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THE LEGAL AUTHORITY AND LIMITATIONS GOVERNING FEDERAL PUBLIC HEALTH ACTIVITIES

By J. W. KERR, Assistant Surgeon General, United States Public Health Service

The basic authority under which the people of the United States take measures to insure domestic tranquility, to provide for the common defense, to promote the general welfare, and to secure the blessings of liberty, emanates from the Federal Constitution ratified in 1789.

By their joint action the States then existent and those created since relinquished forever certain powers to the Federal Government. These powers are exercised through a legislative branch authorized to make laws, an executive branch to enforce the laws, and a judicial branch to interpret them.

Not all the powers of the States were thus relinquished to the Federal Government; those not so delegated by the Constitution nor prohibited by it were reserved to the States themselves. This division of authority is difficult of full explanation; indeed, hard and fast lines of demarcation have been laid down only coincident with the growth and changing conditions of the country.

The fact that the Federal Government does not exercise a particular function affecting more than one State does not mean, however, that it is without power to act but that the time has not seemed ripe to do so. In other words, the Federal Government undoubtedly has potential as well as active powers, the former of which may not be exercised as long as the States individually exercise them.

The jurisdiction of the Federal Government in public-health matters extends over foreign intercourse, interstate intercourse, Federal Territory, and administrative affairs, including protection of the Indian tribes. As examples of these fields of activity and the methods of covering them, the District of Columbia may be cited as a strictly Federal Territory wherein local health matters are specially legislated for by Congress. It has likewise enacted laws to safeguard the life and health of the Army and Navy—highly important agencies in the administrative affairs of the Government. Laws have likewise been enacted and agencies created to protect the Indians, the special wards of our Government.

In matters of health relating to international and interstate intercourse, the United States Public Health Service is the agency depended upon. It operates through its own department—the Treasury—or in cooperation with other departments having to do with factors other than health affecting international or interstate commerce.

In the broad sense any law or measure having for its object the promotion of prosperity and the general welfare has a bearing on health. As examples, may be mentioned the compilation of the decennial census and the control of the purity of foods and drugs. But both are essentially economic measures. It would take us far afield to consider these and many other governmental functions as they indirectly affect the general health.

Only those legal authorities relating to the United States Public Health Service and directly affecting health will be here considered. Their scope and limitations are an index of Federal governmental progress in times past in the field of public health.

The question sometimes arises as to why the Federal Public Health Service is a branch of the Treasury Department. But it should be remembered that with the foundation of the Government this fiscal branch was charged with many diverse functions relating to international commerce. It was then the only civil department of the Government having to do with the regulation of commerce with foreign nations and among the several States, and it is only under the constitutional authority providing such regulation that Federal sanitary police laws have been enacted and enforced.

One of the first Federal laws relating to the public health was enacted May 27, 1796. It authorized the President to direct the revenue officers and revenue cutters to aid in the execution of maritime quarantine and in the execution of the health laws of the States. Two years later a law for the relief of sick and disabled seamen was enacted. These two laws are representative of subsequent laws enacted *pari passu*, the former a direct means for the protection of life and health in the Republic.

RELIEF OF THE SICK AND DISABLED

All organized measures for the relief of the sick and disabled have some public health bearing, but the law of 1798 above mentioned has special significance because it was the first one enacted to safeguard the lives and health of any industrial group. Under its provisions any American seaman taken sick or injured while following his calling is entitled to relief in hospitals and dispensaries of the service. These provisions were extended in 1894 to include life-saving crews and lighthouse keepers, all of whom are civil employees of the Government.

Never since the enactment of the original law of 1798 has any legal limitation except in size of appropriations been imposed in respect to this meritorious function. On the contrary, the supervision of the health of seamen and the civil government employees mentioned was long ago extended to include visual examinations of masters and pilots of vessels, and physical examinations of lighthouse keepers, without which new appointees are not entitled to care and treatment when sick.

An act of September 7, 1916, of even greater importance, authorized medical and hospital services to any employee of the Government injured in the performance of his duty. By judicial interpretation the occupational diseases are injuries within the meaning of this law. The hospitals of the United States Public Health Service are open to all such cases.

These measures in the interest of governmental employees are the nearest approach to official sickness insurance in this country. Supplemental laws will in all probability be enacted, in time, to require physical examinations of all Government employees before entrance on duty in the interest of efficiency. Even now these examinations are performed, but not by Government medical examiners.

SANITARY SUPERVISION OF INTERNATIONAL TRAFFIC

The Federal health laws as enacted from time to time are the direct results of repeated epidemics. On account of smallpox, vaccine virus was introduced voluntarily by an officer of the service in 1807. In 1813 a law was passed to encourage vaccination by providing for the distribution of vaccine virus.

The first permanent quarantine law, enacted April 29, 1878, followed a severe and widespread epidemic of the previous year. The passage of the law of February 15, 1893, was intimately associated with the cholera outbreak in Europe in 1892, and the quarantine act of June 19, 1906, followed the epidemic of yellow fever in the Southern States in 1905. Under these and a few minor laws the national system of maritime quarantine was developed.

A peculiar feature of this system is that existing regulations automatically become operative on the occurrence of epidemics in foreign ports, thus obviating the necessity for the promulgation of quarantine against a particular port.

The enforcement of the maritime quarantine laws and the regulations issued thereunder is a strictly Federal function, performed by the United States Public Health Service. In the interest of health and commerce, its officers may be detailed for duty at American consulates abroad. Their duties comprise the reporting upon quarantinable diseases, the issuance of bills of health, and the surveillance of the health aboard ships destined to America.

As a means of preventing the introduction of diseases over maritime and land borders, the Federal Government participates in the international sanitary agreements now in force in the Eastern and Western Hemispheres. Officers of the Public Health Service serve as representatives of the Federal Government at international conferences for the revision of these agreements; also as representatives at the International Office of Public Hygiene at Paris and the International Sanitary Bureau of the American Republics at Washington.

Of equal importance from the standpoint of the prevention of the introduction of exotic diseases is the inspection of arriving aliens. A long series of immigration laws has been enacted during the period March 3, 1891, to February 5, 1917.

The medical inspections under these laws by the Public Health Service is a Federal function, the object being to prevent the introduction of exotic diseases and to exclude the mentally unfit who will endow their offspring with an unstable mentality.

For a considerable period after the union of States, control of both quarantine and immigration was exercised by the several States. This was due to the policy of encouraging as full autonomy as possible on the part of States and municipalities in all matters affecting health. Eventually these and other functions affecting international relations were assumed by the Federal Government.

SUPERVISION OF SANITATION IN RELATION TO INTERSTATE TRAFFIC

While Federal powers in respect to traffic between the several States of the Union are far reaching, these in large part have been potential. The equity of our form of government predicates as full autonomy as possible of all its component parts. By reason of the fact that the exercise of sanitary police powers over matters within the States devolves on their authorities, it is only when these matters affect other States that they come within the jurisdiction of the Federal Government.

Even then the health authorities of the several States are relied upon, and it is only when they fail or refuse to take necessary measures to prevent the spread of infectious diseases that the Federal Government may exercise its superior authority.

Under the quarantine act of February 15, 1893, the Secretary of the Treasury is authorized to issue regulations for the prevention of the spread of contagious and infectious diseases from one State to another. These regulations may be enforced by the States, but the Public Health Service is authorized to cooperate in their enforcement, not only to prevent the spread of diseases, but to promote health. This is the means invariably taken. The wisdom of such a policy is shown by the substantial growth of State health agencies, the cordial

spirit of cooperation that prevails, and the substantial advances made.

Examples of work of this character that may be mentioned are cooperative work in rural sanitation, examination of rodents to prevent plague, and examination of water supplies used on vessels and trains engaged in interstate traffic. There are great possibilities of extending such work, and it is along these lines that work of the Public Health Service will advance. The limitations of existing Federal laws in this respect may be determined only by future judicial interpretation.

In order to be in position to combat the spread of cholera, yellow fever, smallpox, plague, typhus fever, trachoma, infantile paralysis, Rocky Mountain spotted fever, and influenza, Congress provides an emergency fund of approximately half a million dollars annually for expenditure by the Public Health Service in threatened or actual epidemics.

In order to prevent the spread of leprosy a law of February 3, 1917, provided for the segregation and care of lepers by the Public Health Service. Aside from its humane advantages, the benefits of this provision in the future may be expected to be greater than any single measure now in force for the control of this disease.

On account of the danger to the public of the exploitation of contaminated or inert biologic products used in the prevention and cure of diseases of man, Congress enacted a law July 1, 1902, to regulate their propagation and sale in interstate traffic.

Under this law, regulations are issued governing inspections of establishments, examinations of their products, issue of licenses, and compliance with adopted standards of purity and potency. This law is representative of the regulatory measures enacted in the interest of commerce and to safeguard life and health.

Because of the biologic and unstable nature of the preparations, the law requires special scientific facilities for its enforcement. It is for this reason that the law is administered by the United States Public Health Service.

A type of authority somewhat different from all previous laws imposing sanitary duties upon the Public Health Service is that contained in the appropriation act providing for demonstration work in rural sanitation. This is popularly known as "the 50-50 plan," because the law states that no part of the appropriation shall be available in any community unless the State, county, or municipality in which the community is located agrees to pay one-half the expense of the demonstration work.

Such law with its enforcement has the indirect effect of preventing the interstate spread of disease through encouragement of the

establishment of permanent full-time local health organization. It also partakes of the nature of investigational and educational work.

By reason of the special deleterious influence of venereal diseases on young troops mobilized for war, and in order to take cognizance of the dangers of these diseases to the civil population, Congress enacted a law July 9, 1918, to create a division of venereal diseases in the United States Public Health Service. It is the duty of this division (a) to study the causes, treatment, and prevention of venereal diseases; (b) to cooperate with State departments of health in the prevention and control of venereal diseases within the States; and (c) to control and prevent these diseases in interstate traffic.

INVESTIGATION OF MATTERS PERTAINING TO THE PUBLIC HEALTH

The conduct of research work is a fundamental function of the Federal Government. Public health research offers the broadest field it may occupy for the improvement of hygiene and sanitation. Nevertheless, Congress long delayed providing the necessary authority and funds for these particular activities, and such investigations as were made were accordingly conducted by officers of the Public Health Service incidental to their regular duty. However, an appropriation was made December 21, 1878, for investigating the origin and causes of epidemic diseases, especially yellow fever and cholera, and the best method of preventing their introduction and spread in the United States.

On March 2, 1899, Congress provided for a special investigation of leprosy, as to both its origin and prevalence. This was followed March 3, 1905, by a law for the systematic investigation of the methods of transmission, cause, and treatment of leprosy in Hawaii.

By reason of the studies made under these acts, leprosy was shown to be far more prevalent both in the continental United States and Hawaii than had been suspected. In consequence the Territorial laws were added to so as to provide treatment at the receiving station near Honolulu before commitment by the Territory to the leper settlement on Molokai, and the study of this disease has been systematically pursued ever since at that station.

Furthermore, the law previously adverted to for the care and treatment of persons afflicted with leprosy was enacted February 3, 1917. Under its provisions lepers may be received into the "leper home" (a) upon presenting themselves, (b) upon being apprehended under the United States quarantine laws, or (c) upon being consigned to the care of the United States Public Health Service by the properly constituted authorities of any State.

This phraseology is necessary inasmuch as the citizen of a State is, from a sanitary standpoint, under the authority of that State. Upon delegating such authority in respect to leprosy, however, the United

States Public Health Service, under regulations prescribed by the Secretary of the Treasury, may transport lepers so consigned to the national "leper home" for detention and treatment.

From the foregoing it is evident that the control of the quarantinable diseases had been responsible for laws authorizing their investigation. This led to the investigation of infectious diseases generally, but these studies were coincident to other work.

For example, a research laboratory was established by the United States Public Health Service at the marine hospital in New York in 1887. It was transferred to Washington in 1891, and 10 years later general authorization of law was obtained for investigations of contagious and infectious diseases and matters pertaining to the public health, and a building was provided in which to house the hygienic laboratory of the service.

From this laboratory extensive studies have been conducted, but, with a view to the general enlargement of research activities, a law of August 14, 1912, authorized the Public Health Service to study and investigate the diseases of man and conditions influencing the propagation and spread thereof, including sanitation and sewage and the pollution, either directly or indirectly, of the navigable streams and lakes of the United States.

Authority was thus finally established as broad as necessary for the conduct of any investigations in the interest of the public health.

Whereas regulatory measures had been limited by law in accord with the Constitution, the laws relating to research impose no such restrictions. Even in these latter activities, however, the interests of the States are kept in mind, and whenever practicable their facilities are taken advantage of in conducting such activities.

The existence of general law relating to research does not prevent Congress on occasion from enacting special laws prescribing particular investigations. For instance, an act of August 24, 1912, authorized the United States Public Health Service to make a special investigation into the prevalence of tuberculosis, trachoma, smallpox, and other contagious and infectious diseases among the Indians of the country, report, with recommendations, to be made within a specified period.

The extent to which research may be conducted is limited, therefore, only by the facilities annually provided. Within recent years these as represented by appropriations of funds have been increasing.

PUBLIC HEALTH EDUCATION

Public health data are of use only as they are disseminated and used. For more than 50 years, therefore, the United States Public Health Service has issued weekly the Public Health Reports, embodying abstracts of consular sanitary reports from ports throughout the world and other pertinent information bearing on the public health.

By a law of April 29, 1878, this function was made obligatory on the Surgeon General of the service. It was under this authority that such morbidity and mortality reports as existed were compiled and published.

The quarantine act of February 15, 1893, reiterated this authority and imposed on consular officers the duty of making weekly sanitary reports of the ports and places at which they are stationed. Information of a public health nature was to be specially collected from State and municipal health authorities and published weekly.

A serious limitation of this authority was due to the fact that the cooperation of State and local authorities was to be voluntary. This limitation has never been removed. Indeed, under our system of Government it can not be except by constitutional amendment.

In order to encourage uniformity in the registration of morbidity, mortality, and vital statistics, a law of July 1, 1902, required the Surgeon General of the United States Public Health Service to prepare and distribute regularly the necessary forms for the collection and compilation of such statistics, and required also that they be published and distributed. Inasmuch as the Bureau of Vital Statistics of the Bureau of the Census also had general authority in law to collect mortality statistics and the facilities with which to do so, this particular phase of public health endeavor has devolved on that bureau; only morbidity data and other sanitary information are collected therefore by the Public Health Service.

In addition to the weekly Public Health Reports, there is authority in law for the publication of scientific articles in bulletins of the hygienic laboratory, and since 1912 a series of publications known as the Public Health Bulletins has been issued from time to time. Authority in law also exists for the publication of an annual report, and it is obligatory on the Surgeon General to submit this report each year to Congress.

LAWS GOVERNING ORGANIZATION OF THE PUBLIC HEALTH SERVICE

It is seen from the foregoing that a considerable body of Federal laws bearing on public health has been enacted within a century. The great growth of public-health endeavor in the United States dates, however, from about 1870. Since this date public interest in sanitation has occurred in waves, each one exceeding its predecessor. In consequence, greater progress has been made in the last 20 years than in all previous time since the founding of the Republic.

It is not pertinent here to advert to the remarkable growth of health organizations within the several States nor to describe their share in the work accomplished.

It remains, however, to refer briefly to the laws organizing and reorganizing the Public Health Service as the Federal health agency. With the beginning of its history it was known as the United States Marine Hospital Service—the only medical agency in the civil branch of the Government. Like Topsy in Uncle Tom's Cabin, it "just grew" until 1870. A law was enacted June 29 of that year reorganizing the service and authorizing the appointment of a Surgeon General with offices at Washington to supervise it. His duties were to administer the laws enacted up to that time and to make monthly reports of these transactions.

By a law of January 4, 1889, a further step was taken to increase the efficiency of the organization. This law required that medical officers of the Marine Hospital Service should thereafter be appointed by the President by and with the advice and consent of the Senate. No person was to be so appointed until after passing a satisfactory examination in the several branches of medicine and hygiene. Original appointments were to be made only to the rank of assistant surgeon, and orderly promotions authorized to the rank of passed assistant surgeon.

A law of July 1, 1902, further stabilized appointments and orderly promotions. Under this and previous laws, regulations were issued having the force of law to fix compensation, to govern leaves of absence, and to provide in effect for retirement in case of disability incurred in line of duty.

This law provided for the reorganization of divisions in the central bureau as they exist to-day. It also provided for the organization of the hygienic laboratory, including an advisory board of nine members, five of whom are persons eminent in science and not connected with the Government. Finally, this law provided for annual conferences to be convened by the Surgeon General, each State and the District of Columbia being entitled to one delegate, respectively. This law changed the name to the United States Public Health and Marine Hospital Service.

By an act of August 14, 1912, the name was again changed to the United States Public Health Service, and the compensation of officers fixed by law. Since then, with the exception of the addition of a division of venereal diseases, the organization has remained the same.

The divisions as now existing are as follows:

- (1) Personnel and Accounts.
- (2) Hospitals and Relief.
- (3) Foreign and Insular Quarantine.
- (4) Interstate (sanitation) Quarantine.
- (5) Sanitary Reports and Statistics.
- (6) Scientific Research.
- (7) Venereal Diseases.

These divisions are each presided over by an assistant surgeon general, the rank being equivalent to a colonel in the Army or a captain in the Navy.

The legal authorization for the conduct of public-health activities and the laws providing for enlargement of the organization to carry them on, serve as a firm foundation which will no doubt be added to as future public-health needs arise. From time to time questions as to the reorganization and consolidation of agencies within the Government having to do directly or indirectly with public-health betterment have arisen, but the problem is one affecting many diverse functions, some of which have a minor bearing on problems of health and welfare. Decision in respect to such consolidation is a matter for the future.

In general, the limitations of the Public Health Service have been mentioned. Those checks and balances necessary, however, under our form of government and operative in all bureaus and departments regardless of their particular duties and responsibilities, have not been outlined. Many of them are no doubt common to governments abroad. They must be recognized as necessary, but reduced to a minimum consistent with economy and efficiency.

HISTORY OF SMALLPOX IN AUSTRALIA, 1909-1923

The Minister of Health of Australia is publishing a history of smallpox in the Commonwealth for the period 1909-1923, prepared by Director-General of Health and Director of Quarantine J. H. L. Cumpston, and Dr. F. McCallum, Quarantine Officer of the Department of Health. Through the courtesy of Doctor Cumpston, advance proof sheets of part of this interesting volume have been received.

In a previous publication, the history of smallpox in Australia was brought up to 1909, in which year the Federal quarantine was established; and it is the purpose of the present volume, as stated in the introduction, "to analyze the records of vessels quarantined and of the outbreaks which have occurred" in Australia during the 15-year period. The volume does considerably more than this, as is shown by the following chapter headings:

- I. The present position of Australia in regard to the risk from smallpox.
- II. The world course of smallpox, 1909-1923, in relation to Australia.
- III-VIII. Smallpox in the various States of Australia.
- IX. Vaccination in Australia.

- X. Vessels arriving in Australian waters which have been infected with smallpox during the voyage, or which were infected on arrival.
- XI. The epidemiology of smallpox on vessels bound for Australia.
- XII. Occasions on which smallpox has been introduced into Australia from overseas by known or suspected vessels.
- XIII. The epidemiology of smallpox in Australia.
- XIV. Smallpox in Australia, 1788-1908.
- XV. The compilation of records by ships' surgeons of smallpox cases occurring on vessels at sea.

It is noted that the need for continuous study of smallpox in Australia is emphasized (1) by the fact that the disease will, at times, get by the best quarantine organization, and (2) because "the Australian community is fast becoming entirely unprotected by vaccination."

Although Australia has never had any cases of cholera or yellow fever except on arriving vessels, it has had serious epidemics of smallpox. After a quiescent period of 13 years a serious outbreak occurred at Sydney in 1881, and in 1884 the disease became prevalent in New South Wales, Victoria, and South Australia. Prior to this time there had been outbreaks in Melbourne in 1857 and 1868 and in Sydney in 1877. These outbreaks, together with the lack of uniform procedure in the different States, led to conferences which brought about the establishment of a Federal quarantine service and a system of quarantine for all Australia under the administration of the director of quarantine. The Federal authority does not, however, embrace internal health administrations of the States; the control of an outbreak within the State is entirely a function of the State health departments, which provide for notification, segregation, vaccination, and control of contacts. In the event of an outbreak, however, the Federal and State authorities cooperate, and the State officers may be invested with the legal powers of "quarantine officers."

Smallpox is considered a major quarantinable disease in Australia. The quarantine act and the regulations are complete in their requirements for and standards of vaccination as regards both extent and age of vaccinated area, and ample powers are given the quarantine officer in dealing with persons quarantined, in enforcing vaccination of persons who have been exposed, and in providing for release, under surveillance, of persons properly vaccinated. The Quarantine Act of the Commonwealth, as amended in 1920, contains the following section:

"SECTION 75.—(1) A quarantine officer may require any person subject to quarantine, or performing quarantine, to be vaccinated or inoculated with any prophylactic or curative vaccine, and any

person so required to be vaccinated or inoculated shall be vaccinated or inoculated accordingly.

“Penalty: Five pounds.

“(2) A quarantine officer shall not require any person to be vaccinated or inoculated unless in his opinion vaccination or inoculation is necessary for the protection of persons subject to quarantine, or performing quarantine, or for the prevention of the spread of the disease of smallpox.”

In the regulations the following definitions are given:

“ *Vaccinated* means successfully vaccinated with active vaccine over a total area of not less than one-half of a square inch, which area shall, when healed, show distinct foveation.”

“ *Properly vaccinated* * * * means *vaccinated* not less than 14 days nor more than seven years prior to examination.”

In times of epidemic, quarantine areas, which may include large territories, may be proclaimed and all persons within that quarantine area may be declared subject to quarantine, and, consequently, vaccinated; and all persons who have been, or are suspected of having been, in contact with a smallpox patient are compulsorily vaccinated.

A summary of the quarantine measures applied to vessels from overseas for the prevention of the introduction of smallpox shows a rigorous procedure, including a quarantine period of 18 days from the date of last exposure for persons exposed and not properly vaccinated. On all ships arriving with smallpox on board, no person is released until he has produced satisfactory evidence that he has been vaccinated or has been vaccinated by the quarantine staff.

In order to show the ever-present danger of imported cases and contacts, the report reviews the world distribution of smallpox from 1909 to 1923 in relation to Australia. It calls attention to the epidemic extension in many countries of an exceptionally benign form, noting at the same time that the “classical” type of the disease has persisted during the same period and has even appeared side by side with the mild type. The data showing the occurrence of smallpox during the period 1909–1923 in some of the countries and ports in constant communication with Australia emphasize the necessity for quarantine vigilance. The data given are incomplete, several years being missing in many instances.

COUNTRIES

Country	Cases	Deaths	Country	Cases	Deaths
Ceylon.....	2, 244	516	Java.....	108, 006	20, 974
England and Wales.....	5, 314	219	Philippine Islands (Provinces)		81, 987
Egypt.....	41, 739	7, 244	United States:		
India (registration districts).....		951, 225	States reporting.....	515, 632	2, 864
Italy.....	107, 793	9, 543	California.....	20, 210	113
Japan.....	18, 563	4, 394			

PORTS

Port	Cases	Deaths	Port	Cases	Deaths
London.....	288	46	Samarang (residency; town only).....	7,250	1,652
Liverpool (including imported cases).....	103	6	Soerabaya (residency; town only).....	4,890	1,414
Calcutta.....		13,605	Manila.....	1,076	
Bombay.....		7,581	Hongkong.....	4,409	
Rangoon.....		2,985	Shanghai.....		2,974
Colombo (town only).....	1,020				
Singapore.....	1,369	399			
Batavia (residency; town only).....	12,719	2,730			

OCCURRENCE OF SMALLPOX IN AUSTRALIA, 1909-1923

During the period 1909-1923 smallpox was reported in Australia as follows:

New South Wales.—Twenty-four hundred cases of smallpox, with four deaths, were reported in New South Wales during the period under study. In only one of the deaths, however, is smallpox ascribed as other than a contributory cause. The occurrence by years was as follows: 1913—1,073 cases; mild form; first case in May; origin traced to steamship *Zealandia*, which also carried the infection into New Zealand through Mormon missionaries from Utah; 1914—628 cases; 1915—471 cases; 1916—108 cases; 1917—119 cases; 1918—1 case. The incidence was significantly higher among males than among females. The age incidence shows that 72.8 per cent of the cases occurred in persons 30 and under.

Interesting details are given regarding sex and age distribution, nationality, clinical features of the disease, incubation period, period of invasion, complications, and convalescence. Sixty-six per cent of the cases in which the information was available were infected by patients in the first to fourth day of eruption.

It is stated that "all the available evidence * * * pointed to the efficacy of vaccination in protecting against attack, and even in aborting or modifying the attack when performed shortly after exposure in the case of contacts." The report states that the evidence shows "that a single vaccination successfully performed does not confer lifelong protection, but that it certainly has a prophylactic effect for a number of years. It is a significant fact that no case occurred in a vaccinated person under 20 years of age or less than 13 years after vaccination; whereas in the unvaccinated, no less than 590 contracted the disease in the first 20 years of life."

The following is a résumé of the data regarding 1,628 cases treated at the Sydney Quarantine Station:

Total number of cases of smallpox treated.....	Number 1,628
Number in which vaccinations had never been attempted (70 per cent) ..	1,135
Number of cases in which attempt at vaccination was made after exposure but without success.....	152

	Number
Number in which unsuccessful attempts at vaccination were made between childhood and appearance of disease.....	109
Total number of persons who had never been successfully vaccinated.....	1, 396
Number claiming infantile vaccination but showing no evidence thereof..	19
Number in which no history was obtained.....	25
Number of persons in whom vaccination was attempted for the first time at varying periods after the eruption appeared.....	727
Number of such cases in which vaccination took.....	2
Number successfully vaccinated during infancy or more than 13 years prior to the attack.....	106

Of the 727 patients vaccinated for the first time at varying periods after the appearance of the eruption, vaccination was unsuccessful in all these cases except one in which the inoculation was performed on the second day of the eruption and in another case admitted as a contact and vaccinated on admission. This latter patient gave a history of headache, "shivering," and vomiting seven and one-half weeks previously, followed in a few days by a skin eruption, the staining of which was still apparent on the feet on admission. Five days after admission the vaccination had taken.

Victoria.—Smallpox appeared in Victoria in only one year, 1921, during the period under review. During that year nine cases were reported—two cases with one death in Melbourne and seven cases with one death in Geelong. The two patients who died were unvaccinated; the others had been vaccinated in infancy.

The Melbourne cases originated from a seaman landed in the preruptive stage. The origin of the Geelong cases, although coincident in point of time with the Melbourne cases, is unknown.

Queensland.—Five cases occurred in Toowoomba, Ipswich, and Brisbane, Queensland, during July and August, 1913, the origin of which was undetermined. Two cases had been vaccinated in infancy, and three had never been successfully vaccinated.

South Australia.—During the period under review only one case of smallpox occurred in South Australia among the shore community and originating from the infection on the steamship *Runic* December, 1914.

Western Australia.—Smallpox was introduced into Western Australia in 1914, by a seaman on the steamship *Kilchattan*, causing an outbreak of seven cases at Bunbury, a seaport of 4,000 inhabitants. Two of the patients had never been vaccinated, three had been vaccinated in infancy—one of whom had again been vaccinated in 1913—one had been vaccinated in 1903, and another in 1913. The latter two had very mild attacks.

Tasmania.—No case of smallpox occurred in Tasmania during the period under review.

STATUS OF VACCINATION IN AUSTRALIA

In 1909 compulsory vaccination was in force only in the States of Victoria and Western Australia. In 1911 a "conscientious objection" clause was inserted in the health act of Western Australia and in that of Victoria in 1919. In South Australia an act to suspend compulsory vaccination was passed in 1917.

New South Wales has never had any statutory provision for compulsory vaccination, but public vaccinators are appointed and receive a fee for each vaccination performed and reported. In this State, excepting for the years 1913-1917 (period of smallpox outbreak), the vaccinations per 100 births varied from 0.02 to 0.7. In 1913 the proportion was 19.5 and in 1914, it was 12.4.

Infantile vaccination in Victoria continued up to 1919. From 1909 to 1919 the vaccinations in Victoria varied between 69 and 44 per 100 births; but in 1920, the year in which the "conscientious objection" clause went into effect, they dropped to 12 and in 1923 to 6.

The compulsory vaccination provision of the health act of Queensland has never been proclaimed and vaccination has been voluntary. As medical practitioners do not notify vaccinations, no exact data on the proportion of the population vaccinated are available.

Compulsory vaccination in South Australia practically ended in 1901 by the inclusion of a "conscientious objection" clause, and was abolished by an act of 1917. The number of vaccinations per 100 births dropped from 14.7 in 1909 to an annual average of 5 for the years 1918-1922. No vaccinations were reported in 1923.

In 1909 a bill revising the compulsory vaccination act of 1878 failed of passage in Western Australia, in which year it was stated that "only about 10 per cent of those born in recent years in Western Australia had been vaccinated." In the health act of 1911 a "conscientious objection" clause was adopted.

In Tasmania, under the vaccination act of 1898, all infants are nominally required to be vaccinated before the age of 12 months unless either (a) a statutory declaration of conscientious objection is made, or (b) a medical certificate of unfitness is received. No information regarding vaccination in recent years is available for Tasmania. No cases of smallpox occurred in Tasmania during the period 1903-1923.

For practical purposes, it is stated, the Commonwealth as a whole has been unprotected by vaccination during the period under study; and at the present time some concern is expressed because of this fact. It is difficult to estimate the proportion of vaccinated persons, even in terms of infantile vaccination, without any consideration of the revaccination necessary to insure immunity. In the first volume of this study it was estimated that in 1910 about 30 per cent of all persons in Australia had been vaccinated, and the best estimate from all figures available places the present proportion at about the same figure.

**VESSELS INFECTED WITH SMALLPOX ON ARRIVAL OR DURING VOYAGE
1909-1923**

During the period 1909-1923, 101 vessels were quarantined for smallpox. The classifications of these vessels were as follows:

(A) Vessels which have arrived in Australian ports with smallpox on board.....	60
(B) Vessels which have arrived in Australian ports, having landed one or more cases at an oversea port, or having had cases on board who died and were buried at sea.....	22
(C) Vessel not quarantined, but subsequently shown to have been concerned with the introduction of smallpox into Australia.....	1
(D) Coastwise vessels which have had smallpox cases developed on board....	6
(E) Vessels which have been quarantined, having on board one or more cases suspected to be smallpox.....	12

SMALLPOX AND VACCINATION IN MILWAUKEE, WIS.

VACCINATION HISTORIES OF 376 CASES OF SMALLPOX

The following table gives the vaccination histories of the cases of smallpox which occurred in Milwaukee, Wis., during the first six months of 1925. The data were received from the city health officer of Milwaukee.

Type of case	Number of cases	Vaccinated within 7 years preceding exposure	Vaccinated more than 7 years before exposure	Never successfully vaccinated before exposure	Vaccination history uncertain
Fatal cases:					
Hemorrhagic.....	21	0	2	19	0
Confluent.....	146	0	7	139	0
Discrete.....	19	0	1	18	0
Total fatal cases.....	86	0	10	76	0
Cases which recovered:					
Hemorrhagic.....	0	0	0	0	0
Confluent.....	146	0	7	139	0
Discrete.....	149	2	15	130	2
Very mild.....	95	3	18	73	1
Total recovered.....	290	5	40	242	3
Grand total.....	376	5	50	318	3

¹ Two of the patients died during July, 1925.
² The onset of the first case was in December, 1924.

DEATH RATES OF INDUSTRIAL INSURANCE COMPANIES, 1924

The following table was prepared from the records of five of the largest industrial insurance companies of the United States, covering about 31,000,000 lives for the year 1924. The companies are as follows: Metropolitan (white business only), Prudential, John Hancock, Colonial, and Life Insurance Co. of Virginia (white business only).

Death rates per 100,000 for principal causes of death, entire year and by quarters (ages under 75 years), for combined companies, premium-paying business, 1924

Cause of death	Entire year 1924	First quarter	Second quarter	Third quarter	Fourth quarter
All causes of death.....	834.5	923.7	899.7	735.8	787.1
Typhoid fever.....	3.4	2.4	2.6	4.2	4.4
Measles.....	5.6	9.7	9.8	2.3	.9
Scarlet fever.....	4.1	5.8	5.5	2.3	3.0
Whooping cough.....	5.9	6.0	6.9	6.6	4.1
Diphtheria and croup.....	12.8	17.8	12.2	7.7	13.4
Influenza.....	10.9	18.7	14.3	2.8	8.0
Tuberculosis, all forms.....	92.8	97.2	109.8	86.2	78.8
Tuberculosis of respiratory system.....	83.1	88.0	98.5	75.7	71.0
Cancer, all forms.....	72.5	70.9	74.2	71.4	73.4
Diabetes.....	14.9	16.8	15.4	12.6	14.8
Cerebral hemorrhage.....	52.3	62.8	50.6	43.8	52.2
Diseases of the heart.....	116.3	125.9	124.4	98.4	117.4
Pneumonia, all forms.....	82.5	125.8	99.7	35.3	71.8
Bronchopneumonia.....	35.6	54.5	43.3	15.9	29.8
Pneumonia, lobar and undefined.....	46.8	71.2	56.4	19.4	42.0
Diarrhea and enteritis.....	27.6	16.1	19.3	44.7	29.7
Appendicitis.....	13.1	12.6	13.5	14.7	11.5
Chronic nephritis.....	62.9	68.8	69.2	52.9	61.1
Puerperal state.....	14.9	15.8	16.7	13.2	13.6
Puerperal septicemia.....	5.0	6.2	5.4	3.8	4.4
Puerperal albuminuria and convulsions.....	3.0	3.2	2.8	3.3	2.6
Other disease of puerperal state.....	6.9	6.4	8.5	6.1	6.6
Suicides.....	8.6	6.9	10.0	8.5	9.0
Homicides.....	3.3	2.7	3.0	3.4	3.9
Accidents.....	62.1	57.7	60.2	71.2	59.0
Accidental drowning.....	7.3	3.7	6.9	15.1	3.5
Automobile accidents.....	16.2	11.8	14.9	19.3	18.3
All other causes.....	168.0	183.1	182.3	153.5	156.9

DEATHS DURING WEEK ENDED AUGUST 1, 1925

Summary of information received by telegraph from industrial insurance companies for week ended August 1, 1925, and corresponding week of 1924. (From the Weekly Health Index, August 4, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended August 1, 1925	Corresponding week, 1924
Policies in force.....	60,384,891	56,648,917
Number of death claims.....	9,621	9,276
Death claims per 1,000 policies in force, annual rate....	8.3	8.5

Deaths from all causes in certain large cities of the United States during the week ended August 1, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, August 4, 1925, issued by the Bureau of the Census, Department of Commerce)

City	Week ended August 1, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended August 1, 1925 ²
	Total deaths	Death rate ¹		Week ended August 1, 1925	Corresponding week, 1924	
Total (66 cities).....	5,630	10.6	³ 10.3	729	³ 754	⁴ 58
Akron.....	23	.....	.....	3	4	34
Albany.....	22	9.6	11.0	1	3	22
Atlanta.....	60	.....	.....	5	14	.....
Baltimore.....	218	14.3	13.4	38	31	114
Birmingham.....	49	12.4	16.6	6	11	.....
Boston.....	178	11.9	10.6	27	20	71
Bridgeport.....	20	.....	.....	2	4	32
Buffalo.....	110	10.4	9.8	16	13	65
Cambridge.....	22	10.2	10.2	1	5	17

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 65 cities.

⁴ Data for 61 cities.

⁵ Deaths for week ended Friday, July 31, 1925.

Deaths from all causes in certain large cities of the United States during the week ended August 1, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, August 4, 1925, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended August 1, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate, week ended August 1, 1925
	Total deaths	Death rate		Week ended August 1, 1925	Corresponding week, 1924	
Camden.....	22	8.9	14.9	7	13	111
Chicago ¹	504	8.8	9.0	65	68	58
Cincinnati.....	93	11.8	12.0	14	11	83
Cleveland.....	145	8.1	8.0	18	15	45
Columbus.....	58	10.8	10.7	9	8	83
Dallas.....	59	15.9	8.9	13	6	-----
Dayton.....	35	10.6	12.0	3	3	47
Denver.....	72	13.4	10.8	16	7	-----
Des Moines.....	20	7.0	9.7	0	5	0
Detroit.....	210	-----	-----	31	43	53
Duluth.....	16	7.5	8.2	1	0	22
El Paso.....	27	13.4	16.6	7	8	-----
Erie.....	16	-----	-----	2	3	39
Fall River ¹	19	8.2	7.8	0	2	0
Flint.....	14	5.6	5.0	2	4	32
Fort Worth.....	22	7.5	7.7	2	1	-----
Grand Rapids.....	28	9.6	6.3	1	1	16
Houston.....	49	15.5	11.4	8	4	-----
Indianapolis.....	91	13.2	10.8	11	17	78
Jersey City.....	49	8.1	11.5	7	10	50
Kansas City, Kans.....	25	10.5	14.6	1	8	21
Kansas City, Mo.....	86	12.2	12.6	18	13	-----
Los Angeles.....	195	-----	-----	26	15	72
Louisville.....	80	16.1	13.1	12	5	105
Lowell.....	30	13.4	11.3	1	6	17
Lynn.....	15	7.5	8.0	0	2	0
Memphis.....	70	20.9	23.0	8	15	-----
Milwaukee.....	91	9.5	7.2	18	12	84
Minneapolis.....	55	6.7	9.4	4	7	21
Nashville ¹	63	24.1	21.1	5	10	-----
New Bedford.....	19	7.3	8.3	4	3	66
New Haven.....	30	8.7	10.1	4	2	52
New Orleans.....	155	19.5	15.4	19	25	-----
New York.....	1,108	9.5	9.2	151	136	61
Bronx Borough.....	123	7.1	6.7	16	13	55
Brooklyn Borough.....	415	9.7	8.2	60	60	62
Manhattan Borough.....	434	10.0	10.8	61	53	64
Queens Borough.....	96	8.7	9.0	10	8	46
Richmond Borough.....	40	15.6	16.0	4	2	72
Newark, N. J.....	89	10.3	9.4	21	17	96
Norfolk.....	37	-----	-----	3	4	55
Oakland.....	44	9.0	10.6	5	8	58
Oklahoma City.....	16	-----	-----	0	7	-----
Omaha.....	48	11.8	10.8	5	8	51
Paterson.....	29	10.7	7.4	4	1	67
Philadelphia.....	350	9.2	10.4	35	53	44
Pittsburgh.....	150	12.4	10.4	23	12	76
Portland, Oreg.....	53	9.8	9.6	2	2	20
Providence.....	49	10.4	12.2	7	12	56
Richmond.....	47	13.1	15.9	9	12	108
Rochester.....	71	11.2	7.1	11	3	88
St. Louis.....	183	11.6	10.7	22	25	-----
St. Paul.....	51	10.8	7.9	4	6	34
Salt Lake City ¹	20	8.0	12.2	0	7	0
San Antonio.....	59	15.5	11.2	10	11	-----
San Diego.....	38	18.7	18.9	1	2	23
San Francisco.....	137	12.8	13.5	6	7	35
Seattle.....	64	-----	-----	4	7	39
Somerville.....	8	4.1	6.2	0	2	0
Spokane.....	25	12.0	12.0	0	3	0
Springfield, Mass.....	27	9.2	10.2	5	1	74
Sycrause.....	30	8.2	10.5	3	3	38
Tacoma.....	17	8.5	8.1	1	1	23
Toledo.....	52	9.4	11.3	5	6	45
Trenton.....	30	11.8	15.3	3	7	49
Utica.....	20	9.7	-----	4	-----	86
Washington, D. C.....	153	16.0	12.0	14	16	79
Waterbury.....	21	-----	-----	2	4	43
Wilmington, Del.....	18	7.7	10.0	2	9	45
Worcester.....	39	10.2	7.7	3	2	35
Yonkers.....	19	8.9	8.6	2	3	44
Youngstown.....	25	8.2	9.4	4	5	49

Deaths for week ended Friday, July 31, 1925.

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 officer

Reports for Week Ended August 8, 1925

ALABAMA		Cases	CALIFORNIA		Cases
Chicken pox.....	2		Cerebrospinal meningitis:		
Dengue.....	4		Long Beach.....	1	
Diphtheria.....	11		Riverside.....	1	
Influenza.....	6		Diphtheria.....	73	
Malaria.....	100		Influenza.....	4	
Measles.....	5		Lethargic encephalitis.....	3	
Mumps.....	5		Measles.....	13	
Ophthalmia neonatorum.....	1		Poliomyelitis:		
Paratyphoid fever.....	1		Berkeley.....	1	
Pellagra.....	33		Corona.....	2	
Pneumonia.....	10		Del Norte County.....	1	
Poliomyelitis.....	5		Fresno.....	1	
Scarlet fever.....	18		Fresno County.....	1	
Smallpox.....	20		Gilroy.....	1	
Tetanus.....	5		Grass Valley.....	1	
Tuberculosis.....	96		Hemet.....	1	
Typhoid fever.....	108		Kern County.....	1	
Whooping cough.....	26		Long Beach.....	4	
			Los Angeles.....	17	
			Los Angeles County.....	7	
			Lynwood.....	1	
			Modesto.....	1	
			Oakland.....	2	
			Orange County.....	1	
			Pasadena.....	1	
			Sacramento.....	2	
			San Anselmo.....	1	
			San Diego.....	1	
			San Francisco.....	8	
			San Gabriel.....	1	
			San Mateo County.....	2	
			Santa Cruz.....	1	
			Sonoma County.....	2	
			Stockton.....	1	
			Susanville.....	1	
			Scarlet fever.....	53	
			Smallpox:		
			Los Angeles.....	15	
			Oakland.....	14	
			Orange.....	5	
			Scattering.....	13	

CALIFORNIA—continued		Cases	ILLINOIS		Cases
Typhoid fever:			Cerebrospinal meningitis:		
San Joaquin County.....		7	Cook County.....		1
Scattering.....		20	Sangamon County.....		1
COLORADO			Diphtheria:		
(Exclusive of Denver)			Cook County.....		50
Chicken pox.....		4	Scattering.....		15
Diphtheria.....		33	Influenza		
Measles.....		1	Lethargic encephalitis—Cook County.....		
Mumps.....		3	Measles.....		
Pneumonia.....		2	Pneumonia.....		
Scarlet fever.....		16	Poliomyelitis:		
Smallpox.....		1	Cook County.....		3
Tuberculosis.....		40	La Salle County.....		1
Typhoid fever.....		18	Stark County.....		1
Whooping cough.....		31	Scarlet fever:		
CONNECTICUT			Cook County.....		35
Cerebrospinal meningitis.....		1	Scattering.....		30
Chicken pox.....		5	Smallpox.....		4
Diphtheria.....		18	Tuberculosis.....		202
Influenza.....		1	Typhoid fever:		
Malaria.....		1	Cook County.....		9
Measles.....		15	Scattering.....		60
Pneumonia (all forms).....		16	Whooping cough.....		191
Poliomyelitis.....		1	INDIANA		
Scarlet fever.....		24	Chicken pox.....		2
Septic sore throat.....		3	Diphtheria.....		25
Tetanus.....		2	Influenza.....		29
Tuberculosis (pulmonary).....		16	Measles.....		11
Typhoid fever.....		8	Pneumonia.....		2
Whooping cough.....		83	Poliomyelitis:		
DELAWARE			Dearborn County.....		2
Diphtheria.....		1	Delaware County.....		1
Measles.....		1	Huntington County.....		1
Tetanus.....		1	Scarlet fever.....		25
Tuberculosis.....		1	Smallpox.....		18
Typhoid fever.....		3	Tuberculosis.....		31
FLORIDA			Typhoid fever.....		42
Diphtheria.....		11	Whooping cough.....		61
Malaria.....		10	KANSAS		
Pneumonia.....		1	Cerebrospinal meningitis—Sherington.....		1
Poliomyelitis.....		6	Chicken pox.....		4
Smallpox.....		5	Diphtheria.....		6
Tuberculosis.....		7	Influenza.....		6
Typhoid fever.....		19	Lethargic encephalitis—Kansas City.....		1
Whooping cough.....		6	Malaria.....		2
GEORGIA			Measles.....		3
Cerebrospinal meningitis.....		1	Mumps.....		13
Chicken pox.....		1	Pellagra.....		2
Diphtheria.....		11	Pneumonia.....		21
Dysentery.....		5	Poliomyelitis:		
Hookworm disease.....		11	Earleton.....		1
Influenza.....		8	Garnett.....		1
Malaria.....		105	Kansas City.....		1
Mumps.....		9	Ottawa.....		3
Paratyphoid fever.....		2	Wilder.....		1
Pellagra.....		16	Scarlet fever.....		23
Pneumonia.....		13	Smallpox.....		3
Poliomyelitis.....		2	Tuberculosis.....		59
Scarlet fever.....		1	Typhoid fever.....		28
Septic sore throat.....		4	Whooping cough.....		76
Smallpox.....		8			
Tuberculosis.....		21			
Typhoid fever.....		91			
Typhus fever.....		3			
Whooping cough.....		16			

LOUISIANA	Cases	MINNESOTA—continued	Cases
Anthrax.....	8	Scarlet fever.....	62
Cerebrospinal meningitis.....	1	Smallpox.....	8
Diphtheria.....	16	Tuberculosis.....	48
Malaria.....	20	Typhoid fever.....	12
Pneumonia.....	11	Whooping cough.....	23
Scarlet fever.....	6		
Smallpox.....	1	MISSISSIPPI	
Tuberculosis.....	28	Diphtheria.....	5
Typhoid fever.....	103	Influenza.....	13
Whooping cough.....	18	Scarlet fever.....	2
		Smallpox.....	6
		Typhoid fever.....	80
MAINE			
Diphtheria.....	7	MISSOURI	
German measles.....	2	(Exclusive of Kansas City)	
Measles.....	3	Chicken pox.....	1
Mumps.....	5	Diphtheria.....	26
Pneumonia.....	3	Malaria.....	1
Poliomyelitis.....	1	Measles.....	3
Scarlet fever.....	7	Mumps.....	9
Tetanus.....	1	Ophthalmia neonatorum.....	3
Tuberculosis.....	3	Pneumonia.....	8
Typhoid fever.....	3	Poliomyelitis.....	9
Vincent's angina.....	1	Scarlet fever.....	51
Whooping cough.....	11	Trachoma.....	55
		Tuberculosis.....	43
MASSACHUSETTS		Typhoid fever.....	43
Cerebrospinal meningitis.....	2	Whooping cough.....	43
Chicken pox.....	15		
Conjunctivitis (suppurative).....	11	MONTANA	
Diphtheria.....	37	Chicken pox.....	3
Dysentery.....	4	Diphtheria.....	3
German measles.....	7	German measles.....	1
Hookworm disease.....	3	Mumps.....	5
Influenza.....	4	Poliomyelitis—	
Lethargic encephalitis.....	2	Havre.....	4
Measles.....	90	Malta.....	1
Mumps.....	11	Wagner.....	1
Ophthalmia neonatorum.....	8	Ynot.....	1
Pellagra.....	1	Scarlet fever.....	9
Pneumonia (lobar).....	17	Smallpox.....	8
Poliomyelitis.....	3	Tuberculosis.....	8
Scarlet fever.....	62	Typhoid fever.....	3
Tetanus.....	2	Whooping cough.....	18
Trachoma.....	2		
Trichinosis.....	1	NEW JERSEY	
Tuberculosis (pulmonary).....	84	Chicken pox.....	21
Tuberculosis (other forms).....	10	Diphtheria.....	63
Typhoid fever.....	8	Dysentery.....	1
Whooping cough.....	119	Measles.....	54
		Pneumonia.....	36
MICHIGAN		Poliomyelitis.....	12
Diphtheria.....	49	Scarlet fever.....	28
Measles.....	32	Typhoid fever.....	14
Pneumonia.....	36	Whooping cough.....	120
Scarlet fever.....	74		
Smallpox.....	9	NEW MEXICO	
Tuberculosis.....	51	Chicken pox.....	1
Typhoid fever.....	24	Mumps.....	2
Whooping cough.....	270	Paratyphoid fever.....	1
		Poliomyelitis.....	2
MINNESOTA		Scarlet fever.....	1
Cerebrospinal meningitis.....	1	Tuberculosis.....	47
Chicken pox.....	29	Typhoid fever.....	6
Diphtheria.....	54	Whooping cough.....	2
Measles.....	3		
Poliomyelitis.....	56		

NEW YORK	Cases
(Exclusive of New York City)	
Cerebrospinal meningitis.....	1
Diphtheria.....	47
Measles.....	122
Pneumonia.....	56
Poliomyelitis.....	38
Scarlet fever.....	62
Typhoid fever.....	39
Whooping cough.....	193
NORTH CAROLINA	
Chicken pox.....	11
Diphtheria.....	48
Measles.....	3
Poliomyelitis.....	11
Scarlet fever.....	13
Smallpox.....	7
Trachoma.....	6
Typhoid fever.....	80
Whooping cough.....	55
OKLAHOMA	
[Exclusive of Oklahoma and Tulsa]	
Chicken pox.....	7
Diphtheria.....	4
Influenza.....	11
Malaria.....	63
Mumps.....	4
Pellagra.....	8
Pneumonia.....	3
Poliomyelitis—Texas.....	1
Scarlet fever.....	10
Smallpox—Logan.....	1
Typhoid fever.....	89
Whooping cough.....	12
OREGON	
Chicken pox.....	4
Diphtheria:	
Portland.....	12
Scattering.....	7
Measles.....	2
Mumps.....	4
Pneumonia.....	13
Scarlet fever.....	5
Smallpox.....	5
Tuberculosis.....	20
Typhoid fever.....	9
Whooping cough.....	13
SOUTH DAKOTA	
Chicken pox.....	3
Diphtheria.....	2
Poliomyelitis.....	1
Scarlet fever.....	23
Typhoid fever.....	6
Whooping cough.....	2
TEXAS	
Chicken pox.....	6
Diphtheria.....	18
Influenza.....	2
Leprosy.....	1
Mumps.....	4
Paratyphoid fever.....	6

TEXAS—continued	Cases
Pellagra.....	11
Pneumonia.....	1
Poliomyelitis.....	1
Scarlet fever.....	7
Smallpox.....	11
Tetanus.....	1
Tuberculosis.....	50
Typhoid fever.....	111
Typhus fever.....	4
Whooping cough.....	32
VERMONT	
Chicken pox.....	3
Diphtheria.....	4
Measles.....	2
Mumps.....	9
Typhoid fever.....	4
Whooping cough.....	25
WASHINGTON	
Chicken pox.....	13
Diphtheria.....	13
German measles.....	1
Mumps.....	16
Poliomyelitis—Seattle.....	1
Scarlet fever.....	12
Smallpox.....	11
Tuberculosis.....	74
Typhoid fever.....	4
Whooping cough.....	65
WEST VIRGINIA	
Cerebrospinal meningitis—Wheeling.....	1
Diphtheria.....	2
Scarlet fever.....	2
Smallpox.....	2
Typhoid fever.....	13
WISCONSIN	
Milwaukee:	
Chicken pox.....	9
Diphtheria.....	8
German measles.....	1
Measles.....	3
Mumps.....	5
Pneumonia.....	10
Scarlet fever.....	1
Smallpox.....	1
Tuberculosis.....	20
Typhoid fever.....	1
Whooping cough.....	71
Scattering:	
Cerebrospinal meningitis.....	1
Chicken pox.....	26
Diphtheria.....	34
German measles.....	11
Influenza.....	7
Lethargic encephalitis.....	1
Measles.....	96
Mumps.....	30
Pneumonia.....	9
Poliomyelitis.....	17
Scarlet fever.....	40
Smallpox.....	23
Tuberculosis.....	18
Typhoid fever.....	7
Whooping cough.....	91

¹ Deaths.

Reports for Week Ended August 1, 1925

DISTRICT OF COLUMBIA		Cases	NEBRASKA—continued		Cases
Chicken pox.....		1	Smallpox.....		3
Diphtheria.....		2	Typhoid fever.....		2
Measles.....		5	Whooping cough.....		17
Pneumonia.....		5			
Polio-myelitis.....		2	NORTH DAKOTA		
Tuberculosis.....		25	Chicken pox.....		1
Whooping cough.....		20	Diphtheria.....		1
			Measles.....		2
NEBRASKA			Pneumonia.....		1
Chicken pox.....		1	Polio-myelitis.....		4
Diphtheria.....		4	Scarlet fever.....		12
Mumps.....		10	Tuberculosis.....		1
Polio-myelitis.....		2	Whooping cough.....		13
Scarlet fever.....		10			

Report for Week Ended July 25, 1925

NORTH DAKOTA		Cases	NORTH DAKOTA—continued		Cases
Cerebrospinal meningitis.....		1	Scarlet fever.....		13
Chicken pox.....		6	Tuberculosis.....		3
Diphtheria.....		2	Typhoid fever.....		1
Pneumonia.....		4	Whooping cough.....		8
Polio-myelitis.....		5			

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Polio-myelitis	Scarlet fever	Small pox	Typhoid fever
<i>May, 1925</i>										
Hawaii.....	5	22	19		71			3		9
<i>June, 1925</i>										
Utah.....	4	54	8		24		1	50	5	21
<i>July, 1925</i>										
Connecticut.....	2	80	9	10	358		8	75	0	17

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradication measures from the cities named:

Los Angeles, Calif.

Week ended July 25, 1925:

Number of rats trapped.....	2,386
Number of rats found plague infected.....	0
Number of squirrels examined.....	973
Number of squirrels found plague infected.....	0
Number of mice trapped.....	2,118
Number of mice found plague infected.....	0

Date of discovery of last plague-infected rodent, June 25, 1925.

Date of last human case, Jan. 15, 1925.

Oakland, Calif.

(Including other East Bay communities)

Week ended July 25, 1925:

Number of rats trapped.....	1, 163
Number of rats found to be plague infected.....	0
Number of squirrels examined.....	508
Number of squirrels found to be plague infected.....	0

Totals:

Number of rats trapped Jan. 1 to July 25, 1925.....	60, 840
Number of rats found to be plague infected.....	21
Number of squirrels examined May 1 to July 25, 1925.....	6, 704
Number of squirrels found to be plague infected.....	0

Date of discovery of last plague-infected rat, Mar. 4, 1925.

Date of last human case, Sept. 10, 1919.

New Orleans, La.

Week ended July 25, 1925:

Number of vessels inspected.....	155
Number of inspections made.....	344
Number of vessels fumigated with cyanide gas.....	8
Number of rodents examined for plague.....	3, 287
Number of rodents found to be plague infected.....	0

Totals, Dec. 5, 1924, to July 25, 1925:

Number of rodents examined for plague.....	147, 611
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.

POLIOMYELITIS IN THE UNITED STATES

The following tables show the number of cases of poliomyelitis reported by State health officers of 33 States for the two weeks from July 19 to August 1, 1925, and from July 20 to August 2, 1924. These tables are supplementary to those published in the PUBLIC HEALTH REPORTS of July 31, 1925, page 1614. The figures for both years are compiled from preliminary telegraphic reports.

State	1925	1924	State	1925	1924
Alabama.....	3	2	Missouri.....	11	0
Arizona.....	2	0	Montana.....	5	2
Arkansas.....	0	0	Nebraska.....	3	0
California.....	97	2	New Jersey.....	24	3
Colorado.....	0	0	New Mexico.....	0	0
Connecticut.....	7	10	New York.....	76	75
Delaware.....	0	0	North Carolina.....	8	2
District of Columbia.....	2	0	North Dakota.....	5	0
Florida.....	5	0	South Dakota.....	0	0
Georgia.....	1	0	Texas.....	3	0
Illinois.....	9	8	Vermont.....	3	0
Indiana.....	1	6	Virginia.....	3	1
Kansas.....	8	1	Washington.....	5	3
Louisiana.....	0	1	West Virginia.....	1	0
Maine.....	0	1	Wisconsin.....	27	2
Maryland.....	4	13	Wyoming.....	0	0
Massachusetts.....	5	7			
Minnesota.....	71	2	Total.....	389	141

¹ Week ended July 25, 1925, and July 26, 1924, only.

Week ended—	1925	1924
July 25, 1925; July 26, 1924.....	173	66
Aug. 1, 1925; Aug. 2, 1924.....	216	75
Total, 2 weeks.....	389	141

South Carolina reported 146 cases of poliomyelitis from April to August 5, 1925.

Oklahoma reported 8 cases from May 31 to August 1, 1925.

North Dakota reported 27 cases from May 31 to July 25, 1925.

States which did not report for both years are omitted from the tables.

TYPHOID FEVER IN THE UNITED STATES

Summary of reports for the eight weeks ended August 1, 1925, and for the corresponding period of 1924.—The following tables show the numbers of cases of typhoid fever reported by State health officers of 33 States for the eight weeks from June 7 to August 1, 1925, and from June 8 to August 2, 1924. Improvement in the percentage of cases reported may account, in part at least, for the apparent increase in some States. . States which did not report for the entire eight weeks of both years are omitted from the tables.

Cases of typhoid fever reported by State health officers for the eight weeks ended August 1, 1925, compared with reports for the corresponding period of 1924

State	1925	1924	State	1925	1924
Maine.....	22	91	West Virginia.....	39	48
Vermont.....	2	3	North Carolina.....	458	461
Massachusetts.....	106	85	Georgia.....	747	187
Connecticut.....	35	42	Florida.....	139	116
New York.....	415	481	Alabama.....	678	411
New Jersey.....	171	87	Arkansas.....	358	155
Indiana.....	203	101	Louisiana.....	590	198
Illinois.....	332	188	Texas.....	260	96
Michigan.....	92	107	Montana.....	19	17
Wisconsin.....	20	30	Wyoming.....	7	9
Minnesota.....	33	40	Colorado.....	47	26
Missouri.....	264	97	New Mexico.....	49	44
South Dakota.....	16	17	Arizona.....	23	22
Nebraska.....	12	9	Washington.....	50	53
Kansas.....	180	83	Oregon.....	26	32
Delaware.....	12	9	California.....	144	184
Maryland.....	134	173	Total.....	5,699	3,716
District of Columbia.....	16	14			

Cases of typhoid fever reported by the health officers of 33 States and the District of Columbia, June 7 to August 1, 1925, and June 8 to August 2, 1924, by weeks

Week ended—	1925	1924	Week ended—	1925	1924
June 13, 1925; June 14, 1924....	479	324	July 18, 1925; July 19, 1924....	817	602
June 20, 1925; June 21, 1924....	500	349	July 25, 1925; July 26, 1924....	845	606
June 27, 1925; June 28, 1924....	649	276	Aug. 1, 1925; Aug. 2, 1924....	970	656
July 4, 1925; July 5, 1924.....	612	368	Total.....	5,699	3,716
July 11, 1925; July 12, 1924....	827	535			

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended July 25, 1925, 34 States reported 717 cases of diphtheria. For the week ended July 26, 1924, the same States reported 1,032 cases of this disease. One hundred and two cities, situated in all parts of the country and having an aggregate population of more than 28,000,000, reported 422 cases of diphtheria for the week ended July 25, 1925. Last year for the corresponding week they reported 550 cases. The estimated expectancy for these cities was 603 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-two States reported 1,013 cases of measles for the week ended July 25, 1925, and 1,288 cases of this disease for the week ended July 26, 1924. One hundred and two cities reported 563 cases of measles for the week this year, and 501 cases last year.

Poliomyelitis.—The health officers of 33 States reported 173 cases of poliomyelitis for the week ended July 25, 1925. The same States reported 66 cases for the week ended July 26, 1924.

Scarlet fever.—Scarlet fever was reported for the week as follows: 34 States—this year, 707 cases; last year, 837 cases; 102 cities—this year, 314 cases; last year, 333 cases; estimated expectancy, 253 cases.

Smallpox.—For the week ended July 25, 1925, 34 States reported 214 cases of smallpox. Last year, for the corresponding week, they reported 406 cases. One hundred and two cities reported smallpox for the week as follows: 1925, 57 cases; 1924, 108 cases; estimated expectancy, 56 cases. One death from smallpox was reported by these cities for the week this year—at St. Paul, Minn.

Typhoid fever.—Eight hundred and forty-four cases of typhoid fever were reported for the week ended July 25, 1925, by 33 States. For the corresponding week of 1924 the same States reported 606 cases. One hundred and two cities reported 186 cases of typhoid fever for the week this year, and 189 cases for the corresponding week last year. The estimated expectancy for these cities was 170 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia (combined) were reported for the week by 102 cities as follows: 1925, 280 deaths; 1924, 297 deaths.

City reports for week ended July 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	Chick- en pox, cases re- ported	Diphtheria		Influenza		Meas- les, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
			Cases, es- timated ex- pectancy	Cases re- ported	Cases re- ported	Deaths re- ported			
NEW ENGLAND									
Maine:									
Portland.....	73, 129	0	1	0	0	0	1	1	1
New Hampshire:									
Concord.....	22, 408	0	0	0	0	0	0	0	0
Manchester.....	81, 383		1	0	0	1	0		0
Vermont:									
Barre.....	¹ 10, 008	0	0	0	0	0	0	0	1
Burlington.....	23, 613	0	1	0	0	0	1	1	0
Massachusetts:									
Boston.....	770, 400	14	38	12	1	0	28	3	11
Fall River.....	120, 912	0	2	2	0	0	7	0	1
Springfield.....	144, 227	0	2	0	0	0	2	0	0
Worcester.....	191, 927	2	2	0	0	0	21	0	3
Rhode Island:									
Pawtucket.....	68, 799	0	1	0	0	0	0	0	0
Providence.....	242, 378	0	5	1	0	0	10	0	1
Connecticut:									
Bridgeport.....	¹ 143, 555	1	4	5	0	0	2	0	2
Hartford.....	¹ 138, 036	0	3	3	0	0	3	0	0
New Haven.....	172, 967	2	2	2	0	0	13	0	1
MIDDLE ATLANTIC									
New York:									
Buffalo.....	536, 718	8	9	4	0	0	16	1	2
New York.....	5, 927, 625	36	166	86	3	5	101	18	63
Rochester.....	317, 867		4	4	0	0	22	0	2
Syracuse.....	184, 511	3	3	1		0	3	2	2
New Jersey:									
Camden.....	124, 157	3	2	4	0	0	7	0	2
Newark.....	438, 699	8	8	11	0	0	16	0	4
Trenton.....	127, 390	0	3	1	0	0	5	0	2
Pennsylvania:									
Philadelphia.....	1, 922, 788	15	36	55		0	41	1	13
Pittsburgh.....	613, 442	4	13	11		0	28	1	10
Reading.....	110, 917	0	1	2	0	0	14	0	2
Scranton.....	140, 636	0	2	3	0	0	1	0	1
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	406, 312	0	6	3	2	1	0	2	2
Cleveland.....	888, 519	19	17	18	2	0	25	3	5
Columbus.....	261, 082	0	2	2	0	0	1	0	0
Toledo.....	268, 338	3	4	2		0	7	0	1
Indiana:									
Fort Wayne.....	93, 573	1	2	0		0	1	0	1
Indianapolis.....	342, 718	0	5	0		0	2	2	5
South Bend.....	76, 709	0	0	0	0	0	0	0	0
Terre Haute.....	68, 939	0	0	0	0	0	3	0	1
Illinois:									
Chicago.....	2, 886, 121	24	74	34	2	0	85	2	24
Cicero.....	55, 968		2						
Springfield.....	61, 833	1	0	0	0	0	3	2	0

¹ Population Jan. 1, 1920.

City reports for week ended July 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—continued									
Michigan:									
Detroit	995,668	12	33	17	2	1	8	0	10
Flint	117,968	0	3	2	0	0	2	0	1
Grand Rapids	145,947	0	3	2	0	0	12	0	0
Wisconsin:									
Madison	42,519	1	0	0	0	0	2	0	0
Milwaukee	484,595	12	9	12	0	0	15	6	4
Racine	64,393	0	1	1	0	0	0	1	0
Superior	139,671	0	1	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth	106,289	0	1	0	0	0	1	0	0
Minneapolis	409,125	8	9	22	0	0	0	5	3
St. Paul	241,891	3	10	5	0	0	0	1	3
Iowa:									
Davenport	61,262	1	1	0	0	0	0	0	0
Des Moines	140,923	0	2	1	0	0	0	0	0
Sioux City	79,662	0	1	0	0	0	0	1	0
Waterloo	39,667	0	0	0	0	0	0	0	0
Missouri:									
Kansas City	351,819	0	3	1	2	2	1	1	3
St. Joseph	78,232	0	1	1	0	0	0	0	2
St. Louis	803,853	2	21	19	0	0	4	1	0
North Dakota									
Fargo	24,841	0	0	0	0	0	0	0	0
Grand Forks	14,547	0	1	0	0	0	0	0	0
South Dakota:									
Aberdeen	15,829	0	0	0	0	0	0	0	0
Sioux Falls	29,206	0	0	2	0	0	0	0	0
Nebraska:									
Lincoln	58,761	0	0	0	0	0	0	1	1
Omaha	204,382	1	4	1	0	0	1	0	5
Kansas:									
Topeka	52,555	0	1	0	0	0	2	1	0
Wichita	79,261	0	0	0	0	0	0	0	2
SOUTH ATLANTIC									
Delaware:									
Wilmington	117,723	0	0	0	0	0	9	0	0
Maryland:									
Baltimore	773,580	0	10	0	1	0	0	0	9
Cumberland	32,361	0	0	0	0	1	0	0	0
Frederick	11,301	0	0	0	0	0	0	0	0
District of Columbia:									
Washington	1,437,571	0	4	4	0	0	9	0	6
Virginia:									
Lynchburg	30,277	0	0	1	0	0	0	1	0
Norfolk	159,089	0	1	0	0	0	0	1	2
Richmond	181,044	0	2	1	0	0	7	1	3
Roanoke	55,502	0	1	2	0	0	3	0	0
West Virginia:									
Charleston	45,597	0	1	0	0	0	3	0	1
Huntington	57,918	0	1	0	0	0	1	0	0
Wheeling	156,208	0	0	0	0	0	0	0	0
North Carolina:									
Raleigh	29,171	1	0	0	0	0	0	0	1
Wilmington	35,719	0	0	0	0	0	0	2	1
Winston-Salem	56,230	0	0	0	0	0	0	1	0
South Carolina:									
Charleston	71,245	1	0	0	0	0	0	0	0
Columbia	39,688	0	1	0	0	0	1	1	0
Greenville	25,789	0	1	0	0	0	0	1	0
Georgia:									
Atlanta	222,963	1	2	2	2	0	0	1	3
Brunswick	15,937	0	0	0	0	0	0	0	0
Savannah	89,448	0	1	1	0	0	0	0	0
Florida:									
St. Petersburg	24,403	0	0	0	0	0	0	0	0
Tampa	56,050	0	0	0	0	0	0	0	1

¹ Population Jan. 1, 1920.

City reports for week ended July 25, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chick- en pox, cases re- ported	Diphtheria		Influenza		Meas- les, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
			Cases, esti- mated expec- tancy	Cases re- ported	Cases re- ported	Deaths re- ported			
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	57,877	0	1	0	0	0	0	0	1
Louisville.....	257,671	0	2	1	1	0	1	0	4
Tennessee:									
Memphis.....	170,067	0	1	1	-----	0	1	0	3
Nashville.....	121,128	0	1	0	-----	1	9	0	1
Alabama:									
Birmingham.....	195,901	0	1	0	0	0	0	0	2
Mobile.....	63,858	0	0	0	-----	0	0	0	0
Montgomery.....	45,383	0	0	0	-----	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	30,635	0	0	0	0	-----	0	2	0
Little Rock.....	70,916	0	0	2	1	-----	0	0	0
Louisiana:									
New Orleans.....	404,575	0	5	5	0	0	0	0	5
Shreveport.....	54,590	0	0	1	0	0	0	0	3
Oklahoma:									
Oklahoma.....	101,150	0	0	0	0	0	0	0	1
Texas:									
Dallas.....	177,274	0	2	1	-----	0	1	0	2
Galveston.....	46,877	0	1	1	-----	0	0	0	0
Houston.....	154,970	0	1	3	0	0	0	0	0
San Antonio.....	184,727	0	1	2	0	0	0	0	3
MOUNTAIN									
Montana:									
Billings.....	16,927	0	0	0	0	0	1	5	2
Great Falls.....	27,787	0	1	3	0	0	0	3	0
Helena.....	¹ 12,037	0	1	0	0	0	0	0	0
Missoula.....	¹ 12,668	0	0	0	0	0	0	0	0
Idaho:									
Boise.....	22,806	0	0	0	0	0	0	0	0
Colorado:									
Denver.....	272,031	2	7	5	0	1	2	9	4
Pueblo.....	43,519	0	1	2	0	0	0	0	0
New Mexico:									
Albuquerque.....	16,648	1	1	0	0	0	0	0	0
Arizona:									
Phoenix.....	33,899	0	-----	0	0	0	2	0	0
Utah:									
Salt Lake City.....	126,241	12	2	2	0	0	1	12	0
Nevada:									
Reno.....	12,429	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	¹ 315,685	6	4	0	0	-----	1	5	-----
Spokane.....	104,573	6	0	0	0	-----	0	0	-----
Tacoma.....	101,731	0	1	6	0	-----	0	0	1
California:									
Los Angeles.....	666,853	10	30	20	0	0	4	23	12
Sacramento.....	69,950	0	2	2	0	0	0	1	0
San Francisco.....	539,038	4	11	8	2	0	2	4	3

¹ Population Jan. 1, 1920.

City reports for week ended July 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	0	2	0	0	0	1	0	0	0	2	15
New Hampshire:											
Concord	0	0	0	0	0	1	0	0	0	0	8
Manchester	0	0	0	0	0	0	0	0	0	0	14
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	2	2
Burlington	0	0	0	0	0	6	0	0	0	0	12
Massachusetts:											
Boston	15	14	0	0	0	14	3	3	0	28	183
Fall River	1	1	0	0	0	3	1	1	0	1	32
Springfield	2	1	0	0	0	0	0	0	0	3	27
Worcester	2	0	0	0	0	1	1	0	1	7	37
Rhode Island:											
Pawtucket	1	0	0	2	0	0	0	0	0	0	22
Providence	3	4	0	0	0	3	0	2	0	2	47
Connecticut:											
Bridgeport	2	4	0	0	0	3	0	1	0	0	27
Hartford	1	2	0	0	0	3	1	1	0	6	36
New Haven	1	1	0	0	0	1	2	1	0	24	35
MIDDLE ATLANTIC											
New York:											
Buffalo	8	10	1	0	0	8	1	0	0	12	118
New York	44	21	1	0	0	189	27	34	3	110	1,036
Rochester	4	4	0	0	0	6	0	0	0	0	69
Syracuse	3	2	0	0	0	2	1	0	0	8	28
New Jersey:											
Camden	1	1	0	0	0	0	1	1	0	1	25
Newark	6	6	0	0	0	4	2	1	0	43	81
Trenton	0	0	1	0	0	1	1	0	0	0	29
Pennsylvania:											
Philadelphia	20	25	1	0	0	35	9	3	1	39	343
Pittsburgh	8	13	0	0	0	4	4	3	1	10	126
Reading	1	2	0	0	0	1	1	0	0	4	27
Scranton	1	0	0	0	0	3	0	1	0	3	
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	4	1	1	0	0	10	1	2	0	11	96
Cleveland	8	5	2	1	0	16	3	0	0	80	130
Columbus	2	2	0	3	0	2	1	0	0	7	59
Toledo	6	0	1	0	0	7	1	0	0	21	62
Indiana:											
Fort Wayne	0	3	0	0	0	0	0	0	0	2	16
Indianapolis	3	3	1	1	0	8	2	0	0	66	95
South Bend	1	0	1	0	0	0	0	0	0	0	21
Terre Haute	0	2	0	0	0	1	0	0	0	0	22
Illinois:											
Chicago	29	33	1	1	0	43	4	5	1	112	553
Cicero	0	0	0	0	0	0	0	0	0	0	
Springfield	0	1	0	0	0	0	0	0	0	0	17
Michigan:											
Detroit	23	26	4	0	0	19	5	4	1	107	228
Flint	1	3	1	0	0	0	1	0	0	4	14
Grand Rapids	2	4	1	0	0	0	0	0	0	0	13
Wisconsin:											
Madison	1	2	0	0	0	0	0	0	0	3	4
Milwaukee	14	2	2	1	0	5	1	0	0	46	79
Racine	1	2	1	0	0	0	0	0	0	13	10
Superior	1	1	1	4	0	2	0	0	0	0	7
WEST NORTH CENTRAL											
Minnesota:											
Duluth	1	6	2	0	0	3	1	0	0	7	17
Minneapolis	7	16	3	1	0	2	2	0	0	7	63
St. Paul	5	7	2	2	1	4	2	2	0	21	

1 Pulmonary tuberculosis only.

City reports for week ended July 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—con.											
Iowa:											
Davenport.....	1	0	0	1			0	1		0	
Des Moines.....	2	0	1	0			0	0		0	
Sioux City.....	1	1	0	0			0	0		0	
Waterloo.....	1	0	1	0			1	0		3	
Missouri:											
Kansas City.....	2	5	2	0	0	2	3	3	0	23	75
St. Joseph.....	0	0	0	0	0	3	1	0	0	1	24
St. Louis.....	6	17	1	1	0	9	6	8	0	24	206
North Dakota:											
Fargo.....	0	0	0				0				
Grand Forks.....	0	2	0	0			0	0		0	
South Dakota:											
Aberdeen.....	1	0	0	0	0	0	0	0	0	0	0
Sioux Falls.....	1	2	0	0	0	1	0	0	0	0	3
Nebraska:											
Lincoln.....	0	0	0	0	0	0	1	0	0	7	21
Omaha.....	1	1	2	2	0	3	1	0	0	4	54
Kansas:											
Topeka.....	1	2	1	0	0	0	1	4	0	3	8
Wichita.....	1	0	1	0	0	1	1	2	0	26	22
SOUTH ATLANTIC											
Delaware:											
Wilmington.....	0	0	0	0	0	0	1	0	0	3	22
Maryland:											
Baltimore.....	6		0		0	20	7		1		164
Cumberland.....	1	0	0	0	0	0	1	1	0	0	9
Frederick.....	0	0	0	0	0	1	0	0	0	0	3
District of Columbia:											
Washington.....	3	3	0	0	0	11	5	1	0	20	117
Virginia:											
Lynchburg.....	0	0	0	0	0	1	1	1	0	2	8
Norfolk.....	0	0	0	0	0	2	3	1	0	0	
Richmond.....	1	3	0	0	0	3	2	4	0	10	51
Roanoke.....	0	1	1	0	0	0	2	1	0	6	11
West Virginia:											
Charleston.....	0	0	0	1	0	0	2	1	0	5	15
Huntington.....	0	0	0	0	0	0	2	0	0	0	0
Wheeling.....	1	0	0	0	0	0	1	0	0	0	11
North Carolina:											
Raleigh.....	0	0	0	2	0	0	0	0	0	2	10
Wilmington.....	0	0	0	1	0	0	0	0	0	0	5
Winston-Salem.....	1	0	1	1	0	0	2	0	0	6	24
South Carolina:											
Charleston.....	0	0	0	0	0	2	2	1	0	0	25
Columbia.....	0	0	0	1	0	0	2	4	0	0	
Greenville.....	0	0	0	2	0	1	1	2	0	4	10
Georgia:											
Atlanta.....	1	0	3	0	0	5	3	2	0	4	48
Brunswick.....	0	0	0	0	0	0	1	0	0	0	2
Savannah.....	0	0	0	0	0	2	2	2	1	0	36
Florida:											
St. Petersburg.....	0	0	0	0	0	1	0	0	0	0	10
Tampa.....	0	0	0	0	0	0	0	1	1	0	26
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	0	0	1	0	0	2	0	0	0	0	15
Louisville.....	0	4	0	0	0	1	5	7	1	3	65
Tennessee:											
Memphis.....	0	0	0	7	0	2	4	10	4	29	58
Nashville.....	0	1	0	0	0	7	5	11	1	3	45
Alabama:											
Birmingham.....	1	0	1	0	0	6	4	0	0	0	39
Mobile.....	0	0	0	0	0	2	1	1	0	0	18
Montgomery.....	0	0	0	0	0	0	1	2	1	1	13

City reports for week ended July 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	0	0	0	0	0	1	0	1	0	
Little Rock.....	0	0	0	0	0	2	2	3	0	0	
Louisiana:											
New Orleans.....	0	5	0	0	0	13	4	18	5	9	139
Shreveport.....	0	0	0	0	0	1	0	6	0	0	29
Oklahoma:											
Oklahoma.....	0	0	0	0	0	2	2	3	1	1	29
Texas:											
Dallas.....	2	2	1	0	0	3	5	6	1	0	57
Galveston.....	0	0	0	0	0	0	1	2	0	0	10
Houston.....	0	0	0	1	0	3	1	0	0	0	35
San Antonio.....	0	0	0	0	0	3	1	2	1	0	63
MOUNTAIN											
Montana:											
Billings.....	0	0	0	0	0	0	0	0	0	0	5
Great Falls.....	0	4	0	0	0	1	0	0	0	6	6
Helena.....	0	0	0	0	0	0	0	0	0	0	7
Missoula.....	1	0	1	0	0	0	0	0	0	0	4
Idaho:											
Boise.....	0	0	1	0	0	0	0	0	0	1	4
Colorado:											
Denver.....	4	6	2	0	0	8	2	2	0	25	69
Pueblo.....	1	4	0	0	0	0	3	0	0	1	6
New Mexico:											
Albuquerque.....	0	0	0	0	0	2	0	1	0	3	5
Arizona:											
Phoenix.....	0	0	0	0	0	5	0	0	0	1	21
Utah:											
Salt Lake City.....	2	3	1	0	0	1	1	0	0	6	23
Nevada:											
Reno.....	0	0	0	0	0	0	0	0	0	0	0
PACIFIC											
Washington:											
Seattle.....	4	1	2	3	0	0	0	0	0	25	
Spokane.....	1	2	3	0	0	1	0	0	0	6	
Tacoma.....	1	0	1	3	0	3	1	0	0	5	28
Oregon:											
Portland.....	3	0	4	0	0	0	0	0	0	0	
Salem.....	0	0	0	0	0	0	0	0	0	0	
California:											
Los Angeles.....	6	8	1	16	0	17	4	6	1	49	203
Sacramento.....	1	0	0	0	0	3	2	3	0	0	21
San Francisco.....	5	5	1	1	0	11	2	1	0	3	115

Division, State and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)			Typhus fever	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths	Cases	Deaths
NEW ENGLAND											
Massachusetts:											
Boston.....	0	0	2	1	0	0	1	0	0	0	0
Rhode Island:											
Providence.....	0	0	0	0	0	0	1	1	0	0	0
MIDDLE ATLANTIC											
New York:											
Buffalo.....	0	1	0	0	0	0	0	0	0	0	0
New York City.....	2	1	2	2	0	0	5	16	5	0	0

City reports for week ended July 25, 1925—Continued

Division, State and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)			Typhus fever	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths	Cases	Deaths
MIDDLE ATLANTIC—continued											
New Jersey:											
Newark.....	0	0	0	0	0	0	0	1	0	0	0
Trenton.....	0	0	0	0	0	1	0	0	0	0	0
Pennsylvania:											
Philadelphia.....	0	0	0	1	0	1	1	1	0	0	0
Pittsburgh.....	0	0	0	0	0	0	0	3	0	0	0
EAST NORTH CENTRAL											
Ohio:											
Cleveland.....	0	0	1	0	0	0	1	1	0	0	0
Columbus.....	0	0	0	0	0	0	0	1	0	0	0
Illinois:											
Chicago.....	1	0	0	0	0	0	3	2	0	0	0
Michigan:											
Detroit.....	0	0	1	0	0	0	0	0	1	0	0
Wisconsin:											
Racine.....	1	1	0	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL											
Minnesota:											
Minneapolis.....	0	0	0	0	0	0	0	7	3	0	0
St. Paul.....	0	0	0	0	0	0	0	2	0	0	0
Missouri:											
Kansas City.....	2	2	0	0	0	0	0	7	2	0	0
St. Louis.....	0	1	0	0	0	0	0	0	0	0	0
Nebraska:											
Omaha.....	0	0	0	0	0	0	0	1	0	0	0
SOUTH ATLANTIC											
Maryland:											
Baltimore.....	0	0	0	1	0	0	1	0	0	0	0
Virginia:											
Lynchburg.....	0	0	0	0	1	1	0	0	0	0	0
Richmond.....	0	0	0	0	0	0	0	1	0	0	0
North Carolina:											
Winston-Salem.....	0	0	0	0	2	2	0	0	0	0	0
South Carolina:											
Charleston.....	0	0	0	0	0	1	0	1	0	0	0
Georgia:											
Atlanta.....	0	0	0	0	0	0	0	0	0	1	0
WEST SOUTH CENTRAL											
Louisiana:											
New Orleans.....	0	0	0	0	2	2	0	0	0	0	0
Texas:											
Dallas.....	0	0	0	0	2	1	0	0	0	0	0
San Antonio.....	0	0	0	0	0	1	0	0	1	0	0
PACIFIC											
California:											
Los Angeles.....	0	0	1	0	0	0	0	18	3	0	0
Sacramento.....	0	0	0	0	0	0	0	0	1	0	0
San Francisco.....	0	0	1	1	0	1	0	1	1	0	0

The following table gives the rates per hundred thousand population for 105 cities for the 10-week period ended July 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, May 17 to July 25, 1925—Annual rates per 100,000 population¹

DIPHTHERIA CASE RATES

	Week ended—									
	May 23	May 30	June 6	June 13	June 20	June 27	July 4	July 11	July 18	July 25
105 cities.....	153	² 149	158	120	119	³ 116	⁴ 93	⁵ 96	⁶ 79	⁷ 78
New England.....	127	114	129	94	97	127	117	62	62	62
Middle Atlantic.....	203	211	244	156	166	163	96	127	⁸ 97	91
East North Central.....	108	106	99	95	93	⁹ 84	¹⁰ 87	¹¹ 89	¹² 73	¹³ 68
West North Central.....	251	197	189	145	133	114	131	93	85	¹⁴ 107
South Atlantic.....	87	¹⁵ 77	91	57	51	73	41	55	26	¹⁶ 32
East South Central.....	40	11	11	11	6	34	6	23	11	11
West South Central.....	42	65	42	70	74	46	60	42	28	70
Mountain.....	134	143	76	181	191	105	181	105	124	115
Pacific.....	165	168	145	165	113	107	¹⁷ 145	125	99	104

MEASLES CASE RATES

105 cities.....	601	¹ 593	619	582	434	² 303	³ 228	⁴ 193	⁵ 158	⁶ 105
New England.....	1,051	867	872	892	634	407	350	283	261	216
Middle Atlantic.....	617	704	774	727	544	382	258	249	⁷ 197	128
East North Central.....	954	913	893	844	592	⁸ 404	⁹ 321	¹⁰ 225	¹¹ 191	¹² 119
West North Central.....	236	145	114	135	87	60	31	35	29	¹³ 19
South Atlantic.....	327	¹⁴ 256	410	297	349	278	262	211	148	¹⁵ 93
East South Central.....	337	217	132	212	114	132	97	120	80	63
West South Central.....	23	14	23	14	19	5	5	0	0	5
Mountain.....	181	248	38	95	76	95	38	57	29	38
Pacific.....	131	165	165	87	84	52	¹⁶ 37	41	64	20

SCARLET FEVER CASE RATES

105 cities.....	307	¹ 278	267	174	165	² 117	³ 96	⁴ 90	⁵ 61	⁶ 58
New England.....	350	211	266	179	142	107	112	147	80	72
Middle Atlantic.....	265	271	263	156	145	100	79	81	⁷ 46	43
East North Central.....	413	346	317	204	217	⁸ 157	⁹ 122	¹⁰ 97	¹¹ 67	¹² 67
West North Central.....	556	531	481	325	328	184	168	143	108	¹³ 124
South Atlantic.....	146	¹⁴ 122	130	61	61	45	59	45	47	¹⁵ 20
East South Central.....	246	183	126	160	160	91	74	126	80	29
West South Central.....	23	65	88	46	37	56	46	9	23	32
Mountain.....	324	410	334	277	143	210	105	153	86	162
Pacific.....	162	139	151	162	116	107	¹⁶ 71	52	61	46

SMALLPOX CASE RATES

105 cities.....	60	¹ 48	46	37	36	² 25	³ 14	⁴ 16	⁵ 15	⁶ 11
New England.....	0	0	0	0	0	0	0	2	2	5
Middle Atlantic.....	2	2	4	2	1	0	1	0	⁷ 1	0
East North Central.....	70	58	65	42	45	⁸ 20	⁹ 14	¹⁰ 12	¹¹ 10	¹² 8
West North Central.....	68	70	95	52	60	37	17	21	17	¹³ 13
South Atlantic.....	65	¹⁴ 110	39	22	30	18	10	24	8	¹⁵ 20
East South Central.....	440	423	114	297	200	132	63	80	46	40
West South Central.....	130	56	32	5	19	0	5	5	14	5
Mountain.....	29	57	38	29	19	29	29	19	19	0
Pacific.....	186	168	191	148	154	171	¹⁶ 89	102	119	67

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 Charleston, W. Va., not included. Report not received at time of going to press.

³ Cicero, Ill., not included.

⁴ Cicero, Ill., and Spokane, Wash., not included.

⁵ Camden, N. J., and Cicero, Ill., not included.

⁶ Cicero, Ill., Fargo, N. Dak., and Baltimore, Md., not included.

⁷ Camden, N. J., not included.

⁸ Fargo, N. Dak., not included.

⁹ Baltimore, Md., not included.

¹⁰ Spokane, Wash., not included.

Summary of weekly reports from cities, May 17 to July 25, 1925—Annual rates per 100,000 population—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	May 23	May 30	June 6	June 13	June 20	June 26	July 4	July 11	July 18	July 25
105 cities.....	19	16	25	28	22	27	35	35	38	35
New England.....	25	17	30	25	20	17	22	25	32	22
Middle Atlantic.....	19	9	26	17	14	18	15	17	26	21
East North Central.....	5	7	10	10	4	9	10	14	12	8
West North Central.....	4	10	8	25	12	10	21	44	44	40
South Atlantic.....	39	41	41	65	49	71	69	59	55	64
East South Central.....	74	51	40	120	80	91	200	177	223	177
West South Central.....	65	74	88	116	130	148	246	185	134	172
Mountain.....	19	10	76	48	38	0	10	29	19	48
Pacific.....	6	9	9	15	6	20	22	17	32	29

INFLUENZA DEATH RATES

105 cities.....	14	12	11	7	6	6	4	2	2	2
New England.....	5	7	2	5	2	7	2	0	0	0
Middle Atlantic.....	11	9	11	6	4	6	2	2	2	3
East North Central.....	12	14	10	7	7	6	5	2	3	3
West North Central.....	18	18	4	9	7	4	0	0	0	4
South Atlantic.....	6	12	6	4	6	2	6	0	4	4
East South Central.....	86	40	54	17	34	17	11	17	0	6
West South Central.....	24	31	5	20	10	10	10	10	10	0
Mountain.....	19	0	29	10	0	10	0	0	0	10
Pacific.....	25	8	12	4	4	4	4	0	4	0

PNEUMONIA DEATH RATES

105 cities.....	128	117	128	104	81	66	58	61	57	50
New England.....	119	114	72	117	62	60	45	45	50	52
Middle Atlantic.....	144	146	168	130	93	75	62	64	73	52
East North Central.....	125	119	114	89	81	42	45	59	47	40
West North Central.....	79	59	57	59	33	50	42	39	55	40
South Atlantic.....	134	157	146	122	77	96	75	67	51	55
East South Central.....	137	172	126	63	103	120	97	91	74	63
West South Central.....	84	76	66	87	92	76	61	61	76	66
Mountain.....	172	76	95	105	143	57	67	76	86	57
Pacific.....	135	82	131	49	65	53	82	74	45	65

² Charleston, W. Va., not included. Report not received at time of going to press.

³ Cicero, Ill., not included.

⁴ Cicero, Ill., and Spokane, Wash., not included.

⁵ Camden, N. J., and Cicero, Ill., not included.

⁶ Cicero, Ill., Fargo, N. Dak., and Baltimore, Md., not included.

⁷ Camden, N. J., not included.

⁸ Fargo, N. Dak., not included.

⁹ Baltimore, Md., not included.

¹⁰ Spokane, Wash., 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

CANADA

Communicable diseases—Ontario—June 28–July 25, 1925 (comparative).—During the four-week period ended July 25, 1925, communicable diseases were reported in the Province of Ontario, Canada, as follows:

Disease	June 28–July 25, 1925		June 29–July 26, 1924	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis.....		4	2	1
Chancroid.....	1			
Chicken pox.....	330		179	
Diphtheria.....	151	19	220	12
German measles.....	6		28	
Gonorrhoea.....	144		124	
Influenza.....		5		2
Lethargic encephalitis.....		10	1	1
Measles.....	642		1,645	8
Mumps.....	108		141	1
Pneumonia.....		77		68
Poliomyelitis.....	4			
Scarlet fever.....	252	3	267	3
Smallpox.....	8		7	
Syphilis.....	65		45	
Tuberculosis.....	158	82	137	60
Typhoid fever.....	57	3	77	4
Whooping cough.....	345	9	109	4

Smallpox distribution.—The eight cases of smallpox were reported in four municipalities, with three cases at Trenton and three at Arthur Village.

CUBA

Communicable diseases—Provinces—May, 1925.—Cases of diseases were notified in the Provinces of Cuba for the month of May, 1925, as follows:

Disease	Pinar del Rio	Havana	Matanzas	Santa Clara	Camaguey	Oriente	Total
Cerebrospinal meningitis.....		5					5
Chicken pox.....		25		4	5	3	37
Diphtheria.....		25		1			26
Malaria.....		22		1	11	365	399
Measles.....	16	279	9	10	5	5	324
Paratyphoid fever.....	6	13	8	4			31
Scarlet fever.....		13					13
Typhoid fever.....	9	47	36	48	16	11	167

ECUADOR

Plague-infected rats found—Guayaquil—June 16–July 15, 1925.—The finding of plague-infected rats at Guayaquil has been reported as follows: June 16 to 30, 1925—rats taken, 9,380; found infected, 17; July 1 to 15, 1925—rats taken 9,926; found infected, 16.

EGYPT

Plague—Port Said—July 2-8, 1925—Summary, January to June, 1925, inclusive.—During the week ended July 8, 1925, three cases of plague with one death, occurring at Port Said, were reported in Egypt. From January to June, 1925, inclusive, 81 cases were reported in Egypt, as compared with 323 cases reported during the corresponding period of 1924.

LATVIA

Typhus fever—Libau—July 14-20, 1925.—During the week ended July 20, 1925, a case of typhus fever, occurring in the civilian population, was reported at Libau, Republic of Latvia. The infection was believed to have been imported from a village in the interior of the country.

RUSSIA

Plague—Reappearance in certain localities.—Information has been received under date of June 16, 1925, of outbreaks of plague in several localities in the Kalmyk District in southeastern Russia, with 10 reported cases and 8 deaths occurring between May 19 and 31. On June 6 and 7 two fatal cases were reported in the north Caucasus region.

A case of plague occurred May 25, 1925, at Urts, Province of Bukevsk, in the person of a physician who contracted the disease in laboratory work. The case terminated fatally May 29. A fatal case of plague was reported June 3 in a contact.

UNION OF SOUTH AFRICA

Plague—Malay Camp at Kimberley—June 14-20, 1925.—During the week ended June 20, 1925, a fatal case of plague was reported at Kimberley, Union of South Africa, in a Malay camp.

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 August 14, 1925¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
India:				
Rangoon.....	June 14-20.....	6	5	
Indo-China:				
Saigon.....	June 1-7.....	1		Including 100 square kilometers of surrounding country.
Siam:				
Bangkok.....	May 31-June 6....	1		

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

**CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW
FEVER—Continued**
Reports Received During Week Ended August 14, 1925—Continued
PLAGUE

Place	Date	Cases	Deaths	Remarks
Ecuador:				
Guayaquil				June 16-30, 1925: Rats taken, 9,380; rats found infected, 17.
Egypt				July 1-15, 1925: Rats taken, 9,926; rats found infected, 16.
Port Said	July 2-8	3	1	July 2-8, 1925: Cases, 3; one death. Total, January 1 to June 30, 1925—cases, 81; corresponding period, 1924—cases, 323.
India:				
Rangoon	June 14-20	15	15	
Iraq:				
Bagdad	May 31-June 6	6		May 17-23, 1925: One case.
Mauritius				April, 1925: One case, one death.
Russia:				
Kalmyk District	May 19-31	10	8	
North Caucasus	June 6-7	2	2	
Urts	May 25-June 3	2	2	In laboratory worker and contact. Locality, Province of Bukceevsk.
Siam:				
Bangkok	May 31-June 13	5	4	
Union of South Africa:				
Kimberley	June 14-20	1	1	In a Malay camp.

SMALLPOX

Brazil:				
Bahia	June 28-July 4	2		
Porto Alegre	June 14-20		1	
Rio de Janeiro	June 21-27	4		
Canada:				
Ontario	June 28-July 25	8		
China:				Present.
Amoy	do			Do.
Antung	June 29-July 5	1		Stated to be endemic.
Canton	June 6-13			Do.
Swatow	June 7-20			Do.
Do.	June 28-July 4			
Great Britain:				
England and Wales	July 12-18	90		
Newcastle	do	4		
Greece:				
Athens	June 24-30	27	3	
India:				
Rangoon	June 14-20	17	8	
Japan:				
Nagasaki	July 6-12	1		
Mexico:				
Guadalajara	July 21-27	2		
Mexico City	July 5-11	3		
Tampico	July 11-20	1		
Portugal:				
Lisbon	June 28-July 11	8	6	
Siam:				
Bangkok	May 31-June 13	8	7	
Spain:				
Malaga	July 5-11		3	
Tunis:				
Tunis	July 8-14	1		

TYPHUS FEVER

Latvia:				
Libau	July 14-20	1		
Mexico:				
Mexico City	July 5-11	6		
Portugal:				
Oporto	do	1		
Tunis:				
Tunis	July 8-14	4	1	
Union of South Africa:				
Cape Province	June 6-13			Outbreaks.
Orange Free State	do			Do.
Transvaal	do			Do.

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

Reports Received During Week Ended August 14, 1925—Continued

YELLOW FEVER

Place	Date	Cases	Deaths	Remarks
Gold Coast.....	Apr. 1-30.....	1		
Ivory Coast:				
Lahou.....	June 1-10.....	1	1	
Nigeria:				
Ibadan.....	Apr. 24-30.....	1		
Lagos.....	Apr. 29-May 5.....	4	1	

Reports Received from June 27 to August 7, 1925¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers.....	May 11-20.....	1		
Ceylon:				
Colombo.....	May 10-16.....	2	2	Jan. 25-May 2, 1925: Cases, 57; deaths, 43.
India:				
Bombay.....	May 10-16.....	1	1	Apr. 26-May 30, 1925: Cases, 26,273; deaths, 16,115.
Calcutta.....	May 3-9.....	58	49	
Do.....	May 17-23.....	79	61	
Madras.....	June 6-20.....	4	1	
Rangoon.....	May 3-June 6.....	22	15	Feb. 8-14, 1925: Cases, 2; deaths, 2. Received out of date.
Indo-China:				
Saigon.....	May 4-31.....	3	3	
Philippine Islands:				
Albay—				
Tabaco.....	June 14-20.....	1	1	
Camarines Sur—				
Lagonoy.....	June 6-12.....	2	1	
Manila.....	June 15-28.....	3		
Siam:				
Bangkok.....	Apr. 29-May 30.....	7	3	
Turkey:				
Constantinople.....	May 16-22.....	1		

PLAGUE

Brazil:				
Bahia.....	May 3-June 13.....	5	4	
British East Africa:				
Uganda.....	Feb. 1-28.....	28	28	
Ceylon:				
Colombo.....	May 10-June 30.....	10	10	
China:				
Foochow.....	May 24-31.....			Reported present in epidemic form.
Ecuador:				
Guayaquil.....	June 1-15.....	1	1	May 16-June 15, 1925: Rats examined, 20,967; found infected, 78.
Egypt.....				Jan. 1-July 1, 1925: Cases, 78. Corresponding period 1924—cases, 320.
City—				
Alexandria.....	June 17.....	1	1	Bubonic.
Port Said.....	June 17-30.....	3	2	
Suez.....	June 14-27.....	3	2	
Province—				Do.
Assiout.....	June 5.....	1	1	
Beni Souef.....	June 10-16.....	6	4	
Charkieh.....	June 6-8.....	1	1	
Kena.....	June 17.....	1	1	
Minia.....	June 6-17.....	3	2	
Gold Coast.....	Mar.-Apr.....	3	3	
Hawaii:				
Honokaa.....				June 28, 1925: Plague-infected rat trapped at Honokaa Plantation.

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

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from June 27 to August 7, 1925—Continued
PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
India				Apr. 26-May 30, 1925: Cases, 22,405; deaths, 18,356.
Bombay	Apr. 26-June 13	56	51	
Calcutta	May 30-June 6	1	1	
Karachi	May 18-June 6	4	3	
Madras	May 10-June 30	5	3	
Rangoon	May 3-June 13	80	65	Feb. 8-14, 1925: Cases, 13; deaths, 13. (Received out of date.)
Indo-China:				
Cochin-China—				
Saigon	Apr. 20-May 31	2	2	Including 100 square kilometers of surrounding country.
Iraq:				
Bagdad	May 24-30	2		
Java:				
Batavia	May 6-June 12	25	25	
Cheribon	Apr. 2-May 16		54	
Paseroean Residency	Mar. 7-May 25			
Pekalongan	Apr. 9-May 16		60	
Soerabaya	May 27	3	3	
Soerakarta Residency	May 28			Epidemic at Kalidgambe.
Tegal	Apr. 2-16		36	
Madagascar:				
Province—				
Itasy	Apr. 1-15	1	1	
Tananarive	Apr. 1-May 31	199	171	
Town—				
Tamatave (port)	Apr. 1-15	2		
Tananarive Town	Apr. 16-May 31	5	5	
Nigeria	Dec. 1924	17	13	
Do	Jan. 1925	10	6	
Siam:				
Bangkok	Apr. 26-May 30	6	5	
Straits Settlements:				
Singapore	May 3-30	9	9	
Turkey:				
Constantinople	May 25-31	1		

SMALLPOX

Algeria:				
Algiers	May 1-June 30	43	2	
Brazil:				
Pernambuco	Apr. 26-May 30	40	21	
Rio de Janeiro	May 9-June 20	1	1	
British East Africa:				
Kenya—				
Mombasa	Apr. 19-May 23	21	9	
Nairobi	May 3-9	3	2	
Tanganyika Territory	Apr. 5-May 9	22	6	
Uganda	Feb. 1-28	2		
British South Africa:				
Northern Rhodesia	Apr. 28-May 4	3		
Canada:				
British Columbia—				
Vancouver	June 1-28	7		
Do	July 6-12	3		
New Brunswick—				
Restigouche County	June 1-30	1		
Ontario:				
Galt	June 14-20	2		
Kingston	do	1		
Saskatchewan—				
Regina	May 24-30	3		
China:				
Amoy	May 17-June 30		7	
Antung	May 11-June 21	4		
Canton	May 10-June 6			Present.
Chungking	May 3-30			Widespread.
Foochow	May 9-June 20			Present.
Hongkong	Apr. 19-May 23	13	12	
Manchuria—				
Dairen	Apr. 13-June 7	107	16	
Harbin	May 13-June 2	2		
Nanking	May 9-June 27			Do.
Shanghai	May 3-June 6	5	2	
Swatow	May 17-June 6			Stated to be endemic.
Tientsin	May 9-June 6	3		

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

Reports Received from June 27 to August 7, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Chosen:				
Seoul	May 1-31	1		
Egypt:				
Alexandria	May 21-27	1	1	
Cairo	Mar. 19-May 22	2		
France:				
Paris	May 21-31	1		February-April, 1925: Cases, 59.
Gold Coast:				
				January-April, 1925: Cases, 367, deaths, 29.
Great Britain:				
England and Wales				
				May 24-June 27, 1925: Cases, 441; June 28-July 11, 1925: cases, 153;
Birmingham	June 7-13	1		
Cardiff	June 14-20	1		
Newcastle-on-Tyne	May 31-June 27	4		
Do	June 29-July 11	3		
Greece:				
Athens	May 1-31		2	January-April, 1925: Cases, 44; deaths, 8.
India:				
Bombay	Apr. 26-June 13	137	100	
Calcutta	May 3-9	109	100	Apr. 26-May 30, 1925: Cases, 24, 401; deaths, 6,054.
Do	May 17-23	75	61	
Do	May 31-June 13	68	62	
Karachi	May 18-June 13	5	1	
Madras	May 18-June 27	152	66	
Rangoon	May 3-June 13	181	86	
Indo-China:				
Cochin-China—				
Saigon	Apr. 20-May 21	13	9	Including 100 square kilometers of surrounding country.
Iraq:				
Bagdad	Apr. 26-May 2	3		Jan. 11-May 2, 1925: Cases, 116; deaths, 43.
Italy	Dec. 28-Apr. 18	44		
Jamaica:				
Kingston	Apr. 26-June 27	19		Apr. 26-June 27, 1925: Cases, 110; (reported as alastrim). Reported as alastrim.
Japan:				
Kobe	May 24-June 27	2		
Nagasaki	May 15-21	2		
Yokohama	May 25-31	1		
Java:				
Batavia	May 2-8	1		Province.
Brebes	Apr. 22-28	1		
Cheribon	Apr. 16-22		1	
Pekalongan	Apr. 2-8	1		
Rembang Residency	Apr. 23			Epidemic at Kawedanan.
Soerabaya	Apr. 16-May 27	201	20	
South Bantam	Apr. 16-22	1		
Tegal	Mar. 29-May 2	2	1	
Malta	June 1-30	9		
Mexico:				
Durango	June 1-30		11	
Guadalajara	June 2-29		10	
Do	June 30-July 20		9	
Mexico City	May 24-June 27	12		Including municipalities in Federal district.
Tampico	June 1-10		1	
Do	July 1-10	2	1	
Morocco:				
Tangier	May 17-June 5			Present among natives.
Nigeria:				
Do				December, 1924: Cases, 40; deaths, 16. January-February, 1925: Cases, 421; deaths, 11.
Persia:				
Teheran	Mar. 21-Apr. 21		11	
Poland:				
				Mar. 1-Apr. 4, 1925: Cases, 19.
Portugal:				
Lisbon	Apr. 26-June 27	36	6	
Oporto	June 14-20	1		
Russia:				
				December, 1924: Cases, 880. January-February, 1925: Cases, 1,355.
Siam:				
Bankok	Apr. 26-May 30	16	10	
Spain:				
Malaga	May 24-June 20		15	
Valencia	May 31-June 27	3	1	

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

Reports Received from June 27 to August 7, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Straits Settlements:				
Singapore.....	May 17-23.....	1		
Switzerland:				
Berne.....	June 7-13.....	1		
Syria:				
Beirut.....	Apr. 21-30.....	1		
Tripoli.....				Jan. 3-Mar. 4, 1925: Cases, 8.
Tunis:				
Tunis.....	May 6-June 30.....		46	
Do.....	July 1-7.....		8	
Turkey:				
Constantinople.....	May 16-22.....	2		
Union of South Africa:				
Cape Province.....	May 24-30.....			Outbreaks.
Port Elizabeth.....	Apr. 18-25.....	8	1	
Transvaal.....	May 3-June 6.....			Do.
Uruguay.....				December, 1924: Cases, 8.

TYPHUS FEVER

Algeria:				
Algiers.....	May 11-20.....	6	2	In vicinity, 12 cases. Isolated. November-December, 1924: 1 case. January-March, 1925: Cases, 36; deaths, 2.
Bulgaria:				
Sofia.....	May 28-June 3.....	2		
Chile:				
Valparaiso.....	May 10-16.....		1	
China:				
Manchuria— Harbin.....	May 19-June 2.....	2		April, 1925: 1 case.
Czechoslovakia:				
Egypt:				
Alexandria.....	May 7-June 3.....	3	1	
Cairo.....	Mar. 26-Apr. 22.....	5	4	
Port Said.....	May 14-20.....	1	1	
Estonia:				
Greece:				
Athens.....	May 1-31.....		2	Apr. 1-30, 1925: Cases, 4. January-April, 1925: Cases, 52; deaths, 6.
Latvia:				
Mexico:				
Mexico City.....	May 24-June 6.....	24		Including municipalities in Federal district.
Do.....	June 28-July 4.....	9		
San Luis Potosi.....	July 26-July 4.....		1	January-April, 1925: Cases, 290.
Morocco:				
Palestine:				
Jaffa District.....	June 2-8.....	2		
Majdal.....	May 26-June 8.....	3		
Ramleh.....	May 19-25.....	1		
Safad.....	June 9-15.....	1		
Peru:				
Arequipa.....	Apr. 1-30.....		2	
Poland.....				
				Mar. 1-Apr. 11, 1925: Cases, 1,195; deaths, 74.
Portugal:				
Oporto.....	May 31-June 6.....	1		
Rumania:				
Constantza.....	May 1-31.....	1		
Russia.....				
				December, 1924: Cases, 4, 227. January-February, 1925: Cases, 9,721.
Spain:				
Valencia.....	June 7-13.....		1	
Tunis:				
Tunis.....	May 21-June 17.....	16	8	
Turkey:				
Constantinople.....	May 11-31.....	7	2	
Union of South Africa:				
Cape Province.....	Apr. 19-June 6.....			Outbreaks.
Natal.....	May 3-9.....			Do.
Durban.....	Feb. 1-May 9.....	14		European.
Orange Free State.....	Feb. 1-May 30.....			Outbreaks.
Transvaal.....	do.....			Do.
Yugoslavia:				
Zagreb.....	May 8-21.....	7	1	