

PUBLIC HEALTH REPORTS

VOL. 40

AUGUST 21, 1925

No. 34

INTERNATIONAL HEALTH ORGANIZATIONS

By BROCK C. HAMPTON, Assistant Editor, United States Public Health Service

International congresses and conferences on various subjects pertaining to health, and having representation from various countries of the world, have been held at more or less irregular intervals for a great many years. These conferences have been forerunners of, and have led up to, two important international health bureaus of to-day—the Office International d'Hygiène Publique, at Paris, and the Pan American Sanitary Bureau of the American Republics. A third international health organization, the Health Organization of the League of Nations, is of more recent origin, having come into existence since the formation of the League following the World War.

International congresses on hygiene and demography have been held from time to time since 1852, in which year the first congress was held in Brussels. The last such congress (fifteenth) to be convened was held in Washington, D. C., in 1912. The purpose of these congresses was "to promote the knowledge and practice of hygiene and demography," the division of hygiene including, among the subjects of international importance, the control of communicable diseases, State and municipal hygiene, relation of traffic and transportation to health, and military, naval, and tropical hygiene. A permanent international commission was created which, to date, has met only once—at Washington in 1912. These congresses were interrupted by the World War and have never since been resumed.

In 1851 an international sanitary conference was held in Paris, and another in 1859. Succeeding conferences were held as follows: In Constantinople in 1866; in Vienna in 1874; in Washington, D. C., in 1881; in Rome in 1885; in Venice in 1892; in Dresden in 1893; in Paris in 1894; in Venice in 1897; in Paris in 1903; in Washington, D. C., in 1905; and in Paris in 1912.

The conference of 1881, held in Washington, was called by the United States Government, which invited the maritime powers to meet for the purpose of considering an international system of notification as to the actual sanitary condition of ports and places under the jurisdiction of such powers. Later, similar conferences had for their purpose the formulation of international sanitary regulations, and conventions pertaining to such regulations were signed at Venice in 1897, and in Paris in 1903, and again in 1912.

The Paris conference of 1903 was proposed by the Italian Government for the purpose of condensing in one text the then existing conventions, with such modifications as the progress of science, the interests of commerce, and the requirements of public health should dictate. It was at this conference that assent was given (article 181) for the creation of an international sanitary bureau at Paris; and it was agreed that the French Government should, when it judged opportune, submit propositions to this effect through diplomatic channels.

THE OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE

In accordance with the above-mentioned article of the Convention of 1903, the agreement between the powers creating the Office International d'Hygiène Publique, at Paris, was signed at Rome, December 9, 1907, and provision was made for headquarters, funds, personnel, for the issuing of a monthly bulletin, for internal regulation, and for a permanent committee of the Office which should meet at least once a year. This was the first official world-wide international organization for public health.

Following is the agreement, together with the organic by-laws:

ARRANGEMENT

The Governments of Belgium, Spain, the United States, the French Republic, Great Britain and Ireland, Italy, the Netherlands, Portugal, Russia, Switzerland, and the Government of His Highness the Khedive of Egypt, deeming it expedient to organize the International Office of Public Hygiene, referred to in the Paris Sanitary Convention of December 3, 1903, have resolved to conclude an arrangement to that effect and agreed upon the following:

ARTICLE I

The high contracting parties engage to found and maintain an international office of public hygiene with headquarters at Paris.

ARTICLE II

The office will perform its functions under the authority and supervision of a committee composed of delegates of the contracting Governments. The membership and rights and duties of the committee, as well as the organization and powers of the said office, are determined by the organic by-laws which are annexed to the present arrangement and are considered as forming an integral part thereof.

ARTICLE III

The costs of installation, as well as the annual expenses for the conduct and maintenance of the office, shall be covered by the quotas of the contracting States determined in accordance with the provisions of the by-laws referred to in Article II.

ARTICLE IV

The sums representing the quotas of the several contracting States shall be deposited by the said States through the Ministry of Foreign Affairs of the French Republic, at the beginning of every year in the "Caisse des dépôts et consignations" at Paris, from which they shall be drawn as needed against warrants of the director of the office.

ARTICLE V

The high contracting parties reserve the right to make, by joint agreement, in the present arrangement any change of which the usefulness shall have been demonstrated by experience.

ARTICLE VI

Governments that have not signed the present arrangement are, on their request, admitted to adhere thereto. Their adhesion shall be notified, through the diplomatic channel, to the Royal Government of Italy, and, by the latter, to the other contracting Governments; it will imply a pledge to contribute to the payment of the expenses of the office in the manner referred to in Article III.

ARTICLE VII

The present arrangement shall be ratified and the ratifications shall be deposited at Rome as soon as possible; it shall be put into operation from the date on which the deposit of ratification shall have been effected.

ARTICLE VIII

The present arrangement is concluded for a term of seven years. At the expiration of that period, it shall continue in force for new periods of seven years between the States that shall not have notified, one year before the expiration of each period, their intention to terminate the effects so far as they are concerned.

In faith whereof the undersigned, duly empowered thereto, have drawn up the present arrangement to which they have affixed their seals.

Done at Rome, the ninth of December, one thousand nine hundred and seven, in one copy which shall remain deposited in the archives of the Royal Government of Italy, and duly certified copies thereof shall be delivered, through the diplomatic channel, to the contracting parties.

For Belgium:

E. BECO.
O. VELGHE.

For Brazil:

DR. LGYDIO DE SALLES GUERRA.
DR. HENRIQUE DE ROCHA LIMA.

For Spain:

MANUEL DE TOLOSA LATOUR.
PABLO SOLER.

For the United States:

A. M. LAUGHLIN.
R. S. REYNOLDS HITT.

For France:

CAMILLE BARRERE.
J. DE CAZOTTE.
ER. RONSSIN.

For Great Britain:

THEODORE THOMSON.
B. FRANKLIN.

For Italy:

ROCCO SANTOLIVIDO.
ADOLFO COTTA.

For the Netherlands:

H. DE WEEDE.

For Portugal:

M. DE CARVALHO E VASCONSELLOS.

For Russia:

BARON KORFF.

For Switzerland:

J. B. PIODA.

For Egypt:

IBRAHIM NEGUIB.
MARC ARMAND RUFFER.

ANNEX

Organic By-Laws of the International Office of Public Hygiene

ARTICLE I

There is established in Paris an international office of public hygiene under the States which accept participation in its operation.

ARTICLE II

The office can not in any way meddle in the administration of the several States.

It is independent of the authorities of the country in which it is placed.

It corresponds directly with the higher health authorities of the several countries and with the boards of health.¹

ARTICLE III

The Government of the French Republic shall, on the application of the international committee referred to in Article VI, take such steps as may be requisite to have the office recognized as an institution of public utility.

ARTICLE IV

The main object of the office is to collect and to bring to the knowledge of the participating States facts and documents of a general character concerning public health and especially regarding infectious diseases, notably the cholera, plague, and yellow fever, as well as the measures to check these diseases.

ARTICLE V

The Government shall inform the office of the measures taken by them toward the enforcement of the international sanitary conventions.

ARTICLE VI

The office is placed under the authority and supervision of an international committee consisting of technical representatives designated by the participating States in the proportion of one representative for each State.

Each State is allowed a number of votes inversely proportioned to the number of the class to which it belongs as regards its participation in the expenses of the office. (See Article XI.)

ARTICLE VII

The committee of the office meets periodically at least once a year; the length of its sessions is unlimited.

The members of the committee elect, by secret ballot, a chairman, whose term of office shall be three years.

ARTICLE VIII

The business of the office is conducted by a salaried staff, including:

A director.

A secretary general.

Such force as may be necessary to perform the work of the office.

The personnel of the office shall not be permitted to fill any other salaried office.

¹ It is understood that the phrase "boards of health" applies to the sanitary councils of Alexandria, Constantinople, Tangier, Teheran, and to any other councils that may be charged with the duty of enforcing international sanitary conventions.

The director and secretary general shall be appointed by the committee.

The director shall attend the meetings of the committee in an advisory capacity.

The appointment and dismissal of employees of all classes appertain to the director, and shall be reported by him to the committee.

ARTICLE IX

The information collected by the office shall be brought to the knowledge of the participant States by means of a bulletin or of special communications addressed to them either in regular course or at their request.

In addition, the office shall show periodically the results of its labors in official reports to be communicated to the participating Governments.

ARTICLE X

The bulletin, which shall be issued at least once a month, shall include especially:

1. The laws and general or local regulations promulgated in the several countries in regard to contagious diseases.
2. Information concerning the progress of infectious disease.
3. Information concerning the work done or measures taken toward the sanitation of localities.
4. Statistics concerning public health.
5. Notices of publications.

The official language of the office and bulletin shall be the French language. The committee may order parts of the bulletin to be published in other languages.

ARTICLE XI

The expenses necessary for the performance of the duties of the office, estimated at 150,000 francs per annum, shall be defrayed by the States signatory to the convention, their quotas being determined according to the following classes:

First class, Brazil, Spain, the United States, France, Great Britain, British India, Italy, Russia, at the rate of 25 units.

Second class, at the rate of 20 units.

Third class, Belgium, Egypt, the Netherlands, at the rate of 15 units.

Fourth class, Switzerland, at the rate of 10 units.

Fifth class, at the rate of 5 units.

Sixth class, at the rate of 3 units.

This sum of 150,000 francs can not be exceeded except by consent of the signatory powers.

Every State is at liberty to have itself entered into a higher class at some future time.

The States that may hereafter adhere to the convention shall select the class in which they wish to be entered.

ARTICLE XII

A sum intended to form a reserve fund shall be taken from the annual resources. The total sum of said reserve, which can not exceed the amount of the annual budget, shall be invested in first-class State securities.

ARTICLE XIII

The members of the committee shall receive, out of the working funds of the office, an allowance for traveling and other expenses. They shall also receive an attendance counter for each meeting which they attend.

ARTICLE XIV

The committee shall fix the amount to be set aside annually from its budget for a fund intended to secure a retirement pension for the office force.

ARTICLE XV

The committee shall draw up its annual estimates and shall approve the account of expenditures. It shall make the organic regulations governing the personnel, as well as all the arrangements necessary for the performance of the duties of the office.

The regulations as well as the arrangements shall be reported by the committee to the participant States and can not be modified without their assent.

ARTICLE XVI

A statement of the financial management of the office shall be submitted annually to the participant States at the close of the fiscal year.

For Belgium:

E. BECO.
O. VELGHE.

For Brazil:

SR. EGYDIO DE SALLES GUERRA.
DR. HENRIQUE DE ROCHA LIMA.

For Spain:

MANUEL DE TOLOSA LATOUR.
PABLO SOLER.

For the United States:

A. M. LAUGHLIN.
R. S. REYNOLDS HITT.

For France:

CAMILLE BARRERE.
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ER. RONSSIN.

For Great Britain:

THEODORE THOMSON.
B. FRANKLIN.

For Italy:

ROCCO SANTOLIVUDDO.
ADOLFO COTTA.

For the Netherlands:

H. DE WEEDE.

For Portugal:

M. DE CARVALHO E VASCONCELLOS.

For Russia:

BARON KORFF.

For Switzerland:

J. B. PIODA.

For Egypt:

IBRAHIM NEGUIB.
MARC ARMAND RUFER.

Twelve nations ratified the agreement, but many other nations have adhered since the original ratifications, and on January 1, 1925, the following 41 countries (including dominions, colonies, and protectorates) were participating in the work of the office:

Algeria.	French Africa.	Poland.
Argentine Republic.	French Indo-China.	Portugal.
Australia.	Great Britain.	Rumania.
Belgium.	Greece.	Russia.
Bolivia.	Italy.	Serbs, Croats, and
Brazil.	Japan.	Slovenes (Kingdom of).
British India.	Madagascar.	Spain.
Bulgaria.	Mexico.	Sweden.
Canada.	Morocco.	Switzerland.
Chile.	Monaco (Principality of).	Tunis.
Czechoslovakia.	Netherlands.	Turkey.
Denmark.	Norway.	United States of America.
Egypt.	Peru.	Uruguay.
France	Persia.	

Article 4 of the organic by-laws specifically states the principal purpose of the International Office, which is "to collect and to bring to the knowledge of the participating States, facts and documents of a general character concerning public health, and especially regarding infectious diseases, notably the cholera, plague, and yellow fever, as well as the measures to check these diseases." Definite rules of procedure were adopted for the reporting of the appearance of cholera and for the treatment of vessels and passengers from infected places. These rules of procedure were later ratified by the signatory Governments and (until denounced) assume the force of international treaties; and at the conference of 1912, in Paris, even more extensive agreements were adopted regarding international health and quarantine measures and procedures.

The Permanent Committee, which is composed of representatives designated by the participating countries—one representative for each country—controls the work of the Office, and has usually held two meetings each year—one in April and the other in October. At the fall meeting the budget is made and instructions regarding administration outside of the sessions are given to the president, who is appointed for three years. The director and an assistant director constitute the permanent personnel. The Office is maintained by the contributions of each participating State, the contributions originally varying in amount, according to the schedule comprising six classes (Article XI, by-laws), from 3,125 francs to 20,000 francs per year (apportionment increased at October–November session of the permanent committee).

WORK OF THE PERMANENT COMMITTEE

The first session of the committee was held April 6, 1909, and regular sessions continued to be held until the meeting in April, 1914, up to which date nine regular sessions had been convened. The World War interrupted the work of the committee, and no sessions were held between April, 1914, and June, 1919. At the latter date an extraordinary session was called. Following is a brief résumé of the more important work and resolutions of the committee up to 1914:

Plague.—The session of October, 1909, considered a report upon the methods employed for the destruction of rodents and their parasites. This report was discussed in the session of April, 1910, at which time the committee adopted resolutions (1) that the destruction of rats in ports and on vessels should be a matter of first importance among prophylactic measures; (2) that buildings in maritime ports should be made rat proof; (3) that each port should provide for prompt bacteriological examination of all rats caught or found dead; (4) that these resolutions should be included in the international sanitary conventions in the form of recommendations; (5) that the deratization of vessels before their departure from a contaminated port should also be recommended; (6) that where deratization of a potential plague vessel is judged necessary at port of arrival, the process employed should be one that destroys fleas as well as rats.

At the session of April, 1914, the committee took up the question of periodic deratization of vessels and proposed to assemble the various laws and regulations on the deratization of national and foreign vessels which call at the ports of the various participating countries.

Cholera, plague, and yellow fever.—In the extraordinary session of March, 1911, the committee made inquiry into the progress of science in the prevention of cholera, plague, and yellow fever made since the convention of 1903, and the conclusions and general suggestions were presented at the International Sanitary Conference at Paris, November 7, 1911, to January 17, 1912. The committee, using the report of the commission of bacteriologists charged with the study of bacteriologic technique as a basis of its study, concluded that to that date no new scientific study had modified the recommendations of the committee regarding the prophylaxis of cholera, plague, and yellow fever.

Serums.—The session of October, 1910, considered the international standardization of vaccines, serums, and biologic products, at which time it was decided to deal with antidiphtheritic serum only. The attention of the participating nations was called to the matter, and studies were undertaken to determine a basis for standardization.

Water supplies.—At the session of April, 1912, the committee took up the subject of the purification of water supplies and the disposition of industrial wastes, and instituted a study of the various methods. It made recommendations regarding the supervision of water supplies and emphasized the necessity for making constant examinations of the water from its source to final delivery to consumer. It concluded that where a source served many communities, protection of the public health would be best subserved by placing the supervision of examination and control in the State.

At the October session of 1912, a study was undertaken of waters carrying industrial wastes.

In 1910, the committee recommended the disinfection of water ballast taken from localities infected or suspected of being infected with cholera; and the Sanitary Conference of 1911–1912 inserted this recommendation in the Sanitary Convention for ratification.

Tuberculosis.—At the sessions of April and October, 1913, the committee took up the study of the relation of bovine to human tuberculosis and the measures taken in the various countries to combat the former. The laws of the different countries relative to these measures were published in the procès-verbal of the April, 1914, session. A resolution was adopted setting forth that the fight against tuberculosis could be made effective only where cases and deaths were properly reported.

Typhoid fever.—At the session of April, 1914, the question of antityphoid vaccination was presented, and, after a thorough consideration of the reports of the various countries and of army experiences, a resolution was adopted which, in effect, stated that since laboratory studies and practical experience had proved its efficacy, typhoid vaccination deserved to be recommended as a prophylactic measure. Before being recommended for universal application as in the case of smallpox vaccination, it recommended the consideration of the following questions: (1) Duration of immunity; (2) contraindications; (3) dangers of spread among nonvaccinated by vaccinated persons contracting light cases; and (4) questions of technique. It was recommended that wherever antityphoid vaccination should be adopted, accurate records be kept of the results.

Malta fever.—A study of Malta fever was inaugurated at the October, 1913, session, and a detailed report was published in the Proceedings of the April, 1914, session. This report dealt with the geographic distribution of the disease, a special study of its occurrence in Portugal being presented, together with information regarding the condition of the goats of that country and the sanitary and prophylactic measures employed. The data contained in this report were augmented by reports furnished by Spain, Italy, Algeria, and Tunis.

Trachoma.—At the sessions of April, 1910, and October, 1912, the committee assembled the results of a study of prophylactic measures as regards trachoma, and issued appropriate instructions and advice for immigrant hotels and all persons coming in contact with the infection.

Leprosy.—At the session of April, 1914, the subject of leprosy was discussed, especially the means of contagion, the actual foci, the methods of combating the disease, and the control measures applied by the various countries. Resolutions were passed, in substance, (1) that investigation revealed no new foci in Europe outside the countries in which old foci have existed for a long time; (2) that the situation in Europe in regard to leprosy was not alarming; (3) that, nevertheless, the persistence of old foci and the increase in the amount of travel made control of leprosy important; and (4) that the control measures employed are obligatory notification, special observation, isolation, and the exclusion of foreign lepers.

Other inquiries undertaken during the first five years of the International Office of Public Hygiene include a study of frozen foods (April, 1914, Proceedings), the rôle of insect carriers in the transmission of disease and eradicated measures employed by the various countries (April, 1913, Proceedings), and a study of the methods of combating venereal diseases based on a detailed questionnaire concerning the laws, regulations, and methods of prophylaxis sent to the participating countries. The results of this inquiry were published in the Proceedings of April, 1914.

On June 3, 1919, the committee met in extraordinary session and resumed its work interrupted during the World War. At that session Dr. Cazotte, director of the Office, presented a résumé of the activities of the office from the time of its creation. Mr. Velghe, of Belgium, was chosen chairman of the committee.

A review of the proceedings of this session and the subsequent sessions shows a continuation of the work interrupted during the war—an interchange of reports on various subjects of international importance in the field of public health, especially the health conditions of the various countries, the sanitary measures taken by the respective Governments, new methods of prophylaxis and treatment, special reports on epidemiological and other investigations, and resolutions and recommendations based on this exchange of sanitary information. The subjects of the reports and discussions include the communicable diseases that are important from an international health standpoint, preventive measures employed, laws and regulations, etc. Following are, briefly, some of the other matters taken up by the committee:

June, 1919.—A proposal was adopted to begin revision of the sanitary convention of Paris of 1912 (not then ratified). A committee

was appointed to draw up a questionnaire to be used in an inquiry regarding influenza. Voted to have the Office placed under the direction of the League of Nations.

October–November, 1919.—Reports were submitted from the various countries on the influenza questionnaire, dealing especially with the origin and epidemiology of influenza and the prophylactic measures employed.

A resolution was adopted recommending early treatment of the venereal diseases, and recommending that free treatment be made accessible to all infected persons; that, from the standpoint of prophylaxis, these diseases should be treated as other dangerous communicable diseases, applying the general rules of prevention, obligatory notification, obligatory treatment, penalty for transmitting the disease to others, and requiring a certificate before marriage. It was recommended, however, that laws and regulations should be preceded by an educational period.

Owing to the diminished purchasing power of the franc, the committee found it necessary to increase the financial quotas of the various Governments contributing to the expenses of the Office. This new apportionment went into effect during the year 1919–1920.

April, 1920.—Discussed the necessity for immediate publication of current sanitary information. Report was submitted on experiments on antituberculosis vaccination in Spain.

Adopted a resolution that the French Government consult the other Governments relative to the revision of the International Sanitary Convention of Paris of 1912.

October, 1920.—Report was submitted of the ratification of the Sanitary Convention of Paris—the deposit of ratifications taking place with the Minister of Foreign Affairs of France on October 7, 1920. The convention was ratified by the following Governments: Belgium, Denmark, Ecuador, Egypt, France, Great Britain, Italy, the Netherlands, Norway, Persia, Portugal, Panama, Spain, Sweden, Switzerland, and the United States.

A memorandum was presented by the delegates of Great Britain submitting a revision of the Paris Sanitary Convention.

The committee adopted a proposal to increase the expense allowances of delegates not resident at Paris and increasing the salaries of the personnel of the International Office.

April–May, 1921.—Adopted proposals relative to obligatory notification of typhus fever, smallpox foci, and epidemic influenza. Recommended that all Governments institute rat-eradication measures at ports and communicate information regarding rat prevalence to the international office. Infected district was defined as one in which a nonimported case of plague or yellow fever occurs, or where cases of cholera constituting a focus occur. In event of the failure of

notification, Governments were instructed to request data through the International Office. Periodic deratization was recommended. At this session it was decided that the international office was not permitted by its by-laws to place itself under the direction of the League of Nations.

October, 1921.—A commission was designated for the study of international regulation of therapeutic serums, and the revision of certain sections of the International Sanitary Convention was considered, among which were the following:

Approved proposal to extend from 5 to 10 days the period of time which must elapse after a death from or a new case of plague or cholera before a district may be considered no longer contaminated.

Added to the category of potentially dangerous merchandise that which may be the means of carrying fleas, plague-infected rats, and infected *Stegomyia* mosquitoes, and proposed certain changes in the International Sanitary Convention of 1912 dealing with merchandise and disinfection. Included in designation of "infected vessel," a vessel "on board of which infected rats have been discovered following systematic search"; and included as "suspicious," a vessel on which there has been unusual mortality among rats. It was recommended that "suspicious" vessels as regards cholera should so remain until, in a suitably equipped port, measures provided for in the convention shall have been applied. To the category of uninfected vessels was added, " * * * and on board of which, following systematic search, neither plague-infected rats nor unusual rat mortality was discovered; or in case of unusual mortality, examination by experts shows the deaths not due to plague."

The period in which deratization by fumigation should be performed was reduced from 48 hours to 24 hours. Proposals were adopted regarding isolation of infected vessels; the period of observation of personnel was extended from 5 to 7 days; and obligatory periodic deratization was recommended.

May, 1922.—The standardization of bills of health was discussed, and reports on anthrax, deratization, influenza, and lethargic encephalitis were submitted. The revised draft of Title I (General Provisions)² of the International Sanitary Convention was concluded.

October–November, 1922.—Revised draft of Titles II and III of the International Sanitary Convention was concluded. (II. Special provisions applicable to oriental and Far Eastern countries; III. Provisions especially applicable to pilgrimages.) The revision was based on the report of a mission sent by the health committee of the League of Nations early in 1922 to study conditions in the Near East.

² Containing all the provisions relating to measures concerning prophylaxis of plague, cholera, and yellow fever.

The International Classification of Diseases, drawn up by an international conference in 1900, revised in 1909, and again revised in 1920, was approved, in its latest revision, by the committee and recommended to the signatory Governments. The subjects of toxic symptoms following administration of arsenobenzol derivatives and of therapeutic serums were discussed; and in the study of the latter question, collaboration with the health section of the League of Nations was decided upon. Other subjects considered at the session were standard bills of health; records of sanitary conditions *en voyage*; codes by means of which vessels, on arrival in port, can signal the sanitary conditions on board; the fight against alcohol and narcotics; child welfare; and epidemiological information.

May, 1923.—Proposals relative to the standardization of anti-diphtheritic serum and standard bills of health and permanent ship's medical journal were submitted to the signatory Governments. Other subjects discussed were the control of arsenobenzol derivatives; the international study of cancer statistics; prophylaxis of typhoid and other intestinal diseases; and goiter. Reports were presented by the delegates regarding the sanitary conditions and the health services of their countries.

October, 1923.—Changes and correction of errors were made in the text of the 1920 International Classification of Diseases, and a corrected copy was given to the French Government, which published new texts.

Among the other subjects considered were primary plague; the relation of lethargic encephalitis to epidemic influenza; pellagra; "alastrim"; and yellow fever.

Reports were submitted regarding the sanitary conditions of the various countries.

Approved the plan of agreement and cooperation with the health organization of the League of Nations, drawn up by a mixed commission of the International Office and of the Provisional Health Committee of the League.

May, 1924.—The proposal drawn up at the October, 1923, session regarding the standardization of antidiphtheritic serum and submitted to the various health services of the participating countries was amended on the basis of suggestions from the different health services. The standard bill of health was declared ready to be submitted to the interested governments.

The following subjects were among the reports presented and discussed:

Venereal diseases: It was shown that the prophylactic measures recommended by the committee had played a large part in the reduction of these diseases, especially syphilis.

Plague: It was shown that the origin of the outbreaks of pneumonic plague was not well understood, and that although the development of primary pneumonic cases from bubonic cases complicated with pneumonia was logical such a relation was not always shown. A South African report dealing with plague among wild rodents showed that species of wild mice completed the epidemiological liaison between various species of rodents and man; and also that these wild rodents had increased as a result of the systematic destruction of their natural enemies—wild cats, owls, snakes, etc. A study was inaugurated on the world distribution of animal species (and their cutaneous parasites) susceptible of playing a rôle in the propagation of plague.

Typhoid fever: A report presented showed a reduction of, in some instances, from 80 to 90 per cent in the number of cases of typhoid fever during the preceding 30 years. The case fatality rate, on the other hand, had remained stationary. Certain cities were believed to have reduced their typhoid cases to a minimum below which the sanitary measures employed could not further reduce the disease.

Among other subjects included were the prophylaxis of goiter, the identity of alastrim (holding that it had not been proved that alastrim was a form of smallpox), typhus and recurrent fevers, malaria (reports showing variance between the spleen and blood methods), diphtheria, scarlet fever, lethargic encephalitis, and leprosy.

October, 1924.—Reports were submitted from various countries, together with data gathered from recent publications, listing the species of rodents and cutaneous parasites which are factors in plague transmission in the various countries.

A report was also made showing that larvae of certain flies developing on plague cadavers contained in their intestines large numbers of the Yersin bacillus. These bacilli were reported to persist through the nymph stage of the fly and were found in the adult insects dying after 24 hours with the appearance of death from plague infection.

Reports were submitted on scarlet fever and alastrim, and it was concluded that, from a practical standpoint at least, alastrim should be treated as smallpox.

Isolation was stated to be the choice of prophylaxis for leprosy, and chaulmoogra oil was considered to give the best results in treatment.

Among other subjects dealt with were the use of iodized salt in the prophylaxis of goiter in Switzerland; tabes and general paralysis; and sleeping sickness (trypanosomiasis).

THE MONTHLY BULLETIN

The International Office publishes the Monthly Bulletin, in which are printed matters pertaining to the office, sanitary conventions, laws, and regulations of the various countries, original communications and abstracts of articles on subjects pertaining to preventive medicine, sanitation, and the public health, epidemiological reports, statistical tables of the world prevalence of cholera, plague, and yellow fever, and bibliographies of sanitary subjects. The first number of the Monthly Bulletin was issued for the month of January, 1909, since which date it has been published regularly each month, publication being uninterrupted during the World War.

In addition to the Bulletin, the International Office publishes official statements and the reports of the meetings of the Permanent Committee. In the proceedings of the committee can be found the reports and documents submitted and the discussions and resolutions of the various sessions.

THE HEALTH ORGANIZATION OF THE LEAGUE OF NATIONS

The authority for the international health organization of the League of Nations is found in the following articles of the covenant of the League, the text of which covenant was formally adopted at a session of the Preliminary Peace Conference on April 28, 1919, and which went into effect with the official deposit of the ratifications of the treaty of Versailles by the 14 original members, at the French Foreign Office at Paris, January 10, 1920:

ARTICLE 23 (par. f). [The members of the League] will endeavor to take steps in matters of international concern for the prevention and control of disease.

ARTICLE 24. There shall be placed under the direction of the League all international bureaus already established by general treaties, if the parties to such treaties consent * * *.

In all matters of international interest which are regulated by general conventions but which are not placed under the control of international bureaus or commissions, the secretariat of the League shall, subject to the consent of the council and if desired by the parties, collect and distribute all relevant information and shall render any other assistance which may be necessary or desirable.

ARTICLE 25. The members of the League agree to encourage and promote the establishment and cooperation of duly authorized voluntary national Red Cross organizations having as purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world.

In order to conform to these articles of the covenant, the assembly, in the course of its first session, passed a resolution (December 10, 1920) establishing what is collectively known as the International Health Organization. The resolution provided that—

It will be the task of the organization to deal with such matters as affect individual countries only in their relation to other countries.

The main functions of the organization may be summarized under the following headings.

- (a) To advise the League of Nations in matters affecting health.
- (b) To bring administrative health authorities in different countries into closer relationship with each other.
- (c) To organize means of more rapid interchange of information on matters where immediate precautions against disease may be required, and to simplify methods for acting rapidly thereon.
- (d) To promote the conclusion of international agreements necessary for administrative action in matters of health, and their revision when required, and to collect information as to their fulfillment.
- (e) To cooperate with the International Labor Office in matters affecting labor and health.
- (f) To confer and cooperate with Red Cross societies and other similar societies.
- (g) To advise, when requested, other voluntary organizations in health matters of international concern.
- (h) To organize missions in connection with matters of health.

In June, 1919, the International Office of Public Hygiene, at Paris, voted to be placed under the direction of the League, and on April 13, 1920, the Council of the League was convened to draft the scheme of organization for its health activities as set forth above, and to determine the relationship between the new health organization and the International Office at Paris. It was provided that the latter should be maintained and that its delegates should be members of the general committee of the League.

The International Office found itself unable to take the part outlined for it in the program of the health organization of the League, and unable to accept the invitation of the council to appoint representatives to sit on the proposed committee. It was found that it would have been necessary to change the organic by-laws of the International Office, which are definite and limiting and do not permit the office to leave its rôle of counselor and informant to assume a rôle of execution. Moreover, the question of resources offered an obstacle; and certain Governments not taking part in the League did not approve of the scheme. This stand was taken by the International Office on April 25, 1921.

Following this action on the part of the International Office, the Council of the League resumed consideration of the question on June 22, 1921, and it decided that, in view of the inability of the International Office to participate in its program, and in the presence of the immediate danger which Europe was undergoing from the spread of typhus fever and other dangerous communicable diseases in Russia, making urgent the creation of a commission on epidemics, prompt action was necessary, and it appointed a provisional health committee. This action was confirmed by a resolution of the Assembly in its second session on September 23, 1921. At the same time there was organized in the secretariat of the League, a health section, with a medical director charged with the application of the

measures suggested by the Provisional Health Committee. There was reserved to the International Office, with which conferences were continued, the possibility of a future liaison in which the office might become, in general, the "consulting organization," especially qualified to prepare international agreements, while the health committee of the League, more restricted in this field, and being able to meet frequently, would become rather an "organization of execution," charged with matters demanding urgent action.

In view of the inability of the International Office to participate in the activities of the league, the council decided (June 22, 1921) that the Provisional Health Committee should be composed of persons individually invited to serve on the committee on the basis of their technical qualifications and not on the basis of nationality, together with a representative nominated by the International Labor Office and a representative nominated by the League of Red Cross Societies.

In the meantime, the Provisional Health Committee had occasion to demonstrate its ability to function actively by the impulse which was given to the epidemic commission. Early in 1919, the League of Red Cross Societies drew the attention of its constituent societies to the serious epidemic conditions in eastern Europe, and a commission was sent to investigate the situation. This commission reported that the task was beyond the means and resources of the local administrations and of private voluntary organizations. Accordingly, the council, on March 13, 1920, requested the London Health Conference to draw up a program for the control of the situation. The epidemic commission of the League was organized as a result of the action taken by the council on May 19, 1920, and it immediately set to work. In full accord with the Red Cross and the International Health Board, it gave immediate assistance to the local authorities in the victorious struggle against the communicable diseases which were threatening Poland, Russia, and Central Europe. It organized, also, a "Service of epidemiological information and sanitary statistics."

Cooperation was established in 1922 with other commissions of the League, notably, the opium commission, the commission of communication and travel, and the commission of mandates.

In these and various other fields of activity to be mentioned later, the health organization of the League of Nations continued to function. The dual existence, however, of the International Office and the Provisional Health Committee of the League and the lack of coordination of effort of these two international health bureaus continued to concern the various Governments and the members of the Assembly of the League, who believed that better results would be possible if some means could be found to bring about an effective

cooperation that would still leave to each organization its definite rôle and its autonomy.

On January 30, 1923, the Council of the League of Nations passed a resolution by which it was proposed that a mixed commission, composed of an equal number of members of the International Office and of the Provisional Health Committee of the League, be instructed to prepare a constitution of a permanent health organization of the League. This mixed commission reassembled in Paris May 27-June 2, 1923, and drew up a plan of agreement and cooperation, which was approved by the Council on July 7, 1923, and by the Fourth Assembly of the League on September 15, 1923, and by the Permanent Committee of the International Office at its session of October, 1923.

Under this plan the present health organization of the League of Nations was formed. It is constituted similarly to other technical services of the league and is composed of the following three distinct branches:

1. *A Consultative Council* represented by the Permanent Committee of the International Office, which retains its regulations, its powers, and its seat at Paris.
2. *A Permanent Health Committee.*
3. *A Health Section* in the secretariat of the League, with headquarters at Geneva.

The *Consultative Council* investigates matters submitted to it by the Permanent Health Committee, and turns over to the latter all matters concerning which it considers the solution would be more rapidly attained by such action.

The *Permanent Health Committee* is composed of 16 members, as follows: Ten technical or sanitary personnel, including the president of the Permanent Committee of the International Office at Paris, and nine members chosen for three years by that committee, and six technical members chosen by the Council of the League on consultation with the Permanent Health Committee, also for three years. The League Council may appoint four additional members, experts in health matters, who sit for a period of three years and who enjoy the same prerogatives as the other members.

The Permanent Health Committee functions as an advisory body to the Council and Assembly of the League on all health matters and its work is subject to their approval. Besides the investigation of health questions with which the League is concerned, and which are submitted to it, it may also undertake investigations on its own initiative. It may appoint duly qualified outside experts to aid in its work. It maintains direct contact with the International Office, with which it regularly exchanges all publications and sanitary information.

The *health section* forms a part of the league's secretariat, and, operating under the supervision of a medical director, Dr. Ludwik Rajchman, it is the executive body of the Health Committee. Its function is to insure the application of the determinations of the committee. The health section, being an integral part of the secretariat-general, is subject to the secretary-general of the League and is bound by the rules and policy established by the League for all its technical organizations.

In the above scheme of cooperation the autonomy of the International Office remains complete. No members of the Office have raised any objection, and countries not members of the League have accepted representation on the Health Committee. It is believed that complete accord will continue between the two organizations and that cooperation will be cordial and effective.

The chief activities of the health organization of the League of Nations may be outlined under five broad heads:

- (1) Measures for the control of epidemics.
- (2) The standardization of certain laboratory products and procedures.
- (3) Cooperation with other League of Nations organizations in matters that involve medical or public health questions.
- (4) Promotion and improvement of public health work by the interchange of health officers between the various countries, and by technical advice to various Governments.
- (5) The collection and dissemination of epidemiological information, the coordination and improvement of vital statistics for international use, and epidemiological research.

WORK OF THE HEALTH ORGANIZATION OF THE LEAGUE OF NATIONS

The fight against typhus fever in Poland and Russia.—The work of the epidemic commission in combating typhus fever in Poland and Russia in 1920 and 1921 is characteristic of one of the activities of the health organization of the League. This commission, organized as a result of the London Health Conference in March, 1920, functioned by assisting the national health services of the countries concerned, to which it furnished such material aid as it could provide. The work was intergovernmental, differing in this respect from aid given by private organizations operating directly through their own agents. The chief measures adopted in this work were the establishment of quarantine stations, the equipping of hospitals, the providing of facilities for disinfection, and the supplying of food, clothing, and transportation along the eastern frontier of Poland.

Work of the epidemic commission in Greece.—Later, in the autumn of 1922, vast numbers of refugees fleeing from Asia Minor to Greece created a problem demanding immediate action. The epidemic

commission assisted the Greek Government in organizing a staff of physicians, medical students, and inspectors in establishing vaccination stations in the refugee camps, and in other measures effective in preventing the spread of epidemic diseases among the refugees.

Other preventive action.—In 1922 an investigation was made into the incidence of epidemic diseases in the Far East, together with a study of the work and organization of the sanitary services of the ports, with the special object of preventing the spread of diseases susceptible of transmission by sea traffic. One important recommendation of the commission has recently been achieved; namely, the establishment in Singapore of a branch office of the epidemiological intelligence service of the health organization of the league. Weekly wireless messages are now being sent from this far eastern bureau at Singapore to headquarters at Geneva. The first message was sent April 3, 1925, and included reports for the week ended March 28, 1925.

In 1922 a commission was sent to the eastern Mediterranean and Black Sea ports to inquire into the international arrangements for the prevention of epidemic diseases in the Near East, which action led to recommendations for the revision of the Paris Sanitary Convention. A committee of experts was also appointed to collect all available data on the incidence of trypanosomiasis and tuberculosis in Equatorial Africa, the findings of which have been published in a formal report.

Other investigations of special diseases and work in epidemic control that have been carried out by the Health Committee include the inquiry into malaria control in a number of eastern European countries, in which the disease has shown a great increase since the World War; the study of sleeping sickness and tuberculosis in Equatorial Africa, a preliminary study having been made by experts of Great Britain, Belgium, and France; a study of the transmission of diseases by international waterways; port sanitation, and the grading of ports from a sanitary standpoint; and an inquiry into the causes of the great differences in certain forms of cancer mortality in the various countries. In all of its work it has been the policy of the Health Committee to achieve its purposes by enlisting the aid of the various national health services, by securing the temporary services of their experts, and by acting as a clearing house and coordinating agency for them.

Standardization of laboratory products and procedures.—The provisional, and, later, the permanent health organization of the league have undertaken to secure the standardization of the units and the methods in the production of preventive and therapeutic serums, and of certain serodiagnostic procedures. To establish international standards that would insure uniformity in sera, the health committee

convened a conference in London in December, 1921, which was attended by delegates from the serologic institutes of the various countries. A scheme of coordinated investigation of the problems involved was agreed upon, for which the Institute of Copenhagen was to act as a coordinating center. A second conference convened at the Pasteur Institute in Paris in November, 1922, preceded by an intermediate conference at Geneva in September, which had determined certain antitoxin units. The foundation has now been laid for the various Government serological institutes and laboratories the world over to adopt a uniform technique and procedure. Recommendation regarding the international unit of diphtheria antitoxin and the dosage has been made. It is believed that the standardization of antitetanic serum is practicable and that the differences still existing between the various standards may soon be abolished. Similar work has been done with regard to antidysenteric serum. A conference of technical experts was held in Edinburgh in 1923, at which was discussed the standardization of such products as digitalis, pituitary extract, thyroid extract, the arsphenamins, and insulin.

Interchange of sanitary personnel.—In 1922 the health organization instituted an interchange of public health personnel, having for its ultimate purpose the general advancement of public health administration in the different countries and the promotion of international cooperation. This interchange is not an actual exchange of public health officials between the countries, but consists, in general, of courses of "travel studies" by the technical personnel for a period of six to twelve weeks. Under this plan officials of the various health administrations are brought together in a particular country, given a course of lectures on the health administration of that country by the technical experts and responsible public health officials, and are shown the hospitals, water supplies, sewerage systems, laboratories, and other interesting phases of public health administration. In addition to the interchanges of general health officers, interchange studies are also provided for special workers, such as those interested in school hygiene, tuberculosis, serological work, etc.

The first such interchange took place October 9–December 17, 1922, and included nine weeks in Belgium and Italy, with a few days devoted to international health problems at Geneva. Twenty-two public health officials of Belgium, Bulgaria, Czechoslovakia, Italy, Poland, Russia, the Serb-Croat-Slovene State, and the Ukraine participated. Other collective interchanges of public health officials have occurred as follows:

February 24–May 11, 1923: Twenty-nine Government medical officers of Austria, Belgium, Czechoslovakia, Denmark, Finland,

France, Hungary, Italy, Japan, Norway, Poland, Rumania, Russia, Serb-Croat-Slovene State, Sweden, and the United States studied public health organization in England and America.

May 21–June 12, 1923: Sixteen specialists in malaria studied methods of fighting malaria in Italy.

September, 1923: Bacteriologists and laboratory workers of Belgium, Denmark, Germany, Great Britain, Italy, Poland, Serb-Croat-Slovene State, and the United States were exchanged between the laboratories of the respective countries.

September, 1923–January, 1924: Twenty-four public health officials of Belgium, Brazil, Canada, Chile, France, Germany, Great Britain, Greece, the Netherlands, Italy, Mexico, Norway, Poland, Russia, Salvador, Serb-Croat-Slovene State, and Spain studied medical and public health activities in the United States, visiting Washington, D. C., Virginia, North Carolina, Alabama, Massachusetts, New York, and Pennsylvania.

February 1–April 12, 1924: Collective interchange of 25 health officers, from 20 countries, in Great Britain.

February 6–April 30, 1924: Sixteen tuberculosis experts from 13 countries studied in Austria, Czechoslovakia, Hungary, France, Belgium, Great Britain, the Netherlands, and Switzerland.

February 6–April 30, 1924: Thirteen school health officers of 12 countries studied in Great Britain, Denmark, and the Netherlands.

April 24–July 14, 1924: Collective interchange of 27 public health officials of 21 countries in the Netherlands and Denmark.

August 10–September 20, 1924: Collective interchange of health officials in Switzerland.

February 9–March 27, 1925: Fifteen medical officers, commissioned by their respective public health services, studied local conditions in England.

March–May, 1925: Nine medical inspectors of conditions of labor from Belgium, Czechoslovakia, Great Britain, Japan, the Netherlands, Poland, Russia, Serb-Croat-Slovene State, and the United States studied industrial hygiene in Belgium, France, Great Britain, and the Netherlands. This study was made in conjunction with the international labor office.

May 4–June 24, 1925: Fourteen health officers from Austria, Danzig, Denmark, France, Germany, Great Britain, the Irish Free State, Italy, Poland, Portugal, Russia, Spain, Serb-Croat-Slovene State, and Switzerland studied public health organization in Belgium.

March–June, 1925: Latin-American health officers from Argentina, Brazil, Colombia, Cuba, Mexico, Paraguay, Costa Rica, Peru, Uruguay, and Venezuela studied public health practice in Cuba,

the United States, Canada, Great Britain, the Netherlands, Belgium, France, Switzerland, and Italy.

Some of these interchanges have been made possible through a grant from the international health board.

Epidemiological intelligence service.—A service of epidemiological intelligence and public health statistics has been developed by the health organization of the League. Its work includes a study to evolve simple and reliable methods for collecting information regarding the incidence of communicable diseases; a study of the comparability of vital statistics of the various countries; a comparative study of the character and significance of observed differences in the prevalence of particular diseases in different countries; the preparation and distribution of special periodic publications; a survey of the public health work of the principal countries of the world, and the issuance of monographs on this work; and the organization of a rapid interchange of information on epidemic diseases in cases in which prompt action may be necessary.

The health section issues monthly the *Epidemiological Report*, printed in two languages, French and English, containing a résumé of the most recent data available regarding the prevalence of the principal communicable diseases (case incidence and mortality) in the countries furnishing data to the league. A comprehensive annual report in similar form is also compiled.

The health section is also working toward the establishment of a uniform method of classifying joint or contributing causes of death, and of a standard population for the adjustment of crude death rates.

Relations are maintained between the health section and the International Statistical Institute, and exchanges of statisticians were made in 1923 and 1924, having for their purpose the unification, as far as possible, of the vital statistics of the various countries in order to make them more nearly comparable with each other.

MEETINGS OF THE HEALTH COMMITTEE

Meetings of the Provisional Health Committee and of the Permanent Health Committee as reconstructed under a plan approved by the council on July 7, 1923, and by the fourth assembly, September 15, 1923, have been held as follows:

Provisional Health Committee

- (1) August 25–29, 1921, at Geneva.
- (2) October 20–22, 1921, at Paris.
- (3) May 11–16, 1922, at Paris.
- (4) August 14–21, 1922, at Geneva.
- (5) January 8–13, 1923, at Geneva.
- (6) May 26–June 6, 1923, at Paris.

Permanent Health Committee

- (1) February 11–21, 1924, at Geneva.
- (2) May 7–10, 1924, at Paris.
- (3) September 29–October 4, 1924, at Geneva.
- (4) April 20–25, 1925, at Geneva.

Fourth session of the Permanent Health Committee.—The following are among the important actions taken by the Permanent Health Committee at its fourth session held at Geneva, April 20–25, 1925:

Approved the program of interchanges of health personnel for 1926; decided to arrange for an interchange (for the first time) of sanitary engineers in 1926; devoted considerable time to plans for the further development of the epidemiological intelligence service; approved the work of the various commissions; resolved to continue the study of the differences in tuberculosis mortality in the various countries; reviewed the work of the cancer commission (which has established the fact that the differences in cancer mortality between certain countries are real), and outlined the investigation to be carried on in the United States and Switzerland under the direction of the respective national health authorities; initiated an investigation into the abuses arising from the use of patent medicines; adopted a report of the permanent standards committee on the standardization of sera and serological tests; received the report of the opium committee which recommended that two new derivatives of morphine and codeine, namely, eucodal and dicodid, be added to the preparations dealt with by the opium conference; referred to the International Office the question of the advisability of inserting in the international sanitary convention articles relating to emigrants; decided to send to the permanent committee of the International Office a proposal for the formation of a preparatory committee to compare the texts of the conventions for submission to the international sanitary conference to be convened by the French Government. The Health Committee also expressed its appreciation to the Governments of Czechoslovakia and Rumania for evidence of their interest in the work of the health organization of the League as shown by the establishment of special bureaus in their health administrations to facilitate cooperation with the Health Committee and the advisory council—the Permanent Committee of the International Office.

PUBLICATIONS OF THE HEALTH ORGANIZATION

Besides the minutes of the meetings of the Health Committee, the publications of the health organization include the following:

The Monthly Epidemiological Report, issued the 15th of each month.

The Prevalence of Epidemic Disease and Port Health Organization and Procedure in the Far East (report).

Statistics of Notifiable Diseases for 27 European countries, 15 African countries, 14 American countries, 12 Asiatic countries, and for Australasia for 1923.

Statistics of Notifiable Diseases for 29 European countries, 17 African countries, 20 American countries, 16 Asiatic countries, and for Australasia for the year 1924.

INVESTIGATIONS AND REPORTS

Interim Report on Tuberculosis and Sleeping Sickness in Equatorial Africa, submitted to the health committee at its sixth session, May 26, 1923.

Rapport d'ensemble relatif à la Campagne de Vaccination exécutée en Grèce au cours de l'année 1923 par le docteur Aimé Gauthier, médecin principal de l'armée française délégué de la Commission des Epidémies de la Société des Nations. Geneva, 1924.

Organization of the Public Health Services in the Kingdom of the Netherlands.

L'Organisation Sanitaire des Pays-Bas. Vingt-neuf Conférences données à l'occasion du voyage d'études organisé par l'Organisation d'Hygiène de la Société des Nations, avril-mai, 1924.

Public Health Services in Austria.

Public Health Services in Germany.

SERA

Investigations on the Serodiagnosis of Syphilis. Report of the Technical Laboratory Conference (held at Copenhagen, November 19 to December 3, 1923).

Report of the Technical Conference for Consideration of Certain Methods of Biological Standardisation, Edinburgh, July 19-21, 1923.

The Prophylaxis of Diphtheria by the Determination of Susceptibles and their active Artificial Immunization in the United States.

The Standardization of Dysentery Serum. First Report by Kiyoshi Shiga, H. Kawamura, and K. Tsuchiya, the Kitasato Institute for Infectious Diseases, Tokyo, Japan.

THE PAN AMERICAN SANITARY BUREAU AND THE INTERNATIONAL SANITARY CONFERENCES OF AMERICAN REPUBLICS

The Pan American Sanitary Bureau and the International Sanitary Conferences of the American Republics are the outgrowth of a series of international conferences of North and South American States which date back over 100 years. The early conferences, however, were not concerned with international sanitary matters.

In 1821, Colombia suggested a union between the United States and the Spanish colonies of Central and South America, at that time engaged in a revolution against Spain. The purpose of this union

was entirely political. In 1825, Simon Bolívar, the Venezuelan patriot and South American "Liberator," made an attempt to put into practice his idea of a series of international conferences which should take place between the American republics for the purpose of discussing questions affecting their relationship with each other. Such an international conference was proposed by Bolívar, then President of Colombia, to be held that year in Panama, at that time a part of Colombia. This conference took place in Panama on June 22, 1826. One of the American delegates died of "malignant fever" en route, and before the other delegate arrived, the conference had adjourned to Tacubaya near the city of Mexico, because of "the hazards occasioned by the climate of Panama to the delegates." Strange to say, in spite of the reason for adjournment, the minutes of the 24-day session of the representatives of Colombia, Guatemala, Mexico, and Peru do not disclose any other reference to health matters. Similar conferences held in Lima, Peru, in 1847, 1864, and in 1878 dealt only with questions of state.

As commercial intercourse between the seaports of the world increased, however, and as many of the seaports were infected with cholera and yellow fever, the necessity for some international system of notification of the sanitary conditions of the important ports of the world was realized; and on May 14, 1880, the Congress of the United States passed a joint resolution authorizing the President to call an international sanitary conference to meet at Washington, D. C., "to which the several powers having jurisdiction of ports likely to be infected with yellow fever or cholera shall be invited to send delegates, properly authorized, for the purpose of securing an international system of notification as to the actual sanitary condition of ports and places under the jurisdiction of such powers and of vessels sailing therefrom." On January 5, 1881, there assembled in Washington, D. C., upon invitations addressed by the Government of the United States, in accordance with the joint resolution of Congress, delegates from the following countries: Argentina, Austria-Hungary, Belgium, Bolivia, Brazil, Chile, Denmark, France, Germany, Great Britain, Hawaii, Haiti, Italy, Japan, Liberia, Mexico, the Netherlands, Peru, Portugal, Russia, Spain, Sweden and Norway, Turkey, and Venezuela. This congress is known as The Sanitary Conference of Washington of 1881. It adopted resolutions providing, among other things, for the exchange of current sanitary information, regulations governing bills of health, and the creation of a sanitary commission for the study of yellow fever.

One of the delegates of Spain to this conference was Dr. Carlos Finlay, of Habana, and it was at the session of February 18, 1881, that he announced his famous theory that mosquitoes were the carriers of yellow fever.

On May 28, 1888, an "act to promote the establishment of free commercial intercourse among the nations of America, etc.," was approved by the President of the United States. This law authorized the President to call a conference to meet in Washington, D. C., the second Monday in March, 1889, and stipulated that the conference should consider, among other questions, "the subject of the sanitation of ships and quarantine." This conference assembled on October 2, 1889, and remained in session until April 21, 1890. It is referred to as the First International Conference of American States. Every American Republic was represented. A committee on sanitary regulations recommended for adoption the International Sanitary Convention of Rio de Janeiro of 1887, or the Convention of the Congress of Lima of 1887-88.

The Second International Conference of American States was held in the City of Mexico, October 22, 1901, to January 31, 1902. At this conference the International Sanitary Bureau of the American Republics was created.¹ This bureau is a permanent executive board, originally consisting of five members, but increased to seven members in 1920. The permanent headquarters of the Pan American Sanitary Bureau are at Washington, D. C.

The second International Conference of American States adopted a series of resolutions relative to international sanitary policy, providing, among other things, (1)² that a general convention of representatives of the health organizations of the different American Republics should be called by the governing board of the International Union of the American Republics (now the Pan American Union) to meet at Washington, D. C., within one year of the date of the adoption of the resolutions by the conference; (2) that each Government represented at this conference should designate one or more delegates to attend such conference; (3) that authority should be conferred by each Government upon its delegates to enable them to join delegates from other Republics in the conclusion of such sanitary agreements and regulations as in the judgment of said conference might be in the best interests of all the Republics represented therein; (4) that voting should be by Republics; (5) that each Republic represented should have one vote; (6) that the conference should provide for the holding of subsequent sanitary conferences at such times and at such places as might be deemed best by the conference; (7) that it should designate a permanent, active board of at least five members who should hold office until the next subsequent conference and that this

¹ At the meeting of the Fifth International Conference of American States, held at Santiago, Chile, from March 25 to May 3, 1923, the name International Sanitary Bureau was changed to Pan American Sanitary Bureau.

² The information presented here regarding the various conferences and resolutions, excepting that relative to the Seventh Pan American Sanitary Conference, is taken from an article by Assistant Surgeon General B. J. Lloyd, published in *The Military Surgeon* for March, 1924, and is reprinted here by permission.

executive board should be known as the International Sanitary Bureau, with permanent headquarters at Washington, D. C.

It was further provided that, in the interest of economy, the International Union of American Republics (now the Pan American Union) should be utilized by the conferences and by the International Sanitary Bureau to the fullest extent possible for the correspondence, accounting, disbursing, and the preservation of records incident to the work comprised within these resolutions. The States signatory to these resolutions were Bolivia, Colombia, Costa Rica, Chile, the Dominican Republic, Ecuador, El Salvador, Guatemala, Haiti, Honduras, Mexico, Nicaragua, Peru, Uruguay, and the United States of America.

THE FIRST INTERNATIONAL SANITARY CONFERENCE

The first general International Sanitary Conference of the American Republics, pursuant to these resolutions adopted by the Second International Conference of the American States, was held in the city of Washington, D. C., December 2, 3, and 4, 1902, under the auspices of the governing board of the International Union of the American Republics. The resolutions passed at Mexico City were accepted as the basis of work of the first conference. There were present delegates from Chile, Costa Rica, Cuba, Ecuador, Guatemala, Honduras, Mexico, Nicaragua, Paraguay, Uruguay, and the United States. At this meeting, permanent organization was effected by providing for and electing a president (of the conference), one vice president for each Republic represented, a secretary, and an advisory council of six delegates, the presidents being made *ex officio* the presiding officer of the council. Upon recommendation of the advisory council, the International Sanitary Bureau was increased from five to seven members, and the following were appointed members of that bureau:

Surg. Gen. Walter Wyman, of the Public Health and Marine Hospital Service of the United States, chairman.

Dr. Eduardo Moore, of Chile.

Dr. Juan Guiteras, of Cuba.

Dr. Juan J. Ulloa, of Costa Rica.

Dr. Eduardo Liceaga, of Mexico.

Dr. Rhett Goode, of the United States.

Dr. A. H. Doty, of the United States.

RESOLUTIONS ADOPTED BY THE FIRST INTERNATIONAL SANITARY CONFERENCE

This First International Sanitary Conference adopted resolutions concerning the time of detention and methods of disinfection at quarantine, measures to destroy the yellow fever mosquito, measures to control typhoid fever, cholera, etc.

Among the most important resolutions passed was the following:

Whereas the Second International American Conference of the Pan American States, held in the city of Mexico, October, 1901, to January, 1902, provided that a sanitary conference should be held in Washington within one year from the signing of the resolutions on sanitation and quarantine, and should elect an International Sanitary Bureau with permanent headquarters at Washington for the purpose of rendering effective service to the different Republics represented at this conference: It is hereby

Resolved, (a) That it shall be the duty of the International Sanitary Bureau to urge each Republic to promptly and regularly transmit to said bureau all data of every character relative to the sanitary conditions of their respective ports and territories;

(b) And to furnish said bureau every opportunity and aid for a thorough, careful, and scientific study and investigation of any outbreaks of pestilential diseases which may occur within the territory of any of the said Republics.

(c) *It is further resolved,* That it shall be the duty of the International Sanitary Bureau to lend its best aid and experience toward the widest possible protection of the public health of each of the said Republics in order that disease may be eliminated and that commerce between said Republics may be facilitated;

(d) *It is further resolved by this conference,* That it shall be the duty of the International Sanitary Bureau to encourage and aid or enforce in all proper ways the sanitation of seaports, including the sanitary improvements of harbors, sewerage, drainage of the soil, paving, elimination of infection from buildings, and the destruction of mosquitoes and other vermin;

(e) *It is also recommended by this conference,* That in order to carry out the above measures, a fund of \$5,000 shall be collected by the Bureau of American Republics in accordance with paragraph 7 of the resolutions of the Second International American Conference above referred to.

THE SECOND INTERNATIONAL SANITARY CONFERENCE

The Second International Sanitary Conference, called by the chairman of the International Sanitary Bureau, was held in Washington from the 9th to the 14th of October, 1905, and assumed a more formal character than the previous one. This conference resulted in the subscription to a sanitary convention *ad referendum*, concluded on October 14, 1905, which codified all the measures designed to guard the public health against the invasion and propagation of yellow fever, plague, and cholera. This sanitary convention *ad referendum* was, prior to December, 1907, ratified by at least nine Republics. It was provided that Governments which had not signed the convention were to be admitted to adherence thereto upon demand, notice of this adherence to be given through diplomatic channels to the Government of the United States of America and by the latter to the other signatory governments.

THE THIRD INTERNATIONAL CONFERENCE OF AMERICAN STATES

The Third International Conference of American States, held in Rio de Janeiro, July 21 to August 26, 1906, recommended the adoption of the sanitary convention by all the countries therein

represented and indicated, among other measures, matters for consideration by the Sanitary Conference to be held in the City of Mexico in December, 1907.

RESOLUTIONS ADOPTED

Among other resolutions adopted at Rio de Janeiro by the Third International Conference of American States were (1) that (as a rule) the countries represented at Rio de Janeiro should adopt the International Sanitary Convention of Washington, adhering to the same and putting its precepts into practice; (2) that they should adopt the measures intended to bring about the sanitation of cities and especially of ports, as well as to disseminate, as far as possible, a better knowledge of, and effect a better observance of, hygienic and sanitary principles. The conference also expressed the desirability of having all American countries represented at the coming International Sanitary Conference which was to be held in the City of Mexico in December, 1907. It further proposed (a) that the respective delegates to the sanitary conference should be asked to study and suggest practical means for securing the adoption of measures intended to effect the sanitation of the cities and especially of seaports; (b) the establishment in each of the American countries of a commission composed of three public, medical, and sanitary officials in order that under the direction of the International Sanitary Bureau, established in Washington, these might constitute an international bureau of sanitary information throughout the American Republics with power to collect and communicate all data relating to public health and such other data as the conference might consider desirable. The Conference of States recommended the establishment and organization in such place in South America as the International Sanitary Conference might designate, of a Bureau of Sanitary Information. The purpose of this bureau would be to furnish to the International Sanitary Bureau (at Washington) the necessary data to comply with recommendations relative to sanitary police (adopted by the Second International Conference of American States), and also to establish relations between the International Sanitary Bureau and the Office International d'Hygiène Publique of Paris, these cooperative measures being designed to obtain the best information possible on sanitary subjects and conditions and to reach agreements which would facilitate the objects for which both offices were established. The city of Montevideo was designated as the permanent site of the Bureau of Sanitary Information. This third conference also drew up a provisional program for the International Sanitary Conference in Mexico City in December, 1907.

THE THIRD INTERNATIONAL SANITARY CONFERENCE

The Third International Sanitary Conference of the American Republics was held at the National Palace, City of Mexico, December 2 to 7, 1907. Reports were presented by delegates from Brazil, Chile, Colombia, Costa Rica, Cuba, Ecuador, El Salvador, Guatemala, Honduras, Mexico, the United States, and Uruguay.

RESOLUTIONS ADOPTED BY THE THIRD INTERNATIONAL SANITARY CONFERENCE

The Third International Sanitary Conference adopted, among others, resolutions, in effect, (a) to request the representatives of the Governments of Brazil, Colombia, and Uruguay, in accordance with the full powers with which they were invested by their respective Governments, to approve and adhere to the Sanitary Convention of Washington of 1905; (b) to recommend to the Governments of the American Republics represented at this conference the codification of all the sanitary measures and laws of their respective countries and to send copies of such codification to the International Sanitary Bureau at Washington; (c) to authorize the International Sanitary Bureau at Washington to establish relations with the Office International d'Hygiène Publique at Paris; (d) to carry out the resolutions of the Third International Conference of American States, held at Rio de Janeiro, August, 1906; (e) to recommend to the American Governments the advisability of agreeing upon compulsory vaccination against smallpox; (f) to recommend to the American Governments certain provisions for the purpose of preventing the spread of tuberculosis in railroad cars and on vessels; (g) to recommend the advisability of suggesting that European nations adopt the Sanitary Convention of Washington of 1905 with respect to such colonies as they may have in America, and especially with regard to matters relating to yellow fever; (h) that the adoption of measures intended to obtain the sanitation of the cities, and especially of the ports, recommended by the Third International Conference of American States, at Rio de Janeiro, be made the subject of consideration by the members of the International Sanitary Conference of American Republics, to be held in Costa Rica, and that the International Sanitary Bureau at Washington be authorized to make investigations and to take such action as might be necessary to present these measures in a satisfactory form at the Conference in Costa Rica.

THE FOURTH INTERNATIONAL SANITARY CONFERENCE

The Fourth International Sanitary Conference of the American Republics was held at San Jose, Costa Rica, December 25, 1909, to January 3, 1910. Delegates were present from Colombia, Costa Rica, Cuba, Chile, El Salvador, Guatemala, Honduras, Nicaragua,

Panama, the United States of America, Mexico, and Venezuela. Committees were appointed on sanitation of ports and cities, malaria, and yellow fever, measures for protection of passengers, and on sanitary documents reported at this conference.

RESOLUTIONS ADOPTED BY THE FOURTH INTERNATIONAL SANITARY CONFERENCE

Thirteen resolutions were adopted by the Fourth International Sanitary Conference. Among other things, this conference recommended to the various governments that they employ all possible means at their disposal to secure effective sanitation of seaports to the end that the introduction of plague, cholera, and yellow fever might be prevented, and in the event that a case of any of these diseases reaches a port, that it be promptly isolated and measures taken to prevent its spread. It also recommended ordinances for the proper construction of rat-proof buildings, the use of galvanized iron garbage cans, properly equipped laboratories at all seaports for the periodical examination of rats, and a crusade against mosquitoes. It recommended that careful statistics on population, morbidity, and mortality be kept in each port, such data to be compiled at regular intervals of not more than one month. It recommended appropriate measures for use by masters of vessels to rid their vessels of rats. It recommended that no person be allowed to embark who is suffering from a quarantinable disease or who is suffering from scarlet fever, diphtheria, or any other communicable disease. It set down rules for permitting the embarkation of passengers and crews presumably exposed to infection. It recommended that the Fifth International Sanitary Conference determine what should constitute immunity from yellow fever. It recommended to the governments represented the importance of disseminating information as to the best measures by which the people may protect themselves against malaria and tuberculosis. It recommended that the countries adopt the models of sanitary documents presented by the committee and requested the Bureau of Sanitary Information, at Montevideo, to forward to the International Sanitary Bureau, at Washington, all its transactions since the Third International Sanitary Conference. It resolved to request the Governments of the American Republics that they favor the establishment at seaports and important cities of laboratories where not only diagnosis may be made to comply with requirements contained in the resolutions of the Sanitary Conference, but where also investigations in tropical medicine and general pathology could be made along lines which the sanitary authorities deem practicable.

THE FIFTH INTERNATIONAL SANITARY CONFERENCE

The Fifth International Sanitary Conference of the American Republics was held at Santiago, Chile, November 5 to 11, 1911. Delegates were present from the Argentine Republic, Bolivia, Brazil, Colombia, Chile, Costa Rica, Cuba, Dominican Republic, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Uruguay, the United States, and Venezuela. Reports were received from the committees on bubonic plague, malaria, yellow fever, cholera, sanitation of coast and frontier towns, prophylaxis of acute transmissible diseases, and prophylaxis of chronic transmissible diseases.

RESOLUTIONS ADOPTED BY THE FIFTH INTERNATIONAL SANITARY CONFERENCE

The Fifth International Sanitary Conference passed 26 resolutions. Among these, it resolved that each nation should transmit regularly to the Central Committee at Montevideo, and to the International Sanitary Bureau, at Washington, all documents and reports relating to sanitation in that country, these documents to include demographic conditions in the chief ports and cities and data relating to all kinds of contagious diseases. The conference also recommended that the International Sanitary Bureau, at Washington, should study the resolutions, and include in the program of the Sixth International Sanitary Conference such amendments to the Washington Convention as it might deem necessary and submit the proposed amendments. It resolved also that nations wherein leprosy exists be asked to keep accurate and detailed statistics of lepers, to organize colonies for the isolation of the patients, and to enact laws to control this disease. Also it recommended that prostitution should be regulated in cities and especially in seaports, intrusting the sanitary inspection to physicians especially prepared on the subject, discharging their duties in dispensaries or polyclinics provided with all necessary facilities, and that persons actively infectious be confined in hospitals until cured. It recommended that the governments establish in their respective countries a permanent commission on tuberculosis; that the Pan American Union at Washington should through the diplomatic representatives of the various countries, request of those governments the organization of such a commission; that the nations adhering to the Washington Convention amend their rules of hygiene of ports and on frontiers, so as to agree with the terms of the convention. It further recommended that upon the arrival of a vessel a bulletin should be posted advising the passengers on board as to the sanitary rules to which they are subject and as to the laws or regulations by virtue of which such rules are enforced; that each government adhering to the sanitary convention give special

attention to those seaports and cities where the presence of endemic and infectious diseases shows clearly that the health of the world would be improved by the introduction in such places of modern hygienic and sanitary water supplies and drainage. The conference also resolved to renew the recommendations made by the Third International Sanitary Conference of Mexico, of 1907, to the effect that laws be adopted enforcing vaccination and revaccination against smallpox.

THE SIXTH INTERNATIONAL SANITARY CONFERENCE

The Sixth International Sanitary Conference was held at Montevideo, Uruguay, December 12-20, 1920, Dr. Ernesto Fernandez Espiro, of Uruguay, presiding. The following countries were represented: Argentina, Bolivia, Brazil, Colombia, Cuba, Chile, El Salvador, Guatemala, Honduras, Mexico, Panama, Paraguay, Peru, the United States, Uruguay, and Venezuela.

REORGANIZATION OF THE INTERNATIONAL SANITARY BUREAU

By vote of the conference, the International Sanitary Bureau was reorganized as follows:

The bureau shall be composed of seven members consisting of a director, a vice-director, and a secretary to be named by the Sixth International Sanitary Conference and thereafter by each successive conference.¹ Each international sanitary conference shall elect an honorary director of the International Sanitary Bureau, who shall be selected from among the heads or chiefs of the departments of hygiene or public health of the American republics. In the intervals between the conferences, vacancies occurring in the personnel of the International Sanitary Bureau shall be filled at once by a vote of the majority of the remaining members.

The powers of the International Sanitary Bureau shall be in accordance with the principles approved by the First and Second International Sanitary Conferences.

The bureau shall publish in English and in Spanish a monthly bulletin which shall be called the Monthly Sanitary Reports of the International Sanitary Bureau (*Informes Mensuales de Sanidad Panamericana de la Oficina Sanitaria Internacional*).

An appropriation of \$20,000 was voted for the use of the bureau, the funds to be prorated in the same manner as the funds which support the Pan American Union.

The International Sanitary Bureau is authorized to make regulations for its administration which shall become immediately effective but which shall be submitted to the Seventh International Sanitary Conference for approval.

The members of the international sanitary conference who live at a distance from Washington may be represented, in case it is not possible for them to attend its meetings, by their respective diplomatic agents or by other persons who may be designated by the corresponding government.

¹ Correspondence should be addressed to the Pan American Sanitary Bureau, Washington, D. C.

RESOLUTIONS ADOPTED BY THE SIXTH INTERNATIONAL SANITARY CONFERENCE

1. Recommends to the delegates of the conference cooperative study and propaḡanda against tuberculosis as an important factor in the struggle against said disease.

2. Recommends to the governments situated in tropical America, which have cities located on elevated tablelands, that they should keep detailed statistics of pulmonary tuberculosis, bronchitis, pneumonia and whooping cough, the conclusions from which are to be discussed at future sanitary conferences.

3. Advises that, in the countries which have established measures for the prevention of syphilis only, gonorrhoea also be included.

4. Recommends exemption from all duty or tax on imports or sale of specific products or remedies which, in the judgment of competent authorities, are considered efficacious in the control of syphilis, as a means of cooperation in the prevention of that disease.

5. Advises the intensification of the struggle against venereal diseases, unifying the administration of prophylactic measures, treatment and popular education on sanitation, establishing free dispensaries and raising special funds for this work of social hygiene.

6. Recommends to the International Sanitary Bureau of Washington the centralization therein of all the data that might contribute to a better understanding concerning everything relating to malaria, its extent, damage caused, clinical and epidemiological methods and prophylactic measures for its control.

7. Proposes that there be included in the program of the Seventh International Sanitary Conference the following topics:

(a) Unification, in accordance with the suggestions of the International Sanitary Bureau of Washington, of scientific studies and investigations relating to the control of malaria.

(b) Topic for study: "Malaria in America and Its Extinction."

8. Recommends to the governments of the countries of America in which malaria exists, experiments in the use of calcium hydroxide in the water or on the land in destroying mosquito larvae or preventing their propagation, in order that the results obtained may be brought before the Seventh International Sanitary Conference.

9. Decides that it is desirable to include exanthematic typhus in the group of diseases enumerated in Article 1 of the International Sanitary Conference of Washington of 1905.

10. Decides that exanthematic typhus should be included among the notifiable infectious diseases.

11. Recommends to the American governments the preparation of a Sanitary Code with specific provisions concerning the international prophylaxis of communicable diseases.

12. Also requests the governments represented in this conference, which have not already issued orders concerning the compulsory

notification of infectious-contagious diseases, that they do so without delay for the purpose of effectively protecting the public health and of facilitating at the same time the systematizing of sanitary statistics.

13. Also requests the same Governments to give particular attention to the organization of bureaus charged with the compilation of sanitary and vital statistics which should be published regularly.

14. Recommends that there be included in the program of the seventh conference, with the object of discussing same at a special meeting, the following topics:

(a) A study, from the sanitary and social point of view, of tuberculosis, venereal diseases, and leprosy.

(b) A study of problems relating to industrial hygiene.

15. Recommends to the seventh conference the inclusion in its program, if it should be deemed expedient, of these three points:

(a) Unpreventable occupational diseases.

(b) Preventable occupational diseases.

(c) Relations of the people to the sanitary authorities, adapting same to the laws of the country.

16. Submits to the consideration of the seventh conference all the reports which are considered of interest, presented by the delegates, and which were not included in the program of this conference.

17. Recommends the following prophylactic measures against bubonic plague and typhoid fever:

BUBONIC PLAGUE

(a) The observance of the provisions contained in Article 24 of the International Sanitary Convention of Washington of 1905 concerning the destruction of rats.

(b) A systematic bacteriological examination of rodents.

(c) The concreting of ground areas in the vicinity of dwellings and the construction of rat-proof habitations.

(d) In special cases the disinfection of packing materials or used sacks which might contain infected fleas.

TYPHOID FEVER

(a) Urge the installation of water supplies for all towns.

(b) Provide said towns with a system of sewers.

(c) Establish systematic campaigns against flies.

(d) Enforce antityphoid vaccination in cases of epidemic foci.

18. Advises the American Governments to intensify the war against rats, flies, mosquitoes and other vermin or animals that may be carriers of pathogenic germs; and recommend, at the same time, that persons suffering from communicable diseases be protected from insects which bite and suck; and especially so in those cases in which it is known or suspected that the germs of such disease are found in the blood.

19. Recommends that the countries represented in this conference report to the next conference on the methods employed in the struggle against flies and the results obtained.

20. Recommends to the American Governments:

(a) Scientific investigations in all centers of population suspected of being infested with intestinal worms and particularly with hookworm.

(b) That they submit in the next conference a report on the percentage of persons infected and their geographic distribution, stating the method of treatment that has shown the most rapid, simple and efficient result.

21. Recommends to the seventh conference the study of the investigations obtained in each country concerning proof of the existence of germ carriers, and the precautionary measures which must be observed to render them unable to transmit the contagion.

22. Recommends to the American Governments, through the proper channels, the holding of a special conference with the following objects:

(a) Study the manner of making uniform the means of defense against the invasion of plague, typhus fever, and influenza.

(b) Declare as an international obligation the immediate notification of cases of bubonic plague, typhus fever, and influenza occurring in their respective territories, and especially in their ports.

(c) Standardize the international prophylaxis of cholera.

(d) Establish as a general rule vaccination and revaccination against smallpox on board ships.

(e) Standardize sanitary laws concerning the rejection of immigrants.

23. Recommends to the American Governments:

(a) That the principal officers of their national institutions be considered *ex officio* members of boards of health or sanitation of their respective countries.

(b) In countries under the federal system having such boards the directors of sanitation or health of each State shall be considered members.

(c) The committees on national sanitation or the national health authority shall submit a monthly report on the spread of contagious diseases, and of the vital statistics of the principal cities and ports. Said reports shall be sent to the International Sanitary Bureau in Washington or the Information Bureau in Montevideo, as the case may be.

24. Recommends including in the program of the seventh international sanitary conference the desirability of amending the text of the International Convention of Washington of 1905, in the part of same which refers to yellow fever, or submit it to the consideration of the first Pan American conference that may meet prior to the seventh sanitary conference.

25. Recommends that in the program of the seventh conference the following topic be included:

Morbidity and mortality from infectious-contagious diseases among school children of the age from 6 to 14 years.

26. Recommends that in the program of the seventh conference the following topic be included:

Morbidity and mortality in infectious-contagious diseases on vessels which arrive at the ports of each country, the measures adopted and their results.

27. Recommends to the American Governments that they maintain in all their important ports a constant inspection of rodents by means of an organized force for catching rats intended for bacteriological examination.

28. Advises these same Governments to adopt measures capable of making rat-proof wharves, warehouses, and other buildings in the vicinity of their principal ports.

29. Recommends to the American Governments that their respective sanitary authorities note on bills of health the contagious-infectious diseases present in the port at the time of the clearance of the vessel.

30. Recommends to the American Governments the necessity of establishing a complete health inspection service in the ports, with the object of avoiding the pollution of the waters with excreta of human origin coming from persons on the ships and from refuse and waste foods which are thrown into the water.

31. Advises that the countries interested, place on passenger vessels, when they deem expedient, physicians versed in sanitation.

32. Recommends to the Governments that they encourage the establishment of courses in public health and hygiene.

33. Reminds the American Governments of the recommendations made by the fifth conference concerning the supplying of potable water to towns.

34. Advises including in the program of the seventh international sanitary conference the plan submitted by the delegation of the United States of America proposing modifications of the International Sanitary Convention of Washington of 1905.

35. Advises that the offices of sanitary information of the American Republics be located in the central offices of the national health or sanitary service of each country.

36. Recommends that the International Sanitary Bureau of Washington study a plan for founding and maintaining an "International Bulletin of the American Republics," and that said plan be included in the program of the seventh conference.

37. Provides that the International Sanitary Bureau of Washington be reorganized in the following manner:

(a) The bureau shall be composed of seven members, one of whom shall be the director, another the vice director, and a third a secretary, all appointed by the seventh conference and by each succeeding conference.

(b) In each conference there shall be selected an honorary director who shall be appointed from among the chiefs of the Department of Hygiene or of Public Health of the American Republics.

(c) In the interval between the conferences the vacancies of members which may occur shall be filled immediately by a majority vote of the remaining members.

(d) The duties of the International Sanitary Bureau shall be in accord with those which were approved by the Second International Sanitary Conference of American States and in the first international sanitary conference, and shall publish a monthly bulletin entitled "Informes Mensuales de Sanidad Panamericana de la Oficina Sanitaria Internacional."

(e) The said publication shall be in the English and Spanish languages.

(f) For carrying out the foregoing a credit of \$20,000 shall be available, which sum shall be apportioned among the signatory Governments following the system of prorating used for the maintenance of the Pan American Union.

(g) The International Bureau shall formulate rules and regulations for its internal administration, which it shall put in force immediately, but which shall be submitted to the seventh international sanitary conference for ratification and approval.

(h) The members of the International Sanitary Bureau who reside at a long distance from Washington, in case of inability to attend may be represented by their respective diplomatic agents, or by persons appointed by the respective Governments.

38. Again recommends to the American Governments which have not regularly sent the sanitary data to the International Sanitary Bureau in Washington or to the Bureau of Information of Montevideo to kindly send regularly said data to these bureaus, bearing in mind that such data should refer to the spread of contagious diseases and to the vital statistics of the principal cities and ports.

39. Recommends to the sanitary authorities of the American countries popular demonstrations as an active and appropriate part of the work of these conferences.

40. Recommends to the proper authorities that they should establish in school programs the obligation of teaching the elements of hygiene and prophylaxis of communicable diseases, employing preferably visual illustrative methods.

41. Suggests to the seventh conference the advisability of including in its program teaching in the schools concerning the means of spreading communicable diseases.

42. Recommends to the respective sanitary authorities consideration of the plan for facilitating imports and standardizing the rules and regulations concerning the same as submitted to the Pan American Financial Congress by the Surgeon General of the Public Health Service of the United States, Dr. Rupert Blue.

43. Advises the American Governments—

(a) That the programs of the conferences be prepared principally in relation to the study of matters relating to international prophylaxis of such nature as may readily be incorporated into continental sanitary laws, duly informing the Governments in due time.

(b) That there be included in the programs of future sanitary conferences a rule which prescribes the criteria which shall obtain for the admission of the topics for discussion and the requisites necessary to the fulfillment of the program.

44. Advises that the conference meet periodically and, when possible, within periods of two years, and that the date chosen for holding it be fixed by the Government of the country where it is to convene.

45. Advises the Governments to appoint as their representatives to this class of conferences officials well known or experienced in the field of sanitation.

46. Advises the American Governments that the appointment of persons who will represent them in future conferences be physicians versed in matters of hygiene and sanitation, or of persons who have specialized in these subjects.

THE SEVENTH PAN AMERICAN (INTERNATIONAL) SANITARY CONFERENCE¹

The Seventh Pan American Sanitary Conference was held at Habana, Cuba, November 5-15, 1924, in accordance with the resolution adopted at the Sixth Conference. The following countries were represented:

Argentina, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Mexico, Panama, Paraguay, Peru, the United States, Uruguay, and Venezuela. A number of important sanitary subjects were discussed at this conference, and an international sanitary convention, known as the Pan American Sanitary Code, was adopted.

RESOLUTIONS OF THE SEVENTH PAN AMERICAN SANITARY CONFERENCE

1. Approves the Pan American Sanitary Code.
2. Commends the sanitary organization of Cuba, and recommends that all Governments of America give their national health services the standing of Departments of Hygiene and Public Health.

¹ This conference was designated "The Seventh Pan American Sanitary Conference of the American Republics."

3. Recommends to American Governments importance of campaign against alcoholism through legislation and education.
4. Recommends the establishment of special public health schools, not to interfere with intensive public health courses for all physicians, but to perfect the specialty of public health.
5. Recommends as fundamental subject for the next conference bubonic plague—nosological, epidemiological, and medico-social aspects—and recommends to the Governments the appointment of technical committees to institute studies in their respective countries.
6. Calls attention to the importance of infant welfare, recommends the guardianship of the State over infants, and designates infantile morbidity and mortality as one of the principal subjects for the next conference.
7. Recommends the building of good roads as a factor contributing to the improvement of the public health.
8. Adopts a model drug and food law.
9. Includes in the program of the next conference the study of intestinal parasitosis occurring in the American continents.
10. Recommends to the Governments represented at the conference the storage, clarification, and chlorination of drinking water.
11. Recommends to the respective Governments serious fight against typhoid fever.
12. Agrees to substitute concurrent disinfection during the course of disease, exclusively of articles coming in contact with patient, instead of terminal disinfection in homes after death or cure of patient.
13. Recommends that the Pan American Sanitary Bureau publish the principal points brought out regarding flies in the reports of Doctors Llambías and Ramos.
14. Recommends that the next conference consider and establish proper rules regarding vegetal sanitation and quarantine.
15. Invites the Governments to prevent pharmacological quackery and deceptive medical advertisements.
16. Declares that venereal disease prophylaxis should include the following three points: (1) Eradication of contagion through hygienic, therapeutic, and educational means; (2) the abolition of the regulation of prostitutes and the eradication of prostitution as the chief factors in venereal diffusion; (3) exemption from duties and taxes of all specific medicines for venereal diseases.
17. Declares that American Governments ought to take steps favoring and stimulating the development of families.
18. Recommends continuation of study of the rôle of "carriers" in communicable diseases, and that reports be made on the subject at the next conference.

19. Recommends that the Pan American Sanitary Bureau publish all reports submitted by the various delegations.

20. Declares that in the fight against *Bilharzia* the use of alkalies (potash or soda) in the destruction of the intermediate host (a mollusk, *Planorbis*), is the most useful present method of eradicating the disease, and recommends that the Governments verify this whenever bilharziasis exists, and that they report their experiences at the next conference.

21. Declares that it is necessary to continue studying cooperative methods of fighting tuberculosis in America.

22. Considers that reports of the Pan American Sanitary Bureau concerning malaria are useful in the fight against that disease and invites all countries of America to send such data to the bureau.

23. Declares that all countries in America producing Peruvian bark ought to give protection and encouragement to the quinine industry as a fundamental factor in the fight against malaria.

24. Declares that the general conclusion regarding the use of calcium hydroxide against the development of mosquito larvae is that results obtained are negative.

25. Declares that no reports were submitted regarding tuberculosis and the venereal diseases, and that while chaulmoogra esters are the most effective treatment for leprosy, the results from their use are not entirely satisfactory. Also invites the Governments to further study and to report to the next conference.

26. Declares present methods of fighting the fly are unsatisfactory, and recommends study of new methods directed toward the prevention of fly breeding.

27. Declares campaign in the various countries against intestinal worms and parasites should be intensified, and invites Governments to report, at the next conference, further data regarding methods employed and results obtained.

28. Accepts proposal of Social Hygiene Committee recommending the following subjects for the next conference: (1) Sexual hygiene and education; (2) Industrial hygiene; (3) Report concerning vital statistics; (4) Study of the fly (*a*) as a factor in infant mortality, and (*b*) a study of the methods for the extermination of flies.

29. Recommends that the Pan American Sanitary Bureau publish a notice of the resolution of the Argentine delegation regarding venereal prophylaxis.

The city of Lima, Peru, was designated as the place for holding the Eighth Pan American Sanitary Conference.

The Pan American Sanitary Code.—An international sanitary convention was signed, on November 14, 1924, by representatives of the following American countries: Argentine Republic, Brazil, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Guatemala, Haiti,

Honduras, Mexico, Salvador, Panama, Paraguay, Peru, United States of America, Uruguay, and Venezuela.

The convention creates a sanitary code, of which the following are among the more important provisions:

Reciprocal notification of plague, cholera, yellow fever, smallpox, typhus, epidemic cerebrospinal meningitis, poliomyelitis, lethargic encephalitis, influenza, typhoid and paratyphoid fevers, and other diseases which may be added by the Pan American Sanitary Bureau.

Each Government agrees to provide for the collection of vital statistics, through compulsory notification and proper statistical offices.

The signatory Governments obligate themselves to publish immediately the preventive measures considered necessary to be taken by vessels, or other means of transport, at infected places.

Ports are classified as "infected," "suspected," and "clean"; and these classifications are defined.

Rules are laid down for the proper treatment of infected vessels and for quarantine charges.

A standard bill of health is adopted.

The Pan American Sanitary Bureau is designated as the central coordinating sanitary agency of the various member Republics of the Pan American Union.

It is provided that Governments not signing the convention are to be admitted to adherence thereto upon demand.

The ratification of the International Sanitary Convention creating the Pan American Sanitary Code was advised by the Senate of the United States on February 13, 1925, and the President's instrument of ratification was deposited with the Government of Cuba on April 13, 1925.

TYPHOID OUTBREAK AT WINONA LAKE, IND., DUE TO CROSS CONNECTIONS

An outbreak of typhoid fever occurred at Winona Lake, Ind., during the latter part of June and the early part of July which is now believed to have been caused by cross connections which permitted polluted water to enter the mains carrying the public water supply.

The number of cases resulting is not known, as many cases occurred among persons from other States who attended a conference held at Winona Lake from June 4-12. Reports received by Doctor King, State commissioner of health of Indiana, show that cases have occurred among persons in attendance at the conference from eight States other than Indiana. On July 2 there were reported at least 11 cases of typhoid fever in Winona Lake and community, and several additional doubtful cases.

From the data available, it seems very probable that the infection was carried into the public water supply of Winona Lake through two cross connections between the public water supply system and a system used for pumping surface water from a canal for use in sprinkling lawns and flushing toilets at the comfort stations on the parkway where the conference was held. Information obtained from residents in a house-to-house canvass in the area surrounding these cross connections, revealed that, in practically each instance, the water used from the city mains during the time when the conference was in session, was bad in taste. It was also learned that there were many cases of severe gastro-intestinal attacks, as well as cases of typhoid fever, either in the homes or among persons visiting them. Canvasses made in other sections of the city showed, on the contrary, that few persons noticed any change in the taste of the water and that there were few cases of gastro-intestinal trouble and no cases of typhoid except among persons who had drunk water from faucets in the area near the cross connections.

The taps nearest the cross connections were a row of drinking-water faucets which had been installed for the use of the public while the conference was in session. This probably accounts for the greater prevalence of typhoid fever among the visitors than among the residents, as seems to have been the case. A barber shop in the vicinity of the cross connections was visited by the investigator, and the barber stated that the water obtained from the city mains during the time of the conference was unfit for use, and that it had an odor similar to that of the canal water.

Investigation revealed that there were two cross connections between the canal water system and the public supply system. There was no evidence that the valves had been tampered with. There was evidence, however, that a closed valve in the canal system was leaking. Tests made on July 1, before the cross connections were broken, of the water obtained from a tap in one of the houses in the suspected area, showed that it was highly contaminated. Tests made July 12 and July 21, after the connections had been broken and the water chlorinated, showed the water to be satisfactory bacteriologically.

Additional evidence that the canal water had been entering the city mains is presented by the fact that a large meter recording the flow of water in the area involved was shown to have been turning backwards.

In order to remove the danger from the above-mentioned cross connections, and any others possibly existing, the pump on the canal bank was dismantled and removed. The canal water is stated to be unfit even for sprinkling purposes, since contamination might be spread by such use.

It appears that these cross connections had been installed in spite of an order made by the State Board of Health of Indiana more than two years ago that all physical connections between public water supplies and other supplies obtained from surface sources should be discontinued and making it unlawful for any such physical connections as those at Winona Lake.

Many States now have laws and regulations regarding cross connections. Some require double check valves where there is a connection between industrial supplies and the public supply main. In view of the fact that many outbreaks of typhoid fever and gastrointestinal disturbances have resulted from such connections between the potable supplies and polluted sources, and since check valves can not always be depended upon, it is of interest to present here the resolution passed at the American Water Works Association convention in Louisville in April, 1925, concerning this subject:

Whereas cross connections between potable public water supplies and supplies from other sources have been the cause of a large number of outbreaks of typhoid fever and other water-borne diseases; and

Whereas check valves and other similar protective devices can not always be depended upon; Be it

Resolved, That no physical connection should be permitted between a potable public water supply and any other supply except as follows:

1. With another potable public supply.
2. With a potable supply which is regularly examined as to its quality by those in charge of the potable public supply to which the connection is made.

This prohibition to apply to all piping systems either inside or outside of any building or buildings; and be it further

Resolved, That definite programs should be inaugurated in each municipality to permanently eliminate all other connections.

DUAL WATER SYSTEM RESPONSIBLE FOR TYPHOID CASE

A case of typhoid fever occurring in an employee of an industrial plant in Niagara Falls has been traced to polluted water in one of the supplies of a dual water system, according to the Health News of August 3, 1925, issued by the New York State Department of Health.

Investigation of the case by Dr. Edward E. Gillick, city health officer of Niagara Falls, eliminated all probable sources outside the factory where the patient was employed. When representatives of the health department visited the factory they discovered that, in addition to the municipal water supply connected with the drinking fountains, the company had a private water supply which was obtained directly from the Niagara River. This water was filtered but not chlorinated before being used for commercial purposes. Water faucets for the washbasins in the rest rooms were found to be connected with this private supply. As no warning notices had

been posted, it was stated to have been common practice for the employees to use this water for drinking purposes. Analysis of the water showed it to be badly polluted. Warning notices stating that the water was unfit for drinking purposes were posted by the company as soon as it learned that this was the cause of the typhoid case.

As other cases of typhoid fever had previously been traced to factories using raw river water for commercial purposes, the health officer issued a circular letter to 25 manufacturing establishments having such dual systems, warning them that the river water was unfit for drinking purposes and indicating their responsibility in case infection occurred, if such water was made available to employees without notice as to its dangerous quality.

BIRTH REGISTRATION CARDS AND VACCINATION REQUIRED OF VIRGINIA SCHOOL CHILDREN

The following notes are taken from a recent health news release issued by the State Department of Health of Virginia:

SCHOOLS ARE REQUIRING REGISTRATION CARDS

“Virtually all Virginia schools are now requiring that new students produce their birth registration cards. This is in conformity with statute law. Every year large numbers of children apply for admission and are delayed because their parents have either failed to get registration cards or have mislaid them.

“The rush for these cards usually swamps the vital statistics bureau of the State board of health; and Doctor Plecker, State registrar, urges parents to be more forehanded this year. Parents who have children who will enter school in September are requested to apply for registration cards at once.”

MOST SCHOOL BOARDS REQUIRE VACCINATION

“Unless the local school board decides to set aside this provision requiring the vaccination of all public-school children, no unvaccinated child is permitted to attend a Virginia public school. While vaccination, as at present administered, causes comparatively little inconvenience, still the State board of health advises that this protection against smallpox be secured before the school term begins, in order that there may be no possibility of interference with the child's attendance at school. Only a few local boards permit unvaccinated children to attend school, so the advice to be vaccinated now is applicable to almost every county in the State.”

DEATHS DURING WEEK ENDED AUGUST 8, 1925

Summary of information received by telegraph from industrial insurance companies for week ended August 8, 1925, and corresponding week of 1924. (From the Weekly Health Index, August 11, 1925, issued by the Bureau of the Census, Department of Commerce)

	Week ended August 8, 1925	Corresponding week, 1924
Policies in force.....	59, 810, 079	56, 683, 926
Number of death claims.....	9, 296	9, 119
Death claims per 1,000 policies in force, annual rate.....	8. 1	8. 4

Deaths from all causes in certain large cities of the United States during the week ended August 8, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, August 11, 1925, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Aug. 8, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended Aug. 8, 1925 ¹
	Total deaths	Death rate ¹		Week ended Aug. 8, 1925	Corresponding week, 1924	
Total (66 cities).....	5, 712	10. 7	³ 10. 6	813	³ 828	⁴ 66
Akron.....	37			4	1	45
Albany ²	23	10. 0	16. 3	4	2	87
Atlanta.....	45			5	11	
Baltimore ²	185	12. 1	12. 8	29	34	87
Birmingham.....	62	15. 7	15. 6	12	8	
Boston.....	180	12. 0	10. 5	26	29	69
Bridgeport.....	22			2	3	32
Buffalo.....	110	10. 4	10. 8	9	17	36
Cambridge.....	17	7. 9	7. 9	3	2	52
Camden.....	22	8. 9	10. 3	0	4	0
Chicago ²	589	10. 3	8. 6	98	76	87
Cincinnati.....	119	15. 2	16. 1	14	16	83
Cleveland.....	147	8. 2	7. 8	16	19	40
Columbus.....	65	12. 1	12. 4	10	6	92
Dallas.....	38	10. 2	11. 7	8	5	
Dayton.....	32	9. 6	11. 4	4	7	63
Denver.....	76	14. 1	12. 4	11	9	
Des Moines.....	28	9. 8	7. 9	0	2	0
Detroit.....	218			51	41	88
Duluth.....	18	8. 5	5. 3	1	1	22
El Paso.....	30	14. 9	18. 1	9	12	
Erie.....	23			2	2	39
Fall River ²	23	9. 9	9. 9	5	7	72
Flint.....	25	10. 0	5. 5	7	5	111
Fort Worth.....	19	6. 5	6. 3	3	2	
Grand Rapids.....	26	8. 9	7. 0	5	4	79
Houston.....	48	15. 2	19. 2	7	10	
Indianapolis.....	108	15. 7	13. 8	15	11	107
Jersey City.....	64	10. 6	10. 0	10	6	71
Kansas City, Kans.....	33	13. 9	14. 6	6	10	127
Kansas City, Mo.....	108	14. 6	13. 9	13	15	
Los Angeles.....	172			17	10	47
Louisville.....	77	15. 5	10. 9	14	8	122
Lowell.....	24	10. 7	14. 0	3	4	52
Lynn.....	18	9. 0	8. 0	1	0	27
Memphis.....	42	12. 6	18. 2	3	10	
Milwaukee.....	79	8. 2	9. 3	6	13	28
Minneapolis.....	76	9. 3	10. 1	6	8	32
Nashville ²	33	12. 6	26. 2	3	8	
New Bedford.....	24	9. 3	13. 8	7	8	116
New Haven.....	35	10. 2	12. 2	8	10	104
New Orleans.....	138	17. 4	16. 8	23	14	

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, Aug. 7, 1925.

Deaths from all causes in certain large cities of the United States during the week ended August 8, 1925, infant mortality, annual death rate, and comparison with corresponding week of 1924. (From the Weekly Health Index, August 11, 1925, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Aug. 8, 1925		Annual death rate per 1,000 corresponding week, 1924	Deaths under 1 year		Infant mortality rate week ended Aug. 8, 1925
	Total deaths	Death rate		Week ended Aug. 8, 1925	Corresponding week, 1924	
New York	1,108	9.5	9.3	149	136	60
Bronx Borough	145	8.4	7.1	15	13	52
Brooklyn Borough	323	7.5	8.0	46	45	47
Manhattan Borough	468	10.8	10.9	69	65	72
Queens Borough	113	10.3	9.9	12	10	56
Richmond Borough	59	23.0	15.6	7	3	125
Newark, N. J.	75	8.6	9.8	11	10	50
Norfolk	26			2	2	37
Oakland	25	5.1	10.8	1	6	12
Oklahoma City	20			5	3	
Omaha	51	12.6	12.0	14	7	144
Paterson	31	11.4	8.2	3	1	50
Philadelphia	398	10.5	10.7	62	68	78
Pittsburgh	146	12.3	13.2	18	32	60
Portland, Oreg.	50	9.2	7.9	2	3	20
Providence	38	8.1	11.6	7	14	56
Richmond	42	11.7	14.5	5	13	60
Rochester	56	8.8	9.8	7	10	56
St. Louis	209	13.3	12.0	38	22	
St. Paul	42	8.9	8.8	6	5	51
San Antonio	55	14.5	11.4	13	12	
San Diego	25	12.3	15.7	1	1	23
San Francisco	117	10.9	11.5	7	4	40
Schenectady	16	8.2	12.5	1	2	28
Seattle	45			5	2	48
Somerville	14	7.2	6.2	3	1	80
Spokane	15	7.2	10.5	1	1	22
Springfield, Mass.	31	10.6	7.0	2	7	30
Syracuse	41	11.2	7.2	6	4	75
Tacoma	30	15.0	10.1	5	3	117
Toledo	60	10.9	9.5	12	7	108
Trenton	27	10.7	8.8	2	5	33
Utica	23	11.2	0	5	0	107
Washington, D. C.	138	14.5	11.9	12	16	67
Waterbury	12			4	0	86
Wilmington, Del.	20	8.5	9.6	5	11	113
Worcester	44	11.5	12.0	3	12	35
Yonkers	10	4.7	7.6	2	6	44
Youngstown	36	11.7	11.1	11	6	136

COLORADO	
	Cases
Diphtheria.....	15
Measles.....	1
Poliomyelitis.....	2
Scarlet fever.....	8
Septic sore throat.....	1
Tuberculosis.....	14
Typhoid fever.....	12
Whooping cough.....	14

CONNECTICUT	
Chicken pox.....	3
Diphtheria.....	15
German measles.....	3
Influenza.....	1
Malaria.....	1
Measles.....	15
Pneumonia (all forms).....	11
Poliomyelitis.....	5
Scarlet fever.....	15
Tuberculosis (all forms).....	20
Typhoid fever.....	10
Whooping cough.....	46

DELAWARE	
Measles.....	1
Tuberculosis.....	1
Typhoid fever.....	4

FLORIDA	
Cerebrospinal meningitis.....	1
Chicken pox.....	1
Dengue.....	1
Diphtheria.....	13
Influenza.....	33
Lethargic encephalitis.....	3
Malaria.....	32
Mumps.....	6
Pneumonia.....	62
Poliomyelitis.....	11
Scarlet fever.....	4
Tetanus.....	7
Tuberculosis.....	80
Typhoid fever.....	36
Whooping cough.....	9

GEORGIA	
Actinomycosis.....	1
Chicken pox.....	2
Diphtheria.....	15
Dysentery.....	7
German measles.....	1
Hookworm disease.....	6
Influenza.....	15
Malaria.....	69
Measles.....	1
Mumps.....	7
Paratyphoid fever.....	2
Pellagra.....	8
Scarlet fever.....	5
Septic sore throat.....	5
Tuberculosis.....	17
Typhoid fever.....	83
Typhus fever.....	1
Whooping cough.....	9

ILLINOIS	
	Cases
Cerebrospinal meningitis:	
Cook County.....	2
Henry County.....	1
Diphtheria:	
Cook County.....	46
Scattering.....	13
Influenza.....	7
Lethargic encephalitis:	
Cook County.....	2
Knor County.....	1
Pike County.....	1
Measles.....	45
Pneumonia.....	79
Poliomyelitis:	
Cook County.....	4
Henry County.....	2
Jo Daviess County.....	2
Kane County.....	1
Peoria County.....	1
Scarlet fever:	
Cook County.....	28
Scattering.....	31
Smallpox.....	9
Tuberculosis.....	196
Typhoid fever.....	60
Whooping cough.....	199

INDIANA	
Chicken pox.....	1
Diphtheria.....	14
Influenza.....	42
Measles.....	3
Pneumonia.....	4
Scarlet fever.....	16
Smallpox.....	18
Tuberculosis.....	53
Typhoid fever.....	43
Whooping cough.....	32

IOWA	
Chicken pox.....	1
Diphtheria.....	1
Poliomyelitis—Derby.....	1
Smallpox.....	1
Whooping cough.....	1

KANSAS	
Cerebrospinal meningitis:	
Hutchinson.....	1
Jennings.....	1
Chicken pox.....	2
Diphtheria.....	8
Dysentery.....	2
German measles.....	2
Influenza.....	10
Malaria.....	1
Measles.....	3
Mumps.....	12
Pneumonia.....	22
Poliomyelitis:	
Chanute.....	1
Kiowa.....	1
Manhattan.....	1
Wilder.....	1

KANSAS—continued		MASSACHUSETTS—continued	
	Cases		Cases
Scarlet fever.....	18	Scarlet fever.....	33
Smallpox.....	5	Tetanus.....	1
Tetanus.....	1	Trachoma.....	3
Tuberculosis.....	22	Tuberculosis (all forms).....	140
Typhoid fever.....	50	Typhoid fever.....	20
Whooping cough.....	58	Whooping cough.....	146
LOUISIANA		MICHIGAN	
Diphtheria.....	4	Diphtheria.....	43
Leprosy.....	1	Measles.....	23
Malaria.....	23	Pneumonia.....	42
Pneumonia.....	10	Scarlet fever.....	52
Poliomyelitis.....	2	Smallpox.....	8
Scarlet fever.....	10	Tuberculosis.....	96
Smallpox.....	1	Typhoid fever.....	22
Tuberculosis.....	40	Whooping cough.....	142
Typhoid fever.....	54	MINNESOTA	
MAINE		Cerebrospinal meningitis.....	2
Cerebrospinal meningitis.....	1	Chicken pox.....	27
Chicken pox.....	1	Diphtheria.....	53
Diphtheria.....	9	Lethargic encephalitis.....	2
German measles.....	7	Measles.....	3
Measles.....	12	Pneumonia.....	1
Mumps.....	8	Poliomyelitis.....	78
Paratyphoid fever.....	1	Scarlet fever.....	57
Pneumonia.....	2	Smallpox.....	3
Poliomyelitis.....	3	Tuberculosis.....	62
Scarlet fever.....	9	Typhoid fever.....	9
Tuberculosis.....	80	Whooping cough.....	20
Typhoid fever.....	6	MISSISSIPPI	
Vincent's angina.....	2	Diphtheria.....	12
Whooping cough.....	12	Poliomyelitis.....	1
MARYLAND ¹		Scarlet fever.....	3
Chicken pox.....	5	Smallpox.....	1
Diphtheria.....	8	Typhoid fever.....	62
Dysentery.....	16	MISSOURI	
Lethargic encephalitis.....	1	(Exclusive of Kansas City)	
Malaria.....	3	Cerebrospinal meningitis.....	2
Measles.....	12	Chicken pox.....	2
Mumps.....	12	Diphtheria.....	12
Ophthalmia neonatorum.....	2	Influenza.....	4
Paratyphoid fever.....	2	Measles.....	1
Pneumonia (all forms).....	22	Mumps.....	3
Poliomyelitis.....	1	Pneumonia.....	8
Scarlet fever.....	6	Poliomyelitis.....	6
Septic sore throat.....	1	Scarlet fever.....	10
Tuberculosis.....	61	Tetanus.....	1
Typhoid fever.....	45	Trachoma.....	36
Vincent's angina.....	1	Tuberculosis.....	34
Whooping cough.....	81	Typhoid fever.....	36
MASSACHUSETTS		Whooping cough.....	33
Cerebrospinal meningitis.....	1	MONTANA	
Chicken pox.....	17	Cerebrospinal meningitis.....	1
Conjunctivitis (suppurative).....	2	Chicken pox.....	3
Diphtheria.....	69	Diphtheria.....	7
German measles.....	8	Mumps.....	4
Hookworm disease.....	1	Poliomyelitis—Malta.....	1
Lethargic encephalitis.....	1	Scarlet fever.....	11
Measles.....	119	Smallpox.....	3
Mumps.....	8	Tuberculosis.....	6
Ophthalmia neonatorum.....	22	Tularaemia.....	6
Pellagra.....	4	Typhoid fever.....	6
Pneumonia (lobar).....	13	Whooping cough.....	10
Poliomyelitis.....	3		

¹ Week ended Friday.

NEW JERSEY

	Cases
Cerebrospinal meningitis.....	2
Chicken pox.....	15
Diphtheria.....	46
Influenza.....	1
Malaria.....	1
Measles.....	39
Pneumonia.....	33
Poliomyelitis.....	11
Scarlet fever.....	31
Smallpox.....	1
Typhoid fever.....	27
Whooping cough.....	110

NEW MEXICO

Diphtheria:	
Bernalillo.....	13
Scattering.....	4
Measles.....	1
Mumps.....	3
Pneumonia.....	1
Rabies in animals.....	1
Tuberculosis.....	16
Typhoid fever.....	7
Whooping cough.....	4

NEW YORK

(Exclusive of New York City)

Cerebrospinal meningitis.....	2
Diphtheria.....	50
Influenza.....	5
Lethargic encephalitis.....	1
Measles.....	71
Pneumonia.....	55
Poliomyelitis.....	34
Scarlet fever.....	44
Typhoid fever.....	31
Whooping cough.....	179

NORTH CAROLINA

Chicken pox.....	11
Diphtheria.....	63
Measles.....	4
Ophthalmia neonatorum.....	1
Poliomyelitis.....	8
Scarlet fever.....	23
Smallpox.....	9
Typhoid fever.....	102
Whooping cough.....	59

OKLAHOMA

(Exclusive of Oklahoma and Tulsa)

Chicken pox.....	2
Diphtheria.....	8
Influenza.....	14
Malaria.....	61
Measles.....	3
Mumps.....	4
Pellagra.....	10
Pneumonia.....	2
Scarlet fever.....	4
Smallpox.....	2
Typhoid fever.....	102
Whooping cough.....	31

¹ Deaths.

OREGON

	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	3
Diphtheria.....	12
Dysentery.....	4
Mumps.....	3
Pneumonia.....	15
Scarlet fever.....	6
Tuberculosis.....	10
Typhoid fever.....	9
Whooping cough.....	5

SOUTH DAKOTA

Chicken pox.....	3
Measles.....	1
Mumps.....	1
Scarlet fever.....	10
Tuberculosis.....	1
Typhoid fever.....	5
Whooping cough.....	3

TEXAS

Chicken pox.....	6
Diphtheria.....	7
Influenza.....	1
Mumps.....	2
Paratyphoid fever.....	1
Pneumonia.....	4
Scarlet fever.....	9
Smallpox.....	4
Trachoma.....	8
Tuberculosis.....	22
Typhoid fever.....	58
Typhus fever.....	8
Whooping cough.....	19

VERMONT

Chicken pox.....	1
Diphtheria.....	1
Measles.....	11
Mumps.....	12
Scarlet fever.....	7
Typhoid fever.....	1
Whooping cough.....	12

VIRGINIA

Cerebrospinal meningitis—Wise County.....	1
Poliomyelitis—James City County.....	1
Smallpox.....	1

WASHINGTON

Chicken pox.....	4
Diphtheria.....	15
German measles.....	3
Measles.....	2
Mumps.....	10
Poliomyelitis:	
Pierce County.....	1
Seattle.....	2
Spokane.....	1
Tacoma.....	1

WASHINGTON—continued

	Cases
Scarlet fever.....	19
Smallpox.....	11
Tuberculosis.....	6
Typhoid fever.....	8
Whooping cough.....	41
WEST VIRGINIA	
Diphtheria.....	4
Scarlet fever.....	9
Smallpox.....	1
Typhoid fever.....	25
WISCONSIN	
Milwaukee:	
Chicken pox.....	3
Diphtheria.....	10
German measles.....	1
Measles.....	2
Mumps.....	5
Pneumonia.....	8
Scarlet fever.....	6
Tuberculosis.....	13
Typhoid fever.....	1
Whooping cough.....	66

WISCONSIN—continued

	Cases
Scattering:	
Chicken pox.....	8
Diphtheria.....	32
German measles.....	1
Influenza.....	8
Lethargic encephalitis.....	1
Measles.....	57
Mumps.....	15
Pneumonia.....	4
Poliomyelitis.....	7
Scarlet fever.....	35
Smallpox.....	3
Tuberculosis.....	19
Typhoid fever.....	2
Whooping cough.....	96
WYOMING	
Measles.....	1
Mumps.....	1
Pneumonia.....	3
Poliomyelitis.....	3
Scarlet fever.....	4
Typhoid fever.....	1
Whooping cough.....	2

Reports for Week Ended August 8, 1925

DISTRICT OF COLUMBIA

	Cases
Diphtheria.....	1
Measles.....	4
Pneumonia.....	13
Poliomyelitis.....	1
Scarlet fever.....	4
Tuberculosis.....	25
Typhoid fever.....	3
Whooping cough.....	21

IOWA

Cerebrospinal meningitis.....	1
Chicken pox.....	1
Diphtheria.....	6
Mumps.....	4
Poliomyelitis.....	1
Scarlet fever.....	7
Smallpox.....	3
Whooping cough.....	4

MARYLAND¹

Cerebrospinal meningitis.....	1
Chicken pox.....	2
Diphtheria.....	12
Dysentery.....	31
German measles.....	1
Influenza.....	3
Lethargic encephalitis.....	1
Malaria.....	4
Measles.....	18
Mumps.....	14
Paratyphoid fever.....	3
Pneumonia (broncho).....	7
Pneumonia (lobar).....	11
Poliomyelitis.....	3
Scarlet fever.....	6
Tuberculosis.....	72
Typhoid fever.....	43
Whooping cough.....	121

NEBRASKA

	Cases
Chicken pox.....	1
Diphtheria.....	3
Measles.....	2
Mumps.....	1
Poliomyelitis.....	1
Scarlet fever.....	4
Smallpox.....	4
Tetanus.....	1
Typhoid fever.....	4
Whooping cough.....	2

NORTH DAKOTA

Chicken pox.....	5
German measles.....	3
Influenza.....	2
Measles.....	2
Pneumonia.....	1
Poliomyelitis.....	11
Scarlet fever.....	15
Tuberculosis.....	2
Typhoid fever.....	2
Whooping cough.....	14

SOUTH CAROLINA

Dengue.....	5
Diphtheria.....	26
Influenza.....	40
Malaria.....	393
Poliomyelitis.....	3
Scarlet fever.....	7
Smallpox.....	5
Tuberculosis.....	45
Typhoid fever.....	104
Whooping cough.....	58

WYOMING

Chicken pox.....	1
Diphtheria.....	4
Mumps.....	3
Scarlet fever.....	8
Tuberculosis.....	2
Typhoid fever.....	2
Whooping cough.....	6

¹ For eight days ended August 8.

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Polio-myelitis	Scarlet fever	Small-pox	Typhoid fever
<i>June, 1925</i>										
California.....	6	336	59	4	258	1	66	368	399	70
<i>July, 1925</i>										
Arizona.....		5			13		3	2	0	11
Delaware.....		1		7	28			1	2	11
Florida.....	3	51	29	75	2	14	9	4	9	81
Indiana.....	2	54	67	0		0	0	129		147
Massachusetts.....	7	259	6	1	1,037	3	11	269		82
Missouri.....	2	114	11	9	39	0	14	155	34	168
Vermont.....		10			112		4	18		1
Wisconsin.....	5	167	40	0	568	0	42	266	79	14

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

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

Los Angeles, Calif.

Week ended Aug. 1, 1925:

Number of rats trapped.....	2, 428
Number of rats found plague infected.....	1
Number of squirrels examined.....	972
Number of squirrels found plague infected.....	0
Number of mice trapped.....	1, 972
Number of mice found plague infected.....	0

Date of discovery of last plague-infected rodent, Aug. 1, 1925.

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

Oakland, Calif.

(Including other East Bay communities)

Week ended Aug. 1, 1925:

Number of rats trapped.....	1, 059
Number of rats found to be plague infected.....	0
Number of squirrels examined.....	573
Number of squirrels found to be plague infected.....	0

Totals:

Number of rats trapped Jan. 1 to Aug. 1, 1925.....	61, 899
Number of rats found to be plague infected.....	21
Number of squirrels examined May 1 to Aug. 1, 1925.....	7, 277
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 Aug. 1, 1925:

Number of vessels inspected.....	22
Number of inspections made.....	37
Number of vessels fumigated with cyanide gas.....	8
Number of rodents examined for plague.....	3, 354
Number of rodents found to be plague infected.....	0

Totals, Dec. 5, 1924, to Aug. 1, 1925:

Number of rodents examined for plague.....	227, 036
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.

TYPHOID FEVER IN THE UNITED STATES

Summary of reports for the nine weeks ended August 8, 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 nine weeks from June 7 to August 8, 1925, and from June 8 to August 9, 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 nine weeks of both years are omitted from the tables.

Cases of typhoid fever reported by State health officers for the nine weeks ended August 8, 1925, compared with reports for the corresponding period of 1924

State	1925	1924	State	1925	1924
Maine.....	25	95	West Virginia.....	52	57
Vermont.....	6	4	North Carolina.....	538	549
Massachusetts.....	114	96	Georgia.....	838	238
Connecticut.....	43	48	Florida.....	158	134
New York.....	489	558	Alabama.....	786	514
New Jersey.....	185	104	Arkansas.....	405	198
Indiana.....	245	127	Louisiana.....	693	233
Illinois.....	401	223	Texas.....	371	126
Michigan.....	116	134	Montana.....	22	18
Wisconsin.....	28	40	Wyoming.....	9	10
Minnesota.....	45	48	Colorado.....	70	39
Missouri.....	307	122	New Mexico.....	55	52
South Dakota.....	22	18	Arizona.....	27	24
Nebraska.....	16	9	Washington.....	54	68
Kansas.....	208	108	Oregon.....	35	36
Delaware.....	15	9	California.....	171	210
Maryland.....	177	207			
District of Columbia.....	19	17	Total.....	6, 745	4, 473

Cases of typhoid fever reported by the health officers of 33 States and the District of Columbia June 7 to August 8, 1925, and June 8 to August 9, 1924, by weeks

Week ended—	1925	1924	Week ended—	1925	1924
June 13, 1925; June 14, 1924....	479	324	July 25, 1925; July 26, 1924....	845	606
June 20, 1925; June 21, 1924....	500	349	Aug. 1, 1925; Aug. 2, 1924....	970	656
June 27, 1925; June 28, 1924....	649	276	Aug. 8, 1925; Aug. 9, 1924....	1, 045	757
July 4, 1925; July 5, 1924....	612	368			
July 11, 1925; July 12, 1924....	827	535	Total.....	6, 745	4, 473
July 18, 1925; July 19, 1924....	817	602			

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended August 1, 1925, 34 States reported 789 cases of diphtheria. For the week ended August 2, 1924, the same States reported 899 cases of this disease. Ninety-eight cities, situated in all parts of the country and having an aggregate population of nearly 28,050,000, reported 421 cases of diphtheria for the week ended August 1, 1925. Last year for the corresponding week they reported 451 cases. The estimated expectancy for these cities was 572 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-two States reported 664 cases of measles for the week ended August 1, 1925, and 941 cases of this disease for the week ended August 2, 1924. Ninety-eight cities reported 397 cases of measles for the week this year, and 399 cases last year.

Poliomyelitis.—The health officers of 33 States reported 389 cases of poliomyelitis for the week ended August 1, 1925. The same States reported 141 cases for the week ended August 2, 1924.

Scarlet fever.—Scarlet fever was reported for the week as follows: thirty-four States—this year, 678 cases; last year, 820 cases; 98 cities—this year, 309 cases; last year, 357 cases; estimated expectancy, 247 cases.

Smallpox.—For the week ended August 1, 1925, 34 States reported 173 cases of smallpox. Last year, for the corresponding week, they reported 315 cases. Ninety-eight cities reported smallpox for the week as follows: 1925, 53 cases; 1924, 113 cases; estimated expectancy, 33 cases. Two deaths from smallpox were reported by these cities for the week this year—at St. Paul, Minn.

Typhoid fever.—One thousand and seventy-five cases of typhoid fever were reported for the week ended August 1, 1925, by 34 States. For the corresponding week of 1924 the same States reported 709 cases. Ninety-nine cities reported 213 cases of typhoid fever for the week this year, and 185 cases for the corresponding week last year. The estimated expectancy for these cities was 195 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia (combined) were reported for the week by 98 cities as follows: 1925, 327 deaths; 1924, 293 deaths.

City reports for week ended August 1, 1925.

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

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

Division, State, and city	Population July 1, 1923, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland.....	73, 129	0	1	0	0	0	0	2	1
New Hampshire:									
Concord.....	22, 408	0	0	0	0	0	0	0	0
Manchester.....	81, 383	0	1	0	0	0	0	0	0
Vermont:									
Barre.....	1 10, 008	0	0	0	0	0	0	0	0
Massachusetts:									
Boston.....	770, 400	11	35	10	3	0	30	4	14
Fall River.....	120, 912	0	3	4	0	0	7	0	0
Springfield.....	144, 227	0	1	0	0	0	4	0	2
Worcester.....	191, 927	1	2	2	0	0	11	0	1
Rhode Island:									
Pawtucket.....	68, 799	0	1	0	0	0	0	0	1
Providence.....	242, 378	0	5	4	0	0	17	0	2
Connecticut:									
Bridgeport.....	1 143, 555	0	4	2	0	0	0	0	0
Hartford.....	1 138, 036	0	3	0	0	0	0	0	0
New Haven.....	172, 967	2	2	1	0	0	5	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo.....	536, 718	1	9	2	1	0	12	0	6
New York.....	5, 927, 625	34	147	101	3	2	61	7	74
Rochester.....	317, 867	2	4	4	0	0	14	0	3
Syracuse.....	184, 511	5	3	1	0	0	3	1	0
New Jersey:									
Camden.....	124, 157	1	2	2	0	0	1	0	0
Newark.....	438, 699	2	8	16	0	0	15	2	6
Trenton.....	127, 390	0	3	0	0	0	2	0	0
Pennsylvania:									
Philadelphia.....	1, 922, 788	7	34	41	0	0	21	1	23
Pittsburgh.....	613, 442	2	14	14	0	0	17	0	15
Reading.....	110, 617	0	2	1	0	0	7	0	1
Scranton.....	140, 636	0	2	0	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	406, 312	0	6	5	0	0	0	0	4
Cleveland.....	888, 519	10	17	12	0	0	17	1	11
Columbus.....	261, 062	0	2	0	0	0	0	0	0
Toledo.....	268, 338	4	4	4	0	0	5	1	4
Indiana:									
Fort Wayne.....	93, 573	0	2	0	0	0	0	0	0
Indianapolis.....	342, 718	0	5	2	0	0	4	0	8
South Bend.....	78, 709	0	0	0	0	0	2	0	0
Terre Haute.....	68, 939	0	0	0	0	0	0	0	3
Illinois:									
Chicago.....	2, 866, 121	13	71	38	1	0	52	3	29
Cicero.....	55, 968	0	2	0	0	0	0	0	0
Springfield.....	61, 833	0	0	0	0	0	1	1	0
Michigan:									
Detroit.....	995, 668	4	30	17	2	0	4	1	8
Flint.....	117, 968	0	3	4	0	0	3	0	1
Grand Rapids.....	145, 947	0	3	1	0	0	2	0	1
Wisconsin:									
Madison.....	42, 519	0	1	4	0	0	7	0	0
Milwaukee.....	484, 395	13	9	14	0	0	5	3	4
Racine.....	64, 393	0	0	2	0	0	0	1	0
Superior.....	1 39, 671	0	0	0	0	0	0	0	0

¹ Population Jan. 1, 1920.

City reports for week ended August 1, 1925—Continued

Division, State, and city	Population July 1, 1923, estimated	Chick-en pox, cases re-ported	Diphtheria		Influenza		Mea-sles, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported
			Cases, esti-mated expect-ancy	Cases re-ported	Cases re-ported	Deaths re-ported			
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	106, 289	3	1	0	0	0	0	0	1
Minneapolis.....	406, 125	15	9	19	0	0	1	0	2
St. Paul.....	241, 891	3	11	5	0	0	2	0	4
Iowa:									
Davenport.....	61, 262	0	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	0	0
Waterloo.....	39, 667	1	0	1	0	0	0	1	0
Missouri:									
Kansas City.....	351, 819	0	3	0	0	0	1	4	8
St. Joseph.....	78, 232	0	1	0	0	0	0	0	0
St. Louis.....	803, 853	1	21	18	0	0	11	0	0
North Dakota:									
Fargo.....	24, 841	0	0	0	0	0	0	0	0
Grand Forks.....	14, 547	0	0	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	1	0	0	0	0	4	0
Omaha.....	204, 382	0	4	1	0	0	0	0	3
Kansas:									
Topeka.....	52, 555	0	1	1	0	0	0	2	0
Wichita.....	79, 261	0	1	1	0	0	0	0	1
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	117, 728	0	1	2	0	0	10	0	1
Maryland:									
Baltimore.....	773, 580	1	13	12	1	0	14	7	11
Cumberland.....	32, 361	0	1	0	3	1	0	0	0
Frederick.....	11, 301	1	0	0	0	0	0	0	1
District of Columbia:									
Washington.....	1437, 571	1	4	2	0	0	5	0	5
Virginia:									
Lynchburg.....	30, 277	0	0	1	0	0	0	1	0
Norfolk.....	159, 089	0	0	0	0	0	0	1	1
Richmond.....	181, 044	1	2	4	0	0	2	2	0
Roanoke.....	55, 502	0	1	0	0	0	1	0	0
West Virginia:									
Charleston.....	45, 597	0	1	1	0	0	0	0	0
Huntington.....	57, 918	0	0	1	0	0	0	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	0	1
Winston-Salem.....	56, 230	0	1	0	0	0	1	0	0
South Carolina:									
Charleston.....	71, 245	0	0	0	0	0	0	0	1
Columbia.....	39, 688	0	1	0	0	0	0	0	0
Greenville.....	25, 789	0	0	1	0	0	0	0	1
Georgia:									
Atlanta.....	222, 963	2	2	0	1	0	1	2	6
Brunswick.....	15, 937	0	0	0	0	0	0	0	0
Savannah.....	89, 448	0	0	1	0	0	0	1	1
Florida:									
St. Petersburg.....	24, 403	0	0	0	0	0	0	0	0
Tampa.....	56, 050	1	0	0	0	0	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	57, 877	0	1	0	0	0	0	0	0
Louisville.....	257, 671	0	2	2	2	0	0	0	2
Tennessee:									
Memphis.....	170, 067	0	2	0	0	0	0	0	2
Nashville.....	121, 128	0	1	0	0	0	3	0	3
Alabama:									
Birmingham.....	195, 901	0	1	0	0	0	2	0	6
Mobile.....	63, 858	0	0	0	0	0	0	0	0
Montgomery.....	45, 383	0	0	0	0	0	0	0	0

1 Population Jan. 1, 1920.

City reports for week ended August 1, 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			
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	30,635	0	0	0	0	0	0	1	0
Little Rock.....	70,916	0	0	0	0	0	0	0	0
Louisiana:									
New Orleans.....	404,575	0	5	3	0	0	0	0	9
Shreveport.....	54,590	0	1	0	0	0	0	0	0
Oklahoma:									
Oklahoma.....	101,150	0	1	3	0	0	0	0	2
Tulsa.....	102,018	0	0	0	0	0	0	0	0
Texas:									
Dallas.....	177,274	0	2	1	0	0	0	0	8
Galveston.....	46,877	0	0	3	0	0	0	0	2
Houston.....	154,970	0	2	2	0	0	0	0	1
San Antonio.....	184,727	0	0	0	0	0	0	0	4
MOUNTAIN									
Montana:									
Billings.....	16,927	1	0	0	0	0	0	6	0
Great Falls.....	27,787	0	1	0	0	0	0	3	1
Helena.....	¹ 12,037	0	1	0	0	0	0	0	0
Missoula.....	¹ 12,668	0	0	0	0	0	0	0	1
Idaho:									
Boise.....	22,806	0	0	0	0	0	0	0	0
Colorado:									
Denver.....	272,031	12	8	12	0	0	10	6	6
Pueblo.....	43,519	0	0	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	0	2	0	0
Utah:									
Salt Lake City.....	126,241	5	2	1	0	0	1	22	0
Nevada:									
Reno.....	12,429	0	0	1	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	¹ 315,885	4	4	0	0	0	2	6	0
Spokane.....	104,573	4	1	0	0	0	0	0	0
Tacoma.....	101,731	0	1	4	0	0	1	0	2
Oregon:									
Portland.....	273,621	3	3	16	0	0	0	3	0
California:									
Los Angeles.....	666,853	6	27	13	2	0	6	11	10
Sacramento.....	69,950	1	1	1	0	0	0	1	0
San Francisco.....	539,038	0	12	0	0	0	0	0	0

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.....	1	3	0	0	0	0	1	0	0	0	22
New Hampshire:											
Concord.....	1	0	0	0	0	0	0	0	0	0	0
Manchester.....	0	0	0	0	0	2	0	0	0	0	0
Vermont:											
Barre.....	0	0	0	0	0	0	0	0	0	0	0

¹ Population Jan. 1, 1920.

City reports for week ended August 1, 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—continued											
Massachusetts:											
Boston.....	12	11	0	0	0	7	3	1	0	40	178
Fall River.....	1	2	0	0	0	1	1	0	0	6	19
Springfield.....	1	3	0	0	0	1	0	0	0	9	24
Worcester.....	1	4	0	0	0	0	1	1	0	27	39
Rhode Island:											
Pawtucket.....	1	0	0	0	0	0	0	0	0	0	18
Providence.....	3	0	0	0	0	3	1	0	0	1	49
Connecticut:											
Bridgeport.....	2	4	0	0	0	0	1	0	0	0	20
Hartford.....	1	1	0	0	0	1	1	0	0	0	0
New Haven.....	1	3	0	0	0	4	2	3	1	9	30
MIDDLE ATLANTIC											
New York:											
Buffalo.....	7	7	0	0	0	12	2	4	0	5	102
New York.....	36	19	0	0	0	175	30	39	1	110	1,108
Rochester.....	4	2	0	0	0	1	1	1	0	7	67
Syracuse.....	3	2	0	0	0	2	1	0	0	19	30
New Jersey:											
Camden.....	0	0	0	0	0	1	2	3	0	4	22
Newark.....	5	4	0	0	0	12	2	1	0	48	83
Trenton.....	0	3	0	0	0	1	1	2	0	1	30
Pennsylvania:											
Philadelphia.....	17	22	0	0	0	42	11	7	1	65	350
Pittsburg.....	8	15	0	0	0	7	4	3	0	15	150
Reading.....	0	0	0	0	0	1	1	0	0	12	27
Scranton.....	1	0	0	0	0	0	0	1	0	0	0
EAST NORTH CENTRAL											
Ohio:											
Cincinnati.....	3	0	0	0	0	7	2	2	0	8	93
Cleveland.....	7	6	2	0	0	10	4	0	0	53	145
Columbus.....	2	4	0	0	0	4	2	1	0	14	58
Toledo.....	5	1	1	0	0	7	1	1	0	8	53
Indiana:											
Fort Wayne.....	1	0	0	0	0	0	0	0	0	0	18
Indianapolis.....	3	0	1	2	0	7	3	0	0	29	98
South Bend.....	0	0	0	0	0	0	0	0	0	0	19
Terre Haute.....	0	1	0	0	0	0	1	0	0	0	18
Illinois:											
Chicago.....	28	34	1	1	0	47	5	5	1	80	504
Cicero.....	0	0	0	0	0	0	0	0	0	0	0
Springfield.....	1	2	1	0	0	1	0	0	0	6	17
Michigan:											
Detroit.....	23	25	4	1	0	20	5	5	1	115	210
Flint.....	2	4	0	0	0	0	1	0	0	1	14
Grand Rapids.....	2	4	0	0	0	1	1	1	0	7	28
Wisconsin:											
Madison.....	0	0	0	0	0	0	0	0	0	5	5
Milwaukee.....	12	4	2	1	0	6	0	0	0	59	91
Racine.....	1	1	0	0	0	2	0	0	0	21	9
Superior.....	0	1	1	0	0	0	0	0	0	0	8
WEST NORTH CENTRAL											
Minnesota:											
Duluth.....	1	8	1	0	0	1	2	0	0	6	16
Minneapolis.....	7	10	2	0	0	0	1	1	0	2	55
St. Paul.....	5	11	2	4	2	1	2	4	0	20	54
Iowa:											
Davenport.....	0	0	0	0	0	0	0	0	0	1	0
Des Moines.....	2	1	0	1	0	0	0	0	0	0	0
Sioux City.....	1	0	1	0	0	0	0	0	0	0	0
Waterloo.....	1	0	0	0	0	0	0	0	0	2	0

¹ Pulmonary tuberculosis only.

City reports for week ended August 1, 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—Contd.											
Missouri:											
Kansas City.....	2	6	1	0	0	9	3	5	2	21	86
St. Joseph.....	0	0	0	0	0	1	0	0	0	1	27
St. Louis.....	6	18	1	0	0	4	7	11	2	23	183
North Dakota:											
Fargo.....	0	0	0	0	0	0	0	0	0	0	0
Grand Forks.....	0	0	0	0	0	0	0	0	0	0	0
South Dakota:											
Aberdeen.....	1	0	0	0	0	0	0	0	0	1	0
Sioux Falls.....	0	2	0	0	0	2	0	0	0	0	13
Nebraska:											
Lincoln.....	0	0	1	0	0	0	1	0	0	7	7
Omaha.....	1	2	1	3	0	3	0	0	0	6	48
Kansas:											
Topeka.....	0	0	0	0	0	0	1	0	0	2	18
Wichita.....	1	3	0	0	0	1	2	2	0	5	33
SOUTH ATLANTIC											
Delaware:											
Wilmington.....	0	1	0	0	0	1	1	0	0	3	18
Maryland:											
Baltimore.....	6	2	0	0	0	20	9	9	1	126	218
Cumberland.....	0	0	0	0	0	0	0	0	0	0	10
Frederick.....	0	0	0	0	0	0	1	0	0	0	3
District of Col.:											
Washington.....	3	0	0	0	0	14	5	0	0	20	98
Virginia:											
Lynchburg.....	0	2	0	0	0	0	1	1	0	1	10
Norfolk.....	0	0	0	0	0	2	3	1	0	8	0
Richmond.....	1	6	0	0	0	3	3	2	0	2	40
Roanoke.....	0	1	0	0	0	0	2	0	0	2	11
West Virginia:											
Charleston.....	0	0	0	1	0	1	1	0	0	3	21
Huntington.....	1	1	0	0	0	0	2	0	0	0	0
Wheeling.....	0	1	0	0	0	0	0	2	0	0	15
North Carolina:											
Raleigh.....	0	1	0	0	0	2	1	0	0	3	14
Wilmington.....	0	0	0	0	0	0	0	0	0	2	4
Winston-Salem.....	1	0	0	0	0	2	2	1	0	5	14
South Carolina:											
Charleston.....	0	0	0	0	0	3	2	2	1	0	30
Columbia.....	0	1	0	0	0	0	2	2	0	1	0
Greenville.....	0	0	0	0	0	0	1	4	0	0	12
Georgia:											
Atlanta.....	1	1	2	0	0	8	3	5	2	4	60
Brunswick.....	0	0	0	0	0	1	1	1	0	0	3
Savannah.....	0	1	0	0	0	0	2	2	0	0	14
Florida:											
St. Petersburg.....	0	0	0	0	0	0	1	0	0	0	0
Tampa.....	0	0	0	0	0	0	0	0	0	0	0
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	0	1	0	0	0	0	0	0	1	0	15
Louisville.....	0	3	0	0	0	6	5	2	0	2	80
Tennessee:											
Memphis.....	0	0	1	0	0	9	5	11	2	12	70
Nashville.....	0	0	0	0	0	5	6	8	0	3	63
Alabama:											
Birmingham.....	1	7	0	4	0	3	6	8	1	5	49
Mobile.....	0	0	0	0	0	2	1	2	0	0	11
Montgomery.....	0	0	0	0	0	0	1	1	1	1	0
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith.....	0	0	0	0	0	0	0	6	0	4	0
Little Rock.....	0	2	0	0	0	0	2	5	1	0	0

City reports for week ended August 1, 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—Contd.											
Louisiana:											
New Orleans.....	0	4	0	1	0	16	4	11	6	13	155
Shreveport.....	1	0	0	0	0	0	1	4	1	0	19
Oklahoma:											
Oklahoma.....	1	0	0	0	0	2	2	6	0	0	16
Tulsa.....	0	1	0	1			5	4			
Texas:											
Dallas.....	2	0	1	0	0	3	5	4	1		59
Galveston.....	0	0	0	0	0	2	0	1	0	0	20
Houston.....	1	0	0	0	0	2	1	1	0		49
San Antonio.....	1	0	0	0	0	5	0	3	0	0	59
MOUNTAIN											
Montana:											
Billings.....	0	0	0	0	0	0	0	0	0	0	4
Great Falls.....	0	0	0	0	0	0	1	0	0	6	11
Helena.....	0	0	0	4	0	1	0	0	0	0	4
Missoula.....	0	1	0	0	0	0	0	0	0	0	8
Idaho:											
Boise.....	1	0	0	1	0	0	0	0	0	3	9
Colorado:											
Denver.....	3	6	1	0	0	10	2	0	1	19	72
Pueblo.....	0	2	0	1	0	0	0	1	0	2	8
New Mexico:											
Albuquerque.....	0	0	0	0	0	1	0	0	0	0	2
Arizona:											
Phoenix.....		0		0	0	7		0	0	0	13
Utah:											
Salt Lake City.....	1	0	0	0	0	0	1	5	0	16	20
Nevada:											
Reno.....	0	0	1	0	0	0	0	0	0	0	4
PACIFIC											
Washington:											
Seattle.....	3	2	2	2			1	1		19	
Spokane.....	1	6	3	0			0	0		7	
Tacoma.....	1	0	1	2	0	0	0	0	0	6	17
Oregon:											
Portland.....	3	2	4	1	0	4	0	1	0	2	
California:											
Los Angeles.....	5	4	0	25	0	18	4	5	0	40	195
Sacramento.....	1	4	0	0	0	4	2	0	0	1	27
San Francisco.....	5		0				2				

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.....	1	0	0	0	2	0	1	0	0	0	0
Fall River.....	0	0	1	0	0	0	0	0	0	0	0
MIDDLE ATLANTIC											
New York:											
Buffalo.....	0	0	0	0	0	0	0	1	0	0	0
New York.....	5	2	4	2	0	0	5	20	3	1	1
Syracuse.....	0	0	0	0	0	0	1	2	0	0	0
New Jersey:											
Newark.....	0	0	1	0	0	0	0	3	0	0	0
Pennsylvania:											
Pittsburgh.....	0	0	0	0	0	0	1	5	0	0	0

City reports for week ended August 1, 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
EAST NORTH CENTRAL											
Ohio:											
Cleveland	0	0	0	0	0	0	1	2	0	0	0
Columbus	0	0	0	1	0	0	0	0	0	0	0
Michigan:											
Detroit	1	0	0	0	0	0	1	1	1	0	0
Flint	0	0	0	0	0	0	1	1	0	0	0
Wisconsin:											
Milwaukee	0	0	0	0	0	0	0	1	0	0	0
Racine	0	0	0	0	0	0	0	1	1	0	0
WEST NORTH CENTRAL											
Minnesota:											
Minneapolis	0	0	0	0	0	0	0	5	2	0	0
St. Paul	0	0	0	0	0	0	0	0	0	0	0
Iowa:											
Davenport	0	0	0	0	0	0	0	1	0	0	0
Des Moines	0	0	0	0	0	0	0	1	0	0	0
Waterloo	0	0	0	0	0	0	0	1	0	0	0
Missouri:											
Kansas City	0	0	0	0	0	0	0	6	3	0	0
Nebraska:											
Omaha	0	0	0	0	0	0	0	2	0	0	0
Kansas:											
Topeka	0	0	0	0	0	0	0	1	0	0	0
SOUTH ATLANTIC											
Maryland:											
Baltimore	0	0	1	0	0	0	1	2	0	0	0
District of Columbia:											
Washington	0	0	0	0	0	0	0	2	1	0	0
Virginia:											
Norfolk	0	0	0	0	0	0	0	1	0	1	0
Richmond	0	0	0	0	0	1	0	1	0	0	0
North Carolina:											
Raleigh	0	0	0	0	0	1	0	0	0	0	0
Winston-Salem	0	0	0	0	3	1	0	0	0	0	0
South Carolina:											
Charleston	0	0	0	0	0	1	0	0	0	0	0
Georgia:											
Atlanta	0	0	0	0	0	0	0	0	0	2	0
Savannah	1	0	0	0	1	0	0	0	0	0	0
EAST SOUTH CENTRAL											
Tennessee:											
Memphis	0	0	0	0	1	0	0	0	0	0	0
Nashville	1	0	0	0	0	0	0	0	0	0	0
Alabama:											
Birmingham	0	0	0	0	1	0	0	1	0	0	0
WEST SOUTH CENTRAL											
Louisiana:											
New Orleans	0	0	0	0	2	0	1	0	0	0	0
Shreveport	0	0	0	0	0	2	0	0	0	0	0
MOUNTAIN											
Utah:											
Salt Lake City	1	1	0	0	0	0	0	0	0	0	0
PACIFIC											
Oregon:											
Portland	1	0	0	0	0	0	0	0	0	0	0
California:											
Los Angeles	0	0	1	0	0	0	0	14	3	0	0

The following table gives the rates per hundred thousand population for 105 cities for the 10-week period ended August 1, 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 24 to August 1, 1925—Annual rates per 100,000 population ¹

DIPHTHERIA CASE RATES

	Week ended—									
	May 30	June 6	June 13	June 20	June 27	July 4	July 11	July 18	July 25	Aug. 1
105 cities.....	149	158	120	119	116	93	96	79	78	78
New England.....	114	129	94	97	127	117	62	62	62	62
Middle Atlantic.....	211	244	156	166	163	98	127	97	91	92
East North Central.....	106	99	95	93	84	87	89	73	68	74
West North Central.....	197	189	145	133	114	131	93	85	107	100
South Atlantic.....	77	91	57	51	73	41	55	26	45	50
East South Central.....	11	11	11	6	34	6	23	11	11	11
West South Central.....	65	42	70	74	46	60	42	28	70	46
Mountain.....	143	76	181	191	105	181	105	124	115	153
Pacific.....	168	145	165	113	107	145	125	99	104	75

MEASLES CASE RATES

105 cities.....	593	619	582	434	303	228	193	158	105	74
New England.....	867	872	892	634	407	350	283	261	216	199
Middle Atlantic.....	704	774	727	544	382	253	249	197	128	77
East North Central.....	913	893	844	592	404	321	225	191	119	72
West North Central.....	145	114	135	87	60	31	35	29	10	29
South Atlantic.....	256	410	297	349	278	262	211	148	95	71
East South Central.....	217	132	212	114	132	97	120	80	63	29
West South Central.....	14	23	14	19	5	5	0	0	5	0
Mountain.....	248	38	95	76	95	38	57	29	38	105
Pacific.....	165	165	87	84	52	37	41	64	20	37

SCARLET FEVER CASE RATES

105 cities.....	278	267	174	165	117	96	90	61	57	57
New England.....	211	266	179	142	107	112	147	80	72	81
Middle Atlantic.....	271	263	156	145	100	79	81	46	43	37
East North Central.....	346	317	204	217	157	122	97	67	67	64
West North Central.....	531	481	325	323	184	168	143	108	102	126
South Atlantic.....	122	130	61	61	45	59	45	47	16	36
East South Central.....	183	126	160	160	91	74	126	80	29	63
West South Central.....	65	88	46	37	56	46	9	23	32	31
Mountain.....	410	308	277	143	210	105	153	86	162	86
Pacific.....	139	181	162	116	107	71	52	61	46	66

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., and Fargo, N. Dak. not included.

⁷ Concord, N. H., Hartford, Conn., Cicero, Ill., Fargo, N. Dak., St. Petersburg, Fla., Tampa, Fla., and San Francisco, Calif., not included.

⁸ Concord, N. H., and Hartford, Conn., not included

⁹ Camden, N. J., not included.

¹⁰ Fargo, N. Dak., not included.

¹¹ St. Petersburg and Tampa, Fla., not included.

¹² Spokane, Wash., not included.

¹³ San Francisco, Calif., not included.

Summary of weekly reports from cities, May 24 to August 1, 1925—Annual rates per 100,000 population—Continued

SMALLPOX CASE RATES

	Week ended—									
	May 30	June 6	June 13	June 20	June 26	July 4	July 11	July 18	July 25	Aug. 1
105 cities.....	48	46	37	36	25	14	16	15	10	10
New England.....	0	0	0	0	0	0	2	2	5	0
Middle Atlantic.....	2	4	2	1	0	1	0	1	0	0
East North Central.....	58	65	42	45	20	14	12	10	8	4
West North Central.....	70	95	52	69	37	17	21	17	13	15
South Atlantic.....	110	39	22	30	18	10	24	8	16	11
East South Central.....	423	114	297	260	132	63	80	46	40	23
West South Central.....	56	32	5	19	0	5	5	14	5	5
Mountain.....	57	38	29	19	29	29	19	19	0	57
Pacific.....	168	191	148	154	171	89	102	119	67	120

TYPHOID FEVER CASE RATES

105 cities.....	16	25	28	22	27	35	35	38	35	40
New England.....	17	30	25	20	17	22	25	32	22	13
Middle Atlantic.....	9	26	17	14	18	15	17	26	21	30
East North Central.....	7	10	10	4	9	10	14	12	8	10
West North Central.....	10	8	25	12	10	21	44	44	10	48
South Atlantic.....	41	41	65	49	71	69	59	55	53	67
East South Central.....	51	40	120	80	91	200	177	223	177	183
West South Central.....	74	88	116	130	148	246	185	134	172	178
Mountain.....	10	76	48	38	0	10	29	19	48	57
Pacific.....	9	9	15	6	20	22	17	32	29	25

INFLUENZA DEATH RATES

105 cities.....	12	11	7	6	6	4	2	2	2	7
New England.....	7	2	5	2	7	2	0	0	0	0
Middle Atlantic.....	9	11	6	4	6	2	2	2	3	1
East North Central.....	14	10	7	7	6	5	2	3	1	10
West North Central.....	18	4	9	7	4	0	0	0	10	10
South Atlantic.....	12	6	4	6	2	6	0	4	4	12
East South Central.....	40	54	17	34	17	11	17	0	6	0
West South Central.....	31	5	20	10	10	10	10	10	0	0
Mountain.....	0	29	10	0	10	0	0	0	10	0
Pacific.....	8	12	4	4	4	4	0	4	0	10

PNEUMONIA DEATH RATES

105 cities.....	117	128	104	81	66	58	61	57	50	62
New England.....	114	72	117	62	60	45	45	50	52	56
Middle Atlantic.....	146	168	130	93	75	62	64	63	52	65
East North Central.....	119	114	89	81	42	45	59	47	40	52
West North Central.....	59	57	59	33	50	42	39	55	10	42
South Atlantic.....	157	146	122	77	96	75	67	51	55	63
East South Central.....	172	126	63	103	120	97	91	74	63	74
West South Central.....	76	66	87	92	76	61	61	76	66	111
Mountain.....	76	95	105	143	57	67	76	86	57	76
Pacific.....	82	131	49	65	53	82	74	45	65	85

³ Charleston, W. Va., not included. Report not received at time of going to press.

⁴ Cicero, Ill., not included.

⁵ Cicero, Ill., and Spokane, Wash., not included.

⁶ Camden, N. J., and Cicero, Ill., not included.

⁷ Cicero, Ill., and Fargo, N. Dak., not included.

⁸ Concord, N. H., Hartford, Conn., Cicero, Ill., Fargo, N. Dak., St. Petersburg, Fla., Tampa, Fla., and San Francisco, Calif., not included.

⁹ Concord, N. H., and Hartford, Conn., not included.

¹⁰ Camden, N. J., not included.

¹¹ Fargo, N. Dak., not included.

¹² St. Petersburg, and Tampa, Fla., not included.

¹³ Spokane, Wash., not included.

¹⁴ San Francisco, Calif., 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

THE FAR EAST

Reports for the two weeks ended July 25, 1925.—The following reports for the weeks ended July 18 and July 25, 1925, were transmitted by the Far Eastern Bureau of the Health Section of the League of Nations, located at Singapore, to the headquarters at Geneva:

WEEK ENDED JULY 18, 1925

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta.....		0		3	15	10
Bombay.....		1		3	3	3
Madras.....		0		1	28	6
Rangoon.....		12		1	11	8
Karachi.....		0	0	0	0	0
Negapatam.....		0	0	0	0	0
Singapore ¹	1	1	0	0	0	0
Port Swettenham.....	0	0	0	0	0	0
Penang.....	0	0	0	0	0	0
Batavia.....	0	0	0	0	0	0
Soerabaya ¹	0	0	0	0	1	0
Samarang.....	0	0	0	0	0	0
Belawan Deli.....	0	0	0	0	0	0
Macassar.....	0	0	0	0	0	0
Sandakan (North Borneo).....	0	0	0	0	0	0
Kuching (Sarawak).....					12	
Bangkok.....	0	0	0	0	0	0
Saigon and Cholon.....	0	0	0	0	0	0
Hongkong.....	0	0	0	0	0	0
Shanghai.....	0	0	0	0	0	0
Manila.....	0	0	0	0	0	0
Colombo ¹	3	3	0	0	0	0
Nagasaki.....	0	0	0	0	0	0
Yokohama.....	0	0	0	0	0	0
Shimonoseki.....	0	0	0	0	0	0
Kobe.....	0	0	0	0	0	0
Keelung (Formosa).....	0	0	0	0	0	0
Adelaide.....	0	0	0	0	0	0
Brisbane.....	0	0	0	0	0	0
Fremantle.....	0	0	0	0	0	0
Melbourne.....	0	0	0	0	0	0
Sydney.....	0	0	0	0	0	0
Suez.....						
Port Said.....						
Mombasa.....	0	0	0	0	0	0
Djibuti.....	0	0	0	0	0	0

¹ Plague-infected rats taken.

² In the interior of Sarawak, not at the port.

³ No infection found among rats examined.

WEEK ENDED JULY 25, 1925

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta.....		0		10	9	7
Bombay.....		0		0	4	3
Madras.....		0		3	24	14
Rangoon.....		16		1	5	2
Karachi.....		0	0	0	0	0
Negapatam.....		0	0	0	0	0
Singapore.....	0	0	0	0	0	0
Port Swettenham.....	0	0	0	0	0	0
Penang.....	0	0	0	0	0	0
Batavia.....	0	0	0	0	0	0
Soerabaya.....	0	0	0	0	0	0
Samarang.....	0	0	0	0	0	0
Belawan Deli.....	0	0	0	0	0	0
Macassar.....	0	0	0	0	0	0
Sandakan (North Borneo).....	0	0	0	0	0	0
Kuching (Sarawak).....	0	0	0	0	1	0
Bangkok ¹	0	0	0	0	0	0
Saigon and Cholon.....	0	0	0	0	0	0
Hongkong.....	0	0	0	0	0	0
Shanghai.....	0	0	1	0	0	1
Manila.....	0	0	6	0	0	0
Colombo ²	1	1	0	0	0	0
Nagasaki.....	0	0	0	0	0	0
Yokohama.....	0	0	0	0	0	0
Shimonoseki.....	0	0	0	0	0	0
Kobe.....	0	0	0	0	0	0
Keelung (Formosa).....	0	0	0	0	0	0
Fusan (Korea).....	0	0	0	0	0	0
Adelaide.....	0	0	0	0	0	0
Brisbane.....	0	0	0	0	0	0
Freemantle.....	0	0	0	0	0	0
Melbourne.....	0	0	0	0	0	0
Sydney.....	0	0	0	0	0	0
Suez.....	0	0	0	0	0	0
Alexandria.....	0	1	0	0	0	0
Port Said.....	0	0	0	0	0	0
Mombasa (Kenya).....	0	0	0	0	0	0
Massaua (Eritrea).....	0	0	0	0	0	0
Djibuti.....	0	0	0	0	0	0
Durban (Natal).....	0	0	0	0	0	0
Cape Town.....	0	0	0	0	0	0

¹ Plague-infected rats taken.² No infection found among rats examined.

Plague and cholera reported to the health section of the League of Nations from French Indo-China

	Date	Number of cases
Plague:		
Kouang-Teheou-Wan.....	June, 1925.....	27
Phantiet.....	July 1-10, 1925.....	3
Pnom Penh.....	do.....	1
Cholera:		
Hanoi.....	do.....	1
Dalat.....	do.....	1
Bentre.....	do.....	1
Giadinh.....	do.....	1
Battambang.....	do.....	2

Errata—Report for week ended July 11, 1925.—No case of smallpox at Kuching (Sarawak). No death from cholera at Saigon and Cholon. This report was published in the Public Health Reports of August 7, 1925, page 1669.

CHINA

Cholera at Shanghai.—Under date of August 14, 1925, cholera was reported present at Shanghai, China.

CUBA

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

Disease	Pinar del Rio	Habana	Matanzas	Santa Clara	Camagui	Oriente	Total
Cerebrospinal meningitis.....				2		2	4
Chicken pox.....		27	2	2		4	35
Diphtheria.....	1	18			1		20
Malaria.....	2	56	2	1	75	650	786
Measles.....	26	199	17	17	37	49	345
Paratyphoid fever.....	4	5	7	1		2	19
Scarlet fever.....		30					30
Tetanus (infantile).....	1		1				2
Typhoid fever.....	12	62	24	27	28	35	188

Communicable diseases—Habana—July 1-31, 1925.—During July, 1925, communicable diseases were reported at Habana, Cuba, as follows:

Disease	New cases	Deaths	Remaining under treatment July 31, 1925	Disease	New cases	Deaths	Remaining under treatment July 31, 1925
Cerebrospinal meningitis.....	1	1		Measles.....	106		21
Diphtheria.....	8	5	1	Paratyphoid fever.....	3	1	1
Leprosy.....	2		10	Scarlet fever.....	16		6
Malaria ¹	63	3	8	Typhoid fever ¹	47	15	35

¹ Many of these cases were from the interior.

PHILIPPINE ISLANDS

Cholera at Manila.—A cablegram from Manila dated August 8, 1925, reported 17 cases of cholera at Manila since June 1, 1925. There were no confirmed new cases during the week ended August 8.

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 21, 1925¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
India.....				May 31-June 20, 1925: Cases, 8,049; deaths, 4,684.
Bombay.....	June 21-27.....	1		
Calcutta.....	June 14-20.....	12	11	
Madras Presidency.....	July 5-11.....	1	1	
Rangoon.....	June 21-27.....	6	3	
Do.....	June 28-July 4.....		1	
Philippine Islands:				
Buñacan.....	June 14-20.....	1	1	
Camarines Sur.....	July 3-9.....	1		
Manila.....	June 29-July 12.....	6	1	June 1-Aug. 8, 1925: 17 cases.
Mountain Province.....	June 23-29.....	1	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 21, 1925—Continued****PLAGUE**

Place	Date	Cases	Deaths	Remarks
Ceylon:				
Colombo.....	June 28-July 4.....	4	3	
Egypt:				
Alexandria.....	June 18-24.....	1	1	
India.....				May 31-June 20, 1925: Cases, 1,262; deaths, 1,337.
Bombay.....	June 21-27.....	6	5	
Rangoon.....	do.....	18	15	
Do.....	June 28-July 4.....	20	18	
Java:				
Cheribon.....	May 24-30.....		2	
Pekalongan.....	do.....		17	
Tegal.....	do.....		8	
Madagascar:				
Tananarive Province.....	June 1-15.....	17	14	

SMALLPOX

British South Africa:				
Southern Rhodesia.....	June 11-17.....	1		European.
Canada:				
British Columbia—				
Vancouver.....	July 26-Aug. 1.....	5		
Quebec.....	do.....	2	2	
China:				
Hongkong.....	May 31-June 6.....	1		
Egypt:				
Cairo.....	May 7-13.....	1	1	
Germany:				
Stuttgart.....	July 5-11.....	3	1	
India.....				May 31-June 20, 1925: Cases, 9,511; deaths, 2,428.
Bombay.....	June 21-27.....	6	3	
Calcutta.....	June 14-20.....	20	19	
Madras.....	July 5-11.....	24	12	
Rangoon.....	June 21-27.....	9	5	
Do.....	June 28-July 4.....	2	1	
Java:				
Batavia.....	June 19-26.....	1		
Mexico:				
Durango.....	July 1-31.....		13	
Guadalajara.....	July 28-Aug. 3.....		2	
Tampico.....	July 21-31.....	1	1	
Portugal:				
Lisbon.....	July 12-18.....	5	1	
Spain:				
Malaga.....	July 19-25.....		5	
Tunis:				
Tunis.....	July 15-21.....		9	

TYPHUS FEVER

Chile:				
Valparaiso.....	June 6-July 18.....		8	
Egypt:				
Cairo.....	May 7-13.....	1		
Greece:				
Kalamata.....	April 1-30.....		2	
Tunis:				
Tunis.....	July 15-21.....	3	2	
Union of South Africa:				
Cape Province.....	May, 1925.....	39	6	
Natal.....	do.....	14		
Orange Free State.....	do.....	26	4	
Transvaal.....	do.....	11	2	

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

Reports Received from June 27 to August 14, 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	
Do.....	June 14-20.....	6	5	Feb. 8-14, 1925: Cases, 2; deaths, 2. Received out of date.
Indo-China:				
Saigon.....	May 4-June 7.....	4	3	
Philippine Islands:				
Albay—				
Tabaco.....	June 14-20.....	1	1	
Camarines Sur—				
Lagonoy.....	June 6-12.....	2	1	
Manila.....	June 15-28.....	3	3	
Siam:				
Bangkok.....	Apr. 29-June 6.....	8	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 30, 1925: Rats examined, 30,347; found infected, 95. July 1-15, 1925: Rats taken, 9,926; rats found infected, 16.
Egypt.....				Jan. 1-July 8, 1925: Cases, 81. Corresponding period 1924—cases, 323.
City—				
Alexandria.....	June 17.....	1	1	Bubonic.
Port Said.....	June 17-July 8.....	6	3	
Suez.....	June 14-27.....	3	2	Do.
Province—				
Assiout.....	June 5.....	1	1	
Beni Souef.....	June 10-16.....	8	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.
India:				
Bombay.....	Apr. 26-June 13.....	56	51	Apr. 26-May 30, 1925: Cases, 22,405; deaths, 15,356.
Calcutta.....	May 30-June 6.....	1	1	
Karachi.....	May 18-June 6.....	4	3	
Madras.....	May 18-June 30.....	5	3	
Rangoon.....	May 3-June 20.....	95	80	
Indo-China:				
Cochin-China—				
Saigon.....	Apr. 20-May 31.....	2	2	Feb. 8-14, 1925: Cases, 13; deaths, 13. (Received out of date.)
Including 100 square kilometers of surrounding country.				
Iraq:				
Bagdad.....	May 24-June 6.....	9		

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 14, 1925—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Java:				
Batavia.....	May 6-June 12.....	25	25	
Cheribon.....	Apr. 2-May 16.....		54	
Pasoeroean Residency.....	Mar. 7-May 25.....			
Pekalongan.....	Apr. 9-May 16.....		60	
Soerabaya.....	May 7-27.....	3	3	
Soerakarta Residency.....	May 28.....			
Tegal.....	Apr. 2-16.....		36	Epidemic at Kalidgambe.
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	
Mauritius:				
Mauritius.....	Dec., 1924.....	17	13	April, 1925: One case.
Nigeria.....	Jan., 1925.....	10	6	
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 Bukееvsk.
Siam:				
Bankok.....	Apr. 26-June 13.....	11	9	
Straits Settlements:				
Singapore.....	May 3-30.....	9	9	
Turkey:				
Constantinople.....	May 25-31.....	1		
Union of South Africa:				
Kimberley.....	June 14-20.....	1	1	In a Malay camp.

SMALLPOX

Algeria:				
Algiers.....	May 1-June 30.....	43	2	
Brazil:				
Bahia.....	June 28-July 4.....	2		
Pernambuco.....	Apr. 26-May 30.....	40	21	
Porto Alegre.....	June 14-20.....		1	
Rio de Janeiro.....	May 9-June 27.....	5	1	
British East Africa:				
Kenya—				
Mombasa.....	Apr. 19-May 23.....	24	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-July 5.....	8		
Canton.....	May 10-June 13.....			
Chungking.....	May 3-30.....			
Foochow.....	May 9-June 20.....			
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.....			
Shanghai.....	May 3-June 6.....	5	2	
Swatow.....	May 17-July 4.....			
Tientsin.....	May 9-June 6.....	3		

May 31-July 25, 1925: Cases, 20; deaths, 1. Corresponding period, 1924: Cases, 24.

Present.
Widespread.
Present.

Do.

Stated to be endemic.

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

Reports Received from June 27 to August 14, 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 6	4		
France				February-April, 1925: Cases, 59.
Paris	May 21-31	1		
Gold Coast				January-April, 1925: Cases, 367. deaths, 29.
Great Britain:				
England and Wales				May 24-June 27, 1925: Cases, 441. June 28-July 4, 1925; cases, 243.
Birmingham	June 7-13	1		
Cardiff	June 14-20	1		
Newcastle-on-Tyne	May 31-June 27	4		
Do	June 28-July 18	7		
Greece				January-April, 1925: Cases, 44; deaths, 8.
Athens	May 1-31		2	
Do	June 24-30	27	3	
India				Apr. 26-May 30, 1925: Cases, 24,401; deaths, 6,054.
Bombay	Apr. 26-June 13	137	100	
Calcutta	May 3-9	109	100	
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 20	198	94	
Indo-China:				
Cochin-China—				
Saigon	Apr. 20-May 21	13	9	Including 100 square kilometers of surrounding country.
Irak				Jan. 11-May 2, 1925: Cases, 116; deaths, 43.
Bagdad	Apr. 26-May 2	3		
Italy	Dec. 28-Apr. 18	44		
Jamaica				Apr. 26-June 27, 1925; Cases, 110; (reported as alastrim). Reported as alastrim.
Kingston	Apr. 26-June 27	19		
Japan:				
Kobe	May 24-June 27	2		
Nagasaki	May 15-21	2		
Do	July 6-12	1		
Yokohama	May 25-31	1		
Java:				Province.
Batavia	May 2-8	1		
Brebos	Apr. 22-28	1		
Charibon	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	do		11	
Guadalajara	June 2-29		10	
Do	June 30-July 27		9	
Mexico City	May 24-June 27	12		Including municipalities in Federal district.
Do	July 5-11	3		
Tampico	June 1-10		1	
Do	July 1-10	3	1	
Morocco:				
Tangier	May 17-June 5			Present among natives.
Nigeria:				December, 1924: Cases, 40; deaths, 16.
Do				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	
Do	June 28-July 11	8	6	
Oporto	June 14-20	1		
Russia				December, 1924: Cases, 890. January-February, 1925: Cases, 1,355.

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

Reports Received from June 27 to August 14, 1925—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Siam:				
Bangkok.....	Apr. 26-June 13...	24	17	
Spain:				
Malaga.....	May 24-June 20.....		15	
Do.....	July 5-11.....		3	
Valencia.....	May 31-June 27.....	*3	1	
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 1-14.....		8	
Turkey:				
Constantinople.....	May 16-22.....	2		
Union 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.
Bulgaria:				November-December, 1924: 1
Sofia.....	May 28-June 3.....	2		case. January-March, 1925: Cases, 36; deaths, 2.
Chile:				
Valparaiso.....	May 10-16.....		1	
China:				
Manchuria—				
Harbin.....	May 19-June 2.....	2		
Czechoslovakia.....				April, 1925: 1 case.
Egypt:				
Alexandria.....	May 7-June 3.....	3	1	
Cairo.....	Mar. 26-Apr. 22.....	5	4	
Port Said.....	May 14-20.....	1	1	
Estonia.....				Apr. 1-30, 1925: Cases, 4.
Greece.....				January-April, 1925: Cases, 52; deaths, 6.
Athens.....	May 1-31.....		2	
Latvia.....				April, 1925: Cases, 12.
Libau.....	July 14-20.....	1		
Mexico:				
Mexico City.....	May 24-June 6.....	24		Including municipalities in Federal district.
Do.....	June 28-July 11.....	15		Do.
San Luis Potosi.....	June 26-July 4.....		1	
Morocco.....				January-April, 1925: Cases, 290.
Palestine:				
Jaffa District.....	June 2-8.....	2		
Majdal.....	May 26-June 8.....	3		
Rameh.....	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		
Do.....	July 5-11.....	1		
Rumania:				
Constantza.....	May 1-31.....	1		
Russia.....				December, 1924: Cases, 4,277.
				January-February, 1925: Cases, 9,721.
Spain:				
Valencia.....	June 7-13.....		1	

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

Reports Received from June 27 to August 14, 1925—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Tunis:				
Tunis.....	May 21-June 17...	16	8	
Do.....	July 8-14.....	4	1	
Turkey:				
Constantinople.....	May 11-31.....	7	2	
Union of South Africa:				
Cape Province.....	Apr. 19-June 13.....			Outbreaks.
Natal.....	May 3-9.....			Do.
Durban.....	Feb. 1-May 9.....	14		
Orange Free State.....	Feb. 1-June 13.....			Outbreaks.
Transvaal.....	do.....			Do.
Yugoslavia:				
Zagreb.....	May 8-21.....	7	1	

YELLOW FEVER

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	