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ABSENTEEISM AMONG WHITE AND NEGRO SCHOOL CHILDREN IN CLEVELAND, 1922-23.¹

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The object of this investigation was to determine the causes of the absence of children from school under the conditions obtaining in a city of large size, with the idea of adding to our knowledge of school absenteeism in general and of the occurrence of sickness among children in particular. With this object in mind and with the idea of increasing the value of the data to be obtained, the schools to be studied were so selected as to make possible a comparison between the days of school lost by white and negro children. Information concerning school absenteeism has been gradually accumulating because of such studies, for example, as those recently conducted by the United States Public Health Service.² There is urgent need, however, for further information concerning absence from school and the part that sickness plays in it, based upon the experience of many places or of the same place at different times, for only from many such contributions can sufficient knowledge be accumulated to make possible any real insight into the many related problems and to serve as a basis for their successful solution. While the present paper will be devoted to a general discussion of the data obtained, an analysis of the morbidity data collected during the investigation is planned for a later publication.

It seemed to be most desirable to attempt to determine the cause for which a child was absent from school by direct investigation rather than to depend upon second-hand information. It soon appeared, however, that, because of the small staff available and the number of absences to be expected, a home visit for each absence could not be made by a representative of the board of education. It was therefore decided to try the expedient of investigating only those absences from school which were of two days' duration or over. As far as possible the causes of all such absences were determined by obtaining first-hand information from parents or guardians. These home visits and the reports upon the real cause found for each absence were made by attendance officers of the board of education.

¹ From the Department of Hygiene and Bacteriology, School of Medicine, Western Reserve University, and the Department of Attendance, Cleveland Board of Education.

² Collins, Selwyn D.: Sickness among school children. Pub. Health Reps., 36, 1549. 1921.

——: The relation of physical defects to sickness. Pub. Health Reps., 37, 2183. 1922.

——: School absence of boys and girls. Pub. Health Reps., 37, 2683. 1922.

Because of the adoption of the procedure just described, it follows that the total days of absence from school or the total days of school lost may be separated into two subdivisions, the first being made up of absences of less than two days' duration and the second of absences of two days' duration or over. As will be seen later in the paper, the causes of the absences included in the first subdivision are not considered, and in fact, as has been previously indicated, no attempt was made to ascertain them. On the other hand, it will be observed that the causes of the absences included in the second subdivision are grouped under the following three heads: Cause not determined, cause other than sickness, and sickness.

The following procedure was adhered to in collecting the data: At the beginning of the school year 1922-23 a special attendance record card was made out for each student enrolled in the schools included in the investigation. During the year such a card was made out for each new student at the time of enrollment. This special attendance record card called for certain identification data and such personal particulars as color, sex, age, etc. It also included a school attendance calendar upon which all absences could conveniently be recorded. Each absence of a child was recorded on its card by properly marking on the calendar the day or days for which it was out of school. By thus correctly marking each day as long as the child was absent from school it was possible to obtain the total duration of a given absence. The records were entered on the cards by the teachers themselves or by clerks in the school office from reports of absence turned in daily by the teachers. Instructions were given to the effect that without exception each absence of two days' duration must be reported promptly to the department of attendance in order that it might be investigated.

The cases of absence thus reported to the department of attendance were investigated by its officers to determine the reason for each absence. In most instances a visit to the home of the child was made by the officer to obtain the necessary facts. When the absence was due to personal illness, an attempt was made to ascertain the nature of the illness and whether the child had any medical attendant. The findings of the officer were in each case reported back to the school and filed with the child's special attendance record for future tabulation and analysis.

To insure accuracy and completeness, checking was undertaken at frequent intervals to ascertain whether all two-day absences had been properly reported, investigated, and an explanation filed. Furthermore, at the end of the period of observation the special attendance record cards were checked against the usual room registers kept by the teachers to see how they agreed. Thus by making needed corrections it was possible to increase the accuracy.

The two schools selected for observation were situated some distance from each other; one was in a good residential district and the other in a so-called poorer section of the city. Of the children included in this investigation, 744 whites and 32 negroes were enrolled in the first school and 174 whites and 661 negroes in the second. Observations were made during a period of eight months, from October to May, inclusive.

In considering the results to be presented it must be remembered that, wherever possible, absences have been related to the total possible days of school attendance. Also that in this paper we are not discussing cases but rather days lost from school. Furthermore, the expression "days lost" refers only to time lost from school, Saturdays, Sundays, and holidays, of course, not being included.

A tabulation of the original basic data will be found in Tables 8 and 9 at the end of the paper.

From Table 1, which presents the general results of the investigation, it will be observed that the white children lost 7.9 per cent of the total possible days of school attendance, whereas the negro children lost 7.4 per cent. While the negro children lost less time than the white children because of sickness, they lost more time from causes other than sickness and from absence for which the cause was not determined. The negro children also lost more time because of absences of less than two days' duration.

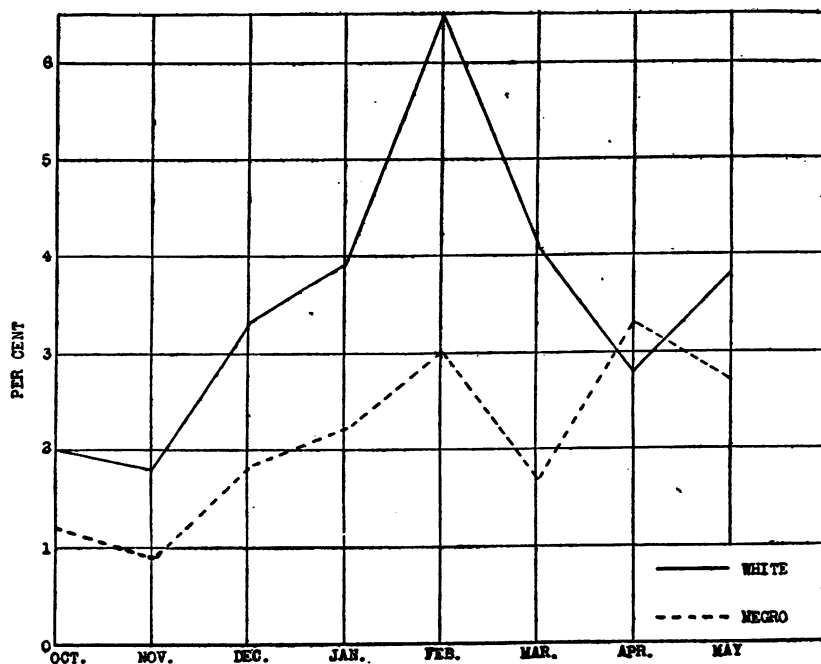
TABLE 1.—*Percentages of the total possible days of school attendance lost by white and negro children in certain schools in Cleveland, 1922-23.*

Race.	Per cent of total days of school lost.				
	All absences.	Duration of included absences two days or over.			Duration of included absences less than two days.
		Cause (not determined.	Cause other than sickness.	Sickness.	
White.....	7.9	1.5	0.4	3.6	2.4
Negro.....	7.4	1.7	.7	2.1	2.9

The relation of the absence from school to the month of the year is set forth in Table 2. A study of this table shows that, save in one month, the negro children uniformly lost more time than the white children from school because of absences of less than two days' duration and from causes other than sickness. When absences from sickness are considered, however, the negro children, for every month except one, are seen to lose less time than the white children. It is evident from an inspection of the monthly percentages for the first two subdivisions of the classification that neither the white nor the negro group tends consistently to exceed the other in the time lost from school.

TABLE 2.—Percentages of the total possible days of school attendance lost by white and negro children for each month in certain schools in Cleveland, 1922-23.

Month.	Per cent of school days lost.									
	Duration of included absences less than two days.		Duration of included absences two days or over.						All absences.	
			Sickness.		Cause other than sickness.		Cause not determined.			
	Negro.	White.	Negro.	White.	Negro.	White.	Negro.	White.	Negro.	White.
October.....	2.3	3.5	1.2	2.0	.9	.2	.4	.5	4.8	6.2
November.....	2.5	2.0	.9	1.8	.7	.4	.5	.5	4.6	4.7
December.....	3.2	2.4	1.8	3.3	1.0	.3	1.5	1.1	7.5	7.1
January.....	2.7	2.1	2.2	3.9	.5	.2	2.5	1.5	7.9	7.7
February.....	3.5	2.7	3.0	6.5	.7	.4	2.9	2.5	10.1	12.1
March.....	2.8	2.1	1.7	4.1	.3	.2	1.7	2.0	6.5	8.4
April.....	2.9	2.2	3.3	2.8	.9	.4	2.1	1.0	9.3	6.4
May.....	3.1	2.5	2.7	3.8	.6	1.1	2.0	2.8	8.4	10.2



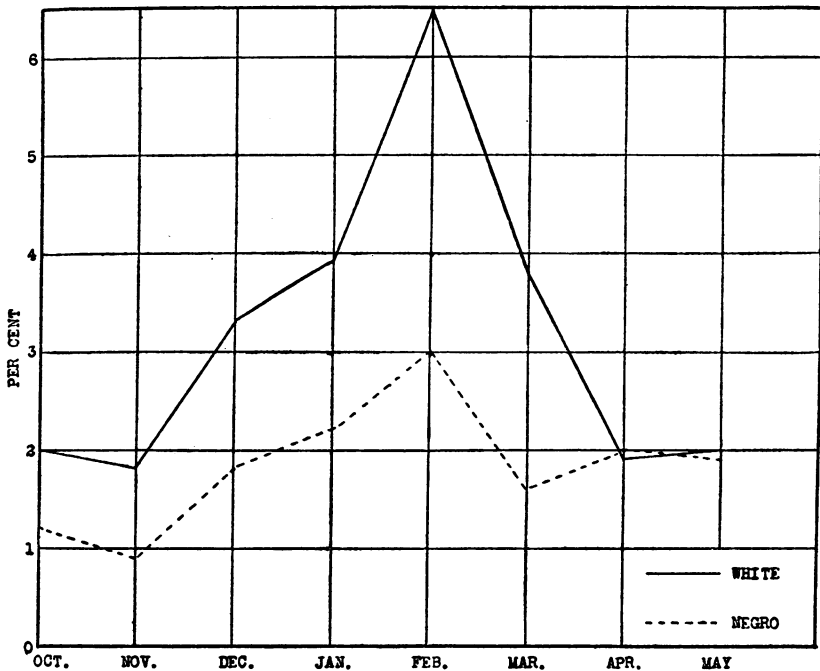
PER CENT OF TOTAL POSSIBLE DAYS OF SCHOOL ATTENDANCE LOST BECAUSE OF SICKNESS BY WHITE AND NEGRO CHILDREN FOR EACH INDICATED MONTH. CERTAIN SCHOOLS IN CLEVELAND, 1922-1923.

FIGURE 1.

To illustrate further the relation of the absences from school because of sickness to the month of the year, Figures 1 and 2 are presented. A glance at Figure 1 emphasizes what has already been mentioned, namely, that white children, save in a single month, lost more time from school than the negro children because of sickness. While the peak of disease incidence for white children occurred in

February, for the negro children the highest point of the curve occurred in April. The elimination of the effect of a measles epidemic occurring during the latter part of the year, as has been done in Figure 2, indicates the real explanation for the unexpected result. The curves thus corrected are typical of those usually exhibited by morbidity data.

In the next five tables there is presented an analysis by sex, age, and race of the time lost from school according to each of the various headings of the classification used in Table 1. It is to be noted in considering these tables that the age group (10 to 14) includes a



PER CENT OF TOTAL POSSIBLE DAYS OF SCHOOL ATTENDANCE LOST BECAUSE OF SICKNESS OTHER THAN MEASLES BY WHITE AND NEGRO CHILDREN FOR EACH INDICATED MONTH. CERTAIN SCHOOLS IN CLEVELAND, 1922-1923.

FIGURE 2.

few pupils who were over 14 years of age, and that the group for which the age is not given includes so few individuals that it can well be disregarded. This group will not be considered in the following discussion.

TABLE 3.—Percentage of the total possible days of school attendance lost by male and female children, by age and race, in certain schools in Cleveland, 1922-23.

Sex and age group.	White.	Negro.	Sex and age group.	White.	Negro.
Male:			Female:		
All ages.....	7.6	7.1	All ages.....	8.3	7.7
5 to 9.....	9.0	8.2	5 to 9.....	9.3	9.5
10 to 14.....	5.5	6.2	10 to 14.....	7.0	6.3
Not given.....	20.0	14.6	Not given.....	12.6	3.8

A study of Table 3 gives the main facts concerning the *total days of school lost*. It will be noted that, excepting for males age 10 to 14 years and females age 5 to 9, the negro children of both sexes and all ages lost less total time from school than the white children. Comparing the sexes, it is seen that for both races and for all specified ages, females lost more time than males. Furthermore, the older age group, irrespective of race and sex, lost less time than the younger age group.

TABLE 4.—Percentage of total possible days of school attendance lost on account of undetermined causes by male and female children, by age and race, in certain schools in Cleveland, 1922-23.

Sex and age group.	White.	Negro.	Sex and age group.	White.	Negro.
Male:			Female:		
All ages.....	1.4	1.5	All ages.....	1.7	1.9
5 to 9.....	1.7	1.7	5 to 9.....	1.9	2.5
10 to 14.....	0.9	1.3	10 to 14.....	1.3	1.5
Not given.....	6.9	5.8	Not given.....	2.4	0.2

In Table 4 is presented an analysis of the days of school lost for which no explanation was obtained. It is probable that many of the absences included in this group were not due to sickness; for the attendance officer often could not locate the child or the parents or even the house in which they lived. While this would seem to show that many times the child was at least not seriously ill, still no doubt some cases of sickness are included in this group. In contrast to the results obtained by the analysis of Table 3, it is noted that the negro children tend to exceed the white children in the amount of time lost on account of undetermined causes. But for the classification division under consideration, this does not alter the fact that girls lost more time than boys, and that the younger age group lost more time than the older one.

TABLE 5.—Percentage of the total possible days of school attendance lost by male and female children on account of causes other than sickness, by age and race, in certain schools in Cleveland, 1922-23.

Sex and age group.	White.	Negro.	Sex and age group.	White.	Negro.
Male:			Female:		
All ages.....	0.3	0.7	All ages.....	0.5	0.6
5 to 9.....	.3	.6	5 to 9.....	.4	.7
10 to 14.....	.3	.7	10 to 14.....	.6	.6
Not given.....	5.4	2.7	Not given.....	.0	.4

When causes of absence other than sickness are considered, a study of Table 5 shows that there is a tendency for the negro children to exceed the white children in the amount of time lost. While the white females lost more time from school from causes other than sickness, this is not uniformly true for the negro females. There is also no uniform difference in the amount of time lost from causes other than sickness between the younger and older age group.

TABLE 6.—*Percentage of total possible days of school attendance lost because of sickness by male and female children, by age and race, in certain schools of Cleveland, 1922-23.*

Sex and age group.	White.	Negro.	Sex and age group.	White.	Negro.
Male:			Female:		
All ages.....	3.5	2.0	All ages.....	3.6	2.3
5 to 9.....	4.6	3.1	5 to 9.....	4.6	3.3
10 to 14.....	1.9	1.2	10 to 14.....	2.4	1.5
Not given.....	3.8	2.1	Not given.....	8.3	1.4

The distinctive thing about Table 6 is the small amount of time lost because of sickness by negro children in comparison to that lost by white children. An analysis of the time lost because of sickness shows again that there is a distinct tendency for the females to lose more time than the males. It is also quite evident from Table 6 that among both white and negro children the older age group lost much less time because of sickness than the younger group, often less than half as much.

TABLE 7.—*Percentage of the total possible days of school attendance lost on account of absences of less than two days' duration by male and female children, by age and race, in certain schools in Cleveland, 1922-23.*

Sex and age group.	White.	Negro.	Sex and age group.	White.	Negro.
Male:			Female:		
All ages.....	2.3	2.9	All ages.....	2.5	2.8
5 to 9.....	2.3	2.7	5 to 9.....	2.4	3.1
10 to 14.....	2.4	3.0	10 to 14.....	2.7	2.7
Not given.....	3.8	3.9	Not given.....	1.9	1.7

It will be remembered that no attempt was made to determine the cause of an absence of less than two days' duration. The time lost from school composed of these short absences frequently represents as much as a third of the entire time lost, or even more. In absences of less than two days' duration, Table 7 shows that negroes lost more time than white children, that for white children the older age group lost more time than the younger, and that females lost more time than the males.

TABLE 8.—Days of school lost by white children in certain schools in Cleveland, 1922-23.

Sex and age.	Number of children (total for school year).	Total possible days of school attendance.	Total days of school lost.	School days lost.			
				Duration of included absences two days or over.			Duration of included absences less than two days.
				Cause not determined.	Cause other than sickness.	Sickness.	
Both sexes:							
All ages.....	918	126,433	10,037.0	1,932.0	521.5	4,508.5	3,075.0
5 to 9 years.....	531	71,263	6,505.0	1,310.5	255.0	3,283.0	1,656.5
10 to 14 years.....	377	54,404	3,409.5	587.0	247.5	1,178.0	1,397.0
Not given.....	10	766	122.5	34.5	19.0	47.5	21.5
Male:							
All ages.....	458	63,786	4,832.5	896.0	215.0	2,231.5	1,490.0
5 to 9 years.....	270	36,786	3,303.0	644.0	124.0	1,703.0	832.0
10 to 14 years.....	184	26,646	1,459.0	227.5	72.0	515.0	644.5
Not given.....	4	354	70.5	24.5	19.0	13.5	13.5
Female:							
All ages.....	460	62,647	5,204.5	1,036.0	306.5	2,277.0	1,585.0
5 to 9 years.....	261	34,477	3,202.0	666.5	131.0	1,580.0	824.5
10 to 14 years.....	193	27,758	1,950.5	359.5	175.5	663.0	752.5
Not given.....	6	412	52.0	10.0	34.0	8.0

TABLE 9.—Days of school lost by negro children in certain schools in Cleveland, 1922-23.

Sex and age.	Number of children (total for school year).	Total possible days of school attendance.	Total days of school lost.	School days lost.			
				Duration of included absences two days or over.			Duration of included absences less than two days.
				Cause not determined.	Cause other than sickness.	Sickness.	
Both sexes:							
All ages.....	693	87,813	6,483.5	1,518.5	592.5	1,853.5	2,519.0
5 to 9 years.....	278	35,841	3,192.5	764.0	232.0	1,151.5	1,045.0
10 to 14 years.....	396	50,406	3,156.0	711.5	338.0	675.0	1,431.5
Not given.....	19	1,566	135.0	43.0	22.5	27.0	42.5
Male:							
All ages.....	369	44,906	3,188.0	690.0	321.0	879.0	1,298.0
5 to 9 years.....	134	16,990	1,395.5	294.0	104.5	533.0	464.0
10 to 14 years.....	226	27,213	1,690.0	355.0	197.5	331.0	806.5
Not given.....	9	703	102.5	41.0	19.0	15.0	27.5
Female:							
All ages.....	324	42,907	3,295.5	828.5	271.5	974.5	1,221.0
5 to 9 years.....	144	18,851	1,797.0	470.0	127.5	618.5	581.0
10 to 14 years.....	170	23,193	1,466.0	356.5	140.5	344.0	625.0
Not given.....	10	863	32.5	2.0	3.5	12.0	15.0

SUMMARY.

The outstanding results of the investigation of this group of school children may be summarized as follows:

1. Negro children of both sexes lost less total time from school than white children, except for males 10 to 14 years of age and for females 5 to 9.

2. Negro children of both age groups, both sexes, and in all calendar months but one, lost much less time from school than the white children because of sickness.

3. In general, girls, for the age group considered, lost more time from school than boys. While this was uniformly true for white children, the negro children presented some exceptions.

4. The older age group lost less time from school than the younger, except for causes other than sickness, and in total absences of less than two days' duration.

5. Negro children tended to lose more time from school than white children, irrespective of sex and age, for causes not determined, causes other than sickness, and in total absences of less than two days' duration.

6. The peak of disease incidence for the year studied, after allowance is made for an epidemic of measles, occurred in February.

Acknowledgments.—In conducting this investigation the authors wish to acknowledge the assistance which has been given them by attendance officers, teachers, and the principals of the schools which were included in the study. Without their help and cooperation the study would have been impossible.

WORKMEN'S COMPENSATION ACTS IN THE UNITED STATES: THE MEDICAL ASPECT.¹

A Review.

By E. C. ERNST, Passed Assistant Surgeon, United States Public Health Service; Medical Director, U. S. Employees' Compensation Commission.

Research Report No. 61, of the National Industrial Conference Board, entitled "Workmen's Compensation Acts in the United States—The Medical Aspect," is the first publication of its kind in the United States, and comprises a critical review of the operation of the various State compensation acts from the medical aspect. Although published by a board whose membership is represented by the employers as a class rather than the employees, there has been no apparent prejudice or bias in the presentation of the opinions and cases reviewed. The need for such a survey at present becomes increasingly apparent when it is realized that the greatest diversity of opinions and decisions have been handed down by the various boards

¹ Research Report No. 61, National Industrial Conference Board, New York.

and courts during the short time in which workmen's compensation has been considered from a legal standpoint in the United States.

The first chapters in this book are largely given over to a consideration of definitions and the less technical medicolegal phases of compensation. The major part of the book, however, is concerned largely with the consideration of medical management and decisions of the leading medical questions in the administration of compensation laws as at present practiced in the United States. An inevitable defect in a review as brief as this is that in quoting decisions the findings upon which these decisions are based are stated with so much abbreviation that it is not always easy to follow the process of reasoning through which the conclusions are reached. It is perhaps to be regretted that in Chapter XIX, in which the ratings variously considered for dismemberment and loss of use, as practiced in various States, are discussed, that mention could not have been made of the rating table adopted at the 1923 meeting of the International Association of Industrial Accident Boards and Commissions.

In Chapters XXIII and XXIV, however, where the discussion of "Disease the Result of Accident" and "Latent Disease" is taken up, there has been made a laudable attempt to survey the most advanced and uncertain field in all compensation work. Thus the various opinions concerning appendicitis, influenza, pneumonia, and typhoid and mental disturbances as related to accidental injury, are quoted, together with a wide variety of decisions on the questions of sunstroke, lightning, and tornado,

It will be seen in this publication that a difference has been drawn between disease as the result of accident and latent disease aggravated by accident, and this appears to be a differentiation frequently overlooked by medical examiners. Under the former heading are described cases of pneumonia due either to exposure, to injury of the chest, or to other injuries. Insanity has been found to be the result of such accidents as mental or nervous shock, or to follow minor injuries or traumatic neuroses, or even the depression following a severe disfigurement. A few decisions are cited which consider diabetes the result of traumatism or shock, and others, with greater apparent justification, accept responsibility for diabetic gangrene following slight injuries. Exposure causing nephritis has been alleged, having been allowed in one instance and disallowed in another. Rheumatism and rheumatic fever have received varying consideration, and hydrophobia, miscarriage, sleeping sickness, smallpox, and spotted fever have all been in and out of court.

Tuberculosis as a latent disease has a large variety of decisions and opinions to its credit. It is under this heading that court decisions appear at their greatest disadvantage, and it is to be feared that little assistance has been derived from medical advice on this subject.

Injuries which have activated a local flaring up of dormant tuberculosis constitute not infrequent claims, and many decisions allowing the resultant tuberculosis are recorded. It is in relation to allegations of exposure to climatic conditions, dust, overwork, mental strain, and contact with other cases that an entire lack of correlation or unanimity is found. The very nature of the injury alleged makes such claims unusually insusceptible of adequate investigation, and varying extremes of opinion have been gathered together and enumerated under this heading.

The aggravation and acceleration of preexisting syphilis from accidental injury has received consideration, and even the parasyphilides, paresis, and locomotor ataxia have been shown to the satisfaction of various courts to have been materially augmented by injury. Heart disease held to be due to overexertion and excitement appears to be a more infrequent claim under accident laws, but the Colorado commission even upheld fatal aggravation of a weak heart as due to the breathing of dust-laden air. The allowance of strains causing hemorrhage are founded on a leading English case in which a strain, not excessive for a healthy individual, seems to have resulted in a rupture of an aneurism. Pulmonary, gastric, and cerebral hemorrhages following strain have often been under consideration and have frequently been allowed. A difficult problem in this connection is the claim of an employee who falls and is picked up suffering with apoplexy. Whether the fall was caused by the apoplexy or the apoplexy by the fall can frequently not be answered to the satisfaction of the boards or courts.

The practice of several States varies greatly in regard to new growths alleged to be caused or aggravated by injuries. Cancer arising at the site of an injury within a reasonable time has been sustained as compensable in several decisions. Carcinoma of the abdominal contents was allowed by the Pennsylvania board following external trauma to the abdomen, and was refused by the Massachusetts board following a blow in the small of the back. Cancer as the result of repeated minor injuries seems to have been omitted in this connection, probably for the reason that such claims are relatively infrequent and might more properly fall under the category of occupational disease.

Chapter XXV covers the consideration of infection resulting from accident, of which several unusual aspects are brought to light. For instance, infection following vaccination has been favorably considered in Massachusetts, but denied in Michigan and Pennsylvania courts. Minor injuries, as abrasions and scratches, followed by severe infection have elicited every variety of consideration. Actual proof of what caused the scratch or where the infection was contracted and what may be regarded as the proximate cause of the disability seem to be the chief questions involved.

The Supreme Court of Michigan affirmed an award for death the result of acute inflammatory rheumatism in a man who had a slight injury to his thumb, which became infected. In regard to a dermatitis following the handling of hides which had been treated with chromic acid, the Pennsylvania Court said: "Mere contact with an extraneous substance, if it results in a disturbance of any kind in the structure of the human body involved is 'violence' within the legislative meaning."

Infections following bruises, blisters, and calluses are discussed and appear to have been generally, although not uniformly, allowed. Poison-ivy dermatitis has been considered an accidental injury by the New York courts, a case being quoted in which infection developed, thus reducing the powers of resistance so that bronchitis developed, followed by pulmonary edema and death.

Chapter XXVI, on eye injuries, especially shows the lack of unanimity in policy or interpretation in various States when such claims are considered. The rating allowed for the loss of an eye varies greatly, but the rating allowed for various degrees of loss of vision shows even a greater variation, and it is hoped that some common ground or understanding on this subject will develop.

Chapter XXVII is concerned with decisions on hernias, and it certainly seems as though enough careful consideration had been given this subject to warrant a more uniform policy throughout the States than is here shown. Twelve States have passed special legislation regarding hernias. In general it is required to be shown that the hernias resulting from an injury must immediately and suddenly follow the latter and be accompanied by pain. In New Jersey an additional requirement has been imposed, that the employee must have ceased work immediately and that the employer be notified and a physician consulted within 24 hours. Most States must disregard claims for such hernias which, from a medical standpoint, must be considered a disease rather than an accidental injury, and it has been obviously attempted to crowd such hernias into the accidental-injury category. Especially does confusion run riot in the consideration of the aggravation of preexisting hernias where almost every contingency has been alleged, affirmed, or denied.

In Chapter XXVIII, occupational disease, as such, is discussed and the laws of the eight States specifically including occupational disease are described, as against those States in which occupational disease has sometimes been read into the law by court decisions. To the State of Massachusetts belongs the credit of having first included occupational disease as a compensable disability. California, Wisconsin, and Connecticut soon followed with similar laws, the latter by an amendment to its original act. In four other States, however, Illinois, Minnesota, New York, and Ohio, an attempt

has been made to list such occupational diseases as may be compensable, but it is quite apparent that though the intent was commendable, a list of from 15 to 20 diseases, almost entirely confined to industrial poisonings, is by no means satisfactory or sufficient.

The continual cropping up of occupational disease as a legitimately compensable disability arising out of and in the course of employment is apparently exerting an ever-increasing influence on the recent court decisions, which are quoted in Chapter XXIII on "Disease the Result of Accident." Even under the limitations of the organic acts as first passed, where compensation was almost invariably confined to bodily injury the result of accident, it is apparent that various boards and courts have sensed the equity in compensating occupational disease and endeavored, often with ludicrous effect from a medical standpoint, to include such cases under the more restricted acts. Thus, an infectious conjunctivitis has been described as the result of the impingement of a germ against the eye and therefore an accidental injury; and a New York case in which the court sustained the commission that the "bite" of the anthrax bacillus was indubitably an accidental injury; and, perhaps more reasonably, a leading decision of the Supreme Court of Wisconsin that a case of typhoid fever was an accidental poisoning and therefore a personal injury. This trend clearly points to the future inclusion of occupational diseases as compensable conditions.

Chapter XXX contains a short summary of the material reviewed in this book and brings out many points of paramount interest in the development of workmen's compensation laws. The gradual realization that medical questions have been among the most important of all those involved in the administration of these laws is made clear, and the modification of the old legal ethics of "privileged communication" in modern compensation practice is mentioned. The conclusion that the highest type of medical service is least expensive in the end is certainly warranted, and the suggestion that physical examination of workers be made at the time of entering employment, as now practiced in only one State, New Mexico, is worthy of consideration. Although the remaining possibility for useful work in permanent partial disability cases is noted, the questions of vocational education and rehabilitation have apparently been omitted. These latter problems are in themselves specialties which probably would require more space than a review of this character could afford. In view of the small number of State boards having access to expert medical advice on general questions, and the marked recent tendency of workers to submit claims for injuries and diseased conditions more and more remote from direct connection with employment, many decisions in such cases have hardly been in conformity with the findings of fact or the consensus of medical opinion. The conclusion

that hernias occurring in industry should be classed as a disease rather than as an injury is certainly justifiable, but the question as to how far hernia as a disease may be considered occupational is omitted. The lack of coordination between the administration and records of the different compensation boards is emphasized and due credit is given to the International Association of Industrial Accident Boards and Commissions in its efforts to standardize the reporting of experience. The final paragraph of this review is worth quoting in full:

"To sum up, it may be said that while workmen's compensation laws, for the first time in the experience of social legislation, have charged one group with the major responsibility for injuries occurring to another group, the principle embodied in this legislation has been accepted by both interested parties, in the main, as a just one. Differences appear, but they are not of sufficient importance to cast doubt on the value of the work as a whole. As the physician is intimately concerned with every compensation case, medical opinion is entitled to receive greater consideration in the administration of these laws than has been the case in the past. From his training and experience he is the most capable of an adequate understanding of these questions. While progress has been made, much remains to be done to administer these laws so as to realize their full social and economic value."

REPORTS OF THE HEALTH SECTION OF THE LEAGUE OF NATIONS.

The following information on world health conditions is taken from the monthly Epidemiological Report of the Health Section of the League of Nations dated February 15, 1924:

GENERAL SUMMARY.

Plague.—No new plague foci were reported. From November 11 to December 8, 1923, there were 11,388 deaths from plague reported in India. The Bombay epidemic was reported to have reached its height, whereas it was stated that the greatest prevalence in Hyderabad usually occurs in January and that the Punjab plague mortality is likely to increase until the latter part of April.

Cholera.—British India alone shows figures indicating epidemic prevalence of cholera. Elsewhere the disease has appeared only sporadically.

Typhus fever.—While cases of typhus fever continue to be reported from a considerable number of countries of Europe, the decline in the prevalence of this disease noted during the summer of 1923 has continued.

Smallpox.—The epidemic of smallpox in Hongkong, noted in earlier Epidemiological Reports, continued until the close of 1923. During the two weeks ended December 29, 1923, there were 130 deaths from this disease reported in Hongkong; and during the eight weeks from November 4 to December 29, 1923, 607 deaths from smallpox occurred in the colony.

The latest current reports of other diseases of sanitary interest were numerically unimportant.

CONDITIONS IN RUSSIA.

Anthrax.—Numerous cases of anthrax have recently been reported from the Ukraine and the Crimea, most of which are stated to have occurred in rural areas among peasants, who became infected from skinning animals.

Diphtheria, measles, scarlet fever.—The latter months of 1923 showed a markedly increased prevalence of diphtheria, measles, and scarlet fever, all of which diseases have been responsible for relatively high mortality rates in Russia.

Malaria.—Malaria continues to be the most widespread disease in Russia. During the first 10 months of 1923, 4,887,000 cases were reported, as compared with 2,880,000 in 1922. This increased prevalence was marked generally throughout the governments and provinces of Russia, excepting the White Russian Republic and the Lake Region. It is stated that the reported number of cases is probably less than half of the actual number, as only the most severe cases are seen by physicians, and the number of patients applying for treatment in the outpatient departments of hospitals at malaria stations has been restricted by the limited amount of quinine available for distribution.

It is stated that though the recent outbreak of malaria in Russia has been unparalleled in severity, it must be remembered that the disease has prevailed in severe form in many parts of Russia for a great many years.

A seasonal change of the occurrence of malaria in Russia is noted. Formerly the peak of occurrence was in May, the malarial season extending from March to August. In 1922, for Russia as a whole, the peak occurred in September. In 1923, most cases were registered in June.

Many speakers at the Pan-Russian malaria conference, held in Moscow in January, 1924, called attention to the large proportion of children infected with malaria. In the Orechovo-Zujewo district 80 per cent of the children were stated to be infected; in others from 15 to 30 per cent.

The shortage of quinine was said to hamper systematic efforts to deal with the epidemic, and it was estimated that not more than one-sixth of the amount of quinine required will be available for use during the present year.

Plague.—Outbreaks of plague have been reported from the Kirghiz Republic and from the Kalmuk region. From October 1, 1923, to January 15, 1924, 379 cases of plague, with 324 deaths, occurred in these areas. Of these, 288 cases and 254 deaths occurred in the government of Bukejev. Of 257 of these cases bacteriologically confirmed, 123 were bubonic, 115 pneumonic, and 19 were stated to have been of a mixed form. The outbreak appears to be abating.

The occurrence of an epizootic of plague among mice and camels has also been reported in Bukejev. This report, however, appears to lack laboratory confirmation.

Smallpox.—Smallpox is reported to be unduly prevalent in the northern governments of Severo-Dvinsk, Viatka, and Perm, as well as in the Caucasus.

Typhus fever.—An enormous decrease in typhus fever is reported for 1923. At the time of the report it was stated that only one-tenth the number of cases were being reported that were reported for the corresponding period of 1922.

A HALF-CENTURY OF PUBLIC HEALTH IN MICHIGAN.

A semicentennial celebration of the establishment of the Michigan Department of Health was held at Lansing, Mich., December 14, 1923. A review, beginning with the first State board of health, and reminiscences of the early days were given by some of the speakers whose lot was cast with the public health work of the State during those pioneer days, one of whom was the original clerk of the board in 1873.

The State Board of Health of Michigan, one of the first States to establish a State board of health and one of the original registration States, was created in July, 1873, pursuant to an act approved by the State legislature April 12, 1873, which provided for a board of seven members, six of whom were to be appointed by the Governor, and the seventh—the secretary and executive officer—to be chosen by the board. Their duties were to “have general supervision of the interests of the health and life of the citizens of the State,” or, more specifically, among other things, to advise State officers and State boards on drainage, water supply, excreta disposal, and heating and ventilation of public buildings. The secretary was ex-officio superintendent of vital statistics, and it was his duty to compile and publish such data.

Some later workers brought the history of the board and its accomplishments down to the present time, while others, including Dr. R. M. Olin, the present State commissioner of health, glanced into the future. On the basis of specific mortality rates Doctor Olin suggested some of the important battles against disease that yet confront the physician and the health officer.

The proceedings of the celebration of the semicentennial anniversary of the board have recently been published in a 50-page pamphlet.

MAY DAY AS "CHILD HEALTH DAY."

The American Child Health Association Suggests that Programs Emphasize Child Health Betterment.

With the purpose in view of emphasizing the importance of the health of children and of obtaining for child health work a little more of the attention that it deserves, the American Child Health Association suggests that May Day programs be arranged especially to include features relating to the betterment of child health and welfare. This day, fraught with its picturesque traditions, admirably lends itself to this purpose.

The association is calling upon State and municipal departments of health to further this plan of May Day celebration, and later expects to enlist the aid of governors and mayors, of educators and the clergy, of the press, the motion-picture theaters, and the radio broadcasting stations.

In taking this step the association is merely making a suggestion and placing it before as many individuals and organizations as it is able to reach, upon whom action and accomplishment in the proposal must necessarily rest. In local celebrations the assumption of leadership is urged upon the organizations best fitted to undertake the work.

DEATHS DURING THE WEEK ENDED MARCH 8, 1924.

Summary of information received by telegraph from industrial insurance companies for week ended March 8, 1924, and corresponding week of 1923. (From the Weekly Health Index, March 12, 1924, issued by the Bureau of the Census, Department of Commerce.)

	Week ended March 8, 1924.	Corresponding week, 1923.
Policies in force.....	56, 808, 800	52, 370, 078
Number of death claims.....	12, 083	14, 121
Death claims per 1,000 policies in force, annual rate	11. 1	14. 1

Deaths from all causes in certain large cities of the United States during the week ended March 8, 1924, infant mortality, annual death rate, and comparison with corresponding week of 1923. (From the Weekly Health Index, March 12, 1924, issued by the Bureau of the Census, Department of Commerce.)

City.	Week ended March 8, 1924.		Annual death rate per 1,000, corre- sponding week, 1923.	Deaths under 1 year.		Infant mortality rate, week ended Mar. 8, 1924. ²
	Total deaths.	Death rate. ¹		Week ended Mar. 8, 1924.	Corre- sponding week, 1923.	
Total (65 cities).....	7, 783	14. 9	17. 4	664	1, 074	-----
Albany ³	43	18. 9	21. 8	7	5	153
Atlanta.....	105	24. 0	20. 3	13	9	-----
Baltimore ³	259	17. 2	22. 1	33	33	96
Birmingham.....	73	19. 0	20. 8	12	16	-----
Boston.....	240	16. 1	19. 2	24	51	67
Bridgeport.....	42	-----	-----	5	8	78
Buffalo.....	131	12. 5	16. 2	19	26	81
Cambridge.....	31	14. 4	15. 0	3	6	52

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1923. Cities left blank are not in the registration area for births.

³ Deaths for week ended Friday, March 7, 1924.

Deaths from all causes in certain large cities of the United States during the week ended March 8, 1924, infant mortality, annual death rate, and comparison with corresponding week of 1923. (From the Weekly Health Index, March 12, 1924, issued by the Bureau of the Census, Department of Commerce.)—Continued.

City.	Week ended March 8, 1924.		Annual death rate per 1,000, corre- sponding week, 1923.	Deaths under 1 year.		Infant mor- tality rate, week ended Mar. 8, 1924.
	Total deaths.	Death rate.		Week ended Mar. 8, 1924.	Corre- sponding week, 1923.	
Camden.....	42	17.3	17.2	8	5	126
Chicago ¹	764	13.6	16.0	107	128	99
Cincinnati.....	119	15.2	15.4	14	8	88
Cleveland.....	195	11.1	12.0	28	36	73
Columbus.....	79	15.4	18.2	8	9	76
Dallas.....	63	17.5	13.4	8	3	—
Dayton.....	31	9.6	14.8	3	7	50
Denver.....	82	—	—	14	13	—
Des Moines.....	49	17.6	21.8	6	4	—
Detroit.....	281	—	—	55	57	102
Duluth.....	15	7.2	7.8	2	1	43
Erie.....	26	—	—	8	8	165
Fall River ³	38	16.4	17.7	7	8	99
Flint.....	26	—	—	9	6	155
Fort Worth.....	25	8.8	9.4	2	5	—
Grand Rapids.....	38	13.4	18.0	7	7	109
Houston.....	49	—	—	3	5	—
Indianapolis.....	107	15.9	23.7	14	22	106
Jacksonville, Fla.....	31	15.8	8.3	5	2	—
Jersey City.....	92	15.4	18.2	9	13	65
Kansas City, Kans.....	35	15.5	15.3	4	2	80
Kansas City, Mo.....	91	13.2	20.3	6	5	—
Los Angeles.....	234	—	—	32	13	100
Louisville.....	97	19.6	19.2	7	12	67
Lowell.....	21	9.5	19.9	4	12	71
Lynn.....	25	12.6	12.2	6	4	152
Memphis.....	81	24.5	20.5	4	8	—
Milwaukee.....	101	10.7	15.1	16	20	73
Minneapolis.....	96	12.0	13.5	10	14	54
Nashville ¹	63	26.6	22.5	8	8	—
New Bedford.....	29	11.4	18.0	9	14	140
New Haven.....	51	15.1	13.3	5	4	65
New Orleans.....	178	22.7	21.8	11	18	—
New York.....	1,715	14.9	17.3	219	188	88
Bronx Borough.....	169	10.1	14.2	15	14	53
Brooklyn Borough.....	551	13.1	16.7	75	59	81
Manhattan Borough.....	825	19.0	19.8	112	97	109
Queens Borough.....	113	10.6	13.2	12	14	66
Richmond Borough.....	57	22.7	20.0	5	2	91
Newark, N. J.....	121	14.2	19.0	18	14	84
Norfolk.....	35	11.1	14.7	3	9	55
Oakland.....	63	13.3	15.6	11	6	138
Oklahoma City.....	35	17.6	—	3	—	—
Omaha.....	48	12.0	18.4	5	8	54
Paterson.....	37	13.7	18.7	5	2	81
Philadelphia.....	587	15.7	18.6	64	78	81
Pittsburgh.....	274	22.8	22.3	40	33	136
Portland, Oreg.....	73	13.7	13.3	6	6	62
Providence.....	88	18.8	22.8	13	16	106
Richmond.....	72	20.4	20.7	8	14	94
Rochester.....	59	9.5	15.7	12	20	94
St. Louis.....	220	14.1	17.0	24	24	—
St. Paul.....	68	14.5	17.7	5	11	43
Salt Lake City.....	25	10.1	16.5	1	5	17
San Antonio.....	64	17.4	17.8	13	7	—
San Francisco.....	145	13.8	15.7	10	13	60
Schnectady.....	31	16.1	18.5	3	4	85
Seattle.....	68	—	—	4	6	39
Somerville.....	23	11.9	20.1	3	2	82
Spokane.....	29	—	—	3	3	63
Springfield, Mass.....	39	13.7	19.9	6	8	101
Syracuse.....	47	13.0	17.0	6	5	74
Tacoma.....	22	11.1	14.4	0	2	0
Toledo.....	77	14.5	15.5	6	11	57
Trenton.....	39	15.7	20.9	7	5	115
Utica.....	32	15.8	15.6	3	6	65
Washington, D. C.....	163	17.5	23.4	17	21	98
Waterbury.....	28	—	—	5	4	112
Wilmington, Del.....	37	16.1	15.1	7	4	152
Worcester.....	62	16.5	17.7	9	9	168
Yonkers.....	28	12.4	16.0	5	6	109
Youngstown.....	18	6.0	7.9	3	5	43

¹ Deaths for week ended Friday, March 7, 1924.

PREVALENCE OF DISEASE.

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

UNITED STATES.

CURRENT STATE SUMMARIES.

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

Reports for Week Ended March 15, 1924.

ALABAMA.		CALIFORNIA—continued.	
	Cases.		Cases.
Chicken pox.....	64	Poliomyelitis:.....	
Diphtheria.....	12	Compton.....	1
Influenza.....	135	Kern County.....	1
Malaria.....	18	Scarlet fever.....	278
Measles.....	825	Smallpox:	
Mumps.....	47	Alhambra.....	8
Pneumonia.....	212	Fullerton.....	22
Scarlet fever.....	6	Long Beach.....	24
Smallpox.....	54	Los Angeles.....	116
Tuberculosis.....	30	Los Angeles County.....	63
Typhoid fever.....	10	Orange County.....	8
Whooping cough.....	165	Scattering.....	45
		Typhoid fever.....	14
		Typhus fever—Los Angeles.....	1
ARIZONA.		COLORADO.	
	Cases.	(Exclusive of Denver.)	
Chicken pox.....	19	Chicken pox.....	26
Diphtheria.....	9	Diphtheria.....	15
Measles.....	244	Influenza.....	1
Mumps.....	3	Measles.....	133
Pneumonia.....	1	Mumps.....	38
Scarlet fever.....	15	Pneumonia.....	11
Trachoma.....	4	Scarlet fever.....	21
Tuberculosis.....	52	Septic sore throat.....	1
		Tuberculosis.....	70
ARKANSAS.		Typhoid fever.....	3
	Cases.	Whooping cough.....	11
Cerebrospinal meningitis.....	1		
Chicken pox.....	24	CONNECTICUT.	
Diphtheria.....	8		Cases.
Influenza.....	168	Cerebrospinal meningitis.....	1
Malaria.....	24	Chicken pox.....	76
Measles.....	444	Diphtheria.....	51
Mumps.....	29	German measles.....	9
Pellagra.....	4	Influenza.....	7
Scarlet fever.....	3	Lethargic encephalitis.....	1
Smallpox.....	3	Measles.....	193
Trachoma.....	1	Mumps.....	200
Tuberculosis.....	12	Pneumonia (lobar).....	57
Typhoid fever.....	4	Poliomyelitis.....	1
Whooping cough.....	47	Scarlet fever.....	189
		Smallpox.....	7
CALIFORNIA.		Tetanus.....	1
	Cases.	Tuberculosis (all forms).....	20
Diphtheria.....	249	Typhoid fever.....	7
Influenza.....	33	Whooping cough.....	48
Leprosy—San Diego.....	1		
Lethargic encephalitis—Los Angeles.....	1		
Measles.....	1,289		

Reports for Week Ended March 15, 1924—Continued.

DELAWARE		INDIANA.	
	Cases.		Cases.
Chicken pox.....	7	Cerebrospinal meningitis:	
Diphtheria.....	2	Hamilton County.....	1
Mumps.....	13	Knox County.....	1
Pneumonia.....	3	Chicken pox.....	107
Scarlet fever.....	9	Diphtheria:	
Tuberculosis.....	4	Marion County.....	12
Whooping cough.....	3	Scattering.....	38
		Influenza.....	32
		Measles.....	868
		Pneumonia.....	32
		Scarlet fever:	
		Lake County.....	19
		Marion County.....	37
		St. Joseph County.....	19
		Scattering.....	51
		Smallpox:	
		Delaware County.....	36
		Jackson County.....	23
		Scattering.....	55
		Tuberculosis.....	25
		Typhoid fever.....	1
		Whooping cough.....	73
		IOWA.	
		Diphtheria.....	26
		Scarlet fever.....	81
		Smallpox.....	8
		KANSAS.	
		Chicken pox.....	73
		Diphtheria.....	43
		German measles.....	9
		Influenza.....	18
		Lethargic encephalitis.....	1
		Measles.....	1,584
		Mumps.....	454
		Pneumonia.....	50
		Scarlet fever.....	78
		Smallpox.....	58
		Trachoma.....	1
		Tuberculosis.....	56
		Typhoid fever.....	3
		Whooping cough.....	141
		LOUISIANA.	
		Diphtheria.....	17
		Hookworm disease.....	51
		Influenza.....	24
		Leprosy.....	2
		Malaria.....	4
		Measles.....	270
		Pneumonia.....	49
		Scarlet fever.....	8
		Smallpox.....	13
		Tuberculosis.....	43
		Typhoid fever.....	2
		MAINE.	
		Chicken pox.....	48
		Diphtheria.....	13
		German measles.....	11
		Influenza.....	14
		Measles.....	107
		Mumps.....	57
		Pneumonia.....	30

FLORIDA

Cerebrospinal meningitis.....	2
Diphtheria.....	13
Influenza.....	5
Malaria.....	7
Pneumonia.....	10
Scarlet fever.....	4
Smallpox.....	1
Typhoid fever.....	6

GEORGIA.

Chicken pox.....	24
Conjunctivitis (infectious).....	10
Diphtheria.....	6
Dysentery (bacillary).....	2
German measles.....	6
Influenza.....	64
Malaria.....	10
Measles.....	213
Mumps.....	48
Pneumonia.....	47
Scarlet fever.....	16
Septic sore throat.....	1
Smallpox.....	108
Tuberculosis (pulmonary).....	10
Whooping cough.....	7

ILLINOIS.

Cerebrospinal meningitis—Cook County.....	1
Diphtheria:	
Cook County.....	93
Iroquois County.....	9
Scattering.....	70
Influenza.....	58
Measles.....	783
Pneumonia.....	533
Scarlet fever:	
Carroll County.....	12
Cook County.....	157
DeKalb County.....	17
Dupage County.....	9
Kane County.....	29
La Salle County.....	23
Livingston County.....	9
Macon County.....	14
St. Claire County.....	14
Will County.....	23
Scattering.....	80
Smallpox:	
Cook County.....	15
Whiteside County.....	7
Scattering.....	3
Tuberculosis.....	226
Typhoid fever.....	9
Whooping cough.....	189

Reports for Week Ended March 15, 1924—Continued.

MAINE—continued.		MISSISSIPPI.	
	Cases.		Cases.
Poliomyelitis.....	1	Diphtheria.....	8
Scarlet fever.....	23	Poliomyelitis.....	1
Tuberculosis.....	11	Scarlet fever.....	2
Typhoid fever.....	5	Smallpox.....	5
Whooping cough.....	54	Typhoid fever.....	6
MARYLAND. ¹		MISSOURI.	
		(Exclusive of Cape Girardeau and Kansas City.)	
Cerebrospinal meningitis.....	1	Chicken pox.....	52
Chicken pox.....	172	Diphtheria.....	54
Conjunctivitis.....	1	Influenza.....	64
Diphtheria.....	31	Measles.....	308
German measles.....	38	Mumps.....	95
Influenza.....	88	Pneumonia.....	4
Measles.....	193	Scarlet fever.....	137
Mumps.....	26	Septic sore throat.....	1
Pneumonia (all forms).....	148	Smallpox.....	40
Scarlet fever.....	156	Trachoma.....	3
Septic sore throat.....	2	Tuberculosis.....	31
Smallpox.....	2	Typhoid fever.....	5
Tuberculosis.....	48	Whooping cough.....	66
Typhoid fever.....	3	MONTANA.	
Whooping cough.....	41	Diphtheria.....	10
MASSACHUSETTS.		Rocky Mountain Spotted Fever—	
		East Helena, R. F. D. No. 1.....	1
Cerebrospinal meningitis.....	1	Scarlet fever.....	21
Chicken pox.....	244	Smallpox.....	19
Conjunctivitis (suppurative).....	22	Typhoid fever.....	1
Diphtheria.....	140	NEW JERSEY.	
German measles.....	51	Cerebrospinal meningitis.....	3
Influenza.....	8	Chicken pox.....	233
Measles.....	957	Diphtheria.....	109
Mumps.....	447	Influenza.....	29
Ophthalmia neonatorum.....	10	Malaria.....	1
Pneumonia (lobar).....	133	Measles.....	665
Poliomyelitis.....	3	Pneumonia.....	193
Scarlet fever.....	488	Scarlet fever.....	162
Septic sore throat.....	11	Smallpox.....	5
Trachoma.....	2	Trachoma.....	2
Tuberculosis (all forms).....	141	Trichinosis.....	5
Typhoid fever.....	4	Whooping cough.....	91
Whooping cough.....	87	NEW MEXICO.	
MICHIGAN.		Chicken pox.....	15
		Conjunctivitis.....	2
Diphtheria.....	176	Diphtheria.....	17
Measles.....	821	Influenza.....	5
Pneumonia.....	158	Measles.....	224
Scarlet fever.....	516	Mumps.....	4
Smallpox.....	208	Pneumonia.....	6
Tuberculosis.....	58	Scarlet fever.....	7
Typhoid fever.....	5	Tuberculosis.....	7
Whooping cough.....	73	Typhoid fever.....	2
MINNESOTA.		Whooping cough.....	1
		NEW YORK.	
Chicken pox.....	140	(Exclusive of New York City.)	
Diphtheria.....	69	Cerebrospinal meningitis.....	1
Influenza.....	3	Diphtheria.....	123
Measles.....	328	Influenza.....	62
Pneumonia.....	6	Lethargic encephalitis.....	1
Scarlet fever.....	276	Measles.....	1,379
Smallpox.....	65	Pneumonia.....	378
Tuberculosis.....	82	Poliomyelitis.....	2
Typhoid fever.....	7	Scarlet fever.....	427
Whooping cough.....	11	Smallpox.....	10
		Typhoid fever.....	16
		Whooping cough.....	376

¹ Week ended Friday.

Reports for Week Ended March 15, 1924—Continued.

NORTH CAROLINA.		WASHINGTON.	
	Cases.		Cases.
Chicken pox.....	265	Cerebrospinal meningitis—Seattle.....	1
Diphtheria.....	27	Chicken pox.....	49
Measles.....	2,062	Diphtheria:	
Scarlet fever.....	749	Seattle.....	14
Septic sore throat.....	3	Scattering.....	13
Smallpox.....	154	Lethargic encephalitis—Tacoma.....	2
Typhoid fever.....	6	Measles.....	510
Whooping cough.....	388	Mumps.....	32
		Pneumonia.....	3
		Scarlet fever:	
		Spokane.....	17
		Scattering.....	51
		Smallpox:	
		Spokane.....	19
		Scattering.....	20
		Tuberculosis.....	41
		Typhoid fever.....	2
		Whooping cough.....	24
OREGON.		WEST VIRGINIA.	
Chicken pox.....	15	Diphtheria.....	5
Diphtheria.....	18	Scarlet fever.....	13
Influenza.....	7	Smallpox—Charleston.....	10
Measles.....	269	Typhoid fever.....	4
Mumps.....	2		
Pneumonia.....	16		
Scarlet fever.....	19		
Smallpox:			
Portland.....	9		
Scattering.....	14		
Tuberculosis.....	8		
Typhoid fever.....	5		
Whooping cough.....	12		
SOUTH DAKOTA.		WISCONSIN.	
Chicken pox.....	10	Milwaukee:	
Diphtheria.....	5	Chicken pox.....	68
Influenza.....	3	Diphtheria.....	18
Measles.....	256	Measles.....	17
Pneumonia.....	7	Pneumonia.....	7
Scarlet fever.....	43	Scarlet fever.....	26
Tuberculosis.....	15	Tuberculosis.....	12
Whooping cough.....	8	Whooping cough.....	38
		Scattering:	
		Cerebrospinal meningitis.....	1
		Chicken pox.....	144
		Diphtheria.....	43
		German measles.....	1
		Influenza.....	36
		Measles.....	475
		Pneumonia.....	38
		Scarlet fever.....	334
		Smallpox.....	35
		Tuberculosis.....	24
		Whooping cough.....	94
TEXAS.		WYOMING.	
Chicken pox.....	90	Chicken pox.....	5
Diphtheria.....	33	Influenza.....	1
Influenza.....	24	Measles.....	144
Measles.....	899	Mumps.....	4
Mumps.....	69	Pneumonia.....	3
Pneumonia.....	65	Scarlet fever.....	17
Scarlet fever.....	18	Tuberculosis.....	1
Smallpox.....	25	Typhoid fever.....	1
Trachoma.....	13	Whooping cough.....	20
Tuberculosis.....	35		
Whooping cough.....	49		
VERMONT.			
Chicken pox.....	15		
Diphtheria.....	1		
Measles.....	134		
Mumps.....	11		
Scarlet fever.....	14		
Whooping cough.....	18		

Report for Week Ended March 8, 1924.

NORTH DAKOTA.		NORTH DAKOTA—continued.	
	Cases.		Cases.
Cerebrospinal meningitis.....	1	Scarlet fever.....	86
Chicken pox.....	14	Smallpox.....	6
Diphtheria.....	36	Trachoma.....	4
Influenza.....	6	Tuberculosis.....	4
Measles.....	235	Typhoid fever.....	2
Mumps.....	2	Whooping cough.....	26
Pneumonia.....	33		

1 Deaths.

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.	Cerebro spinal meningitis.	Diphtheria.	Influenza.	Malaria.	Measles.	Pellagra.	Polio-myelitis.	Scarlet fever.	Small pox.	Typhoid fever.
<i>January, 1924.</i>										
Arkansas.....	2	54	871	176	542	17	1	36	50	70
California.....	10	1,575	225	8	3,250	1	8	1,625	1,442	306
Missouri.....	6	354	102	0	2,685	0	0	502	33	25
<i>February, 1924.</i>										
Alabama.....	6	58	593	66	3,094	18	1	32	128	44
Arkansas.....	1	32	933	155	1,336	13	0	28	51	28
District of Columbia.....	1	30	10	0	42	0	0	175	25	1
Georgia.....	2	54	302	29	1,179	4	0	33	424	13
Indiana.....	3	373	64	-----	2,274	-----	-----	464	374	25
Massachusetts.....	15	849	40	-----	3,553	-----	6	2,076	2	32
North Dakota.....	-----	54	5	-----	1,149	-----	-----	231	42	2
West Virginia.....	-----	112	291	-----	91	-----	1	132	54	71

SMALLPOX IN DETROIT, MICH.

Two hundred and sixty-seven cases of smallpox were reported during the month of February in Detroit, Mich., and 31 cases in Windsor, Canada, just across the river from Detroit. These figures are taken from the Weekly Health Review, issued by the Department of Health of the city of Detroit. The editor of that bulletin issues the following warning to the people of the city:

"Vaccination is the only sure means of preventing smallpox. The further spread of the disease will be prevented in direct proportion to the number of persons vaccinated. * * * Persons are as likely to be exposed to the disease in Detroit as they are in Windsor, probably more likely, because new cases are developing more rapidly in Detroit than in Windsor, and Detroit at present has the larger percentage of unvaccinated people. Every person in Detroit who does not possess a good vaccination scar of comparatively recent date ought to be vaccinated immediately. While it is true that thus far the majority of cases in Detroit have been of a comparatively mild type, we have had three deaths, and there is always the danger that the disease may, if it continues to progress at its present rate, develop into the severe type of hemorrhagic or black smallpox."

MORBIDITY REPORTS FROM CITIES.

Reports from 105 cities, with an aggregate population of nearly 29,000,000, in all parts of the United States, for the week ended March 1, 1924, show little change in the prevalence of the principal communicable disease, as compared with the preceding week.

Measles and scarlet fever were somewhat more prevalent during the first nine weeks of the year than they were during the corresponding period one year ago.

Smallpox increased in the cities included in the table during January and February, 1924, most of the increase being accounted for by epidemics in a few localities.

Reports of deaths from all causes in cities of the United States for the nine weeks from December 30, 1923, to March 1, 1924, as compiled by the Bureau of the Census, show an unusually low mortality rate. The annual rate for the nine weeks is only 13.8 per thousand population. The rate for the same period last year was 16.5 per thousand.

City reports for week ended March 1, 1924.

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence how many cases of the disease under consideration may be expected to occur during a certain week in the absence of epidemics. It is based on reports to the Public Health Service during the past nine years. It is in most instances the median number of cases reported in the corresponding week of the preceding years. When the reports include several epidemics, or when for other reasons the median is unsatisfactory, the epidemic periods are excluded and the estimated expectancy is the mean of the number of cases reported for the week during non-epidemic years.

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1915 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city.	Chicken pox, cases re- ported.	Diphtheria.		Influenza.		Meas- les, cases re- ported.	Mumps, cases re- ported.	Pneu- monia, deaths re- ported.	Scarlet fever.	
		Cases, esti- mated expect- ancy.	Cases re- ported.	Cases re- ported.	Deaths re- ported.				Cases, esti- mated expect- ancy.	Cases re- ported.
NEW ENGLAND.										
Maine:										
Lewiston.....	3	1	0	0	0	3	1	0	1	3
Portland.....	27	1	2	0	0	0	15	8	2	0
New Hampshire:										
Concord.....	0	1	0	0	0	15	0	2	1	1
Nashua.....		1	0	0	0	1		2	2	2
Vermont:										
Barre.....	0	1	2		1	5	0	0	2	1
Burlington.....		1	0	0	0	0		0	1	3
Massachusetts:										
Boston.....	97	62	68	2	0	233	32	30	52	126
Fall River.....	0	4	5	1	0	3	1	5	3	13
Springfield.....	7	4	4	0	0	92	1	0	6	11
Worcester.....	45	3	9	5	0	37	174	8	9	19
Rhode Island:										
Pawtucket.....		2	2	0	0	4		1	1	5
Providence.....	0	14	12		1	1	0	14	9	61
Connecticut:										
Bridgeport.....	0	8	14	0	0	1	0	2	5	13
Hartford.....		9	6		1	69		4	4	56
New Haven.....	1	3	1	3	0	9	29	10	5	24
MIDDLE ATLANTIC.										
New York:										
Buffalo.....	0	20	9		1	27	0	19	15	24
New York.....	246	258	191	97	18	1,528	238	266	183	265
Rochester.....	13	10	2		1	0	7	7	14	14
Syracuse.....	20	7	4	0	0	85	6	7	14	69
New Jersey:										
Camden.....		4	7	0	0	0		9	3	3
Newark.....	67	21	15	21	1	89	79	13	22	29
Pennsylvania:										
Philadelphia.....	185	76	125	6	8	49	0	78	57	82
Pittsburgh.....	103	22	27		4	21	93	65	18	27
Reading.....	0	3	3	0	0	4	0	2	3	3
Scranton.....	3	4	4	0	0	4	1	5	4	3

City reports for week ended March 1, 1924—Continued.

Division, State, and city.	Chicken pox, cases reported.	Diphtheria.		Influenza.		Measles, cases reported.	Mumps, cases reported.	Pneumonia, deaths reported.	Scarlet fever.	
		Cases, estimated expectancy.	Cases reported.	Cases reported.	Deaths reported.				Cases, estimated expectancy.	Cases reported.
EAST NORTH CENTRAL.										
Ohio:										
Cincinnati.....	24	13	8	1	3	110	10	20	11	13
Cleveland.....	74	33	23	7	1	34	325	40	41	19
Columbus.....	7	4	8	-----	2	5	0	3	8	19
Toledo.....	0	6	5	1	2	43	0	2	13	19
Indiana:										
Fort Wayne.....	12	3	6	0	0	8	0	2	2	7
Indianapolis.....	51	12	3	-----	1	5	153	13	10	8
South Bend.....	-----	1	0	0	0	2	-----	4	3	15
Terre Haute.....	2	1	1	0	0	1	0	4	3	2
Illinois:										
Chicago.....	154	130	90	33	7	90	120	91	143	121
Peoria.....	7	3	0	0	0	0	4	3	4	2
Springfield.....	2	1	1	0	0	0	0	3	1	2
Michigan:										
Detroit.....	97	66	53	1	0	156	89	39	81	98
Flint.....	3	6	4	0	0	45	38	8	8	8
Grand Rapids.....	-----	3	3	0	0	2	-----	3	9	16
Saginaw.....	8	2	1	0	0	4	1	7	2	43
Wisconsin:										
Madison.....	10	1	3	0	0	3	1	1	3	5
Milwaukee.....	47	15	22	0	0	14	-----	0	34	13
Racine.....	7	1	3	0	0	1	-----	1	4	19
Superior.....	0	1	0	0	0	0	-----	2	1	4
WEST NORTH CENTRAL.										
Minnesota:										
Duluth.....	25	2	1	0	0	1	1	3	4	24
Minneapolis.....	-----	15	26	0	0	27	-----	6	32	61
St. Paul.....	-----	12	8	0	0	46	-----	6	21	53
Iowa:										
Davenport.....	-----	1	2	0	-----	2	-----	-----	4	2
Des Moines.....	0	3	7	0	-----	19	0	-----	9	1
Sioux City.....	2	2	3	0	-----	2	0	-----	3	4
Waterloo.....	4	1	0	0	-----	0	10	-----	3	4
Missouri:										
St. Joseph.....	0	2	4	0	0	11	1	7	3	3
St. Louis.....	-----	58	27	0	0	39	-----	-----	28	82
North Dakota:										
Fargo.....	0	0	0	0	0	0	0	0	3	0
Grand Forks.....	0	1	0	0	-----	11	0	-----	0	0
South Dakota:										
Sioux Falls.....	4	2	1	0	0	3	-----	0	4	3
Nebraska:										
Lincoln.....	-----	1	3	0	0	92	-----	1	4	0
Omaha.....	14	5	2	0	0	151	-----	10	13	3
Kansas:										
Topeka.....	22	1	2	0	0	409	0	2	2	3
Wichita.....	8	2	4	0	0	276	187	1	3	2
SOUTH ATLANTIC.										
Delaware:										
Wilmington.....	-----	2	6	0	0	1	-----	4	1	10
Maryland:										
Baltimore.....	191	25	22	33	5	141	17	49	34	96
Cumberland.....	-----	1	0	0	0	0	-----	5	1	2
Frederick.....	-----	1	0	0	0	37	-----	0	0	5
Dist. Columbia:										
Washington.....	52	12	9	3	1	14	0	26	20	35
Virginia:										
Lynchburg.....	3	1	0	0	0	0	1	0	1	0
Norfolk.....	12	2	2	0	0	58	0	13	2	4
Richmond.....	13	2	1	-----	1	40	0	6	3	2
Roanoke.....	4	1	1	0	0	0	2	0	1	2
West Virginia:										
Charleston.....	0	1	0	0	0	0	1	1	1	0
Huntington.....	4	1	1	0	0	0	3	2	1	0
Wheeling.....	17	2	0	0	1	9	2	2	1	4
North Carolina:										
Raleigh.....	20	1	1	0	0	7	0	1	1	1
Wilmington.....	8	1	0	0	0	40	9	4	0	1
Winston-Salem.....	0	1	3	-----	1	87	0	10	1	7

City reports for week ended March 1, 1924—Continued.

Division, State, and city.	Chicken pox, cases re-ported.	Diphtheria.		Influenza.		Meas-les, cases re-ported.	Mumps, cases re-ported.	Pneu-monia, deaths re-ported.	Scarlet fever.	
		Cases, esti-mated expect-ancy.	Cases re-ported.	Cases re-ported.	Deaths re-ported.				Cases, esti-mated expect-ancy.	Cases re-ported.
SOUTH ATLANTIC—continued.										
South Carolina:										
Charleston.....	1	1	0	0	0	1	0	6	0	0
Columbia.....	8	1	0	0	0	52	9	7	0	0
Greenville.....	3	1	1	0	0	66	8	4	0	0
Georgia:										
Atlanta.....	4	3	2	1	2	9	11	21	4	13
Brunswick.....	0	1	0	0	0	63	1	0	0	0
Savannah.....	6	1	1	4	2	32	0	4	1	0
Florida:										
St. Petersburg.....	0	—	0	0	0	15	4	1	—	6
Tampa.....	0	2	5	0	0	11	0	2	1	0
EAST SOUTH CEN-TRAL.										
Kentucky:										
Covington.....	0	1	0	0	0	0	0	2	1	2
Louisville.....	5	8	4	0	0	0	6	13	5	1
Tennessee:										
Memphis.....	19	4	6	—	2	55	24	13	3	7
Nashville.....	3	1	0	—	3	13	0	7	4	0
Alabama:										
Birmingham.....	7	2	0	19	3	172	30	16	1	2
Mobile.....	0	1	1	2	2	8	0	4	0	0
Montgomery.....	—	0	0	0	0	15	—	0	0	0
WEST SOUTH CEN-TRAL.										
Arkansas:										
Fort Smith.....	1	1	1	0	—	144	2	—	0	0
Little Rock.....	3	0	1	1	—	51	7	—	1	1
Louisiana:										
New Orleans.....	3	12	9	8	7	112	0	13	4	4
Shreveport.....	0	—	3	0	0	6	0	1	—	1
Oklahoma:										
Tulsa.....	3	1	3	0	—	9	2	—	1	2
Texas:										
Dallas.....	5	4	13	8	8	203	29	10	0	2
Galveston.....	0	1	2	0	0	8	0	3	1	0
Houston.....	—	1	3	0	0	183	—	1	1	0
San Antonio.....	0	1	2	0	0	74	1	27	1	1
MOUNTAIN.										
Montana:										
Billings.....	0	1	0	0	0	3	0	2	1	1
Great Falls.....	2	1	1	0	0	95	0	0	1	5
Helena.....	0	—	0	0	0	15	0	0	—	0
Missoula.....	0	0	0	0	0	28	0	2	1	1
Idaho:										
Boise.....	3	0	0	0	0	34	0	0	1	0
Colorado:										
Denver.....	25	8	14	0	0	93	3	7	10	21
Pueblo.....	3	3	1	0	0	159	6	1	2	0
New Mexico:										
Albuquerque.....	—	1	0	0	0	9	—	0	5	0
Utah:										
Salt Lake City.....	23	2	3	—	2	444	17	5	5	2
Nevada:										
Reno.....	3	0	0	0	0	8	0	2	0	0
PACIFIC.										
Washington:										
Seattle.....	8	5	2	0	—	358	1	—	10	13
Spokane.....	18	2	2	0	—	20	0	—	3	23
Tacoma.....	4	2	0	0	—	74	0	—	2	1
California:										
Los Angeles.....	—	24	73	10	3	237	—	16	13	75
Sacramento.....	18	1	9	0	0	18	0	5	1	1
San Francisco.....	71	21	70	6	1	96	7	12	16	42

City reports for week ended March 1, 1924—Continued.

Division, State, and city.	Population July 1, 1923, estimated.	Smallpox.			Tuberculosis, deaths reported.	Typhoid fever.			Whooping cough, cases reported.	Deaths, all causes.
		Cases, estimated expectancy.	Cases reported.	Deaths reported.		Cases, estimated expectancy.	Cases reported.	Deaths reported.		
NEW ENGLAND.										
Maine:										
Lewiston	33,790	0	0	0	0	0	0	0	-----	8
Portland	73,129	0	0	0	0	0	0	0	10	40
New Hampshire:										
Concord	22,408	0	0	0	0	0	0	0	0	13
Nashua	29,234	0	0	0	1	0	0	0	0	9
Vermont:										
Barre	¹ 10,008	0	0	0	1	0	0	0	0	2
Burlington	23,613	0	2	0	0	0	0	0	0	9
Massachusetts:										
Boston	770,400	0	0	0	10	2	6	0	13	217
Fall River	120,912	0	0	0	1	1	1	0	14	37
Springfield	144,227	0	0	0	0	0	0	0	0	33
Worcester	191,927	0	0	0	1	1	1	0	25	52
Rhode Island:										
Pawtucket	68,799	0	0	0	0	0	0	0	0	18
Providence	242,378	0	0	0	6	0	0	0	3	94
Connecticut:										
Bridgeport	¹ 143,555	0	0	0	3	0	0	0	0	49
Hartford	¹ 138,036	0	0	0	3	0	0	0	0	54
New Haven	172,967	0	0	0	2	0	0	0	15	46
MIDDLE ATLANTIC.										
New York:										
Buffalo	536,718	0	0	0	7	1	0	0	27	132
New York	5,927,625	0	0	0	² 114	9	9	0	126	1,580
Rochester	317,867	0	0	0	1	0	1	0	25	70
Syracuse	184,511	0	0	0	1	0	0	0	2	40
New Jersey:										
Camden	124,157	0	0	0	1	0	0	0	-----	36
Newark	438,699	0	0	0	7	0	0	0	14	114
Pennsylvania:										
Philadelphia	1,922,788	0	0	0	47	5	1	0	48	583
Pittsburgh	613,442	0	0	0	10	1	0	1	73	-----
Reading	110,917	0	0	0	0	0	0	0	7	39
Scranton	140,636	0	0	0	0	0	0	0	0	33
EAST NORTH CENTRAL.										
Ohio:										
Cincinnati	406,312	2	7	0	4	1	0	0	25	123
Cleveland	888,519	2	0	0	17	1	0	0	57	211
Columbus	261,082	1	2	0	0	0	0	1	3	58
Toledo	268,338	2	17	0	4	0	1	0	0	74
Indiana:										
Fort Wayne	93,573	1	0	0	0	0	2	0	3	31
Indianapolis	342,718	3	37	0	5	0	0	0	19	103
South Bend	76,709	1	0	0	2	0	0	0	-----	18
Terre Haute	68,939	1	0	0	1	0	0	0	0	20
Illinois:										
Chicago	2,886,121	3	3	0	51	3	7	3	35	712
Peoria	79,675	1	1	0	1	0	0	0	1	17
Springfield	61,833	1	0	0	0	0	0	0	0	25
Michigan:										
Detroit	995,668	5	82	1	32	2	0	0	14	273
Flint	117,968	1	0	0	1	0	0	0	1	29
Grand Rapids	145,947	1	7	0	1	0	0	0	-----	31
Saginaw	69,754	0	0	0	1	0	0	0	5	37
Wisconsin:										
Madison	42,519	1	0	0	1	0	0	0	6	5
Milwaukee	484,595	5	1	0	9	1	0	0	54	-----
Racine	64,393	1	2	0	1	0	0	0	1	17
Superior	¹ 39,671	2	4	0	1	0	0	0	-----	11

¹ Population Jan. 1, 1923.² Pulmonary only.

City reports for week ended March 1, 1924—Continued.

Division, State and city.	Population July 1, 1923, estimated.	Smallpox.			Tuberculosis, deaths reported.	Typhoid fever.			Whooping cough, cases reported.	Deaths, all causes.
		Cases, estimated expectancy.	Cases reported.	Deaths reported.		Cases, estimated expectancy.	Cases reported.	Deaths reported.		
WEST NORTH CENTRAL.										
Minnesota:										
Duluth.....	106, 289	1	12	0	0	1	1	0	3	20
Minneapolis.....	409, 125	22	5	0	7	0	0	0	0	92
St. Paul.....	241, 891	10	26	0	4	1	0	0	0	64
Iowa:										
Davenport.....	61, 262	4	9	—	—	0	0	—	—	—
Des Moines.....	140, 923	4	9	—	—	0	0	—	0	—
Sioux City.....	79, 662	3	0	—	—	0	0	—	0	—
Waterloo.....	39, 667	0	0	—	—	0	0	—	12	—
Missouri:										
St. Joseph.....	78, 232	3	0	0	0	0	0	0	2	45
St. Louis.....	803, 853	4	2	0	13	1	0	0	—	255
North Dakota:										
Fargo.....	24, 841	0	0	0	0	0	0	0	0	4
Grand Forks.....	14, 547	1	0	—	—	0	0	—	0	—
South Dakota:										
Sioux Falls.....	29, 206	1	0	0	1	0	0	0	1	7
Nebraska:										
Lincoln.....	58, 761	3	1	0	0	0	0	0	—	15
Omaha.....	204, 382	9	0	0	1	0	0	0	1	58
Kansas:										
Topeka.....	52, 555	1	0	0	0	0	0	0	3	10
Wichita.....	79, 261	6	6	0	1	0	0	0	12	22
SOUTH ATLANTIC.										
Delaware:										
Wilmington.....	117, 728	0	0	0	1	0	0	0	—	32
Maryland:										
Baltimore.....	773, 580	0	1	0	14	2	0	0	16	279
Cumberland.....	32, 361	0	0	0	0	0	0	0	—	17
Frederick.....	11, 301	0	0	0	0	0	0	0	—	5
District of Columbia:										
Washington.....	1 437, 571	1	4	0	14	1	1	0	8	156
Virginia:										
Lynchburg.....	30, 277	0	0	0	1	0	0	0	15	11
Norfolk.....	159, 089	0	0	0	3	0	0	0	14	—
Richmond.....	181, 044	0	0	0	2	0	0	0	1	67
Roanoke.....	55, 502	1	0	0	1	1	0	0	1	16
West Virginia:										
Charleston.....	45, 597	0	7	0	2	0	0	0	3	10
Huntington.....	57, 918	1	3	0	1	0	0	0	0	14
Wheeling.....	1 56, 208	0	0	0	1	0	2	0	2	18
North Carolina:										
Raleigh.....	29, 171	1	3	0	0	0	0	0	8	8
Wilmington.....	35, 719	0	0	0	0	0	0	0	0	11
Winston-Salem.....	56, 230	3	4	0	1	0	0	0	7	30
South Carolina:										
Charleston.....	71, 245	0	1	0	5	1	0	0	1	32
Columbia.....	39, 688	0	2	0	2	0	0	0	0	27
Greenville.....	25, 789	1	2	0	2	0	0	0	2	10
Georgia:										
Atlanta.....	222, 963	3	96	0	4	0	0	0	0	96
Brunswick.....	15, 937	0	0	0	1	0	1	0	3	3
Savannah.....	89, 448	0	1	0	3	0	1	0	1	32
Florida:										
St. Petersburg.....	24, 403	—	0	0	0	—	0	0	0	7
Tampa.....	56, 050	0	0	0	1	3	2	1	3	20
EAST SOUTH CENTRAL.										
Kentucky:										
Covington.....	57, 877	0	0	0	7	0	0	0	1	21
Louisville.....	257, 671	1	0	0	7	0	0	0	2	83
Tennessee:										
Memphis.....	170, 067	4	0	0	4	1	2	1	1	82
Nashville.....	121, 128	1	2	0	2	1	0	0	1	52
Alabama:										
Birmingham.....	195, 901	0	33	0	6	0	0	0	5	73
Mobile.....	63, 858	2	0	0	4	0	0	0	0	25
Montgomery.....	45, 383	0	0	0	0	0	2	0	—	—

1 Population Jan. 1, 1920.

City reports for week ended March 1, 1924—Continued.

Division, State, and city	Popula- tion July 1, 1923, estimated.	Smallpox.			Tuberculosis, deaths reported.	Typhoid fever.			Whooping cough, cases reported.	Deaths, all causes.
		Cases, estimated expectancy.	Cases reported.	Deaths reported.		Cases, estimated expectancy.	Cases reported.	Deaths reported.		
WEST SOUTH CENTRAL.										
Arkansas:										
Fort Smith.....	30,635	1	0			0	0		2	
Little Rock.....	70,916	0	1			0	0		2	
Louisiana:										
New Orleans.....	404,575	3	0	0	13	2	2	0	1	164
Shreveport.....	54,590		3	0	1		0	0	0	28
Oklahoma:										
Tulsa.....	102,018	1	8			0	0		0	
Texas:										
Dallas.....	177,274	10	0	0	2	0	1	1	2	73
Galveston.....	46,877	0	0	0	0	1	0	0	0	13
Houston.....	154,970	2	0	0	3	1	0	0		36
San Antonio.....	184,727	1	0	0	9	0	0	1	0	78
MOUNTAIN.										
Montana:										
Billings.....	16,927	0	0	0	0	0	0	0	0	6
Great Falls.....	27,787	2	1	0	1	0	0	0	6	10
Helena.....	¹ 12,037		0	0	0		0	0	0	0
Missoula.....	¹ 12,668	1	2	0	1	0	1	0	0	12
Idaho:										
Boise.....	22,806	0	8	0	0	0	0	0	0	7
Colorado:										
Denver.....	272,031	11	0	0	12	0	0	1	11	90
Pueblo.....	43,519	1	0	0	1	0	0	0	5	8
New Mexico:										
Albuquerque.....	16,648	0	0	0	3	0	0	0		
Utah:										
Salt Lake City.....	126,241	5	0	0	1	0	0	0	2	38
Nevada:										
Reno.....	12,429	0	0	0	0	0	0	0	0	11
PACIFIC.										
Washington:										
Seattle.....	¹ 315,685	4	2			0	2		3	
Spokane.....	104,573	20	34			0	0		1	
Tacoma.....	101,731	2	1			0	0		0	
California:										
Los Angeles.....	666,853	2	115	0	30	2	3	0		223
Sacramento.....	69,950	0	0	0	3	0	0	0	0	26
San Francisco.....	539,038	5	2	0	14	2	0	0	0	167

¹ Population Jan. 1, 1920

City reports for week ended March 1, 1924—Continued.

Division, State, and city.	Cerebrospinal meningitis.		Dengue.		Lethargic encephalitis.		Pellagra.		Poliomyelitis (infantile paralysis).		
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases, est. expectancy.	Cases.	Deaths.
NEW ENGLAND.											
New Hampshire:											
Concord.....	0	1	0	0	0	0	0	0	0	0	0
Massachusetts:											
Boston.....	0	0	0	0	1	0	0	0	1	1	0
Fall River.....	1	0	0	0	0	0	0	0	0	0	0
Worcester.....	1	0	0	0	0	0	0	0	0	0	0
Connecticut:											
Bridgeport.....	0	0	0	0	1	1	0	0	0	0	0
MIDDLE ATLANTIC.											
New York:											
New York.....	1	2	0	0	2	4	0	0	0	3	0
New Jersey:											
Newark.....	2	0	0	0	0	0	0	0	0	0	0
Pennsylvania:											
Philadelphia.....	3	1	0	0	2	1	0	0	0	0	0
EAST NORTH CENTRAL.											
Ohio:											
Columbus.....	0	0	0	0	0	1	0	0	0	0	0
Toledo.....	0	1	0	0	0	0	0	0	0	0	0
Indiana:											
Fort Wayne.....	1	0	0	0	0	0	0	0	0	0	0
Michigan:											
Detroit.....	3	1	0	0	0	1	0	0	1	1	0
Wisconsin:											
Milwaukee.....	1	1	0	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL.											
Minnesota:											
Duluth.....	1	0	0	0	0	1	0	0	0	0	0
Missouri:											
St. Louis.....	2	1	0	0	0	0	0	0	0	0	0
SOUTH ATLANTIC.											
Maryland:											
Baltimore.....	0	1	0	0	2	1	0	0	0	0	0
District of Columbia:											
Washington.....	0	0	0	0	1	1	0	0	0	0	0
Virginia:											
Norfolk.....	1	0	0	0	0	0	0	0	0	0	0
Roanoke.....	0	0	0	0	0	1	0	0	0	0	0
South Carolina:											
Columbia.....	0	0	0	0	0	0	0	1	0	0	0
Georgia:											
Atlanta.....	0	0	2	0	0	0	0	0	0	0	0
EAST SOUTH CENTRAL.											
Kentucky:											
Louisville.....	1	0	0	0	0	0	0	0	0	0	0
Alabama:											
Birmingham.....	0	0	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL.											
Texas:											
Dallas.....	0	0	0	0	0	0	0	1	0	0	0
PACIFIC.											
California:											
Los Angeles.....	1	0	0	0	0	0	1	0	0	0	0
San Francisco.....	0	2	0	0	2	2	0	0	0	0	0

The following table gives a summary of the reports from 105 cities for the eight-week period ended March 1, 1924. The cities included in this table are those whose reports have been published for all eight weeks in the Public Health Reports. Eight of these cities did not report deaths. The aggregate population of the cities reporting cases was estimated at nearly 29,000,000 on July 1, 1923, which is the latest date for which estimates are available. The cities reporting deaths had more than 28,000,000 population on that date. The number of cities included in each group and the aggregate population are shown in a separate table below.

Summary of weekly reports from cities, January 6 to March 1, 1924.

DIPHTHERIA CASES.

	1924, week ended—							
	Jan. 12.	Jan. 19.	Jan. 26.	Feb. 2.	Feb. 9.	Feb. 16.	Feb. 23.	Mar. 1.
Total.....	1,385	1,453	1,387	1,288	1,305	1,226	1,075	1,103
New England.....	123	130	141	161	136	115	109	125
Middle Atlantic.....	476	488	479	410	490	434	394	388
East North Central.....	352	333	305	291	284	247	225	230
West North Central.....	102	125	124	125	97	128	102	86
South Atlantic.....	86	112	72	59	50	57	81	54
East South Central.....	20	15	17	19	13	17	13	11
West South Central.....	36	38	41	38	33	37	34	34
Mountain.....	19	19	27	21	21	23	27	19
Pacific.....	171	193	181	164	181	168	140	156

MEASLES CASES.

	4,997	5,479	5,571	5,908	5,794	6,577	6,002	7,258
Total.....	4,997	5,479	5,571	5,908	5,794	6,577	6,002	7,258
New England.....	161	176	170	227	265	334	294	469
Middle Atlantic.....	639	699	770	899	1,004	1,183	1,388	1,838
East North Central.....	356	328	296	330	292	378	322	476
West North Central.....	444	383	411	522	643	814	835	1,056
South Atlantic.....	439	499	507	556	508	655	578	683
East South Central.....	92	98	121	118	98	118	163	263
West South Central.....	375	370	552	564	511	710	738	781
Mountain.....	458	434	723	1,005	975	1,216	871	879
Pacific.....	2,033	2,492	2,021	1,687	1,498	1,169	813	813

SCARLET FEVER CASES.

	1,731	1,883	1,925	1,858	1,934	1,798	1,677	1,873
Total.....	1,731	1,883	1,925	1,858	1,934	1,798	1,677	1,873
New England.....	287	330	327	368	307	276	301	330
Middle Atlantic.....	445	461	530	492	572	525	450	519
East North Central.....	404	487	419	405	426	383	317	360
West North Central.....	265	227	245	227	248	258	272	250
South Atlantic.....	113	128	142	145	183	157	142	188
East South Central.....	27	26	27	12	18	14	12	12
West South Central.....	20	21	15	19	19	12	8	9
Mountain.....	25	36	24	24	27	41	24	30
Pacific.....	145	167	196	166	134	132	151	155

SMALLPOX CASES.

	341	454	379	368	427	473	486	521
Total.....	341	454	379	368	427	473	486	521
New England.....	2	0	1	0	0	0	0	0
Middle Atlantic.....	1	1	6	3	0	0	0	0
East North Central.....	58	92	64	74	87	143	101	145
West North Central.....	49	45	50	36	59	49	65	51
South Atlantic.....	52	81	55	58	118	117	117	121
East South Central.....	7	4	3	5	8	5	9	35
West South Central.....	10	6	3	12	6	12	14	4
Mountain.....	2	4	2	2	4	3	2	11
Pacific.....	160	221	195	178	145	144	178	154

Summary of weekly reports from cities, January 6 to March 1, 1924—Continued.

TYPHOID FEVER CASES.

	1924, week ended—							
	Jan. 12.	Jan. 19.	Jan. 26.	Feb. 2.	Feb. 9.	Feb. 16.	Feb. 23.	Mar. 1.
Total.....	81	77	69	78	76	74	52	49
New England.....	1	11	1	5	0	3	5	8
Middle Atlantic.....	29	30	21	26	24	23	8	11
East North Central.....	27	16	18	14	8	18	8	9
West North Central.....	1	3	2	5	7	2	0	1
South Atlantic.....	9	7	11	18	15	7	11	7
East South Central.....	0	3	8	1	2	2	4	4
West South Central.....	8	6	4	1	10	3	6	3
Mountain.....	2	0	0	1	1	4	2	1
Pacific.....	4	1	4	7	9	12	8	5

INFLUENZA DEATHS.

	76	68	70	82	100	92	99	96
Total.....	76	68	70	82	100	92	99	96
New England.....	9	2	6	3	3	5	4	3
Middle Atlantic.....	24	32	14	29	33	30	36	33
East North Central.....	17	11	23	18	19	13	18	14
West North Central.....	4	10	4	5	6	6	4	2
South Atlantic.....	5	1	6	5	14	17	10	13
East South Central.....	6	4	3	7	13	6	12	10
West South Central.....	5	2	6	10	7	11	8	15
Mountain.....	1	0	1	0	2	0	2	2
Pacific.....	5	6	7	5	3	4	5	4

PNEUMONIA DEATHS.

	1, 105	1, 054	1, 002	1, 120	1, 064	1, 125	1, 191	1, 165
Total.....	1, 105	1, 054	1, 002	1, 120	1, 064	1, 125	1, 191	1, 165
New England.....	80	78	51	73	73	79	87	84
Middle Atlantic.....	448	422	469	463	421	407	461	469
East North Central.....	203	202	177	222	216	255	226	235
West North Central.....	67	73	70	64	46	52	50	49
South Atlantic.....	143	132	129	123	134	146	171	166
East South Central.....	43	30	50	62	63	65	65	55
West South Central.....	44	47	60	64	53	59	71	55
Mountain.....	32	30	20	21	24	30	27	19
Pacific.....	45	40	36	28	34	32	33	33

Number of cities included in summary of weekly reports and aggregate population of cities in each group, estimated as of July 1, 1923.

Group of cities.	Number of cities reporting—		Aggregate population of cities reporting—	
	Cases.	Deaths.	Cases.	Deaths.
Total.....	105	97	28,898,350	28,140,934
New England.....	12	12	2,098,746	2,098,746
Middle Atlantic.....	10	10	10,304,114	10,304,114
East North Central.....	17	17	7,032,535	7,032,535
West North Central.....	14	11	2,515,330	2,381,454
South Atlantic.....	22	22	2,566,901	2,566,901
East South Central.....	7	7	911,885	911,885
West South Central.....	8	6	1,124,554	1,023,013
Mountain.....	9	9	546,445	546,445
Pacific.....	6	3	1,797,830	1,275,841

FOREIGN AND INSULAR.

PLAGUE ON VESSEL.

Arrival from Syrian Port—At Varna, Bulgaria.

Two cases of plague were found at Varna, Bulgaria, January 24, 1924, among members of the crew of a vessel from Syria.

BOLIVIA.

Communicable Diseases—La Paz—January, 1924.

Communicable diseases were reported at La Paz, Bolivia, during the month of January, 1924, as follows:

Disease.	Cases.	Deaths.	Disease.	Cases.	Deaths.
Cerebrospinal meningitis.....		2	Smallpox.....	6	2
Diphtheria.....		1	Tuberculosis.....	20	19
Influenza.....	17	3	Typhoid fever.....	2	
Measles.....	3	4	Typhus fever.....	4	1
Scarlet fever.....	4	1			

Dysentery.

During the period under report, eight cases of dysentery with 11 deaths were reported at La Paz.

CANADA.

Communicable Diseases—Ontario—February, 1924 (Comparative).

Communicable diseases were notified in the Province of Ontario, Canada, during the month of February, 1924, as follows:

Disease.	February, 1924.		February, 1923.	
	New cases.	Deaths.	New cases.	Deaths.
Cerebrospinal meningitis.....	2	1	6	5
Chancroid.....	4		1	
Chicken pox.....	600		(¹)	
Diphtheria.....	294	38	156	21
Gonorrhoea.....	108		84	
Influenza.....	39	15		335
Lethargic encephalitis.....	1		(¹)	
Measles.....	1,914	4	703	7
Mumps.....	787	1	(¹)	
Pneumonia.....		180		362
Scarlet fever.....	940	10	309	13
Septic sore throat.....	8		(¹)	
Smallpox.....	132	25	23	
Syphilis.....	101		100	
Tuberculosis.....	145	101	173	137
Typhoid fever.....	23	3	27	4
Whooping cough.....	202	5	402	30

¹ Not reported 1923.

Smallpox—February, 1924.

Smallpox was reported in the Province of Ontario, Canada, during the month of February, 1924, at 25 localities. The greatest number of cases was notified at Windsor, viz, 36. At eight localities one case each was notified. Other numbers were reported for localities as follows: *Amherstburg*, 16 cases; *Cochrane*, 13; *Chapleau and Maidstone* each 10; *King Township*, 6; *Galt*, 5. At Ottawa one case was reported and at Toronto there were reported two cases.

CANARY ISLANDS.**Plague—Santa Cruz de Teneriffe.**

Under date of February 19, 1924, the occurrence of a new case of plague was reported at Santa Cruz de Teneriffe.¹

CUBA.**Communicable Diseases—Habana.**

Communicable diseases have been notified at Habana as follows:

Disease.	Feb. 21-29, 1924.		Remain- ing under treatment Feb. 29, 1924.
	New cases.	Deaths.	
Cerebrospinal meningitis.....			12
Chicken pox.....	28		23
Diphtheria.....	7		4
Leprosy.....			14
Malaria.....	19		18
Measles.....	4		5
Scarlet fever.....	2		1
Typhoid fever.....	14	2	24

¹ From the interior, 1.

² From the interior, 9.

³ From the interior, 6.

GREAT BRITAIN.**Influenza.**

The following report from the Ministry of Health of England and Wales on the influenza epidemic was received from a representative of the Public Health Service. It was transmitted under date of February 27, 1924.

ENGLAND AND WALES.

Provisional returns of mortality from influenza for the week ending February 23 show a slight increase in the 105 large towns from 615 to 626. Greater London's contribution to this total declined to less than one-half, viz, 259, as compared with 310 for the preceding week. In the county of London there were 148 deaths as compared with 178 in the week ending February 16. The rate of increase of mortality continues to decline substantially. The increase this

¹ See Public Health Reports, March 7, 1924, p. 490.

week amounts to less than 2 per cent, whereas the increase between weeks ending February 9 and February 16 was 20 per cent. It therefore appears probable, failing some unusual development, that the maximum mortality of the present outbreak has been attained. The caution, however, respecting the possible extension in the north-west area of the country and the effect of severe changeable weather noted last week must still be borne in mind. Outside London the northeastern region continues to be most severely affected, but there has been, according to clinical reports, a distinct increase of prevalence in Leicestershire and parts of Warwickshire. Apart from London the following towns returned 10 or more deaths from influenza: Croydon 11, West Ham 20, Portsmouth 10, Bristol 25, Birmingham 23, Nottingham 26, Liverpool 15, Leeds 23, Middlesbrough 22, West Hartlepool 13, Sunderland 25, South Shields 10. With the exception of Sunderland and West Hartlepool, which are still severely affected, the maximum of mortality has been passed in the northeast. York, too, shows a decline. The deaths last week were only 6, as compared with 13 and 18 in the two weeks preceding. In London the epidemic appears to be subsiding, but cases continue to be numerous. Coincident with the fall in the number of deaths from influenza in London there has been an increase in the deaths from pneumonia and bronchitis; the former have increased from 262 to 276, the latter from 226 to 258. Notifications of acute primary and acute influenzal pneumonia have declined from 2,151 to 2,089 in England and Wales and from 405 to 329 in London. The week's clinical reports continue to record wide prevalence of a mild form of influenza.

ABROAD.

In Paris the number of deaths from influenza in the 10 days ending February 10 (27) was less than the previous period of 10 days, viz, 42.

In Dublin the number of deaths for the week ending February 16 was less than in the previous week (15 as against 35). In the 19 large towns of Ireland there is a decrease from 64 to 55 deaths.

In Gothenburg the number of cases of influenza reported in the week ending February 16 exceeded the numbers of the preceding week, 205 compared with 155. In Stockholm there was a slight decrease from 106 to 99.

In Switzerland there was a large increase in the number of reported cases in the week ending February 16, the figure being 4,544 while the returns from the three preceding weeks were 328, 720, and 2,646.

Advices from British India report that in the week ending February 9 influenza was spreading in the Thar and Parker districts of Bombay and the Bundel Khand agency of Central India.

In Algeria the number of cases reported decreased in the period 1st to 6th of February to 21, as compared with 39 of the previous

10 days, but the number is less than that recorded in the last 10 days of December.

In Egypt there has been a steady increase during the four weeks ending February 4, viz, 58, 71, 80, and 123.

HAWAII.

Plague-Infected Rat—Paauhau.

A plague-infected rat was reported found, February 14, 1924, at Paauhau, Hawaii.

HUNGARY.

Birth Registration and Care of the Newborn.

Information received under date of January 28, 1924, shows that instructions were issued September 20, 1923, requiring civil registrars throughout Hungary to report all births occurring in their districts within 24 hours to the stations established for the protection of infants and mothers in order to enable the protective societies to delegate visiting nurses or assistants to care for the mother and child.

JAMAICA.

Smallpox (Alastrim).

Smallpox (alastrim) has been reported in the Island of Jamaica as follows: Week ended February 9, 1924—three new cases; week ended February 16, 1924—50 new cases.

Typhoid Fever—Kingston and Vicinity.

During the periods under report, 47 cases of typhoid fever were reported at Kingston and in the surrounding country.

JAPAN.

Smallpox—Tokyo.

Information dated February 12, 1924, shows the occurrence at Tokyo, Japan, from January 1 to February 3, 1924, of 79 cases of smallpox.

PERU.

Plague—January, 1924.

During the month of January, 1924, 37 cases of plague, with 15 deaths, were reported in Peru. The cases were notified in four localities and the country district of Lima. For distribution of occurrence according to locality see page 595.

UNION OF SOUTH AFRICA.

Plague—Kroonstad District—Orange Free State.

Plague has been reported in the Union of South Africa as follows: Week ended January 12, 1924, in the Kroonstad District, Bothaville Area, Transvaal, four cases, with two deaths, occurring in natives

and on neighboring farms, making a total of 13 cases (white five, native eight), with seven deaths (white two, native five), occurring in this area from December 16, 1923, to January 12, 1924. Wild rodents were stated to be very numerous in the area, and indications of plague infection among these rodents were reported.

During the week ended January 19, 1924, four cases of plague with two deaths (white, two cases, one death; colored, two cases, one death), were reported in the Kroonstad District, Orange Free State, Union of South Africa. The occurrence was distributed on four farms.

Rabies—Middleburg District—Transvaal.

A fatal case of illness, the clinical symptoms of which indicated rabies, was reported January 17, 1924, on the Boschfontein Farm, Middleburg District, Transvaal.

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 21, 1924.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India.....				Dec. 9-22, 1923: Cases, 2,940; deaths, 1,975.
Calcutta.....	Jan. 20-26.....	26	21	
Madras.....	Jan. 20-Feb. 9.....	15	5	

PLAGUE.

Canary Islands:				
Santa Cruz de Teneriffe.....	Feb. 19.....	1		
Ceylon:				
Colombo.....	Jan. 27-Feb. 2.....	8	11	Plague rats, 10.
Hawaii:				
Paauhau.....	Feb. 14.....			One plague rat.
India.....				Dec. 9-22, 1923: Cases, 5,899; deaths, 4,341.
Bombay.....	Jan. 20-Feb. 2.....	2	3	
Madras, Presidency.....	Jan. 27-Feb. 9.....	313	177	Report for week ended Jan. 20, 1924, not received.
Rangoon.....	Jan. 20-Feb. 2.....	15	15	
Iraq:				
Bagdad.....	Jan. 15-21.....	5	1	
Java:				
East Java—				
Soerabaya.....	Dec. 26-Jan. 7.....	18	18	
Peru.....				Jan. 1-31, 1924: Cases, 37; deaths 15.
Locality—				
Callao.....	Jan. 1-31.....	2		
Chilca.....	do.....	1		
Huarmey.....	do.....	6		
Lima (city).....	do.....	25	14	
Lima (country).....	do.....	3	1	
Union of South Africa:				
Orange Free State—				
Kroonstad District.....	Jan. 6-19.....	8	4	Occurring on neighboring farms
On vessel:				
.....	Jan. 24.....	2		At Varna, Bulgaria, from Syrian port.

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

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

Reports Received During Week Ended March 21, 1924—Continued.

SMALLPOX.

Place.	Date.	Cases.	Deaths.	Remarks.
Bolivia:				
La Paz.....	Jan. 1-31.....	6	2	
Canada:				
Alberta—				
Calgary.....	Feb. 24-Mar. 1....	8		Two from out of town.
British Columbia—				
Vancouver.....	Jan. 27-Feb. 23....	37		
Victoria.....	Feb. 24-Mar. 1....	1		
Manitoba—				
Winnipeg.....	Mar. 2-8.....	4		
New Brunswick—				
Frederickton.....				Feb. 1-29, 1924: Cases, 8.
Restigouche County.....				Jan. 1-Feb. 29, 1924: Cases, 3.
Ontario.....				Feb. 1-29, 1924: Cases, 132;
London.....	Feb. 24-Mar. 1....	1		deaths, 25.
Toronto.....	Feb. 17-23.....	2		
Windsor.....	Feb. 24-Mar. 1....	19	7	Including Ford, Sandwich, and Walkerville.
Ceylon:				
Colombo.....	Jan. 27-Feb. 2....	2	1	One from outside city limits.
China:				
Manchuria—				
Harbin.....	Jan. 22-28.....	5		
Shanghai.....	Jan. 20-26.....	4	7	Deaths in Chinese resident population.
France:				
Cherbourg.....	Feb. 9-15.....	1		British seaman.
Guadeloupe Island:				
Abymes.....	Feb. 16.....			Present. Vicinity of Point à Pitre.
Basse Terre.....	do.....			Present.
Marie Galante Island.....	do.....			Present. Estimated, 60 cases.
Moule.....	do.....			Present. Vicinity of Point à Pitre.
Haiti:				
Port au Prince.....	Feb. 17-23.....	2		Developed at Limbe, Haiti.
India:				
Bombay.....	Jan. 20-Feb. 2....	61	25	Dec. 16-22, 1923: Cases, 2,624;
Calcutta.....	Jan. 20-26.....	2	2	deaths, 710.
Karachi.....	Feb. 3-9.....	1		
Madras.....	Jan. 20-Feb. 2....	26	1	
Rangoon.....	Jan. 20-26.....	2		
Iraq:				
Bagdad.....	Jan. 15-21.....	15	9	
Italy:				
Trieste.....	Feb. 17-23.....	4		
Turin.....	Feb. 18-24.....	1		
Jamaica.....				Feb. 3-16, 1924: Cases, 53. (Reported as alastrim.)
Japan:				
Tokyo.....				Jan. 1-Feb. 3, 1924: Cases, 79.
Java:				
West Java—				
Batavia.....	Jan. 12-18.....	1		Province.
Portugal:				
Lisbon.....	Jan. 28-Feb. 16....	27	15	
Oporto.....	Feb. 9-23.....	15		
Spain:				
Valencia.....	do.....	51	5	
Straits Settlements:				
Singapore.....	Jan. 20-23.....	1		
Switzerland:				
Basel.....	Feb. 3-9.....	3		
Berne.....	Feb. 3-16.....	4		
Union of South Africa:				
Northern Rhodesia.....				Jan. 1-31, 1924: Cases 50; deaths, 11; reported from Balovale, Kalabo, and Mankoya districts.

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

Reports Received During Week Ended March 21, 1924—Continued.

TYPHUS FEVER.

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	Jan. 1-31.....	6	3	
Bolivia:				
La Paz.....	do.....	4	1	
Bulgaria:				
Sofia.....	Jan. 6-Feb. 9.....			Paratyphus fever: Cases, 6.
Canary Islands:				
Santa Cruz de Tenerife.....	Feb. 11-17.....		1	
Chile:				
Concepcion.....	Jan. 22-28.....	2		In district, at 12 localities, 92 cases.
Talcahuano.....	Jan. 22-Feb. 9.....	2		
Spain:				
Barcelona.....	Feb. 7-13.....		1	
Tunis:				
Tunis.....	Feb. 5-11.....	1		
Turkey:				
Constantinople.....	Jan. 20-26.....	1		
Union of South Africa:				
Transvaal—				
Johannesburg.....	Jan. 27-Feb. 2.....	1		

Reports Received from December 29, 1923, to March 14, 1924.¹

CHOLERA.

China:				
Hongkong.....	Nov. 18-24.....	1		
India:				Oct. 14-Dec. 8, 1923: Cases, 9,691; deaths, 6,153.
Bombay.....	Dec. 23-29.....	1	1	
Calcutta.....	Nov. 11-Dec. 29.....	85	69	
Do.....	Dec. 30-Jan. 19.....	87	72	
Madras.....	Nov. 25-Dec. 29.....	15	5	
Do.....	Dec. 30-Jan. 19.....	3	1	
Rangoon.....	Nov. 11-Dec. 29.....	8	5	
Indo-China:				
Saigon.....	Dec. 31-Jan. 5.....	1	1	Including 100 square kilometers in surrounding country.
Siam:				
Bangkok.....	Nov. 18-Dec. 8.....	4	2	
Do.....	Dec. 31-Jan. 19.....	6	4	
Turkey:				
Constantinople.....	Dec. 2-8.....		1	

PLAGUE.

Azores:				
St. Michael Island.....	Oct. 20-Nov. 10.....	9	5	At localities 3 to 9 miles from port of Ponta Delgada.
Bolivia:				
La Paz.....	Oct. 1-31.....		3	
Brazil:				
Bahia.....	Nov. 11-Dec. 22.....	5	3	
Do.....	Dec. 30-Jan. 19.....	4	5	
Rio de Janeiro.....	Jan. 20-26.....	1		
British East Africa:				
Kenya—				
Mombasa.....	Oct. 14-20.....	1	1	Infected rats, 2. Dec. 9-15, 1923: Cases, 4; deaths, 2; removed from vessel arrived Dec. 11, 1923.
Do.....	Dec. 30-Jan. 5.....	1	1	
Nairobi.....	Nov. 1-21.....	40		In rural districts, several hundred.
Tanganyika.....				To Nov. 24, 1923: Cases, 39; deaths, 25.
Uganda.....	Aug. 1-Oct. 31.....	734	719	
Entebbe.....	Oct. 1-Nov. 30.....	191	183	
Canary Islands:				
Las Palmas.....	Oct. 15-Nov. 15.....	14	14	
Santa Cruz de Tenerife.....	Feb. 5.....	1		
San Juan de la Rambla.....	Dec. 11.....	1		Locality 52 km. from Tenerife.

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

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

Reports Received from December 29, 1923, to March 14, 1924—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Celebes Island.....	Nov. 30.....			Epidemic.
Ceylon:				
Colombo.....	Nov. 11-Dec. 29...	31	21	Plague rodents, 24.
Do.....	Dec. 30-Jan. 26....	45	29	Plague rodents, 14.
China:				
Nanking.....	Dec. 16-29.....			Present.
Do.....	Dec. 30-Feb. 9....			Do.
Ecuador:				
Guayaquil.....	Nov. 16-Dec. 15...	15	6	Rats taken, 35,070; found infected, 94.
Jipijapa.....	do.....			Present.
Quito.....	Nov. 1-30.....	11	1	
Vino del Milagro.....	Dec. 1-15.....	1		
Egypt:				
City—				Jan. 1-Dec. 27, 1923: Cases, 1,518; deaths, 724.
Alexandria.....	Jan. 1-Dec. 27.....	65	33	
Cairo.....	do.....	2	2	
Port Said.....	do.....	51	29	
Suez.....	do.....	46	24	
Hawaii:				
Honokaa.....				Jan. 8-10, 1924: Three plague-infected rodents.
Paauhau.....				Dec. 14, 1923: One plague rat.
India:				Oct. 14-Dec. 8, 1923: Cases, 25,781; deaths, 17,435.
Bombay.....	Oct. 28-Dec. 22.....	5	5	
Do.....	Dec. 30-Jan. 19....	4	2	
Calcutta.....	Dec. 23-29.....	1	1	
Do.....	Jan. 6-12.....	1	1	
Karachi.....	Nov. 11-Dec. 29....	42	33	
Do.....	Dec. 30-Jan. 12....	3	1	
Madras Presidency.....	Nov. 4-Dec. 29.....	1,657	1,021	
Rangoon.....	do.....	20	15	
Do.....	Dec. 30-Jan. 19....	6	7	
Indo-China:				
Saigon.....	Oct. 28-Dec. 8.....	19	6	Including 100 square kilometers in surrounding country.
Iraq:				
Bagdad.....	Nov. 11-Dec. 29....	8	6	
Do.....	Jan. 6-12.....	4	2	
Java:				
Province—				Oct. 1-Dec. 31, 1923: Deaths, 2,908.
Djakakarta.....	Oct. 1-Dec. 31.....		146	
Kedoe.....	do.....		1,287	
Pekalongan.....	do.....		150	
Samarang.....	do.....		430	
Soerabaya.....	do.....		9	Nov. 11-24, 1923: Cases, 2; deaths, 2.
Soerakarta.....	do.....		886	Dec. 9-15, 1923: Cases, 2; deaths, 2.
Madagascar:				
Tananarive Province.....	Oct. 1-Dec. 15.....	210	176	Bubonic, pneumonic, septicemic.
Tananarive town.....	do.....	64	64	
Paraguay:				
Asuncion.....	Dec. 18.....	6	4	
Peru:				
Locality—				Nov. 1-Dec. 31, 1923: Cases, 38; deaths, 24.
Canete.....	Nov. 1-30.....	1	1	
Chancay.....	Dec. 1-31.....	2		
Chepen.....	Nov. 1-30.....	1		
Chiclayo.....	Nov. 1-Dec. 31....	2	1	
Lima (city).....	do.....	22	15	
Lima (country).....	do.....	8	7	
Lurin.....	do.....	2		
Portugal:				
Lisbon.....	Dec. 13-21.....	7		
Do.....	Dec. 31-Jan. 6....		1	
Portuguese West Africa:				
Angola—				
Loanda.....	Oct.-Nov.....	59	23	
Siam:				
Bangkok.....	Nov. 4-Dec. 8.....	3	2	
Do.....	Jan. 13-19.....	1	1	
Spain:				
Malaga.....	Dec. 17.....	2		
Straits Settlements:				
Singapore.....	Nov. 11-Dec. 22....	4	4	
Do.....	Dec. 30-Jan. 12....	4	4	
Syria:				
Beirut.....	Nov. 1-Dec. 10....	3		
Do.....	Jan. 1-10.....	1		

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

Reports Received from December 29, 1923, to March 14, 1924—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Turkey:				
Constantinople.....	Dec. 2-22.....	6	3	
Union of South Africa:				
Cape Province—				
Uitenhage district.....	Dec. 9-15.....			Plague rodent found in vicinity
Orange Free State—				Haarhoff's Kraal farm.
Kroonstad district.....	Dec. 16-27.....	7	3	At Zandfontein farm, Bothaville
				area: Cases, white, 4, native, 3;
				deaths, white, 1; native, 2.
Wonderfontein farm.....	Dec. 2-8.....	4		Vicinity of Hoopstad. At Hoop-
				stad, Dec. 9-15, 1923, one death
				of case previously reported.
On vessel:	Dec. 11.....	4	2	At Mombasa, British East Africa.

SMALLPOX.

Algeria:				
Algiers.....	Nov. 1-30.....	1		
Arabia:				
Aden.....	Dec. 16-22.....	1		Imported.
Do.....	Jan. 13-19.....	1		
Belgium:				
Brussels.....	do.....	10		
Bolivia:				
La Paz.....	Oct. 1-Dec. 31.....	45	15	
Brazil:				
Bahia.....	Jan. 6-12.....	2		
Pernambuco.....	Nov. 4-Dec. 1.....	15	3	
Do.....	Jan. 6-26.....		6	
Porto Alegre.....	Dec. 23-29.....		1	
Do.....	Dec. 30-Jan. 5.....		1	
Rio de Janeiro.....	Nov. 18-24.....	3	1	
Do.....	Jan. 6-26.....	3	1	
Sao Paulo.....	Sept. 3-9.....	1		
British East Africa:				
Tanganyika Territory.....	Sept. 30-Oct. 27.....	14	1	
Do.....	Nov. 25-Dec. 29.....	8	3	
Uganda.....	Sept. 1-30.....	6	1	
Entebbe.....	Oct. 1-Nov. 30.....	4	1	
Zanzibar.....	Sept. 1-Oct. 31.....	116	18	Sept. 1-30, 1923: In areas 27 miles
				from town of Zanzibar. Oct.
				1-31, 1923: In vicinity, 1 case,
				1 death. In Mikokotoni dis-
				trict, 30 cases, 14 deaths re-
				ported.
Canada:				
Alberta—				
Calgary.....	Jan. 27-Feb. 16.....	7		
British Columbia—				
Vancouver.....	Dec. 22-29.....	10		
Do.....	Dec. 30-Jan. 26.....	17		
Victoria.....	Feb. 10-16.....	1		
Manitoba—				
Winnipeg.....	Nov. 25-Dec. 29.....	21		
Do.....	Dec. 30-Feb. 29.....	56		
New Brunswick—				
Madawaska County.....	Dec. 8-15.....	1		
Restigouche County.....	Jan. 20-Feb. 16.....	3		
Victoria County.....	Feb. 10-16.....	2		
Westmoreland County.....	do.....	3		
Ontario.....				Jan. 1-31, 1924: Cases, 50.
Fort William and Port	Dec. 16-29.....	3		Occurring at Fort William.
Arthur.....				
London.....	Feb. 3-9.....	1		
North Bay.....	do.....	1		
Windsor.....	Feb. 15-28.....	26	5	
Quebec—				
Montreal.....	Nov. 30-Feb. 23.....	7		
Saskatchewan—				
Regina.....	Dec. 9-15.....	1		
Do.....	Dec. 30-Feb. 9.....	5	1	
Ceylon:				
Colombo.....	Nov. 11-17.....	1		Port case.
Do.....	Jan. 20-26.....	3		

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

Reports Received from December 29, 1923, to March 14, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Chile:				
Antofagasta	Jan. 6-19	4	1	
Concepcion	Oct. 1-Dec. 31		14	
Talcahuano	Nov. 26-Dec. 2	3		Dec. 22, 1923: Five cases present.
Valparaiso	Dec. 9-15		1	
China:				
Amoy	Nov. 18-Dec. 8			Present.
Do	Jan. 6-20		2	
Antung	Dec. 31-Feb. 3	2	2	
Canton	Dec. 23-Jan. 13			Do.
Chungking	Nov. 4-Dec. 29			Present and endemic.
Do	Dec. 30-Jan. 12			Present.
Foochow	Nov. 4-Dec. 15			Do.
Do	Dec. 31-Feb. 2			Do.
Hongkong	Oct. 28-Dec. 29	718	630	
Do	Dec. 30-Jan. 19	292	322	
Manchuria—				
Dairen	Dec. 31-Jan. 20	2		
Harbin	Nov. 12-Dec. 22	36		
Do	Jan. 1-7		5	
Nanking	Dec. 2-15			Do.
Do	Dec. 30-Jan. 26			Do.
Shanghai	Dec. 29			Prevalent.
Do	Jan. 6-Feb. 9	15	34	Cases, foreign.
Chosen (Korea):				
Chemulpo	Jan. 1-31	1		
Seoul	Nov. 1-30	1		
Colombia:				
Buenaventura	Nov. 18-Dec. 15	8		
Costa Rica:				
Port Limon	Feb. 18-24	1		
Dominican Republic:				
La Romana	Jan. 27-Feb. 2	8		
Ecuador:				
Esmeraldas	Nov. 16-30	4		
Quito	Nov. 1-30	167	26	
Egypt:				
Port Said	Nov. 24-Dec. 2	1		
Esthonia				Nov. 1-30, 1923: Cases, 32. Dec. 1-31, 1923: Cases, 6.
Greece:				
Saloniki	Oct. 22-Dec. 30		11	
Do	Dec. 31-Jan. 27	2	1	
Guadeloupe (West Indies)				Jan. 2-16, 1924: Present.
Basse Terre	Dec. 18			Present.
Do	Jan. 12			Do.
Marie Galante	Dec. 18			Off shore island; present.
Moule	Jan. 12			Present.
Point à Pitre	Dec. 18			Present in vicinity.
Haiti:				
Cape Haitien	Feb. 3-9	3		
Hinche	Feb. 10-16	1		
India:				Oct. 14-Dec. 8, 1923: Cases, 6,544; deaths, 1,356.
Bombay	Oct. 28-Dec. 29	55	25	
Do	Dec. 30-Jan. 19	52	28	
Calcutta	Dec. 16-29	4	4	
Do	Dec. 30-Jan. 5	1	1	
Karachi	Dec. 30-Jan. 19	3	1	
Madras	Nov. 4-Dec. 29	23	3	
Do	Dec. 30-Jan. 19	22	1	
Rangoon	Nov. 4-Dec. 29	12	4	
Do	Dec. 30-Jan. 19	2		
Indo-China:				
City—				
Saigon	Nov. 4-Dec. 29	133	74	Including 100 square kilometers of surrounding country.
Do	Dec. 31-Jan. 19	85	56	
Iraq:				
Bagdad	Oct. 24-Dec. 29	46	28	
Do	Dec. 30-Jan. 12	22	18	
Jamaica:				Nov. 25-Dec. 29, 1923: Cases, 115. Dec. 30, 1923-Feb. 2, 1924: Cases, 100. Reported as alastrim.
Do				
Kingston	Nov. 25-Dec. 29	3		
Do	Dec. 30-Feb. 2	6		
Japan:				
Taiwan	Jan. 1-10	6		
Tokyo	Jan. 1-23	46		

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

Reports Received from December 29, 1923, to March 14, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Java:				
East Java—				
Soerabaya.....	Oct. 23-Dec. 29....	348	60	
Do.....	Dec. 30-Jan. 5.....	37	10	
West Java—				
Batavia.....	Oct. 27-Dec. 28....	65	13	
Do.....	Dec. 29-Jan. 11....	18	4	
Latvia.....				Oct. 1-31, 1923: Cases, 3. Nov. 1-30, 1923: Cases, 1. Dec. 1-31, 1923: Cases, 2.
Mexico:				
Guadalajara.....	Jan. 27-Feb. 23....		3	
Manzanillo.....	Dec. 4-10.....	5	1	
Mexico City.....	Nov. 25-Dec. 29....	32		Including municipalities in Federal district.
Do.....	Jan. 30-Feb. 9.....	65	23	Do.
Tampico.....	Jan. 27.....			Present among military.
Vera Cruz.....	Nov. 3-Dec. 30....		4	
Do.....	Jan. 6-27.....	1	2	
Netherlands:				
Rotterdam.....	Jan. 20-26.....	3		
Palestine:				
Jaffa.....	Jan. 15-28.....	3		
Persia:				
Teheran.....	Sept. 24-Dec. 23....		4	
Poland.....				Sept. 23-Dec. 8, 1923: Cases, 46; deaths 7.
Portugal:				
Lisbon.....	Nov. 11-Dec. 29....	19	10	
Do.....	Dec. 31-Feb. 2....	20	4	
Oporto.....	Nov. 25-Dec. 29....	39	23	
Do.....	Dec. 30-Feb. 9....	51	32	
Portuguese East Africa:				
Lourenco Marques.....	Dec. 30-Jan. 5.....	2		
Siam:				
Bangkok.....	Oct. 28-Dec. 8.....	33	18	Nov. 25-Dec. 1, 1923: Epidemic.
Do.....	Dec. 30-Jan. 12....	2	1	
Siberia:				
Dauria Station.....	Oct. 21.....			Present. Locality on Chita Railway, Manchurian frontier.
Sierra Leone:				
Sherbro District—				
Tagbail.....	Nov. 1-15.....	3		
Spain:				
Barcelona.....	Nov. 15-Dec. 26....		2	
Do.....	Jan. 3-9.....		2	
Valencia.....	Nov. 25-Dec. 29....	152	12	
Do.....	Dec. 30-Feb. 9....	145	15	
Straits Settlements:				
Singapore.....	Dec. 16-29.....	2	1	
Do.....	Dec. 30-Jan. 19....	2		
Switzerland:				
Basel.....	Jan. 27-Feb. 2.....	1		Corrected.
Berne.....	Nov. 18-Dec. 22....	12		
Do.....	Jan. 6-Feb. 2.....	7		
Lucerne.....	Nov. 1-30.....	34		
Do.....	Dec. 1-31.....	26		
Zurich.....	Jan. 27-Feb. 2.....	1		
Syria:				
Aleppo.....	Nov. 25-Dec. 1....	1		In vicinity, at Djisir Choughour.
Damascus.....	Nov. 16-Dec. 15....	7		
Tunis:				
Tunis.....	Oct. 27-Nov. 2.....	5	1	
Do.....	Jan. 8-Feb. 4.....	3	2	
Turkey:				
Constantinople.....	Nov. 11-Dec. 8.....	3		
Do.....	Jan. 6-12.....	1		
Union of South Africa:				
Cape Province.....	Oct. 28-Dec. 8.....			Oct. 1-31, 1923: Colored, cases, 41; deaths, 2; white, cases, 3.
Natal.....	Oct. 28-Nov. 3.....			Outbreaks.
Northern Rhodesia.....	Dec. 4-31.....	40	5	Do.
Do.....	Jan. 8-14.....	2		
Orange Free State.....	Oct. 28-Nov. 24....			Do.
Transvaal.....	Nov. 18-Dec. 1.....			Do.
Johannesburg.....	Nov. 25-Dec. 15....	3		

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

Reports Received from December 29, 1923, to March 14, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Uruguay:				
Montevideo.....	Oct. 1-31.....	1		
Venezuela:				
Caracas.....	Jan. 22.....			Epidemic.
On vessels:				
S. S. Torres.....	Jan. 14.....	1		At New Orleans quarantine station from Tampico, Mexico, via ports. Case in seaman signed on at Galveston, Tex., on outward voyage.
S. S. Tupper.....	Jan. 20-26.....	1		At Gonaives, Haiti.
S. S. Vasari.....	Dec. 31.....	1		At Trinidad, West Indies, from Buenos Aires, Argentina. Vessel left Buenos Aires Dec. 15, 1923, for New York, via Santos, Rio de Janeiro, Trinidad, Barbados.

TYPHUS FEVER.

Algeria:				
Algiers.....	Nov. 1-Dec. 31....	7	3	
Do.....	Jan. 11-Feb. 10....	2	2	
Bolivia:				
La Paz.....	Oct. 1-Dec. 31....	43	5	
Bulgaria:				
Sofia.....				Nov. 18-Dec. 15, 1923: Paratyphus fever, cases, 17.
Canary Islands:				
Teneriffe.....	Jan. 14-20.....		1	
Chile:				
Antofagasta.....	Dec. 2-8.....	4		
Concepcion.....	Oct. 1-Nov. 30....		4	Dec. 11-24, 1923: Deaths, 3.
Do.....	Jan. 8-14.....		2	
Iquique.....	Jan. 20-26.....		1	
Talcahuano.....				Dec. 5, 1923: 3 cases under treatment. Jan. 12, 1924: 1 case under treatment.
Do.....	Dec. 31-Jan. 6....	1		
Valparaiso.....	Nov. 25-Dec. 15....		29	Dec. 24, 1923: In hospital, 31 cases.
China:				
Antung.....	Nov. 12-Dec. 30....	5		
Chungking.....	Nov. 18-24.....			Present.
Do.....	Dec. 16-29.....			Endemic.
Do.....	Dec. 30-Jan. 12....			Do.
Ecuador:				
Quito.....	Nov. 1-30.....	14	1	
Egypt:				
Alexandria.....	Nov. 19-Dec. 23....	3		
Do.....	Jan. 8-23.....	2		
Cairo.....	Sept. 10-Dec. 16....	37	10	
Estonia.....				Nov. 1-30, 1923: Paratyphus fever, cases, 8. Dec. 1-31, 1923: Typhus fever, cases, 15. Paratyphus, cases, 4.
Finland.....				Dec. 1-15, 1923: Paratyphus fever, cases, 15.
Germany:				
Coblenz.....	Jan. 27-Feb. 2.....	1		
Greece:				
Athens.....	Jan. 11-20.....		1	
Saloniki.....	Nov. 26-Dec. 30....	7	3	
Hungary:				
Budapest.....	Jan. 27-Feb. 2.....	4	2	July 1-Aug. 31, 1923: Cases, 24!
Java:				
East Java—				
Soerabaya.....	Dec. 9-20.....	12		
Do.....	Dec. 30-Jan. 5.....	2		
Latvia.....				Oct. 1-31, 1923: Cases, 12; paratyphus fever, 7; recurrent typhus, 3. Nov. 1-30, 1923: Cases, 1; paratyphus fever, 2 cases. Dec. 1-31, 1923: Cases, 9; paratyphus: Cases, 3.

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

Reports Received from December 29, 1923, to March 14, 1924—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Mexico:				
Durango.....	Dec. 1-31.....		2	
Do.....	Jan. 1-31.....		1	
Guadalajara.....	Jan. 27-Feb. 16.....		2	
Mexico City.....	Nov. 25-Dec. 29.....	86		Including municipalities in Federal district. Do.
Do.....	Dec. 30-Feb. 9.....	27		
San Luis Potosi.....	Jan. 17-23.....		1	
Norway:				
Stavanger.....	Dec. 25-31.....	1		
Palestine:				
Jaffa.....	Jan. 1-21.....	3		
Persia:				
Teheran.....	Sept. 24-Oct. 23.....		1	
Poland.....				Sept. 23-Dec. 8, 1923: Cases, 581; deaths, 49; recurrent typhus, cases, 49; deaths, 1.
Portugal:				
Oporto.....	Jan. 27-Feb. 2.....	2		
Rumania:				
Kishineff District.....	Nov. 1-Dec. 31.....	15		
Spain:				
Barcelona.....	Nov. 29-Dec. 12.....		2	
Do.....	Jan. 3-23.....		4	
Madrid.....	Dec. 1-31.....		7	
Syria:				
Damascus.....	Jan. 27-Feb. 2.....	1		
Turkey:				
Constantinople.....	Nov. 11-Dec. 29.....	15	1	
Do.....	Dec. 30-Jan. 19.....	5		
Union of South Africa.....				Oct. 1-31, 1923: Colored, 287 cases, 58 deaths; white, 2 cases; total, 289 cases, 58 deaths.
Cape Province.....				Oct. 1-31, 1923: Colored, cases, 245; deaths, 47.
Do.....	Oct. 28-Dec. 8.....			Outbreaks.
Natal.....				Oct. 1-31, 1923: Colored, cases, 4; deaths, 3.
Do.....	Oct. 28-Nov. 3.....			Outbreaks.
Durban.....	Nov. 24-Dec. 1.....	73		Cases occurring among native stevedores in the harbor area of the port and confined to one barracks.
Orange Free State.....				Oct. 1-31, 1923: Colored, cases, 25; deaths, 8.
Do.....	Dec. 15.....			Outbreaks.
Transvaal.....				Oct. 1-31, 1923: Colored, cases, 13.
Do.....	Oct. 28-Dec. 1.....			Outbreaks.
Johannesburg.....	Oct. 1-Dec. 31.....	3	4	
Do.....	Jan. 6-12.....	4		
Venezuela:				
Maracaibo.....	Dec. 16-22.....		1	
Yugoslavia:				
Croatia—				
Zagreb.....	Dec. 2-15.....	3		
Serbia—				
Belgrade.....	Nov. 25-Dec. 1.....	1		

YELLOW FEVER.

Brazil:				
Pernambuco City.....	Nov. 16.....	3	2	