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THE RELATION OF PHYSICAL DEFECTS TO SICKNESS.

A STUDY OF ABSENCE FROM SCHOOL ON ACCOUNT OF SICKNESS AMONG 3,786 CHILDREN IN FOUR LOCALITIES IN MISSOURI DURING THE SCHOOL SESSION 1920-21.¹

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A number of studies of morbidity among observed groups of people have been published in the past few years. These studies have shown that disability from sickness varies with sex and age, and the few studies which show disability by occupation show considerable variation as between occupations. A previous study² based on the observation of sickness among children during the school session 1919-20, showed disability among children of different sex and age, regardless of the presence or absence of physical defects. It is the purpose of the present study to compare disability among children with certain common physical defects with disability among children with no physical defects, as measured by absence from school on account of sickness.

In the course of a survey made in Missouri, school children were examined for physical defects, and certain physical measurements were made of them. On the same card on which the results of the examination were entered, the teacher kept a record of the absence of the child from school on account of sickness and from causes other than sickness. A group of 3,786 children from four fairly representative localities in Missouri were observed during the school session 1920-21, and the records tabulated for this study. The following table shows the four localities and the number of children observed in each.

TABLE I.—*Distribution according to locality of residence of 3,786 children in Missouri observed for sickness during the school session 1920-21.*

City.	County.	Population of city, 1920.	Number of children observed.
All localities.....			3,786
Hannibal.....	Marion.....	19,306	1,378
Moberly.....	Randolph.....	12,308	1,064
Warrensburg.....	Johnson.....	4,811	682
Joplin.....	Jasper.....	29,902	662

¹ From Field Investigations in Child Hygiene, United States Public Health Service, in cooperation with the Statistical Office, United States Public Health Service.

² Collins, Selwyn D.: Sickness among school children. Public Health Reports, vol. 36, No. 27, pp. 1549-1559, July 8, 1921. (Reprint 674.)

The children ranged in age from 5 to 20 years, but very few were under 6 or over 16. The following table shows the distribution of the observed children according to sex and age.

TABLE II.—*Distribution according to sex and age of 3,786 children in Missouri observed for sickness during the school session 1920-21.*

Age last birthday (years).	Number.			Per cent.		
	Both sexes.	Boys.	Girls.	Both sexes.	Boys.	Girls.
All ages.....	3,786	1,891	1,895	100.0	100.0	100.0
6 and under.....	430	218	212	11.4	11.5	11.2
7.....	418	200	218	11.0	10.6	11.5
8.....	420	209	211	11.1	11.1	11.1
9.....	478	239	239	12.6	12.6	12.6
10.....	427	229	198	11.3	12.1	10.4
11.....	428	206	222	11.3	10.9	11.7
12.....	414	201	213	10.9	10.6	11.2
13.....	375	183	192	9.9	9.7	10.1
14.....	235	126	109	6.2	6.7	5.8
15.....	114	62	52	3.0	3.3	2.7
16 and over.....	47	18	29	1.2	1.0	1.5

The data as reported by the teacher showed the total possible number of days the child could have attended school had he not been absent from some cause, the number of days on which the child was absent because of sickness, and the number of days absent from causes other than sickness. Sickness includes illness of any nature whatever. It is possible that some absence because of sickness may have been reported as due to causes other than sickness and that some absence from other causes may have been reported as due to sickness. It seems hardly probable, however, that the error was large enough to vitiate the results.

The record of the child's physical examination showed what physical defects he had. The results of the hearing tests were reported so incompletely and imperfectly that no account was taken of hearing in any case; but all other physical defects were considered. In tabulating the data, the children were divided into several classes according to physical condition. The following table shows the physical condition groups used, the number of children in each group, and the total days enrolled—that is, the total number of "child days" for which records were kept:

TABLE III.—*Distribution according to physical condition of 3,786 children (both sexes) in Missouri observed for sickness during the school session 1920-21.*

Physical condition.	Number of children with specified defects.	Total possible number of days of school attendance.
All physical conditions.....	3,786	611,279
Group I: No recorded defects.....	784	132,995
Group II: One or more decayed teeth only.....	545	83,259
Group III: Defective vision (with and without decayed teeth).....	389	57,382
Group IV: Children with and without decayed teeth or defective vision, but with no other recorded defects.....	2,283	372,755
Group V: Enlarged or diseased tonsils only (with and without decayed teeth or defective vision).....	717	115,037
Group VI: Adenoids alone or associated with other defects; enlarged or diseased tonsils associated with other defects; mouth breathing alone or associated with other defects; chronic nasal catarrh alone or associated with other defects (with and without decayed teeth or defective vision).....	571	90,783
Group VII: Defects other than those included in the above groups (with and without decayed teeth or defective vision).....	215	32,704

Table IV shows the distribution according to age of the children in each physical-condition group. This table is included to show the extent of the data in the various age and physical-condition groups as an index of the reliability of the results.

TABLE IV.—*Number of children (both sexes) and the aggregate number of school days during which they were under observation for sickness.*

Age.	Total.	Defect group. ^a						
		I	II	III	IV	V	VI	VII
NUMBER OF CHILDREN.								
All ages.....	3,786	784	545	389	2,283	717	571	215
6-7.....	848	137	94	87	499	154	151	44
8-9.....	898	190	144	77	534	189	131	44
10-11.....	855	181	113	77	502	172	133	48
12-13.....	789	168	130	89	482	140	116	51
14-16.....	396	108	64	59	266	62	40	28
TOTAL POSSIBLE NUMBER OF DAYS OF SCHOOL ATTENDANCE.								
All ages.....	611,279	132,995	83,259	57,382	372,755	115,037	90,783	32,704
6-7.....	137,482	23,693	14,018	12,123	81,925	25,026	23,940	6,591
8-9.....	144,831	32,905	21,489	10,909	87,381	30,163	20,420	6,876
10-11.....	139,310	31,116	17,216	12,058	83,364	27,007	21,467	7,472
12-13.....	127,856	28,139	20,590	13,404	78,166	23,131	18,785	7,774
14-16.....	61,800	17,142	9,946	8,883	41,919	9,710	6,171	4,000

^a See Table III for definitions of the groups.

The data on hearing were too incomplete to use; therefore all groups include children with defective hearing as well as normal hearing.

Group I consists of children who had no recorded defects.

Group II consists of children who had one or more decayed teeth, but no other recorded defects.

Group III consists of children with defective vision with and without decayed teeth, but with no other defects.

The small number of children made it impossible to subdivide them into as definite and clear-cut groups as would be desirable for a complete analysis. It was, therefore, necessary to disregard both teeth and vision in making the following defect groups, in order to have sufficient numbers of children in the groups to give dependable results. The effect of decayed teeth or defective vision on absence from school did not seem to be great. Also, unless the defects of teeth or vision were associated in some way with the other defects considered there would be no greater proportion of children with decayed teeth or defective vision in one defect group than in another or in the group who had no general defects when teeth and vision were not taken into account. (Group IV.)

Group IV consists of children with and without decayed teeth or defective vision, but with no other recorded defects.

Group V consists of children with and without decayed teeth and defective vision who had enlarged or diseased tonsils, but no other recorded defects.

Group VI consists of children with and without decayed teeth and defective vision, but who had adenoids alone or associated with other defects; enlarged or diseased tonsils associated with other defects; mouth breathing alone or associated with other defects; chronic nasal catarrh alone or associated with other defects.

Group VII consists of all children with and without decayed teeth or defective vision and with defects other than those included in the above groups.

Since the children could not be divided into groups according to specific defects, but had to be sorted according to groups of defects, Table V is introduced to show the number of specific defects included in each of the groups who had defects other than decayed teeth or defective vision.

TABLE V.—Number of children in each of the physical condition groups who had certain specific defects.

Defect.	All physical conditions.		Number of defects in each group. ^a			
	Defects per 1,000 children.	Number of children.	IV.	V.	VI.	VII.
Total number of children.....	1,000.0	3,786	2,283	717	571	215
No general defects (teeth and vision not taken account of).....	603.0	2,283	2,283			
Mouth breathing.....	95.1	360			360	
Adenoids.....	48.9	185			185	
Chronic nasal catarrh.....	6.1	23			23	
Deflected septum or other nasal obstruction.....	4.2	16			16	
Enlarged tonsils or infected throat.....	274.2	1,038		713	325	
Diseased or inflamed tonsils.....	20.3	77		36	41	

^a See Table III for definitions of the groups.

TABLE V.—Number of children in each of the physical condition groups who had certain specific defects—Continued.

Defect.	All physical conditions.		Number of defects in each group.			
	Defects per 1,000 children.	Number of children.	IV.	V.	VI.	VII.
Ear discharging.....	2.6	10			2	8
Ear drum perforated.....	.3	1				1
Ear drum obscured by wax.....	3.4	13			10	3
Hyperopia.....	4.5	17			14	3
Astigmatism.....	.3	1			1	
Strabismus.....	2.1	8			4	4
Stapharitis.....	14.8	56			22	34
Conjunctivitis.....	9.8	37			23	14
Trachoma.....	2.9	11			7	4
Glandular enlargement; cervical.....	8.5	32			23	9
Simple goiter.....	3.7	14			9	5
Hernia.....	.8	3			1	2
Heart defects.....	3.4	13			9	4
Tuberculosis or pretubercular.....	.8	3			3	
Anemia.....	.5	2			2	
Winged scapulae.....	.3	1				1
Spinal curvature.....	1.1	4			1	3
Deformity of hand or arm.....	1.3	5			2	3
Deformity of foot or leg.....	1.8	7			3	4
Paralysis, infantile.....	.5	2				2
Retarded.....	.5	2				2
Feeble minded or suspected.....	.8	3			2	1
Speech defect.....	10.8	41			20	21
Ringworm.....	.5	2				2
Pediculosis.....	13.5	51			26	25
Impetigo.....	1.6	6			3	3
Scabies.....	2.1	8			4	4
Eczema.....	.3	1				1
Skin defect (not otherwise specified).....	30.4	115			50	65
Orthopedic defect (not otherwise specified).....	.3	1			1	
Glandular enlargement (not otherwise specified).....	.3	1			1	
Ear defect (not otherwise specified).....	.3	1			1	
Eye defect (not otherwise specified).....	.5	2				2
Miscellaneous.....	5.5	21			11	10

The children observed have now been classified into the various groups and the groups have been defined. The next step in the study is the comparison of the absence on account of sickness among the children in these various groups, that is, the comparison of the absence on account of sickness among children with no defects with absence among children with the various specified groups of physical defects. The following table (Table VI) shows, by sex, age, and physical condition, the percentage of the total school days which were lost on account of sickness and of causes other than sickness.³

Figures 1 and 2 compare graphically the time lost from sickness by children with various physical defects. Figure 1 compares the averages for all ages, and Figure 2 makes the comparison by age groups. Sickness in each case is not limited to sickness directly connected with the defect, but includes all illness from any cause whatever.

³If a child was permanently separated from school he was no longer counted as enrolled. In the case of absences for short periods, the total time absent was counted rather than drop the child from the roll and reenter him upon return, as is sometimes done in keeping school records. Obviously, the record desired was the total time absent because of sickness.

TABLE VI.—Physical defects and absence from school on account of sickness.

Percentage of the total school days which were lost by children with no defects compared with children with various physical defects.

[3,786 children in Missouri—School session 1920-21.]

Physical condition.	Age.					
	All ages.	6-7	8-9	10-11	12-13	14-16
BOTH SEXES.						
All physical conditions	3.5	4.9	8.5	3.0	2.9	2.3
Group I: No recorded defects	3.2	4.5	3.5	2.8	2.7	1.9
Group II: One or more decayed teeth only	3.3	4.7	2.5	2.7	3.0	2.3
Group III: Defective vision	3.5	3.3	8.5	3.8	3.8	2.8
Group IV: With and without defective teeth or vision but with no other defects	3.2	4.7	3.2	2.6	2.8	2.1
Groups V-VII: Defects of any kind	3.9	5.2	4.0	3.5	3.1	2.8
Group V: Enlarged or diseased tonsils only	2.6	4.5	3.9	3.4	2.9	2.5
Group VI: Adenoids alone and adenoids, tonsils, etc., associated with other defects	4.2	5.9	4.0	3.9	3.2	2.2
Groups V-VI: Adenoids, tonsils, etc., alone or associated with other defects	3.9	5.2	3.9	3.6	3.0	2.4
Group VII: All other defects	4.0	5.3	4.5	3.0	3.1	4.6
BOYS.						
All physical conditions	3.3	5.0	3.2	2.8	2.8	2.3
Group I: No recorded defects	3.2	4.4	3.5	3.2	2.9	1.7
Group II: One or more decayed teeth only	3.3	3.8	3.6	3.0	3.1	3.2
Group III: Defective vision	2.6	3.0	2.2	2.9	2.0	2.1
Group IV: With and without defective teeth or vision but with no other defects	3.1	4.7	3.0	2.6	2.5	2.2
Groups V-VII: Defects of any kind	3.7	5.4	3.5	3.2	3.2	2.4
Group V: Enlarged or diseased tonsils only	3.6	4.7	2.8	3.1	3.5	1.9
Group VI: Adenoids alone and adenoids, tonsils, etc., associated with other defects	3.8	5.7	3.3	3.5	2.9	2.2
Groups V-VI: Adenoids, tonsils, etc., alone or associated with other defects	3.7	5.3	3.5	3.3	3.2	2.1
Group VII: All other defects	3.9	6.4	3.5	2.3	3.2	4.3
GIRLS.						
All physical conditions	3.6	4.8	3.9	3.2	3.1	2.4
Group I: No recorded defects	3.1	4.7	3.5	2.5	2.6	2.2
Group II: One or more decayed teeth only	3.2	5.6	3.4	2.4	2.9	2.8
Group III: Defective vision	4.1	3.5	4.4	4.2	5.1	2.6
Group IV: With and without defective teeth or vision but with no other defects	3.4	4.7	3.5	2.7	3.1	2.0
Groups V-VII: Defects of any kind	4.0	5.0	4.5	4.0	2.9	3.2
Group V: Enlarged or diseased tonsils only	3.6	4.4	3.9	3.6	2.4	3.0
Group VI: Adenoids alone and adenoids, tonsils, etc., associated with other defects	4.7	6.1	5.8	4.5	3.7	2.2
Groups V-VI: Adenoids, tonsils, etc., alone or associated with other defects	4.0	5.1	4.3	4.0	2.9	2.7
Group VII: All other defects	4.1	3.4	5.7	4.0	3.0	4.7

See Table III for detailed definitions of groups.

Figure 1 compares absence among children (all ages) with no defects with children with various groups of defects. Children with no defects were absent 3.2 per cent of the school days as against 3.9 per cent by children with defects of any kind. Considering these percentages as rates (days absent per 100 days enrolled), the rate of absence from sickness for children with defects is 22 per cent greater than the rate for children with no defects. The rate of absence from

sickness for children with enlarged or diseased tonsils is 12 per cent greater than the no-defect rate, and the rate for children with adenoids, defective tonsils, etc., associated with other defects, is 31 per cent greater than the rate for the children with no defects. The rate for children with defective vision was 9 per cent greater and the rate for children with decayed teeth was 3 per cent greater than the no-defect rate.

Figure 2 takes up the rates in the various age groups and shows what differences are consistent for the different ages. It shows for five age groups for both sexes combined the percentage of the total school

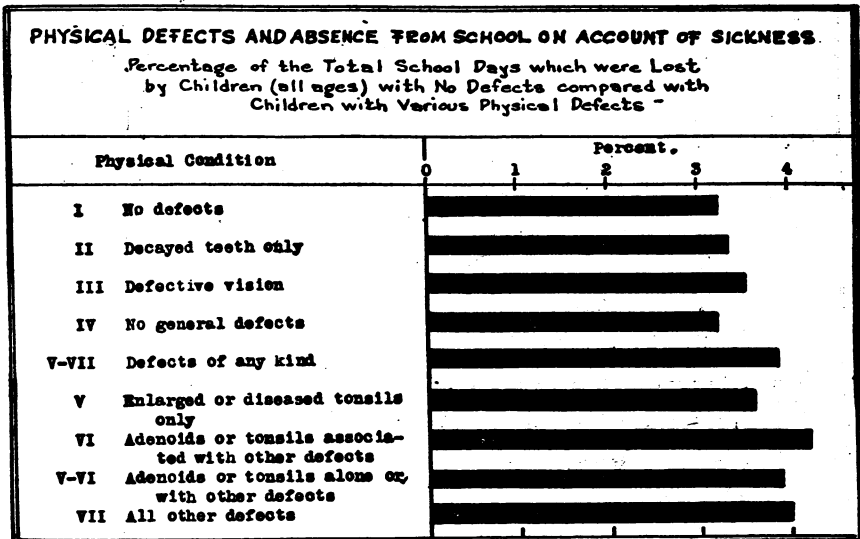


Fig. 1.

See Table III for detailed definitions of groups.

days which were lost on account of sickness by children in the various physical conditions. In each small graph in the figure, the curve of sickness for children with no physical defects (Group I) is repeated so that a comparison can more readily be made between this group and each of the other groups. Graph A compares children with no defects (Group I) with those who have some general physical defect (Groups V to VII inclusive). The differences are considerable and are consistent in the various age groups.

Graph B compares children with no defects with children who have decayed teeth and with children who have defective vision. In neither case are the differences consistent for the various age groups. Vision appears to have some influence; but with the few data available no very definite conclusion can be drawn unless the results are consistent for the various ages. It is possible that the effect of certain defects might be shown to be greater at certain ages than at others if there were sufficient data.

In the two lower graphs, the children with no defects (Group I), are compared with a group with enlarged or diseased tonsils or both (Group V) and with another group who have adenoids alone or

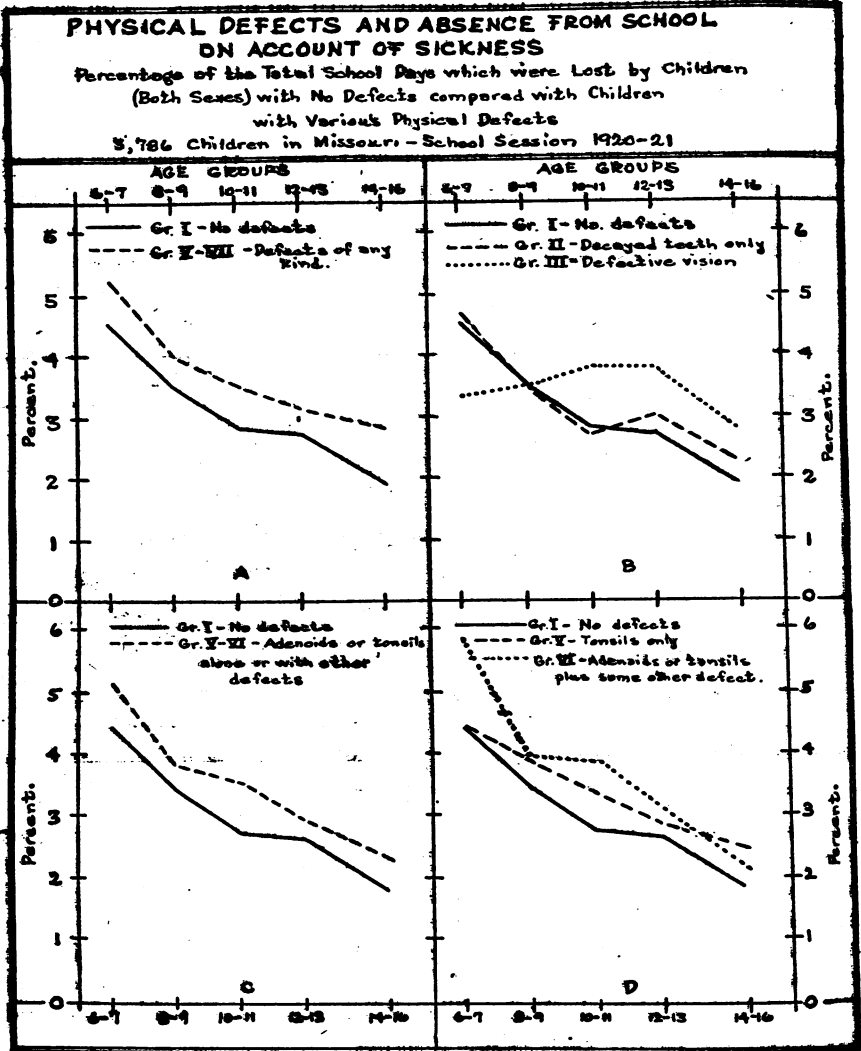


Fig. 2.

See Table III for detailed definitions of groups.

associated with other defects, defective tonsils associated with other defects, mouth breathing and chronic nasal catarrh alone or associated with other defects (Group VI). Graph D shows each group separately and graph C shows the two groups combined. The group with defective tonsils only (Group V) lost more time at every age group except 6-7 years than the group with no physical defects (Group I). The group with adenoids, defective tonsils, etc., asso-

ciated with other defects (Group VI) lost considerably more time at every age group than the no-defect group (Group I) and also more time than the group with defective tonsils only (Group V) in every age group except 14-16 years.

The records also showed the time lost from school from causes other than sickness. Table VII shows by sex and age groups the absence from causes other than sickness for each of the physical-condition groups used in tabulating the absence from sickness. Figure 3 compares, for all ages combined, the time lost from causes other than sickness, by children with no defects, with the time lost by children with the various physical defects.

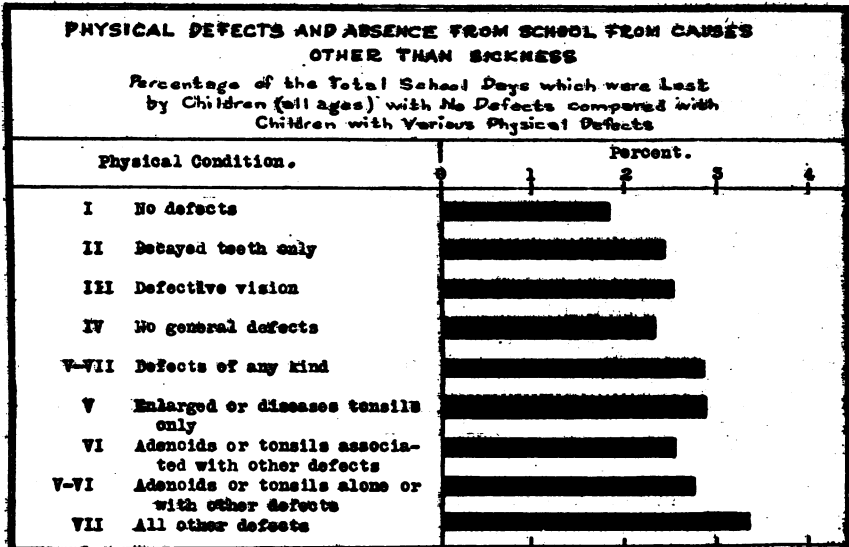


Fig. 3.

See Table III for detailed definitions of groups.

TABLE VII.—Physical defects and absence from school from causes other than sickness.

Percentage of total school days which were lost by children with no defects compared with children with various physical defects.

[3,786 children in Missouri—School session 1920-21.]

Physical condition.	Age.					
	All ages.	6-7	8-9	10-11	12-13	14-16
BOTH SEXES.						
All physical conditions.....	2.5	2.9	2.1	1.9	2.6	3.6
Group I: No recorded defects.....	1.8	1.5	1.7	1.6	1.8	2.0
Group II: One or more decayed teeth only.....	2.4	3.0	2.0	1.7	2.3	2.1
Group III: Defective vision.....	2.5	4.1	2.5	1.8	1.8	2.5
Group IV: With and without defective teeth or vision but with no other defects.....	2.3	2.6	2.0	1.7	2.5	2.4
Groups V-VII: Defects of any kind.....	2.8	3.4	2.2	2.3	2.7	4.2
Group V: Enlarged or diseased tonsils only.....	2.8	3.5	2.3	2.1	2.6	4.0
Group VI: Adenoids alone and adenoids, tonsils, etc., associated with other defects.....	2.5	3.2	1.6	2.2	2.7	2.6
Groups V-VI: Adenoids, tonsils, etc., alone or associated with other defects.....	2.7	3.3	2.0	2.2	2.7	4.4
Group VII: All other defects.....	3.3	3.5	3.9	2.9	3.0	3.5

TABLE VII.—*Physical defects and absence from school from causes other than sickness—Con.*
 Percentage of total school days which were lost by children with no defects compared with children with various physical defects.

Physical condition.	Age.					
	All ages.	6-7	8-9	10-11	12-13	14-16
BOYS.						
All physical conditions.....	2.7	3.3	2.2	2.1	2.7	4.1
Group I: No recorded defects.....	1.9	1.8	1.5	1.6	1.9	3.3
Group II: One or more decayed teeth only.....	2.5	3.0	1.8	1.8	2.4	4.5
Group III: Defective vision.....	2.9	4.0	3.6	1.9	1.9	2.7
Group IV: With and without defective teeth or vision but with no other defects.....	2.5	2.9	2.1	1.8	2.5	3.7
Groups V-VII: Defects of any kind.....	3.1	3.9	2.5	2.4	3.0	5.0
Group V: Enlarged or diseased tonsils only.....	3.3	4.2	2.7	2.2	3.2	6.2
Group VI: Adenoids alone and adenoids, tonsils, etc., associated with other defects.....	2.6	3.9	1.4	2.4	2.5	4.0
Groups V-VI: Adenoids, tonsils, etc., alone or associated with other defects.....	3.0	4.0	2.1	2.3	2.8	5.3
Group VII: All other defects.....	3.8	3.2	5.0	3.4	4.0	3.4
GIRLS.						
All physical conditions.....	2.2	2.5	1.9	1.8	2.4	3.1
Group I: No recorded defects.....	1.7	1.1	1.8	1.5	1.8	2.8
Group II: One or more decayed teeth only.....	2.4	3.0	2.2	1.6	2.2	3.5
Group III: Defective vision.....	2.3	4.2	1.6	1.7	1.8	2.4
Group IV: With and without defective teeth or vision but with no other defects.....	2.1	2.3	1.9	1.7	2.4	2.9
Groups V-VII: Defects of any kind.....	2.4	2.8	2.0	2.1	2.5	3.5
Group V: Enlarged or diseased tonsils only.....	2.4	2.9	2.0	2.1	2.2	3.6
Group VI: Adenoids alone and adenoids, tonsils, etc., associated with other defects.....	2.4	2.4	1.9	2.0	3.1	3.2
Groups V-VI: Adenoids, tonsils, etc., alone or associated with other defects.....	2.4	2.7	1.9	2.0	2.5	3.4
Group VII: All other defects.....	2.8	4.0	2.5	2.4	2.1	3.6

See Table III for detailed definitions of groups.

For some reason, absence from causes other than sickness also varies in the different physical-condition groups. Those groups with defects were absent more than the group with no defects. Part of this difference may be due to incorrect reporting of the causes of absence, but it seems unlikely that it could all be due to such causes.

Summary.

1. Records of physical examination and school attendance during the school session 1920-21 were kept for 3,786 children in four fairly representative localities in Missouri.

2. These children were classified according to physical condition, and the absences from sickness and from causes other than sickness were compared by age groups for children of different physical conditions.

3. Children with no defects were absent from school on account of sickness consistently less than those with defects.

Children with enlarged or diseased tonsils were absent more than children with no defects, and those with enlarged or diseased adenoids

or tonsils associated with other defects were absent considerably more than those with enlarged or diseased tonsils only.

Decayed teeth showed little or no effect on absence, and defective vision failed to show a consistent effect on absence from school on account of sickness.

4. Absence from causes other than sickness showed variations somewhat similar to absence from sickness; the groups with defects were absent more than the group with no defects.

THE SCHOOL NURSE: HER DUTIES AND RESPONSIBILITIES.¹

By TALIAFERRO CLARK, Surgeon, United States Public Health Service.

The greatly specialized nursing service of the present time did not suddenly spring into existence, but has been of more or less gradual evolution. At no time throughout recorded history has the condition of the poor and helpless sick failed in appeal to the mercy and sympathy of special groups of individuals. The ancient Egyptians were not unmindful of the humanitarian duty to help them. Long before the Christian era the priests of Israel enjoined their charges "to visit the sick, in order to show sympathy, to cheer, aid, and relieve them in their suffering."

With the passing of the old order and the dawning of the new, this work was largely carried on by conventual orders. By the establishment of a training school for nurses in London in 1840, and the founding of the first district nursing association by William Rathbone in 1859, the nursing movement received a distinct impetus, which has expanded to include the many forms of nursing service of the present day and generation.

THE BEGINNING OF SCHOOL HEALTH SUPERVISION.

Since it is impracticable to disassociate the school from the home in successful school health work, so, likewise, is it futile to attempt school medical service without considering the school nurse. To France belongs the honor of first beginning school health supervision in 1837, when this duty was imposed on the school authorities by royal ordinance.

The first attempt at school health supervision in this country was made in Boston, Mass., in 1894, when school medical inspection was started for the control of communicable diseases. However, it was not until some years later that school nursing became a recognized institution in both this country and England.

¹ Originally published in Special Bulletin No. 219 (January, 1922), issued by the North Carolina State Board of Health, and printed here by permission.

THE GENERAL QUALIFICATIONS OF THE SCHOOL NURSE.

It has been said that poets are born, not made. So it is with the most successful school nurse. Unless she has the background of a sound heredity, is tactful and of equable temperament, is herself in good health, and is imbued with a love and understanding of children, her work will be more difficult and less fruitful of results than otherwise would be the case.

Training.—In addition to her regular training-school and hospital work, it is preferable that the school nurse shall have had public-health nursing experience and some practical instruction³ in the essentials of nutrition and in the sanitary requirements of school buildings and grounds. In the present stage of development, or lack of development, of school hygiene in different States and communities, the school nurse should have a background of training and experience, which at first sight would seem not properly required of her. In any case, whether or not circumstances require of her the discharge of certain duties more properly the task of a school physician, the school nurse with such training and experience is the best possible aid to the school physician.

PROPORTION OF PUPILS TO EACH SCHOOL NURSE.

In general, school nurses should be assigned in the proportion of 1 nurse to each 1,000 to 2,000 school children, varying with the density of population, the average number of children to the family, the size of the school district, and accessibility of the homes from the standpoint of distances to be traveled in proceeding from home to home in follow-up work.

In rural districts the proportion of children to a nurse is usually much larger than is the case in cities, owing to the difficulty of securing adequate funds. This is unfortunate, because, on account of the long distance a nurse is required to travel in visiting rural homes, fewer children can be looked after in a given time and large numbers of children who, as a rule, are without special health supervision, are perforce denied these privileges.

Finally, in a school health supervision system which includes special school clinics, additional nurses should be provided in the proportion of one nurse for each operator.

Combined school and routine health work.—In communities where the school nursing service is under the direction of the health authorities, the school nurse can be utilized with profit for combined school and health department work. In such case nurses should be assigned in proportion of 1 nurse to 500 school children.

Unification of the duties of the school and public-health nursing service in one system will be more economical and produce more

satisfactory results than is possible from the present usual practice. In many communities it is not uncommon for a single home to be visited in turn by a contagious-disease nurse, a nurse of the district nursing association, a tuberculosis nurse, a nutrition worker, and by representatives of a number of social agencies, greatly to the annoyance of the householder. In the vast majority of rural districts it will not be possible properly to cover the whole field of school nursing service, except by such combination, owing to the nearly universal lack of funds to carry out comprehensive and useful programs separately.

Supervising nurses.—Where three or more school nurses are employed, one of them should be designated as supervisor and held responsible for the proper conduct of the work. In large school systems, assistants to the supervising nurse should be employed in the proportion of approximately 1 assistant to every 10 nurses.

Duties of the supervising nurse.—The supervising nurse is expected to plan and supervise the work of the school nurses. She should advise with the school medical and teaching staffs and systematize the school nursing service so as to obtain the best results from the work. She should be held responsible for the satisfactory discharge of their duties by individual workers, and be required to instruct them individually and collectively in routine school nursing and in the more specialized clinic and health education work.

Duties of a School Nurse.

The duties that may be expected of a school nurse will vary according to whether no school physician is employed, a physician is employed on full-time or part-time basis, and whether her work is in a rural or urban school.

A. WHEN A FULL-TIME PHYSICIAN IS EMPLOYED.

In schools where a physician is employed on full-time basis the nurse's work should supplement that of the school physician and correlate with it. The school nurse should be directly responsible to the school physician for the proper discharge of her duties, which may be for routine or special work.

1. *Routine duties.*—In any circumstance there are certain duties required of school nurses in general, irrespective of the type of school or character of the medical assistance. Briefly, these are as follows:

(a) Daily inspection, instruction, and disposition, usually in the morning, in a room set aside for the purpose, of children referred by the school physician or members of the teaching staff, who are sick with some communicable disease, suffering from parasitic skin infections, or in need of attention in case of accidents or emergency.

(b) Routine classroom inspection at frequent intervals for the purpose of detecting unreported or unnoticed cases of communicable disease, noting the hygienic conditions of the classrooms, including cleanliness, the seating of children, the temperature, the quality of ventilation, and the regulation of illumination from the standpoint of visual comfort.

(c) Health instruction to pupils.

(d) Health instruction to teachers.

(e) Follow-up work.

(f) Observation of the sanitary condition of the buildings and grounds.

2. *Special duties*—

(a) Physical inspection.

(b) Special classes.

(c) Open-air schools.

(d) School clinics.

B. WHEN A PART-TIME PHYSICIAN IS EMPLOYED.

In schools having a volunteer medical service or service of a school physician on part-time basis, in addition to the routine duties outlined, the nurse may properly engage in special work under the physician's direction, with special attention to preliminary physical inspection for detecting the more obvious physical defects and referring handicapped children to the school physician for confirmation of the diagnosis and advice regarding the treatment needed.

Rural School Nursing.

Rural school nursing is quite a different proposition from that of nursing in urban schools and is surrounded by many difficulties. Of these may be mentioned the lack of nursing supervision, skilled medical assistance, and of hospital and clinical facilities. Furthermore, at the present time, by reason of the nation-wide interest in child health work, the demand for school nurses in rural districts is greater than the supply, and a number of earnest workers are attempting school nursing with but limited training and experience in this special field.

In a number of rural districts not only will the nurse be required to perform all of the general duties prescribed for a nurse of a school system having a full-time or part-time physician, but in many instances she will be called upon to act as a representative of the State health officer in so far as her work relates to the control of communicable diseases in the school, and to give instruction to posture and nutrition classes and in health education.

A. GENERAL CONSIDERATION.

1. *Contacts*.—On first taking charge of the work in a given county or district the nurse should—

(a) Make contacts with the county and local health officers, if there are such, to secure their cooperation, and arrange for the correlation of the school health work with the other health activities in the district.

(b) Familiarize herself with the State laws and local ordinances relating to the control of communicable diseases and the medical inspection of schools and be governed accordingly.

(c) Establish a friendly and confidential understanding with the local physicians and other influential citizens, business clubs, women's clubs, and representatives of the welfare agencies working in the district.

A community-wide sentiment in favor of school health supervision is necessary for permanent good. As the work expands volunteer assistance will be needed in the solution of problems that can not be financed by the constituted authorities or by one individual or agency alone.

2. *Preliminary survey*.—A rapid survey of each school in the district should be made to note the number and location, the facilities for carrying on the nursing work, the enrollment and average daily attendance, the hours for opening and closing for the day, the number and arrangement of the classes, the teaching methods, and the cooperation that may be expected of the teaching staff.

3. *Schedule of visits*.—In order to accomplish the most work with the expenditure of a given amount of effort in a prescribed period of time, the school nurse must systematize her work as greatly as possible. She should prepare a schedule of visits to the several schools under her charge, so that teachers, pupils, and parents always may know in advance the day and the hour the nurse will arrive at a given school for weighing and measuring, for physical inspection, for special class work, for health instruction, for conference with parents, or for other purposes.

4. *Hours on duty*.—In general, the hour of opening school should find the nurse at her post of duty prepared for the work of the day. No hard and fast rules can be laid down regarding the number of hours she should remain on duty. These must be determined by local conditions and by the necessities of different situations. The conscientious school nurse is more likely than otherwise to work too many hours each day. The duties of a rural school nurse are arduous, and she should be careful to maintain uniform working schedule for each day in order to conserve her strength. Otherwise the work will suffer in the end.

B. ROUTINE WORK.

As a rule the morning hours of each school day should be devoted to routine work, and the afternoons and Saturdays to special classes, health instruction, and follow-up work. However, if the attendance is small and the routine work in a given school does not require all of the nurse's time, special work should be arranged for the morning hours as well, and the whole of the afternoon given to outside work.

1. *Classroom inspection.*—Immediately following the opening exercises the nurse should make a routine inspection of each classroom to discover incipient cases of communicable diseases, unrecognized cases of communicable diseases, undetected hampering defects, to note hygienic conditions, and to advise with teachers regarding conditions in need of immediate attention.

2. *Special inspection.*—On completion of the classroom inspection, the nurse should repair to a room reserved for the purpose for a more thorough inspection of children—

- (a) Referred by the principal or teacher.
- (b) New entrants.
- (c) Returning after an absence of two or more days.
- (d) Referred for special attention at classroom inspection.
- (e) Consultation with parents.

3. *Physical inspection.*—It is an unfortunate circumstance that makes it necessary for a school nurse to examine for physical defects. As a rule the school nurse should not be required to make such inspection, because, strictly speaking, the detection and correction of physical defects should be considered a side issue in school health work, and prevention the main object in view. The preventive side of school medical inspection requires greater technical training than that of the average nurse. Moreover, her other duties are sufficient to occupy all of her time and have, in addition, greater value from the standpoint of health protection and promotion. However, for a long time to come, physical inspections must be made by school nurses or by teachers, in the majority of the rural districts, if they are to be made at all.

It is desirable that the inspection for the detection of physical defects should be made as near the beginning of the school year as possible, on a day or days designated for the purpose. The teaching staff should assist in this inspection. The parents should be notified of the impending inspection in advance, invited to be present, and their consent obtained to making the examination.

When it is impracticable to secure the consent or cooperation of the school authorities in setting aside a special day for inspection purposes, the nurse should inspect as many children as possible on

her regular visiting day to the schools, beginning with the primary grades.

(a) Defects: The special conditions which should be looked for and recorded during physical inspections are as follows:

- (1) Defective vision.
- (2) Defective hearing.
- (3) Decayed and defective teeth.
- (4) Defective nasal breathing (mouth breathing).
- (5) Enlarged lymph glands (specify).
- (6) Enlarged tonsils.
- (7) Deformities.
- (8) Undernourishment.
- (9) Suspected tuberculosis (chronic cough, underweight, pallor).
- (10) Nervousness.

Hearing should be recorded in tenths of the normal distance at which the ticking of a watch or whispered speech may be heard. The watch used for this purpose should first be tested to determine the distance at which it can be heard by one with normal hearing. For example: If this distance should be 30 inches, it would be recorded as 10/10. If a child could hear the watch at a distance of 15 inches only, namely, 15/30, this would be recorded as 5/10. Each ear should be tested separately, the nurse standing behind the pupil, who should keep one ear covered with the hand and the eyes closed during the test. Do not introduce a finger into the ear canal to prevent hearing.

Vision should be recorded in tenths of the normal distance (Lowell chart is well adapted) in the case of each eye separately, first, without glasses in case glasses are used, and then with glasses. Lack of vision in either eye is recorded as 0/10.

Vision charts should be placed in such position as to receive illumination from one side, and never in such position that obliges the child to face a window while reading the chart. Visual tests should not be made on dark, cloudy days.

Under this heading should be recorded all deformities, especially of the spine, all paralytic conditions, missing fingers, arm or leg, or any other defects not already recorded.

In examining the teeth and tonsils, wooden tongue depressors should be used for each child. After using, they should be broken and placed in a proper receptacle and burned at the end of the day's inspection.

On completion of the inspection, the parents should be notified in the case of children suffering from physical defects requiring attention, using a form similar to the following:

A recent physical inspection of.....
indicates the following abnormal conditions:

.....
You are advised to take.....to your family physician, dentist, oculist,
or to a dispensary, for advice and treatment.

(Signed)

The notification should be followed by personal visits, especially when the results of notification are negative.

(b) Inspection for contagious diseases: Due attention should be paid to the presence of contagious diseases and to parasitic skin infections while making physical inspections. However, the main reliance for the detection and control of these diseases in the school population must be placed on their discovery by routine and special inspections and exclusion during the period of incipency.

i. Exclusion—Children found presenting symptoms of the following contagious diseases should be excluded from school:

- (a) Chicken pox.
- (b) Diphtheria.
- (c) Measles.
- (d) Mumps.
- (e) Scarlet fever.
- (f) Smallpox.
- (g) Open tuberculosis.
- (h) Whooping cough.

Children found suffering from the following conditions should be referred to the family for treatment:

- (a) Acute eye infections.
- (b) Ringworm.
- (c) Scabies (itch).
- (d) Impetigo contagiosa.
- (e) Favus.

In all cases of suspected diphtheria the nurse should secure a culture and forward it to the health authorities giving the name, age, and address of the child, and the name of the school.

In handling cases of contagious diseases the nurse should be guided by the rules and regulations of the State and local boards of health.

ii. Readmission—A child excluded from school on account of a quarantinable disease should not be readmitted to the school except on written statement of the health officer to the effect that he or she is no longer suffering from the disease in communicable form.

In communities where there is no health officer, the child should not be readmitted to the school except on a similar written statement

by the family physician and examination by the school physician, if there is one, or by the school nurse.

4. *Weighing and measuring.*—Every child attending school should be weighed and measured at least twice during the school year, preferably at the time of the general inspection at the beginning of the school year, and again during the last month of the school year. Children found underweight according to available standards should be weighed at least once a month in order to determine whether improvement is taking place following advice.

Children should be weighed and measured without shoes and without extra clothing. In the case of boys, the coat and vest should be removed before weighing.

5. *Nutrition classes.*—Children found underweight should be organized into nutrition classes for special instruction. The best results in nutrition work will be obtained if the mothers attend the nutrition classes to receive instruction in the causes and cure of undernourishment and give first-hand information of conditions in the home which act as contributing causes to the child's defective nourishment.

(a) Causes: The following are some of the causes of undernourishment:

- (1) Insufficient food.
- (2) Improper food.
- (3) Irregular meals.
- (4) Bad eating habits (insufficient chewing).
- (5) Use of tea and coffee instead of milk.
- (6) Insufficient sleep.
- (7) Constipation.
- (8) Over excitement (motion pictures and evening entertainment).
- (9) Endemic diseases, such as hookworm and malaria.
- (10) Physical defects, such as decayed teeth, diseased tonsils, and adenoids.
- (11) Too much school work.
- (12) Overwork before and after school hours.
- (13) Disturbance of endocrine system.

In conducting nutrition classes, the nurse should give instruction with regard to the foods best adapted to promote the growth and development of children, and the reason why. In prescribing diets, mothers should not be instructed in terms of calory requirements, because the average mother will not readily understand and follow instructions given in such terms. The use of milk should be insisted upon, but not to the exclusion or limitation of other desirable food substances.

The results of the most scientifically prescribed diet will be destroyed without the correction of hampering physical defects, and of faulty conditions in the home, such as poor supervision, overwork, insufficient sleep, improper table habits, unhomelike atmosphere, insanitary home environment.

A child 10 per cent underweight according to standard should be classified as undernourished in the sense that it indicates that the child should receive a very thorough physical examination by a competent physician to determine the underlying physical cause, if any, responsible for his condition.

(b) *School lunch*: An important and often overlooked feature of school nutrition work is the school lunch. Where it is impossible or impracticable to serve hot lunches in the school, the nurse should instruct the children and their parents in the preparation of a desirable school lunch. Too frequently the lunch of the school child consists largely of pie, cake, and other nonessential and indigestible food substances.

6. *Posture classes*.—In schools without physical training courses, the school nurse can, with advantage, hold posture classes for children of weakened musculature with tendency to spinal curvature or other deformity. Such classes should be composed of children discovered on inspection who hold themselves in bad position, who have marked round shoulders or lateral curvature of the spine and other functional deformities, and children referred by the teacher who habitually assume a sprawling attitude while seated in the classroom and who appear easily fatigued.

7. *Follow up*.—In a recent study of sickness and school absences among school children by the United States Public Health Service,² it was shown in the case of 6,099 school children with 666,449 possible number of days of school attendance for one year, that 5.6 per cent or 37,321 days, were lost on account of sickness, and 3 per cent, or 19,993 days, were lost on account of other causes. These figures are cited to show the relatively great importance of follow-up work as compared with the other duties of a school nurse. Not only is it possible for the nurse by instruction in personal and home hygiene, care of the sick, and in the care and preparation of food, to shorten the duration of the absence from sickness in individual instances, but also reduce the number of cases of sickness arising during the year and the number of absences from causes other than sickness.

Follow-up work is required for the purpose of—

(a) Explaining the nature of notified physical and mental handicaps, the effect thereof on the child's health, school progress, and economic efficiency, and the proper remedy.

² Sickness among school children—Loss of time from school among 6,130 school children in 13 localities in Missouri. By Selwyn D. Collins. Public Health Reports, July 8, 1921. Reprint No. 674.

(b) Explaining the nature of the quarantinable diseases and the necessity and importance of the strict observance of quarantine for the protection of the community and of other members of the family.

(c) Inquiring into the presence of open tuberculosis in the home in the case of children suspected of having tuberculosis.

(d) Inquiring into absences of more than two days' duration from unexplained causes.

(e) Securing the cooperation of the parents in health instruction and enforcing in the home the regimen prescribed for children in special classes and schools.

(f) Distributing pertinent health literature prepared or approved by the State and local health departments.

(g) Securing the cooperation of the parents in practicing in the home the principles of health protection and promotion taught by health instruction in the regular and special classes and special schools.

8. *Health instruction.*—To be effective, health instruction should be made a part of the school curriculum. However, in the absence of such an arrangement, the school nurse should interest the teacher in giving health instruction and help her to select suitable subjects and to secure reliable health education material.

The nurse should realize that in the majority of instances the teacher herself is in need of health instruction. For this reason she should take advantage of teachers' institutes and arrange special occasions for the health instruction of the teachers in her district. The nurse should also impress the teacher with the importance of her own personal appearance and conduct and the effect thereof on the health habits of her pupils. She should tactfully advise regarding the health value of a neat personal appearance and the strict observance of personal hygiene in the formation of proper health habits by her charges.

Fundamentally, health instruction of children consists largely in the cultivation of good health habits, in instruction regarding the underlying principles of health-promoting measures and the causes and control of communicable diseases, and in creating a sense of responsibility to the community, not only from the standpoint of the observance of the principles of personal hygiene individually but also from that of supporting measures for maintaining the community health.

Health instruction of children should comprise:

(a) Giving health talks: The nurse should take advantage of the opportunity of contact with individual children in routine school work to impart individualized instruction. At the beginning of the school year she should confer with the school principal and teachers

in regard to health talks. These should vary with the grade visited. Some of the subjects that may be covered are as follows:

- (1) Fresh air—both night and day.
 - (2) Proper amount of rest and sleep.
 - (3) Food values, emphasizing effects of too much tea and coffee.
 - (4) Mastication of food.
 - (5) Correct posture and deep breathing.
 - (6) Care of the body, special care of the hair, nails, teeth, and skin.
 - (7) Prevention of colds.
 - (8) Proper use of the handkerchief.
 - (9) Proper clothing.
 - (10) The communicable diseases, and how they are spread.
 - (11) Disinfection.
 - (12) Tonsils and adenoids.
 - (13) Tuberculosis.
 - (14) Vaccination.
 - (15) Quarantine.
 - (16) General hygiene.
- (b) Cultivating health habits through—
- (1) Toothbrush drills.
 - (2) The use of handkerchief.
 - (3) Washing the hands, and baths.
 - (4) Attention to the bowels.
 - (5) Maintaining correct posture.
 - (6) Securing sufficient rest and sleep.
- (c) Organization of school health clubs.
- (d) Preparing posters, compositions, and other health education material by the children.
- (e) Cooperating with the parents by—
- (1) Consultation at school.
 - (2) Visits to the home.

9. *Observation of the sanitary condition of school buildings and grounds.*—It is desirable that the rural school nurse shall have had some previous instruction in the sanitary requirements of school buildings and school grounds, because in schools where no physician is employed she can accomplish a very great good by giving advice to school principals and school boards regarding insanitary conditions in the school environment which should be corrected.

Due attention should be paid to the proximity of nuisances which may be abated, the protection of the water supply from surface drainage, the location of privies in respect of drainage planes to avoid pollution of the water supply, the use of the common drinking cup

and the substitution of bubbling fountains therefor, the facilities for washing the hands, the provision of cloak and lunch rooms and their cleanliness, the condition of the heating plant and the efficiency of the ventilation system, the tinting of the classroom walls and the seating of children from the standpoint of maximum illumination with the least visual discomfort, and the condition of the school grounds from the standpoint of adequate play space, drainage, and walks.

10. *Records.*—The nurse should keep accurate records of her work, which at all times should be available for the information of the health and educational authorities. Special forms should be used for recording the results of inspection, for recording follow-up work, for use in connection with the control of communicable diseases, and other forms as the necessity of them arises by reason of local conditions or requirements.

SANITARY CONDITIONS ON THE FRONTIERS OF WESTERN EUROPE.

Statements of the British Minister of Health.

The right honorable C. Addison, M. P., First Minister of Health of the British Empire, commenting upon investigations recently made by the Health Committee of the League of Nations, makes the following statements: ¹

“* * * After the commission had made a detailed inquiry into this question [relating to certain quarantine procedures] they proceeded by sea from Beirut to Constantinople. This journey, which lasted nine days, is a good illustration of the necessity of international action in health matters. The ship visited nine successive ports, Tripoli (Turkish), Limasol, Cyprus, Adalia (Turkish), Rhodes (Italian), Samos (Greek), Smyrna (Greek), and Chanak (interallied). Different regulations governed each of these visits, which were made without any reference, except by examination of the bill of health, to the results of the examinations already made at previous ports. The commission recommends that ‘the fullest possible use should be made of the larger ports, which are properly equipped and organized to deal with infectious diseases on ships, and the repetition of minor and incomplete measures at ports which are only indifferently equipped should be avoided.’ This is a good example of how medical men of various nations, working together, can both improve health conditions and may also prevent unnecessary interference with trade and shipping.

¹ Taken from The Daily Telegraph (London), Aug. 8, 1922.

"The commission went finally to Constantinople, where a serious epidemic might have dire consequences to Europe, in view of its considerable commerce with the West. * * *

"From the epidemic point of view Constantinople of to-day is the powder magazine of Europe and presents special dangers. A plague appeared in 1919, and vigorous action was taken under the supervision of the medical officers of the Allied forces. Vaccination against smallpox and preventive inoculation have also been carried out on a very large scale. But Constantinople, with a population of well over a million, still lacks an infectious diseases hospital and a cleansing station which can deal with typhus and relapsing fever, and other sanitary machinery. The water may readily become polluted, and this may produce an epidemic of cholera on a very large scale.

"These facts, stated boldly in the report by men who, owing to their scientific training, are careful to avoid exaggerated language, deserve consideration. * * *

"The report of this commission, read in conjunction with a report of the conference held in the spring of this year at Warsaw, makes it clear that the British Government, in conjunction with other allied governments, have difficult health problems to face in the guarding of the sanitary frontiers of western Europe, which stretch from the Baltic along the lines of the boundaries of western Russia, through the Straits of the Bosphorus and the basin of the eastern Mediterranean as far as the Red Sea.

"The need of defending this frontier can not make the dramatic appeal of a war between contending armies. But from the point of view of the health of the western peoples, upon which our future prosperity and contentment depend, it is as imperative that our medical advisers should be given the means to preserve the sanitary cordon as intact as possible, as it was necessary in 1918 to resist the attempt of the Teutonic Powers to break through the Channel ports. * * * "

RESULTS OF VENEREAL DISEASE CONTROL.¹

A gratifying improvement in the mortality from the venereal diseases is shown by the figures for industrial policyholders of the Metropolitan Life Insurance Co. during the last four years. Since 1917, the rate for syphilis and its principal sequelæ² has declined 21 per cent, the figure for 1921 being 13.1 per 100,000, as compared with 16.6 in the earlier year. The interesting fact is that while there was

¹ From the Statistical Bulletin of the Metropolitan Life Insurance Co., June, 1922, p. 4.

² Locomotor ataxia and general paralysis of the insane.

a considerable increase each year from 1911 to 1917, there has been a sharp drop in recent years. What makes this change very significant is the fact that physicians are now reporting syphilis and its sequelæ more and more accurately and frankly on death certificates. The decline which has been registered has therefore been accomplished in spite of the better reporting. There is undoubtedly much less mortality from venereal disease than there was 10 years ago. The death rate seems to have reached a fairly stable figure at about 13 per 100,000, a new level from which may be measured the decline of the future experience for this disease.

The decline is most decided in the case of syphilis alone rather than for the other two diseases, which are late manifestations of syphilitic infection. A careful examination of the figures for age indicates, furthermore, that the difference between the rates for 1917 and for 1921 is chiefly accounted for by the lowering of the rates in the age period between 25 and 55 years. We may venture the suggestion that this improvement in the early and middle years of life is the result of increasing effectiveness in the treatment of syphilis. Possibly we may also give credit to the measures to control this disease initiated during the war by the several private agencies acting in cooperation with the Government. It would be very interesting to watch the figures for syphilis during the next few years to see whether similar or even more accentuated declines are continued.

MORTALITY AND BIRTH RATES, FIRST QUARTER, 1922.

ANNOUNCEMENT OF PROVISIONAL FIGURES MADE BY THE BUREAU OF THE CENSUS.

Provisional Mortality Figures.

The Department of Commerce announces that provisional mortality figures compiled by the Bureau of the Census indicate higher death rates for the first quarter of 1922 than for the corresponding quarter of 1921. For the States compared, the death rate for the first quarter of 1922 was 13.7 against 12.6 for the first quarter of 1921. The highest mortality rate for the quarter is shown for the District of Columbia (17.6), and the lowest for Wyoming (9.6). These early figures forecast for the year 1922 a higher rate for the death registration area than the record low rate (11.7) for the year 1921.

Death rates per 1,000 population, for certain States.

(The 1922 figures are provisional.)

State.	Annual death rate per 1,000 population for—								
	1922				1921				The year.
	The quarter	Jan.	Feb.	Mar.	The quarter	Jan.	Feb.	Mar.	
Total—Areas shown for both years.....	13.7	12.9	14.2	14.0	12.6	12.6	12.8	12.4	11.4
California.....	(1)	(1)	(1)	(1)	14.4	14.9	14.6	13.8	13.2
Colorado.....	16.5	14.4	15.7	19.5	13.7	14.6	13.7	13.0	12.4
Connecticut.....	14.7	13.0	15.7	15.6	12.8	12.7	13.3	12.4	11.4
Delaware.....	15.4	13.5	17.7	15.2	15.3	15.1	16.0	14.9	13.1
District of Columbia.....	17.6	18.8	16.9	17.3	15.4	15.2	16.1	14.9	13.8
Florida.....	12.7	13.3	12.9	11.9	12.6	12.8	12.3	12.7	11.8
Georgia.....	10.3	10.2	10.2	10.5	(2)	(2)	(2)	(2)	(2)
Idaho.....	(1)	(1)	(1)	(1)	(2)	(2)	(2)	(2)	(2)
Illinois.....	12.3	12.2	12.9	12.0	12.3	12.4	12.7	11.9	11.1
Indiana.....	14.5	13.7	15.1	14.8	12.9	13.2	13.3	12.2	11.9
Kansas.....	13.2	12.0	14.2	13.5	11.2	11.5	11.3	10.8	10.2
Kentucky.....	11.9	11.7	12.7	11.4	11.2	11.4	11.1	11.1	10.7
Louisiana.....	11.8	11.9	11.8	11.9	7.3	7.6	7.6	7.0	7.5
Maine.....	16.8	16.0	17.8	16.7	14.8	14.7	14.8	14.8	14.0
Maryland.....	15.9	14.8	15.5	17.3	15.4	14.5	15.3	16.5	13.6
Massachusetts.....	15.4	12.6	16.3	16.3	13.7	13.6	13.6	13.9	12.2
Michigan.....	(1)	(1)	(1)	(1)	12.8	12.7	13.0	12.8	11.6
Minnesota.....	10.7	9.6	10.4	12.2	10.6	9.9	10.7	11.1	9.4
Mississippi.....	11.0	10.9	11.1	11.1	11.1	10.9	11.4	11.0	11.1
Missouri.....	13.6	12.4	14.3	14.2	11.7	12.2	11.7	11.2	10.8
Montana.....	10.2	8.0	9.2	13.3	9.4	9.6	9.4	9.2	8.2
Nebraska.....	11.2	10.5	10.9	12.2	10.3	10.4	10.1	10.3	9.2
New Hampshire.....	16.0	14.8	17.2	16.2	15.2	15.4	16.0	14.3	13.7
New Jersey.....	14.8	14.1	16.4	14.2	13.5	13.3	13.6	13.7	11.7
New York.....	15.7	14.4	16.9	15.9	14.2	14.0	14.4	14.2	12.3
North Carolina.....	10.8	11.7	11.2	9.5	11.2	11.6	11.2	10.9	11.3
Ohio.....	13.7	12.9	13.4	14.7	11.8	12.4	12.6	10.3	11.3
Oregon.....	13.8	11.8	14.9	14.8	11.1	10.8	11.1	11.4	10.4
Pennsylvania.....	14.8	13.7	15.4	15.5	14.5	14.1	14.9	14.5	12.4
Rhode Island.....	(1)	(1)	(1)	(1)	14.3	14.1	14.4	14.4	12.6
South Carolina.....	12.0	12.8	12.2	11.1	11.4	11.2	11.6	11.4	11.9
Tennessee.....	12.1	11.9	12.6	11.9	11.1	11.2	11.5	10.6	10.7
Utah.....	(1)	(1)	(1)	(1)	12.2	12.5	13.1	11.2	10.4
Vermont.....	16.1	14.4	17.6	16.4	15.6	14.6	16.9	15.3	14.2
Virginia.....	13.6	12.9	14.0	13.9	13.1	13.4	13.3	12.7	12.2
Washington.....	11.7	10.7	13.4	11.1	10.0	10.0	9.9	9.9	9.5
Wisconsin.....	11.6	11.0	11.4	12.3	11.2	11.1	11.1	11.5	10.3
Wyoming.....	9.6	8.6	10.7	9.5	(2)	(2)	(2)	(2)	(2)

¹ Transcripts not received for the quarter.² Admitted to registration area in 1922.

Provisional Birth Figures.

Provisional birth figures compiled by the Bureau of the Census for the first quarter of 1922 indicate lower birth rates for that quarter than for the corresponding quarter of 1921. For the States compared, the total birth rate for the first quarter was 23.3 in 1922 against 25.3 in 1921. The highest birth rate for the quarter (29.2) is shown for North Carolina, and the lowest (16.5) for the State of Washington. Higher rates will be necessary for the remaining months of the year if the 1922 rate is to equal the 1921 rate for the birth registration area, 24.3.

Birth rates per 1,000 population, for certain States.

(The 1922 figures are provisional.)

	Annual birth rate per 1,000 population for—								
	1922				1921				The year.
	The quarter.	Jan.	Feb.	Mar.	The quarter.	Jan.	Feb.	Mar.	
Total—Areas shown for both years	23.3	23.7	23.9	22.4	25.3	24.6	25.6	25.9	24.6
California	(1)	(1)	(1)	(1)	20.1	19.8	20.0	20.5	20.2
Connecticut	22.8	23.3	22.7	22.3	24.7	24.5	25.1	24.6	24.0
Delaware	21.2	22.4	22.5	18.7	23.6	24.0	23.6	23.2	22.4
District of Columbia	21.9	21.6	21.0	22.9	21.6	21.6	22.9	20.4	20.5
Indiana	22.4	22.6	22.9	21.8	23.4	22.7	24.2	23.6	23.0
Kansas	20.1	22.4	21.8	16.2	24.2	24.2	24.8	24.0	23.3
Kentucky	24.0	25.6	25.1	21.5	20.8	27.2	30.4	31.8	27.6
Maine	23.0	21.2	24.1	23.9	23.4	21.8	23.6	24.8	22.9
Maryland	23.9	24.3	24.0	23.5	26.0	26.0	26.6	25.6	25.1
Massachusetts	(1)	(1)	(1)	(1)	23.9	23.3	23.3	24.6	23.5
Michigan	(1)	(1)	(1)	(1)	25.9	24.8	26.3	26.8	25.3
Minnesota	23.8	24.0	23.7	23.9	24.4	23.2	24.6	25.4	23.6
Mississippi	22.8	23.7	22.9	21.9	26.7	26.4	27.1	26.8	26.8
Montana	19.2	19.2	19.5	19.0	(2)	(2)	(2)	(2)	(2)
Nebraska	24.0	23.6	25.0	23.4	25.0	24.7	24.7	25.7	24.5
New Hampshire	21.0	20.6	22.3	20.1	23.1	22.7	22.7	24.0	22.8
New Jersey	23.3	23.6	23.9	22.4	24.6	24.4	24.8	24.7	24.1
New York	22.1	22.5	22.6	21.2	23.4	22.9	23.4	23.9	22.7
North Carolina	20.2	20.8	20.3	26.6	33.8	32.1	34.3	35.1	33.8
Ohio	21.3	21.3	22.7	20.0	22.6	22.2	22.8	22.8	21.9
Oregon	(1)	(1)	(1)	(1)	20.4	20.1	20.2	20.8	19.3
Pennsylvania	25.5	25.5	26.2	24.8	26.7	26.4	26.8	27.1	25.8
Rhode Island	(1)	(1)	(1)	(1)	32.0	21.5	24.0	23.5	23.6
South Carolina	25.8	26.4	26.0	25.1	26.4	27.0	28.4	29.8	28.5
Utah	(1)	(1)	(1)	(1)	32.6	31.2	32.6	34.0	31.6
Vermont	19.4	19.5	20.0	18.8	22.8	22.1	22.1	24.2	22.5
Virginia	28.2	28.3	28.8	27.6	30.3	28.5	30.9	31.6	29.9
Washington	16.5	18.8	17.4	13.5	20.8	20.2	21.4	21.0	19.6
Wisconsin	20.7	20.9	21.1	20.1	24.1	22.5	24.7	25.2	23.0
Wyoming	25.9	26.4	24.1	27.0	(2)	(2)	(2)	(2)	(2)

1 Transcripts not received for the quarter.

2 Not added to the registration area until a later date.

DEATHS DURING WEEK ENDED AUGUST 26, 1922.

Summary of information received by telegraph from industrial insurance companies for week ended August 26, 1922, and corresponding week 1921. (From the Weekly Health Index, August 29, 1922, issued by the Bureau of the Census, Department of Commerce.)

	Week ended Aug. 26, 1922.	Corresponding week 1921.
Policies in force.....	49,858,834	46,911,096
Number of death claims.....	7,691	7,069
Death claims per 1,000 policies in force, annual rate.....	8.0	7.9

Deaths from all causes in certain large cities of the United States during the week ended August 26, 1922, infant mortality, annual death rate, and comparison with corresponding week of 1921. (From the Weekly Health Index, August 29, 1922, issued by the Bureau of the Census, Department of Commerce.)

City.	Estimated population July 1, 1922.	Week ended Aug. 26, 1922.		Annual death rate per 1,000, corresponding week 1921.	Deaths under 1 year.		Infant mortality rate, week ended Aug. 26, 1922. ³
		Total deaths.	Death rate. ¹		Week ended Aug. 26, 1922.	Corresponding week 1921.	
Total	27,321,501	5,570	10.6	10.7	936	959	.....
Akron, Ohio.....	* 208,435	22	5.5	6.6	4	10	42
Albany, N. Y.....	116,223	34	15.3	14.5	5	3	112
Atlanta, Ga.....	220,047	66	15.6	14.6	6	9	.....
Baltimore, Md.....	762,222	173	11.8	11.0	36	26	101
Birmingham, Ala.....	191,017	36	9.8	12.6	5	11	.....
Boston, Mass.....	704,017	170	11.6	12.0	34	38	91
Bridgeport, Conn.....	* 143,555	27	9.8	10.4	6	4	75
Buffalo, N. Y.....	528,163	107	10.6	10.0	24	24	94
Cambridge, Mass.....	110,944	20	9.4	8.5	3	4	55
Camden, N. J.....	121,915	24	10.3	11.8	5	10	76
Chicago, Ill.....	2,833,288	599	11.0	9.6	101	94	.....
Cleveland, Ohio.....	854,003	168	10.3	9.3	23	23	59
Columbus, Ohio.....	253,455	45	9.3	11.5	9	8	96
Dallas, Tex.....	171,074	45	13.6	10.7	3	8	.....
Dayton, Ohio.....	161,824	36	11.6	11.5	2	9	34
Denver, Colo.....	267,591	59	11.5	12.5	6	11	.....
Detroit, Mich.....	* 993,678	154	8.1	9.4	30	49	56
Fall River, Mass.....	120,790	38	16.4	13.0	11	8	154
Fort Worth, Tex.....	114,717	24	10.9	.....	4	.....	.....
Grand Rapids, Mich.....	143,572	22	8.0	10.0	3	4	50
Houston, Tex.....	150,087	28	9.7	14.8	2	10	.....
Indianapolis, Ind.....	333,257	93	14.6	11.0	17	11	129
Jarvis City, N. J.....	306,911	57	9.7	11.0	15	9	96
Kansas City, Kans.....	* 113,801	22	10.1	13.1	6	3	139
Kansas City, Mo.....	343,988	89	13.5	12.1	12	17	.....
Los Angeles, Calif.....	684,806	165	13.6	13.3	26	16	108
Louisville, Ky.....	236,877	58	12.8	10.6	7	1	76
Lowell, Mass.....	114,423	25	11.4	10.1	7	2	118
Memphis, Tenn.....	167,822	56	17.4	17.9	6	9	.....
Milwaukee, Wis.....	476,003	58	6.3	8.5	9	14	44
Minneapolis, Minn.....	400,070	09	9.0	8.8	6	11	83
Nashville, Tenn.....	122,832	30	12.7	20.9	3	7	.....
New Bedford, Mass.....	127,542	23	9.4	10.0	5	7	74
New Haven, Conn.....	169,987	34	10.4	8.1	4	0	40
New Orleans, La.....	399,616	117	15.3	19.8	26	16	.....
New York, N. Y.....	5,839,746	1,050	9.4	9.6	173	199	67
Newark, N. J.....	431,792	95	11.5	8.7	15	19	66
Norfolk, Va.....	124,915	20	8.3	13.3	2	4	35
Oakland, Calif.....	233,279	26	5.8	12.2	4	3	50
Omaha, Nebr.....	200,739	42	10.9	12.4	6	4	65
Paterson, N. J.....	138,521	30	11.3	16.7	8	11	123
Philadelphia, Pa.....	1,894,500	389	10.7	11.5	80	76	96
Pittsburgh, Pa.....	607,902	152	13.0	9.9	24	25	77
Portland, Oreg.....	269,240	52	10.1	7.5	4	3	40
Providence, R. I.....	241,011	53	11.5	12.8	12	10	95
Richmond, Va.....	178,365	41	12.0	10.7	7	7	85
Rochester, N. Y.....	311,548	64	10.7	12.8	12	19	92
St. Louis, Mo.....	705,008	142	9.3	11.5	15	20	.....
St. Paul, Minn.....	239,836	33	7.2	9.4	5	6	47
Salt Lake City, Utah.....	123,918	17	7.2	10.3	2	3	30
San Antonio, Tex.....	178,056	52	15.2	.....	10	.....	.....
San Francisco, Calif.....	529,792	119	11.7	11.0	9	5	52
Spokane, Wash.....	104,445	26	13.0	10.5	8	2	171
Springfield, Mass.....	140,052	25	9.3	8.1	5	2	74
Syracuse, N. Y.....	181,012	34	9.8	9.7	8	5	86
Toledo, Ohio.....	260,717	61	12.2	10.3	9	11	88
Trenton, N. J.....	125,075	30	12.5	11.0	6	5	92
Washington, D. C.....	* 437,571	108	12.9	11.6	19	8	109
Wilmington, Del.....	115,568	27	12.2	15.6	8	9	156
Worcester, Mass.....	188,449	38	10.5	9.9	6	3	65
Yonkers, N. Y.....	105,422	16	7.9	7.6	2	3	42
Youngstown, Ohio.....	144,070	35	12.6	12.7	6	11	79

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1921. Cities left blank are not in the registration area for births.

³ Enumerated population Jan. 1, 1920.

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 September 2, 1922.

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

ALABAMA.		Cases.	COLORADO—continued.		Cases.
Dengue	1	1	Poliomyelitis	1	1
Diphtheria	83	83	Scarlet fever	6	6
Hookworm disease	24	24	Smallpox	4	4
Malaria	35	35	Tuberculosis	146	146
Measles	2	2	Typhoid fever	23	23
Ophthalmia neonatorum	1	1	Whooping cough	4	4
Poliomyelitis	3	3	CONNECTICUT.		
Scarlet fever	22	22	Cerebrospinal meningitis	2	2
Smallpox	5	5	Chicken pox	2	2
Tuberculosis	12	12	Conjunctivitis (infectious)	1	1
Typhoid fever	72	72	Diphtheria	31	31
ARKANSAS.			Dysefiteria (bacillary)	3	3
Chicken pox	1	1	German measles	1	1
Diphtheria	8	8	Lethargic encephalitis	1	1
Hookworm disease	1	1	Measles	24	24
Influenza	3	3	Mumps	2	2
Malaria	197	197	Ophthalmia neonatorum	2	2
Pellagra	4	4	Paratyphoid fever	1	1
Scarlet fever	1	1	Pneumonia (lobar)	7	7
Trachoma	1	1	Poliomyelitis	2	2
Tuberculosis	11	11	Scarlet fever	12	12
Typhoid fever	18	18	Smallpox	1	1
Whooping cough	7	7	Tuberculosis (all forms)	31	31
CALIFORNIA.			Typhoid fever	15	15
Anthrax—San Joaquin County	1	1	Whooping cough	44	44
Diphtheria	68	68	DELAWARE.		
Influenza	8	8	Scarlet fever	5	5
Lethargic encephalitis—Modoc County	1	1	Tuberculosis	3	3
Measles	5	5	Typhoid fever	5	5
Scarlet fever	32	32	DISTRICT OF COLUMBIA.		
Smallpox	3	3	Chicken pox	1	1
Typhoid fever	9	9	Diphtheria	3	3
COLORADO.			Scarlet fever	2	2
(Exclusive of Denver.)			Tuberculosis	19	19
Diphtheria	21	21	Typhoid fever	2	2
Mumps	1	1	Whooping cough	9	9

FLORIDA.	Cases.
Dengue.....	248
Diphtheria.....	9
Influenza.....	12
Malaria.....	37
Scarlet fever.....	1
Smallpox.....	10
Typhoid fever.....	6

GEORGIA.	Cases.
Conjunctivitis (acute infectious).....	1
Dengue.....	54
Diphtheria.....	85
Dysentery (amebic).....	7
Hookworm disease.....	24
Influenza.....	26
Malaria.....	115
Measles.....	3
Paratyphoid fever.....	1
Pneumonia.....	9
Poliomyelitis.....	1
Scarlet fever.....	18
Septic sore throat.....	6
Smallpox.....	1
Trachoma.....	1
Tuberculosis (pulmonary).....	11
Typhoid fever.....	43
Whooping cough.....	14

ILLINOIS.	Cases.
Diphtheria:	
Chicago.....	62
Scattering.....	53
Influenza.....	11
Pneumonia.....	165
Poliomyelitis:	
Coles County.....	1
Kane County.....	1
Morgan County.....	1
Scarlet fever:	
Chicago.....	21
Scattering.....	53
Smallpox.....	1
Typhoid fever:	
Chicago.....	12
Scattering.....	39
Whooping cough.....	165

INDIANA.	Cases.
Diphtheria.....	24
Poliomyelitis—Vigo County.....	1
Rabies in animals:	
Owen County.....	1
St. Joseph County.....	1
Scarlet fever.....	20
Smallpox.....	1
Typhoid fever.....	25

IOWA.	Cases.
Diphtheria.....	14
Scarlet fever.....	22
Smallpox.....	2

KANSAS.	Cases.
Cerebrospinal meningitis.....	3
Chicken pox.....	2

KANSAS—continued.	Cases.
Diphtheria.....	34
Mumps.....	2
Pneumonia.....	5
Poliomyelitis.....	1
Scarlet fever.....	35
Septic sore throat.....	1
Trachoma.....	1.
Tuberculosis.....	44
Typhoid fever.....	37
Whooping cough.....	20

LOUISIANA.	Cases.
Dengue.....	4
Diphtheria.....	11
Influenza.....	5
Malaria.....	98
Pellagra.....	3
Scarlet fever.....	2
Typhoid fever.....	33

MAINE.	Cases.
Diphtheria.....	1
Measles.....	2
Pneumonia.....	2
Scarlet fever.....	7
Tuberculosis.....	2
Whooping cough.....	19

MARYLAND. ¹	Cases.
Chicken pox.....	4
Diphtheria.....	33
Dysentery.....	7
Influenza.....	1
Malaria.....	18
Measles.....	7
Mumps.....	3
Ophthalmia neonatorum.....	3
Paratyphoid fever.....	9
Pneumonia (all forms).....	16
Scarlet fever.....	15
Septic sore throat.....	1
Tuberculosis.....	37
Typhoid fever.....	62
Whooping cough.....	36

MASSACHUSETTS.	Cases.
Chicken pox.....	7
Conjunctivitis (suppurative).....	10
Diphtheria.....	99
Dysentery.....	1
German measles.....	1
Hookworm disease.....	3
Influenza.....	1
Lethargic encephalitis.....	2
Measles.....	59
Mumps.....	10
Ophthalmia neonatorum.....	21
Pneumonia (lobar).....	19
Poliomyelitis.....	8
Scarlet fever.....	45
Septic sore throat.....	1
Tetanus.....	4
Tuberculosis (all forms).....	121
Typhoid fever.....	31
Whooping cough.....	104

¹ Week ended Friday.

MIDNESOTA.	Cases.
Cerebrospinal meningitis.....	1
Diphtheria.....	37
Measles.....	4
Pneumonia.....	1
Poliomyelitis.....	2
Scarlet fever.....	48
Smallpox.....	10
Tuberculosis.....	33
Typhoid fever.....	11
Whooping cough.....	2

MISSISSIPPI.	Cases.
Diphtheria.....	59
Scarlet fever.....	5
Typhoid fever.....	41

MISSOURI.	Cases.
Diphtheria.....	20
Epidemic sore throat.....	2
Measles.....	1
Pneumonia.....	4
Rabies.....	3
Scarlet fever.....	13
Tuberculosis.....	6
Typhoid fever.....	23
Whooping cough.....	2

MONTANA.	Cases.
Diphtheria.....	2
Poliomyelitis.....	4
Scarlet fever.....	3
Smallpox.....	1
Typhoid fever.....	4

NEBRASKA.	Cases.
Cerebrospinal meningitis—Omaha.....	1
Chicken pox.....	3
Diphtheria.....	4
Influenza.....	3
Lethargic encephalitis—Omaha.....	1
Measles.....	1
Mumps.....	1
Poliomyelitis—McCook.....	1
Scarlet fever.....	6
Tuberculosis.....	1
Typhoid fever.....	1
Whooping cough.....	2

NEW JERSEY.	Cases.
Cerebrospinal meningitis.....	1
Chicken pox.....	7
Diphtheria.....	70
Influenza.....	14
Malaria.....	3
Measles.....	33
Pneumonia.....	22
Poliomyelitis.....	4
Scarlet fever.....	28
Trachoma.....	1
Typhoid fever.....	38
Whooping cough.....	107

NEW MEXICO.	Cases.
Diphtheria.....	23
Dysentery.....	2
Malaria.....	1

NEW MEXICO—continued.	Cases.
Pneumonia.....	2
Scarlet fever.....	3
Tuberculosis.....	20
Typhoid fever.....	17
Whooping cough.....	1

NEW YORK.	Cases.
(Exclusive of New York City.)	
Cerebrospinal meningitis.....	1
Diphtheria.....	79
Measles.....	33
Pneumonia.....	41
Poliomyelitis.....	20
Scarlet fever.....	69
Smallpox.....	1
Tetanus.....	4
Typhoid fever.....	66
Whooping cough.....	159

NORTH CAROLINA.	Cases.
Cerebrospinal meningitis.....	2
Chicken pox.....	3
Diphtheria.....	382
German measles.....	5
Measles.....	19
Poliomyelitis.....	1
Scarlet fever.....	92
Septic sore throat.....	7
Smallpox.....	4
Typhoid fever.....	104
Whooping cough.....	108

OREGON.	Cases.
Chicken pox.....	2
Diphtheria.....	2
Measles.....	6
Pneumonia.....	2
Smallpox.....	4
Tuberculosis.....	46
Typhoid fever.....	12

SOUTH DAKOTA.	Cases.
Diphtheria.....	2
Scarlet fever.....	10
Tuberculosis.....	16
Typhoid fever.....	1
Whooping cough.....	4

TEXAS.	Cases.
Dengue.....	198
Diphtheria.....	35
Pneumonia.....	3
Scarlet fever.....	10
Typhoid fever.....	16

VERMONT.	Cases.
Chicken pox.....	2
Diphtheria.....	5
Measles.....	1
Mumps.....	3
Poliomyelitis.....	1
Scarlet fever.....	5
Whooping cough.....	10

VIRGINIA.	Cases.
Smallpox—Rockingham County.....	1

¹ Deaths.

WASHINGTON.	
Chicken pox.....	10
Diphtheria.....	13
German measles.....	2
Measles.....	3
Mumps.....	9
Pneumonia.....	2
Scarlet fever.....	7
Smallpox.....	4
Tuberculosis.....	32
Typhoid fever.....	13
Whooping cough.....	22

WEST VIRGINIA.	
Diphtheria.....	6
Scarlet fever.....	4
Typhoid fever.....	8

WISCONSIN.	
Milwaukee:	
Chicken pox.....	2
Diphtheria.....	11
German measles.....	1
Measles.....	20
Scarlet fever.....	12
Tuberculosis.....	6

WISCONSIN—continued.		Cases.
Milwaukee—Continued.		
Typhoid fever.....		1
Whooping cough.....		53
Scattering:		
Chicken pox.....		6
Diphtheria.....		38
Influenza.....		3
Measles.....		15
Poliomyelitis.....		1
Scarlet fever.....		21
Smallpox.....		4
Tuberculosis.....		14
Typhoid fever.....		5
Whooping cough.....		83

WYOMING.		Cases.
Diphtheria.....		1
Impetigo contagiosa.....		1
Pemphigus neonatorum.....		1
Poliomyelitis—Lincoln County.....		1
Scarlet fever.....		3
Typhoid fever.....		6
Whooping cough.....		1

Delayed Reports for Week Ended August 26, 1922.

DISTRICT OF COLUMBIA.		Cases.
Diphtheria.....		8
Measles.....		2
Scarlet fever.....		1
Tuberculosis.....		22
Typhoid fever.....		4
Whooping cough.....		5

KENTUCKY. ¹		Cases.
Chicken pox.....		3
Diphtheria.....		26
Influenza.....		1
Measles:		
Taylor County.....		10
Scattering.....		4
Mumps.....		1
Pellagra.....		1
Pneumonia.....		5
Scarlet fever.....		4

KENTUCKY—continued.		Cases.
Smallpox.....		6
Tuberculosis.....		31
Typhoid fever:		
Jefferson County.....		12
Scattering.....		51
Vincent's angina.....		1
Whooping cough.....		9

MAINE.		Cases.
Chicken pox.....		1
Diphtheria.....		9
Measles.....		3
Mumps.....		1
Poliomyelitis.....		1
Scarlet fever.....		7
Septic sore throat.....		1
Tuberculosis.....		4
Typhoid fever.....		7
Whooping cough.....		5

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.
Arizona (April, 1922).....		14	18					14	a 37	1
Arizona (May, 1922).....		3	4					1	b 57	1
Arizona (June, 1922).....		13			1			13	c 105	1
July, 1922.										
California.....	6	421	27	20	47	5	4	159	93	137
Mississippi.....		130	94	15,709	22		4	28	5	425
Ohio.....	2	455	3	3	1,167		4	321	61	277
Oklahoma.....		8	5	8			7	7	6	78
South Carolina.....	3	111	1	33		13	2	13	14	119
South Dakota.....	4	16			7		2	46	15	10

^a Death, 1.

^b Deaths, 13.

^c Deaths, 16.

¹ For two weeks ended Aug. 26, 1922.

RECIPROCAL NOTIFICATION.**Connecticut—July, 1922.**

Cases of communicable diseases referred during July, 1922, to other State health departments by the department of health of the State of Connecticut.

Disease and locality of notification.	Referred to health authority of—	Why referred.
Diphtheria: New Haven, Conn.....	State department of health, Albany, N. Y.	Patient visited in New York City.
Scarlet fever: New Haven, Conn.....	State department of public health, Boston, Mass.	Patient had visited in Becket, Mass.
Typhoid fever: New Haven, Conn.....	State department of health, Albany, N. Y.	Patient had visited in Napahoch, N. Y.
Woodstock, Conn.....	do.....	Patient from New York City.
New London, Conn.....	State department of health, Providence, R. I.	Patient from Watch Hill, R. I.
New Britain, Conn.....	State board of health, Concord, N. H.	Patient had visited in Concord, N. H.
Waterbury, Conn.....	State department of health, Albany, N. Y.	Patient was taken ill in New York City while on a 3-day trip there from Waterbury, Conn.
Milford, Conn.....	State board of health, Burlington, Vt.	Patient's home in Vermont.
New London, Conn.....	State board of health, Richmond, Va.	Patient from Norfolk, Va.

DENGUE.**Brunswick and Savannah, Ga.**

During the period August 16–24, 1922, 120 cases of dengue were reported in Brunswick, Ga. On August 26, 1922, a number of cases of dengue were reported in Savannah, Ga.

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922.**ANTHRAX.**

City.	Cases.	Deaths.
Georgia: Atlanta.....	1	.....

CEREBROSPINAL MENINGITIS.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Aug. 19, 1922.		City.	Median for previous years.	Week ended Aug. 19, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
California:				Michigan:			
Los Angeles.....	1	1	.....	Ann Arbor.....	0	1	.....
Santa Barbara.....	0	1	.....	Highland Park.....	0	3	2
Stockton.....	0	1	1	Minnesota:			
Connecticut:				Duluth.....	0	.....	2
New Haven.....	0	.....	1	New Jersey:			
Georgia:				Jersey City.....	0	1	.....
Atlanta.....	0	.....	1	Newark.....	0	.....	1
Illinois:				New York:			
Chicago.....	1	2	.....	New York.....	7	2	2
Elgin.....	0	.....	1	Pennsylvania:			
Maryland:				Philadelphia.....	1	1	.....
Baltimore.....	2	1	1	Virginia:			
Massachusetts:				Norfolk.....	0	1	.....
Boston.....	1	1	1				
Fall River.....	0	.....	1				
Lowell.....	0	1	.....			

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

DENGUE.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Florida: Tampa.....	115	.....	Texas: Galveston.....	25	.....
Georgia: Brunswick.....	38	.....		

DIPHTHERIA.

See p. 2221; also Telegraphic reports from States, p. 2211, and Monthly summaries by States, p. 2214.

INFLUENZA.

City.	Cases.		Deaths, week ended Aug. 19, 1922.	City.	Cases.		Deaths, week ended Aug. 19, 1922.
	Week ended Aug. 20, 1921.	Week ended Aug. 19, 1922.			Week ended Aug. 20, 1921.	Week ended Aug. 19, 1922.	
California: Los Angeles.....	6	18	.....	Michigan: Detroit.....		1	.....
San Francisco.....	1		.....	Missouri: Kansas City.....		1	1
Santa Ana.....		1	.....	New Jersey: Garfield.....	1		.....
District of Columbia: Washington.....	1		.....	Jersey City.....	1		.....
Florida: Tampa.....		3	.....	Newark.....		5	.....
Illinois: Chicago.....	6		.....	New York: New York.....	6	8	2
Kentucky: Louisville.....		1	.....	Rochester.....			1
Maryland: Baltimore.....	1		.....	Pennsylvania: Philadelphia.....	1		.....
Cumberland.....		1	.....	Ohio: Toledo.....			1
Massachusetts: Lawrence.....			1				

LETHARGIC ENCEPHALITIS.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Massachusetts: Webster.....		1	Wisconsin: Oshkosh.....	1	1
New Jersey: Jersey City.....	1	.....		

MALARIA.

Alabama: Birmingham.....	1	1			
Tuscaloosa.....	3		New Jersey: East Orange.....	1	.....
Arkansas: Little Rock.....	9	.....	Newark.....	1	.....
California: Oakland.....	1	.....	Passaic.....	1	.....
Georgia: Albany.....	13	.....	Paterson.....	1	.....
Atlanta.....	3	.....	New York: New York.....	1	.....
Valdosta.....		1	Oklahoma: Oklahoma.....		1
Kansas: Coffeyville.....	1	.....	Pennsylvania: Philadelphia.....	1	.....
Kansas City.....	1	.....	South Carolina: Greenville.....	1	.....
Louisiana: New Orleans.....	3	1	Tennessee: Memphis.....		21
Maryland: Baltimore.....	2	.....	Texas: Dallas.....		2
Massachusetts: Boston.....	1	.....	Virginia: Alexandria.....		3
Michigan: Saginaw.....	3	.....		

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

MEASLES.

See p. 2221; also Telegraphic weekly reports from States, p. 2211, and Monthly summaries by States, p. 2214.

PELLAGRA.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Alabama:			South Carolina:		
Montgomery.....		1	Charleston.....		2
Georgia:			Tennessee:		
Atlanta.....		1	Nashville.....		1
New Mexico:			Texas:		
Albuquerque.....	1		Dallas.....		1
Oklahoma:			Fort Worth.....	1	1
Oklahoma.....		1			

PNEUMONIA (ALL FORMS).

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Alabama:			Massachusetts—Continued.		
Birmingham.....		1	Northampton.....	1	
California:			Pittsfield.....		2
Los Angeles.....	9	10	Somerville.....	1	
Oakland.....	2	1	Springfield.....	2	
Pasadena.....	2	2	Waltham.....	1	
Sacramento.....	3	2	Michigan:		
San Diego.....	3	3	Ann Arbor.....		1
Santa Cruz.....		1	Detroit.....	11	4
Stockton.....		1	Flint.....	1	1
Colorado:			Hamtramck.....	1	
Denver.....		3	Kalamazoo.....	2	1
Connecticut:			Marquette.....	1	1
Bridgeport.....	1		Muskegon.....	2	3
Bristol.....		1	Minnesota:		
Derby.....		1	Duluth.....	1	
Hartford.....	2	1	Minneapolis.....		3
New Haven.....	1	8	St. Paul.....		2
District of Columbia:			Missouri:		
Washington.....		7	Kansas City.....	3	3
Florida:			St. Joseph.....		1
Tampa.....		2	Nebraska:		
Georgia:			Omaha.....		2
Atlanta.....	2	5	New Jersey:		
Augusta.....	1		Bloomfield.....	3	1
Illinois:			East Orange.....	2	1
Chicago.....	68	23	Elizabeth.....		1
Chicago Heights.....		1	Hackensack.....	1	1
Evanston.....	1		Hoboken.....		2
Galesburg.....	2		Jersey City.....	1	
Rockford.....		2	Newark.....	12	2
Indiana:			Orange.....	1	
East Chicago.....	1		Passaic.....	2	4
Indianapolis.....		2	Perth Amboy.....		1
South Bend.....		1	Plainfield.....		1
Iowa:			Rahway.....		1
Burlington.....	1	1	Trenton.....	1	7
Council Bluffs.....		1	West Hoboken.....		1
Kansas:			West New York.....		1
Topeka.....	3		West Orange.....	1	
Kentucky:			New York:		
Louisville.....	4		Albany.....	6	
Louisiana:			Auburn.....	1	1
New Orleans.....	6	11	Buffalo.....		2
Maine:			New York.....	131	66
Bath.....		1	Niagara Falls.....	1	
Lewiston.....		1	Port Chester.....		2
Portland.....		1	Poughkeepsie.....	1	1
Maryland:			Rochester.....	1	1
Baltimore.....	5	8	Saratoga Springs.....		2
Massachusetts:			Syracuse.....	5	1
Attleboro.....		1	Troy.....		2
Boston.....	4	6	White Plains.....		1
Chelsea.....	3	1	North Carolina:		
Fall River.....		1	Raleigh.....		1
Haverhill.....	1	1	Wilmington.....		1
Lowell.....		1	Ohio:		
Lynn.....	1		Akron.....	4	
Modford.....		1	Cincinnati.....	1	8
New Bedford.....		2	Cleveland.....	6	4

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

PNEUMONIA (ALL FORMS)—Continued.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Ohio—Continued.			Texas:		
Columbus.....		4	Corpus Christi.....	1	1
East Cleveland.....		1	Dallas.....	1	2
Lancaster.....		1	Galveston.....		1
Lima.....	1		Houston.....		2
Mansfield.....	1		Waco.....		2
Toledo.....		2	Utah:		
Oklahoma:			Salt Lake City.....		1
Oklahoma.....		2	Virginia:		
Pennsylvania:			Portsmouth.....		1
Philadelphia.....	22	16	Richmond.....		2
Rhode Island:			Roanoke.....		1
Pawtucket.....		1	Wisconsin:		
Providence.....	1	1	Janesville.....		2
South Carolina:			Milwaukee.....	2	
Charleston.....		1	Wyoming:		
Tennessee:			Cheyenne.....	1	1
Memphis.....		3			

POLIOMYELITIS (INFANTILE PARALYSIS).

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Aug. 19, 1922.		City.	Median for previous years.	Week ended Aug. 19, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
California:				New York:			
Los Angeles.....	0		1	Auburn.....	0	1	
Connecticut:				Buffalo.....	0	2	
Derby.....			1	Ithaca.....	0	1	
Illinois:				New York.....	5	8	
Chicago.....	5	2		Peekskill.....	0	1	
Massachusetts:				Rome.....	0	1	1
Boston.....	2	4		Syracuse.....	0	4	1
Brookline.....	0	2		Pennsylvania:			
Everett.....	0	1		Erie.....	0	1	
Fall River.....	0	3		Philadelphia.....	0	1	1
Lawrence.....	0	1		Pittsburgh.....	1	1	
Melrose.....	0	1	1	Rhode Island:			
Somerville.....	0	1		Pawtucket.....	0	3	
Taunton.....	0		1	Providence.....	0	4	1
Montana:				Virginia:			
Billings.....	0	2	1	Portsmouth.....	0	1	
New Jersey:				Wisconsin:			
Elizabeth.....	0	1		Madison.....	0	3	
Jersey City.....	0	1		Milwaukee.....	0	1	
Kearny.....	0	1					
Newark.....	0	1					
Passaic.....	0	1					

RABIES IN ANIMALS.

City.	Cases.	City.	Cases.
California:		Missouri:	
Los Angeles.....	5	Kansas City.....	2
Oakland.....	1	New Jersey:	
Kentucky:		Belleville.....	1
Louisville.....	3	Clifton.....	1
Massachusetts:			
Arlington.....	1		
Cambridge.....	2		

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

SCARLET FEVER.

See p. 2221; also Telegraphic weekly reports from States, p. 2211, and Monthly summaries by States, p. 2214.

SMALLPOX.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Aug. 19, 1922.		City.	Median for previous years.	Week ended Aug. 19, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				New York:			
Mobile.....	0	1		Niagara Falls.....	0	1	
California:				Ohio:			
Long Beach.....	0	1		Canton.....	0	1	
Los Angeles.....	0	1		Chillicothe.....	0	1	
Oakland.....	0	3		Columbus.....	0	1	
Colorado:				New Philadelphia.....	1	2	
Denver.....	7		1	Oregon:			
Illinois:				Portland.....	3	10	
Chicago.....	0	1		Tennessee:			
Indiana:				Knoxville.....	0	1	
Kokomo.....	0	1		Texas:			
Kansas:				Fort Worth.....	1	1	
Hutchinson.....	1	1		Washington:			
Wichita.....	1	2		Bellingham.....	0	1	
Michigan:				Everett.....	0	3	
Detroit.....	0	2		Wisconsin:			
Minnesota:				Sheboygan.....	0	1	
St. Paul.....	2	2		Superior.....	1	2	
Montana:							
Billings.....	0	1					
Missoula.....	0	1					

TETANUS.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Illinois:			New Jersey:		
Chicago.....	1	1	Newark.....	1	
Kansas:			New Mexico:		
Fort Scott.....	1	1	Albuquerque.....	1	1
Kansas City.....	1		North Carolina:		
Topeka.....	2	1	Winston-Salem.....		1
Kentucky:			Ohio:		
Louisville.....		1	Lorain.....	1	1
Louisiana:			Toledo.....		1
New Orleans.....		1	Pennsylvania:		
Maryland:			Philadelphia.....	3	
Baltimore.....	1		Texas:		
Massachusetts:			Dallas.....		1
Northampton.....	1	1	Virginia:		
Missouri:			Norfolk.....		1
St. Louis.....	1				

TUBERCULOSIS.

See p. 2221; also Telegraphic weekly reports from States, p. 2211.

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

TYPHOID FEVER.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding weeks of the years 1915 to 1921, inclusive. In instances in which data for the full seven years are incomplete, the median is that of the number of years for which information is available.

City.	Median for previous years.	Week ended Aug. 19, 1922.		City.	Median for previous years.	Week ended Aug. 19, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				Michigan—Continued.			
Birmingham.....	10	6	2	Hamtramck.....	0	1	.....
Tuscaloosa.....	0	1	.....	Highland Park.....	0	1	1
Arkansas:				Sault Ste. Marie.....	0	.....	1
Fort Smith.....	0	2	.....	Minnesota:			
Little Rock.....	3	3	.....	Duluth.....	1	1	.....
California:				St. Paul.....	0	2	.....
Long Beach.....	0	1	.....	Virginia.....	1	1	.....
Los Angeles.....	4	2	1	Missouri:			
Pasadena.....	0	.....	1	Cape Girardeau.....	1	.....	1
Sacramento.....	1	3	1	Joplin.....	0	2	.....
San Diego.....	0	1	.....	Kansas City.....	6	2	.....
Stockton.....	1	4	1	St. Joseph.....	1	1	.....
Colorado:				St. Louis.....	11	5	.....
Denver.....	5	2	2	Montana:			
Connecticut:				Missoula.....	0	2	.....
Hartford.....	1	1	.....	Nebraska:			
Meriden.....	0	1	1	Lincoln.....	0	1	.....
New Haven.....	2	1	.....	New Hampshire:			
District of Columbia:				Berlin.....	0	1	.....
Washington.....	11	6	.....	Concord.....	0	3	.....
Georgia:				Dover.....	0	1	.....
Atlanta.....	5	8	1	Portsmouth.....	0	2	.....
Augusta.....	6	6	.....	New Jersey:			
Rome.....	1	1	.....	Clifton.....	0	2	.....
Valdosta.....	0	4	.....	Jersey City.....	3	6	.....
Illinois:				Newark.....	4	2	.....
Champaign.....	.....	1	.....	Trenton.....	1	1	1
Chicago.....	10	4	.....	West Hoboken.....	0	1	.....
Galesburg.....	0	2	.....	New Mexico:			
Indiana:				Albuquerque.....	2	2	.....
Indianapolis.....	3	3	1	New York:			
Logansport.....	0	3	.....	Albany.....	1	4	.....
Iowa:				Buffalo.....	6	.....	2
Council Bluffs.....	0	.....	1	Elmira.....	0	1	.....
Muscataine.....	0	1	.....	New York.....	41	35	7
Kansas:				North Tonawanda.....	1	0	.....
Coffeyville.....	2	3	.....	Rochester.....	0	1	.....
Hutchinson.....	1	3	.....	Syracuse.....	2	3	.....
Kansas City.....	2	1	.....	White Plains.....	0	1	.....
Wichita.....	7	2	.....	North Carolina:			
Kentucky:				Charlotte.....	1	3	.....
Lexington.....	2	2	1	Durham.....	2	1	.....
Louisville.....	5	12	1	Raleigh.....	0	1	1
Owensboro.....	.....	1	.....	Wilmington.....	1	2	.....
Louisiana:				Winston-Salem.....	5	5	.....
New Orleans.....	9	1	1	Ohio:			
Maine:				Barberton.....	0	1	.....
Biddeford.....	0	1	1	Cambridge.....	.....	2	.....
Maryland:				Canton.....	1	2	.....
Baltimore.....	16	7	.....	Cincinnati.....	4	4	1
Cumberland.....	2	1	.....	Cleveland.....	7	1	1
Massachusetts:				Cleveland Heights.....	0	2	.....
Boston.....	4	4	.....	Dayton.....	2	2	.....
Fall River.....	5	2	.....	East Cleveland.....	0	1	.....
Haverhill.....	0	1	.....	Fremont.....	0	1	.....
Lawrence.....	0	1	.....	Lima.....	1	1	.....
Pittsfield.....	0	1	.....	Piqua.....	0	1	.....
Quincy.....	0	1	.....	Sandusky.....	0	1	.....
Wakefield.....	0	1	.....	Toledo.....	4	2	1
Waltham.....	0	1	.....	Zanesville.....	0	1	.....
Winthrop.....	0	1	.....	Oklahoma:			
Michigan:				Oklahoma.....	1	7	3
Alpena.....	0	2	.....	Tulsa.....	6	3	.....
Ann Arbor.....	1	1	.....	Oregon:			
Battle Creek.....	0	1	.....	Portland.....	1	1	1
Detroit.....	9	14	1	Pennsylvania:			
Flint.....	2	2	.....	Allentown.....	1	2	.....
Grand Rapids.....	1	.....	1	Chester.....	0	3	.....

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

TYPHOID FEVER—Continued.

City.	Median for previous years.	Week ended Aug. 19, 1922.		City.	Median for previous years.	Week ended Aug. 19, 1922.	
		Cases.	Deaths.			Cases.	Deaths.
Pennsylvania—Contd.				Utah:			
Coatesville.....	0	1	1	Salt Lake City.....	1	1	1
Columbia.....	0	1	1	Virginia:			
Erie.....	1	2	2	Danville.....	1	3	3
Harrisburg.....	0	3	3	Norfolk.....	3	3	3
Jeanette.....	7	1	1	Portsmouth.....	5	5	5
Philadelphia.....	22	15	2	Richmond.....	4	3	3
Pittsburgh.....	5	4	4	Ronoke.....	3	1	1
Potstow.....	0	1	1	Washington:			
Reading.....	3	2	2	Seattle.....	2	1	1
Uniontown.....	0	1	1	Spokane.....	0	1	1
Washington.....	2	3	3	Yakima.....	3	1	1
South Carolina:				West Virginia:			
Columbia.....	1	3	3	Charleston.....	7	1	1
Tennessee:				Clarksburg.....	1	1	1
Chattanooga.....	1	1	1	Fairmont.....	1	1	1
Knoxville.....	2	2	2	Huntington.....	2	2	2
Memphis.....	3	5	1	Martinsburg.....	0	0	0
Nashville.....	11	5	1	Morgantown.....	0	1	1
Texas:				Wisconsin:			
Dallas.....	5	2	1	Green Bay.....	0	1	1
El Paso.....	0	1	1	Milwaukee.....	1	1	1
Houston.....	1	1	1	Waukesha.....	1	1	1

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Alabama:										
Birmingham.....	178,806	38	3	1			3		5	3
Mobile.....	60,777	9								3
Montgomery.....	43,464	11								
Tuscaloosa.....	11,996		3							
Arkansas:										
Fort Smith.....	28,870	7	1							2
Little Rock.....	65,142		1			2			1	
North Little Rock.....	14,048		1						2	
California:										
Alameda.....	28,806	9							1	
Glendale.....	13,533	7								
Long Beach.....	55,593	17					1		1	3
Los Angeles.....	576,673	155	32			8		39	39	11
Oakland.....	216,261	47	4			1		6	6	1
Pasadena.....	45,354	24						3	3	1
Richmond.....	16,843	3								
Riverside.....	19,341	8	1	1			2			3
Sacramento.....	65,908	16	4		1		1			2
San Bernardino.....	18,721	7								2
San Diego.....	74,683	25	1				1		5	5
Santa Ana.....	15,485	6	1						2	1
Santa Barbara.....	19,441	6								
Santa Cruz.....	10,917	3	1							
Stockton.....	40,293	10	1							
Vallejo.....	21,107	1								
Colorado:										
Denver.....	256,491	68	50	3			6			11
Pueblo.....	43,050	7	1							1
Connecticut:										
Bridgeport.....	143,555	28	2		3		2		5	1
Bristol.....	20,620	7	2						1	
Derby.....	11,228	4								
Fairfield (town).....	11,475		1						1	
Greenwich (town).....	22,123								1	
Hartford.....	138,083	40	4		2					1
Manchester (town).....	18,370	2							1	
Meriden (town).....	34,764		2						1	

CITY REPORTS FOR WEEK ENDED AUGUST 10, 1922—Continued.

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

City.	Popula- tion Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Kentucky—Continued.										
Louisville.	234,861	54	3		1		1		12	8
Owensboro.	17,424		2							
Paducah.	24,735		4						1	
Louisiana:										
New Orleans.	357,219	133	5	1			2		22	15
Maine:										
Auburn.	16,985	5								
Bangor.	25,978				1		1		4	
Bath.	14,731	3								
Biddeford.	18,008	4								
Lewiston.	31,791	10								
Portland.	69,272	17	5	1						
Sanford (town).	10,661	1								
Maryland:										
Baltimore.	733,826	179	14	1	10		7		49	20
Cumberland.	29,837	7					1		1	2
Massachusetts:										
Amesbury (town).	10,036	4								
Arlington (town).	18,665	6							1	
Attleboro.	19,731	4								
Beverly.	22,561	5								
Boston.	748,050	196	66	5	24	2	12	1	34	13
Braintree (town).	10,580	4	1		2					2
Brookline.	37,748	7							1	
Cambridge.	109,694	17	2		2				5	1
Chelsea.	43,194	6			1				1	1
Chicopee.	36,214	5	1						1	
Clinton.	12,970	1								
Danvers.	11,108									1
Dedham.	10,792	1								
Everett.	49,129	5							1	
Fall River.	120,485	38		1	4		3		2	
Fitchburg.	41,029	8	2							
Frammingham.	17,033	6			2		4		1	1
Gardner.	16,971	1								
Greenfield.	15,462	2								
Haverhill.	53,894	11	2				1		5	
Lawrence.	94,270	20			1				1	4
Leominster.	19,744	0							1	
Lowell.	112,759	23	3		4		1		3	2
Lynn.	99,148	22	4		3		2		1	1
Malden.	49,103	4	4		2		4		2	
Medford.	39,038	7					1		1	
Melrose.	18,204	3							1	
Methuen.	15,189	5								
New Bedford.	121,217	29	2		2				12	3
Newburyport.	15,618	6			1					
Newton.	46,054	7								
North Adams.	22,282	6	1							
Northampton.	21,951	16								
Peabody.	19,552	3	1						1	1
Pittsfield.	41,763	12					1		1	1
Plymouth.	13,045	2					1			
Quincy.	47,878	2	1		1				1	
Saugus.	10,874	1								
Somerville.	93,091	14	1				2		3	
Springfield.	129,614	30	3	1	2		1		8	1
Taunton.	37,137	10							3	
Wakefield.	13,025	1								
Waltham.	30,915	12	1		1		4		1	
Watertown.	21,457	5								
Webster.	13,258	5			4					
Westfield.	18,604	2								
Winthrop.	15,455	1								
Woburn.	16,574	2								
Michigan:										
Ann Arbor.	19,516	17	1							
Battle Creek.	36,164		1		2					
Benton Harbor.	12,233	3	1							
Detroit.	998,678	188	24	3			20	1	81	12
Flint.	91,690	16	11		5		11		3	2
Grand Rapids.	137,634	26	2	2			1		5	
Hamtramck.	48,615	0	2				1		4	
Highland Park.	46,499	9	1							

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

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

City.	Popula- tion Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuber- culosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Michigan—Continued.										
Holland.....	12,183	1	1							
Ironwood.....	15,739	2								
Kalamazoo.....	48,487	14	2			4		1	1	
Marquette.....	12,718	2						1	1	
Muskegon.....	36,570	8	4							
Pontiac.....	34,273	11	1		1			1		
Port Huron.....	25,944	2			2					
Saginaw.....	61,903	15	1		1		2	3	1	
Sault Ste. Marie.....	12,096	5								
Minnesota:										
Duluth.....	98,917	17	2							2
Hibbing.....	15,089	5	1				8		1	1
Mankato.....	12,469							1		
Minneapolis.....	380,582	86	21		2	19	1	16	5	
Rochester.....	13,722	14						1		
St. Cloud.....	15,873		1				1	2		
St. Paul.....	234,698	55			2		9	15	2	
Virginia.....	14,022							4		
Winona.....	19,143	3								
Missouri:										
Cape Girardeau.....	10,252				2					
Joplin.....	29,902							1		
Kansas City.....	324,410	73	3	1	2			4	4	
St. Joseph.....	77,939	25	2				1		2	
St. Louis.....	772,897	163	12			4		34	9	
Springfield.....	39,631	11							1	
Montana:										
Anaconda.....	11,668	2								
Billings.....	15,100	3					1			
Great Falls.....	24,121	5	1		1					
Missoula.....	12,668	4							2	
Nebraska:										
Lincoln.....	54,948	9								1
Omaha.....	191,601	42	3				1		1	
Nevada:										
Reno.....	12,016	6								
New Hampshire:										
Berlin.....	16,104	2								
Concord.....	22,167	9								2
Dover.....	13,029	5								
Manchester.....	78,384	16						1	2	
New Jersey:										
Asbury Park.....	12,400	1								
Atlantic City.....	50,707	16	1		3		1	1	1	
Bayonne.....	76,754		2							
Belleville.....	15,660							2		
Bloomfield.....	22,019	4								
Clifton.....	26,470								1	
East Orange.....	50,710	6	2		2			3	3	
Elizabeth.....	95,783		9		2		3	3	2	
Englewood.....	11,627	1						1		
Garfield.....	19,381	1			1					
Hackensack.....	17,667	10					1	1		
Hoboken.....	68,166	21	1							
Jersey City.....	296,103		3		1		2	2		
Kearney.....	26,724	1	2		2		2			
Morristown.....	12,548	4								
Newark.....	414,524	86	7	1	14		5	7	12	
Orange.....	33,268	1			1		1			
Passaic.....	63,841	14			6		3	1	2	
Paterson.....	135,875	4	4				3	4		
Perth Amboy.....	41,707	4	2		3		1	2		
Phillipsburg.....	16,923	5	1							
Plainfield.....	27,700	3	1		1			1		
Rahway.....	11,042	1						1		
Summit.....	16,174	4								
Trenton.....	116,289	35	6		1		6	4	3	
West Hoboken.....	46,074	6	1	1				2	1	
West New York.....	29,926	2								
West Orange.....	15,573	2								
New Mexico:										
Albuquerque.....	15,157	16	6				1	1	3	

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922--Continued.

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

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
New York:										
Albany.....	113,344		2		1				2	
Anbura.....	36,192	12	2							1
Buffalo.....	506,775	109	17	1	4		4		20	5
Cohoes.....	22,987	7	1							
Elmira.....	45,393						2			
Geneva.....	14,648	5								1
Glens Falls.....	16,638	3								
Hornell.....	15,025	4								
Hudson.....	11,745	5								
Ithaca.....	17,004	5								1
Jamestown.....	38,917	7							2	
Lackawanna.....	17,918	2	1				1			
Little Falls.....	13,029	3							1	
Lockport.....	21,308	8								
New York.....	5,620,048	1,044	115	5	32	2	29	1	247	70
Newburgh.....	30,366	6			3		1			
Niagara Falls.....	50,760	5	1	1	3		2			
North Tonawanda.....	15,482	2			1					
Olean.....	20,506	4								
Peekskill.....	15,968	3			1					1
Port Chester.....	16,573	6								
Poughkeepsie.....	35,030	8								
Rochester.....	295,750	60	8		3		2		19	3
Rome.....	28,941	12	2				2			1
Saratoga Springs.....	18,181	6	1						1	
Schenectady.....	88,723	24	2				3		2	2
Syracuse.....	171,717	35	19	1			7		4	2
Troy.....	72,013	14	2						1	1
White Plains.....	21,031	5							1	
North Carolina:										
Charlotte.....	46,338	15	15	1					3	
Durham.....	21,719	6	2				2		2	1
Greensboro.....	15,961	1								
Raleigh.....	24,418	13					3			
Rocky Mount.....	12,742	2								
Wilmington.....	33,372	11					1			
Winston-Salem.....	48,395	6	7				2		4	2
Ohio:										
Akron.....	208,435	16	1		2		12		1	
Ashtabula.....	22,062	1							1	
Barberton.....	18,811	3								1
Bucyrus.....	10,425	3								
Cambridge.....	13,104	4	1		1				1	
Canton.....	87,091	17	4				1			1
Chillicothe.....	15,831	5								
Cincinnati.....	401,247	90	2						10	4
Cleveland.....	796,841	138	22		9		18		45	9
Cleveland Heights.....	15,236								1	
Columbus.....	237,031	63	1				1		12	5
Dayton.....	152,559	32	3		2		2		1	
East Cleveland.....	27,282	3								
East Youngstown.....	11,237	2								1
Findlay.....	17,021	1							1	
Fremont.....	12,468	1								
Hamilton.....	59,675	9					1			
Kenmore.....	12,683				1		2			
Lancaster.....	14,706	6								1
Lima.....	41,326	6							1	
Lorain.....	37,295				1				2	
Mansfield.....	27,824	5	1				1			
Martins Ferry.....	11,634	3					2			
New Philadelphia.....	10,718						2			
Newark.....	26,718	10	1							
Niles.....	18,080	2			1					
Norwood.....	24,986	1								
Piqua.....	15,044	5								
Salem.....	10,305	2			3					
Sandusky.....	22,897	3								
Springfield.....	69,840	15	1					1		
Tiffin.....	14,375	2						1		1
Toledo.....	243,164	70	7	1	5		5			2
Youngstown.....	132,356	13	7	1	1		2		1	
Zanesville.....	29,599	2	1							

CITY REPORTS FOR WEEK ENDED AUGUST 19, 1922—Continued.

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

City.	Population Jan. 1, 1920.	Total deaths from all causes.	Diphtheria.		Measles.		Scarlet fever.		Tuberculosis.	
			Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.
Oklahoma:										
Okemond	91,295	27	4				2		2	2
Tulsa	72,075		1							
Oregon:										
Portland	258,288	49	11				3		3	1
Pennsylvania:										
Allentown	73,502								2	
Altoona	60,331		1				2			
Ambridge	12,730				1					
Beaver Falls	12,802				3					
Berwick	12,181		1		3		1			
Bethlehem	50,358		1						1	
Braddock	20,879				2				1	
Bristol	10,273		1						1	
Caruogie	11,516		1							
Charleroi	11,516		2				3			
Chester	58,030				3		1		1	
Columbia	10,836		1				1			
Dickson	11,049				1					
Duquesne	19,011								1	
Easton	33,813						1			
Erie	93,372				1		2		11	
Harrisburg	75,917		4		3		1			
Hazleton	32,277		1							
Homestead	20,452						2		1	
Johnstown	67,327		1		1		2			
Lancaster	53,150		6				3			
McKees Rocks	16,713		6						1	
McKeesport	46,781		2		2				3	
Mount Carmel	17,469						1			
New Castle	44,938		1				1			
New Kensington	11,987		2							
Oil City	21,274						1			
Philadelphia	1,823,779	389	28	3	63	2	12		105	46
Phoenixville	10,454						1			
Pittsburgh	588,343		10		32		15		12	
Pottsville	21,876		2							
Reading	107,784		2						5	
Scranton	137,783		2		4		1		2	
Shamokin	21,204		1		1		1			
Sunbury	15,721						1			
Uniontown	15,692		2							
Washington	21,480						5			
West Chester	11,717						2			
Wilkes-Barre	73,833		3				1		1	
Woodlawn	12,495		2							
York	47,512		2							
Rhode Island:										
Cranston	29,407	3			1					
Cumberland (town)	10,077	2								
Newport	30,255	3					1			1
Pawtucket	64,248	18								
Providence	237,595	48	6		4		3	1		2
South Carolina:										
Charleston	67,957	19	2							2
Columbia	37,524		2				2		4	
Greenville	23,127	3					1			
South Dakota:										
Sioux Falls	25,202	5	3				1			
Tennessee:										
Chattanooga	57,886		4							
Knoxville	77,818		1				1		2	2
Memphis	162,351	58	4						15	3
Nashville	118,342	34	5	2	1		1		14	4
Texas:										
Beaumont	40,422	9	1							1
Corpus Christi	10,522	3								
Dallas	158,976	35	6							1
El Paso	77,560	35	3							7
Fort Worth	106,482	19	5							1
Galveston	44,255	10					2		1	1
Houston	138,276	33	1	1						3
Waco	38,500	10	3							

FOREIGN AND INSULAR.

ARABIA.

Smallpox—Aden.

Information dated July 21, 1922, shows that smallpox has continued present at Aden, Arabia, since the appearance of the disease during the last week in April, 1922. From April 23 to July 15, 1922, 112 cases with 47 deaths were reported. Inoculation was stated to have been made compulsory, under penalty of deportation.

CUBA.

Quarantine Restrictions Against Mexican Ports Amended.

Under date of August 19, 1922, quarantine was suspended at Cuban ports as regards arrivals from Vera Cruz and Progreso, declared in force, August 5, 1922, on account of yellow fever.¹

GREAT BRITAIN.

Anthrax—Danger from Imported Horsehair.

Under date of July 20, 1922, a member of the Home Office, London, in giving evidence at an inquest, emphasized the danger of contracting anthrax from handling horsehair imported from countries in which no precautions are taken in the case of animals that have died of anthrax, such as Russia, countries in Asia, especially China, and South Africa and Persia.

HAWAII.

Plague.

The occurrence of two cases of plague, one of which was pneumonic, was reported in Hawaii under date of August 1, 1922. The first case occurred at Pohakuhaku, vicinity of Kalopa, terminating fatally July 12, and was reported positive for plague July 19. The case occurred in a native Hawaiian, a "junk" man, who collected bottles and bags from camps and villages in the Paauhau and Paaulo sections. The second case (pneumonic), occurring in a Japanese child living at Pohakea, Hamakua, terminated fatally August 1, and was reported positive for plague August 6. A fatal case of plague was reported previously at Pohakea, occurring July 7 in a Japanese.

¹ Public Health Reports, Aug. 25, 1922, p. 2078.

ITALY.**Plague—Catania.**

According to information received under date of July 22, 1922, a case of plague was reported at Catania, Italy, June 17, 1922.

LEEWARD ISLANDS, WEST INDIES.**Smallpox—Domenica.**

Information received under date of August 23, 1922, showed the presence of smallpox in epidemic form at Domenica, an island of the Leeward Islands, West Indies. A previous report dated August 5, 1922, indicated that smallpox was present on the island.²

MEXICO.**Typhoid Fever Prevalence—Piedras Negras.**

Under date of August 19, 1922, prevalence of typhoid fever was reported at Piedras Negras, State of Coahuila, Mexico, with about 50 estimated cases. (Population officially estimated, 15,000.)

Yellow Fever—Panuco—Tampico.

The occurrence of six deaths from yellow fever was reported at Tampico, Mexico, August 30, 1922. The number of cases was stated not to be known. Five of the fatal cases originated at Panuco, a locality in the State of Vera Cruz, situated about 50 miles from Tampico. Two of these fatal cases were brought to Tampico after the sixth day of illness. One case originated at Tampico. A death suspected of being from yellow fever was reported August 29.

A fatal case of yellow fever, brought from Panuco on eighth day of illness, was previously reported at Tampico, July 27-29.³

PORTUGAL.**Typhus Fever—Vicinity of Lisbon.**

Under date of August 4, 1922, the occurrence of a case of typhus fever was reported at Seixal, a village situated just across the river Tagus from Lisbon. Fourteen contacts were stated to have been isolated in hospital. The village was stated to be badly congested with population and insanitary conditions were reported present.

RUMANIA.**Precautions Against Cholera—Notice to Travelers.**

Information was received under date of August 2, 1922, that on account of the cholera outbreak at Crangasi, a suburb of Bucharest,

² Public Health Reports, Aug. 11, 1922, p. 1973.

³ Public Health Reports, Aug. 4, 1922, p. 1925, and successive tables.

Rumania, reported July 15, a memorandum relative to personal preventive measures against cholera had been posted, for the guidance of American and other travelers, in the notarial and citizenship office of the American consulate at Bucharest. The precautions indicated related to cleanliness, care in diet, avoidance of crowds, and preventive inoculation.

RUSSIA.

Communicable Diseases—Esthonia—June, 1922.

Communicable diseases were reported in the Province of Esthonia, Russia, during the month of June, 1922, as follows:

Disease.	Cases.	Disease.	Cases.
Diphtheria.....	36	Tuberculosis.....	142
Measles.....	203	Typhoid fever.....	55
Scarlet fever.....	20	Typhus fever.....	13
Smallpox.....	2		

Population, officially estimated, 1,300,000.

UNION OF SOUTH AFRICA.

Influenza—Swellendam, Cape Province.

During the week ended July 15, 1922, 500 cases of influenza with two deaths were reported in Swellendam, town and district, Cape Province.⁴

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

Reports Received During Week Ended September 8, 1922.⁵

The reports contained in the following tables must not be considered as complete or final, either as regards the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India.....				June 11-17, 1922: Cases, 3,284; deaths, 2,279.
Calcutta.....	July 16-22.....	6	6	
Madras.....	July 23-29.....	1	1	
Rangoon.....	July 16-22.....	55	30	
Siam:				
Bangkok.....	July 2-15.....	5	2	
Syria:				
Aleppo.....	July 30-Aug. 5.....			Present in interior.

PLAGUE.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Oran.....	Aug. 1-10.....		1	
Asia Minor:				
Smyrna.....	July 23-29.....	1		
Ceylon:				
Colombo.....	July 16-22.....	5	5	Rodent, 2.

⁴ Public Health Reports, Sept. 1, 1922, p. 2172.

⁵ From medical officers of the Public Health Service, American consuls, and other sources.

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

Reports Received During Week Ended September 8, 1922—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Ecuador:				
Guayaquil.....				July 16-31, 1922: Rats examined, 4,740; found infected, 2.
Egypt.....				Jan. 1-Aug. 3, 1922: Cases, 401; deaths, 179.
City—				
Alexandria.....	July 28-Aug. 2....	1	1	
Port Said.....	Aug. 2.....	1		
Province—				
Minieh.....	Aug. 3.....	1		
Hawaii:				
Pohakea.....	Aug. 1.....	1	1	Japanese child; case reported positive for plague, Aug. 6, 1922. Form, pneumonic.
Pohakuhaku.....	July 12.....	1	1	Hawaiian. Reported positive, July 19.
Italy:				
Catania.....	June 17.....	1		
India.....				June 25-July 8, 1922: Cases, 501; deaths, 375.
Bombay.....	June 18-24.....	11	8	
Do.....	June 25-July 1....	5	3	
Calcutta.....	July 16-22.....	2	2	
Madras Presidency.....	July 9-29.....	179	101	
Rangoon.....	July 23-29.....	32	29	
Java:				
East Java—				
Soerabaya.....	June 18-24.....	1	1	
Madagascar:				
Tananarive.....				June 12-18, 1922: 1 case, 1 death.
Palestine:				
Jerusalem.....	Aug. 1-7.....	3		
Portugal:				
Lisbon.....	July 31-Aug. 6....		1	
Siam:				
Bangkok.....	July 2-15.....	2	2	
Straits Settlements:				
Singapore.....	July 9-15.....	1	1	
Syria:				
Beirut.....	July 30.....	2		

SMALLPOX.

Arabia:				
Aden.....	July 23-Aug. 5....	3	7	Apr. 23-July 15, 1922: Cases, 112; deaths, 47.
Asia Minor:				
Smyrna.....	July 9-15.....	10		District.
Brazil:				
Para.....	July 24-Aug. 6....	32		
Rio de Janeiro.....	July 16-29.....	26	1	
Canada:				
Ontario—				
Fort William and Port Arthur.....	Aug. 6-19.....	2		
North Bay.....	Aug. 6-12.....	1		
Ottawa.....	Aug. 13-19.....	2		
Ceylon:				
Colombo.....	July 16-22.....	1		
Chile:				
Concepcion.....	July 4-17.....		6	
Talcahuano.....	June 25-July 2....	5	2	
Valparaiso.....	Apr. 23-June 19...		63	
Do.....	June 25-July 30...		46	
China:				
Antung.....	July 10-16.....	1		
Chungking.....	July 2-15.....			Present.
Manchuria—				
Dairen.....	June 26-July 17...	4	1	
Mukden.....	July 16-22.....			Do.
Nanking.....	July 2-15.....			Do.
Tsingtau.....	June 26-July 16...	3	2	Including leased territory of Kia-ochow, Japanese population along Shantung Railway and Japanese residents, Tsinan.

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.**Reports Received During Week Ended September 8, 1922—Continued.****SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Domenica.....	Aug. 5.....			Present. Aug. 23, reported epidemic. Island in Leeward Islands group.
Ecuador:				
Guayaquil.....	July 16-31.....	2		
Egypt:				
Cairo.....	May 14-20.....	4	1	
Great Britain:				
London.....	July 30-Aug. 5.....	1	1	
India.....				June 11-17, 1922: Cases, 1,000; deaths, 357.
Bombay.....	June 18-24.....	3		
Calcutta.....	July 16-22.....	2	1	
Karachi.....	July 16-Aug. 1.....	17	4	
Madras.....	July 16-29.....	95	40	
Bangoon.....	July 16-22.....	5		
Java:				
West Java—				
Batavia.....	July 9-21.....	7	6	Province.
Mexico:				
San Luis Potosi.....	Aug. 13-19.....		1	
Portugal:				
Lisbon.....	July 22-Aug. 5.....	19	4	
Portuguese West Africa:				
Angola—				
Loanda.....	June 25-July 1.....		1	
Russia:				
Esthonia.....	June 1-30.....	2		
Switzerland:				
Berne.....	July 30-Aug. 5.....	3		
Zurich.....	July 30-Aug. 5.....	14		
Syria:				
Damascus.....	July 17-23.....	2	1	
Turkey:				
Constantinople.....	July 23-29.....	2		

TYPHUS FEVER.

Algeria:				
Oran.....	Aug. 1-10.....		1	
Asia Minor:				
Smyrna.....	July 30-Aug. 5.....	4		District.
Egypt:				
Alexandria.....	July 16-29.....	5	1	July 22-29: One imported paratyphoid.
Cairo.....	May 14-20.....	10	5	
Portugal:				
Oporto.....	June 29-July 5.....	1		
Seixal.....	Aug. 4.....	1		Village opposite Lisbon; 14 contacts isolated.
Russia:				
Esthonia.....	June 1-30.....	13		
Turkey:				
Constantinople.....	July 23-29.....	7	1	
Union of South Africa:				
Transvaal—				
Johannesburg.....	June 1-30.....	4	1	

YELLOW FEVER.

Mexico:				
Tampico.....	Aug. 30.....		6	Of these, 5 originated at Panuco, State of Vera Cruz; 1 case originated at Tampico.

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

Reports Received from July 1 to September 1, 1922.*

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Amoy.....	May 14-June 24.....	1	4	
Shanghai.....	June 25-July 31.....	198		Aug. 4-10: Deaths, 11. July 28: Stated to be 250 cases in Chinese isolation hospital.
Tientsin.....	July 25.....	2	2	Foreign concession.
Greece:				
Athens.....	June 29.....	1	1	
Saloniki.....	June 7-17.....	30	11	At quarantine station, among passengers from vessel carrying Russian refugees.
India.....				Feb. 26-June 10, 1922: Deaths, 30,370. (Report for week ended Feb. 25, 1922, not received.)
Bombay.....	Apr. 23-June 17.....	12	5	
Calcutta.....	Apr. 23-June 24.....	536	378	
Do.....	June 25-July 15.....	26	26	
Madras.....	May 21-June 17.....	3	1	
Do.....	July 16-22.....	2	1	
Rangoon.....	May 7-June 24.....	116	65	
Do.....	June 25-July 8.....	14	14	
Philippine Islands:				
Manila.....	May 21-June 24.....	8		
Do.....	June 25-July 15.....	5		
Province—				
Bataan.....	June 4-10.....	1		
Batangas.....	May 26-June 24.....	15	11	
Do.....	June 25-July 1.....	2		
Bulacan.....	Apr. 30-May 6.....	1	1	
Camarines Sur.....	Mar. 25-Apr. 1.....	1	1	
Laguna.....	Apr. 16-22.....	1		
Mindoro.....	Apr. 23-29.....	1		
Nueva Ecija.....	June 11-17.....	1	1	
Pampanga.....	Apr. 16-June 24.....	6	5	
Do.....	June 25-July 8.....	1	1	
Rizal.....	Apr. 2-May 27.....	2	1	
Tarlac.....	May 21-June 10.....	4	4	
Poland:				
Rovno.....	June 10-16.....	5		Repatriation station: Cases occurring among persons repatriated from Russia.
Do.....	July 11-Aug. 5.....	33	8	
Zamosc.....	Aug. 21.....		1	
Rumania:				
Crangasi.....				To July 31, 1922: Cases, 11; deaths, 6. First case in soldier from frontier on Dniester River. Crangasi a suburb of Bucharest.
Siam:				
Bangkok.....	Apr. 30-June 17.....	15	9	
Syria:				
Aleppo.....	May 27-June 3.....			A few cases in interior.
Do.....	June 25-July 29.....			Present in interior.
On vessel:				
S. S. Chios.....	July 16.....	1		At Kavak quarantine station; Bosphorus, from Novorossyak, a Russian Black Sea port. Case occurred in a recognized carrier. Vessel carried refugees for Saloniki, Greece. Six bodies buried at sea, 12 landed at Kavak during stay.

PLAGUE.

Asia Minor:				
Smyrna.....	May 28-June 17.....	3	1	
Do.....	June 30-July 8.....	2		
Australia:				
New South Wales—				
Sydney.....	June 1-15.....	2		Apr. 2-June 10, 1922: 19 plague-infected rats found.
Azores:				
St. Michaels Island.....	June 25-July 22.....	18	3	At Arrifes and Ribeira, about 9 miles from port of Ponta Delgada.

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

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued.
Reports Received from July 1 to September 1, 1922—Continued.
PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia.....	June 11-17.....	1		May 7-June 4: Rodent; occurring in one section of the city. Many dead rats found.
Pernambuco.....	May 7-13.....	1		
British East Africa:				
Kenya Colony.....				Mar. 1-May 31, 1922: Cases, 187; deaths, 172.
Nairobi.....	Feb. 1-28.....	15	15	
Ceylon:				
Colombo.....	May 6-June 24.....	13	10	Plague rats, 5.
Do.....	June 25-July 15.....	4	3	Plague rats, 7.
China:				
Amoy.....	May 7-June 24.....		87	May 20: From 10 to 20 deaths reported daily.
Do.....	June 25-July 15.....		76	
Canton.....	May 1-June 30.....	28	23	
Poochow.....	May 7-June 18.....	5	4	June 17-24: Present. June 21: Mildly epidemic; 2 fatal cases in foreign physicians.
Do.....	July 2-8.....	2		June 25-July 1, 1922: Prevalent.
Hongkong.....	June 4-24.....	176	104	
Do.....	June 25-July 15.....	80	56	
Ecuador:				
Guayaquil.....	June 1-15.....			Rats found infected, 16; examined, 3,400.
Do.....	July 1-15.....			Rats examined, 4,400; found infected, 4.
Egypt:				Jan. 1-June 29, 1922: Cases, 290; deaths, 120. Jan. 1-July 27, 1922: Cases, 397; deaths, 176.
City—				
Alexandria.....	June 1-28.....	21	6	
Do.....	July 2-24.....	9	4	
Port Said.....	June 12-25.....	2	5	Septicemic, 1.
Do.....	July 2-25.....	22	17	Foreign, cases, 2; deaths, 2.
Sues.....	May 24-June 25.....	7	6	
Do.....	July 10.....	1	1	
Province—				
Assiout.....	May 30-June 23.....	14	8	Septicemic, 1.
Do.....	July 11-25.....	5	2	
Bahigef.....	May 26-June 30.....	19	7	
Do.....	July 2-25.....	27	12	
Fayoum.....	June 3-29.....	4	4	
Do.....	July 2-20.....	13	3	
Gharbiyah.....	May 26-June 30.....	37	13	
Do.....	July 2.....	3		
Menoufieh.....	July 20.....	1	1	
Minieh.....	June 2-29.....	24	7	
Do.....	July 14-18.....	9	5	
Greece:				
Patras.....	Apr. 24-June 25.....	5	3	
Hawaii:				
Hamakua.....	June 30-July 4.....	1	1	At Kalopa Homesteads. Case, Hawaiian.
Do.....	July 8.....			Hamakua Mill Co. One plague rat trapped; found positive, July 14, 1922.
Kalopa.....	July 13.....	1	1	Contact with case at Kalopa Homesteads, July 4.
Pauhanu.....	June 30.....			One plague rat trapped at Pauhanu Gulch, June 29; found positive, June 30, 1922.
Pauhaka.....	July 7.....		1	At Pohakea. Japanese.
India:				Apr. 23-June 17, 1922: Cases, 4,675; deaths, 4,642.
Bombay.....	Apr. 23-June 10.....	157	115	
Calcutta.....	Apr. 23-June 24.....	56	54	
Do.....	June 25-July 15.....	9	9	
Karachi.....	May 23-June 24.....	59	55	
Do.....	June 25-July 8.....	3	3	
Madras Presidency.....	May 21-June 24.....	74	36	
Do.....	June 25-July 8.....	46	25	
Rangoon.....	May 6-June 24.....	175	161	
Do.....	June 25-July 8.....	61	55	
Indo-China:				
Saigon.....	Apr. 23-June 24.....	30	21	
Japan:				
Osaka.....	July 11-20.....	7	6	Reported as having occurred during past month, cases, 8; deaths, 8.

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

Reports Received from July 1 to September 1, 1922—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java.....				Month of April, 1922: Report of the 7 Provinces of Java: Cases, 413; deaths, 495. May 1-31, 1922: Cases, 283; deaths, 310, occurring in 6 Provinces. Epidemic.
East Java—				
Soerabaya.....	May 7-13.....	2	2	
Soerakarta—				
Keporen.....	May 20.....			
Madagascar:				
Tananarive Province—				
Anketrina.....	May 4.....		1	Native village; disease stated to have been present since about Apr. 27, 1922. (Name of locality corrected.) Present.
Tamatave.....	Aug. 21.....			
Tananarive.....	May 29-June 4.....	1		
Mesopotamia:				
Bagdad.....	Apr. 1-May 31.....	158	110	
Mexico:				
Vera Cruz.....	June 30.....			One plague-infected rat.
Palestine:				
Jerusalem.....	July 4-31.....	25	2	In native quarter of Jaffa. May 1-15, 1922: Cases, 36; deaths, 19. June 1-30, 1922: Cases, 87; deaths, 15.
Peru.....				
Philippine Islands:				
Manila.....	June 3.....	1	1	From S. S. Taisang from Amoy, China.
Senegal:				
Dakar.....	June 1-30.....	1	1	
Siam:				
Bangkok.....	Apr. 30-June 3.....	4	3	
Straits Settlements:				
Singapore.....	Apr. 30-June 3.....	8	9	
Tunis:				
Tunis.....	June 30-July 27.....	3	1	July 20 and 21: Cases reported.
Union of South Africa:				
Orange Free State—				
Grootkom Farm.....	May 7-13.....			One dead plague-infected rodent found. Locality adjoins Trucart's Berg Farm, on which plague-infected mouse was found preceding week. Plague-infected wild rodent found near.
Rendezvous Ry. Station.	May 14-20.....			
On vessels:				
S. S. Ardeola.....	June 25-July 8.....			At Liverpool. Four plague-infected rats found dead. Vessel from Las Palmas, Canary Islands, June 26, 1922.
Greek vessel.....	July 19.....			At Messina, Italy. Cases on board. Vessel not allowed to enter.
S. S. Southgate.....	May 30.....	1		At Thursday Island quarantine, Australia. Vessel left Calcutta May 2; Rangoon, May 9. Vessel badly rat infested.
S. S. Taisang.....	June 1-3.....	1	1	At Manila, P. I., from Amoy, China. Patient landed at Manila June 1, 1922. The Taisang was 2½ days en route direct from Amoy.

SMALLPOX.

Arabia:				
Aden.....	May 7-June 24.....	69	21	
Do.....	July 2-22.....	35	13	
Argentina:				
Rosario.....	June 1-30.....		3	
Asia Minor:				
Smyrna.....	May 14-June 24.....	4		In district
Do.....	June 25-July 8.....	2		Do.
Bolivia:				
La Paz.....	Mar. 1-Apr. 30.....	97	16	

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

Reports Received from July 1 to September 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Brazil:				
Bahia.....	June 25-July 1....	1	1	
Para.....	May 29-June 25....	8	.....
Do.....	July 3-23.....	42	1	
Rio de Janeiro.....	May 14-June 24....	48	12	
Do.....	June 26-July 15....	22	7	
Sao Paulo.....	Apr. 10-June 11....	3	10	
British East Africa:				
Kenya Colony.....	.....	.....	.....	Apr. 1-May 31, 1922: Cases, 10.
Dar es Salaam.....	Apr. 16-June 10....	26	.....
Nairobi.....	Mar. 1-31.....	22	2	
Zanzibar.....	May 1-June 10....	36	6	
Do.....	June 24-July 1....	2	.....
Canada:				
Alberta—				
Calgary.....	June 18-24.....	1	.....
Manitoba—				
Winnipeg.....	May 6-June 17....	3	.....
New Brunswick—				
West County.....	June 25-July 1....	2	.....
Madawaska County.....	June 4-17.....	6	.....
Ontario—				
Hamilton.....	July 30-Aug. 12....	2	.....
North Bay.....	June 3-17.....	2	.....
Do.....	July 16-29.....	2	.....
Ottawa.....	June 11-July 1....	17	.....
Do.....	July 2-Aug. 5.....	11	.....
Toronto.....	June 18-July 29....	4	.....
Ceylon:				
Colombo.....	May 14-20.....	1	.....
Chile:				
Concepcion.....	Mar. 14-June 20....	.....	71	Prevalent, July 3, 1922, throughout southern Province.
Do.....	June 27-July 3....	.....	5	
Quilón				
Do.....	June 27-July 3....	.....	.....	In Concepcion Province: Epidemic in May, 1922, with 60 reported cases. To June 6, Epidemic.
San Francisco				
San Francisco.....	May 16-22.....	13	.....
Talcahuano.....	May 22-June 24....	33	19	May 16-22, 1922: Present. Province of Cautín; epidemic May, 1922.
Temuco.....	.....	.....	.....	Incomplete; several districts not reporting.
Valparaiso.....	Mar. 26-Apr. 22....	.....	52	
China:				
Amoy.....				
Amoy.....	May 7-20.....	.....	.....	Present June 18-24: 1 death.
Anwang.....				
Anwang.....	May 29-June 18....	4	.....
Do.....	July 3-9.....	1	.....
Chungking.....				
Chungking.....	May 28-June 24....	.....	.....	Present.
Do.....	June 25-July 1....	.....	.....	Do.
Foochow.....				
Foochow.....	May 14-20.....	1	.....
Kashow.....				
Kashow.....	June 26-July 1....	1	.....
Hongkong.....				
Hongkong.....	May 14-June 24....	41	32	
Manchuria—				
Dairen.....				
Dairen.....	May 15-June 18....	4	1	
Hsichin.....				
Hsichin.....	May 22-28.....	1	.....
Mukden.....				
Mukden.....	June 18-24.....	.....	.....	Present.
Nanking.....				
Nanking.....	May 7-June 24....	.....	.....	Do.
Do.....	June 25-July 1....	.....	.....	Do.
Shanghai.....				
Shanghai.....	May 22-28.....	1	.....	Native.
Tientsin.....				
Tientsin.....	May 14-20.....	.....	.....	Present.
Tsingtau.....				
Tsingtau.....	May 9-June 18....	4	3	
Chosen (Korea):				
Chemulpo.....				
Chemulpo.....	May 1-31.....	1	.....
Pusan.....				
Pusan.....	May 1-June 30....	147	60	
Seoul.....				
Seoul.....	do.....	26	5	
Cuba:				
Antilla.....				
Antilla.....	June 18-24.....	1	.....	Reported for Preston.
Cienfuegos.....				
Cienfuegos.....	June 24-July 1....	1	.....
Santiago.....				
Santiago.....	June 1-30.....	3	.....
Dominican Republic:				
San Pedro de Macoris.....				
San Pedro de Macoris.....	May 21-June 24....	167	2	City and country. Corrected report.
Do.....	July 16-20.....	62	1	Including vicinity.
Do.....	June 25-July 22....	136	1	City and district.

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

Reports Received from July 1 to September 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Dominican Republic—Contd.				
Santo Domingo.....	June 4-24.....	3	9	Including vicinity.
Do.....	June 25-July 29.....	2	4	July 30-Aug. 5, 1922: A few cases, city and vicinity.
Egypt:				
Cairo.....	Apr. 30-May 13.....	5	2	
Port Said.....	May 7-June 17.....	2		
Finland.....	June 1-30.....	2		
Do.....	July 1-15.....	1		
Fiume.....	June 13-19.....	1		
Do.....	July 10-16.....	1		
France:				
Paris.....	June 1-10.....	1	1	
Great Britain:				
Sheffield.....	May 28-June 17.....	5		
Southampton.....	June 18-24.....	2		
Halifax.....				
Huddersfield.....				Outbreak reported under date of June 17, 1922.
Greece:				
Saloniki.....	May 1-June 25.....	8	1	
Syra Island.....	May 25.....	12	5	
Haiti:				
Cape Haitien.....	June 11-17.....	1		
Plaine du Nord.....	do.....			Vicinity of Cape Haitien. Present, Feb. 25-Mar. 25, 1922: Deaths, 1,482 (date of report corrected). Mar. 25-May 20, 1922: Deaths, 6,015. June 4-10: Cases, 941; deaths, 204.
India:				
Bombay.....	Apr. 23-June 17.....	35	17	
Calcutta.....	Apr. 23-June 24.....	84	67	
Do.....	June 25-July 15.....	9	9	
Karachi.....	May 22-June 24.....	25	9	
Madras.....	May 14-June 24.....	297	91	June 19-25: Cases, 99; deaths, 15.
Do.....	July 2-15.....	85	51	
Rangoon.....	May 7-June 24.....	37	16	
Do.....	July 2-8.....	16	6	
Japan:				
Kobe.....	June 19-25.....	2		
Taiwan Island.....	June 11-20.....	25	3	
Yokohama.....	May 29-June 25.....	4	3	
Do.....	June 26-July 2.....	31	8	
Do.....	July 11-20.....	27	5	
Java:				
West Java—				
Batavia.....	Apr. 28-June 30.....	20	3	City and Province.
Luxemburg.....	June 15-30.....	1	1	
Malta.....	May 1-June 15.....	4		
Mesopotamia:				
Bagdad.....	Apr. 1-May 31.....	12	7	
Mexico:				
Chihuahua.....	June 22-July 2.....		1	
Guadalajara.....	May 1-31.....	7		Estimated cases, 4 to 10.
Manzanillo.....	June 6-25.....		4	Estimated.
Do.....	June 27-July 3.....	6	1	Including municipalities in Federal District. Report, Form 11-17, not received.
Mexico City.....	May 21-June 24.....	129		Including municipalities in Federal District.
Do.....	June 25-July 15.....	68		State of Sonora.
Nogales.....	July 22-Aug. 5.....	26	3	
San Luis Potosi.....	July 23-Aug. 5.....		6	
Turcon.....	July 1-31.....		1	
Palestine:				
Jerusalem.....	June 27-July 3.....	1		
Peru:				
Taberan.....	Mar. 22-Apr. 22.....		1	
Panama:				
Colon.....	July 16-31.....	1		
Peru:				
Colon.....				May 1-15, 1922: Cases, 5; deaths, 4. June 1-30, 1922: Cases, 16; deaths, 7.
Poland.....				Mar. 26-June 3, 1922: Cases, 1,022; deaths, 218.
Portugal:				
Lisbon.....	May 29-June 25.....	6	8	Corrected report.
Do.....	June 26-July 30.....	44	22	

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

Reports Received from July 1 to September 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Russia:				
Estonia.....	May 1-31.....	4		
Lettonia.....	.....do.....	30		
Senegal:				
Dakar.....	June 1-30.....	4	4	
Spain:				
Barcelona.....	June 22-28.....		1	
Do.....	June 29-July 5.....		1	
Corunna.....	June 11-17.....		1	
Huelva.....	Apr. 1-June 30.....		4	
Seville.....	June 11-17.....	36		
Do.....	June 18-July 30.....		87	
Valencia.....	May 21-27.....	1		
Straits Settlements:				
Singapore.....	Apr. 30-June 5.....	11	2	
Switzerland:				
Basel.....	May 28-June 3.....	1		
Berne.....	May 14-20.....	1		
Do.....	July 8-15.....	1		
Lucerne.....	July 1-31.....	1		
Zurich.....	Apr. 23-June 24.....	9		
Do.....	June 25-July 29.....	5		
Syria:				
Aleppo.....	June 4-24.....			Present.
Damascus.....	June 18-24.....		2	
Do.....	June 25-July 1.....	5	1	
Tunis:				
Tunis.....	July 17-23.....	1		
Turkey:				
Constantinople.....	May 21-June 24.....	21	6	
Do.....	June 25-July 29.....	12	2	
Union of South Africa				
Cape Province.....				Apr. 1-May 31, 1922: Cases, 112; deaths, 10 (colored); white, 33 cases.
Do.....	May 7-June 17.....			Apr. 1-May 31, 1922: Cases, 32; deaths, 1 (colored); white, 3 cases.
Do.....	June 25-July 1.....			Outbreaks.
Natal.....				Do.
Do.....				Apr. 1-May 31, 1922: Cases, 20; deaths, 8 (colored); white, 20 cases.
Orange Free State.....				May 1-31, 1922: Cases, 12; deaths, 1 (colored).
Do.....	May 7-27.....			Outbreaks.
Southern Rhodesia.....	May 11-June 28.....	67	4	
Do.....	June 29-July 12.....	29		
Transvaal.....				Apr. 1-May 31, 1922: Cases, 48 (colored); white, 10 cases.
Do.....	May 7-June 17.....			Outbreaks.
Johannesburg.....	May 1-31.....	1		
Virgin Islands:				
St. Thomas.....	June 5-18.....	1	1	At quarantine. From vessel from Dominican Republic.
Yugoslavia.....				Sept. 4-24, 1921: Cases, 11; deaths, 4.
Serbia.....				Oct. 23-29, 1921: Cases, 5.
Belgrade.....	June 11-17.....	1		
Zagreb.....	June 4-10.....	1		
On vessels:				
S. S. Changsha.....	May 11.....	1		At Hongkong, China. Case landed from vessel; patient, intending passenger. Vessel proceeded to Australian ports.
S. S. Comeric.....	.....do.....	1		At sea, en route to Durban, S. A., from Sydney, Australia. (Public Health Reports, June 23, 1922, p. 1555.)
Schr. Faucy Me.....	May 28.....			At St. Thomas, Virgin Islands. From San Pedro de Macoris, Dominican Republic. One case removed to quarantine June 5, died June 18.
S. S. Shelley.....	Apr. 19.....	1		At sea, en route from Hongkong. Vessel left Hongkong Apr. 17. Arrived Thursday Island quarantine, Australia, Apr. 28, 1922. Case, member of crew; type, confluent hemorrhagic.

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

Reports Received from July 1 to September 1, 1922—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
On vessels—Continued. S. S. St Albans.....	May 18.....	1		At Thursday Island quarantine, Australia. Case in person of Chinese stevedore passenger. Vessel left Shimoda, Japan, for Melbourne via Hongkong and Manila. Left Thursday Island for Australian ports.

TYPHUS FEVER.

Algeria:				
Algiers.....	May 1-31.....	16	4	
Oran.....	June 1-30.....	3	1	
Do.....	July 1-20.....		2	
Asia Minor:				
Smyrna.....	May 14-June 24.....	8		City and district. Corrected report.
Do.....	June 25-July 1.....	3		District.
Austria:				
Vienna.....	May 7-June 10.....	3	1	
Do.....	July 2-15.....	2	1	
Bolivia:				
La Paz.....	Mar. 1-Apr. 30.....	15	8	
Bulgaria:				
Sofia.....	May 28-June 17.....	4		
Chile:				
Concepcion.....	Apr. 11-May 29.....		10	
Do.....	June 27-July 3.....		1	
Valparaiso.....	Apr. 2-22.....		6	
China:				
Antung.....	May 15-21.....	1		
Foochow.....	May 14-20.....	1		
Hankow.....	July 9-15.....	1	1	
Manchuria—				
Harbin.....	May 8-June 11.....	4		
Do.....	June 26-July 2.....	3		
Czechoslovakia:				
Prague.....	June 11-17.....	1		
Danzig (Free City).....	June 4-10.....	1		
Egypt:				
Alexandria.....	June 4-24.....	9	6	
Do.....	June 25-July 15.....	7	2	
Cairo.....	Mar. 19-May 13.....	51	35	Relapsing fever, Mar. 26-Apr. 8, 1 case.
Port Said.....	May 28-June 3.....	1		
Do.....	July 2-8.....	1		
Germany:				
Berlin.....	Apr. 30-June 24.....		7	May 1-6, 1922: Five cases typhus fever at quarantine station of Osternothafen, in persons returning from Russia.
Do.....	June 25-July 1.....		3	
Coblenz.....	July 2-Aug. 5.....	5		
Königsberg.....	May 28-June 3.....	1		
Greece:				
Saloniki.....	May 1-June 18.....	25	1	
Mesopotamia:				
Bagdad.....	Apr. 1-May 31.....	6	1	
Mexico:				
Mexico City.....	Apr. 23-June 24.....	111		Including municipalities in Federal District.
Do.....	June 25-July 8.....	23		Do.
Norway:				
Province—				
Finmarken.....	July 26-Aug. 5.....	12	2	Occurring in three localities.
Palestine:				
Jerusalem.....	June 27-July 3.....	1		
Persia:				
Teheran.....	Mar. 22-Apr. 22.....		1	
Poland:				
Warsaw.....	Apr. 23-June 24.....	156		Mar. 26-Apr. 22, 1922: Cases, 7,155; Apr. 23-June 3, 1922: Cases, 7,178; deaths, 406. Recurrent typhus—Mar. 26-Apr. 22, 1922: Cases, 4,515; deaths, 155. Apr. 23-May 6, 1922: Cases, 1,398; deaths, 34. (Corrected report.) May 7-June 3, 1922: Cases, 2,817; deaths, 72. Among transient and permanent residents.

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

Reports Received from July 1 to September 1, 1922—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Portugal:				
Oporto.....	May 4-June 24	9	4	
Rumania:				
Cities—				Apr. 1-May 31, 1922: Cases, 62.
Bucharest.....	May 1-31.....	14		
Cerenaui.....	do.....	5		
Chisinau.....	Apr. 1-30.....	21		
Cluj.....	May 1-31.....	18		
Constanza.....	do.....	1		
Galata.....	do.....	1		
Sulina.....	do.....	2		
Provinces—				
Bucovina.....	Jan. 1-31.....	35	13	
Chisinau.....	Apr. 1-30.....	14		Recurrent typhus: Cases, 7.
Transylvania.....	Jan. 1-31.....	16	3	
Russia:				
Esthonia.....	Apr. 1-May 31.....	31		
Lettonia.....	do.....	524		Recurrent typhus: Cases, 24.
Spain:				
Barcelona.....	July 13-19.....		1	
Madrid.....	May 1-June 30.....		16	
Seville.....	May 21-June 3.....		1	
Tunis:				
Tunis.....	June 4-10.....	2		
Turkey:				
Constantinople.....	May 21-June 24.....	16		
Do.....	July 9-22.....	4	1	
Union of South Africa:				
Cape Province.....				Apr. 1-May 31, 1922: Cases, 786; deaths, 134 (colored); white, 8 cases.
Do.....				Apr. 1-May 31, 1922: Cases, 638; deaths, 125 (colored); white, 7 cases.
Natal.....	June 4-24.....			Outbreaks.
Do.....				Apr. 1-May 31, 1922: Cases, 26; deaths, 4 (colored).
Do.....	June 4-17.....			Outbreaks.
Do.....	June 25-July 1.....			Do.
Orange Free State.....				Apr. 1-May 31, 1922: Cases, 49; deaths, 2 (colored); white, 1 case.
Do.....				Outbreaks.
Transvaal.....				Apr. 1-May 31, 1922: Cases, 23; deaths, 2 (colored).
Do.....				Outbreaks.
Do.....	May 28-June 3.....			Do.
Do.....	June 18-July 1.....			Do.
Do.....	June 1-31.....	3		Do.
Johannesburg.....	May 1-31.....			Do.
Yugoslavia:				
Bosnia-Herzegovina.....	Aug. 7-13.....	1		Aug. 7-13, 1921: 2 new cases. (1921.)
Croatia-Slavonia.....	Sept. 4-10.....	1		Do.
Serbia—				
Belgrade.....	May 6-June 3.....	2		
Voivodina.....	Aug. 7-13.....	1		(1921.)
From vessel:				
S. S. Chios.....	July 18.....	1		At Kavak quarantine station, Bosphorus, from Novorossiysk, a Russian Black Sea port. Vessel carried refugees from Saloniki, Greece. Six bodies buried at sea, 12 landed at Kavak.
S. S. Smolensk.....	June 14.....	1	1	From Danzig, May 30, 1922. At embarkation detention camp, Southampton, England. Public Health Reports, June 30, 1922, p. 1610.

YELLOW FEVER.

Mexico:				
Tampico.....	July 27-29.....	1	1	From Panuco. Patient brought to Tampico on eighth day of illness.