1
Connecticut:			Rock Island	1	
Bridgeport		4	Springfield	4	3
Bristol		1	Indiana:		
Hartford		4	East Chicago		1
Manchester	2		Elkhart	1	
Meriden	1		Fort Wayne		3
Milford	1		Gary		3
New Haven		4	Indianapolis		12
Norwalk		1	La Fayette		1
Stamford	1		Logansport		1
Waterbury		2	Muncie		1
Delaware:			Terre Haute		1
Wilmington		2	Iowa:		
District of Columbia:			Burlington	1	
Washington		6	Council Bluffs		1
Florida:			Kansas:		
Tampa	4	2	Fort Scott	1	

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

PNEUMONIA (ALL FORMS)—Continued.

City.	Cases.	Deaths.
Kansas—Continued.		
Hutchinson	1	
Kansas City	1	
Lawrence	1	
Topeka	5	1
Wichita		2
Kentucky:		
Covington		1
Lexington		3
Louisville		6
Owensboro	2	
Louisiana:		
Monroe		1
New Orleans	5	3
Maine:		
Bangor	2	
Portland		1
Sanford		1
Maryland:		
Baltimore	26	18
Cumberland	2	1
Massachusetts:		
Attleboro	1	
Beverly	1	
Boston		17
Brookline	1	
Cambridge		5
Chelsea		1
Clinton	2	
Everett	2	1
Fall River	6	5
Greenfield		2
Haverhill	4	1
Lawrence	4	2
Lowell		2
Lynn	5	4
Malden	2	1
New Bedford		7
Northampton		1
Norwood	1	
Pittsfield		2
Quincy		1
Salem		1
Springfield	1	
Taunton		1
Wakefield		1
Worcester		8
Michigan:		
Benton Harbor		1
Detroit	28	14
Flint		1
Hamtramck		2
Highland Park	4	1
Jackson		1
Kalamazoo		5
Muskegon	2	
Port Huron		1
Sault Ste. Marie		1
Minnesota:		
Austin		1
Duluth		2
Minneapolis		3
St. Paul		3
Missouri:		
Kansas City		9
St. Joseph		3
Montana:		
Billings		1
Missoula		2
Nebraska:		
Lincoln		4
Omaha		4
Nevada:		
Reno		1
New Hampshire:		
Nashua		2
New Jersey:		
Bayonne	1	
Belleville	1	
New Jersey—Continued.		
Bloomfield	1	
East Orange	4	2
Elizabeth		3
Englewood		1
Hackensack		2
Hoboken		2
Jersey City	7	
Kearny	2	
Montclair		1
Morristown		1
Newark	50	4
Orange	3	1
Passaic		1
Rahway		1
Trenton		5
West New York		1
West Orange	2	
New Mexico:		
Albuquerque		1
New York:		
Albany	15	
Auburn	1	
Binghamton	6	
Buffalo	13	5
Cortland	5	2
Glens Falls		2
Hornell	1	
Jamestown	3	1
Lockport		2
Mount Vernon	8	2
Newburgh		1
New York	263	106
Peekskill		2
Port Chester	1	
Rochester		7
Schenectady	1	
Syracuse		4
Troy	6	2
Watertown	1	
Yonkers	4	2
North Carolina:		
Wilmington		1
Ohio:		
Barberton	2	
Canton		3
Cincinnati		8
Cleveland	14	
Columbus		8
Dayton	1	
Findlay		1
Hamilton		4
Ironton	1	
Lima		1
Mansfield	2	
Middletown	2	
Norwood		1
Piqua	2	1
Sandusky	1	
Springfield		3
Tiffin		1
Toledo		4
Youngstown		2
Zanesville		1
Oklahoma:		
Oklahoma City		1
Oregon:		
Portland		6
Pennsylvania:		
Philadelphia	70	48
Rhode Island:		
Pawtucket		1
Providence		7
South Carolina:		
Charleston		5
South Dakota:		
Sioux Falls		2
Tennessee:		
Memphis		5

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

PNEUMONIA (ALL FORMS)—Continued.

City.	Cases.	Deaths.
Texas:		
Dallas		3
El Paso		1
Fort Worth		4
Galveston		1
Greenville	2	1
Houston		2
Utah:		
Salt Lake City		1
Virginia:		
Alexandria	1	
Lynchburg		1
Norfolk		2
Petersburg		1
Virginia—Continued.		
Portsmouth		2
Richmond		4
Roanoke		5
West Virginia:		
Charleston		2
Huntington		2
Wisconsin:		
Beloit		1
Milwaukee	11	
Oshkosh		1
Racine		2
Wyoming:		
Casper	1	

POLIOMYELITIS (INFANTILE PARALYSIS).

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1920, inclusive. In instances in which data for the full six years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 26, 1921.	
		Cases.	Deaths.
California:			
Bakersfield	0	1	
Los Angeles	0	1	
Stockton	0	2	
Georgia:			
Macon		1	
Illinois:			
Chicago	0	3	
Iowa:			
Sioux City	0	1	
Louisiana:			
New Orleans	0	1	
Maryland:			
Baltimore	0	2	
Massachusetts:			
Leominster	0	1	1
Northampton	0	1	
Norwood		1	
Salem	0		1
Michigan:			
Kalamazoo	0	1	
Minnesota:			
St. Paul	0	1	
Missouri:			
Kansas City	0	1	
Nebraska:			
Omaha	0	1	
New Jersey:			
Hackensack	0	1	
New York:			
Buffalo	0	1	
New York	2	11	4
Washington:			
Seattle	0	2	

RABIES IN ANIMALS.

City.	Cases.
Florida:	
Tampa	1

SCARLET FEVER.

See p. 3106; also Telegraphic weekly reports from States, p. 3095, and Monthly summaries by States, p. 3099.

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

SMALLPOX.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1920, inclusive. In instances in which data for the full six years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 26, 1921.	
		Cases.	Deaths.
Alabama:			
Mobile	0	15	
Tuscaloosa	0	1	
Arkansas:			
Fort Smith	0	2	
California:			
Bakersfield	0	2	
Berkeley	0	2	
Los Angeles	0	2	
Oakland	0	2	
Richmond		1	
San Francisco	0	1	
Colorado:			
Denver	7	21	3
Florida:			
Tampa		2	
Georgia:			
Atlanta	0	3	
Brunswick	0	1	
Idaho:			
Pocatello	3	1	
Illinois:			
Centralia	0	2	
Chicago	1		1
Elgin	0	1	
Peoria	0	1	
Indiana:			
Gary	0	1	
Iowa:			
Burlington	0	3	
Dubuque	0	1	
Mason City	0	1	
Muscatine	0	2	
Kansas:			
Hutchinson	0	1	
Kansas City	1	10	
Salina	0	2	
Michigan:			
Detroit	1	1	
Minnesota:			
Duluth	0	1	
Minneapolis	12	3	
St. Paul	9	15	
Missouri:			
Independence	0	4	1
Kansas City	4	42	25
St. Joseph	0	1	
Montana:			
Great Falls	0	7	
Nebraska:			
Omaha	0	1	
Nevada:			
Reno	0	1	
New York:			
New York	0	1	
North Dakota:			
Fargo	8	1	
Ohio:			
Dayton	0	5	
Marion	0	2	
New Philadelphia	0	1	
Springfield	0	2	
Oregon:			
Portland	4	16	
Tennessee:			
Chattanooga	0	1	
Nashville	0	1	
Texas:			
El Paso	0	1	
Galveston	0		1
Utah:			
Salt Lake City	1	6	
Virginia:			
Danville	0	1	
Washington:			
Aberdeen	0	4	
Bellingham	0	2	
Seattle	1	3	
Spokane	33	10	
Tacoma	0	10	
Walla Walla	9	6	
Yakima	0	13	
Wisconsin:			
Manitowoc	3	2	
Milwaukee	5	2	
Sheboygan	46	1	
Superior	0	3	
West Allis		2	
Wyoming:			
Casper		2	

TETANUS.

City.	Cases.	Deaths.
Illinois:		
Chicago		1
Michigan:		
Detroit	1	
New York:		
New York		1
Ohio:		
Fremont	1	
Texas:		
Houston		1
Virginia:		
Norfolk		1
Roanoke	1	

TUBERCULOSIS.

See p. 3106; also Telegraphic weekly reports from States, p. 3095.

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

TYPHOID FEVER.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1920, inclusive. In instances in which data for the full six years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Nov. 26, 1921.	
		Cases.	Deaths.
Alabama:			
Birmingham	2	3	
Mobile	0	1	
California:			
Pasadena	0	1	
Sacramento	0	3	1
San Francisco	2		1
Connecticut:			
Bridgeport	0	1	
Greenwich	0		1
Waterbury	0	1	
Georgia:			
Atlanta	0	2	2
Macon	2	2	
Savannah	1	1	
Illinois:			
Aurora	0		1
Chicago	7	4	
Rockford	1	1	
Indiana:			
Bloomington	0	1	
Logansport	0		1
Iowa:			
Ottumwa		3	
Kansas:			
Topeka	0	1	
Wichita	2	1	
Kentucky:			
Louisville	0	1	
Owensboro		1	
Paducah	0	1	
Louisiana:			
Monroe	0		1
New Orleans	3	2	1
Maryland:			
Baltimore	6	2	1
Cumberland	0		
Massachusetts:			
Brookline	0	1	
Cambridge	0	1	
Chicopee	0	1	
Fall River	2	1	
Greenfield	0	1	
Lawrence	0	1	
Methuen	0		1
Newton	0	1	
North Adams	0	1	
Plymouth	0		1
Salem	0	1	
Watertown	0	1	
Michigan:			
Detroit	4	5	2
Jackson	0	1	
Marquette	0	1	
Minnesota:			
Duluth	0	1	
St. Paul	1	5	
Missouri:			
Kansas City	0	1	
St. Louis	7	4	1
Montana:			
Billings	0	1	
New Jersey:			
Atlantic City	1	1	
Bayonne	0	1	
Clifton		1	
Jersey City	0	1	
Newark	1	3	
New York:			
Buffalo	2	2	
Elmira	0		1
Mount Vernon	0	1	
New York	20	23	3
Rochester	1	2	
Troy	0	2	
Watertown	0	1	
North Carolina:			
Wilmington	0	2	1
Ohio:			
Ashtabula	0	1	
Cincinnati	0	4	
Cleveland	2	1	
Columbus	0	4	
Fremont	0	1	
Lima	0	1	1
Lorain	0	2	
Niles		1	
Toledo	1	6	1
Youngstown	0	2	1
Oregon:			
Portland	1	4	
Pennsylvania:			
Canonsburg		1	
Erie	0	1	
Jeanette		1	
Lancaster	0	1	
New Castle	0	1	
Oil City	0	1	
Philadelphia	6	3	
Pittsburgh	2	2	
Wilkinsburg	0	1	
Tennessee:			
Johnson City			1
Memphis	0	1	1
Nashville	2	2	
Texas:			
Dallas	0	1	
Galveston	0	1	
Virginia:			
Danville	0	1	
Petersburg	0	1	
Richmond	0	1	1
Washington:			
Seattle	0	1	
Walla Walla	0	1	
West Virginia:			
Huntington	1	1	
Wisconsin:			
Fond du Lac	0	1	
Milwaukee	0	1	
Racine	0		1

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Alabama:										
Birmingham	178,270	50	8				8		1	5
Mobile	60,151	19					1			3
Montgomery	43,464	12	1				1			3
Arizona:										
Tucson	20,292	10		1						1
Arkansas:										
Fort Smith	28,811	3	2				2		1	
Hot Springs	11,695	3	1							
Little Rock	64,997		4				1		2	
North Little Rock	14,048		2				2			
California:										
Alameda	28,806	5	3				2			
Bakersfield	18,638	2								
Berkeley	55,886	15	2				2			2
Los Angeles	576,673	171	48	1	2		28		59	17
Oakland	216,361	59	30	2			7		7	3
Pasadena	45,354	17	5				1		1	4
Richmond	16,843	2								
Riverside	19,341	6					2			
Sacramento	65,857	29	14				2		2	1
San Francisco	508,410	150	48	4	3		6		24	13
Santa Barbara	19,441	10	4							1
Santa Cruz	10,917	1	1		1					
Stockton	40,296	14	11	2			11			
Vallejo	21,107	3	2							
Colorado:										
Denver	256,369	67	19	1	1		11	1		4
Greeley	10,883	2								
Pueblo	42,908	10	6		1		7			
Trinidad	10,906		2							
Connecticut:										
Bridgeport	143,538	28	20	1			5		3	1
Bristol	20,620	4								
Derby	11,238	3							1	1
Fairfield (town)	11,475	1	2							
Greenwich (town)	22,123								1	
Hartford	138,036	38	9				3			
Manchester (town)	18,370				1					
Meriden (city)	29,842		3						1	
Milford (town)	10,193	5	3	2						
New Haven	162,519	35	13	1			4	1	4	1
New London	25,688	6	1		1					
Norwalk	27,700	7								
Norwich (town)	29,685	4	2				3			
Stamford (city)	35,086								2	
Waterbury	91,410	22	8				7		2	4
Delaware:										
Wilmington	110,168	24	2				10			4
District of Columbia:										
Washington	437,571	84	51	1	6		19		21	6
Florida:										
Tampa	51,252	19	11	1					5	1
Georgia:										
Albany	11,555								1	
Atlanta	200,616	60	5				10		4	6
Augusta	52,548						3			
Brunswick	14,413	2					1			
La Grange	17,038		1							
Macon	52,995	28	5		1		4			1
Rome	13,252		1							
Savannah	83,252	30					3		2	2
Valdosta	10,783	6								1
Idaho:										
Boise	21,393	2					3			
Pocatello	15,001	6	25	1			1			
Illinois:										
Alton	24,682	5	3		1		4			
Aurora	36,397	12	9		2		1			
Bloomington	28,725	3	2				2		3	1
Blue Island	11,424	3	29	1						
Centralia	12,491	3	1							
Chicago	2,701,705	540	243	17	22		125	5	151	31
Cicero	44,995	9	12				2			
Decatur	43,818	6	13				5			1

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

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

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Illinois—Continued.										
East St. Louis	66,740	10		1						1
Elgin	27,454	8	7				2			
Evanston	37,215	8	7						2	
Galesburg	23,834	5	3							
Jacksonville	15,713	10					1			1
Kewanee	16,026	6					5			
La Salle	13,050	3	3						1	
Mattoon	13,552	6	15				1			1
Oak Park	39,830	16	6						1	1
Pekin	12,086		9				2			
Peoria	76,121	17	2				6		1	1
Rockford	65,651	15	14	1			10			1
Rock Island	35,177	2					1		1	
Springfield	59,183	13	1				2		2	1
Indiana:										
Bloomington	11,595	2	3				1			
Crawfordsville	10,139	1								
East Chicago	35,967	3		1						
Elkhart	24,277	8					1			
Fort Wayne	36,549	22	13				3		1	3
Frankfort	11,585	1			1					
Gary	55,378	19		1	2		15			1
Hammond	36,004	5	3	2			3			
Huntington	14,000	5	3				4			
Indianapolis	314,194	96	49	4	1		13		6	5
Kokomo	30,067	10					6			
La Fayette	22,486	5	1				2			1
Logansport	31,626	8	3							
Marion	23,747	6	5		5					
Mishawaka	15,195	3	4				2			
Muncie	36,624	9	4				1			2
Richmond	26,765	6					2			
South Bend	70,983		3				2		1	
Terre Haute	66,083	36	12	2			7			
Iowa:										
Burlington	24,057	5					1			
Cedar Rapids	45,566		7				2			
Council Bluffs	36,162	10	3	1			1			
Dubuque	39,141		2							
Mason City	20,065	4	1				3			
Muscatine	16,068	7	1	1			1			
Ottumwa	23,003		1							
Sioux City	71,227						3			
Waterloo	36,230		6							
Kansas:										
Atchison	12,630		1				1			
Coffeyville	13,452	5	9							
Fort Scott	10,693	3	15	1			2		1	
Hutchinson	23,298		18		7		3			
Kansas City	101,177		14				4		1	
Lawrence	12,456	3	3				2			
Leavenworth	16,912		5				1			
Parsons	16,028	5	2				1	1		
Salina	15,085	5	2							
Topeka	50,022	8	31				5		4	
Wichita	72,128	34	14	1			21			
Kentucky:										
Covington	57,121	4	3				4		1	1
Lexington	41,534	19	5				1			
Louisville	234,891	68	46	3	19		9		5	4
Owensboro	17,424		21				2			
Paducah	24,735		8							
Louisiana:										
Baton Rouge	21,782	7	2	1			1		1	1
Monroe	12,675	3								
New Orleans	387,219	105	13				7		13	9
Maine:										
Auburn	16,985	3	1				1			
Bangor	25,978				9					
Biddeford	18,008	4	1						1	
Lewiston	31,791	3	5	1			5			1
Portland	69,272	12	4				3			1
Sanford	10,691	4								
Waterville	13,351		2				1			

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

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

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Maryland:										
Baltimore	733,826	181	53	2	30		40		21	20
Cumberland	29,837	13	10				6			
Massachusetts:										
Adams	12,967	3					7			
Amesbury	10,036	5	1							
Arlington	18,665	4	1							
Attleboro	19,731	6					1			1
Belmont	10,749	1	5						1	1
Beverly	22,561	5	2	1			2			
Boston	748,060	212	79	4	51	1	17	1	43	15
Braintree	10,580	5							1	3
Brookline	37,748	10					2			1
Cambridge	109,694	29	11		1		11		3	
Chelsea	43,184	9					2	1		
Chicopee	36,214	6	3		1				2	
Clinton	12,979	3					1			
Danvers	11,108						2			
Everett	40,120	6	5		1		3		2	1
Fall River	120,485	27	3	1			2		5	
Gardner	16,971	2	1				1			
Greenfield	15,482	9	1				2		1	
Haverhill	53,884	8	5				1		2	1
Holyoke	60,203	6			1		1		1	
Lawrence	94,270	14		3	2		1		2	3
Leominster	19,744	8								
Lowell	112,479	25	6		1		1		2	1
Lynn	99,148	22	12	1			3		3	4
Malden	49,103	9	9				4		2	
Medford	39,038	9			14		3			1
Melrose	18,204	5	2							
Methuen	15,189	4			1		1			
Natick	10,907				1		1			
New Bedford	121,217	22	16	2			8		7	
Newburyport	15,618	3	2						1	
Newton	46,054	8	8	1	1		1			
North Adams	22,282	4					1		1	
Northampton	21,951	5	4				5		1	
Norwood	12,627	0								
Pittsfield	41,751	15	1		1		4		4	1
Plymouth	13,045	4								1
Quincy	47,876	11	6		4		3		1	1
Salem	42,529	8	3				1			
Somerville	93,091	11	6		2		2		2	
Southbridge	14,245	4					6			1
Springfield	129,503	16	4	1	4		5		5	1
Taunton	37,137	15	5				1		2	
Wakefield	13,025	4	1				1			
Watertown	21,457	3			1				1	
Webster	13,258	3								
West Springfield	13,443	2								
Westfield	18,604	4	4							
Weymouth	15,057	4								
Winthrop	15,455				3					
Woburn	16,574	3								
Worcester	179,754	47	1	1	2		5	1	6	1
Michigan:										
Ann Arbor	19,516	9	4				2			
Battle Creek	36,164		8		1		1			
Benton Harbor	12,233	8	3				2			
Detroit	993,739	178	112	7	42		54	1	33	20
Flint	91,599	20	20	2	1		19	1		
Hamtramck	48,615	10	2				1			1
Highland Park	46,499	15	7				2			
Holland	12,166	3	1				2			
Ironwood	15,739	2					5		1	1
Jackson	48,374	17	14	2			7	1		
Kalamazoo	48,858	19	20	2	1		9		1	1
Marquette	12,718	4								1
Muskegon	36,570	7	3							
Pontiac	34,273	1	8				7			
Port Huron	25,744	10	1				1			
Sault Ste. Marie	12,096	2					2			

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

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

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Minnesota:										
Austin	10,118	3								
Duluth	98,917	12	4				2		2	
Hibbing	15,089	2								
Minneapolis	380,582	81	61	2	6		41	1	24	2
Rochester	13,722	9								
St. Paul	234,595	54	16		1		22		11	7
Winona	19,143		2				8			
Missouri:										
Independence	11,686	5	1	1			2			
Joplin	29,855		5				4			
Kansas City	324,410	102	49	2	1		12		2	5
St. Joseph	77,939	33	4				14			
St. Louis	772,897	178	92	3	3		20	1	26	11
Springfield	39,631	8								
Montana:										
Billings	15,100	7	1				2			
Great Falls	24,121	4	8	2						
Missoula	12,668	4	1							
Nebraska:										
Lincoln	54,934	11	2		2					
Omaha	191,601	43	18	2	14		1			2
Nevada:										
Reno	12,016	4								
New Hampshire:										
Berlin	16,104	6			1			1		
Concord	22,167	6	1				1			
Dover	13,029	2								
Keene	11,210	3					1		1	
Nashua	28,379	14	1						2	1
New Jersey:										
Asbury Park	12,400	2	1							
Atlantic City	50,682	8					5		3	
Bayonne	76,754						3		2	
Belleville	15,660		1				2		1	
Bloomfield	22,019	2	5		5		5			
Clifton	26,470	1	4							
East Orange	50,710	4			1		2		1	
Elizabeth	95,682		14		3	1	7	1	2	2
Englewood	11,627	3					3		1	
Garfield	19,381	3	3						2	
Hackensack	17,667	11	2		1		2			2
Harrison	15,721		1				2			
Hoboken	68,166	15	1	2			3		2	1
Jersey City	297,864		15		12		11		8	
Kearny	26,724	4	1		2		1		1	
Montclair	28,810	6	1				3			
Morristown	12,548	2					7			
New Brunswick	32,779	4	2	1						
Newark	414,216	70	21	2	33		40		24	5
Orange	33,268	7					3		1	2
Passaic	63,324	16	4					1	3	
Paterson	135,866		14		3		1		2	
Perth Amboy	41,707	5	6				1			1
Phillipsburg	16,923	3								
Plainfield	27,700	3	2				12			
Rahway	11,042	5	4	1			1			
Summit	10,174	3	1		1					
Trenton	119,289	34	9	1			5		4	2
Union	20,651		3							
West Hoboken	40,068	2	2						1	
West New York	29,926	4	1				3			
West Orange	15,573	2	2						1	
New Mexico:										
Albuquerque	15,157	5	1				2			2
New York:										
Albany	113,344		16		2		2		2	
Auburn	36,192	10	7	2			2			1
Binghamton	66,800	18	5				13	1		
Buffalo	506,775	108	44	3	1		28	1	9	9
Cortland	13,294	6	2							
Elmira	45,305	8			10		12			
Geneva	14,648	3								

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

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

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
New York—Continued.										
Glens Falls	16,638	6							1	
Hornell	15,025	2							1	
Jamestown	38,917	11	4		13		2			
Little Falls	13,029	1								
Lockport	21,308	10	2				3			1
Mount Vernon	42,726	13	2				5			
Newburgh	30,366	6	1						1	
New York	5,621,151	1,184	239	11	168	2	184	2	[1] 190	[1] 83
Niagara Falls	50,760	13	3	1			9			
North Tonawanda	15,482	4	5							
Ogdensburg	14,609	6								
Olean	20,506	5	1						1	
Peekskill	15,868	7					2		1	
Plattsburg	10,909	2								
Port Chester	16,573	4			1		9			
Rochester	295,750	68	27	2	1		9		8	1
Rome	26,341	9					1			1
Saratoga Springs	13,181	4							1	
Schenectady	88,723	16	5				15	1	2	
Syracuse	171,717	48	37	2	3		13		3	4
Troy	72,013	19	3				3		3	2
Watertown	31,285	13	1						1	2
White Plains	21,031	3			1				2	
Yonkers	100,226	13	4	1	2		19			2
North Carolina:										
Charlotte	46,338	15	9				4			4
Durham	21,719	4	2				1			
Greensboro	19,861	2								
Rocky Mount	12,742	4								
Salisbury	13,884	0								
Wilmington	33,372	18	1		1		3		2	
Winston-Salem	48,395	9	1		1		4		2	1
North Dakota:										
Fargo	21,961		1				9			
Ohio:										
Alliance	21,603	7	1							
Ashtabula	22,082	2	3							
Barberton	18,811	0					2			
Bucyrus	10,425	1								
Canton	87,091	18	16	1			2			1
Chillicothe	15,831	5	1		1					1
Cincinnati	401,247	98	38	3	17		14		15	9
Cleveland	796,836		66		18		58			
Cleveland Heights	15,236						1			
Columbus	237,031	58	38				10		4	3
Coshocton	10,847		2				2			
Dayton	152,559	38	8		1		2		1	
Findlay	17,021	6	1				1		1	
Fremont	12,468	3								
Hamilton	39,675	12	9	1			1			
Ironton	14,007	1			1				1	
Kenmore	12,683		2				1			
Lancaster	14,706	4	3							
Lima	41,306	7	7	1						
Lorain	37,295		2				6			
Mansfield	27,824	6	1						3	1
Marion	27,891		8				5			
Middletown	23,594	9	5				2		1	1
Newark	26,718	6	35		2		15		1	
New Philadelphia	10,718		5				1			
Niles	13,080	1	1							
Norwood	24,966	5					1			1
Piqua	15,044	3	1							
Salem	10,305	2								
Sandusky	22,897	4	1							
Springfield	60,840	18	38				1			1
Steubenville	28,508	8					1			
Tiffin	14,375	5								
Toledo	243,109	44	35	3	2		12		1	1
Youngstown	132,358	25	4				6		1	1
Zanesville	29,569	9	4							

[1] Pulmonary tuberculosis only.

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

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

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Oklahoma:										
Oklahoma City	91,258	11	5				4		3	
Tulsa	72,075		8				1		7	
Oregon:										
Portland	258,288	62	36	2			13		19	1
Pennsylvania:										
Allentown	73,502		6				1			
Altoona	60,331		3				3			
Ambridge	12,730		3							
Beaver Falls	12,802		3				6			
Berwick	12,181		1				2			
Bethlehem	50,358		1		1		6		1	
Braddock	20,879		1				2		1	
Bradford	15,525		1				2			
Bristol	10,273		1		1					
Butler	23,778		1							
Canonsburg	10,632						2			
Carbondale	18,640		1							
Carlisle	10,916				1					
Carnegie	11,516		2							
Charleroi	11,516				1					
Chester	58,030		2				2		1	
Coatesville	14,515								15	
Connellsville	18,804		5							
Dickson City	11,049		2							
Donora	14,131		2				1			
Dubois	18,681		2				1			
Duquesne	19,011		1				9		1	
Easton	33,813		2				1			
Erie	93,372		6				1		7	
Farrell	15,586		1		7		2			
Harrisburg	75,917		1		3		2			
Hazleton	32,277		6				2			
Jeannette	10,627		3				5			
Johnstown	67,327		10		4					
Lancaster	53,150		19				4		2	
McKeesport	45,975		6		4		5		3	
McKee's Rocks	16,713		4				1		1	
Mahanoy City	15,599		2		6		1			
Meadville	14,568		2				1			
Monessen	18,179		3				1			
Mount Carmel	17,469				1					
Nanticoke	22,614		6							
New Castle	44,938		1				9			
New Kensington	11,987		1				1			
Norristown	32,319		2				2			
North Braddock	14,928		2				1			
Oil City	21,274						7		1	
Philadelphia	1,823,158	398	71	3	5		138		81	30
Phoenixville	10,484		1							
Pittsburgh	588,193		35		3		33		10	
Pittston	18,497		1							
Plymouth	16,500		2						1	
Pottstown	17,431		1				7			
Pottsville	21,876		5						1	
Reading	107,784		9				2			
Scranton	137,783		10				3			
Shamokin	21,204		1				2			
Sharon	21,747		2		6		4			
Sunbury	15,721		2							
Swissvale	10,908		3							
Tamaqua	12,363		2				1			
Uniontown	15,692		1				2		1	
Warren	14,256		1				1			
Washington	21,480		3				2			
Wilkes-Barre	73,833		1							
Wilkinsburg	24,403						2		1	
Williamsport	36,198		4							
Woodlawn	12,495		1							
York	47,512		5		2					
Rhode Island:										
Cranston	29,407	2	2				1			
Newport	30,255	4	1				5			1
Pawtucket	64,248	9	2							
Providence	237,595	56	20				2			5

CITY REPORTS FOR WEEK ENDED NOV. 26, 1921—Continued.

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

City.	Population January 1, 1920, subject to correction.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
South Carolina:										
Charleston	67,957	32					11	1		3
Columbia	37,524		1				4		1	
South Dakota:										
Sioux Falls	25,176	4	5							
Tennessee:										
Chattanooga	57,895		9	1			4			
Johnson City	12,442		1	1						1
Knoxville	77,818						1		2	2
Memphis	162,351	52	32				3		1	1
Nashville	118,342	41	8	1			4			3
Texas:										
Beaumont	40,422	6					1			
Corpus Christi	10,522	4								
Dallas	158,976	38	7				2		1	
El Paso	77,543	31	1		1		3			7
Fort Worth	106,482	28								4
Galveston	44,255	13	11				1			
Greenville	12,384	2	2						1	
Houston	138,076	28	13				1			3
Waco	38,500	8								
Utah:										
Salt Lake City	118,110	23	4		1		12			
Vermont:										
Burlington	22,779	3	7				4			
Rutland	14,954	5								
Virginia:										
Alexandria	18,060	4								
Danville	21,539	4	3		15		3		1	
Lynchburg	29,956	7	1							
Norfolk	115,777		8				2		1	
Petersburg	31,002	8	1				1		3	
Portsmouth	54,387	15	3							1
Richmond	171,667	46	30	3	5		5		7	4
Roanoke	50,842	12	12							1
Washington:										
Bellingham	25,570		2				1			
Seattle	315,652		8		3		3			
Spokane	104,437		5				13			
Tacoma	96,965		4		1		1		1	
Vancouver	12,637		1				1			
West Virginia:										
Charleston	39,608	17	5				2			1
Fairmont	17,851		4				2			
Huntington	50,177	17	4				3			1
Martinsburg	12,515		1				2			
Morgantown	12,127		1				2			
Moundsville	10,669	3	3				2			
Parkersburg	20,050	7	2					1		
Wheeling	54,322	16	13	3			2			
Wisconsin:										
Appleton	19,561		1				2			
Beloit	21,284	2	5							
Eau Claire	20,880						3			
Fond du Lac	23,427	2	6							
Green Bay	31,017	4	3	1						
Janesville	18,293	1								
Kenosha	40,472	5	13				3		1	
La Crosse	30,363		4				1			
Madison	38,378	5	9							
Manitowoc	17,563		1							
Milwaukee	457,147		38		3		12		8	
Oshkosh	33,162	10	3				1			1
Racine	58,593	12	5				16		1	1
Sheboygan	30,955		9							
Stevens Point	11,371		5				2			
Superior	39,624	9	3				8			
Wausau	18,661		1						1	
West Allis	13,765		1							
Wyoming:										
Casper	11,447	3	2							
Cheyenne	13,829	2							2	

FOREIGN AND INSULAR.

AUSTRALIA.

Influenza—South Australia.

During the period from August 21 to October 29, 1921, 311 cases of influenza with 20 deaths were reported in the State of South Australia, Australia. (Population, census of 1911, 476,233.)

Plague—Queensland.

Plague has been reported in Queensland, Australia, as follows:

Brisbane.—Week ended October 22, 1921, three cases with two deaths, and 15 plague rats found; week ended October 29, 1921, four cases with two deaths, and 21 rats and one cat found plague infected. Infected rats were reported found on the premises of all but one of the cases reported.

Cairns.—Week ended October 22, 1921, three deaths from plague; 11 cases with six deaths reported to October 16, 1921.

Toowoomba.—Week ended October 22, 1921, one case.

Townsville.—During the week ended October 22, 1921, two cases with two deaths, and during the week ended October 29, 1921, nine cases with four deaths reported; total number of cases reported to October 29, 1921, 21, with 13 deaths, and 5 plague rats found.

CHINA.

Dysentery—Malaria—Typhoid Fever—Nanking.

During the period from September 24 to November 5, 1921, amebic dysentery, malignant malaria, and typhoid fever were reported prevalent at Nanking, China, with large numbers of cases.

CUBA.

Communicable Diseases—Habana.

Communicable diseases have been notified at Habana as follows:

Disease.	Nov. 21-30, 1921.		Remaining under treatment Nov. 30, 1921.
	New cases.	Deaths.	
Cerebrospinal meningitis	1	1	.....
Diphtheria	2	1	1
Icterus grave	.....	.....	[1]1
Infantile tetanus	1	1	.....
Leprosy	.....	.....	11
Malaria	24	.....	[2]30
Measles	1	.....	1
Scarlet fever	2	1	[3]2
Smallpox	.....	.....	[4]1
Typhoid fever	10	1	[5]25

[1] From the interior. [2] From the interior, 16. [3] From the interior, 1. [4] From the interior. [5] From the interior 19; from abroad 1.

HAWAII.

Pneumonic Plague—Honokaa, Hawaii.

A fatal case of pneumonic plague was reported at Honokaa, Hawaii, November 18, 1921.

JAMAICA.

Infectious Disease (Alastrim or Kaffir Pox).

During the week ended November 19, 1921, 12 new cases of alastrim or Kaffir pox were reported in the Island of Jamaica.

Typhoid Fever—Kingston and Vicinity.

During the period under report 6 cases of typhoid fever were reported in Kingston and 35 cases in the surrounding country.

MEXICO.

Plague-Infected Rodents—Tampico.

Four plague-infected rodents were reported found at Tampico, Mexico, during the week ended December 3, 1921, making a total of 312 infected rodents found at that place from January 1 to December 3, 1921.

SPAIN.

Smallpox—Malaga.

During the month of October, 1921, 69 deaths from smallpox were reported at Malaga, Spain. On November 14, 1921, the prevalence was stated to be increasing.

UNION OF SOUTH AFRICA.

Smallpox—Typhus Fever—September, 1921.[1]

During the month of September, 1921, smallpox and typhus fever were notified in the Union of South Africa as follows:

Smallpox.—Among the native population, 97 cases of smallpox with 1 death were reported. Of these, 31 cases with 1 death occurred in the Cape Province; 44 cases in the Orange Free State, and 22 cases in the Transvaal. Among the white population, 16 cases of smallpox were reported, 2 cases occurring in the Orange Free State and 14 in the Transvaal.

Typhus fever.—Among the native population, 664 cases of typhus fever with 71 deaths were reported. Of these, 658 cases with 67 deaths occurred in the Cape Province, particularly in the Eastern native reservations; 5 cases with 4 deaths in Natal; and 1 case in the Orange Free State. Among the white population 8 cases were reported, all occurring in the Cape Province.

[1] Public Health Reports, Oct. 21, 1921, p. 2651; and Nov. 18, 1921, p. 2865.

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

Reports Received During Week Ended Dec. 16, 1921.[1]

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Shanghai	Oct. 24–Nov. 6	2	2	In Chinese.
India:				
Bombay	Oct. 2–15	3	3	
Calcutta	Oct. 9–22	13	11	
Karachi	Oct. 30–Nov. 5	3	2	
Madras	do	1		
Java:				
West Java—				
Lebak	Oct. 14–27	9	4	
Philippine Islands:				
Manila	Oct. 16–29	5	1	
Siam:				
Bangkok	Sept. 25–Oct. 1	1		

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Australia:				
Queensland—				
Brisbane	Oct. 16–29	7	4	36 rats and one cat plague infected.
Cairns	Oct. 16–22		3	Total to Oct. 16, 1921: Cases, 11; deaths, 6.
Toowoomba	Oct. 16–22	1		
Townsville	Oct. 16–29	11	6	Total to Oct. 29, 1921: Cases, 21; deaths, 13; 5 plague rats found.
Ceylon:				
Colombo	Oct. 16–22	2	2	One rodent plague.
China:				
Amoy	Oct. 23–29			Present.
Hawaii:				
Honokaa	Nov. 18	1	1	Pneumonic.
India:				
Bombay	Oct. 2–15	10	5	
Madras Presidency	Oct. 23–29	166	101	
Rangoon	Oct. 16–22	2	6	
Mexico:				
Tampico				Nov. 27–Dec. 3, 1921: Four plague infected rats found. Total plague rats found, Jan. 1–Dec. 3, 1921, 312.
Siam:				
Bangkok	Oct. 2–8	1	1	

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Rio de Janeiro	Oct. 23–29	2	2	
Canada:				
New Brunswick—				
Charlotte County	Nov. 20–26	12		
St. Stephen	Nov. 27–Dec. 3	15		
York County	Nov. 20–26	1		
Ontario—				
North Bay	Nov. 13–26	4		
Ottawa	Nov. 27–Dec. 3	11		
Toronto	do	1		
China:				
Amoy	Oct. 23–29			Present.
Chungking	Oct. 9–29			Do.
Foochow	Oct. 16–29			Do.
Hongkong	Oct. 9–15	2		
Manchuria-Mukden	Nov. 6–12			Do.
Nanking	Oct. 23–Nov. 5			Do.
Shanghai	Oct. 24–30	4	3	Cases, foreign; deaths, Chinese. Reported present Dec. 8, 1921.
Cuba:				
Antilla	Nov. 20–26	1		
Dominican Republic:				
San Pedro de Macoris	Nov. 13–19	8		

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

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

Reports Received During Week Ended Dec. 16, 1921—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Great Britain:				
Cardiff	Nov. 13-19	4	5	
Haiti:				
Port au Prince	Nov. 20-26			Present.
India:				
Bombay	Oct. 2-8	1	2	
Calcutta	Oct. 16-22	2	2	
Madras	Oct. 23-29	10	5	
Japan:				
Taiwan Island	Nov. 1-10	1	1	
Russia:				
Latvia—				
Riga	Aug. 26-Sept. 30	10		
Spain:				
Malaga	Oct. 1-31		69	Nov. 14: Reported to be increasing.
Straits Settlements:				
Singapore	Oct. 9-15	19	2	
Sweden:				
Goteborg	Nov. 6-12	1		
Union of South Africa				Sept. 1-30, 1921: Cases, 113; one death. White, 16 cases; native, 97 cases, one death.
Cape Province	Sept. 1-30	31	1	Native.
Orange Free State	do	46		White, 2; native, 44.
Transvaal	do	36		White, 14; native, 22.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Russia:				
Latvia	Aug. 26-Sept. 30	45		
Turkey:				
Constantinople	Oct. 31-Nov. 5	7		
Union of South Africa				Sept. 1-30, 1921: Cases, 672; white, 8; native, 664, with 71 deaths.
Cape Province	Sept. 1-30	666	67	White, cases, 8; native, cases, 658; deaths, 67.
Natal	do	5	4	Native.
Orange Free State	do	1		Do.

Reports Received from July 2 to Dec. 9, 1921.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy	July 3-Sept. 10		15	
Hongkong	Aug. 22-Sept. 24	40	11	
Shanghai	Aug. 1-Oct. 8	39	13	In non-Chinese population. Aug. 1-Oct. 16, 1921: Cases, 197; Chinese, 149; foreign, 48.
Swatow	Aug. 14-20	1	1	
Germany:				
East Prussia—				
Königsberg	Oct. 10	3	1	
India				Mar. 6-June 25, 1921: Deaths, 75,281. July 3-30, 1921: Deaths, 46,999. Aug. 14-20, 1921: Deaths, 19,033. Aug. 21-Sept. 3, 1921: Deaths, 29,870. Aug. 31-Sept. 13, 1921: Deaths, 46,051.
Bombay	May 1-June 18	11	10	
Do	June 23-Sept. 24	78	49	
Calcutta	May 8-June 25	597	521	
Do	June 26-Oct. 8	197	172	
Karachi	July 10-Oct. 8	153	137	
Madras	May 15-June 25	3	2	
Do	June 26-Oct. 15	14	6	
Rangoon	Apr. 21-June 25	18	17	
Do	June 26-Oct. 15	23	16	

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China				Jan. 1-31, 1921: Cases, 80; deaths, 15. May 29-June 12, 1921: Cases, 251; deaths, 202.
City—				
Cholon	June 6-12	5	4	
Saigon	May 9-June 12	65	44	
Do	July 4-Sept. 17	105	96	Disseminated in neighboring Provinces.
Province—				
Anam	Jan. 1-31	42		In January, 1920: No cases.
Cambodia	do	8	2	January, 1920: Cases, 27; deaths, 14.
Cochin-China	do	18	9	January, 1920: Cases, 13; deaths, 10.
Tonkin	do	12	4	January, 1920: No cases.
Java:				
East Java—				
Surabaya	Sept. 25-Oct. 1	2	2	
West Java—				
Lebak	Sept. 9-Oct. 6	18	10	
Philippine Islands:				
Manila	May 22-June 25	4		
Do	July 3-Oct. 15	47	5	
Province—				
Batangas	June 12-18	2	1	
Do	July 3-23	7	3	
Cavite	July 10-Aug. 6	2	1	
Cebu	June 26-July 2	1		
Laguna	June 19-25	1		
Do	July 3-9	1	1	
Mindoro	June 12-18	1	1	
Pampanga	June 5-11	1	1	
Tarlac	June 19-25	1	1	
Union	June 26-Aug. 13	3	1	
Poland				Apr. 24-June 18, 1921: Cases, 5; deaths, 1.
Baranowicze	Aug. 18			Present.
Bialystok	July 25			Do.
Pinsk	do			Do.
Russia				Jan. 1-Aug. 10, 1921: Cases, 78,011. City of Moscow, cases, 289.
Districts—				
Astrakan	Jan. 1-Aug. 10	5,132		
Black Sea	do	3,152		From Jan. 1 to July 13, 1921: 1,718 cases reported in Kuban Territory.
Kazan	Jan. 1-July 13	434		
Kharkov	do	257		
Kursk	Jan. 1-Aug. 10	1,227		
Moscow	Jan. 1-July 13	293		City, 192 cases.
Orel	Jan. 1-Aug. 10	1,968		
Rjasan	Jan. 1-July 13	129		
Samara	Jan. 1-Aug. 10	5,315		
Saratov	do	7,201		
Simbirsk	do	1,160		
Tambov	do	2,561		
Tsaritzyn	do	3,028		
Ufa	do	5,196		
Voronezh	do	3,621		
Petrograd	July 6	6		
Republics—				
Basjkir	Jan. 1-Aug. 10	1,038		
Kirghiz	do	5,687		
Tartar	do	1,178		
Tchuvash	do	233		
Rostov-on-Don	June 1	747		Present on Orenburg-Tashkent line, and at Cheljabinsk, Perm, Petropavlosk, Ufa, and in Smolensk and Vitebsk districts during period under report.
Siberia	do	1,264		Far Eastern Republic.
Territories—				
Azerbeidjan	Jan. 1-Aug. 10	614		
Don	do	2,006		
Turkestan	do	5,583		
Ukraine	do			Very prevalent; reports incomplete.
Siam:				
Bangkok	Apr. 24-June 11	19	4	
Do	June 26-Sept. 17	7	2	
Straits Settlements:				
Singapore	June 12-18	1	1	

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

CHOLERA—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Sumatra:				
Medan	Sept. 29-Oct. 6	12	4	Chinese arriving on board s. s. van Cloon from Chinese ports.
On vessels:				
Steamship van Cloon	do	12	4	At Medan, Sumatra, from Chinese ports. Cases among Chinese.

PLAGUE.

Algeria				July 1-31, 1921: Cases, 166; in Aumale district.
Algiers	Aug. 1-Oct. 10	2	1	
Aumale district	May 31-July 3	71	22	Native district about 140 kilometers from Algiers.
Douar Megnine	May 31-Aug. 24	185	97	
Oran	Sept. 20-Oct. 20	1	2	
Asia Minor:				
Smyrna	June 19-25	1		District.
Do	July 3-Oct. 22	5		Do.
Australia:				
New South Wales—				
Sydney	Nov. 30-Dec. 5	2	1	Sept. 11-Oct. 8: Dead plague-infected rats found on wharves; 1 rat from vessel from Brisbane. Sept. 19-Oct. 5, 1921: 17 plague rats found in quarantine area. Oct. 26-Nov. 2, 1921: 2 rats found at distance from wharves.
Queensland	Sept. 17-24			Plague rats found, 28.
Brisbane	Aug. 23		1	Employee in produce store.
Kelvin Grove	Sept. 20		1	Office cleaner at Brisbane; 1 plague rat.
Townsville	Sept. 21		1	2 plague rats found.
Azores:				
Fayal Island—				
Horta	Sept. 4-10	1		
St. Michael Island				Oct. 2-22, 1921: Cases, 25; deaths, 13; occurring in vicinity of Ponta Delgada, at Relva, Ribeira Grande, and Santo Antonio.
Capelás	Aug. 6-12	1	1	
Ribeira Grande	Aug. 6-Nov. 12	62	30	
Brazil:				
Bahia	May 15-June 18	3	3	
Do	July 31-Oct. 1	4	3	
Maranhao	June 28	1	1	
Pernambuco	Aug. 22-28	1	1	
Pindobassu				Locality 200 miles west of Bahia; plague reported epidemic during August, 1921, with 60 deaths. Sept. 1-30: Epidemic.
Villa Nova	Sept. 11-Oct. 1			Epidemic.
British East Africa:				
Kenya Colony—				
Kisumu	Apr. 24-May 21			Present.
Do	June 26-Sept. 24			Present in vicinity.
Uganda	Mar. 1-June 30	133	101	Reports of native chiefs show 2,709 deaths during same period.
Do	July 1-31	41	30	Reports of inspectors, deaths, 230; reports of chiefs, deaths, 1,482.
Cape Verde Islands:				
St. Vincent	Aug. 12-18	6	3	
Ceylon:				
Colombo	May 8-June 11	2	2	
Do	June 26-Oct. 15	7	8	June 26-Oct. 15, 1921: Plague rats, 11.
Chile:				
Antofagasta				Oct. 23-29, 1921; 1 plague rat found.
Iquique	Sept. 17	1		
China:				
Amoy	May 15-June 25	7	2	
Do	July 3-Oct. 15		42	Sept. 11-Oct. 22: Present; also rodent plague.

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
China—Continued.				
Foochow	May 15-21			Present.
Hongkong	Apr. 24-June 25	81	59	May 1-7, 1921: Plague rats found.
Do	June 26-Oct. 1	41	30	
Manchuria—				
Harbin	May 3-22	46		
Ecuador:				
Guayaquil	May 1-June 15	10	1	
Do	July 16-Sept. 30	9	4	Plague rats found: Aug. 1-Sept. 30, 1921, 133.
Egypt				Jan. 1-Nov. 3, 1921; Cases, 322; deaths, 136.
City—				
Alexandria	May 21-June 24	10	3	
Do	July 1-Oct. 31	55	14	
Port Said	June 16-27	4	2	
Do	July 1-Sept. 30	18	7	
Suez	May 20-June 30	9	5	
Do	July 1-Nov. 3	13	7	
Province—				
Assiout	May 24-June 16	9	7	
Do	July 30	1		
Beni-Souef	July 10	1		
Gharbieh	June 2-25	7		
Do	July 9-Sept. 1	9		
Girgeh	July 6-13	5	4	
Minieh	May 28-June 10	2	1	
Do	July 13-Aug. 18	7	3	
Greece:				
Piræus	Sept. 23	3		
Hawaii:				
Honokaa				Plague rat found Sept. 8, 1921.
Kalopa	July 15-19	1	1	
Paauhau	May 21	1		
India				May 1-June 25, 1921: Cases, 2,493; deaths, 1,624. June 26-Sept. 3, 1921: Cases, 3,570; deaths, 2,572.
Bombay	May 1-June 25	287	204	
Do	June 26-Oct. 1	82	58	
Calcutta	May 8-June 18	11	11	
Do	July 24-Aug. 6	23	21	
Central Provinces	Aug. 14-20	27	16	
Karachi	May 8-June 25	18	14	
Do	June 26-Oct. 22	6	6	
Madras	Aug. 20-27	1	1	
Madras Presidency	May 22-June 25	112	72	
Do	June 26-Oct. 22	1,717	1,120	
Rangoon	Apr. 24-June 25	162	142	
Do	June 26-Oct. 15	566	487	
Indo-China				Jan. 1-31, 1921: Cases, 57; deaths, 51.
Saigon	May 23-June 12	4	1	Isolated cases in vicinity of Saigon. Sept. 11-24: Plague rats found, 4.
Do	July 10-Oct. 1	23	16	
Italy:				
Catania	Oct. 24	1		
Naples	Sept. 4-Oct. 7	5		2 were workers in mill; plague-infected rat found on premises.
Java				Sept. 1-30: Present in the six eastern provinces.
East Java—				
Surabaya	July 10-Sept. 24	16	14	
Madagascar:				
Tananarive	June 20-July 24	49	46	Pneumonia.
Mauritius:				
Port Louis	Aug. 24			Present.
Mespotamia:				
Bagdad	Apr. 1-May 31	32	35	
Do	July 1-Sept 30	2	2	
Mexico:				
Ciudad Victoria	June 7	1		In State of Tamaulipas. Case confirmed June 20, 1921.
Progreso				Plague rat reported found Sept. 10, 1921.
Tampico	June 11-30	36		
Do	July 1-Aug. 21	21	8	Infected rodents found July 1-Nov. 26, 1921, 197. Total, Jan. 1 to Nov. 26, 1921, 308.

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Morocco:				
Spanish Zone				Reported present in epidemic form Sept. 29, 1921.
Peru				Mar. 1–Apr. 30, 1921: Cases, 119; deaths, 64. June 1–30, 1921: Cases, 14; deaths, 10. July 1–15, 1921: Cases, 9; deaths, 3. Sept. 1–30, 1921: Cases, 45; deaths, 22. Oct. 3–15, 1921: Cases, 22; deaths, 13; occurring in departments as follows: Ancachs, Arequipa, Cajamarca, Callao-Lima, Lambayeque, Libertad, and Piura.
Department—				
Ancachs	Apr. 1–30	4	1	At Huarmey.
Arequipa	Mar. 1–Apr. 30	5	3	At Mollendo.
Do	July 1–15	2		Do.
Cajamarca	Sept. 1–30			Present. At Bambamarca, Cajamarca, and other localities.
Callao	Mar. 1–June 30	16	1	At Callao.
Do	July 1–Sept. 30	6	6	Do.
Lambayeque	Mar. 1–Apr. 30	3	2	At Chiclayo.
Do	Sept. 1–30	2		Do.
Libertad	Mar. 1–June 15	31	15	In 5 localities.
Do	Sept. 1–30	3		At San Pedro.
Lima	Mar. 1–June 30	43	23	At Lime City: Cases, 28; deaths, 18.
Do	July 1–Sept. 15	4	3	At Lima City.
Do	Sept. 1–30	16	4	At Huacho: Cases, 9; deaths, 1. Lima City: Cases, 2; deaths, 1. Country: Cases, 5; deaths, 2.
Piura	Mar. 1–June 15	31	29	In 4 localities.
Do	Sept. 1–15	19	15	Deaths occurred at Sechura.
Do	Sept. 1–30	23	17	At Sechura.
Poland				In border province, Aug. 9, 1921: Cases, 8.
Porto Rico				Total plague-infected rats found from beginning of outbreak to July 9, 1921, 90.
Caguas	Aug. 7–20	4	2	Sept. 4–24, 1921: Two plague-infected rats found.
Fajardo				Aug. 28–Sept. 3, 1921: One plague-infected rat found.
Manati	July 17–23	1	1	
Martin Pena	July 3–9	1		Suburb coextensive with Santurce.
San Juan				Plague rat on steamship San Luis, in San Juan Harbor, Sept. 9, 1921.
Portugal:				
Lisbon	July 29–Sept. 3	7		
Portuguese West Africa:				
Angola—				
Loanda	Apr. 24–June 18	16		
Do	July 17–23		1	
Rhodes (Island)	Sept. 20–Oct. 8	7		1 fatal case reported late in August, 1921.
Russia:				
Siberia—				
Vladivostok	Apr. 1–June 30		252	First case occurred Apr. 10, 1921.
Do	July 1–31		4	
Senegal:				
Dakar	May 1–June 30	54	47	
Do	July 1–Aug. 31	117	93	
Siam:				
Bangkok	Apr. 24–June 18	7	6	
Do	July 24–Sept. 3	16	12	
Straits Settlements:				
Singapore	May 8–June 18	5	5	
Do	June 26–Sept. 24	6	6	
Syria:				
Alexandretta	July 10–Aug. 6	18	4	
Beirut	May 31–June 30	2		
Do	July 1–Oct. 8	24		
Turkey:				
Constantinople	July 10–Oct. 22	7	6	

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Union of South Africa				January–April, 1921: Cases (white), 6; deaths, 4. Cases (native), 13; deaths, 6. Occurring in the Orange Free State.
On vessels				Plague rats reported, Sept. 21, 1921, on vessels from Brisbane, Australia, at Sydney and other ports.
Steamship Kishenev	May 2	1		At Chefoo, China. Plague death en route. Vessel sent to quarantine, Kentucky Island, where to May 6 a total of 16 deaths was reported. (Public Health Reports, July 1, 1921, p. 1534.)
Steamship Oreland				At Genoa, Italy, June 12, 1921; from La Plata, Argentina. Two fatal cases plague in crew en route.
Steamship Ralph Moller	June 8	4	1	At Chefoo, China, from Vladivostok, Siberia. Three fatal cases en route. One case with fatal termination removed at Vladivostok.
Steamship San Luis	Sept. 9			In harbor, San Juan, Porto Rico, Sept. 9, 1921: 1 plague rat.
Steamship Tenyo Maru				En route between Nagasaki and Kobe, Japan, June 28, 1921: 1 fatal case.

SMALLPOX.

Algeria				July 1–31, 1921: Cases, 156.
Department—				
Algiers	May 1–June 30	3		
Do	July 1–31	153		
Constantine	do	2		
Oran	do	1		Sept. 1–10: One case.
Asia Minor:				
Smyrna	May 22–28	1		On the steamship Nicholas.
Do	July 24–Oct. 8	2		District.
Australia:				
Victoria—				
Geelong	May 5–16	2		Mild.
Do	July 12–29	2		
Melbourne	Apr. 9–23	4	1	Mild epidemic.
Do	July 17–23	1	1	Slight epidemic reported.
Bolivia:				
La Paz	Apr. 1–30	5	4	
Brazil:				
Bahia	Sept. 25–Oct. 1	2		
Pernambuco	Mar. 28–May 22	28	4	
Rio de Janeiro	May 8–June 18	11	2	
Do	June 26–Oct. 22	133	32	
Sao Paulo	May 23–June 26	7	2	
Do	June 27–Oct. 22	16	5	
British East Africa:				
Kenya Colony—				
Zanzibar	May 8–14	12	4	Origin, India.
Do	Aug. 1–31	14	6	Districts and towns.
Bulgaria:				
Sofia	May 15–31	6		
Canada:				
Alberta—				
Calgary	May 26–June 18	3		
British Columbia—				
Vancouver	May 28–June 25	8		
Do	Oct. 30–Nov. 5	1		
Manitoba—				
Winnipeg	do	6		
Do	June 26–Oct. 29	15	1	

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Canada—Continued.				
New Brunswick—				
Charlotte County	July 10–Nov. 19	13		
St. Stephen	Oct. 23–Nov. 26	7		
Madawaska County	Aug. 7–Nov. 19	9		
Restigouche County	June 19–25	1		
Westmoreland County	June 26–July 2	2		
Nova Scotia—				
Sydney	June 5–18	2		
Do	June 26–July 2	4		
Ontario—				
Cornwall	Nov. 15–21	11		
Fort William and Port Arthur.	Aug. 7–27	2		
Do	Oct. 16–22	2		
Hamilton	June 12–18	3		
Do	July 3–9	1		
Kingston	June 5–11	1		At 2 localities in vicinity, 2 cases.
London	June 5–25	2		
Montreal	June 12–18	1		
Do	July 17–Nov. 26	7		
North Bay	June 12–25	3		
Do	June 26–July 9	2		
Ottawa	June 12–25	21		
Do	June 26–Nov. 26	48		
Toronto	Aug. 28–Nov. 5	4		
Saskatchewan—				
Moose Jaw	Sept. 4–Oct. 15	3		
Regina	Oct. 16–22	1		
Saskatoon	Sept. 26–Oct. 17	12		
Chile:				
Antofagasta	May 16–June 19	228	106	
Do	Sept. 18–24	5		
Arica	May 31	2		
Concepcion	Sept. 5–Oct. 15	6		Reported present in Chillan and Mulchen.
Coronel	Oct. 3–15	40		Mining town. Epidemic.
Lota	do			Do. Do.
Mejillones	May 30–June 5			Present; also at interior nitrate plants.
Talcahuano	Sept. 1–Oct. 15	3	1	
Valparaiso	June 26–Oct. 21		53	
China:				
Amoy	May 8–June 4		4	June 5–25: Present.
Do	June 26–Oct. 8		3	Sept. 11–Oct. 22: Present.
Antung	May 16–June 26	12	2	
Canton	Apr. 1–30			Present.
Chungking	May 1–June 25			Do.
Do	June 26–Oct. 8			Do.
Foochow	May 8–June 25			Do.
Do	June 26–Oct. 15			Do.
Hankow	May 15–21	4	1	
Do	July 10–16	1		
Hongkong	Apr. 24–June 25	99	84	
Do	July 24–Aug. 20	3	1	
Manchuria—				
Dairen	May 9–June 26	44	5	
Do	June 27–Oct. 9	9	3	
Harbin	May 16–June 13	5		
Do	June 27–Oct. 23	3		
Mukden	May 22–June 11			Do.
Do	July 3–Oct. 29			Do.
Nanking	May 8–June 25			Do.
Do	June 26–Oct. 22			Do.
Shanghai	June 20–26	1		
Do	July 3–Oct. 8	6	1	In International Settlement.
Tientsin	May 8–June 25	31		Mission hospital.
Do	June 26–Aug. 20	9	1	
Tsingtau	May 9–June 12	4	1	
Do	July 25–31	1		
Chosen (Korea):				
Chemulpo	May 1–June 30	11	3	
Fusan	do	12	3	
Gensan	do	5	2	
Seoul	do	3		
Colombia:				
Santa Marta	June 5–25			Present.
Do	June 26–Aug. 27			Do.

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Cuba				Oct. 11-Nov. 10, 1921: Cases, 586.
City—				
Antilla	June 5-25	7		
Do	June 26-Nov. 12	74		
Cienfuegos	June 26-Sept. 3	3		
Matanzas	June 12-18	1	1	
Do	July 3-31	4	2	
Nuevitas	July 4-Nov. 6	17		6 of those reported found in vicinity.
Preston	Oct. 2-15	4		
Santiago	June 1-30	28	2	
Do	July 1-Oct. 31	60	1	
Province—				
Camaguey	Nov. 1-10	70		
Habana	do	1		
Oriente	do	99		
Santa Clara	do	4		
Dominican Republic				In eastern Provinces, Aug. 25, 1921, 2,000 cases, estimated.
La Ramona	Aug. 25			Cases numerous.
San Pedro de Macoris	Aug. 19-Nov. 12	65	8	On sugar estates in same Province, about 400 cases, Aug. 19-25. Estimated 500 cases in the District of Macoris, 50 of which were within city limits.
Santo Domingo	Sept. 1-Nov. 14	92		Present in surrounding country.
Ecuador:				
Eloy Alfaro	Aug. 1-15	1		
Guayaquil	May 1-June 30	31		
Do	July 1-Oct. 15	32	1	
Egypt:				
Cairo	Mar. 19-Apr. 29	2	1	
Port Said	Apr. 2-May 20	10		
Finland	May 1-15	1		
France:				
Brest	May 22-June 4	18		
Cherbourg	Aug. 1-31	1		Varioloid.
Paris	July 22-31	2	1	
Rouen	May 1-29	2		
Germany				Apr. 24-May 28, 1921: Cases, 12. Additional, Apr. 17-May 7, 1921: Cases, 57; deaths, 7.
Great Britain:				
Nottingham	May 29-June 4	1		
Do	July 3-Nov. 5	61		Stated Aug. 17 to be epidemic and to have begun about 2 months previous to date; 57 cases reported.
Queenstown	July 3-9	1		
Southampton	June 26-July 2	1		
Greece:				
Saloniki	June 6-12		1	
Haiti:				
Cape Haitien	June 19-25	24	2	
Do	June 26-Oct. 22	226	20	
Port au Prince	Sept. 11-Oct. 29			Present.
India				Mar. 20-May 21, 1921: Deaths, 3,232. June 5-25, 1921: Deaths, 958. July 3-9, 1921: Deaths, 393. July 24-30, 1921, 118 deaths. Aug. 14-20, 1921: Deaths, 56.
Bombay	May 1-June 25	84	50	
Do	June 26-Oct. 1	69	45	
Calcutta	May 8-June 25	8	8	
Do	June 26-Oct. 1	11	8	
Karachi	May 29-June 25	25	17	
Do	June 26-July 30	8	2	
Madras	May 8-June 25	33	11	
Do	June 26-Oct. 22	103	50	
Rangoon	Apr. 24-June 4	20	3	
Do	July 10-Aug. 13	4	1	
Indo-China				Jan. 1-31, 1921: Cases, 102; deaths, 15.
City—				
Saigon	May 9-15	2	1	
Do	Aug. 21-Sept. 24	2	2	
Province—				
Anam	Jan. 1-31	35		January, 1920: Cases, 16; deaths, 3.
Cambodia	do	21	3	January, 1920: Cases, 139; deaths, 54.
Cochin China	do	19	12	January, 1920: Cases, 8; deaths, 1.
Tonkin	do	27		January, 1920: Cases, 224; deaths, 43.

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Italy:				
Catania				Province: June 6-29, 1921: Cases, 5.
Do	July 18-Aug. 14			Province: Cases, 7.
Genoa	Apr. 1-May 31	11		
Do	July 4-10	2		
Messina	May 23-June 26	2	1	
Do	July 11-17	1		In Province: July 4-17, 1921: Cases, 9.
Palermo	May 18-June 21	7	1	
Milan	Apr. 1-30	2		
Do	June 29-July 19	3		
Japan:				
Kobe	May 24-June 26	3		
Nagasaki	May 23-June 26	6	1	
Taiwan Island	July 1-10	1		
Java:				
East Java—				
Surabaya	June 19-25	2		
Do	July 10-Aug. 20	10	1	
West Java—				
Bandoeng	May 27-June 3	1		
Do	July 8-21	1		
Batavia	May 6-June 23	17	15	
Do	July 1-Oct. 6	110	43	
Buitenzorg	Apr. 29-June 23	16		
Do	July 22-Oct. 13	52	12	
Garoet	May 6-12	1		
Do	July 8-Aug. 4	4		
Krawang	Apr. 29-June 30	33	5	
Do	July 22-Sept. 22	16	1	
Lebak	Apr. 29-May 26	12	2	
Mr. Cornelis	Oct. 7-13	5	3	
Pandeglang	June 3-30	2	1	
Do	July 8-Oct. 13	2	4	
Tangerang	Sept. 16-Oct. 13	13	1	
Soekaboemi	Sept. 9-15	1		
Jugoslavia				Mar. 14-May 13, 1921: Cases, 334; deaths, 83. June 27-July 10, 1921: Cases, 111; deaths, 27.
Mesopotamia:				
Bagdad	Apr. 1-May 31	3	1	
Do	Aug. 1-31	20	4	
Mexico:				
Chihuahua	May 23-June 27		3	
Do	Oct. 3-30		5	
Guadalajara	June 1-30	3		
Do	July 1-Sept. 30	13	3	
Mexico City	May 15-June 25	246		Including municipalities in Federal District.
Do	June 26-Oct. 23	270		Do.
San Luis Potosi	July 17-Oct. 15		3	
Tampico	July 11-20	1		
Torreon	Sept. 1-30	2		
Vera Cruz	June 13-19		1	
Do	July 11-Sept. 11		3	
Newfoundland:				
Tilton	Aug. 20-26	3		
Panama				Jan. 1-Sept. 19, 1921: Cases, 208, of which 33 were nonresidents.
Canal Zone	Apr. 1-May 31	2		Sept. 20-Oct. 30, 1921: Cases, 3; 1 from Taboga Island, 2 from interior of Panama.
Colon	Jan. 1-May 31	111		
Do	Aug. 30	1		From the interior.
Panama	Feb. 1-June 30	54		Sept. 4-19; 1 from interior.
Do	July 1-Sept. 19	4		
Poland				Mar. 1-Apr. 30, 1921: Cases, 1,117, deaths, 142. Apr. 24-May 21, 1921: Cases, 677; deaths, 148. May 22-June 18, 1921: Cases: 404; deaths, 74. June 19-July 16, 1921: Cases, 334; deaths, 38; statistics for Brest-Litovsk, Minsk, and Vilna not included.
District—				
Bialystok	Mar. 1-Apr. 30	3		
Cracovia	do	56	6	
Kielce	do	180	26	
Leopol	do	52	16	
Lodz	do	72	9	
Lublin	do	397	30	
Posen	do	26	2	
Silesia	do	10		In Teschen.
Stanislawow	do	30	5	
Tarnopol	do	156	31	
Warsaw	do	36	4	
Warsaw City	do	99	13	

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Portugal:				
Lisbon	May 15-June 25		34	
Do	June 26-Oct. 29	54	7	
Oporto	June 19-25	1		
Do	Sept. 11-Oct. 29	3		
Portuguese East Africa:				
Lourenco Marques	May 8-28	8		
Do	July 10-Oct. 8	15	4	
Rumania:				
District—				
Hotin	Apr. 1-30	40	9	
Orthei	Mar. 1-31	2		
Russia:				
Province—				
Esthenia	Apr. 1-June 30	11		
Do	July 1-Sept. 30	55		
Latvia	Apr. 1-May 31	41		
Do	July 1-Aug. 31	38		
Siberia—				
Vladivostok	June 1-30	1		
Serbia				Mar. 24-May 21: Cases, 205; deaths, 41.
Belgrade	Aug. 7-20	2	1	
Senegal:				
Dakar	May 1-31	1	1	
Spain:				
Barcelona	May 12-June 22		13	
Do	July 7-Oct. 26		13	
Huelva	July 1-Aug. 31		3	
Madrid	June 1-30	2		
Do	Aug. 1-31		1	
Malaga	May 1-June 30		57	
Do	July 1-Aug. 31		57	
Seville	Oct. 19-Nov. 1	1	1	
Tarragona	May 9-15		1	
Valencia	May 22-28	1		
Do	July 2-Aug. 20	9	2	
Straits Settlements:				
Singapore	June 12-18	1		
Do	July 10-Oct. 8	32	9	
Switzerland:				
Basel	Sept. 11-Oct. 1	5		
Zurich	May 28-June 11	10		
Do	July 3-Sept. 2	4		
Syria:				
Aleppo	Apr. 9-16			Present.
Beirut	May 10-30	1	1	
Do	Aug. 8-14	1	1	
Tunis:				
Tunis	May 30-June 17	2	3	
Do	July 2-Nov. 4	15	13	
Turkey:				
Constantinople	June 12-25	5		
Do	June 26-Oct. 29	15	1	
Union of South Africa				January - April, 1921: Cases (white), 18; deaths, 1. Cases (native), 192; deaths, 5. May 1-31, 1921: Cases, 65; deaths, 3, all natives. June 1-30, 1921: Cases, 64, of which 1 white. July 1-31, 1921: Natives—Cases, 129; deaths, 2. White—1 case. Aug. 28-Sept. 3, outbreaks in Cape Province, Orange Free State, and Transvaal. Aug. 1-31, 1921: Cases, 79; deaths, 1.
Cape Province	Apr. 24-June 25			Fresh outbreaks.
Do	July 1-Aug. 27	118		Aug. 27-Oct. 15: Outbreaks.
Natal	Apr. 24-June 25			Fresh outbreaks.
Do	July 1-Aug. 27	1		Sept. 4-Oct. 15: Outbreaks.
Durban	Aug. 7-27	3		Stated to have been imported.
Orange Free State	May 29-June 25			Outbreaks.
Do	Aug. 21-Sept. 17			Present.
Southern Rhodesia	July 14-Oct. 12	73	22	
Transvaal	May 22-June 18			Do.
Do	July 1-31	11		Aug. 27-Oct. 15: Outbreaks.
Johannesburg	do	2		
Do	Sept. 1-10	32	11	District. City, Sept. 1-30, cases, 14.

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
On vessels:				
Steamship Craster Hall				Arrived Mobile, Ala., Oct. 8, 1921, from Buenos Aires, Rio de Janeiro, and Barbados. One case in crew removed at Barbados, Sept. 28, 1921.
Steamship Montoro	Aug. 31	1		At Batavia, Java, from Singapore, Aug. 27. Vessel proceeded from Batavia to Port Darwin and Townsville.
Steamship Niagara	June 1	1		At Sydney, Australia, from Vancouver via Fiji and New Zealand.

TYPHUS FEVER.

Algeria				July 1-31, 1921: Cases, 528.
Department—				
Algiers	May 1-June 30	100	25	
Do	July 1-Oct. 31	147		
Constantine	do	251		
Military Division	do	3		
Oran	May 22-June 30	35	28	
Do	July 1-31	39		July 1-Sept. 10, 1921: Cases, 15; deaths, 13.
Oran (City)	Oct. 11-31	2	1	
Southern Territory	July 1-31	89		
Asia Minor:				
Smyrna	June 12-18	1		In district.
Do	Aug. 28-Oct. 29	5		Do.
Bolivia:				
La Paz	Apr. 1-June 30	50	51	
Do	July 1-31	19	3	
Brazil:				
Bahia	June 19-25	1	1	
Do	Aug. 7-13	1	1	
Porto Alegre	June 19-25		3	
Do	Aug. 7-13		1	
Canary Islands:				
Teneriffe	Aug. 14-Sept. 10		2	
Chile:				
Concepcion	Apr. 12-June 20		8	July 25-Aug. 29, 1921: In hospital, 30 cases; in city, estimated, 100 cases.
Do	July 12-Oct. 16		20	
Coronel	Oct. 3-16			Present.
Los Angeles	July 26-Aug. 8			Prevalent.
Talcahuano	Sept. 1-Oct. 15	2	2	
Valparaiso	Mar. 27-May 28		4	
Do	June 26-Oct. 22		6	
China:				
Antung	May 30-June 5	1		From report of Japanese Settlement and Danish Mission among Chinese.
Do	June 27-Oct. 23	18		
Hankow	May 22-June 11	3		
Manchuria—				
Harbin	May 23-29	1		
Do	July 4-10	1		
Chosen (Korea):				
Chemulpo	June 1-30	2		
Fusan	May 1-31	1		
Gensan	May 1-June 30	4		
Seoul	May 1-31	1		
Cuba:				
Matanzas	Oct. 4-10	1		
Czechoslovakia:				
Prague	June 5-26	5	2	
Egypt:				
Alexandria	May 21-June 23	21	8	
Do	June 24-Oct. 14	49	20	
Cairo	Mar. 19-June 24	235	102	
Do	June 24-Sept. 9	86	49	
Port Said	Apr. 2-May 13	8	2	
Finland	May 1-15	5		
Germany				Apr. 24-June 4, 1921: Cases, 7.
Hamburg	May 27-June 4	1		

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Great Britain:				
Dublin	May 29-June 4	1		
Do	Oct. 9-15	1		
Greece:				
Saloniki	May 23-June 26	21	6	
Do	June 27-Oct. 16	2	2	
Guatemala:				
Guatemala City	July 1-Sept. 30		2	
Hungary				Jan. 1-July 13, 1921: Cases, 71; occurring in 4 counties.
Italy:				
Messina (Province)	Aug. 29-Sept. 4	2		In 2 localities.
Japan:				
Nagasaki	May 23-June 5	7	2	
Jugoslavia				Jan. 30-May 14, 1921: Cases, 286; deaths, 40. June 27-July 10, 1921: Cases, 23; deaths, 7.
Belgrade	May 1-14	6		
Zagreb	June 19-25	3		
Do	July 10-Sept. 3	37	4	
Mesopotamia:				
Bagdad	May 1-31	1	3	
Do	Aug. 1-Sept. 30	1	3	
Mexico:				
Mexico City	May 15-June 25	102		Including municipalities in Federal District.
Do	June 26-Oct. 22	231		
Saltillo	Oct. 2-8		1	
San Luis Potosi	July 31-Nov. 5			Present.
Morocco:				
Spanish Zone				Reported present in epidemic form Sept. 29, 1921.
Poland				Mar. 1-Apr. 30, 1921: Cases, 11,489; deaths, 1,131. Apr. 24-May 21, 1921: Cases, 5,460; deaths, 489. May 22-June 18, 1921: Cases, 3,300; deaths, 299. June 19-July 16, 1921: Cases, 1,500; deaths, 96; statistics for Brest-Litovsk, Minsk, and Vilna not included.
District—				
Bialystok	Mar. 1-Apr. 30	853	45	
Cracovia	do	603	90	
Kielce	do	848	62	
Leopol	do	2,508	277	
Lodz	do	521	53	
Lublin	do	1,446	83	
Posen	do	77	5	
Silesia	do	26		In Teschen.
Stanislawow	do	1,557	232	
Tarnopol	do	1,855	194	
Warsaw	do	972	61	
Warsaw City	do	223	29	
Portugal:				
Oporto	July 12-Oct. 29	3		
Rumania:				
District—				
Hotin	Apr. 1-30	107	10	
Kishinev	Apr. 1-June 30	89		
Do	July 1-31	11		District
Orliei	Mar. 1-May 30	146		
Russia:				
Province—				
Esthonia	Apr. 1-June 30	113		
Do	July 1-Sept. 30	79		
Latvia	Apr. 1-June 30	599		
Do	July 1-Aug. 31	115		
Libau	Sept. 8-15	2		
Siberia—				
Vladivostok	Mar. 1-June 30	5	3	
Do	July 1-Aug. 31	22	3	
Serbia				Mar. 24-May 21, 1921: Cases, 70; deaths, 7.
Spain:				
Madrid	May 1-June 30		3	
Do	July 1-Sept. 30		4	
Syria:				
Beirut	May 20-June 10	1	1	
Do	Sept. 5-Oct. 8	1		
Tunis:				
Tunis	June 11-17		3	
Do	July 30-Sept. 9		2	
Turkey:				
Constantinople	May 22-June 18	11		
Do	June 26-Oct. 28	67	2	

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Union of South Africa				January - April, 1921: Cases (white), 34; deaths, 2. Cases (native), 3,376; deaths, 437; June 1-30, 1921: Cases, 738; deaths, 66. July 1-31, 1921; Natives—cases, 868; deaths, 121. White—cases, 15; deaths, 2. Orange Free State and Natal: Cases, 25; deaths, 10. Aug. 1-31, 1921: Cases, 850; deaths, 83 (white cases, 17; deaths, 4; and colored cases, 833; deaths, 79).
Cape Province				Apr. 24-June 25, 1921: Outbreaks, May 1-31, 1921: Cases, 542; deaths, 51. July 1-31, 1921: Cases, 883; deaths, 123. Aug. 28-Oct. 1: Outbreaks.
Cape Town	May 13-19	10	3	At native cantonment in vicinity.
East London	May 22-June 18	1	1	
Do	Aug. 21-27	1		
Port Elizabeth	Aug. 7-20	7		
Natal	July 10-Oct. 8			Outbreaks.
Orange Free State				Apr. 24-May 28, 1921: Outbreaks.
Do	July 10-Oct. 8			Outbreaks.
Transvaal—				
Johannesburg	Sept. 4-10			Outbreaks in surrounding country.
Venezuela:				
Maracaibo	June 21-27		1	
On vessel:				
Steamship Norden	Aug. 18	1		At Marcus Hook Quarantine, Pa., from Tampico, Mexico, via Nuevitas, Cuba.

YELLOW FEVER.

British Honduras:				
Belize	Aug. 22-Oct. 1	17	6	
Stann Creek	Nov. 13	1		20 miles from Belize.
Mexico:				
Alamo	June 1-30	10		State of Vera Cruz.
Do	July 19	4	1	
Barra de Penn	July 17-23	1	1	Do.
Casamaloapam	do	3	1	Do.
Cordoba	Oct. 2-8	1		Do.
Culiacan	do	1		State of Sinaloa.
El Dorado	Oct. 7			Present. Sept. 25-Oct. 1, 1921, deaths, 40. Oct. 2, deaths, 5.
Guadalajara	Oct. 1-31	1	1	State of Jalisco.
Gutierrez Zamora	Oct. 2-8	1		State of Vera Cruz. In vicinity of Santa Rosa ranch, 2 cases.
Manzanillo				June 1-Sept. 30, 1921: Cases, 19; deaths, 10.
Do	Oct. 9-15	1		Oct. 7: Present.
Mazatlan	do			Present.
Playa Obispo	Aug. 23	1		Territory of Quintana Roo.
Tampico	July 11-17	3	2	State of Tamaulipas.
Tierra Blanca	Sept. 19	1		Case arrived at Vera Cruz on steamship Monterey, which sailed from Progreso, Mexico.
Tlacotalpan	Sept. 25			Present.
Tuxpam	July 25-Oct. 14	2	1	State of Vera Cruz. Oct. 15: Several cases present in vicinity.
Vera Cruz	June 13-27	7		Do.
Do	July 25-Sept. 25	6	4	Do.
Zapotal	July 14	1	1	Do.

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

Reports Received from July 2 to Dec. 9, 1921—Continued.

YELLOW FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Peru				Mar. 1-Apr. 30, 1921: Cases, 172; deaths, 57. June 1-30, 1921: Cases, 25; deaths, 13. July 1-15, 1921: Cases, 2.
Department—				
Callao—				
Callao	Apr. 1-30	1		At quarantine station. From Chiclayo.
Lambayeque—				
Chiclayo	Mar. 1-June 15	47	18	
Chongollape	Mar. 1-Apr. 30	12	3	
Ferrenafe	Mar. 1-31		1	
Jayanca	Apr. 1-30	5	2	
Lambayeque	Mar. 1-Apr. 30	20	7	
Monsefu	Mar. 1-June 15	29	9	
Motupe	Mar. 1-Apr. 30	46	12	
Olmos	Apr. 1-30	2	4	
Pacora	June 1-15	1		
Pomalca	Mar. 1-31	5	1	
Villa Eten	Mar. 1-Apr. 30	7	1	
Zana	Apr. 1-30	1		
Libertad—				
Casa Grande	June 1-15	1		On farm.
Guadalupe	Apr. 1-30	2		
Monteseco	July 16-31	1		
Pacanga	June 1-30	2	2	
Pacasmayo	July 1-15	1		
Paijan	June 1-30	13	7	
Do	July 1-15	1		
Pueblo Nuevo	Apr. 1-30	1	1	
Trujillo	Apr. 1-June 15	2	2	Country.
On vessels:				
Barge J. S. McGaughy	Oct. 6	1		At quarantine station, Pensacola, Fla., from Tampico, Mexico, Sept. 30.
Steamship Lurline	Aug. 13-27	2	1	At Mazatlan, Mexico, from Manzanillo, Mexico (Public Health Reports, Sept. 16, 1921, p. 2292).
Steamship Monterey	Sept. 18	1		At Vera Cruz; vessel sailed from Progreso, Mexico, Sept. 15, 1921. Patient went to Tierra Blanca.
Steamship Saramacca	Nov. 12	1	1	At New Orleans, La., from Belize, British Honduras.
Steamship Washington	Aug. 29	1		At Mazatlan, Mexico.

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