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COOPERATIVE COUNTY HEALTH WORK

By THOMAS PARRAN, Jr., Surgeon, United States Public Health Service

County health service, under the direction of whole-time health officers, has become an integral and important part of the public health machinery in many States. Each year it assumes a more important place in the State health programs as additional counties avail themselves of this service [1] and as those health authorities who are interested in one or another special phase of health administration realize that a county health department furnishes the best means for conducting in rural districts each special health activity as a part of a general health program.

Many requests are received by the Public Health Service, and by public health officers engaged in county health work, from physicians, county authorities, volunteer health agencies, and the public generally, for information as to this work. It is in general response to such requests that this statement has been prepared outlining the method of securing, plan of organization, cost, and activities of, a county health department. The problems, and the methods used in their solution, vary somewhat in each State, but there are certain activities common to all and certain methods which are generally applicable.

METHOD OF SECURING A COUNTY HEALTH DEPARTMENT

County authorities ordinarily are not disposed to appropriate funds for health work unless they are convinced that public sentiment in the county will approve their action. Therefore, the usual first step in securing the establishment of a county health department is to conduct a campaign of education in the county to show the advantages and economy of public expenditures for this purpose. In most communities there is a large latent sentiment favoring public health work. This sentiment should be activated and vocalized. The physicians of the county should be informed of the

[1] Number of counties or districts in the United States in which, as of January 1 of each year, the rural sections were provided with local health service under whole-time local (county or district) health officers: 1920—109; 1921—161; 1922—202; 1923—230; 1924—250; 1925—280. (Lumsden, L. L.: Extent of Rural Health Service in the United States. Pub. Health Rep., vol. 40, No. 19, May 8, 1925, pp. 930-941.)

project and their assistance solicited. Frequently there are volunteer health organizations which will actively support and foster the plan. Women's organizations, luncheon clubs, chambers of commerce, farmers organizations, labor unions, educational associations, and other organizations may help to secure the establishment of a health department. In other instances it may be desirable to form a health committee composed of leading citizens of the county to organize public sentiment. In any event, when a sufficient number of citizens is convinced of the desirability of having a health department, a hearing should be had before the county authorities and a personal request made for the adoption of the plan, and for the appropriation of necessary funds. The plan presented should be definite, the contemplated cost should be made known, the purposes of each item of expenditure should be stated, and the results to be expected in service rendered should be made clear.

When a campaign for a health department is started in a county, the county authorities should be apprised of the plan. It is desirable for some local organization to initiate the campaign and to request assistance, if needed, from the State health department in creating favorable sentiment. Occasionally county authorities are found who are convinced of the inherent soundness of the plan and are willing to appropriate funds without waiting for an expression of public sentiment. In such cases it is still important to inform the people of the county fully as to the functions of the health department so that public cooperation, which is essential to success, may be had by the health officer.

Although the general procedures outlined above are usually applicable, the most effective methods for each county must be determined from a knowledge of local conditions. Sometimes the presence of an epidemic will serve to emphasize the need for health service. Again, a sanitary and health survey of a county will show the need for corrective measures or will bring to light existing inefficiency of, or waste of funds by, incoordinated or part-time health service.

PLAN OF ORGANIZATION

In a county where the largest city does not exceed 50,000 population it is usually desirable in the interest of efficiency and economy to form a combined county and city health department under the administration of one health officer. Even where local conditions preclude such a combination, the county health officer should have general advisory authority over all health work in the county. Every county health officer should be required to observe and enforce all State and local health laws, ordinances, and regulations throughout his jurisdiction.

The laws and regulations governing the appointment of county health officers vary in different States. The appointing power usually is vested in the county authorities (boards of supervisors, county commissioners, etc.), or in a county board of health appointed by the county authorities. Some control by the State is or should be exercised to assure appointment on the basis of efficiency. In the absence of specific legal authority to name or to approve the appointment of the county health officer, the use or the withholding of State financial aid often serves the purpose. The position should be removed from partisan political control either on the part of the State or county, and the local authorities should be given all possible responsibility compatible with efficient service.

The county medical society's support of the project is important, and, where the laws permit, its indorsement of the person appointed as health officer should be secured.

The health officer is responsible to the county and to the State for the proper and efficient performance of his duties. He should agree to devote his entire time to the duties of his office and not to engage in private practice. Whenever possible, it is desirable to secure a health officer who has had special public health training or experience, but the personal equation of the health officer is the most important single factor in success. The entire personnel of the county health department should be appointed by and work under the direction of the health officer.

In the State health agency there should be a State director of county health service, who should be preferably the assistant State health officer, with administrative charge of the organization and maintenance of county health departments. Under the administrative supervision of the State health officer he should direct the general policies of the several special divisions of the State health department, such as child hygiene, tuberculosis, venereal disease, sanitation, etc., with respect to those counties with whole-time health departments. By such arrangement proper sequence and proper relative values may be observed in coordinating all special phases of health work into one well balanced health program best suited to the needs of the particular county. Expert assistance and advice should be available from the State and also the Federal health service in connection with special health problems, and the county health department should serve as the agency by and through which most State and Federal health activities are conducted in the county.

Except in rare instances permanent progress has not been made in county health work without financial and technical assistance from extra county sources. The United States Public Health

Service and the International Health Board have made funds and personnel available to many States with which to initiate the development and assist in the maintenance of county health departments. In a number of the States special legislative appropriations are now available for subsidizing county health departments.[2] The counties themselves should provide at least one-half of the budget at the outset, and a larger percentage in succeeding years.

PERSONNEL AND COST OF A COUNTY HEALTH DEPARTMENT

The cost of a county health department will vary with the area, population, and taxable resources of the county, and with the willingness of the people to provide themselves with health service.

For all except the most sparsely populated and poorest counties the minimum cost of a county health department should be at least $10,000 a year. In the more populous counties a larger budget will be needed to secure adequate service. In general, it may be stated that an expenditure of 50 cents per capita per annum should furnish a county with reasonably adequate health service. (This does not include hospital expenses, bedside nursing, or pauper relief.) A budget of 25 cents per capita should be the minimum in any except the poorest counties.

The minimum personnel should include a full-time medical health officer, one nurse or sanitary inspector, and an office clerk. A much more efficient organization will be secured if both a nurse and sanitary inspector are provided. Larger organizations include additional nurses and inspectors, and in some instances a dentist, sanitary engineer, nutrition worker, bacteriologist with laboratory, etc.

Typical budgets may be distributed as follows:

Item	County A	County B	County C
Salary, county health officer	$4,800	$4,200	$3,600
Salary, public health nurse	2,000	1,800	1,800
Salary, sanitary inspector	1,800	1,500	1,500
Salaries, additional nurses or inspectors	3,000	1,500	
Salary, office clerk	1,200	900	750
Travel expenses	2,400	1,800	1,800
Contingent expenses	800	800	550
Total annual cost	16,000	12,500	10,000

In addition to the above amounts, the county should provide and equip suitable quarters for the health office, preferably in the court house or in some other central location.

[2] In about 20 of the States such appropriations have been provided. The Public Health Service is giving assistance to about 76 counties in 19 States and the International Health Board to about 105 counties in about 23 States.

ACTIVITIES OF A COUNTY HEALTH DEPARTMENT

All of the activities outlined herein rarely can be conducted in any one county, owing to limited funds and personnel. Every activity mentioned, however, is now being conducted by some county health departments. During the first years especially, the health officer should concentrate on the most important of his problems rather than dissipate his efforts in too many directions.

The county and State health authorities should agree upon a health program to be undertaken, the general guides being (*a*) the relative importance and the relative preventability of the disease or group of diseases, (*b*) the conjectural value of those health activities not directed specifically against particular diseases, and (*c*) the psychological response of the people to the service.

HEALTH EDUCATION

The primary duty of the county health department is to interest and educate the people of the county in matters pertaining to the cause and prevention of communicable diseases and the possibilities for community health promotion. This is accomplished by—

1. *Public addresses*, using, where desirable, illustrations with lantern slides, charts, models, or motion pictures;
2. *Educational literature* furnished by the Public Health Service, the State health department, and other public health agencies dealing with various phases of health conservation;
3. *News articles* in the press of the county relating to the work of the health department and to general health subjects;
4. *Public health exhibits* at county and community fairs, public schools, and such other places as may be practicable;
5. *Other educational methods* to interest and inform the people in the importance of health protection.

In the execution of the above, and all other phases of health work, the health officer should enlist the support and cooperation of all available organizations and agencies.

CONTROL OF ACUTE COMMUNICABLE DISEASES

Prompt and efficient measures of communicable disease control are conducted. These include the following:

1. *Reports of cases*, and suspected cases, of notifiable diseases are secured from physicians, school authorities, and heads of households. In general, the completeness of morbidity reports will vary directly with the intelligent use made of them by the health department.
2. *Quarantine and isolation procedures* are enforced as required by law.
3. *Epidemiological investigations* are made to determine the source of disease as a basis for its elimination. Every primary case of

smallpox, diphtheria, scarlet fever, typhoid fever, poliomyelitis and cerebrospinal meningitis should be visited by the health officer *in person* whenever possible for this purpose.

4. *Home visits* are made by the nurses to give instruction to the household in the prevention of the spread of disease.

5. *Office records and a spot map* are kept to show the current and past prevalence of communicable diseases.

6. *Consultations are held with attending physicians* relative to cases of communicable disease whenever there may be difference of opinion as to the diagnosis.

7. *Free immunizations* are done for educational and demonstrational purposes in the prevention of smallpox, typhoid fever, and diphtheria. An harmonious understanding of this matter should first be had with the local medical profession and the cooperation of its members be secured.

8. *Biologics*, when distributed free by the State health department, may be handled by the county health office, or the county health officer should see that these biologics are kept under proper conditions and in sufficient quantities for the needs of the county.

LABORATORY WORK

Either State or local laboratory facilities should be provided to aid in the diagnosis of communicable diseases and to control water and milk supplies. It is especially desirable to have a laboratory in connection with the county health department when State laboratory facilities are not located so as to be available for prompt service.

VENEREAL DISEASE CONTROL

1. Educational measures for the promotion of social hygiene are conducted by all practical and usual methods.

2. The health department provides or sees to it that adequate treatment is provided for all persons infected with a venereal disease who are unable to pay a private physician for this service. Arsphenamine should be furnished without cost to any physician in the county for the treatment of indigent patients.

3. The health department should cooperate with the agencies primarily responsible for law enforcement and should take the initiative in mobilizing public sentiment to enact or enforce necessary legal measures.

TUBERCULOSIS CONTROL

1. An educational campaign is conducted concerning tuberculosis prevention. This is done especially in the schools and will include classes, lantern slides, moving pictures, suitable literature on the subject, instruction in personal hygiene, and other effective methods.

2. Reports are secured in so far as possible of all persons in the county who are suffering from tuberculosis.

3. Diagnostic clinics are held in cooperation with the local medical profession for the examination of tuberculosis suspects.

4. Visits are made by the nurses to the homes where cases of tuberculosis exist, to give the patient and the household such nursing instruction as will enable them to utilize to best advantage the treatment prescribed by their physician; and to advise with them concerning those sanitary precautions necessary for the prevention of the spread of the disease to others. Efforts should be made to secure sanitarium care of tuberculosis cases, especially for open cases of the disease, and if sanitarium facilities are not available, special efforts should be made to provide proper home care of patients.

5. Physical examinations of the school children will be made with the view of discovering potential and early cases, and of preventing cases by efforts designed to improve child health.

CONTROL OF SPECIAL DISEASES

Such diseases as malaria, hookworm disease, or trachoma offer special problems in many counties. In such cases appropriate additions should be made to the general health program. One of these diseases may be of sufficient importance to justify the major effort of the health department to be directed against it for considerable periods of time.

Malaria.—Prior to the institution of malaria control work it is necessary—

1. To secure knowledge of the prevalence of the disease and of malaria-carrying mosquitoes, not only for the county as a whole but for the various localities in the county (towns, townships, or school districts). This knowledge may be determined by a mosquito survey, blood and spleen examinations, history of attacks among school children, and reports from physicians.

2. To formulate a definite and practical program for malaria control both in urban and rural areas.

3. To educate the public by all available means as to the nature and extent of the problem and the measures necessary for its solution.

Malaria control procedures vary greatly, but in general they include one or more of the following:

1. Eradication of mosquitoes by drainage, use of larvicides, or fish.

2. Preventing the infection of mosquitoes and of man by screening and by prophylactic doses of quinine to man.

3. Curing cases and carriers of malaria by thorough treatment, using the standard method of quinine administration.

Hookworm disease.—Knowledge of the prevalence of this disease, gained by examinations of feces, and the education of the public form the basis for a control program. This program is directed towards—

1. Sanitary disposal of excreta in rural districts by means of sanitary privies to prevent dissemination of the disease.

2. Cure of existing cases by administration of antihelmenthics to eliminate sources of infection.

Trachoma.—Where this disease is prevalent, the cure of existing cases by surgical treatment offers the best method of eradicating it. Special assistance from the State or from the United States Public Health Service often may be secured in conducting trachoma clinics and in establishing temporary hospital facilities needed for the patients.

SANITATION

Provision of safe public water and milk supplies, and of sanitary methods of excreta and sewage disposal constitutes a primary duty of any health department, and concerted efforts to secure these sanitary essentials ordinarily will precede all other activities except immediate measures for the control of communicable diseases.

1. *Towns.*—The health department will make a sanitary survey of all towns in the county with particular reference to the source and safety of the water supply, the methods of excreta diposal, the safety of the public milk supplies, and the general sanitary conditions of the towns.

The services of the State sanitary engineer should be available for aiding the health officer in the solution of municipal water and sewage problems. Efforts are made to have any insanitary conditions corrected by education of the public and by adoption and enforcement of necessary laws or ordinances. A special effort will be made by the health officer to secure the installation of sanitary privies at those places where connection with a sewerage system is impracticable.

The provision of safe public milk supplies should be assured by the adoption and enforcement of model milk ordinances. Sanitary inspections are made of dairies, milk depots, and food establishments to see that proper sanitary conditions prevail.

2. *Schools.*—In addition to making an annual sanitary survey of all schools in the county, the health officer should make a persistent effort to induce the school boards to provide a safe supply of drinking water, sanitary toilets or water-closets, adequate light and ventilation, and such other facilities at each school as are needed properly to safeguard the health of the pupils.

3. *Rural homes.*—Improvements in the sanitary condition of rural homes will be accomplished by educating the individual householder to the need for a sanitary privy, a safe water supply, and adequate screening. Supervision and assistance should be given in the construction of rural sanitary privies.

4. *Public buildings.*—Periodic inspection should be made of public buildings and institutions in the county and recommendations made to responsible authorities for correction of any insanitary conditions.

CHILD HYGIENE

1. *Prenatal, infant, and preschool hygiene.*—Midwives are instructed and supervised; home visits are made by the nurse; and mothers' classes are held to give individual and group instruction in the diet and care of babies, the importance of prenatal medical care and hygiene, and the importance of birth registration. Baby conferences are held in various parts of the county, in cooperation with the local physicians, where examinations are made to detect physical and dietary defects and to encourage their correction. A general educational campaign is conducted in regard to the various phases of child hygiene.

2. *School hygiene.*—Physical examinations are made of all school children in the county, except where parents do not desire this service. Parents and school authorities are notified concerning defects found, and home visits are made by the nurse to urge that the family physician or dentist be consulted concerning correction of defects. For those children whose parents are unable to pay for medical treatment in the correction of defects, arrangements should be made, preferably through the local medical profession, whereby corrective treatment may be secured. Nutrition classes are held and mothers are instructed regarding the proper diet and food for children. The serving of hot lunches and milk in schools is promoted.

OTHER ACTIVITIES

1. Complete registration of vital statistics in the county is promoted or maintained by investigation of conditions, by cooperation with local registrars, physicians, and the public, and, where necessary, by law enforcement.

2. In some States the county health officer is required to perform the duties of county physician to the poor. Except in the smaller counties this is not a desirable arrangement.

3. Miscellaneous medical examinations sometimes are performed, including examinations for marriage license, for children's work certificates, for teachers' certificates, for admission to insane institutions, etc.

4. Periodic health examinations are encouraged and may be performed to some extent by the health officer.

5. Industrial hygiene problems may present themselves for solution in some counties.

6. Accident prevention and safety campaigns may be conducted or promoted by the health department.

7. Mental hygiene, a problem of great and growing importance, should be a concern of the health officer, although at present little or nothing is being done by county health departments toward its solution.

8. Records of all activities of the county health department are kept on suitable forms, and reports are made as required by State regulations. These reports include current, weekly or monthly, reports of communicable diseases to the State health department and should include monthly and annual financial, statistical, and narrative reports to the local and State authorities.

ANNUAL REPORT OF THE MARSHALL COUNTY (ALA.) HEALTH UNIT

The first annual report of the Marshall County (Ala.) Health Unit, covering the year ending February 28, 1925—the first year of its existence—indicates a high-grade demonstration in efficient, economical, well-rounded county health service and is published here because of its interest to persons concerned in the development of rural health service and to health officers generally.

The county health unit consists of four members, namely, the county health officer, Dr. Walter H. Harper, one nurse, one secretary, and one sanitary inspector.

The following is taken from Doctor Harper's report submitted to the county board of commissioners:

POPULATION

The total population of Marshall County, Ala., is 34,314, of which number 33,027 are white and 1,287 are colored. The county covers an area of 602 square miles, has 6,200 homes, and a school enrollment of 7,839.

VITAL STATISTICS

Births and deaths reported in the entire county during the year ending February 28, 1925

	Births		Deaths	
	Number	Rate per 1,000 population	Number	Rate per 1,000 population
Total	[1] 890	25.9	[2] 257	7.5
White	853	25.8	241	7.3
Colored	37	28.7	16	12.4

[1] Births reported by physicians, 746; by midwives, 144. Percentage of stillbirths for the year, 3.4 per cent.

[2] Total deaths under 1 year of age, 41 (16 per cent).

The unusually low death rate is no doubt due to incomplete death registration. Marshall County is almost entirely rural; the northern portion being mountainous and inaccessible at times. There are few undertakers in the county, and a number of deaths occur in which the bodies are buried without death certificates and burial permits being obtained. The county health unit has spent considerable time in bringing this condition to the attention of the people, and toward the end of the year some improvement was seen in the death registration. We hope soon to have a complete death registration.

Reportable diseases for the year ending February 28, 1925

Disease	Cases	Disease	Cases
Diphtheria	12	Scarlet fever	16
Gonorrhea	9	Smallpox	6
Measles	15	Syphilis	9
Pellagra	5	Tuberculosis (new cases)	18
Pneumonia	140	Typhoid fever	33

LABORATORY

The laboratory service to the Marshall County Health Unit has been rendered by the State board of health branch laboratory at Anniston, Ala. The laboratory has been used by every doctor in the county. It has been of inestimable value, as will be seen by the accompanying table.

Laboratory examinations

	Positive	Negative	Total
Blood Wassermanns	8	71	79
Blood cultures for typhoid	1	7	8
Feces cultures for typhoid	12	63	75
Blood for Widal	2	11	13
Blood for malaria	2	5	7
Feces for hookworm	220	953	1,173
Sputum for tuberculosis	21	44	65
Throat cultures for diphtheria	9	33	42
Animal heads for Negri bodies	1	3	4

Every person who was found to have hookworm infection was treated by the health unit.

SANITATION

At the beginning of the year the county health unit, through the sanitary department, introduced ordinances in Arab, Albertville, and Boaz requiring all persons to have sanitary pit privies. These ordinances were adopted, and now the three towns are about 100 per cent sanitary. All open-back privies in the three towns were abolished as nuisances. The town of Guntersville had installed the box and can type toilets, but recently the town has passed an ordinance requiring all persons within the police jurisdiction (one mile from

corporate limits) to install the sanitary pit privies. When the health unit began its work 12 months ago there were 40 schools in the county without any sanitation at all. Since then 28 have been made completely sanitary.

Sanitary inspections of food-handling establishments have been made monthly; and as a result, wonderful improvement has been noted in the general sanitary condition of all food-handling establishments in the county.

The following is a tabulated report of the work done in sanitation by the Marshall County Health Unit:

Sanitary inspections:	
Private premises	3,035
Schools	96
Food-handling establishments	92
Sanitary privies installed:	
Septic tanks	33
Pit privies (rural)	26
Pit privies (urban)	533
Nuisances abated (not including the 592 open-back privies abolished)	62

FOOD HANDLERS

The county health unit introduced ordinances in Guntersville, Albertville, and Boaz requiring all food handlers to be examined for communicable diseases by the county health officer and permitting only those who are free from communicable diseases to work in food-handling establishments. These ordinances were adopted, and 96 food handlers were examined. Of that number five were found to have syphilis and one had tuberculosis.

MALARIA CONTROL

Malaria control activities have been carried on throughout the entire year, but not on a large scale, as malaria is not very prevalent in Marshall County.

The following is a list of the malaria-control activities for the year:

Yards of new ditching, 4,372; yards of maintenance of ditches, 6,260; square feet of oiling, 16,240; picture shows, 4; literature, 1,115 copies.

CHILD HYGIENE AND SCHOOL WORK

Examination of all school children in the county was the first big item in connection with this work. Although that was not entirely completed during the first year of the health unit, it will be completed before the close of the present school term. Also, health lectures and moving picture shows were given in the schools. Notices were sent to all parents who had defective children, informing them

of the defects and urging that they be corrected. Health score charts were posted in every school. This was the first time that the school children of Marshall County had ever been examined, and so the health unit concentrated on the work of completing the examinations first and then doing the follow-up work. The following table shows only the defects corrected that have been reported to the health unit. There are a great many others that have been corrected, and the follow-up work on them will be completed during the present school term. The following table gives the work done among the school children:

Schools visited	61
Number of children examined	6,968
Number found defective	4,211
Corrections reported	31

MATERNITY AND INFANCY

As the accompanying table shows, much more time was given to individual infancy and maternity work than to group work. Several maternity and infancy clinics were started last fall, but were discontinued when cold weather came.

The nursing service has been very inadequate, because the nurse is compelled to divide her time between maternity and infancy work and child hygiene and school work.

The following table summarizes the activities during the year:

Prenatal

Cases given examination and advice	209
Number of home visits	226

Infant and preschool

Babies and children examined	145
Nursing visits	245
Clinics organized	4

TYPHOID FEVER CONTROL

During the summer of 1924 the health unit conducted an extensive antityphoid inoculation campaign. During that time 24,229 injections of typhoid serum were given to 8,425 persons. Of this number, 7,752 completed the treatment of three inoculations each, which is over 90 per cent. On July 8, 1924, 1,269 people were inoculated, in the court house at Albertville. The number of people completing the treatment (7,752) represents 22.6 per cent of the entire population of Marshall County. A record was kept of every person receiving the typhoid serum.

During the summer 75 feces cultures were obtained from patients and contacts. The feces cultures on contacts proved valuable, as by that means a typhoid carrier was found. This carrier is a young girl

13 years old, who gave no history of ever having typhoid fever. She was found to be responsible for five cases of typhoid fever.

The following is of interest:

Typhoid death rate per 100,000 (1919–1923)	21. 0
Typhoid death rate per 100,000 (1924)	8. 8

TUBERCULOSIS CONTROL

The county health unit has made every effort to locate and get in touch with every case of pulmonary tuberculosis in the county. To begin with, there were 18 cases reported by the medical profession of the county. The health unit started with these 18 cases and in different ways has been able to list 48 cases. These patients have been examined, advised, and given literature, but only in cooperation with their family physicians. Follow-up visits have been made from time to time on all cases.

All contacts have been instructed and advised about the disease. Considerable educational work on pulmonary tuberculosis has been carried out by means of lectures and motion picture shows.

There are 154 contacts living with the 48 cases of tuberculosis.

VENEREAL DISEASE CONTROL

Venereal disease control has been carried on by three physicians in the county who have been appointed by the State board of health to treat indigent cases of venereal diseases. These cooperative clinics are supported by the Bureau of Venereal Disease Control of the State Board of Health.

GENERAL ACTIVITIES

The following educational activities were carried out during the year:

Total number of lectures	53
Total attendance	4, 295
Number of pamphlets issued	5, 969
Number of newspaper articles	69
Motion-picture shows	15
Attendance at motion-picture shows	2, 278

Other activities of the Marshall County Health Unit for the year were as follows:

Cases quarantined	53
Arrests and convictions for quarantine violations	3
Visits to cases by health officer	195
Smallpox vaccinations	194
Life extension examinations	106
Number of persons treated for hookworm infection	220
Number of calls to county institutions	9
Hours spent in interest of vital statistics	258
Hours spent in interest of communicable disease reporting	244
Hours spent in interest of maternity and infancy	1, 596

FINANCIAL

Receipts

Marshall County	$5,000
State board of health	2,500
State and Federal maternity and infancy fund	1,275
	8,775

Disbursements

Salaries	6,147.51
Travel	1,421.03
Miscellaneous	1,061.68
	8,630.22
Balance unused	144.78

WHOLE-TIME COUNTY HEALTH OFFICERS, 1925

The following directory has been compiled from data furnished as of January 1, 1925, by State health officers. Similar directories for 1922, 1923, and 1924 have been published in the Public Health Reports. The directory for 1924 was issued as Reprint No. 922.

In the questionnaire sent for the purpose of obtaining the necessary information, a "whole-time" county health officer was defined as "one who does not engage in the practice of medicine or any other business, but devotes his whole time to official duties."

Directories of State health departments have been published annually by the Public Health Service for the years 1912 to 1924, inclusive. The directory for 1924 was issued as Reprint No. 949 from the Public Health Reports.

Directories of city health officers have been published annually for the years 1916 to 1924, inclusive, the directory for 1924 being Reprint No. 930.

Directories of State and city health officers for 1925 will be published later.

County	Name of health officer	Post-office address	Official title
Alabama:			
Baldwin	G. C. Marlette, M. D	Bay Minette	County health officer.
Barbour	E. M. Moore, M. D	Clayton	Do.
Calhoun	G. A. Cryer, M. D	Anniston	Do.
Colbert	W. T. Burkett, M. D	Tuscumbia	Do.
Covington	W. G. Smillie, M. D	Andalusia	Do.
Dallas	L. T. Lee, M. D	Selma	Do.
Escambia	W. C. Hatchett, M. D	Brewton	Do.
Etowah	C. L. Murphree, M. D	Gadsden	Do.
Franklin	L. J. Graves, M. D	Russellville	Do.
Houston	T. E. Tucker, M. D	Dothan	Do.
Jefferson	J. D. Dowling, M. D	Birmingham	Do.
Lauderdale	W. D. Hubbard, M. D	Florence	Do.
Limestone	H. K. Gallagher, M. D	Athens	Do.
Madison	B. F. Austin, M. D	Huntsville	Do.
Marengo	F. E. Kitchens, M. D	Linden	Do.
Marshall	W. H. Harper, M. D	Guntersville	Do.
Mobile	C. A. Mohr, M. D	Mobile	Do.
Montgomery	J. L. Bowman, M. D	Montgomery	Do.
Morgan	H. C. McRee, M. D	Albany	Do.
Pike	W. H. Abernethy, M. D	Troy	Do.
Sumter	J. S. Hough, M. D	Livingston	Do.
Talladega	J. H. Hill, M. D	Talladega	Do.
Tuscaloosa	A. A. Kirk, M. D	Tuscaloosa	Do.
Walker	A. M. Waldrop, M. D	Jasper	Do.

County	Name of health officer	Post-office address	Official title
Arizona:			
Cochise	R. B. Durfee, M. D	Bisbee	County superintendent of public health.
Arkansas:			
Pulaski	V. T. Webb, M. D	Little Rock	County health officer.
Washington	J. J. Johnson, M. D	Foreman	Do.
California:			
Los Angeles	J. L. Pomeroy, M. D	Los Angeles	Do.
Monterey	R. C. Main, M. D	Salinas	Do.
Orange	V. G. Presson, M. D	Santa Ana	Do.
San Diego	A. M. Lesem, M. D	San Diego	Do.
San Francisco	Wm. C. Hassler, M. D	San Francisco	Do.
San Joaquin	J. J. Sippy, M. D	Stockton	Do.
San Luis Obispo	H. K. Sutherland, M. D	San Luis Obispo	Do.
Georgia:			
Baldwin	Sam A. Anderson, M. D	Milledgeville	Commissioner of health.
Bartow	H. E. Felton, M. D	Cartersville	Do.
Bibb	C. L. Ridley, M. D	Macon	Health officer.
Clarke	J. D. Applewhite, M. D	Athens	Commissioner of health.
Cobb	L. L. Welch, M. D	Marietta	Do.
Decatur	M. A. Fort, M. D	Bainbridge	Do.
De Kalb	W. A. Harrison, M. D	Decatur	Do.
Dougherty	Hugo Robinson, M. D	Albany	Do.
Floyd	B. V. Elmore, M. D	Rome	Do.
Glynn	H. L. Akridge, M. D	Brunswick	Do.
Hall	B. D. Blackwelder, M. D	Gainesville	Do.
Laurens	O. H. Cheek, M. D	Dublin	Do.
Lowndes	G. T. Crozier, M. D	Valdosta	Do.
Miller	M. A. Fort, M. D	Bainbridge	Health officer.
Mitchell	C. O. Rainey, M. D	Camilla	Commissioner of health.
Richmond	H. B. Neagle, M. D	Augusta	Do.
Seminole	M. A. Fort, M. D	Bainbridge	Health officer.
Sumter	J. W. Payne, M. D	Americus	Commissioner of health.
Thomas	M. E. Winchester, M. D	Thomasville	Do.
Troup	C. S. Kinzer, M. D	Lagrange	Do.
Walker	J. H. Hammond, M. D	La Fayette	Do.
Illinois:			
Cook	H. L. Wright, M. D., Dr. P. H	Chicago, 922, County Building.	County health officer.
Crawford	C. E. Price, M. D	Robinson	Do.
Morgan	T. D. Mann, M. D	Jacksonville	Do.
Sangamon	R. V. Brokaw, M. D	Springfield	City and county health officer.
Iowa:			
Dubuque	D. C. Steelsmith, M. D	Dubuque	County health officer.
Washington	C. W. Stewart, M. D	Washington	Do.
Kansas:			
Cherokee	J. C. Montgomery, M. D	Columbus	Do.
Geary	I. O. Church, M. D	Junction City	Do.
Lyon	J. S. Fulton, M. D	Emporia	Do.
Marion	S. M. Mallison, M. D	Marion	Do.
Ottawa	W. J. Lynn, M. D	Minneapolis	Do.
Sheridan	L. S. Steadman, M. D	Hoxie	Do.
Kentucky:			
Boyd	Robert D. Higgins, M. D	Ashland	Director.
Daviess	George W. Duvall, M. D	Owensboro	Do.
Fayette	J. S. Chambers, M. D	Lexington	Do.
Fulton	J. M. Hubbard, M. D	Hickman	Do.
Jefferson	Irvin Lindenberger, M. D	Louisville	Health officer.
Johnson	J. W. Duke, M. D	Paintsville	Director (acting).
Mason	V. D. Guittard, M. D	Maysville	Director.
Scott	Albert Steward, M. D	Georgetown	Do.
Louisiana:[1]			
Beauregard	Austin F. Barr, M. D	De Ridder	Parish health officer.
Caddo	W. J. Sandige, M. D	Shreveport	Do.
Claiborne	John R. Turner, M. D	Homer	Do.
De Soto	P. B. Gardner, M. D	Mansfield	Director parish health unit.
Natchitoches	W. W. Knipmeyer, M. D	Natchitoches	Do.
Ouachita	John Schreiber, M. D	Monroe	Deputy health officer and director parish health unit.
St. Mary	Thos. B. Wilson, M. D	Franklin	Director parish health unit.
Tangipahoa	W. C T. Ellis, M. D	Amite	Parish health officer.
Washington	F. Michael Smith, M. D	Franklinton	Director parish health unit.

[1] Parishes.

County	Name of health officer	Post-office address	Official title
Maryland:			
Allegany	C. C. McCulloch, jr., M. D.	Cumberland	Deputy State health officer.
Baltimore	J. S. Bowen, M. D.	Towson	Do.
Calvert	I. N. King, M. D.	Barstow	Assistant deputy State health officer.
Carroll	W. C. Stone, M. D.	Westminster	Deputy State health officer.
Frederick	E. C. Kefauver, M. D.	Frederick	Assistant deputy State health officer.
Montgomery	W. T. Pratt, M. D.	Rockville	Deputy State health officer.
Massachusetts:			
Barnstable	A. P. Goff, M. D.	Hyannis	District health officer.
Minnesota:			
St. Louis	H. G. Lampson, M. D.	Duluth	County health officer.
Mississippi:			
Bolivar	R. D. Dedwylder, M. D.	Cleveland	Director county health department.
Coahoma	R. R. Kirkpatrick, M. D.	Clarksdale	Do.
Forrest	W. D. Beacham, M. D.	Hattiesburg	Do.
Hancock	C. M. Shipp, M. D.	Bay St. Louis	Do.
Harrison	D. J. Williams, M. D.	Gulfport	County health officer.
Jackson	W. E. Sharp, M. D.	Pascagoula	Director county health department.
Jones	J. M. Kittrell, M. D.	Laurel	Do.
Lee	J. B. Black, M. D., C. P. H.	Tupelo	Do.
Pearl River	W. B. Harrison, M. D.	Poplarville	Do.
Sharkey	A. K. Barrier, M. D.	Rolling Fork	Do.
Washington	A. J. Ware, M. D.	Greenville	County health officer.
Missouri:			
Dunklin	E. L. Spence, M. D.	Kennett	Do.
Gentry	E. M. Lucke, M. D.	Albany	Do.
Greene	U. F. Kerr, M. D.	Springfield	Do.
New Madrid	Wm. N. O'Bannon, M. D.	New Madrid	Do.
Nodaway	C. P. Fryer, M. D., C. P. H.	Maryville	Do.
Pettis	W. L. Bradford, M. D.	Sedalia	Do.
Polk	Gervais Smith, M. D.	Bolivar	Do.
St. Francois	Bradford Massey, M. D.	Flat River	Do.
St. Louis	Wm. F. O'Malley, M. D.	Clayton	Do.
Montana:			
Cascade	W. H. Pickett, M. D., D. P. H.	Great Falls	Do.
Lewis and Clark	Arthur Jordan, M. D.	Helena	Do.
Missoula	F. D. Pease, M. D.	Missoula	Do.
New Mexico:			
Bernalillo	J. R. Scott, M. D.	Albuquerque	Do.
Chaves	J. A. Smith, M. D.	Roswell	Do.
Colfax			Do.
Dona Ana	C. W. Gerber, M. D.	Las Cruces	Do.
Eddy	W. W. Johnston, M. D.	Carlsbad	Do.
McKinley			Do.
San Miguel			Do.
Santa Fe	H. P. Mera, M. D.	Santa Fe	Do.
Union	C. H. Douthirt, M. D.	Clayton	Do.
Valencia	G. W. Luckey, M. D.	Los Lunas	Do.
New York:			
Cattaraugus	L. D. Bristol, M. D.	Olean	District health officer.
North Carolina:			
Beaufort	J. W. Williams, M. D.	Washington	Health officer.
Bertie	J. E. Smith, M. D.	Windsor	Do.
Bladen	W. T. Ruark, M. D.	Elizabethtown	Do.
Brunswick	R. E. Broadway, M. D.	Southport	Do.
Buncombe	M. P. Moorer, M. D.	Asheville	Do.
Cabarrus	S. E. Buchanan, M. D.	Concord	Do.
Columbus	Floyd Johnson, M. D.	Whiteville	Do.
Craven	D. E. Ford, M. D.	New Bern	Do.
Cumberland	J. W. McNeill, M. D.	Fayetteville	Do.
Davidson	G. C. Gambrell, M. D.	Lexington	Do.
Durham	J. H. Epperson, Ph. D.	Durham	Do.
Edgecombe	J. S. Hooker, M. D.	Tarboro	Do.
Forsyth	J. R. Hege, M. D.	Winston-Salem	Do.
Guilford	R. M. Bine, M. D.	Greensboro	Do.
Granville	J. A. Morris, M. D.	Oxford	Do.
Halifax	E. W. Larkin, M. D.	Weldon	Do.
Henderson	J. S. Brown, M. D.	Hendersonville	Do.
Hyde	Clyde Ruff, M. D.	Swanquarter	Do.
Lenoir	R. S. McGeachy, M. D.	Kinston	Do.
Mecklenburg	W. A. McPhaul, M. D.	Charlotte	Do.
New Hanover	J. H. Hamilton, M. D.	Wilmington	Do.
Northampton	Z. P. Mitchell, M. D.	Jackson	Do.
Pamlico	D. A. Dees, M. D.	Bayboro	Do.
Pitt	C. L. Outland, M. D.	Greenville	Do.
Richmond	A. B. McCreary, M. D.	Rockingham	Do.

County	Name of health officer	Post-office address	Official title
North Carolina—Con.			
Robeson	E. R. Hardin, M. D	Lumberton	Health officer.
Rowan	C. W. Armstrong, M. D	Salisbury	Do.
Rutherford	J. C. Twitty, M. D	Rutherfordton	Do.
Sampson	E. T. Hollingsworth, M. D	Clinton	Do.
Surry	R. M. Lancaster, M. D	Mount Airy	Do.
Vance	F. R. Harris, M. D	Henderson	Do.
Wake	A. C. Bulla, M. D	Raleigh	Do.
Wayne	L. W. Corbett, M. D	Goldsboro	Do.
Wilkes	J. W. White, M. D	Wilkesboro	Do.
Wilson	L. J. Smith, M. D	Wilson	Do.
Ohio:			
Allen	J. J. Sutter, M. D	Lima	District health commissioner.
Ashtabula	W. S. Weiss, M. D	Jefferson	Do.
Athens	J. M. Higgins, M. D	Athens	Do.
Belmont	F. R. Dew, M. D	St. Clairsville	Do.
Butler	C. J. Baldridge, M. D	Hamilton	Do.
Cleremont	F. A. Ireton, M. D	Batavia	Do.
Clinton	W. K. Ruble, M. D	Wilmington	Do.
Columbiana	T. T. Church, M. D	Lisbon	Do.
Coshocton	D. M. Criswell, M. D	Coshocton	Do.
Crawford	G. T. Wasson, M. D	Bucyrus	Do.
Cuyahoga	Robert Lockhart, M. D	Cleveland	Do.
Delaware	A. J. Pounds, M. D	Delaware	Do.
Erie	F. M. Houghtaling, M. D	Sandusky	Do.
Fayette	T. F. Myler, M. D	Washington Court House.	Do.
Franklin	C. M. Valentine, M. D	Columbus	Do.
Geauga	G. L. Lyne, M. D	Chardon	Do.
Hamilton	C. A. Neal, M. D	Cincinnati	Do.
Hancock	S. F. Whisler, M. D	Findlay	Do.
Hocking	W. G. Rhoten, M. D	Logan	Do.
Huron	B. C. Pilkey, M. D	Norwalk	Do.
Lake	Herbert Kenning, M. D	Painesville	Do.
Lorain	W. A. McIntosh, M. D	Oberlin	Do.
Lucas	F. F. DeVore, M. D	Toledo	Do.
Mahoning	J. F. Elder, M. D	Youngstown	Do.
Marion	N. Sifritt, M. D	Marion	Do.
Meigs	J. N. Gilliford, M. D	Pomeroy	Do.
Mercer	F. E. Ayers, M. D	Celina	Do.
Miami	P. J. Crawford, M. D	Troy	Do.
Montgomery	H. H. Pansing, M. D	Dayton	Do.
Morrow	R. L. Pierce, M. D	Mount Gilead	Do.
Muskingum	J. M. O'Neal, M. D	Zanesville	Do.
Paulding	C. E. Huston, M. D	Paulding	Do.
Perry	F. J. Crosbie, M. D	New Lexington	Do.
Richland	William DeKleine, M. D	Mansfield	Do.
Ross	G. E. Robbins, M. D	Chillicothe	Do.
Sandusky	O. H. Thomas, M. D	Fremont	Do.
Scioto	R. W. DeCrow, M. D	Wheelersburg	Do.
Seneca	H. L. S. Hinkley, M. D	Tiffin	Do.
Shelby	Arlington Ailes, M. D	Sidney	Do.
Stark	C. M. Peters, M. D	Canton	Do.
Summit	R. H. Markwith, M. D	Akron	Do.
Trumbull	L. A. Connell, M. D	Warren	Do.
Tuscarawas	J. Blickensderfer, M. D	New Philadelphia	Do.
Union	H. G. Southard, M. D	Marysville	Do.
Washington	A. G. Sturgiss, M. D	Marietta	Do.
Wayne	C. D. Barrett, M. D	Wooster	Do.
Wood	H. J. Powell, M. D	Bowling Green	Do.
Oklahoma:			
Carter	R. C. Sullivan, M. D	Ardmore	County superintendent of health.
Le Flore	W. F. Lunsford, M. D	Poteau	Do.
Muskogee	J. D. Leonard, M. D	Muskogee	Do.
Oklahoma	Geo. Hunter, M. D	Oklahoma City	Do.
Pittsburg	R. L. Cochran, M. D	McAlester	Do.
Oregon:			
Clackamas	F. W. Wallace, M. D	Oregon City	County health officer.
Coos	G. A. Burket, M. D	Coquille	Do.
Douglas	W. C. Belt, M. D	Roseburg	Do.
Jackson	W. P. Holt, M. D	Jacksonville	Do.
Klamath	G. S. Newsom, M. D	Klamath Falls	Do.
South Carolina:			
Aiken	C. H. Farmer, M. D	Aiken	Health officer.
Anderson	E. E. Epting, M. D	Anderson	Do.
Beaufort	T. R. Meyer, M. D	Beaufort	Do.
Charleston	Leon Banov, M. D	Charleston	Do.
Cherokee	W. H. Shealy, M. D	Gaffney	Do.
Colleton	L. W. Martin, M. D	Walterboro	Do.
Darlington	A. B. Hooton, M. D	Darlington	Do.
Dillon	R. G. Beachley, M. D	Dillon	Do.
Fairfield	Roderick MacDonald, M. D	Winnsboro	Do.
Georgetown	C. M. Moore, M. D	Georgetown	Do.

County	Name of health officer	Post-office address	Official title
South Carolina—Con.			
Greenville	Baylis Earle, M. D.	Greenville	Health officer.
Marion	W. L. Poole, M. D.	Marion	Do.
Newberry	H. G. Callison, M. D.	Newberry	Do.
Orangeburg	G. C. Bolin, M. D.	Orangeburg	Do.
South Dakota:			
Brown	Geo. M. Boteler, M. D.	Aberdeen	County health officer.
Pennington	D. R. Jones, M. D.	Rapid City	Superintendent county board of health.
Yankton	Thos. F. Ballard, M. D.	Yankton	Do.
Tennessee:			
Blount	K. A. Bryant, M. D.	Maryville	Field director.
Davidson	J. J. Lentz, M. D.	Nashville	County health officer.
Gibson	F. L. Roberts, M. D.	Trenton	Do.
Montgomery	F. J. Malone, M. D.	Clarksville	Field director.
Obion	J. W. Dennis, M. D.	Union City	County health officer.
Roane	J. C. Fly, M. D.	Kingston	Do.
Rutherford	H. S. Mustard, M. D.	Murfreesboro	Director.
Sevier	P. H. Muse, M. D.	Sevierville	County health officer.
Williamson	L. M. Graves, M. D.	Franklin	Do.
Texas:			
Falls	James Makins, M. D.	Marlin	Director.
Hidalgo	J. R. Mahone, M. D.	Pharr	Do.
Nueces	H. Garst, M. D.	Corpus Christi	Do.
Tarrant	F. P. Smith, M. D.	Fort Worth	Do.
Utah:			
Davis	Sumner Gleason, M. D.	Kaysville	Health officer.
Weber	H. E. Belnap, M. D.	Ogden	Do.
Virginia:			
Accomac	A. D. Knott, M. D.	Accomac	Do.
Albemarle	G. B. Young, M. D.	Charlottesville	Do.
Arlington	P. M. Chichester, M. D.	Clarendon	Do.
Augusta	H. M. Wallace, M. D.	Staunton	Do.
Brunswick	L. H. Lewis, M. D.	Lawrenceville	Do.
Carroll	James W. Smith	Hillsville	Sanitary officer.
Charlotte	L. E. Robbins	Charlotte	Do.
Chesterfield	M. D. Fuller	Petersburg	Do.
Fairfax	W. P. Caton, M. D.	Fairfax	Health officer.
Greenville	R. A. Deal	Emporia	Sanitary officer.
Halifax	Kolbe Curtice	South Boston	Health officer.
Henrico	G. H. Musgrave, M. D.	Richmond	Do.
Henry	R. M. Wilson	Martinsville	Sanitary officer.
Isle of Wight	D. B. Lepper, M. D.	Isle of Wight	Health officer.
James City	J. H. Crouch, M. D.	Williamsburg	Do.
Northampton	J. R. Horn, jr., M. D.	Eastville	Do.
Nansemond	W. H. Newcomb, M. D.	Suffolk	Do.
Prince Edward	J. E. Enders	Farmville	Sanitary officer.
Pulaski	J. L. Johnson	Pulaski	Do.
Roanoke	L. B. St. Clair	Roanoke	Do.
Smyth	J. F. Ward	Marion	Do.
Washington	M. L. Hawley	Abingdon	Do.
Wise	W. R. Culbertson, M. D.	Norton	Health officer.
Washington:			
Chelan	Paul L. West, M. D.	Wenatchee	City and county health officer.
King	Geo. H. T. Sparling, M. D.	Seattle	County health officer.
Spokane	T. C. Barnhart, M. D.	Spokane	County health officer and physician.
Walla Walla	J. P. Kane, M. D.	Walla Walla	City and county health officer.
Yakima	H. H. Smith, M. D.	Yakima	Do.
West Virginia:			
Gilmer	E. O. Chimene, M. D.	Glenville	Health officer
Hancock	Charles Koneig, M. D.	New Cumberland	Do.
Harrison	V. A. Selby, M. D.	Clarksburg	Do.
Logan	M. P. Link, M. D.	Logan	Do.
Marion	L. N. Yost, M. D.	Fairmont	Do.
Marshall	A. P. Harrison, M. D.	Moundsville	Do.
Preston	John Thames, M. D.	Kingwood	Do.
Taylor	C. C. Hedges, M. D.	Grafton	Do.
Wyoming:			
Natrona	R. J. Malott, M. D.	Casper	County health officer.

DEATH RATES IN A GROUP OF INSURED PERSONS

COMPARISON OF PRINCIPAL CAUSES OF DEATH, FEBRUARY AND MARCH, 1925 AND FIRST QUARTER OF 1923, 1924, AND 1925

The accompanying tables are taken from the Statistical Bulletin for April, 1925, published by the Metropolitan Life Insurance Co., and present the mortality experience of the industrial insurance department of the company for February and March, 1925, and for the first quarter of the years 1923, 1924, and 1925. The rates are based on a strength of approximately 16,000,000 insured persons.

The death rate of 10.3 per 1,000 for the month of March, 1925, establishes a record low rate for that month for this group of persons, and compares with 10.5 per 1,000 for March, 1924, with 12.2 for 1923, with 12.3 for 1922, and with 10.7 for 1921. Low mortality rates for several of the most important causes of death were the factors in bringing about this excellent health record; and the same factors were in operation in reducing to a new minimum the death rate for the first quarter of this year.

Death rates (annual basis) for principal causes per 100,000 lives exposed, February and March, 1925, and March and year, 1924

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Death rate per 100,000 lives exposed [1]			
	Mar., 1925	Feb., 1925	Mar., 1924	Year 1924 [2]
Total, all causes	1,025.6	1,007.6	1,047.4	907.5
Typhoid fever	2.4	2.6	2.2	4.4
Measles	3.4	2.1	14.3	7.2
Scarlet fever	6.1	4.2	4.9	4.4
Whooping cough	6.9	6.9	9.3	7.4
Diphtheria	11.5	11.6	15.7	13.2
Influenza	47.7	32.7	30.5	16.0
Tuberculosis (all forms)	113.4	103.2	115.2	104.5
Tuberculosis of respiratory system	99.3	92.1	104.0	92.6
Cancer	69.9	70.7	70.3	70.4
Diabetes mellitus	17.9	16.7	17.0	14.9
Cerebral hemorrhage	58.3	61.2	69.5	60.2
Organic diseases of heart	146.1	145.3	139.6	123.7
Pneumonia (all forms)	140.4	137.1	154.5	88.8
Other respiratory diseases	18.7	17.8	16.8	13.9
Diarrhea and enteritis	16.9	19.0	18.4	32.2
Bright's disease (chronic nephritis)	76.8	83.0	77.2	65.5
Puerperal state	19.2	18.4	17.5	16.8
Suicides	7.7	7.2	6.4	7.2
Homicides	6.5	6.0	6.4	7.1
Other external causes (excluding suicides and homicides)	52.5	55.3	51.6	62.7
Traumatism by automobile	14.0	8.1	8.9	15.7
All other causes	203.3	207.0	210.1	187.0

[1] All figures include infants insured under 1 year of age.
[2] Based on provisional estimate of lives exposed to risk in 1924.

FIRST QUARTER OF 1925

The Bulletin states:

Health conditions among the industrial populations of the United States and Canada were never so favorable during the first quarter of any year as they have been during that period of 1925. This is clearly indicated by the death rate among the more than 16,000,000 industrial policyholders of the Metropolitan Life Insurance Co., which was 9.9 per 1,000 during this period.

The improvement in 1925 as compared with the winter months of 1924, however, is confined to the white policy holders. Among the colored the mortality exceeded slightly the figure for last year.

The factors chiefly instrumental in establishing this splendid record are shown clearly in the table. The most important item is the further decline in the tuberculosis rate among both the white and colored policyholders. * * * The four principal communicable diseases of childhood likewise showed marked improvement without a single exception. Diphtheria (which causes almost as many deaths as the other three combined) dropped 31 per cent in its rate as compared with last year. Deaths from measles totaled less than one-quarter of the record for the early months of 1924. Scarlet fever and whooping cough registered substantial declines.

Other diseases for which the record is better are cancer, cerebral hemorrhage, pneumonia, puerperal conditions, and accidents.

There are, nevertheless, a few causes which show higher death rates than during the winter of 1924. The mortality from heart disease has registered an increase among both the white and colored; chronic nephritis has run slightly higher among the whites, with a considerable increase among the colored. Deaths from influenza have been much more frequent this year than last. This does not mean that the situation was in any way serious. The disease did not prevail, by and large, in virulent form. The death rate was less than one-half that for the corresponding quarter of 1923 and much lower than in 1922. Suicides have been more frequent this year than last, and more homicides have occurred among the white policyholders.

The diabetes situation is not as favorable as it was a few months ago. In the first part of 1924 there was recorded a marked drop in the diabetes death rate coincident with the more general use of insulin. This drop followed a period in which the mortality from that disease had been showing a rising tendency. Beginning with July, 1924, however, we began to register higher death rates than were recorded during the corresponding months of 1923. This has continued during most of the succeeding months. During the first quarter of 1925 there was recorded a slight increase in the diabetes death rate among whites and a considerable increase among the colored as compared with last year. It is yet too early to determine just what this reversal in the diabetes death rate means.

Death rates (annual basis) per 100,000 persons exposed, first quarter of 1923, 1924, and 1925, compared for white and colored policyholders

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Death rate per 100,000 persons exposed					
	White			Colored		
	January-March, 1925	January-March, 1924	January-March, 1923	January-March, 1925	January-March, 1924	January-March, 1923
All causes of death	908.3	929.2	1,041.7	1,632.7	1,593.9	1,656.9
Typhoid fever	2.8	2.4	2.9	5.7	4.2	6.3
Measles	3.0	14.1	11.7	1.3	5.8	7.8
Scarlet fever	5.9	6.8	6.8	.8	.4	.7
Whooping cough	6.1	7.4	5.8	10.9	11.6	8.2
Diphtheria and croup	14.1	20.6	28.8	5.9	6.2	8.2
Influenza	32.4	21.8	71.8	76.8	60.6	135.6
Meningococcus meningitis	.8	.9	.7	1.0	1.6	1.0
Tuberculosis (all forms)	88.5	94.2	106.3	231.8	248.0	245.6
Tuberculosis of respiratory system	78.0	84.1	98.3	207.0	227.8	227.0
Tuberculosis of the meninges, etc	4.9	5.6	3.7	7.3	6.9	5.8
Other forms of tuberculosis	5.6	4.5	4.3	17.4	13.4	12.8
Cancer	70.9	71.2	72.7	70.9	77.3	67.6
Diabetes	17.8	17.0	22.0	19.3	14.3	17.0
Cerebral hemorrhage; apoplexy	55.3	63.3	70.2	99.2	106.3	109.0
Organic diseases of the heart	132.9	126.8	153.8	236.4	213.1	233.0
Total respiratory diseases	133.5	136.0	154.9	266.6	265.2	267.2
Bronchitis	6.9	6.7	8.8	10.9	8.9	11.9
Bronchopneumonia	50.9	56.6	48.5	80.1	88.3	62.3
Pneumonia—lobar and undefined	66.8	63.2	86.5	157.7	155.3	178.3
Other diseases of respiratory system	8.9	9.6	11.2	17.8	12.7	14.8
Diarrhea and enteritis	17.2	19.5	5.7	23.7	15.2	8.0
Under 2 years	14.3	16.3	2.5	16.6	9.6	1.2
2 years and over	2.9	3.2	3.3	7.1	5.6	6.8
Acute nephritis	5.0	5.4	5.7	16.2	16.9	14.5
Chronic nephritis	69.1	68.0	77.4	131.9	118.3	120.9
Total puerperal state	16.8	17.8	20.1	26.6	29.6	22.3
Puerperal septicemia	6.5	7.1	7.4	12.0	12.0	8.0
Puerperal albuminuria and convulsions	3.4	4.1	4.3	4.4	7.8	6.1
Other diseases of puerperal state	6.9	6.5	8.3	10.3	9.8	8.2
Total external causes	65.2	65.5	64.2	104.0	107.9	102.9
Suicides	7.3	6.6	7.6	4.2	3.6	4.4
Homicides	3.2	2.5	3.2	31.9	33.4	29.6
Accidental and unspecified violence	54.6	56.3	53.4	68.0	70.9	69.0
Accidental drowning	1.6	3.3	2.3	2.1	2.2	1.2
Automobile accidents	11.7	11.8	10.2	9.0	9.6	10.2
All other and ill-defined causes of death	171.1	170.5	165.3	303.7	291.3	281.0

DEATHS DURING WEEK ENDED MAY 2, 1925

Summary of information received by telegraph from industrial insurance companies for week ended May 2, 1925, and corresponding week of 1924. (From the Weekly Health Index, May 6, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended May 2, 1925	Corresponding week, 1924
Policies in force	59,640,913	55,860,937
Number of death claims	12,172	11,636
Death claims per 1,000 policies in force, annual rate	10.6	10.9

Deaths from all causes in certain large cities of the United States during the week ended May 2, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, May 6, 1925, issued by the Bureau of the Census, Department of Commerce)

City	Week ended May 2, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate, week ended May 2, 1925 [2]
	Total deaths	Death rate [1]		Week ended May 2, 1925	Corresponding week, 1924	
Total (64 cities)	7,185	13.6	[3] 13.8	776	[3] 860	
Akron	45			4	6	44
Albany [4]	41	17.9	13.6	0	3	0
Atlanta	68	15.3	19.2	6	14	
Baltimore [4]	237	15.5	16.8	24	24	70
Birmingham	78	19.8	20.8	13	5	
Boston	235	15.6	16.4	30	27	79
Bridgeport	29			4	3	64
Buffalo	157	14.8	15.5	18	28	73
Cambridge	43	19.9	14.9	7	3	120
Camden	32	13.0	16.5	1	8	16
Chicago [4]	725	12.6	12.8	84	96	74
Cincinnati	126	16.1	13.9	14	5	83
Cleveland	205	11.4	11.8	32	40	79
Columbus	59	11.2	11.5	5	4	47
Dallas	50	13.5	15.8	7	5	
Dayton	41	12.4	12.9	3	4	48
Denver	86			8	6	
Des Moines	30	10.5	10.4	1	2	17
Detroit	281			55	50	93
Duluth	26	12.3	11.1	2	2	42
Erie	25			1	2	20
Fall River [4]	36	15.5	15.5	3	6	43
Flint	13			1	5	16
Fort Worth	32	10.9	8.1	3	1	
Grand Rapids	27	9.3	7.4	1	2	16
Houston	52			10	5	
Indianapolis	99	14.4	13.7	10	7	69
Jacksonville, Fla	32	15.9	14.2	5	3	111
Jersey City	69	11.4	15.0	9	14	63
Kansas City, Kans	33	13.9	8.6	5	2	105
Kansas City, Mo	85	12.1	13.9	5	9	
Los Angeles	218			21	31	58
Louisville	67	13.5	13.5	6	8	52
Lowell	42	18.8	13.1	6	4	104
Lynn	25	12.5	11.6	6	4	159
Memphis	63	18.8	25.1	6	10	
Milwaukee	120	12.5	11.1	24	23	110
Minneapolis	91	11.2	12.5	9	12	48
Nashville [4]	46	19.3	17.7	6	3	
New Bedford	29	11.2	11.8	4	8	66
New Haven	39	11.4	11.0	3	3	39
New Orleans	137	17.2	18.5	17	18	
New York	1,578	13.5	12.5	172	184	69
Bronx Borough	170	9.8	9.3	9	14	31
Brooklyn Borough	534	12.5	11.9	65	73	68
Manhattan Borough	699	16.1	14.5	82	85	82
Queens Borough	127	11.5	11.0	13	10	65
Richmond Borough	48	18.7	14.8	3	2	54
Newark, N. J	103	11.9	14.2	8	17	36
Norfolk	37	11.4	9.2	1	3	18
Oakland	54	11.1	11.0	9	9	105
Oklahoma City	15			1	2	
Omaha	52	12.8	12.3	4	7	39
Paterson	27	9.9	12.6	6	4	101
Philadelphia	521	13.7	15.3	50	48	63
Pittsburgh	221	18.2	18.3	24	30	84
Portland, Oreg	65	12.0	10.7	5	8	52
Providence	60	12.8	17.8	5	16	40
Richmond	56	15.7	17.3	6	3	73
Rochester	79	12.4		10		79
St. Louis	220	14.0	14.2	11	17	
St. Paul	71	15.0	14.5	6	6	51
Salt Lake City [4]	29	11.6	13.0	1	7	16
San Antonio	41	10.8	18.5	9	18	

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.
[3] Data for 62 cities.
[4] Deaths for week ended Friday, May 1, 1925.

Deaths from all causes in certain large cities of the United States during the week ended May 2, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, May 6, 1925, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended May 2, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate, week ended May 2, 1925
	Total deaths	Death rate		Week ended May 2, 1925	Corresponding week, 1924	
San Francisco	151	14.1	12.6	9	7	52
Schenectady	17	8.7	8.8	5	0	141
Seattle	91			5	5	51
Somerville	15	7.7	13.5	0	1	0
Spokane	25			0	3	0
Springfield, Mass	38	13.0	11.9	6	3	89
Syracuse	51	13.9	16.9	3	10	38
Tacoma	29	14.5	14.2	2	6	48
Toledo	66	12.0	13.2	8	12	72
Trenton	32	12.6	16.9	1	2	16
Utica	37	18.0		9		185
Washington, D. C	141	14.8	16.0	13	12	73
Waterbury	16			3	1	66
Wilmington, Del	27	11.5	10.0	2	7	46
Worcester	62	16.3	11.2	5	7	58
Yonkers	22	10.3	10.5	0	4	0
Youngstown	58	18.9	13.4	11	5	139

PREVALENCE OF DISEASE

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

UNITED STATES

CURRENT 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 May 9, 1925

ALABAMA	Cases
Cerebrospinal meningitis	1
Chicken pox	34
Diphtheria	6
Dysentery	56
Influenza	127
Malaria	47
Measles	14
Mumps	28
Ophthalmia neonatorum	1
Pellagra	22
Pneumonia	68
Poliomyelitis	1
Scarlet fever	27
Smallpox	105
Tetanus	2
Trachoma	2
Tuberculosis	130
Typhoid fever	15
Whooping cough	34

ARIZONA	
Chicken pox	3
Measles	27
Mumps	3
Scarlet fever	5
Tuberculosis	4
Typhoid fever	1
Whooping cough	13

ARKANSAS	
Chicken pox	12
Diphtheria	3
Hookworm disease	2
Influenza	40
Malaria	36
Measles	37
Mumps	20
Pellagra	24
Scarlet fever	3
Smallpox	12
Trachoma	3
Tuberculosis	9
Typhoid fever	5
Whooping cough	6

CALIFORNIA	Cases
Cerebrospinal meningitis:	
Kings County	1
San Francisco	1
Taft	1
Diphtheria	94
Influenza	37
Jaundice (epidemic)—Tulare County	1
Leprosy—Los Angeles	1
Measles	54
Poliomyelitis:	
Long Beach	1
Modesto	1
Oakland	1
Rocky Mountain spotted fever—Lassen County	1
Scarlet fever	144
Smallpox:	
Los Angeles	27
Oakland	17
San Diego	18
Scattering	70
Typhoid fever	5

COLORADO (Exclusive of Denver)	
Chicken pox	27
Diphtheria	15
Measles	4
Mumps	12
Pneumonia	12
Scarlet fever	8
Tuberculosis	34
Typhoid fever	2
Vincent's angina	1
Whooping cough	3

CONNECTICUT	
Cerebrospinal meningitis	2
Chicken pox	41
Conjunctivitis (infectious)	24
Diphtheria	19
German measles	36
Influenza	7

CONNECTICUT—continued

	Cases
Lethargic encephalitis	2
Measles	116
Mumps	9
Paratyphoid fever	4
Pneumonia (all forms)	45
Scarlet fever	96
Tuberculosis (all forms)	18
Typhoid fever	4
Whooping cough	118

DELAWARE

Diphtheria	4
Measles	3
Scarlet fever	7
Tuberculosis	1
Typhoid fever	1

FLORIDA

Chicken pox	12
Diphtheria	5
Malaria	9
Mumps	23
Pneumonia	1
Poliomyelitis	2
Scarlet fever	4
Smallpox	6
Tuberculosis	14
Typhoid fever	15
Whooping cough	1

GEORGIA

Cerebrospinal meningitis	1
Chicken pox	44
Conjunctivitis	2
Diphtheria	5
Dysentery	53
German measles	1
Hookworm disease	6
Influenza	110
Malaria	33
Measles	21
Mumps	69
Pellagra	15
Pneumonia	52
Scarlet fever	6
Septic sore throat	7
Smallpox	20
Tuberculosis	28
Typhoid fever	19
Whooping cough	54

ILLINOIS

Cerebrospinal meningitis:	
Cook County	4
La Salle County	1
Diphtheria:	
Cook County	65
Scattering	28
Influenza	87
Lethargic encephalitis:	
Coles County	1
Fulton County	2
Measles	1,552
Pneumonia	352

ILLINOIS—continued

	Cases
Scarlet fever:	
Cook County	235
Kane County	13
McLean County	15
Peoria County	12
Scattering	102
Smallpox	32
Tuberculosis	309
Typhoid fever	17
Whooping cough	301

INDIANA

Chicken pox	58
Diphtheria	14
Influenza	27
Measles	125
Mumps	3
Pneumonia	6
Poliomyelitis	1
Scarlet fever	195
Smallpox	97
Tuberculosis	47
Typhoid fever	10
Whooping cough	63

IOWA

Diphtheria	11
Scarlet fever	23
Smallpox	8

KANSAS

Chicken pox	69
Diphtheria	11
German measles	6
Influenza	17
Measles	6
Mumps	158
Pneumonia	21
Scarlet fever	72
Tuberculosis	59
Typhoid fever	1
Whooping cough	45

LOUISIANA

Diphtheria	11
Influenza	74
Leprosy	1
Malaria	14
Pneumonia	59
Scarlet fever	14
Smallpox	7
Tuberculosis	45
Typhoid fever	38
Whooping cough	19

MAINE

Chicken pox	10
Diphtheria	2
German measles	3
Influenza	178
Measles	3
Mumps	68
Pneumonia	7
Scarlet fever	10
Septic sore throat	3
Tuberculosis	5
Typhoid fever	4
Whooping cough	1

MARYLAND [1]

	Cases
Cerebrospinal meningitis	1
Chicken pox	121
Diphtheria	18
German measles	2
Influenza	27
Lethargic encephalitis	1
Malaria	1
Measles	41
Mumps	78
Pneumonia (all forms)	82
Poliomyelitis	1
Scarlet fever	42
Septic sore throat	1
Smallpox	3
Tetanus	1
Tuberculosis	51
Typhoid fever	2
Vincent's angina	2
Whooping cough	103

MASSACHUSETTS

Cerebrospinal meningitis	5
Chicken pox	133
Conjunctivitis (suppurative)	12
Diphtheria	76
German measles	247
Hookworm disease	1
Influenza	66
Lethargic encephalitis	5
Measles	1,101
Mumps	106
Ophthalmia neonatorum	16
Pneumonia (lobar)	119
Poliomyelitis	1
Scarlet fever	249
Septic sore throat	5
Smallpox	1
Trachoma	2
Tuberculosis (all forms)	137
Typhoid fever	3
Whooping cough	176

MICHIGAN

Diphtheria	64
Measles	457
Pneumonia	143
Scarlet fever	323
Smallpox	12
Tuberculosis	52
Typhoid fever	6
Whooping cough	173

MINNESOTA

Chicken pox	86
Diphtheria	73
Influenza	5
Measles	35
Pneumonia	4
Scarlet fever	217
Smallpox	15
Tuberculosis	47
Typhoid fever	2
Whooping cough	30

MISSISSIPPI

Diphtheria	5
Scarlet fever	2
Smallpox	18
Typhoid fever	27

[1] Week ended Friday.

MISSOURI

	Cases
(Exclusive of Kansas City)	
Chicken pox	55
Diphtheria	86
Influenza	8
Malaria	19
Measles	20
Mumps	84
Pneumonia	11
Scarlet fever	151
Septic sore throat	4
Smallpox	11
Tetanus	2
Trachoma	89
Tuberculosis	68
Typhoid fever	5
Whooping cough	27

MONTANA

Chicken pox	7
Diphtheria	6
German measles	60
Measles	22
Mumps	9
Rocky Mountain spotted fever:	
Miles City	1
Missoula R. F. D.	1
Rosebud	1
Thurland	1
Scarlet fever	38
Septic sore throat	1
Smallpox	16
Tuberculosis	3
Whooping cough	7

NEW JERSEY

Cerebrospinal meningitis	1
Chicken pox	147
Diphtheria	78
Influenza	7
Measles	529
Pneumonia	122
Poliomyelitis	2
Scarlet fever	249
Smallpox	12
Typhoid fever	7
Whooping cough	222

NEW MEXICO

Chicken pox	5
Diphtheria	1
Measles	16
Mumps	12
Pneumonia	1
Scarlet fever	6
Trachoma	1
Tuberculosis	9
Whooping cough	9

NEW YORK

(Exclusive of New York City)	
Cerebrospinal meningitis	2
Diphtheria	129
Influenza	64
Lethargic encephalitis	4
Measles	715
Pneumonia	324
Poliomyelitis	2
Scarlet fever	329
Smallpox	4
Typhoid fever	12
Whooping cough	231

NORTH CAROLINA

	Cases
Cerebrospinal meningitis	1
Chicken pox	64
Diphtheria	15
German measles	3
Lethargic encephalitis	1
Measles	19
Scarlet fever	16
Septic sore throat	1
Smallpox	70
Typhoid fever	6
Whooping cough	85

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

Chicken pox	7
Diphtheria	8
Influenza	90
Scarlet fever	10
Smallpox	9
Typhoid fever	4
Whooping cough	9

OREGON

Cerebrospinal meningitis	1
Chicken pox	34
Diphtheria:	
Portland	16
Scattering	9
Influenza	24
Measles	3
Mumps	19
Pneumonia	[1] 11
Scarlet fever:	
Portland	10
Clackamas County	8
Scattering	21
Smallpox	12
Tuberculosis	19
Typhoid fever	2
Whooping cough	23

SOUTH DAKOTA

Chicken pox	2
Diphtheria	6
Influenza	5
Measles	1
Pneumonia	18
Scarlet fever	47
Smallpox	5

TEXAS

Cerebrospinal meningitis	2
Chicken pox	108
Diphtheria	23
Dysentery (epidemic)	16
Influenza	59
Leprosy	2
Measles	53
Mumps	103
Paratyphoid fever	1
Pellagra	15
Pneumonia	18
Scarlet fever	35
Smallpox	53
Trachoma	½
Tuberculosis	14
Typhoid fever	4
Whooping cough	48

TEXAS—continued

VIRGINIA

Smallpox:	
Grayson County	2
Isle of Wight County	1
Nansemond County	1
Petersburg	1

WASHINGTON

Chicken pox	87
Diphtheria	22
German measles	38
Lethargic encephalitis—Chelan County	1
Measles	2
Mumps	120
Pneumonia	1
Rocky Mountain spotted fever—Lincoln County	1
Scarlet fever	44
Smallpox	60
Tuberculosis	47
Typhoid fever	3
Whooping cough	127

WEST VIRGINIA

Diphtheria	4
Scarlet fever	130
Smallpox	12
Typhoid fever	5

WISCONSIN

Milwaukee:	
Chicken pox	42
Diphtheria	10
German measles	134
Influenza	1
Measles	241
Mumps	82
Ophthalmia neonatorum	1
Pneumonia	23
Scarlet fever	21
Smallpox	31
Tuberculosis	26
Whooping cough	22
Scattering:	
Cerebrospinal meningitis	1
Chicken pox	96
Diphtheria	16
German measles	332
Influenza	299
Measles	184
Mumps	199
Ophthalmia neonatorum	2
Pneumonia	27
Scarlet fever	104
Smallpox	13
Tuberculosis	21
Typhoid fever	2
Whooping cough	87

[1] Deaths.

Reports for Week Ended May 2, 1925

DISTRICT OF COLUMBIA

	Cases
Chicken pox	21
Diphtheria	11
Influenza	1
Measles	55
Pneumonia	38
Scarlet fever	21
Smallpox	2
Tuberculosis	34
Typhoid fever	3
Whooping cough	23

FLORIDA

Cerebrospinal meningitis	1
Chicken pox	21
Diphtheria	9
Influenza	3
Malaria	8
Measles	4
Mumps	81
Pneumonia	4
Scarlet fever	5
Smallpox	14
Tetanus	1
Tuberculosis	29
Typhoid fever	11
Whooping cough	7

NEBRASKA

	Cases
Chicken pox	27
Diphtheria	8
Influenza	5
Measles	3
Mumps	24
Scarlet fever	11
Smallpox	35
Tuberculosis	4
Whooping cough	9

NORTH DAKOTA

Chicken pox	7
Diphtheria	4
German measles	3
Influenza	4
Measles	2
Mumps	10
Pneumonia	8
Poliomyelitis	1
Scarlet fever	50
Smallpox	5
Tuberculosis	2
Whooping cough	28

SUMMARY OF MONTHLY REPORTS FROM STATES [1]

The following summary of monthly State reports is published weekly and covers only those States from which reports are received during the current week.

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
February, 1925										
Iowa	1	81			11			187	90	3
March, 1925										
District of Columbia	1	50	4		124	0	1	132	7	6
Georgia		64	4,777	95	113	19		25	48	21
Hawaii	3	29	149		122			4		7
Illinois	8	439	763		4,615		1	2,384	220	62
Minnesota	4	313	8		176		3	1,104	117	26
New York	20	1,402	1,177	3	2,640		10	3,155	34	95
April, 1925										
Arizona		14	57		171			36	5	2
Connecticut	4	138	71		780		3	480	2	11
District of Columbia	1	31	7		194	0	1	106	26	4
Michigan		307	70		1,039	1	4	1,605	93	38
North Dakota		19	23		16		1	136	33	1

[1] The monthly reports published in Public Health Reports for March 27, 1925, page 618, stated as for January, 1925, were summaries of February reports.

Number of Cases of Certain Communicable Diseases Reported for the Month of February, 1925, by State Health Officers

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	211	60	196	304	82	884	176	47	140
Arizona	36	21	185	77	35	22	79	7	8
Arkansas	182	50	110	195	89	77	[1] 36	31	55
California	1,662	542	186	824	618	704	804	27	721
Colorado	320	97	19	467	174	1	131	11	30
Connecticut	349	202	275	170	725	-------	113	14	197
Delaware	13	10	2	15	30	-------	[1] 44	6	6
District of Columbia	113	83	40	-------	148	3	124	6	44
Florida	18	34	12	103	15	8	72	41	21
Georgia	202	70	12	328	34	61	[1] 139	41	144
Idaho	-------	23	-------	-------	31	-------	-------	7	-------
Illinois	1,383	457	2,664	1,375	2,099	298	1,182	71	1,048
Indiana	-------	174	-------	-------	892	-------	-------	20	-------
Iowa [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Kansas	565	191	32	1,767	468	30	154	11	102
Kentucky [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Louisiana	61	94	9	1	62	110	[1] 102	75	25
Maine	196	23	19	669	75	-------	58	12	32
Maryland	347	164	262	268	445	-------	219	27	405
Massachusetts	931	497	2,204	453	1,462	-------	598	33	602
Michigan	689	299	692	339	1,366	62	535	31	440
Minnesota	543	395	134	-------	998	201	167	29	132
Mississippi	1,180	57	417	2,429	30	244	287	126	633
Missouri	372	325	63	316	1,557	94	246	9	121
Montana	70	32	107	60	122	62	62	7	49
Nebraska	-------	41	-------	-------	112	-------	-------	11	-------
New Hampshire [4]	-------	-------	-------	-------	-------	-------	-------	-------	-------
New Jersey	700	410	614	-------	1,281	19	456	26	886
New Mexico	82	29	65	49	18	1	56	5	8
New York	2,055	1,220	1,577	1,358	2,870	54	1,424	147	1,395
North Carolina	640	140	96	-------	124	329	-------	4	345
North Dakota	143	64	4	60	236	15	7	6	49
Ohio	1,437	421	560	748	2,136	550	606	49	547
Oklahoma	192	104	42	89	155	179	181	50	158
Oregon	102	101	17	75	115	114	68	15	38
Pennsylvania	2,199	930	3,195	2,852	2,878	25	536	69	979
Rhode Island	-------	73	-------	-------	140	-------	-------	1	-------
South Carolina	23	235	4	92	7	79	9	7	25
South Dakota	61	25	6	2	188	40	7	7	17
Tennessee	454	78	231	3	188	485	218	47	193
Texas [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Utah	473	39	39	77	62	18	[1] 10	1	232
Vermont	252	17	29	322	75	-------	[1] 15	3	142
Virginia	728	152	507	-------	195	22	[1] 226	27	894
Washington	535	211	39	662	201	262	126	20	155
West Virginia	190	92	149	-------	133	123	42	92	189
Wisconsin	913	165	1,886	1,142	661	217	134	8	402
Wyoming	43	12	8	27	30	5	[1] 1	8	-------

[1] Pulmonary.
[2] Reports not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.

Case Rates per 1,000 Population (Annual Basis) for the Month of February, 1925

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	1.11	0.32	1.04	1.61	0.43	4.67	0.93	0.25	0.74
Arizona	1.15	.67	5.92	2.46	1.12	.70	2.53	.22	.26
Arkansas	1.28	.35	.77	1.37	.63	.54	[1] .25	.22	.39
California	5.39	1.76	.60	2.67	2.00	2.28	2.61	.09	2.34
Colorado	4.09	1.24	.24	5.97	2.23	.01	1.68	.14	.38
Connecticut	2.97	1.72	2.34	1.45	6.17	-------	.96	.12	1.68
Delaware	.72	.56	.11	.83	1.67	-------	[1] 2.44	.33	.33
District of Columbia	2.96	2.17	1.05	-------	3.87	.08	3.25	.16	1.15
Florida	.22	.41	.14	1.23	.18	.10	.86	.49	.25
Georgia	.86	.30	.05	1.40	.14	.26	[1] .59	.17	.61
Idaho	-------	.61	-------	-------	.82	-------	-------	.19	-------
Illinois	2.59	.86	4.99	2.57	3.93	.56	2.21	.13	1.96
Indiana	-------	.74	-------	-------	3.80	-------	-------	.09	-------
Iowa [2]									
Kansas	4.06	1.37	.23	12.70	3.36	.22	1.11	.08	.73
Kentucky [3]									
Louisiana	.42	.65	.06	.01	.43	.76	[1] .71	.52	.17
Maine	3.26	.38	.32	11.14	1.25	-------	.97	.20	.53
Maryland	2.94	1.39	2.22	2.27	3.77	-------	1.86	.23	3.43
Massachusetts	2.94	1.57	6.96	1.43	4.62	-------	1.89	.10	1.90
Michigan	2.16	.94	2.17	1.06	4.29	.19	1.68	.10	1.38
Minnesota	2.76	2.01	.68	-------	5.07	1.02	.85	.15	.67
Mississippi	8.59	.41	3.04	17.68	.22	1.78	2.09	.92	4.61
Missouri	1.40	1.22	.24	1.19	5.85	.35	.92	.03	.45
Montana	1.41	.64	2.16	1.21	2.46	1.25	1.25	.14	.99
Nebraska	-------	.39	-------	-------	1.08	-------	-------	.11	-------
Nevada									
New Hampshire [4]									
New Jersey	2.60	1.52	2.28	-------	4.76	.07	1.70	.10	3.29
New Mexico	2.82	1.00	2.24	1.69	.62	.03	1.93	.17	.28
New York	2.41	1.43	1.85	1.59	3.37	.06	1.67	.17	1.64
North Carolina	3.02	.66	.45	-------	.59	1.55	-------	.02	1.63
North Dakota	2.72	1.22	.08	1.14	4.48	.28	.13	.11	.93
Ohio	2.96	.87	1.15	1.54	4.40	1.13	[1] 1.25	.10	1.13
Oklahoma	1.12	.61	.24	.52	.90	1.04	1.05	.29	.92
Oregon	1.57	1.56	.26	1.16	1.77	1.76	1.05	.23	.59
Pennsylvania	3.08	1.30	4.47	3.99	4.03	.03	.75	.10	1.37
Rhode Island	-------	1.49	-------	-------	2.85	-------	-------	.02	-------
South Carolina	.17	1.72	.03	.67	.05	.58	.07	.05	.18
South Dakota	1.19	.49	.12	.04	3.68	.78	.14	.14	.33
Tennessee	2.44	.42	1.24	.02	1.01	2.61	1.17	.25	1.04
Texas [3]									
Utah	12.52	1.03	1.03	2.04	1.64	.48	[1] .26	.03	6.14
Vermont	9.32	.63	1.07	11.91	2.77	-------	[1] .55	.11	5.25
Virginia	3.87	.81	2.70	-------	1.04	.12	[1] 1.20	.14	4.76
Washington	4.72	1.86	.34	5.84	1.77	2.31	1.11	.18	1.37
West Virginia	1.55	.75	1.21	-------	1.08	1.00	.34	.75	1.54
Wisconsin	4.25	.77	8.78	5.31	3.08	1.01	.62	.04	1.87
Wyoming	2.53	.71	.47	1.59	1.76	.29	.06	.47	-------

[1] Pulmonary.
[2] Reports not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.

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 April 25, 1925:

Los Angeles, Calif.

Week ended Apr. 25, 1925:

Number of rats examined	4,903
Number of rats found to be plague infected	3
Number of squirrels examined	1,304
Number of squirrels found to be plague infected	0

Totals, Nov. 5, 1924, to Apr. 25, 1925:

Number of rats examined	90,874
Number of rats found to be plague infected	180
Number of squirrels examined	9,922
Number of squirrels found to be plague infected	9

Date of discovery of last plague-infected rodent, Apr. 28, 1925.
Date of last human case, Jan. 15, 1925.

Oakland, Calif.

(Including other East Bay communities)

Week ended Apr. 25, 1925:	
Number of rats trapped	2,399
Number of rats found to be plague infected	0
Totals, Jan. 1 to Apr. 25, 1925:	
Number of rats trapped	40,293
Number of rats found to be plague infected	21

Date of discovery of last plague-infected rat, Mar. 4, 1925.
Date of last human case, Sept. 10, 1919.

New Orleans, La.

Week ended Apr. 25, 1925:	
Number of vessels inspected	300
Number of inspections made	920
Number of vessels fumigated with cyanide gas	31
Number of rodents examined for plague	5,381
Number of rodents found to be plague infected	0
Totals, Dec. 5, 1924, to Apr. 25, 1925:	
Number of rodents examined for plague	85,619
Number of rodents found to be plague infected	12

Date of discovery of last plague-infected rat, Jan. 17, 1925.
Date of last human case occurring in New Orleans, Aug. 20, 1920.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended April 25, 1925, 35 States reported 1,212 cases of diphtheria. For the week ended April 26, 1924, the same States reported 1,597 cases of this disease. One hundred cities, situated in all parts of the country and having an aggregate population of more than 28,700,000, reported 893 cases of diphtheria for the week ended April 25, 1925. Last year, for the corresponding week, they reported 984 cases. The estimated expectancy for these cities was 931 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-two States reported 5,315 cases of measles for the week ended April 25, 1925, and 13,546 cases of this disease for the week ended April 26, 1924. One hundred cities reported 3,558 cases of measles for the week this year, and 5,171 cases last year.

Scarlet fever.—Scarlet fever was reported for the week as follows: 34 States—this year, 3,293 cases; last year, 3,372; 100 cities—this year, 1,980; last year, 1,522; estimated expectancy, 1,009 cases.

Smallpox.—For the week ended April 25, 1925, 35 States reported 909 cases of smallpox. Last year, for the corresponding week, they reported 1,427 cases of smallpox. One hundred cities reported smallpox for the week as follows: 1925, 342 cases; 1924, 568 cases; estimated expectancy, 103 cases. These cities reported 23 deaths from smallpox for the week this year.

Typhoid fever.—Two hundred and forty-four cases of typhoid fever were reported for the week ended April 25, 1925, by 34 States. For the corresponding week of 1924 the same States reported 184 cases. One hundred cities reported 90 cases of typhoid fever for the week this year and 64 cases for the corresponding week last year. The estimated expectancy for these cities was 54 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia (combined) were reported for the week by 100 cities as follows: 1925, 1,260 deaths; 1924, 1,024 deaths.

City reports for week ended April 25, 1925

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

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

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	73,129	6	1	0	1	1	1	39	3
New Hamsphire:									
Concord	22,408	0	0	0	0	0	0	0	1
Manchester	81,383	0	2	0	0	0	5	0	1
Vermont:									
Barre	[1] 10,008	1	0	0	0	0	1	3	0
Burlington	23,613	3	1	0	0	0	16	17	0
Massachusetts:									
Boston	770,400	----	56	34	2	1	402	----	31
Fall River	120,912	2	3	1	2	2	3	0	4
Springfield	144,227	7	3	1	1	2	18	3	1
Worcester	191,927	15	4	4	3	0	9	0	9
Rhode Island:									
Pawtucket	68,799	----	1	3	0	0	0	----	3
Providence	242,378	0	12	8	3	2	1	0	11
Connecticut:									
Bridgeport	[1] 143,555	1	6	3	4	0	1	0	5
Hartford	[1] 138,036	1	6	4	----	3	7	1	3
New Haven	172,967	1	4	0	1	1	47	0	4
MIDDLE ATLANTIC									
New York:									
Buffalo	536,718	8	10	7	3	0	237	7	28
New York	5,927,625	179	248	221	66	22	135	32	272
Rochester	317,867	6	4	16	3	1	48	23	8
Syracuse	184,511	12	7	2	----	2	10	15	4
New Jersey:									
Camden	124,157	8	3	7	0	0	70	2	2
Newark	438,699	38	17	13	11	0	56	12	16
Trenton	127,390	0	4	1	1	1	5	0	0
Pennsylvania:									
Philadelphia	1,922,788	102	68	139	----	4	453	32	67
Pittsburgh	613,442	27	17	24	----	3	416	11	43
Reading	110,917	8	3	1	0	0	115	8	1
Scranton	140,636	2	3	4	0	0	2	0	13

[1] Population Jan. 1, 1920.

City reports for week ended April 25, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	406,312	18	7	7		15	2	5	20
Cleveland	888,519	72	22	27	7	4	11	11	35
Columbus	261,082	2	4	3		2	3	2	5
Toledo	268,338	8	3	4		6	92	1	6
Indiana:									
Fort Wayne	93,573	2	2	0		1	12	0	3
Indianapolis	342,718		6	2	0	0	12		12
South Bend	76,709	5	1	0	0	0	2	0	4
Terre Haute	68,939	7	1	1		1	28	0	1
Illinois:									
Chicago	2,886,121	75	100	65	34	14	692	13	108
Cicero	55,968		2						
Springfield	61,833	9	1	0	0	0	9	54	3
Michigan:									
Detroit	995,668	24	51	27	6	3	22	10	43
Flint	117,968	5	3	0	0	0	14	1	1
Grand Rapids	145,947	6	4	2		1	74	1	4
Wisconsin:									
Madison	42,519	3	0	0	0	0	8	44	1
Milwaukee	484,595	34	13	16	4	3	245	94	41
Racine	64,393	7	1	2	2	0	62	19	1
Superior	[1] 39,671	1	1	0	0	0	0	0	3
WEST NORTH CENTRAL									
Minnesota:									
Duluth	106,289	4	2	0		1	0	1	3
Minneapolis	409,125	28	14	23	6	6	5	8	12
St. Paul	241,891	22	13	10		7	13	26	11
Iowa:									
Davenport	61,262	1	1	0	0		0	0	
Des Moines	140,923	0	2	0	0		2	0	
Sioux City	79,662	0	1	0	0		1	34	
Waterloo	39,667	13	0	0	0		0	2	
Missouri:									
Kansas City	351,819	10	6	4	7	7	8	17	15
St. Joseph	78,232	2	2	1		1	0	1	2
St. Louis	803,853	37	39	49	0	0	18	9	
North Dakota:									
Fargo	24,841		0						
Grand Forks	14,547	1	0	0	0		0	0	
South Dakota:									
Aberdeen	15,829	2		0	0		0	0	
Sioux Falls	29,206		1						
Nebraska:									
Lincoln	58,761	8	2	1	0	0	0	3	0
Omaha	204,382	11	4	1	0	0	0	0	16
Kansas:									
Topeka	52,555	14	1	2	1	0	1	54	0
Wichita	79,261	12	1	0	0	0	3	5	3
SOUTH ATLANTIC									
Delaware:									
Wilmington	117,728	2	2	5	0	0	20	3	0
Maryland:									
Baltimore	773,580	84	22	26	19	4	12	74	39
Cumberland	32,361		1	0		1	0		2
Frederick	11,301	0	0	1	0	0	1	0	0
District of Columbia:									
Washington	[1] 437,571	0	9	8		5	51		19
Virginia:									
Lynchburg	30,277	4	0	2	0	0	1	21	0
Norfolk	159,089	12	0	1	0	0	3	100	4
Richmond	181,044	9	1	3		1	6	2	5
Roanoke	55,502	3	1	0		1	11	1	1
West Virginia:									
Charleston	45,597	0	0	1		1	32	2	1
Huntington	57,918	0	0	0	0		0	0	
Wheeling	[1] 56,208	1	1	0		1	5	0	1

[1] Population Jan. 1, 1920.

City reports for week ended April 25, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—continued									
North Carolina:									
Raleigh	29,171	3	0	0	0	0	0	0	1
Wilmington	35,719	10	1	0	0	0	0	2	2
Winston-Salem	56,230	12	1	1	0	0	3	5	1
South Carolina:									
Charleston	71,245	0	0	0	-------	1	0	1	2
Columbia	39,688	3	0	0	0	0	0	2	1
Greenville	25,789	2	0	1	0	0	0	0	1
Georgia:									
Atlanta	222,963	7	1	4	2	2	0	0	10
Brunswick	15,937	0	1	0	0	0	0	0	0
Savannah	89,448	0	1	0	4	4	0	5	4
Florida:									
St. Petersburg	24,403	0	1	0	0	0	0	0	0
Tampa	56,050	1	1	0	0	0	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington	57,877	0	1	1	-------	4	0	0	2
Louisville	257,671	2	5	5	4	0	4	0	17
Tennessee:									
Memphis	170,067	9	4	1	-------	4	5	8	10
Nashville	121,128	4	0	0	-------	4	24	0	6
Alabama:									
Birmingham	195,901	11	1	0	34	2	0	1	13
Mobile	63,858	1	0	0	0	1	0	0	2
Montgomery	45,383	3	0	0	1	0	0	9	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	30,635	1	1	0	0	-------	0	4	-------
Little Rock	70,916	0	1	0	1	0	3	0	0
Louisiana:									
New Orleans	04,575	1	8	10	2	2	1	0	14
Shreveport	54,590	1	-------	1	-------	2	1	0	5
Oklahoma:									
Oklahoma	101,150	0	1	1	4	0	0	1	1
Texas:									
Dallas	177,274	31	3	4	0	0	2	0	3
Galveston	46,877	3	0	0	0	0	0	1	0
Houston	154,970	3	2	2	0	1	0	0	5
San Antonio	184,727	0	1	0	0	0	1	0	4
MOUNTAIN									
Montana:									
Billings	16,927	0	0	1	0	1	0	13	0
Great Falls	27,787	2	1	1	0	0	10	1	1
Helena	[1] 12,037	-------	0	-------	-------	-------	-------	-------	-------
Missoula	[1] 12,668	0	1	3	0	0	1	0	1
Idaho:									
Boise	22,806	-------	0	-------	-------	-------	-------	-------	-------
Colorado:									
Denver	272,031	16	11	18	-------	7	8	78	14
Pueblo	43,519	3	2	3	0	0	1	3	3
New Mexico:									
Albuquerque	16,648	0	2	0	0	0	0	2	0
Utah									
Salt Lake City	126,241	12	3	2	0	0	2	25	4
Nevada:									
Reno	12,429	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	[1] 315,685	67	4	4	0	-------	1	77	-------
Spokane	104,573	6	2	5	0	-------	0	0	-------
Tacoma	101,731	4	1	2	0	0	0	0	4
Oregon:									
Portland	273,621	13	4	16	18	0	2	16	6
California:									
Los Angeles	666,853	65	33	25	13	1	61	31	20
Sacramento	69,950	2	1	4	0	0	0	1	4
San Francisco	539,038	45	24	17	5	2	8	48	8

[1] Population Jan. 1, 1920.

City reports for week ended April 25, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	2	5	0	0	0	0	1	0	0	0	25
New Hampshire:											
Concord	1	0	0	0	0	0	0	0	0	5	11
Manchester	2	4	0	0	0	1	0	0	0	0	20
Vermont:											
Barre	0	2	0	0	0	1	0	0	0	0	4
Burlington	1	1	1	0	0	0	0	0	0	0	7
Massachusetts:											
Boston	56	81	0	0	0	12	2	4	1	----	240
Fall River	4	2	0	0	0	3	1	1	0	5	38
Springfield	5	20	0	0	0	3	1	0	0	1	37
Worcester	8	11	0	0	0	0	0	1	0	6	35
Rhode Island:											
Pawtucket	1	4	0	1	0	2	0	0	0	----	----
Providence	9	14	0	0	0	5	0	0	0	----	80
Connecticut:											
Bridgeport	6	11	0	0	0	3	0	0	0	0	32
Hartford	4	6	0	0	0	0	0	0	0	5	35
New Haven	8	8	0	0	0	4	0	1	1	8	52
MIDDLE ATLANTIC											
New York:											
Buffalo	19	21	0	0	0	12	0	2	0	27	187
New York	215	256	0	2	0	[1] 97	10	19	2	137	1,611
Rochester	14	54	0	0	0	8	1	0	0	13	104
Syracuse	13	8	0	0	0	1	0	0	0	2	50
New Jersey:											
Camden	3	21	0	2	3	2	0	0	1	5	52
Newark	25	35	0	0	0	9	1	1	0	44	127
Trenton	3	2	0	0	0	3	1	1	0	7	52
Pennsylvania:											
Philadelphia	71	183	0	19	3	30	3	3	0	79	487
Pittsburgh	20	73	0	0	0	12	1	2	0	7	206
Reading	3	11	0	0	0	1	0	0	0	8	42
Scranton	2	4	0	0	0	1	0	0	0	5	----
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	12	32	2	0	0	17	1	1	0	1	152
Cleveland	20	25	1	0	0	11	1	0	0	41	224
Columbus	6	10	1	13	0	8	0	0	1	11	73
Toledo	15	12	3	0	0	5	0	0	0	19	70
Indiana:											
Fort Wayne	2	7	2	1	0	0	0	0	0	2	26
Indianapolis	15	7	4	16	0	7	0	1	1	----	107
South Bend	3	10	1	0	0	0	0	0	0	2	15
Terre Haute	2	6	1	1	0	0	0	0	0	0	19
Illinois:											
Chicago	74	260	2	5	0	53	2	2	0	143	784
Cicero	1	----	0	----	----	----	0	----	----	----	----
Springfield	1	4	1	0	0	2	1	1	1	0	32
Michigan:											
Detroit	75	121	6	1	0	20	3	1	0	86	298
Flint	6	4	1	2	0	1	0	0	0	3	20
Grand Rapids	7	48	1	2	0	1	0	0	0	1	45
Wisconsin:											
Madison	3	1	1	0	0	0	0	1	0	10	12
Milwaukee	29	26	1	12	5	4	1	0	0	26	155
Racine	5	2	1	0	0	1	0	2	0	1	14
Superior	2	13	2	0	0	3	0	0	0	0	16

[1] Pulmonary tuberculosis only.

City reports for week ended April 25, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST NORTH CENTRAL											
Minnesota:											
Duluth	4	19	2	0	0	1	0	0	0	1	26
Minneapolis	26	74	8	11	5	11	1	0	0	3	108
St. Paul	19	34	6	1	0	5	1	0	0	14	84
Iowa:											
Davenport	2	4	4	1			0	0		1	
Des Moines	11	7	2	0			0	0		0	
Sioux City	3	3	1	0			0	0		0	
Waterloo	2	0	0	0			0	0		7	
Missouri:											
Kansas City	11	75	3	0	0	14	1	0	0	8	114
St. Joseph	2	0	0	0	0	1	0	0	0	2	34
St. Louis	33	113	2	10	0	10	1	3	0	8	227
North Dakota:											
Fargo	2		0				0				
Grand Forks	0	0	0	0			0	0		0	
South Dakota:											
Aberdeen		1		0				0		0	
Sioux Falls	2		0				0				
Nebraska:											
Lincoln	3	0	0	0	0	1	0	0	0	3	14
Omaha	4	2	2	21	0	5	0	0	0	1	78
Kansas:											
Topeka	2	5	2	0	0	3	0	0	0	0	17
Wichita	2	1	3	0	0	3	1	0	0	14	
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	5	0	0	0	1	0	0	0	2	20
Maryland:											
Baltimore	28	41	0	2	0	19	2	0	0	91	237
Cumberland	1	1	0	0	0	0	0	0	1		16
Frederick	2	0	0	0	0	0	0	0	0	0	4
District of Columbia:											
Washington	19	25	1	8	4	16	1	2	1	0	160
Virginia:											
Lynchburg	0	1	0	0	0	0	0	0	0	14	7
Norfolk	1	2	1	0	0	4	0	0	0	11	
Richmond	2	4	0	1	0	4	0	1	0	0	50
Roanoke	1	0	1	0	0	2	0	0	0		15
West Virginia:											
Charleston	1	2	1	2	0	1	0	0	0	1	27
Huntington	0	4	0	10			0	0		0	
Wheeling	2	0	0	0	0	0	0	0	0		25
North Carolina:											
Raleigh	0	0	0	1	0	1	0	0	0	2	24
Wilmington	1	0	0	7	0	0	0	0	0	1	10
Winston-Salem	1	1	2	13	0	2	0	0	0	15	12
South Carolina:											
Charleston	1	0	1	0	0	3	1	0	0	2	25
Columbia	0	0	1	0	0	0	0	1	0	2	16
Greenville	0	0	0	4	0	1	0	1	0	0	6
Georgia:											
Atlanta	3	3	4	0	0	3	0	0	0	3	80
Brunswick	0	0	0	0	0	0	1	1	0	0	2
Savannah	0	0	1	0	0	5	1	0	0	5	34
Florida:											
St. Petersburg	3	0	0	0	0	2	0	0	1	0	19
Tampa	0	1	0	1	0	1	0	1	0	0	19
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1	4	0	0	0	2	1	2	0	0	30
Louisville	4	16	1	4	0	2	1	1	0	5	81
Tennessee:											
Memphis	4	2	2	17	1	8	0	0	0	2	64
Nashville	2	11	0	7	0	2	0	0	0	1	54
Alabama:											
Birmingham	1	12	0	51	1	3	1	0	0	0	61
Mobile	0	0	1	0	0	1	0	1	0	0	13
Montgomery	1	0	1	1	0	0	0	10	0	0	16

City reports for week ended April 25, 1925—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	2	0	0	-------	-------	0	0	-------	0	-------
Little Rock	1	0	0	0	0	1	0	0	0	0	-------
Louisiana:											
New Orleans	3	15	4	1	0	21	2	2	2	10	172
Shreveport	-------	1	-------	1	0	0	-------	0	1	0	37
Oklahoma:											
Oklahoma	2	1	4	0	0	3	0	1	0	-------	20
Texas:											
Dallas	2	6	2	0	0	3	0	2	1	22	48
Galveston	0	2	0	1	0	0	1	7	2	0	10
Houston	0	0	1	6	0	3	0	0	0	0	56
San Antonio	1	0	0	0	0	7	0	0	0	1	61
MOUNTAIN											
Montana:											
Billings	1	3	2	0	0	0	0	0	0	1	6
Great Falls	1	23	1	2	0	0	0	0	0	0	12
Helena	0	-------	0	-------	-------	-------	0	-------	-------	-------	-------
Missoula	1	1	1	0	0	0	0	1	0	0	8
Idaho:											
Boise	2	-------	1	-------	-------	-------	0	-------	-------	-------	-------
Colorado:											
Denver	10	11	2	0	0	17	0	0	0	10	91
Pueblo	1	1	0	0	0	0	0	1	0	0	15
New Mexico:											
Albuquerque	0	0	0	0	0	4	0	0	0	0	10
Utah:											
Salt Lake City	3	3	1	0	0	1	1	1	0	8	28
Nevada:											
Reno	0	0	0	1	0	0	0	0	0	0	0
PACIFIC											
Washington:											
Seattle	8	8	3	17	-------	-------	0	1	-------	115	-------
Spokane	3	2	7	2	-------	-------	0	0	-------	9	-------
Tacoma	2	4	1	7	0	2	1	2	0	4	29
Oregon:											
Portland	7	4	4	7	0	6	0	0	0	21	-------
California:											
Los Angeles	13	30	1	47	0	23	2	1	0	58	216
Sacramento	1	0	0	1	0	4	1	0	0	6	28
San Francisco	16	7	2	17	1	18	1	4	0	53	151

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	2	2	0	0	0	0	1	0	0
Rhode Island:									
Providence	0	0	0	0	0	0	0	1	0
MIDDLE ATLANTIC									
New York:									
New York	0	1	2	2	0	0	1	3	1
New Jersey:									
Trenton	0	0	0	0	0	1	0	0	0

City reports for week ended April 25, 1925—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	0	0	0	1	0	0	0	0	0
Illinois:									
Chicago	0	0	1	1	0	0	0	0	0
Michigan:									
Detroit	1	0	1	0	0	0	0	0	0
Flint	0	0	0	0	0	0	0	1	0
Wisconsin:									
Milwaukee	0	0	0	0	0	0	0	1	1
WEST NORTH CENTRAL									
Missouri:									
St. Louis	1	0	0	0	0	0	0	0	0
Kansas:									
Wichita	1	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
South Carolina:									
Columbia	0	0	0	0	0	4	0	0	0
Greenville	0	0	0	0	0	1	0	0	0
Florida:									
St. Petersburg	0	0	0	1	0	0	0	0	1
EAST SOUTH CENTRAL									
Kentucky:									
Louisville	2	1	0	0	0	0	0	0	0
Tennessee:									
Memphis	0	0	0	0	0	1	0	0	0
Nashville	0	0	0	0	0	1	0	0	0
Alabama:									
Mobile	0	0	0	0	1	1	0	0	0
Montgomery	0	0	0	0	1	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock	0	1	0	1	1	0	0	0	0
Louisiana:									
New Orleans	0	0	0	0	1	2	0	0	0
Shreveport	0	1	0	0	0	4	-------	0	0
Texas:									
Galveston	0	0	0	0	0	0	0	1	0
San Antonio	0	0	0	1	0	0	0	0	0
PACIFIC									
Washington:									
Spokane	1	-------	0	-------	0	-------	0	0	0
Oregon:									
Portland	2	1	0	0	0	0	0	0	0
California:									
Los Angeles	0	0	2	1	0	1	1	5	0

The following table gives the rates per hundred thousand population for 105 cities for the 10-week period ended April 25, 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, February 15 to April 25, 1925—Annual rates per 100,000 population [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Feb. 21	Feb. 28	Mar. 7	Mar. 14	Mar. 21	Mar. 28	Apr. 4	Apr. 11	Apr. 18	Apr. 25
105 cities	149	[2] 169	162	167	167	[3] 168	177	[4] 158	[5] 161	[6] 162
New England	241	[2] 189	233	176	147	119	171	166	129	144
Middle Atlantic	163	178	167	214	196	231	241	220	228	218
East North Central	123	119	114	128	134	112	93	[4] 97	[4] 111	[4] 114
West North Central	269	299	282	201	199	247	220	226	168	[7] 191
South Atlantic	156	114	104	91	136	95	81	73	102	108
East South Central	80	51	63	40	69	57	23	34	46	40
West South Central	125	162	144	158	97	121	83	107	[8] 66	79
Mountain	162	153	86	105	143	134	124	105	239	[9] 285
Pacific	165	258	235	197	249	[3] 179	374	171	168	165

MEASLE CASE RATES

105 cities	383	[2] 358	418	449	506	[3] 507	558	[4] 530	[5] 589	[6] 645
New England	720	[2] 585	656	542	725	755	957	1,011	917	1,217
Middle Atlantic	373	343	428	518	598	633	734	680	815	782
East North Central	688	632	789	740	775	798	736	[4] 706	[4] 731	[4] 894
West North Central	27	73	68	75	93	89	77	58	91	[7] 104
South Atlantic	110	81	100	146	189	136	209	207	256	295
East South Central	51	46	86	11	69	34	69	34	97	189
West South Central	14	51	23	88	42	9	88	51	[8] 72	37
Mountain	620	916	29	763	573	38	219	57	267	[9] 224
Pacific	64	61	107	110	189	[3] 151	209	241	154	203

SCARLET FEVER CASE RATES

105 cities	390	[2] 408	395	432	427	[3] 419	409	[4] 366	[5] 343	[6] 359
New England	606	[2] 558	584	534	544	604	534	529	350	407
Middle Atlantic	376	412	372	439	417	405	436	359	343	336
East North Central	432	434	433	497	498	483	442	[4] 419	[4] 404	[4] 431
West North Central	742	734	775	719	792	755	736	647	651	[7] 691
South Atlantic	167	203	171	219	146	167	175	152	167	175
East South Central	223	183	194	355	286	286	263	280	229	257
West South Central	125	144	185	167	134	162	51	88	[8] 61	121
Mountain	248	315	286	200	429	248	277	258	315	[9] 428
Pacific	186	223	218	229	218	[3] 222	191	174	145	148

SMALLPOX CASE RATES

105 cities	66	[2] 66	62	61	63	[3] 58	57	[4] 51	[5] 49	[6] 62
New England	0	[2] 0	0	0	0	0	12	2	0	2
Middle Atlantic	2	3	1	5	8	7	21	10	18	12
East North Central	56	28	42	39	32	33	24	[4] 22	[4] 27	[4] 40
West North Central	126	120	114	124	102	135	87	97	85	[7] 91
South Atlantic	67	43	51	59	57	67	49	43	53	79
East South Central	532	583	652	446	646	423	42	572	395	457
West South Central	83	116	74	74	107	107	46	51	[8] 17	42
Mountain	86	57	48	95	67	19	19	19	10	[9] 31
Pacific	215	313	206	247	212	[3] 191	255	148	162	264

[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] Hartford, Conn., not included. Report not received at time of going to press.
[3] Spokane, Wash., not included.
[4] Cicero, Ill., not included.
[5] Cicero, Ill., and Dallas, Tex., not included.
[6] Cicero, Ill., Fargo, N. Dak., Sioux Falls, S. Dak., Helena, Mont., and Boise, Idaho, not included.
[7] Fargo, N. Dak., and Sioux Falls, S. Dak., not included.
[8] Dallas, Tex. not included.
[9] Helena, Mont., and Boise, Idaho, not included.

Summary of weekly reports from cities, February 15 to April 25, 1925—Annual rates per 100,000 population

TYPHOID FEVER CASE RATES

	Week ended—								
	Feb. 21	Feb. 28	Mar. 7	Mar. 14	Mar. 21	Mar. 28	Apr. 4	Apr. 11	Apr. 18	Apr. 25
105 cities	11	[2] 14	11	10	12	[3] 11	9	[4] 10	[5] 11	[6] 16
New England	0	[2] 13	7	5	30	12	5	2	7	17
Middle Atlantic	10	8	10	5	8	7	4	9	11	14
East North Central	6	7	11	4	7	3	4	[4] 6	[4] 5	[4] 7
West North Central	4	17	6	10	8	6	2	2	2	[7] 6
South Atlantic	8	20	8	24	22	12	30	20	12	14
East South Central	34	34	34	34	46	57	17	17	34	80
West South Central	42	42	28	28	23	42	32	37	[8] 39	51
Mountain	38	76	10	19	0	0	0	19	38	[9] 31
Pacific	23	9	15	15	0	[3] 28	20	9	12	23

INFLUENZA DEATH RATES

105 cities	30	[2] 34	30	34	42	33	34	[4] 27	[10] 28	[6] 30
New England	17	[2] 40	17	35	30	30	35	32	27	30
Middle Atlantic	21	20	15	24	29	22	21	16	24	17
East North Central	18	24	27	33	49	40	38	[4] 27	[4] 25	[4] 33
West North Central	22	37	35	33	42	46	39	37	50	[7] 49
South Atlantic	55	49	53	33	53	12	28	26	12	43
East South Central	74	126	103	91	120	86	69	74	80	86
West South Central	153	148	143	107	76	36	36	46	[11] 47	25
Mountain	57	19	19	48	48	38	181	86	38	[9] 82
Pacific	12	29	29	16	12	53	29	12	29	12

PNEUMONIA DEATH RATES

105 cities	216	[2] 201	205	222	217	206	204	[4] 202	[10] 195	[6] 204
New England	241	[2] 242	226	229	211	219	251	211	206	186
Middle Atlantic	216	185	210	214	217	199	215	190	204	223
East North Central	184	171	195	241	222	214	182	[4] 191	[4] 191	[4] 213
West North Central	131	166	140	175	173	166	193	223	171	[7] 139
South Atlantic	252	305	268	246	290	252	234	238	232	191
East South Central	320	292	269	366	286	269	269	343	206	286
West South Central	408	260	229	178	178	168	168	168	[11] 160	158
Mountain	219	267	162	210	172	200	162	267	210	[9] 234
Pacific	213	163	139	155	131	159	159	119	98	147

[2] Hartford, Conn., not included. Report not received at time of going to press.
[3] Spokane, Wash., not included.
[4] Cicero, Ill., not included.
[5] Cicero, Ill., and Dallas, Tex., not included.
[6] Cicero, Ill., Fargo, N. Dak., Sioux Falls, S. Dak., Helena, Mont., and Boise, Idaho, not included.
[7] Fargo, N. Dak., and Sioux Falls, S. Dak., not included.
[8] Dallas, Tex., not included.
[9] Helena, Mont., and Boise, Idaho, not included.
[10] Cicero, Ill., and New Orleans, La., not included.
[11] New Orleans, La., not included.

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

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

FOREIGN AND INSULAR

BOLIVIA

Smallpox—Typhus fever—La Paz—March, 1925.—During the month of March, 1925, there were reported at La Paz, Bolivia, five deaths from smallpox, and one case of typhus fever.

CANADA

Communicable diseases—Ontario—March 29–April 25, 1925 (comparative).—During the four-week period ended April 25, 1925, communicable diseases were reported in the province of Ontario as follows:

Disease	1925		1924	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis		2	6	2
Chancroid	4			
Chicken pox	322		398	
Diphtheria	182	16	188	20
German measles	6		190	
Goiter	64		16	3
Gonorrhea	88		98	
Influenza	160	36		14
Lethargic encephalitis	4	3		6
Measles	1,643	2	3,209	4
Mumps	848		1,009	
Pneumonia		203		232
Scarlet fever	603	8	691	12
Septic sore throat	15		8	1
Smallpox	12		49	3
Syphilis	119		118	
Tuberculosis	142	83	180	93
Typhoid fever	26	2	34	7
Whooping cough	352	10	140	4

Smallpox.—Smallpox was reported present in four localities, the largest number of cases, viz, 7, being reported at Welland.

CUBA

Communicable diseases—Provinces—January and February, 1925.—Cases of diseases were notified in the provinces of Cuba for the months of January and February, 1925, as follows:

JANUARY, 1925

Disease	Pinar del Rio	Habana	Matanzas	Santa Clara	Camaguey	Oriente	Total
Chicken pox		9		1	1	6	17
Diphtheria	1	20				6	27
Malaria	20	67	8	4	76	558	733
Measles	1	31	1	12	1	6	52
Paratyphoid fever		3		1			4
Scarlet fever	2						2
Tetanus (infantile)				1			1
Typhoid fever	9	49	5	25	8	20	116

FEBRUARY, 1925

Cerebrospinal meningitis				1			1
Chicken pox		6		2	1	1	10
Diphtheria		23	4	2	1	3	33
Malaria	15	64	6	5	79	707	876
Measles	3	44	6	42	2	9	106
Paratyphoid fever		3	1		2		6
Poliomyelitis	10						10
Scarlet fever	3	9					12
Smallpox						1	1
Tetanus (infantile)	1						1
Typhoid fever	18	34	6	29	5	14	106

Communicable diseases—Habana—March 1–31, 1925.—During the period March 1 to 31, 1925, communicable diseases were reported at Habana, Cuba, as follows:

Disease	Mar. 1–31, 1925		Remaining under treatment Mar. 31, 1925
	New cases	Deaths	
Cerebrospinal meningitis	1	1	0
Chicken pox	14	1	[1] 8
Diphtheria	13	3	2
Leprosy			10
Malaria	36		[1] 20
Measles	132	1	64
Scarlet fever	8		8
Typhoid fever	30	5	[1] 31

[1] A number of cases of chicken pox, malaria, and typhoid fever were from the interior of the island; one case of chicken pox and one case of typhoid fever were from abroad.

ECUADOR

Plague—Plague-infected rats—March 16–April 15, 1925.—During the period March 16 to April 15, 1925, 10 cases of plague with four deaths were reported in Ecuador. Of these, one case occurred at Daule, and nine cases at Guayaquil. During the same period, out of 22,290 rats taken, 60 were found plague infected.

ITALY

Malta fever—Catania—Province of Syracuse—March 24–30, 1925.—During the week ended March 30, 1925, Malta fever was reported in Italy as follows: Catania, two cases; Province of Syracuse, one case.

JAMAICA

Smallpox (reported as alastrim)—Typhoid fever—February 1–April 25, 1925.—Smallpox (reported as alastrim) and typhoid fever have been reported in the Island of Jamaica, exclusive of Kingston, as follows: *Smallpox*—February 1–28, 1925: Cases, 34; March 1–28, 1925: Cases, 98; March 29–April 25, 1925: Cases, 100. *Typhoid fever*—February 1–28, 1925: Cases, 56; March 1–28, 1925: Cases, 50; March 29–April 25, 1925: Cases, 50.

Chicken pox—Lethargic encephalitis—During the same period, 28 cases of chicken pox and 4 cases of lethargic encephalitis were reported in the Island of Jamaica, exclusive of Kingston.

MALTA

Communicable diseases—March 16–31, 1925.—During the period March 16 to 31, 1925, 5 cases of chicken pox, 255 cases of influenza, 12 cases of Malta (undulant) fever, and 1 case of poliomyelitis (infantile paralysis) were notified in the island of Malta. Population, 223,088.

MEXICO

Decree against wooden construction at Gulf ports.—According to information dated April 24, 1925, a recent decree of the President of the Republic of Mexico prohibits the construction of wooden houses or other structures at Gulf ports, as a measure against rat harborage.

Epidemic cerebrospinal meningitis—State of Morelos.—April 22–25, 1925.—During the period April 22 to 25, 1925, eight cases of epidemic cerebrospinal meningitis were reported in the State of Morelos, Mexico.[1]

UNION OF SOUTH AFRICA

Plague—March 15–21, 1925.—During the week ended March 21, 1925, three cases of plague with two deaths were reported in the Union of South Africa. Of these, one case occurred in the white population. The occurrence was on farms.

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[1] Public Health Reports, May 8, 1925, p. 972.

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 May 15, 1925 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Feb. 22–Mar. 7, 1925: Cases, 4,339; deaths, 2,451.
Calcutta	Mar. 15–21	25	16	
Rangoon	Mar. 22–28	1	1	
Siam:				
Bangkok	Mar. 15–21		1	

PLAGUE

Brazil:				
Bahia	Mar. 29–Apr. 4	3	2	
British East Africa:				
Tanganyika	Mar. 8–14	1	1	
Uganda	Jan. 1–31	29	28	
Ceylon:				
Colombo	Mar. 22–28	2	2	
Ecuador				Mar. 16–Apr. 15, 1925: Cases, 10; deaths, 4.
Daule	Mar. 16–31	1		Rats taken, 22,290; found infected, 60.
Guayaquil	Mar. 16–Apr. 15	9	4	
India				Feb. 22–Mar. 7, 1925: Cases, 9,444; deaths, 7,777.
Karachi	Mar. 29–Apr. 4	4	5	
Rangoon	Mar. 15–28	36	27	
Java:				
East Java—				
Soerabaya	Feb. 26–Mar. 11	11	9	
Soerakarta	Feb. 20			Epidemic plague in one locality.
West Java—				
Cheribon	Feb. 19–25		13	
Pekalongan	do		38	
Tegal	do		10	
Siam:				
Bangkok	Mar. 15–21	4	4	
Straits Settlements:				
Singapore	do	2		
Union of South Africa				Mar. 15–21, 1925: Cases, 3; deaths, 2; 1 case in white population.
Bothaville area	Mar. 15–21	1		White; on farm.
Kroonstad district	do	2	2	Native; on farms.

SMALLPOX

Algeria:				
Algiers				Mar. 1–31, 1925: Cases, 4.
Argentina:				
Buenos Aires	Mar. 15–21	1		
Bolivia:				
La Paz	Mar. 1–31		5	
Brazil:				
Pernambuco	Mar. 1–14	8	8	
British East Africa:				
Mombasa	Mar. 8–28	29	7	
Canada:				
British Columbia—				
Vancouver	Apr. 19–25	8		
Victoria	do	1		
Ontario				Mar. 29–Apr. 25, 1925: Cases, 12.
Kingston	Apr. 12–18	1		
Welland	Mar. 22–Apr. 25	7		
Ceylon:				
Colombo	Mar. 22–28	1		Port case.
China:				
Canton	Mar. 15–28			Prevalent.
Hongkong	Mar. 15–21	8	3	
Egypt:				
Cairo	Jan. 29–Feb. 4	1	1	
Great Britain:				
England and Wales	Mar. 22–Apr. 11	435		

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

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

Reports Received During Week Ended May 15, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
India				Feb. 22-Mar. 7, 1925: Cases, 9,948; deaths, 2,432.
Calcutta	Mar. 15-21	581	451	
Karachi	Mar. 29-Apr. 4	8	4	
Rangoon	Mar. 15-28	406	102	
Jamaica				Feb. 1-Apr. 25, 1925: Cases, 232. Exclusive of Kingston. Reported as alastrim.
Japan:				
Nagasaki	Apr. 6-12	11	2	
Java:				
East Java—				
Soerabaya	Feb. 26-Mar. 11	85	16	
Latvia				Feb. 1-28, 1925: Cases, 1.
Mexico:				
Chiapas (State)	Mar. 1			Reported severely prevalent.
Guadalajara	Apr. 21-27	4		
Oaxaca (State)	Mar. 1			Do.
Mexico City	Apr. 12-18	12		Including municipalities in Federal district.
Tampico	Apr. 1-20	5	2	
Vera Cruz	Apr. 12-19		1	
Paraguay:				
Asuncion	Jan. 4-10		1	
Siam:				
Bangkok	Mar. 15-21	1	1	
Spain:				
Malaga	Apr. 12-18		1	
Switzerland:				
Berne	Mar. 15-21	1		
Union of South Africa:				
Cape Province	do			Outbreaks.
Transvaal	do			Do.

TYPHUS FEVER

Algeria:				
Algiers				Mar. 1-31, 1925: Cases, 5; deaths, 2.
Bolivia:				
La Paz	Mar. 1-31	1		
Egypt:				
Cairo	Jan. 22-28	1		
Greece:				
Athens	Mar. 11-31		4	
Latvia				Feb. 1-28, 1925: Cases, 11.
Mexico:				
Mexico City	Apr. 12-18	7		Including municipalities in Federal District.
Union of South Africa:				
Cape Province	Mar. 1-15			Outbreaks.
East London	Mar. 15-Apr. 4	2	2	
Natal:				
Durban	Mar. 8-14	1		

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

Reports Received from December 27, 1924, to May 8, 1925 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Ceylon				June 29–Dec. 27, 1924: Cases, 14; deaths, 13. Dec. 28, 1924–Jan. 24, 1925: Cases, 24; deaths, 17.
Colombo	Nov. 16–22	1		
Do	Jan. 11–24	2	2	
India				Oct. 19, 1924, to Jan. 3, 1925: Cases, 27,164; deaths, 16,228. Jan. 4–Feb. 21, 1925: Cases, 15,894; deaths, 9,381.
Bombay	Nov. 23–Dec. 20	4	4	
Do	Jan. 18–24	1	1	
Calcutta	Oct. 26–Jan. 3	59	51	
Do	Jan. 4–Mar. 14	180	148	
Madras	Nov. 16–Jan. 3	69	40	
Do	Jan. 4–Mar. 7	139	98	
Rangoon	Nov. 9–Dec. 20	9	2	
Do	Jan. 4–Mar. 14	13	9	
Indo-China				Aug. 1–Sept. 30, 1924: Cases, 14; deaths, 10. Dec. 1–31, 1924: Cases, 5; deaths, 2.
Province—				
Anam	Aug. 1–31	1	1	
Cambodia	Aug. 1–Sept. 30	6	5	
Do	Dec. 1–31	1		
Cochin-China	Aug. 1–Dec. 31	10	5	
Saigon	Nov. 30–Dec. 6	1		
Tonkin	Dec. 1–31	1	1	
Siam:				
Bangkok	Nov. 9–29	4	2	
Do	Jan. 18–Mar. 14	8	4	

PLAGUE

Azores:				
Fayal Island—				
Castelo Branco	Nov. 25			Present with several cases.
Feteira	do	1		
St. Michael Island	Nov. 2–Jan. 3	30	13	
Do	Jan. 18–24	3	1	
Brazil:				
Bahia	Jan. 4–Mar. 21	6	4	
Santos	Year, 1924	2		Bubonic.
British East Africa:				
Tanganyika Territory	Nov. 23–Dec. 27	17	10	
Do	Jan. 18–24	17	11	
Uganda	Aug.–Dec., 1924	279	243	
Canary Islands:				
Las Palmas	Jan. 21–23	2		Stated to be endemic.
Do	Feb. 4	1		Stated to have been infected with plague Sept. 30, 1924.
Do	Mar. 26	1	1	
Realejo Alto	Dec. 19	3	1	Vicinity of Santa Cruz de Teneriffe.
Teneriffe—				
Santa Cruz	Jan. 3	1		In vicinity.
Celebes:				
Macassar	Oct. 29			Epidemic.
Ceylon:				
Colombo	Nov. 9–Jan. 3	12	9	
Do	Jan. 4–Mar. 21	14	15	
China:				
Foochow	Dec. 28–Jan. 3			Present.
Nanking	Nov. 23–Mar. 7			Do.
Shing Hsien	October, 1924		790	
Ecuador:				
Chimborazo Province—				
Alausi District	Jan. 14		14	At 2 localities on Guayaquil & Quito Ry.
Guayaquil	Nov. 16–Dec. 31	9	3	Rats taken, 27,004; found infected, 92.
Do	Jan. 1–Mar. 15	59	25	Rats taken, 45,027; rats found infected, 234.
Naranjito	Feb. 16–Mar. 15	1		
Yaguachi	Feb. 1–Mar. 15	2	1	
Egypt				Year 1924: Cases, 373. Jan. 1–Apr. 1, 1925: Cases, 17; deaths, 9.
City—				
Alexandria	Year 1924	2	2	Last case Nov. 26.
Ismailia	do	1	1	Last case, July 6.
Port Said	do	6	4	Last case, Dec. 7.
Suez	do	20	13	Last case, Dec. 20.
Do	Apr. 2	1	1	Last case, Apr. 2.

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

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

Reports Received from December 27, 1924, to May 8, 1925—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Egypt—Continued.				
Province—				
Beni-Souef	Jan. 18	1	1	Last case, Jan. 18.
Dakhalia	Jan. 1-8	1	1	Last case, Jan. 7.
Girgeh	Jan. 9	1	1	Last case, Jan. 9.
Kalioubiah	Jan. 5-22	8	2	Last case, Jan. 22.
Menoufieh	Jan. 1-8	7	3	Last case, Jan. 3.
Minieh	Apr. 1	1		Last case, Apr. 1.
Gold Coast				September-December, 1924: Deaths, 52.
Hawaii:				
Honokaa	Nov. 4	1		Plague-infected rodents found, Dec. 9, 1924, and Jan. 15, 1925.
India				Oct. 19, 1924, to Jan. 3, 1925: Cases, 28,154; deaths, 21,505. Jan. 4-Feb. 21, 1925: Cases, 28,880; deaths, 24,022.
Bombay	Nov. 22-Jan. 3	4	3	
Do	Jan. 4-17	2	2	
Do	Feb. 8-Mar. 14	26	22	
Calcutta	Jan. 18-24	1	1	
Karachi	Nov. 30-Dec. 6	2	1	
Do	Jan. 4-Feb. 21	12	11	
Madras Presidency	Nov. 23-Jan. 3	685	487	
Do	Jan. 4-24	658	511	
Rangoon	Oct. 26-Jan. 3	26	25	
Do	Jan. 4-Mar. 14	121	109	
Indo-China				Aug. 1-Sept. 30, 1924: Cases, 25; deaths, 20. Dec. 1-31, 1924: Cases, 11; deaths, 11. Corresponding month, 1923: Cases, 15; deaths, 5.
Province—				
Anam	Aug. 1-Sept. 30	4	4	
Do	Dec. 1-31	5	5	
Cambodia	Aug. 1-Sept. 30	18	15	
Do	Dec. 1-31	6	6	
Cochin-China	do	3	1	
Saigon	Dec. 25-31	1	1	Including 100 square kilometers of surrounding territory.
Do	Jan. 11-17	2	1	Do.
Iraq	June 29-Jan. 3	20	14	
Japan	Aug. 10-Dec. 6	19		
Java:				
East Java—				
Blitar	Nov. 11-22			Province of Kediri; epidemic.
Pare	Nov. 29			Do.
Samarang	Mar. 22-28	2	2	
Sidoardja	Jan. 2			Declared epidemic, Province of Soerabaya.
Soerabaya	Nov. 16-Dec. 31	71	72	
Do	Jan. 15-Feb. 28	6	5	Mar. 29-Apr. 4, 1925. Two plague rats found.
West Java—				
Cheribon	Oct. 14-Nov. 3		14	
Do	Nov. 18-Dec. 22		80	
Do	Jan. 1-14		44	
Do	Feb. 5-11		13	
Pasoeroean	Dec. 27			Province. Epidemic in one locality.
Pekalongan	Oct. 14-Nov. 3		29	
Do	Nov. 18-Dec. 31		177	Pekalongan Province.
Do	Jan. 1-14		81	
Do	Feb. 5-11		36	
Probalingga	Dec. 27			Province. Epidemic.
Tegal	Oct. 14-Dec. 31		26	
Do	Jan. 1-14		37	Pekalongan Province.
Do	Feb. 5-11		7	
Madagascar:				
Fort Dauphin (port)	Nov. 1-Dec. 15	12	5	
Do	Feb. 1-15	1	1	Bubonic.
Itasy Province	Nov. 1-Dec. 15	4	2	
Do	Feb. 1-28	3	3	
Majunga (port)	Nov. 1-30	1	1	
Moramanga Province				Nov. 1-Dec. 15, 1924: Cases, 49; Deaths, 34. Jan. 16-Feb. 28, 1925: Cases, 6; deaths, 6.
Tamatave (port)	Nov. 1-30	1	1	
Tananarive Province				Oct. 16-Dec. 31, 1924: Cases, 298; deaths, 274.
Do				Jan. 1-Feb. 28: Cases, 357; deaths, 295.
Tananarive (town)	Oct. 16-Nov. 30	8	7	
Do	Dec. 16-31	4	4	
Do	Jan. 1-Feb. 28	4	4	

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

Reports Received from December 27, 1924, to May 8, 1925—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Mauritius Island				Year 1924: Cases, 161; deaths, 144.
District—				
Flacq	Dec. 1-31	5	4	
Pamplemousses	do	1	1	
Plaines Wilhems	January-December, 1924.	54	47	Not present March, April, May.
Port Louis	February-December, 1924.	101	92	
Mexico:				
Tampico	Apr. 6, 1925			Plague rat found in vicinity of Government wharves.
Morocco:				
Marrakech				Feb. 9, 1925: Present in native quarter of town. Stated to be pneumonic in form and of high mortality.
Nigeria				August-November, 1924: Cases, 387; deaths, 317.
Palestine:				
Jerusalem	Mar. 3-9	1		
Peru:				
Callao	February, 1925	6	6	
Siam:				
Bangkok	Dec. 28-Jan. 3	1	1	
Do	Jan. 25-Mar. 7	3	2	
Siberia:				
Transbaikalia—				
Turga	October, 1924		3	On Chita Railroad.
Straits Settlements:				
Singapore	Nov. 9-15	1	1	
Do	Jan. 4-Mar. 14	18	5	
Do	Mar 28-Apr. 4	4		One plague rat.
Syria:				
Beirut	Jan. 11-20	1		
Turkey:				
Constantinople	Jan. 9-15	5	5	
Union of South Africa	Nov. 22-Jan. 3	28	15	In Cape Province, Orange Free State, and Transvaal.
Do	Jan. 4-Mar. 14	48	19	Do.
On vessels:				
S. S. Conde				At Marseille, France, Nov. 8, 1924. Plague rat found. Vessel left for Tamatave, Madagascar, Nov. 12, 1924.
Steamship	November, 1924	1	1	At Majunga, Madagascar, from Djibuti, Red Sea port.

SMALLPOX

Algeria				July 1-Dec. 31, 1924: Cases, 409.
Algiers	Jan. 1-Feb. 28	6		Jan. 1-20, 1925: Cases, 107.
Arabia:				
Aden	Jan. 25-Mar. 21	12	1	Imported.
Belgium	Jan. 1-Feb. 10	4		
Bolivia:				
La Paz	Nov. 1-Dec. 31	20	11	
Do	Jan. 1-Feb. 28	5	7	
Brazil:				
Pernambuco	Nov. 9-Jan. 3	100	27	
Do	Jan. 4-Feb. 28	95	42	
British East Africa:				
Kenya—				
Mombasa	Jan. 18-Feb. 28	66	14	
Uganda—				
Entebbe	Oct. 1-31	4		
Tanganyika Territory	Feb. 15-21	1		
British South Africa:				
Northern Rhodesia	Oct. 28-Dec. 15	57	2	
Do	Jan. 27-Feb. 2	3		Natives.
Southern Rhodesia	Jan. 29-Mar. 18	3	1	
Bulgaria:				
Sofia	Mar. 12-18	1		Variolold.

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

Reports Received from December 27, 1924, to May 8, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Canada:				
Alberta—				
Calgary	Mar. 15-21	1		
British Columbia—				
Ocean Falls	Mar. 7-27	6		Very mild.
Vancouver	Dec. 14-Jan. 3	32		
Do	Jan. 4-Apr. 12	305		
Victoria	Jan. 18-Apr. 18	10		
Manitoba—				
Winnipeg	Dec. 7-Jan. 3	14		
Do	Jan. 4-Feb. 27	30		
Do	Apr. 5-11	1		
New Brunswick—				
Bonaventure and Gaspe Counties.	Jan. 1-31	1		
Northumberland	Feb. 8-14	1		County.
Ontario				Nov. 30-Dec. 27, 1924: Cases, 33.
Hamilton	Jan. 24-30	1		Dec. 28, 1924, to Mar. 28, 1925: Cases, 57; deaths, 1.
Ottawa	Mar. 29-Apr. 4	1		
Ceylon				July 27-Nov. 29, 1924; Cases, 27; deaths, 1.
Colombo	Jan. 18-Feb. 7	4		
Do	Mar. 8-21	10		
China:				
Amoy	Nov. 9-Feb. 21			Present.
Do	Feb. 22-Mar. 28		11	
Antung	Nov. 17-Dec. 28	5		
Do	Jan. 5-Feb. 14	15	1	
Do	Mar. 2-29	8		
Foochow	Nov. 2-Mar. 21			Present.
Hongkong	Nov. 9-Jan. 3	6	2	
Do	Jan. 4-Feb. 7	9	7	
Do	Feb. 15-Mar. 14	10	6	
Do	Mar. 22-Apr. 4	9	4	
Manchuria—				
Dairen	Jan. 19-Feb. 1	2		
Harbin	Jan. 15-Feb. 11	5		
Nanking	Jan. 4-Mar. 28			Do.
Shanghai	Dec. 7-27	1	2	
Do	Jan. 18-Mar. 7		8	
Chosen:				
Seoul	Dec. 1-31	1		
Colombia:				
Buenaventura	Feb. 15-28	2		
Santa Marta	Mar. 15-28			Present in mild form in localities in vicinity.
Cuba:				
Santiago	Apr. 12-18	3	1	
Czechoslovakia				April-June, 1924: Cases, 1; occurring in Province of Moravia.
Dominican Republic:				
Puerta Plata	Mar. 8-21	3		
Dutch Guiana:				
Paramaribo	Apr. 20	1		
Ecuador:				
Guayaquil	Nov. 16-Dec. 15	4		
Egypt:				
Alexandria	Nov. 12-Dec. 31	10		
Do	Jan. 8-28	8		
Do	Feb. 26-Mar. 4	1		
Esthonia				Dec. 1-31, 1924: Cases, 2.
France				July-December, 1924: Cases, 81.
Do	January, 1925	10		
Dunkirk	Mar. 2-8	1		From vessel. In quarantine.
St. Malo	Feb. 2-8	7	1	Believed to have been imported on steamship Ruyth from Sfax, Tunis.
Germany				June 29-Nov. 8, 1924: Cases, 7.
Frankfort-on-Main	Jan. 1-10	1		
Gibraltar	Dec. 8-14	1		
Gold Coast				July-December, 1924: Cases, 106; deaths, 1.
Great Britain:				
England and Wales	Nov. 23-Jan. 3	472		
Do	Jan. 4-Mar. 21	1,477		
Newcastle-on-Tyne	Jan. 18-Feb. 21	9		
Do	Mar. 1-7	1		

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

Reports Received from December 27, 1924, to May 8, 1925—Continued

SMALLPOX—Continued.

Place	Date	Cases	Deaths	Remarks
Greece				January-June, 1924: Cases, 170; deaths, 27.
Do				July-December, 1924: Cases, 38; deaths, 26.
Saloniki	Nov. 11-Dec. 22	3		
Haiti:				
Cape Haitien	Mar. 22-Apr. 2	6		
India				Oct. 19, 1924, to Jan. 3, 1925: Cases, 12,564; deaths, 2,857. Jan. 4-Feb. 21, 1925: Cases, 22,834; deaths, 5,019
Bombay	Nov. 2-Jan. 3	30	18	
Do	Jan. 4-Mar. 14	389	190	
Calcutta	Oct. 26-Jan. 8	307	170	
Do	Jan. 4-Mar. 14	2,088	1,624	
Karachi	Nov. 16-Jan. 3	16	2	
Do	Jan. 4-Feb. 14	52	6	
Do	Feb. 22-Mar. 28	59	17	
Madras	Nov. 16-Jan. 3	122	48	
Do	Jan. 4-Mar. 7	552	212	
Do	Mar. 15-28	196	83	
Rangoon	Oct. 26-Jan. 3	86	28	
Do	Jan. 4-Feb. 7	287	49	
Do	Feb. 15-Mar. 14	488	125	
Indo-China				Aug. 1-Sept. 30, 1924: Cases, 223; deaths, 76. Dec. 1-31, 1925: Cases, 485; deaths, 114.
Province—				
Anam	Aug. 1-Sept. 30	49	11	
Do	Dec. 1-31	167	26	
Cambodia	Aug. 1-Sept. 30	40	9	
Do	Dec. 1-31	30	13	
Cochin-China				Aug. 1-Sept. 30, 1924: Cases, 115; deaths, 49. Dec. 1-31, 1924: Cases, 50; deaths, 13.
Saigon	Nov. 16-Jan. 3	17	5	Including 100 square kilometers of surrounding country.
Do	Jan. 4-Feb. 21	32	8	Do.
Do	Mar. 1-14	14	3	
Tonkin	Aug. 1-Sept. 30	19	7	
Do	Dec. 1-31	238	62	
Iraq	June 29-Jan. 10	138	67	
Do	Jan. 11-20	4	2	
Bagdad	Nov. 9-Dec. 27	2	1	
Do	Mar. 1-7	1		
Italy				June 29-Dec. 27, 1924: Cases, 63.
Jamaica				Nov. 30, 1924-Jan. 3, 1925: Cases, 50. Reported as alastrim.
Do				Jan. 4-31, 1925: Cases, 43. Reported as alastrim.
Kingston	Nov. 30-Dec. 27	4		Reported as alastrim.
Japan				Aug. 1-Nov. 15, 1924: Cases, 4.
Nagasaki	Feb. 9-Apr. 5	9	2	
Taiwan	Jan. 1-31	1		
Java:				
East Java—				
Pasoeroean	Oct. 26-Nov. 1	9	1	
Do	Nov. 12-19			Epidemic in 2 native villages.
Soerabaya	Oct. 19-Dec. 31	685	212	
Do	Jan. 15-Feb. 25	376	53	
West Java—				
Batam	Oct. 14-20	2		
Batavia	Oct. 21-Nov. 14	2		
Do	Dec. 20-Jan. 2	19	4	
Buitenzorg	Dec. 25-31	1		Batavia Residency.
Cheribon	Oct. 14-Nov. 24	15		
Do	Jan. 1-28	3		
Krawang	Jan. 15-21	1		
Pekalongan	Oct. 14-Nov. 24	22		
Do	Dec. 25-31	3		Province.
Pemalang	Jan. 8-14	1		Pekalongan Residency.
Preanger	Nov. 18-24	1		
Latvia				Oct. 1-Nov. 30, 1924: Cases, 5. Jan. 1-31, 1925: Cases, 5.
Lithuania				Jan. 1-31, 1925: Cases, 2.
Mexico:				
Durango	Dec. 1-31		5	
Do	Jan. 1-Mar. 31		16	
Guadalajara	Dec. 23-29		1	
Do	Jan. 6-Mar. 23		4	
Mexico City	Nov. 23-Dec. 27	5		
Do	Jan. 11-Apr. 11	45		
Monterey				Jan. 24, 1925: Outbreak. Mar. 14, 1925, present.
Salina Cruz	Dec. 1-31	1	1	
Do	Feb. 22-Mar. 31	7	1	

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

Reports Received from December 27, 1924, to May 8, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Mexico—Continued.				
Saltillo	Feb. 22–Apr. 11		2	
San Luis Potosi	Mar. 29–Apr. 11		2	
Tampico	Dec. 11–31	5	4	
Do	Jan. 1–Mar. 31	59	18	
Vera Cruz	Dec. 1–Jan. 3		10	
Do	Jan. 5–Apr. 5		38	
Villa Hermosa	Dec. 28–Jan. 10			Present. Locality, capital, State of Tabasco.
Yucatan State	Apr. 5–11			In country towns.
Nigeria				January–June, 1924: Cases, 357; deaths, 87.
Do				July–November, 1924: Cases, 87; deaths, 25.
Persia:				
Teheran	Sept. 23–Dec. 31		12	
Do	Jan. 1–31		10	
Peru:				
Arequipa	Nov. 24–30		1	
Do	Jan. 1–31		3	
Philippine Islands:				
Manila	Mar. 29–Apr. 4	3		
Poland				Sept. 21–Dec. 28, 1924: Cases, 30; deaths, 2. Jan. 4–Feb. 7, 1925: Cases, 13; deaths, 1.
Portugal:				
Lisbon	Dec. 7–Jan. 3	17		
Do	Jan. 4–Apr. 5	78	14	
Oporto	Nov. 30–Dec. 27	3	2	
Do	Jan. 11–Mar. 14	3		
Russia				January–June, 1924: Cases, 18,229 July–November, 1924: Cases, 3,665.
Senegal:				
Dakar	Mar. 16–22	4		
Siam:				
Bangkok	Dec. 28–Jan. 3	1	1	
Do	Jan. 18–Feb. 21		19	
Do	Mar. 1–14	10	3	
Sierra Leone:				
Freetown	Feb. 7–14	2		From S. S. Elmina.
Kaiyima	Mar. 9–15	1		
Spain:				
Barcelona	Nov. 27–Dec. 31		5	
Do	Mar. 19–25		1	
Cadiz	Nov. 1–Dec. 31		51	
Do	Jan. 1–Feb. 28		10	
Madrid	Year 1924		40	
Do	January–February		13	
Malaga	Nov. 23–Jan. 3		97	
Do	Jan. 4–Apr. 11		94	
Valencia	Nov. 30–Dec. 6	2		
Do	Feb. 15–Mar. 28	5		
Straits Settlements:				
Singapore	Feb. 22–Apr. 4	4	1	
Switzerland:				
Lucerne	Nov. 1–Dec. 31	19		
Do	Jan. 1–31	24		
Syria:				
Aleppo	Nov. 23–Dec. 27	13		
Do	Jan. 4–Feb. 28	71	18	
Beirut	Feb. 11–20	1		
Damascus	Jan. 6–13	2		
Do	Feb. 11–20	22		
Tripoli:				
Tripoli	July 14–Jan. 2	53		
Tunis:				
Tunis	Nov. 25–Dec. 29	42	35	
Do	Jan. 1–Apr. 15		307	
Turkey:				
Constantinople	Dec. 13–19	5		
Do	Mar. 16–22	2		

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

Reports Received from December 27, 1925 to May 8, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Union of South Africa				Nov. 1-Dec. 31, 1924: Cases, 14. Jan. 1-31, 1925: Cases, 4—natives.
Cape Province	Feb. 1-7			Outbreaks.
De Aar District	Jan. 25-31			Outbreak at railway camp.
Do	Nov. 9-Jan. 17			Outbreaks.
Natal	Mar. 1-7			Do.
Orange Free State	Nov. 2-8			Do.
Ladybrand District	Jan. 15-31			Outbreak on farm.
Transvaal	Nov. 9-Jan. 10			Do.
Do	Feb. 1-7			Outbreaks.
Uruguay				January-June, 1924: Cases, 101; deaths, 2.
Do				July-November, 1924: Cases, 53; deaths, 5.
Yugoslavia:				
Belgrade	Mar. 1-Apr. 7	6		
On vessel:				
S. S. Eldridge	Mar. 23	1		At Port Townsend, from Yokohama and ports.
S. S. Habana	Feb. 18	1		At Santiago de Cuba, from Kingston, Jamaica.
S. S. Ruyth				At St. Malo, France, January, 1924, from Sfax Tunis; believed to have imported smallpox infection.

TYPHUS FEVER

Algeria				July 1-Dec. 20, 1924: Cases, 101; deaths, 14.
Algiers	Nov. 1-Dec. 31	5	1	
Do	Jan. 1-Mar. 20	11	4	
Argentina:				
Rosario	Jan. 1-31		1	
Bolivia:				
La Paz	Nov. 1-Dec. 31	3		
Do	Jan. 1-31	2		
Bulgaria				January-June, 1924: Cases, 191; deaths, 28.
Do				July-October, 1924: Cases, 5.
Chile:				
Concepcion	Nov. 25-Dec. 1		1	
Do	Jan. 6-12		2	
Do	Jan. 27-Feb. 2		1	
Iquique	Nov. 25-Dec. 1		2	
Do	Feb. 1-Mar. 28		2	
Talcahuano	Nov. 16-Dec. 20		5	
Do	Jan. 4-10		1	
Valparaiso	Nov. 25-Dec. 7		4	
Do	Jan. 11-Mar. 28		17	
China:				
Antung	Mar. 16-22	1		
Chosen:				
Chemulpo	Feb. 1-28	1		
Seoul	Nov. 1-30	1	1	
Do	Feb. 1-28	2	1	
Czechoslovakia				December, 1924: Cases, 5.
Do	Jan. 1-31	14		
Egypt:				
Alexandria	Dec. 3-9	1	1	
Do	Mar. 12-18	1		
Cairo	Oct. 1-Dec. 23	13	8	
Esthonia				Dec. 1-31, 1924: Cases, 5.
Do	Jan. 1-31	4		
France				July-October, 1924: Cases, 7.
Gold Coast				Oct. 1-31, 1924: 1 case.
Greece				May-June, 1924: Cases, 116; deaths, 8.
Do				July-December, 1924: Cases, 40
Athens	Feb. 1-Mar. 10		3	deaths, 4.
Saloniki	Nov. 17-Dec. 15	3	2	
Do	Jan. 25-31	1		

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

Reports Received from December 27, 1925 to May 8, 1925—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Japan				Aug. 1-Nov. 15, 1924: Cases, 2.
Latvia				October-December, 1924: Cases, 30.
Lithuania				August-October, 1924: Cases, 15; deaths, 1.
Do				Jan. 1-31, 1925: Cases, 27; deaths, 2.
Mexico:				
Durango	Dec. 1-31		1	
Do	Mar. 15-31	1	1	
Guadalajara	Dec. 23-29		1	
Mexico City	Nov. 9-Jan. 3	80		Including municipalities in Federal District.
Do	Jan. 11-Apr. 11	84		
San Luis Potosi	Mar. 8-14		1	
Morocco				November, 1924: Cases, 5.
Palestine				Nov. 12-Dec. 29, 1924: Cases, 10.
Ekrón	Dec. 23-29	1		
Jerusalem	do	2		
Do	Jan. 20-26	1		
Mikveh Israel	do	1		
Petach-Tikvah	Mar. 24-30	1		
Ramleh	Feb. 10-Mar. 23	2		
Tiberias	Feb. 24-Mar. 2	2		
Peru:				
Arequipa	Nov. 24-Dec. 31		3	
Poland				Sept. 28, 1924-Jan. 3, 1925: Cases, 751; deaths, 57. Jan. 4-Feb. 7, 1925: Cases, 581; deaths, 49.
Portugal:				
Lisbon	Dec. 29-Jan. 4		2	
Oporto	Jan. 4-Feb. 7	2		
Rumania				January-June, 1924: Cases, 2,906; deaths, 328.
Do				July-December, 1924: Cases, 288; deaths, 38.
Constanza	Dec. 1-20	1		
Do	Feb. 1-28	2		
Russia				Jan. 1-June 30, 1924: Cases, 95,682. July-November, 1924: Cases, 34,729.
Leningrad	June 29-Nov. 22	12		
Spain:				
Madrid	Year 1924		3	
Malaga	Dec. 21-27		1	
Sweden:				
Goteborg	Jan. 18-Feb. 28	2		
Tunis				July 1-Dec. 20, 1924: Cases, 40.
Tunis	Mar. 5-25	9	1	
Do	Apr. 2-15	18	3	
Turkey:				
Constantinople	Nov. 15-Dec. 19	6	1	
Do	Jan. 2-Mar. 7	9	1	
Union of South Africa				Nov. 1-Dec. 31, 1924: Cases, 345; deaths, 87. Jan. 1-Feb. 28, 1925: Cases, 159; deaths, 17; native. In white population, cases, 12.
Cape Province	Nov. 1-Dec. 31	126	24	
Do	Jan. 1-Feb. 28	74	9	
East London	Nov. 16-22	1		
Do	Jan. 18-24	1		
Port Elizabeth	Feb. 22-28	1		
Natal	Nov. 1-Dec. 31	130	50	
Do	Jan. 1-Feb. 28	43	5	
Do	Mar. 1-7			Outbreaks.
Durban	Feb. 15-21	1		
Orange Free State	Nov. 1-Dec. 31	59	8	
Do	Jan. 1-Feb. 28	32	3	Native.
Transvaal	Nov. 1-Dec. 31	30	5	
Do	Jan. 1-Feb. 28	10		Do.
Yugoslavia				Aug. 3-Oct. 18, 1924: Cases, 17; deaths, 2. Mar. 8-14, 1925: Cases, 1.
Belgrade	Nov. 24-Dec. 28	5		

YELLOW FEVER

Gold Coast	October-November, 1924.	4	4	
Salvador:				
San Salvador	June-October, 1924.	77	28	Last case, Oct. 22, 1924.

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