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EPIDEMIC ENCEPHALITIS (ENCEPHALITIS LETHARGIÇA, NONA).

REPORT OF STUDIES CONDUCTED IN THE UNITED STATES.

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Introduction.

Epidemic encephalitis (encephalitis lethargica, nona) may be defined as an epidemic syndrome characterized in most instances by a gradual onset with headache, vertigo, disturbances of vision, ocular palsies, changes in speech, dysphagia, marked asthenia, fever (usually of a low grade), obstinate constipation, incontinence of urine, a peculiar mask-like expression of the face. and a state of lethargy which gradually develops in the majority of the recognized cases into a coma that is more or less profound. Developing with the lethargy and coma there is practically always involvement of the third, fourth, or sixth cranial nerve, either singly or in combination, resulting in ocular palsies and followed in a large number of cases by facial paralysis and paralysis of one or more of the extremities. There are in many of the cases some muscular rigidity of the limbs and the presence of marked tremors, especially during convalescence. In a small per cent of the cases a wakeful delirium prevails instead of the state of coma.

Anatomically there is a more or less diffuse encephalitis most marked in the midbrain and characterized by edema, congestion, and minute hemorrháges.

The disease is to be differentiated from epidemic meningitis, cerebral abscess, tubercular meningitis, brain tumors, cerebral syphilis, the rare forms of poliomyelitis, and the various other forms of coma.

Following the receipt by the Surgeon General of the United States Public Health Service of reports of epidemic encephalitis from various State health officers during the spring of 1919, an officer of the Public Health Service was assigned to the duty of making an epidemiological study of the cases so reported. These cases were widely scattered throughout the United States. As rapidly as possible State health officers who reported cases were called upon and the name and address of the case, together with the name and address of the reporting physician, were secured. Each physician reporting cases was then visited

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and a history of the case obtained from him. The patient was visited, with the physician's permission, a careful physical examination was made, and such supplementary data as available were secured from the patient's family. This plan was followed in every case possible, the object being to obtain uniform histories in each. The histories thus secured formed one source of data; a second source of data was furnished by State boards of health that had conducted special studies on the reported cases; a third source was furnished by city health administrations that had likewise conducted such investigations; and a fourth source of data was furnished by several physicians who had made scientific studies of groups of three or more cases coming under their observation either as their private patients or as cases referred to or seen by them in consultation.

The writer wishes to take this opportunity to thank most cordially the following State and city officials and physicians for their courtesy and hearty cooperation in making the data contained herein available:

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The original intention in reference to this work was to make an intensive epidemiological study of the outbreak of epidemic encephalitis in the United States. Owing, however, to the limited number of cases and to the extensive territory from which reports of cases were received, the epidemiological data have been found to be largely of a negative character. It was found possible, however, to make intensive clinical studies of numerous cases and to secure and correlate certain data that will, it is believed, be of value to the medical profession in the recognition and diagnosis of similar cases should such occur in the future independently or following local epidemic outbreaks of influenza.

Historical Résumé of Epidemic Encephalitis.

OCCURRENCE IN EUROPE.

The first accounts of epidemics of this morbid condition, to which the terms schlafkrankheit, sleeping sickness, nona, brain influenza. and more recently, lethargic encephalitis and epidemic encephalitis have, more or less aptly or inaptly, been applied, are rather vague, but sufficiently comprehensive to leave no reasonable doubt that they relate to the same morbid condition that made its appearance in epidemic form in the wake of the pandemics of influenza of 1889-90 and 1917-18. Elias Camerarius 1 in 1712 published an account of an epidemic of catarrhal fever at Tübingen, which in a few months had spread widely to many countries and provinces and which presented innumerable changes and forms according to the severity and combination of symptoms. In another account ² of an epidemic at Tübingen a few years later, Camerarius refers to it as being characterized by somnolence with pronounced brain symptoms, and as being called "Schlafkranckheit." The delirium occurred, he says, "particularly at night with wild, turbulent phantasies." Concerning ptosis as the most striking symptom of oculo-motor disturbance, he says there was made "frequently during the day also complaint of eve affliction, not of inflammation, but of difficulty in opening the eyes." In 1768, Lepecq de la Cloture ³described a "coma somnolentum" following grippe, while Ozanann, who in 1835 published a history of epidemic diseases, mentioned epidemics of "catarrhal fever" with "soporosité" as having occurred in Germany in 1745, in Lyon in 1800, and in Milan in 1802. A review of the nona literature was published by Longuet 4 in 1892, but unfortunately the volume containing this report was not available for reference in Washington at the time these studies were being made.

In connection with the pandemic of influenza of 1889-90, the complications affecting the nervous system received the first systematic

¹ Ellas Camerarius, Kurtze Anmerckungen von ansteckenden Kranckheiten bey Gelegenheit der von vielen verächtlich genannten Kranckheit à la mode, oder Febris catarrhalis etc. Tübingen. 1712, 64 pp.

²In Ephemerid. curios. natural., quoted by V. Economo: Wicn klin. Wchnschr., 1917, xxx, 581.

²Quoted by Bassoe, J. Am. Med. Ass., lxxii, 971, 1919.

⁴Longuet: Sem. med., xii, 275, 1892.

study, including records of cases and descriptions of clinical and necropsy findings. One of the most authoritative and complete reports of this time was that of Leichtenstern,⁵ who stated in his introductory remarks that the manifestations on the part of the nervous system are very numerous and varied, but he laid emphasis on the fact that the frequently profound prostration in its intensity and long persistence is out of all proportion to the transient character of the local process and the fever. With respect to the sensorium, he refers to headache as the most constant symptom, at times distributed over the entire head, but more frequently limited to the frontal and orbital regions, at times so severe that the patient assumes a vacant stare (cephalæa attonita), or throws himself about in agony (cephalæa jactatoria s. furibunda). Both at the height of the disease and when convalescence has been established there will frequently develop primarily neuralgias and myalgias, especially of the trigeminus. With respect to motor-nerve complications, he reports the observance of tonic-clonic spasms of the entire body musculature. He gives the clinical histories of 7 cases in which hemiplegia or monoplegia developed. Stupor is noted in only one of these cases. Two of these cases were fatal, but consent to necropsy could not be obtained. The eighth case was characterized by an early-appearing fatal coma. Necropsy revealed slight pachymeningitis hemorrhagica interna of both sides; pia at the base normal; no omboli. Pia over the convexity, clouded intensely and injected, was so adherent that it could not be removed without bringing with it portions of the cortical substance. There was evidence of purulent exudate along the larger pial vessels. Psychic disturbances (stupor, anguish, depression, hallucinations) were marked in 4 cases and persisted for a long time. Emil Kraepelin⁶ reports the clinical histories of 11 cases of psychic disturbances appearing after influenza manifestations had subsided, in which apathy, depression, and confusion of ideas were marked.

Among many other reports from Germany, V. Holst records cases of delirium, mania, and melancholia following grippe; Herzog, 2 cases of myelitis; Reye and Münch, cases of paralysis of embolic type; Eichorst, of aphasia, chorea and paralysis of the urinary bladder; Leyden and Ewald, of meningitis and muscular atrophy; Bergmeister, Eversbusch, Sattler, and Uthoff, of paralysis of accommodation; Königstein, Sattler, and Uthoff, of ophthalmoplegia externa; Fleischer, of diplopia; Königstein, retro-bulbar neuritis and atrophy; Hanser, hemeralopia; Holz, paralysis of right cervical sympathetic, convulsions, coma, and neuralgia; Eisenlohr, multiple neuritis; Bernhardt, hysteria; Erlenmeyer, epilepsy; Leyden, delirium and fatal

⁶ Leichtenstern: Deutsche med. Wehnschr., xvi, 509, 1890.

⁶ Kraepelin: Deutsche med. Wchnschr., xvi, 209, 1890.

coma; Ewald, of various neuralgias; Drasche, of paralysis of all four extremities and acute anterior poliomyelitis; Baumler, syncope, neuritis, and cardiac neuroses.

From France, Huchard reports cardiac symptoms referable to pneumogastric involvement, such as syncope, slowness of pulse, arythmia, intermittance, collapse, angina pectoris, and persistent anorexia; Comby notes convulsions and rachialgia in children; Bilhaut, Jacksonian epilepsy, paraplegia, intense rachialgia, temporary hemiplegia, revived hysteria; Duhomme, revived hysteria after six years; Féréol, pleurodynia without inflammation, and Landry's paralysis; Gaucher, neuralgia, meningitis, and angina pectoris; Joffroy, delirium and mania; Sevestre, meningitis; Lannois, two cases of unilateral deafness from implication of auditory nerve.

In England, Gilbert Smith records a cerebral form of grippe resembling typhoid, and notes the implication of the nervous mechanism of respiration.

In America, Guiteras speaks of a nervous variety of grippe marked by headache, pain in the eyeballs, neuralgias, restlessness, nervous prostration, lassitude, and local sweats, and has noted meningitis following an attack; Dana records mania, encephalitis, facial paralysis, poliomyelitis, neuralgia, and cardiac prostration following the grippe; Kinnicutt, as sequelæ, reports acute and obstinate neuralgias, peripheral neuritis, mental depression with suicidal tendencies, delirium, visual hallucinations, cramps, herpes zoster, and convulsions in children; Starr, suicidal neurasthenia, neuralgias, and multiple neuritis; Wright, uterine pain, false labor pains, urethral pain, and sudden dyspnœa; Draper, cerebrospinal meningitis.⁷

In 1917 V. Économo published a most excellent account of an outbreak of encephalitis lethargica occurring during that year in Vienna.⁸ This is one of the first of the numerous recent articles published on this subject. The findings in the cases recorded parallel quite closely the results of the studies conducted in this country. In order that a comparison of the outbreak of 1917 in Vienna and the recent outbreak in the United States may be made, an abstract of V. Economo's article is given herewith.

A series of cases was observed in Vienna in 1917 which corresponded to none of the usual diagnoses but which among themselves presented a certain similarity which lead to the belief that they could be attributed to the same morbid process. These cases ran usually a sluggish course, the first symptom of which began as a rule acutely with headache and malaise, followed by a state of somnolence frequently associated with a lively delirium. The patient could usually

⁷ The last part of this epitome of the literature, the unreferenced portion, is taken from Prof. Church's excellent report and analysis of the nervous features of influenza: Chicago Medical Record, I, 418, 1891. ⁸ V. Economo: Wien. klin. Woch., XXX, 581, 1917.

be aroused, but when left alone immediately fell back into the somnolent state. The somnolence varied from a simple sleep in some cases to a profound stupor or coma in others. The duration varied from a short period up to a month or more. In the prolonged cases a state of mental weakness was present during convalescence. Meningeal symptoms were never very pronounced, but occasionally a slight stiffness of the neck, percussion sensitiveness over the cranium. sensitiveness to pressure of the eveballs or, rarely, a pronounced Kernig's sign was observed. (ases were observed which were apyretic while others ran a pyretic course. With the general symptom complex. as a rule, paralytic manifestations were observed both as cranial nerve palsies and as paralyses of the extremities. The ocular muscles particularly were found to be affected. The ptosis varied in intensity. Paralysis of the other ocular muscle nerves occurred as well as other cranial nerve palsies, and paresis of the extremities with reflex disturbances. The impression is gained that in these cases it is merely a question of a different localization of one and the same morbid process, an encephalitis, the number of cases suggesting the idea of an epidemic.

The striking symptom of the disease was the somnolence, sometimes associated with delirium, sometimes not, which varied from light sleep to the most profound coma with or without fever. Delirium was present as a rule. Its presence and intensity were, howover, absolutely independent of the depth of the somnolence or the degree of the fever.

Mild meningeal symptoms in addition to the stupor were a part of the clinical picture. These symptoms however were not pronounced.

The spinal fluid was carefully and repeatedly examined in all cases and usually showed increased pressure at the beginning of the disease. This diminished later despite persisting somnolence. The total protein content was below the normal maximum limit. The number of cellular elements were in most cases less than the upper limit for normal, but in two cases there was a distinct increase of the cellular elements. Repeated bacteriological examinations gave negative results. The Wassermann was always negative both from serum and spinal fluid.

A very constant symptom was the eye muscle disturbances, particularly in the distribution of the third cranial nerve; while the most striking symptom of the motor oculi involvement was the bilateral ptosis. Abducens paralysis also occurred, and likewise visual paresis and nystagmus. Other cranial nerve palsies were also observed. Paralytic and irritation manifestations of the extremities were also a part of the symptom complex. In addition to the paralysis of the extremities a characteristic rigor of the extremities was frequently observed as a striking symptom. In addition to the above, ataxic symptoms were also noted. As to the cause of the disease, V. Economo states that owing to the accumulative appearance of the cases suspicion might rest on a group of organisms. Toxic processes, due to improper nourishment and typhoid, were excluded. The next suspicion was that the condition might be an influenza encephalitis, particularly since Leichenstern and Oppenheim had emphasized the frequent appearance of encephalitis during influenza epidemics. The results of careful examinations of the necropsy material from two cases, and of the examinations of the spinal fluids from others, however, were negative. While there was some grippe in Vienna during 1917, it was to be noted that there was not an epidemic of influenza, nor had any fatal cases of influenza come for necropsy at the Pathological Institute; neither was there any epidemic of poliomyelitis at that time in that vicinity. No two cases came from the same vicinity, and all of the cases, with one exception, had passed the age of childhood.

The microscopical findings showed small-cell infiltration of the vessels of the gray substance of the third ventricle of the region of the nucleus of the motor oculi, around the aqueduct of Sylvius and the floor of the fourth ventricle. This infiltration was primarily limited to the vascular sheaths. No special taxis for the nerve cells was noted in the cord. The white substance of the cerebrum was for the most part free from the morbid process, and only in the vicinity of the cerebral cortex were the vessels of the white substance frequently infiltrated. Only in two locations were extravasations into the perivascular space noted, and there were no hemorrhages into the tissue, which fact was emphasized because the influenza encephalitis was usually hemorrhagic. The meninges were not greatly modified.

From the above the conclusion was drawn that this encephalitis of mildly epidemic appearance, with the characteristic symptom of somnolence and the characteristic histo-pathological findings, is a specific disease *sui generis* and must be caused by a specific living virus which has a specific affinity for the central nervous system.

The disease made its appearance in France during the early part of 1918, but no definite data as to the actual number of cases occurring can be found.

The French literature up to June, 1919, upon epidemic encephalitis was largely confined to the Bull. et mém. Soc. Méd. d. Hôp. de Paris, 1918 and 1919, and included contributions by Chauffard and Bernard, pages 330, 470; Netter, page 384; Sainton, pages 424, 543; Alfred-Khoury, page 455; Marie and Tretiakokk, page 475; Saint-Martin and Lhermitte, page 457.

All of these contributions treated of a peculiar disease, most often febrile, which began with pains in the head, and sometimes vomiting. Somnolence soon appeared and progressively increased, finally developing into a coma. Somnolence was described as sometimes being associated with delirium and trembling and exceptionally with convulsions. The ocular musculature was almost always affected, and there was noted ptosis, nystagmus, and diplopia. The muscles of the face were frequently affected and facial paralysis was unilateral or bilateral. There were disturbances of speech and deglutition.

The usual signs of meningitis, particularly rigidity of the neck and Kernig's sign, were absent or only slightly pronounced. Lumbar puncture revealed a clear sterile fluid with normal or only slightly increased cellular elements.

The necropsy findings corresponded with those described by V. Economo. Microscopically there was round cell infiltration about the vessels, particularly on a level with the gray matter of the third ventricle, in the region of the nuclei of the third nerve and around the aqueduct of Sylvius.

A distinct outbreak of the disease occurred in Great Britain in the first half of 1918 and was closely studied by representatives of the Local Government Board. The disease was made reportable for a period of one year. The following conclusions were drawn by English observers: ⁹

1. That in its essential primary features the disease has a characteristic symptom series of its own.

2. That between this symptom series and that of the rare forms of poliomyelitis, with which alone it can be confused, the clinical differences are more marked than the resemblances.

3. As the result of epidemiological studies it was concluded that epidemic encephalitis was not a form of acute poliomyelitis, and that its presence and epidemic prevalence depended on conditions other than those necessary for the epidemic prevalence of that disease. 4. Both Prof. Marinesco and Dr. McIntosh, as the result of their

4. Both Prof. Marinesco and Dr. McIntosh, as the result of their separate researches, arrive independently at the conclusion that encephalitis lethargica as it appeared in the English outbreak was identical with the illness described by V. Economo in Austria and by Prof. Netter in France, and that it was a disease *sui generis* anatomically and clinically distinct from analogous affections.

During the outbreak referred to in Great Britain, 228 cases had been reported up to June 30, 1918, and additional studies were conducted by Wilson,¹⁰ Hall,¹¹ and Findlay.¹²

One case of the disease was reported from Algeria by Ardin-Delteil.¹³

⁹ Reports of Societies .- Discussion of Encephalitis Lethargica: Brit. Med. Jour., ii, 488, 1918.

¹⁰ Wilson, S. A. K., Epidemic Encephalitis: Lancet, London, ii, 7, 1918.

¹¹ Hall, A. J., Epidemic Encephalitis-Analysis of 16 cases: Brit. Med. Jour., ii, 461, 1918.

¹² Findlay, L., Lethargic Encephalitis: Glasgow Medical Journal, XC, 193, 1918.

²⁸ Ardin-Delteil: Bull. et mém. Soc. med. hôp., de Paris, 1918, pp. 577.

In the American literature will be found abstracts from articles by Netter,^{14,17} Sainton,¹⁵ Dragotti,¹⁶ Marinesco,¹⁸ original articles by Bassoe¹⁹ and Tucker,²⁰ an editorial in the *Journal of the American Medical Association* entitled Encephalitis Lethargica, a New Disease,²¹ and an article in the Public Health Reports of the United States Public Health Service entitled Encephalitis Lethargica, a Notifiable Disease in England.²²

From the foregoing résumé it will be noted that the disease was observed in central Europe about 1712–1715, and in 1745; in Lyon in 1800; in Milan in 1802; and again in Europe following the pandemic of influenza during 1889 and 1890. It reappeared in central Europe during 1917, in France, Great Britain, and Algeria during 1917–18, and in North America during the latter part of 1918 and the early part of 1919.

OCCURRENCE IN THE UNITED STATES.

Number of cases reported from each State, September, 1918, to May, 1919.

Massachusetts	4	*Louisiana	26
Connecticut	1	*Texas	8
New Hampshire	· 1	*Arkansas	5
Rhode Island	1	Missouri	1
*New York	43	Iowa	1
*Pennsylvania	3	Oklahoma	3
*Virginia	25	*Illinois	-88
Tennessee	4	*Ohio	22
North Carolina	5	California	9
*South Carolina	1	*Republic of Mexico	1
Georgia	2	-	
Alabama	1	Total report	255

(Nore.—The States with an asterisk (*) are those in which intensive studies were conducted.)

Owing to the limited time and personnel available for these studies it was possible to conduct investigations in only 9 of the 20 States reporting cases. It was deemed advisable to select those places which reported the greatest number of cases and places that could be visited while en route to the more heavily infected districts.

¹⁴ Netter, A., Lethargie Encephalitis: J. Am. Med. Ass., lxxi, 1520, 1918. Abstract from Paris Med. Jour., viii, 1699, 1918.

¹³ Sainton, P., Lethargie Encephalitis: J. Am. Med. Ass., Ixxi, 81, 1918. Abstract from Presse Mcd. viii, 81, 1918.

¹⁶ Dragotti, G., Lethargie Encephalitis, J. Am. Med. Ass., lxxi, 2183, 1918. Abstract from Polyclinico (sez. prat) xxv, 952, 1918.

¹⁷ Netter, A., Lethargic Encephalitis, J. Am. Med. Ass., lxxi, 73, 1918. Abstract from Bull. Acad. de Med. Paris, lxxix, 237, 1918.

¹⁸ Marinesco, G., Lethargic Encephalitis, Pathological Histology, J. Am. Med. Ass., Ixxii, 75, 1918.

Abstract from Bull. Acad. Med. Paris, Ixxx, 411, 1918.

¹⁹ Bassoe, Peter, Epidemic Encephalitis (Nona): J. Am. Med. Ass., lxxii, 971, 1919.

²⁰ Tucker, B. R., Epidemic Encephalitis Lethargica: J. Am. Med. Ass., lxxii, 1448, 1919.

² Editorial-Encephalitis I.ethargica, A New Disease: J. Am. Med. Ass., Ixxii, 414, 1919.

²² Public Health Reports: Lethargic Encephalitis—A notifiable disease in England: Public Health Reports, 34, 314, 1919. Reprint No. 508.

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South Carolina, Pennsylvania (city of Pittsburgh only), and New York, owing to their geographical location and the number of cases reported, were selected as the States in which to conduct the studies that form the basis of this report. Intensive studies of 178 reported cases were made in these States. State morbidity and mortality reports yielded data on 44 additional cases with reference to age, color, and sex, making available data on 222 out of the total of 255 cases reported for the entire United States.

An analysis of the 222 cases investigated or on which data were secured with reference to confirmation of diagnosis, doubtful, excluded, and unconfirmed cases, is shown in Table I. The unconfirmed cases are those from State morbidity and mortality reports on which insufficient data were available.

	1997) 1997)		Investigated	Not investigated.		
State.	Number of cases				Unconfirm	med cases.
reported. Confirmed. Doubtful. Excluded.	State morbidity.	State mortality.				
Louisiana Illinois	· 26 .88 .12	15	2	4 15	7 21	
Virginia. South Carolina	25 1	10		15		
Arkansas. Ohio	5 22	0		5		16
Pennsylvania	3	3				
-Total	222	137	2	39	28	16

TABLE I.—Classification of reported cases.

Summary of Table I.

Confirmed cases	137
Doubtiul cases	2
Excluded cases	39
Unconfirmed cases:	
State morbidity records	
State mortality records 16	
-	44
Total	222

From the above figures it will be noted that 39, or 22 per cent, of the total 178 cases investigated were excluded.

The diagnosis in the confirmed cases was made on the clinical history and a careful physical examination of the patient, together with the laboratory examination of the blood and spinal fluid. In the two doubtful cases it was impossible to secure lumbar punctures or blood counts, the patients being convalescent at the time, and the histories of the two cases were too vague for a definite diagnosis.

Among the excluded cases were found cases of epidemic cerebrospinal meningitis, cerebral syphilis, brain abscess, tubercular meningitis, epilepsy, poliomyelitis, apoplexy, hysteria, and, in one instance, acute alcoholism. The 137 confirmed cases and the 44 cases from State morbidity and mortality reports form the basis of the following data from which the conclusions are drawn.



Chronological Occurrence of Epidemic Encephalitis in the United States, 1918-19.

The first case of the recent epidemic of encephalitis in the United States on which any data are available occurred in the city of New York on September 4, 1918. The second, third, and fourth cases of the recent outbreak also occurred in New York City on October 4, 15, and 19, respectively. During the month of November one case occurred in Texas on the 2d; two cases in New York on the 6th; two additional cases in New York on the 13th and 21st; one case in Louisiana on the 24th, and one case in Illinois on the 25th. During the month of December six additional cases occurred in the city of New York, two cases in Virginia, and one case each in Ohio and Illinois. During January, 1919, nine cases were reported in Texas. Thirty-five cases were reported during the month of February, and the outbreak reached its peak in March, during which month 61 cases were reported. There was a sharp break in the number of cases during April, the number being reduced to 12, followed by 5 in May, and no cases were reported for June. Table II and Fig. 2 show the chronological incidence of 153 cases charted by month, and the peak of the epidemic as occurring during March. Table II shows also the geographical distribution of the cases on which Fig. 2 is based.



FIG. 2.- Occurrence of epidemic encephalitis in the United States plotted by month of onset.

 TABLE II.- Epidemic encephalitis in the United States during 1918 and 1919, by States and by month of onset.

				N	umber o	of cases	by mon	ths.			
State.		19	918				. 19	919			
	Sep- tem- ber.	Oc- to- ber.	No- vem- ber.	De- cem- ber.	Jan- uary.	Feb- ru- ary.	March.	April.	May.	June.	Total.
New York. Illinois. Louisiana. Texas. Virginia. Ohio. Pennsylvania. South Carolina. Republic of Mexico	1	3	4 1 1	6 1 2 1	9 9 1	8 18 2 2 4 1	7 26 17 3 3 1 3 1	2 7 1 1 	2 3 	00	42 65 21 8 9 3 3 3 1 1
Total	1	3	7	10	• 19	35	61	'12	5	0	153

While the number of cases is not large, it is interesting to note that the peak of the outbreak in New York City was reached during the month of January; in Virginia during the month of February; and in Louisiana, Illinois, and Texas during the month of March. The largest number of cases for California for any one month (9 in number but not included in Fig. 2 owing to the fact that definite data as to the date of onset could not be secured) were reported in the month of April, which, taken in conjunction with the foregoing in relation to other States, shows a gradual extension of the disease from East to West.

Age Distribution.

The age distribution of the 181 cases on which data were available is shown in Table III.

TABLE	IIIAge	distribution	181	cuses epidemic	<i>cncephalitis</i>	in the	United States
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Age group (years).	Number of cases.	Per cent of total.
Under 1 1 to 4	6 21	3.32 11.6
Total under 5	27	14.92
$\begin{array}{c} 5 \ to \ 9. \\ 10 \ to \ 14. \\ 15 \ to \ 19. \\ 20 \ to \ 24. \\ 25 \ to \ 29. \\ 30 \ to \ 24. \\ 35 \ to \ 29. \\ 40 \ to \ 44. \\ 45 \ to \ 49. \\ 50 \ to \ 54. \\ 55 \ to \ 59. \\ 60 \ to \ 64. \\ 65 \ to \ 69. \\ 75 \ and \ over. \\ 75 \ and \ over. \end{array}$	22 15 15 13 14 12 20 8 7 6 5 4 1	12. 15 8.3 6.63 8.3 7. 18 7. 73 6.63 11. 05 4. 42 3. 87 3. 31 2. 75 2. 21
Total, 5 and over.	181	100.00

Comparative Age Distribution of Epidemic Encephalitis and Influenza.

The marked difference in the age distribution of the cases of epidemic encephalitis and poliomyelitis is shown in Table IV and Fig. 3.

	TABLE	IVComp	arative age	distribution	of	epidemic	encephalitis	and	poliom	yelit is
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	Number	of cases.	Per cent of total.			
Age group (years).	Epidem ic enceph- alitis.	Polio- myelitis.	Epidem- ic enceph- alitis	Polio- myelitis.		
Under 1 1 to 4	6 21	480 3, 308	3.32 11.6	8,63 59,46		
Total under 5	27	3, 788	14.92	68.09		
5 to 9 10 to 14 15 to 19 20 and over	22 15 12 105	1, 162 279 133 201	12, 15 8, 3 6, 63 58, 00	20. 9 5. 01 2. 4 3. 60		
Total	181	5, 563	100	100		

In Table IV the age distribution of the cases of epidemic encephalitis is based on the 181 cases shown in Table III, while the data in reference to the age distribution of poliomyelitis was taken from 5,563 cases of that disease occurring in the northeastern United States during the epidemic of 1916.²³



FIG. 3.-Comparative age distribution of epidemic encephalitis and poliomyelitis.

Comparative Age Distribution of Epidemic Encephalitis and Influenza.

Comparison of the age distribution of epidemic encephalitis with the age distribution of influenza shows considerable difference in the percentage of the total cases as distributed in the various age groups.

²⁸ Lavinder, Freeman, and Frost: Epidemiologic Studies of Poliomyelitis in New York City and Northeastern United States during the year 1916. Public Health Bulletin No. 91.

	Number	of cases.	Per cent of popula-	Per cent	of cases.	Ratio of po of cases t age of po	ercentage o percent- pulation.
Age group (years).	Epdemic encepha- litis.	Influ- enza.	tion of United States.	Epidemic encepha- litis.	Influ- enza.	Epidemic encepha- litis.	Influ- enza.
Under 10	49 27 28 26 28 13 10	3, 085 2, 980 2, 501 2, 092 1, 136 589 654	22. 2 19. 8 18. 7 14. 6 10. 6 7. 2 6. 9	27. 1 14. 9 15. 5 14. 3 15. 5 7. 2 5. 5	24. 2 23. 2 19. 5 16. 3 8. 8 4. 7 3. 3	122 75 83 98 146 100 80	109 117 104 112 83 65 48

TABLE V.—Percentage of population and percentage of cases of epidemic encephalitis and influenza in the various age groups, and the ratio of the percentage of the cases to the percentage of the population in various age groups.

Table V shows the ratio of the percentage of cases of epidemic encephalitis and influenza to the percentage of the total population of the United States in the various age groups. If the distribution of the cases of epidemic encephalitis and influenza in each age group were in direct proportion to the distribution of population in those groups, without showing any particular predilection for any certain age group, then the ratio of the percentage of cases of each disease to the percentage of population in the corresponding age group would be 100.

This, however, is clearly demonstrated not to be the case in either the ratio of the diseases to the population or the ratio of the percentages of the cases in various age groups to each other, and is graphically shown in Fig. 4.

In Table V and Fig. 4 it will be noted that the ratios of the percentage of cases of both epidemic encephalitis and influenza to the . percentage of population are relatively high in the age group under 10 years.

In epidemic encephalitis the percentage of the cases in the age group 10 to 39 years is below the percentage of the total population in these age periods, whereas in influenza the percentage of the cases is above the percentage of the population in these age groups.

For the age periods between 40 and 59 years the relative percentage of epidemic encephalitis and influenza to the percentage of the population is reversed, as the ratio of the percentage of the cases of epidemic encephalitis in this age group is above the percentage of the population, whereas the percentage of influenza is below.

In the age group of 60 years and over, the percentage of both epidemic encephalitis and influenza are below the percentage of the population; but in relation to each other the percentage of epidemic encephalitis is considerably higher.

Summary.—Both encephalitis and influenza show a slight predilection for the age group under 10 years. The age group from 10 to 39



FIG. 4.—Ratio of the percentage of total cases of epidemic encephalitis and of influenza to the percentage of population in various age groups.

years is apparently the least susceptible to epidemic encephalitis but the most susceptible of all to influenza. A further analysis of this age group shows the subgroup 10 to 19 years as the lowest of all periods for epidemic encephalitis and the highest of all 10-year periods for influenza.

The age group from 40 to 59 years shows the highest incidence of any age group for epidemic encephalitis, whereas the incidence of influenza in this group is apparently below the average.

Epidemiological Relation of Epidemic Encephalitis and Influenza.

Reference has previously been made to the article by Elias Camerarius, written in 1715, in which he describes a "schlafkranckheit" and refers to it as being associated with an epidemic of catarrhal fever, which in a few months had spread to many countries.

In 1768 Lepecq de la Cloture described a "coma somnolatum" following grippe.

Ozanann in 1835 mentions epidemics of catarrhal fever with "soporosité" as having occurred in 1745, 1800, and in 1802.

In 1918 in France and England cases of epidemic encephalitis followed in the wake of the pandemic of influenza. Late in 1918 and early in 1919 the disease appeared in the United States following the appearance of influenza in this country. With the exception of the outbreak reported by V. Economo in Vienna in 1917 no record of any outbreak of epidemic encephalitis has been found that was not closely preceded by the epidemic or pandemic appearance of influenza.

While no definite mention of such a disease as epidemic encephalitis is made in the American literature as following the epidemic of influenza in the United States in 1890, nevertheless the mention by Guiteras of cases of influenza characterized by extreme nervousness, marked lassitude, and prostration, by Dana of encephalitis, facial paralysis, and mania, and by Kinnicutt of delirium, visual hallucinations, mental depression, etc., leads one to suspect at least that epidemic encephalitis may have been present during and following the outbreak of influenza referred to in the United States.

With only 255 cases of epidemic encephalitis reported in the United States following the severe epidemic of influenza of 1918–19 it can readily be understood that the probably smaller number of cases which may have occurred following the less severe epidemic of 1890 may have been overlooked in the reporting as such.

In making the epidemiological studies of influenza in the United States, the percentage of the population attacked was found to vary in different communities from 15 per cent in Louisville to 53.3 per cent in San Antonio. It was estimated that the aggregate attack

28608°---21-----2

rate was about 28 per cent.²⁴ These figures were taken from reports secured mostly in December after the first wave of the epidemic had subsided but before the second wave of the epidemic occurred. Were it possible to secure the attack rate of the second wave and add this to the first, the attack rate would probably reach 30 per cent.

If x equals the percentage of the total population of the United States attacked by influenza, it is only natural to expect a like proportion of x per cent of persons having epidemic encephalitis to give a history of having had a preceding attack of influenza. On this hypothesis it would be expected that at least 30 per cent of the cases studied would give such a history.

In studying the cases of epidemic encephalitis in the United States, efforts were made in all instances possible to secure definite data as to whether or not the patient had had a preceding attack of influenza. All cases in which intelligent data could not be secured on this subject were excluded from this classification of the cases.

Definite data on this subject were secured in 122 cases, the results of which are shown in Table VI.

TABLE VI.-Classification by sex of 122 cases in reference to preceding attack of influenza.

	Total	With pred tack of in	eeding at- ofluenza.	No preced of infl	ing attac k uenza.
	number.	Number.	Per cent.	Number.	Per cent.
Both sexes	122	56	46	66	54
Males Females	73 49	40 16	55 32, 6	33 33	$\begin{array}{r} 45\\67.4\end{array}$

From this table it will be noted that 46 per cent of the cases give a definite history of influenza, which is considerably higher than the per cent of the general population attacked by that disease in the epidemic of 1918-19. While no definite data can be furnished to substantiate the supposition that influenza leaves those having had that disease more susceptible to any malady making its appearance closely following it, the fact should be borne in mind that among the 28 or 30 millions of persons convalescent from influenza, there might have been some who were left with a generally loweted vitality, resistance, or inimuoity, who might have been more susceptible when exposed to the infection of epidemic encephalitis than would have been the case had the preceding attack of influenza not occurred.

²⁴ Frost, W. H., The Epidemiology of Influenza: Public Health Reports, 34, 33, Aug. 15, 1919, pp. 1823-1836. Reprint No. 550.

	Number	. Ma	les.	Fem	ales.	Defined
	of cases.	Number of cases.	Per cent of total.	Number of cases.	Per cent of total.	nales to females.
With influenza precoding No influenza precoding	56 66	40 33	71 50	16 33	29 50	2.5 to 1 1 to 1

TABLE VII.—Ratio of males to females in cases having a preceding attack of influenza and the ratio of males to females in cases where no influenza preceded.

Table VII classifies by sex the cases with and without influenza preceding. Recent studies conducted by the United States Public Health Service show that the attack rates of influenza for males and females in the United States are about equal, approximately 30 per cent. The above table shows, however, that there is considerable difference in the percentage of the males and females having epidemic encephalitis, who gave a previous history of influenza. Among the general population it would be approximately 30 per cent for each of the sexes, whereas among the cases of epidemic encephalitis having a preceding attack of influenza, 40, or 71 per cent, were males and only 16, or 29 per cent, were females. Among those not having a preceding attack of influenza the cases were equally divided among the two sexes.

Mode of Onset.

Definite data on this subject were secured in 122 cases. Of this number, 87, or 71 per cent, gave a history of a gradual onset, while in 35, or 29 per cent of the cases the onset was of a sudden nature. The figures are given in Table VIII. This coincides quite closely with the findings of A. J. Hall²⁵ in his studies of cases in England, in which 69 per cent were of gradual onset, while 31 per cent were of sudden onset.

	Type of onset.							
Total number of cases.	Grad	dual.	Sudden.					
of cases.	Number of cases.	Per cent of total.	Number of cases.	Per cent of total.				
122	87	71	35	29				

TABLE VIII.—Classification of cases as to type of onset.

The relation of the mode of onset to the prognosis of the case is of interest, owing to the fact that a further analysis of the type of onset

^{*} Hall, A. J., Epidemic Encophalitis: Brit. Med. J., ii, 461, 1918.

in relation to the final outcome of the case shows that the mortality among those with a sudden onset is almost three times as great as it is among those cases in which the onset was gradual.

TABLE IX.—Case fatality rate in cases having a sudden onset and in cases in which the onset was gradual.

de	aths.	rate.
Gradual 87	21	22
Sudden 35	21	60

From the table it will be noted that the mortality rate among those having a gradual onset was 22 per cent, whereas the rate among those cases in which the onset was sudden was 60 per cent.

SYMPTOMATOLOGY.

It must be borne in mind that the sources of data in reference to the cases forming these studies were varied. It was impossible to secure complete data on all subjects in all cases. Instances in which the data were lacking, or were of such a vague and indefinite nature as to be unreliable, have been excluded from the compilation of the figures for that particular symptom group.

In the following discussion and in Fig. 5, in reference to the frequency of occurrence of the various symptoms noted, the figures are based only on those cases in which definite data as to the prevalence or absence of the particular symptoms under discussion could be established. In this discussion the subject of symptomatology has been divided into two general groups:

(a) Those classified as general symptoms;

(b) those symptoms relating to or attributable to disturbances of the central nervous system.

GROUP (A).

1. *Headache.*—Headache, which was found to be one of the earliest and one of the most frequent symptoms, was present in 87 per cent of the cases in which definite data were available. The location varied, but the majority of the cases gave a history of the frontal type.

2. Lassitude.—A positive history of lassitude as one of the prodromal symptoms was given in 84 per cent of the cases furnishing data on this subject It varied in intensity but in most cases was a prominent symptom.

3. Fever.—Fever was the most constant of all symptoms. In character it was, as a rule, of a light grade, although in two of the cases the temperature reached 106.5° just prior to death. Two of

the cases ran an apyretic course. So far as could be learned, 98.5 per cent of the cases ran temperatures which, as a rule, varied from 100° to 101° or 102° .

4. Asthenia.—Asthenia was present in 93 per cent of the cases in which data on same could be secured, and an acute debilitation which was out of proportion to the temperature and relative severity of the other symptoms was one of the striking characteristics of the cases.



FIG. 5.-Frequency of occurrence of clinical symptoms in epidemic encephalitis.

5. Vomiting.—A history of vomiting was positive in 49 per cent of the cases where reliable information was furnished. The incidence of this symptom among those under 20 years of age was slightly higher than in the adult group. Fifty per cent of the occurrences were among those under 20 years of age, whereas the per cent of the total cases was only 42 for the corresponding age group.

6. Constipation.—Constipation, obstinate in character, was found in all but one case.

7. Diarrhea.-Diarrhea was absent in all cases.

8. Skin eruptions.—Skin eruptions were found in 8 per cent of the cases where reliable information was available. These skin

manifestations consisted of small macular eruptions which lasted from one to three days and then entirely disappeared.

9. Sweating.—Sweating was present in 29 per cent of the cases and in three instances was quite profuse.

10. Vertigo.-Vertigo was present in 77 per cent of the cases and varied in its severity.

11. Muscular pains.—Muscular pains were noted in 39 per cent of the cases in which data relating to this subject were available. In some instances considerable muscular pain was present continuously even while the patient remained quiet in bed and was exaggerated on motion; in other cases pain was only present upon active motion.

12. Urinary disturbances.—Retention of urine was noted in 9 cases. This was usually in the early course of the disease. Some of these same cases later developed an incontinence of urine. Incontinence was noted in 56 per cent of the cases in which reliable data were obtainable.

GROUP (B).

Symptoms attributable to disturbances of the central nervous system have been divided for this discussion into three subject groups; namely, motor, mental, and meningitic.

One of the most characteristic groups of symptoms of epidemic encephalitis, and one which was noted by even the earliest writers on the subject, was that group showing involvement of the ocular musculature, involvement of the III, IV, and VI cranial nerves, either singly or in combination involving either one or both sides. It is in all probability the most constant symptom, aside from the fever and coma, that one observes in the disease.

The results of the involvement of the III, IV, and VI nerves in this discussion have been classified under six symptoms, namely, blurred vision, diplopia, strabismus, nystagmus, ptosis, and pupillary disturbances.

1. Blurred vision.--Blurred vision was among the earliest of the symptoms noted in the individual cases forming the basis of this report, and was present in 72 per cent of the cases studied and on which information of a reliable nature could be obtained. The usual history was of a difficulty in reading or of the general field of vision appearing smoky or hazy. In all cases except four the blurring of the vision was followed by a definite history of diplopia^c Of these four cases, one recovered without further eye disturbances, one became temporarily blind, and of the other two no definite history of double vision could be secured. Eighty-six per cent of the instances in which the symptom of blurred vision was noted occurred in persons giving a history of a gradual onset and was usually preceded by headache of a more or less marked degree. 2. Diplopia.—Diplopia was present in 83 per cent of the cases on which data were secured.

3. Strabismus.—Strabismus was found to be present in 77 per cent of the cases furnishing reliable information on this subject. As to the character of the strabismus definite data were secured on 55 per cent of the cases presenting this symptom. In 85 per cent of these cases the strabismus was of the divergent type and in 15 per cent it was of the convergent type.

4. Nystagmus.---Nystagmus was present in 41 per cent of the cases furnishing data on this subject.

5. Ptosis.—Ptosis was observed in 95 per cent of the cases affording opportunity in which to note its presence or absence. In intensity it varied from what at times appeared to be merely a physiological heaviness of the lids, which would be expected to be associated with the accompanying lethargy and stupor and which could be overcome by a definite effort on the part of the patient, to a complete paralytic ptosis and an absolute inability on the part of the patient to open the lids even when aroused. In type it was generally bilateral, but several instances in which it was only unilateral were observed.

6. Pupillary disturbances.—Opportunity was offered to examine 53 cases for data in regard to the pupillary reflexes. Of this number, 23 showed a normal pupillary reaction on both right and left sides. The reflexes were slightly diminished or sluggish bilaterally in 18 cases. Complete bilateral loss of the pupillary reflexes with fixation of the pupil was present in 11 cases. One case showed a fixation of the pupil on the right side and an accompanying sluggishness of the pupil on the left. It must be borne in mind, however, that these examinations were, in the majority of instances, made but once, and the stage of the disease at the time of the examination would have a certain bearing on the findings.

7. Facial paralysis.—Involvement of the VII cranial nerve was noted in 68 per cent of the 63 cases furnishing definite data on this subject. Of the 44 cases showing a definite facial paralysis, 19 presented a right unilateral involvement and 8 a left unilateral, while in the remaining 17, or 39 per cent, the paralysis was bilateral.

A. J. Hall⁵⁰ in the analysis of his group of cases in Great Britain reports involvement of the VII nerve in 10, or 62 per cent, of the 16 cases studied. These figures coincide with the results of observations made in this country, as stated above. As the result of this facial paralysis, especially when of the bilateral type, there is a smoothing away of the normal creases and lines of the face, the face assuming a peculiar lack of expression often described as being "masklike."

²⁶Hall, A. J., Epidemic Encephalitis-Analysis of 16 cases: Brit. Med. J., ii, 461, 1918.

8. Paralysis of the muscles of the neck.—Eight instances were observed in which there was a definite unilateral paralysis of the neck muscles. In six of these cases the paralysis was of the muscles of the right side, accompanied by a more or less marked degree of retraction of the head to the left. Owing to the relaxed condition of many of the patients and to the state of coma, it was difficult to determine the presence or absence of paralysis of the neck muscles, especially when this paralysis was of the bilateral type.

9. Paralysis of the extremities.—Definite data in reference to the presence or absence of paralysis involving the extremities were obtained in 83 cases. Of these, 36 per cent showed definite paralysis of one or more of the limbs. This varied in character from a muscular weakness to complete paralysis with the total abolition of the reflexes. A few cases of spastic character were observed, but the great majority of the paralyses were of the flaccid type. Two cases showed a spastic paralysis of the lower and a flaccid paralysis of the upper extremities.

Paralysis of one type or another involving one or more parts of the body was noted in 98 per cent of the cases on which reliable data in reference to this subject were obtainable.

Data were available in reference to superficial abdominal and lumbar reflexes as follows:

Abdominal reflexes were absent in 55 per cent of the cases observed and were frequently unilateral.

Lumber reflexes were absent in 53 per cent of the cases observed and were also at times unilateral.

Tremors.—Dependable information was secured in 47 instances as to the presence or absence of this particular symptom. Thirtyseven, or 79 per cent of these gave a positive history. In the majority of cases these tremors were exaggerated on volitional movements, and were found more frequently during convalescence. Choreic movements were present in 20, or 50 per cent of the cases furnishing data in reference to this symptom. Muscular rigidity was found to be present in 68 per cent of the cases whose history furnished data on this subject. The time of its presence in relation to the course of the disease was found to be in the latter half and during early convalescence.

Aphasia.—Changes in speech were found to be present in 85 per cent of the cases observed and varied from a slight stammering to complete loss of function.

Dysphagia.—Dysphagia was present in 66 per cent of the cases furnishing data and varied in intensity from a slight disturbance to such a marked degree as to necessitate the use of a tube for feeding. Tendon reflexes.—The results of an examination conducted in reference to the tendon reflexes of the upper and lower extremities of the cases observed is shown in Table X.

TABLE X.-Results of examination of reflexes of the upper and lower extremities.

			Results.									
Reflexes.	Number of cases on which data were		Right.				Left.					
	avail- a) le.	Nor- mal.	In- creased.	Di- min- ished.	Ab- sent.	Nor- mal.	In- crcased.	Di- min- ished.	Ab- sent.			
Biceps Triceps Extensors	44 40 39	15 11 14	14 12 12	4 4 4	11 13 9	14 9 12	14 13 14	5 5 5	11 13 8			
		LOWE	R EXTI	REMITI	ES.							
Patella r Extens ors. Achilles	98 42 44	27 12 15	35 15 14	9 5 4	27 10 11	26 6 9	34 18 18	8 6 5	30 12 12			

UPPER EXTREMITIES.

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Table X expressed in percentages.

UPPER EXTREMITIES.

RIGHT.

	Normal.	In- creased.	Dimin- ished.	Absent.	Normal or in- creased.	Dimin- ished or absent.
Biceps Triceps. Extensors.	Per cent. 34 27 36	Per cent. 32 30 31	Per cent. 9 10 10	Per cent. 25 33 23	Per cent. 66 57 67	Per cent. 34 43 33

LEFT.

Triceps	32	32	11	- 2:	64	36
Biceps	22	33	12	33	55	45
Extensors	31	36	13	20	67	33
				1	1	1

LOWER EXTREMITIES.

RIGHT.

Patella	. 27.5	36	9	27.5	63.5	36. 5
Extensors	29	35	12	24	64	36
Achilles	34	32	9	25	66	33
	LEFT.					
Patella	27	35	8	30	62	38
Extensors	14	43	14	29	57	43
Achilles	20	41	11	28	61	39

Laboratory Findings in Spinal Fluid and Blood Examinations.

Two of the most important procedures in the diagnosis of epidemic encephalitis are the laboratory examinations of the spinal fluid and the blood. Lumbar puncture was done in 95 of the cases forming the basis of this report. Owing to the fact, however, that in many of the instances the lumbar puncture was performed on cases in rural districts and at distances from laboratories, which rendered reliable examinations in reference to cultures impossible, complete data on all spinal fluids could not be secured.

Such data as was available is presented in Table XI.

Examined for-	Number.	Per cent.
Pressure or amount (50 specimens):		
Normal	. 32	64
Slight increase	18	30
Marked increase	0	1 0
Annearance (50 sneetimens):		
Normal	50	100
Cloudy bloody etc	. 0	0
Organisms (38 specimens):		
Present	. 0	i c
Absent	38	1(4)
Protein substances (29 specimens):		
Normal	13	-43
Slight increase	16	55
Marked increase	. 0	1
Wassermann (35 specimens)	1	
Negative	34	97
Slightly nositive	1	3
Positive	0	0
Reduction of Febling's solutions (43 specimens):	1	
Normal	43	10 :
Diminished reduction	0	1 1
Cytology (45 specimens):		
Normal	1 16	35
Slight increase	17	38
Moderateingrease	1 8	1 18
Large increase	4	9

TABLE XI.—Summary of spinal fluid examinations.

Although from the findings shown in Table XI it will be noted that an examination of the spinal fluid fails to reveal any specific data on which a diagnosis of epidemic encephalitis can be definitely made, positive evidence of a reaction of the meninges due to an inflammation of the brain tissue is found in the increased cells or protein substance or both.

Of more value, however, is the examination as a means of excluding other morbid processes which have been frequently diagnosed and reported as epidemic encephalitis. In one instance the writer investigated 5 cases in two days in which lumbar puncture had not been done but which had been reported as cases of epidemic encephalitis. Lumbar puncture done at the time of the investigation showed in each case a fluid under considerable pressure and of marked turbidity, the presence of coagulum on standing and of varying amounts of pus cells, and Gram-negative diplococci when stained and examined microscopically. By the normal reduction of Fehling's solution and the failure to demonstrate the tubercle bacillus either by smear or animal inoculation, tuberculous meningitis, one of the most difficult differential diagnoses to make from mild cases of epidemic encephalitis on the clinical findings alone, can be eliminated almost to a certainty.

Cerebrospinal syphilis and epidemic moningitis can be readily excluded by respective examination of the spinal fluid for the same.

In view of the value of the data furnished by the laboratory examination of the spinal fluid in ruling out other diseases it is unquestionably advisable for the diagnostician to give his patient the benefit of such an examination in all cases diagnosed as epidemic encephalitis on clinical grounds.

BLOOD EXAMINATIONS.

Absolute white cell counts were done on 43 cases with the following results:

Under 6,000	
6,000 to 8,000	
8,100 to 10,000	•
10,100 to 11,000	•
11,100 to 12,000	•
12,100 to 13,000	•
13,100 to 14,000	•
14,100 to 15,000	
Over 15,000	-

Combining the above classifications it is shown that 22, or 51 per cent, of the cases gave an absolute count of less than 10,000, and in 21, or 49 per cent, of the cases the absolute count was over this number. In four of the cases in which the absolute count surpassed 10,000, the patients showed at the time definite cases of bronchitis, systitis, and, in one case, pneumonia, which might readily be accountable for the leucocytosis.

Blood culture was done in four cases with negative results in each.

URINARY ANALYSIS.

The results of the urinary analysis in 50 cases were as follows:

•	Pre	sent.	Absent.			
	Number of cases.	Per cent.	Number of cases.	Per cent.		
Albumin Sugar Casts	8 1 3	16 2 6	42 49 47	84 98 94		

Census of Families in Which Cases of Epidemic Encephalitis Occurred.

The census of families in which cases of epidemic encephalitis occurred was secured in 58 instances. The total number of persons comprising these families was 226, of which 110 were adults and 116 children. Males and females were about equally distributed.

Basing the census of the average family on 5 persons, the total number of persons exposed for the 181 cases under observation would have been approximately 900. Among this total of persons immediately exposed to known cases of epidemic encephalitis no secondary cases occurred. Efforts were made in every case possible to secure data relative to mild or abortive cases of the disease having been present among other members of the family. The results were always negative.

Case Fatality Rate.

Attention is directed to Table I, which shows that 22 of the total of 181 cases were reported from the State of Ohio. These cases are from the State mortality reports. There were no reports for other cases from this State than those which proved fatal. As these 22 fatal cases comprise 33 per cent of the total deaths occurring without furnishing data in reference to other cases which may have occurred and recovered, they have been deducted from both the morbidity and mortality figures in computing the case fatality rate for the cases observed.

After the deduction of these cases for the above reasons, it was found that 46 deaths occurred in the remaining 159 cases, giving a case fatality rate of 29 per cent.

Animal Inoculation.

The difficulty in securing brain material from fatal cases limited animal experimentation. The following experimental work, however, was conducted at the Hygienic Laboratory of the United States Public Health Service.

Experiment No. 1.—On August 16, rhesus monkey No. 1 inoculated intracerebrally through trephine opening with 1 c. c. brain emulsion in salt solution from fatal case of epidemic encephalitis occurrmg in New York City on February 21, 1919.

Experiment No. 2.—On August 16, rhesus monkey No. 2 was inoculated intracerebrally through trephine opening with 0.5 c. c. of brain emulsion in salt solution from fatal case of epidemic encephalitis occurring in New York City on February 21, 1919.

The material used in both of the above inoculations had been preserved in sterile 50 per cent glycerin from February 21 to August 14, 1919. In both instances the animals recovered without showing any signs of the disease, or, in fact, any ill effects whatever from the procedure.

V. Wiesner claims to have produced the disease in the monkey by subdural infection of 0.2 c. c. of a sedimented brain-cord emulsion from one of V. Economo's fatal cases.²⁷

The following is a translation of V. Wiesner's article in reference to his experiments:

"Through the publications of V. Economo our attention was drawn to accumulated cases of a peculiar disease, which he calls encephalitis lethargica; encephalitis, because the post-mortem examination of two typical cases revealed gross and minute changes in the medulla oblongata and cerebrum, corresponding to an acute encephalitis; lethargica, because, in addition to different and alternating cerebral and meningeal clinical manifestations, somnolence or 'sleeping sickness,' increasing from a simple apathy to the most profound coma, existed as a characteristic symptom common to all cases. V. Economo in his publications cites similar observations from the older literature and refers in particular to the accumulated cases of such somnolent states during large influenza epidemics and to the 'sleeping sickness' appearing in the nincties of the last century in northern Italy, known as nona,²⁸ concerning the etiology of which, so far as the literature of that period reveals, nothing reliable is known.

"The assumption that with the encephalitis lethargica appearing endemically in Vienna and vicinity we are dealing with an infectious disease, hardly requires any supportive argument. In favor of such a view speaks the feverish onset, and in particular the accumulation of cases since February of this year. Since all diseases which may occasionally develop an encephalitis as a secondary manifestation or complication, such as articular rheumatism, typhoid, scarlet fever, measles, diphtheria, influenza, glanders, rabies, or endocarditis, could be positively excluded, another heretofore unknown, uniform infection of possibly specific character with localization of the virus in the central nervous system must be suspected. Aside from the pronounced histological changes in the medulla oblongata and the grav substance of the cerebrum, the localization of the virus in the central nervous system appeared probable from the post-mortem examination of the thoracic and abdominal viscera, since this examination revealed no pronounced organic lesions, aside from purely degenerative changes in the heart muscle and in the parenchyma of the liver and kidneys, which will not be further considered here.

²⁷ V. Wiesner, Richard R., The Etiology of Encephalitis Lethargica: Wien. klin. Wchnschr., xxx, No. 30, 933, 1917.

²⁸ TRANSLATOR'S NOTE.—This statement of V. Wiesner is slightly inaccurate, since V. Economo expressly states that he was unable to find anything concerning nona in the Italian literature except reference to Epstein's quotations from the writings of Camerarius (1712) in *Ephemeria. curios. natural.*—W. D. CANNON

"For the study of the etiology of the disease in question, I made use of the brain and medulla oblongata as working material for both cultural and animal experiments and obtained concordant results with the two methods. In reversing the chronological order of my investigations it was established, that through the inoculation of a monkey (*Macacus rhesus*) with the brain-cord emulsion, a disease clinically similar to encephalitis lethargica of man can be produced.

"Monkey I (*Macacus rhesus*). June 3, 1917, 11 a.m.; trepanation of left parietal bone; subdural injection of about 0.2 cc. of a sedimented brain-cord emulsion of case R. W. (of V. Economo).

"Immediately after the inoculation the animal was normally lively, and climbed about the cage without any apparent disturbances. In the afternoon the animal had already become remarkably quiet, and sat mostly on the floor of the cage.

"On the morning of June 4 the animal moped in a corner of the cage, was somnolent, usually kept its eyes closed, but reacted to call, opened its eyes and screeched. Took food, but chewed with difficulty. Left to itself, the animal immediately drops off to sleep, keeps its eyes closed, and sleeps continuously. The animal continues to relapse into sleep when disturbed, and presents the typical picture of an individual 'fighting sleep.' No stiffness in the neck, slight paresis of the right hind paw, and difficult gait. Tendon reflexes intact. Pupil reaction intact, but sluggish.

"In the afternoon apathy and somnolence considerably increased. The animal supports itself with the forepaws on the crossbars of the cage and, with head resting on them, sleeps. The gait is difficult, slightly ataxic. Paralysis of deglutition. Head inclined toward the right side, but no pronounced rigidity of the neck.

"June 5, a. m.: Complete apathy; animal lies mostly, with eyes closed, on the floor of the cage and no longer responds to call: death 46 hours after inoculation.

"Necropsy of the brain revealed, in short, the well-known picture of acute hemorrhagic encephalitis of the severest form, with particular involvement of the grav substance of the cerebral cortex and of the stem ganglia of both sides, and hyperemia of the delicate membranes of the cerebrum and spinal cord. Incidentally it may be remarked that case R. W., from which the material used for the inoculation was obtained, did not present macroscopically the picture of a hemorrhagic encephalitis. With this experiment the possibility of experimental transmission of encephalitis lethargica of man to monkeys appears to be established, as well as the infectious nature of the disease. That the changes in the central nervous system are possibly not due to the introduction of a toxic substance, but rather to the inoculation of a self-propagating virus, is shown by an inoculation experiment on a second monkey, which was subdurally injected with the filtrate (Berkefeld filter) of the same brain-emulsion, and which showed absolutely no trace of reaction.

"As causal agent of the encephalitis, I was able to isolate culturally from all of the cases that have come to necropsy, and from the brain of the first positively reacting monkey a Gram-positive coccus. which is shown as a round of oval monodiplococcus or as short streptococcus. and which, according to its morphological and biological properties. corresponds neither to a typical diplococcus nor to a typical streptococcus: in respect to its intermediate position between these two types it should be designated as a diplostreptococcus. Concerning its morphology it is to be noted that a certain polymorphism exists, the cocci in the tissue and in the culture appearing as long-ovals, among which are monococci resembling short, plump, bulging rods, and that the inclination to chain formation varies greatly, and the chains frequently are joined, particularly in the fluid culture-that is to say, appear to be composed of joined series of cocci pairs. Of importance also is the fact of pronounced inclination of the cocci to degeneration in the tissue, the globular distension, and the uneven staining property, although not completely decolorized by Gram. In tissue sections the cocci are deposited within the leptomeninges, particularly in the edematously loosened and cellular infiltrated arachnoidal meshes. Their distribution over the surface of the brain is very uneven and the number of cocci relatively small, so that their demonstration is difficult: at times the cocci appear quickly to decompose in the tissue. In the characteristic inflammatory foci in the medulla oblongata and the brain itself I have not thus far been able to demonstrate cocci either in man or in the infected monkey.

"That the cultural demonstration of the cocci was not easily possible is explained by the fact that for the first passage they apparently require anaerobic conditions for their growth. In all cases thus far studied as well as with the infected monkey, cultural demonstration was possible when large pieces of brain surface or medulla oblongata or a corresponding amount of pulp made therefrom were first placed in broth, sugar broth, or in overlayed glucosc-agar tubes and after 24 hours transferred to agar plates, whereas the direct planting of small amounts of pulp upon plain agar, sugar-agar, glycerin-agar, or serumagar plates was without any results whatever. The first agar generations sometimes grow very thinly, so that they can hardly be seen with the naked eye. With continued cultivation, however, soon a good growth is obtained under artificial cultural conditions. For obtaining a growth, the addition of glucose to the nutrient media is recommended.

"With respect to cultural behavior, concerning which I shall report in detail in another place, I will note that the agar smear culture resembles in general diplococcus colonies; the colonies, small, delicate, round, usually with smooth border, are slightly green with transmitted light. In broth, very delicate, usually diffuse, sometimes finely-floccular growth; sometimes the broth is left clear, with a trace of sediment. Luxuriant growth with abundant sediment in glucose broth. No hemolysis. Milk usually coagulated with acid formation after 48 hours, sometimes later. Strong acid production in litmus whey, lactose-agar, saccharose and maltose agar: no acid formation from mannite agar. No clearing of the broth with sodium taurocholate and no dissolution of the cocci. Upon glycerin and serumcontaining agar no difference of growth as compared with ordinary agar.

"I repeated the inoculation experiment with a pure culture in a long-tailed monkey (*Circopithecus subaeus*). The result of the inoculation was that a few hours after the infection the animal sickened under the symptoms of pronounced apathy, muscular weakness, and somnolence, without, however, showing the severe clinical picture of the first monkey. This condition persisted unchanged for 12 days, after which time the animal was sacrificed. In general the clinical picture was very similar to that of the first monkey. In this case also the animal reacted promptly when called but soon relapsed into somnolence. But there were no cranial nerve symptoms. The necropsy findings were correspondingly mild and were limited to hemorrhages in the medulla oblongata.

"Primarily the medulla oblongata and then the cerebrum must be regarded as the localization of choice of the pathological changes in encephalitis lethargica. However, this does not exclude other localization of changes in the central nervous system, for I have recently observed several cases, in which the changes extended to the spinal cord down to the lumbar region and also to the cerebellum. Without wishing to influence the clinical side of the morbid picture in question, I would like, from an anatomo-pathological standpoint and in respect to the pronounced endemic character, to designate the disease as "meningoencephalomyelitis," in which the symptoms-complex of the infection with the diplostreptococcus is not, in my opinion, limited to the cerebral manifestations.

"In support of this view I will point to some anatomical observations and to the results of my studies from the standpoint of etiology and animal experiment. At about the same time when the first cases of encephalitis occurred, my attention was drawn to the frequent appearance of hemorrhagic diatheses at necropsy, associated with simple hemorrhages in the subcutaneous fatty tissue and between the muscle sheaths of the abdominal wall and on the extensor surface of the thigh. It was noted that the corium was not involved, so that such hemorrhages caused no reddening of the skin, at most only a bluish tint, by which they are differentiated chiefly from hemorrhages such as occur in morbus maculosus werlhofii, in septic hemorrhages, or in the different forms of purpura. In addition were found petechial hemorrhages in the serous membranes, more rarely in the lung parenchyma and in the intestinal mucosa. The frequency of such findings and the unusual appearance prompted me to undertake cultural experiments with the blood transfusion through enrichment methods, in which large pieces of tissue were planted in broth, sugar broth, and glucose-agar shake culture with the result that in all cases the presence of diplostreptococci could be demonstrated, which morphologically and biologically showed the same behavior as the cocci in meningoencephalomyelitis. In tissue sections the cocci were demonstrable morphologically in the hemorrhages, although usually very sparingly.

"For identification of the cocci the animal experiment was employed, from which the following is recorded. The brain emulsion from case R. W., encephalitis lethargica, which had produced the characteristic symptoms and pathological lesions of encephalitis hemorrhagica in the monkey inoculated subdurally, was introduced intraperitoneally in a rabbit. About 20 hours after the injection the animal was found dead. Necropsy showed somewhat cloudy, serous fluid in the peritoneal cavity, fresh hemorrhages in the parietal peritoneum, over the large intestine, the urinary bladder, and the right cornu of the uterus, hemorrhages in the mucosa of the large intestine, sero-hemorrhagic effusion of the retro-peritoneal tissues of the Douglas space and of the mediastinal tissue, as well as fresh hemorrhages in the parenchyma of the right lower lobe. Culturally the peritoneal exudate and heart's blood showed the diplostreptococci.

"The same inoculation material (brain emulsion) caused in the monkey an encephalitis, in the rabbit a peritonitis with pronounced hemorrhagic diathesis." From these two animals the same diplostreptococcus was recovered in pure culture, which corresponds with the strains isolated from cases of hemorrhagic diatheses. I wish to add, that so far I have observed twice in man at necropsy the combination of meningoencephalitis and hemorrhagic diathesis, and that in monkey I inoculated with brain emulsion of case R. W., hemorrhages in the subcutaneous cellular tissue were observed; hence it appears to me that the chain of evidence of the etiological identity of the two morbid processes is complete.

"The results of my investigations point to the existence of an infectious disease of endemic (frequently epidemic) character caused by a diplococcus. The symptoms-complex and pathological changes of this disease accord with the encephalitis lethargica of V. Economo and include also a pronounced inclination to hemorrhagic diatheses of characteristic anatomo-pathological picture."

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In relation to these experiments, however, the following comment by S. A. K. Wilson²⁹ is certainly to be borne in mind:

"Attention, however, must be for a moment directed to one of the Viennese cases.

"V. Economo's case 10 was that of a girl of 14, whose illness lasted about a month, with fairly characteristic symptoms, and who died on the day of her admission to the clinic. There is no record of a blood or fluid examination. V. Economo states specifically that the pathological appearances were those of polioencephalitis but not of hemorrhagic type. With due aseptic precautions an emulsion of the brain and cord was injected subdurally into a Macacus rhesus by Von Wiesner. The animal died in 46 hours, having presented the symptoms of profound stupor for at least 24 hours previously, and with a paresis of the right hind limb. On examination its brain showed all the characteristic appearances of acute hemorrhagic encephalitis, and from it Von Wiesner recovered a Gram-positive diplostreptococcus which he was able to cultivate and from a bouillon culture of which, injection into other apes produced somnolence and muscle weakness, while peritoneal injection in guinea pigs caused death from internal hemorrhage. It is important to note that a filtrate from the original brain-cord emulsion of the patient (Berkefeld filter) injected into a Macaque monkey produced no symptoms. Von Wiesner argues, therefore, that the cause of the disease is this actual bacterial virus, this diplostreptococcus found in the leptomeninges and in cellular infiltrates in the cortex of the first experimental monkey.

"Obviously such results are of much interest and importance; equally obviously they call for confirmation. In this connection one or two points suggest themselves by way of criticism.

"(1) It is curious there is no mention of this organism in the tissues of the patient from whom the emulsion was made.

(2) It is conceivable that the brain-cord emulsion contained some [quite] other specific virus and that the diplostreptococcus was accidental. That the emulsion filtrate proved negative does not invalidate this criticism altogether, for only one animal was tried with it, which is scarcely adequate in so important a question.

"(3) Von Wiesner states that from all the human cases whose material he was able to avail himself of (he does not say how many) he succeeded in growing this organism. Apart from the fact that other investigators have not had a similarly successful experience, he nowhere states that the organism was found in the microscopical preparations of the cases concerned, nor does V. Economo mention his finding such an organism. We are apparently faced with the problem of an organism as definite as a diplostreptococccus not recognizable

²⁰ Wilson, S. A. K., Epidemic Encephalitis: Lancet, London, ii 7, 1918.

microscopically in nervous tissues, but, nevertheless, culturable from them. In view of the unsatisfactory nature of Von Wiesner's conclusions, the question whether this diplostreptococcus is the specific cause of the disease must be left open; the negative bacteriological findings in the tissues in my two fatal cases militate against the acceptance of the somewhat summary statement in Von Wiesner's communication."

Summary.

1. Clinically the disease presents a series of symptoms which are found in no other affection.

2. The lack of positive epidemiological data renders the determination of the length of an incubation period impossible.

3. The clinical course of the disease may be divided into three stages: A prodromal period with fatigue, lethargy, headache, giddiness, and disturbances of vision; the stage of acute manifestations, with vomiting, fever, paralysis of certain cranial nerves, changes in tendon reflexes, alterations in speech, marked general weakness, and, in the majority of cases, coma of varying intensity; and the period of convalescence, which varies. In some cases recovery is complete within ten days or two weeks after the subsidence of the acute symptoms. In other cases, however, convalescence is prolonged and is accompanied by changes in the mental state, definite loss of function of certain muscles, and obstinate palsies of the cranial nerves.

4. There was a distinct outbreak of the disease in the United States during the latter part of 1918 and the early part of 1919. Beginning with the first case in the city of New York in September, 1918, there was a gradual increase in the monthly incidence up to and including March, 1919, during which month 61 cases occurred. This was followed by a sharp break with only 12 cases in April and 5 in May.

5. The age distribution of the cases in epidemic encephalitis is entirely different from that in poliomyelitis, and is, it is believed, in itself alone to be sufficient grounds for the belief that the two diseases are separate and distinct affections.

6. The appearance of epidemic encephalitis in epidemic form has, with the exception of the cases reported by V. Economo, apparently always been preceded by an epidemic outbreak of influenza. This apparent relation between the two diseases remains as yet unsolved, and consequently, therefore, leaves a field for considerable discussion. Of the 122 cases of epidemic encephalitis on which definite data were obtainable, only 56 cases, or 46 per cent, gave a history of having had a preceding attack of influenza; whereas in 66 cases, or 54 per cent, the history of a recognized attack of influenza was negative. As shown in a previous section of these studies, this influenza attack rate is higher in the group of persons having had epidemic encephalitis than in the general population. The question naturally arises, "Why?" In seeking a solution to this

problem two lines of thought present themselves. First: Believing that epidemic encephalitis is a disease unto itself, may not this difference be due to the fact that those persons who have had influenza suffer a certain lowering of vitality, immunity, or resistance. which would render them more susceptible to the invasion of the causative agent of epidemic encephalitis when exposed to such a factor? If this be so it would account for the difference in the attack rate above mentioned. Second: If, however, the belief that epidemic encephalitis is a distinct disease is erroneous, may it not be possible that those cases classified as having had a previous attack of influenza are really recurrent invasions of the same person with the causative agent of influenza, whatever this agent may be, the second invasion involving or invading the central nervous system? An invasion of the central nervous system direct as a primary attack by this same agent, if such a thing be possible, would account for those cases which give no history of a previous attack of influenza. In the absence of definite positive laboratory findings in connection with the etiology of epidemic encephalitis, this thought is merely offered as a possibility.

7. Sex distribution shows 60 per cent of the cases males and 40 per cent females; whereas in influenza the attack rate for males and females is about equal. In the cases of epidemic encephalitis without a previous attack of influenza, the ratio of males to females is 1 to 1. In those cases having had a previous attack of influenza, however, the ratio of males to females is 2.5 to 1.

8. Onset was gradual in 71 per cent of cases and sudden in 29 per cent. The case fatality rate, however, was 60 per cent in the cases with sudden onset and 22 per cent in the cases where the onset was gradual.

9. Lumbar puncture and subsequent examination of the spinal fluid, while revealing very little of a positive nature, should be done in all cases where it is possible, as it is by this means that other conditions which might be confused with epidemic encephalitis may be eliminated to almost a certainty.

10. Blood examinations reveal very little data which may be used for diagnostic purposes.

11. As for communicability, approximately 900 persons were exposed in the immediate families of the cases reported in the United States, and among this number no secondary case occurred so far as reports and inquiries show.

12. The case fatality rate was 29 per cent.

13. The results of animal innoculation with brain material from two fatal cases in connection with these studies were negative. The fact must be borne in mind, however, that the brain material used had been retained in 50 per cent sterile glycerine for a period of six months prior to the inoculation.

SECOND INTERNATIONAL EUGENICS CONGRESS.

To Be Held In New York City, September 22-28, 1921.

The word "eugenics" was first used by Francis Galton in 1883 in his "Inquiries into the Human Faculty," and has been defined by him as "the study of agencies under social control that may improve or impair the racial qualities of future generations, either physically or mentally." As an outcome of an interest which had developed in the subject, largely through Galton's writings and addresses, the First International Eugenics Congress was held in London in August, 1912, under the auspices of the Eugenics Education Society and the presidency of Maj. Leonard Darwin.

Since the first congress the World War has come and gone and, like all wars, destructive of the best manhood, it has depleted the finest racial stocks of more than one country. It has left the biologic, as well as the economic and sociologic, conditions of the world greatly disturbed. The Second International Eugenics Congress, which is to be held in New York City September 22–28 of this year, is therefore meeting at a time of exceptional interest.

The second congress is to be a conference on the results of research in questions of race improvement. While the problems of education and environment are immediate and the work of repair and reconstruction demand such close attention that little time and money will be available for years to come for the expansion of euthenical efforts in the matter of social betterment, attention has been focused afresh on the essential value of eugenically improved races.

According to the preliminary announcement of the secretary general of the congress, the following matters are to be presented at the meeting in September:

I. In the first section of the congress will be presented, on the one hand, the results of research in the domain of pure genetics in animals and plants and, on the other, studies in human heredity. The application to man of the laws of heredity and the physiology of reproduction as worked out on some of the lower animals will also be presented.

II. The second section will consider factors which influence the human family, and their control; the relation of fecundity of different strains and families and the question of social and legal control of such fecundity; also the differential mortality of the eugenically superior and inferior stocks and the influence upon such mortality of special factors, such as war and epidemic and endemic diseases. In this connection will be brought forward facts of improved and of unimproved families and of the persistence, generation after generation, of the best as well as the worst characteristics.

III. The third section will concern itself with the topic of human racial differences, with the sharp distinction between racial charactoristics and the unnatural associations often created by political and national boundaries. In this connection will be considered the facts of the migrations of races, the influence of racial characteristics on human history, the teachings of the past with bearings on the policies of the future. In this section will be presented the results of researches upon racial mixtures in relation to human history. Also the topics of racial differences in disease and psychology will be taken up. The history of race migrations and their influence on the fate of nations, especially modern migration, will be considered.

IV. The fourth section will discuss eugenics in relation to the State, to society, and to education. It will include studies on certain practical applications of eugenic research and on the value of such findings to morals, to education, to history, and to the various social problems and movements of the day. In this section will be considered the bearing of genetical discoveries upon the question of human differences and upon the desirability of adjusting the educational program to such differences. Here will be considered the importance of family history studies for the better understanding and treatment of various types of hospital cases and those requiring custodial care.

It will be the design of the congress to advocate no revolutionary changes, but to discuss the whole subject of pure and applied eugenics fairly and temperately in such a manner as will make clear the beneficent effects of the application of the eugenic standards among men and women.

In each section the congress will present carefully worked-out facts and the immediate and practical conclusions to which they lead. Special stress will be laid on the results of experimental and statistical research. The importance of the intellectual, sociological, and economic aspects will, of course, be pointed out in the section devoted to these various fields.

In the appropriate sections will be brought out, under different aspects, the principle of the continuity of hereditary characteristics through the continuity of the germ plasm, and the vital importance of influencing, if possible, the future of the race through increasing our knowledge of the processes of heredity in man directly, as well as indirectly, through studies of heredity in other forms of life.

Inquiries concerning all matters relative to the congress should be addressed to Dr. C. C. Little, secretary general, American Museum of Natural History, Seventy-seventh Street and Central Park West, New York City, N. Y.

DEATHS DURING WEEK ENDED JAN. 29, 1921.

Summary of information received by telegraph from industrial insurance companies for week ended Jan. 29, 1921. (From the "Weekly Health Index," Feb. 1, 1921, issued by the Bureau of the Census, Department of Commerce.)

Policies in force	45, 532, 240
Number of death claims	8, 886
Death claims per 1,000 policies in force, annual rate	10.2

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	Week ended Jan. 29, 1921.		A verage	Deaths under 1 year.		Infant mor- tality rate. ³			
City.	Estimated population, July 1, 1921.	Total deaths.	Death rate. ¹	annuál death rate per 1,000. ²	Week ended Jan. 29 1921.), ye	Pre- ious ar or ars. ³	Week ended Jan. 29 1921.4	Corre- spond- ing week, 1919.
Akron, Ohio. Albany, N.Y. Atlanta, Ga. Baltimore, Md.	229, 195 115, 071 207, 473 751, 537	25 36 62 227	5.7 16.3 15.6 15.8	• 7.5 C 23.4 C 25.0 A 20.2	6 4 11 43	C C A	* 5 1 9 32	58 90 121	106 81
Birmingham, Ala. Boston, Mass. Bridgeport, Conn Buffalo, N. Y Cambridge, Mass.	186, 133 757, 634 149, 967 519, 608 110, 444	44 -217 37 121 35	12.3 14.9 12.9 12.1 16.5	A 17.2 A 19.6 A 17.2 C 15.8 A 17.0	6 23 7 28 4	A A C A	6 41 11 25 6	62 88 103 72	97 88 110 70
Camden, N. J. Chicago, III. Cincinnati, Ohio. Cleveland, Ohio. Columbus, Ohio.	119,672 2,780,655 403,418 831,138 245,358	40 718 115 186 76	17.4 13.5 14.9 11.7 16.2	A 16.0 C 20.8 C 14.2 C 15.5	10 124 14 33 7	A C C C C	138 16 40 10	92 88 81	
Dallas, Tex. Dayton, Ohio Denver, Colo Detroit, Mich	165, 282 158, 119 263, 152 1, 070, 450	45 25 77 229	14.2 8.2 15.3 11.2	A 15.2 C 16.9 A 15.4	10 3. 7 50	A C	2 8	49 94	89 97
Fall River, Mass Grand Rapids, Mich Houston, Tex Indianapolis, Ind	120, 668 141, 197 144, 340 325, 215	40 38 31 93	17.3 14.0 11.2 14.9	C 22.5 C 12.8 C 16.9	11 3 2 11	C C C	20 5 9	165 51 - 85 -	119 85 80
Kansas City, M.J Kansas City, Kans Kansas City, Mo	302,788 103,908 336,157	75 36 92	12,9 18,1 14,3	C 16.9 C 19.0	11 3 12	C C	14 11	72	108
Los Angeles, Calif Louisville, Ky Lowell, Mass Memphis, Tenn	611, 636 236, 083 113, 757 165, 389	165 76 41 77	14.1 16.8 18.8 24.3	A 15.7 C 23.7 A 18.6	17 5 9 5	A C A	11 14 4	.80 58 145	67 96 124
Milwaukee, Wis. Minncapolis, Minn Nashville, Tenn	468, 386 392, 815 119, 536	106 97 39	11.8 12.9 17.0	A 13.5 C 11.8 C 23.6	16 12 7	A C C	21 10 2	77 68	101 65
New Haven, Conn New Grieans, La	125,012 167,007 394,657	82 44 134	13.3 13.7 17.7	A 13.2 C 15.2 A 22.1 C 16.5	4 15	C A C	6 18 250	138 48	122 73
Newark, N. J. Norfolk, Va. Oakland, Calif.	424, 885 121, 260 226, 472	1, 450 101 30 53	13. 3 12. 4 12. 9 12. 2	C 17.3	200 14 6 5	č	22	106 63	108 61
Omaha, Nebr Paterson, N. J. Philadelphia, Pa	197,066 137,463 1,866,212	46 41 566	12.2 15.6 15.8	C 13.2	14 4 72	C 	3 • 84	87	91
Pittsburgh, Pa. Portland, Oreg. Providence, R. I Pichward, Va	596, 413 264, 859 239, 645	162 63 56	14.2 12.4 12.2	C 20.3 C 10.8 C 17.3	31 5 9	CCCC	35 7 8	110 50	114 69
Rochester, N. Y St. Louis, Mo	305, 229 786, 164 237, 781	78 209 42	13.3 13.9 9.2	C 14.5 C 17.2 C 12.6	13 25 2	čcc	8 32 7	101	74 68
Salt Lake City, Utah San Francisco, Calif Scattle, Wash	121, 595 520, 546 327, 227	35 166 58	15.0 16.6 9.2	A 12.8 C 16.9 A 9.5	8 11 4	C A	8 8	124 64 33	77 62 55
Syracuse, N. Y Toledo, Ohio Trenton, N. J	135,877 177,265 253,696 122,760	48 73 25	14.1 15.0 10.6	C 15.4 A 17.8 A 23.5	5 7 7 4	C A A	7 9 11 .	75 84 71	84 91 90
Washington, D. C Wilmington, Del Worcester, Mass	454,028 113,408 184,972	132 48 52	15.2 22.1 14.7	A 19.1 C 17.9 C 13.4	23 6 9	A Ç	16 	134 97	85 92
Youngstown, Ohio	103, 324 139, 432	38	14.2	A 16.7	3 8	A.	ۍ	68 101	80 99

¹Annual rates per 1,000 population. ² "A" indicates data for the corresponding week of the years 1913 to 1917, inclusive. "C" indicates data for the corresponding week of the year 1918. ^a Cities left blank are not in the registration area for births. ^a 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.

"Data are 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 Feb. 5, 1921.

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

ALABAMA.

<i>i</i> · ·	QCC-
Chieken por	. 20
Diphtheria	. 16
Hookworm	. 131
Mumps	. 21
Pollagra	. 2
Pneumonia	. 11
Scarlet fever	. 10
Smallpox:	
Jefferson County	. 35
Montgomery County	23
Scattering	43
Tuberculosis	17
Typhoid fever	. 8
Whooping cough	20
ARKANSAS	
Chicken nor	34
Dinhtheria	12
Hookwarm	1
Influenza	52
Malaria	25
Measles	165
Ophthalmia neonatorum	1
Pellagra	5
Poliemvelitis	1
Scarlet fever	13
Smallpox	31
Trachoma	3
Tuberculosis,	31
Typhoid fever	3
Whooping eough.,	12
CALIFORNIA.	
Cerebrospinalmeningitis	2
Lethargic encephalitis	1
Smallpox;	
Berkeley	21
Fresno County	16
Los Angeles County	15
Uariand	91
Secramento	8
Ban Francisco	96
	30
materny.	
Typnola lever	2

CONNECTICUT.

-	CONNECTICUT.	
Çases.	C	ases.
. 29	Cerebrospinal meningitis	2
. 16	Chioken pox	76
. 131	Diphtheria:	
. 21	Bridgeport	12
. 2	Hartford	13
. 11	New Britain	13
. 10	New Haven	15
	Scattering	57
. 35	German measles	1
. 23	Impetigo contagiosa	2
. 43	Influenza	8
. 17	Lethargic encephalitis	3
. 8	Measles:	
. 20	Canton	25
	Colchester	11
-	Farmington	16
. 44	New Britain	38
. 12	Wallingford	12
	Seattering	50
. 92	Mumps	111
. 40 107	Pacumonia (lobar).	35
. 100	Poligmyelitis	1
. 1	Searlet lever:	
	Bridgeport.	21
. 1	Meriden (eity)	12
. LJ	New Haven	49
. 91	Orange	11
. 3	Seattering	78
. <u>31</u>	Sentic sore throat	3
	Trachoma	3
- 12	Tuberculosis (all forms)	55
	Typhoid fever	6
2	Wheoping cough	120
1	THE A ME A DID	
-	Chicken Dox.	6
21	Dinatheria	5
16	Influenza.	2
15	Meagles.	2
91	Mumpe.	2
8	Pneumonia	11
95	Scariet fover	6
10	Tuberculosis	8
89	Typhoid lover	1
2	Whooning cough	17
		• •

CUBRENT STATE SUMMARIES-Continued.

Telegraphic Reports for Week Ended Feb. 5, 1921-Continued

FLORIDA.

FLVBIDA.	
	Cases.
Dinhtheria	. 22
Influenza	, 3
Leprosy	. 1
Malaria	. 5
Ophthalmia neonatorum	. 1
Pneumonia	. 1
Scarlet fever	, 11
Smallpox	. 49
Typhoid fever	. 20

GEORGIA.

Cerebrospinal meningitis	1
Chicken pox	83
Diphtheria	18
German measles	2
Hookworm	12
Influenza.	37
Melaria	28
Measles	46
Mumps	5
Paratyphoid fever	1
Pneumonia	25
Searlet (aver	20
Sentic sore throat	3
Smallner	166
Teshoreeloois (nulmonary)	15
Turboid favor	14
Whooping cough	11

ILLINOIS.

Diphtheria: 212 Decatur. 9 Évanston. 8 Scattering. 68 Iafuenza. 28 Leprosy-East Moline. 1 Lethargic encephalitis: 1 Alton. 1 Chicago. 13 Madison County-Allen Township. 1 Springfield. 1 Praeumonia. 348 Poliomyelitis-Rock Island. 1 Scarlet fever: 1 Chicago. 165 East St. Louis. 8 Rockford. 9 Springfield. 32 Thompsonville. 8
Chicago. 212 Docatur. 9 Évanston. 8 Scattering. 68 Iafluenza. 28 LeprosyEast Moline. 1 Lethargic encephalitis: 1 Alton. 1 Chicago. 13 Madison County-Allen Township. 1 Springfield. 1 Preumonia. 348 Poliomyelitis-Rock Island. 1 Scarlet fever: 1 Chicago. 165 East St. Louis. 8 Rockford. 9 Springfield. 32 Thompsonville. 8
Decatur. 9 Évanston. 8 Scattering 63 Iafluenza. 28 Løprosy-East Moline. 1 Lethargic encephalitis: 1 Alton. 1 Chicago. 13 Madison County-Allen Township. 1 Sheldon. 1 Springfield. 1 Poliomyelitis-Rock Island. 1 Scarlet fever: 1 Chicago. 165 East St. Louis. 8 Rockford. 9 Springfield. 22 Thompsonville. 8
Évanston 8 Scattering 68 Iafluenza 28 LeprosyEast Moline 1 Lethargic encephalitis: 1 Alton 1 Chicago 13 Madison County-Allen Township 1 Springfield 1 Pneumonia 348 Poliomyelitis-Rock Island 1 Scarlet fever: 65 East St. Louis 8 Rockford 9 Springfield 32 Thompsonville 8
Scattering 68 Influenza 28 Leprosy—East Moline 1 Lethargic encephalitis: 1 Alton 1 Chicago 13 Madison County—Allen Township 1 Springfield 1 Ppeumonia 348 Poliomyelitis—Rock Island 1 Scarlet fever: 1 Chicago 165 East St. Louis 8 Rockford 9 Springfield 32 Thompsonville 8
Iafluenza
Leprosy—East Moline
Lethargic encephalitis: 1 Alton
Alton 1 Chicago 13 Madison County—Allen Township 1 Springfield 1 Springfield 1 Preumonia 348 Poliomyelitis—Rock Island 1 Scarlet fever: 1 Chicago 165 East St. Louis 8 Rockford 9 Springfield 32 Thompsonville 8
Chicago. 13 Madison County—Allen Township. 1 Sheldon. 1 Springfield. 1 Ppeumonia. 348 Poliomyelitis—Rock Island. 348 Poliomyelitis—Rock Island. 165 East St. Louis. 8 Rockford. 9 Springfield. 32 Thompsonville. 8
Madison County—Allen Township 1 Sheldon
Sheldon. 1 Springfield. 1 Pneumonia. 348 Poliomyelitis—Rock Island. 1 Scarlet fever: 1 Chicago. 165 East St. Louis. 8 Rockford. 9 Springfield. 32 Thompsonville. 8
Springfield 1 Pneumonia 348 Poliomyelitis—Rock Island 1 Scarlet fever: 1 Chicago 165 East St. Louis 8 Rockford 9 Springfield 22 Thompsonville 8
Pneumonia 348 Poliomyelitis—Rock Island 1 Scarlet fever: 1 Chicago 165 East St. Louis 8 Rockford 9 Springfield 32 Thompsonville 8
Poliomyelitis Rock Island 1 Scarlet fever: 1 Chicago 165 East St. Louis 8 Rockford 9 Springfield 32 Thompsonville 8
Scarlet fever: 165 Chicago
Chicago
East St. Louis. 8 Rocktord. 9 Springfield. 32 Thompsonville. 8
Rockford
Springfield
Thompsonville
Scattering 171
Smallpox:
Benton
Buckner. 8
Carbondale
Chicago Ad
East St. Lonis
Ford County-Drummer Township 15
Rockford

······································	
ILLINOIS—continued.	_
(((((((((((((((((((ases.
emailpox-Continued.	
Stephenson County-Rock Grove Town-	
Thempsonwille	10
Worme County Mount Pric Township	
Wayne County-mount Ene Township.	8
Gentlenden	
Scattering	99
Typnoia lever	13
INDIANA.	
Cerebrospinal meningitis-Kosciusko Coun-	
ty	1
Diphtheria	65
Bables in animals-Vigo County	1
Scarlet lever.	333
Smallpox	186
Typnoid lever	18
IOWA.	
Diphtheria	26
Scarlet fever	105
Smallpox:	
Dubuque	28
Fairbank	11
Scattering	129
KANSAS.	
	-
Cerebrospinal meningitis	Z
Cinicken pox	71
Common monolog	100
Tuffuenze	1
Mate'og	308
Numre	11
Phenmonia	48
Scarlet lever	156
Smallrex	117
Trachoma.	3
Tuberculosis	39
Typhoid fever	5
Whooping cough	86
DOULDIANA.	
Cerebrospinal meningitis	6
Diphtheria	20
Searlet lever	11
Smallpox	40 10
Typhold lever	1.6
MAINE.	
Chicken pox	43
Diphtheria	14
German measles	1
Influenza.	1
Measles	341
Mullips	12
Fileumonia	4 94
Senalinov	5
Pubarrulosis	15
Typhoid fever	4
Whooping cough	10

CURRENT STATE SUMMARIES-Continued.

Telegraphic Reports for Week Ended Feb. 5, 1921-Continued.

Cases.

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MARYLAND.1

	a 303.
Cerebrospinal meningitis	1
Chicken pox	107
Diphtheria	43
I yse itery.	1
German measles.	5
Influenza.	125
Lethargic encephalitis	2
Malaria	1
Measles	94
Mumrs	34
Ophthalmia neonatorum	. 3
Pneumonia (all forms)	153
Poliomyelitis	1
Scarlet fever	· 91
Septic sore throat	8
Smallrox	5
Tuberculosis	41
Typhoid fever.	6
Whooping cough	129

MASSACHUSETTS.

Cerebrospinal meningitis	2
Chicken pox.	325
Conjunctivitis (suppurative)	14
Diphtheria	236
Dysentery	5
German magelos	ิฑั
	17
Maaalaa	11
Measics	000
Mumps	91
Ophthalmia neonatorum	35
Pellagra	1
Pneumonia (lobar)	107
Poliomyelitis	1
Scarlet fever	294
Septic sore throat	5
Smallpox.	2
Trachoma	1
Tuberculosis (all forms)	196
Typhoid fever	8
Whooning cough	915
II HAADAND AANDII	210
MINNESOTA.	
Chicken pox.	18

Diphtheria	74
Influenza	8
Measles	24
Pneumonia	1
Scarlet fever:	
Minneapolis	54
Scattering	113
Smallpox:	
Minneapolis	156
Scattering	323
Tuberculosis	43
Whooping cough	17
MISSISSIPPI.	
Diphtheria	16
Scarlet fever	22
Smallpox	83
Typhoid fever	4

MISSOURI.

•	Cases.
Chicken pox	. 124
Diphtheria	. 180
Epidemic sore throat	. 22
Influenza	. 26
Measles	128
Mumps	59
Ophthalmia neonatorum	. 2
Scarlet faver	168
Smallpox	195
Trachoma	. 5
Tuberculosis	31
Typhoid faver	5
Whooping cough	108

MONTANA.

Diphtheria	8
Scarlet fever	7
Smallpox	49
Typhoid fever	2

NEBRASKA. .

	Chicken poz	51
	Diphtheria:	<i></i>
	Omaha	12
	Scattering	12
	Influenza	9
	Measles:	
	Nebraska City	19
	Scattering	13
i	Mumps	16
	Pneumonia	7
	Scarlet fever:	
	Omaha	14
	Scattering	. 30
	Smallpox:	
	Clay County	. 13
	Dixon County	11
	Emerson	13
	Minstare	9
	Omaha	25
	Wilber	10
	Scattering	64
	Tuberculosis	18
	Typhoid fever	2
	Whooping cough	5

NEW JERSEY.

Chicken pox	280 240
	240
15c Diphtheria	- 40
Influenza	32
Measles	178
43 Pneumonia	147
17 Poliomvelitis	1
Scarlet fever.	316
16 Smallpox	1
22 Trachoma	1
83 Typhoid fever	4
4 Whooping cough	254
¹ Week ended Friday.	A., 1

CURRENT STATE SUMMARIES-Continued.

Telegraphic Reports for Week Ended Feb. 5, 1921-Continued.

Cases.

NEW MEXICO.

at them DOT	16
Chicken pox	10
Diphtheria	34
Influenza	1
Measles	156
Mnmps	13
Pneumonia	20
Scarlet fever	18
Sentic sore throat	1
Trachoma	1
Tuberculosis	44
Whooping cough	51
IL THE TANK I WE ARE A TO THE TANK I WE AT TA	

NEW YORK.

(Exclusive of New York City.)

Corebrospinal moningitis:

Richmondville	1
Yonkers	
Diphtheria	
Influenza	43
Lethargic encephalitis	10
Measles	1,279
Pneumonia	322
Scarlet fever	332
Smallpox	
Typhoid fever	28
Whooping cough	457

NORTII CAROLINA.

Cerebrospinal meningitis	1
Chicken pox	154
Diphtheria	28
German measies.	5
Meastes	477
Scarlet fever	13
Smallpox	100
Typhoid fever	8
Whooping cough	288

SOUTH DAROTA.

Chicken pox	12
Diphtheria	9
Measles	44
Pneumonia	14
Scarlet fever	25
Smallpox	50
Whooping cough	1

TEXAS.

Chicken pox	70
Diphtheria	53
Influenza	9
Measles	110
Pellagra	2
Scarlet fever	50
Smallpox	106
Typhus fever—Bell County.	1
Typhoid fever	7

VERMONT.

VERMONT.	
Chicken pex	52
Diphtheria	2
Influenza.	6
Measles	134

ses.	. VERMONT—continued.	"ac 20
16	Mumps	35
34	Pneumonia	4
1	Smallpox	7
156	Scarlet fever	44
13	Typhoid fever.	3
20	Whooping cough	28
18	100	
1	VIRGINIA.	
1	Lethargic encephalitis—Wise County	2
44	Smallpox:	
51	Northampton County	2
	Smyth County	1
	Tazewell County-Several.	
	WASHINGTON.	
	Chicken pox	96
1	Diphtheria	22
1	Measles	71
332	Mumps	11
43	Pneumonia	1
10	Scarlet fever	5 8
279	Smallpox	104
322	Tuberculosis	2
332	Typhoid fever	3
. 8	Whooping cough	. 8
28	WEST VIEGINIA.	
457	Diphtheria	17
	Measics:	
	Bluefield	10
1	Charleston	37
154	Montgomery	10
28	Wheeling	20
_ <u>5</u> :	Scattering	. 4
477	Searlet fever:	
13	Wheeling	12
001	Scattering	17
0	Smallpox	22
600	Typhoid fever	3
	WISCONSIN.	
12	Milwaukee:	
9	Ceretrospinal meningitis	1
44	Diabéharia	19
14 or		34
40 50	Sepriot form	14
1	Station	00
-	Tuberenlosis	10
	Typhoid fever	20
70	Whooping cough	10
53	Scattering:	
	Cerebrospinal meningitis	1
N	Chicken pox	132
<i>"</i>	Diphtheria	115
08	Influenza	25
"i	Measles	127
71	Ophthalmia neonatorum	1
·†	Scarlet lever	206
_	Smallpox	269
52	Trachoma	2
2	Tuberculosis	7
0	r à buoig iesel	8

Whooping cough..... 113

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CURRENT STATE SUMMARIES—Continued.

Cases. 39

8

10

12

4

47 22

10

30

10

8 13

48

4 6

30

1

27

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District of Columbia and Kentucky Reports for Week Ended January 29, 1921.

DISTRICT OF COLUMBIA.		KENTUCKY-continued.
	Cases.	Ca
Cerebrospinal meningitis	. 1	Measles:
Chicken pox	. 70	Boyd County
Diphtheria	. 30	Harlan County.
Influenza.	. 4	Knox County
Lethargic encephalitis	. 2	Scattering
Measles	42	Mumps
Scarlet fever	. 24	Pneumonia
Smallpox	. 1	Scarlet fever:
Tuberculosis	. 32	Jefferson County
Typhoid fever	. 2	Kenton County
Whooping cough	23	Scattering
FENELCEY		Septic sore throat
KENIUCKI.		Smallpox:
Cerebrospinal meningitis:	•	Carlisle County
Christian County	2	Hopkins County
Jefferson County	. 1	Scattoring
Webster County	. 1	Monaillitia
Chicken pox	39	
Diphtheria:		
Jefferson County	25	Tuberculosis:
Scattering	10	Jefferson County
Influenza	19.	Sc ttering
Lethargic encephalitis-Jefferson County	1	Typhoid fever
Malaria	2	Whooping cough

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.
December, 1920. Arkansas	2	100	226	174	256	24		51	22	28
Colorado Kansas Maine Missouri	4 1 2	151 637 94 504	7 43 19 163	1	845 862 272 173	· · · · · · · · · · · · · · · · · · ·	1 3 2 3	136 736 104 454	203 289 19 419	9 30 30 49

PLAGUE.1

HUMAN CASES OF PLAGUE REPORTED.

Place.	Period covered.	Cases.	Deaths.	Remarks.
Florida: Pensacola Louisiana: Naw Ocleans	1921. Jan. 1 to Feb. 5	0	0	
Texas: Beaumont. Galveston	do do	0	0	

¹ A summary of the reports received of the occurrence of plague and the finding of plague-infected rodents in the United States during 1920 was published in Public Health Reports, Jan. 7, 1921, p. 15.

PLAGUE-Continued.

PLAGUE-INFECTED RODENTS.

Place.	Period covered.	Rodents found plague infected.
Florida: Pensacola	1921. Jan. 1 to 22 Jan. 23 to Feb. 5	1
New Orleans.	Jan. 1 to 29 Jan. 30 to Feb. 5	12 9
Texas: Beau mont Galv eston	Jan. 1 to Feb. 5do	0 0

CITY REPORTS FOR WEEK ENDED JAN. 22, 1921.

ANTHRAX.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Kansas: Fort Scott	1	1	New Hampshire: Manchester	:1	7

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. For cities for which the information is not available for the full six years, as many years as possible are included.

Place.	Median for pre-	ian Jan. 22, 1921.		Place.	Median for pre-	Weck ended Jan. 22, 1921.	
	vious years.	Cases.	Deaths.		years.	Cases.	Deaths
California: San Francisco Connecticut: Bridgeport Waterbury Georgia: Atlanta Illinois: Chicago Indiana: La Fayette Kansas: Hutchinson Topeka. Kentucky: Louisville New Orleans Massachusetts: Bostom Salem Michigan: Detroit Benit Ste. Marie	0 0 0 3 0 0 0 1 1 1 0 0 0	3 1 1 1 3 1 1 1 1 1 2 2 1 1 1 1	2 1 	Missouri: Cape Girardeau Montana: Billings. Butte New Hampshire: Manchester New Jersey: Newark. Passaic. New York: Buffalo. New York: Buffalo. New York: Ohio: Cleveland. Pennsylvania: Washington. Tennessee: Memphis Utah: Salt Lake City Wisconsin: Milwaukee		1 	
Minneapolis	0	1	•••••	Cheyenne	•••••	1	1

DIPHTHERIA.

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See p. 258; also Telegraphic weekly reports from States, p. 246, and Monthly summaries by States, p. 250.

INFLUENZA.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Place. Alabama: Birmingham. Mobile. California: Long Beach. Los Angeles. Sacramento. Saramento. Saramento. San Francisco. Colorado: Denver. Connecticut: New Britain. Washington. Georgia: Atlanta. Savannah. Illinois: Chicago. Danville. Oak Park. Rock Island. Kansas: Parsons. Kentucky: Lexington. Louisiana: New Orleans. Maryland: Baltimore. Cumberland.	Cases.	Deaths.	Place. Minnesota: Missouri: Kansas City St. Louis New Jersey: Montelair Newark Trenton New York: Binghamton Cohoes Jamestown Mount Vernon New York: Cincinnati Cleveland Columbus Hamilton Mansfield Toledo Pennsylvania: Philladelphia South Dakota: Sionx Falls Texas: Austin Dallas Utah: Ealt Lake City	Cases.	Deaths,
Danville Oak Park Rock Island Parsons. Kentucky: Lexington Louisiana: New Orleans. Maryland: Baltimore. Cumberland. Massachusetts: Roce Parkets	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5	Hamilton Mansfield Toledo Pennsylvania: Piliadelphia South Dakota: Sioux Falls. Texas: Austin Dallas. Utah: Salt Lake City Virginia:	1 10 3 	
Cambridge Haverhill Lawrence Somerville Worcester Michigan. Detroit	1 1 1 2 3		Roanoke West Virginia: Morgantown Wisconsin: Appelton	2	
T	LETI	HARGIC E	NCEPHALITIS.	· • · · · ·	•
Illinois: La Salle	1	1	Maine: Bangor	1	
	<u>-</u>	MAL	ARIA.		·
Arkansas: North Little Rock Georgia: Atlanta Brunswick Savannah Kentucky:	1 1 1 1	1	Louisiana: Alexandria North Carolina: Wilmington Tennessee: Memphis Texas: Delles	9	1

MEASLES.

See p. 258; also Telegraphic weekly reports from States, p. 246; and Monthly summaries by States, p. 250.

PELLAGRA.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.
Illinois: Peoria		1	Texas: Dallas	1	1

PNEUMONIA (ALL FORMS).

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.	
Alabama:			Louisiana:			
Birmingham		. 5	New Orleans.		. 16	
Mobile	• •••••••	. 3	Maine:	_	1	
Montgomery	•[••••••	. 1	Bangor.	. 3		
Arizona:		1 2	Maine:		3	
Arkansas:		' °	Lewiston		1 1	
Little Rock	. 1		Portland		3	
California:	1	1.	Sanford	1 1		
Alameda	• • • • • • • • • • • • • • • • • • • •		Maryland: Boltimore	56		
Los Abgeles	38	8	Cumberland	3	24	
Oakland		8	Massachusetts:		1	
Pasadena	2	1	Adams		1	
Riverside	······	1	Arlington	· · · · · · · · · · · · ·	1	
Sen Remardino	-		Boston	25		
San Diego	3	Ĭ	Brockton			
San Francisco	18	8	Brookline	1		
Santa Barbara	• • • • • • • • • •	2	Cambridge	5	5	
Stockton	••••••	2	Clinton			
Colorado Springs	2	1 1	Everett		1	
Denver		· · · 22	Fall River		1 11	
Pueblo		5	Gardner		Î	
Connecticut:			Havernill	4	•••••	
Hartford	•••••	. D	Tawtonce	••••••	. 3	
Manchester	3		Leominster	1		
Meriden		2	Lowell		8	
New Britain	2		Lvnn	7	. 3	
New Haven	••••••	5	Malgen.	•••••••	3 B B B B B B B B B B B B B B B B B B B	
Waterbury	7	· 4	New Bedford		4	
District of Columbia:		-	Newburyport		ī	
Washington		12	Newton.	4	2	
icorgia:		,	Pittsfield		2	
Rome	·····i	1	Quincy		1	
Savannah		7	Salem.	1		
llinois:			Somerville	2	••••••	
Alton.	•••••	I I	SouthDridge	2	••••••	
Chicago	281	87	Taunten.		2	
Danville	2		Wakefield	1		
East St. Louis		3	Waltham	5	•••••	
Freenart			Winthron	2	. • 1	
Galesburg		· i	Webúrn.		1	
Jacksonville	••••••	1	Worcester		13	
Kewance	•••••••	.2	Michigan:	1		
Oak Park	7	2	Battle Creek		1	
Rockford		2	Detroit	54	23	
Rock Island	2 .		Flint	4	1	
Springlield		4	Grand Rapids	5 .	•••••	
Bloomington	1	. 1	Ishnomine		••••	
East Chicago		3	Kalamazoo		1	
Elwood		1	Marquette		ĩ	
Fort Wayne		5	Port Huron	2 .	••••	
Hemmond		3	Duluth		2	
Indianapolis		13	Mankato	3		
Logansport		1	Minneapolis		9	
Marion		1	St. Peul	•••••	9	
South Bend		5	Missouri:	1	1	
Terre Haute		2	Inderendence		4	
Burlington	2	1	Kansas City		18	
Wa:		.	St. Joseph		3	
ansas:	•••••	1	Montana: A naconda *		1	
Kansas City	8		Billings		i	
Topeka		2	Butte		ī	
• Wichita	6	2	Great Falls	3	1	
Covington.		1	Nebraska:		•••••	
Lexington		3	Lincoln	3	1	
Louisville	6	5	Omaha		4	

PNEUMONIA (ALL FORMS)-Continued.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths.	
Nevada:			Ohio-Continued.			
Reno		1	Canton	3	2	
New Hampshire:			Chillicothe		3	
Berlin	·····	· I	Cincinnati		11	
Keene	2	·····;	Columbus	29	22	
Manchester		-	Devton		12	
Atlentic City	9		Hamilton	ไ เ		
Bloomfield	1 î		Lancaster	1 i		
East Orange	2		Mansfield		2	
Elizabeth		1	Middletown	2	l ī	
Englewood	3	1 1	Newark		l ī	
Hackensack	3		Norwood		1	
Harrison	1		Sandusky	2		
Hoboken	<u>-</u> -	1	Springfield		4	
Jorsey City	5		Toledo		8	
Kearny	1	•••••	Zanesville	1		
Montciair		14	Okianoma:		.	
Newark	04	11	Oreanoma City		3	
Orange	3	4 9	Oregon:		, "	
Patamon	2	-	Popuerlanu		1 '	
Porth Amboy	3		Philadelphia	102	60	
Plainfield	1		Rhode Island	105	⁰	
Trenton	3	2	Cranston	14 C 4	1 1	
West Hoboken		$\overline{2}$	Newport		ÎÎ	
New York:			Pawtucket			
Albany	10		Providence		5	
Binghamton	13	. 3	South Carolina:		-	
Buffalo	36	18	Charleston		1	
Cohoes	2	· · · · · · · · · · · · · · · ·	South Dakota:			
Elmira		3	Sioux Falls		1	
Geneva.		1	Tennessee:			
Glens Falls	•••••	2	Memphis		3	
	9		Nashville		4	
Lookport	1	-	Texas:			
Middletown	5	1	Corpus Christi	3	4	
Mount Vernon	5	•	Colverton	9	2	
Newburgh	2		Waro		-	
New York	335	192	Titah.	· •		
Niagara Falls		3	Solt Lake City		. 9	
North Tonawanda	1		Vermont:		-	
Peekskill	4	1	Rutland	2		
Port Chester	2		Virginia:	_		
Poughkeepsie	3		Alexandria		3	
Rochester	11	· 6	Lynchburg		2	
Rome	2	•••••	Norfolk	4	· 1	
Saratoga Springs	3	••••••	Petersburg			
Schenectady	0	1	Richmond		12	
Syracuse	.0	10	Roanoke	4	2	
Wetertown		10	West Virginia:			
Watervlict		i 1	Charleston		2	
White Plains	3	ī	Huntington		2	
Yonkers	4	$\overline{2}$	Parkersburg	2		
North Carolina:	•	-	w needing	•••••	· ·	
Charlotte		1	Wisconsin:			
Durham		ī	Beloit	•••••••	1	
Greensboro		2	Fond du Lac	2		
Rocky Mount		1	Reflosus	•••••	1	
Wilmington		2	Wayson	•••••	1	
Ohio:				•••••	-	
Akron	6	····· <u>·</u>	wyoming:		1	
Barberton		1	спеуепе	•••••	1	

POLIOMYELITIS (INFANTILE PARALYSIS).

The column headed "Median for previous years" gives the median number of cases reported duin the corresponding weeks of the years 1915 to 1920, inclusive. For cities for which the information is not available for the full six years, as many years as possible are included.

Place.	Median for pre-	Week ended Jan. 22, 1921.		Place.	Median for pre-	Week ended Jan. 22, 1921.		
	years.	Cases.	Deaths.		years.	Cases.	Deaths.	
Connecticut: Bridgeport Topeka Massachusetts: Brookline Michigan: Detroit	0 0 0	1 1 1 1	······	New Jersey: Newark Passalc New York: New York Pennsylvania: Pittsburgh	0 0 0	1 1 1 1	1	

SCARLET FEVER.

See p. 258; also Telegraphic weekly reports from States, p. 246, and Monthly summaries by States, p. 250.

SMALLPOX.

The column headed "Mcdian for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1920, inclusive. For cities for which the information is not available for the full six years, as many years as possible are included.

Place.	Median for pre-	Week ended Jan. 22, 1921.		Place.	Median for pre- vious	Week ended Jan. 22, 1921.		
	years.	Cases. Deaths.			years.	Cases.	Deaths.	
Alabama: Birmingham Mobile		$\begin{array}{c} 10 \\ 4 \\ 1 \\ 2 \\ 1 \\ 1 \\ 3 \\ 7 \\ 2 \\ 15 \\ 2 \\ 9 \\ 5 \\ 5 \\ 1 \\ 2 \\ 5 \\ 5 \\ 1 \\ 2 \\ 5 \\ 3 \\ 1 \\ 3 \\ 2 \\ 8 \\ 4 \\ 36 \\ 1 \\ 3 \\ 3 \\ 41 \\ 2 \\ 1 \\ 1 \\ \end{array}$		Indiana: Crawfordsville. East Chicago. Fort Wayne. Frankfort. Gary. Hammond. Indianapolis. Marion. Mishawaka. South Bend. Terre Haute. Iowa: Burlington. Celar Rapids. Council Bluffs. Davenport. Des Moines. Dubuque. Mason City. Sioux City. Sioux City. Kansas: Coffeyville. Hutchinson. Kansas City. Salina. Topeka. Wichita. Kentucky: Covington. Louisville. Paducah. Souts. Salina. Topeka. Wichita. New Orleans. Massachusetts; Boston Methuen.	0 1 1 1 1 3 1 0 0 0 0 2 3 3 0 2 0 0 0 2 0 0 2 0 0 2 0 0 2 0 0 2 0 0 0 0 2 0	$\begin{array}{c} 9\\ 7\\ 13\\ 4\\ 1\\ 9\\ 9\\ 16\\ 5\\ 5\\ 13\\ 5\\ 2\\ 7\\ 4\\ 2\\ 24\\ 1\\ 2\\ 24\\ 1\\ 2\\ 24\\ 1\\ 2\\ 3\\ 1\\ 6\\ 3\\ 1\\ 2\\ 18\\ 1\\ 4\end{array}$	3	

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CITY REPORTS FOR WEEK ENDED JAN. 22, 1921-Continued.

SMALLPOX-Continued.

Place.	Median for pre-	Wood Jan. 2	c ended 2, 1921.	Place.	Median for pre-	Week Jan. 2	ended 2, 1921.
	years.	Cases.	Deaths.		years.	Cases.	Deaths.
Michigan:				Oklahoma:			
Ann Arbor	0	2		Oklahoma City	4	19	
Battle Creck	0			Tulsa		2	•••••
Grand Ranide				Portland		91	
Kalamazoo	1	2		Pennsylvania:		~	
Marquette	ō	2.		New Castle	0	1	
Sault Ste. Marie	0	10		Pittsburgh	0	1	
Minnesota:			F	South Carolina:			
Dulutn	N N	21		Columbia		*	
Minneanolis	20	273	• • • • • • • •	South Daketa:	Ű		••••••
St. Cloud	2	10		Sioux Falls	3	2	
St. Paul	21	62		Tennessee:			
Missouri:				Knoxville	1	6	
Kansas City	4	44		Nocharillo	2	5	•••••
St. Joseph St. Louis	10	3 94	•••••	Teres:		0	
Montana:	•	~1		Beeumont	1	3	
Billings	1	3		Dallas	24	ē	
Missoula	0	. 6		Galveston	0	4	
Nebraska:		•	-	Waco	3	3	
Omebe	ž	15	•••••	Selt Lake City	2	96	
New Voeb		. 10		Virrinia:	•	~	•••••
Binghamton	0	r 2		Petersburg	0	1	
New York	ŏ	ī		Washington:			
North Carolina:				Aberdeen	0	3	
Durham	0	1		Ryonett	8	1	•••••
Winston-Salem	1	4		Seattle	3	16.	
North Dakota:				Spokane	14	28	
Fargo	0	14		Tacoma	0	3	
Grand Forks	1	10		Vancouver	1	2	· · · · · · · · •
Offic:	•		-	Wost Virginia:	4	3	•••••
Cantan	ĩ	-	•••••	Huntineton	2	1	
Cincingati.	î	4		Wisconsin:	-	•	• • • • • • • • •
Cleveland	6	. ī.		Appleton	1	5	
Columbus	1	3		Beloit	0	2	
Dayton	1	2		Fond da Lac	4	1	•••••
Hamilton	U U		•••••	Madison	7	8	•••••
Lancester	0	4		Marinette	ō l	4	•••••
Lorain	. Ő	8		Milwaukee	5	28	
Middletown	1	4		Oshkosh	1	2	
Norwood	<u> </u>	- <u>1</u>	•••••	sheboygan	·····	81	
Zanesville	יט	2		ouperior	1	- 4	

TETANUS.

Place.	Cases.	Deaths.	Place.	Cases.	Deaths
Kentucky: Louisville Maryland: Baltimore		• 1	Michigan: Detroit Texas: Beaumont Dallas	2	1

TUBERCULOSIS.

See p. 258; also Telegraphic weekly reports from States, p. 246.

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. For cities for which the information is not available for the full six years, as many years as possible are included.

years. Cases. Deaths. Yours years. Cases. 1	Deaths.
Alabama:	•••••
Alabairmingham	•••••
Mobile	•••••
California: Minnesota:	
Long Beach	
Los Angeles	1
Oakland 1 1 Missouri:	-
San Bernardino 0	2
San Francisco 2 1 1 Montana:	
Santa Barbara 0 1 Great Falls 0 1.	
Connecticut: New Jersey:	
New Haven	
District of Columbia: 0 1 .	
Washington	
Georgia: New York:	
$\begin{array}{c c c c c c c c c c c c c c c c c c c $	
	1
Mount Vernon 0 1	
Ulipolet	. 2
Chicago 6 3 Schenoster 0	1
Danville 0 2 Object	•••••
East St. Louis	
Peoria 0 1	•••••
Indiana:	
Hammond 0 1 Oklahoma:	-
Indianapolis 1 2 1 Tulsa 1	
Iowa: Pennsylvania:	•••••
Burlington	
Muscatine	
Kansas: 0 1.	
Kansas City 0 1 1	
Rentucky: Philadelphia	1
Covinguan	
Louisianet 2 1 Virginia:	
Abrandria Lynchburg 0 1	
Moine:	•••••
Lawiston U I Westerney	
Portland 1 1 Southa	
Maryland: 0 2	•••••
Baltimore 6 2 1 Thousand 0 3	•••••
Massachusetts:	•••••
Boston	•••••
Lowell	
Worcester	•••••

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

	Popula- tion Janu-	Total	Dipt	theria	. Me	nejes.	Sc Le	ver.	Tu cu	iber- losis.
Place.	ary 1, 1920, subject to correction.	from all causes.	Cases.	Deaths.	Caaters.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Alabama:										1
Anniston	17, 734					.	<u>.</u>		. 1	
Birmingham	178,270	. 44			. 1	·····	. 7		. 1	4
Montgomery	43,464	22							1	23
Arizona:			F .		1			1	1	
Arkansas:	20,232	20	 	• •••••	• •••••	 •••••	• • • • • • •	• •••••	• • • • • • • •	7
Fort Smith	29, 511	·····	. 1	1	. 17				1	
Little Rock	11,695	12	····;	••••••	1 1	•••••		• • • • • • •	• • • • • • • •	1
North Little Rock	14,048	3	2	1 i	·		1		i	
California:	00 000			· ·			Ι.		1	1
Eurcha	12,923	4			5		2			••••
Long Beach	55, 593	12	2		9				1	i
Los Angeles.	576, 673	184	42	5	162		18		21	19
Pasadena	45.354	10			6	•••••	2		Ĩ	4
Riverside	19, 341	9	[<u>-</u> .		114				·····	4
San Bernardino	65,857	16	7			•••••	1		7	1
San Diero.	74,683	34	2		9				11	
San Francisco.	508, 410	160	21	4	17	1	22		21	• 11
Stockton	19,441	15			•••••	•••••	····i	•••••	• • • • • •	•••••
Colorado:	10, 200			-		•••••	•			•••••
Colorado Springs	30,105	19			74	• • • • • •	1		10	.4
Greeley	250, 309	3	11	1		•••••		·····	•••••	. 17
Puebio.	42, 908		10	2	4		9		5	i
Trinidad	10 , 90 8		• • • • • •		3	•••••	1			• • • • • • •
Bridgeport (town) 1	143.538	31	7	l	1		10		4	4
Bristoi (town) 1	20,620	2	1				1		ī	
Hartford (town)	138,095	31	11		· 4	•••••	7		2	2
Meriden (city).	29, 842	4	4	÷		•••••	16	·····i	1	····i
New Britain (town) 1	59, 316	8	13	•••••	58	•••••	5			1
New London (town) 1	25,688	38 4	10		3	•••••	35	• • • • • •	8	
Norwalk (town) 1.	27, 700	7	6	1			2			ĩ
Norwich (city)	22,304	7	4	•••••	•••••	•••••	1			1
Delaware:	81,410	- 21	1	•••••	•••••	•••••	10	•••••	- 1	. 2
Wilmington.	110, 168	18	4	1	1	•••••	3			2
Washington	437. 371	130	17	3	32		39	!	22	14
Georgia:	2.,011			Ů				- 1		
Atlanta Brunswick	200,616	54	3	•••••	16	•••••	2		3	6
Rome.	13,252		····i						i	
Savannah	83, 252	42	1							5
Boise	21, 393	8	4	1			1			
Illinois:	,		-	-			-		1	
Alton	24,682	6 18	•••••	•••••	•••••	•••••	• • • • • •	•••••	1	1
Bloomington	28,725	8	····i		i		15		2	<i>4</i>
Centralia	12,491	5		!	!		1			
Danville	33,750	6/0	237	15	171	3	189	3	232	.53
Decatur	43,818	9	5				2		3	3
East St. Louis	66,740	11	3	•••••¦	•••••	•••••	3		1	1
Evanston	37,215	8	6		14		4			1
Freeport.	19,669	9			ī.		2		1].	•••••
Jacksonville	23,834	5.	••••	•••••	26 . 27		10	····· ·		· · · · · ·
Kewance	16,026	5	6		19		17			i
La Salle	13,050	3 .						····· ·		•••••
mattoon	13, 552 .	••••••]•	•••••]•	•••••!•	•••••	•••••	1].		1 .	•••••

Coextensive with city of same name.

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CITY REPORTS FOR WEEK ENDED JAN. 22, 1921-Continued.

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

	Popula- tion Janu-	Total deaths	Dipl	htheria	. Me	asles.	Sc fe	arlet ver.	rlet Tub cr. Culo	
Place.	ary 1, 1920, subject to correction.	from all causes.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Tilinois-Continued.										
Oak Park	39,830	12	2		. 11		. 17		. 1	
Pekin Paoria	76, 121	26	·····i	·····;	• •••••	••••••	. 33	····i	· ····· 2	· · · · · · · · · · · · ·
Quincy	35,978	12	i	1	13	1	1 1	1		.
Rockford	65, 651	11	1		12		13			. 1
Rock Island	35,177	5	3		2		4	····;		·····;
Springuera	59,105	20			. 1		49	1		
Bloomington	11, 595	4			. 1					
Crawfordsville	10, 139	2		• • • • • • •			3			• • • • • • •
East Chicago	35,967		····;	• • • • • •	• • • • • • • •	• • • • • • •			· · · · · ·	• • • • • • •
Elwood	10,790	6	· · · ·				0			i
Fort Wayne	86, 549	17	17		. 8		7		. 15	ī
Frankfort	11, 585	3	····;	• • • • • • •	1 2		6			· ·····
Gary	55,378	15	1 1	1 1			4	•••••	• •••••	. 1
Huntington	14,000	5					5			
Indianapolis	314, 194	85	2		5		62	2	9	10
Kokomo	30,067	7		• •••••			2		.	. 2
La Fayette	22,486	3		•					• • • • • • •	• • • • • • • • • • • • • • • • • • • •
Marion	21,020	4	····i	• •••••	····;·		4			• • • • • • •
Mishawaka.	15, 195	2	[_]		l		Î		i	
Muncie	36, 624	18	1		14		18		. 1	2
Richmond	26,765	3		2						• •••••
Torre Haute	70, 983	11	3	····;			3	•••••		• • • • • • •
Towa:	00,000	10	ľ	1 1			-			
Burlington	24,057		2						1	1
Cedar Rapids	45, 566	· · · · · · <u>-</u> ·			·····		4			
Dovennert	36, 162	5	1		1		4			
Des Moines	126, 468	••••	6				9			
Dubuque	39, 141		ī				8			
Keokuk	14, 423	6	1		20		1			1
Mason City	20,065	4			•••••		5			•••••
Sioux City.	71.227	J					ï			
Kansas:				1						ŀ
Atchison	12,630	· · · · · · · · · · · · · · · · · · ·					1			
Fort Scott	13, 402	D A	5			• • • • • •	•••••			
Hutchinson	23, 298		ĭ		3		6			
Kansas City	101, 177		9		2		5		1	
Lawrence	12,456	6	1				2	1		
Persons	16,912	э	3			•••••	2	•••••		•••••
Salina	15,085	2) 9		45					
Topeka	50,022	9	2		91		11	1	4	
Wichita	72, 128	19	21		1		13	• • • • •	2	•••••
Covington	57 121	15		1 1			4	1	1	2
Lexington	41, 534	30					4			3
Louisville	234, 891	82	21	3	4		21	2	8	3
Paducan	24, 735	• • • • • • • • •	2			•••••	•••••	• • • • • •		····
Alexandria	17.510	5	2		1					2
New Orleans	387, 219	126	8		125	2	6		20	14
Maine:	10 000									
Auburn	10,985	Ű	•••••	• • • • • •	31	•••••		•••••	····i	•••••
Biddeford	18.008				7				5	
Lewiston	31, 791	10	2		4		2		•••••	
Portland	69,272	28	8	1	7	•••••	2	•••••	• • • • • •	•••••
Saniora	10,091	2	•••••		2	•••••	•••••	•••••	•••••	•••••
Baltimore	733, 826	220	45	6	36		25		31	23
Cumberland	29, 837	17	2			l	41		4	

DIPHTHERIA, MEASLES, SCARLET PEVER, AND TUBERCULOSIS-Continued.

• • • • • • • • • • • • • • • • • • •	Popula-	Total	Dipk	theria	. M e	asles.	Sc fe	arlet ver.	T	uber- llosis.
Place.	ary 1, 1920, subject to correction.	from all causes.	Cases.	Deathe	Caater.	Deaths.	Caases.	Deaths.	Cases.	Deaths.
Massachusetts:						1				
Adams.	12,967	4	·····		. 2		•[•••••	•[•••••	·[····	· [
Arlington	18,665	1 4		1			1	•	ii	• • • • • • • • •
Attleboro	19, 731				. 1		6		2	i
Beverly	22,561	7	1 104			· · · · · · ·		1		• • • • • • •
Brockton	66,138	12	6		2	ļ	7		2	
Brookline	37,748	· 12	2						. 1	
Chelses	42,184	30	1 1	····;	1 4		3			
Chicopee	26,214	8			. 2					2
Clinton	12,979	6	 		. 4		. 1			
Denvers	10,792	2			. 0	*****				· · · · · ·
Everett	40, 120	8					1		i 1	l'''i
Fall River	120, 485	41	8	1	20	2	2	1	4	2
Greenfield	15,462		l*				ี้ ลึ		4	1
Haverhill	53, 884	12	5	1			6		1	. i
Holyoke	69,203 04,270	14	···· _# ·		• • • • • • • •			l	1	1
Leominster	19,744	6	l'.		i 1				1. '	2
Lowell	112,479	37	12	2	54		3		9	4
Maldon	49,148	392	4	1			5	[Ģ	5
.dedlord	39,088	. 8	3		1 1				i i	
Meltose	18,204	1	3		 		3		ī	
New Bedford	121,217	6 32	5	· · · · · · · · · · · · · · · · · · ·	····;·		12		····	·[····.
Newburypost	15,618	7	ľ	ĩ	ļ		5			2
Net ton	46,054	9	2	1	7		2			
Northampton	21,951	11			4	•••••		[1	1
Peabody	19,552	6							l î	l'''i
Pittsfield	41,751	11		·····	••••••		5		1	2
Quincy	47.876		3		····i			[····i	•••••
Salem	42,529	9			i -		2			
Somerville	93 091	16		• • • • • • •	•••••	•••••	10		····;·	·····
Southbridge	14,245	6								1
Springfield	120, 563	33	6	1	8		18	1	2	2
Walthfield	13.025	18	1		7	•••••	Z	•••••	4	1
Waltham	30,915	7					i			
Watertown	21,457	5	7		•••••					
Winthrop	15, 455	i					••••••	•••••	•••••	
Woburn	16,574	5								i
Worcester	179,751	50	4		41	1	19		7	
Ann Arbor	19,516	10	15	1	1		11	1	3	
Battle Creek	36,164		7							
Detroit	993,739	220	125					•••••		
Grand Rapids	137,634	43	14		2		13		6	1
Highland Fark	46,499	3	4		10		3		•••••	
Ishpenning	10,500	3	i						*****	•••••
Kalamazoo	48,858	13	2				11		• • • • •	
Port Huron	25.944	ž			1	•••••			1	
Sault Ste. Marie	12,096	Ă			4		5		*****	1
Munnesota: Duluth	00 017									
Hibbing	15.089	13	•••••		1 6		3	•••••	4	
Mankato	12,469	4			ĭ				2 	
atin respons	380,582	82	8	•••••	10	•••••	75	4	22	5
St. Paul	234, 595	74	17				27	····i	7	
Missouri:	10 050							{	A	
Independence	10,252	10	1				1	····;		
		•					- •			

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CITY REPORTS FOR WEEK ENDED JAN. 22, 1921-Continued.

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

-	Popula- tion Janu-	pula- Janu- deaths		Me	Measles.		Scarlet fever.		ıte r- osis.	
Place.	ary 1, 1920, subject to correction.	from all causes.	Cases.	Deatha.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Missouri-Continued.										
Joplin	29, 855		1	<u>.</u>	····	• •••••				<u>.</u>
Kansas City	324, 410	112	28	3	37		17		4	5
St. Joseph	77,939	3/	191						50	1
St. Louis	112,001	202	121		l .		1 10			1.0
A naconda	11.668	4						1		
Billings	15,100	7			8		2	1	1	
Butte	41, 611	18			8					2
Great Falls	24, 121	8			48				····;·	1
Missoula	12, 668	1	• • • • • •		6			•••••	1	
Nebraska:	54 034	14		1	1	1		1		1
Omeha	191 601	58	····ii	····i	6		13	•••••	•••••	5
Nevada:	101,001	~		-	Ŭ					. Ť
Reno.	12,016	6			1		4			` 1
New Hampshire:						1	1			
Berlin	16, 104	8					····;·		• • • • • •	1
Concord	22, 167	5	• • • • • •	•			1	•••••		• • • • • •
Dover	13,029	1	• • • • • •	•••••	12			•••••	3	•••••
Monohostor	79 394	15	5		•••••	•••••	2		Ā	•••••
Nashua	28, 379	5					- 2			
Portsmouth.	13, 569				1					
New Jersey:										
Asbury Park	12, 400	3								.
Atlantic City	50,682	10	9	•••••	• • • • • •		3	• • • • • •	2	••••
Bayonne	70,734	••••••	3	•••••	•••••		6	• • • • • •	3	•••••
East Orange	50 719	Ā	2	•••••	•••••		11	•••••	i	·····i
Elizabeth	95, 682	v	4		3		9	ï	- 4	$\hat{2}$
Englewood	11,627	3	$\overline{2}$				1			
Garfield	19, 381		3		1					
Gloucester City	12, 162				1		1			•••••
Hackensack	17,667	8	3	• • • • • •	• • • • • •	• • • • • •	3		•••••	•••••
Harrison	15,721		12	•••••	·····	•••••	1		- 11	····i
Irvington	25 480	10	4	•••••	ĭ		i	•••••	2	
Jersev City	297, 864		18		i		12		8	
Kearny	26,724	6	1	1			7		2	2
Montclair	28, 810	7			2					1
New Brunswick	32,779		15		•••;;;•					·····;
Newark	414,210	106	30	•••••	10	•••••	40	1	30	J
Passaio	63, 200	18	5		ő		10		ĭ	• • • • • • •
Paterson	135, 866	10	š		2		17		5	
Perth Amboy	41,707	9	12	····i	6		3			1
Phillipsburg	16, 923	3		1					1	1
Plainfield	27,700	6	3		3		5		2	1
Rahway	11,042	2	· · · · <u>-</u> ·		••••;•	•••••		••••••	•••••	•••••
Union	119,289	28	5	- 1	- 1	•••••	-			•••••
West Hoboken	40,068	5	ĩ				2		2	
West New York	29, 926	ĭ								
West Orange	15, 573	3	1		1		2			
lew York:	, ,								_	
Albany	113, 344		3		29	•••••	6	•••••	5	•••••
Binghamton	66,800	14	20		119		22		20	13
Cohoes	200,773	102	- 39	0	2		1	- 1		ĩ
Elmira	43 305	20	4	····i/	ī		3			ī
Geneva	14.648	- 4								
Glens Falls	16,638	7			9					
Ithaca	17,004	6 .			18				1.	•••••
Jamestown	38,917	12	12		5		3	•••••	;-	1
Lockport	21,308		4	•••••	- 13	••••• •	····;· ·		3	····i
Mount Vernor	10,420	Ž.	••••		10		4		2	•
Newburgh	30, 366	10	•							4
New York	5, 621, 151	1,364	480	24	88	2	536	17	190	1 100
Niagara Falls	50,760	18	7		14		14		4	1
			- i				11	1		1

Pulmonary tuberculosis only.

DIPHTHERIA, MEASLES, SCARLET TEVER, AND TUBERCULOUS-Continued.

	Popula- tion Janu-	Total deaths	Digi	theria	Me	Measles.		Scarlet fever.		Tuber- culosis.	
Place.	ary 1, 1920, subject to correction.	from all causes.	Cases	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
New York-Continued.						1		1			
Ogdensburg.	14,809	Ģ	·					·]			
Peekskiii	20,500	5	4		1 22	·····	·····	·]·····	····;	• • • • • • •	
Plattsburg	10,909	2					· •			•••••	
Port Chester	16, 573	3	2		1		1	J	1]	
Rochester	295,780	10 72	30		·····	• - • • • • •	- Z	1		·····	
Rome	26,341	1	. 3		25		3	1	3	5	
Safatoga Springs	18,181	5	····;	·	1 7				1	2	
Svracuse	171,717	20	18	1 2	51	1	92	····;	2	1	
Trey	72,013	37	3		102	1	2	·	3	0	
Watervhet	34,285		·]	• • • • • • •	.]	•]•••••	1 11	1	1	1	
White Plains	21.031	1 3				·····				·····	
Yonkers.	100, 226	18	5		3		10	ĩ	ii	1 1	
North Carolina:	40.000	1 -	1		1	1	1	1		-	
Durbam	40,338		····;	• • • • • • • •	125	·····]] 15		
Greensboro	19,861	7	l		1			1			
Rocky Mount	12,742	7	1		.				1		
Winston-Selem	83,372	3			21			••••	1		
North Dakota:	20,000	10			1 1	1			•	2	
Fargo	21,901	5	1			1			L	1	
Grand Forks	14,010	1	2	1	10		2				
Akron.	208.435	34	2	1 .			-			4	
Allience	21,903	5	ĩ				1		L		
Barberton	18,811	4	1	1	.		···· <u>·</u> ·				
Chillicothe	15 1831	11	5				5	•••••	2		
Cincinnati	401.247	131	19	2	1		25		18		
Cleveland	796, 836		42	1	11		-81	9	21	18	
Contention	237,031	71	15		2		18	2	4	5	
Dayton.	152.559	56	- 6	1	h		4	•••••	4		
East Cleveland	27,292		2	1			4		1		
Fibriay	17,021	3	1								
Hamilton	89.675	10			•••••	•••••	40	•••••	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Lencaster	14, 706	4			2						
Lorain	87,295		2		8	•••••	3		1		
Marion.	27,891	10						•••••	•••••	2	
Middletown	23, 594	5	1				1		í		
Newark.	26,718	.9					2		1		
Pigna	15,014	7	•••••	·····	•••••	•••••	- 1		····i		
Sandusky	22,897	8	1	[]					ĩ	2	
Springlield	60,849	29	- 4		4	•••••	-8	•••••	1 1 L	2	
Tiffa	14, 275	1	• • • • • •		3	•••••	••••••]	•••••	•••••	
Telede	213, 100	00	28	3	1		14	1	9	ĝ	
Zanesville	29,569	19 :					2	· · · · · ·]	1	1	
Okishoma City	91.258	16	3		2	4	2				
Tuise	72,075		7				8			• • • • • • •	
Oregon: Postland	000 000									_	
Pennswizania:	207,200	-01	23	•••••	30	•••••	z	••••••	10	1	
Alientown	73, 502		10		33		11		1		
Atteona.	09, 331	••••••	5		·····		1				
Beaver Falls	12,730	••••••	•••••	·····]	5	••••••	····;•]	•••••]	1	• •,• • • •	
Berwick	12, 181				1		. 31			· · · · · ·	
Bethlehem	39, 358		6		15		38				
Brafford	15 825	•••••••	2	·····a]	3			•••••	•••••		
Bristol	10.273				1		1				
Butier	23, 778				,.!						
Carbondale	10,632	••••••	••••;•	•••••			ា្	·····	. 1	ته بهد آنمزم	
Carlisle	10, 916				. <u>,</u> , , , , , , , , , , , , , , , , , ,		····i	1	· · · · ·]		

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

	Popula- tion Janu-	Total deaths	Diph	theria	Met	Measles.		Scarlet fever.		Tuber- culosis.	
Plase.	ary 1, 1980, subject to correction.	from all causes.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	
D. marlmanis_Configued											
Carnegie	11,516		. 2			. } .	. 2				
Carrick	10,504		· · · · ·		• • • • • • • • •		. 1			• • • • • • •	
Chambersburg	13,171		- 2		1 1				• ••••	• • • • • •	
Charlerol	11 ,510 58 ,030		3		·		5				
Coatesville	14.515		. ž				19		. i		
Connellsville	13, 804		. 2				. 5		· · · · · ·		
Dickson City	11,049		. 5		5		. 1		- 2		
Donera	14,131		·····i·		1 3				• •		
Faston	33, 813		1		20		10				
Erie	93, 372		7		18		12		. 2		
Greensburg	15,033		1		1 7		. 3				
Harrisburg	75,917	 	4		5				• •••••		
Hazenton	67.327		5				2				
Lancaster	53, 150		22				2		. 1		
Lebanon	24, 643		. 3								
McKeesport	45,975		. 3						4 1		
McKee's Kocks	10,713	· · · · · · · ·	9		1 5						
Mendville	14.503		2		17		10				
Mount Carmel	17,469				7						
Nanticoko	22,614		····		5		····		· · · · · · · · ·		
New Castle	44, 538					• • • • • •	112		1 3	·•···	
North Braddock	14 928				1		1 i				
Oil City	21, 274		11		7						
Ole Forge	12, 237	· · · · <u>· · ·</u> ·				·····				·····	
Philadelphia	1,843,158	518	102	8	18	1	218	0	14	45	
Phoenixville	598 193		45	···•	32		68		21		
Pittston	18, 497				ĩ		1				
Pettstown	17, 131				1						
Postsville	21,876		1			• • • • • •	Z	• • • • • •			
PERKSUGWHOY	107 794				5	• • • • • •	Å				
Seranton	137, 783		6		i ő		9		5		
Shamokin	21, 294		1		3		3				
Sharon.	21,747						4			• • • • • • •	
Shenandoan	24, 725	•••••	8	• • • • • •		• • • • • •			····;·		
Sunhurv	15,721				[1				
Swisevale	10, 998						3				
Tamaqua	12, 363		1				5				
Uniontown	15,692	• • • • • • • •	•••••		•••••	•••••	8	• • • • • •		•••••	
West Chester	11 717		1 1			•••••	ī				
Wilkes-Barre	73, 833		2		67		7		2		
Wilkinsburg	21,403		2				1	• • • • • • •			
Williamsport	36,198		4		· †	•••••	12	•••••		•••••	
York	47.512		13		i						
Rhode Island:	11,012	•••••	-0								
Cranston	29, 407	3					· 1	• • • • • •		· • · · · •	
Newport	30,255	5		•••••	•••••	• • • • • •	1	•••••	•••••		
Providence	237, 595	68	15	1	43		10	i		3	
South Carolina:	-01,000							-			
Charleston	67,957	20	1						1	3	
Columbia	37, 524	••••	1		10	• • • • • •	3	•••••	1	•••••	
South Dakota:	25 176	7	1				9				
Tennessee:	20,110	•	•			•••••					
Knoxville	77,818		2		3		2		3	3	
Memphis	162,351	30	17		15	•••••	1	•••••	8	2	
Nashville	118,342	37	3	•••••	•••••	•••••	2	•••••	1	. 9	
Austin	34, 876	4	3				2				
Beaumont.	40, 422	·····					!			1	
Corpus Christi	10, 522	5		•••••		•••••	····· [·	•••••	3	3	
Gelveston	158,976	37	D ∡		11		Э		1	1	
Waco.	38, 500	iĩ	i						ī	ĩ	

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

۰,	Popula- tion Janu-		Popula- tion Janu- deaths		Diphtheria.		Measles.		Scarlet fever.		Tu cul	Tuber- culosis.	
Prace. Rry 1, 1920, subject to correction.	from all causes.	Cases.	Deaths.	Caaeee.	Deaths.	Cases.	Deaths.	Cases.	Deaths.				
Utah: Salt Lake City Vermont: Burjington	118, 110 22, 779	33 7	2	1	275	3	7						
Rutland Virginia: Alexandria. Lynchburg. Norfolk Petersburg. Richmond	14, 954 18, 060 29, 956 115, 777- 31, 002 171, 667	1 6 13 6 65	1 2 1 1 10	 1 1	4 1 39 9		1 1 5 2 4	1	1 2 4 7	2			
Roanoke. Washington: Bellingham Everett. Seattle Spokane. Tacoma. Vancouver. Vancouver. Vancouver.	50, 842 25, 570 27, 644 315, 652 104, 437 96, 965 12, 637 18, 539	19 	10 4 3 1	· · · · · · · · · · · · · · · · · · ·	39 1 1 13 5 1		3 1 14 3 7 8 1	· · · · · · · · · · · · · · · · · · ·		1			
West Virginia: Bluefield Charleston Fairmont Huntington Martinsburg Morgantown Moundsville Parkersburg	15, 282 39, 608 17, 851 50, 177 12, 515 12, 127 10, 669 20, 050	8 13 3 5 6	4 2 1 1 1 1 2 2		14 100 2 4		7		1 2 1	2			
Wheeling. Wisconsin: Appleton. Beloit. Eau Claire. Fond du Lac. Green Bay	54, 322 19, 561 21, 284 20, 880 23, 427 31, 017 18, 283 40, 472 30, 385 38, 378 13, 610 457, 147 35, 583 30, 955 30, 955 38, 624 18, 664	25 5 6 7 12 4 11 15 7 8	6 1 4 2 4 50 1 36 1 2	3	11 2 1 2 11 2 11 		2 2 1 1 4 9 1 4 4 9 1 4 4 9 1 4 4 2		1 1 1 1 1 1 3 1 1	3 			
Wyoming: Cheyenne	13, 829	2	•••••	•••••	1					•••••			

FOREIGN AND INSULAR.

CUBA.

Quarantine Measures Against Haiti and Dutch West Indies.

By order of the quarantine service of Cuba, dated January 19, 1921, for prevention of the importation of smallpox, vessels from Haiti, carrying passengers, will be admitted only at the stations of Habana and Santiago.

According to information dated January 24, 1921, similar restrictions were made to apply to arrivals from the Dutch West Indies.

ITALY.

Quarantine Restrictions Against Oran, Algeria.

According to information dated January 7, 1921, vessels arriving at Italian ports from Oran, Algeria, are subject to measures against the importation of plague.

JAMAICA.

Infectious Disease (Alastrim or Kaffir Pox).

During the week ended January 13, 1921, 318 new cases of alastrim, or Kaffir pox, were reported in the island of Jamaica.

PERU.

Provisions Relative to Arrivals at Ports.

According to information dated December 14, 1920, an executive decree has been issued and has gone into effect providing that vessels arriving from foreign countries shall be received at any port on the Peruvian coast in which a medical officer of the sanitary service is stationed, without previously stopping at a sanitary station. The ports at which medical sanitary officers are stationed were stated to be Eten, Huacho, Ilo, Mollendo, Paita, Pimentel, Pisco, and Salaverry. Exception was made in the case of vessels bringing Asiatic immigrants, which will be received as formerly in the port of Callao.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER, Reports Received During Week Ended Feb. 11, 1921.¹

CHOLERA.									
Place.	Date.	Cases.	Deaths.	Remarks.					
India:	5								
Calcutta Japan:	Dec. 12-18	47	37						
Siam: Bangkok	Nov. 14-27	24	5						
	1		<u> </u>	1					
· · · · · · · · · · · · · · · · · · ·	PLA	GUE.	1	1					
Algeria: Algiers	Jan. 1	1	1						
Brazil: Bahia	Dec. 26-Jan. 1	5	3						
British East Africa: Kenya Colony—									
Kisumu Nairobi	Nov. 21–27 Nov. 28–Dec. 4	22							
Colombo	Dec. 12-18	23	12						
Antofagasta Egypt	Dec. 27-Jan. 2	2		Jan. 1-Dec. 9. 1920: Cases. 461.					
Cities-				deaths, 268.					
Suez	Dec. 4-7	4							
Trujillo-Salaverry	Dec. 27-Jan. 2	1							
SMALLPOX.									
Azores:	D. 10.01	_							
Brazil: Brabio	Dec. 18-24		•••••	_					
Canada:	Dec. 19-20	2	•••••						
Yarmouth	Jan. 23-29	1							
Hamilton	Jan. 23-29	2	·····						
North Bay	Jan. 23-29	Ĝ							
Toronto Saskatchewan—	Jan. 24-29	5	•••••						
Moose Jaw	Jan. 16-22	3							
Ceylon:		3	•••••						
Colombo China:	Dec. 12-18	4	1						
Antung.	Dec. 20-26	1		Present					
Foochow	Dec. 5-25			Do.					
Nanking	Dec. 12-18	160		Do. At comp for famine refugees					
Chosen (Korea):	N 1 00	100		no camp to tamine rougees.					
Fusan Cuba:	Nov. 1-30	1							
Antilla Nuevitas	Jan. 16-22 Jan. 17-23	13 2		From Lugareno.					
Egypt: Alexandria	Dec. 25-31	2	1						
France: Paris	Nov. 21-30	1							
Rouen	Dec. 25-31	ī							
Glasgow	Jan. 9–15	3	1						
Saloniki	Dec. 20-26	26	12	· · ·					
Java:	Dec. 27-Jan. 2	. 13	3	۲۳۰۰۰۰ ۳۵۹ ۱۹۹۹ ۱۹۹۹ - محمد مراجع معرف محمد					
West Java Batavia	Nov. 25-Dec. 1	2	•••••	Nov. 25-Dec. 1, 1920: Cases, 16; deaths, 2.					

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

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

Reports Received During Week Ended Feb. 11, 1921-Continued.

SMALLPOX-Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Madeira: Funchal. Mexico: Chibushus. Guadalajara. Spain: Malaga. Vatencia. Syria: Aleppo.	Jan. 2-8 Jan. 10-23. Dec. 1-31 Nov. 1-30. Oet. 1-Nov. 80 Jan. 2-8 Dec. 12-25	4 1 2	1 4 	Sept. 1-30, 1920: Cases, 2. Year ended Dec. 31, 1920: Deaths, 9. Present.

TYPHUS FEVER.

Egypt:			1	este la companya de la	
Alexandria	Dec. 25-31	1		1 7	
Greece: Saloniki	Dec. 20-26	16	5		•
Japan: Nagasaki	do	2	1	• ;	•
Jugoslavia: Zagreb	Dec. 26-Jan. 1	20	2	City and county.	
Mexico: Guadalajara	Dec. 1-31	11			
Union of South Africa: Cape Town	Dec. 20-26	16	5		

Reports Received from Jan. 1 to Feb. 4, 1921.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China: Canton Changcha. Chungking.	Nov. 1-30 Nov. 29do	7	6	Present. Do.
India. Calcutta. Madras. Rangoon.	Oct. 31-Dec. 11 Dec. 12-18 Nov. 28-Dec. 4	196 3 4	175 1 3	 Nov. 19-20, 1920: Deaths, 22. Aug. 1-Dec. 2, 1920: Cases, 24,017; deaths, 13,329. Sept. 25-Oct. 9, 1930: Deaths, 2,672. Oct. 31-Nov. 6, 1920: Deaths, 1,142.
Japan: Taiwan Island (Formosa) Java: West Java	Nov. 11-Dec. 10	193	88	July 1-31, 1920: Cases, 136; Deaths, 98. Oct. 29-Nov. 11, 1920: Cases, 2;
Bandoeng Philippine Islands: Manila. Provinces. Cagayan	Oct. 29-Nov. 11 Nov. 7-Dec. 18 Oct. 3-Nov. 6	2 8 9	1	deaths, 1. Jan. 10-Oct. 30, 1920: Cases, 80; deaths, 51.
Samar Poland: Eastern Frontier Bialystok Grodno	Aug. 1–7 Dec. 16	1	1	Present.
Olitza. Posen. Stralkowo. Strelno. Warsaw	do do do do	 1 5	1	Do. Present in Russian prison camp. Present.
Siam: Rengkok	Oct. 9-Nov. 13	5		

Reports Received from Jan. 1 to Feb. 4, 1921-Continued.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria: Algiors	Nov. 1-30		1	
St. Michaels				Total, Oct. 1-Dec. 10, 1920: Cases, 149; deaths, 49. In vicinity of Ponta Delgada.
Brazil: Bahia Porto Alegre	Oct.31-Dec.18 Nov. 14-Dec. 11	6	43	
Pernambuco British East Africa	Oct. 18-Nov. 14	9	1	Total for Kenya Colony, Nov. 8, 1920: Cases, 1,067.
Kisumu Mombasa Nairobi	Oct. 31-Nov. 6 do Oct. 31-Nov. 13	1 6	1 2	Present.
Uganda Do Ceylon:	May 1-June 30 July 1-Nov. 5	111 259	103 63	Entire protectorate. Do.
Colombo Chile: Antofagasta	Nov. 7-Dec. 11 Nov. 24-Dec. 5	58 6	48	
China: Hongkong Manchuria.	Nov. 7-Dec. 11	5	5	On Chinese Eastern Railway
Harbin Manchuria station Tsitsih ar	Feb. 2 do do	2	203	Feb. 2, 1920. Present.
Ecuador: Guayaquil Egypt	Nov. 16-Dec. 15	64	24	Jan. 1-Nov. 25, 1920: Cases, 456;
Cities— Port Said Suez	Oct. 22-28 Nov. 18-24	1 6	13	deaths, 264.
Provinces— Assiout France:	Nov. 24	3	2	
Marscille Paris	June-Aug. 31 June-Oct. 15	58 50	20 11	In suburbs, June-Nov. 2, 1920: Cases, 38; deaths, 19.
Great Britain: Dublin	•••••	•••••	•••••	1 case reported Dec. 15, 1920; date of occurrence, Oct. 18, 1920.
Greece:			•••••	Nov. 28-Dec. 11, 1920.
Kavala India Do	Oct. 25-Nov. 7 Nov. 28-Dec. 4	2	2	Oct. 24–Dec. 4, 1920: Cases, 15,187; deaths, 10,394.
Madras. Madras Presidency Rangoon.	Dec. 5-11 Nov. 14-Dec. 18 Oct. 31-Dec. 4	3, 284 18	2,203 15	July 1 21 1020: Cases 08: deaths
Mesopotamia:	0.4 1 21	05		74.
Mexico: Carbonera	Dec. 5-20.	3	1	State of San Luis Potosi.
Cerritos Do	Dec. 5-20 Dec. 26-Jan. 1	7 1	8	Do.
Callao-Lima Russia:	Oct. 1-Nov. 30	6		Pridomia outbrook
Straits Settlements: Singapore	Nov. 24-Dec. 3 Oct. 31-Nov. 6	· 1	1	Epidemic outbreak.
Zarzis	Jan. 15	. 10	••••	In military territory, South Tunis.
Constantinople	Nov. 21-27	1	2	

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

Reports Received from Jan. 1 to Feb. 4, 1921-Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
	-			Aug. 29-Nov. 6, 1920: Cases 69
Austria: Bolivia: La Paz	Oct. 1-Nov. 30	. 11	8	
Brazil: Bahia	Oct. 31-Nov. 13	4		
Pernambuco Rio de Janeiro	Oct. 18-Nov. 14	93	1 23	
British East Africa:			1 · 1	May 1-June 30 1990: Cases 272
Bulgaria:	Nov 7.12			
Canada:	100. 1-13			
Calgary	Dec. 12-18	2]	•
Do British Columbis—	Jan. 2-8	1	·····	•
Vancouver New Brunswick-	Dec. 5-11	1		•
Campbell	Jan, 9-15 Dec. 12-18	·····i		Present.
Nova Scolia-	Ion 0.15		1	
Ontario-	Jan			
Do	Jan. 2-22	26		
Kingston	Dec. 26-Jan. 8	8		
Montreal	Jan. 2-8	2		· · · · ·
North Bay	Dec. 12-25	4		
Do Ottawa	Dec. 12-25.	5 75	1	
Do Sault Ste. Marie	Dec. 26-Jan. 15 Jan. 9-15	209 8		Present, Jan. 2-8.
Toronto	Dec. 12-25 Dec. 26-Jan 15	7		
Saskatchewan-	Dec. 10 25		••••••••	
Do	Jan. 2-8	1	••••••	
Regina Do	Jan. 2-15	11 4		
Do	Dec. 16–22 Jan. 9–15	20 3	· · · · · · · · · · · · · · · · ·	
Ceylon: Colombo	Nov. 21-Dec. 11	10	6	
China:	Nov 7-Dec 4		5	4
Chungking	Nov. 7-27			Present.
Manchuria Province				Do.
Mukden	Dec. 12-18	7	Z	Prevalent.
Nanking Tientsin	Nov. 14-Dec. 11 Nov. 14-Dec. 4	2		Present.
Tsinanfu	Oct. 31-Nov. 12	20	•••••	Statistics of Shantung Christian Hospital.
Colombia: Santa Marta	Dec. 5-25			Present
Do	Dec. 23-Jan. 8		· · · · · · · · · · · · · · ·	Do.
Antilla	Dec. 7-27	10		For port of Preston.
Cienfuegos	Dec. 25-Jan. 8	8		Stated to be present in virulent
Habana	Dec. 31-Jan. 12	7		form in Camaguey Province. 1 from Jatibonico, Cuba; 1 fcom
Nuevitas	Dec. 6-19	2		Jamaica. From Lugareno, a small station
Do Santiago	Jan. 3-16 Nov. 20-Dec. 10	2		on railway, 16 miles distant, 1 case, week ended Dec. 12, 1920
Czechoslovakia				July 11-Aug. 14, 1920: Cases, 141; deaths 29
Danzig. Danzinican Republic	Dec. 5-18 Dec. 19-25	2 1		Nov. 15-Dec. 7, 1929: Cases, 8;
Reveder:		1	1	occurring in 4 localities.
Guayaquil Egypt:	Nov. 16-Dec. 15	21	2	
Alexandria	Dec. 17-23 Oct. 1-7	1		

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

Reports Received from Jan. 1 to Feb. 4, 1921-Continued.

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SMALLPOX-Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
France: Paris. Rouen. St. Etienne. Germany	Nov. 1-10 Nov. 21-Dec. 11 Dec. 3-15	1 6 2	1 2 1	Aug. 29-Nov. 6, 1920: Cases, 40.
Glasgow Do London	Dec. 5-25 Jan. 2-8 Dec. 26-Jan. 1	11 2 . 1	22	
Greece: Saloniki Haiti.	Nov. 15-Dec. 5	13	2	In surrounding country, in 5 lo- calities: Cases, 21; deaths, 2. Sept. 22, 1920-Jan. 8, 1921; Cases,
Port au Prince	Sept. 22-Dec. 2	486	2	2,202; deaths, 64. In 8 interior towns, 20 cases. In 1 locality, 18 cases. In country district, vicinity of Port au Prince, cases numerous.
India. Bombay Calcutta Madras. Rangoon	Nov. 7-Dec. 4 Dec. 5-11 Nov. 14-Dec. 18 Nov. 21-Dec. 4	2 2 7 2	1 2 5	Sept. 26-Oct. 9, 1920: Deaths, 250. Oct. 31-Nov. 6, 1920: Deaths, 165.
Indo-China Italw	•••••	•••••	•••••	July 1–21, 1920: Cases, 107, deaths, 24.
Catania Do Palermo Java:	Dec. 20–26 Dec. 27–Jan. 2 Oct. 30–Dec. 10	306	97	In vicinity, 11 cases. In vicinity, 2 cases.
West Java Batavia Jugoslavia	Nov. 12–18 July 25–Aug. 28	4 128	1 42	Nov. 12-18, 1920: Cases, 37; deaths. 2. Feb. 7-13, 1920: Cases, 122; deaths, 27.
Madeira: Funchal Do	Dec. 5–18 Dec. 26–Jan. 1		2 1	
Mesopotamia: Bagdad	Nov. 1-30	1		
Mexico. Chihuahua Do Mexico City Tecate	Dec. 6-26 Dec. 27-Jan. 2 Nov. 14-Dec. 18 Jan. 17	11 14 3	3 3	Including municipalities in the Federal district.
Panama: Colon Portugal:	Jan. 5-11	2	••••••	· .
Lisbon Portuguese East Africa: Lourenco Marques	Nov. 28-Dec. 18 Oct. 24-Nov. 13	9	5	•
Quelimane Russia: Reval	do Oct. 1–31	3		
Riga Siberia— Vladivostok	Oct. 1-31	5 1		
Barcelona Corunna Valencia Do	Nov. 18-Dec. 29 Dec. 12-18 Dec. 5-25 Dec. 26-Jan, 1	32	13 1	
Syria: Aleppo	Nov. 14-Dec. 4	.		Present in orphanage and French
Tunis: Tunis Turkey:	Nov. 30-Dec. 28	. 10	18	сашро.
Union of South Africa: Johannesburg	Oct. 1-31	1		• • •
On vessels: S. S. Alfonso XIII	Dec. 27	1 1		At Habana, Cuba, from ports in northern Spain.
S. S. Cadiz	Jan. 5	1		At Habana; Cuba, from Mediter- rean ports. At San Pedro, Calif., from New
		-		York, via Balboa, Canal Zone.

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

Reports Received from Jan. 1 to Feb. 4, 1921-Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Belgium: Ghent	• Dec. 12–18	5		
Concepcion Coquimbo Valparaiso	Nov. 1-22 Dec. 1-7 Oct, 25-Nov. 27		17 1 13	
China: Manchuria (Province)— Harbin Manchuria Station	Nov. 22-28	12		On Chinese Eastern Railway.
Czechoslovakia. Danzig	Dec. 20	1	·	July 11-Aug. 28, 1920: Cases, 138; deaths, 18. In emigrant from Brest Litovsk, with two weeks' stay at War-
Egypt: Alexandria Cairo Cormany	Nov. 19-Dec. 23 Oct. 1-Dec. 28	12 21	6 11	saw. Sept. 12-Nov. 13, 1920: Cases, 69.
Great Britain: Belfast. Dublin.	Dec. 5-25 Nov. 28-Dec. 18	13 4	3	
Drama. Patras. Saloniki.	Nov. 22–28 Nov. 29–Dec. 5 Oct. 25–Dec. 12	1 18	1	
Serres Hungary Japan: Nagasaki	Nov. 15-Dec. 19			Aug. 3–Oct. 3, 1920: Cases, 9.
Jugo-Slavia Zagreb Mesopotamia: Bagdad	July 25-Aug. 28 Dec. 12-25 Nov. 1-30	27 27 1	5	Feb. 7–13, 1920: Cases, 84: deaths, 2. Dec. 12-25, 1920: Cases, 112.
Mexico: Mexico City	Nov. 14-Dec. 18	55	-	Including municipalities in the Federal district.
Poland: Warsaw Portugal:	Dec. 16	8		Treselle.
Oporto Do Russia: Retal.	Nov. 28–Dec. 4 Dec. 26–Jan. 1 Sept. 1–Oct. 31	1 3 186	1	
Riga Turkey: Constantincp!e	Nov. 1-7 Nov. 21-Dec. 25	17 25	1	

YELLOW FEVER.

			1	
Mexico:				· · · · ·
Orizaba	Dec. 5-18	2	1	
Panantla.	do	8	2	
Tampico	Dec. 12-18	i	1	
Turnam	Dec. 5-18	, õ	1 4	
Do	Dec 23-Jan 1	5	l ī	
Voro Cruz	Dec. 5-23	Š		í
	Dec. 92 Jap 16	Š	, s	
Zamora	Dec. 12-18	ĩ	1	Also called Gutierrez. State of Vera Cruz.
Department-				
Lambayeque	Jan 22			Outbreak.
On vessel:				the second secon
S. S. Savoia	Jan. 11–15	4		At Habana, Cuba, non Versa Cruz, Mexico. Vessel arrived Habana Jan. 10, 1920, with three cases sickness on board. Two cases confirmed. Two cases developed later on board; confirmed Jan. 15. Savoia left Vera Cruz Jan. 6, 1921.

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