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THE EPIDEMIC OUTBREAK IN JAPAN.

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In a recent issue of the Public Health Reports¹ brief information dated September 17, 1924, was published on the recent occurrence of 4,882 cases of lethargic encephalitis in Japan, with mention of fatalities and the districts most seriously affected. About the same time press reports referred to an epidemic of lethargic encephalitis or cerebrospinal meningitis.

Under date of November 17 advance information was issued by the health section of the League of Nations Secretariat on the "Epidemic outbreak in Japan of an indefinite disease involving the central nervous system." This advance information has just been received by the Public Health Service and will appear in the Monthly Epidemiological Report No. 72, which is regularly reviewed in these pages.

It appears that the disease was first unofficially reported as cerebrospinal meningitis, later as lethargic encephalitis, but was finally qualified as a hitherto unidentified epidemic disease. The first cases occurred in July in the Department of Toyama on the west coast of the main island, and a very serious epidemic rapidly developed, reaching its peak in August. The provinces bordering on the inland sea became the principal center of the epidemic. During September it spread over nearly the whole of Japan, but with lessening intensity. Up to September 5, 4,274 cases had been reported to the Japanese Central Sanitary Service. In the following 10 days 1,609 new cases were reported, and during the next two weeks, ending September 29, there were 668 new cases. The outbreak was of an explosive character, its intensity being markedly different from any hitherto recorded outbreaks of lethargic encephalitis and comparable to only a few of the more severe epidemics of acute poliomyelitis.

The accompanying map has been reproduced from the information supplied by the League of Nations' health section and shows quite clearly the widespread incidence of the disease as well as its concentration in a few sections. It will be observed that three areas of high incidence appear, in the Provinces of Tottoni, Toyama, and Kagawa, the highest incidence (290 cases per 100,000 persons) having been reported in Kagawa. The detailed statistics for short intervals are not yet available, so that it is difficult to trace the spread of the

¹ Public Health Reports, October 24, 1924, page 2708.

disease; but the following table, which was included in the advance information already referred to, affords a certain amount of chronological data that strongly suggest certain foci and subsequent radial diffusion.

GEOGRAPHICAL DISTRIBUTION OF THE EPIDEMIC WHICH OCCURRED IN JAPAN, AUGUST AND SEPTEMBER, 1924.

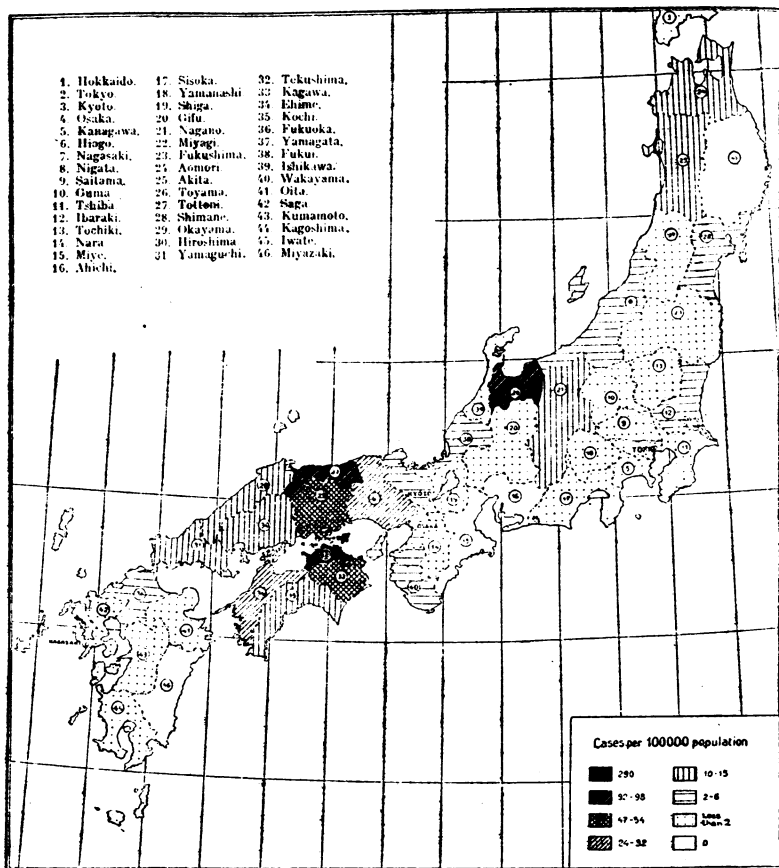


TABLE I.—Cases of an epidemic disease of the central nervous system notified in Japan, August and September, 1924.

Provinces.	Cases reported—			Total cases to Sept. 29.	Cases per 100,000 inhabitants.
	To Sept. 5.	Sept. 6-15.	Sept. 15-29.		
Hokkaido	1	0	3	4	0.2
Tokyo	0	18	41	59	1.6
Kyoto	0	34	22	56	4.4
Osaka	0	37	20	57	2.2
Kanagawa	9	1	6	16	1.2
Hiogo	445	202	78	725	31.5
Nagasaki	3	14	4	21	1.8
Niigata	15	45	12	72	4.1
Saitama	0	3	0	3	0.2

TABLE I.—Cases of an epidemic disease of the central nervous system notified in Japan, August and September, 1924—Continued.

Provinces.	Cases reported—			Total cases to Sept. 29.	Cases per 100,000 inhabitants.
	To Sept. 5.	Sept. 9-15.	Sept. 15-29.		
Guma.....	4	5	2	11	1.0
Chiba.....	1	0	3	4	0.3
Ibaraki.....	24	0	3	27	2.0
Tochiki.....	2	1	1	4	0.4
Nara.....	0	5	2	7	1.2
Miye.....	0	0	0	0	0.0
Aichi.....	1	0	0	1	0.1
Shisoka.....	0	2	1	3	0.2
Yamanashi.....	2	1	0	3	0.5
Shiga.....	1	5	1	7	1.1
Gifu.....	0	6	1	7	0.7
Nagano.....	75	93	25	193	12.4
Miyagi.....	0	21	7	28	2.9
Fukushima.....	0	7	4	11	0.8
Awomori.....	0	3	75	78	10.3
Akita.....	1	36	68	105	11.7
Toyama.....	521	181	10	712	98.3
Toitori.....	291	116	13	420	92.4
Shimane.....	0	72	33	105	14.7
Okayama.....	581	53	20	654	53.7
Hiroshima.....	67	67	47	181	11.7
Yamaguchi.....	72	36	21	129	12.4
Tokushima.....	277	35	4	316	47.1
Kagawa.....	1,797	139	27	1,963	289.6
Ehime.....	34	200	20	254	24.3
Koehi.....	0	84	15	99	14.8
Fukuoka.....	48	46	18	112	5.1
Yamagata.....	0	5	12	17	1.8
Fukui.....	0	19	0	19	3.2
Ishikawa.....	0	8	4	12	1.6
Wakayama.....	0	3	41	44	5.9
Oita.....	2	0	0	2	0.2
Saga.....	0	0	2	2	0.3
Kumanoto.....	0	3	1	4	0.2
Kagoshima.....	0	3	1	4	0.3
Total.....	4,274	1,609	608	6,551	11.7

Other epidemiological information so far available indicates an age distribution which is markedly different from that of cerebrospinal meningitis or of poliomyelitis.

The following statistics on age incidence have been extracted from the report, the case fatality having been computed upon the basis of the terminations as reported up to the time the table was made. The fatality rates probably will be somewhat changed when the termination of cases "still sick" are known.

Age.	Cases.	Deaths.	Recoveries.	Still sick.	Case fatality, per cent.	Cases per 10,000 population.
Under 10 years.....	21	10	7	4	47	1.00
From 11 to 20 years.....	25	10	5	10	40	1.55
From 21 to 30 years.....	20	9	5	5	45	1.77
From 31 to 40 years.....	23	12	5	6	52	2.34
From 41 to 50 years.....	25	17	3	5	68	2.99
From 51 to 60 years.....	55	35	6	14	64	8.63
From 61 to 70 years.....	67	42	12	13	63	13.06
From 71 to 80 years.....	49	41	3	5	84	19.59
Over 80 years.....	14	13	0	1	93	20.70
Total.....	299	189	47	63	63	-----

It is pointed out that the male sex seems to be the most affected. Although the progress of the epidemic was extremely rapid and its fall was abrupt, more than one case in the same household was rarely observed. A canvass made in the Department of Toyama, where more than 700 cases were found, did not reveal more than one case in any one family. It was also pointed out that the summer in Japan had been incessantly dry and that the end of the epidemic coincided with the coming of the rains.

The following observations on the clinical characteristics of the disease, which were furnished the health section of the League of Nation's Secretariat, by Dr. Yoshio-Kusama, of the Medical College of the Keio University, Tokyo, are of so great interest that they are reprinted below:

The disease begins with a sudden rise of temperature, without or with a few prodromal symptoms, such as slight headaches, insomnia and general discomfort. Within one or two days the temperature rises to 39, 40, or even 41° C.; nausea, vomiting, anorexia, and insomnia may set in.

In one type of cases the temperature, after lasting at its highest level (between 39 and 41°) for several days, comes down by lysis and becomes normal in 10 or 15 days from the onset. However, many patients succumb to the disease before the fall of the temperature sets in.

In the other type of cases (usually they are very mild or very severe cases) the temperature comes down at about the end of the first week by crisis.

The pulse is usually slow in proportion to the high temperature, but not as slow as in the case of enteric fever.

Respiration is not very much accelerated. No Cheyne-Stokes.

Nervous system: There is a distinct spastic condition of both lower and upper extremities. Kernig strongly marked; Babinski and Oppenheim absent. Skin reflexes without change. Pupil normal in shape and size. Reaction to light normal. No nystagmus. No paralysis of external eye-ball muscles.

Consciousness: Unconsciousness is a predominant symptom of the disease. In severe cases with high temperature patients may fall into a comatose condition, sometimes accompanied by delirium, from the beginning; in others, loss of consciousness does not set in until 2 or 3 days after the onset. Loss of consciousness is not absolute, it is rather a state of deep somnolence during which patients may react to simple questions or swallow food. In severe cases patients die without regaining consciousness, in others they regain it with the fall of temperature. In the majority of cases delirium supervenes 2 or 3 days after the onset.

Skin: In some cases petechial hemorrhages on patient's back have been noticed.

Tongue: Tongue is coated and dry. No congestion of pharynx or tonsils.

Lung: Examination of the chest shows dullness and slight pneumonia symptoms in the back.

Abdomen: Sometimes distended, but in general normal; no tenderness. In the majority of cases, constipation.

Liver and spleen: Not palpable.

There is retention of urine in many cases.

Recovery: If there is no fatal issue, recovery is complete after defervescence (10 to 15 days):

LABORATORY FINDINGS.

Cerebrospinal fluid.—Fluid is clear.

Cell-count: 10 to 40, occasionally more lymphocytes.

Nonne-Appelt: Sometimes doubtful positive in the beginning.

Wassermann: Negative.

Pressure: Usually between 110 and 150 mm. water, rarely higher, up to 250.

Culture: Negative.

Blood.—Hemoglobine 70 to 92 per cent.

Leucocytosis: (10 to 20,000). There is marked increase of polymorpho-nuclear neutrophile leucocytes (to some 93 per cent or more), and marked decrease of lymphocytes to about 4 per cent.

Wassermann: Negative.

Widal: Negative.

Culture: Negative.

Urine.—Slight albuminuria seems to be the rule.

AUTOPSY.

Nervous system.—Macroscopic examination: There is marked congestion and oedema of meninges. There may be found patchy clouding at the base of the brain. Dura, normal, no adhesions. No increase of cerebrospinal fluid. Cortex: with the exception of general hyperæmia, there is no abnormality. In a few cases one or two petechial hemorrhages at the floor of the fourth ventricle have been noticed.

Microscopic examination: Changes in meninges corresponding to the naked eye appearance. Cortex congested; there are round cell infiltrations round the blood vessels. There may be found occasionally a few areas in Cortex pons and medulla oblongata with round cell infiltrations. In one case there was found a small area of softening infiltrated with lymphocytes. There may be found slight degenerative changes in the ganglions, pons, and medulla. No changes are found in dura or choroid plexus.

Lungs: (Edema and congestion. Leucocytic infiltrations in the basis of the entire lower lobes.

Kidneys: Marked diffuse parenchymatous degenerative changes and distension of the pelvis.

Liver: Marked diffuse parenchymatous degeneration.

Spleen: Somewhat enlarged, of normal consistence.

BACTERIOLOGICAL EXAMINATION.

Cultures are made from brain tissue, cerebrospinal fluid, spleen, kidney, and blood. No suspicious organisms could be detected. Experimental disease was produced in rabbits by injecting infective materials subdurally, either filtered with Chamberland No. L 3 filter or non filtered. After a 2 or 3 days' incubation period the animals showed fever, lost appetite and remained quiet, while after 3 to 5 days the hind legs appeared to be paralyzed. The mortality among animals was very high.

A SURVEY OF PUBLIC HEALTH NURSING IN THE STATE DEPARTMENTS OF HEALTH.

Compiled by LUCY MINNIGERODE, Superintendent of Nurses, United States Public Health Service.

Introduction.

This survey was made for the purpose of obtaining and making available for persons interested, definite information regarding the organization and operation of public health nursing in the State health departments; to what extent there is a uniform standard for

duties; the educational qualifications, experience, and pay; how the nursing work of the health departments is coordinated with voluntary agencies in order to avoid duplication of work and waste of time and effort; and to secure other pertinent facts relating to public health nursing in the various States. Inquiries coming to the United States Public Health Service from time to time had brought out the fact that this information was not available either from official or unofficial sources.

There are included in this survey 44 States, Alaska, the Philippine Islands, Hawaii, and the District of Columbia. It is regretted that it has not been possible to secure the desired information from all States and Territories. The following are not included in this study: Colorado, Idaho, Nevada, West Virginia, and Porto Rico.

Information from one State was received too late for classification.

I. Organization and Administration.

Under the above head are included the following:

1. Division or bureau of public health nursing as a separate unit in the department of health.
2. Supervision of this unit with title of both bureau and supervisor.
3. Organization of the nursing service and coordination of activities of health department with voluntary public health nursing organizations for the prevention of wasted effort and duplication of work.
4. Medical supervision of nurses.
5. Number employed, with salary range.
6. Percentage cost of nursing to total health budget.
7. Extent of work.

The information available has been summarized and tabulated in the following tables:

TABLE 1.—Organization:

With separate division or bureau of public health nursing.	With bureau of child hygiene and public health nursing.	With child hygiene bureau.	No bureau of nursing.
Alabama. Connecticut. Indiana. Iowa. Kentucky. Maine. Maryland. New Hampshire. New Mexico. New York. North Dakota. Ohio. Oregon. Pennsylvania. Philippine Islands. South Carolina. South Dakota. Tennessee.	Arkansas. Illinois. Kansas. Michigan. Mississippi. Virginia. Wisconsin. Florida.	Arizona. California. Minnesota. Missouri. Montana. North Carolina. Texas. Utah. Washington. Georgia.	Alaska. Delaware. District of Columbia. Hawaii. Louisiana. Massachusetts. Nebraska. New Jersey. Rhode Island. Vermont. Wyoming. Oklahoma.
18	8	10	12

SPECIAL DUTIES PERFORMED BY NURSES IN THE HEALTH DEPARTMENTS.

The special duties performed by the nurses in the health departments include the following:

1. Child health conferences and demonstrations.
2. Organization of volunteer services.
3. Classes for midwives and mothers, with prenatal instructions.
4. School nursing, physical examination of school children, inspections.
5. Health educational work and health talks.
6. Follow-up of clinic and school cases.
7. Maternal and infant hygiene, under the Sheppard-Towner Act.

From the foregoing it will be seen that there is a wide divergence in organization, duties, and pay in the various States, the pay ranging for directors and supervising nurses from \$1,800 to \$4,000. It is, of course, recognized that there are many local factors which might cause this divergence, but the question naturally arises as to whether there is not some way in which the qualifications and pay for such service could be standardized. For instance, those directors and supervisors of public health nursing who receive \$1,800 annually have, in some instances, almost as many nurses on the staff as the director of nursing in New York, the only State paying the maximum salary of \$4,000.

III. Appointments.

A very small proportion of the State health departments select their nurses from civil-service lists of eligibles. In the majority of cases they are appointed by the health officer, on recommendation of the director or supervisor of nursing. Of the 48 States and Territories, only 7 appoint from civil-service lists; 31 are not under civil-service; and no information is available in the remaining States which form the basis of this study.

The eight-hour day is observed in all States employing public health nurses.

Overtime is not a requirement but a necessity because of the nature of the work, since many of the conferences and meetings are held in the evening. All nurses are available for service in emergencies.

IV. Qualifications.

In all States graduation and registration are requirements. A small number do not require either special training or experience in a well-supervised public health nursing association.

Facilities for special training in public health afforded by departments are limited. Two States (New York and Ohio) conduct correspondence schools with the field workers. In many States there

can be obtained university courses in public health nursing; but these are not activities of the State health department.

V. Social Service Workers.

Seven States—Arkansas, Massachusetts, Minnesota, North Carolina, Oklahoma, Rhode Island, and Wisconsin—and the District of Columbia employ social workers for public health work in the State departments of health. Four States—Illinois, Louisiana, North Dakota, and Virginia—employ them sometimes for certain specific duties. Three States—Ohio, Vermont, and Wyoming—give no information on this point. The other 29 state definitely that social service workers are not employed for public health work.

Of the States employing social service workers the following information was given:

Arkansas employs practical social service workers, supervised by the chief of the bureau under which they work.

Illinois employs them occasionally, supervised by department of public welfare or by private organizations. These social workers are not connected with the State department of health, but work out of State institutions under the direction of the State department of public welfare.

Louisiana uses one nurse as a social worker.

Massachusetts employs two social service workers in the subdivision of venereal diseases under supervision of a physician, the chief of that division.

Minnesota employs social workers in the venereal disease division, under supervision of a chief social worker. These workers only make arrangements for treatments.

North Carolina.—Social workers assist materially under supervision of State department of public welfare.

North Dakota.—Social workers are sometimes employed under supervision of county unit where they work.

Virginia.—Social workers are employed occasionally by Red Cross chapters.

Wisconsin employs eight social workers with venereal disease clinics of State board of health.

District of Columbia employs social workers for public health work. They are under the supervision of the Instructive Visiting Nurse Association, a private organization.

VI. Voluntary Agencies.

All States having organized nursing in the health department cooperate with voluntary organizations. Chief among these are the Visiting Nurse Association, the Tuberculosis Association, and the

American Red Cross. In Alaska the only public health nursing is done by the Red Cross. In 17 States nursing in voluntary agencies is supervised by the nurses of the health department. In six, health department nurses give advisory service to voluntary agencies. In 14 there is no supervision by State nurses; and in one State (Maryland) the reply was "yes and no" in regard to State supervision of voluntary agencies. In Connecticut, State nurses supervise Red Cross nurses only from among voluntary agencies. Exact information is not available from other States surveyed. The voluntary agencies carry on regular visiting nursing in tuberculosis, child health, and in fact all forms of public health nursing.

TABLE 4.—*State supervision of voluntary nursing agencies.*

States in which State department nurses supervise voluntary agencies.	States in which State nurses act as advisors to voluntary nursing agencies.	States in which there is no State supervision of voluntary nursing agencies.	States from which information was not available.	Unclassified.
Arkansas. Illinois. Indiana. Iowa. Kentucky. Maine. Minnesota. Mississippi. Missouri. Montana. New Mexico. North Dakota. Oklahoma. South Carolina. South Dakota. Tennessee. Virginia. Hawaii.	Alabama. Michigan. New Hampshire. North Carolina. Oregon. Washington. Florida. District of Columbia.	California. Kansas. Massachusetts. New Jersey. New York. Pennsylvania. Texas. Vermont. Wisconsin. Louisiana. Delaware. Georgia. Nebraska. Alaska.	Arizona. Ohio. Rhode Island. Utah. Wyoming. Philippine Islands.	Maryland. Connecticut.
18	8	14	6	2

VII. Public Health Nursing as an Aid in State Health Program.

Almost without exception State health officers in those States having a nursing service have declared themselves favorably, many stating that the nursing is a valuable aid.

The following gives the information obtained in the survey, by States:

Alabama.

1. *Organization.*—There is a separate bureau of nursing known as the Bureau of Public Health Nursing. The title of supervising nurse is Director of Nursing. There is no supervision of unofficial agencies, but State health nurses act in advisory capacity to unofficial agencies. Nurses are under medical supervision. Forty-six are employed, with a salary range from \$1,200 to \$2,700. Cost of nursing is 11.8 per cent of total health budget.

2. *Duties of nurses.*—Bedside nursing, tuberculosis nursing, take cultures for diagnosis and release, make preliminary investigations for contacts, gather epidemiological data, vaccinate against smallpox, assist at clinics.

Special duties: Assist in examination of school children, do school follow-up work, make home visits for instruction in hygiene of maternity and infancy, do advance agent work for community health meetings.

3. *Appointments.*—Nurses are not under civil service, but are referred by bureau of nursing and appointed by health officer in charge of unit. The hours of duty are 8.30 to 5, with evening meetings and field trips which occasion later hours.

4. *Qualifications.*—Graduation from a recognized training school for nurses; a period of observation in a local county health unit. No public health experience is required, but preference is given to candidates having experience in public health work. State registration is required.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Birmingham and Jefferson Counties have a well-developed nursing service which is available for demonstration and observation when State bureau requires it.

Voluntary agencies cooperating in State board of health include public health nursing associations in Mobile and Anniston and Red Cross chapters in Selma and Jasper. The nurses in these organizations work under the county health officer. There is no duplication of work.

7. *Public health nursing as an aid in State health program.*—“Public health nursing is an indispensable aid, since the success of the entire program depends upon education of the public, and the public health nurse is the best teaching agent we have yet found for dealing with individuals and families in the home. They can be taught to deal effectively with groups and classes; but this phase of the work is not allowed to take precedence in Alabama.”

Alaska.

1. *Organization.*—There is no division or bureau of nursing. The only public health nurses employed are under the American Red Cross. There is no supervising nurse. Nurses are not under medical supervision.

2. *Appointments.*—Appointments are not under the civil service. Nurses are selected by the Red Cross, one for each of the four judicial divisions. There are no regular hours of duty.

3. *Qualifications.*—The qualifications are those required by the American Red Cross.

4. *Social service workers.*—Social workers are not employed.

Arizona.

1. *Organization.*—There is no department or Division of Nursing. The nursing service is organized under the Child Hygiene Division of the Arizona State Board of Health, and employs five nurses for work under the provisions of the Sheppard-Towner Act. There is no supervising nurse. Nurses are employed by counties and communities, and are not under the supervision of the State, but are under medical supervision. The salary is \$2,100, with travel expenses.

2. *Duties of nurses.*—Assist at maternity and infancy clinics, instruct and demonstrate in prenatal, infant, and child care work.

3. *Appointments.*—Nurses are appointed by the State superintendent of public health and are not under the civil service. Hours of duty, 9 to 5, with emergency work only after 5.

4. *Qualifications.*—State registration is required. No previous experience is required, and there are no facilities for training nurses under health department.

5. *Social service workers.*—Social workers are not employed.

6. *Voluntary agencies.*—No voluntary agencies cooperate with the health department in nursing activities as all public health nurses in the State, except those under the Sheppard-Towner Act, are working with voluntary agencies.

Arkansas.

1. *Organizations.*—There is no separate bureau or division of nursing. The division of public health nursing is established under the bureau of child hygiene with a supervising nurse called Supervisor of Public Health Nursing. Nurses are under medical supervision where there is a functioning health officer. There are four nurses employed by the State, with salaries of \$1,800 a year. Cost of nursing is 13 per cent of total health budget.

2. *Duties of nurses.*—Assist at clinics, do general public health nursing and educational work. The local health nurses perform duties varying according to the demands of their communities.

3. *Appointments.*—Nurses are appointed by the director of the bureau, with approval of State health officer. County nurses are appointed by local authorities. None are under civil service, and there are no stated hours of work. "They are required to work as many hours as may be necessary to do the job of the day. It is often necessary for them to make their reports at night, after working all day. They get their rest and recreation when they are asleep and in transit, on Sundays and rainy days."

4. *Qualifications.*—They should be graduate nurses and have at least practical training in public health work. Experience varies according to the need for the nurse and her ability. Registration is required. Facilities for training are found through practical work in the field.

5. *Social service workers.*—Practical social workers under the supervision of the State board of health are used.

6. *Voluntary agencies.*—The State board of health cooperates with the Red Cross, Metropolitan Life Insurance Co., and county and city nurses, who are under the supervision of State nurses to the extent of submitting reports at regular intervals and coordinating their activities as far as possible with the activities which may be made by the State at that time. Voluntary agencies do bedside nursing and personal supervision in the home.

7. *Public health nursing as an aid in State health program.*—"Next to an efficient director, an efficient public health nurse is the most important part of any public health unit."

California.

1. *Organization.*—There is no separate division or bureau of public health nursing. There are eight nurses in the bureau of child hygiene and one in the tuberculosis bureau, with a supervising nurse in the bureau of child hygiene. Nurses are under the direction of the bureau of child hygiene. The salary range is from \$1,800 to \$2,100.

2. *Duties of nurses.*—The tuberculosis nurse inspects hospitals, case-work control, etc. Child hygiene nurses attend health centers, address clubs, and do infant and maternity work under the Sheppard-Towner Act.

3. *Appointments.*—Nurses are appointed through civil service. The hours of duty are from 9 to 5, with no overtime required.

4. *Qualifications.*—Nurses must be graduates of a recognized school, must be registered, and must have completed a public health nursing course of from four to five months in a school approved by California Board of Health, or they must present evidence of having engaged in public health nursing for at least two years with an organization approved by the California Board of Health, or they shall have completed at least a semester (four months) of post-graduate work in social service, including theory and practical work. Facilities for training: Courses in public health nursing are given at the University of California and at Stanford University; training under recognized institutions, such as large health departments, whole-time county units, etc.

5. *Social service workers.*—No social workers are employed.
6. *Voluntary agencies.*—Voluntary agencies consist of American Red Cross, Tuberculosis Association, health centers, county health departments. These nurses are not supervised by nurses of the State health department. These agencies have health clinics, and county tuberculosis nurses do case work.

Connecticut.

1. *Organization.*—There is a separate bureau of public health nursing with a director of nursing who supervises all official nursing activities, except child hygiene and venereal disease field workers, and also acts as advisor to all nurses in the State when called upon. The State department of health represents the Red Cross in Connecticut, and in this way supervises Red Cross nurses. Nurses in the child hygiene and venereal disease work are under medical supervision. There are six nurses employed in State health departments, with salaries of from \$1,800 to \$2,000, and the cost of the nursing is 0.067 per cent of the total health budget.

2. *Duties of nurses.*—Act as advisors to other nurses in State and supervise Red Cross nurses.

3. *Appointments.*—Nurses are not under civil service and are appointed by the commissioner of health. Hours of duty are from 9 to 5, with overtime if necessary. Overtime is unavoidable; for lectures and trips outside in the field work render much overtime necessary in order that work may be properly carried on.

4. *Qualifications.*—Nurses must be registered and must have had a course in public health nursing recognized by the National Organization of Public Health Nursing. Experience is not considered essential. All nurses have had special training, and additional facilities for training are not considered necessary.

5. *Social service workers.*—No social workers are employed.

6. *Voluntary agencies.*—All visiting-nurse associations and other agencies cooperate with the health department. Red Cross nurses are under supervision of the board of health; others are not supervised by State public health nurses but cooperate with them. Bedside nursing, vaccination, and work that is strictly detail are carried on by voluntary agencies.

7. *Public health nursing as an aid in State health program.*—Public health nursing is considered an aid to the State health department. "It would take a manuscript to answer such a question as this."

Delaware.

1. *Organization.*—There is no separate bureau or division of public health nursing. Nurses are employed by the State health and welfare commission, with a supervisor of nurses in charge, who supervises only official services outside of Wilmington. There are two visiting nurses. Whenever a local visiting nurse assumes responsibility, State nurses withdraw. Nurses are under medical supervision. The salary range is from \$1,500 to \$2,500.

2. *Duties of nurses.*—Assist in clinics; conduct child welfare centers; visit and instruct in prenatal, infancy, and maternal subjects.

3. *Appointments.*—The supervising nurse is appointed by the commissioners. Staff nurses are appointed by the supervisor of nurses. They are not under civil service. The hours of duty are 9 to 5. Nurses are expected to meet emergencies in their districts and to speak at local meetings, which frequently occur at night.

4. *Qualifications.*—Public health nurses must be registered and must have special training or experience in public health nursing.

5. *Social service workers.*—Social service workers are not used.

6. *Voluntary agencies.*—Voluntary agencies which cooperate with the State health department are the following: The Junior League and the Catholic Daugh-

ters of America. They act as nurses' helpers, clerks, etc. They have no nurses. The Visiting Nurse Association of Wilmington gives bedside nursing care.

7. *Public health nursing as an aid in State health program.*—"Public health nursing is considered one of the most important aids in carrying on the work of the State board of health."

District of Columbia.

1. *Organization.*—There is no separate division or bureau of public health nursing. The nursing service is organized as follows: "Communicable disease service, six nurses; child hygiene service, six nurses; medical and sanitary inspection service of public schools, ten nurses and four prophylactic dental operators." There are 26 nurses employed, and there is no supervising nurse. The activities of nurses are limited to the department to which they are assigned, and all nurses are under supervision of the physician in charge of a particular service. The salary range is from \$1,000 to \$1,420. The cost of nursing is 12.4 per cent of the total health budget for the 11 nurses paid out of health department budget.

2. *Duties of nurses.*—Assist at clinics and perform other duties when especially designated.

3. *Appointments.*—Appointments are made by the District commissioners upon recommendation of the District health officer. They are not under civil service. Hours of duty are 9 to 4.30; overtime and night service are required when necessary.

4. *Qualifications.*—Graduation from a recognized school and registration in the District of Columbia are required. Experience is not required. There are no facilities for additional training under the health department.

5. *Social service workers.*—Social workers are employed and are under the supervision of the Instructive Visiting Nurse Association, a private agency, the nurses of which are not under supervision of the health department.

6. *Voluntary agencies.*—The Instructive Visiting Nurse Association.

7. *Public health nursing as an aid in State health program.*—"Owing to the conditions peculiar to the District of Columbia, a significant opinion in regard to the value of public health nursing would be difficult."

Georgia.

1. *Organization.*—There is no division or bureau of public health nursing. There is a subdivision in maternity and infant hygiene in which there is a supervising nurse and seven other nurses. There is no supervision by the health department of nurses in voluntary agencies.

Hawaii.

1. *Organization.*—There is no separate division or bureau of public health nursing. Nurses serve under the Territorial Board of Health. There is a supervising nurse for the health board nurses, whose duties are confined to tuberculosis work, the school and general visiting nursing being done by the Palama Settlement nurses. There are 18 nurses employed, and the salary range is \$1,800 to \$3,000. Cost of nursing is about 3 per cent of the health department budget.

2. *Duties of nurses.*—Nurses do tuberculosis work, make preliminary investigations for contacts, gather epidemiological data, assist at clinics, and perform special duties. In country districts the public health nurses assist in welfare case work, give talks to mothers and organizations, such as Junior Red Cross, Girl Scouts, first aid, etc.

3. *Appointments.*—Appointments are not under civil service, but are made through the president of the board of health. Hours of duty are 8 to 4 with one-half day on Saturday; overtime work is sometimes necessary.

4. *Qualifications.*—It is endeavored to appoint nurses who are graduates and registered. Experience is required for all future appointees.

5. *Social service workers.*—Social workers are not employed.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the board of health are the Palama Settlement nurses, Alexander House Settlement nurses, and plantation nurses. None of these nurses are under supervision of the board of health.

7. *Public health nursing as an aid in State health program.*—“Public health nursing is an aid in reporting suspicious cases of communicable diseases, leprosy, tuberculosis, trachoma, etc., in reporting births and deaths and insanitary conditions surrounding homes, factories, and restaurants.”

● Illinois.

1. *Organization.*—There is no separate division or bureau of public health nursing. There is a division of child hygiene and public health nursing in which the nurses are employed through funds secured by legislative action to supervise, instruct, and assist public health nursing agencies in the field and to establish public health services. There is a supervising nurse in charge known as the State Supervisor of Public Health Nursing, who supervises all public health nursing in the State. The State supervisor has supervision over all public health nursing services in Illinois whether privately or publicly conducted, with the exception of the Red Cross and tuberculosis societies, which employ supervising nurses for their associations. Nurses are under medical supervision. Salaries range from \$1,500 to \$1,800 for the five nurses employed. The cost of nursing is about 15 per cent of the health department budget.

2. *Duties of nurses.*—Assist at clinics, assist in school inspection upon request, conduct baby conferences, assist in vaccination and in the administration of the school test, give public addresses, and perform general public health service to communities lacking nursing service.

The nurses in the division of child hygiene devote their time to standardizing, coordinating, and establishing public health nursing services in the State. Instruction, assistance, and advice are given nurses and communities lacking nursing services. Employing agencies are assisted in securing qualified public health nurses, and nurses are assisted to positions in the public health field. Infant welfare stations are established, and baby conferences are organized and conducted in cooperation with local agencies.

3. *Appointments.*—Appointments are made by competitive examination under the civil service. Hours of duty are 8.30 to 5, and overtime in field work is required.

4. *Qualifications.*—Graduation from a recognized training school, registration in Illinois, and experience in public health work are required. Some ability as a writer and public speaker is expected. Consent to take civil service examination, good personality, and sound health are required. Facilities for training: Nurses lacking public health experience and desiring public health positions are given instruction in field work in connection with public health nursing service already established.

5. *Social service workers.*—Social workers are not generally used. If appointed, they are under supervision of the department of public welfare or private organizations, and work out of State institutions.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State health department include the Visiting Nurse Association, American Red Cross, tuberculosis societies, infant welfare societies, and the out-patient departments of hospitals.

7. *Public health nursing as an aid in State health program.*—Policies of the State department of public health are made known to communities through the public health nurse. Rules and regulations governing the control of communicable diseases are more carefully observed, breast feeding of infants is encouraged, disease is diminished, sanitation is improved, milk is Pasteurized, and children of school age and preschool age are protected against the spread of disease. "To my mind public health nursing is an essential part of every well-organized department of health."

Indiana.

1. *Organization.*—There is a division of nursing in the health department, with a director of public health nursing in charge of both official and unofficial public health nursing agencies, with the exception of the child hygiene division. Three nurses are employed at a salary range of \$2,100 to \$2,500. Nurses are responsible to the health commissioner. The cost of nursing is about 4.5 per cent of the total health budget.

2. *Duties of nurses.*—Assist at clinics and do organizing and advisory work. Nurses in local communities are not employed by the State, but by public and private agencies. They do all types of public health nursing. About 247 are employed.

3. *Appointments.*—Nurses are recommended for appointment by the health commissioner and director of public health nursing. Appointments are made by State board of health. They are not under civil service. Hours of duty are 8 to 5; overtime is frequently necessary in field work, for conferences, or attendance at meetings.

4. *Qualifications.*—Nurses must be graduates and registered, must have had public health nursing experience or postgraduate training in public health nursing. There are no facilities in the health department for training nurses.

5. *Social service workers.*—Social workers are not employed.

6. *Voluntary agencies.*—Cooperating voluntary agencies are: Red Cross chapters, Tuberculosis Association, and Public Health Nursing Association. The nurses in these organizations are under supervision of the State health department, by special arrangement with their State and national organizations and by arrangement with local organizations. Their nurses give direct nursing service, which State board of health does not give.

7. *Public health nursing as an aid in State health program.*—Much of the program of the State board of health is made possible through the cooperation of local public health nursing services. The department of public health helps to organize and standardize local public health nursing work.

Iowa.

1. *Organization.*—There is a separate division of public health nursing, with a director of nurses in charge, who supervises the work of all nurses, both official and unofficial, in the State. The State employs no nurses except the director, who is appointed by the board of health. The director of nursing and field service of the Iowa Tuberculosis Association was appointed director of public health nursing by the Association. No regulations exist as to hours, etc.

2. *Qualifications.*—No qualifications have been adopted as yet, though State registration is required. There are facilities for training at the Iowa State University.

3. *Social service workers.*—Social workers are not used.

4. *Voluntary agencies.*—The Iowa Tuberculosis Association and the Red Cross cooperate with the health department. Their nurses are under supervision of the director of nurses, who is consulted in regard to programs. There

are no other voluntary agencies. Sheppard-Towner division at the State University has a staff of six nurses for advance clinic and follow-up work in connection with Sheppard-Towner clinics.

5. *Public health nursing as an aid in State health program.*—"It furnishes an avenue through which other bureaus may work; is a service of information and statistics and an aid in health education."

Kansas.

1. *Organization.*—There is no separate division or bureau of nursing, but there is a division of child hygiene and public health nursing. Because funds available for the work are insufficient, no adequate supervision can be attempted. Two nurses are employed. They are under medical supervision, and the salary is \$1,800. The cost for nursing is 4 per cent of the total budget.

2. *Duties of nurses.*—Educational work in the schools, with women's clubs, etc.

3. *Appointments.*—Nurses are appointed by the director of the State board of health. They are not under civil service. The hours of duty are from 8 to 5; no overtime is required.

4. *Qualifications.*—Graduation from accredited training school and public health training, with experience in public health work. State registration is required. There are at present no facilities in the State health department for training in public health nursing.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—The Kansas Tuberculosis Association, the boards of education in various towns, and the American Red Cross cooperate with the health department. There is no close supervision of the nurses of these organizations by the State board of health, though the State gives instruction in handling communicable disease, advice in special problems, sends speakers and consultants in educational work, and supplies some pamphlets and posters. Voluntary agencies carry on home visiting and follow-up of clinic work for the Tuberculosis Association. The American Red Cross has a State advisory course.

7. *Public health nursing as an aid in State health program.*—"Work of the State Board of Health is greatly facilitated by public health nursing."

Kentucky.

1. *Organization.*—There is a separate bureau of public health nursing, with a director in charge who supervises all public health nursing work, both official and unofficial. Nurses are under medical supervision. Sixty-nine are employed, with a salary range of \$1,080 to \$1,800. The cost of nursing is 10 per cent of the general health department budget.

2. *Duties of nurses.*—Beside nursing, tuberculosis nursing, taking cultures of diagnosis and release, making preliminary investigations for contacts, gathering epidemiological data, vaccination against smallpox, assisting at clinics, and follow-up clinic and school cases.

3. *Appointments.*—Appointments are made by the State director. They are not under civil service. Hours of duty are 8 to 5.30; overtime work only in emergency.

4. *Qualifications.*—State registration is required, with either a public health course in a recognized school or one year or longer in field work under supervision. Facilities for training in public health work under the State department of health are provided.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Red Cross, health and welfare leagues, Kentucky Tuberculosis Association, and Metropolitan Life Insurance Co. cooperate with the

State health department. Nurses in the Red Cross are supervised jointly with the others directly by the State.

7. *Public health nursing as an aid in State health program.*—"A strong factor in molding public sentiment. Effective agency for laying foundation for whole time county health departments; advance agents for State bureaus."

Louisiana.

1. *Organization.*—There is no separate division or bureau of public health nursing and no supervising nurse. Two nurses work under supervision of the director of child hygiene, and one nurse works under supervision of the Red Cross cooperating with the State board of health. There are also health unit nurses under the director of parish administration. Of the two nurses with the child hygiene division, one does follow-up and social service in connection with school examinations and one assists with child health demonstrations. Red Cross and unit health nurses do rural public health nursing. Nurses are under medical supervision "to a certain extent." There are 19 nurses employed, with a salary range of \$1,500 to \$2,100.

2. *Duties of nurses.*—Nurses do bedside nursing, tuberculosis work, take cultures for diagnosis and release, make preliminary investigations for contacts, vaccinate against smallpox, gather epidemiological data, and assist at clinics. Special duties: School work, cooperation in Metropolitan Life Insurance Co. nursing, baby days, child health conferences, etc.

3. *Appointments.*—Nurses are appointed by the agency employing them. Their hours of duty are 8.30 to 5, with overtime work in case of emergency.

4. *Qualifications.*—They must be graduate nurses and registered. In case of the State board of health, they must have had public health nursing experience and training. Health units accept nurses without public health training. There are no facilities for training in health department other than experience gained from work.

5. *Social service workers.*—Social service work is performed by one nurse who is also a social-service worker under the bureau of child hygiene. All nurses do more or less social work, as nearly all are doing rural public health nursing in counties.

6. *Voluntary agencies.*—The Red Cross nurse cooperates with the State health department, which may call on this nurse at any time for special work. In New Orleans the Child Welfare Association employs a large number of nurses for welfare work. In some counties nurses do general public health nursing. The State board of health does only school examinations, follow-up work with midwives, baby and child welfare conferences, and work of that nature.

7. *Public health nursing as an aid in State health program.*—"It is of great assistance in promoting health work through the rural sections of the State where health work has never been known or done. Since public health work has been done by public health nurses, many requests for literature on all subjects have been received, communities have taken more interest in child welfare and other special health work. Schools have been awakened to the value of health work and have set aside special times for such work."

Maine.

1. *Organization.*—There is a separate division of public health nursing with a nurse in charge whose official title is Division Director, and who has supervision of all public health nursing activities both official and unofficial. Nurses are not under medical supervision. There are five employed, and the salary range is \$1,800 to \$2,400. The cost of nursing is 10.5 per cent of total health budget.

2. *Duties of nurses.*—Emergency bedside nursing and assist at clinics.

3. *Appointments.*—Appointments are made by the division director, with the approval of the commissioner of health. Nurses are not under civil service. The hours of duty are 8 to 5, with overtime work.

4. *Qualifications.*—State registration is required, and public health training or experience of at least a year under supervision. There are no facilities in the State health department for special training.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—The Maine Public Health Association, the Red Cross, and other private organizations cooperate with the State health department. Nurses in these agencies are under supervision of the State. The Red Cross, through their field nurses, and all others are directly under the supervision of the division director. Voluntary agencies are responsible for general public health nursing, including bedside work and tuberculosis.

7. *Public health nursing as an aid in State health program.*—“Consider the work of the public health nurse one of the greatest factors in disease prevention.”

Maryland.

1. *Organization.*—There is a division of nursing, under the director of health and with a supervising nurse in charge. Nurses are under medical supervision, both State and local. There are 37 employed. The salary range is \$1,500 to \$3,000.

2. *Duties of nurses.*—Bedside nursing, tuberculosis nursing, taking cultures for diagnosis and release, making preliminary investigations for contacts, assisting at clinics, and performing various and sundry duties on request.

3. *Appointments.*—All appointments of nurses are made from civil-service lists, except those nurses supported by counties and unofficial agencies. The hours of duty are 9 to 5, as far as possible; overtime and night service depend on local needs. It is sometimes necessary to extend the hours of duty at clinics, and night meetings, conferences, and training home classes are often required. This overtime duty is credited to the nurse.

4. *Qualifications.*—Graduation, registration, and at least six months' experience, though more than this is desirable, and nurse must be registered in the State of Maryland.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—County public health associations and the State Tuberculosis Association cooperate with the State health department. Their nurses are under supervision of State nurses only when request for such supervision is made.

7. *Public health nursing as an aid in State health program.*—No remarks.

Massachusetts.

1. *Organization.*—There is no separate bureau or division of public health nursing in the State health department of Massachusetts. Two of the divisions have a nursing staff, namely, the division of tuberculosis and the division of hygiene. There are nine nurses in the division of tuberculosis and six in the division of hygiene. The tuberculosis division has a supervisor of nurses for that division alone. The division of hygiene, because of the type of activity of the nurses, has dispensed with a supervisor. All of these nurses are under medical supervision. Their salary is \$1,680.

2. *Duties of nurses.*—The nurses do no bedside nursing. The tuberculosis nurses get in touch directly or indirectly with all cases of tuberculosis in the State. In addition, they assist in stimulating interest in examination clinics and assist at the clinics. There are two classes of nurses in the division of

hygiene: Two nurses stimulate school nursing throughout the State; the other four devote themselves to other branches—maternal and child hygiene—and keep in touch with the local nurses, assisting them wherever possible in increasing and improving their child hygiene activities, without supervising them in the ordinary sense of the word. There is no legal authority in the State for supervision of the local nurses by the State health department, the function of such nurses being advisory and cooperative.

3. *Appointments.*—Nurses are appointed by the commissioner of public health, from a special civil-service list.

4. *Qualifications.*—Graduation and registration are required and the nurses must be graduates of a school for public health nursing and have had one year's experience in public health work, or at least two years in public health work under competent supervision, and, in addition, executive experience. For the division of hygiene school positions, at least one year's additional experience in school nursing is required. A summer school at one of the State normal schools is being conducted. The department conducts what is called study courses for maternal and infant hygiene nurses, which are from one to three days in length and are held in different parts of the State.

5. *Social service workers.*—Two social workers are employed in the subdivision of venereal diseases. They are under the supervision of a physician, the chief of the subdivision.

6. *Voluntary agencies.*—The Red Cross, the Massachusetts Tuberculosis League, the State Association of Directors of Visiting Nurses Associations, and other voluntary agencies cooperate with the State department of public health.

The nurses are not subject to supervision of the State department of public health, although they take suggestions. Some of the voluntary agencies do bedside nursing in addition to the usual public health or educational activities.

7. *Public health nursing as an aid in State health program.*—"Public health nursing as carried on by this department is of very great importance in getting across the department's policies. This is especially true, of course, of that part of the department work which is included under communicable disease and hygiene."

Michigan.

1. *Organization.*—There is no separate division or bureau of nursing. Public health nursing is organized and conducted under the bureau of child hygiene. A nurse called Assistant Director of the bureau is in charge. Unofficial agencies are not under direct supervision of State health department. Through an agreement with the Red Cross and the Tuberculosis Association, State nurses give advisory service with their nurses. In places having nurses not under these organizations, the work is supervised as well as advised. State nurses are under medical supervision. There are 15 employed. (County and local, 226.) The salary range is \$1,500 to \$2,500. There is no appropriation for generalized nursing program.

2. *Duties of nurses.*—Assist at clinics and infant and maternity work.

3. *Appointments.*—Appointments are made by the assistant director. They are not under the civil service. The hours of duty are 8 to 12 a. m. and 1 to 5 p. m.; overtime is required when evening meetings and conferences are held.

4. *Qualifications.*—Graduation and State registration are required, and a public health course or eight months' experience under organized health department under good supervision. There are no facilities for training in public health nursing under the health department.

5. *Social service workers.*—Social service workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with State health department are the Tuberculosis Association, the Red Cross, and the Visiting

Nurse Association. Their nurses are subject to supervision by State nurses only on request.

7. *Public health nursing as an aid in State health program.*—"It is an aid in detection, prevention, and control of communicable diseases, putting across an infant and maternity program, in acting as communicating agent between the public and State department of health."

Minnesota.

1. *Organization.*—There is no separate division or bureau of public health nursing. A superintendent of public health nursing is assigned to the division of child hygiene. There is no separate organization. Monthly reports of unofficial agencies are sent to superintendent of public health nursing. The Red Cross field nursing representative cooperates closely with State nurses. A State advisory nurse visits all nurses to stimulate maternity and infancy work. Nurses are under medical supervision. There are six directly with the board. The salary range is \$1,500 to \$3,000.

2. *Duties of nurses.*—To assist at clinics. All State nurses are engaged in the child hygiene division. They assist at prenatal clinics, do field advisory work, and give baths and demonstrations with regard to maternal and infant hygiene.

3. *Appointments.*—Nurses are not under civil service. The hours of duty are 9 to 5, with one-half day off a week. Overtime is required in emergencies.

4. *Qualifications.*—Graduation and State registration are required, and experience on a well-supervised staff or a public health nursing course. By experience is meant 8 to 12 months' experience on a well-organized and supervised staff or successful rural experience. There are no facilities under the State board of health for training public health nurses.

5. *Social service workers.*—Social service workers are used with Venereal Disease Division. They are under supervision of a chief social worker and medical director. These social workers only make arrangements for treatments.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State health department are the American Red Cross and the Minnesota Public Health Association. Monthly reports of the work of voluntary agencies are made to the board of health, and cooperation is close. The board supervises with regard to maternal and infant hygiene work to some extent. Red Cross nurses have their own field advisor. The Minnesota Public Health Association has two demonstration nurses. Nurses locally employed do all types of public health nursing.

7. *Public health nursing as an aid in State health program.*—"Absolutely essential in promoting a maternal and infant welfare program. County public health nurses are a great aid in every phase of public health work."

Mississippi.

1. *Organization.*—There is no separate division or bureau of public health nursing. There is a bureau of child welfare and public health nursing, with a supervisor of public health nursing in charge of both official and unofficial agencies. Nurses are under medical supervision. There are 34 employed, with salary range of \$1,200 to \$2,400.

2. *Duties of nurses.*—Bedside nursing, tuberculosis, take cultures for diagnosis and release, make preliminary investigation for contacts, gather epidemiological data, vaccinate against smallpox, assist at clinics, assist in organization of volunteer service, hold child health conferences and demonstrations.

3. *Appointments.*—Appointments are made by the bureau. Nurses are not under civil service. The hours of duty are 8.30 to 5, with overtime work when necessary.

4. *Qualifications.*—Graduation with suitable credential from the training school. Experience in public health nursing desirable and necessary, although exceptions are made when indicated. State registration urged, but not required. Facilities for training through supervision only.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State health department are the Red Cross chapters, county tuberculosis associations in a financial way, other agencies in a social way. Their nurses are under supervision of State health department through instruction in the office before they are sent to the field and personal supervision.

7. *Public health nursing as an aid in State health program.*—"One of the vital factors."

Missouri.

1. *Organization.*—There is no separate division or bureau of public health nursing. Public health nursing is included under the division of child hygiene. There is a nurse in charge, called the Director of Public Health Nursing, who supervises all public health nursing, official and unofficial. Nurses are under medical supervision. There are 20 employed, with a salary range of \$1,800 to \$2,400. The cost of nursing is 15 per cent of the total health budget.

2. *Duties of nurses.*—Bedside nursing, tuberculosis, take cultures of diagnosis and release, make preliminary investigation for contacts, gather epidemiological data, assist at clinics, make school inspections, health educational work through mothers' classes, demonstrations and health talks.

3. *Appointments.*—Appointments are made by the health officer, on recommendation of director of public health nursing. Civil service is not required. The hours of duty are 8 hours of work, with overtime frequently necessary.

4. *Qualifications.*—State registration is required, and four months of special public health training or eight months of public health experience. Through cooperation with the Missouri School of Social Economy, field training is given in some full time health units.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State health department are the American Red Cross, the Parent-Teacher Association, school and county boards, and the Metropolitan Life Insurance Co. Their nurses are under the State health department and monthly reports are made to the department. Voluntary agencies to general public health nursing.

7. *Public health nursing as an aid in State health program.*—Not stated.

Montana.

1. *Organization.*—There is no separate division or bureau of public health nursing. The service is organized under division of child welfare of the State board of health. This division is designated by law to carry on supervision of public health nursing activities in Montana. There is a nurse director of public health nursing who has supervision of all public health nursing, both official and unofficial. (At present there is no director of public health nursing and that work is delegated as required to certain staff nurses by the director of the child health division.) Nurses are under medical supervision. There are 3 full-time and 4 part-time nurses. The salary range is \$450 for part time and \$1,800 to \$2,000 for full time. The budget of the child welfare division under Sheppard-Towner funds is nearly as large as the remainder of the budget of the board of health, and as this is the only division employing nurses it makes the percentage for nursing service high—about 20 per cent of the total budget.

2. *Duties of nurses.*—Assist at maternity and infancy clinics. (Nurses employed by the board of health are employed only with Sheppard-Towner funds,

and their duties are restricted to the restrictions under which those funds are administered.)

3. *Appointments.*—Appointments are made by the director of the child welfare division, subject to approval of secretary of State board of health. Nurses are not under civil service. Hours of duty are not specified, and overtime is required if necessary. "The State law gives a working day of 8 hours; our nurses are all employed in field work where it is impossible to observe regular hours—in general, our nurses put in much overtime work because of the demands on their time in small communities."

4. *Qualifications.*—State registration is required, with a public health nurses' training course or a number of years' experience (at least two) under adequate supervision. Facilities under the State health department for training are not adequate at present. Some supervision is given in field work, but funds are not available for adequate supervision.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State board of health are the Montana Tuberculosis Association and the Red Cross. Their nurses are supervised by State nurses of the child welfare division.

7. *Public health nursing as an aid in State health program.*—"It takes the work of the State board of health into the homes in the rural districts to an extent never before done."

Nebraska.

The following is all information available from Nebraska:

"You are informed that we have no public health nursing service. The only nursing service in this State is done through Sheppard-Towner work."

New Hampshire.

1. *Organization.*—There is a separate division of public health nursing, with a State supervising nurse in charge who is also director of the division of child hygiene. She supervises the county, Red Cross, district, and industrial nurses. There are 8 nurses employed by State health department, with a salary range of \$1,600 to \$1,800 for nurses. The salary of the supervising nurse is \$2,500.

2. *Duties of nurses.*—Limited amount of bedside nursing, tuberculosis, make preliminary investigations for contacts, assist at clinics.

3. *Appointments.*—Appointments are based on ability, training, and experience. Nurses are not under civil service. The hours of duty are 8.30 to 5; overtime is expected in emergencies for conferences, etc.

4. *Qualifications.*—Graduation and State registration are required, and at least three years' experience in baby work. For tuberculosis nurses, either experience or public health training is required.

5. *Social service workers.*—Social workers are not employed, but nurses are considered essential in the work.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State health department are the Tuberculosis Association and the Red Cross. The tuberculosis nurses are under direct supervision of State board of health. The Red Cross supplies nurses to carry on clinics for the venereal disease division under the State board of health. Voluntary agencies do school nursing and bedside nursing.

7. *Public health nursing as an aid in State health program.*—"Public health nursing is essential in the health work of the board. The value of the nurse in teaching the doctrine of good health and preventive measures can not be over emphasized."

New Jersey.

1. *Organization.*—There is no separate division or bureau of public health nursing. The State board of health employs one nurse at a salary of \$1,680 who is working in a rural district of the State. This nurse is under the direction of the bureau of local health administration. There are a number of nurses employed in the child hygiene bureau, who are in charge of welfare stations throughout the State.

New Mexico.

1. *Organization.*—There is a separate division of public health nursing, with a nurse in charge who is chief of the division. She is in charge of all nurses, official and unofficial, with the exception of some corporation nurses in mining camps and one school nurse. Nurses are under medical supervision. There are 13 employed, with a salary range of \$1,800 to \$2,100. The cost of nursing is 16 per cent of the total health budget. (Note: In the health department proper only 3 nurses are employed, including the chief. The other 2 are paid entirely from the Sheppard-Towner funds and are not counted in figuring the percentage cost of the nursing division. This percentage is based wholly on State funds. The other 10 nurses are employed by county health departments, by schools, and one by a nursing camp welfare department, but are under the direct supervision of the State health department.)

2. *Duties of nurses.*—Bedside nursing, tuberculosis, take cultures for diagnosis and release, make preliminary investigations for contacts, gather epidemiological data, vaccinate against smallpox, assist in clinics. They conduct a full public health nursing program, in most cases, including maternal, infant, and school hygiene, and do educational work, etc.

3. *Appointments.*—The chief is appointed by the State health officer, the Sheppard-Towner nurses are appointed by the chief, the county nurses by the counties, on recommendation of the State, and the school nurses by the schools on recommendation of the State. The hours of duty are not specified, but are usually 8 to 10 hours; overtime is frequently necessary. "Nurses are selected on the basis of the National Organization of Public Health Nursing standards, and consideration is given to their energy and enthusiasm. A complete program is expected, but they are allowed to arrange their own time for it. This has been found to work out most satisfactorily, as the nurses feel their responsibilities more fully and live up to them quite generally."

4. *Qualifications.*—State registration is required, and at least a four months' public health course following graduation from a standard hospital or at least eight months' experience under supervision.

5. *Social service workers.*—Social workers are not employed.

6. *Voluntary agencies.*—Schools and mining companies. All nurses are under State supervision.

7. *Public health nursing as an aid in State health program.*—"Absolutely indispensable to a well rounded public health program."

New York.

1. *Organization.*—There is a division of public health nursing, with a director in charge of all official nursing paid for by public funds. Good cooperation is established with the supervisor of school nurses, education department, and with the supervisor of the American Red Cross. There is no duplication of work. Nurses are under medical supervision. There are 53 employed, with salary range of \$1,500 to \$2,000. The salary of the director of public health nursing is \$4,000. The cost of nursing is 6 per cent of the total health budget.

2. *Duties of nurses.*—Tuberculosis nursing, taking cultures for diagnosis and release, make preliminary investigation for contacts, gather epidemiological data, assist in clinics, organize and assist in conducting children's consultation, pre-natal consultations, preschool consultation, breast feeding demonstration, instruction to local public health nurses, assist at toxin-antitoxin clinics.

3. *Appointments.*—Appointments are under civil service. Hours of duty are 9 to 5, with overtime frequently required.

4. *Qualifications.*—Registered graduate nurses with not less than one year's experience or a public health course. Facilities for training: A correspondence course is given to registered nurses.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—All voluntary agencies working in the State cooperate. They voluntarily seek nursing supervision from the State department of health. Voluntary agencies give demonstration of nursing service in communities.

7. *Public health nursing as an aid in State health program.*—"One of the most important."

North Carolina.

1. *Organization.*—There is no division or bureau of public health nursing. All official nursing of the State board of health is limited to maternity and infancy work and school inspection, and is supervised by the bureau of maternity and infancy and by the bureau of medical inspection of schools. There is no supervising nurse. Nurses are under medical supervision. Sixteen are employed at a salary of \$1,800.

2. *Duties of nurses.*—To assist in clinics, maternity and infant hygiene, and physical inspection of school children.

3. *Appointments.*—Appointments are made by the State board of health. "The wishes of local people are consulted." There are no stated hours of work.

4. *Qualifications.*—State registration is required. Previous public health nursing experience is not required, as nurses are trained by medical officers. Facilities for training are under medical officers who have had special training in maternity and infancy work and who train the nurses in their special duties in the field in which they will work and in State medical inspection of schools.

5. *Social service workers.*—Social service workers are employed under supervision of the State department of public welfare.

6. *Voluntary agencies.*—There is cooperation with the Red Cross through contract made by the Red Cross supervising nurse, who has State headquarters at the State board of health. Voluntary agencies do general public health nursing, including tuberculosis, school, infant hygiene, visiting nursing, etc.

7. *Public health nursing as an aid in State health program.*—"The work of the State, county, and city boards of health would be seriously handicapped without utilization of nurses for all field work."

North Dakota.

1. *Organization.*—There is a separate bureau of public health nursing called the Bureau of Child Hygiene and Public Health Nursing, with a nurse in charge who is called Supervisor of Nurses and who is in charge of all nurses, official and unofficial. Nurses are under medical supervision. The salary of the supervisor is \$2,400. There are 15 county nurses, who receive \$1,800. They are appointed by the county board of health.

2. *Duties.*—The duties of nurses under the State department are tuberculosis nursing, making preliminary investigations for contacts, gathering epidemiological data, assisting at clinics, and performing other special duties as directed.

3. *Appointments.*—The county nurses are appointed by the county board of health. Nurses are not under civil service. The hours of duty are irregular.

4. *Qualifications.*—Registration and special public health training and experience satisfactory to the State health officer are required. There are no facilities for training public health nurses under the State department of health.

5. *Social service workers.*—Social workers are sometimes employed and are under the county unit where employed.

6. *Voluntary agencies.*—The State Tuberculosis Association is the only voluntary agency which cooperates with the State board of health. Their nurses are under the State board of health and do general public health nursing.

7. *Public health nursing as an aid in State health program.*—"She [the public health nurse] is the private on the firing line. Do not think we could get along without her."

Ohio.

1. *Organization.*—There is a separate division of public health nursing called the Division of Public Health Nursing, with a nurse in charge who is Chief of Division and who does no supervision except when the county commissioners employ tuberculosis nurses. Nurses are not under medical supervision. Seven nurses are employed, at a salary of \$1,800.

2. *Duties of nurses.*—Tuberculosis nursing, assist at clinics, and perform other special duties.

3. *Appointments.*—Nurses are under the civil service and make application to the Civil Service Commission for appointment.

4. *Qualifications.*—Registration is required, and as much public health preparation as possible. There are no facilities for training public health nurses under the State department of health.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—The State board of health gives advice and instruction to voluntary agencies which are working upon a basis of cooperation.

7. *Public health nursing as an aid in State health program.*—Not stated.

Oklahoma.

1. *Organization.*—There is no separate division or bureau of public health nursing. The service is organized under the Oklahoma Public Health Association. There is a nurse called Director of Public Health Nursing who has supervision of all nursing activities, both official and unofficial. Nurses are not under medical supervision. There are 16 nurses employed, with a salary range of \$1,500 to \$2,100.

2. *Duties of nurses.*—Bedside and tuberculosis nursing, take cultures for diagnosis, make preliminary investigations for contacts, and assist at clinics.

3. *Appointments.*—Nurses are not under civil service. The hours of duty are 8.30 to 12 and 1 to 5. Overtime is not often required.

4. *Qualifications.*—Registration is not required, but nurses must be eligible. Four months' public health postgraduate work is required. There are no facilities for training public health nurses under the State department of health.

5. *Social service workers.*—Social workers are used only for educational work and are under supervision of the managing director.

6. *Voluntary agencies.*—The Oklahoma Public Health Association cooperates with the State board of health. Their nurses are not subject to supervision of the State board of health.

7. *Public health nursing as an aid in State health program.*—Not stated.

Oregon.

1. *Organization.*—There is a separate bureau of public health nursing called the Bureau of Public Health Nursing, with a nurse in charge whose official title

is State Advisory Nurse and who acts in advisory unofficial capacity and supervises work in official capacity. In three counties nurses are directly under medical supervision. Seventeen nurses are employed, with a salary range of \$1,620 to \$1,800.

2. *Duties of nurses.*—Bedside and tuberculosis nursing, take cultures for diagnosis and release in some instances, make preliminary investigations for contacts, gather epidemiological data to some extent, school inspection, school educational program, well-baby and preschool conferences.

3. *Appointments.*—Nurses are appointed by the medical advisor in counties where a full-time unit is in operation and by county public health association in other counties. Nurses are not under the civil service. The hours of duty are from 8 to 5. Much overtime is necessary owing to the long distances to be covered in most of the counties.

4. *Qualifications.*—Registration and public health nursing course or equivalent. There are no facilities for training public health nurses under the State department of health.

5. *Social-service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State health department are the Oregon Tuberculosis Association and the American Red Cross. Their nurses are under the State board of health, through visits from advisory nurse, reports to the bureau of nursing office, and advice as to standards of work required.

7. *Public-health nursing as an aid in State health program.*—“Brings before the public the value of observing laws and rules of health.”

Pennsylvania.

1. *Organization.*—There is a separate bureau called Bureau of Public Health Nursing, with a supervising nurse whose title is Director of the Bureau. The State is divided into four districts, each district being in charge of a supervisor. Nurses are under medical supervision. There are 128 nurses and 4 supervisors employed at a salary of \$1,500.

2. *Duties of nurses.*—Tuberculosis nursing, take cultures for diagnosis and release, make preliminary investigations for contacts, and assist at clinics and any special demonstration desired by State health department, such as immunization campaign against diphtheria by administration of toxin-antitoxin.

3. *Appointments.*—Nurses are appointed by the secretary of health of the State department of health. They are not under civil service. The hours of duty are 8 hours, with overtime in some clinics; no overtime night service is required.

4. *Qualifications.*—Graduation at a recognized training school, registration and experience in public health nursing. Facilities for training are arranged for by secretary of health for special courses.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies which exist in the counties cooperate with the State board of health. Their nurses are not under supervision of State board of health.

7. *Public health nursing as an aid in State health program.*—“To rather a limited extent, as many agencies are afraid all the glory and honor will go to the State should they cooperate with the State health department.”

Philippine Islands.

1. *Organization.*—There is a separate bureau of public health nursing called the Office of Public Health Nursing, with a nurse in charge whose title is Chief Nurse, and who supervises all official nursing activities by zonification and

coordination of work. Nurses are under medical supervision. There are 78 nurses employed at a salary range of \$600 to \$1,800. The cost of nursing is 8 per cent of the total health budget.

2. *Duties of nurses.*—Tuberculosis nursing, take cultures for diagnosis and release, make preliminary investigations for contacts by special detail, gather epidemiological data, vaccinate against smallpox, assist at clinics, and perform other special duties.

3. *Appointments.*—Nurses are appointed by selection from civil service eligibles. Temporary appointments are made in the absence of eligibles. Nurses are under civil service. The hours of duty are from 7.30 to 12 and from 1.30 to 4, with overtime when necessary to keep the work up to date.

4. *Qualifications.*—Graduation, registration, and preferably a postgraduate course in public health nursing. A six-month postgraduate course in public health nursing is now being given under the auspices of the University of the Philippines.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—The voluntary agencies cooperating with the State board of health are the American Red Cross, Philippines chapter, and the public welfare nurses. Their nurses are not under supervision of the Philippine Health Service.

7. *Public health nursing as an aid in State health program.*—"It is a useful and effective agent for a modern public health movement."

Rhode Island.

1. *Organization.*—There is no separate division of public health nursing. Registration for all nurses in Rhode Island is required.

2. *Social service workers.*—Social workers are employed and are under supervision of the child welfare division of the State board of health.

3. *Voluntary agencies.*—Local nursing associations cooperate with the State board of health. Their nurses are not under supervision of the State board of health. Voluntary agencies do bedside and tuberculosis nursing.

4. *Public health nursing as an aid in State health program.*—"Very valuable."

South Carolina.

1. *Organization.*—There is a separate bureau of public health nursing called the Bureau of Child Hygiene and Public Health Nursing with a supervising nurse in charge, with the title of Director, who supervises all nursing activities, both official and unofficial. Nurses are not under medical supervision. There are 29 State and county nurses employed at salary range of \$1,500 to \$2,100.

2. *Duties of nurses.*—Bedside and tuberculosis nursing, take cultures for diagnosis and release, make preliminary investigations for contacts, gather epidemiological data, vaccinate against smallpox under medical supervision, assist at clinics, perform other special duties, teach midwives and classes of mothers, give prenatal instruction, and make school inspections.

3. *Appointments.*—Nurses are appointed by agreement between the director of nursing and the heads of other departments. They are not under civil service. The hours of duty are from 9 to 5.30. Overtime is not required.

4. *Qualifications.*—Graduation from accredited school, registration, and either four months' public health course or one year's experience under competent supervision. There are facilities for giving a four months' course under the State department of health.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State board of health are the Tuberculosis Association, the Metropolitan Life Insurance

Co., and many mills and city organizations. Their nurses are subject to supervision of the State board of health. The supervising nurses from the bureau of child hygiene visit them regularly and receive reports of their work. Reports are sent by the department to the employing organization as to efficiency of work done, etc.

7. *Public health nursing as an aid in State health program.*—"Public health nursing as carried on in this State is absolutely essential to the proper functioning of the State board of health."

South Dakota.

1. *Organization.*—There is a separate division called the Division of Public Health Nursing, with a supervising nurse in charge whose title is State Supervising Nurse and who supervises all nursing activities, both official and unofficial. Nurses are not under medical supervision. Number of nurses employed and salary paid are not stated.

2. *Duties of nurses.*—Bedside and tuberculosis nursing, take cultures for diagnosis and release, make preliminary investigations for contacts, assist at clinics and perform other special duties. In some isolated districts it is very necessary that the nurses make urinalysis.

3. *Appointments.*—Method of appointment not stated. Overtime is required.

4. *Qualifications.*—Must be graduate of accredited school, registered in South Dakota, and have had reputable training of at least four months or 8 months' accredited experience. The facilities for training public health nurses under the State department of health are few.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State board of health are the South Dakota Public Health Association and the Red Cross. Their nurses are under general supervision of and report to the State health officer. The South Dakota Public Health Association has a specialized tuberculosis work.

7. *Public health nursing as an aid in State health program.*—"Its value by cooperation with county health boards can not be estimated. They help in carrying out nearly every part of the State program."

Tennessee.

1. *Organization.*—There is a separate division of public health nursing called the Division of Public Health Nursing, with a supervising nurse in charge who is Director of Public Health Nursing and who supervises all nursing activities, both official and unofficial. Some nurses are under medical supervision where there is full-time health department. There are 39 nurses employed at salary range from \$1,500 to \$1,800. The cost of nursing is 4.4 per cent of the health budget.

2. *Duties of nurses.*—Bedside and tuberculosis nursing, take cultures for diagnosis and release, make preliminary investigation for contacts, gather epidemiological data, vaccinate against smallpox by physician's orders, assist at clinics, and perform other duties. School work is done by all the nurses.

3. *Appointments.*—Appointments are made from application form and references required by division of public health nursing. Standards are the same as those required in the Red Cross nursing service. Nurses can be employed without public health course with full-time health department for a period of one year only. They are not under civil service. The hours of duty are 8 hours, with overtime in emergencies.

4. *Qualifications.*—Three years' course at Grade A hospital, registration, and a course in public health nursing are required. Experience in private or public

health nursing is preferred. Facilities for training public health nurses are afforded by field work with county health units.

5. *Social service workers.*—Social workers are not used.

6. *Voluntary agencies.*—Voluntary agencies cooperating with the State board of health are the local Red Cross chapters and the Southern Division of the American Red Cross; clubs, factories, and individual subscriptions. Their nurses are not subject to supervision of the State board of health. The voluntary agencies carry on bedside nursing.

7. *Public health nursing as an aid in State health program.*—Not stated.

Texas.

1. *Organization.*—There is no separate bureau or division of public health nursing. The nursing service is directly under the bureau of child hygiene. There is a nurse in charge, with the title of Supervising Nurse, but she does not supervise the nursing activities. Duplication is avoided by cross-reporting and "gentlemen's agreement." Nurses are under medical supervision. There are 31 nurses employed. The salary range is from \$1,800 to \$2,100. The cost of nursing department is 25 per cent of the total health budget.

2. *Duties of nurses.*—Tuberculosis nursing, gather epidemiological data, vaccinate against smallpox, assist at clinics, and perform other special duties. The work of the bureau of child hygiene is limited almost exclusively to a maternity and infancy program.

3. *Appointments.*—Nurses are appointed directly by the Bureau. They are not under civil service. The hours of duty are from 8 to 5, with overtime when necessary.

4. *Qualifications.*—The qualifications are the same as the qualifications of the National Organization of Public Health Nursing. Registration is required, with 6 months' public health training in a recognized school, or 8 months' experience under proper supervision. There are no facilities for training public health nurses under the State department of health. The University of Texas cooperates by conducting a six months' course in public health nursing.

5. *Social service workers.*—Social workers are not employed.

6. *Voluntary agencies.*—Counties cooperate by appropriating money to match State funds, but have no supervision of nurses by the State. The voluntary agencies carry on some tuberculosis, bedside, and relief nursing.

7. *Public health nursing as an aid to State health program.*—"By contact that nurse makes with people whom we seek to serve, the work of the department is made infinitely more efficient than could be conducted by correspondence."

Utah.

1. *Organization.*—There is no separate bureau or division of public health nursing. The nursing service comes under the bureau of child hygiene, and the activities are directed by State health commissioner and director of bureau of child hygiene. Nurses are under medical supervision. There are 5 nurses employed at \$1,800.

2. *Duties of nurses.*—Organize health centers and conduct clinics and conferences and do tuberculosis nursing.

3. *Appointments.*—Nurses are appointed by the State health commissioner. They are not under civil service. The hours of duty are 8 hours, with no overtime or night service required.

4. *Qualifications.*—Institutional public health training and registration. Experience is desired but not obligatory. There are no facilities for training public health nurses under State department of health.

5. *Social service workers.*—Social workers are not used. The service of such workers is considered very valuable, but funds do not permit employment.
6. *Voluntary agencies.*—One nurse is employed as tuberculosis nurse by a voluntary agency, but is not under supervision of the State board of health. No voluntary agencies cooperate with the State board of health in nursing activities.
7. *Public health nursing as an aid in State health program.*—“Invaluable, and the service should be greatly extended.”

Vermont.

1. *Organization.*—There is no separate bureau or division of public health nursing. No nurses are employed outside of the division of infantile paralysis.
2. *Voluntary agencies.*—The voluntary agencies which cooperate with the State board of health are the Vermont Tuberculosis Association and the Red Cross chapters. Their nurses are not supervised by the State board of health. The voluntary agencies carry on tuberculosis clinics and follow-up sanatorium patients.

Virginia.

1. *Organization.*—There is no separate bureau or division of public health nursing, but the nursing is organized in a division of public health nursing under the bureau of child welfare. There is a nurse in charge whose title is Director of Public Health Nursing, but she does not supervise the nursing activities. Duplication is avoided by means of conferences. Nurses are under medical supervision in a general way. About 50 nurses are employed at a salary range of from \$1,500 to \$1,800. The cost of the nursing department is 19.6 per cent of the total health budget.
2. *Duties of nurses.*—Beside nursing in emergency, tuberculosis, take cultures for diagnosis and release upon request, make preliminary investigations for contacts when necessary, gather epidemiological data, vaccinate against smallpox, assist at clinics, classes with midwives and mothers, correspondence course for mothers, school nursing, child welfare conferences, and perform other special duties.
3. *Appointments.*—Nurses are selected by the committee employing them, upon recommendation of director of public health nursing. They are not under civil service. The hours of duty are approximately from 9 to 5; overtime is not required.
4. *Qualifications.*—Graduation in a general hospital with three years' consecutive training, registration, and minimum requirement of eight months' service on a well organized staff of public health nurses or a four months' course. Facilities for training public health nurses under the State department of health are good. The supervisor of rural nursing in the “School for Public Health Nursing” is employed by the State board of health, and directors of child welfare bureau and division of public health nursing are on the advisory faculty.
5. *Social service workers.*—Social workers are occasionally employed by a Red Cross chapter, and work in cooperation with the State board of health.
6. *Voluntary agencies.*—Voluntary agencies cooperating with the State board of health are the various public health nursing associations, the Red Cross chapters, and the Cooperative Education Association. Their nurses are subject to the supervision of the State board of health by reports and visits from supervisors from division of public health nursing. Bedside nursing is carried on by voluntary agencies and not by the State board of health.
7. *Public health nursing as an aid in State health program.*—“It is indispensable to an efficient, well rounded public health service.”

Washington.

1. *Organization.*—There is no separate bureau or division of public health nursing. The nursing service is organized under the child hygiene division of the State board of health. There is a nurse in charge, with the title of Advisory Nurse, but she does not supervise all nursing activities. Nurses are under medical supervision. The child hygiene division is new, and only three nurses are employed. The salary range is from \$1,800 to \$3,000.

2. *Appointments.*—Nurses are appointed by the heads of the departments. They are not under civil service. The hours of duty are from 8 to 5; overtime is not required.

3. *Qualifications.*—Graduate registered nurses with experience are employed. Laboratory training is given to nurses taking the public health course at the University of Washington.

4. *Social service workers.*—Social workers are not used.

5. *Voluntary agencies.*—Voluntary agencies cooperating with the State board of health are the American Red Cross and the Visiting Nurses Association. Their nurses receive advice from the State board of health. Bedside nursing is carried on by the Visiting Nurse Association and not by the State board of health.

6. *Public health nursing as an aid in State health program.*—"One of the most valuable divisions."

Wisconsin.

1. *Organization.*—There is no separate bureau or division of public health nursing. The nursing service is organized under the bureau of child welfare and public health nursing. There is a nurse in charge, with title of Director, who supervises all nursing activities, both official and unofficial, with the exception of those of the venereal disease section. Nurses are not under medical supervision. There are seven nurses employed. The salary range is from \$1,700 to \$2,000.

2. *Duties of nurses.*—Take cultures for diagnosis at times, make preliminary investigations for contacts, gather some epidemiological data, occasionally assist at clinics, organize and attend mother and baby health centers, make instructive home calls, give advisory service to all public health nurses, group talks, classes in home hygiene and care of babies.

3. *Appointments.*—Nurses are appointed by the State health office of State board of health. All nurses in State service are under civil service; county, industrial, school, and community nurses are not under civil service. The hours of duty are from 8.30 to 5, with overtime when necessary for talks and meetings.

4. *Qualifications.*—Graduation, registration, and at least four months of public health training (or one year's experience if no special training) are required. County public health nurses, school, industrial, and community nurses working independently must be certified as to qualifications by statutory committee. State nurses are paid out of State appropriation. Other nurses are paid by the employing agency as follows: County nurses are employed by the county board or the public health committee of the county; school nurses by the school board or local health department; industrial nurses by the firm or corporation employing them; city nurses by the health department; and community nurses by the several communities or local volunteer organizations cooperating. All nurses appointed by these various agencies must be certified by the State board of health representing the committee for public health nurses. There are between 175 and 200 employed. They make reports monthly to the State board of health, and the advisory nurses of the State board of health assist in outlining their work in field activities. There are no facilities for training public health nurses under the State department of health.

5. *Social service workers.*—There are eight social workers employed with the venereal disease clinics. They are under supervision of the State board of health.

6. *Voluntary agencies.*—The Wisconsin Anti-Tuberculosis Association is the only voluntary agency which cooperates with the State board of health in nursing activities. Their nurses are not subject to supervision of the State board of health. A special nursing activity carried on by the Wisconsin Anti-Tuberculosis Association which is not carried on by the State board of health is tuberculosis nursing.

7. *Public health nursing as an aid in State health program.*—"Very great aid in prevention of communicable disease and along educational lines, especially with the school population."

Wyoming.

1. *Organization.*—The State of Wyoming does not report any public health nursing done. No report was made of any voluntary agencies in the State.

DEATHS DURING WEEK ENDED NOVEMBER 29, 1924.

Summary of information received by telegraph from industrial insurance companies for week ended November 29, 1924, and corresponding week of 1923. (From the Weekly Health Index, December 2, 1924, issued by the Bureau of the Census, Department of Commerce.)

	Week ended November 29, 1924.	Corresponding week, 1923.
Policies in force.....	57, 577, 127	54, 179, 723
Number of death claims.....	8, 570	8, 347
Death claims per 1,000 policies in force, annual rate....	7. 8	8. 0

Deaths from all causes in certain large cities of the United States during the week ended November 29, 1924, infant mortality, annual death rate, and comparison with corresponding week of 1923. (From the Weekly Health Index, December 2, 1924, issued by the Bureau of the Census, Department of Commerce.)

City.	Week ended Nov. 29, 1924.		Annual death rate per 1,000 corresponding week, 1923.	Deaths under 1 year.		Infant mortality rate week ended Nov. 29, 1924. ²
	Total deaths.	Death rate. ¹		Week ended Nov. 29, 1924.	Corresponding week, 1923.	
Total (65 cities).....	6, 296	12. 1	12. 0	743	764	-----
Akron.....	37	-----	-----	5	2	53
Albany.....	39	17. 2	11. 1	7	2	159
Atlanta.....	54	12. 4	19. 9	10	7	-----
Baltimore.....	209	13. 9	15. 2	28	30	83
Birmingham.....	84	21. 8	15. 7	8	7	-----
Boston.....	219	14. 7	12. 4	27	31	75
Bridgeport.....	24	-----	-----	3	5	48
Buffalo.....	118	11. 3	10. 5	12	15	51
Cambridge.....	27	12. 6	15. 0	1	9	17
Camden.....	29	12. 0	11. 8	5	2	82
Canton.....	18	9. 1	6. 3	4	1	87
Chicago.....	565	10. 0	10. 3	66	85	62
Cincinnati.....	107	13. 7	18. 2	6	12	38
Cleveland.....	180	10. 3	9. 3	21	19	53
Columbus.....	69	13. 5	16. 8	7	10	66

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 Data for 63 cities.

⁴ Deaths for week ended Friday, November 28, 1924.

Deaths from all causes in certain large cities of the United States during the week ended November 29, 1924, infant mortality, annual death rate, and comparison with corresponding week of 1923. (From the Weekly Health Index, December 2, 1924, issued by the Bureau of the Census, Department of Commerce)—Continued.

City.	Week ended Nov. 29, 1924.		Annual death rate per 1,000 corresponding week, 1923.	Deaths under 1 year.		Infant mortality rate, week ended Nov. 29, 1924.
	Total deaths.	Death rate.		Week ended Nov. 29, 1924.	Corresponding week, 1923.	
Dallas	51	14.2	8.3	12	9	
Dayton	34	10.5	10.4	3	2	50
Denver	79			11	5	
Des Moines	36	12.9	10.0	1	1	
Detroit	218			43	40	80
Duluth	23	11.1	13.2	0	2	0
Erie	22			4	4	83
Fall River ⁴	26	11.2	10.3	4	6	56
Flint	8			3	6	52
Fort Worth	28	9.9	7.6	3	0	
Grand Rapids	37	13.0	11.1	2	2	31
Houston	51			8	4	
Indianapolis	92	13.7	15.5	15	11	110
Jacksonville, Fla.	26	13.2	21.4	5	7	
Jersey City	95	15.9	9.3	10	8	71
Kansas City, Kans.	24	10.6	15.8	5	5	96
Kansas City, Mo.	79	11.5	13.5	9	12	
Los Angeles	198			23	37	72
Louisville	63	12.7	13.0	6	7	56
Lowell	22	9.9	9.5	1	0	18
Lynn	29	14.6	10.2	5	3	127
Memphis	55	16.6	16.2	7	8	
Milwaukee	88	9.3	7.1	14	13	66
Minneapolis	110	13.7	8.9	8	9	43
Nashville ⁴	39	16.5	22.5	6	1	
New Bedford	24	9.4	8.0	4	5	62
New Haven	50	14.8	10.2	9	2	119
New Orleans	134	17.1	21.0	14	21	
New York	1,313	11.4	10.4	172	156	70
Bronx Borough	146	8.7	9.2	19	12	67
Brooklyn Borough	423	10.0	9.6	61	52	65
Manhattan Borough	599	13.8	12.6	78	76	79
Queens Borough	110	10.3	7.0	12	13	60
Richmond Borough	35	14.0	7.8	2	3	37
Newark, N. J.	91	10.6	11.8	8	15	38
Norfolk	24	7.6	11.8	5	4	89
Oakland	42	8.9	13.0	4	4	50
Oklahoma City	16	8.0		2		
Omaha	51	12.8	13.8	6	5	64
Paterson	43	15.9	14.2	4	8	68
Philadelphia	496	13.3	11.6	61	47	78
Pittsburgh	191	15.9	16.5	15	26	51
Portland, Oreg.	62	11.6	11.1	7	4	72
Providence	62	13.3	15.3	10	14	81
Richmond	50	14.2	17.0	7	6	85
Rochester	65	10.4		5		39
St. Louis	212	13.6	12.8	12	16	
St. Paul	44	9.4	12.3	3	5	26
Salt Lake City ⁴	26	10.5	13.6	4	5	50
San Antonio	57	15.5	12.1	11	10	
San Francisco	150	14.3	13.1	14	15	85
Schenectady	16	8.3	7.4	1	0	30
Seattle	73			2	4	20
Somerville	23	11.9	14.2	1	3	27
Spokane	29			3	2	66
Springfield, Mass.	33	11.6	9.8	5	2	84
Syracuse	44	12.2	13.0	11	10	137
Tacoma	21	10.6	14.4	2	1	48
Toledo	45	8.5	12.2	7	8	66
Trenton	31	12.5	12.7	3	2	50
Utica	36	17.8	17.6	4	5	87
Washington, D. C.	92	9.9	16.2	3	16	17
Waterbury	15			1	4	23
Wilmington, Del.	18	7.8	11.1	5	4	112
Yonkers	30	14.3	14.1	4	1	87
Youngstown	29	9.7	16.6	2	8	28

⁴ Deaths for week ended Friday, November 28, 1924.

COLORADO—continued.

	Cases.
Lethargic encephalitis.....	1
Measles.....	2
Mumps.....	10
Ophthalmia neonatorum.....	1
Pneumonia.....	:
Scarlet fever.....	33
Septic sore throat.....	1
Tuberculosis.....	111
Typhoid fever.....	1
Vincent's angina.....	1
Whooping cough.....	2

CONNECTICUT.

Chicken pox.....	50
Diphtheria.....	74
Dysentery (bacillary).....	3
German measles.....	24
Influenza.....	4
Lethargic encephalitis.....	3
Measles.....	6
Mumps.....	11
Pneumonia (lobar).....	28
Scarlet fever.....	145
Septic sore throat.....	2
Tetanus.....	1
Tuberculosis (all forms).....	25
Typhoid fever.....	5
Whooping cough.....	46

DELAWARE.

Chicken pox.....	1
Diphtheria.....	5
Mumps.....	2
Pneumonia.....	2
Scarlet fever.....	1
Typhoid fever.....	1
Whooping cough.....	3

FLORIDA.

Diphtheria.....	12
Influenza.....	2
Malaria.....	2
Pneumonia.....	4
Scarlet fever.....	2
Typhoid fever.....	6

GEORGIA.

Chicken pox.....	8
Diphtheria.....	43
Dysentery (amebic).....	3
Hook worm disease.....	2
Influenza.....	14
Malaria.....	1
Mumps.....	19
Pneumonia.....	41
Scarlet fever.....	12
Smallpox.....	2
Tuberculosis.....	47
Typhoid fever.....	6
Whooping cough.....	7

ILLINOIS.

Diphtheria:	
Cook County.....	96
Scattering.....	57
Influenza.....	17
Lethargic encephalitis:	
Cook County.....	1
Winnebago County.....	1

ILLINOIS—continued.

	Cases.
Measles.....	181
Pneumonia.....	195
Poliomyelitis:	
Cook County.....	3
Kane County.....	1
Scarlet fever:	
Cook County.....	180
Du Page County.....	8
Monroe County.....	19
St. Clair County.....	19
Will County.....	9
Scattering.....	99

Smallpox:

Lake County.....	11
Scattering.....	18
Tuberculosis.....	200
Typhoid fever.....	35
Whooping cough.....	232

INDIANA.

Chicken pox.....	472
Diphtheria:	
Allen County.....	16
Decatur County.....	11
Jackson County.....	12
Scattering.....	65
Influenza.....	73
Measles.....	36
Mumps.....	10
Pneumonia.....	19
Poliomyelitis.....	2
Scarlet fever:	
Allen County.....	8
Huntington County.....	10
Marion County.....	9
St. Joseph County.....	30
Scattering.....	61
Septic sore throat.....	1
Smallpox.....	44
Tuberculosis.....	21
Typhoid fever.....	21
Whooping cough.....	22

IOWA.

Diphtheria.....	12
Poliomyelitis.....	1
Scarlet fever.....	55
Smallpox.....	19
Typhoid fever.....	1

KANSAS.

Chicken pox.....	211
Diphtheria.....	50
Influenza.....	1
Measles.....	5
Mumps.....	154
Pneumonia.....	18
Scarlet fever.....	95
Smallpox.....	4
Tuberculosis.....	51
Typhoid fever.....	6
Vincent's angina.....	1
Whooping cough.....	47

LOUISIANA.

Cerebrospinal meningitis.....	1
Diphtheria.....	27
Hookworm disease.....	10

LOUISIANA—continued

	Cases.
Influenza.....	27
Lethargic encephalitis.....	2
Malaria.....	79
Pneumonia.....	29
Scarlet fever.....	13
Smallpox.....	10
Tuberculosis.....	24
Typhoid fever.....	30

MAINE.

Chicken pox.....	102
Diphtheria.....	23
German measles.....	1
Influenza.....	1
Measles.....	5
Mumps.....	59
Pneumonia.....	11
Poliomyelitis.....	2
Scarlet fever.....	52
Tuberculosis.....	19
Typhoid fever.....	2
Vincent's angina.....	1
Whooping cough.....	23

MARYLAND.¹

Chicken pox.....	98
Diphtheria.....	49
Dysentery.....	1
German measles.....	1
Influenza.....	84
Measles.....	27
Mumps.....	12
Ophthalmia neonatorum.....	1
Pneumonia (all forms).....	74
Poliomyelitis.....	1
Scarlet fever.....	69
Septic sore throat.....	3
Tuberculosis.....	67
Typhoid fever.....	20
Typhus fever.....	1
Vincent's angina.....	1
Whooping cough.....	62

MASSACHUSETTS.

Cerebrospinal meningitis.....	1
Chicken pox.....	308
Conjunctivitis (suppurative).....	21
Diphtheria.....	153
German measles.....	27
Influenza.....	18
Lethargic encephalitis.....	2
Malaria.....	1
Measles.....	128
Mumps.....	103
Ophthalmia neonatorum.....	20
Pneumonia (lobar).....	118
Poliomyelitis.....	5
Scarlet fever.....	279
Septic sore throat.....	3
Trachoma.....	1
Trichinosis.....	1
Tuberculosis (all forms).....	119
Typhoid fever.....	13
Whooping cough.....	78

MICHIGAN.

Diphtheria.....	131
Measles.....	109

MICHIGAN—continued.

	Cases.
Pneumonia.....	87
Scarlet fever.....	286
Smallpox.....	9
Tuberculosis.....	23
Typhoid fever.....	14
Whooping cough.....	84

MINNESOTA.

Chicken pox.....	241
Diphtheria.....	101
Lethargic encephalitis.....	2
Measles.....	18
Pneumonia.....	4
Poliomyelitis.....	2
Scarlet fever.....	233
Smallpox.....	207
Tuberculosis.....	43
Typhoid fever.....	2
Whooping cough.....	32

MISSISSIPPI.

Diphtheria.....	19
Scarlet fever.....	11
Smallpox.....	22
Typhoid fever.....	8

MISSOURI.

Chicken pox.....	66
Diphtheria.....	114
Influenza.....	15
Measles.....	7
Mumps.....	9
Pneumonia.....	6
Poliomyelitis.....	1
Scarlet fever.....	280
Septic sore throat.....	5
Smallpox.....	10
Tetanus.....	1
Tuberculosis.....	47
Typhoid fever.....	11
Whooping cough.....	18

MONTANA.

Diphtheria.....	12
Poliomyelitis—Butte.....	1
Scarlet fever.....	30
Smallpox.....	37
Typhoid fever.....	6

NEW JERSEY.

Cerebrospinal meningitis.....	2
Chicken pox.....	238
Diphtheria.....	114
Influenza.....	15
Measles.....	47
Paratyphoid fever.....	1
Pneumonia.....	139
Poliomyelitis.....	2
Scarlet fever.....	156
Smallpox.....	5
Trachoma.....	2
Typhoid fever.....	27
Whooping cough.....	195

NEW MEXICO.

Chicken pox.....	21
Diphtheria.....	19
German measles.....	1

¹ Week ended Friday.

NEW MEXICO—continued.

	Cases.
Measles	44
Mumps	2
Pneumonia	10
Scarlet fever	7
Smallpox	1
Tuberculosis	10
Typhoid fever	18

NEW YORK.

(Exclusive of New York City.)

Diphtheria	173
Influenza	59
Lethargic encephalitis	4
Measles	167
Pneumonia	308
Polioomyelitis	4
Scarlet fever	291
Smallpox	12
Typhoid fever	36
Whooping cough	239

NORTH CAROLINA.

Chicken pox	105
Diphtheria	114
German measles	1
Measles	13
Ophthalmia neonatorum	1
Scarlet fever	55
Septic sore throat	2
Smallpox	21
Typhoid fever	5
Whooping cough	96

OREGON.

Chicken pox	36
Diphtheria:	
Portland	33
Scattering	14
Influenza	5
Measles	8
Mumps	6
Pneumonia	5
Polioomyelitis	1
Scarlet fever:	
Portland	10
Scattering	21
Smallpox	4
Tuberculosis	7
Whooping cough	7

SOUTH DAKOTA.

Cerebrospinal meningitis	1
Chicken pox	19
Diphtheria	10
Mumps	5
Polioomyelitis	4
Scarlet fever	51
Smallpox	17
Tuberculosis	2
Typhoid fever	1
Whooping cough	7

TEXAS.

Anthrax	3
Chicken pox	141
Dengue	40
Diphtheria	52

TEXAS—continued.

	Cases.
Dysentery (epidemic)	15
Influenza	396
Lethargic encephalitis	1
Malta fever	2
Measles	16
Mumps	42
Ophthalmia neonatorum	2
Paratyphoid fever	2
Pellagra	26
Pneumonia	58
Rabies (human)	1
Scarlet fever	48
Smallpox	15
Tetanus	1
Trachoma	10
Tuberculosis	120
Typhoid fever	39
Whooping cough	43

VERMONT.

Chicken pox	76
Diphtheria	9
Measles	14
Mumps	3
Scarlet fever	16
Whooping cough	30

WASHINGTON.

Chicken pox	123
Diphtheria	27
Measles	28
Mumps	21
Pneumonia	2
Polioomyelitis:	
Adams County	1
Chelan County	1
Cowlitz County	1
Lewis County	1
Snohomish County	1
Seattle	2
Skagit	3
Spokane	1
Tacoma	1
Scarlet fever	57
Smallpox	37
Tuberculosis	54
Typhoid fever	4
Whooping cough	19

WEST VIRGINIA.

Diphtheria	14
Scarlet fever	17
Smallpox	1
Typhoid fever	2

WISCONSIN.

Milwaukee:	
Chicken pox	94
Diphtheria	11
German measles	93
Measles	90
Mumps	43
Ophthalmia neonatorum	1
Pneumonia	2
Scarlet fever	22
Smallpox	1

WISCONSIN—continued.

Milwaukee—Continued.	Cases.
Tuberculosis.....	17
Typhoid fever.....	1
Whooping cough.....	10
Scattering:	
Cerebrospinal meningitis.....	3
Chicken pox.....	159
Diphtheria.....	46
Influenza.....	10
Measles.....	35
Mumps.....	76
Pneumonia.....	13
Poliomyelitis.....	1

WISCONSIN—continued.

Scattering—Continued.	Cases.
Scarlet fever.....	100
Smallpox.....	21
Tuberculosis.....	14
Typhoid fever.....	4
Whooping cough.....	83
WYOMING.	
Chicken pox.....	11
Diphtheria.....	1
Pneumonia.....	1
Scarlet fever.....	9
Typhoid fever.....	3

Reports for Week Ended November 29, 1924.

ARIZONA.

	Cases.
Chicken pox.....	6
Diphtheria.....	1
Measles.....	2
Mumps.....	14
Scarlet fever.....	1
Smallpox.....	24
Trachoma.....	1
Tuberculosis.....	7
Typhoid fever.....	1
Whooping cough.....	3

DISTRICT OF COLUMBIA

Chicken pox.....	25
Diphtheria.....	23
Influenza.....	1
Scarlet fever.....	18
Tuberculosis.....	23
Typhoid fever.....	3
Whooping cough.....	7

INDIANA.

Chicken pox.....	339
Diphtheria.....	100
Influenza.....	27
Measles.....	18
Mumps.....	4
Pneumonia.....	13
Poliomyelitis.....	1
Scarlet fever.....	121
Smallpox.....	53
Trachoma.....	1
Tuberculosis.....	20
Typhoid fever.....	5
Whooping cough.....	28

NEBRASKA.

	Cases.
Chicken pox.....	25
Diphtheria.....	14
German measles.....	1
Influenza.....	5
Measles.....	1
Mumps.....	6
Poliomyelitis.....	1
Scarlet fever.....	26
Septic sore throat.....	3
Smallpox.....	12
Whooping cough.....	3

NORTH DAKOTA.

Chicken pox.....	25
Diphtheria.....	7
Measles.....	40
Mumps.....	1
Pneumonia.....	3
Poliomyelitis.....	7
Scarlet fever.....	50
Smallpox.....	10
Trachoma.....	1
Tuberculosis.....	2
Typhoid fever.....	1
Whooping cough.....	4

WYOMING.

Chicken pox.....	19
Diphtheria.....	2
German measles.....	1
Measles.....	2
Pneumonia.....	1
Scarlet fever.....	8
Smallpox.....	3
Whooping cough.....	4

SUMMARY OF MONTHLY REPORTS FROM 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>October, 1924.</i>										
Hawaii.....	2	20	18	-----	6	-----	-----	-----	-----	4
Minnesota.....	1	532	6	-----	44	-----	36	711	257	29
Ohio.....	4	641	9	0	106	0	46	1,186	276	230
Virginia.....	6	500	1,067	186	257	8	18	294	3	99
Wyoming.....	-----	3	-----	-----	18	-----	-----	27	9	7

Number of Cases of Certain Communicable Diseases Reported for the Month of September, 1924, by State Health Officers.

State.	Chicken pox	Diphtheria.	Measles.	Mumps.	Scarlet fever.	Small-pox.	Tuberculosis.	Typhoid fever.	Whooping cough.
Alabama.....	14	127	41	52	52	116	114	314	69
Arizona.....	2	7	1	11	15	2	166	21	8
Arkansas.....	13	31	89	21	13	7	126	148	70
California.....	155	527	49	128	247	222	576	98	189
Colorado ¹	-----	-----	-----	-----	-----	-----	-----	-----	-----
Connecticut.....	10	112	21	25	103	-----	137	39	171
Delaware.....	-----	10	1	3	-----	-----	5	11	5
District of Columbia.....	6	19	4	-----	27	-----	94	23	29
Florida.....	-----	59	9	2	1	1	144	49	11
Georgia.....	3	112	3	19	26	5	149	96	7
Idaho.....	-----	22	-----	-----	16	-----	-----	-----	45
Illinois.....	242	416	120	145	396	42	1,135	191	662
Indiana.....	33	163	23	10	143	52	104	103	78
Iowa.....	6	35	4	12	73	50	-----	(²)	15
Kansas.....	37	131	13	116	206	3	194	93	71
Kentucky ⁴	-----	-----	-----	-----	-----	-----	-----	-----	-----
Louisiana.....	-----	51	14	-----	15	14	128	106	16
Maine.....	17	32	5	22	30	-----	32	41	58
Maryland.....	26	124	36	14	47	1	281	195	190
Massachusetts.....	66	318	143	100	367	-----	540	81	222
Michigan.....	84	334	148	63	489	44	405	118	453
Minnesota.....	-----	321	-----	-----	440	102	-----	27	-----
Mississippi.....	175	161	118	337	53	42	317	307	390
Missouri.....	20	159	11	17	332	2	183	152	73
Montana.....	9	47	3	1	60	20	76	17	45
Nebraska ²	-----	-----	-----	-----	-----	-----	-----	-----	-----
Nevada ²	-----	-----	-----	-----	-----	-----	-----	-----	-----
New Hampshire ³	-----	-----	-----	-----	-----	-----	-----	-----	-----
New Jersey.....	101	224	58	-----	150	15	368	71	728
New Mexico.....	3	42	23	10	14	-----	73	114	216
New York.....	247	744	301	203	442	12	1,508	319	1,560
North Carolina.....	40	871	93	-----	155	43	-----	208	470
North Dakota.....	39	14	13	1	77	13	28	5	59
Ohio.....	177	353	83	181	554	150	485	250	515
Oklahoma.....	1	55	3	7	26	14	124	165	9
Oregon.....	38	90	12	21	57	22	71	38	19
Pennsylvania.....	-----	750	-----	-----	630	-----	-----	360	-----
Rhode Island.....	-----	51	-----	-----	16	-----	-----	17	-----
South Carolina.....	-----	354	1	4	7	7	9	24	24
South Dakota.....	6	28	6	5	112	9	13	29	30
Tennessee ²	-----	-----	-----	-----	-----	-----	-----	-----	-----
Texas ⁴	-----	-----	-----	-----	-----	-----	-----	-----	-----
Utah.....	106	46	114	6	33	10	8	58	42
Vermont.....	25	7	14	6	29	-----	112	-----	93
Virginia.....	72	378	50	-----	156	3	1240	200	365
Washington.....	82	121	20	35	111	53	182	80	42
West Virginia.....	28	103	18	-----	101	2	15	204	84
Wisconsin.....	139	186	74	28	266	40	154	28	604
Wyoming.....	15	2	7	22	12	3	2	6	21

¹ Pulmonary.

² Reports not received at time of going to press.

³ Reports not required by law.

⁴ Reports received weekly.

⁵ Reports received annually.

Case Rates per 1,000 Population (Annual Basis) for the Month of September, 1924.

State.	Chick- en por.	Diph- theria.	Mea- sles.	Mumps.	Scarlet fever.	Small- pox.	Tuber- culosis.	Ty- phoid fever.	Whoop- ing cough.
Alabama.....	0.07	0.63	0.20	0.26	0.26	0.58	0.57	1.57	0.94
Arizona.....	.06	.22	.03	.34	.46	.06	5.14	.65	.25
Arkansas.....	.09	.21	.59	.14	.09	.05	1.17	.98	.47
California.....	.48	1.64	.15	.40	.77	.69	1.80	.31	.59
Colorado ¹									
Connecticut.....	.08	.91	.17	.20	.84		1.11	.32	1.39
Delaware.....		.52	.05	.16			.26	.58	.26
District of Columbia.....	.17	.53	.11		.75		2.62	.64	.81
Florida.....		.67	.10	.02	.01	.01	1.64	.56	.13
Georgia.....	.01	.45	.01	.08	.10	.02	1.20	.39	.68
Idaho.....		.56			.41			1.14	
Illinois.....	.43	.74	.21	.26	.70	.67	2.01	.34	1.17
Indiana.....	.13	.65	.09	.04	.57	.21	.42	.41	.37
Iowa.....	.03	.17	.02	.06	.36	.25		(²)	.61
Kansas.....	.25	.89	.09	.78	1.39	.02	1.31	.63	.48
Kentucky ⁴									
Louisiana.....		.33	.09		.10	.09	.84	.69	.10
Maine.....	.27	.50	.08	.34	.47		.50	.64	.94
Maryland.....	.21	.99	.29	.11	.38	.01	2.25	1.56	1.52
Massachusetts.....	.20	.95	.43	.80	1.10		1.62	.24	.66
Michigan.....	.25	1.00	.44	.19	1.47	.13	1.22	.35	1.36
Minnesota.....		1.55			2.12	.49		.13	
Mississippi.....	1.19	1.10	.80	2.30	.36	.29	2.16	2.09	2.66
Missouri.....	.07	.56	.04	.06	1.17	.01	.65	.54	.26
Montana.....	.17	.91	.06	.02	1.16	.39	1.47	.33	.87
Nebraska ¹									
Nevada ¹									
New Hampshire ¹									
New Jersey.....	.36	.79	.21		.53	.05	1.30	.25	2.58
New Mexico.....	.10	1.36	.75	.32	.45		2.37	3.70	7.64
New York.....	.27	.83	.33	.23	.49	.01	1.68	.35	1.73
North Carolina.....	.18	3.90	.42		.60	.19		.93	2.11
North Dakota.....	.70	.25	.23	.02	1.38	.23	.50	.09	1.06
Ohio.....	.35	.69	.16	.36	1.09	.29	.95	.49	1.61
Oklahoma.....	.01	.30	.02	.04	.14	.08	1.13	.91	.05
Oregon.....	.56	1.32	.18	.31	.83	.32	1.04	.56	.28
Pennsylvania.....		.99			.83			.48	
Rhode Island.....		.98			.31			.33	
South Carolina.....		2.45	.01	.03	.05	.05	.06	.17	.17
South Dakota.....	.11	.52	.11	.09	2.07	.17	.24	.54	.85
Tennessee ²									
Texas ⁴									
Utah.....	2.67	1.16	2.87	.15	.83	.25	.20	1.46	1.06
Vermont.....	.87	.24	.48	.21	1.00		1.42		3.22
Virginia.....	.36	1.90	.25		.79	.02	1.21	1.01	1.84
Washington.....	.69	1.01	.17	.29	.93	.44	1.52	.67	.36
West Virginia.....	.22	.90	.14		.78	.02	.12	1.58	.65
Wisconsin.....	.81	.82	.33	.12	1.17	.18	.68	.12	2.66
Wyoming.....	.84	.11	.39	1.24	.68	.17	.11	.34	1.18

¹ Pulmonary.² Reports not received at time of going to press.³ Reports not required by law.⁴ Reports received weekly.⁵ Reports received annually.

PLAGUE IN LOS ANGELES, CALIF.

No case of plague in human beings was reported from Los Angeles, Calif., during the week ended December 6, 1924. The last case was reported November 18, 1924.

RODENT PLAGUE IN NEW ORLEANS, LA.

Under date of December 4, 1924, a plague-infected rat was found in the vicinity of Press Street Wharf, New Orleans, La. On December 6 a second infected rat was reported as having been found at Third Street and Washington Avenue, the latter a distance of about 3 miles from Press Street Wharf.

State and local authorities have requested the Public Health Service to cooperate in an extensive rodent survey with the adoption of eradicated measures to be carried out under the direction of the United States Public Health Service. Fending and guarding of vessels are being enforced rigidly, and outgoing vessels are being fumigated as required.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES.

Diphtheria.—For the week ended November 22, 1924, 35 States reported 2,135 cases of diphtheria. For the week ended November 24, 1923, the same States reported 3,545 cases of this disease. One hundred and four cities, situated in all parts of the country and having an aggregate population of nearly 28,800,000, reported 1,109 cases of diphtheria for the week ended November 22, 1924. Last year, for the corresponding week, they reported 1,562 cases. The estimated expectancy for these cities was 1,573 cases of diphtheria. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty States reported 860 cases of measles for the week ended November 22, 1924, and 6,246 cases of this disease for the week ended November 24, 1923. One hundred and four cities reported 400 cases of measles for the week this year, and 1,602 cases last year.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-five States—this year, 2,828; last year, 3,324 cases. One hundred and four cities—this year, 1,235 cases; last year, 1,384 cases; estimated expectancy, 908 cases.

Smallpox.—For the week ended November 22, 1924, 35 States reported 621 cases of smallpox. Last year, for the corresponding week, they reported 681 cases of smallpox. One hundred and four cities reported smallpox for the week as follows: 1924, 188 cases; 1923, 124 cases; estimated expectancy, 68 cases. These cities reported 24 deaths from smallpox for the week this year, 21 occurring at Minneapolis and 2 at St. Paul.

Typhoid fever.—Five hundred and four cases of typhoid fever were reported for the week ended November 22, 1924, by 34 States. For the corresponding week of 1923 the same States reported 467 cases. One hundred and four cities reported 132 cases of typhoid fever for the week this year, and 145 cases for the week last year. The estimated expectancy for these cities was 94 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia (combined) were reported for the week by 104 cities as follows: 1924, 685 deaths; 1923, 746 deaths.

City reports for week ended November 22, 1924.

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain 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 number of cases reported for the week during nonepidemic 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 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.
NEW ENGLAND.										
Maine:										
Lewiston.....	2	2	5	0	0	0	0	2	1	1
Portland.....	33	2	5	1	0	0	21	1	1	0
New Hampshire:										
Concord.....	0	0	0	0	0	0	0	0	1	0
Manchester.....		5	6	0	0	0		2	2	41
Vermont:										
Barre.....	0	0	2	0	0	0	4	0	1	0
Burlington.....	9	1	1	0	0	1	0	0	1	1
Massachusetts:										
Boston.....	36	66	30	5	0	41	5	14	31	59
Fall River.....	0	6	4	0	0	0	1	1	1	2
Springfield.....	5	7	6	0	1	5	8	2	6	26
Worcester.....		6	11	0	0	0		7	10	20
Rhode Island:										
Pawtucket.....	0	2	5	0	0	0	0	1	1	3
Providence.....	0	15	7	0	0	1	0	5	8	5
Connecticut:										
Bridgeport.....	2	13	8	1	1	0	0	1	5	9
Hartford.....	0	11	5	0	0	0	0	0	6	5
New Haven.....	15	6	1	0	0	2	1	6	4	26
MIDDLE ATLANTIC.										
New York:										
Buffalo.....	57	34	7	0	0	19	11	10	18	6
New York.....	143	195	165	36	13	25	26	165	112	146
Rochester.....	12	16	3	0	2	3	35	6	9	36
Syracuse.....	3	15	7	0	0	2	6	5	14	3
New Jersey:										
Camden.....	6	5	15	0	0	2	0	4	2	3
Newark.....	33	22	11	3	1	25	4	9	14	30
Trenton.....	0	9	7	7	0	0	0	3	1	2
Pennsylvania:										
Philadelphia.....	96	84	68	4	1	31	38	61	49	95
Pittsburgh.....	114	42	27	0	0	47	35	37	24	44
Reading.....	6	7	4	0	0	0	10	1	2	0
E. NORTH CENTRAL.										
Ohio:										
Cincinnati.....	19	26	11	2	0	0	0	14	14	14
Cleveland.....	77	55	36	3	0	3	13	12	30	35
Columbus.....	13	15	0	0	0	0	1	3	10	10
Toledo.....	33	21	8	0	0	1	0	4	14	18
Indiana:										
Fort Wayne.....	5	4	9	0	0	0	0	3	1	3
Indianapolis.....	100	31	0	0	1	1	6	11	12	2
South Bend.....	0	2	0	0	0	0	0	2	2	0
Terre Haute.....	4	4	0	0	0	0	0	1	2	8
Illinois:										
Chicago.....	130	201	81	19	4	71	21	44	117	120
Cicero.....	0	2	1	0	0	0	0	1	2	3
Peoria.....	15	3	0	0	0	0	0	0	7	2
Springfield.....	8	3	7	0	0	1	2	2	3	0

City reports for week ended November 22, 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.
E. NORTH CENTRAL—continued.										
Michigan:										
Detroit.....	121	90	54	1	1	2	16	22	67	80
Flint.....	14	17	2	0	0	0	0	2	11	4
Grand Rapids..	3	8	5	0	0	4	1	3	8	7
Saginaw.....	10	4	0	0	0	0	0	0	2	1
Wisconsin:										
Madison.....	15	2	1	1	1	1	46	1	1	0
Milwaukee.....	103	32	18	2	1	47	35	0	31	13
Racine.....	0	2	2	0	0	1	1	1	4	2
Superior.....	0	2	0	0	0	0	0	1	1	2
W. NORTH CENTRAL.										
Minnesota:										
Duluth.....	32	4	0	0	0	0	0	1	3	16
Minneapolis..	70	26	43	0	0	3	0	4	26	38
St. Paul.....	58	22	13	0	0	1	8	12	12	17
Iowa:										
Davenport.....	7	1	0	0	0	0	0	1	1	1
Des Moines.....	0	9	4	0	0	0	0	11	7	7
Sioux City.....	4	3	0	0	0	1	0	4	0	0
Waterloo.....	1	2	0	0	0	1	0	3	0	0
Missouri:										
Kansas City...	13	17	9	0	0	2	2	9	9	26
St. Joseph.....	3	5	1	0	0	0	0	3	3	3
St. Louis.....	33	85	75	0	0	5	3	30	116	
North Dakota:										
Fargo.....	21	0	1	0	0	0	1	0	2	1
Grand Forks..	0	1	2	0	0	0	0	0	1	0
South Dakota:										
Aberdeen.....	3	0	0	0	0	0	0	0	3	0
Sioux Falls...	2	1	1	0	0	1	0	0	2	1
Nebraska:										
Lincoln.....	11	2	9	0	0	0	1	1	1	3
Omaha.....	17	8	10	0	0	0	0	6	5	4
Kansas:										
Topeka.....	31	4	4	0	0	0	10	1	2	2
Wichita.....	20	10	1	0	0	0	1	0	4	4
SOUTH ATLANTIC.										
Delaware:										
Wilmington...		3	6	0	0	0		2	2	3
Maryland:										
Baltimore.....	58	37	44	24	3	2	1	22	20	21
Cumberland...		1	2	0	0	0	0	2	0	0
Frederick.....	0	1	2	0	0	1	0	0	0	0
Dist. of Columbia:										
Washington...	34	26	7	1	1	0		0	16	23
Virginia:										
Lynchburg....	10	1	4	0	0	1	9	1	1	1
Norfolk.....	22	6	1	0	0	0	21	2	2	3
Richmond.....	0	14	24	0	1	2	0	5	7	3
Roanoke.....	2	5	6	0	1	0	0	1	2	3
West Virginia:										
Charleston...	28	5	3	0	0	2	1	2	1	1
Huntington...	0	4	2	0	0	0	0	0	2	2
Wheeling.....	16	4	1	0	0	1	0	1	2	5
North Carolina:										
Raleigh.....	2	3	3	0	0	1	0	0	2	0
Wilmington...	1	1	0	0	0	0	4	0	1	1
Winston-Salem	0	3	12	0	0	0	0	1	2	1
South Carolina:										
Charleston...	0	3	1	0	0	0	0	1	1	1
Columbia.....	0	2	1	0	0	0	6	3	1	0
Greenville...	0	1	1	0	0	0	0	1	2	0
Georgia:										
Atlanta.....	8	7	5	8	0	0	0	7	6	5
Brunswick...	0	0	0	0	0	0	0	0	0	0
Savannah...	0	4	6	0	0	1	2	5	1	1
Florida:										
St. Petersburg	0	0	0	0	0	0	2	0	1	0
Tampa.....	1	3	0	0	0	0	0	1	0	0

City reports for week ended November 22, 1924—Continued.

Division, State, and city.	Chick- en 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.
EAST SOUTH CEN- TRAL.										
Kentucky:										
Covington.....	3	3	4	0	0	0	0	1	2	1
Lexington.....	2	3	1	0	0	0	0	1	1	1
Louisville.....	4	16	6	0	0	0	0	7	4	3
Tennessee:										
Memphis.....	11	12	12	0	0	0	9	11	4	3
Nashville.....	5	7	0	0	0	0	1	4	3	3
Alabama:										
Birmingham.....	12	8	4	4	2	2	0	10	5	7
Mobile.....	0	2	0	0	0	0	0	3	1	0
Montgomery.....	0	2	6	0	0	0	2	0	1	0
WEST SOUTH CEN- TRAL.										
Arkansas:										
Fort Smith.....	9	2	2	0	0	1	3	2	2	0
Little Rock.....	1	3	3	0	0	0	0	1	3	0
Louisiana:										
New Orleans.....	2	12	13	8	3	0	0	8	6	9
Shreveport.....	0	0	0	0	0	0	0	3	0	0
Oklahoma:										
Muskogee.....	0	2	1	0	0	1	2	2	2	2
Oklahoma.....	0	5	2	0	0	0	0	2	3	3
Tulsa.....	0	7	0	0	0	0	0	0	3	0
Texas:										
Dallas.....	9	15	13	0	0	0	0	3	4	5
Galveston.....	0	1	1	0	0	0	0	1	1	0
Houston.....	0	5	7	0	0	0	0	0	1	0
San Antonio.....	0	6	6	0	0	0	0	4	1	0
MOUNTAIN.										
Montana:										
Billings.....	11	1	0	0	0	0	1	1	1	1
Great Falls.....	14	1	2	0	0	0	2	0	1	4
Helena.....	0	0	0	0	0	0	0	1	0	0
Missoula.....	0	0	8	0	0	0	0	0	1	0
Idaho:										
Boise.....	3	0	1	0	0	0	0	0	1	0
Colorado:										
Denver.....	50	17	9	4	3	22	8	9	10	10
Pueblo.....	12	6	2	0	0	0	1	2	4	4
New Mexico:										
Albuquerque.....	4	1	2	0	0	0	2	1	0	0
Arizona:										
Phoenix.....	1	1	1	0	0	0	3	0	0	0
Utah:										
Salt Lake City.....	56	3	5	0	0	1	5	2	3	3
Nevada:										
Reno.....	3	0	0	0	0	0	0	2	0	2
PACIFIC.										
Washington:										
Seattle.....	43	6	27	0	4	18	7	7	9	9
Spokane.....	13	5	2	0	9	0	7	7	6	6
Tacoma.....	0	3	5	0	0	0	2	2	2	2
Oregon:										
Portland.....	22	6	19	0	0	3	4	7	9	9
California:										
Los Angeles.....	36	36	45	6	0	20	11	10	15	20
Sacramento.....	1	3	4	0	0	0	1	2	0	0
San Francisco.....	23	24	14	2	0	1	15	10	9	23

City reports for week ended November 22, 1924.—Continued.

Division, State, and city.	Popula- tion July 1, 1923, estimated.	Smallpox.			Tuberculosis, deaths re- ported.	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	1	14
Portland.....	73,129	0	0	0	1	0	2	0	0	23
New Hampshire:										
Concord.....	22,408	0	0	0	1	0	0	0	0	8
Manchester.....	81,383	0	0	0	0	0	0	0	0	34
Vermont:										
Barre.....	110,008	0	0	0	1	0	0	0	0	3
Burlington.....	23,613	0	0	0	0	0	0	0	1	6
Massachusetts:										
Boston.....	770,400	0	0	0	11	2	3	0	9	182
Fall River.....	120,912	0	0	0	1	1	0	0	4	31
Springfield.....	144,227	0	0	0	2	1	0	0	1	39
Worcester.....	191,927	0	0	0	2	1	0	0	0	48
Rhode Island:										
Pawtucket.....	68,799	0	0	0	1	0	0	0	0	13
Providence.....	242,378	0	0	0	3	1	0	0	7	72
Connecticut:										
Bridgeport.....	1143,555	0	0	0	0	0	0	0	1	33
Hartford.....	1138,036	0	0	0	2	0	0	0	5	32
New Haven.....	172,967	0	0	0	5	1	0	0	5	48
MIDDLE ATLANTIC.										
New York:										
Buffalo.....	536,718	0	3	0	4	1	2	0	42	125
New York.....	5,927,625	0	0	0	85	20	32	1	124	1,380
Rochester.....	317,867	0	0	0	1	1	0	1	3	66
Syracuse.....	184,511	0	0	0	2	1	0	0	0	43
New Jersey:										
Camden.....	124,157	0	0	1	2	0	0	0	1	35
Newark.....	438,699	0	0	0	5	1	4	1	60	94
Trenton.....	127,390	0	0	0	3	1	0	0	8	45
Pennsylvania:										
Philadelphia.....	1,922,788	0	0	0	30	5	7	2	100	444
Pittsburgh.....	613,442	0	2	0	21	2	1	0	6	194
Reading.....	110,917	0	0	0	1	0	0	0	4	24
EAST NORTH CENTRAL.										
Ohio:										
Cincinnati.....	406,312	1	0	0	10	1	0	0	0	134
Cleveland.....	888,519	2	0	0	17	3	2	0	13	176
Columbus.....	261,082	1	1	0	3	1	1	0	3	76
Toledo.....	268,338	0	1	0	5	1	0	0	10	49
Indiana:										
Fort Wayne.....	93,573	1	0	0	1	0	0	0	1	18
Indianapolis.....	342,718	2	4	0	7	0	0	0	8	98
South Bend.....	76,709	0	0	0	2	0	0	0	0	12
Terre Haute.....	68,939	0	2	0	1	0	0	0	0	16
Illinois:										
Chicago.....	2,886,121	1	1	0	31	6	3	0	121	600
Cicero.....	55,968	0	0	0	0	0	0	0	2	6
Peoria.....	79,675	0	0	0	0	0	0	0	2	18
Springfield.....	61,833	0	0	0	1	0	5	0	0	19
Michigan:										
Detroit.....	995,668	2	2	0	21	3	0	2	31	210
Flint.....	117,968	0	0	0	0	1	0	0	3	23
Grand Rapids.....	145,947	1	0	0	1	0	4	0	2	35
Saginaw.....	69,754	0	0	0	1	1	0	0	4	19
Wisconsin:										
Madison.....	42,519	0	0	0	0	0	0	0	1	3
Milwaukee.....	484,595	2	2	0	1	1	0	0	12	93
Racine.....	64,393	0	2	0	0	0	0	0	3	8
Superior.....	139,671	1	0	0	0	0	0	0	0	15

¹ Population Jan. 1, 1920.

² Pulmonary only.

City reports for week ended November 22, 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	0	0	1	0	0	0	2	13
Minneapolis.....	409,125	3	63	21	4	1	1	1	0	106
St. Paul.....	241,891	11	10	2	4	1	1	0	14	80
Iowa:										
Davenport.....	61,262	1	7			0	0		1	
Des Moines.....	140,923	0	9			0	0		0	
Sioux City.....	79,662	1	1			0	0		0	
Waterloo.....	39,667	0	2			0	0		0	
Missouri:										
Kansas City.....	351,819	2	0	0	4	1	1	0	0	90
St. Joseph.....	78,232	1	0	0	0	0	0	0	0	27
St. Louis.....	803,853	0	3	0	9	2	2	0	0	194
North Dakota:										
Fargo.....	24,841	1	0	0	6	6	1	0	0	3
Grand Forks.....	14,547	1	6	0	0	0	0	0	0	2
South Dakota:										
Aberdeen.....	15,829	0	0	0	0	0	0	0	0	
Sioux Falls.....	29,206	0	0	0	0	0	0	0	0	5
Nebraska:										
Lincoln.....	58,761	1	0	0	1	0	0	0	0	10
Omaha.....	204,382	2	6	0	4	0	0	0	0	56
Kansas:										
Topeka.....	52,555	0	0	0	0	2	0	4	12	
Wichita.....	79,261	0	0	0	0	1	0	7	18	
SOUTH ATLANTIC.										
Delaware:										
Wilmington.....	117,728	0	0	0	2	1	1	0		24
Maryland:										
Baltimore.....	773,580	0	0	0	18	3	2	0	57	215
Cumberland.....	32,361	6	0	0	0	0	1	0		21
Frederick.....	11,301	0	0	0	0	1	0	0	0	3
District of Columbia:										
Washington.....	1,437,571	0	0	0	13	2	3	0	3	126
Virginia:										
Lynchburg.....	30,277	0	0	0	0	0	0	1		8
Norfolk.....	159,089	0	0	0	0	0	6	3		
Richmond.....	181,044	0	0	0	6	1	2	1	0	50
Roanoke.....	55,502	1	0	0	1	1	1	0	2	17
West Virginia:										
Charleston.....	45,597	0	0	6	0	0	1	0	0	19
Huntington.....	57,918	0	3			1	0		0	
Wheeling.....	156,208	0	0	0	0	1	1	0	0	14
North Carolina:										
Raleigh.....	29,171	0	0	0	1	0	0	2	0	7
Wilmington.....	35,719	0	5	0	1	1	0	0	4	13
Winston-Salem.....	56,230	0	1	0	2	0	0	0	0	15
South Carolina:										
Charleston.....	71,245	1	0	0	1	1	0	0	0	17
Columbia.....	39,688	0	0	0	1	0	0	0	0	22
Greenville.....	25,789	0	0	0	0	1	0	0	0	6
Georgia:										
Atlanta.....	222,963	1	0	0	3	1	2	0	0	66
Brunswick.....	15,937	0	0	0	0	0	0	0	0	5
Savannah.....	89,448	0	0	0	2	1	0	0	0	31
Florida:										
St. Petersburg.....	24,403	0	0	0	2	0	0	0	0	10
Tampa.....	56,050	1	0	0	1	0	0	0	0	22
EAST SOUTH CENTRAL.										
Kentucky:										
Covington.....	57,877	0	0	0	4	0	0	0	0	14
Lexington.....	43,673	0	0	0	2	0	0	0	0	16
Louisville.....	257,671	0	1	0	4	2	1	0	2	65
Tennessee:										
Memphis.....	170,067	1	0	0	4	1	8	1	3	70
Nashville.....	121,128	1	0	0	3	1	0	0	0	27

1 Population Jan. 1, 1920.

City reports for week ended November 22, 1924—Continued.

Division, State, and city.	Population, July 1, 1923, estimated.	Smallpox.			Tuberculosis, deaths re- ported.	Typhoid fever.			Whooping cough, cases reported.	Deaths, all causes.
		Cases, estimated expectancy.	Cases reported.	Deaths reported.		Cases, estimated expectancy.	Cases reported.	Deaths reported.		
EAST SOUTH CENTRAL—continued.										
Alabama:										
Birmingham.....	195,901	0	20	0	6	1	5	0	0	64
Mobile.....	63,858	1	9	0	2	1	0	0	0	19
Montgomery.....	45,383	0	0	0	0	0	0	0	2	14
WEST SOUTH CENTRAL.										
Arkansas:										
Fort Smith.....	30,635	0	0	0	2	1	0	0	3	-----
Little Rock.....	70,916	0	0	0	0	0	5	0	2	-----
Louisiana:										
New Orleans.....	404,575	1	0	0	18	2	2	1	2	134
Shreveport.....	54,590	-----	2	0	2	-----	3	1	0	26
Oklahoma:										
Muskogee.....	31,485	0	0	0	-----	0	1	-----	0	-----
Oklahoma.....	101,150	0	0	0	0	1	0	0	0	17
Tulsa.....	102,018	0	0	0	-----	1	0	-----	0	-----
Texas:										
Dallas.....	177,274	0	0	0	3	1	1	0	0	38
Galveston.....	46,877	0	0	0	1	1	0	0	0	13
Houston.....	154,970	0	4	0	9	0	0	0	0	46
San Antonio.....	184,727	0	0	0	10	0	2	1	0	62
MOUNTAIN.										
Montana:										
Billings.....	16,927	0	0	0	0	1	0	0	4	8
Great Falls.....	27,787	1	0	0	1	0	0	0	0	4
Helena.....	112,037	0	0	0	0	0	0	0	-----	10
Missoula.....	112,668	1	0	0	0	0	0	0	-----	2
Idaho:										
Boise.....	22,806	1	2	0	0	0	2	0	0	3
Colorado:										
Denver.....	272,031	5	0	0	7	0	0	0	5	82
Pueblo.....	43,519	0	0	0	0	1	0	0	0	6
New Mexico:										
Albuquerque.....	16,648	0	0	0	4	1	3	0	0	13
Arizona:										
Phoenix.....	33,899	-----	0	0	6	-----	0	0	0	19
Utah:										
Salt Lake City.....	126,241	2	0	0	0	0	0	0	6	29
Nevada:										
Reno.....	12,429	0	0	0	0	0	0	0	0	4
PACIFIC.										
Washington:										
Seattle.....	1,315,685	2	6	-----	-----	1	1	-----	3	-----
Spokane.....	104,573	7	0	-----	-----	0	3	-----	2	-----
Tacoma.....	101,731	1	0	-----	-----	0	0	-----	1	-----
Oregon:										
Portland.....	273,621	4	2	0	6	1	1	1	0	-----
California:										
Los Angeles.....	666,853	2	41	0	18	3	9	1	24	209
Sacramento.....	69,950	0	2	0	1	1	1	0	-----	21
San Francisco.....	539,038	1	0	0	11	1	2	0	15	140

1 Population Jan. 1, 1920.

City reports for week ended November 22, 1924—Continued.

Division, State, and city.	Cerebro-spinal meningitis.		Lethargic encephalitis.		Pellagra.		Poliomyelitis (infantile paralysis).			Typhus fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases, est. expectancy.	Cases.	Deaths.	Cases.	Deaths.
NEW ENGLAND.											
Massachusetts:											
Boston.....	0	0	1	0	0	0	1	0	0	0	0
MIDDLE ATLANTIC											
New York:											
New York.....	2	2	16	7	0	0	5	18	4	0	0
Rochester.....	0	0	0	0	0	0	0	1	0	0	0
New Jersey:											
Newark.....	0	0	3	0	0	0	0	0	0	0	0
Pennsylvania:											
Philadelphia.....	0	0	1	0	0	0	0	1	0	0	0
EAST NORTH CENTRAL.											
Ohio:											
Cincinnati.....	0	0	1	0	0	0	0	0	0	0	0
Cleveland.....	0	0	0	0	0	0	0	1	0	0	0
Illinois:											
Chicago.....	2	1	2	0	0	0	1	1	0	0	0
Springfield.....	1	0	0	0	0	0	0	0	0	0	0
Michigan:											
Detroit.....	0	0	1	0	0	0	0	4	1	0	0
WEST NORTH CENTRAL.											
Minnesota:											
St. Paul.....	0	0	0	0	0	0	0	1	0	0	0
Missouri:											
Kansas City.....	0	0	2	2	0	0	0	0	0	0	0
St. Louis.....	0	1	0	0	0	0	0	0	0	0	0
North Dakota:											
Grand Forks.....	1	0	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC.											
Maryland:											
Baltimore.....	0	0	1	1	0	0	1	1	0	0	0
Cumberland.....	0	1	0	0	0	0	0	0	0	0	0
District of Columbia:											
Washington.....	0	0	1	1	0	0	0	1	0	0	0
Virginia:											
Norfolk.....	0	0	0	0	0	0	0	1	0	0	0
Richmond.....	0	0	0	0	0	0	0	0	0	2	0
South Carolina:											
Charleston.....	0	0	0	0	0	1	0	0	0	0	0
Columbia.....	0	0	0	0	0	2	0	0	0	0	0
EAST SOUTH CENTRAL.											
Alabama:											
Birmingham.....	0	0	0	0	2	1	0	0	0	0	0
WEST SOUTH CENTRAL.											
Arkansas:											
Little Rock.....	0	0	0	0	0	1	0	0	0	0	0
Louisiana:											
New Orleans.....	0	0	0	0	1	1	0	1	0	0	0
Shreveport.....	0	0	0	0	0	1	0	0	0	0	0
MOUNTAIN											
New Mexico:											
Albuquerque.....	1	1	1	1	0	0	0	0	0	0	0
Arizona:											
Phoenix.....	0	0	0	0	0	1	0	0	0	0	0

City reports for week ended November 22, 1924—Continued.

Division, State, and city.	Cerebro-spinal meningitis.		Lethargic encephalitis.		Pellagra.		Poliomyelitis (infantile paralysis).			Typhus fever.	
	Cases.	Deaths.	Cases.	Deaths.	Cases.	Deaths.	Cases, est. expectancy.	Cases.	Deaths.	Cases.	Deaths.
PACIFIC.											
Washington:											
Seattle.....	0		0		0		0	1		0	
Spokane.....	0		0		0		0	2		0	
Tacoma.....	0		0		0		0	3		0	
Oregon:											
Portland.....	0	0	3	0	0	0	0	2	0	0	0
California:											
Los Angeles.....	3	0	0	1	0	0	0	1	0	3	0
San Francisco.....	0	0	1	0	0	2	0	2	0	0	0

The following table gives a summary of the reports from 105 cities for the 10-week period ended November 22, 1924. The cities included in this table are those whose reports have been published for all 10 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, September 14 to November 22, 1924.

DIPHTHERIA CASES.

	1924, week ended—									
	Sept. 20.	Sept. 27.	Oct. 4.	Oct. 11.	Oct. 18.	Oct. 25.	Nov. 1.	Nov. 8.	Nov. 15.	Nov. 22.
Total.....	643	779	757	883	936	968	965	1,128	1,113	1,115
New England.....	56	55	56	77	82	89	86	78	183	84
Middle Atlantic.....	177	255	198	209	259	228	235	304	312	314
East North Central.....	125	151	134	174	176	176	211	279	247	227
West North Central.....	90	92	116	126	136	149	127	128	147	160
South Atlantic.....	94	89	97	142	121	172	131	148	109	129
East South Central.....	13	22	20	28	42	41	27	35	26	32
West South Central.....	13	24	23	26	26	36	40	46	59	45
Mountain.....	15	18	24	14	18	23	28	38	36	27
Pacific.....	60	73	89	87	74	74	78	72	94	97

MEASLES CASES.

Total.....	94	104	134	130	193	197	241	310	322	400
New England.....	9	15	15	21	25	28	32	36	141	49
Middle Atlantic.....	36	38	65	56	97	92	112	144	135	154
East North Central.....	28	29	29	22	42	55	70	91	102	131
West North Central.....	2	7	9	5	7	3	7	7	10	14
South Atlantic.....	8	3	2	10	4	2	6	13	4	11
East South Central.....	0	2	1	2	1	0	0	2	2	2
West South Central.....	1	1	2	2	2	1	0	1	1	1
Mountain.....	0	3	2	0	5	2	3	2	4	4
Pacific.....	10	6	9	12	10	14	11	14	23	34

¹ Figures for Barre, Vt., estimated. Report not received at time of going to press.

² Figures for Superior, Wis., estimated.

³ Figures for Tampa, Fla., estimated.

Summary of weekly reports from cities, September 14 to November 22, 1924—Con.
SCARLET FEVER CASES.

	1924, week ended—									
	Sept. 20.	Sept. 27.	Oct. 4.	Oct. 11.	Oct. 18.	Oct. 25.	Nov. 1.	Nov. 8.	Nov. 15.	Nov. 22.
Total.....	455	586	570	774	795	938	1,021	1,153	1,099	1,238
New England.....	38	46	55	89	99	121	96	114	135	155
Middle Atlantic.....	97	128	129	154	168	213	298	354	330	365
East North Central.....	² 99	123	128	178	176	214	256	270	262	303
West North Central.....	142	172	148	218	227	253	216	225	220	228
South Atlantic.....	32	36	29	46	48	57	57	67	¹ 60	72
East South Central.....	14	17	13	21	11	14	24	29	14	17
West South Central.....	10	8	13	17	16	17	15	25	18	14
Mountain.....	9	16	18	15	19	13	19	19	20	24
Pacific.....	14	40	37	36	31	36	40	50	40	60

SMALLPOX CASES.

Total.....	86	84	86	72	99	134	134	138	192	188
New England.....	0	0	0	0	0	0	0	0	¹ 0	0
Middle Atlantic.....	3	6	8	3	0	5	2	4	0	5
East North Central.....	¹ 14	27	23	21	30	19	16	6	11	14
West North Central.....	23	19	15	21	27	64	70	82	100	85
South Atlantic.....	1	3	6	2	0	3	1	3	² 7	6
East South Central.....	8	5	6	2	15	11	9	8	12	21
West South Central.....	3	1	0	0	3	2	2	2	8	6
Mountain.....	2	1	1	0	2	3	0	1	7	2
Pacific.....	32	22	27	23	22	27	34	32	47	49

TYPHOID FEVER CASES.

Total.....	195	281	217	214	159	136	106	124	107	133
New England.....	12	11	9	16	8	6	5	7	¹ 5	5
Middle Atlantic.....	54	59	67	45	47	40	35	23	33	46
East North Central.....	² 55	39	25	15	17	14	11	14	11	15
West North Central.....	21	17	15	16	11	5	9	9	3	8
South Atlantic.....	32	50	35	23	20	22	13	21	³ 10	14
East South Central.....	15	51	29	17	12	21	12	14	20	14
West South Central.....	15	17	7	15	12	12	6	18	11	13
Mountain.....	8	18	18	58	23	10	5	9	8	2
Pacific.....	13	19	12	9	9	6	10	9	6	16

INFLUENZA DEATHS.

Total.....	7	18	20	21	20	18	35	38	43	41
New England.....	1	1	0	1	1	1	1	5	¹ 0	2
Middle Atlantic.....	1	5	10	13	11	9	21	23	17	17
East North Central.....	¹ 0	2	4	4	3	5	5	5	5	7
West North Central.....	1	1	1	0	2	0	0	0	0	0
South Atlantic.....	1	3	1	1	1	2	3	3	⁴ 4	6
East South Central.....	0	3	1	0	1	0	1	1	4	2
West South Central.....	3	1	1	1	1	0	3	1	7	3
Mountain.....	0	1	1	1	0	0	0	0	1	4
Pacific.....	0	1	1	0	0	1	1	0	5	0

PNEUMONIA DEATHS.

Total.....	308	372	438	494	497	479	593	636	676	646
New England.....	12	20	29	39	28	27	42	33	¹ 35	38
Middle Atlantic.....	125	152	178	217	221	227	270	305	294	301
East North Central.....	¹ 67	82	94	84	90	77	95	109	116	122
West North Central.....	22	18	16	25	23	20	28	29	32	36
South Atlantic.....	37	42	52	50	50	65	87	75	³ 83	57
East South Central.....	9	14	22	15	19	13	21	24	46	36
West South Central.....	13	13	11	31	16	17	21	22	34	20
Mountain.....	8	11	11	15	22	16	6	8	10	15
Pacific.....	15	20	25	18	28	17	23	31	26	21

¹ Figures for Barre, Vt., estimated. Report not received at time of going to press.² Figures for Superior, Wis., estimated.³ Figures for Tampa, Fla., estimated.

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 cases.	Number of cities reporting deaths.	Aggregate population of cities reporting cases.	Aggregate population of cities reporting 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	2,381,434
South Atlantic.....	22	22	2,566,901	2,566,901
East South Central.....	7	7	911,885	911,885
West South Central.....	8	6	1,124,564	1,023,013
Mountain.....	9	9	546,445	546,445
Pacific.....	6	3	1,797,830	1,275,841

FOREIGN AND INSULAR.

ALGERIA.

Plague—Algiers—November, 1924.

Two fatal cases of plague were reported at Algiers, Algeria, November 6 and 9, 1924.

AZORES.

Plague—Island of Terceira.

Under date of November 26, 1924, an outbreak of pneumonic plague was reported at Angra, Island of Terceira, Azores.

JAVA.

Plague—Grisee, Soerabaya Residency.

Under date of November 29, 1924, an epidemic of plague was reported at Grisee, Soerabaya Residency, Java.

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 lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During the Week Ended December 12, 1924.¹

CHOLERA.

Place.	Date.	Cases.	Deaths.	Remarks.
India:				
Madras.....	Oct. 26-Nov. 1....	1	3	
Rangoon.....	Oct. 19-25.....	1	1	

PLAGUE.

Ceylon:				
Colombo.....	Oct. 19-25.....		1	
Chile:				
Antofagasta.....	do.....	1		
India:				
Rangoon.....	do.....	5	4	
Peru:				
Callao.....	Aug. 1-Oct. 31....	4	3	
Chancay.....	do.....	1		
Huacho.....	do.....	3	1	
Huancabamba.....	do.....	6		
Lima (city).....	do.....	13	10	
Lima (country).....	do.....	1	1	
Miraflores.....	do.....	1		

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 the Week Ended December 12, 1924—Continued.****SMALLPOX.**

Place.	Date.	Cases.	Deaths.	Remarks.
Algeria:				
Algiers.....	Oct. 1-31.....	1		
British South Africa:				
Northern Rhodesia.....	Oct. 7-13.....	2	1	Natives.
India:				
Calcutta.....	Sept. 28-Oct. 25.....	32	20	
Karachi.....	Oct. 26-Nov. 1.....	1		
Madras.....	do.....	16	5	
Rangoon.....	Oct. 19-25.....	7	1	
Java:				
East Java—				
Soerabaya.....	Sept. 21-Oct. 4.....	279	73	
Mexico:				
Tampico.....	Nov. 1-10.....	2	2	
Poland.....				Aug. 3-Sept. 20, 1924: Cases, 23; deaths, 4.
Spain:				
Malaga.....	Nov. 9-15.....		10	
Switzerland:				
Lucerne.....	Oct. 1-31.....	15		
Tunis:				
Tunis.....	Nov. 4-10.....	7	4	

TYPHUS FEVER.

Algeria:				
Algiers.....	Oct. 1-31.....	2	2	
Chile:				
Talcahuano.....	Nov. 2-8.....		1	
Egypt:				
Cairo.....	Aug. 26-Sept. 23.....	13	7	
Mexico:				
Mexico City.....	Oct. 19-25.....	8		Including municipalities in Federal district.
Poland.....				Aug. 3-Sept. 20, 1924: Cases, 300; deaths, 11.
Switzerland:				
Lucerne.....	Oct. 1-31.....	1	0	

YELLOW FEVER.

British Honduras.....	Dec. 4.....			3 cases reported.
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Reports Received from June 28 to December 5, 1924.¹**CHOLERA.**

Place.	Date.	Cases.	Deaths.	Remarks.
China:				
Manchuria—				
Dairen.....	August, 1924.....	3		
Shanghai.....	Aug. 2-Sept. 6.....	1		
India.....				Apr. 20-June 28, 1924: Cases, 81,035; deaths, 56,740.
Do.....				June 29-Sept. 27, 1924: Cases, 98,405; deaths, 58,555.
Bombay.....	May 4-10.....	1		
Do.....	June 29-Oct. 4.....	48	23	
Calcutta.....	May 11-June 28.....	203	259	
Do.....	June 29-Sept. 27.....	182	150	
Madras.....	June 1-21.....	7	6	
Do.....	June 29-Oct. 25.....	49	28	
Rangoon.....	May 11-June 28.....	98	76	
Do.....	June 29-Oct. 11.....	25	23	

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 June 28 to December 5, 1924—Continued.****CHOLERA—Continued.**

Place.	Date.	Cases.	Deaths.	Remarks.
Indo-China				Jan. 1-June 30, 1924: Cases, 107; deaths, 52. July 1-31, 1924: Cases, 20; deaths, 10. Corresponding period 1923: Cases, 42; deaths, 30.
Province—				
Anam	June 1-30	4	1	
Do.	July 1-31	3	1	
Cambodia	June 1-30	7	4	
Do.	July 1-31	7	4	
Cochin-China	June 1-30	9	6	
Do.	July 1-31	7	5	
Saigon	Apr. 27-June 28	6	4	Including 100 square kilometers of surrounding country.
Do.	June 29-Sept. 13	8	5	Do.
Tonkin	June 1-30	9	4	
Do.	July 1-31	3	1	
Persia:				
Bushire	June 1-30	1	1	
Philippine Islands				June 15-28, 1924: 32 cases, 24 deaths, including suspects. June 29-July 5, 1924: 5 cases, 4 deaths.
Manila	June 22-28	1		Suspect. Occurring in a non-resident.
Do.	July 6-12	1	1	
Provinces—				
Batangas	July 1-12	4	3	
Bulacan	June 21	1	1	
Do.	June 28-July 25	4	2	
Angat	July 20-26	1	1	
Malolos and Paombog.	July 13-19	2	1	
Cagayan	Mar. 30-Apr. 5	1	1	
Laguna	May 18-24	1	1	
San Pablo	July 13-19	1	1	
Pangasinan, Lingayen	Oct. 3	1	1	
Rizal	July 3	1	1	
Santo Tomas	July 6-12	1	1	
Russia				Summer of 1924. Cases, 9.
Don Province				7 cases at Rostov and Nakhichevan.
Kuban				1 case, Black Sea district.
Moscow Province				1 case in Kolomensky Uyezd.
Rostoc-on-Don	Aug. 5-7	3		
Siam:				
Bangkok	May 4-June 28	21	18	
Do.	June 29-Oct. 4	12	6	
Straits Settlements:				
Penang	June 1-7	1	1	
Singapore	June 15-28	9	6	
Do.	June 29-July 5	2	1	
On vessel:				
S. S. Argalia		1		At Bassein, Lower Burma, India. Case in European member of crew. Case removed to hospital. Vessel left May 16, 1924, arrived June 8 at Durban, South Africa; left Durban June 10 for Trinidad and Cuba.

PLAGUE.

Algeria:				
Mostaganem	July 21-28	4		Seaport.
Argentina:				
Chaco Territory				April, 1924: Cases reported.
Azores:				
St. Michael's	Sept. 21-Oct. 4	4		Suburbs of city: Arrifes, 1 case; Faja de Cima, 3 cases.
Brazil:				
Porto Alegre	July 6-12		1	

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

Reports Received from June 28 to December 5, 1924—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
British East Africa:				
Kenya.....	Oct. 4-10.....	5		
Kisumu.....	July 13-Sept. 20.....	2	1	
Tanganyika Territory.....	Feb. 24-June 7.....	1	2	
Do.....	June 28-Oct. 4.....	3	11	
Uganda.....	Sept. 28-Oct. 4.....	11		May 1-June 30, 1924: Cases, 125; deaths, 107.
Entebbe.....	Feb. 1-Apr. 30.....	59	54	
Canary Islands:				
Las Palmas.....	Sept. 8.....	2		
Teneriffe.....				
La Laguna.....	June 20.....	1		
Celebes:				
Macassar and Menando.....	July 27-Aug. 2.....			1 plague rat.
Ceylon:				
Colombo.....	May 11-June 28.....	11	7	10 plague rodents.
Do.....	June 29-Oct. 18.....	21	19	Plague-infected rodents, 17.
Chile:				
Antofagasta.....	June 1-16.....	4		
China:				
Amoy.....	June 15-28.....		4	
Do.....	June 29-Aug. 9.....		13	
Chungking.....	Oct. 5-11.....			Present.
Foochow.....	May 4-June 21.....		25	Cases not reported.
Nanking.....	July 20-Oct. 18.....			Present.
Ecuador:				
Eloy Alfaro.....	May 16-31.....	1		
Do.....	Sept. 16-30.....	1		
Guayaquil.....	May 16-June 30.....	5	1	Rats taken, 23,717; found infected, 107.
Do.....	July 1-Sept. 30.....	2		Rats taken, 44,489; found plague-infected, 188.
Posorja.....	July 1-15.....	1		
Puna.....	July 16-31.....	1		
Egypt:				
				July 1-Sept. 5, 1924: Cases, 19. Total Jan. 1-Sept. 5, 1924—cases, 354; deaths, 177; corresponding period, preceding year—cases, 1,337.
City—				
Alexandria.....		1	1	First case, Apr. 2; last, Apr. 2.
Ismailia.....		1		First case, July 6; last, July 6.
Port Said.....		5	2	First case, Apr. 24; last, Aug. 26.
Suez.....		16	8	First case, Jan. 2; last, Sept. 23.
Province—				
Assiout.....		44	35	First case, Apr. 1; last, Aug. 27.
Behera.....		1	1	First case, Aug. 9; last, Aug. 9.
Beni-Suef.....		3	3	First case, June 21; last, June 21.
Charkieh.....		1	1	First case, Jan. 31; last, Jan. 31.
Fayoum.....		106	33	First case, Feb. 18; last, July 18.
Gharbia.....		3	2	First case, Apr. 21; last, Aug. 22.
Ghirga.....		10	3	First case, Jan. 17; last, May 13.
Kaloubiah.....		10	1	First case, Jan. 6; last, May 27.
Kena.....		44	26	First case, Apr. 9; last, May 17.
Menoufeh.....		49	32	First case, Jan. 2; last, June 28.
Minia.....		58	28	First case, Feb. 5; last, Aug. 1.
France:				
Paris.....	Oct. 1-31.....	2		Bubonic, occurring in suburbs. St. Medard and St. Owen. January-June, 1924: Cases, 173; deaths, 104. July-August, 1924: Cases, 142; deaths, 104.
Gold Coast:				
				Reported July 15, 1924: Cases, 29; deaths, 6.
Greece:				
Kalamata.....				
Patras.....	July 7.....	36		
Saloniki.....	July 3-4.....	2		
Symi, Island of.....	Aug. 26.....	11	2	
Hawaii:				
Honokaa.....				July 15, 1924: Near Kukuihaele, Island of Hawaii, 1 plague rat. Aug. 19-Sept. 10, 1924: 5 plague-infected rodents found in vicinity. In vicinity, at Paauhau sugar plantation, Oct. 11, 1924, 1 plague rat (trapped).
India:				
Do.....				Apr. 20-June 28, 1924: Cases, 102,874; deaths, 84,656. June 29-Sept. 27, 1924: Cases, 8,247; deaths, 6,216.

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

Reports Received from June 28 to December 5, 1924—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
India—Continued.				
Bombay.....	May 4-June 21.....	50	44	
Do.....	June 29-Aug. 30.....	20	16	
Calcutta.....	May 11-June 14.....	10	10	
Karachi.....	May 18-June 21.....	16	13	
Do.....	Aug. 17-Sept. 25.....	10	8	
Madras Presidency.....	May 18-31.....	7	2	
Do.....	Aug. 3-Oct. 25.....	366	242	
Rangoon.....	May 11-June 28.....	77	72	
Do.....	June 29-Oct. 18.....	227	193	
Indo-China.....				Jan. 1-June 30, 1924: Cases, 734; deaths, 486. July 1-31, 1924: Cases, 26; deaths 22. Corresponding period, 1923: Cases, 34; deaths, 30.
Province—				
Anam.....	June 1-30.....	6	5	June, 1923: Cases, 11; deaths, 10.
Do.....	July 1-31.....	4	4	
Cambodia.....	June 1-30.....	18	18	June, 1923: Cases, 140; deaths, 121.
Do.....	July 1-31.....	9	9	
Cochin-China.....	June 1-30.....	4	4	June, 1923: Cases, 14; deaths, 10.
Do.....	July 1-31.....	13	9	
Saigon.....	May 4-June 28.....	10	2	Including 100 square kilometers of surrounding country.
Do.....	July 20-Aug. 9.....	3	1	Do.
Iraq:				
Bagdad.....	Apr. 20-June 28.....	125	62	
Do.....	June 29-Aug. 9.....	7	4	
Italy:				
Naples.....	Sept. 15.....	3	1	Including suburb of Portici, 1 case. On Sept. 12 a plague-infected rat was found in port of Naples.
Japan.....				
Shizuoka Prefecture— Higashi.....				July 1-31, 1924: 1 case, 1 death. Jan.-July, 1924: Cases, 4; deaths, 3. To June 20, 1924: Cases, 2; death, 1.
Java:				
East Java— Soerabaya.....	June 8-21.....	14	14	
Do.....	Aug. 31-Sept. 6.....	1	1	
West Java— Cheribon.....	Aug. 19-Sept. 15.....	2	2	
Pekalongan Residency, Pekalongan.....	do.....	4	8	
Madagascar.....				
Diego Suarez.....	June 22-Sept. 29.....	50	42	Sept. 1-15, 1924: Cases, 47. Seaport.
Fort Dauphin.....	Sept. 3-24.....	6	4	
Moramanga.....	June 1-30.....	1	1	Interior.
Tamatave.....	June 6-30.....	5	4	Bubonic.
Tananarive Province.....				
Tananarive Town.....	Apr. 1-June 30.....	12	12	Apr. 1-June 30, 1924: Cases, 138; deaths, 128; bubonic, pneumonic, septicemic. July 1-Sept. 15, 1924: Cases, 138; deaths, 130.
Do.....	July 1-Aug. 31.....	6	6	
Other localities.....	Apr. 1-May 31.....	105	97	
Do.....	July 1-Aug. 31.....	64	63	
Mauritius Island.....				
Morocco.....				
Nigeria.....				
Palestine:				
Jaffa.....	Oct. 16.....	1	1	Bubonic.
Jerusalem.....	Oct. 14-20.....	1	1	
Persia:				
Abadan.....	May 1-31.....	20	12	
Bander Abbas.....	do.....	11	6	
Bushire.....	do.....	1	1	Landed at quarantine.
Mohammerah.....	do.....	111	78	

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

Reports Received from June 28 to December 5, 1924—Continued.

PLAGUE—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Peru				May 1-June 30, 1924: Cases, 9; deaths, 6.
Do.				July 1-31, 1924: Cases 6; deaths, 3.
Callao	June 1-30	1		
Do	July 1-31	2		
Huaral	June 1-30	1		
Do	July 1-31	1		
Lima (city)	May 1-June 30	5	5	
Do	July 1-31	3	2	
Lima (country)	May 1-June 30	1		
Do	July 1-31		1	
Mollendo	May 1-31	1	1	
Russia				January-June, 1924: Cases, 252.
Don Cossack Territory—Salsky district				Aug. 8, 1924: Reported present in marmots in 6 localities.
Siam:				
Bangkok	May 4-June 14	3	3	
Do	July 13-Sept. 27	5	4	
Siberia:				
Transbaikalia—Dauria	Aug. 9	2	2	At Substation 83, vicinity of Dauria.
Harenor	Sept. 18			Bubonic and pneumonic. On line of Chinese and Trans-Siberian Railway. In workers in tarabagan (marmot), skins.
South Nigeria (West Africa):				
Lagos	Sept. 8			Present.
Syria:				
Beirut	July 10-Aug. 20	7		
Tunis:				
Tunis	Sept. 23-29	1	1	
Union of South Africa				Apr. 27-June 7, 1924: Cases, 28; deaths, 14. Dec. 16, 1923, to May 31, 1924: Cases, 347; deaths, 208 (white, 51 cases, 26 deaths; native, 269 cases, 182 deaths). July 1-Aug. 31, 1924: Cases, 5; deaths, 2.
Cape Province—Uitenhage district				Sept. 23-Oct. 4, 1924: Plague-infected mouse found on Haarhof's Kraal farm. Plague reported on this farm in September and October, 1924.
Orange Free State				May 11-June 14, 1924: Cases, 21; deaths, 9. June 22-23, 1924: Plague-infested mouse found in Kroonstad district.
Philippolis district	Aug. 24-30	1	1	In natives on two farms.
Smithfield district	July 13-19	2		
On vessel:				
S. S. Amboise	July 10	1		At Marseille, France; removed to quarantine station. Case occurred in an Arab fireman embarked at Aden. Vessel left Yokohama May 30 and Colombo, Ceylon, June 22, 1924.

SMALLPOX.

Arabia:				
Aden	July 20-26		1	
Bolivia:				
La Paz	May 1-June 30	10	9	
Do	July 1-Sept. 30	28	21	
Brazil:				
Bahia	May 18-24	1		
Porto Alegre	May 18-June 28	1	2	
Do	July 6-Aug. 2		3	
Rio de Janeiro	May 18-24	2		
Do	July 20-Aug. 30	5		

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

Reports Received from June 28 to December 5, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
British East Africa:				
Kenya—				
Mombasa.....	May 4-31.....	3		
Tanganyika Territory.....	June 15-21.....	1		
Do.....	Aug. 17-23.....	1		
Uganda Entebbe.....	Feb. 1-29.....	2		
British South Africa:				
Northern Rhodesia.....	May 6-June 30.....	74	1	Natives.
Do.....	July 1-Oct. 6.....	69		
Canada:				
British Columbia.....	Sept. 12-Oct. 18.....	29		
Fernie.....	Nov. 2-15.....	2		
Vancouver.....	June 15-28.....	11		
Do.....	June 29-Nov. 1.....	59		Not including suburbs.
Victoria.....	Aug. 3-9.....	1		
Manitoba.....				
Winnipeg.....	July 13-Aug. 1.....	3		
New Brunswick.....				
Restigouche County.....	June 1-30.....	7		
Do.....	July 6-Sept. 6.....	21		Year ended Oct. 31, 1924: Cases, 36; deaths, 1.
Westmoreland County.....	Aug. 17-23.....	1		
Ontario.....				June 1-30, 1924: Cases, 24; July 1-Oct. 25, 1924: Cases, 93. Corresponding period, 1923: Cases, 23.
Chatham Township.....	Sept. 29-Oct. 25.....	31		
Chatham.....	do.....	3		
Harwich Township.....	do.....	2		
Howard Township.....	do.....	14		
Macauley Township.....	do.....	1		
Sarnia.....	July 20-26.....	1		
Toronto.....	Sept. 28-Oct. 25.....	1		
Whitney.....	do.....	21		Unorganized.
Windsor.....	June 22-28.....	1		
Quebec.....				
Montreal.....	June 8-14.....	1		
Do.....	Sept. 14-20.....	1		
Saskatchewan—				
Regina.....	Oct. 5-Nov. 11.....	3		
Ceylon:				
Colombo.....	July 6-12.....	1		
Chile:				
Antofagasta.....	June 11.....			Under treatment at Lazaretto, 2 cases.
Do.....	Aug. 24-30.....	1		
Valparaiso.....	June 1-7.....		1	This report covers the two principal districts of Valparaiso.
China:				
Amoy.....	May 11-June 28.....			Present.
Do.....	June 29-Oct. 11.....		1	Do.
Antung.....	June 9-29.....	41	3	
Do.....	July 7-Oct. 19.....	11		
Chungking.....	May 11-June 28.....			Do.
Do.....	June 29-Oct. 11.....			Do.
Foochow.....	May 18-June 28.....			Do.
Do.....	July 6-Oct. 11.....			Do.
Hongkong.....	May 4-June 28.....	30	24	
Do.....	June 29-July 12.....	3	3	
Manchuria—				
Dairen.....	May 12-June 28.....	22	7	
Do.....	June 29-Aug. 23.....	5	1	
Harbin.....	May 13-June 23.....	2		
Nanking.....	May 18-June 28.....			Do.
Do.....	July 6-Oct. 11.....			Do.
Shanghai.....	May 25-31.....		1	
Tientsin.....	May 4-June 28.....	11	1	British municipality.
Chosen:				
Fusan.....	May 1-31.....	1		
Do.....	July 25-31.....	1		
Colombia:				
Barranquilla.....	Aug. 3-9.....		1	
Cuba:				
Matanzas.....	Sept. 1-30.....	1		
Czechoslovakia.....				Apr. 1-June 30, 1924: Cases, 7; deaths, 2.
State—				
Bohemia.....	Apr. 1-June 30.....	6	2	
Russinia.....	do.....	1		
Denmark:				
Copenhagen.....	May 18-31.....	3	1	
Dominican Republic:				
La Romana.....	Aug. 24-30.....	2		

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

Reports Received from June 28 to December 5, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Case.	Deaths.	Remarks.
Egypt:				
City—				
Alexandria.....	June 4-10.....	1		
Do.....	Sept. 3-Oct. 28.....	4	1	
Cairo.....	Feb. 19-June 24.....	163	45	
Do.....	June 25-Aug. 19.....	20	5	
Port Said.....	June 18-24.....	1	2	
Do.....	June 25-Sept. 9.....	4		
France:				
Limoges.....	Apr. 1-May 31.....		2	
Marseille.....	May 1-31.....		1	
Paris.....	May 21-31.....	2		
Gibraltar.....	July 21-Nov. 2.....	10	1	
Great Britain:				
England and Wales.....				
Counties—				
Derby.....	May 25-June 28.....	159		
Do.....	June 29-Oct. 4.....	159		
London.....	June 29-Nov. 1.....	4		
Northumberland.....	May 25-June 28.....	61		
Do.....	June 29-Oct. 4.....	134		
Nottingham.....	May 25-June 28.....	29		
Do.....	June 19-Oct. 4.....	103		
Yorks (North Riding). Do.....	May 25-June 28.....	54		
Do.....	June 29-Oct. 4.....	118		
Yorks (West Riding). Do.....	May 25-June 28.....	5		
Do.....	June 29-Oct. 4.....	44		
Hull.....	Oct. 26-Nov. 1.....	2		
Liverpool.....	Aug. 28.....	1		
Mild. Admitted to port hospital from Lower Bebington district. 2 miles from docks.				
Greece:				
Athens.....	Sept. 21-30.....		2	
Saloniki.....	Apr. 21-June 29.....	7	21	
Do.....	June 30-Oct. 4.....		41	
Haiti:				
Port au Prince.....	July 6-12.....	2		Developed at Cape Haitien.
Hungary:				
Budapest.....	July 20-Aug. 2.....	11		
India:				
Do.....				
Bombay.....	May 4-June 28.....	432	299	
Do.....	June 29-Oct. 4.....	207	134	
Calcutta.....	May 11-June 28.....	36	32	
Do.....	July 6-Sept. 27.....	78	63	
Karachi.....	May 18-June 28.....	51	18	
Do.....	June 29-Sept. 13.....	35	16	
Madras.....	May 18-June 28.....	32	10	
Do.....	June 29-Oct. 25.....	208	68	
Rangoon.....	May 11-June 28.....	63	21	
Do.....	June 29-Oct. 18.....	45	16	
Indo-China:				
Province—				
Anam.....	June 1-30.....	23	2	
Do.....	July 1-31.....	11	7	
Cambodia.....	June 1-30.....	35	21	June, 1923: Cases, 156.
Do.....	July 1-31.....	28	13	
Cochin-China.....	June 1-30.....	145	55	June, 1923: Cases, 70; deaths, 35.
Do.....	July 1-31.....	73	31	
Saigon.....	Apr. 27-June 28.....	145	79	Including 100 square kilometers of surrounding country.
Do.....	June 29-Oct. 4.....	70	27	Do.
Tonkin.....	June 1-30.....	31	2	
Do.....	July 1-31.....	7		
Iraq:				
Bagdad.....	Apr. 20-May 24.....	8	1	
Do.....	July 27-Aug. 2.....	1		

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

Reports Received from June 28 to December 5, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Italy:				
Messina.....	May 26-June 1.....	1		
Jamaica.....				June 1-28, 1924: Cases, 141; June 29-Oct. 25, 1924: Cases, 269. (Reported as alastrim.)
Kingston.....	June 1-28.....	6		Reported as alastrim.
Do.....	June 29-Oct. 25.....	27		Do.
Japan.....				July 1-31, 1924: Cases, 51; deaths, 9; Jan. 1-July 31, 1924: Cases, 1,693; deaths, 264.
Kobe.....	May 26-June 21.....	3		
Nagoya.....	June 8-14.....	2		
Tokyo.....	do.....	1		
Java:				
East Java—				
Madoera Residency—				
Sampang.....	May 22.....			Epidemic.
Malang.....	May 25-31.....	5	1	
Paseroean Residency.	July 4-Sept. 2.....	7		Epidemic in some localities.
Rembang.....	Aug. 29-Sept. 2.....			Do.
Soerabaya.....	Apr. 13-June 28.....	501	143	
Do.....	June 29-Sept. 20.....	1,151	315	Epidemic Aug. 10, 1924, in 4 localities.
West Java—				
Batavia.....	May 31-June 27.....	3		
Do.....	July 6-Aug. 22.....	6		Province.
Brebes.....	Aug. 26-Sept. 15.....	4	1	
Cheribon.....	Aug. 19-25.....	1		
Pekalongan Province.				Aug. 19-25, 1924: Cases, 12, deaths, 2.
Pekalongan.....	Aug. 19-Sept. 15.....	14	3	
Pemalang.....	Aug. 19-Sept. 1.....	5	7	
Tegal.....	Aug. 19-Sept. 8.....	7		
Latvia.....				Apr. 1-June 30, 1924: Cases, 3; July 1-31, 1924: Case, 1.
Mexico:				
Cecilia.....	Oct. 11-17.....	5	1	State of Tjauaulipas.
Durango.....	June 1-30.....		2	
Do.....	Sept. 1-Oct. 31.....		2	
Guadalajara.....	May 1-June 30.....	9	4	
Do.....	July 8-14.....		1	
Mexico City.....	May 4-June 28.....	96		Including municipalities in Federal districts.
Do.....	June 29-Oct. 18.....	76		Do.
Progreso.....	Oct. 19-25.....		1	
Salina Cruz.....	May 25-31.....	1	1	
Saltillo.....	Nov. 2-8.....		2	
Tampico.....	June 14-20.....	2		
Do.....	July 1-Oct. 31.....	15	9	
Tuxtepec.....	July 3-18.....	3	1	State of Oaxaca.
Vera Cruz.....	Sept. 21-Nov. 16.....		16	
Palestine.....				June 17-23, 1924: 20 cases in northern districts.
Samarra Province—				
Samak.....	May 27-June 2.....	1		
Paraguay:				
Asuncion.....	June 2.....			Present.
Encarnacion.....	do.....			Many cases reported.
Persia:				
Bushire.....	June 1-30.....	2		
Peru:				
Arequipa.....	Jan. 1-June 30.....		5	
Poland.....				Mar. 30-June 28, 1924: Cases, 299; deaths, 27.
Do.....				June 29-July 27, 1924: Cases, 25; deaths, 5.
Portugal:				
Lisbon.....	May 25-June 28.....	7	2	
Do.....	June 29-Oct. 19.....	34	8	
Oporto.....	May 11-June 28.....	18	16	
Do.....	June 29-Nov. 1.....	22	27	
Russia.....				Jan. 1-31, 1924: 2,243 cases.
Moscow.....	July 27-Aug. 9.....	37		
Siam:				
Bangkok.....	Apr. 27-June 14.....	3	5	
Do.....	Sept. 7-13.....	1		

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

Reports Received from June 28 to December 5, 1924—Continued.

SMALLPOX—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Spain:				
Barcelona.....	August-September	23	2	Year 1923: Cases, 160. July-September, 1924: Cases, 300; deaths, 30. Oct. 6, 1924: Increase in prevalence reported.
Do.....	June 1-30.....		5	
Cadiz.....	July 1-Sept. 30.....		114	
Do.....	Aug. 1-Sept. 30.....		6	
Madrid.....	June 29-Nov. 8.....		107	
Malaga.....	Aug. 24-30.....		4	
Santander.....	June 8-21.....	3		
Valencia.....	July 13-Oct. 25.....	5	1	
Do.....	Aug. 17-23.....		1	
Vigo.....				
Straits Settlements:				
Singapore.....	May 4-24.....	2	1	
Sumatra:				
Medan.....	Jan. 1-31.....	5		
Switzerland:				
Berne.....	May 25-June 28.....	22		
Do.....	June 29-Sept. 27.....	13		
Lucerne.....	Aug. 1-Sept. 30.....	30		
Syria:				
Damascus.....	May 28-June 12.....	12		
Do.....	Aug. 7-Oct. 22.....	7		
Tunis:				
Tunis.....	May 27-June 30.....	17	4	
Do.....	July 1-Nov. 3.....	43	34	
Turkey:				
Constantinople.....	June 1-7.....	1		
Do.....	Aug. 17-Sept. 27.....	2		
Union of South Africa:				
Cape Province.....	May 4-31.....			Mar. 1-June 30, 1924: Cases, 16 (white, 15; native, 152). July 1-Aug. 31, 1924: 4 cases (white); 36 cases, 12 deaths (native). Outbreaks.
Do.....	July 20-Sept. 20.....			
East London.....	July 27-Aug. 2.....	1		
Orange Free State.....	May 4-10.....			
Do.....	Aug. 17-Sept. 13.....			
Transvaal.....	May 4-10.....			
Do.....	July 20-Aug. 16.....			
Johannesburg.....	July 6-12.....	1		
Yugoslavia.....				
Belgrade.....	July 28-Aug. 3.....	1		
On vessels:				
S. S. Dront.....	Sept. 14-20.....	1		At Pernambuco, Brazil. Case removed to hospital. Vessel left Cadiz, Spain, Aug. 20, 1924.
S. S. Karoa.....	May 7.....	1		At Durban, South Africa, from Bombay, India. Vessel left Bombay Apr. 16, 1924. Patient, European.
S. S. Mount Evans.....	July 8.....	1		At Key West, Fla., from Manchester, England.

TYPHUS FEVER.

Algeria:					
Algiers.....	May 1-June 30.....	24	9	Year 1923: Cases, 1,166, of which 27 were in the military population.	
Do.....	July 1-Sept. 30.....	3			
Argentina:					
Rosario.....	Sept. 1-30.....	1			
Bolivia:					
La Paz.....	July 1-Sept. 30.....		2		
Brazil:					
Porto Alegre.....	June 1-7.....		1		
Bulgaria:					
Sofia.....	Aug. 17-23.....	1			
Chile:					
Antofagasta.....				June 16, 1924: 2 cases in Lazaretto.	
Concepcion.....	May 20-28.....		3		
Do.....	July 8-Oct. 13.....		6		
Iquique.....	June 22-23.....		1		
Do.....	Oct. 19-25.....		2		

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

Reports Received from June 28 to December 5, 1924—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Chile—Continued:				
Talcahuano.....	May 25-31.....	2		
Do.....	June 29-Oct. 11.....		43	
Valparaiso.....	May 25-June 21.....		11	
Do.....	June 29-Oct. 25.....		41	
China:				
Antung.....	June 2-16.....	6		
Chungking.....	May 11-June 14.....			Present.
Manchuria— Harbin.....	Sept. 17-23.....	2		
Chosen:				
Chemulpo.....	May 1-June 30.....	10		
Do.....	July 1-31.....	6	2	
Seoul.....	May 1-June 30.....	43	5	
Do.....	July 1-Sept. 30.....	3		
Czechoslovakia.				
State— Slovakia.....	Apr. 1-June 30.....	4		Apr. 1-June 30, 1924: Cases, 6.
Egypt:				
Alexandria.....	June 25-Aug. 26.....	5	1	
Cairo.....	Feb. 19-June 24.....	53	16	
Do.....	June 25-Aug. 18.....	12	7	
Port Said.....	July 24-Aug. 5.....	3		
Estonia.				
				Apr. 1-June 30, 1924: Cases, 37, July 1-Sept. 30, 1924: Cases, 3.
Germany:				
Coblenz.....	July 13-19.....	2		
Great Britain:				
England— St. Helens.....	July 13-Sept. 20.....	8	3	One suspect case: July 10, 1924. Locality, vicinity of Liverpool.
Ireland—				
Dublin.....	June 8-14.....	1		
Do.....	July 13-19.....	1		
Lismore.....	July 19.....	1		
Longford.....	do.....	1		
Greece				
Saloniki.....	Apr. 20-May 4.....	6		Jan.-Apr., 1924: Cases, 178; deaths, 27.
Do.....	Aug. 10-Sept. 27.....	2	2	
Hungary				
				Jan.-June, 1924: Cases, 221; deaths, 19.
Iraq:				
Bagdad.....	Apr. 27-May 10.....	2		
Do.....	Aug. 3-9.....	1		
Ireland:				
Ballinasloe.....	Nov. 2-8.....	1		July 1-31, 1924: Cases, 2. Jan. 1- July 31, 1924: Cases, 8; deaths, 1.
Japan				
				Apr. 1-June 30, 1924: Cases, 108. July 1-Aug. 31, 1924: Cases, 17.
Latvia				
City— Riga.....	June 1-30.....	1		Jan.-June, 1924: Cases, 556; deaths, 48. July, 1924: Cases, 24.
Lithuania				
Mexico:				
Durango.....	July 1-31.....		2	
Guadalajara.....	May 1-June 30.....		2	
Mexico City.....	May 24-June 28.....	59		Including municipalities in Fed- eral district.
Do.....	June 29-Nov. 8.....	143		Do.
Torreón.....	July 1-Oct. 31.....		6	
Palestine:				
Acre.....	Aug. 19-25.....	1		
Jaffa.....	June 17-23.....	1		
Do.....	July 8-Oct. 20.....	6		
Jerusalem.....	July 1-Sept. 29.....	7		
Kantara.....	July 15-21.....	1		
Khulde.....	Aug. 17.....	1		
Palestine.....	Oct. 14-20.....	1		
Ramleh district.....	do.....	1		
Safad.....	Aug. 26-Sept.....	1		
Tiberias.....	Aug. 19-25.....	1		
Peru:				
Arequipa.....	Jan. 1-June 30.....		4	
Do.....	July 1-Aug. 31.....		3	

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

Reports Received from June 23 to December 5, 1924—Continued.

TYPHUS FEVER—Continued.

Place.	Date.	Cases.	Deaths.	Remarks.
Poland.....				Mar. 30-June 28, 1924: Cases, 2,847; deaths, 277.
Do.....				June 29-July 27, 1924: Cases, 332; deaths, 23.
Portugal: Oporto.....	June 15-21.....		1	
Russia.....				Jan. 1-31, 1924: Cases, 14,275.
Moscow.....	July 27-Aug. 9.....	4		
Spain: Barcelona.....	July 10-16.....		1	
Malaga.....	Sept. 6-Oct. 11.....		2	
Switzerland: Lucerne.....	Sept. 1-30.....	1		
Syria: Aleppo.....	July 8-14.....	1		
Damascus.....	July 14-20.....	1		
Tunis: Tunis.....	May 27-June 9.....	4		
Turkey: Constantinople.....	May 18-June 21.....	7	2	
Do.....	July 6-Oct. 18.....	14	13	
Union of South Africa.....				Mar. 1-June 30, 1924: Cases, 418; deaths, 45. July 1-Aug. 31, 1924: Cases, 212; deaths, 31. (Colored, 203 cases; white, 9 cases.)
Cape Province.....				Mar. 1-June 30, 1924: Cases, 249; deaths, 23.
Do.....				July 1-Aug. 31, 1924: Cases, 122; deaths, 16. Sept. 14-20, outbreaks.
Natal.....				Mar. 1-June 30, 1924: Cases, 27; deaths, 5. July 1-Aug. 31, 1924: Cases, 12; death, 1.
Durban.....	Apr. 20-June 23.....	2		
Orange Free State.....				Mar. 1-June 30, 1924: Cases, 83; deaths, 11. July 1-Aug. 31, 1924: Cases, 40; deaths, 12.
Harrismith District.....	Sept. 28-Oct. 4.....			Outbreak. On farm.
Transvaal.....				Mar. 1, May 31, 1924: Cases, 39; deaths, 5. July 1-Aug. 31, 1924: Cases, 29; deaths, 2.
Do.....	June 29-Sept. 13.....	3		
Yugoslavia.....				January-June, 1924: Cases, 252; deaths, 14. July 1-31, 1924: Cases, 9; deaths, 3.
Zagreb.....	Sept. 7-13.....	1		

YELLOW FEVER.

Brazil: Pernambuco.....	May 11-17.....	2	1	
British Honduras.....	Nov. 22.....			Prevalent in Stann Creek District near Belize.
Gold Coast.....				May, 1924: Cases, 2; deaths, 2. July, 1924: Cases 2; death, 1.
Salvador: San Salvador.....	June 10-Aug. 25.....			Present in San Salvador and vicinity.

X