PUBLIC HEALTH REPORTS

VOL. 40 March 20, 1925

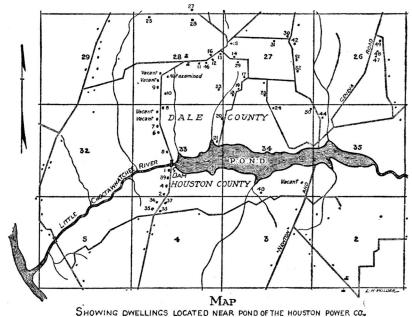
No. 12

EIGHT WEEKS' QUININE TREATMENT FOR MALARIA

A Report of Results as Observed in a Community with a High Malaria Incidence, in Dale County, Alabama 1

By T. H. D. GRIFFITTS, Epidemiologist, United State Public Health Service

History of malaria.—In January, 1921, a hydroelectric power company completed a dam across the Little Choctawhatchee River at Golden Bridge, 6 miles from Newton, Dale County, Alabama, which created a pond covering approximately 200 acres. The greater portion of the land flooded was previously more or less heavily



GOLDEN BRIDGE, DALE COUNTY, ALA.

SCALE: 5"=1 HILE

WOOD with pine, magnolia, and bay, and there was much

wooded with pine, magnolia, and bay, and there was much underbrush and many tree tops and logs remained from trees felled years before. No clearing or cleaning of bed and banks of the

¹ Editorial note: The study here presented illustrates how, in the presence of a complicating hookworm disease and of abundant opportunity for malarial reinfection, standard treatment for malaria may restrict the clinical manifestations of the disease without, however, accomplishing the desired result of eradication. Attention is invited to the fact that it should not be interpreted as invalidating the employment of quinine as an antimalaria procedure under suitable circumstances, but that it does emphasize the need for concurrent measures where certain serious complications are present.

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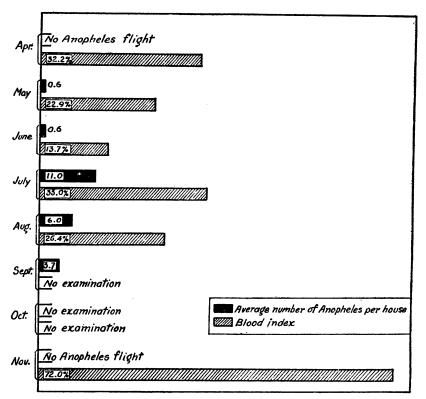
reservoir was done prior to the impoundage. Top minnows, Gambusia affinis and Fundulus notii, readily established themselves in great numbers, as a result of their previous existence in permanent small ponds in the area. Physicians who have practised in this locality for several years stated that malaria had existed endemically here before the creation of the new pond, or reservoir. In a houseto-house canvass during the second year (1922) after the pond had been created, representatives of the State board of health were able to get histories of malaria prior to 1921 in only 2 of 41 families. The year 1921, however, brought a serious prevalence of malaria. By fall of that year, according to histories elicited by a house-tohouse canvass, there occurred 99 cases of malaria among the 168 people in the 41 families, or a history index of 59 per cent. Most of the cases occurred in the late summer and fall. In 1922 (September), histories of malaria occurring during that year were obtained in 161 (one death) out of 203 people living within 1 mile of the pond. other words, 79 per cent of this population gave histories of attacks of malaria in 1922 (second year of the pond).

Status of the population.—Fourteen, or about 34 per cent, of the 41 families living within a mile of the pond own their homes, while the remaining 27 (66 per cent) are the more or less shifting tenant type, practically all of whom are living under poor conditions as regards housing, food, and social relations. There is not a house in the area effectively screened against mosquitoes, and 90 per cent of the houses have practically no screening. It is believed that there is a high rate of hookworm disease. Examination of feces was made in only seven cases, five of which were positive. Of the 41 families, 38 are white and 3 are negroes. The farms are small, and cotton is the main crop. There is one school and one church, both located within one-half mile of the pond.

Treatment of cases in 1922.—Representatives of the State board of health investigated conditions about the Golden Bridge Pond in August and September, 1922, and on September 9 began the distribution of quinine for eight weeks' treatment. The State epidemiologist personally visited the families where cases had occurred, left a week's supply of quinine each time, and gave explicit instructions as to the taking of the quinine. The record shows that quinine was supplied to members of 67 families (some living more than a mile from the pond). It was stated that about 90 per cent of the patients took the entire treatment faithfully. On October 13 the last supply of treatments was given out (two weeks' supply), and at that time it was reported that there were no cases of malaria. This statement was based on the absence of clinical cases, no blood examinations being made.

MALARIA IN 1923

Infections found early in 1923.—On April 26–28, 1923, blood specimens (thick, "puddled" smears) were taken from 87 persons living on the Dale County side of the pond, all of whom had lived within 1 mile of the pond during the malaria transmission season of 1922. Up to that time there had been no complaints of mosquitoes that season, nor had repeated examinations of houses within the infectible area shown any anophelines in the houses. Of the 87 specimens, 28, or 32.2 per cent, were positive for malaria parasites, as follows: Tertian 17, estivo-autumnal 6, mixed tertian and estivo-



Relation of house infestation by Anopheles to blood index for certain months in 1923

autumnal 4, quartan 1. As to carriers at this time, 8 specimens showed crescents, 4 of which were in simple infections and 4 in mixed tertian and estivo-autumnal infections. In the simple tertian infections there were 8 that showed gametocytes, and in all of these there were also rings or schizonts. Therefore, of these cases, which are regarded as "carried-over" infections from the previous season, 16, or 57.1 per cent, were known gametocyte carriers before the advent of any evidence of flight of Anopheles quadrimaculatus.

Succeeding blood indices.—A month later (May 24-26), thick smears were again taken from 2 persons who were negative in the April index and from persons not reached in April. There were 49 of these specimens, 11 (22.4 per cent) of which were positive, as follows: Tertian 8, estivo-autumnal 1, mixed tertian and estivo-autumnal 2. Six showed gametocytes (crescents 3, tertian gametocytes 3). Excluding 12 persons who had moved to this area since the preceding season, and 1 baby 4 months old—all of whom were found to be negative on blood examination—the blood index was 29.7, instead of 22.4.

On June 6, blood specimens (thick) were taken from 51 persons living on the Houston County side of the pond. Of the 51 specimens, 7, (13.7 per cent) were found positive, as follows: Tertian 3, estivo-autumnal 4. There were 2 with gametocytes, both crescents. Those persons found infected were given the 8 weeks' treatment under the direction of the county health officer of Houston County and are not included in the report on the use of quinine in this paper.

On July 23, thick and thin specimens were taken from an additional population opposite "live" water of the pond; but practically all lived within a mile of the upper limits of the quiet water. There were 39 of these specimens. Thirteen (33 per cent) were positive by the thick and only 7 (18 per cent) by the thin films. As to species of parasites in the 13 positives, 12 were tertian (1 with gametocytes) and 1 was estivo-autumnal (crescents).

ADMINISTRATION OF QUININE 2

Impressed with the seriousness of the epidemic, the probability of an even higher morbidity in 1924 than during the preceding year (notwithstanding the fact that the power company was actively carrying out suggested measures for the reduction of Anopheles production on the pond), and considering the poor economic condition of the population, the State health officer of Alabama determined to supply quinine without cost to the people living in the affected area who would promise to take the full treatment according to instructions. Dale County has no health unit, but Houston County has; and for this reason quinine was distributed in Houston County under the direction of the county health officer. Only the Dale County cases, all white, are herein considered.

² The dosage and method of treatment employed were as follows: For the acute attack, 10 grains of quinine sulphate by mouth 3 times a day for a period of at least three or four days, to be followed by 10 grains every night before retiring for a period of 8 weeks. For infected persons not having acute symptoms at the time, only the 8 weeks' treatment. Doses for children: Under 1 year, ½ grain; 1 year, 1 grain; 2 years, 2 grains; 3 and 4 years, 3 grains; 5, 6, and 7 years, 4 grains; 8, 9, and 10 years, 6 grains; 11, 12, 13 and 14 years, 8 grains; 15 and older, 10 grains. In most of the cases in this series having acute symptoms, the 30-grains-per-day treatment was continued longer than 4 days.

Method of quinine distribution.—From June 19 to September 3, Mr. T. D. Rivers, medical student, was engaged continuously to distribute quinine, to instruct the people how to take it during the eight weeks' course, and to keep a continuous and careful check on how well the instructions were being complied with. The writer exercised general supervision over and direction of the work. For adult patients, freshly filled 5-grain capsules were supplied, and small children were given quinine in syrup of yerba santa. was visited every three days or oftener and enough quinine was left to last until the next visit. An adult member of the family, usually the mother, was given explicit instructions as to the administration. Mr. Rivers was peculiarly well adapted for the work, and at once had the confidence and friendship of the people. It is believed that the best cooperation possible among a people of this character was secured.

Table 1 presents data on the portion of the population that verbally agreed to take the full quinine treatment according to instructions and did take it in varying amounts from 50 to 99 per cent of the total eight weeks' treatment. Of the 74 people who undertook the treatment, the average amount of the complete treatment actually taken was 88.6 per cent. Twenty-four persons each took 99 per cent of the prescribed eight weeks' treatment. Of these, malaria was previously diagnosed by positive blood examination in 15 cases (62.5 per cent), and in 9 cases treatment was given on account of clinical malaria. Following the treatments, and within 10 days thereafter, examination of thick blood specimens from the 24 showed four positives (16.7 per cent,) as follows: Tertian 3, estivo-autumnal In the same group there were 17 positives (70.8 per cent) on the following November 13. Of the latter, 2 were tertian, 12 estivoautumnal, and 3 mixed tertian and estivo-autumnal (thick smears). This represented an increase of only two tertian infections during the period, against 14 estivo-autumnal.

					,					
					Eight weeks	' treati	ment	Subsequent blood examinations		
Case No.	Coior	Sex	Age	Results of blood examination	Date completed	Per cent taken	Parox- ysms after begun	Aug. 25-26	Nov. 13 T. r. Neg. T. and E. a. r and Cr.	
5d 5e	do do do	Female	51 14 14	T. s. and Cr. ²	do do do	99 99 99 99 99	0 0 0 0	Neg	Neg. T. and E. a. r.	

Table 1.—Cases given quinine treatment

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¹ Numerals refer to houses and letters to members of family. House numbers in this table correspond

Table 1.--Cases given quinine treatment--Continued

		I A	BLE	1Cases given	i quinine ire	ште	u	munice	
					Eight week	s' trea	lment		sequent blood saminations
Cas No	Color	Sex	Age	Results of blood examination	Date completed	Per cent taken		Aug. 25-26	Nov. 13
5g 5h	do	Female do_	_ 17	T. and E. a. r	Aug. 18	99	0	Neg	Neg. T. r. and gam.
5i	do	Male. Female	- 15 49	5 T. r. and Cr	do	99	0	T. r T. r	
6b	do	Female	40	Quartan bands.	Aug. 19	99	0	T. s	E. a. r. and Cr.
6c	do	. Male Female	10	T.r.and E.a.r T.s. and gam	do	90	3 0	Neg	L. a. r. and Cr.
6e	- do	_'do	- 15	do	. do	. 85	0	Neg	_ Cr.
(ig	_l_ do	do do	. 17	' T. r. and s	do	85	0	Neg	. E. a. r. and Cr.
6h	do	Male_ Female	22	Neg. (clinical)	Aug. 21	90 80	0	Neg T. r	. E. a. r. and Cr.
14e-	do	Male_	. 14	Neg. (clinical)	Aug. 21	80	0	T. r	Neg.
14e_ 14f_	do	Maledo Female	- 8	(Clinical)	Aug. 25	80 80	0	Neg	E. a. r. and Cr.
14g.	- do	(10	_ 4	do		60 90			E. a. r. and Cr.
170.	_ do	do	- 17	Neg. (clinical)	Aug. 20	50	0	Neg	E. a. r. and Cr.
17d. 18a	dodo	do do do Male do Male do Male Female do Malc Female do Malc Female do Malc Female do Malc do Malc do Male do M	- 15 - 51	T. r	Aug. 20	90 90	0	T. r Neg	\mathbf{E} a. r. and \mathbf{Cr}
18c.	do	do	17	Neg. (clinical)	do	95	0	Neg	Neg.
20a. 20b.	do	Female	61 26	1 (1)	1 A 11 (7 20)	90 95	0	Neg	
20c_	do	do	5mo.	. do	Aug 21	95 90	2	Cr Neg	E. a. r. and Cr.
21b.	do	Female	34	dodo	do	99	0	Neg	.i Cr.
21d . 21e	do	do	8 3	do	do	90 99	0	Neg E. a. r	E. a. r. and Cr.
22a .	do	Male	31	T. s. and gam Neg. (clinical)do	Aug. 20	99	0	Neg	E. a. r. and Cr.
220	do	remaie	34 13	Neg. (clinical)	do	99.	0	Neg	E.a.a. and Cr.
22d	do	Male	11 8	Crdo	do	99 99	0	Neg	Neg.
ZZ1	_'do	Female	5	do do Neg. (cliuical)	do	99	0	Neg	Neg.
	1	do	1	1	I I	90	0	Neg	T. r., E. a. r.
23a	do	Male Female	26 23	do	Aug. 21	90 90	0 1	T. r Cr	Cr.
23c	do	do	4	do do do	do	90	0	Neg	Neg.
230		'do	2	do	do	90	2	Neg E. a. r.	E. a. r.
249	do	Molo	22	do	đo	90	0	and Cr.	E. a. r. and Cr.
24b	do	Female	20	do		60	0	T. r	E. a. r. and Cr.
24c 25a	do	Male Female do Male Female	9 mo. 23	(Clinical)	Aug. 19	95 99	0	T. r Neg	E. a. r. and Cr. E. a. r. and Cr.
				T. s. and gam. T. s. and gam. E. a. r. and		99	ŏ	Neg	Neg.
25d	do	Male Female do do	21	Cr. T. s. and gam T. s do Neg. (clinical) T. r	do	99	0	Neg	E. a. r. E. a. r. and Cr.
25e	do	remaledo	22 13	T. Sdo	Aug. 20	99 80	0	Neg	E. a. r. and Cr. Neg.
26d	do	do	8 4	Neg. (clinical)	do	80 80	0	E. a. r	Cr.
				:			- 1	E. a. r. and Cr.	Neg.
27b 27c	do	Male Female	31 9	Neg. (clinical)	Aug. 20	50 99	0	Neg	E. a. r. and Cr. Neg.
27d	do	Female		do	do	99 99	0	Neg	E. a. r. and Cr.
29a	do	Male do Female	30	do	Aug. 24	95	3	Neg T. r	Neg. Neg.
29b 29c	do	Female Male	3	do		90 85	0 -		Neg. E. a. r. and Cr.
29d	do	do	4 ino.	T.r.andT.s		75	0 -		Neg.
30c	do	do	39 4	do	Aug. 20	95 95	0 -	Neg	E. a. r. and Cr. E. a. r. and Cr.
51a	do	Female	30 30	T. s. and Cr	Aug. 19 Aug. 25	80 90	0	Neg	Cr.
51b	do	Male	3	do	do	80	0	Neg	
	1	ļ	8		do	90	1	T. s. and Cr.	
51d 52a	do	Female Male	70 34	do	Aug. 20	75 60	0	Neg	
02D i	ao	Female	28	do	Aug. 21	75	0	Neg	Neg.
52d	do	wiaiedo	10	do	do	80 80	0	Neg	Neg. Cr.
52e	do	do	(?)	do		80		Neg	Neg.
	, ,	,		,	1		,		

Of 7 who took 95 per cent of the treatment, 1 (14.3 per cent) was positive on blood examination (tertian) and 6 were clinically positive before treatment was begun. Within 10 days after the treatment had been discontinued, this group showed 3 positives (42.9 per cent)—2 tertian and 1 estivo-autumnal. In the November 13 examination this group gave 5 positives (71.4 per cent), all estivo-autumnal.

A group of 19 took 90 per cent of the treatment, 4 of them being positive tertian and 1 estivo-autumnal, by thick smears (26.3 per cent), and 14 clinically positive before starting the treatment. Within 10 days after stopping treatment thick smears showed 4 positives (21.2 per cent), as follows: Two tertian, 1 estivo-autumnal, 1 mixed tertian and estivo-autumnal. On November 13, thick smears from the same persons showed 13 positives (68.4 per cent), as follows: No simple tertian, 12 estivo-autumnal, and 1 mixed tertian and estivo-autumnal, a decrease of 2 tertian and an increase of 11 estivo-autumnal infections from August 26 to November 13.

There were 15 who took from 80 per cent to 90 per cent of the full treatment. Five (33.3 per cent) of them showed parasites by thick smears—4 tertian and 1 estivo-autumnal—before treatment. After treatment and before time for new infections to be demonstrable, thick smears showed 4 positives (26.7 per cent), as follows: Two tertian and 2 estivo-autumnal. On November 13, there were 9 positives (60 per cent), all estivo-autumnal (thick smears).

Of the remaining 9 persons who took 50 per cent (2), 60 per cent (3), and 75 per cent (4) of the treatment, 1 (11 per cent) was diagnosed by thick smear and 8 were diagnosed clinically before treatment. Within 10 days after stopping treatment, there was 1 (11 per cent) tertian by thick smear, while specimens from these same persons taken on November 13 showed 9 positives (100 per cent), all estivo-autumnal.

Relative results, clinically and on blood examinations.—From the standpoint of keeping the people well enough to attend to their ordinary duties, this endeavor to sterilize the blood of malaria cases might be regarded as successful, for only seven of the seventy-four treated cases (9.4 per cent) experienced paroxysms after the treatment was begun. Five of the seven were those who ultimately took 90 per cent or more of the prescribed treatment, the other two taking 75 per cent and 80 per cent, respectively. In other words, 90.6 per cent of the people treated were free from frank manifestations of malaria during the eight weeks' course. However, blood specimens (thick) taken on August 25–26—in all cases less than ten days following the discontinuance of quinine—from those treated, showed that

of 67 treated cases 17 (25.4 per cent) were infected, as follows: Tertian, 10; estivo-autumnal, 5; mixed tertian and estivo-autumnal, 2. There were 9 with crescents, while none showed tertian gameto-cytes.

On the following November 13, thick blood smears were secured from 68 of the treated cases, with the following results: Tertian, 2; estivo-autumnal, 43; mixed tertian and estivo-autumnal, 4—a total of 49 infections (72 per cent). This was an increase of 46.6 per cent from August 26 to November 13. There were gametocytes in one simple tertian infection and crescents in 40 (85.1 per cent) of the estivo-autumnal and mixed tertian and estivo-autumnal infections. These results show a reduction of 4 tertian infections and an increase of 40 estivo-autumnal; an increase of one tertian with gametocytes and 40 estivo-autumnal with gametocytes.

HOUSE INFESTATION—ANOPHELES QUADRIMACULATUS

With the removal of brush, logs, vegetation, and flotage about the shores, and the application of Paris green at 10-day periods from May 15 to October 1, production of Anopheles quadrimaculatus in the pond was considerably reduced during the season of 1923. Table 2 shows the catches of Anopheles in houses located at various distances within one mile of the pond. No count of Anopheles was made during previous years, but one observer stated that there were "hundreds" per house. It will be noted that the highest average count for August, which should represent the maximum infestation in this locality, was only 98 specimens (quadrimaculatus) in 16 houses, or an average of 6 per house. However, with the relatively small number of vectors, and a relatively large number of gametocyte carriers distributed throughout the area from the beginning of the season, the percentage of infective Anopheles must have been high. As to how much of the great increase in the number of persons showing infections by the blood specimens taken November 13 over those of August 25-26 was due to infections acquired during this time, or what part recrudescences or relapses played in these results, data are not at hand to justify definite statements.

TABLE 2.—Anopheline check in houses 1

	A	pril	М	ay	Jı	ine	Jı	ıly	Au	gust	Septe	mber
House No.	Day	No. A. q.	Day	No. A. q.	Day	No. A. q.	Day	No. A. q.	Day	No. A. q.	Day	No. A. q.
5	26	0			8	1			15	36	20	
3 	26	0	22	0					15	44	{ 4 20	.5
'	26	0	1		8	0					1 20	1
)							:		15	0		
8	26	0	22	0					15	1	4	i .
6 2	26	0							15 15	0	5	
9	20					1			15	ŏ	,	
5	26	0	22	0					15	Ö		
2						!			15	5	4	
7 8	26 26	0	22	0							4	
0											4	
1	26	0	22	0							4	
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9									15	1		
4									15	5		
V									15 15	1		- -
							19	18				
					8	3 1						

¹ First Anopheles quadrimaculatus (2 specimens) from larvae taken from the pond emerged on April 26. First Anopheles found in houses May 22.

² A. q.= Anopheles quadrimaculatus. ⁸ Anopheles crucians.

Summary

	April	May	June	July	August	Septem- ber
Number of houses. Number of mosquitoes caught. A verage per house	9 0 0	6 4 .66	3 1 2 . 66	2 22 11	16 98 6. 1	14 52 3. 7

¹ One A. quadrimaculatus, 1 A. crucians.

CONCLUSIONS

- (1) Under arrangements as satisfactory as could be made for having the eight weeks' quinine treatment for malaria taken by rural people as represented by the group herein considered, it was not practicable to get the entire treatment taken as recommended.
- (2) Sufficient effect from quinine was secured to prevent frank manifestation of malaria in 90.6 per cent of the persons treated, but in 25.4 per cent of the group, parasites were found on examination of thick smears after the supervisory treatment, and before sufficient time had elapsed for new infections to show in the blood. In the group of 74 people treated, 36.5 per cent were positive on blood examination before treatment. After the treatment 25.4 per cent showed parasites, a reduction of only 11.1 per cent.

(3) In a heavily infected, poorly nourished population, with a probable high rate of hookworm disease, the quinine treatment, as March 20, 1925 548

taken, failed to free a large percentage of cases of either asexual or sexual forms of the parasites, but did prevent, to a great degree, the development of paroxysms.

- (4) From the last week of August to the second week of November, during which time no supervisory quinine treatment was given, the increase of infections, as shown by examination of thick blood smears, was 46.6 per cent, the great increase being due largely to the number of infections by *P. falciparum*.
- (5) If the late season infections were newly acquired infections, the transmission occurred through a relatively small number of vectors with an increasingly high number of gametocyte carriers toward the end of the season.

Acknowledgements: The writer gratefully acknowledges his indebtedness to Dr. S. W. Welch, State Health Officer of Alabama; to the laboratory of the State Board of Health, and particularly to Miss Sophie Dehler, who assisted in the blood index work, including the examination of specimens; to Mr. T. D. Rivers for his very painstaking work in the distribution of quinine and the checking of its use; and to Mr. Albert R. Killebrew, General Manager of the Houston Power Co., for transportation and other services in connection with the work.

ABSENCE OF TRANSFERABLE IMMUNIZING SUBSTANCES IN THE BLOOD OF MORPHINE AND HEROIN ADDICTS

By A. G. DUMEZ, Pharmacologist, and LAWRENCE KOLB, Surgeon, United States Public Health Service

The assumption that substances so well defined chemically as the alkaloids can give rise to the formation of antibodies is contrary to the generally accepted principles of the theory of immunity. Nevertheless, several investigators, Gioffredi (1), Hirschlaff (2), and von Marikovsky (3), have reported experiments upon which the claim is made that protection against a fatal dose of morphine can be transferred to normal animals by the injection of some of the blood serum of animals rendered tolerant to large doses of the alkaloid. investigators have failed to confirm these findings. Thus, Morgenroth (4), Cloetta (5), Biberfeld (6), and Pellini and Greenfield (7) report that the results of their experiments show that protection can not be transferred in this manner. A critical review of the work of the foregoing investigators, with the exception of that of Biberfeld, is given in the paper published by Pellini and Greenfield, and is therefore deemed to be unnecessary here. Suffice it to add that Biberfeld observed the effects on rabbits of a narcotic dose of morphine before and after the subcutaneous injection of the blood serum of a dog rendered tolerant to large doses of the alkaloid. narcotic symptoms made their appearance in all cases, showing the lack of any protective action of the serum.

The experiments recorded below were begun about two years ago, and were undertaken as a phase of the studies in drug addiction being carried out by the United States Public Health Service. The results obtained were similar to those reported for morphine by the second group of investigators named, and are offered as confirmatory evidence of the fact that transferable immunizing substances are not present in the blood serum of morphine and heroin addicts.

EXPERIMENTAL WORK

The experiments here described are, by virtue of the manner in which they were carried out, divided into two groups. In the experiments falling in the first group, the minimal fatal doses of morphine sulphate and heroin hydrochloride, when injected subcutaneously in aqueous solution, were established, and the protective effect of the serum against these doses was then tested. In the experiments of the second group the effect of the serum was tested against an increasing dosage of the drugs, beginning with a sublethal dose and ending with a surely fatal dose, thus eliminating any factor of uncertainty which may have been introduced in determining the minimal fatal doses.

In both groups of experiments the blood serum of human beings only was used. The addict serum was obtained from blood taken from morphine and heroin addicts shortly after their entrance into a certain hospital for treatment, the blood being drawn 24 to 48 hours after the last dose of opiate had been taken and when withdrawal symptoms were in evidence. The blood was placed in the refrigerator overnight, and the serum was separated from the clot just before using. When necessary the serum was centrifuged. The serum used in the control tests was obtained from the blood of normal persons known to be nonaddicts. The blood was collected at approximately the same time as the addicts' blood and was subjected to the same treatment.

The test animal used was the white mouse. It was chosen principally because it is the animal which was used by most of the others who have worked on this problem and because its small size made it possible to carry out the greatest number of tests with the limited quantities of serum obtained. In all of the experiments the mice were selected with a view to securing healthy animals of fairly uniform weight. Food and water were withheld from them for a period of 18 hours immediately preceding weighing and the application of the tests.

The injections, whether of the alkaloidal salts in simple aqueous solution or in solution mixed with serum, were made into the subcutaneous tissues of the abdomen, the site of the puncture being pinched to prevent the escape of any of the liquid. When serum was given alone prior to the administration of the alkaloidal salts, it was injected into the subcutaneous tissues of the back.

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EXPERIMENTS: GROUP I

For the determination of the minimal fatal doses of morphine sulphate and heroin hydrochloride, the drugs used by the addicts from which blood was obtained, sufficient quantities of these alkaloidal salts were dissolved in distilled water to make 1 cubic centimeter of the solution contain 10 milligrams of drug. These solutions in amounts representing increases in the size of the doses were then injected into several groups of mice and the death rate was noted. The minimal fatal dose taken was the dose which would surely produce death in a large majority of the animals tested. For morphine sulphate, this was found to be 0.40 to 0.45 milligram per gram weight of mouse; for heroin hydrochloride, 0.15 to 0.2 milligram. Only those deaths occurring within 3¼ hours in the case of morphine sulphate and in 1 hour in the case of heroin hydrochloride were recorded as being due to acute intoxication. Tables 1 and 2 show the results of these tests.

Table 1 .-- Minimal fatal dose of morphine sulphate

Dose of morphine sulphate per gram of body weight	Number of mice tested	Number of deaths within 3½ hours	Per cent of deaths
Mg. 0.20	6	0	0
.25	6 12 12	1 5	16. 7 41. 7 66. 7
.40	10 18	6 16	60. 0 89. 0

Table 2.—Minimal fatal dose of heroin hydrochloride

Dose of heroin hydrochloride per gram of body weight	Number of mice tested	Number of deaths within 1 hour	Per cent of deaths
Mg. 0.08	6	1	16. 7
	6	1	16. 7
	12	6	50. 0
	23	19	82. 6

Having established the minimal fatal dose of morphine sulphate as 0.45 milligram per gram of body weight and that of heroin hydrochloride as 0.2 milligram per gram, the tests to determine the effect of injections of addict serum on the death rate were carried out. The serum was injected alone preceding the injections of fatal doses of these drugs and simultaneously in admixture with different amounts of solutions of the drugs. The mixtures were incubated at 37° C. for a period of one hour. Controls were run in all cases, using the serum obtained from persons known to be nonaddicts. The results of these tests are presented in Tables 3 and 4 and show that in no case can

it be said that the addict serum produced an effect differing in nature from that of the control serum.

These tests show that the effect of both addict and normal serum was to lower the death rate slightly and that the extent to which it was lowered was approximately the same in both cases. One or all of several factors may have been responsible for this. In the first place, the mice in these tests received by injection a total amount of fluid in excess of that injected into the mice upon which the minimal fatal dose tests were made, thus making the dilution higher; secondly, the viscosity of the serum may have retarded absorption; and thirdly, all human serum may have the property of fixing certain amounts of these alkaloidal salts. Since these factors were operative, in the controls as well as in the tests made with addict serum, they were ignored in comparing the action of the sera tested.

Table 3.—Effect of blood serum of morphine addicts on the death rate for the minimal fatal dose of morphine sulphate

Series	Dose of morphine SO ₄ per gram weight		Number of deaths	Per cent of deaths
I	Mg. 0.45 .45 .45 .45	14 10 7 8	12 7 5 5	86 70 71 62

Group I: Received 0.5 c. c. of morphine addict serum subcutaneously. One hour later, 0.45 mg. of

Group III: Same as Group II, except that 30 c. c. of addict serum were incubated with 10 c. c. of morphine SO₄ solution (1 c. c. = 20 mgs.). Control: Same as Group III, except that the serum of a nonaddict was used in place of addict scrum.

Table 4.—Effect of blood serum of heroin addicts on the death rate for the minimal fatal dose of heroin hydrochloride

Series	Dose of heroin HCl per gram		Number of deaths	
I. Control. II Control III Control III Control IV Control	Mg. 0.2 .2 .2 .2 .2 .2 .2 .2 .2	22 10 12 16 10 10 8	13 7 9 10 4 4 5 5	59 70 75 63 40 40 62 62

Controls: The controls received the same as the respective groups, except that the serum of a nonaddict was used in place of addict serum.

Group 11. Accessed 6.3 c. c. of morphine addict serium subcutaneously. One hour fater, 0.45 mg, of morphine SO₄ in adjacous solution (1 c. c. = 10 mgs.).

Group II: 20 c. c. morphine addict serium +20 c. c. of morphine SO₄ solution (1 c. c. = 10 mgs.) were incubated for 1 hour at 37°. Of this mixture an amount equivalent to 0.45 mg, of morphine SO₄ per gm. weight of mouse was injected subcutaneously.

Group I: Received 0.5 c. c. of heroin addict serum subcutaneously. One hour later, 0.2 mg. per gm. of heroin HCl in aqueous solution (1 c. c. =10 mgs. heroin HCl). Group II: 25 c. c. of heroin addict serum +25 c. c. of heroin HCl solution (1 c. c. =10 mgs.) were incubated for 1 hour at 37° . Of this mixture an amount equivalent to 0.2 mg. of heroin HCl per gm. of mouse was injected subcutaneously.

Group III: Same as Group II, except that 32 c. c. of heroin addict serum were incubated with 16 c. c. of heroin HCl solution.

Group IV: Same as Group II, except that 30 c. c. of heroin addict serum were incubated with 10 c. c. of heroin HCl solution

The lack of any appreciable protective effect of addict serum greater than that of nonaddict serum is further shown by the fact that there is practically no difference in the effect of the two kinds of sera on the length of the period of survival following the injection of minimal fatal doses of these alkaloidal salts. The results of tests of this nature carried out with heroin addict serum and heroin hydrochloride are given in Table 5. In Group I of this series of experiments the average length of the period of survival of the mice which died following the injection of heroin addict serum and a minimal fatal dose of heroin hydrochloride was 1 hour 34 minutes; for the controls, using nonaddict serum, it was 1 hour 24 minutes. In Group II the average length of the period was 1 hour 9 minutes for the mice which received addict serum and 1 hour 17 minutes for the controls.

SABLE 5.—Effect of heroin addict serum on the length of the period of survival following a minimal fatal dose of heroin hydrochloride

Number of mouse	Length of period of survival following an injection of heroin addict serum and a minima fatal dose of heroin hydrochloride							
	Group I	Control I	Group II	Control II				
1	hrs. mins. 0 35 2 32 1 23 Survived. 0 56 1 53 2 7 Surviveddo	hrs. min Survived. 1 42 1 48 0 30 2 4 1 19 1 4 1 20 Survived.	hrs. mins. Survived. 1 26 1 33 Survived. 0 48 0 48 Survived do	hrs. mins. 1 49 Survived. 0 47 Survived. 1 21 Survived. Do. Do. Do. 1 11				

Group I: Received 0.5 c. c. of heroin addict serum subcutaneously. One hour later, 0.2 mg. per gm. of heroin in aqueous solution (1 c. c. = 10 mgs. heroin HCl) subcutaneously.

Control I: Received the same as Group I, the addict serum being replaced by the serum of a nonaddict. Group II: 16 c. c. of heroin addict serum +8 c. c. of heroin HCl solution (1 c. c. = mgs. of heroin HCl) were incubated for one hour at 37°. Of this mixture, a quantity equivalent to 0.2 mg. of heroin HCl per

gm. of mouse was injected subcutaneously.

Control II: Received the same as Group II, the addict serum being replaced by the serum of a non-

The results of the foregoing tests are in accord with those reported for morphine by the second group of investigators named in the forepart of this paper. Taken together, it would seem that they constitute sufficient evidence upon which to base the claim that the blood of morphine and heroin addicts does not contain transferable immunizing substances. However, it may be contended that this conclusion is erroneous on the ground that it is impossible to establish accurately minimum lethal doses for these substances, owing to the wide variation in the resistance of different lots of mice, as well as of the individuals of any given lot, and because the same conditions were not always observed with respect to the concentration and amount of liquid injected. That this contention is not warranted is proved

by the results obtained in a second group of experiments carried out, the report of which follows:

EXPERIMENTS: GROUP II

In this group of experiments the necessity for establishing the minimal lethal doses of the drugs of addiction was avoided. The effect of addict serum was checked against that of the serum of healthy persons known to be nonaddicts, beginning with a sublethal dose of drug and ending with a surely fatal dose. The controls were run under exactly the same conditions as the addict serum tests and at about the same time. In all, 11 series of tests of this nature were carried out, typical results of which are presented in the tables below:

These results show that addict serum, administered as such or in different dilutions, does not affect the death rate or the period of survival of mice to which toxic doses of the drugs of addiction have been administered, any differently than does the serum of nonaddicts. Of the 36 mice which received morphine addict serum and morphine sulphate, 24 died; of the 36 controls, 24 died. Of the 52 mice which received heroin addict serum and heroin hydrochloride, 35 died; of the controls, 36 died. The average length of the period of survival of the mice which died after receiving morphine addict serum and morphine sulphate was 1 hour and 31 minutes. The average length of the period of survival of the controls which receive nonaddict serum in place of addict serum was 1 hour and 37 minutes. In the case of the mice which received heroin addict serum and heroin hydrochloride the average length of the period of survival was 1 hour and 30 minutes, and of the controls 1 hour and 28 minutes.

The results of tests in which the dosage of drug given was so small that none of the mice in either the addict serum group or the controls died, are not recorded in the tables, since they show nothing which might be used as a basis for determining differences in the effects of the two types of sera.

Table 6.—Effect of the blood serum of morphine addicts on the death rate for toxic doses of morphine sulphate

			<u>.</u>	<u> </u>		
Series	N	Mouse		norphine hate	Time of injection	Time of death
bettes	Num- ber	Weight in grams	Mg. per gram	C. c. of mixture	Time of injection	Time of death
	$\begin{bmatrix} 1\\2\\3\\4 \end{bmatrix}$	15. 5 16. 1 16. 0 17. 2	0. 40 . 40 . 40 . 40	0. 62 . 64 . 64 . 69	11.34 a. m 11.35 a. m	Do. Do. Do.
	1 2 3 4	19. 6 16. 6 16. 3 16. 7	. 45 . 45 . 45 . 45	. 88 . 75 . 73 . 75	11.37 a. m 11.38 a. m 11.39 a. m 11.40 a. m	1.00 p. m. Survived.
A (received morphine addict serum)	1 2 3 4	19. 6 19. 5 18. 6 17. 8	. 50 . 50 . 50 . 50	. 98 . 98 . 93 . 89	11.41 a. m 11.42 a. m 11.43 a. m 11.44 a. m	Survived. Do.
	1 2 3 4	18. 6 18. 7 15. 8 14. 0	. 60 . 60 . 60	1. 12 1. 12 . 95 . 84	11.45 a. m 11.46 a. m 11.47 a. m 11.48 a. m	1.48 p. m. 1.00 p. m.
	1 2 3 4	12. 9 16. 6 17. 0 16. 0	. 65 . 65 . 65 . 65	. 84 1. 08 1. 12 1. 04	11.49 a. m 11.50 a. m 11.51 a. m 11.52 a. m	12.35 p. m. 12.30 p. m.
	1 2 3 4	19. 1 14. 7 14. 8 14. 7	. 40 . 40 . 40 . 40	.76 .59 .59	11.57 a. m 11.58 a. m 11.58 a. m 11.59 a. m	Do. Do.
	1 2 3 4	16. 7 16. 3 18. 5 16. 3	. 45 . 45 . 45 . 45	.75 .73 .83 .73	12.00 m	1.49 p. m. Survived. Do. 1.54 p. m.
Control (received nonaddict serum)	1 2 3 4	16. 5 18. 2 16. 8 16. 4	. 50 . 50 . 50 . 50	. 83 . 91 . 84 . 82	12.04 p. m 12.05 p. m 12.06 p. m 12.07 p. m	Survived. Do. 1.15 p. m. 1.28 p. m.
	1 2 3 4	19. 4 16. 2 18. 2 14. 6	. 60 . 60 . 60	1. 16 . 97 1. 09 . 88	12.08 p. m	Survived. 2.05 p. m. 1.53 p. m. 1.35 p. m.
	1 2 3 4	19. 5 17. 2 18. 2 19. 9	. 65 . 65 . 65	1. 27 1. 12 1. 18 1. 29	12.14 p. m	1.20 p. m. 1.05 p. m.

B: 0.3 gm. of morphine SO₄ was dissolved in 15 c. c. of distilled water and mixed with 15 c. c. of the serum of a morphine addict. The mixture was incubated for 1 hour at 37° C.

The serum was obtained from the blood of a person addicted to morphine for 10 years. Up to the time of entering the hospital, he was taking hypodermatically 8 grains of morphine sulphate daily. The blood was drawn 48 hours after the last dose of morphine had been given.

Control: Same as B, except that the serum used was obtained from the blood of a nonaddict.

Table 7 .- Effect of the blood serum of morphine addicts on the death rate for toxic doses of morphine sulphate

Series	N	of ouse.		morphine hate	Time of		
Series	No.	Weight in grams	Mg. per gram	C. c. of mixture	injection	Time of death	
	1 2 3 4	17. 0 14. 1 17. 8 13. 2	0. 45 . 45 . 45 . 45	0. 77 . 63 . 80 . 59	a. m. 10. 18 10. 19 10. 20 10. 21	12.45 p. m. Survived. 1.07 p. m. Survived.	
	1 2 3 4	15. 3 16. 3 16. 7 17. 0	.50 .50 .50	.77 .82 .84 .85	10. 22 10. 23 10. 24 10. 25	11.46 a. m. 11.40 a. m. 12.10 p. m. Survived.	
B (received morphine addict serum)	1 2 3 4	12.7 12.5 19.8 18.4	.60 .60 .60	. 76 . 81 1. 24 1. 10	10. 26 10. 27 10. 29 10. 30	11.35 a. m. 11.40 a. m. Survived. 12.10 p. m.	
	1 2 3 4	19. 4 18. 3 17. 5 15. 9	.70 .70 .70 .70	1. 36 1. 28 1. 23 1. 11	10. 31 10. 32 10. 33 10. 35	12.10 p. m. 11.47 a. m. 1.05 p. m. 12.15 p. m.	
	$ \begin{bmatrix} 1 \\ 2 \\ 3 \\ 4 \end{bmatrix} $	13. 1 16. 5 17. 0 16. 2	. 45 . 45 . 45 . 45	. 59 . 74 . 77 . 73	9. 48 9. 50 9. 51 9. 52	12.10 p. m. Survived. 11.35 a. m. 11.40 a. m. Survived. 12.10 p. m. 12.10 p. m. 11.47 a. m. 1.05 p. m. 12.15 p. m. 11.45 a. m. Survived. Do. 12.05 p. m. 11.15 a. m. Survived. Do. 12.05 p. m.	
	1 2 3 4	18. 1 18. 5 18. 2 15. 1	. 50 . 50 . 50 . 50	. 91 . 93 . 91 . 76	9. 53 9. 54 9. 55 9. 56	11.15 a. m. Survived. Do. 11.47 a. m.	
Control (received nonaddict serum)	1 2 3 4	18. 0 19. 9 16. 2 15. 8	. 60 . 60 . 60	1. 08 1. 19 . 97 . 95	9. 57 9. 58 9. 59 10. 00	11.37 a. m. 12.20 a. m. 11.50 a. m. 11.05 a. m.	
	1 2 3 4	15. 4 12. 9 13. 7 16. 2	. 70 . 70 . 70 . 70	1. 08 . 90 . 96 1. 13	10. 01 10. 02 10. 03 10. 04	10.25 a. m. 11.50 a. m. 10.46 a. m. 11.45 a. m.	

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A: 0.4 gm. of morphine SO₄ was dissolved in 36 c. c. of distilled water and mixed with 4 c. c. of the scrum of a morphine addict. The mixture was incubated for 1 hour at 37°.

The scrum was obtained from the blood of a male addict who had been addicted to morphine for about nine years. The blood was drawn 24 hours after this patient had received his last dose of the drug and when pronounced symptoms of suffering were evident.

Control: The same as A, except that the scrum used was obtained from the blood of a nonaddict.

TABLE 8.—Effect of the blood serum of heroin addicts on the death rate for toxic doses of heroin hydrochloride

					,	,
Series	1	Aouse .		f heroin hloride	Time of injection	Time of doubt
beries	No.	Weight in grams	Mg. per gram	C. c. of mixture	Time of injection	Time of death
	$\begin{bmatrix} 1\\2\\3\\4 \end{bmatrix}$	20. 5 15. 5 13. 4 14. 6	0. 15 . 15 . 15 . 15	0.61 .46 .40	11.14 a. m	Do. Do.
	1 2 3 4	18.4 19.5 16.0 16.9	.20 .20 .20 .20	. 64 . 78 . 64 . 68	11.18 a. m 11.19 a. m 11.20 a. m 11.21 a. m	12.10 p. m.
O (received heroin addict serum).	1 2 3 4	17.8 17.0 11.1 14.0	. 25 . 25 . 25 . 25	. 89 . 85 . 55 . 70	11.22 a. m 11.23 a. m 11.24 a. m 11.25 a. m	Survived. 11.10 a. m. Survived.
	1 2 3 4	16. 4 20. 9 9. 5 12. 5	.30 .30 .30 .30	. 98 1. 25 . 57 . 75	11.26 a. m	12.22 p. m. 12.05 p. m. 12.25 p. m.
	1 2 3 4	13.0 15.0 15.6 14.2	.35 .35 .35 .35	. 91 1. 05 1. 09 . 99	11.31 a. m 11.32 a. m 11.33 a. m 11.35 a. m	12.06 p. m. 12.02 p. m.
	1 2 3 4	16.6 15.5 15.1 16.1	.15 .15 .15 .15	.50 .47 .45 .48	11.42 a. m 11.43 a. m 11.44 a. m 11.45 a. m	Survived. 12.08 p. m. Survived. Do.
	1 2 3 4	16.3 17.0 20.2 13.2	. 20 . 20 . 20 . 20	. 65 . 68 . 81 . 53	11.46 a. m	12.48 p. m. Survived. Do. 1.15 p. m.
Control (received nonaddict serum).	1 2 3 4	16. 9 17. 4 14. 2 22. 8	. 25 . 25 . 25 . 25	.84 .87 .71 1.14	11.50 a. m 11.51 a. m 11.52 a. m 11.53 a. m	12.30 p. m. 1.10 p. m. Survived. 12.37 p. m.
	1 2 3 4	13. 9 13. 9 16. 6 13. 1	.30 .30 .30 .30	.83 .83 .99	11.56 a. m 11.57 a. m 11.58 a. m 11.59 a. m	
	1 2 3 4	15.1 16.0 18.2 19.0	.35 .35 .35 .35	1.06 1.12 1.27 1.33	12.00 m	12.35 p. m.

C: 0.175 gm. of heroin HCl was dissolved in 30 c. c. of normal salt solution and mixed with 5 c. c. of heroin addict serum. The mixture was incubated for 1 hour at 37°.

The serum was obtained from the blood of a person who had been addicted to morphine and heroin for about 12 years. Just previous to entering the hospital, heroin was the drug used. The blood was drawn 48 hours after the last dose of opiate had been given.

Control: Same as C. except that the serum used was obtained from the blood of a nonaddict.

Table 9 .- Effect of the blood serum of heroin addicts on the death rate for toxic doses of heroin hydrochloride

	V	louse	Dose of hydroc			
Series	No.	Weight in grams	Mgs. per gram	C. c. of mixture	Time of injection	Time of death
	1 2 3 4 1 2 3	15. 1 16. 2 22. 7 13. 8 24. 0 12. 7 17. 0	0. 20 . 20 . 20 . 20 . 25 . 25 . 25	0. 60 . 65 . 91 . 55 1. 20 . 63 . 85	11.35 a. m 11.36 a. m 11.37 a. m 11.38 a. m 11.39 a. m 11.40 a. m 11.41 a. m	12.25 p. m. 12.20 p. m. 12.35 p. m. Survived. 1.15 p. m. 12.35 p. m. Survived.
D (received heroin addict serum).	1 2 3 4 1 2 3 4	14. 3 13. 7 13. 3 16. 2 21. 9 21. 7 16. 8 20. 3 14. 8	. 25 . 275 . 275 . 275 . 275 . 30 . 30 . 30	. 72 . 75 . 73 . 89 1. 20 1. 30 1. 00 1. 22 . 69	11.42 a. m 11.43 a. m 11.45 a. m 11.45 a. m 11.46 a. m 11.49 a. m 11.50 a. m	12.45 p. m. 12.36 p. m. 12.30 p. m. Survived. 12.35 p. m. 12.20 p. m. 12.29 p. m. 12.42 p. m.
Control (received nonaddict serum).	1 2 3 4 1 2 3 4 1 2 3 4 4 1 2 3 3	23. 2 21. 0 19. 7 17. 7 19. 8 13. 8 17. 7 17. 3 24. 5 14. 4 10. 1 12. 9 16. 3 12. 1 19. 6	. 30 . 20 . 20 . 20 . 25 . 25 . 25 . 25 . 275 . 275 . 275 . 275 . 30 . 30	. 93 . 84 . 79 . 71 . 99 . 69 . 88 . 86 . 1. 35 . 79 . 56 . 71 . 98 . 71	12.60 m 12.01 p. iii 12.02 p. m 12.03 p. m 12.03 p. m 12.04 p. m 12.05 p. m 12.06 p. m 12.06 p. m 12.07 p. m 12.10 p. m 12.10 p. m 12.11 p. m 12.12 p. m 12.13 p. m 12.13 p. m 12.14 p. m	Survived. 12.59 p. m. 1.45 p. m. Survived. 1.36 p. m. Survived. 12.58 p. m. 12.45 p. m. 1.10 p. m. Survived. 12.50 p. m. 12.50 p. m. 12.50 p. m. 12.50 p. m.

D: 0.15 gm. of heroin HCl was dissolved in 15 c. c. of normal salt solution and mixed with 15 c. c. of serum. The mixture was incubated for 1 hour at 37°.

The serum was obtained from a person who had been addicted to morphine and heroin for a period of eight years. On entering the hospital this person was taking hypodermatically 24 grains of heroin HCl per day. The blood was drawn 4 days after the last dose of heroin and 48 hours after the last opiate (codeine) was given.

Control: The same as D, except that the serum was obtained from the blood of a nonaddict.

TABLE 10.—Effect of the blood serum of heroin addicts on the death rate for toxic doses of heroin hydrochloride

0] 1	Mouse		heroin hloride	(Circumstination	
Serics	No.	Weight in grams	Mgs. per gram	C. c. of mixture	Time of injection	Time of death
E (received heroin addict serum).	1 2 3 4 1 2 3 4 1 2 3 4 1 2 3 4 4 1 2 3 4 4 1	16. 5 16. 4 12. 0 14. 2 19. 0 17. 7 16. 3 15. 9 16. 5 14. 2 15. 7 16. 1 15. 5 17. 9 16. 3	0. 225 . 225 . 225 . 225 . 25 . 25 . 25	0. 74 . 74 . 54 . 64 . 95 . 88 . 81 . 79 . 90 . 78 . 86 . 88 . 93 1. 07 . 98	11.35 a. m 11.36 a. m 11.37 a. m 11.38 a. m 11.40 a. m 11.41 a. m 11.42 a. m 11.43 a. m 11.45 a. m 11.46 a. m 11.47 a. m 11.47 a. m 11.51 a. m 11.52 a. m	Survived. 2.32 p. m. 3.00 p. m. 2.33 p. m. 2.22 p. m. 2.35 p. m.
Control (received nonaddict serum).	1 2 3 4 1 2 3 4 1 2 3 4	16. 5 15. 6 20. 6 14. 6 14. 5 16. 5 12. 6 17. 5 16. 8 16. 8 16. 7 15. 1 16. 4 13. 8 18. 2 17. 0	. 225 . 225 . 225 . 225 . 225 . 25 . 25	.74 .70 .81 .66 .72 .82 .62 .87 .92 .92 .91 .83 .98 .81 1.09	11.25 a. m 11.26 a. m 11.27 a. m 11.29 a. m 11.30 a. m 11.31 a. m 11.32 a. m 11.35 a. m 11.35 a. m 11.35 a. m 11.36 a. m 11.37 a. m 11.38 a. m 11.39 a. m 11.39 a. m	2.22 p. m. Survived. 3.00 p. m. Survived. 2.32 p. m. Survived. 2.50 p. m. 2.55 p. m. 2.20 p. m. 1.47 p. m. Survived. 1.48 p. m. 2.00 p. m. 2.48 p. m. 2.35 p. m.

E: 0.10 gm. of heroin HCl was dissolved in 20 c. c. of the blood serum of a heroin addict and the solution

was incubated for 1 hour at 37.

The addict from which this serum was obtained had been addicted to opiates for 20 years. For 3 years prior to his admission to the hospital he had been taking hypodermatically 20 grains of heroin HCl daily. The blood was drawn 48 hours after he had received his last dose of heroin and 24 hours after the last opiate. Control: The same as E, except the serum used was obtained from the blood of a nonaddict.

CONCLUSIONS

Both groups of results presented above fail to show that the effect of subcutaneous injections of morphine and heroin addict blood sera into mice receiving lethal doses of the respective drugs of addiction differs from that produced by the injection of nonaddict sera—a slight protective action being observed in both cases, as has been discussed. It is therefore concluded that the blood of human beings addicted to these drugs does not contain transferable immunizing substances.

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TETANUS FROM VACCINATION DRESSINGS

The United States Public Health Service issues a warning to the medical profession and to the public against the use of bunion pads as a dressing in vaccination against smallpox.

This singular use of bunion pads appears to be more common than would be supposed. Several fatal cases of tetanus following their use have recently occurred in the United States, and laboratory tests have demonstrated the presence of tetanus spores in bunion pads from the same source as those which were associated with tetanus cases.

The Public Health Service deprecates the use of any kind of a shield as a vaccination dressing. The employment of such a shield tends to prevent evaporation, to retain heat, moisture, or discharges, with a consequent softening of the vesicle, to obstruct lymphatic drainage, to produce hyperemia, and to create conditions apparently favorable for the development of bacterial invasion, especially by the tetanus organism.

The smallest single site insertion compatible with a successful take and with no immediate dressing whatever is believed to be the best method of vaccination in the majority of cases.

DEATH RATES IN A GROUP OF INSURED PERSONS

COMPARISON OF PRINCIPAL CAUSES OF DEATH, JANUARY, 1925, AND JANUARY, DECEMBER, AND YEAR, 1924

The accompanying table is taken from the Statistical Bulletin for February, 1925, published by the Metropolitan Life Insurance Co., and presents the mortality experience of the industrial insurance department of the company for January, 1925, as compared with December, 1924, and January and year, 1924. The rates for January, 1925, are based on a strength of approximately 16,000,000 insured persons in the United States and Canada.

The January death rate of 9.5 per 1,000, as compared with 10 in 1924, is stated to be the lowest January rate on record for this group of persons. For some reason, however, this favorable comparison does not hold for the large cities of the United States, the general death rate for which, as reported by the Bureau of the Census, as given as 14.4 per 1,000 for January, 1925, in comparison with 13.5 for January, 1924, and 13.2 for December, 1924.

The table shows declines from the rates for January, 1924, for all the principal diseases of childhood, the measles death rate being about one-fourth that of a year ago, and the diphtheria rate showing a decline of 23 per cent. The pneumonia rate shows a slight decline, despite the inclusion of a large number of infant lives in 1925; and fewer deaths were also recorded from cancer, cerebral hemorrhage, Bright's disease, and puerperal conditions. The outstanding feature in the comparison with January, 1924, is the reduction in the death rate from tuberculosis from 110 per 100,000 a year ago to 96.1 this year.

Influenza was more prevalent than during January, 1924; and diabetes and organic heart diseases show higher rates this year.

Death rates (annual basis) for principal causes per 1,000 lives exposed, January, 1925, and December, January, and year, 1924

[Industrial	dangetment	Matropoliton	T ifa	Insurance Co.l

	Death r	ate per 100	,000 lives ex	posed 1
Cause of death	January, 1925	December, 1924	January, 1924	Year 1924 ²
Total, all causes	952. 6	954. 0	998. 1	907. 5
Typhoid fever	2. 3 5. 1	4. 2 1. 6 3. 8 5. 3	3. 0 8. 8 7. 0 5. 9	4. 4 7. 2 4. 4 7. 4
Diphtheria Influenza Tuberculosis (all forms)	15. 8 25. 1 96. 1	14. 3 19. 6 97. 5	20. 4 16. 6 110. 0	13. 2 16. 0 104. 5
Tuberculosis of respiratory system Cancer Diabetes mellitus. Carekral homosphore	70. 7 19. 1	86. 2 71. 2 16. 5 64. 4	100. 2 74. 3 17. 6 67. 7	92. 6 70. 4 14. 9 60. 2
Cerebral hemorrhage Organic diseases of heart Pneumonia (all forms) Other respiratory diseases	143. 2 125. 4	142. 9 105. 5 18. 4	139. 7 126. 0 16. 1	123. 7 88. 8 13. 9
Diarrhea and enteritis Bright's disease (chronie nephritis) Puerperal state.	17. 0 70. 3 14. 4	21. 1 71. 1 15. 6	18. 3 73. 3 17. 2	32. 2 65. 5 16. 8
Suicides. Homicides Other external causes (excluding suicides and homicides) Traumatism by automobile	5. 7 6. 6 59. 2 11. 0	7. 6 7. 8 64. 3	5. 6 5. 7 64. 0 13. 2	7. 2 7. 1 62. 7 15. 7
All other causes	192. 0	201. 2	200. 8	187. 0

¹ All figures include infants insured under one year of age.

PERCENTAGE OF DISBURSEMENTS FOR PRINCIPAL CAUSES OF DEATH IN 1924

The following table, taken from the Bulletin for February, 1925, shows the percentages of the total amount paid in death claims in 1924 on account of deaths from specified diseases and conditions.

For the first time, it is stated, the amount disbursed on account of deaths from heart disease (approximately one-seventh of the total) exceeded that for any other disease. The three principal cardio-vascular-renal impairments (heart disease, cerebral hemorrhage, and chronic nephritis) were responsible for 27.1 per cent of the total claims paid.

² Based on provisional estimate of lives exposed to risk in 1924.

Per cent disbursed on account of deaths from specified diseases and conditions— Entire experience Metropolitan Life Insurance Co., 1924

Disease or condition	Per cent	of total
Disease or condition	1924	1925
Diseases of the heart.	13. 5	12. 7
Tuberculosis (all forms)	12.3	12.8
Tuberculosis of the respiratory system Influenza and pneumonia	11. 4 9. 5	12. 0 11. 5
Influenza	1.7	3.4
Pneumonia (all forms)	7.7	8.1
Cancer (all forms)	9.4	8. 8
Chronic nephritis	7.0	7.0
Cerebral hemorrhage	6.6	6.8
Puerperal state	1.7	1. 7
Typhoid fever	.7	.7
Total external causes.	12. 3	11.8
Suicides	2. 1	2. 1
Homicides Accidents	1. 2 9. 0	1.2
Accidental drowning	9.0	. 8.4
Traumatism by fall	1.1	. 3
Railroad accidents	. 9	1.0
Automobile accidents	1.9	1.9
Other accidents	4. 2	3.8
All other causes of death	26. 9	26. 2

Examination for Entrance into the Regular Corps of the United States Public Health Service

Examinations of candidates for entrance into the Regular Corps of the United States Public Health Service will be held at the following-named places on the dates specified:

Washington, D. C., June 1, 1925.

Chicago, Ill., June 1, 1925.

New Orleans, La., June 1, 1925.

San Francisco, Calif., June 1, 1925.

Candidates must be not less than 23 nor more than 32 years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily oral, written, and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C.

DEATHS DURING WEEK ENDED MARCH 7, 1925

Summary of information received by telegraph from industrial insurance companies for week ended March 7, 1925, and corresponding week of 1924. (From the Weekly Health Index, March 10, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended Mar. 7, 1925	Corresponding week, 1924
Policies in force	58, 897, 864	55, 215, 882
Number of death claims	12, 497	11, 793
Death claims per 1,000 policies in force, annual rate_	11. 1	11. 1

Deaths from all causes in certain large cities of the United States during the week ended March 7, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, March 10, 1925, issued by the Bureau of the Census, Department of Commerce)

			1		_	1
•		ded Mar.	Annual		under 1	Infant
	4,	1925	death	ye	ar	mortality
:		, 	rate per			rate,
· City	İ	i	1,000	337 L		week
-	Total	Death	corre-	Week	Corre-	ended
	deaths	rate 1	sponding	ended	sponding	Mar. 7.
	ueatus	rate.	week, 1924	Mar. 7, 1925	week, 1924	1925 2
	1	ł	1924	1920	1924	İ
						
Total (64 cities)	7, 643	14.5	3 15, 0	889	3 948	
(010	
Akron	39			7	7	77
Albany 4	40	17. 4	18.9	4	7	89
Atlanta	77	17. 3	24.0	5	13	
Baltimore 4	258	16.9	17. 2	24	33	70
Birmingham	65	16.5	19.0	. 8	12	
Boston.	282	18.8	16.1	35	24	93
Bridgeport	50			6	5	95
BuffaloCambridge	165 43	15. 5 19. 9	12.9	29	19	118
Camden	38	15. 4	14. 4 17. 3	9 8	3	155
Chicago 4	818	14.2	13.5	115	8 107	131
Cincinnati	135	17. 2	15. 2	113	107	102 41
Cleveland	214	11.9	11. 1	20	28	50
Columbus	82	15.6	15.4	îĭ	8	103
Dallas	61	16. 4	17. 5	8	8	100
Dayton.	35	10.6	9.6	3	3	48
Denver	76			10	14	
Des Moines	39	13.6	17.6	2	6	34
Detroit	322			62	55	105
Duluth	13	6.1	7. 2	2	2	42
Erie	27			2	8	39
Fall River 1	38	16. 4	16.4	8	7	115
FlintFort Worth	14 32			3	9	49
Grand Rapids	39	10. 9 13. 5	8. 8 13. 4	5	2 7	
Houston.	53	10.0	10. 1	8	3	47
Indianapolis	108	15.7	15.6	14	14	96
Jacksonville, Fla.	40	19.9	15.8	6	5	133
Jersey City	85	14. 1	15.4	8	ğ	56
Kansas City, Kans	47	19.8	15.0	9	4	190
Kansas City, Mo	125	17. 7	13. 2	16	6	
Los Angeles	256			26 [32	72
Louisville	107	21. 5	19.6	9	7	79
Lowell	38	17.0	9. 5	10	4	174
Lynn Memphis	28	13.9	12.6	7	6	186
Milwaukee	71 139	21. 2 14. 4	24. 5	. 8	4	
Minneapolis	127	15. 6	10.7 12.0	19 19	16 10	87
Nashville 4	57	23. 9	26.6	7	8	102
New Bedford	32	12.3	11.4	6	9 l	100
New Haven	44	12.8	15. 1	8	5	103
New Orleans	147	18.5	22.7	ğ	11	100
New York	1, 531	13. 1	14. 9	155	219	62
Bronx Borough	171	9.9	10. 1	15	15	52
Brooklyn Borough	507	11.8	13. 1	56	75	59
Manhattan Borough	669	15. 5	19.0	72	112	72
Queens Borough	115	10.4	10.6	8	12	40
Richmond Borough	69	26. 9	22. 7	4	5	72
Newark, N. J	117 40	13. 5	14. 2	10	18	4 6
Oakland	44	12.3 9.0	11. 4 13. 3	3 7	.3	53
Vanada	**	8. U I	10.0	4 3	11	82

Deaths from all causes in certain large cities of the United States during the week ended March 7, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, March 10, 1925, issued by the Bureau of the Census, Department of Commerce)—Continued

Total deaths			ided Mar. 1925	Annual death rate per	Deaths ye	under 1 ar	Infant mortality
Omaha 55 13.5 12.0 8 5 Paterson 26 9.6 13.7 1 5 Philadelphia 498 13.1 15.7 55 64 Pittsburgh 167 13.8 22.8 14 40 Portland, Oreg 78 14.4 13.7 8 6 Providence 65 13.8 18.8 9 13 Richmond 65 18.2 20.4 6 8 Rochester 86 13.5 12 12 St. Louis 248 15.7 14.1 18 24 St. Paul 69 14.6 14.5 8 5 Salt Lake City 30 12.0 10.1 1 1 San Francisco 126 11.8 14.0 14 10 Schattle 62 6 4 Somerville 31 15.8 11.9 6 3	City			sponding week,	ended Mar. 7,	sponding week,	rate, week ended Mar. 7, 1925 ²
Syracuse 55 15.0 13.0 6 6 Tacoma. 28 14.0 11.1 4 0 Toledo. 84 15.2 14.3 16 5 Trenton. 44 17.4 15.7 9 7 Washington, D. C. 179 18.7 17.5 23 17 Waterbury. 25 5 5 5 Wilmington, Del*. 34 14.5 16.1 6 7 Worcester. 65 17.0 16.0 5 9 Yonkers. 19 8.9 12.4 0 5 Youngstown 41 13.4 6.0 4 3	Omaha Paterson Philadelphia Pittsburgh Portland, Oreg Providence Richmond Rochester St. Louis St. Paul Salt Lake City ' San Antonio San Francisco Schenectady Seattle Somerville Spokane Springfield, Mass Syracuse Tacoma Toledo Trenton Washington, D. C Waterbury Wilmington, Del*	55 26 498 167 767 65 65 86 248 80 30 588 126 23 31 266 41 55 528 84 44 179 25 34 65 34 65	13. 5 9. 6 13. 1 13. 8 14. 4 13. 8 18. 2 13. 5 15. 7 14. 6 12. 0 15. 3 11. 8 11. 7 15. 8 14. 0 15. 0 15. 2 17. 4 18. 7	12. 0 13. 7 15. 7 22. 8 13. 7 18. 8 20. 4 14. 1 14. 5 10. 1 17. 4 14. 0 16. 1 11. 9 13. 7 13. 0 11. 1 14. 3 15. 7 17. 5	8 1 1 4 9 6 12 18 8 1 1 6 6 6 6 4 16 16 23 5 6 6 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	5 5 64 40 40 13 8 24 10 3 3 4 3 3 6 6 6 0 5 7 17 5 7 9 5	777 177 699 883 722 73 95

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births—an annual rate based on death under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.

Data for 63 cities.
 Deaths for week ended Friday, Mar. 6, 1925.

PREVALENCE OF DISEASE

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

UNITED STATES

CURRENT WEEKLY STATE REPORTS

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

Reports for Week Ended March 14, 1925

ALABAMA	1	ARKANSAS—continued	
Cas		-	ases
Cerebrospinal meningitis	2	Ophthalmia neonatorum	
C	32	Pellagra	
Diphtheria	9	Scarlet fever.	
Dysentery	5	Smallpox	
Influenza 6	19	Trachoma	
Lethargic encephalitis	1 :	Tuberculosis	. 11
Malaria	51	Typhoid fever	. 8
Measles	34	Whooping cough	
Mumps	63		
Ophthalmia neonatorum	3 .	CALIFORNIA	
	10	Cerebrospinal meningitis-Pacific Grove	. 1
Pneumonia1	73	Diphtheria	130
Poliom yelitis	1	Influenza	
Scarlet fever	36 :	Jaundice (epidemic)—San Francisco	. 1
Smallpox 14	42	Lethargic encephalitis:	
Tuberculosis	40	Orange County	. 1
Typhoid fever	7	San Diego	
Whooping cough	7	Measles.	
• • •	İ	Poliomyelitis:	
ARIZONA		Berkeley	. 1
Chicken pox	8	Los Angeles	
Influenza	4	Scarlet fever	
	31	Smallpox:	
	11	Los Angeles	44
Scarlet fever	2	Oakland	
Smallpox	1	San Diego	
Tuberculosis	2		
Whooping cough	7	Scattering Typhoid fever	7
ARKANSAS	1	1 y photo to to the same and th	•
	33	COLORADO	
Diphtheria	3	(Exclusive of Denver)	
Hookworm disease	1	Chicken pox	21
Influenza. 52	- 1	Diphtheria	
	32	Influenza	-
	26	Measles	
	22	Mumps	
	'	v.,	

COLORADO—CONTINUED		ILLINOIS—continued	
:	Cases		ases
Pneumonia		Cook County	. 367
Searlet fever		Du Page County	. 8
Trachoma		Fulton County	. 12
Tuberculosis	_ 41	Greene County	. 8
Typhoid fever		Jefferson County	. 12
Whooping cough	_ 2 0	Kane County	. 11
CONNECTICUT		Peoria County	. 19
		Sangamon County	. 8
Chicken pox		Will County	. 13
Conjunctivitis (infectious)		Scattering	. 113
Diphtheria		Smallpox:	
German measles		Douglas County	. 8
Influenza		Madison County	28
Lethargic encephalitis		Scattering	20
Malaria		Tuberculosis.	231
Measles		Typhoid fever	17
Mumps		Whooping cough	220
Paratyphoid fever		•	
Pneumonia (all forms)		INDIANA	
Scarlet fever		Cerebrospinal meningitis	. 1
Septic sore throat		Chicken pox	73
Tuberculosis (all forms)		Diphtheria	24
Typhoid fever		Influenza	944
Whooping cough	. 61	Measles	100
DELAWARE		Mumps	9
		Pneumonia	29
Diphtheria		Scarlet fever	101
Measles		Smallpox	101
Mumps		Trachoma	100
Pneumonia		Tubaraulogia	1
Scarlet fever		Tuberculosis	
Tuberculosis		Typhoid fever	3
Whooping cough	3	Whooping eough	35
GEORGIA		IOWA	
		Diphtheria	7
Cerebrospinal meningitis		Scarlet fever	35
Chieken pox		Smallpox	16
Conjunctivitis		Typhoid fever	
Diphtheria			
Dysentery (amebic)		KANSAS	
Hookworm disease	4	Chieken pox.	
Influenza1		Diphtheria	
Malaria		German measles	2
Measles		Influenza	
Mumps		Lethargic encephalitis	1
Pellagra		Measles	. 8
Pneumonia		Mumps	
Rabies	· Ł	Pneumonia.	
Searlet fever	4	Scarlet fever	
Septic sore threat	5	Smallpox	5
Smallpox		Trachoma	1
Tuberculosis	26	Tuberculosis	
Typhoid fever	7	Typhoid fever	3
Whooping cough	67	Whooping cough	21
ILLINOIS		LOUISIANA	
ILLINOIS .	I	Diphtheria	33
Cerebrospinal meningitis—Cook County	1	Influenza	76
Diphtheria:	. [Malaria	5
Cook County	75	Pneumonia	43
Scattering		Scarlet fever	19
influenza		Smallpox	29
Lethargic encephalitis—Cook County	2	Tuberculosis	32
Measles	962	Typhoid fever	9
Pneumonia		Whooping cough	20

MAINE Case	MINNESOTA—continued
Chicken pox	
	Scarlet fever
	Smallpox
Influenza9	Tuberculosis
Measles 2	Typhoid favor
Mumps	
Pneumonia 16	
	M ISSISSIPPI
Scarlet fever 27	
Tetanus 1	
Tuberculosis 22	
Typhoid fever	
Vincent's angina	I MISSOURI
Whooping cough	(Exclusive of Kansas City)
MARYLAND 1	Chicken pox
	Diphtlieria
Cerebrospinal meningitis 2	Influenza
Chicken pox 86	Malaria.
Diphtheria 34	Measles.
German measles	Mumps.
Influenza 75	Pneumonia
Lethargic encephalitis 1	Scarlet fever 2
Measles	Smallpox
Mumps 67	Trachoma
Pneumonia (all forms) 157	Tuberculosis
Scarlet fever	Typhoid fever
Puberculosis 54	Whoming cough
Typhoid fever	Whooping cough
Whooping cough 130	MONTANA
whooping cough	Chicken pox.
MASSACHUSETTS	Diphtheria
Chicken pox 215	German measles
onjunctivitis (suppurative) 20	Measles.
Diphtheria	Mumps
Jerman measles 282	Poliomyelitis—Fairview
	Scarlet fever
100kworm disease	Smallpox
nfluenza	Tuberculosis
ethargic encephalitis 3	Whooping cough
Jeasles	NEBRASKA
Aumps140	Chicken pox.
Phthalmia neonatorum 40	Diphtheria
'neumonia (lobar)	Influenza.
oliomyelitis	Measles.
carlet fever	Mumps2
eptic sore throat	
rachoma2	01-4
uberculosis (all forms)	O 41
yphoid fever 8	Septic sore throat.
hooping cough130	Smallpox 1
	Typhoid fever
MICHIGAN	Whooping cough.
iphtheria 75	NEW JERSEY
easles	Cerebrospinal meningitis
neumonia 188	Chicken pox
earlet fever	Diphtheria 8
nallpox19	Dysentery
uberculosis	Influenza
yphoid fever 12	Measles
hooping cough	Pneumonia 163
	Poliomyelitis
MINNESOTA	Scarlet fever 407
hicken pox 130	Smallpox
iphtheria64	Trachoma
P	
fluenza3	Trichinosis
	Trichinosis 2 Typhoid fever 21

¹ Week ended Friday.

NEW MEXICO		OREGON—continued	
	Cases	Scarlet fever:	2850
Chicken pox		wasco County	
Diphtheria	_ 29	Scattering	•
German measles.		Septic sore throat	
Influenza.		Smallpox.	
Measles.			. 2
Mumps.		Scattering	_
Pneumonia		Tuberculosis	. 1
Scarlet fever		Typhoid fever	
Tuberculosis	. 12	Whooping cough	•
Typhoid fever	. 1		•
Whooping cough	. 1	Chichen SOUTH DAKOTA	
NEW YORK		Chicken pox	•
(Exclusive of New York City)		Mumps	
Cerebrospinal meningitis	. 1	Pneumonia	
Diphtheria		Scarlet fever	. 3
		Smallpox	. 1
Influenza	. 110	Typhoid fever	
Lethargic encephalitis	. 2	Whooping cough	. :
Measles		TEXAS	
Pneumonia			
Poliomyelitis	. 2	Cerebrospinal meningitis	
Scarlet fever	394	Chicken pox	90
Smallpox		Diphtheria	4
Typhoid fever		Influenza	38
Whooping cough	246	Lethargic encephalitis	1
NORTH CAROLINA		Measles	
NORTH CAROLINA		Mumps	
Cerebrospinal meningitis	1	Ophthalmia neonatorum	1
Chicken pox		Paratyphoid fever	i
Diphtheria		Pellagra	4
German measles		Pneumonia	
Measles		Scarlet fever	
Scarlet fever		Smallpox	
mallpox		Tetanus	
Typhoid fever	2		7
Vhooping cough	95	Tuberculosis	
v nooping coagnitions	80	Typhoid fever	4
OKLAHOMA		Whooping cough	63
(The leaders of ONA hardy are a second			
(Exclusive of Oklahoma City and Tulsa)		VERMONT Chicken pox	21
	,	Chicken pox	
Cerebrospinal meningitis—Haskell	1	Chicken pox	1
Cerebrospinal meningitis—Haskell	17	Chicken pox	1 83
Gerebrospinal meningitis—Haskell Chicken pox Diphtheria	17 8	Chicken pox	83 23
Perebrospinal meningitis—Haskell Phicken pox Diphtheria Influenza	17 8 258	Chicken pox. Measles Mumps Scarlet fever. Typhoid fever.	83 23 2
Perebrospinal meningitis—Haskell Phicken pox Diphtheria Influenza Jeasles	17 8 258 6	Chicken pox	83 23 2
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Uniquenza Geasles Gumps	17 8 258 6 16	Chicken pox. Measles. Mumps Scarlet fever. Typhoid fever. W hooping cough WASHINGTON	1 83 23 2 10
Cerebrospinal meningitis—Haskell	17 8 258 6 16 99	Chicken pox. Measles Mumps Scarlet fever Typhoid fever W hooping cough WASHINGTON Chicken pox.	10 83 23 2 10
Perebrospinal meningitis—Haskell Phicken pox Diphtheria Uffuenza Geasles Gumps Teumonia Carlet fever	17 8 258 6 16 99 5	Chicken pox. Measles. Mumps Scarlet fever. Typhoid fever. W hooping cough WASHINGTON Chicken pox. Diphtheria.	10 23 20 10 113 43
Perebrospinal meningitis—Haskell Phicken pox Diphtheria Influenza feasles fumps Ineumonia carlet fever mallpox	17 8 258 6 16 99 5 15	Chicken pox. Measles Mumps Scarlet fever. Typhoid fever. W hooping cough WASHINGTON Chicken pox Diphtheria German measles.	1 83 23 2 10 113 43 74
Perebrospinal meningitis—Haskell Phicken pox Diphtheria Influenza feasles fumps Ineumonia Carlet fever Inallpox Typhoid fever	17 8 258 6 16 99 5	Chicken pox. Measles Mumps Scarlet fever. Typhoid fever. W hooping cough Chicken pox. Diphtheria German measles Measles.	113 43 74 13
Perebrospinal meningitis—Haskell Phicken pox Diphtheria Influenza feasles fumps Ineumonia carlet fever mallpox	17 8 258 6 16 99 5 15	Chicken pox. Measles Mumps Scarlet fever Typhoid fever W hooping cough Chicken pox. Diphtheria German measles Measles Mumps	113 43 74 13
Perebrospinal meningitis—Haskell Phicken pox Piphtheria Influenza Measles Mumps Ineumonia Cearlet fever Imallpox Pyphoid fever Phooping cough	17 8 258 6 16 99 5 15	Chicken pox. Measles. Mumps Scarlet fever Typhoid fever. Whooping cough Chicken pox. Diphtheria German measles. Measles. Mumps Pneumonia.	113 43 74 13 201
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza Geasles Gumps Ineumonia carlet fever mallpox yphoid fever Vhooping cough OREGON	17 8 258 6 16 99 5 15	Chicken pox. Measles Mumps Scarlet fever Typhoid fever W hooping cough Chicken pox. Diphtheria German measles Measles Mumps	113 43 74 13 201
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza Geasles Gumps Ineumonia carlet fever mallpox yphoid fever Vhooping cough OREGON	17 8 258 6 16 99 5 15	Chicken pox. Measles. Mumps Scarlet fever Typhoid fever. Whooping cough Chicken pox. Diphtheria German measles. Measles. Mumps Pneumonia.	1 83 23 2 10 113 43 74 13 201 2 46
Perebrospinal meningitis—Haskell Phicken pox Piphtheria Influenza Measles Mumps Ineumonia Cearlet fever Imallpox Pyphoid fever Phooping cough	17 8 258 6 16 99 5 15 11 18	Chicken pox. Measles. Mumps. Scarlet fever. Typhoid fever. W hooping cough Chicken pox. Diphtheria. German measles. Measles. Mumps. Pneumonia. Scarlet fever. Smallpox.	1 83 23 2 10 113 43 74 13 201 2 46
Cerebrospinal meningitis—Haskell Chicken pox Chicken p	17 8 258 6 16 99 5 15 11 18	Chicken pox. Measles Mumps Scarlet fever. Typhoid fever. W hooping cough Chicken pox Diphtheria German measles Mumps Pneumonia Scarlet fever.	113 23 10 113 43 74 13 201 2 46 38 31
Perebrospinal meningitis—Haskell Phicken pox Piphtheria Influenza Ifeasles Ifumps Ineumonia Icarlet fever Imallpox Iyphoid fever Iyhooping cough OREGON erebrospinal meningitis Ihicken pox	17 8 258 6 16 99 5 15 11 18	Chicken pox. Measles. Mumps Scarlet fever. Typhoid fever. W hooping cough Chicken pox. Diphtheria. German measles. Measles. Mumps. Pneumonia. Scarlet fever. Smallpox Tuberculosis. Typhoid fever.	113 22 10 113 43 74 13 201 2 46 38 31 6
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza feasles feasles Inumps Ineumonia Carlet fever Imalipox Typhoid fever Thooping cough OREGON erebrospinal meningitis hicken pox iphtheria: Portland	17 8 258 6 16 99 5 15 11 18 2 36	Chicken pox. Measles Mumps Scarlet fever. Typhoid fever. Whooping cough Chicken pox. Diphtheria German measles Measles Mumps Pneumonia Scarlet fever Smallpox Tuberculosis Typhoid fever Whooping cough	113 22 10 113 43 74 13 201 2 46 38 31 6
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza Geasles Geasles Inumps Ineumonia Cearlet fever Imallpox Typhoid fever Thooping cough OREGON erebrospinal meningitis hicken pox iphtheria: Portland Scattering	17 8 258 6 16 99 5 15 11 18 2 36	Chicken pox. Measles. Mumps Scarlet fever. Typhoid fever. Whooping cough Chicken pox. Diphtheria. German measles. Measles. Mumps. Pneumonia. Scarlet fever. Smallpox. Tuberculosis. Typhoid fever. Whooping cough.	113 23 20 10 113 43 74 13 201 2 46 38 31 6 70
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza Geasles Geasles Gumps Ineumonia Cearlet fever Mallpox Yphoid fever Vhooping cough OREGON erebrospinal meningitis hicken pox iphtheria: Portland Scattering Gfuenza	17 8 258 6 16 99 5 15 11 18 2 36 11 12 31	Chicken pox. Measles. Mumps Scarlet fever. Typhoid fever. Whooping cough Chicken pox. Diphtheria. German measles. Measles. Measles. Mumps Pneumonia. Scarlet fever. Smallpox. Tuberculosis. Typhoid fever. Whooping cough WEST VIRGINIA Diphtheria.	113 23 20 10 113 43 74 13 201 2 46 38 31 6 70
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza Geasles Geas	17 8 258 6 16 99 5 15 11 18 2 36 11 12 31 6	Chicken pox. Measles Mumps Scarlet fever Typhoid fever. Whooping cough Chicken pox Diphtheria German measles Measles Mumps Pneumonia Scarlet fever Smallpox Tuberculosis Typhoid fever Whooping cough WEST VIRGINIA Diphtheria Scarlet fever	1 83 23 2 10 113 43 74 13 201 2 46 38 31 6 70 7 8
Cerebrospinal meningitis—Haskell Chicken pox Diphtheria Influenza Geasles Geasles Gumps Ineumonia Cearlet fever Mallpox Yphoid fever Vhooping cough OREGON erebrospinal meningitis hicken pox iphtheria: Portland Scattering Gfuenza	17 8 258 6 16 99 5 15 11 18 2 36	Chicken pox. Measles. Mumps Scarlet fever. Typhoid fever. Whooping cough Chicken pox. Diphtheria. German measles. Measles. Measles. Mumps Pneumonia. Scarlet fever. Smallpox. Tuberculosis. Typhoid fever. Whooping cough WEST VIRGINIA Diphtheria.	113 23 22 10 113 43 74 13 201 2 46 38 31 6 70

WISCONSIN	wisconsin—continued				
Milwaukee:	Cases	Scattering-Continued	Cases		
Chicken pox	47	Mumps			
Diphtheria	18	Pneumonia			
German measles	. 764	Policymelitis			
Influenza	1	Scarlet fever			
Measles	426	Smallpox			
Mumps	. 139	Tuberculosis			
Pneumonia	6	Typhoid fever			
Poliomyelitis	. 1	Whooping cough			
Scarlet fever		Whooping coagn			
Smallpox	10	WYOMING			
Tuberculosis	. 18	Chicken pox	5		
Whooping cough	. 43	Influenza			
Scattering:		Measles			
Chicken pox	_ 138	Mumps			
Diphtheria	. 17	Pneumonia	. 1		
German measles		Scarlet fever	. 4		
Influenza	_ 50	Smallpox			
Measles	_ 215	Typhoid fever			

Report for Week Ended March 7, 1925

NORTH DAKOTA	NORTH DAKOTA—continued					
Ca	ses		Cases			
Chicken pox	12	Scarlet fever	53			
Diphtheria						
Mumps	2	Tuberculosis	3			
Pneumonia	10	Whooping cough	18			

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	Cere- bro- spinal menin- gitis	Diph- theria	Influ- enza	Ma- laria	Mea- sles	Pella- gra	Polio- my- elitis	Scarlet fever	Small- pox	Ty- phoid fever
January, 1925 District of Columbia Hawaii Lowa Maine Utah February, 1925	1 6 1 23	76 27 91 51 47	11 12 44 42	0	45 14 11 68 44	0	0 2 7 1	134 2 265 120 55	11 148 1 23	31 9 1 23 1
Alabama. Arizona. Arkansas. Connecticut. District of Columbia Indiana. Massachusetts. Michigan.	7 4 2 2 9	60 21 50 202 83 174 497 299	3, 338 1, 332 78 10 508 261 26	39 101	196 185 110 275 40 2, 204 692	16	0 1 1 4 8	82 35 89 725 148 892 1, 462 1, 366	884 22 77 0 9	47 7 31 14 6 20 33 31

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicative measures from the cities named for the week ended February 28, 1925:

Los Angeles Calif.

Los Angeles, Calij.	
Week ended Feb. 28, 1925:	
Number of rats examined	3, 073
Number of rats found to be plague infected	17
Number of squirrels examined	705
Number of squirrels found to be plague infected	0
Totals to Feb. 28, 1925:	
Number of rats examined	56, 096
Number of rats found to be plague infected	114
Number of squirrels examined	
Number of squirrels found to be plague infected	
Oakland, Calif.	
Week ended Feb. 28, 1925:	
Number of rats examined	2, 042
Number of rats found to be plague infected	. 1
Totals to Feb. 28, 1925:	
Number of rats examined	14, 366
Number of rats found to be plague infected	20
New Orleans, La.	
Week ended Feb. 28, 1925:	
Number of vessels inspected	378
Number of inspections made	886
Number of vessels fumigated with cyanide gas	33
Number of rodents examined for plague	3, 919
Number of rodents found to be plague infected	0
Totals to Feb. 28, 1925:	
Number of rodents examined for plague	46, 410
Number of rodents found to be plague infected	12

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended February 28, 1925, 35 States reported 1,566 cases of diphtheria. For the week ended March 1, 1924, the same States reported 1,996 cases of this disease. One hundred and one cities, situated in all parts of the country, and having an aggregate population of about 28,600,000, reported 925 cases of diphtheria for the week ended February 28, 1925. Last year for the corresponding week they reported 1,092 cases. The estimated expectancy for these cities was 1,038 cases of diphtheria. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Twenty-eight States reported 3,318 cases of measles for the week ended February 28, 1925, and 18,616 cases of this disease for the week ended March 1, 1924. One hundred and one cities reported 1,953 cases of measles for the week this year, and 6,934 cases last year.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-five States—this year, 4,723 cases; last year, 4,287 cases; 101 cities—this year, 2,227 cases; last year, 1,821 cases; estimated expectancy, 1,038 cases.

Smallpox.—For the week ended February 28, 1925, 34 States reported 1,100 cases of smallpox. Last year for the corresponding week they reported 1,296 cases. One hundred and one cities reported smallpox for the week as follows: 1925, 364 cases; 1924, 514 cases; estimated expectancy, 103 cases. These cities reported 12 deaths from smallpox for the week this year, of which 5 occurred in Minneapolis, Minn., and 3 in Camden, N. J.

Typhoid fever.—Two hundred and twenty-six cases of typhoid fever were reported for the week ended February 28, 1925, by 33 States. For the corresponding week of 1924 the same States reported 199 cases. One hundred and one cities reported 75 cases of typhoid fever for the week this year and 50 cases for the week last year. The estimated expectancy for these cities was 41 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia (combined) were reported for the week by 101 cities as follows: 1925, 1,258 deaths; 1924, 1,247 deaths.

City reports for week ended February 28, 1925

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

table the available data were not sufficient to make it practicable to compute the estimated expectancy.

	Popula- tion July 1, 1923, estimated	re-	Diph	theria	Influ	ienza	Mea-	Mumps, cases re- ported	Pneu-
Division, State, and city			Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	sles, cases re- ported		monia, deaths re- ported
NEW ENGLAND									
Maine:									
Portland	73, 129	1	2	2	0	0	0	16	2
New Hampshire:	22.422		_						_
ConcordVermont:	22, 408	0	1	1	0	0	0	0	0
Barre	1 10, 008	5	0	1	0	0	1	15	2
Burlington	23, 613	ő	ŏ	ô	ŏ	ŏ	4	16	ô
Massachusetts:			- 1	-	-	-	_	-0	
Boston	770, 400	29	63	47	35	8	143	7	53 5
Fall River	120, 912	3	5	1	0	0	1	1	5
Springfield	144, 227 191, 927	6 21	3	3	4 2	0	. 55	3	0 2
Rhode Island:	191, 921	21	3	3	2	ויי	9	0	2
Pawtucket	68, 799	0	1	1	0	0	0	0	2
Providence	242, 378	ō i	13	10	2	ŏí	ĭ	ŏ	14
Connecticut:			1	ļ				-	
Bridgeport	1 143, 555	1	9	4	2	2	3	0	5
Hartford New Haven	1 138, 036		9				<u>-</u> -		
New Haven	172, 967	14	3	0;	3	1	7	0	6

¹ Population Jan. 1, 1920.

City reports for week ended February 28, 1925—Continued

		Chick	Diph	ıtheria	Infl	uenza			
Division, State, and city	Population July 1, 1923, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
MIDDLE ATLANTIC									
New York: Buffalo New York Rochester Syracuse New Jersey:	536, 718 5, 927, 625 317, 867 184, 511	23 232 9 6	20 220 9 7	211 0 3	96 0 0	2 22 0 0	73 56 29 2	13 26 47 16	22 195 4 12
Camden	124, 157 438, 699 127, 390	8 30 1	19 6	8 10 1	17 2	2 0 1	18 37 15	1 9 0	5 19 3
Philadelphia Pittsburgh Reading Scranton	1, 922, 788 613, 442 110, 917 140, 636	65 77 11 1	77 23 3 4	101 13 0 3	0	9 3 0 1	175 268 4 0	27 16 3 0	58 46 2 9
EAST NORTH CENTRAL									
Ohio: Cincinnati Cleveland Columbus Toledo Indiana:	406, 312 888, 519 261, 082 268, 338	29 102 14 16	10 30 . 4 6	7 21 4 4	23 0	2 2 3 0	0 4 1 25	10 4 7 1	0 27 9 13
Fort Wayne Indianapolis South Bend Terre Haute Illinois:	93, 573 342, 718 76, 709 68, 939	8 29 3 0	3 11 1 1	4 6 5 2	0	0 6 0 1	2 4 7 0	0 3 0 0	6 22 3 10
ChicagoCiceroPeoriaSpringfield	2, 886, 121 55, 968 79, 675 61, 833	110 8 7 4	119 1 2 2	54 1 0 1	17 0 0 2	10 0 0 0	418 8 0 1	28 4 5 0	96 1 3 1
Michigan: Detroit Flint Grand Rapids Wisconsin:	995, 668 117, 968 145, 947	40 4 9	59 6 3	37 2 0	5 0 3	6 0 2	12 8 13	15 2 0	42 6 6
Madison Milwaukee Racine Superior	42, 519 484, 595 64, 393 1 39, 671	8 39 1 2	1 15 2 1	0 15 2 0	0 1 0 0	1 0 0	3 354 18 0	161 93 6 0	0 1 0
WEST NORTH CENTRAL									
Minnesota: Duluth Minneapolis St. Paul Iowa:	106, 289 409, 125 241, 891	1 75 31	2 16 13	0 24 36	0 0 0	0 0 0	$\begin{bmatrix}2\\0\\24\end{bmatrix}$	0 6 48	5 10 7
Davenport Des Moines Sioux City Waterloo	61, 262 140, 923 79, 662 39, 667	0 0 7 4	1 3 2 0	4 4 0 1	0 0 0 0		4 0 2 0	1 0 44	
Missouri: Kansas City St. Joseph St. Louis North Dakota:	351, 819 78, 232 803, 853	18 4 27	9 2 47	11 1 54	16 0 1	16 0 1	$\begin{bmatrix} 2\\1\\2 \end{bmatrix}$	32 2 3	31 3
Fargo Grand Forks South Dakota:	24, 841 14, 547	11 0	0	0	0	0	0	23 0	2
Aberdeen Sioux Falls Nebraska:	15, 829 29, 206	4 0	1	0 3	0	0	0	0	0
Lincoln	58, 761 204, 382	10 8	1 4	7	0	0	0	1 0	8 0
TopekaWichita	52, 5 55 79, 261	9	2 2	1	0	0	1	172	4

¹ Population Jan. 1, 1920.

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City reports for week ended February 28, 1925—Continued

			Diph	theria	Infl	ienza	3.5		
Division, State, and city	Population July 1, 1923, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Measles, cases reported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
SOUTH ATLANTIC									
Delaware: Wilmington	117, 728	0	2	1	0	0	3	0	0
Maryland: Baltimore	773, 580	83	26	28	28	4	5	15	
Cumberland	32, 361		0	1	1	0	0	13	50 4
Frederick District of Columbia:	11, 301		0	0	0	0	0		1
Washington Virginia:	1 437, 571	48	11	15	1	1	11		19
Lynchburg	30, 277	2	1	0	0	0	0	23	2
Norfolk Richmond	159, 089 181, 044	19 6	2 3	0 1	0	0 6	0 3	67 2	6 14
Roanoke	55, 5 02	3	1	1	1	0	0	0	1
Charleston	45, 597	3	1	1	0	0	12	0	1
Huntington	57, 918 1 56, 208	0 8	1	0	0	0	0 1	0 3	<u>2</u>
North Carolina: Raleigh	29, 171	10	0	1	0	0	o	0	1
Wilmington Winston-Salem	35, 719 56, 230	4 10	0 1	0	0	1	0	3	1 3 7
South Carolina:				I				1	
Charleston Columbia	71, 245 39, 688	0	1	0	0	2	0	0 2	5 2
Greenville	25, 789	0	0	0	0	2	0	0	1
Atlanta Brunswick	222, 963	0	2	5	11	2	0	1	18
Savannah	15, 937 89, 448		ŏ	0	6	0	1		0
Florida: St. Petersburg	24, 403	o	0	0	0	0	0	0	7
Tampa	56, 050	2	3	1	4	0	0	4	3
			l	-		İ	ļ		
Kentucky: Covington	57, 877	0	1	0	0	0	2	0	3
Lexington Louisville	43, 673 257, 671	1 3	5	0	0	0	0	0	4 16
Tennessee: Memphis	i	1	1		"	1	ļ	- 1	
Nashville	170, 067 121, 128	1	5 1	0		8	5	0	8 3
Alabama: Birmingham	195, 901	9	2	2	16	8	0	3	16
Mobile	63, 858 45, 383	0 2	1 1	0 2	12	4 0	0	1 19	5
WEST SOUTH CENTRAL	10, 500	1	1	1	-		١	19	U
Arkansas:		1	- 1				- 1		
Fort Smith Little Rock	30, 635 70, 916	6	0	1 2	0 -	3	6	5 -	
Louisiana:			1		i		i	1	3
New Orleans Shreveport	404, 575 54, 590	0 -	12	16	27 0	20	1	0	23 0
Oklahoma: Oklahoma	101, 150	4	1	5	14	0	0	2	3
Tulsa Texas:	102, 018		î	ĭ	0 -		ŏ _		
Dallas	177, 274	13	5	12	67	1	1	0	7
Galveston Houston	46, 877 154, 970	6	0 2	12 1 2 1	0	0	0	3	00 1
San Antonio	184, 727	0	3	ī	Ō	5	Ŏ	ĭ	8
MOUNTAIN									
Montana: Billings	16, 927	6	0	0	0	0	0	7	1
Great Falls	27, 787 1 12, 037	0	1 0	ŏ o	0	0	60	7 2 0	1
Missoula	1 12, 668	ŏ	1	2	0	ő	30	0	0

¹ Population Jan. 1, 1920.

City reports for week ended February 28, 1925—Continued

	D	Chick-	Diph	theria	Infl	lenza	Mea-		
Division, State, and city	Popula- tion July 1, 1923, estimated	en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
MOUNTAIN—continued									
Idaho: Boise	22, 806	4	1	0	0	0	0	0	0
Colorado:	22, 000	•	-	٠		"	U		ľ
Denver	272, 031	15	9	12		2	3	90	19
Pueblo	43, 519	12	2	0	0	0	0	13	4
New Mexico: Albuquerque	16, 648	3	1	1	3	0	1	3	0
Arizona:	10, 010	_	•	•	"	"	•		
Phoenix	33, 899	2		2		3	0	0	2
Utah: Salt Lake City	126, 241	28	2	2	0	0	3	44	3
Nevada:	120, 241	20	-	_	١	١	u	11	
Reno	12, 429	0	0	0	0	0	0	1	0
PACIFIC									
Washington:									
Seattle	1 315, 685	59	6	16	0		6	62	
SpokaneTacoma	104, 573	13	3	20	0		0	0	
	101, 731	1	1	6	0	0	0	0	3
Oregon: Portland	273, 621	21	5	16	1	0	1	6	11
California:	213, 621	21	"	10		ı "	- 1	٥	- 11
Los Angeles	666, 853	97	32	29	47	3	12	33	27
Sacramento	69, 950	1	1	2		3	0	1	5 5
San Francisco	539, 038	57	26	16	10	1	3	22	5

	Scarlet fever			Smallpo)X	Tuber-	, ,	phoid f	ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re-	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	culosis, deaths re-	Conon	Cases re- ported	Deaths re- ported	re-	Deaths, all causes
NEW ENGLAND											
Maine: Portland	1	0	0	0	0	1	0	1	0	4	33
New Hampshire: Concord	0	8	0	0	0	0	0	0	0	0	6
Vermont: Barre Burlington	0 1	2 3	0	0	0 0	1 2	0	0	0	0 1	4 13
Massachusetts: Boston Fall River Springfield	55 4 7	104 2 26	0 0 0	0 0 0	0 0 0	16 4 2	2 0 1	1 0 0	1 0 0	23 8 4	288 40 34
Worcester Rhode Island: Pawtucket	9	18 0	0	0	0	0	0	0	0	12 0	42 23
Providence Connecticut:	9	9	0	0	0	1	0	1	1 0	0	72 37
Bridgeport Hartford	6 5	15	0	0	0	3	0	1			
New Haven MIDDLE ATLANTIC	6	26	0	0	0	3	0	1	U	4	54
New York Buffalo New York Rochester	20 176 12	27 343 60	0 1 0	1 0 0 0	0 0 0	11 112 4 1	1 7 1 0	1 5 3 2	0 2 0 1	32 100 4 4	188 1,473 64 51
Syracuse New Jersey: Camden Newark Trenton	16 3 23 3	19 42 4	0	2 0 0	3 0 0	1 10 2	0 0 1	1 0 0	0 0 0	2 64 1	48 99 37

¹ Population Jan. 1, 1920.

² Pulmonary tuberculosis only.

City reports for week ended February 28, 1925-Continued

	Searle	t fever		Smallpo	X		T	yphoid f	'ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	re-	Cases, esti- mated		Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
MIDDLE ATLANTIC - continued											
Pennsylvania: Philadelphia Pittsburgh Reading Scranton	62 20 2 4	225 79 12 1	0 0 0 0	3 0 0 0	1 0 0 0	45 5 1 1	3 0 0 0	3 1 0 1	3 0 0 0	75 5 3 5	532 174 25
EAST NORTH CEN- TRAL											
Ohio: Cincinnati Cleveland Columbus Toledo Indiana:	10 33 8 17	11 26 22 9	1 1 1 4	0 0 5 0	0 0 0	8 16 11 9	0 1 0 0	0 0 0 0	0 0 0 1	3 27 15 25	111 198 80 87
Fort Wayne Indianapolis South Bend Terre Haute Illinois:	3 11 3 2	4 2 15 5	1 3 1 1	1 15 0 6	0 0 0 0	0 11 1 1	0 1 0 0	0 2 0 0	0 0 0 0	4 4 0 0	26 110 15 32
Chicago Cicero Peoria Springfield Michigan:	93 1 3 1	287 9 7 4	3 0 0 0	2 0 0 0	0 0 0 0	48 1 1 2	3 0 0 0	4 0 0 1	1 0 0 1	112 3 0 0	703 6 21 18
Detroit Flint Grand Rapids_ Wisconsin:	85 7 8	122 0 40	4 1 1	2 0 2	1 0 0	29 3 0	2 1 1	2 0 0	1 0 0	35 0 2	289 27 34
Madison Milwaukee Racine Superior	3 37 4 2	16 1 18	1 1 0 3	0 5 0 0	0 0 0	0 0 0	0 0 0 0	0 0 0	0 0 0	20 4 0	102 12 7
WEST NORTH CEN- TRAL											
Minnesota: Duluth Minneapolis St. Paul Iowa:	3 36 27	19 77 27	1 8 7	0 16 2	0 5 0	0 0 3	0 1 0	1 3 2	0 0 0	4 3 7	19 104 60
Davenport Des Moines Sioux City Waterloo Missouri:	3 9 2 3	2 4 0 0	2 2 1 0	1 4 0 3			0 0 0 0	0 0 0		3 0 0 4	
Kansas City St. Joseph St. Louis North Dakota:	12 2 27	127 0 93	2 0 2	0 0 9	0 0 0	9 1 13	1 0 1	0 0 2	0 0 0	4 5 5	131 29 232
Grand Forks South Dakota:	0	9	0	0 .	0	0	0	0	0	0	14
Aberdeen Sioux Falls Nebraska:	4	0 -	1	0 -	0	0	ō	0	ō-	0	4
Lincoln Omaha	3 5	1	0 2	2 28	0	0 1	0	0	0	5 5	10 60
Kansas: Topeka Wichita	2 3	1	1 3	0	0	1	0	0	0	1	14
SOUTH ATLANTIC									ĺ		
Delaware: Wilmington Maryland: Baltimore	2 38	0 48	0	0	0	1	0	0 2	0	3 -	040
Cumberland Frederick	1 2	1 0	0	0	0	18 0 0	0 0	0 0	0	73	246 13 5

City reports for week ended February 28, 1925—Continued

	Scarle	t fever		Smallp)X		Т	phoid f	eve r	Wh	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	Tuber- culosis, deaths re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	Whooping cough, cases reported	Deaths, all causes
SOUTH ATLANTIC— continued											
District of Col.: Washington Virginia:	22	38	1	1	1	9	1	0	0	20	157
Lynchburg Norfolk Richmond Roanoke	1 1 3 1	0 1 4 1	· 0 0 1	0 0 0	0 0 0	0 1 6 1	0 0 0	0 0 1 2	0 0 0	0 8 1 0	63 24
West Virginia: Charleston Huntington	1 1	0	1 0	0	0	0	0	0	1	0	16
Wheeling North Carolina: Raleigh Wilmington	1 0 0	1 1 0	0 0 0	0 0 5	0	1 3 1	0 0 0	0 0	0	0 0 1	9 11
Winston-Salem South Carolina: Charleston Columbia	1 0 0	1 0 0	1 1 0	5 0 0	0	0 2 4	0 0 0	0 2 0	0	5 0 4	29 29 16
Greenville Georgia: Atlanta Brunswick	Ŏ 4 1	0 1 0	0 3 0	9 1 0	0	0 4 1	0	0	0	0 9	13 87 1
Savannah Florida: St. Petersburg	1 2	0	0	0	0	0	1 0	0	0	ō	17
TampaEAST SOUTH CENTRAL	0	1	0	0	0	1	1	1	0	1	34
Kentucky: Covington Lexington	1 1	2 1	0	0	0	1 2	0	1 1	0	0 1	13 18
Louisville Tennessee: Memphis	3 2	12 2 9	1 1 1	0 7 4	0	6 5 4	1 1 0	0 2 0	0	10 ō	98 68 44
Nashville: Alabama: Birmingham Mobile	1 0	7 0	1 1	90 0	0	6 2	1 1	2	1 0	0	88 26
Montgomery WEST SOUTH CEN- TRAL	0	0	0	1	0	0	0	0	0	0	24
Arkansas: Fort Smith Little Rock	0	2 2	0	1 0	<u>o</u>	4	0	0		0	
Louisiana: New Orleans Shreveport	4	19 0	3	2	0	22	2	7	0	0	176 20
Oklahoma: Oklahoma Tulsa Texas:	2 1	1 2	4 2	0	0	2	0	0	0	2	21
DallasGalveston Houston San Antonio	1 0 1 1	5 0 2 1	. 5 1 1 0	0 8 13 0	0 0 0	2 2 2 5	0 0 0	1 0 0 0	0	1 0 1 0	49 8 50 60
MOUNTAIN	Ī	_		-							
Montana: Billings Great Falls Helena Missoula	1 1 0 0	9 2 0 0	0 1 0 0	0 4 0 0	0 0 0	1 1 3 0	0 0 0	0 3 0 0	0 0 0	14 0 0 0	10 8 4 3
Idaho: Boise Colorado: Denver Pueblo	0 12 2	0 15 3	1 3 1	1 0 0	0	0 9 1	0	0 1 4	0	0 1 0	4 85 10

City reports for week ended February 28, 1925—Continued

	, repor	100 101					, w		~	, 10.				,
	Scarle	t fever		Sma	allpo	X				r	'yphoid	fever		
Division, State, and city	Cases, esti- mated expect- ancy		Cases, esti- mated expect- ancy	n	ses e- rted	Dea re por	9-	Tub culo dea re por	sis, ths	Case esti- mate expec ancy	Cases re- ported	Deaths re- ported	re-	Deaths all causes
MOUNTAIN-con.														
New Mexico: Albuquerque Arizona: Phoenix	2	0	0		0		0		2 17	0	0	0	1 0	38
Utah: Salt Lake City. Nevada: Reno	3 0	2 2	2 0		0		0		2	0	0	0	11	33
PACIFIC														
Washington: SeattleSpokaneTacomaOregon:	10 4 2	7 4 2	2 8 3		31 4 1		0		1	000	0	0	40 11 1	27
Portland California:	6	5	6		18		0		7	0	1	0	10	
Los Angeles Sacramento San Francisco.	15 1 17	45 1 18	2 0 4		57 6 9		0 0 1		1	2 0 1		0 0	55 2 22	265 26 132
•			ebrospi eningiti		e	Letl ncer				Pell	agra	Poliom	yelitis (iı baralysis)	nfantile
Division, State, a	nd city	Cas	es Dea	iths	Ca	ises	De	aths	C	ases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
NEW ENGLA	٧D													
Massachusetts: Boston Worcester			0	0		2 1		1 0		0	0	1 0	0	0
MIDDLE ATLAN	TIC												1	
New York: New York Rochester Syracuse Pennsylvania: Pittsburgh		-	1 0 0 1	2 0 0		10 0 1		5 1 0		0	0 0 0	1 0 0	1 0 0	1 0 0
EAST NORTH CEN		1	1	1		Ů		1		١	١	"	١	v
Ohio: Cleveland Illinois: Chicago Wisconsin:	·····	-	1 2	0		1 2		0 1		0	0	0	0	0
Racine		-	0	0		0		0		.0	0	0	1	0
WEST NORTH CEN Missouri: St. Louis Nebraska: Omaha		1	0	1 0		0		0		0	0	0	0	0
SOUTH ATLANT	ric													
Maryland: Baltimore	. 		1	0		0		0		0	o	0	1	1
Virginia: Norfolk			100	0		0		0		0	0	0	0	8
Wilmington		.]	o l	0		0		0		0	1	0	0	0

City reports for week ended February 28, 1925—Continued

		ospinal ngitis		nargie halitis	Pell	agra	Poliomyelitis (infantile paralysis)		
Division, State, and city	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
WEST SOUTH CENTRAL									
Louisiana: New Orleans. Shreveport. Oklahoma:	0	0	. 0	0	1 0	1 1	0	0	0 0
Oklahoma	0	0	0	0	0	1	0	0	0
Texas: San Antonio	0	0	0	0	0	1	0	0	0
PACIFIC									
California: San Francisco	0	0	1	1	0	0	0	0	0

The following table gives the rates per hundred thousand population for 105 cities for the 10-week period ended February 28, 1925. The population figures used in computing the rates were estimated as of July 1, 1923, as this is the latest date for which estimates are available. The 105 cities reporting cases had an estimated aggregate population of nearly 29,000,000 and the 97 cities reporting deaths had more than 28,000,000 population. The number of cities included in each group and the aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, December 21, 1924, to February 28, 1925-Annual rates per 100,000 population 1

DIPHTHERIA CASE RATES

	Week ended—									
	Dec. 27	Jan.	Jan. 10	Jan. 17	Jan. 24	Jan. 31	Feb.	Feb. 14	Feb. 21	Feb. 28
Total	150	163	169	2 172	² 163	² 166	² 175	² 168	4 150	5 169
New England	189	258	256	179 188	171 175	199 155	191 171	246 165	241 163	6 189 178
Middle Atlantic East North Central	149 134	140 151	181 132	141	130	3 135	145	132	123	119
West North Central	168	176	143	255	199	251	255	259 2 183	209	7 295
South Atlantic East South Central	134 51	146 91	173 120	² 106 91	² 138 80	$\frac{128}{97}$	² 153 63	69	4 160 80	4 118 51
West South Central	116	148	144	195	162	148	176	162	125	162
Mountain	209	191	239	153	239	134	191	95	162	153
Pacific	226	281	194	206	223	293	270	180	165	258

¹ The figures given in this table are rates per 100,000 population, annual basis, and not the number of cases reported. Populations used are estimated as of July 1, 1923.
2 Wilmington, Del., not included. Report not received at time of going to press.
3 Racine, Wis., not included.
4 Savannah, Ga., not included.
5 Hartford, Conn.; Wichita, Kans., and Savannah, Ga., not included.
6 Hartford, Conn., not included.
7 Wichita, Kans., not included.

Summary of weekly reports from cities, December 21, 1924, to February 28, 1925—Annual rates per 100,000 population—Continued

MEASLES CASE RATES

		Week ended—								
	Dec. 27	Jan.	Jan. 10	Jan. 17	Jan. 24	Jan. 31	Feb.	Feb. 14	Feb.	Feb. 28
Total	105	158	215	2 141	2 213	3 214	² 254	2 297	4 384	5 358
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain	278 235 138 10 35 0 14	380 121 294 10 53 17 9 115	395 169 417 19 83 29 5	440 157 127 12 2 43 46 23 267	497 187 379 27 238 74 14 248	484 205 3 373 21 37 91 14 286	576 205 453 17 49 51 37 782	661 287 515 31 298 74 51 153	720 373 688 27 4114 51 14 620	6 585 345 632 7 75 4 84 41 56
Pacific	70	116	FEVE	160	55 E D 4 7	17	61	29	64	61
•	SUA	KLET	FEVE.	R CAS	E RAT	ES	ı <u></u>	r	·	
Total	244	300	369	2 355	² 370	3 364	2 412	2 400	4 391	5 408
New England	512 225 230 468 132 126 65 191 133	609 286 243 527 203 172 83 162 247	661 324 383 757 160 229 148 382 189	561 294 375 755 2 243 183 116 534 183	596 326 369 804 2 189 183 195 305 220	534 322 379 779 185 217 204 258 226	614 373 426 871 2255 97 162 334 258	564 407 397 728 2277 212 121 382 177	606 376 432 742 4 166 223 125 248 186	6 558 412 434 7 758 4 206 183 144 315 223
	s	MALL	POX	CASE	RATE	8				
Total	41	48	57	2 58	2 70	3 67	² 76	2 79	4 66	s 66
New England Middle Atlantic East North Central West North Central South Atlantic East South Central Mountain Pacific	0 2 20 205 28 183 19 48 122	0 3 27 129 39 372 32 48 191	0 3 40 220 30 395 65 29 148	0 10 39 193 2 64 217 32 57 212	0 6 48 180 2 38 675 32 95 209	0 9 3 35 195 45 652 60 48 177	0 2 39 145 2 62 823 125 29 287	0 4 35 193 2 98 675 139 162 220	0 2 56 126 4 69 532 83 86 215	6 0 3 28 7 124 4 44 583 116 57 313
	TYP	ногр	FEVE	R CAS	SE RA	TES	-			
Total	35	37	36	2 21	2 17	³ 18	2 13	2 13	4 11	⁵ 14
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central West South Central Mountain Pacific	17 57 24 19 37 34 28 0	25 58 28 4 41 40 37 0	15 49 23 6 55 51 70 10 26	25 21 23 10 21 17 70 0	20 20 11 6 2 11 29 42 48 15	7 19 10 12 37 23 60 19 3	30 13 8 0 2 17 11 23 29 17	20 6 6 10 1 34 40 46 19	0 10 6 4 4 8 34 42 38 23	6 13 8 7 7 17 4 21 34 42 76

<sup>Wilmington, Del., not included.
Report not received at time of going to press.
Racine, Wis., not included.
Savannah, Ga., not included.
Hartford, Conn.; Wichita, Kans., and Savannah, Ga., not included.
Hartford, Conn., not included.
Wichita, Kans., not included.</sup>

Summary of weekly reports from cities, December 21, 1924, to February 28, 1925-Annual rates per 100,000 population—Continued

INFLUENZA DEATH RATES

	Week ended—									
	Dec. 27	Jan. 3	Jan. 10	Jan. 17	Jan. 24	Jan. 31	Feb.	Feb. 14	Feb. 21	Feb. 28
Total	15	19	21	2 22	2 22	3 23	² 30	2 28	4 30	5 3
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	15 14 16 7 14 51 15 10	3 21 10 9 26 63 51 38 12	17 20 16 13 35 46 41 19 20	27 18 15 2 2 47 46 87 29 12	10 20 18 20 2 23 63 92 10	27 16 3 12 15 39 74 82 38 20	47 24 13 20 2 49 69 97 57 41	27 22 17 11 2 55 63 122 57	17 21 18 22 4 55 74 153 57	6 44 20 2- 7 39 4 49 126 148 19

PNEUMONIA DEATH RATES

Total	157	203	192	² 215	² 211	³ 206	² 225	² 222	4 216	5 201
New England	114 178 126 92 205 206 229 219 147	174 226 165 101 250 303 341 229 188	122 228 152 90 246 292 260 229 184	157 260 152 107 2 294 189 449 248 163	216 234 142 120 2 275 320 362 324 208	241 230 3 145 118 252 303 229 315 217	211 253 164 134 2 315 326 352 191	239 231 168 131 2 270 320 464 277 192	241 216 184 131 4 253 320 408 219 213	6 242 185 171 7 161 4 309 292 260 267 163

<sup>Wilmington, Del., not included. Report not received at time of going to press.
Racine, Wis., not included.
Savannah, Ga., not included.
Hartford, Conn.; Wichita, Kans., and Savannah, Ga., not included.
Hartford, Conn., not included.
Wichita, Kans., not included.</sup>

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 New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central West South Central West South Central Pacific	105	97	28, 898, 350	28, 140, 934
	12	12	2, 098, 746	2, 098, 746
	10	10	10, 304, 114	10, 304, 114
	17	17	7, 032, 535	7, 032, 535
	14	11	2, 515, 330	2, 381, 454
	22	22	2, 566, 901	2, 566, 901
	7	7	911, 885	911, 885
	8	6	1, 124, 564	1, 023, 013
	9	9	546, 445	546, 445
	6	3	1, 797, 830	1, 275, 841

FOREIGN AND INSULAR

CANADA

Communicable diseases—Ontario—February 1-28, 1925 (comparative).—During the period February 1 to 28, 1925, communicable diseases were notified in the Province of Ontario, Canada, as follows:

75.1	1	925	1924		
Disease	Cases	Deaths	Cases	Deaths	
Cerebrospinal meningitis	15	4	2 4	1	
Chicken pox Diphtheria German measles	285	17	600 294 29	34	
Goiter	44 216	3	6 108 39	15	
Lethargic encephalitis	11 1, 576 1, 112	9 3	1 1, 914 787	4	
Pneumonia Poliomyelitis Scarlet fever	4	241 3	2	180	
SmallpoxSyphilis	621 14 163	10 1	940 125 101	10 14	
Tuberculosis Typhoid fever Whooping cough	158 40 427	88 3 8	145 23 202	101 3 5	

Smallpox.—Smallpox was reported in 10 localities, the largest number of cases, viz, 3, with 1 death, being reported at Stratford.

CANARY ISLANDS

Plague—Las Palmas—February 4, 1925.—Under date of February 4, 1925, a new case of bubonic plague was reported at Las Palmas, Canary Islands.

CUBA

Communicable diseases—February 1-28, 1925.—During the period February 1 to 28, 1925, communicable diseases were reported at Habana, Cuba, as follows:

	Feb. 1-	Feb. 1-28, 1925			
Disease	New cases	Deaths	ing under treatment Feb. 28, 1925		
Chicken pox Diphtheria Leprosy Malaria Measles Scarlet fever Typhoid fever	5 19 1 1 60 35 7 20	1 1 1	2 6 10 236 16 5 227		

Reported for week ended Feb. 28, 1925.
 A number of cases of malaria and typhoid fever were from the interior of the island; one case of typhoid fever and one case of malaria were from abroad.

ECUADOR

Communicable diseases—Mortality—Quito—January, 1925.—During the month of January, 1925, communicable diseases were reported at Quito, Ecuador, as follows: Dysentery, 156 cases, of which 44 were from localities outside the city, with 7 deaths; tuberculosis, pulmonary, 15 cases with 15 deaths; other forms of tuberculosis, 2 deaths; typhoid fever, 8 cases with 1 death; whooping cough, 32 cases with 1 death. The total number of deaths from all causes was 153, of which 54 deaths were of children under 1 year of age. Population, 100,525.

Plague—February 1-15, 1925.—During the period February 1 to 15, 1925, plague was reported in Ecuador as follows: Guayaquil—14 cases with 5 deaths; Yaguachi—1 case with 1 death.

Plague-Infected rats—Guayaquil.—During the same period, 76 rats were found plague infected at Guayaquil out of 12,165 rats taken.

FRANCE

Smallpox—Saint Malo—February, 1925.—During the week ended February 8, 1925, seven cases of virulent smallpox, with one death, were reported at the port of Saint Malo, department of Ille et Vilaine, France. The disease was reported to have been brought by the steamship Ruyth, which arrived during the latter part of January from Sfax, Tunis.

HUNGARY

Protective measures in effect in frontier districts.—According to information received under date of February 12, 1925, the provisions of an agreement between Austria and Hungary for the protection of frontier districts against the importation of epidemic diseases were put into effect January 1, 1925. These provisions require authorities in the frontier districts of the two countries to report mutually all cases of epidemic disease occurring in their respective districts.

MADAGASCAR

Plague—December 16-31, 1924—January 1-15, 1925.—Plague has been reported in the island of Madagascar as follows: December 16 to 31, 1924—cases, 75; deaths, 66. January 1 to 15, 1925—cases, 54; deaths, 48. For distribution according to locality and type, see page 583.

MALTA

Lethargic encephalitis—Malta (undulant) fever—Typhoid fever—January 16-31, 1925.—During the period January 16 to 31, 1925, 6 cases of lethargic encephalitis, 16 cases of Malta (undulant) fever, and 2 cases of typhoid fever were reported in the Island of Malta. Population, 216,702.

March 20, 1925 582

MEXICO

Further relative to epidemic cerebrospinal meningitis, States of Guerrero and Oaxaca—Outbreak in State of Morelos.—The epidemic prevalence of cerebrospinal meningitis in the States of Guerrero and Oaxaca, Mexico, reported February 21, 1925, was stated, February 26, 1925, to be unchanged. In the State of Morelos the disease was stated to have assumed an alarming character requiring energetic measures of control. At Jojutla churches and schools had been ordered closed by the department of health and it was proposed to adopt this measure at all points where new cases developed.

SALVADOR

Yellow fever—San Salvador—June-October, 1924.—The following statements in regard to yellow fever in the city of San Salvador, Republic of Salvador, from June to October 22, 1924, is taken from a report made to the Department of State:

During the month of June, 1924, yellow fever was definitely diagnosed in the city of San Salvador. The epidemic is believed to have terminated with the confirmation of a case at Ahuachapan, October 22, 1924. The total number of cases reported during the period covered by this report was 77, with 28 recorded deaths.

Early in October, 1924, the International Health Board, in cooperation with the National Health Board of Salvador, began a campaign directed against the yellow fever mosquito, Aëdes aegypti.

UNION OF SOUTH AFRICA

Plague—January 18–24, 1925.—During the week ended January 24, 1925, three cases of plague with one death, occurring in the native population, were reported in the Union of South Africa. For distribution of occurrence according to locality, see page 583.

Plague infection in wild rodents—De Aar District.—Information received under date of February 6, 1925, shows that plague infection in wild rodents had existed for two months previously to January 24, 1925, on the Ganzfontein and neighboring farms, about 40 miles south of De Aar, where, it is stated, five human cases of plague with two deaths have been reported. In this area, ground squirrels, springhares, and Cape hares (Vlakhaas) were said to be numerous, and heavy mortality among these animals was reported. Observations indicate that the infection was introduced, probably from a considerable distance, by some of these rodents. One of the cases notified, which was one of the pneumonic type, occurred in a native who lived in the open veld, slept at night in a "scherm" or inclosure of stones, and whose sole diet was mealie (maize) meal and the flesh of squirrels and springhares. One

¹ Public Health Reports, Mar. 6, 1925, p. 476.

Remarks

of the first cases in the De Aar outbreak, infected on a farm and also of pneumonic type, gave a similar history. A study of rat fleas from infected localities was stated to be in progress, conducted by officials of the Department of Public Health.

Smallpox—Typhus fever—December, 1924.—During the month of December, 1924, 7 cases of smallpox, occurring in the native or colored population, and 114 cases of typhus fever with 21 deaths, of which 2 cases occurred in the European or white population, were reported in the Union of South Africa. For distribution of occurrence according to locality, see page 585.

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 Week Ended March 20, 1925 1

CHOLERA

Date

Place

Cases Deaths

1 1200	Date	Casa	Deaths	Toolin is
IndiaCalcuttaMadrasRangoon	Jan. 18-24 Jan. 25-31	19 20	17 15 1	Jan. 4-10, 1925; Cases, 2,328; deaths, 1,320.
	PLA	.GUE		
Canary Islands: Las Palmas Ceylon: Colombo Ecuador: Guayaquil Yaguachi India Calcutta Madras Presidency Rangoon Java: East Java— Soerabaya Madagascar. Tananarive Province	Jan. 25-31	3 14 1	5 1 164 17	taken, 12,165 Jan. 4-10, 1925; Cases, 4,299; deaths, 3,461. Dec. 16-31,1924; Cases, 75; deaths, 66. Jan. 1-15, 1925; Cases, 54; deaths, 48. Bubonic, pneu-
Tananarive Town Do Other localities. Do Morocco: Marrakech. Union of South Africa		4 1 71 53	4 1 62 47	Feb. 9, 1925: Present in native quarter of town. Stated to be pneumonic in form and of high mortality. Jan. 18-24, 1925: Cases, 3; deaths, 1.
Orange Free State— Kroonstad District—— Transvaal—		1 2	1	Native; on farm.
Boshof District	qo	2		10.

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

Reports Received During Week Ended March 20, 1925—Continued SMALLPOX

Place	Date	Cases	Deaths	Remarks
Arabia:	Feb. 1-7			Imported.
Brazil: Pernambuco British East Africa:				•
Kenya— Mombasa Canada:	Jan. 18-24	. 1		
British Columbia— Vancouver Ontario	Feb. 22-28	. 44		Feb. 1-28, 1925: Cases, 14; deaths,
Cevlon:				1. Corresponding period, 1924: Cases, 125; deaths, 14.
Colombo	Jan. 25-31	. 1		Port case.
China: Shanghai France:	Feb. 1-7	. 2	3	Deaths among Chinese.
St. Malo	Feb. 2-8	7	1	Believed to have been imported on steamship Ruyth from Sfax, Tunis.
Germany: Frankfort-on-MainGreat Britain:	Jan. 1-10	1		
Newcastle	Feb. 8-14	3		Jan. 4-10, 1925: Cases, 2,442;
Calcutta	Jan. 18-24	94	63	deaths, 497.
Karachi	Feb. 1-7	13	2	
Madras	Jan. 25-31		13	
Rangoon			20	
Nagasaki	Feb. 9-15	3		
East Java—				
Soerabaya Mexico:	Dec. 28-31	23	4	
Durango	Feb. 1-28		5	
Saltillo	Feb. 22-28		1	
TampicoVera Cruz	Feb. 11-28 Feb. 22-28	17	7 6	
Spain:			ا	
Cadiz	Jan. 1-31		9	
Malaga	Feb. 15-21		5	
Valencia Switzerland:	Feb. 15-21	2		
LucerneTunis:	Jan. 1-31	24		
Tunis	Feb. 19–25	16	27	
Syria: AleppoUnion of South Africa	Feb. 8-14	10	2	Dec. 1-31, 1924: Cases, 7; in
On vessel:				colored population.
S. S. Ruyth				At St. Malo, France, from Sfax, Tunis; believed to have imported smallpox infection.

Reports Received During Week Ended March 20, 1925—Continued

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Chile:		1	1	Dec. 1-31, 1924: Cases, 112; deaths, 21, occurring in natives; in white population, 2 cases. Dec. 1-31, 1924: Cases, 37; deaths,
Cape Province East London Natal	Jan. 18-24	1		8. Dec. 1-31, 1924: Cases, 25; deaths, 5.
Orange Free State				Jan. 18-24, 1925: Outbreaks. Dec. 1-31, 1924: Cases, 38; deaths, 6.
Transvaal				Dec. 1-31, 1924: Cases, 12; deaths,
Yugoslavia: Belgrade	Dec. 22-28	1		
	YELLOW	FEVE	R	
Salvador: San Salvador	June-Oct. 1924	77	28	Last case, Oct. 22, 1924.

Reports Received from December 27, 1924, to March 13, 1925 $^{\rm 1}$

CHOLERA

Place	Date	Cases	Deaths	Remarks
Ceylon Colombo Do India	Nov. 16-22 Jan. 11-24	2	2	June 29-Nov. 29, 1924: Cases, 9; deaths, 8. Oct. 19, 1924, to Jan. 3, 1925:
Bombay Calcutta Do Madras Do Rangoon Do	Nov. 9-Dec. 20	4 59 20 69 74 9	4 51 20 40 53 2 3	Cases, 27,164; deaths, 16,228.
Indo-China Province— Anam. Cambodia Cochin-China Saigon Siam: Bangkok.	Aug. 1-31 Aug. 1-Sept. 30 do Nov. 30-Dec. 6 Nov. 9-29	1 6 7 1	1 5 4	Aug. 1-Sept. 30, 1924: Cases, 14; deaths, 10.

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

Reports Received from December 27, 1924, to March 13, 1925—Continued

PLAGUE

PLAGUE .				
Place	Date	Cases	Deaths	Remarks
Azores: Fayal Island— Castelo Branco	Nov. 25do	1		Present with several cases.
St. Michael Island British East Africa: Tanganyika Territory Uganda	Nov. 2-Jan. 3 Nov. 23-Dec. 27 AugNov., 1924	30 17 242	13 10 211	
Canary Islands: Las Palmas				Stated to have been infected with plague Sept. 30, 1924.
Realejo Alto Teneriffe—_		3	1	with plague Sept. 30, 1924. Vicinity of Santa Cruz de Tene- riffe.
Santa Cruz Celebes: Macassar	Jan. 3 Oct. 29	l		In vicinity. Epidemic.
Ceylon: Colombo Do	Nov. 9-Jan. 3 Jan. 4-24	12	9	One plague rodent.
China: Foochow Nanking Shing Hsien	Dec. 28-Jan. 3 Nov. 23-Jan. 31 Oct., 1924		790	Present. Do.
Ecuador: Chimborazo Province— Alausi District	Jan. 14		14	At two localities on Guayaquil and Quito Railway.
Guayaquil Do	ł	9 17	3 7	Rats taken, 27,004; found infected, 92. Rats taken, 19,087; rats found in-
Egypt				fected, 68. Year 1924: Cases, 373. Jan. 1–28, 1925: Cases, 15.
City— Alexandria Ismailia	Year 1924	2	2	Last case, Nov. 26.
Port Said	do	6 20 1	13 13	Last case, July 6. Last case, Dec. 7. Last case, Dec. 20.
Kalioubiah	do	3 7	3	SeptOct., 1924: Deaths, 42.
Hawaii: Honokaa	Nov. 4	1		Plague-infected rodents found Dec. 9, 1924, and Jan. 15, 1925. Oct. 19, 1924, to Jan. 3, 1925: Cases
Bombay Do Karachi	Nov. 22-Jan. 3 Jan. 4-17 Nov. 30-Dec. 6	4 2 2	3 2 1	28,154; deaths, 21,505.
Do	Jan. 4-24 Nov. 23-Dec. 20 Dec. 28-Jan. 3 Oct. 26-Jan. 3	10 528 157 26	9 379 108 25	
Do Indo-China	Jan. 4-10	. 8	6	Aug. 1-Sept. 30, 1924: Cases, 25; deaths, 20.
Province— Anam	Aug. 1–Sept. 30 dodo	4 18 3	4 15 1	
SaigonJapan	Jan. 11-17 Aug. 10-Nov. 15	2 12	1	Including 100 square kilometers of surrounding territory.
Java: East Java— Blitar Pare	Nov. 11-22 Nov. 29			Province of Kediri; epidemic.
Soerabaya Do West Java—	Nov. 16-Dec. 13 Dec. 21-27	53 5	55 6	
Cheribon Do Pekalongan	Oct. 14-Nov. 3 Nov. 18-Dec. 22 Oct. 14-Nov. 3		. 80 29	
Do Tegal	Nov. 18-Dec. 22 Oct. 14-Nov. 24		133 10	

Reports Received from December 27, 1924, to March 13, 1925—Continued

PLAGUE—Continued

	FLAGUE-	-contn	rueu	
Place	Date	Cases	Deaths	Remarks
Madagascar				Nov. 1-Dec. 15, 1924: Cases, 254
Provinces—				deaths, 218.
Itasy	Nov. 1-Dec. 15	4	2	
Moramanga Tananariye	Oct 16 Dec 15	49 223	34 208	Tononomius City (interior) Oct
	Oct. 10-Dec. 13	223	200	Tananarive City (interior), Oct. 16-Nov. 30: Cases, 8; deaths, 7.
Towns (ports)—	Nov 1-Dec 15	12	5	
Fort Dauphin	Nov. 1-30	ī	1	
Tamatave		1	1	
Mauritius Island				Sept. 7-Oct. 18, 1924: Cases, 60; deaths, 53.
Nigeria				Aug Oct., 1924: Cases, 309; deaths, 256.
Siam:				1 40000
Bangkok	Dec. 28-Jan. 3	1	1	
Siberia: Transbaikalia—				·
Turga	Oct., 1924		3	On Chita Railroad.
Straits Settlements:		١.	l .	
Singapore	Nov. 9-15 Jan. 4-17	1 3	1 2	
Do Syria:	Jan. 4-17	,	*	
Beirut	Jan. 11-20	1		
Turkey:	T 0.15		_	
Constantinople Union of South Africa	Jan. 9-15 Jan. 4-17	5 10	5 3	
Cape Province—	Jan. 4 11	10		
De Aar District	Nov. 22-Jan. 3	4	1	Native.
Do	Jan. 4–10 Dec. 7–13	2		Natives; on farms. 8 miles from Kimberley.
Dronfield	Dec. 7-27	3	2	8 miles from Kimberiey.
Maraisburg District Orange Free State—	Nov. 22-Dec. 13	4	2	Bubonic, on Goedshoop Farm.
Bloemfontein District	Dec. 21-Jan. 3	5	2	
Do	Jan. 11-17	1	1 1	Native; on farm.
Ficksburg District Hoopstad District	Dec. 28-Jan. 3 Dec. 7-13	1	1	On farm.
Kroonstad District	Nov. 22-Jan. 3	$\hat{2}$	1	On larm.
Philippolis District	Nov. 22-Jan. 3 Dec. 21-27 Dec. 7-20	1		
Vredefort District	Dec. 7-20	$\frac{2}{1}$	2	On farms. Native; on farm. Province not
Steynsburg District	Jan. 4-10	1		stated.
Transvaa!— Boshof District	Dec. 7-Jan. 3	3	3	On farm.
Do	Jan. 11-17	5	ĭ	Native, 4 cases; white, one fatal
Smithfield	do	1		ease. On farins.
Wolmaransstad Dis-	Nov. 22-29	1	1	On Farm Wolverspruit, Vaal River. Native.
trict. On vessel:				
S. S. Conde				At Marseille, France, Nov. 6, 1924. Plague rat found. Ves-
				1924. Plague rat found. Ves- sel left for Tamatave, Mada-
				gescar, Nov. 12, 1924.
Steamship	November, 1924	1	1	gascar, Nov. 12, 1924. At Majunga, Madagascar, from
·				Djibuti, Red Sea port.
	SMALI	POX		
Algeria				July 1-Dec. 20, 1924: Cases, 372.
Algeria Algiers	Jan. 1-31	5		
Arabia:	Jan. 25-31	,		Imported.
Aden Bolivia:	Jan. 20-01			inportou.
La Paz	Nov. 1-Dec. 31	20	11	
Brazil: Pernambuco	Nov. 9-Jan. 3	100	27	
British East Africa:				
Uganda—	Oot 1 21	4		
Entebbe	Oct. 1-31	*		
Northern Rhodesia	Oct. 28-Dec. 15	57	2	

Reports Received from December 27, 1924, to March 13, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
		-	-	
Canada: British Columbia— Vancouver	Dec. 14-Jan. 3 Jan. 4-Feb. 21	32 162		-
Do Victoria Manitoba—	Jan. 18-Feb. 7	102		
Winnipeg Do New Brunswick—	Dec. 7-Jan. 3 Jan. 4-Feb. 27	14 30		-
Bonaventure and Gaspe Counties.	Jan. 1-31	1		
Northumberland Ontario Hamilton	Feb. 8-14 Jan. 24-30	1		County. Nov. 30-Dec. 27, 1924: Cases, 33. Dec. 28, 1924, to Jan. 31, 1925:
Ceylon				Cases, 27. July 27-Nov. 29, 1924: Cases, 27;
Colombo China: Amoy	Nov. 9-Jan. 24	2		deaths, 1. Present.
Antung Do	Nov. 9-Jan. 24 Nov. 17-Dec. 28 Jan. 5-18	5 4		
Foochow Hongkong Nanking	Nov. 2-Jan. 27 Nov. 9-Jan. 3 Jan. 4-17	6	2	Do.
ShanghaiDo	Jan. 4-17. Dec. 7-27. Jan. 18-24.	1 1	2	
Chosen: Seoul Czechoslovakia	Dec. 1-31	1		AprJune, 1924: Case, 1; occur-
Ecuador: Guayaquil	Nov. 16-Dec. 15	4		ring in Province of Maravia.
Egypt: Alexandria	Nov. 12-Dec. 31	10		
Do Esthonia France	Jan. 8-28	8		Dec. 1-31, 1924: Cases, 2 July-Nov. 1924: Cases, 69
Germany Gibraltar	Dec. 8-14	1		July-Nov., 1924: Cases, 69. June 29-Nov. 8, 1924: Cases, 7.
Gold Coast Great Britain:				July-Sept., 1924: Cases, 82; deaths, 1.
England and Wales Do	Nov. 23–Jan. 3 Jan. 4–24 Jan. 18–Feb. 7	472 351 5		
Newcastle-on-Tyne	Jan. 10-Feb. 7			JanJune, 1924: Cases, 170; deaths, 27.
Do Saloniki	Nov. 11-Dec. 22	3		July-Nov., 1924: Cases, 36; deaths, 26.
ndia				Oct. 19, 1924, to Jan. 3, 1925: Cases, 12,564; deaths, 2,857.
Bombay Do Calcutta	Nov. 2–Jan. 3 Jan. 4–17 Oct. 26–Jan. 3	30 17 307	18 11 170	
Do Karachi	Jan. 4-17 Nov. 16-Jan. 3	168 16	101 2 3	Mar. 5, 1925: Epidemic.
Do	Jan. 4-31 Nov. 16-Jan. 3 Jan. 4-24	26 122 73	48 23	
Rangoon Do ndo-China	Oct. 26-Jan. 3 Jan. 4-10	86 33	28 4	Aug. 1-Sept. 30, 1924: Cases, 223
Province—	Aug 1 Co-t 00	40		deaths, 76.
Cochin-China	Aug. 1-Sept. 30 dodo	49 40 115	11 9 49	·
Saigon	Nov. 16-Jan. 3	17	5	Including 100 sq. km. of surrounding country.
Tonkin	Jan. 4-10 Aug. 1-Sept. 30	19	7	
Bagdadtaly	Nov. 9-Dec. 27	2	1	June 29-Dec. 6, 1924: Cases, 61.

Reports Received from December 27, 1924, to March 13, 1925—Continued

SMALLPOX—Continued

Place	Date	Cascs	Deaths	Remarks
Jamaica				Nov. 30-Jan. 3: Cases, 50. Re-
Do				ported as alastrim. Jan. 4-31, 1925: Cases, 43. Re-
Kingston	1	4		ported as alastrim. Reported as alastrim.
Japan Java:				Aug. 1-Nov. 15, 1924: Cases, 4.
East Java— Pasocroean	Oct. 26-Nov. 1	9	1	
Do	Nov. 12-19		.	Epidemic in two native villages.
Soerabaya West Java—	Oct. 19-Dec. 27	662	208	-
Batam	Oct. 14-20	2		
Batavia Do	Oct. 21-Nov. 14 Dec. 20-Jan. 2	2 19	4	•
Cheribon	Oct. 14-Nov. 24	15		
Pekalongan Preanger	Nov. 18-24	22		
Latvia		ļī		Oct. 1-Nov. 30, 1924: Cases, 5.
Mexico: Durango	Dec. 1-31		5	
Do	Jan. 1-31		5	Town and district.
Guadalajara Do	Dec. 23-29 Jan. 6-12		1 1	
Mexico City	Nov. 23-Dec. 27			
Do Monterey	Jan. 11-31	5		Jan. 24, 1925: Outbreak.
Salina Cruz	Dec. 1-31	1	1	
Tampico Do	Dec. 11-31 Jan. 1-Feb. 10	5 23	8	
Vera Cruz	Dec. 1-Jan. 3		.10	
Do Villa Hermosa	Jan. 5-Feb. 15 Dec. 28-Jan. 10		25	Present. Locality, capital, State
Nigeria				of Tabasco.
Do				deaths, 87. July-Oct., 1924: Cases, 10; deaths,
Persia: Teheran				2. Sept. 23-Dec. 21, 1924: Deaths, 12.
Peru:	Nov. 94-20		1	12.
Poland	1404. 24 30			Sept. 21-Nov. 29, 1924: Cases, 19; deaths, 2.
Portugal:	The # Y-= 0			4000-0, 20
Lisbon Do	Dec. 7-Jan. 3 Jan. 4-Feb. 7	17 45		
Oporto	Nov. 30-Dec. 27	3	2	
Do Russia	Jan. 11-17	1		JanJune, 1924: Cases, 9,683.
Siam:				JanJune, 1924: Cases, 9,683. July-Sept., 1924: Cases, 1,251.
Bangkok	Dec. 28-Jan. 3	1	1	
Spain: Barcelona	Nov. 27-Dec. 31		5	
Cadiz	Nov. 1-Dec. 31		51	
Madrid	Year 1924 Nov. 23-Jan. 3		40	
Do	Jan. 4-Feb. 14		97 63	
Valencia Switzerland:	Nov. 30-Dec. 6	2		
Lucerne	Nov. 1-Dec. 31	19		
Syria:	Now 92 Dec 97	13		
Aleppo Do	Nov. 23-Dec. 27 Jan. 4-Feb. 7	45	15	
DamascusTunis:	Jan. 6–13	2		
Tunis.	Nov. 25-Dec. 29	42	35	
Do	Jan. 1-14		29	
Turkey:	Jan. 22-Feb 18		93	
Constantinople Union of South Africa	Dec. 13-19	5		Nov. 1-30, 1924: Cases, 7.
Cape Province	Nev. 9-Jan. 17 Nov. 2-8			Outbreaks.
Orange Free State Transvaal	Nov. 9-Jan. 10			Do. Do.

Reports Received from December 27, 1924, to March 13, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Uruguay		1		JanJune, 1924: Cases, 101, deaths, 2.
On vessel: S. S. Habana	Feb. 18	I		July, 1924: Cases, 25; deaths, 3. At Santiago de Cuba, from Kingston, Jamaica.
	TYPHUS	s FEVE	R	
Algeria				July 1-Dec. 20, 1924: Cases, 101;
Algiers Do	Nov. 1-Dec. 31 Jan. 1-31	5 3	1 3	deaths, 14.
Bolivia: La Paz Bulgaria	do	3		JanJune, 1924: Cases, 191;
DoChile:	1			deaths, 28. July-Oct., 1924: Cases, 5.
Concepcion Do Iquique	Jan. 6-12		1 2 2	
Taleahuano Do	Nov. 16-Dec. 20		5 1	
Valparaiso	Jan. 11-31		4	
Seoul Egypt: Alexandria	Dec. 3–9	1	1	
Cairo Esthonia France			8	Dec. 1-31, 1924: Cases, 5. July-Oct., 1924: Cases, 7. Oct. 1-31, 1924: 1 case.
Gold CoastGreece				May-June, 1924: Cases, 116; deaths, 8.
Do Saloniki	Nov. 17-Dec. 15	3	2	July-Nov., 1924: Cases, 35; deaths, 4.
Do Japan Latvia	Jan. 25-31	1		Aug. 1-Nov. 15, 1924: Cases, 2. OctNov., 1924: Cases, 16.
Lithuania				AugOct., 1924: Cases, 15; deaths, 1.
Durango Guadalajara Mexico City	Dec. 23-29	80	1 1	Including municipalities in Fed-
Do		29		eral District. Do. Nov. 12-Dec. 8, 1924: Cases, 7.
Ekron	Jan. 20–26			
Peru: Arequipa	Nov. 24-30	1	1	a
Poland Portugal:	T			Sept. 28-Dec. 5, 1924: Cases, 379 deaths, 22.
Lisbon Oporto Rumania	Jan. 4-Feb. 7	2	2	JanJune, 1924: Cases, 2,906;
Do Constanza		1		deaths, 328. July-Aug., 1924: Cases, 89; deaths, 12.
Russia Leningrad		12		Jan. 1-June 30, 1924: Cases, 92,000. July-Sept., 1924: Cases, 5,225.
pain: MadridMalaga	Year 1924 Dec. 21-27		3 1	

Reports Received from December 27, 1924, to March 13, 1925—Continued

TYPHUS FEVER-Continued

Place	Date	Cases	Deaths	Remarks
Sweden: Goteborg Tunis	Jan. 18-24	1		July 1-Dec. 20, 1924; Cases, 40.
Turkey: Constantinople Do			1	
Union of South Africa	Nov. 1-30	89	16	Nov. 1-30, 1924: Cases, 233; deaths, 66. Dec. 21, 1924–Jan. 17, 1 925: Out- breaks.
East London Natal Orange Free State	Nov. 1-30		45	Dec. 7, 1924-Jan. 17, 1925: Out-
Transvaal Yugoslavia	·	l	3	breaks. Aug. 3-Oct. 18, 1924: Cases, 17;
Belgrade	YELLO			deaths, 2.

Gold Coast	October, 1924	3	3	