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## A REPORT ON THE INDIGENT MIGRATORY CONSUMPTIVE IN CERTAIN CITIES OF THE SOUTHWEST.

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### INTRODUCTION.

*Scope and purpose of the present report.*—The present report covers a first-hand study in the following cities: Colorado Springs and Denver, Colo., El Paso and San Antonio, Texas, Phoenix, Ariz., and Los Angeles, Calif. The purpose was to get actual facts and figures concerning the number of indigent tuberculous persons who were being cared for by social agencies in a single year in these cities of the Southwest.

*Sources of information.*—It should be understood at the outset that the data used were taken entirely from records of medical and social agencies, including hospitals; therefore, only that information could be obtained which had been made a matter of record by the agency.

The figures for San Antonio, Los Angeles, and Phoenix cover the calendar year 1920 and include all individuals who were cared for in any way by social agencies during that year. The figures for Denver, having been collected during the latter part of 1920, are for the year just preceding, namely, from September 1, 1919, to September 1, 1920. The Colorado Springs figures cover the year from April 1, 1919, to April 1, 1920; the El Paso figures are for the year June 1, 1919, to June 1, 1920. In every case in which the year covered is not the calendar year 1920, the period taken is the year just completed at the time when the study was made, so that the figures might be current.

*Completeness of study.*—It is undoubtedly true that some tuberculous individuals have been cared for by community agencies during the year covered, who were not included in the study. It is also probably true that in handling many thousand records of various agencies, a few records of tuberculous individuals may have been inadvertently omitted. On the whole, however, the figures presented are believed to be fairly complete and representative of the extent of the indigent consumptive problems in these various cities.

It should be borne in mind, of course, that all duplicate records in each city have been eliminated, and that the figures presented are the actual numbers of individuals, and not the number of records.

*Form of record.*—The following is the form of record used:

THE NATIONAL TUBERCULOSIS ASSOCIATION		
STUDY OF INDIGENT MIGRATORY CONSUMPTIVES		
1. City or town.....	2. State.....	3. Date.....
4. Name of patient.....	5. Address.....	6. Sex.....
7. Age.....	8. Married, single, widowed, divorced (check).	9. Country of birth.....
10. Race.....	11. Legal residence.....	12. Left legal residence when (month and year).....
13. Length of residence here.....	14. List of places lived in and length of residence in meantime.....	
15. Who advised coming?.....		
16. Reasons for migrating (a) health.....(b) Other causes.....		
17. Came with family (check) Yes. No.		
18. (a) Number of children here in family.....	18. (b) Number of adults here in family.....	
19. Occupation prior to illness.....		
20. (a) Where was disease contracted.....		
20. (b) Present stage of it.....		
21. Present disposition of case.....		
22. Financial status.....		
23. Organization supplying data.....		
24. Amount of relief given.....		
.....		
25. Remarks.....		

*Degree of indigency.*—“Indigent,” as defined by the National Committee on Indigent Migratory Consumptives, is a person who does not finance himself completely during the period of his cure. It is with this meaning that the word is used in this report. The degree of indigency, of course, varied greatly. Some persons needed only free medical or nursing care, others were in need of temporary aid, while many were dependent almost entirely upon the community for their living and care.

**Analysis of Findings—Summary.**

*Total number of cases.*—In the six cities there was a total of 7,319 tuberculous individuals cared for wholly or in part by the municipal agencies. This means, on an average, one indigent tuberculous person to every 155 of the entire population of those cities.

The proportions according to cities vary greatly, those cities having the smallest population bearing the greatest burden. Phoenix, with the smallest population, 29,053, has the greatest proportionate number of indigent tuberculous persons, namely, 1 to every 58 of the population. Colorado Springs, which is practically the same size, 30,105, has 1 indigent tuberculous person to every 78 of the population; El Paso, 1 to every 71; Denver, 1 to 156; Los Angeles, 1 to 186; and San Antonio, 1 to 264.

To add emphasis to the findings in the Southwest, a similar study was made in Cleveland, Ohio, as a control city. There 3,443 tuberculous individuals were cared for during 1921, or 1 tuberculous person to every 231 of the population.

*Length of residence.*—A large group of persons was found for whom the length of residence was not stated in the records. These cases comprised nearly one-fifth of all the individuals recorded. The greater part of this group was from Los Angeles, where the county hospital record showed the length of residence in the county, but not in Los Angeles proper. In the six cities studied, 63 per cent of all the tuberculous persons for whom length of residence was known had resided in the city less than two years at the time they applied to the agency.

A residence of less than two years has been used to define a so-called "nonresident" in this report. Any division is arbitrary. I am inclined to think that any person who has resided less than three years should be classed as a migrant. If this division is made, then 75 per cent of all cases can be classed as "nonresidents." In the Denver study, even among the 484 classed as residents (i. e., having resided two years or over), all but 73 had come originally as health seekers or with a member of their family who was ill.

The proportion of nonresidents varied from 83 per cent in Phoenix to 36 per cent in San Antonio. Los Angeles and Denver were about even with 64 per cent and 68 per cent, respectively. El Paso was low with 47 per cent. Both the Texas cities have a small proportion of so-called nonresidents. In both places the large number of Mexicans constitutes a big problem from a tuberculosis standpoint, but having lived over two years in those cities, they must be classed as residents.

The enormous burden carried by the Southwest can be best evaluated by comparing these figures with the control city of Cleveland. In Cleveland, with its facilities for caring for tuberculous persons, only 11 per cent of all such persons reached by social agencies were nonresidents.

That Cleveland has no such nonresident problem as the Southwest is evidenced by the fact that out of the total number of residents in the study, namely, 2,894, 1,035, or 36 per cent, had lived in Cleveland all their lives. The problem of the tuberculous in Cleveland is a question of taking care of the city's own residents; and the problem of migration, if it can be called such, is merely a matter of taking care of the small influx of persons who come there for industrial or personal reasons, and not, as in the case of the Southwest, to effect a cure.

That the small number of tuberculous migrants did not come to Cleveland seeking free care is shown by the fact that over half of

those who had resided less than a year in Cleveland had lived there six months before getting in contact with the tuberculosis agency. In the Southwest, 545, or 16 per cent, of all nonresidents made application for aid within a week after arrival; 33 per cent before they had been there a month; 50 per cent before they had been resident three months; and nearly 90 per cent when they had been resident one year or less.

The women are either better provided for at first or are more resourceful in placing themselves, since 38 per cent of the men ask for assistance within a month after coming, and only 19 per cent of the women.

*Age periods.*—The largest group is in the age period 25 to 29, 1,000, or about one-sixth of all cases being in this age group, although the 10-year age period 40–49 comprises almost as many, 975.

More significant is the proportion of tuberculous children in the various city groups. In the six cities together, one-tenth were children under 14, and 10 per cent of these were under 4 years of age. In San Antonio and Los Angeles, nearly 15 per cent were children under 14, whereas in El Paso only about 1 per cent were under this age. In Denver and Phoenix, 4 per cent were children.

In the Cleveland study 20 per cent of all cases were children.

*Country of birth.*—Only one-half (51 per cent) of all the cases recorded were born in the United States, about 7 per cent of them being negroes. Twenty per cent were Mexicans, found almost entirely in El Paso, San Antonio, and Los Angeles. The largest proportion of Mexicans was in San Antonio, where they constituted practically one-half of all cases. In El Paso they comprised about 45 per cent, and in Los Angeles about 20 per cent.

In addition to the Americans and Mexicans, nearly every country of the world was represented among the remaining 29 per cent, the Russian Jews, 9 per cent, constituting the only large group. All these were found in two cities, Los Angeles and Denver, both of which cities have national institutions for Jews. The one near Los Angeles is small, whereas the two located at Denver are large institutions, which receive patients from all parts of the country and are nationally supported.

*Sex.*—Two thousand nine hundred and sixty, or 72 per cent, of all known nonresidents were men, and 1,132, or 28 per cent, were women, indicating that it is the men primarily who roam in search of health.

*Alone or with family.*—But more significant than the fact that the large majority are men is the fact that the men migrate alone, and the women more often with their families. Only 234, or 29 per cent, of the nonresident women came alone, whereas 1,431, or 70 per cent, of the nonresident men came without their families. The



"homeless man," therefore, becomes the biggest part of the problem numerically. He was more in evidence in Denver, El Paso, and Phoenix, but not so numerous proportionately in Los Angeles, San Antonio, and Colorado Springs.

However, the extent of the added burden to these communities by the presence of other members of the family is not to be minimized. Taking all cases together, residents and nonresidents who were with their families, there were 9,315 *other* members of the immediate family living in the household, 5,347, or 57 per cent, of whom were children under 16. The nonresident group alone added 3,238 other persons to the community, 1,752 of whom were children.

In direct contrast to this situation is the one found in Cleveland, where the problem is almost entirely a "family" one. There were only 90 "homeless men," less than half of the total number, among the nonresidents in the Cleveland study. Of course, the number of nonresidents is proportionately small in Cleveland, but the percentages of both males and females who had migrated with their families are much greater than the number of those who came alone. Of the 3,443 cases recorded in Cleveland, only 533, or 15 per cent, were persons who were not living with their own families. (For nearly 200 the record did not show this family data.) The large problem, then, involves not only the 2,700 patients living in their own homes, but includes the contacts in those homes. There were found to be, in addition to the patients themselves, 10,317 persons in the immediate families of the patients living in households with them. Of this enormous number, 5,371, or 52 per cent, were children.

*Sources of migration.*—From this study we are able quite definitely to fix responsibility for much of this migration. A few States are responsible for most of it. They are, in order, Illinois, New York, Missouri, Ohio, Pennsylvania, and Michigan. In the next group to the "big six" come Indiana, Kansas, Nebraska, Oklahoma, and Minnesota, which, together with those already mentioned, furnished half of the migration to the Southwest. Texas and California were also given as legal residence in a large number of cases, but the latter only in the Los Angeles records and the former for the Texas cities, so that in the case of both these States the migration was purely intrastate. One-fourth of the migration to San Antonio was from other points in Texas. San Antonio also had more migration from the Southern States, and also more negroes than any other city.

In Cleveland, of the 363 nonresidents, the legal residence of 156 was not noted on the record, so that the residence of only 207 is known. The migration in general is not from distant points. Forty-one had come from a foreign country to Cleveland, whereas 166 nonresidents had previously resided in some other State. Forty-nine of the 166 had a legal residence in some other part of Ohio; 21 came

from Pennsylvania; 19 from New York; 18 (mostly colored) from Alabama; and the remainder were from the various States, only 1, 2, 3, or 4 from each State.

*Reason for migration.*—In only two cities, Denver and El Paso, were the reasons for migration made a part of the social agency records, and even in these two cities the records in this regard were not complete. In Denver, however, in all but 38 cases, the nonresidents (comprising 1,036) said they had come seeking health. Even among the 484 in Denver classed as residents, all but 73 had originally come either as health seekers themselves or with members of their families who were ill. Considerably over one-half were advised to come by physicians. In El Paso 61 per cent of those for whom this information was recorded had come definitely on the advice of a physician. All but 84 of the 422 nonresidents came seeking health.

*Stage of disease.* The findings in respect to the stage of the disease are not very accurate, as most of the records consulted were not medical. It must be remembered that these figures do not represent the stage of the disease at the time the patient came to the city. It would be very illuminating to have such figures, showing whether the climate was selected as a last resort or whether patients were coming during the earlier and hopeful stage of the disease. However, the records from which this study was made usually gave only a single diagnosis. This may have been made shortly after the patient came, after he had been here a considerable time, or whenever he could be induced to have an examination. Unfortunately, the records, excepting for a few of the dispensary cases, did not show progressive diagnoses, so that we can learn nothing of the effect of the climate on the patient.

If a definite diagnosis of stage of the disease was entered on the record, it has been so noted in this study. Usually no such specific record was made.

About 3 per cent had tuberculosis other than pulmonary. Of the pulmonary cases, nearly one-fifth were entered as third stage. These were evidently those cases which were so far advanced as to be obvious at the first clinic call.

*Death rate.*—As far as possible the deaths which had occurred among these cases were entered on our records. For those who moved away or are otherwise untraced, nothing is known. For those who died in these cities, and in the case of a certain few who died within a few days after leaving, the ratio is 1 death to every 8 cases. This ratio is the same whether we take the entire tuberculous group or the group classed as nonresidents. In Cleveland the known deaths were in the ratio of 1 death to every 7 cases.

*Present disposition of cases.*—What becomes of these individuals is, of course, of the most vital concern, and a test of community treat-

ment of them. The first fact noted is that the majority of them are lost sight of by the agencies concerned. Where and how do they live and what do they do? These are questions that can not be answered. For those who have resided over two years and can be classed as residents of the cities, the query is the same as for those who are of a distinctly migratory group. Fifty-four per cent were lost sight of, 13 per cent had died, 10 per cent were known to have moved out of the city, and 23 per cent were still in the city at the end of the year studied.

*Cost to the community.*—The financial burden borne by these various cities can not be exactly measured. As far as possible, however, the cost of all tuberculosis activities has been ascertained in each of the cities cited.

The results show that the highest cost per capita is in Phoenix, where the annual tax for each member of the community, man, woman, and child, was \$1.75 for the support and relief of the tuberculous. It is impossible, of course, in figuring expenditures to separate the cost of nonresidents from residents.

The per capita yearly expenditure varies from \$0.22 in San Antonio to the amount mentioned above. El Paso and Denver carry approximately the same financial burden, the former being \$0.45 per capita and the latter \$0.50. Colorado Springs, being smaller, like Phoenix, carries a proportionately larger financial burden, the cost per capita there being \$1. The cost in Los Angeles is \$0.31.

*Facilities for caring for the tuberculous.*—None of these cities has anything like adequate provision—medical, relief, or institutional—for caring for the tuberculous persons, whether resident or nonresident. From what can be learned from the records it would seem that there is no attempt at a coordinated policy or program of rehabilitation of the tuberculous anywhere. The material relief facilities of these cities are incapable of adequately meeting the problem of the indigent migratory consumptive. The lack of facilities is discussed more at length under the reports for individual cities.

## REPORTS FOR INDIVIDUAL CITIES.

### COLORADO SPRINGS, COLO.

*Sources of information.*—Records were obtained from the Free Tuberculosis Clinic, the Associated Charities, Sunnyrest Sanatorium (a semicharitable institution), the Visiting Nurse Association, the County Supervisor of the Poor, St. Francis Hospital, where the county cases needing infirmary care are placed, the County Poor Farm, and the Relief Committee of the Odd Fellows.

*Total number of cases.*—The total number of cases found for the year was 385. Of this number 58 were persons who had been to

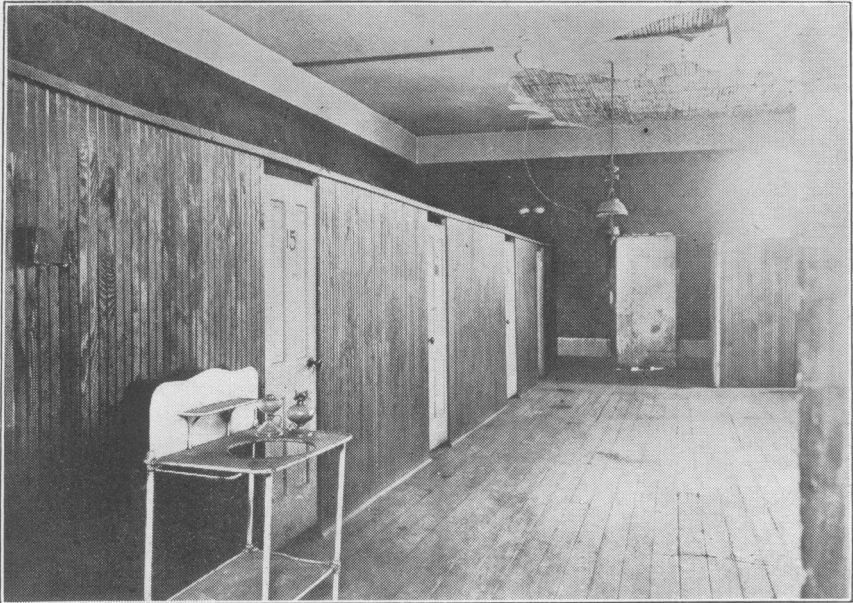
the Free Tuberculosis Clinic and were still under observation or not yet diagnosed. Of those under observation, 16 were children whose parents were positive cases or had died of tuberculosis. Of those who were undiagnosed many had come only once to the clinic and had never returned, so that a final and complete diagnosis was impossible. The mere fact, however, that they came to a clinic specifically for tuberculosis would indicate to themselves or to others that they had definite symptoms of the disease. Also at least six of those who were undiagnosed according to the clinic records were found to have been registered at the board of health office as definite cases of tuberculosis. Therefore it seems proper to include this group of 58 in the total.

*Sex.*—Of the 383 cases studied, 235 were males and 150 were females.

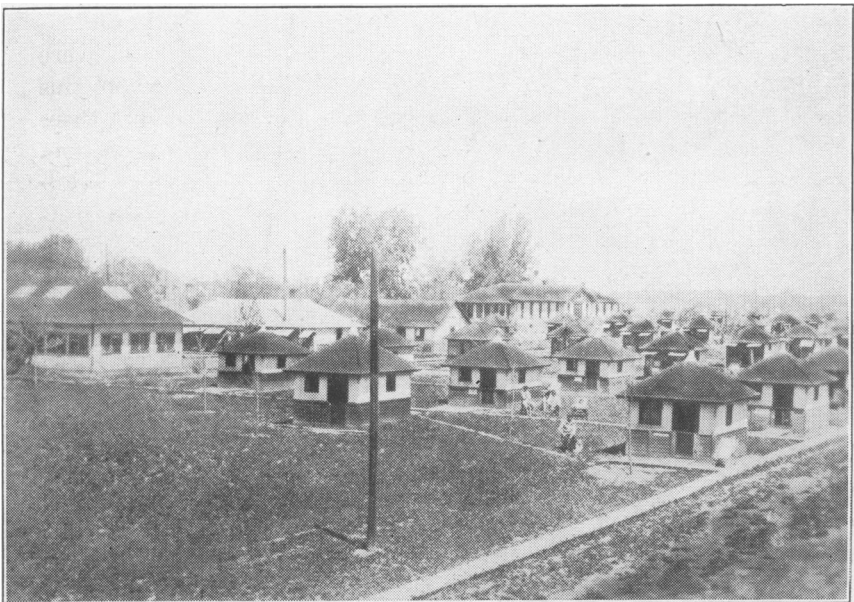
*Migratory character of group.*—That this group of 385 was largely a migratory one is shown from a classification of the length of time each person had been in the community before applying for aid in some form. For 46 the records did not show length of residence. Of the 339 for whom such data were available, two-thirds had resided less than one year in the community. One hundred and fifty-eight, or 47 per cent, had resided three months or less, and 17 per cent applied for aid within a week after arriving in Colorado Springs. Fourteen per cent had been residents of Colorado Springs more than three years.

*Family group.*—There were 140 cases in this survey who were living with their families, 106 who were alone, and 139 for whom this information was not given. This last group comprised clinic cases mostly, as the record cards of the clinic do not require this information. However, of the total number for whom this information was available, 57 per cent were with their families. While it is true that this "family group" contains some of those who have been residents over three years, the majority, 52 per cent, to be exact, have been residents less than one year. If we take all those who have resided three years or less, who may properly be included in the migratory class, they constitute 80 per cent of the "family group." Of the 27 of the "family group" who had resided in Colorado Springs over three years, 13 had come originally seeking health for some member of the family. So they, too, might also be classed as migrants.

*"Alone group."*—The 106 who came alone represent the tramp problem, as well as those who come seeking health and are not able to maintain themselves for any protracted period. These cases were obtained mostly from applications for Sunnyrest Sanatorium, which gives care at the rate of \$11 a week, or less in meritorious cases, and from the Associated Charities. Fifteen cases asked for aid on the day of arrival or the following day. Sixty-four per cent of this



Row of windowless "cubicles" rented out by the night in Denver, Colo. (Courtesy of the Denver Tuberculosis Association.)



Craig Colony, Denver, Colo. For indigent tuberculous men.



Tent in Arizona desert outside of Phoenix, sheltering a poor "lunger."



"Aunt Kate" Wright's "Tuberculosis Home," Monrovia, Calif., for the indigent and semi-indigent. Capacity, 8 patients.



**1171 TUBERCULOUS INDIGENTS  
RESIDENTS OF TWO YEARS OR LESS  
IN LOS ANGELES**

**APPLYING FOR AID IN 1920**

CALIFORNIA STATE BOARD OF HEALTH  
BUREAU OF TUBERCULOSIS



(Courtesy of the Bureau of Tuberculosis, California State Board of Health.)

"alone" group had been in Colorado Springs less than three months and 34 per cent one week or less. Only 7 of the 106 had resided here over three years.

*County records.*—Unfortunately the county kept no records which could be consulted. The cases needing infirmary care were sent to St. Francis Hospital, a general hospital having a tuberculosis ward and conducted by Catholic sisters. Families were given outdoor relief, and homeless men not needing hospital care but unable to work were taken care of at the County Farm. Records for the year were obtained from St. Francis Hospital and the County Farm, and according to the Associated Charities' records about 40 families were noted as receiving additional aid from the county.

In general it may be said that the social agencies in Colorado Springs are exceptionally well organized for a place of that size, and that they cooperate most heartily in taking care of all cases.

*Disposition of cases.*—The best that could be done in this study was to give the disposition of the case as far as shown on the final record of the agency or agencies dealing with it. In addition, a search of death records in the board of health office was made to find out if any cases lost sight of by the agencies had subsequently died. In the majority of cases, of course, the present residence and status of the individual were not known. He had come under the supervision of the agency for a time, had been assisted according to his needs, and had not returned.

It may be said here that it is the policy of the Associated Charities and the county to furnish transportation to place of legal residence for any consumptive who is in an advanced stage of the disease and for whom recovery is impossible.

Our findings so far as they go are as follows: fifty-four had died, 45 had left town, 21 were known to be in institutions in Colorado Springs, 40 were known to be in Colorado Springs, and 225 were not reported.

*Registration of cases.*—There is a State law in Colorado requiring the reporting of cases of tuberculosis to the State Board of Health. This law is not enforced and at the time of the study there were no facilities for enforcing it. Colorado Springs, however, has a city ordinance requiring such registration.

Copies of records were made for all cases of tuberculosis registered during the year from April 1, 1919, to April 1, 1920. There were 370 such records. The length of residence is not made a matter of record, but the place where the disease was developed is recorded. It is interesting to note that out of this 370 only 6 stated that the disease had developed in Colorado Springs. This indicates that at least 364 had gone there seeking health.



There had been 41 deaths among the 370 cases recorded in the year, 1 death for every 9 cases. It was supposed at the beginning of this investigation that the cases which would be discovered in this study would be, for the most part, registered. Therefore it was very surprising to find that only 100 of the indigent cases were recorded in the board of health office. That means that 285 were unrecorded. Probably some of those were the wanderers who stayed only a short time and did not come under a physician's care; but it is believed that this number is relatively small. The fact remains that many cases are not reported.

To the 370 cases which are registered should be added the 285 of our study which were not registered, making the known cases for that year 655, of which 59 per cent were indigent.

*Significance of these figures.*—The 1920 Census figures gave Colorado Springs a population of approximately 30,000. With a total of 655 known cases in a year, there is one case of tuberculosis to every 46 of the population, and one indigent consumptive to every 78 residents. The burden laid upon a community by such a situation is a heavy one.

*The cost to the community.*—What the community spends in bearing this burden can not be exactly computed. The budgets of the various relief agencies are, roughly, as follows:

County relief.....	\$42, 000
Associated Charities.....	20, 000
Sunnyrest Sanatorium.....	10, 000
Tuberculosis Clinic.....	3, 000
Visiting Nurse Association.....	8, 000
Total.....	83, 000

The third and fourth items, totaling \$13,000, are for the relief of tuberculosis only. It is estimated that at least one-third of the Associated Charities' budget goes for tuberculosis relief, and that one-fourth of the county's funds and one-fourth of the budget of the Visiting Nurse Association is used for the same purpose. The minimum amount expended by these agencies on tuberculosis relief would then be something over \$32,000 in a year. This means a yearly tax of over \$1 per capita for this purpose.

*Tuberculosis death rate.*—There were 225 deaths from tuberculosis in Colorado Springs in 1919. On the basis of a 30,000 population the tuberculosis death rate would be 750 per 100,000, as compared with 149 per 100,000 for the registration area of the United States.

*Sources of migration.*—The States from which most of the tuberculosis came were, in order, Missouri, Kansas, Illinois, Oklahoma, Colorado, and Kentucky.

## DENVER, COLO.

*Extent.*—Denver, the second largest city of the group, with a population of over a quarter of a million, was probably the earliest Mecca of health seekers to the Southwest. In fact, a large part of its population is composed of those who, having sought health there, have found it and are now its most enthusiastic citizens.

The proportion of indigent tuberculous to the population was in the ratio of 1 to 156, coming fourth in order among the six cities studied. The study made in Colorado Springs showed 1 indigent consumptive to every 78 residents, exactly twice as many in proportion to the population.

*Sources of information.*—Individual records were obtained from the following agencies: The Municipal Tuberculosis Dispensary, the City Bureau of Charities, the City Health Department, the Visiting Nurse Association, the Social Service Bureau, the Salvation Army, the Jewish Central Aid Society, the Ex-Patients' Home, Craig Colony, Sands's House, and the Sacred Heart Society.

*Total number of cases.*—The agencies above noted which furnished records cared for a total of 1,635 tuberculous individuals during the year.

*Length of residence.*—The first outstanding fact in regard to the entire group is that practically two-thirds are nonresidents. There is, in addition, a small group of 115 for whom length of residence was not stated on the records. These presumably were nonresidents, as they made application to agencies which deal mostly with nonresidents. Adding this number to the 1,036 known nonresidents, the total figure becomes 1,151 nonresidents out of the entire group of 1,635, or 70 per cent. If the term "nonresident" were restricted to those who had lived here less than one year, even then 62 per cent of the entire group would fall within this class, since those who had resided here between one and two years numbered only 136.

Forty-three made application for assistance on the day of their arrival in the city. Over one-half of the total nonresidents needed help before they had been in the city three months, and considerably over one-third when they had been there a month or less. Twenty-eight per cent of the men, but only 8 per cent of the women, asked for assistance within a month after coming.

Only 369 out of the total of 1,635 assisted had lived in the city over three years at the time of contact with the agency. It may be concluded then that the burden imposed upon this community by the indigent tuberculous is largely one of migration.

*Sources of migration.*—The States of previous residence of the group of 1,036 "nonresidents" were in order of numbers, as follows: New York, Illinois, Missouri, Ohio, Michigan, Pennsylvania, Indiana, and

Nebraska. The only States not represented were Vermont and Nevada. The New York group, comprising 128, was composed largely of Jews, 75 being of that race.

It would seem, then, that the States which are most in need of education in regard to sending their indigent consumptives to Denver are the ones specified above, especially the first six. It might be well to concentrate on them, sending appropriate literature on the subject to all social agencies in the larger cities of those States.

*Reasons for migration.*—Health seeking is, of course, the cause of all this migration. Among the nonresidents, all but 38 came to Denver for their own health or for that of some member of the family. Even among the 484 classed as residents, all but 73 had originally come either as health seekers themselves or with a member of their family who was ill.

In many instances the records did not show on whose advice the patient came to Colorado. For those records on which this information was given, considerably over one-half were advised to come by physicians, about one-third came of their own accord, and the few remaining were advised by others to come.

*New and old cases.*—A classification was made as to the number of cases making application during the specified year and the number of cases carried forward from preceding years. Nine hundred and ninety-one of the total of 1,635 cases made their first application for aid during the year, and 644 had been on the records prior to that time and were still receiving assistance of some kind.

*Length of supervision.*—The length of supervision was computed between the dates of first contact and the last entry on the record. It must be understood that continuous aid or supervision was not given during such a period, but that the individual was carried in the records and may or may not have had regular assistance.

About one-fifth were under observation or supervision less than one month. For many it meant only a single visit to the agency. This point should be emphasized, as it illustrates a fundamental defect in the agencies which are at present dealing with tuberculosis. Generally speaking, they do not give the necessary follow-up supervision which is vital to any plan for caring for the tuberculous patient. In many cases the applicant comes to the office, temporary care or relief is given, and the record lapses until the patient is again forced to return to the office for aid. What happens in the interim can only be surmised.

For those who were under supervision a month or more the average length of the record period was about 11 months. This, of course, includes those who were recorded during the previous year, for whom the period of supervision had not been concluded.

*Present disposition of cases.*—The records showed that 238 of these patients had died, 265 were known to have moved out of the city, 497 were still there at the end of the selected year, and for 635 there was no definite record. One hundred and nineteen of these were entered on the records as “untraced.” The final entries for the remaining patients were made so long before the end of the year that it was impossible to know what had become of them.

Owing very largely to the understaffing of the relief agencies, it is impossible to give the necessary follow-up work and to keep in constant touch with all the cases until they are again beyond need of assistance.

The task of successfully maintaining a tuberculous individual or family is made doubly hard in Denver, because of the almost entire lack of institutional facilities. The beds in the National Jewish Sanatoria are always full and there is always a waiting list; Craig Colony accommodates only about 70; Sands' House, 12; the Swedish Sanatorium occasionally takes a local person when there is a vacancy. There are no tuberculosis hospitals or sanatoria open to the indigent, except the tuberculosis ward at the County Hospital. This situation makes proper disposition of tuberculous cases an almost impossible task.

*Death rate.*—The above statement is borne out by the death figures for the group studied. There were 238 known deaths occurring among the entire group of 1,635, making 1 known death for every 7 cases. The number of deaths includes only those that occurred in Denver, as nothing is known of a certain percentage of the group who moved away or are otherwise untraced. A search of the records at the city hall showed 11 deaths in Denver of cases which had been lost sight of entirely by the agencies recording them.

*Age periods.*—For the “residents” the largest age group is that of 40–49 years, including nearly one-fourth of the total number. For the “nonresidents” the largest group is at the age period 25–29. For all cases combined, without regard to the residence factor, the largest group is also in the age period 25–29, comprising about one-fifth of all cases.

There are 64 children under 15, and 43 persons over 60 years of age.

*Country of birth.*—Cases were classified according to country of birth, as the records in regard to race were not so reliable nor complete. Over one-half were born in the United States, 21 of these being negroes. It is significant that only 21 negroes were among recorded cases. While the negro population of Denver is comparatively small, there are undoubtedly many more indigent cases among them than are included here. They should receive more attention than they have received from social agencies, as the death

rate among them from tuberculosis is from 2½ to 3 times that among whites.

The other nationalities having a considerable number of cases were Russian and Austrian, most of the patients being Jews. The total number of Jews was 310, a little less than one-fifth of all cases.

Germany, Ireland, Sweden, Hungary, Poland, Greece, and Rumania contributed between 20 and 30 each, and the remainder were distributed over a large number of countries in Europe, Asia, and Africa.

*Sex.*—There were 1,177 males in the total group and 458 females. This makes the problem essentially a “man” problem.

*Alone or with family.*—But more significant than the fact that the most of the migrants are men is the fact that the men come for the most part alone and the women with their families. Eight hundred and forty-three men (more than 70 per cent of their own number, and more than half of the entire group for the year) were alone, “homeless men” as they are technically known in social work; whereas, among the 458 women, 328, or 70 per cent, had come with their families. For the women, then, who are in the minority, the problem is a family one, but this is overshadowed by the preponderance of “homeless men.”

What is to be done with them is the big health problem which confronts the city. With the passing of the Municipal Lodging House, in which the living conditions were controllable, these men are scattered about the city, living in the cheapest places, of course, and most of them under extremely insanitary conditions. The housing survey recently made by the Denver Tuberculosis Society, enlarges upon these conditions, which were only more or less vaguely entered on the record cards.

When this investigation revealed the preponderant number of “homeless men,” it seemed that some of them, at least, might belong to the nomads, who drift in and out of the cities of the Southwest, begging their way. But a further analysis showed that out of this group of 843, only 182 had been under supervision less than one month, showing that the major part of them had come to Denver to remain.

Where and how they live and what they do are questions that can not be answered. At present there is no place for them where they can be kept under observation. They come for temporary assistance, get it, and are gone again, until they need more help. If they are able to do light work, they find employment until they again break down and have to quit.

Twenty-three were known to have been employed during the year as cooks, waiters, buss boys, and kitchen helpers in hotels and restaurants in Denver, 12 of these in the third stage of tuberculosis.

This figure by no means represents the total number so employed, since it includes only those for whom enough information was known to make such an entry on the record. This condition constitutes a menace to the public health which ought not to be tolerated in any city to-day. The public has a right to expect that its health shall be safeguarded by proper ordinances in regard to the preparation of food, just as it expects to be safeguarded from epidemics by proper quarantine regulations. Some method of supervision for these "homeless men" must be devised. It is the one big tuberculosis problem in Denver. For most of this class of patients the only solution would be to have them in some sort of institution where control and medical advice are possible. A larger and better Municipal Lodging House might solve the question for early cases, and other unit colonies, like Craig, might be established for the care of more advanced cases.

The tuberculous persons who come with their families, while fewer in number, offer another kind of problem. There were 645 persons, or about 40 per cent, in this group. In households with them were 1,883 other persons in daily contact with the tuberculous member, 1,049 of these being children under 16. The danger of contact infection is so well known that this situation needs no comment.

*Care given to families.*—The various medical and social agencies of the city do not appear to have agreed upon a uniform policy to be followed with regard to nonresidents. The most general policy appears to be that of returning them to their legal home, unless they can be expected to be self-supporting after the first adjustments have been made. While this policy is primarily intended for and generally conduces to the benefit of the patient, the difficulty is that, if it becomes a matter of coercion and the withholding of relief, the health of the patient suffers, whether or not the desired end is accomplished.

It must be definitely realized that the family made indigent by tuberculosis offers a different problem from that of the ordinary indigent. Tuberculosis is not a temporary disability. It can not be handled as is disability resulting from accident or other illness of shorter duration. It is not a matter of unemployment. Even under favorable conditions, if the case has possibilities of arrest, the period before the disease becomes arrested may be two, three, or more years. In a great many cases coming before the social agencies of Denver the possibilities of arrest are very remote, if present at all. The agencies, therefore, face a long period of family dependence, and it becomes especially necessary to plan with a long forward look toward making the family ultimately self-supporting.

In regard to resident families, discussion with the agencies most concerned discloses a fairly well-defined policy which, except in the

case of Jewish families, is not very fully carried out, because of lack of means necessary for rehabilitation. The policy as outlined and undertaken involves the following: Protection of the family against infection through examination of all members of the family and periodic examination of all members who show any tendency toward disease; such isolation of the patient as may be possible, especially by suitable sleeping arrangements; nursing supervision and instruction in methods of prophylaxis; building up the health of the family by exercising some supervision over the diet (milk is almost always given); and keeping children who have any indication of the disease longer in school before beginning work, and when they do work, keeping them out of occupations dangerous to them, and occasionally fitting them for special occupations.

Such a policy to be properly carried out requires much more generous relief than agencies have been able to supply from their inadequate resources. Only 17 families received more than \$150 a year, and the largest amount was \$644. It also requires closer supervision than the limited staffs have been able satisfactorily to give. A step forward in this direction has very recently been taken by one agency in assigning one district visitor to work exclusively with tuberculous families. This greater differentiation of tuberculous cases from other social case work is exceedingly important, if effective policies and standards of work are really to be developed and so understood by the public that funds will be made available for carrying them out.

*Total cost to community.*—The known and estimated amounts spent by the various agencies reported total over \$129,000 per year. This means a per capita tax on every individual man, woman, and child, in the community of over 50 cents a year for the support and care of indigent tuberculous persons.

#### SAN ANTONIO, TEX.

*Extent.*—Of the six cities studied, the proportion of the indigent tuberculous to the total population was least in San Antonio. According to our figures there was 1 indigent tuberculous person to 264 of the population. This small ratio may be due in part to the fact that very few records are available, owing to the inadequate number of community agencies dealing with tuberculosis. The total number of tuberculous persons recorded was 611, of whom 206 were nonresidents.

*Sources of information.*—The organizations which furnished records for this study were the Associated Charities, the Municipal Tuberculosis Clinic, the City and County Hospital, the Public Health Nursing Association, the County Tuberculosis Colony, and the Mexican Christian Institute.

*Residence.*—The percentage of nonresidents was not as large in San Antonio as in the other cities. This seems to be due largely to the fact that many Mexicans, who constituted a large part of the total number of cases, had resided in San Antonio over two years and had to be classed technically as residents. Of the others, only about 37 per cent of all cases recorded were nonresidents. Over one-fourth of the nonresidents had been in San Antonio one week or less when they applied at the agency, and more than one-half applied before they had lived there three months.

*Race.*—More than one-half of all the cases were Mexicans. The migration question is a serious one for the border or near-border cities. Many migrants get in without examination, by coming over the border without passing through the immigration stations. Although it is not possible to get statistical facts on the subject, the consensus of opinion among social workers in that region is that tuberculosis is very prevalent among the Mexicans. They, more than the resident Americans, are availing themselves of the facilities offered by the city of San Antonio. It is estimated that there are 35,000 Mexicans in a total population in San Antonio of 161,000, but over one-half of the cases of tuberculosis cared for were Mexicans.

There were 56 negroes, 9 per cent, of the total number of cases, in a negro population of about 14,000. They too, are getting more care, proportionately, than the native white Americans, who comprise approximately 70 per cent of the population and who furnished only one-third of the cases recorded.

*Sources of migration.*—San Antonio is unique in that nearly one-fourth of the nonresident indigent tuberculous persons gave their legal residence as some other city or town in Texas. This is probably due to the fact that they come to other parts of Texas in search of health, living somewhere long enough to obtain legal residence and then moving on to San Antonio in further search when their health does not improve.

No State furnished more than 5 migrants except Louisiana, which contributed 12. Most of the scattered migration was from the Southern States nearest Texas. Only 13 of the nonresidents were known to be Mexicans.

*Ages.*—Of all the cases, 75, or one-eighth of the total number, were children under 16. This percentage is higher than that in any of the other cities studied. Practically all these children were in the resident group. This finding regarding the large percentage of children was also supported by a supplementary study made from the death certificates alone, which also showed that the proportion of children was large. There were several deaths of children under 1



year of age, for which the record showed "pulmonary tuberculosis" as the cause of death. As was noted in a summary of all cities, the largest age groups were at ages 40-49, and 20-24 among the non-residents.

*Sex.*—Of the nonresidents, two-thirds were males.

*Alone.*—The same tendency shown in other cities is manifest in San Antonio, namely, that the men come alone, whereas the women are accompanied by their families. Of 65 nonresidents who came alone, all but 7 were males. Of the 73 nonresidents who came with their families, two-thirds were females.

*With family.*—Although the number of those accompanied by their families was comparatively small, namely, 73, they brought with them 305 other persons, 134 of whom were children under 16.

*Unavailable information.*—It is a significant commentary on the records found in San Antonio that so many inquiries had to be answered by "unknown." The legal residence of nonresidents was unknown in nearly one-half the cases. In nearly one-third of the cases there was no record as to whether the patient was alone or with family.

*Number of agencies.*—Most of the cases were cared for by only one agency, owing in large part to the lack of cooperating facilities between agencies in San Antonio dealing with tuberculosis. There were only 77 cases where the record was carried by two agencies, practically all of these by the clinic and the City and County Hospital.

*Lack of facilities.*—It would appear that the situation is not being adequately met by San Antonio. The only agency really organized to combat tuberculosis is the Municipal Clinic, which is held for only two hours a week. There should be at least an average of 12 clinic hours per week per 100,000 population, which would mean in San Antonio about 19 or 20 clinic hours per week.

Three hundred new cases were seen at the clinic in 1920, but most of them came for a single visit and did not return. The fact that the clinic is situated at an extreme end of the city and not readily accessible, and also that it is held only from 1 to 2 p. m., at a time when workmen or housewives can not conveniently leave their work or home, may account for the small number of cases seen.

The Public Health Nursing Service operates under the city health department and cooperates with the clinic to the extent of having a nurse present at the clinic hour. The cases coming to the clinic are supposed to be visited by the nurses, and the clinic was started primarily to show the need for more nurses; but since it was established the nursing force has been decreased by three.

The public health nurses are doing all the work for the city. There is no tuberculosis staff, but all the nurses do generalized public-health work, practically all their time being given to urgent needs,

such as obstetrical and prenatal cases. One-half of the public health nursing staff are being paid from tuberculosis funds, but certainly not one-half of their time is being given to tuberculosis work. They are all underpaid and overworked and have hardly time left for clerical work.

No case is made a matter of record unless it has been seen three times, because, as is explained, many cases move and are lost track of. It was impossible, then, to follow up most of the cases that were on record at the clinic. Owing to the press of work, many of the tuberculosis cases had as a final entry, "Case dismissed; patient improving." Probably not more than 100 cases are at any time under nursing supervision, although there are at least 1,000 or 2,000 in the city needing such supervision.

*City and County Hospital.*—Although the hospital is not equipped to care for tuberculosis cases, there were 200 tuberculous persons from the city of San Antonio who were patients there during 1920. Their average stay was about 15 days. That would mean 3,000 hospital days for the tuberculous cases which should be given to other cases. Nothing can be done for the tuberculous patients in that short time and in a general hospital. However, there is no other place for them to go, and cases are often taken in out of pity.

*County Farm.*—There is a tuberculosis colony maintained at the County Farm, varying in size, but housing approximately 40 at any one time. Most of the cases there are third-stage cases or chronic cases, and there is no nursing care.

*Associated Charities.*—The tuberculosis problem is an acute one for the Charity Organization Society. The situation for the non-residents is met by returning them to their homes on a half-fare ticket. There were, however, about 150 families out of approximately 1,000 cared for by the Associated Charities during the year, which were tuberculous.

*Present disposition of the cases.*—In about two-thirds of the cases nothing was known as to what had become of the patient. Forty-two had moved from the city, 59 were still in the city, and 117 had died.

*Death rate.*—The ratio of deaths to cases in San Antonio was almost 1 in 5. This ratio is much higher than the ratio for the combined cities, which was 1 in 8. For nonresidents alone the death rate was 1 death to every 4 cases. This is a very high ratio and shows that either the cases come under observation in the final stages of the disease only, or else that the climate of San Antonio is not conducive to recovery.

*Cost to the community.*—The amount spent per capita by San Antonio for tuberculosis work is very small, namely, 22 cents. This is less than that spent by any other city studied.

*Inadequacy of existing agencies.*—Although San Antonio has felt the burden of the migratory tuberculous problem for many years, it would appear that slight attempt has been made to meet it. There is not a bed in this city of over 161,000 persons available either for a resident tuberculous person or for any of the migrants. It has a single clinic of two hours a week, which is visited by only 300 cases a year, in spite of the fact that there are in the city at least 1,500 active cases. There should be provision under the Public Health Nursing Service for at least 8 or 10 nurses to care adequately for the city's own tuberculous sick. There are no facilities for physical examination, the need for which is evidenced by our records that along with the 331 cases which were accompanied by their families, there were 1,176 other persons in their households, over one-half of whom were children.

#### PHOENIX, ARIZ.

*Extent.*—Of the six cities studied, the indigent migratory problem seemed most acute in Phoenix. The records revealed 499 cases. The population of Phoenix being only a little over 29,000, this would mean 1 indigent tuberculous person to every 58 of the population.

*Length of residence.*—Phoenix also had the largest proportion of nonresidents among the tuberculous group studied, 80 per cent of the cases falling within that class. Many of the cases were persons going to California, who stopped off en route to try the climate at Phoenix. One-fourth of all the nonresidents had been only a week or less in the city before applying for aid; 60 per cent had been there less than three months.

*Sex.*—Four hundred and twenty-six out of 499 were men.

*Alone or with family.*—The tendency among the men to come alone was not as marked in Phoenix as in the other cities. Of the 426 men, about three-fourths of them came alone, and one-fourth with their families. Among the 72 women, 50 came with their families and 22 alone. Among those who migrated to Phoenix, there seemed to be a greater tendency to bring the family along, as over 30 per cent of all the nonresidents were accompanied by members of their families.

*Age periods.*—Unlike the data for the other cities, the largest age group for the nonresidents in Phoenix was between the ages of 30 and 34, and the next largest group was at the age period of 25 to 29.

*Race.*—Although Phoenix seems to be almost a Spanish city in many parts, there were very few Mexicans among indigent tuberculous persons on record with the community agencies. Only 16 of all the cases recorded gave Mexico as the country of birth; and among the nonresidents alone there were only two who gave Mexico as legal residence.

*Sources of migration.*—California was given as a legal residence for 60 of the nonresidents—over one-sixth of all. Undoubtedly all these were migrants who had been to California, and had decided to go over into Arizona to see what the climate there might do for them. They were not really bona fide residents of California. Twenty-five more gave some other locality in Arizona as legal residence. These also were migrants who had tried other cities or towns of Arizona before coming to Phoenix. The six States which furnished the greatest amount of migration to the Southwest, viz, Illinois, Missouri, New York, Ohio, Pennsylvania, and Michigan, were also the leading sources of migration to Phoenix. Iowa, Kansas, and Arkansas, each contributed 12, as many as Michigan.

*Disposition of cases.*—In Phoenix there is a fixed policy of returning nonresidents to their place of legal residence if that can be established. Of the total number of cases, 158, or about 30 per cent, had left the city, most of these at the expense of the county supervisors. However, 226, or 45 per cent, had disappeared, and the agencies knew nothing more about them. Seventy-four had died, making practically 1 death to every 7 cases.

The 157 who were living with their own families had 429 other persons living with them in the household, of whom one-half were children under 16.

*Community facilities for caring for the tuberculous persons.*—There is a county tuberculosis society which maintains a nursing service. Up to the year of the study there had been only one nurse, but there were two at the time when the study was made. This service has recently been consolidated with the health center, established in February, 1921, so that the former tuberculosis nurses now do follow-up work for all classes of cases.

In the health center there are special tuberculosis clinics three times a week. The health center is situated in an accessible part of the town, and the tuberculosis clinics are probably ample to meet the needs of the community.

Prior to the establishment of the health center, there was no way of getting at the cases in the city, and a survey demonstration clinic was undertaken by the State Tuberculosis Association in Phoenix and vicinity. This clinic disclosed many cases of tuberculosis which would otherwise have been unknown and would not have come under supervision.

In addition, there is a county tuberculosis hospital situated at some distance from Phoenix, on the edge of the desert. This accommodates about 40 patients, but has no nursing service. Usually the patients are not willing to go there unless they are chronic cases and are not able to work at all, or else are so far advanced that they must be taken care of.

The county supervisors give outdoor relief to many, in instances in which the family or individual has been resident more than one year. The facilities for caring for the tuberculous persons in Phoenix are the county hospital of 40 beds; the clinics, which were established only a few months ago; and the nursing service of the County Tuberculosis Society, which was limited to one nurse until time of the study. Occasionally St. Luke's Hospital takes in a stranded tuberculous person if it happens to have a vacant bed. The Associated Charities is the only agency giving relief to nonresidents. The secretary estimated that in the year 1920, when our records were taken, aid was given to 280 migratory tuberculous persons at a cost of \$5,600, and private donations given direct to the patients amounted to \$1,400 more.

*Cost to the community.*—The total expenditures of all agencies in the community for tuberculosis work was \$51,000 in the year 1920. This would mean an expenditure per capita for the care of tuberculous persons of \$1.75 per year. From this figure it is seen that the heaviest burden, financially, of the six cities studied in the Southwest is borne by Phoenix.

#### LOS ANGELES, CALIF.

*Extent.*—The problem of the indigent tuberculous is numerically larger in Los Angeles than in any of the other cities studied, there being 3,103 records obtained from social agencies in that city. The ratio, however, of the number of indigent tuberculous persons to the population, 576,000 in 1920, is only 1 to 186, indicating that the problem is less acute than in any of the cities except San Antonio.

*Length of residence.*—The data in regard to length of residence was less satisfactory in Los Angeles than in any other city. This was due largely to the fact that the charitable organizations of the city are combined city and county agencies. Therefore, the length of residence was given as the period during which the patient had resided in the county, but the record did not show residence in Los Angeles proper. Of course, if the record stated that the person had lived less than one year in the county, that meant less than one year in the city; but if the record showed two years or more in the county, there was no way of knowing how much of this time had been spent in Los Angeles proper. As it was impossible with the time and force available to get all the information for the entire county of Los Angeles, the study had to be confined to the city proper.

The foregoing explanation will account for the large number of those for whom residence in the city was unknown, namely, 1,137.

Of those for whom the residence was definitely known, 64 per cent were nonresidents. This is about the average percentage of nonresidents of total cases in the summary of all cities.

Of the definitely known nonresidents, who numbered 1,255, 149 had been in the city only a week or less when they applied for aid, and 567, or 46 per cent, had been in the city less than three months at the time they made application.

*Alone or with family.*—Of the nonresidents, the males do not show quite the same tendency to migrate alone in Los Angeles as in other cities, although more than one-half of them came alone. The women show the same tendency to come with their families as in other cities. Two hundred and fifty-six women came with their families, and only 55 came alone.

*Race.*—Although the Mexican migration is an acute problem in southern California, there were only 50 cases in this study among the nonresidents for whom the legal residence was given as Mexico. There were in all 604 Mexicans in the whole study, but some of these had resided long enough to have become residents of Los Angeles. There was hardly a country of the Eastern or Western Hemisphere that did not have a representative included in the cases recorded in the city.

*Sources of migration.*—The largest number from any one State came from other points in California, there being 278 who gave that State as their legal residence. This probably means only that they first landed in some of the smaller towns around Los Angeles and later came into the city after establishing a legal residence in the small town.

The six States which furnish the greater part of the migration to the entire Southwest are the leading sources of migration to Los Angeles. New York had 123, Illinois 65, Pennsylvania 37, Michigan 26, Missouri 17, and Ohio 13. New Jersey contributed 16 of the nonresident tuberculous persons.

In contrast to the other cities Los Angeles also received a considerable number from Canada, there being 23 among the nonresidents who gave Canada as their place of residence.

*Age period.*—The greatest number were found in the age group 40–49, although there were nearly as many at ages 35–39, 30–34, and 25–29.

*Disposition of cases.*—There is not so great a tendency in Los Angeles to return tuberculous cases to their legal residence as there is in Phoenix. This is due largely to the fact that Los Angeles is such a large city that the cases are not as easily discovered and handled. In Phoenix the cases can not “lose themselves” as they can in larger places.

As in most other cities, very little is known of the disposition of the cases. Of the 3,103 which had been in the city, 60 per cent were untraced, 164 had moved out of the city, 749 were known to be still in the city, and 292 had died. This gives a fatality rate of 1 death in 10 cases, which is lower than that for any other city in this study. This, of course, is the death rate for known deaths only. Probably among the 1,900 who were untraced there would be many more deaths, which would make the death ratio much higher.

*Contacts.*—There were 1,669 cases who were living with their families. In addition to the patient, there were 5,516 other members of the household, of whom 3,300 were children under 16. The extent, then, of the tuberculosis problem in Los Angeles must include not only the 3,100 cases but also the 5,500 other members of the families who lived with them.

*Facilities for caring for the tuberculous.*—The local tuberculosis association in Los Angeles acts as a clearing house for applicants and an educational agency in the city. It also outlines the program and directs the activities of the summer camp for boys and girls near Azusa.

Nearly 1,000 cases of tuberculosis had come under their observation during a single year.

The public health nursing service of Los Angeles is under the city department of health, and has a generalized nursing service. There are three clinics conducted under the auspices of the city board of health, and there are two clinics operated by private associations.

These clinics do not cope adequately with the tuberculosis problem in the city. There are usually more patients in line than can be taken care of within the clinic hour, and, therefore, each one does not get the careful attention which he should. Nursing service in connection with the clinics is not adequate to give the proper follow-up work. Inasmuch as the city is so large, the patients sometimes have to come long distances to get to the clinic.

There is a city and county hospital which has tuberculosis wards, but they are not properly equipped, although hundreds and thousands of tuberculous patients pass through the institution every year. Their stay is very short, and they are usually cases which are taken in as emergencies, and discharged as soon as possible. No other record than the hospital one is kept; and for those patients who were included in our record, very little information was available.

In connection with the county hospital, there was established during 1920 a sanatorium at Olive View, some distance out from Los Angeles, to which patients in the early stages of tuberculosis are to be sent. This building is well equipped in every way and accommodates about 100 patients.

The two large relief organizations dealing with the tuberculous are the Outdoor Relief Division of the City and County Charities and the Federation of Jewish Charities. Cooperation between relief and medical associations is fairly good.

There are a number of private sanatoria around Los Angeles, but they are for pay patients and only occasionally take in an indigent, and then usually when his expenses are paid by some relief organization, either public or private.

There is one Jewish hospital outside of Los Angeles supported by public contributions from all sections of the country. All the beds are free. This creates a distinct Jewish problem there, because of the influx of Jews, mostly from New York, who come to enter the sanatorium and have to wait until there is a vacancy. The Jewish Charities have long recognized the existing burden thus thrust upon them and have tried for many years to make some arrangement with the sanatorium management so that the patients will not come to enter the sanatorium until provision has been made for them.

To sum up, then, the facilities for caring for the indigent tuberculous in Los Angeles are entirely inadequate. There is no sanatorium, except the new one for incipient cases, which offers only 100 beds. The county hospital is not at all equipped to care for tuberculosis cases and, in fact, does not want them. There are a few beds in private sanatoria which are occasionally available. In the matter of clinics, the number, the location, the hours, the treatment, and the follow-up are all inadequate. The relief organizations are handicapped by lack of funds to do what should be done for tuberculous persons.

*Cost to the community.*—The total amount spent in Los Angeles for the indigent tuberculous amounts to nearly \$180,000 per year, which means a per capita tax on the population of 31 cents per year.

#### CLEVELAND, OHIO.

*Reason for study.*—It was believed by members of the Indigent Migratory Consumptive Committee and others that the findings in the Southwest would be strengthened by a comparison with some city in the East or Middle West. Cleveland was chosen as such a control city.

*Sources of information.*—The sources of information for this study were the records of the seven health centers, Rainbow Hospital, the tuberculosis ward of the City Hospital, the Federated Charities, the Jewish Charities, and the City Sanatorium at Warrensville.

It is of interest that all but 302 cases recorded, which is about 9 per cent of all cases, had been registered at some one of the health centers, although in many cases the record was also obtained from some other agency. Many of those not registered at any health



center were city hospital emergency ambulance cases. The year covered was the calendar year 1921. The study was made in January and February, 1922.

*Cooperation.*—The study was made possible through the cooperation of the Cleveland Anti-Tuberculosis League, which lent its staff for the period of the study. They were assisted by volunteers from the Junior League, and other individuals who donated their time. The National Tuberculosis Association wishes at this time to acknowledge its appreciation of the services of these volunteer workers, who made this report possible.

*Completeness of study.*—At the time this study was made, certain changes in the areas covered by the different health centers were being made and records were being transferred from one health center to another. Because of these changes it is quite possible that a few records were overlooked, but they would not materially affect the figures given.

Only the cases which were carried by the agencies as definite or suspected tuberculosis were made a matter of record. All duplicates were eliminated, so that the numbers used in the study represent the actual number of individuals.

*Total number of cases.*—During the year 1921, 3,443 tuberculous individuals were cared for in Cleveland by official and voluntary health agencies. This means 1 tuberculous person to every 231 of the population. This ratio is smaller for Cleveland than for any of the cities of the Southwest that were studied, excepting San Antonio, where the ratio based on the records was 1 tuberculous person to every 264 of the population.

*Length of residence.*—There was a small group, numbering 186, for whom the length of residence was not given on the record, leaving 3,257 for whom the length of residence was known. Of this number only 363, or 11 per cent, were nonresidents. If only those who had lived in Cleveland less than one year should be regarded as nonresidents, they would number 278, and would reduce the percentage of the nonresident tuberculous in Cleveland to  $8\frac{1}{2}$  per cent of the total number cared for.

That Cleveland has no such nonresident tuberculous problem as the Southwest is evidenced by the fact that out of the total number of resident tuberculous persons numbering 2,894, 1,035, or 36 per cent, had lived in Cleveland all their lives. The problem of the tuberculous person in this city is a question of taking care of the city's own residents; and the problem of migration, if it can even be called such, is merely a matter of taking care of the small number of persons who come to the city for industrial or personal reasons, and not, as in the case of the Southwest, to effect a cure.

In contrast to this, the percentage of nonresidents in all the southwestern cities studied taken together, was 63 per cent. The proportion varied from 83 per cent in Phoenix to 36 per cent in San Antonio. Los Angeles and Denver had 64 and 68 per cent, respectively, of nonresidents; El Paso was low, with 47 per cent of nonresidents. In the southwestern cities 50 per cent of the nonresidents made application for aid before they had resided there three months and 90 per cent before they had been there one year.

That the small number of tuberculous migrants did not come to Cleveland seeking free care is shown by the fact that over one-half of those who had resided less than a year in Cleveland had lived there six months before getting in contact with the tuberculosis agency.

*Age period.*—As was the case in the southwestern cities, the largest age group in Cleveland is at the age period 25–29 years, about one-sixth of all cases being in that age group. Contrary to the usual idea that tuberculosis rarely occurs in old age, there were 73 cases over 60 years of age.

To show the industrial loss to the city a special study was made of males aged 15 to 50. The total number of males was 1,986, or 58 per cent of the total group. Among them 1,450 were of industrial age, namely, from 15 to 50 years of age. The economic loss to the city from the disability, total and in part, of 1,450 men is at least \$145,000 a year.

There were on record five cases of pulmonary tuberculosis under 1 year of age and 684 cases under 15 years of age, 61, or 11 per cent, of which were tuberculosis of forms other than pulmonary. One-fifth, then, of all the cases on record are of children under 15.

The percentage of children cared for is high as compared with the southwestern cities. In San Antonio and Los Angeles about 15 per cent were under 14 years of age, while in El Paso only 1 per cent, and in Denver and Phoenix about 4 per cent.

Where the percentage of nonresidents is high, the percentage of children in the total group is lowest, because, as a rule, the migrants are adults who travel alone.

*Alone or with family.*—The problem in Cleveland is a “family” one. Of the 3,443 cases recorded, only 533, or 15 per cent, were persons who were not living with their own families. For nearly 200 the record did not show whether the patient was with his family or not. The problem involves not only the 2,729 patients living in their own homes but includes the contacts in those homes. In addition to the patients themselves, there were found to be 10,317 persons in the immediate families of the patients living in households with them. Of this enormous number, 5,371, or 52 per cent, were children.

Cleveland, then, is not only facing the care of 3,400 tuberculous persons a year, but it is facing also preventive measures for over 10,000 other persons in contact with the patients. This preventive work involves the greatest number and is the most important from the standpoint of the future in tuberculosis work.

An attempt was made to check the number of contact cases which were induced to come to the health centers for examination. The records showed the number of family contact cases examined and the results of the examination. Three thousand one hundred and thirty-six of the total contacts numbering 10,317 came to the health centers for examination; 2,065 were children and 1,071 were adults; 38 per cent of child contacts and 22 per cent of adult contacts were examined. These are probably minimum figures. It is quite possible that other members of the family were examined and that the record was not included with that of the patient. It is also well known that in many cases it is impossible to get the adult members of a family to come to the clinic for examination, so that the number shown probably represents the best efforts of nurses to induce the contact cases to come for examination. However, this number should be made 100 per cent if the disease is to be held in check. It is with the immediate members of a tuberculous person's family that the greatest efforts must be made in the prevention of tuberculosis.

In the southwestern studies 70 per cent of the nonresident men came alone, whereas only 29 per cent of the nonresident women came alone. The "homeless man" was the largest problem, numerically, in the Southwest. This is not true in Cleveland. There were only 90 "homeless men" among the nonresidents in the Cleveland study—less than one-half of them. Of course, the number of nonresidents is proportionately small in Cleveland, but the percentages of both males and females who had migrated with their family is much greater than the percentages of those who came alone.

*Sources of migration.*—Of the 363 nonresidents, the legal residence of 156 was not recorded on the record, so that the residence of only 207 is known. Forty-one had come from a foreign country to Cleveland, leaving 166 nonresidents from other sections of the United States. Forty-nine of the 166 had a legal residence in some other part of Ohio. The migration, in general, is not from distant points. Twenty-one came from Pennsylvania, 19 from New York, 18 (mostly colored) from Alabama, and the remainder were from the various States, only 1, 2, 3, or 4 from each State. In the southwestern cities it was shown that a few States of the East and Middle West were responsible for practically all the migration.

*Form and stage of disease.*—Ninety-eight per cent of the cases recorded were pulmonary tuberculosis. The other cases of bone and gland tuberculosis were practically all found among children under 15.

Eight hundred and ninety-one pulmonary cases were recorded as of Stage I, 541 of Stage II, and 109 of Stage III. Thirty-seven were considered arrested cases, and 773 suspected cases. There were 971 for which the stage of disease was not specified. They were simply entered as pulmonary.

*Disposition of cases.*—The results of this particular part of the study are not satisfactory. The only way of arriving at the disposition of the case was to note the latest entry on the record and what had happened to the patient at that time.

Four hundred and ninety-four of the cases handled during 1921 were known to have died, a ratio of about 1 death to every 7 cases; and 179, or about 5 per cent, were known to have moved out of the city; 1,667, or 48 per cent, were considered to be still in the city since they had been in touch with the tuberculosis agency within the last quarter of 1921; and 32 per cent had not been in touch with the agency for more than three months.

The tuberculosis nurses who are charged with visiting the patients in their homes and urging them and their families to come to the clinic are required to do many other kinds of public health work, which keeps them from doing the tuberculosis work as thoroughly as they might.

The seven health centers handled 3,141 of the cases recorded. Of this number, 1,588, or just about one-half, had been visited by them within the three months immediately preceding the study, or during the last quarter of 1921. This includes, of course, cases which made their first contact with the tuberculosis agency during that quarter, which would naturally get a follow-up visit during that quarter. There were 1,005, or nearly one-third, of the cases on record in the health centers which had not been seen for over three months when the study was made. Some of these cases, it must be remembered, however, are instructed by the physician that they need not return to the clinic for three or sometimes four or six months. One hundred and fifty-eight of the cases considered as active cases, or 5 per cent, had had no visit in the home, and had not been to the clinic for over nine months before the study was made. Nearly 13 per cent had not been visited in the home or examined at the clinic for over six months. About the same percentage had had no contact with the health center since the third quarter of the year, or between July 1 and September 1, from four to six months prior to the time when the study was made.

The health centers do practically all the tuberculosis work that is done in Cleveland. The two striking needs in their service, as brought out by this record study, are (1) to get more universal examination of contact cases of all patients, and (2) to have a staff

sufficient to do the necessary follow-up and educational work. One-third of the cases had not been seen for more than three months. These defects in tuberculosis service are due almost entirely to the fact that it is necessary for health center nurses to do other kinds of public-health nursing, especially communicable disease work which is urgent and which requires such a great part of their time.

*Facilities for caring for the tuberculous.*—Cleveland has a well-organized system for caring for tuberculous persons. There are seven health centers scattered throughout the city, with special tuberculosis clinics held five hours a week in each. It has a municipal tuberculosis sanatorium at Warrensville with a capacity of 370 beds; and 23 beds are available for Cleveland patients at the Ohio State Sanatorium. It has also a tuberculosis ward at the City Hospital which provides for about 60 cases. The relief agencies are well staffed and equipped. The coordination of tuberculosis activities is excellent, especially as between the relief and health agencies.

As was pointed out in the Cleveland Hospital and Health Survey, the bed facilities are still inadequate, and the clinic service should be increased. At the time of this study there were about 4½ health-center clinic hours per week per 100,000 population. These should be increased to 10 at least.

*Death rates.*—The death rate from tuberculosis in Cleveland, as elsewhere, is declining. In 1920 it was 109 per 100,000, which was below the rate for the United States registration area, but higher than that for the State of Ohio as a whole.

As one-fifth of the tuberculosis problem in Cleveland is a child problem, it would seem that more intensive work should be done at the younger ages.

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## NOTES FROM THE HEALTH COMMITTEE OF THE LEAGUE OF NATIONS.

### BERIBERI.

A suggestion from the authorities at Singapore to the British colonial office that the League of Nations health committee should consider a resolution relating to beriberi, adopted at the fourth congress of the Far Eastern Association of Tropical Medicine, held in Batavia in 1921, was considered by the health committee of the League of Nations at its fifth session, held at Geneva, January 8-13, 1923. The suggestion appeared to be that a local international agreement might impose a differential duty on various kinds of rice in order to deter coolies from consuming the highly milled variety. The health committee, after consideration, agreed that Dr. Norman White should be asked to investigate the matter and collect information as to arrangements proposed.

## STANDARDIZATION OF SERA.

Prof. Th. Madsen, director of the State Serum Institute at Copenhagen, chairman of the League of Nations health committee, presented a report on the second international conference on the standardization of sera and serological tests which had been convened by the health committee in November, 1922, at the Pasteur Institute in Paris. Professor Madsen reported that the subcommittee on antidiphtheretic and antitetanic sera has approved the resolutions adopted at the serological conference held at Genoa in September, 1922; that the Genoa conference had finally settled the standard of the diphtheria antitoxin and had adopted in principle an international unit for the tetanus serum. No definite conclusion had been reached by the subcommittee on antimeningococcic serums, antipneumococcic serum, and antidysentery serum. It was stated that important progress had been made toward the standardization of antidysentery serum. In the sero-diagnosis of syphilis no definite result had been achieved. The health committee approved the proposal of Doctor Madsen that the measure in regard to antidiphtheretic serum and antitetanic serum should be communicated to the Office International, which might consider the question whether the governments should be approached with a view to the adoption of the unit proposed for an international standard. Authority was also asked to continue the researches which are in progress, to convene subcommittees of experts when the researches are sufficiently advanced, and to send experts to the different institutions which are participating in order to compare the results.

## STANDARDIZATION OF BIOLOGIC REMEDIES.

The health committee authorized the chairman, Professor Madsen, to get in touch with American experts and arrange for conferences to study the question of the possibility of establishing international standards for remedies other than sera and bacteriologic products, the activity and safety of which could be controlled only by biologic methods.

## VACCINATION PER OS.

Doctor Rajchman, medical director of the League of Nations health committee, proposed the consideration of the possibility of making use of the new method of vaccination *per os*, recently the subject of experiment at the Pasteur Institute. He suggested that the new method might be investigated by experts who might decide to what conditions it should be applied and how results might be controlled. He announced that the epidemic commission was now vaccinating on a large scale against dysentery in Greece, and that

Doctor Calmette was ready to supply the vaccine. This proposal was later withdrawn.

At the third meeting of the health committee, held on January 13, 1923, at the invitation of the chairman of the committee, Doctor Shiemashko, people's commissary for public health of the Russian Socialist Federated Soviet Republic, at Moscow, informed the committee of the experiments made in Russia in the method of vaccination *per os*. Doctor Shiemashko said that "this method had been tried in Russia with favorable results. Doctor Tarassevich had received the vaccine from the Pasteur Institute, in addition to reports. The vaccine had been tried in the first instance on the medical staff. The cases numbered several hundred. There had been no case of infection among those vaccinated, and the results of vaccination on the health of the persons vaccinated had not been more serious than those observed under the ordinary method. It had been decided to continue the experiments on a more extensive scale." (It is assumed that the vaccination here mentioned refers to vaccination against both dysentery and typhoid fever.—Ed.)

#### PUBLICATION OF REPORTS OF THE SEROLOGICAL CONFERENCE.

Mons. M. O. Velghe, director general of the health department, Ministry of the Interior and of Health, Brussels, proposed that the report of the serological conference should be printed by the health section of the League of Nations, in English and French, and issued as an ordinary league publication. This was agreed to by the committee, with the understanding that there would be a gratuitous distribution to the principal institutions and laboratories according to a list obtained from the editors of the *Annals of the Pasteur Institute*, the *Bulletin of the Office International*, and the *Medical Research Council*.

#### CONTROL OF THE PRODUCTION OF OPIUM.

The health committee, at its eighth meeting, held on January 13, 1923, adopted the following resolution concerning the control of the production of opium:

The health committee, having heard a report presented by the mixed opium subcommittee on the methods of inquiry to be used in determining the legitimate needs of a country in respect of opium, derivatives of opium, and other narcotic drugs; and being of the opinion that the legitimate needs of a country are its needs exclusively medical and scientific, adopts the proposals contained in the report of the subcommittee and recommends that the inquiries should be undertaken as rapidly as possible.

It further feels it necessary to declare its opinion that in order to combat effectively the abusive use of these drugs it is necessary strictly to control the delivery of these products by the centers of production. This control should be exercised by the health authorities in collaboration, if necessary, with the mixed commissions mentioned in the resolution adopted by the advisory committee on the traffic in opium during its session of May, 1922.

The senior medical officer of the Ministry of Health at London, Sir George Buchanan, vice chairman of the committee, accepted the resolution with the reservation that he expressed no opinion on the interpretation of the term "legitimate needs" in the second paragraph in so far as this term related to the use of opium in eastern countries. He was not entirely convinced that the interpretation that there was no possible legitimate use of opium other than medical or scientific uses and that no other use ought to be regarded as proper could be applied to countries such as India. He did not wish to say that the view was mistaken, but he could only assent to a resolution in this sense with reservation.

#### SANITARY CONTROL OF TRAFFIC ON WATERWAYS.

The health committee, to which the Council of the League of Nations intrusted the execution of the program drawn up by the Warsaw conference, examined, at its session held in August, 1922, the third section of the first of these resolutions adopted at Warsaw and approved by the international conference at Genoa. The Warsaw conference resolved that—

3. Comprehensive measures should be introduced to deal with infectious diseases, especially the diseases now raging in the East. These measures should, in addition to general provisions, contain special provisions dealing with—

- (a) Frontier traffic (including local frontier traffic).
- (b) Traffic by water.

In view of the importance of the problem, and the fact that article 57 of the revised Paris International Convention of 1912 intrusts to the governments of riparian States the duty of making special arrangements for the sanitary regulation of waterways, this subsection was especially considered by the health committee. It was the task of the health committee to investigate the possibility of the drawing up of an outline on the general agreement of this matter. A mixed committee, composed of representatives of the transit committee and the health committee, was set up.

A preliminary meeting of the members appointed by the health committee was held in August, 1922, in the presence of a representative of the secretary of the transit committee. At this meeting it was decided—

1. To consider the general outline of a system of sanitary regulations which could be applied to all international waterways.

2. To inquire into the following points:

- (a) Ports.
- (b) Vessels and their crews.
- (c) Bills of health.
- (d) Examination of vessels.
- (e) Organizations for sanitary control.



3. (a) To request certain experts to draw up a general report on the sanitary regulation of waterways and ports in force in various countries; (b) to draw up a draft of a model system of regulations, after consideration of the reports received.

The Reichsgesundheitsamt of Germany, the Volksgesundheitsamt of Austria, the public health service of Denmark, the chief health committee of Holland, the office of the Italian Director General of Public Health, the hygienic section of the Serbian Ministry of Public Health, and the Public Health Service of the United States were approached in order to obtain general reports on the sanitary regulation of waterways and ports.

At the meeting held on January 13 the resolutions which had been adopted by the mixed subcommittee on this problem were presented. These resolutions set forth the principle that it is the duty of the riparian States of an international waterway to declare regularly and frankly any information at their disposal relating to infectious diseases of every kind. They also support firmly the principle laid down at the International Health Conference in 1912 that measures taken against infectious diseases should, as far as possible, avoid any impediment to the movement of commerce and commercial relations, both in the interior and with neighboring countries. The subcommittee expressed the opinion that the sanitary control of traffic on interior waterways should be the duty of the public health authorities of the State; for waterways of international concern, the control of the sanitary measures should be the duty of the public health service of the riparian States; and in cases in which an internal body qualified from a sanitary point of view has been or is to be established over these waterways, this body should be responsible for the execution of the necessary measures. The subcommittee recommended that the service of control should be organized in normal times in such a way that it may be able to deal with any emergency. It emphasized the necessity of resorting as much as possible to the resources and machinery already existing in the country. The subcommittee further recommended the organization of periodical conferences between the heads of the health services concerned, to insure the good conduct of the service, and expressed the opinion that the collaboration of the health committee on communication and transit of the League of Nations should be close and permanent in all these problems which are of equal interest to both sides. This resolution of the mixed subcommittee was adopted by the health committee.

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#### **DIVISION OF VENEREAL DISEASES, JULY 1-DECEMBER 31, 1922.**

The accompanying tables present a summary of the activities of the clinics and the number of cases of venereal disease reported to State boards of health during the six months ended December 31, 1922.

A semiannual summary of the activities of the 528 venereal disease clinics operating under joint Federal and State control during the last six months of 1922 is presented in Table I. During this period, 64,420 new cases of syphilis were admitted to the clinics, that disease constituting slightly more than half the total number of cases. The ratios were as follows: Syphilis, 50.7 per cent; gonococcus infection, 45.3 per cent; chancroid, 4 per cent. During this period 1,110,332 treatments were given, including 248,346 doses of arsphenamine. The clinics discharged as noninfectious 31,859 patients, or an average of 5,310 discharges per month.

Table II shows that a total of 167,085 cases of syphilis, gonococcus infection, and chancroid were reported to State boards of health during the last six months of 1922, representing an average of 27,848 cases per month. The chief sources of these reports are private physicians, clinics, and hospitals. The number of cases of syphilis reported was only slightly greater than the number of cases of gonococcus infection. The proportions are: Syphilis, 49.6 per cent; gonococcus infection, 48 per cent; chancroid, 2.4 per cent.

TABLE I.—Summary of reports of local venereal disease clinics cooperating with the United States Public Health Service and State boards of health, July 1–December 31, 1922.

State.	Total number of clinics reporting.	Total number of reports received.	Patients admitted.				Patients discharged as non-infectious.	Number of treatments given.	Doses of arsphenamine given.	Wassermann tests made.	Microscopic examinations (gonococcus).
			Total.	Syphilis.	Gonorrhoea.	Chancroid.					
United States.....	528	2,888	64,470	32,673	29,192	2,555	31,859	1,110,332	248,346	142,042	95,281
Alabama.....	13	78	3,650	2,288	1,304	58	2,464	42,138	15,653	5,085	1,438
Arizona 1.....	8	48	1,443	923	488	32	763	34,931	5,914	2,755	1,632
California 2.....	10	10	403	231	170	6	79	6,544	1,268	1,390	402
Colorado.....	9	54	682	293	348	21	412	11,472	2,402	1,180	1,219
Connecticut.....	6	36	423	153	258	15	395	9,294	1,788	1,730	903
Delaware.....	2	10	115	44	66	5	28	1,391	294	189	134
District of Columbia 4.....	1	4	67	49	18		63	663	382	80	17
Florida 5.....	11	44	935	591	272	72	300	4,507	2,370	1,535	229
Georgia.....	7	42	1,498	1,005	423	68	344	9,817	3,838	2,199	370
Illinois.....	20	174	5,263	2,142	2,893	258	2,926	82,630	19,193	10,528	8,989
Indiana.....	19	114	2,142	1,212	1,212	61	1,230	74,857	9,641	4,430	2,499
Iowa.....	10	56	714	384	323	3	519	13,467	3,247	1,675	1,094
Kansas.....	10	59	762	507	252	3	519	29,601	3,416	1,614	1,548
Kentucky.....	19	102	2,405	1,248	1,106	51	1,068	33,852	10,237	3,223	1,940
Louisiana.....	7	42	3,257	1,769	1,352	136	1,068	36,040	9,670	3,635	1,999
Maine.....	4	24	1,170	101	68		1,068	2,504	3,660	3,433	1,283
Maryland.....	10	51	1,390	521	830	39	290	21,234	5,802	1,504	2,453
Massachusetts.....	39	226	3,101	1,682	1,417		1,074	83,703	22,103	12,325	6,072
Michigan.....	19	106	3,358	1,854	1,669	2	1,074	63,370	17,748	10,649	5,172
Minnesota.....	5	28	428	1,170	1,258		1,329	10,764	3,080	1,014	1,170
Mississippi.....	4	21	1,019	639	334	46	678	7,194	3,056	1,137	631
Missouri.....	23	119	4,861	1,952	2,462	447	2,601	67,072	7,669	8,744	1,923
Montana.....	2	12	18	9			19	97	69	3	27
Nebraska.....	7	42	675	259	383	33	333	16,681	3,104	1,898	2,562
Nevada 1.....											
New Hampshire.....	4	24	66	34	31		40	3,233	632	302	141
New Jersey.....	19	105	1,122	667	439	16	601	27,843	6,795	3,193	1,731
New Mexico.....	2	7	20	5	5		18	27,922	1,136	55	28
New York.....	44	249	2,534	1,194	1,130	210	1,709	50,507	13,958	5,468	3,989
North Carolina.....	6	38	1,012	624	342	46	574	6,402	4,242	1,496	410
North Dakota.....	1	4	8					265			
Ohio.....	47	245	5,230	2,611	2,445	174	2,174	100,815	17,045	12,573	1,113
Oklahoma.....	3	10	317	173	123	21	265	6,223	1,194	714	345
Oregon.....	1	6	338	170	163	5	26	2,833	1,475	249	149
Pennsylvania.....	58	327	3,372	1,840	1,490	42	1,952	76,068	16,988	8,992	3,326

Rhode Island.....	6	176	136	6	65	7,493	2,648	2,463	638
South Carolina.....	4	817	1,096	46	375	29,443	5,020	1,943	3,040
South Dakota.....	12	25	26	1	18	206	76	67	68
Tennessee.....	32	2,569	839	194	1,185	40,990	8,516	8,888	3,675
Texas.....	6	1,512	1,498	362	2,443	41,449	9,283	5,605	6,226
Utah.....	2	65	114	2	96	3,552	388	311	445
Vermont.....	4	43	57	.....	80	990	494	132	14
Virginia.....	12	1,019	626	43	1,011	27,851	8,281	5,416	2,059
Washington.....	3	398	348	1	289	11,747	2,137	3,044	2,844
West Virginia.....	8	309	115	4	61	2,706	1,141	340	2,256
Wisconsin.....	13	492	269	12	247	5,186	1,288	2,426	1,618
Wyoming.....	1	39	16	1	6	426	115	153	57

1 Not reporting.

2 For the month of July only.

3 For 5 months.

4 For 4 months.

5 No clinics.

TABLE II.—Cases of venereal diseases reported to State boards of health, July 1–December 31, 1922.

State.	Total.	Syphilis.	Gonorrhoea.	Chancroid.
United States.....	167, 085	82, 803	80, 312	3, 970
Alabama.....	4, 345	2, 577	1, 670	98
Arizona.....	.....	.....	.....	.....
Arkansas.....	2, 847	1, 544	1, 212	91
California <sup>2</sup> .....	756	352	402	2
Colorado.....	1, 349	410	876	63
Connecticut.....	718	397	321	(*) 10
Delaware <sup>4</sup> .....	321	172	139	.....
District of Columbia <sup>5</sup> .....	67	49	18	.....
Florida <sup>4</sup> .....	1, 553	853	614	86
Georgia.....	4, 401	2, 518	1, 654	229
Idaho.....	90	18	72	.....
Illinois.....	13, 601	5, 325	7, 835	441
Indiana.....	2, 264	1, 094	1, 112	58
Iowa.....	1, 705	501	1, 180	24
Kansas.....	1, 652	694	957	1
Kentucky.....	16, 504	10, 266	6, 074	164
Louisiana.....	4, 163	2, 197	1, 758	208
Maine.....	817	255	554	8
Maryland.....	2, 881	1, 066	1, 722	92
Massachusetts.....	6, 771	2, 636	4, 133	2
Michigan.....	9, 660	4, 113	5, 500	47
Minnesota.....	5, 525	2, 248	3, 223	54
Mississippi.....	9, 365	4, 552	4, 763	50
Missouri.....	5, 510	2, 154	2, 909	447
Montana.....	351	87	262	2
Nebraska.....	2, 687	653	1, 935	99
Nevada <sup>1</sup> .....	.....	.....	.....	.....
New Hampshire.....	253	103	147	3
New Jersey.....	2, 593	1, 424	1, 137	32
New Mexico.....	192	53	132	7
New York.....	16, 685	10, 943	5, 536	206
North Carolina.....	4, 568	2, 353	2, 069	146
North Dakota.....	691	161	530	.....
Ohio <sup>6</sup> .....	5, 230	2, 611	2, 445	174
Oklahoma.....	1, 303	541	714	48
Oregon.....	1, 931	632	1, 267	32
Pennsylvania.....	3, 372	1, 840	1, 490	42
Rhode Island.....	521	248	266	7
South Carolina.....	2, 800	1, 209	1, 542	49
South Dakota.....	524	120	399	5
Tennessee.....	3, 688	1, 832	1, 634	222
Texas.....	15, 026	8, 767	5, 652	607
Utah.....	316	92	221	3
Vermont.....	252	89	163	.....
Virginia.....	2, 178	1, 133	998	47
Washington.....	1, 178	565	609	4
West Virginia.....	2, 114	1, 068	1, 005	41
Wisconsin.....	1, 728	266	1, 444	18
Wyoming <sup>5</sup> .....	39	22	16	1

<sup>1</sup> Not reporting.  
<sup>2</sup> For the month of July only.  
<sup>3</sup> Included in syphilis.

<sup>4</sup> For 5 months.  
<sup>5</sup> For 4 months.  
<sup>6</sup> From clinic reports.

## FEDERAL ALLOTMENTS TO STATES FOR COOPERATIVE VENEREAL DISEASE WORK.

The following table gives the schedule of allotments to States of the sum of \$100,000 for cooperative work with the Division of Venereal Diseases, United States Public Health Service, appropriated by the act approved January 3, 1923 (Public No. 378, 67th Cong.), entitled "An act making appropriations for the Treasury Department for the fiscal year ending June 30, 1924, and for other purposes." Allotments are made on the basis of population, 1920 census.

State.	Popula- tion, 1920 census.	Distribu- tion by per capita method.	State.	Popula- tion, 1920 census.	Distribu- tion by per capita method.
Alabama.....	2,348,174	\$2,221.32	Nevada.....	77,407	\$73.22
Arizona.....	334,162	316.12	New Hampshire.....	443,083	419.15
Arkansas.....	1,752,204	1,657.55	New Jersey.....	3,155,900	2,985.41
California.....	3,426,861	3,241.74	New Mexico.....	360,350	340.88
Colorado.....	939,629	883.87	New York.....	10,385,227	9,824.20
Connecticut.....	1,380,631	1,306.05	North Carolina.....	2,559,123	2,420.88
Delaware.....	223,003	210.96	North Dakota.....	646,872	611.93
District of Columbia.....	437,571	413.93	Ohio.....	5,759,394	5,448.26
Florida.....	968,470	916.16	Oklahoma.....	2,028,283	1,918.71
Georgia.....	2,895,832	2,739.40	Oregon.....	783,389	741.07
Idaho.....	431,866	408.54	Pennsylvania.....	8,720,017	8,248.95
Illinois.....	6,485,280	6,134.94	Rhode Island.....	604,397	571.75
Indiana.....	2,930,390	2,772.08	South Carolina.....	1,683,724	1,592.77
Iowa.....	2,404,021	2,274.15	South Dakota.....	635,547	602.16
Kansas.....	1,769,257	1,673.68	Tennessee.....	2,337,885	2,211.59
Kentucky.....	2,416,630	2,286.08	Texas.....	4,663,228	4,411.32
Louisiana.....	1,798,509	1,701.35	Utah.....	449,396	425.12
Maine.....	768,014	726.52	Vermont.....	352,428	333.39
Maryland.....	1,449,661	1,371.35	Virginia.....	2,309,187	2,184.44
Massachusetts.....	3,852,356	3,644.24	Washington.....	1,356,621	1,283.33
Michigan.....	3,668,412	3,470.24	West Virginia.....	1,463,701	1,384.63
Minnesota.....	2,387,125	2,258.17	Wisconsin.....	2,632,067	2,489.88
Mississippi.....	1,790,618	1,693.88	Wyoming.....	194,402	183.90
Missouri.....	3,404,055	3,220.16			
Montana.....	548,889	519.24			
Nebraska.....	1,296,372	1,226.34	<b>Total.....</b>		<b>100,000.00</b>

**INFLUENZA IN THE UNITED STATES.**

**CASES REPORTED BY STATES FOR WEEK ENDED MARCH 17, 1923.**

The following table shows the number of cases of influenza reported by State health officers, by telegraph, for the week ended March 17, 1923, compared with similar reports for the corresponding week of 1922, 1921, and 1920.

*Cases of influenza reported by State health officers for the week ended March 17, 1923, and corresponding week of the years 1922, 1921, and 1920.*

Division and State.	Week ended—			
	Mar. 17, 1923.	Mar. 18, 1922.	Mar. 19, 1921.	Mar. 20, 1920.
<b>New England division:</b>				
Maine.....	334	223	1	848
Massachusetts.....	99	292	23	254
Vermont.....	0	9	.....	158
Connecticut.....	161	194	6	121
<b>Middle Atlantic division:</b>				
New York (exclusive of New York City).....	868	1,796	50	1,061
New York City.....	580	173	154	230
New Jersey.....	138	117	79	171
<b>East North Central division:</b>				
Indiana.....	109	.....	.....	412
Illinois.....	377	765	18	430
Wisconsin.....	1,632	543	12	503
<b>West North Central division:</b>				
Minnesota.....	30	245	4	130
Missouri.....	727	491	16	.....
South Dakota.....	10	51	.....	267
Nebraska.....	300	157	.....	849
Kansas.....	89	524	13	1,290
<b>South Atlantic division:</b>				
Delaware.....	.....	16	3	13
Maryland.....	456	728	274	747
District of Columbia.....	14	3	.....	6
West Virginia.....	.....	143	.....	.....
Georgia.....	628	268	31	2,066
Florida.....	16	74	8	298
<b>East South Central division:</b>				
Alabama.....	408	340	.....	829
<b>West South Central division:</b>				
Arkansas.....	407	529	58	835
Louisiana.....	256	3,527	.....	1,045
Texas.....	878	240	34	.....
<b>Mountain division:</b>				
Montana.....	.....	674	.....	82
Colorado (exclusive of Denver).....	24	755	.....	.....
New Mexico.....	7	437	.....	90
<b>Pacific division:</b>				
Oregon.....	22	158	.....	.....
California.....	232	3,289	.....	582

## DEATHS DURING WEEK ENDED MARCH 10, 1923.

*Summary of information received by telegraph from industrial insurance companies for week ended March 10, 1923, and corresponding week of 1922. (From the Weekly Health Index, March 13, 1923, issued by the Bureau of the Census, Department of Commerce.)*

	Week ended Mar. 10, 1923.	Corresponding week, 1922.
Policies in force .....	51, 722, 789	49, 189, 044
Number of death claims .....	14, 003	11, 530
Death claims per 1,000 policies in force, annual rate .....	14. 1	12. 2

*Deaths from all causes in certain large cities of the United States during the week ended March 10, 1923, infant mortality, annual death rate, and comparison with corresponding week of 1922. (From the Weekly Health Index, March 13, 1923, issued by the Bureau of the Census, Department of Commerce.)*

City.	Estimated population July 1, 1923.	Week ended Mar. 10, 1923.		Annual death rate per 1,000 corre- sponding week, 1922.	Deaths under 1 year.		Infant mortality rate, week ended Mar. 10, 1923. <sup>3</sup>
		Total deaths.	Death rate. <sup>1</sup>		Week ended Mar. 10, 1923.	Corre- sponding week, 1922.	
<b>Total.....</b>	<b>29, 203, 302</b>	<b>9, 662</b>	<b>17. 3</b>	<b>16. 6</b>	<b>1, 187</b>	<b>1, 194</b>	<b>.....</b>
Akron, Ohio.....	* 208, 435	55	13. 8	9. 3	10	7	119
Albany, N. Y.....	117, 375	49	21. 8	24. 7	5	6	111
Atlanta, Ga.....	222, 963	87	20. 3	19. 4	9	4	.....
Baltimore, Md.....	773, 580	328	22. 1	19. 8	33	44	97
Birmingham, Ala.....	195, 901	78	20. 8	12. 0	16	4	.....
Boston, Mass.....	770, 400	283	19. 2	20. 3	51	43	146
Bridgeport, Conn.....	* 143, 555	37	13. 4	14. 2	8	7	111
Buffalo, N. Y.....	536, 718	167	16. 2	18. 0	26	34	109
Cambridge, Mass.....	111, 444	32	15. 0	23. 5	6	8	107
Camden, N. J.....	124, 157	41	17. 2	17. 1	5	6	83
Chicago, Ill.....	2, 883, 121	885	16. 0	15. 7	128	135	.....
Cincinnati, Ohio.....	406, 312	120	15. 4	21. 0	8	22	53
Cleveland, Ohio.....	888, 519	204	12. 0	14. 4	36	38	99
Columbus, Ohio.....	261, 082	91	18. 2	17. 1	9	11	94
Dallas, Tex.....	177, 274	47	13. 8	17. 3	3	8	.....
Dayton, Ohio.....	165, 530	47	14. 8	17. 4	7	7	115
Denver, Colo.....	272, 031	90	17. 3	26. 1	13	13	.....
Detroit, Mich.....	985, 668	300	15. 7	16. 4	57	64	114
Duluth, Minn.....	106, 289	16	7. 8	.....	1	.....	23
Erie, Pa.....	112, 571	56	25. 9	17. 6	8	5	163
Fall River, Mass.....	120, 912	41	17. 7	33. 7	8	19	114
Flint, Mich.....	117, 968	41	18. 1	.....	6	.....	119
Fort Worth, Tex.....	143, 821	25	9. 1	15. 0	5	4	.....
Grand Rapids, Mich.....	145, 947	52	18. 6	13. 4	7	8	110
Houston, Tex.....	154, 970	47	15. 8	13. 2	5	5	.....
Indianapolis, Ind.....	342, 718	163	24. 8	14. 0	22	14	169
Jacksonville, Fla.....	100, 046	16	8. 3	12. 3	2	2	.....
Jersey City, N. J.....	309, 034	108	18. 2	24. 1	13	12	87
Kansas City, Kans.....	115, 781	34	15. 3	21. 1	2	7	46
Kansas City, Mo.....	351, 819	137	20. 3	19. 4	5	13	.....
Los Angeles, Calif.....	666, 853	220	17. 2	21. 4	13	19	49
Louisville, Ky.....	257, 671	95	19. 2	15. 0	12	12	129
Lowell, Mass.....	115, 089	44	19. 9	16. 4	12	5	209
Lynn, Mass.....	102, 683	24	12. 2	.....	4	.....	105
Memphis, Tenn.....	170, 067	67	20. 5	14. 6	8	6	.....
Milwaukee, Wis.....	484, 595	140	15. 1	11. 5	29	20	144
Minneapolis, Minn.....	409, 125	106	13. 5	13. 7	14	13	76
Nashville, Tenn.....	121, 128	53	22. 8	22. 1	8	5	.....
New Bedford, Mass.....	130, 072	45	18. 0	18. 8	14	9	208
New Haven, Conn.....	172, 967	44	13. 3	25. 8	4	10	52
New Orleans, La.....	404, 575	169	21. 8	23. 5	18	25	.....
New York, N. Y.....	5, 927, 625	1, 963	17. 3	14. 7	186	221	74
Bronx Borough.....	840, 544	229	14. 2	11. 0	14	16	49
Brooklyn Borough.....	2, 156, 687	689	16. 7	13. 9	59	70	63
Manhattan Borough.....	2, 267, 001	860	19. 8	17. 8	97	116	94
Queens Borough.....	535, 844	136	13. 2	9. 8	14	14	75
Richmond Borough.....	127, 549	49	20. 0	17. 6	2	5	36

<sup>1</sup> Annual rate per 1,000 population.

<sup>2</sup> Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1922. Cities left blank are not in the registration area for births.

<sup>3</sup> Enumerated population Jan. 1, 1920.



Deaths from all causes in certain large cities of the United States during the week ended March 10, 1923, infant mortality, annual death rate, and comparison with corresponding week of 1922. (From the Weekly Health Index, March 13, 1923, issued by the Bureau of the Census, Department of Commerce.)—Continued.

City.	Estimated population July 1, 1923.	Week ended Mar. 10, 1923.		Annual death rate per 1,000 corresponding week 1922.	Deaths under 1 year.		Infant mortality rate, week ended Mar. 10 1923. <sup>3</sup>
		Total deaths.	Death rate. <sup>1</sup>		Week ended Mar. 10, 1923.	Corresponding week, 1922.	
Newark, N. J.....	438,699	160	19.0	18.2	14	18	66
Norfolk, Va.....	159,089	45	14.7	16.3	9	4	159
Oakland, Calif.....	240,086	72	15.6	16.5	6	9	77
Omaha, Nebr.....	204,382	72	18.4	14.3	8	4	87
Paterson, N. J.....	139,579	50	18.7	18.1	2	7	32
Philadelphia, Pa.....	1,922,788	685	18.6	17.9	78	67	101
Pittsburgh, Pa.....	613,442	265	22.5	16.0	33	29	115
Portland, Oreg.....	273,621	70	13.3	17.2	6	12	61
Providence, R. I.....	242,378	106	22.8	18.0	16	12	131
Richmond, Va.....	181,044	72	20.7	13.7	14	7	172
Rochester, N. Y.....	317,867	96	15.7	13.9	20	9	158
St. Louis, Mo.....	803,853	262	17.0	19.7	16	24	.....
St. Paul, Minn.....	241,891	82	17.7	14.6	13	11	102
Salt Lake City, Utah.....	126,241	40	16.5	16.8	4	5	81
San Antonio, Tex.....	184,727	63	17.8	.....	.....	7	.....
San Francisco, Calif.....	539,038	162	15.7	20.0	12	13	78
Seattle, Wash.....	* 315,312	66	10.9	9.3	4	6	53
Spokane, Wash.....	104,573	25	12.5	20.5	5	3	66
Springfield, Mass.....	144,227	55	19.9	11.2	6	8	114
Syracuse, N. Y.....	184,511	60	17.0	12.4	1	5	65
Tacoma, Wash.....	101,731	27	13.8	.....	.....	2	50
Toledo, Ohio.....	268,338	80	15.5	13.8	12	11	111
Trenton, N. J.....	127,390	51	20.9	15.4	8	5	85
Washington, D. C.....	* 437,571	196	23.4	17.8	14	21	120
Wilmington, Del.....	117,728	34	15.1	19.4	6	4	81
Worcester, Mass.....	191,927	65	17.7	9.4	7	9	101
Yonkers, N. Y.....	107,520	33	16.0	12.9	4	6	130
Youngstown, Ohio.....	* 132,358	20	7.9	16.2	9	5	68

<sup>1</sup> Annual rate per 1,000 population.

<sup>2</sup> Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1922. Cities left blank are not in the registration area for births.

<sup>3</sup> Enumerated population Jan. 1, 1920.



CONNECTICUT—continued.		Cases.
Scarlet fever.....	76	
Smallpox.....	5	
Trichinosis.....	1	
Tuberculosis (all forms).....	46	
Typhoid fever.....	5	
Whooping cough.....	63	
DISTRICT OF COLUMBIA.		
Chicken pox.....	36	
Diphtheria.....	7	
Influenza.....	14	
Lethargic encephalitis.....	2	
Measles.....	285	
Scarlet fever.....	40	
Tuberculosis.....	31	
Whooping cough.....	45	
FLORIDA.		
Diphtheria.....	12	
Influenza.....	16	
Malaria.....	3	
Ophthalmia neonatorum.....	1	
Pneumonia.....	6	
Poliomyelitis.....	1	
Scarlet fever.....	5	
Smallpox.....	14	
Typhoid fever.....	21	
GEORGIA.		
Cerebrospinal meningitis.....	1	
Chicken pox.....	29	
Dengue.....	2	
Diphtheria.....	15	
Dysentery (bacillary).....	1	
Hookworm disease.....	11	
Influenza.....	628	
Malaria.....	4	
Measles.....	441	
Mumps.....	6	
Pneumonia.....	69	
Scarlet fever.....	17	
Smallpox.....	6	
Tuberculosis (pulmonary).....	95	
Typhoid fever.....	7	
Whooping cough.....	12	
ILLINOIS.		
Cerebrospinal meningitis:		
Bond County.....	2	
Chicago.....	4	
Williamson County.....	1	
Diphtheria:		
Cook County.....	147	
Chicago.....	123	
Lake County.....	11	
Scattering.....	95	
Influenza:		
Chicago.....	113	
Scattering.....	264	
Pneumonia.....	721	
Poliomyelitis:		
Clay County.....	1	
Massac County.....	2	
St. Clair County.....	1	

1 Week ended Friday.

ILLINOIS—continued.		Cases.
Scarlet fever:		
Cook County.....	118	
Chicago.....	89	
Henry County.....	8	
Peoria County.....	9	
Scattering.....	90	
Smallpox.....	17	
Typhoid fever.....	28	
Whooping cough.....	268	
INDIANA.		
Diphtheria.....	42	
Influenza.....	109	
Measles.....	161	
Pneumonia.....	25	
Scarlet fever.....	77	
Smallpox.....	22	
Typhoid fever.....	2	
IOWA.		
Diphtheria.....	19	
Scarlet fever.....	77	
Smallpox.....	4	
KANSAS.		
Chicken pox.....	45	
Diphtheria.....	22	
Influenza.....	89	
Lethargic encephalitis.....	5	
Measles.....	145	
Mumps.....	15	
Pneumonia.....	117	
Scarlet fever.....	81	
Smallpox.....	4	
Tetanus.....	1	
Tuberculosis.....	17	
Whooping cough.....	96	
LOUISIANA.		
Cerebrospinal meningitis.....	3	
Diphtheria.....	24	
Influenza.....	256	
Poliomyelitis.....	2	
Scarlet fever.....	10	
Smallpox.....	18	
Typhoid fever.....	8	
MAINE.		
Cerebrospinal meningitis.....	1	
Chicken pox.....	26	
Diphtheria.....	8	
German measles.....	14	
Influenza.....	334	
Measles.....	101	
Scarlet fever.....	26	
Tuberculosis.....	13	
Typhoid fever.....	1	
Whooping cough.....	82	
MARYLAND. <sup>1</sup>		
Chicken pox.....	71	
Diphtheria.....	50	
German measles.....	3	
Influenza.....	456	
Lethargic encephalitis.....	5	

## MARYLAND—continued.

	Cases.
Measles.....	405
Mumps.....	56
Pneumonia (all forms).....	194
Scarlet fever.....	94
Septic sore throat.....	2
Tuberculosis.....	58
Typhoid fever.....	6
Whooping cough.....	152

## MASSACHUSETTS.

Cerebrospinal meningitis.....	3
Chicken pox.....	142
Conjunctivitis (suppurative).....	6
Diphtheria.....	156
German measles.....	5
Influenza.....	99
Lethargic encephalitis.....	11
Measles.....	836
Mumps.....	246
Ophthalmia neonatorum.....	11
Pneumonia (lobar).....	173
Poliomyelitis.....	1
Scarlet fever.....	361
Septic sore throat.....	4
Trachoma.....	2
Tuberculosis (all forms).....	121
Typhoid fever.....	6
Whooping cough.....	425

## MICHIGAN.

Diphtheria.....	122
Measles.....	254
Pneumonia.....	155
Scarlet fever.....	348
Smallpox.....	39
Tuberculosis.....	59
Typhoid fever.....	10
Whooping cough.....	192

## MINNESOTA.

Chicken pox.....	8
Diphtheria.....	46
Influenza.....	30
Lethargic encephalitis.....	1
Measles.....	418
Pneumonia.....	11
Scarlet fever.....	159
Smallpox.....	73
Trachoma.....	1
Tuberculosis.....	63
Typhoid fever.....	1
Whooping cough.....	12

## MISSISSIPPI.

Diphtheria.....	10
Influenza.....	305
Poliomyelitis.....	1
Scarlet fever.....	5
Smallpox.....	2
Typhoid fever.....	2

## MISSOURI.

Cerebrospinal meningitis.....	4
Chicken pox.....	106
Diphtheria.....	61
Epidemic sore throat.....	31

## MISSOURI—continued.

	Cases.
Influenza.....	727
Measles.....	900
Mumps.....	24
Ophthalmia neonatorum.....	1
Pneumonia.....	40
Scarlet fever.....	120
Smallpox.....	10
Tetanus.....	1
Trachoma.....	6
Tuberculosis.....	45
Typhoid fever.....	1
Whooping cough.....	36

## MONTANA.

Diphtheria.....	18
Scarlet fever.....	9
Smallpox.....	12
Typhoid fever.....	1

## NEBRASKA.

Chicken pox.....	23
Diphtheria:	
Dundy County.....	16
Scattering.....	19
Influenza.....	300
Measles.....	20
Mumps.....	31
Scarlet fever:	
Dodge County.....	12
Saline County.....	9
Scattering.....	44
Tuberculosis.....	3
Whooping cough.....	43

## NEW JERSEY.

Cerebrospinal meningitis.....	5
Chicken pox.....	154
Diphtheria.....	159
Influenza.....	138
Measles.....	911
Pneumonia.....	230
Poliomyelitis.....	2
Scarlet fever.....	211
Typhoid fever.....	5
Whooping cough.....	132

## NEW MEXICO.

Chicken pox.....	15
Conjunctivitis.....	1
Diphtheria.....	17
Influenza.....	7
Measles.....	49
Mumps.....	22
Pneumonia.....	8
Scarlet fever.....	5
Smallpox.....	1
Tuberculosis.....	9
Whooping cough.....	14

## NEW YORK.

(Exclusive of New York City.)

Cerebrospinal meningitis.....	3
Diphtheria.....	106
Influenza.....	868
Lethargic encephalitis.....	10
Measles.....	987

NEW YORK—continued.

	Cases.
Pneumonia.....	478
Poliomyelitis.....	2
Scarlet fever.....	328
Smallpox.....	11
Typhoid fever.....	14
Whooping cough.....	267

NORTH CAROLINA.

Cerebrospinal meningitis.....	4
Chicken pox.....	127
Diphtheria.....	32
German measles.....	5
Measles.....	1,743
Ophthalmia neonatorum.....	1
Scarlet fever.....	28
Septic sore throat.....	1
Smallpox.....	118
Typhoid fever.....	15
Whooping cough.....	320

OREGON.

Chicken pox.....	24
Diphtheria.....	10
Influenza.....	22
Lethargic encephalitis:	
Coos County.....	1
Portland.....	11
Measles.....	3
Mumps.....	1
Pneumonia.....	110
Scarlet fever.....	18
Smallpox:	
Portland.....	9
Scattering.....	5
Tuberculosis.....	9
Whooping cough.....	9

SOUTH DAKOTA.

Chicken pox.....	18
Diphtheria.....	4
Influenza.....	10
Measles.....	14
Pneumonia.....	5
Scarlet fever.....	31
Tuberculosis.....	1
Whooping cough.....	9

TEXAS.

Chicken pox.....	98
Dengue.....	60
Diphtheria.....	19
Dysentery.....	2
Influenza.....	878
Leprosy.....	1
Measles.....	165
Mumps.....	100
Pellagra.....	1
Pneumonia.....	53
Scarlet fever.....	8
Smallpox.....	7
Trachoma.....	3

TEXAS—continued.

	Cases.
Tuberculosis.....	105
Typhoid fever.....	1
Whooping cough.....	34

VERMONT.

Chicken pox.....	10
Diphtheria.....	4
German measles.....	6
Measles.....	16
Mumps.....	8
Pneumonia.....	16
Scarlet fever.....	30
Smallpox.....	1
Whooping cough.....	17

WASHINGTON.

Cerebrospinal meningitis—Seattle.....	1
Chicken pox.....	124
Diphtheria.....	27
Measles.....	18
Mumps.....	32
Pneumonia.....	5
Scarlet fever:	
Seattle.....	11
Spokane.....	11
Scattering.....	24
Smallpox:	
Spokane.....	17
Scattering.....	41
Tuberculosis.....	12
Typhoid fever.....	7
Whooping cough.....	87

WEST VIRGINIA.

Diphtheria.....	13
Scarlet fever.....	8
Smallpox.....	2
Typhoid fever.....	6

WISCONSIN.

Milwaukee:	
Chicken pox.....	8
Diphtheria.....	21
Influenza.....	8
Measles.....	131
Pneumonia.....	15
Scarlet fever.....	233
Tuberculosis.....	16
Whooping cough.....	38
Scattering:	
Cerebrospinal meningitis.....	3
Chicken pox.....	75
Diphtheria.....	56
German measles.....	5
Influenza.....	1,624
Measles.....	874
Ophthalmia neonatorum.....	2
Pneumonia.....	68
Scarlet fever.....	147
Smallpox.....	21
Tuberculosis.....	34
Typhoid fever.....	10
Whooping cough.....	110

<sup>1</sup> Deaths.

## Report for Week Ended March 10, 1923.

NORTH DAKOTA.		NORTH DAKOTA—continued.	
	Cases.		Cases.
Chicken pox.....	10	Pneumonia.....	17
Diphtheria.....	17	Scarlet fever.....	32
Influenza.....	4	Smallpox.....	33
Lethargic encephalitis.....	3	Tuberculosis.....	4
Measles.....	3	Whooping cough.....	6

## 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.	Pollomyelitis.	Scarlet fever.	Smallpox.	Typhoid fever.
<i>February, 1923.</i>										
Louisiana.....	5	127	2,846	50	60	7	1	22	99	31
Michigan.....	35	1	780	.....	589	1	.....	1,444	155	70
New York.....	21	1,208	16,363	5	4,184	.....	7	2,506	43	75
North Dakota.....	1	66	259	.....	28	.....	.....	108	73	2

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923.

## CEREBROSPINAL MENINGITIS.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding week of the years 1915 to 1922, inclusive. In instances in which data for the full eight years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Mar. 3, 1923.		City.	Median for previous years.	Week ended Mar. 3, 1923.	
		Cases.	Deaths.			Cases.	Deaths.
California:				New York:			
Los Angeles.....	0	.....	1	New York.....	6	5	2
Connecticut:				Niagara Falls.....	0	1	1
Norwich.....	0	1	.....	Schenectady.....	0	2	.....
Kentucky:				Ohio:			
Louisville.....	0	.....	1	Cincinnati.....	0	.....	1
Massachusetts:				Virginia:			
Fall River.....	0	1	.....	Roanoke.....	0	1	.....
Michigan:				Wisconsin:			
Detroit.....	1	1	.....	Superior.....	0	1	.....

## DIPHTHERIA.

See p. 642; also Current State summaries, p. 629, and Monthly summaries by States, above.

CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

INFLUENZA.

City.	Cases.		Deaths, week ended Mar. 3, 1923.	City.	Cases.		Deaths, week ended Mar. 3, 1923.
	Week ended Mar. 4, 1922.	Week ended Mar. 3, 1923.			Week ended Mar. 4, 1922.	Week ended Mar. 3, 1923.	
Alabama:				Iowa:			
Birmingham.....		29	1	Cedar Rapids.....	2		
Mobile.....		3	2	Kansas:			
Tuscaloosa.....	7	5		Aitchison.....		2	
Arkansas:				Coffeyville.....		1	
Little Rock.....	20	35		Fort Scott.....			1
California:				Kansas City.....	6	1	
Bakersfield.....	27		2	Lawrence.....	6		
Berkeley.....	245			Parsons.....	1		
Eureka.....	29			Salina.....	59	8	
Long Beach.....	88	32	2	Topeka.....		2	
Los Angeles.....	3,061	177	6	Wichita.....	4		3
Oakland.....	149	21	2	Kentucky:			
Pasadena.....	284		1	Covington.....	10		2
Riverside.....	10			Lexington.....	2		
Sacramento.....	75			Louisville.....	35	43	2
San Diego.....	512	16	1	Owensboro.....	2		
San Francisco.....	489			Louisiana:			
Santa Ana.....	256	9		Baton Rouge.....	40		
Santa Cruz.....	51			New Orleans.....	15	99	13
Stockton.....	143	20	1	Maine:			
Colorado:				Auburn.....	1		
Denver.....			9	Bangor.....		29	
Connecticut:				Bath.....		1	
Bridgeport.....	10	3	2	Lewiston.....	8	1	2
Bristol.....	1	16	1	Portland.....	33		2
Fairfield.....		4		Sanford.....	32	46	
Greenwich.....	1			Maryland:			
Hartford.....	4	1	2	Baltimore.....	384	249	20
Meriden.....	55	21		Cumberland.....	42	63	1
Milford.....	1			Frederick.....		12	
New Britain.....	70	86	3	Massachusetts:			
New Haven.....	25	15	4	Arlington.....	2		
New London.....		5		Attleboro.....	14	13	1
Norwich.....		11		Belmont.....	10	2	
Stonington.....		3		Beverly.....			1
Waterbury.....	2	2	2	Boston.....	207	26	4
District of Columbia:				Braintree.....	47	8	
Washington.....	9	19	12	Brookline.....	10		
Florida:				Cambridge.....	75	6	1
St. Petersburg.....		4	1	Chelsea.....	2		
Tampa.....	8	3		Chicopee.....		2	2
Georgia:				Clinton.....	6	1	1
Atlanta.....	21	19		Danvers.....	1	1	
Augusta.....	2			Everett.....	61	1	
Brunswick.....	11			Fall River.....	43	3	3
Macon.....		50		Frammingham.....	7		
Rome.....	32			Haverhill.....	16	5	1
Savannah.....	1	8		Holyoke.....		3	
Idaho:				Leominster.....	2	1	1
Boise.....	134			Lowell.....	6	9	1
Illinois:				Lynn.....	5	7	5
Champaign.....	5			Malden.....	6	5	
Chicago.....	427	263	50	Melrose.....	1		
Cicero.....	2	2		Natick.....	2		2
Danville.....	4	12		New Bedford.....	8		
Decatur.....	4	13	2	Newburyport.....	1	4	
East St. Louis.....	10	1	2	Newton.....	3		
Elgin.....		2		North Adams.....		3	2
Oak Park.....	2			Peabody.....	3		
Peoria.....			2	Pittsfield.....	6	4	2
Quincy.....		2		Plymouth.....			1
Rockford.....	4	2		Quincy.....	8	2	
Rock Island.....	1			Saugus.....	27		
Springfield.....		4	3	Somerville.....	9	6	
Indiana:				Southbridge.....	18		
Bloomington.....		2	2	Springfield.....	5	8	3
East Chicago.....			1	Wakefield.....		1	1
Elkhart.....	2			Waltham.....	1	13	1
Fort Wayne.....			2	Watertown.....	5	1	
Huntington.....			1	Weymouth.....			1
Indianapolis.....			10	Winthrop.....		1	
La Fayette.....	4			Michigan:			
Mishawaka.....			1	Detroit.....	139	19	12
Terre Haute.....			2	Flint.....	3	5	

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

## INFLUENZA—Continued.

City.	Cases.		Deaths, week ended Mar. 3, 1923.	City.	Cases.		Deaths, week ended Mar. 3, 1923.
	Week ended Mar. 4, 1922.	Week ended Mar. 3, 1923.			Week ended Mar. 4, 1922.	Week ended Mar. 3, 1923.	
Michigan—Continued.				New York—Continued.			
Grand Rapids.....		1		Poughkeepsie.....	3	2	
Highland Park.....	8			Rochester.....	24		6
Kalamazoo.....		11	3	Rome.....		42	
Marquette.....		5	1	Saratoga Springs.....	46	66	
Pontiac.....		7		Schnectady.....	5	24	
Saginaw.....	7			Syracuse.....	6		2
Minnesota:				Watertown.....	8		
Duluth.....	19			Yonkers.....	2		2
Faribault.....			3	North Carolina:			
Minneapolis.....	27		8	Winston-Salem.....			3
St. Paul.....	7		2	North Dakota:			
Winona.....	2		2	Grand Forks.....	20		
Missouri:				Ohio:			
Cape Girardeau.....			2	Akron.....	14	3	
Independence.....		20		Ashtabula.....	3	23	1
Kansas City.....	18	40	22	Cambridge.....	1		7
St. Joseph.....		6	1	Canton.....			
St. Louis.....	40	2		Chillicothe.....	4		
Springfield.....			2	Cincinnati.....	9	3	12
Montana:				Cleveland.....	263	24	9
Billings.....	57	2		Columbus.....			13
Great Falls.....	3		1	Dayton.....	1	3	
Missoula.....	266	44	1	East Cleveland.....	2	1	
Nebraska:				Hamilton.....	3		1
Omaha.....		2	2	Ironton.....	2		
Nevada:				Lancaster.....			1
Reno.....	120			Lorain.....	2		
New Hampshire:				Mansfield.....	2		
Concord.....			1	Marion.....		1	
Dover.....	15			Newark.....			1
New Jersey:				Norwood.....	2	1	1
Asbury Park.....	1			Springfield.....		2	2
Belleville.....	7	2		Tiffin.....		2	
Clifton.....	6	2		Toledo.....	70		6
East Orange.....	3	6		Youngstown.....			8
Garfield.....	4	1	1	Zaneville.....	3		1
Harrison.....	1	11		Oklahoma:			
Hoboken.....			1	Oklahoma.....			4
Jersey City.....	1	7		Oregon:			
Kearny.....	29	68		Portland.....	14		1
Long Branch.....		3	2	Pennsylvania:			
Montclair.....	3			Philadelphia.....	58	9	17
Newark.....	214	249	13	Rhode Island:			
Orange.....	2	4		Newport.....			1
Passaic.....	28	10		Providence.....	21		
Paterson.....	20	6		South Carolina:			
Plainfield.....	2			Charleston.....			3
Trenton.....	8	5	4	Greenville.....			1
West Hoboken.....	1	2		South Dakota:			
West Orange.....	1			Sioux Falls.....		1	
New Mexico:				Tennessee:			
Albuquerque.....	215	4		Memphis.....			5
New York:				Nashville.....			1
Albany.....	141	117		Texas:			
Amsterdam.....		8		Beaumont.....	22		
Auburn.....	1	5		Dallas.....	16	3	6
Buffalo.....	20	15	5	Fort Worth.....	1	24	4
Cohoes.....	55	10		Houston.....			1
Cortland.....	3			San Angelo.....			1
Dunkirk.....		74	1	San Antonio.....			4
Elmira.....	1			Utah:			
Hornell.....	8			Provo.....	30		
Hudson.....	1			Salt Lake City.....	1		1
Jamestown.....	18	1		Virginia:			
Little Falls.....		1	1	Charlottesville.....			2
Lockport.....		13		Lynchburg.....			1
Middletown.....	16	1		Norfolk.....	62	1	1
Mount Vernon.....	17	38		Petersburg.....	6		
New York.....	592	2,159	149	Richmond.....			3
Niagara Falls.....		2		Roanoke.....	30		1
Peekskill.....	46		1				



CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

INFLUENZA—Continued.

City.	Cases.		Deaths, week ended Mar. 3, 1923.	City.	Cases.		Deaths, week ended Mar. 3, 1923.
	Week ended Mar. 4, 1922.	Week ended Mar. 3, 1923.			Week ended Mar. 4, 1922.	Week ended Mar. 3, 1923.	
Washington:				Wisconsin—Continued.			
Vancouver.....	7			Kenosha.....	9	3	
Walla Walla.....	19			La Crosse.....	9	32	
West Virginia:				Madison.....	7	1	
Charleston.....	1	1	1	Marinette.....		25	3
Fairmont.....	12			Milwaukee.....	4	2	1
Huntington.....	8		1	Racine.....	6		
Wheeling.....			1	Wausau.....		1	
Wisconsin:				Wyoming:			
Beloit.....	1			Casper.....	20		

LEPROSY.

City.	Cases.	Deaths.
California:		
Sacramento.....	1	

LETHARGIC ENCEPHALITIS.

California:			Oregon:		
Sacramento.....		1	Portland.....		3
Connecticut:			Washington:		
Meriden.....	4	1	Everett.....		1
New Jersey:			Spokane.....	4	
Jersey City.....	1		Vancouver.....	1	
New York:					
Ithaca.....		1			

MALARIA.

Alabama:			Massachusetts:		
Birmingham.....	2		Boston.....		1
Florida:			New York:		
St. Petersburg.....	1		New York.....		1
Tampa.....	1		Ohio:		
Louisiana:			Akron.....		1
New Orleans.....		1			

MEASLES.

See p. 642, also Current State summaries, p. 629, and Monthly summaries by States, p. 633.

PELLAGRA.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Georgia:			South Carolina:		
Savannah.....		1	Charleston.....		1
Louisiana:			Texas:		
New Orleans.....	3	2	Dallas.....		1

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

## PNEUMONIA (ALL FORMS).

City.	Cases.	Deaths.	City.	Cases.	Deaths.
<b>Alabama:</b>			<b>Iowa:</b>		
Birmingham.....	10	8	Burlington.....	3	2
Mobile.....		3	Council Bluffs.....		4
Tuscaloosa.....	1		Marshalltown.....	5	
<b>Arkansas:</b>			Mason City.....		3
Fort Smith.....	1		Sioux City.....	1	
Little Rock.....	7		<b>Kansas:</b>		
<b>California:</b>			Coffeyville.....	2	
Alameda.....		1	Fort Scott.....		2
Eureka.....	2		Hutchinson.....	1	
Long Beach.....	1		Kansas City.....	12	
Los Angeles.....	64	37	Leavenworth.....	5	
Oakland.....	20	9	Parsons.....	2	
Pasadena.....		6	Salina.....	1	
Richmond.....		1	Topeka.....	13	2
Riverside.....	6	3	Wichita.....		9
Sacramento.....	1		<b>Kentucky:</b>		
San Diego.....	4	1	Covington.....		3
Santa Ana.....	1		Henderson.....		2
Santa Cruz.....		1	Lexington.....	4	3
Stockton.....		3	Louisville.....	33	29
<b>Colorado:</b>			<b>Louisiana:</b>		
Denver.....		13	New Orleans.....	36	34
Pueblo.....	1		<b>Maine:</b>		
<b>Connecticut:</b>			Bangor.....	14	
Bridgeport.....	5	2	Bath.....		2
Bristol.....		5	Biddeford.....		5
Fairfield.....		1	Lewiston.....	5	3
Hartford.....	7	3	Portland.....		17
Meriden.....	1		Sanford.....	7	
Millford.....	2		<b>Maryland:</b>		
New Britain.....	10	6	Baltimore.....	154	74
New Haven.....		12	Cumberland.....	8	1
Norwalk.....		3	Frederick.....	2	
Waterbury.....		10	<b>Massachusetts:</b>		
<b>District of Columbia:</b>			Amesbury.....		1
Washington.....		28	Arlington.....		2
<b>Florida:</b>			Attleboro.....		1
St. Petersburg.....		1	Belmont.....		1
Tampa.....		1	Beverly.....	3	1
<b>Georgia:</b>			Boston.....		56
Atlanta.....		16	Braintree.....		1
Macon.....	6		Brookline.....		1
Savannah.....		8	Cambridge.....		10
Valdosta.....		2	Chelsea.....	2	1
<b>Illinois:</b>			Chicopee.....		3
Alton.....		2	Clinton.....		1
Aurora.....	5	4	Easthampton.....	1	
Bloomington.....		1	Everett.....	2	7
Chicago.....	537	190	Fall River.....	10	2
Cicero.....		5	Fitchburg.....	3	3
Danville.....	10	3	Gardner.....		3
Decatur.....	14	4	Haverhill.....	6	3
East St. Louis.....		5	Holyoke.....		11
Elgin.....	9	4	Lowell.....		14
Evanston.....	1		Lynn.....		3
Forest Park.....	2		Malden.....		3
Galesburg.....	3	1	Medford.....		3
Jacksonville.....	10	5	Melrose.....	2	1
Kewanee.....	2	1	Methuen.....		18
La Salle.....		3	New Bedford.....		1
Mattoon.....	3	1	Newburyport.....	4	3
Oak Park.....	5	1	Newton.....	4	2
Peoria.....	4		North Adams.....		4
Quincy.....	10	3	Northampton.....		1
Rockford.....	6	6	Northbridge.....		1
Springfield.....	7	6	Peabody.....	1	
<b>Indiana:</b>			Pittsfield.....		4
Anderson.....		2	Plymouth.....		1
Bloomington.....		1	Quincy.....		5
East Chicago.....		2	Somerville.....	15	3
Fort Wayne.....		8	Southbridge.....		1
Hammond.....		2	Springfield.....	9	3
Indianapolis.....		33	Taunton.....		7
Kokomo.....		1	Wakefield.....		3
La Fayette.....		3	Waltham.....	2	1
Logansport.....		2	Watertown.....		1
Michigan City.....		6	Webster.....		1
Muncie.....		2	Winthrop.....	2	
South Bend.....		1	Worcester.....	14	7
Terre Haute.....		2			

CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

PNEUMONIA (ALL FORMS)—Continued.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Michigan:			New York—Continued.		
Alpena.....		1	Hudson.....		6
Ann Arbor.....	3		Ithaca.....	9	2
Battle Creek.....	5	3	Jamestown.....	4	3
Benton Harbor.....		7	Lackawanna.....		2
Detroit.....	103	61	Little Falls.....		4
Flint.....		10	Lockport.....		1
Grand Rapids.....	14	11	Middletown.....	5	2
Hamtramck.....		6	Mount Vernon.....	14	3
Highland Park.....	6	3	New York.....	1,109	453
Holland.....	3		Newburgh.....	5	2
Jackson.....	5		Niagara Falls.....	4	2
Kalamazoo.....	8	5	North Tonawanda.....	5	
Marquette.....	1		Olean.....	5	1
Pontiac.....	4	2	Peekskill.....	5	4
Port Huron.....	2	4	Poughkeepsie.....	8	4
Sault Ste. Marie.....	2	1	Rochester.....	81	22
Duluth.....	8	6	Rome.....		1
Faribault.....		1	Saratoga Springs.....	5	
Minnesota:			Schenectady.....	16	5
Minneapolis.....		19	Syracuse.....	18	9
Rochester.....	2		Watertown.....	11	1
St. Paul.....		20	White Plains.....	5	2
Missouri:			Yonkers.....	11	7
Cape Girardeau.....		1	North Carolina:		
Independence.....	3		Durham.....		1
Kansas City.....	80	41	Greensboro.....		2
St. Joseph.....		9	Raleigh.....		2
Springfield.....		4	Wilmington.....		1
Montana:			Winston-Salem.....		6
Anaconda.....		2	North Dakota:		
Billings.....		1	Minot.....		1
Great Falls.....		1	Ohio:		
Helena.....		2	Akron.....	18	
Missoula.....	5	2	Ashtabula.....		3
Nebraska:			Barberton.....	1	
Lincoln.....		6	Bellaire.....		3
Omaha.....		31	Bucyrus.....		1
Nevada:			Cambridge.....		2
Reno.....		1	Canton.....		6
New Hampshire:			Cincinnati.....		19
Berlin.....		1	Cleveland.....	91	50
Concord.....		3	Cleveland Heights.....	2	
Keene.....		1	Columbus.....		22
Nashua.....		4	Dayton.....	2	
New Jersey:			East Cleveland.....		3
Atlantic City.....	1		East Youngstown.....		1
Belleville.....			Findlay.....	2	
Bloomfield.....	6	1	Fremont.....	2	
Clifton.....	6	1	Hamilton.....		4
East Orange.....	11	6	Kenmore.....	2	
Elizabeth.....		6	Lancaster.....		4
Englewood.....	3	2	Lorain.....	7	1
Garfield.....	3	1	Newark.....		4
Harrison.....	2		Niles.....		2
Hoboken.....		11	Salem.....		4
Jersey City.....	13		Sandusky.....		2
Kearny.....	7	1	Springfield.....		5
Long Branch.....	2		Tiffin.....		1
Montclair.....	6	4	Toledo.....		19
Newark.....	183	38	Youngstown.....		20
Orange.....	13	6	Zanesville.....		4
Passaic.....	10	7	Oklahoma:		
Paterson.....	13	3	Oklahoma.....		9
Perth Amboy.....		1	Oregon:		
Plainfield.....	7		Portland.....		12
Rahway.....		1	Pennsylvania:		
Summit.....	4	1	Philadelphia.....	175	155
Trenton.....		13	Rhode Island:		
Union.....	1		Cranston.....	4	3
West Hoboken.....	4	1	Cumberland.....		3
West New York.....	3	2	Pawtucket.....		7
New York:			Providence.....		19
Albany.....	35		South Carolina:		
Amsterdam.....	2		Charleston.....		5
Auburn.....	7	2	Greenville.....		5
Buffalo.....	50	21	South Dakota:		
Cohoes.....	4		Sioux Falls.....	2	1
Dunkirk.....		2	Tennessee:		
Glen Falls.....	2		Memphis.....		17
Hornell.....	9	4	Nashville.....		8

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

## PNEUMONIA (ALL FORMS)—Continued.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
<b>Texas:</b>			<b>West Virginia:</b>		
Beaumont.....		1	Bluefield.....		1
Dallas.....		9	Charleston.....		2
El Paso.....		3	Clarksburg.....		1
Fort Worth.....		13	Huntington.....		6
Galveston.....		3	Parkersburg.....		2
Houston.....		5	Wheeling.....		10
San Angelo.....		5	<b>Wisconsin:</b>		
San Antonio.....		16	Ashland.....		2
Waco.....		6	Beloit.....		2
<b>Utah:</b>			Fond du Lac.....		2
Salt Lake City.....		2	Janesville.....		2
<b>Vermont:</b>			Kenosha.....		4
Burlington.....	4	3	Madison.....		2
Rutland.....		3	Milwaukee.....		37
<b>Virginia:</b>			Oshkosh.....		4
Alexandria.....	1	.....	Racine.....		9
Charlottesville.....		1	Sheboygan.....		2
Danville.....		1	Superior.....		2
Lynchburg.....		1	<b>Wyoming:</b>		
Norfolk.....	13	8	Cheyenne.....		2
Petersburg.....		1			
Portsmouth.....		4			
Richmond.....		10			
Roanoke.....		2			

## POLIOMYELITIS (INFANTILE PARALYSIS).

The column headed "Median for previous years" gives the median number of cases reported during the corresponding week of the years 1915 to 1922, inclusive. In instances in which data for the full eight years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Mar. 3, 1923.		City.	Median for previous years.	Week ended Mar. 3, 1923.	
		Cases.	Deaths.			Cases.	Deaths.
<b>Maryland:</b>				<b>Montana:</b>			
Baltimore.....	0	1	.....	Missoula.....	0	1	1
<b>Michigan:</b>				<b>New York:</b>			
Grand Rapids.....	0	1	1	Dunkirk.....		1	.....
				New York.....	0	1	1

## RABIES IN ANIMALS.

City.	Cases.	City.	Cases.
<b>California:</b>		<b>Missouri:</b>	
Los Angeles.....	11	Kansas City.....	2
<b>Georgia:</b>		<b>New Jersey:</b>	
Savannah.....	3	Montclair.....	1
<b>Massachusetts:</b>		<b>Tennessee:</b>	
Arlington.....	1	Memphis.....	1
Methuen.....	1	<b>Texas:</b>	
		Dallas.....	1

## RABIES IN MAN.

City.	Cases.	Deaths.
<b>California:</b>		
Los Angeles.....	2	2

CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

SCARLET FEVER.

See p. 642; also Current State summaries, p. 629, and Monthly summaries by States, p. 633.

SMALLPOX.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding week of the years 1915 to 1922, inclusive. In instances in which data for the full eight years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Mar. 3, 1923.		City.	Median for previous years.	Week ended Mar. 3, 1923.	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				North Carolina:			
Mobile.....	3	1		Greensboro.....	0	7	
California:				Raleigh.....	0	1	
Los Angeles.....	2	1		Winston-Salem.....	3	73	
Colorado:				Ohio:			
Denver.....	13		1	Columbus.....	1	1	
District of Columbia:				Middletown.....	1	1	
Washington.....	1	2		Toledo.....	2	5	
Florida:				Oklahoma:			
St. Petersburg.....		2		Oklahoma.....	5	1	
Georgia:				Tulsa.....	3	1	
Macon.....	1	1		Oregon:			
Savannah.....	0	1		Portland.....	8	18	
Indiana:				South Carolina:			
Fort Wayne.....	1	1		Columbia.....	0	1	
Indianapolis.....	4	1		Greenville.....	1	1	
Muncie.....	2	1		Tennessee:			
Iowa:				Knoxville.....	0	13	
Burlington.....	0	1		Memphis.....	2	1	
Council Bluffs.....	1	1		Texas:			
Davenport.....	4	4		El Paso.....	1	1	
Waterloo.....	0	1		San Antonio.....	6	1	
Louisiana:				Utah:			
New Orleans.....	7	1		Salt Lake City.....	4	4	
Michigan:				Virginia:			
Detroit.....	6	5		Danville.....	0	1	
Grand Rapids.....	1	1		Portsmouth.....	0	1	
Minnesota:				Roanoke.....	0	1	
Duluth.....	1	6		Washington:			
Faribault.....	0	1		Seattle.....	3	15	
Minneapolis.....	27	8		Spokane.....	41	10	
St. Paul.....	16	5		Tacoma.....	5	1	
Montana:				Wisconsin:			
Great Falls.....	1	4		Eau Claire.....	0	3	
Missoula.....	0	5		Superior.....	1	20	
New York:							
Niagara Falls.....	0	6					

TETANUS.

City.	Cases.	Deaths.	City.	Cases.	Deaths.
Alabama:			South Carolina:		
Mobile.....	1		Charleston.....		1
Maryland:			Columbia.....	1	
Baltimore.....		1			
Missouri:					
St. Louis.....		1			

TUBERCULOSIS.

See p. 642; also Current State summaries, p. 629.

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

## TYPHOID FEVER.

The column headed "Median for previous years" gives the median number of cases reported during the corresponding week of the years 1915 to 1922, inclusive. In instances in which data for the full eight years are incomplete, the median is that for the number of years for which information is available.

City.	Median for previous years.	Week ended Mar. 3, 1923.		City.	Median for previous years.	Week ended Mar. 3, 1923.	
		Cases.	Deaths.			Cases.	Deaths.
Alabama:				Missouri:			
Birmingham.....	0	1		St. Louis.....	1	1	
Mobile.....	0		1	New Jersey:			
California:				Trenton.....	0	1	
Eureka.....	0	1		New York:			
Los Angeles.....	2	2		Albany.....	0	1	
San Bernardino.....	0	1		Buffalo.....	1	1	2
Colorado:				Glens Falls.....	0	2	
Denver.....	0		1	Jamestown.....	0	1	
Pueblo.....	0	1		New York.....	13	9	3
Florida:				Rochester.....	0		1
St. Petersburg.....		1		Syracuse.....	0	1	
Tampa.....	3	2		North Carolina:			
Georgia:				Wilmington.....	0		1
Savannah.....	0	1	1	Ohio:			
Illinois:				Cincinnati.....	1	1	1
Chicago.....	5	1		Cleveland.....	1	1	
East St. Louis.....	0	1	1	New Philadelphia.....	0	1	
Springfield.....	0	1	1	Pennsylvania:			
Indiana:				Philadelphia.....	4	2	1
Hammond.....	0	1		Rhode Island:			
Iowa:				Pawtucket.....	0	1	
Muscatine.....	0	1		South Carolina:			
Kansas:				Charleston.....	1	1	
Lawrence.....	0		1	Tennessee:			
Kentucky:				Memphis.....	0	1	
Henderson.....		1		Texas:			
Louisville.....	0		1	Beaumont.....	0	1	
Louisiana:				San Antonio.....	0	1	
New Orleans.....	1	5		Virginia:			
Maryland:				Lynchburg.....	0	1	
Baltimore.....	2	2		Washington:			
Massachusetts:				Seattle.....	0	3	
Lawrence.....	1	1	1	West Virginia:			
Lynn.....	0	1		Charleston.....	0	2	
Worcester.....	0		1	Wisconsin:			
Michigan:				Appleton.....	0	1	1
Detroit.....	3	1		Milwaukee.....	1	2	1
Minnesota:							
Rochester.....	0	1					
St. Paul.....	0	1					

CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—Continued.

DIPHTHERIA, MEASLES, SCARLET FEVER, AND TUBERCULOSIS.

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.
<b>Alabama:</b>										
Birmingham	178, 806	52	1		12		2		9	6
Mobile	60, 777	27			1				2	7
Tuscaloosa	11, 996				3		1			
<b>Arkansas:</b>										
Fort Smith	28, 879		1		6					
Hot Springs	11, 695	3								
Little Rock	65, 142		1		36		3		3	
North Little Rock	14, 048						13			
<b>California:</b>										
Alameda	28, 806	5	2				1			
Bakersfield	18, 638	9			4					
Eureka	12, 923	6	1		1					
Long Beach	55, 593	21	3		49		2		1	
Los Angeles	576, 673	240	36	3	173		40		83	19
Oakland	216, 261	52	11		28		14		1	3
Pasadena	45, 354	24	4		3		6		1	1
Richmond	16, 943	4	1		2					
Riverside	19, 341	8			1				3	1
Sacramento	65, 908	17	1				6	1	5	3
San Bernardino	18, 721				3					
San Diego	74, 683	35	6	1	81		11		2	1
Santa Ana	15, 485	5			10		2			
Santa Cruz	10, 917	6								
Stockton	49, 296	10					1			1
<b>Colorado:</b>										
Denver	256, 491	88	27	3	5		23			11
Pueblo	43, 050	9	3		2		1		6	1
Trinidad	10, 906						1			
<b>Connecticut:</b>										
Bridgeport	143, 555	41	7		63	2	11		6	2
Bristol	20, 620	9	1		2				1	
Derby	11, 238	2								
Fairfield (town)	11, 475	2			7		2			
Hartford	138, 036	47	12				4		1	1
Manchester (town)	18, 379	8								
Meriden (city)	29, 967	2							1	1
Milford (town)	10, 198	2	1	1	1		1			
New Britain	59, 316	15	7		11		1			
New Haven	162, 537	62			32		8		4	4
New London	25, 688	6	1		5				1	1
Norwalk	27, 743	8								1
Norwich (city)	22, 304	5			3					
Stonington (town)	10, 235	2			9					
Waterbury	91, 715	32	4	1	78	2	17		2	1
<b>District of Columbia:</b>										
Washington	437, 571	166	5	2	161		22		23	9
<b>Florida:</b>										
St. Petersburg	14, 237	12								
Tampa	51, 698	11	2		1		1		5	2
<b>Georgia:</b>										
Atlanta	200, 616	71	5		2		1		1	3
Brunswick	14, 413	4	1							
Macon	52, 995				150				3	
Rome	13, 252				28					
Savannah	83, 252	31	2				1		2	
Valdosta	10, 783	10							1	
<b>Idaho:</b>										
Boise	21, 393	2								
Pocatello	15, 001	4								
<b>Illinois:</b>										
Alton	24, 682	11	2		5				1	1
Aurora	36, 397	18	9		2		5			
Bloomington	28, 725	1							2	
Centralia	12, 491	5					1			
Champaign	15, 873	3	1		8					
Chicago	2, 701, 705	934	133	5	464	5	80	2	134	41
Cicero	44, 995	13	1		2		1		3	
Danville	33, 776	11	1		1				2	
Decatur	43, 818	20	2				3			2
East St. Louis	66, 767	28			27	1			1	1
Elgin	27, 454	6			1		2			
Evanston	37, 234	9	1		15		6		1	
Forest Park	10, 798		1							

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—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.
Illinois—Continued.										
Galesburg.....	23,834	7					1			
Jacksonville.....	15,713	20					3			
Kewanee.....	16,026	3					2	1		
La Salle.....	13,050	7			16					
Mattoon.....	13,552	5								
Oak Park.....	39,858	18	3		4		2		3	
Peoria.....	76,121	27	1				4			
Quincy.....	35,978	9					3			
Rockford.....	65,651	17	2		2		3			
Springfield.....	59,183	28	4		134	1	5		6	3
Indiana:										
Anderson.....	29,767	11	2							
Bloomington.....	11,595	4								
Crawfordsville.....	10,139	6					3			
East Chicago.....	35,967	11			17					
Elwood.....	10,790	1								
Fort Wayne.....	86,549	37	4	1	1		3			1
Frankfort.....	11,585	5	4		1		1			
Hammond.....	36,004	9		1	33		1			
Huntington.....	14,000	4								
Indianapolis.....	314,194	134	9	2	35		3		3	8
Kokomo.....	30,067	9	1							1
LaFayette.....	22,486	4	1		3					3
Logansport.....	21,626	6			11					
Michigan City.....	19,457	7					2			
Mishawaka.....	15,195	4					1			
Muncie.....	36,524	13	1		1					1
Newcastle.....	14,458	4								
South Bend.....	70,963	7	1		8		7		5	1
Terre Haute.....	66,063	21	1		13		1			1
Iowa:										
Burlington.....	24,057	7	1	1			2			
Cedar Rapids.....	45,566						2			
Clinton.....	24,151	1	1					1		
Council Bluffs.....	36,162	11	1				2			
Davenport.....	56,727		3				13			
Dubuque.....	39,141		2		105	1				
Iowa City.....	11,267		2				2		1	
Mason City.....	20,065	7	2							
Muscatine.....	16,068	2			10		1			
Sioux City.....	71,227		1		2				1	
Waterloo.....	36,230		1							
Kansas:										
Atchison.....	12,630		1		1					
Coffeyville.....	13,452	1			1					
Fort Scott.....	10,663	5	1				1			
Hutchinson.....	23,298				1				1	1
Kansas City.....	101,177		3		4		4		4	
Lawrence.....	12,456	7								
Leavenworth.....	16,912				1					
Parsons.....	16,028	5					1			
Salina.....	15,085	3	2		1					
Topeka.....	50,022	14	3				6		2	
Wichita.....	72,217	35	8				1		1	2
Kentucky:										
Covington.....	57,121	21	3		1		3		4	1
Henderson.....	12,169	4			8					1
Lexington.....	41,534	21							3	4
Louisville.....	234,891	109	7	1	7		2		12	8
Owensboro.....	17,424		1		3					
Paducah.....	24,735				6					
Louisiana:										
New Orleans.....	387,219	207	24	2	2		4		17	18
Maine:										
Auburn.....	16,985	5	1		1		6	1		1
Bath.....	14,731	9					2			
Biddeford.....	13,008	11								
Lewiston.....	31,791	24	1				1		1	2
Portland.....	69,272	44	2		35		1			1
Sanford (town).....	10,681	0								
Waterville.....	13,351		1				3			



CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—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.
Maryland:										
Baltimore.....	733,826	345	43	3	137		32		63	27
Cumberland.....	29,837	13			62	1	1		2	1
Fredrick.....	11,066	6	4							
Massachusetts:										
Amesbury (town).....	10,036	5			1					
Arlington (town).....	18,665	7			6		1		1	
Attleboro.....	19,731	8			5					
Belmont (town).....	10,749	4			2					
Beverly.....	22,561	12							2	1
Boston.....	748,060	326	45	1	105	2	79		32	20
Braintree (town).....	10,580	2			14		1			
Brookline.....	37,748				1		4		1	
Cambridge.....	109,694	45	2		43	1	9		2	2
Chelsea.....	43,184	18	1		8		4			
Chicopee.....	36,214	9	3				3		1	
Clinton.....	12,979	9							1	
Danvers.....	11,108						1			
Dedham.....	10,792	4								
Easthampton.....	11,261						2			
Everett.....	40,120	11			10		1		2	
Fall River.....	120,485	35	6	1	29		4		8	3
Fitchburg.....	41,029	10	3				1		1	2
Framingham.....	17,033	1			1		2			
Gardner.....	16,971	9	1				1		1	1
Greenfield.....	15,462	5			1					
Haverhill.....	53,884	16	1		4		6		1	
Holyoke.....	60,203	29	2		3		31		1	2
Lawrence.....	94,270	32	2		7		1		4	1
Leominster.....	19,744	7			2		1			
Lowell.....	112,759	47	4		87		6	1	4	1
Lynn.....	99,148	43	4	1	63	1	13		6	3
Malden.....	49,103	19	1		24		3		3	1
Medford.....	39,038	19	1		4		2		1	
Melrose.....	18,204	8			1		2			
Methuen.....	15,189	5					3			1
New Bedford.....	121,217	51	4		93		7	1	3	1
Newburyport.....	15,618	14			6				1	2
Newton.....	46,054	13	1		2		12		2	
North Adams.....	22,282	13	1							1
Northampton.....	21,951	10					6			
Northbridge.....	10,174	4								
Peabody.....	19,552	6	2		1					1
Pittsfield.....	41,763	16	6				4		2	1
Plymouth.....	13,045	5								
Quincy.....	47,876	16	2		1		8		3	1
Somerville.....	93,091	27	3		13		8		1	
Southbridge.....	14,245	2	1							
Springfield.....	129,614	54	4				5		2	
Taunton.....	37,137	22	1		59	1				1
Wakefield.....	13,025	7			1		1			
Waltham.....	30,915	9	1				1		1	
Watertown.....	21,457	2	1		1		6		1	
Webster.....	13,258	5					2			
West Springfield.....	13,443	4								
Westfield.....	18,604	7	1							
Weymouth.....	15,057	4								
Winthrop.....	15,455	2			36					
Woburn.....	16,574	3								
Worcester.....	179,754		2	1	6		8			4
Michigan:										
Alpena.....	11,101	2					1	1		
Ann Arbor.....	19,516	13			2		5			1
Battle Creek.....	36,164	3					3			
Benton Harbor.....	12,233	19		1	5		5			
Detroit.....	993,678	284	42		28	1	137	1	26	22
Flint.....	91,599	41	15	1	7		27		17	
Grand Rapids.....	137,634	61	3		1		15		10	2
Hamtramck.....	48,615	20			1					2
Highland Park.....	46,499	18			6		6	1	3	
Holland.....	12,183				1		4			
Jackson.....	48,374	11	2				8			
Kalamazoo.....	46,487	28	3	1	1		3		2	1
Marquette.....	12,718	6							2	
Muskegon.....	36,570	16	2							2

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—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.
Michigan—Continued.										
Pontiac.....	34,273	9			1					
Port Huron.....	25,944	18								1
Sault Ste. Marie.....	12,095	2								1
Minnesota:										
Duluth.....	98,917	25	3		165		8		3	1
Faribault.....	11,069	9	1				2			1
Hibbing.....	15,069				15		8			
Mankato.....	12,469						3			
Minneapolis.....	380,582	122	19	2	23	2	50		13	7
Rochester.....	13,722	23			1		1			
St. Paul.....	234,698	87	7	2	111		55	1	18	4
Winona.....	19,143								1	
Missouri:										
Cape Girardeau.....	10,252	5					1			
Independence.....	11,686									
Joplin.....	29,902									
Kansas City.....	324,410	155	6	1	37	1	17	1	12	8
St. Joseph.....	77,939	39	4	1	2		4			3
St. Louis.....	772,897	283	26	1	386	1	16	1	38	15
Springfield.....	30,631	18								
Montana:										
Anaconda.....	11,668	3								
Billings.....	15,100	7	1				3			1
Great Falls.....	24,121	9	2		8				1	
Helena.....	12,037	8								1
Missoula.....	12,668	7					6			
Nebraska:										
Lincoln.....	54,948	17	1		1		3			
Omaha.....	191,601	95	3	1	3		5	1		5
Nevada:										
Reno.....	12,016	5								
New Hampshire:										
Concord.....	22,167	15			1		2		1	1
Dover.....	13,029	4								
Keene.....	11,210	4					2		1	
Nashua.....	28,379	12					2			1
New Jersey:										
Asbury Park.....	12,400	4			3					
Atlantic City.....	50,707	17			57		8			
Bayonne.....	76,754		2							
Belleville.....	15,660						2		1	
Bloomfield.....	22,019	7			10		6		1	2
Clifton.....	26,470	5			22	1	3			1
East Orange.....	50,710	11			40		5		1	
Elizabeth.....	95,783		24	1	55		16		7	1
Englewood.....	11,627	2			24		3			
Garfield.....	19,831	4	1		12					
Harrison.....	15,721		1		8					
Hoboken.....	68,166	21	5		15				1	
Jersey City.....	298,103	7	4		4		23		11	
Keamy.....	26,724	11	4		6					1
Long Branch.....	13,521	7	1							
Montclair.....	28,810	12			3		1		1	
Newark.....	414,524	188	13		250	3	22		53	13
Orange.....	33,268	12			19		3		2	2
Passaic.....	63,841	19	1		15		3		4	
Paterson.....	135,875		10	2	5		4		2	
Perth Amboy.....	41,707	3	2				9			1
Phillipsburg.....	16,923	4								
Plainfield.....	27,700	9	1		2		2		2	1
Rahway.....	11,042	5					1			
Summit.....	10,174	5	1		2					
Trenton.....	119,289	62	25	2	1		16		4	6
Union (town).....	20,651						2			
West Hoboken.....	40,074		2	1			1		1	
West New York.....	29,925	8	1				1			
West Orange.....	15,573	6			9		1			
New Mexico:										
Albuquerque.....	15,157	7	2				1		3	1
New York:										
Albany.....	113,344		3		2		2		3	
Amsterdam.....	33,524	9	2						1	
Auburn.....	36,192	12	7				1			1

CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—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.
New York—Continued.										
Buffalo.....	506, 775	175	15		328	4	27		29	7
Cohoes.....	22, 987	13	2						1	1
Dunkirk.....	19, 336	11				6		1		
Geneva.....	14, 648	2								1
Glens Falls.....	16, 638	7			1					
Hornell.....	15, 025	14			1					
Hudson.....	11, 745	8	1				1			
Ithaca.....	17, 004	9								
Jamestown.....	38, 917	12					5			
Lackawanna.....	17, 918	6							2	
Little Falls.....	13, 029	9								
Lockport.....	21, 308	7								
Middletown.....	18, 420				3				1	2
Mount Vernon.....	42, 726	13	1		3				1	
New York.....	5, 620, 048	2, 188	170	16	277	1	280	1	248	148
Newburgh.....	30, 366	9	1						1	
Niagara Falls.....	50, 760	19			1		4			
North Tonawanda.....	15, 482	8	5	1	4		2			
Ogdensburg.....	14, 609	12								1
Olean.....	20, 506	8	1		68		21	1		
Peekskill.....	15, 888	10			4		9		1	
Poughkeepsie.....	35, 000	13					1		5	2
Rochester.....	295, 750	104	9	1	57	2	2		22	4
Rome.....	26, 341	7					4			
Saratoga Springs.....	13, 181	7					5		2	
Schenectady.....	88, 723	27	2		2		3			2
Syracuse.....	171, 717	53	2		6	1	22		4	1
Watertown.....	31, 285	9			1		8			
White Plains.....	21, 031	7					13			
Yonkers.....	100, 176	39	3		19		7			2
North Carolina:										
Durham.....	21, 719	8	1		107				2	
Greensboro.....	15, 861	6	1		1					
Raleigh.....	24, 418	21	2		41		2			1
Rocky Mount.....	12, 742	6								
Salisbury.....	13, 884	2								1
Wilmington.....	33, 372	8								1
Winston-Salem.....	48, 395	27					2		1	
North Dakota:										
Grand Forks.....	14, 010						1			
Minot.....	10, 476	5	5						1	1
Ohio:										
Akron.....	208, 435	45	7		15		6		46	
Ashtabula.....	22, 082	11	1							1
Barberton.....	18, 811	3					4			
Bellaire.....	15, 061	4			25					
Bucyrus.....	10, 425	3	1	1	25					
Cambridge.....	13, 104	3			4					
Canton.....	87, 091	30	4	2	9		3			
Chillicothe.....	15, 831	3						1	19	9
Cincinnati.....	401, 247	153	17	4	24		12		39	11
Cleveland.....	796, 841	276	32	5	238		150	3		
Cleveland Heights.....	15, 236				29		5	1		
Columbus.....	237, 031	110	6	1	134	5	10		8	11
Coshocton.....	10, 847				3					
Dayton.....	152, 559	65	3	1	1		6		2	
East Cleveland.....	27, 292	8	1		52		4	1		
East Youngstown.....	11, 237	2								
Findlay.....	17, 021	7			59					1
Fremont.....	12, 468	3			3					
Hamilton.....	39, 675	15			17		2		1	1
Lancaster.....	14, 706	10	1		1				2	
Lorain.....	37, 295		2		35		6		1	
Marion.....	27, 891				3		2		2	
Martins Ferry.....	11, 634	4	1		3					
Middletown.....	23, 594	6					1			
Newark.....	26, 718	14	1		4					1
Niles.....	13, 080	8			10					
Norwood.....	24, 966	6								
Piqua.....	15, 044	7	2							
Salem.....	10, 305	8								1
Sandusky.....	22, 897	11			16					
Springfield.....	60, 840	22	2		80		5			3

1 Pulmonary only.

## CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—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.
Ohio—Continued.										
Steubenville.....	28,508	10	1				1			
Tiffin.....	14,375	4								
Toledo.....	243,164	100	10		129	1	55	1	0	9
Youngstown.....	132,358	75	8	2	11		7		8	2
Zanesville.....	29,569	17	1						1	1
Oklahoma:										
Oklahoma.....	01,295	37	1				2			2
Tulsa.....	72,075		1		24					
Oregon:										
Portland.....	258,288	77	4	1			5		12	7
Pennsylvania:										
Allentown.....	73,502		2		210		8		1	
Altoona.....	60,331		2		79		1			
Ambridge.....	12,730		2		4					
Beaver Falls.....	12,802				3					
Berwick.....	12,181						2			
Bethlehem.....	50,358		8		94		2		3	
Braddock.....	29,879		2		1				2	
Bradford.....	15,525				8				1	
Bristol.....	10,273		5							
Butler.....	23,778				33					
Canonsburg.....	10,632				1		1		2	
Carbondale.....	18,640		1							
Carlisle.....	10,916				1		1			
Carnegie.....	11,516				3					
Carrick.....	10,594		1		1					
Chambersburg.....	13,171				9		1			
Chester.....	58,030				32		1		2	
Coatesville.....	14,515		1		1		1			
Columbia.....	10,836				9					
Connellsville.....	13,804				1		1			
Donora.....	14,131				34					
Dubois.....	13,681		2		6					
Duquesne.....	19,011				9					
Easton.....	33,813		1		24					
Erie.....	93,372		2		8		4			
Farrell.....	15,586		2		3					
Greensburg.....	15,033				5		1			
Harrisburg.....	75,917		2		347		11			
Hazleton.....	32,277		1		1		2		2	
Homestead.....	20,452				19					
Jeannette.....	10,627				12					
Johnstown.....	67,327		5		9		18			
Lancaster.....	53,150		1		248		6			
Lebanon.....	24,643		1		14					
McKee's Rocks.....	16,713				15				1	
McKeesport.....	46,781				16		1		2	
Mahanoy City.....	15,599		1							
Monessen.....	18,179				2					
Mount Carmel.....	17,469		1							
Nanticoke.....	22,614				7				2	
New Castle.....	44,938						1		4	
New Kensington.....	11,987		1		3					
Norristown.....	32,319		3		2					
North Braddock.....	14,928		4		4					
Oil City.....	21,274		1		103					
Philadelphia.....	1,823,779	752	67	9	338	8	61		69	55
Phoenixville.....	10,484		1		7					
Pittsburgh.....	588,343		30		488		19		20	
Pittston.....	18,497				7					
Plymouth.....	16,500		1							
Pottstown.....	17,431				109					
Pottsville.....	21,876				3				1	
Punxsutawney.....	10,311						1			
Reading.....	107,784		7		85				1	
Scranton.....	137,783		5		17		1		1	
Shamokin.....	21,204				5		2			
Sharon.....	21,747		3		26		2		1	
Shenandoah.....	24,726		1							
Steelton.....	13,428				7		1			
Sunbury.....	15,721						2			
Swissvale.....	10,908				6					
Tamaqua.....	12,363				16					

CITY REPORTS FOR WEEK ENDED MARCH 3, 1923—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.
<b>Pennsylvania—Continued.</b>										
Uniontown.....	15,692		2		41					
Warren.....	14,272				1		1			
Washington.....	21,480		1		3				1	
West Chester.....	11,717		1		10					
Wilkes-Barre.....	73,833		3		8		1		1	
Wilkinsburg.....	24,403				42		2		2	
Williamsport.....	36,198		4		2		2			
Woodlawn.....	12,495				3				1	
York.....	47,512				34		3			
<b>Rhode Island:</b>										
Cranston.....	29,407	8			7		3	1		
Cumberland (town).....	10,077	4	1	1						
East Providence (town).....	21,793				2					
Newport.....	30,255	10	1		8					
Pawtucket.....	64,248	30			2					
Providence.....	237,595	94	10	1	243	5	3			6
<b>South Carolina:</b>										
Charleston.....	67,957	27								
Columbia.....	37,524	26							2	
Greenville.....	23,127	18		1						3
<b>South Dakota:</b>										
Sioux Falls.....	25,202	6	1				4	1		
<b>Tennessee:</b>										
Knoxville.....	77,818								4	4
Memphis.....	162,351	71	7		303		3		17	4
Nashville.....	118,342	38	1		98	1	3		5	3
<b>Texas:</b>										
Beaumont.....	40,422	12	2							
Corpus Christi.....	10,522	3							1	1
Dallas.....	158,976	40	7		2				3	2
El Paso.....	77,560	42					2			
Fort Worth.....	106,482	30	3		189				27	10
Galveston.....	44,255	14					1		2	2
Houston.....	138,276	38					2			1
San Angelo.....	10,050	16								2
San Antonio.....	161,379	69	1				1			4
Waco.....	38,500	13			8	1				6
<b>Utah:</b>										
Salt Lake City.....	118,110	31	2		2				2	
<b>Vermont:</b>										
Barre.....	10,008		4				2			
Burlington.....	22,779	14								2
Rutland.....	14,954	10					1			
<b>Virginia:</b>										
Alexandria.....	18,060	7			1				1	
Charlottesville.....	10,688	5								
Danville.....	21,539	10								
Lynchburg.....	30,070	6			105		1			
Norfolk.....	115,777		5	1					6	2
Petersburg.....	31,012	7							1	
Portsmouth.....	54,387	14								
Richmond.....	171,667	67	1		14		5		18	4
Roanoke.....	50,842	22	2		37		1		2	3
<b>Washington:</b>										
Everett.....	27,644						2			
Seattle.....	315,312		4		3		14		24	
Spokane.....	104,437		3				3			
Tacoma.....	96,965		2				5			
<b>West Virginia:</b>										
Bluefield.....	15,282	7			22					2
Charleston.....	39,608	15					1			
Clarksburg.....	27,869	7	3		2					1
Fairmont.....	17,851				12		9			
Huntington.....	50,177	21								2
Martinsburg.....	12,515				4		2			
Morgantown.....	12,127		1	1	12				3	
Moundsville.....	10,669	4	1							
Parkersburg.....	20,050	8								2
Wheeling.....	56,208	36	3		108	1	5		2	2



## FOREIGN AND INSULAR.

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### AZORES.

#### Plague.

During the period December 31, 1922–February 3, 1923, 108 cases of plague, with 41 deaths, were reported in St. Michaels Island, Azores, occurring at localities from 6 to 27 miles distant from the port of Ponta Delgada. Reports of plague prevalence during the period November 12 to December 30, 1922, showed extension of occurrence to a distance of only 9 miles from the port.

### BRAZIL.

#### Yellow Fever—Bahia.

During the period January 7–27, 1923, 20 cases of yellow fever, with 3 deaths, were reported at Bahia, Brazil.

### BULGARIA.

#### Lethargic Encephalitis—Sofia.

During the week ended February 3, 1923, a case of lethargic encephalitis was notified at Sofia, Bulgaria.

### CHILE.

#### Smallpox—Typhus Fever—Valparaiso.

Under date of February 16, 1923, about 80 cases of smallpox were reported present at Valparaiso, Chile, with 25 cases of typhus fever reported as a daily hospital average. During the four weeks ended February 10, 1923, there were reported 81 deaths from smallpox and 10 deaths from typhus fever.

### COLOMBIA.

#### Epidemic Disease (undetermined)—Bucaramanga.

Under date of March 12, 1923, the presence of an undetermined epidemic of fatal character was reported in the Republic of Colombia, occurring at Bucaramanga, a locality situated 450 miles in the interior.

### CUBA.

#### Communicable Diseases—Provinces—February 1–10, 1923.

Communicable diseases have been notified in the Provinces of Cuba as follows:

## Provinces.

## NEW CASES REPORTED FEBRUARY 1-10, 1923.

Province.	Chicken pox.	Diph- theria.	Malaria.	Measles.	Paraty- phoid fever.	Scarlet fever.	Small- pox.	Typhoid fever.
Camaguey.....	3	1	18	.....	.....	.....	.....	.....
Habana.....	17	5	21	2	2	4	.....	17
Matanzas.....	10	1	.....	.....	.....	.....	.....	2
Oriente.....	25	1	76	.....	.....	.....	1	18
Pinar del Rio.....	1	.....	1	.....	1	.....	.....	7
Santa Clara.....	22	1	4	.....	8	.....	.....	7
Total.....	78	9	120	2	11	4	1	51

## ECUADOR.

## Plague—Plague-Infected Rats—Guayaquil.

During the period February 1-15, 1923, seven cases of plague with two deaths were reported at Guayaquil, Ecuador.

During the same period, out of 4,500 rats examined, 22 rats were found plague infected.

## GUADELOUPE (WEST INDIES).

## Vaccination Against "Alastrim."

During the month of February, 1923, vaccination against "alastrim" was stated to be extensively carried out at Pointe-à-Pitre and Petit Bourg, Guadeloupe.

## JAMAICA.

## "Alastrim"—Kingston.

During the week ended February 17, 1923, two cases of "alastrim," occurring in an outlying section of the town, were notified at Kingston, Jamaica.

## Lethargic Encephalitis—Kingston.

Three cases of lethargic encephalitis (sleeping sickness) were reported at Kingston, Jamaica, March 1, 1923.

## LATVIA.

## Communicable Diseases—December, 1922.

Communicable diseases were reported in the Republic of Latvia, during the month of December, 1922, as follows:

Disease.	Cases.	Remarks.
Diphtheria.....	50	
Measles.....	15	
Scarlet fever.....	170	
Smallpox.....	1	
Typhoid fever.....	53	
Typhus fever.....	29	
Typhus fever, recurrent.....	1	Paratyphus fever, 1 case.
Whooping cough.....	37	

Estimated population, 1,900,000.

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**Other Notifiable Diseases—December, 1922.**

During the month of December, 1922, 2 cases of dysentery, 21 of influenza, 2 of leprosy, 1 case of malaria, 6 cases of rabies, and 13 of varicella were notified in Latvia.

**MADAGASCAR.****Plague.**

During the period January 1 to 15, 1923, 22 cases of plague were reported as follows in the Island of Madagascar: Diego Suarez, 1 case; Province of Tananarive, 19 cases; town of Tananarive, 2 cases.

**PERU.****Plague—December 16-31, 1922.**

During the period December 16 to 31, 1922, 79 cases of plague with 42 deaths were reported in Peru, occurring in 17 localities. For distribution of occurrence according to locality, see p. 654.

**TURKEY.****Plague—Constantinople.**

During the two weeks ended February 10, 1923, two cases of plague were reported at Constantinople.

**UNION OF SOUTH AFRICA.****Anthrax—Cape Province.**

Under date of January 23, 1923, the occurrence of a case of anthrax in a native boy was reported at Paarl, a town in the vicinity of Cape Town. The boy was found to be suffering with an inflamed wound of the hand which was suspected to be anthrax infection. Evidence in the case showed that the patient was employed by a local butcher, two of whose cattle had recently died, and that he had assisted in skinning and cutting up one of the carcasses. It was also stated that a native herder had died in his room in the immediate vicinity of the shop of the butcher referred to, and that anthrax was suspected to be the cause of his death. Later statements showed the occurrence of animal anthrax in the vicinity. A case was also notified in a giraffe at the zoo at Johannesburg.

During the week ended January 27, 1923, six human cases of anthrax, with one fatality, following several cases of the disease in animals, were reported at Paarl.

**Plague—Molteno District—Transvaal.**

The occurrence of two cases of plague in natives, with one death, was reported December 16, 1922, on Klipfontein Farm, Molteno District, Transvaal. Several dead wild rodents were reported found in the vicinity.<sup>1</sup> On January 25, 1923, a plague-infected wild rodent was found on Zierhartsfontein Farm, in the vicinity of the Klipfontein Farm.

**Typhus Fever—Griqualand East and Tembuland.**

Under date of February 6, 1923, typhus fever was stated to be widely disseminated among natives in Griqualand East and Tembuland, and to have been prevalent for a number of years. The measures taken against spread of infection were stated to be as follows: Maintenance in each infected district of one or more European disinfectors, with gangs of native assistants and field disinfecting equipment; propaganda work among natives relating to the cause and mode of spread of the disease, and for improvement in their general condition as to cleanliness and freedom from vermin. Regulations were framed in 1919 making the harboring of body lice a punishable offense and designed to restrict movement of vermin-infested natives.

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

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

**Reports Received During Week Ended March 23, 1923.<sup>1</sup>****CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
India				Dec. 10-30, 1923: Cases, 3,247; deaths, 1,125.
Calcutta.....	Jan. 21-27.....	32	15	
Rangoon.....	Jan. 14-27.....	2	2	

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

**PLAGUE.**

Azores:					
St. Michaels Island.....					Dec. 31, 1922-Feb. 3, 1923: Cases, 108; deaths, 41. From 6 to 20 miles from port of Ponta Delgada.
China:					
Manchuria—					
Harbin.....	Jan. 29-Feb. 4.....	7			
Ecuador:					
Guayaquil.....	Feb. 1-15.....	7	2		Rats examined, 4,500; found infected, 22.
Egypt.....					Jan. 1-Feb. 4, 1923: Cases, 8; deaths, 5.
India.....					Jan. 7-20, 1923: Cases, 9,767; deaths, 7,586.
Bombay.....	Jan. 7-20.....	8	6		
Karachi.....	Jan. 21-27.....	1	1		
Madras Presidency.....	Jan. 28-Feb. 3.....	601	393		
Rangoon.....	Jan. 7-27.....	44	37		

<sup>1</sup> Public Health Reports, Feb. 23, 1923, p. 375.

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

**Reports Received During Week Ended March 23, 1923—Continued.**

**PLAGUE—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java—				
Soerabaya.....	Jan. 17-23.....	5	3	
Madagascar:				
Diego Suarez.....	Jan. 1-15.....	1		Jan. 1-15, 1923: Cases, 22.
Tananarive Province.....	do.....	19		
Tananarive.....	do.....	2		
Peru:				
Locality—				
Canete.....	Dec. 16-31.....	34	10	Dec. 16-31, 1922: Cases, 79; deaths 42. Including vicinity.
Chepen.....	do.....	2	1	
Guadalupe.....	do.....	7	6	
Huacho.....	do.....		1	
Huarney.....	do.....	1	1	
Jayanca.....	do.....	6	6	
Lambayeque.....	do.....	2		
Lima (city).....	do.....	3	2	
Lima (country).....	do.....	5	4	
Magdalena Vieja.....	do.....	1	1	
Mala.....	do.....	1		
Mochumi.....	do.....	3	3	
Payta.....	do.....	3	2	
Piura.....	do.....	4	2	
Pueblo Nuevo.....	do.....	3	2	
San Pedro.....	do.....	2	1	
Trujillo.....	do.....	2		
Straits Settlements:				
Singapore.....	Jan. 21-27.....	1	1	
Turkey:				
Constantinople.....	Jan. 28-Feb. 10.....	2		
Union of South Africa:				
Transvaal—				
Klipfontein Farm.....	Dec. 16.....	2	1	Jan. 25, 1923: Plague-infected wild rodent found in vicinity.

**SMALLPOX.**

Brazil:				
Rio de Janeiro.....	Jan. 28-Feb. 10.....	3	6	
Chile:				
Valparaiso.....	Jan. 14-Feb. 10.....		81	Feb. 16, 1923: 80 cases present (estimated).
China:				
Chungking.....	Jan. 21-27.....			Present.
Hongkong.....	Jan. 14-20.....	1		
Manchuria—				
Mukden.....	Jan. 28-Feb. 3.....			Present.
Chosen (Korea):				
Chemulpo.....	Jan. 1-31.....	26	17	
Fusan.....	do.....	5		
Seoul.....	do.....	35	11	
Colombia:				
Buenaventura.....	Feb. 11-20.....	8		
Cuba:				
Province—				
Oriente.....	Feb. 1-10.....	1		
Ecuador:				
Guayaquil.....	Feb. 1-15.....	1		
India:				
Bombay.....	Jan. 7-20.....	15	6	Nov. 19-Dec. 30, 1922: Cases, 4,393; deaths, 1,057.
Calcutta.....	Jan. 21-27.....	12	7	
Karachi.....	do.....	4	1	
Madras.....	Jan. 28-Feb. 3.....	26	5	
Rangoon.....	Jan. 7-27.....	31	9	
Japan:				
Kobe.....	Feb. 10-16.....	4		
Latvia:				
.....	Dec. 1-31.....	1		
Mexico:				
Chihuahua.....	Feb. 19-28.....	4	4	Including municipalities in Federal district.
Mexico City.....	Feb. 4-17.....	38		
Vera Cruz.....	Feb. 26-Mar. 4.....	2	3	Feb. 13-19, 1923: Two cases in northern section.
Palestine.....				
Persia:				
Teheran.....	Oct. 24-Nov. 24.....		36	

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

Reports Received During Week Ended March 23, 1923—Continued.

### SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Portugal:				
Lisbon.....	Jan. 28-Feb. 17....	64		
Oporto.....	Feb. 4-17.....	7		
Spain:				
Seville.....	Jan. 28-Feb. 25....		7	
Valencia.....	Feb. 4-24.....	12		
Switzerland:				
Berne.....	Feb. 4-17.....	43		
Zurich.....	Jan. 28-Feb. 17....	16		
Syria:				
Aleppo.....	Feb. 11-17.....	4		
Damascus.....	Jan. 1-20.....	17		
Turkey:				
Constantinople.....	Jan. 28-Feb. 10....	119	35	
Union of South Africa:				
Cape Province.....	Jan. 14-27.....			Outbreaks.
Orange Free State.....	Jan. 14-20.....			Do.
Transvaal.....	Dec. 17-23.....			Do.

### TYPHUS FEVER.

Algeria:				
Algiers.....	Jan. 1-31.....	7	2	
Chile:				
Talcahuano.....	Jan. 22-Feb. 11....	3	1	
Valparaiso.....	Jan. 14-Feb. 10....		10	Feb. 16, 1923; Daily hospital average, 25 cases.
Egypt:				
Cairo.....	Dec. 3-23.....	2	2	
Greece:				
Saloniki.....	Jan. 15-28.....	13	2	
Guatemala:				
Guatemala City.....	Jan. 1-31.....		1	
Hungary:				
Budapest.....	Jan. 21-27.....	4	3	
Latvia:				
Riga.....	Dec. 1-31.....	29		Recurrent typhus: 1 case.
Mexico:				
Mexico City.....	Feb. 4-17.....	24		Including municipalities in Federal district.
Paraguay:				
Asuncion.....	Jan. 1-27.....		1	
Persia:				
Teheran.....	Oct. 24-Nov. 24....		2	
Siberia:				
Vladivostok.....	Nov. 1-Dec. 31....	5		Recurrent typhus: 4 cases.
Syria:				
Aleppo.....	Feb. 3-17.....	20	4	Generally among refugees.
Turkey:				
Constantinople.....	Jan. 28-Feb. 10....	27	1	Mar. 6, 1923: Present in district.
Union of South Africa:				
Cape Province.....	Dec. 17-23.....			Outbreaks.
Do.....	Jan. 14-27.....			Do.
Orange Free State.....	Dec. 17-23.....			Do.
Do.....	Jan. 14-27.....			Do.
Transvaal.....	Jan. 14-20.....			Do.

### YELLOW FEVER.

Brazil:				
Bahia.....	Jan. 7-27.....	20	3	

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

**Reports Received from December 30, 1922, to March 16, 1923.<sup>1</sup>**

**CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Liutaoku.....	Sept. 22.....	60	20	
Chosen (Korea):				
Yalu River Region.....				Sept. 22, 1922: 30 deaths reported.
India.....				Sept. 24-Dec. 9, 1922: Cases, 11,390; deaths, 7,708.
Bombay.....	Oct. 27-Dec. 23.....	2	1	
Calcutta.....	Nov. 12-Dec. 30.....	102	60	
Do.....	Dec. 31-Jan. 20.....	51	33	
Madras.....	Nov. 19-Dec. 16.....	4	2	
Do.....	Jan. 21-27.....	1	1	
Rangoon.....	Nov. 12-Dec. 23.....	17	10	
Do.....	Dec. 31-Jan. 6.....	1	1	
Philippine Islands:				
Province—				
Laguna.....	Oct. 12-18.....	1	1	
Russia.....				Jan. 1-Oct. 7, 1922: Cases, 83,367.
Archangel (Government).....	Oct. 1-7.....	7	7	
Tashkent.....	do.....	27	27	Turkestan Republic: 3 cases reported on waterways.
Ukraine.....				Sept. 1-30, 1922: Cases, 119.
Donetz (Government).....	Sept. 1-30.....	29	29	
Tchernigov (Government).....	do.....	36	36	
Siam:				
Bangkok.....	Oct. 29-Dec. 23.....	4	1	
Do.....	Dec. 31-Jan. 6.....	1	1	

**PLAGUE.**

Azores:				
Fayal Island—				
Castelo Branco.....	Dec. 2-31.....		3	Vicinity of Horta. Dec. 30, 1922: Several cases.
Pico Island—				
Lages.....	Nov. 27-Dec. 15.....		8	1 case present Dec. 15, 1922.
St. Michaels Island.....				Nov. 12-Dec. 30, 1922: Cases, 100; deaths, 35. At localities 3-9 miles from Ponta Delgada.
Ponta Delgada.....	Nov. 26-Dec. 9.....	3	3	
Brazil:				
Bahia.....	Oct. 29-Dec. 30.....	5	5	
Pernambuco.....	Jan. 14-20.....	3	2	
Porto Alegre.....	Nov. 19-25.....	1	1	
British East Africa:				
Kenya Colony—				
Tanganyika Territory.....	Oct. 15-Dec. 16.....	12	7	
Ceylon:				
Colombo.....	Nov. 12-Dec. 30.....	46	38	Plague rodents, 16.
Do.....	Dec. 31-Jan. 27.....	25	19	Plague rodents, 12.
China:				
Hongkong.....	Nov. 5-Dec. 23.....	14	12	
Ecuador:				
Guayaquil.....	Nov. 1-Dec. 31.....	9	3	Rats examined, 16,600; found infected, 72.
Do.....	Jan. 1-31.....	4	1	Rats examined, 9,300; found infected, 26.
Egypt.....				Jan. 1-Dec. 28, 1922: Cases, 485; deaths, 228. Jan. 1, 1922-Jan. 4, 1923: Cases, 487; deaths, 228.
City—				Jan. 1-Feb. 1, 1923: Cases, 7; deaths, 5.
Alexandria.....	Nov. 19-25.....	2	1	
Do.....	Jan. 8-10.....	1	1	
Port Said.....	Nov. 19-27.....	4	2	
Do.....	Jan. 28.....	1	1	
Sucz.....	Nov. 18-Dec. 5.....	3	4	
Province—				
Assiout.....	Nov. 19-Dec. 29.....	4	1	Septicemic: 1 case, 1 death.
Do.....	Jan. 26-Feb. 1.....	4	3	Pneumonic: 3 cases, 3 deaths.
Dakahlieh.....	Dec. 3.....	1	1	Pneumonic.
Minieh.....	Nov. 19-27.....	2	1	
Hawaii:				
Honokaa.....				Feb. 8-9, 1923: Plague rats, 3.

<sup>1</sup> 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 December 30, 1922, to March 16, 1923—Continued.

### PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
<b>India</b> .....				
Bombay.....	Oct. 27-Dec. 30.....	41	32	Oct. 1-Dec. 30, 1922: Cases, 25,007; deaths, 18,803. (Report for Nov. 19-25, 1922, not received.) Dec. 31, 1922-Jan. 6, 1923: Cases, 4,001; deaths, 3,105.
Do.....	Dec. 31-Jan. 6.....	1	2	
Karachi.....	Dec. 10-16.....	1	1	
Do.....	Dec. 31-Jan. 13.....	3	2	
Madras Presidency.....	Nov. 19-Dec. 30.....	2,269	1,448	
Do.....	Dec. 31-Jan. 27.....	1,419	928	
Madras.....	Nov. 19-25.....	1	1	
Do.....	Jan. 21-27.....	1	1	
Rangoon.....	Nov. 12-Dec. 30.....	52	49	
Do.....	Dec. 31-Jan. 6.....	5	5	
<b>Japan:</b> .....				
Osaka.....				July 1-Nov. 30, 1922: Cases, 70.
<b>Java</b> .....				Oct. 1-Nov. 30, 1922: Cases, 900; deaths, 763.
East Java.....				Dec. 1-31, 1922: Deaths, 990.
Pekalongan.....	Dec. 1-31.....	56		
Samarang.....	do.....	202		
Soerabaya.....	Oct. 22-Dec. 31.....	34	14	
Toeloeng-Agoeng.....	Nov. 4.....			Present in epidemic form.
Soerakarta— Klaten.....	Oct. 29-Dec. 16.....	18	18	Not a seaport.
<b>Madagascar</b> .....				Jan. 1-Dec. 10, 1922: Cases, 143.
Province— <b>Moramanga</b> .....				To Nov. 12, 1922: Cases, 24; deaths, 21. Cases reported to Oct. 30, pneumonic.
<b>Amparafara region</b> .....	Sept. 18-Nov. 5.....	21		Bubonic, 18; septicemic, 3 (doubtful, 2).
<b>Moramanga</b> .....	Dec. 6-9.....	3		Bubonic.
<b>Tamatave</b> .....	Feb. 10-Sept. 12.....	10		Do.
<b>Miarinarivo</b> .....				Dec. 14, 1922-Jan. 1, 1923: 1 case (European).
<b>Tananarive</b> .....				Jan. 1-Dec. 10, 1922: Cases, 73 (bubonic, 37; pneumonic, 8; septicemic, 28).
<b>Ambohimangakeley</b> .....	Nov. 19-Dec. 9.....	9		Bubonic, 3; pneumonic, 3; septicemic, 3.
<b>Anketrina</b> .....	Mar. 27-May 9.....	11		Bubonic, 4; pneumonic, 2; septicemic, 5 (3 doubtful).
<b>Fenoarivo region</b> .....	Oct. 7-Nov. 28.....	16		Bubonic, 3; pneumonic, 8; septicemic, 5.
<b>Tananarive</b> .....	Oct. 23-Dec. 10.....		5	1 septicemic.
Do.....	Dec. 14-Jan. 1.....	11		
<b>Mesopotamia:</b> .....				
Bagdad.....	Oct. 1-Nov. 30.....	16		
<b>Palestine:</b> .....				
Jaffa.....	Nov. 27-Dec. 4.....	1		
<b>Peru</b> .....				Nov. 1-Dec. 15, 1922: Cases, 120; deaths, 51.
Localities—				
Canete.....	Nov. 16-Dec. 15.....	22	9	
Chepen.....	Nov. 1-15.....			Present.
Chiclayo (city and country).....	Nov. 16-Dec. 15.....	17	7	
Eten.....	do.....	4		
Guadaloupe.....	Nov. 1-Dec. 15.....	15	6	
Huacho.....	Nov. 16-Dec. 15.....	4	1	
Huaral.....	Nov. 16-30.....	1		
Huarmey.....	Dec. 1-15.....	1	1	
Jayanca.....	Nov. 16-Dec. 15.....	4	2	
Lambayeque.....	Nov. 16-30.....	5	3	
Lima (city).....	Nov. 1-Dec. 15.....	8	6	
Lima (country).....	do.....	9	1	
Lurin.....	Dec. 1-15.....	1		
Magdalena del Mar.....	Nov. 16-30.....	1		
Mala.....	Dec. 1-15.....	1		
Mosche.....	Nov. 16-30.....	2	1	
Piura.....	do.....	8	5	
Pueblo Nuevo.....	Dec. 1-15.....	4	2	
San Pedro.....	Nov. 1-Dec. 15.....	6	3	
Sullana.....	Nov. 16-30.....	3	3	
Trujillo.....	Nov. 1-Dec. 15.....	1	1	
Tuman.....	Nov. 16-30.....	3		
<b>Portugal:</b> .....				
Lisbon.....	Nov. 10-29.....	4	2	
Oporto.....	Jan. 21-27.....		1	

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

**Reports Received from December 30, 1922, to March 16, 1923—Continued.**

**PLAGUE—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Portuguese West Africa:				
Angola—				
Loanda.....	Oct. 1-Dec. 30.....	.....	45	Fatal cases among white population.
Siam:				
Bangkok.....	Nov. 12-Dec. 23....	5	5	
Do.....	Dec. 31-Jan. 13....	3	3	
Spain:				
Barcelona.....	Nov. 15-Dec. 18....	1	.....	Sept. 24-Nov. 14, 1922: Cases, 23; deaths, 9.
Malaga.....	Feb. 27.....	3	.....	17 suspected cases.
Straits Settlements:				
Singapore.....	Dec. 17-23.....	2	2	
Syria:				
Beirut.....	Nov. 6-30.....	4	3	
Turkey:				
Constantinople.....	Nov. 22-28.....	2	.....	
Union of South Africa:				
Transvaal—				
Klipfontein.....	.....	.....	.....	Dec., 1922: Cases, 2; deaths, 1.
On vessels:				
S. S. Helcion.....	Dec. 1.....	1	.....	Natives. At Thursday Island Quarantine, Australia, from Singapore, Straits Settlements. In Chinese fireman.
S. S. ———.....	Dec. 30.....	.....	.....	At Port of London; plague-infected rats and cats found in grain cargo on vessel from South America.

**SMALLPOX.**

Algeria:				
Algiers.....	Dec. 1-10.....	1	.....	
Do.....	Jan. 1-31.....	1	.....	
Arabia:				
Aden.....	Nov. 19-Dec. 23....	7	3	
Do.....	Jan. 7-27.....	1	1	
Brazil:				
Bahia.....	Nov. 5-11.....	1	.....	
Rio de Janeiro.....	Nov. 25-Dec. 30....	40	15	
Do.....	Dec. 31-Jan. 27....	28	8	
Sao Paulo.....	Oct. 16-22.....	1	1	
British East Africa:				
Kenya Colony—				
Tanganyika Territory.....	Oct. 8-Dec. 15....	179	9	
Uganda.....	Sept. 1-30.....	1	1	
Canada:				
Manitoba—				
Winnipeg.....	Dec. 10-30.....	14	.....	
Do.....	Jan. 21-27.....	1	.....	
New Brunswick—				
Northumberland County.....	Jan. 21-Feb. 17....	8	.....	
Ontario.....				
Hamilton.....	Dec. 31-Feb. 24....	7	.....	
Niagara Falls.....	Dec. 3-30.....	10	.....	
Do.....	Dec. 31-Jan. 12....	12	.....	
Ottawa.....	Dec. 10-23.....	6	.....	
Do.....	Jan. 7-20.....	10	.....	
Toronto.....	Dec. 10-30.....	2	.....	
Do.....	Feb. 4-10.....	1	.....	
Quebec—				
Quebec.....	Jan. 14-20.....	3	.....	
Saskatchewan—				
Regina.....	Dec. 3-23.....	2	.....	
Ceylon:				
Colombo.....	Nov. 12-Dec. 24....	9	4	1 case, 1 death outside city.
Chile:				
Concepcion.....	Oct. 30-Dec. 25....	.....	7	
Valparaiso.....	Oct. 2-Dec. 26....	4	54	In hospital, 83 cases.
Do.....	Jan. 9-15.....	.....	9	Dec. 31, 1922-Jan., 27, 1923: Deaths, 66.
China:				
Amoy.....	Nov. 5-Dec. 23....	.....	3	Nov. 26-Dec. 30, 1922: Present.
Do.....	Jan. 7-Feb. 3.....	.....	5	
Antung.....	Nov. 13-Dec. 10....	2	.....	

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

**Reports Received from December 30, 1922, to March 16, 1923—Continued.**

**SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
<b>China—Continued.</b>				
Canton.....	Oct. 1–Nov. 30.....			Prevalent.
Do.....	Jan. 21–27.....			Present.
Chungking.....	Nov. 5–Dec. 30.....			Do.
Do.....	Dec. 31–Jan. 13.....			Do.
Foochow.....	Nov. 12–Dec. 30.....			Do.
Do.....	Dec. 31–Jan. 27.....			Do.
Hankov.....	Dec. 31–Jan. 20.....	4	1	
Hongkong.....	Nov. 5–11.....		1	
Do.....	Dec. 31–Jan. 6.....	2	1	
<b>Manchuria—</b>				
Harbin.....	Nov. 20–Dec. 31.....	13		
Do.....	Jan. 8–21.....	6		
Mukden.....	Nov. 19–Dec. 16.....			Do.
Do.....	Jan. 7–13.....			Do.
Nanking.....	Nov. 5–Dec. 23.....			Do.
Do.....	Jan. 7–20.....			Do.
Shanghai.....	Jan. 15–Feb. 4.....	3		Foreign.
<b>Chosen (Korea):</b>				
Chamulpo.....	Oct. 1–Dec. 31.....	135	84	
Fusan.....	Nov. 1–Dec. 31.....	4		
Gensan.....	Dec. 1–31.....	6	2	
Seoul.....	Oct. 1–Dec. 31.....	19	1	
<b>Colombia:</b>				
Bucnaventura.....	Jan. 25–Feb. 9.....	40		Estimated, 50 cases present; type mild; among colored population.
<b>Cuba:</b>				
<b>Province—</b>				
Camaguey.....	Nov. 11–Dec. 31.....	20		
Matanzas.....	Jan. 1–31.....	2		
Oriente.....	Nov. 21–Dec. 31.....	22		
Do.....	Jan. 1–31.....	9		
Santa Clara.....	Dec. 21–31.....	1		
<b>Czechoslovakia</b>				
<b>Province—</b>				
Bohemia.....	Oct. 1–31.....	1		
do.....	.....	1		
Moravia.....	.....	1		
Slovakia.....	Oct. 1–Nov. 30.....	2		
<b>Dominican Republic:</b>				
Puerto Plata.....	Dec. 14–30.....	2		
Santo Domingo.....	Dec. 3–16.....			Present.
San Pedro de Macoris.....	Jan. 13–19.....	2		
<b>Ecuador:</b>				
Guayaquil.....	Dec. 1–31.....	10		
Do.....	Jan. 1–31.....	9		
<b>Egypt:</b>				
Port Said.....	Jan. 21–27.....	1		
<b>Estonia</b>				
.....	Oct. 1–Dec. 31.....	61		
<b>France:</b>				
Paris.....	Dec. 1–10.....	1		
<b>Germany:</b>				
Bremen.....	Dec. 3–9.....	1		
<b>Great Britain:</b>				
Liverpool.....	Dec. 11–17.....	1		From vessel.
London.....	Nov. 26–Dec. 23.....	3		
Nottingham.....	Nov. 19–Dec. 13.....	4		
Do.....	Jan. 7–27.....	5		
<b>Greece:</b>				
Saloniki.....	Nov. 6–Dec. 31.....	6	5	
Do.....	Jan. 15–28.....	3		
Zante.....	.....			Epidemic, Jan. 17, 1923.
Do.....	Jan. 7–14.....	13		
<b>India.....</b>				
Bombay.....	Nov. 5–Dec. 30.....	22	10	Nov. 5–18, 1922: Cases, 1,300; deaths, 276.
Do.....	Dec. 31–Jan. 6.....	4	4	
Calcutta.....	Nov. 12–Dec. 30.....	46	23	
Do.....	Dec. 31–Jan. 20.....	34	18	
Karachi.....	Nov. 26–Dec. 30.....	6		
Do.....	Dec. 31–Jan. 14.....	10	6	
Madras.....	Nov. 12–Dec. 30.....	71	23	
Do.....	Dec. 31–Jan. 27.....	76	27	
Rangoon.....	Nov. 5–Dec. 30.....	27	6	
<b>Japan:</b>				
Kobe.....	Jan. 13–Feb. 2.....	2	2	
Yokohama.....	Jan. 22–28.....	1		
<b>Java:</b>				
<b>East Java—</b>				
Soerabaya.....	Nov. 5–11.....	4		
<b>West Java—</b>				
Batavia.....	Nov. 11–Dec. 22.....	25	1	City and Province.



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

**Reports Received from December 30, 1922, to March 16, 1923—Continued.**

**SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Latvia.....	Oct. 1-Nov. 30.....	6		
Mesopotamia:				
Bagdad.....	Oct. 1-Nov. 30.....	568	361	
Mexico:				
Chihuahua.....	Dec. 4-17.....		4	
Do.....	Jan. 1-28.....	19	11	
Guadalajara.....	Dec. 1-31.....	4		
Do.....	Jan. 1-30.....	15		
Mexico City.....	Nov. 12-Dec. 23.....	43		Including municipalities in Federal District.
Do.....	Dec. 31-Feb. 3.....	69		Do.
Nogales.....	Dec. 10-19.....		1	
Do.....	Dec. 31-Feb. 10.....		2	
Saltillo.....	Jan. 28-Feb. 3.....		1	
San Luis Potosi.....	Jan. 14-20.....		1	
Sonora, State.....				Nov. 1-30, 1922: Present in northern section.
Empalme.....	Nov. 1-30.....	4	1	
Torreon.....	Dec. 1-31.....		1	
Palestine.....				Jan. 23-Feb. 5, 1923: Cases, 6, Northern district.
Peru:				
Callao.....	Nov. 1-15.....	2		
Lima (city).....	Dec. 1-15.....	3	1	
Lima (country).....	Nov. 1-15.....	2		
Poland.....				Oct. 1-Dec. 2, 1922: Cases, 103; deaths, 24.
Portugal:				
Lisbon.....	Nov. 19-Dec. 30.....	143	34	
Do.....	Dec. 31-Jan. 27.....	57	41	Dec. 25-31, 1922: Deaths, 12.
Oporto.....	Oct. 15-Dec. 30.....	24	12	
Do.....	Dec. 31-Jan. 27.....	8	7	Jan. 5-20, 1923 Cases, 22; deaths, 6.
Portuguese West Africa:				
Angola—				
Loanda.....	Oct. 27-Nov. 11.....		10	
Russia:				
Province—				
Ukraine.....				Jan.-Sept., 1922: Cases, 8,744.
Spain:				
Corunna.....	Nov. 26-Dec. 2.....		1	
Huelva.....	Nov. 24-Dec. 31.....		4	
Madrid.....	Dec. 1-31.....		1	
Seville.....	Nov. 27-Dec. 31.....		32	
Do.....	Jan. 1-28.....		8	
Valencia.....	Nov. 26-Dec. 23.....	3		
Do.....	Dec. 31-Feb. 3.....	6	1	
Switzerland:				
Berne.....	Nov. 19-Dec. 30.....	85		
Do.....	Dec. 31-Jan. 27.....	77		
Lucerne.....	Jan. 1-31.....		6	
Zurich.....	Nov. 19-Dec. 30.....	19		
Do.....	Jan. 14-27.....	14		
Syria:				
Aleppo.....	Nov. 19-Dec. 23.....	38	20	Dec. 3-30, 1922: Present.
Do.....	Dec. 31-Jan. 27.....	16	5	Jan. 28-Feb. 3, 1922: Present.
Beirut.....	Dec. 11-20.....		1	
Damascus.....	Nov. 1-Dec. 31.....	97	16	
Tunis:				
Tunis.....	Dec. 1-22.....	2	1	
Do.....	Jan. 22-Feb. 4.....	1	1	
Turkey:				
Constantinople.....	Nov. 19-Dec. 16.....	122	34	
Do.....	Dec. 31-Jan. 27.....	215	85	
Union of South Africa.....				Oct 1-Dec. 31, 1922: Cases—Colored, 64; deaths, 1; white, cases 4.
Cape Province.....				Oct. 1-Dec. 31, 1922: Cases—Colored, 48; deaths, 1; white, 4 cases. Outbreaks.
Do.....	Dec. 31-Jan. 6.....			
East London.....	Jan. 7-13.....	2		
Natal.....				Dec. 1-31, 1922: Cases, 6 (colored).
Orange Free State.....				Dec. 1-31, 1922: Cases, 2; colored.
Southern Rhodesia.....	Nov. 9-15.....	3		
Transvaal.....				Oct. 1-Dec. 31, 1922: Cases, 10. Outbreaks.
Do.....	Dec. 31-Jan. 6.....			
Johannesburg.....	Nov. 1-30.....		1	

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

**Reports Received from December 30, 1922, to March 16, 1923—Continued.**

**SMALLPOX—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Yugoslavia.....				Aug. 1-31, 1922: Cases, 30; deaths, 12.
Serbia.....				Aug. 1-31, 1922: Cases, 23.
Belgrade.....	Nov. 12-Dec. 31...	10	4	
On vessel:				
S. S. Huntress.....	Nov. 11.....	1		At Fremantle, Australia; from Cape Town, South Africa.
S. S. Junin.....	Jan. 13.....	1		At Antofagasta, Chile. Vessel proceeded to Arica, Chile, with patient on board.
S. S. —.....	Dec. 17-23.....	1		At Liverpool.

**TYPHUS FEVER.**

Algeria:				
Algiers.....	Nov. 11-Dec. 31...	2	1	
Oran.....	Jan. 11-20.....	1	1	
Brazil:				
Pernambuco.....	Dec. 3-9.....	2	2	
Porto Alegre.....	Nov. 19-Dec. 16...	3		
Chile:				
Antofagasta.....	Nov. 12-Dec. 30...	24	5	
Do.....	Dec. 31-Jan. 6.....	2	1	
Concepcion.....	Oct. 17-Dec. 18.....		9	
Do.....	Dec. 26-Jan. 15.....		7	
Iquique.....	Jan. 14-20.....		1	
Talcahuano.....	Nov. 12-Dec. 23.....	10	6	
Do.....	Jan. 7-13.....	2	1	
Valparaiso.....	Dec. 3-30.....		9	
Do.....	Dec. 31-Jan. 27.....		13	
China:				
Antung.....	Nov. 13-Dec. 10.....	7		
Manchuria—				
Harbin.....	Nov. 20-26.....	7		
Do.....	Jan. 1-28.....	4		
Cuba				
Matanzas.....	Dec. 25-31.....	1	1	
Czechoslovakia:				
City—				
Prague.....	Nov. 19-25.....	1		
Province—				
Bohemia.....	Nov. 1-30.....	1		
Ruthenia.....	Oct. 1-Dec. 31.....	25		
Slovakia.....	Nov. 1-30.....	2		
Danzig (Free City).....	Jan. 7-13.....	1		
Egypt:				
Alexandria.....	Nov. 19-Dec. 31.....	2	1	
Cairo.....	Oct. 1-Dec. 2.....	13	7	
Estonia.....				Oct. 1-Dec. 31, 1922: Cases, 6
Libau.....	Dec. 24-30.....	1		Recurrent typhus; Cases, 10.
Germany:				
Berlin.....	Nov. 26-Dec. 2.....		1	
Coblentz.....	Dec. 10-16.....	1		
Dresden.....	do.....	1		
Great Britain:				
Glasgow.....	Jan. 7-Feb. 17.....	4		
Greece:				
Corfu Island.....	Feb. 8.....			Present.
Leucadia.....	Jan. 17.....			Do.
Patras.....	Nov. 19-25.....		1	
Do.....	Jan. 1-7.....	3	1	
Piræus.....	Feb. 8.....			Do.
Prevesa.....	Jan. 1-7.....			Do.
Saloniki.....	Dec. 18-24.....	3		Among refugees.
Do.....	Jan. 7-14.....	3	1	Refugees.
Zante.....	Jan. 17.....			Present.
Hungary:				
Budapest.....	Jan. 14-20.....	3		
Ireland:				
Belmullet.....	June 15-Dec. 14.....	20		In county Mayo.
Latvia.....	Oct. 1-Nov. 30.....	45		Recurrent typhus; Cases, 9
Mexico:				
Mexico City.....	Nov. 12-Dec. 23.....	78		Including municipalities in Federal District.
Do.....	Dec. 31-Feb. 3.....	69		Do.
San Luis Potosi.....	Jan. 28-Feb. 10.....		2	

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

**Reports Received from December 30, 1922, to March 16, 1923—Continued.**

**TYPHUS FEVER—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Palestine.....				Dec. 5-25, 1922: Cases, 3; in northern section.
Jaffa.....	Dec. 12-18.....	2		
Do.....	Jan. 16-22.....	2		
Jerusalem.....	Dec. 26-Jan. 1.....	1		
Persia:				
Teheran.....	Sept. 24-Oct. 24.....		1	
Poland.....				Oct. 1-Dec. 2, 1922: Cases, 1,415; deaths, 101. Recurrent typhus: Cases, 1,583; deaths, 45.
Portugal:				
Oporto.....	Oct. 15-Dec. 2.....	1	1	
Rumania:				
Bucharest.....				To Jan. 31, 1923: Cases, 96; deaths, 13.
Chisinau.....	Nov. 1-30.....	5		July 30-Sept. 23, 1922: Cases, 23,803.
Russia.....				Provisional figures.
Ukraine.....	Jan.-Sept.....	307,329		
Ukraine, Tartar Republic, and Siberia.....	June 1-30.....	35,926		
Do.....	July 1-31.....	17,262		Do.
Do.....	Aug. 1-31.....	6,864		Do.
Do.....	Sept. 1-30.....	2,388		Do.
Spain:				
Barcelona.....	Nov. 30-Dec. 27.....		3	
Do.....	Jan. 11-17.....		1	
Madrid.....	Dec. 1-31.....		1	
Syria:				
Aleppo.....	Dec. 10-16.....	1	1	
Do.....	Jan. 7-27.....	17	5	
Beirut.....	Oct. 1-22.....	1		
Turkey:				
Constantinople.....	Nov. 27-Dec. 2.....	3		
Do.....	Dec. 31-Jan. 27.....	17	3	Mar. 6, 1923: Present.
Union of South Africa.....				Oct. 1-Dec. 31, 1922: Colored—cases, 3,097; deaths, 298; white—cases, 11; deaths, 2.
Cape Province.....				Oct. 1-Dec. 31, 1922: Colored—cases, 2,799; deaths, 250; white—cases, 6; deaths, 1.
Do.....	Dec. 31-Jan. 13.....			Outbreaks.
Natal.....				Oct. 1-Dec. 31, 1922: Colored—cases, 143; deaths, 32; white—cases, 2.
Orange Free State.....				Oct. 1-Dec. 31, 1922: Colored—cases, 91; deaths 8; white—cases, 3; deaths, 1.
Do.....	Jan. 7-13.....			Outbreaks.
Transvaal.....				Oct. 1-Dec. 31, 1922: Colored—cases, 64; deaths, 8.
Do.....	Jan. 7-13.....			Outbreaks.
Johannesburg.....	Nov. 1-30.....	3	6	
Venezuela:				
Maracaibo.....	Jan. 21-27.....		1	
Yugoslavia:				
Bosnia-Herzegovina.....	Aug. 1-31.....	1		
Serbia.....				Aug. 1-31, 1922: Recurrent typhus fever, cases, 4.

**YELLOW FEVER.**

Brazil:				
Bahia.....	Dec. 31-Jan. 6.....	1	1	
Mexico:				
Ciudad Victoria.....	Dec. 17-23.....	1		
West Africa:				
Gold Coast—Salipond.....				Reported present Dec. 21, 1922.
Nigeria—Warrai.....				Do.