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COMMUNITY RESPONSIBILITY OF HOSPITALS [1]

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The theses of this paper apply to community hospitals. By the term "community hospital" is meant a hospital in which under the law no profit can accrue to the hospital corporation. If the financial sheet of such a hospital shows no deficit, and even if it shows a surplus, the hospital does not cease to maintain its fundamental character. In spite of the fact that it does not have to appeal to the community for funds, having either large endowments or sufficient income from its operation, it continues to fulfill its basic purpose, it administers charitable trust funds left for the benefit of the community, and it enjoys exemption from taxation.

At the very outset I desire to state that, in the present discussion of the community responsibility of hospitals, only certain phases of this responsibility will be considered. A hospital's responsibilities are as numerous as are its social ramifications, and they imply not only the obligations of the hospital to the community, but also the reciprocal relation of the community to the hospital. In a brief paper all these matters can not be discussed adequately. I will therefore limit myself to the consideration of a few points.

1. POLICY

One of the fundamental obligations of a group constituting the board of trustees of a hospital is the formulation of an adequate community policy. Many a hospital plan has failed because of the lack of an intelligent policy on the part of those responsible for building the hospital. The formulation of the policy depends on many factors and is often crippled by self-imposed limitations.

The first requirement of a hospital policy is a knowledge of the morbidity prevalence in the community, its extent and general character. The second requirement is a knowledge of the extent and character of hospital and other private and public health services already available, as well as of the housing and other social conditions in the community. A third requisite for the formulation of the policy is a definite ascertainment of how much of the bed capacity

[1] Read before the meeting of the American Hospital Association at Louisville, Ky., Oct. 28, 1925.

should be assigned to private, how much to semiprivate, and how much to ward services.

The plans should be a part of broad social engineering and should not be dictated by consideration of immediate contingency. A statesmanlike attitude should likewise be taken with reference to providing for out-patient, convalescent, and chronic patients.

The relations of the hospital to the patients and their families, to its own medical staff, to its nursing staff, to the officers of administration, and to the various social and scientific agencies in the community, as well as to the medical profession generally, are important considerations in the formulation of a policy.

2. DISCHARGE OF IMPLIED MORAL OBLIGATION

There exists a general tacit understanding on the part of the public that, on assuming their office, hospital trustees have accepted a moral obligation with respect to the community and to those who come to the hospital for treatment. A part of this tacit understanding which exists and which the average person takes for granted, is the assumption that the medical men associated with the hospital are selected on the basis of merit and for no other reasons, that the resident staffs of physicians and nurses as well as other employees are well supervised, and that no negligence of any kind, no discourtesy, and no discrimination are tolerated. The public not only assumes these things but has a right to these assumptions, and it is the responsibility of the hospital to see that this tacit trust is properly discharged.

3. HIGH TYPE OF PERFORMANCE

The mere existence of a hospital with all its equipment and staff does not create a community hospital; it merely affords means for aggregating the sick. Most of the patients could be treated by the same physicians in their homes. The important feature which differentiates the treatment in the hospital from that in the patient's home is the opportuntiy it offers for organized and supervised team work, for critical analysis of the performance, and for the advancement of the standards of medical education and practice in the community. This assurance to the community that the practice of medicine in the hospital is of the highest type attainable and that it sets the pace and promotes the best type of general practice in the community constitutes the civic responsibility of the hospital, which is of equal importance with that of the actual care of the sick within the hospital.

Through the American College of Surgeons the medical men themselves, to their everlasting credit, created the machinery for control of their work and for raising the standards of performance. It is a

social obligation devolving upon the trustees to strengthen by every possible means the efforts of the American College of Surgeons so that the minimum standards which have been formulated by the College should not become a mere parade uniform qualifying the hospital for indorsement by the College, but, rather, a real, living, keen appreciation of community responsibility. The proceedings of the medical and surgical conferences in the hospital, the results of performance, and the "calamity book" of the hospital should be of as much vital importance to the trustees in the discharge of their community responsibility as are the financial balance sheets.

4. BROADER HOSPITAL OPPORTUNITIES FOR PHYSICIANS

With regard to medical practice, the hospital's obligation is not limited to the physicians and surgeons on its own staff. Medicine has become a highly progressive science, requiring many ancillary departments for its practice, and the hospital has a community responsibility of supplying the physicians in its community with opportunities for periodic contact with the best hospital practice. In another connection I have outlined a plan whereby, it seems to me, it becomes feasible for a larger number of physicians in the community to acquire hospital connections than is the case at the present time. I am not arguing for "open" hospitals, but for a method of procedure whereby the so-called "closed" hospitals can offer hospital opportunities to a larger number of physicians and can utilize more generally their facilities for diagnostic service and for teaching.[2]

The enormous increase in the number of hospitals has made it possible for most, if not all, graduates of medical schools to obtain interneships if they so desire. In the large majority of instances advantage is taken of this opportunity, although only a few States make a year's hospital residence obligatory for licensure. In some instances I believe an M. D. degree is obligatory. This, to my mind, is a very desirable requirement, and I believe that all the States should go a step further and, in cooperation with the American Medical Association, certify hospitals for interne training, so that the year or two spent by an interne in a hospital will really be a year of work under competent direction and not mere drifting. The responsibility of the hospital in this field of training is increasingly recognized and should be discharged with ready cooperation in the interest of the treatment of patients as well as of the training of physicians.

5. DELIMITATION OF RESPONSIBILITY FOR NURSE TRAINING

Aside from food service no other branch of hospital administration is so frequently an object of criticism by the public as that of nursing. This criticism is often unjust, and patients are frequently not willing

[2] The Modern Hospital, November, 1925, Vol. XXV, No. 5.

or unable to realize the difficulties under which the hospitals labor in supplying an adequate amount of competent and courteous nursing service. The criticism nevertheless persists and is, in certain ways, well founded. The hospital may not be responsible for certain deficiencies, but the community does not understand the difficulties under which the hospital labors in this connection and which are beyond its control. Institutions should make an effort to set the problems of the nursing situation clearly before the public and to define the extent of their own community obligation in the matter.

With the enormous increase in hospital facilities, on the one hand, and the expansion of opportunities which have opened themselves for women in all branches of life and work, on the other hand, the difficulty of obtaining an adequate supply of the proper kind of women to do nursing is constantly becoming greater. Furthermore, the just demands of nurses for good living quarters, proper training, and shorter hours of work, and the onerous and often impractical restrictions of some State educational authorities, are making the situation still more difficult in and outside of hospitals.

The forces governing the demand and supply of nurses are beyond the control of hospitals. The hospitals should make the community recognize this fact. The discharge of its civic obligation by the hospital with respect to nurses and nursing care is fully met when it provides the best facilities possible for the training of qualified nurses, by inculcating in them a spirit of genuine service, and by making the living and working conditions for them in the hospital as pleasant and conducive to the best results as possible.

In New York State we are by law allowed to train another group of nurses called "nurse attendants." Their educational requirements for admission to the course are lower than are the requirements in the case of nurses and their training is of nine months' duration. Not much has been done as yet by the hospitals in training this type of attendant. I believe, however, that the exigencies of the situation may call for the training of this subsidiary type of nurse in larger numbers in order that the nurses may be relieved of certain types of service in and outside the hospitals. The hospitals should take greater interest in the training of the nurse attendant as a part of their responsibility to the community for the training of caretakers of the sick.

To summarize this part of my statement, I will reformulate it by saying that with regard to nursing care the community obligation of the hospital is to provide clinical opportunities for the training of such type or types of caretakers of the sick as the combined wisdom of the organized medical profession and of the educational specialists may determine. How best technically the instruction in nonclinical subjects should be carried out is not a matter of vital concern for the

hospitals; their duty is to see that the services of the pupil nurses are properly supervised, that they are discharged with care and devotion to the task, that the patients receive an adequate amount of nursing care, and that kindliness permeates the relations between nurses and patients.

6. AVAILABILITY OF HOSPITAL FACTS

The community is entitled to information with regard to the services performed by the hospitals and the costs involved in furnishing such services. This information is furnished through the annual report, which, as a rule, is inadequate in that it usually deals somewhat too much with "the dry bones of housekeeping and the hotel register" and very little with the vital thing—the medical and surgical services rendered. I do not advocate the publication in an annual report, which is intended chiefly for the laity, of detailed medical statistics, but certain facts properly interpreted as to what the hospital has accomplished during the year are essential. The more the community is apprised of the real problems and achievements of its hospitals the more likely it is to take an intelligent interest in them.

7. NEED OF MORBIDITY STATISTICS

Medical statistics, however, ought to be made available in some form or other for the benefit of medical science and demography, and by making these available the hospital would be discharging a very important community responsibility. When one considers that there are upwards of half a million hospital beds in the United States, and that probably about 7,000,000 persons are cared for in the hospitals in this country annually, it will be realized what an enormous contribution the hospitals could make to the understanding of the problem of disease in its various ramifications, if in some way the cumulative experience of these hospitals could be made available. As it is, this vast and important reservoir of information is not utilized except, perhaps, in a limited way by each institution for its own immediate purposes.

In larger cities central bureaus for the collection of such statistics could be easily organized. Such central bureaus of information would give the hospitals of the community a great deal of valuable information concerning hospital needs, problems, and achievements. Moreover, a central statistical office would be in a position to render valuable service to member hospitals at a cost lower than if the hospital should attempt to do the work independently. Furthermore, it would furnish them with a basis for vital comparisons prepared on a uniform basis. In making comparisons it is essential that statistical units be strictly comparable. Hospital mortality affords a good

example of using comparative statistics with a grain of salt. Some hospitals do not include in their mortality rate patients dying within 24 or 48 hours after admission, while others do. In the case of surgical mortality and the statistics of end-results, the latitude is much greater. It is arbitrary to set a limit of time within which a death following an operation is ascribable to it or to say that the end-result is to be judged by developments within such and such a period. Arbitrary and erroneous as some of the assumptions may be in the case of surgical statistics, they would become much more amenable to comparisons if all were subject to the same degree of error, i. e., if there existed a uniform rule of statistical procedure. Central statistical editing is more likely to bring about comparability than scattered endeavors. There is evidently a need of this kind of service, as evidenced by statements by eminent surgeons. Dr. Harvey Cushing, in one of his annual reports as surgeon in chief of the Peter Bent Brigham Hospital in Boston, discussing the surgical experience of his hospital and the desirability of comparable figures from other hospitals states:

> It would be an exceedingly desirable thing if * * * steps were taken to systematize these matters and to inaugurate a uniform method of presenting the surgical reports from all major hospitals in the country. If this were done our hospital reports might become of greater clinical value for reference than many of the occasional papers in medical literature, and I see no reason why they should be surrendered, as many of them are, to the administrative activities of the institution alone, which, after all, are merely incidental to the main purpose of the institution—the professional care of the patients.[3]

Dr. William J. Mayo, in an address before the Clinical Congress of the American College of Surgeons at Montreal in 1920, stressed the value of the "study of the mass of surgical material." He says:

> In order to secure a perspective which will not be distorted by the minutiæ the mass rather than the details should be considered. Such an investigation will sometimes point out a way by which an intensive study of outstanding failures may be made to yield valuable suggestions.[4]

Dr. Eugene H. Pool, in a discussion of end-results before the Clinical Congress of the American College of Surgeons at Boston in 1922, said:

> The knowledge of the results of types of operations and the amenability or resistance of various lesions to surgical efforts is of inestimable value to the surgeon. The most effective, far-reaching instruction is derived from the grouping and analysis of an accumulated mass of these cases.[5]

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[3] Sixth Annual Report (for the year 1919), Peter Bent Brigham Hospital, Boston, p. 73.
[4] Surgery, Gynecology and Obstetrics, February, 1921, pp. 97–102.
[5] Bulletin, American College of Surgeons, Vol. VII, No. 2, January, 1923, p. 15.

8. PROVISIONS FOR INSTITUTIONAL CONVALESCENCE AND FOR THE RECLAMATION OF THE "CHRONICS"

Through the social service department, the hospital gives effective evidence that its interest in the patient is not confined to his progress while in the institution. This responsibility should be made to extend a little further. Proper convalescence has been recognized as an indispensable part of the care of the sick. As Dr. John Bryant has pointed out on the basis of a vast experience, "The average patient who has been sufficiently ill to require the average length of stay of three weeks in a hospital for acute diseases, has also been sufficiently ill to require an additional average period of three weeks under observation in a convalescent home."[6] Very often the good accomplished in the hospital is wholly or partially undone by the lack of proper convalescent care.

The extension of institutional convalescence to those who, for one reason or another, can not obtain proper convalescent care in their own homes will be directly or indirectly provided by the hospitals which take a real interest in their patients. Ample convalescent facilities make it possible for the hospitals treating acute conditions to discharge patients earlier, in this way increasing, so to speak, the effective hospital facilities of the community, and providing care in an atmosphere more conducive to recovery and at a lower cost than is possible in an acute hospital. The movement for institutional convalescence is gaining momentum.

This can not be said, however, of provision for patients suffering from chronic ailments, a sadly neglected phase of our hospital policy. The existing hospitals for the care of people afflicted with ailments generically and dismally known as chronic are too few and, with several notable exceptions, not conducted on the highest plane of scientific medicine. In many instances these hospitals are designed for custodial care of hopeless cases. There is need for institutions of this type; but what is urgently needed in addition are hospitals where chronically but not hopelessly ill patients can be salvaged and reclaimed—institutions similar to the sanatoria for the treatment of tuberculosis. Many of the chronic patients are not adequately cared for in the out-patient departments, to which they apply, and many others fall prey to various charlatans or cults. The sufferers from the various rheumatic diseases, from cardiac and vascular troubles of various kinds and degrees, those with mucous colitis and other gastro-enteric diseases who can not carry out the required mode of life in their homes, those with affections of the neuromuscular system, with leg ulcers and renal affections, orthopedic cases, and many others require the facilities of such special institutions. Boas, Rappleye, and others

[6] Boston Medical and Surgical Journal, Jan 25, 1923.

have called attention to the need of study of the progress of chronic diseases; and these hospitals, when properly manned, will offer an opportunity for such study. The hospitals can hardly shirk their community responsibility in providing for the adequate study and care of this huge group of sufferers.

9. PROVISION FOR CONTAGIOUS DISEASE ISOLATION

There are only two more points which I should like to bring up in this limited paper. One is the lack of provision, in the smaller communities, of isolation units in the hospitals to take care of emergency cases of contagious disease. A tragic incident was recently reported by the New York State Department of Health.[7] A child was taken severely ill with sore throat in the country near a small city, and the mother, who was a summer resident, brought the child to the hospital. The admitting physician recognized the case as diphtheria and refused to admit it. The child was already in a moribund condition, and the suggestion was made that it be taken to the office of the health officer of the town. When finally the child was brought to the office of the physician it was dead. The report of the health department contains the following comment on the case: "Just what, if any, moral obligation rests upon a hospital in the face of such an emergency is a question of judgment which could be determined only with all the facts at hand."

The report also points out what seems to be a clear community responsibility on the part of the hospital: "There should be provided in every city, by some means, a place in which cases of communicable disease may be isolated and cared for in emergencies. If there is a general hospital, this would seem to be the logical place."

10. PARTICIPATION IN HEALTH PROMOTION

With the modern emphasis upon prevention of disease, the hospital can not afford to abstain from an active and direct part in the health-promotion movement. The idea of periodic medical examinations of well or apparently well persons is taking root, and the hospital would be discharging a very important function and community responsibility if it placed its facilities at the disposal of this important health crusade.

As I stated in the beginning, within the compass of a short paper only a limited number of community responsibilities can be touched upon. From this brief list of the long array of community responsibilities of the hospitals, one can easily draw the deduction that there is hardly any other institution in the social structure that has so many community responsibilities of so vital a character as has the modern hospital.

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[7] Health News, New York State Department of Health, Vol. II, No. 37, Sept. 14, 1925.

PUBLIC HEALTH ENGINEERING ABSTRACTS

The following abstracts of current articles relating to sanitary engineering are taken from Public Health Engineering Abstracts, prepared by sanitary engineers of the Public Health Service and of the State departments of health, and other persons, and issued by the Division of Domestic Quarantine. In presenting these abstracts no attempt is made to cover completely the entire field of literature on the subject, and only those abstracts will be printed here which are believed to be of especial interest to public health workers.

The heat drying of sludge at the Baltimore Sewage Works. C. E. Keefer. *Engineering News-Record*, vol. 96, No. 6, February 11, 1926, pp. 238–240. (Abstracted by J. K. Hoskins.)

The experience of Baltimore in converting sludge into fertilizer base over a period of 6½ years by contract with an operating company is narrated in detail.

The drying plant consisted of two heat driers, conveyors, grinders, screens, and accessories. The drier was a rotary, boiler-plate kiln 6 feet in diameter and 40 feet long, with stationary shelves on the interior. A hand-fired furnace at the inlet end supplied heat to the rotating kiln.

The plant was first operated by a private company under a five-year contract beginning February 15, 1916, the city to deliver air-dried sludge to the contractor and to receive 81 cents per ton for the heat-dried product. The net loss to the contractor, until the plant was destroyed by fire in 1917, was $2.23 per ton. After the fire the net loss per ton of heat-dried sludge was 50 cents. No difficulty was encountered in disposing of the product to fertilizer companies who used it as a base for commercial fertilizer.

Because of these losses a modified agreement was entered into at the end of the first contract whereby the city should pay all operation deficits. Losses continued and the city finally shut down the plant in January, 1923. Detailed financial statements and quantities of sludge treated are presented in tabular form.

During 1922, farmers hauled away 6,272 cubic yards of air-dried sludge, which cost the city to load on their wagons 15 to 20 cents per ton as compared with $2.69 a ton for heat-drying it.

The experience indicates that heat drying was an expensive method of sludge disposal for Baltimore. The high costs are attributed to excessive overhead expenses, cost of hauling the material to its destination, sand and gravel content of the air-dried sludge, and its low nitrogen (2 per cent) content.

Opinion and decision of the railroad commission of Wisconsin in re investigation of pollution of Flambeau River at Park Falls. (W. P. 234). Decided February 20, 1926. 64 pages. Published by the commission. (Abstracted by J. K. Hoskins.)

This excellent publication summarizes the evidence presented before the commission in regard to stream pollution by wood pulp and paper mill wastes, and its effect on fish life, together with specific evidence in the case and the decision of the commission.

After citing the laws and court decisions governing the subject of stream pollution, the general or basic evidence presented at the hearings is reviewed and then summarized as follows:

1. The discharge of industrial waste into certain streams is the only practical method of ultimate disposal in many cases, and constitutes a necessary and proper use of the stream, but only provided that the dilution is so great as not to be materially objectionable as a menace to public health or interference with the natural aquatic life of the stream.

2. Factors affecting fish life may be summarized as follows:

(*a*) Reduction of the dissolved oxygen in the water of a stream to less than 2 parts per million for any material length of time results in death or migration of practically all fish.

(*b*) Some wastes, such as gas-plant wastes, mine drainage, and certain chemical wastes are toxic or poisonous to fish.

(*c*) Plant growth is necessary for fish life, and fish may seek other habitat due to change in the plant or aquatic life of the stream.

(*d*) Pollution is more deleterious to young fish, particularly just after absorption of the food sac, than to adult fish.

(*e*) The discharge of large quantities of suspended matter forms sludge beds in the stream and interferes with spawning and the spawn. It is also possible that certain fiber wastes accumulate in the gills of fish and cause deleterious effects.

3. Nearly all wastes, either through chemical or biological reaction, cause reduction of the dissolved oxygen of the stream, industrial wastes generally having a greater oxygen demand than domestic sewage.

4. During warm weather biological oxidation is more rapid than in cold, so that the oxygen demand of the waste is greater although the actual amount of oxygen available is less because warm water retains less oxygen in solution. Furthermore, the tolerance of fish is less in warm than in cold water and their oxygen requirements are greater.

5. When the dissolved oxygen of a stream is depleted, green plants and other classes of aerobic life die and anaerobic organisms, such as worms and lower animal life, prevail.

6. A stream tends to purify itself by natural processes and will ultimately return practically to normal if the concentration of the wastes is not too great and sufficient time elapses before there is additional pollution.

7. While some streams in Wisconsin are badly polluted, it is reasonably practicable so to control this pollution as not materially to affect the aquatic life of the stream.

The paper industry in Wisconsin is next discussed, the pulping process described and the nature and extent of wastes resulting from the various processes as well as methods of recovery of by-

products is considered. The specific evidence relating to the Park Falls case is then reviewed in detail, including the analytical data. The findings are next presented. The commission, recognizing that no practical method of treatment of sulphite waste exists, recommends that the paper industry organize its various units and maintain "a sustained, systematic, and scientific search for the solution of the problem of the disposal of the waste materials from the pulp and paper mills, in cooperation with such State and Federal agencies as may be available." Jurisdiction is reserved to enter an affirmative order for the period of one year.

A bibliography of papers and publications offered in evidence is appended, together with a list of 39 papers having a direct bearing on the problems involved.

How nature destroys microbes in water. Fernand Arlong, M. D. *Fire and Water Engineering*, vol. 78, No. 24, December 9, 1925, pp. 1283–1284 and 1317–1318. (Abstracted by F. J. Moss.)

Pollution of the soil, the air, and the waters is almost continuous, but spontaneous combustion takes place, without which life would become impossible in a medium infected by the microbes of putrefaction and of a wide range of diseases. Bacteriologists, following Pasteur, Chauveau, and others have given to this phenomenon of the destruction of bacteria, that is, the dissolution of the microbes, the term "bacteriolyse" or "bacteriolicid."

The natural destruction of microbes has been attributed to the light of the sun, and more particularly to the ultra-violet rays and the calorific rays. Desiccation, by the oxygen in the air, and mechanical action have also been considered factors in the destruction of microbes. Apart from the physical agents of destruction, microbes are found that may attack other microbes and destroy them.

In 1917 d'Herelle filtered the discharges from a dysentery patient in convalescence through a Chamberland porcelain filter and demonstrated that the addition of a few drops of this filtered solution prevented the development of dysentery bacillus in a cup of culture. This destruction of the culture is what is commonly termed "the d'Herelle phenomenon." The virus of d'Herelle is so small that it will pass through the closest porcelain filter; and the failure of a culture to develop or the destruction of the visible microbes is the only visible evidence we have of its development. Since the virus produces the destruction of the microbe which it devours, it is now commonly designated as the "bacteriophage."

In the cure of certain diseases, such as dysentery, paratyphoid, typhoid fever, and the like, the bacteriophage plays an important part in destroying the bacteria which produce these diseases.

A number of experiments were performed relative to the destruction of dangerous microbes in water by the bacteriophage principle.

In these experiments several samples of the water were filtered through porcelain filters L 3, and then a few drops of this water were added to the microbic cultures. As soon as the filtered solution became empowered with the bacteriocidal power the cultures would not develop. It was found that all waters do not possess an equal bacteriocidal power, and certain waters are without any particular power of this kind. Still other waters exercise a very marked destructive action with regard to some particular microbe.

The different waters which were examined and their bactericidal power are noted.

COURT DECISIONS RELATING TO PUBLIC HEALTH

Occupational diseases not compensable under workmen's compensation act.—(Oklahoma Supreme Court; St. Louis Mining & Smelting Co. et al. *v.* State Industrial Commission et al., 241 P. 170; decided September 15, 1925.) Under the Oklahoma Workmen's Compensation Act an "injury or personal injury" meant "only accidental injuries arising out of and in the course of employment and such disease or infection as may naturally result therefrom." The supreme court stated that "the basis of a claim for compensation must be a casualty occurring without expectation or foresight," and held that occupational diseases were excluded as a basis of compensation. The disease in question in the instant case was anthracosis, commonly referred to as coal miner's disease.

County-tax levy for tuberculosis fund upheld.—(Oklahoma Supreme Court; Simmons *v.* Stuckey, County Treasurer, et al., 241 P. 124; decided October 27, 1925.) In an action in which it was alleged that certain items of tax included in a county-tax levy were illegal and erroneous, one of the items in dispute was that of 0.09 mill for a tuberculosis fund. The court held this item to be fully authorized by the legislature under the provisions of section 8970 of the Compiled Oklahoma Statutes, 1921.

Requirement of permit preceding installation or alteration of plumbing upheld.—(California First District Court of Appeal; Ex parte Nichols, 241 P. 399; decided October 2, 1925.) In this, a habeas corpus proceeding, the petitioner was convicted on a charge of having violated a plumbing ordinance of the city and county of San Francisco in that he had installed and changed a sewer pipe on certain premises without first obtaining a permit as required. He was sentenced to pay a fine, and in default of such payment to be imprisoned. Having been committed, he sought his release on habeas corpus. In its opinion the court stated as follows:

No provision being made by the charter [of the city and county of San Francisco] regulating the installation or alteration of such [sewerage] systems in premises privately owned, or for the granting of permits therefor or inspection by the authorities of such work either during its progress or upon completion, and such regulation being within the powers granted to the supervisors, the requirement that a permit therefor be granted by the board of health, and that there be an inspection thereof by officers duly authorized, is not in conflict with the powers of the board of public works, or a delegation to the board of health of the power to legislate as to the terms or conditions upon which a permit should issue, but a proper preliminary requirement in order that it might be ascertained that the work or alteration proposed would be in accordance with the sanitary regulations of the board of supervisors, and might at the proper time be inspected to the end that the public health be preserved and protected.

Resolutions in connection with county sanitation district held published according to law.—(California Supreme Court; County Sanitation District No. 4 of Los Angeles County *v.* Payne, Auditor, 241 P. 264; decided November 20, 1925.) A county sanitation district made an application for a writ of mandamus to compel the county auditor, who was ex officio auditor of the sanitation district, to sign certain bonds. The auditor claimed that he was justified in withholding his signature from said bonds for the reason that the publication of certain resolutions in connection with the sanitation district was not in accordance with law. The supreme court decided that the auditor should affix his signature to the bonds, holding as follows:

(1) That the publication of a resolution, by a county board of supervisors of its intention to create a sanitation district, in a newspaper of general circulation within the proposed district but not actually printed and published in the proposed district, there being no newspaper printed and published in the proposed district, was a sufficient publication and a compliance with the provisions of section 2 of chapter 250, Laws of 1923.

(2) That the publication of a resolution, calling an election regarding bonded indebtedness of a sanitation district, in 5½-point type with a 6-point slug was a substantial compliance with section 4459 of the Political Code, which required type not smaller than nonpareil (6 point).

DEATHS DURING WEEK ENDED MARCH 13, 1926

Summary of information received by telegraph from industrial insurance companies for week ended March 13, 1926, and corresponding week of 1925. (From the Weekly Health Index, March 17, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Mar. 13, 1926	Corresponding week, 1925
Policies in force	63, 606, 360	58, 976, 770
Number of death claims	14, 724	12, 722
Death claims per 1,000 policies in force, annual rate	12. 1	11. 2

Deaths from all causes in certain large cities of the United States during the week ended March 13, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, March 17, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Mar. 13, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Mar. 13, 1926 [2]
	Total deaths	Death rate [1]		Week ended Mar. 13, 1926	Corresponding week, 1925	
Total (70 cities)	9,908	17.7	15.0	1,107	1,037	[3] 90
Akron	38			4	10	43
Albany [4]	42	18.6	17.7	1	6	21
Atlanta	69			11	8	
White	31			7		
Colored	38	[5]		4		
Baltimore [4]	256	16.8	17.0	26	26	76
White	175			13		46
Colored	81	[5]		13		211
Birmingham	108	27.4	21.5	11	9	
White	44			2		
Colored	64	[5]		9		
Boston	272	18.2	17.3	39	29	110
Bridgeport	44			5	5	85
Buffalo	172	16.7	15.0	21	26	88
Cambridge	35	15.3	11.3	4	3	66
Camden	57	23.1	15.8	9	6	152
Canton	17	8.3	9.8	1	5	22
Chicago [4]	944	16.4	14.2	126	116	112
Cincinnati	129	16.4	16.2	12	12	75
Cleveland	225	12.5	12.6	30	40	78
Columbus	65	12.1	17.3	3	8	28
Dallas	57	15.4	11.6	10	8	
White	43			10		
Colored	14	[6]		0		
Dayton	50	15.1	13.9	5	5	79
Denver	109	20.2	16.3	6	4	
Des Moines	41	14.3	13.3	3	5	59
Detroit	454	19.0	12.5	99	57	159
Duluth	17	8.0	12.3	0	3	0
El Paso	36	17.9	15.4	8	7	
Erie	28			5	9	95
Fall River [4]	27	10.9	16.2	1	12	15
Flint	38	15.2	7.2	6	7	99
Fort Worth	48	16.4	12.0	6	4	
White	45			5		
Colored	3	[6]		1		
Grand Rapids	43	14.6	12.2	9	1	130
Houston	53	16.8	15.2	9	8	
White	32			5		
Colored	21	[5]		4		
Indianapolis	114	16.6	17.7	15	15	110
White	96			10		84
Colored	18	[5]		5		275
Jacksonville, Fla	52	25.8	17.4	5	4	104
White	26			3		98
Colored	26	[5]		2		114
Jersey City	128	21.2	12.4	13	5	92
Kansas City, Kans	43	19.3	15.7	2	6	35
White	33			2		42
Colored	10	[5]		0		0
Kansas City, Mo	117	16.6	19.9	14	24	
Los Angeles	250			15	21	42
Louisville	104	18.0	16.1	15	8	129
White	78			11		110
Colored	26	[5]		4		251
Lowell	30	14.2	20.3	2	7	37
Lynn	33	16.7	10.1	2	1	50

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.
[3] Data for 65 cities.
[4] Deaths for week ended Friday, Mar. 12, 1926.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended March 13, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, March 17, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Mar. 13, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Mar. 13, 1926
	Total deaths	Death rate		Week ended Mar. 13, 1926	Corresponding week, 1925	
Memphis	74	22.1	20.6	5	7	----
White	37	----	----	3	----	----
Colored	37	(5)	----	2	----	----
Milwaukee	102	10.6	11.7	17	16	79
Minneapolis	113	13.8	13.8	12	20	67
Nashville [4]	68	26.0	26.0	2	9	----
White	40	----	----	1	----	----
Colored	28	(5)	----	1	----	----
New Bedford	25	10.9	17.4	4	8	70
New Haven	59	17.2	11.7	7	5	96
New Orleans	170	21.4	22.5	18	20	----
White	103	----	----	10	----	----
Colored	67	(5)	----	8	----	----
New York	2,183	19.4	14.3	227	176	92
Bronx Borough	269	16.1	11.5	19	17	63
Brooklyn Borough	743	17.6	12.4	84	57	85
Manhattan Borough	921	24.7	18.8	93	80	103
Queens Borough	186	13.6	9.7	22	18	100
Richmond Borough	64	24.1	20.4	9	4	158
Newark, N. J	135	15.6	12.4	14	6	67
Norfolk	49	----	----	6	7	112
White	23	----	----	2	----	59
Colored	26	(5)	----	4	----	199
Oakland	51	10.5	12.3	8	9	93
Oklahoma City	33	----	----	6	3	----
Omaha	61	15.0	11.8	8	5	84
Paterson	48	17.7	13.6	7	7	122
Philadelphia	936	24.7	16.1	85	70	113
Pittsburgh	208	17.2	25.3	30	51	100
Portland, Oreg	51	9.4	11.8	3	4	31
Providence	87	16.9	12.5	2	14	17
Richmond	68	19.0	15.7	4	5	50
White	40	----	----	3	----	59
Colored	28	(5)	----	1	----	35
Rochester	166	27.3	11.9	9	7	72
St. Louis	267	16.9	16.4	11	20	----
St. Paul	50	10.6	11.7	6	5	53
Salt Lake City [4]	25	10.0	13.5	2	4	28
San Antonio	65	17.1	16.6	8	6	----
San Diego	46	22.6	22.6	2	1	42
San Francisco	163	15.2	13.7	14	10	84
Schenectady	19	10.7	15.7	2	4	58
Seattle	75	----	----	6	3	56
Somerville	23	12.1	17.9	2	4	52
Spokane	40	19.2	17.2	3	5	70
Springfield, Mass	43	15.8	13.6	3	3	116
Syracuse	89	25.5	12.9	9	11	114
Tacoma	26	13.0	6.5	2	0	47
Toledo	76	13.8	15.2	9	11	87
Trenton	49	19.4	16.6	6	6	100
Utica	39	20.0	14.9	2	5	44
Washington, D. C	179	18.7	14.2	22	12	125
White	98	----	----	10	----	83
Colored	81	(5)	----	12	----	219
Waterbury	25	----	----	4	6	86
Wilmington, Del	56	23.9	14.5	4	4	94
Worcester	57	15.6	18.3	6	4	69
Yonkers	36	16.5	9.2	6	3	135
Youngstown	39	12.7	9.8	8	3	102

See footnotes 4 and 5 on p. 618.

PREVALENCE OF DISEASE

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

UNITED STATES

CURRENT WEEKLY STATE REPORTS

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

Reports for Week Ended March 27, 1926

ALABAMA

	Cases
Chicken pox	85
Diphtheria	12
Influenza	1,169
Lethargic encephalitis	1
Malaria	10
Measles	228
Mumps	79
Pellagra	4
Pneumonia	195
Poliomyelitis	1
Scarlet fever	7
Smallpox	72
Tuberculosis	33
Typhoid fever	3
Whooping cough	32

ARIZONA

Chicken pox	1
Diphtheria	5
Influenza	26
Measles	6
Mumps	5
Pneumonia	2
Scarlet fever	7
Trachoma	4
Tuberculosis	32
Whooping cough	2

ARKANSAS

Chicken pox	27
Diphtheria	4
Influenza	533
Malaria	23
Measles	23
Mumps	31
Pellagra	3
Scarlet fever	12
Smallpox	14
Tuberculosis	6
Typhoid fever	1
Whooping cough	22

CALIFORNIA

Cerebrospinal meningitis:	Cases
Fresno County	1
Humboldt County	1
Los Angeles	2
Oakland	1
Chicken pox	375
Diphtheria	132
Influenza	35
Lethargic encephalitis—Los Angeles	2
Measles	189
Mumps	363
Poliomyelitis—Los Angeles County	1
Rabies (human)	1
Scarlet fever	147
Smallpox:	
Los Angeles	46
Los Angeles County	12
Oakland	21
Scattering	47
Trichinosis—Glendale	2
Typhoid fever	7
Whooping cough	52

COLORADO

Chicken pox	53
Diphtheria	28
German measles	11
Influenza	1
Jaundice (infectious)	4
Lethargic encephalitis	1
Measles	56
Mumps	8
Pneumonia	6
Scarlet fever	39
Smallpox	2
Tuberculosis	22
Typhoid fever	1
Vincent's angina	1
Whooping cough	81

CONNECTICUT	Cases
Cerebrospinal meningitis	2
Chicken pox	54
Conjunctivitis (infectious)	1
Diphtheria	25
German measles	7
Influenza	531
Measles	811
Mumps	18
Paratyphoid fever	1
Pneumonia (broncho)	113
Pneumonia (lobar)	110
Poliomyelitis	1
Scarlet fever	95
Septic sore throat	1
Tuberculosis (all forms)	29
Typhoid fever	1
Whooping cough	147

DELAWARE	
Anthrax	1
Chicken pox	5
Diphtheria	3
Influenza	12
Measles	103
Pneumonia	4
Scarlet fever	8
Tuberculosis	6
Whooping cough	4

DISTRICT OF COLUMBIA	
Chicken pox	27
Diphtheria	6
Influenza	7
Measles	389
Pneumonia	51
Scarlet fever	21
Smallpox	5
Tuberculosis	34
Typhoid fever	1
Whooping cough	35

FLORIDA	
Chicken pox	63
Diphtheria	13
Influenza	54
Measles	69
Mumps	21
Pneumonia	16
Scarlet fever	17
Smallpox	155
Tuberculosis	11
Typhoid fever	5
Whooping cough	27

GEORGIA	
Chicken pox	61
Diphtheria	15
Dysentery	4
Hookworm disease	19
Influenza	1,111
Malaria	8
Measles	165
Mumps	38
Pellagra	9
Pneumonia	118

GEORGIA—continued	Cases
Scarlet fever	7
Septic sore throat	12
Smallpox	58
Tuberculosis	23
Typhoid fever	2
Whooping cough	60

IDAHO	
Cerebrospinal meningitis—	
Aberdeen	1
American Falls	3
Glenns Ferry	1
Idaho Falls	3
Post Falls	2
Chicken pox	9
Diphtheria	7
Influenza	4
Measles	29
Mumps	31
Scarlet fever	20
Smallpox	3
Tuberculosis	1
Typhoid fever	3
Whooping cough	7

ILLINOIS	
Cerebrospinal meningitis—Cook County	1
Diphtheria	72
Influenza	479
Lethargic encephalitis—Tazewell County	1
Measles	1,048
Pneumonia	1,042
Scarlet fever	383
Smallpox	24
Tuberculosis	365
Typhoid fever	9
Whooping cough	198

INDIANA	
Chicken pox	67
Diphtheria	16
Influenza	324
Measles	1,828
Mumps	5
Pneumonia	35
Scarlet fever	222
Smallpox	91
Trachoma	8
Tuberculosis	38
Typhoid fever	2
Whooping cough	150

IOWA	
Chicken pox	15
Diphtheria	9
Influenza	347
Measles	106
Mumps	18
Pneumonia	36
Scarlet fever	40
Smallpox	28
Tuberculosis	10
Whooping cough	7

KANSAS

Cerebrospinal meningitis:	Cases
Republic	1
Wichita	1
Chicken pox	110
Diphtheria	22
German measles	24
Influenza	56
Measles	586
Mumps	40
Pellagra	1
Pneumonia	81
Scarlet fever	77
Smallpox	5
Tetanus	1
Tuberculosis	72
Typhoid fever	1
Whooping cough	168

LOUISIANA

Diphtheria	10
Influenza	107
Malaria	7
Measles	19
Pneumonia	48
Scarlet fever	22
Smallpox	34
Tuberculosis	24
Typhoid fever	7

MAINE

Chicken pox	25
Diphtheria	3
German measles	14
Influenza	149
Measles	228
Mumps	80
Pneumonia	25
Scarlet fever	26
Septic sore throat	4
Tuberculosis	20
Typhoid fever	4
Vincent's angina	1
Whooping cough	36

MARYLAND [1]

Cerebrospinal meinigitis	1
Chicken pox	79
Diphtheria	15
German measles	3
Influenza	169
Lethargic encephalitis	1
Malaria	1
Measles	675
Mumps	178
Pneumonia (broncho)	100
Pneumonia (lobar)	85
Scarlet fever	40
Septic sore throat	1
Tuberculosis	76
Typhoid fever	5
Vincent's angina	2
Whooping cough	48

[1] Week ended Friday.

MASSACHUSETTS

	Cases
Anthrax	2
Cerebrospinal meningitis	8
Chicken pox	153
Conjunctivitis (suppurative)	13
Diphtheria	70
Dysentery	1
German measles	261
Influenza	590
Lethargic encephalitis	3
Measles	930
Mumps	114
Ophthalmia neonatorum	16
Pneumonia (lobar)	250
Poliomyelitis	1
Scarlet fever	260
Septic sore throat	2
Trachoma	1
Tuberculosis (pulmonary)	123
Tuberculosis (other forms)	43
Typhoid fever	6
Whooping cough	419

MICHIGAN

Diphtheria	72
Measles	1,493
Pneumonia	396
Scarlet fever	409
Smallpox	9
Tuberculosis	35
Typhoid fever	10
Whooping cough	235

MINNESOTA

Chicken pox	129
Diphtheria	82
Influenza	2
Measles	381
Pneumonia	3
Scarlet fever	365
Smallpox	21
Trachoma	1
Tuberculosis	61
Typhoid fever	3
Whooping cough	42

MISSISSIPPI

Diphtheria	11
Influenza	455
Scarlet fever	3
Smallpox	11
Typhoid fever	2

MISSOURI

Cerebrospinal meningitis	1
Chicken pox	93
Diphtheria	52
Influenza	26
Measles	752
Mumps	45
Pneumonia	17
Rabies (in animals)	5
Scarlet fever	267

MISSOURI—continued

	Cases
Smallpox	9
Trachoma	25
Tuberculosis	25
Typhoid fever	1
Whooping cough	119

MONTANA

Cerebrospinal meningitis	2
Chicken pox	25
Diphtheria	1
German measles	44
Influenza	20
Measles	18
Mumps	18
Poliomyelitis	1
Rocky Mountain spotted fever	2
Scarlet fever	90
Smallpox	15
Typhoid fever	3
Whooping cough	14

NEBRASKA

Chicken pox	19
Diphtheria	4
Influenza	10
Measles	27
Mumps	17
Pneumonia	4
Poliomyelitis	1
Rabies	1
Scarlet fever	62
Smallpox	17
Tuberculosis	3
Whooping cough	30

NEW JERSEY

Anthrax	1
Cerebrospinal meningitis	1
Chicken pox	156
Diphtheria	82
Influenza	177
Measles	1,960
Paratyphoid fever	1
Pneumonia	279
Poliomyelitis	1
Scarlet fever	184
Smallpox	3
Trachoma	1
Typhoid fever	4
Whooping cough	81

NEW MEXICO

Chicken pox	18
Conjunctivitis	9
Diphtheria	6
Influenza	24
Measles	5
Mumps	18
Pneumonia	19
Poliomyelitis	1
Rabies (in animals)	3
Scarlet fever	7
Septic sore throat	1
Tuberculosis	16
Whooping cough	46

[1] Deaths.

NEW YORK

(Exclusive of New York City)

	Cases
Chicken pox	245
Diphtheria	69
Dysentery	7
German measles	165
Influenza	3,665
Measles	1,268
Mumps	174
Ophthalmia neonatorum	1
Pneumonia	932
Scarlet fever	270
Septic sore throat	2
Smallpox	1
Tetanus	2
Trachoma	1
Typhoid fever	13
Vincent's angina	2
Whooping cough	393

NORTH CAROLINA

Chicken pox	185
Diphtheria	21
German measles	299
Measles	302
Scarlet fever	22
Septic sore throat	2
Smallpox	40
Whooping cough	133

OKLAHOMA

(Exclusive of Tulsa and Oklahoma City)

Cerebrospinal meningitis:	
Muskogee	1
Tillman County	1
Chicken pox	19
Diphtheria	17
Influenza	1,523
Malaria	18
Measles	30
Mumps	9
Pellagra	7
Pneumonia	185
Scarlet fever	53
Smallpox	17
Typhoid fever	4
Whooping cough	39

OREGON

Cerebrospinal meningitis	4
Chicken pox	65
Diphtheria	14
Influenza	72
Measles	35
Mumps	47
Pneumonia	[1]6
Rocky Mountain spotted fever	1
Scarlet fever	21
Septic sore throat	2
Smallpox	14
Tuberculosis	12
Typhoid fever	1
Whooping cough	26

PENNSYLVANIA

	Cases
Actinomycosis—Philadelphia	1
Anthrax	1
Chicken pox	434
Diphtheria	144
German measles	61
Impetigo contagiosa	7
Lethargic encephalitis:	
Erie	1
Mifflintown	1
Malaria	1
Measles	3,580
Mumps	169
Ophthalmia neonatorum—Philadelphia	1
Pneumonia	147
Scabies	9
Scarlet fever	572
Smallpox	1
Trachoma—Philadelphia	1
Tuberculosis	135
Typhoid fever	36
Whooping cough	421

RHODE ISLAND

Chicken pox	1
Diphtheria	8
German measles	16
Influenza	58
Measles	184
Mumps	3
Pneumonia	6
Scarlet fever	11
Tuberculosis	11
Whooping cough	3

SOUTH DAKOTA

Chicken pox	6
Diphtheria	1
Measles	19
Mumps	60
Pneumonia	3
Scarlet fever	77
Smallpox	5
Tuberculosis	1
Typhoid fever	7
Whooping cough	2

TENNESSEE

Cerebrospinal meningitis:	
Memphis	1
Roane County	1
Chicken pox	42
Diphtheria	14
Influenza	487
Malaria	3
Measles	296
Pellagra	7
Pneumonia	94
Scarlet fever	32
Smallpox	13
Trachoma	2
Tuberculosis	56
Typhoid fever	5
Whooping cough	25

TEXAS

Chicken pox	105
Diphtheria	48
Dysentery	1

TEXAS—continued

	Cases
Influenza	595
Measles	7
Mumps	27
Pellagra	5
Pneumonia	63
Rabies (human)	3
Scarlet fever	47
Smallpox	111
Tuberculosis	24
Typhoid fever	1
Whooping cough	71

UTAH

Chicken pox	27
Diphtheria	8
Influenza	4
Measles	2
Mumps	35
Pneumonia	2
Scarlet fever	4
Whooping cough	107

VERMONT

Chicken pox	16
Measles	28
Mumps	9
Scarlet fever	21
Whooping cough	15

WASHINGTON

Cerebrospinal meningitis:	
Seattle	3
Spokane	1
Chicken pox	88
Diphtheria	14
German measles	53
Influenza	1
Measles	66
Mumps	49
Pneumonia	1
Scarlet fever	74
Septic sore throat	1
Smallpox	112
Tuberculosis	38
Typhoid fever	6
Whooping cough	40

WEST VIRGINIA

Diphtheria	5
Influenza	136
Measles	288
Scarlet fever	6
Smallpox	1
Tuberculosis	5
Typhoid fever	9
Whooping cough	12

WISCONSIN

Milwaukee:	
Chicken pox	121
Diphtheria	19
German measles	3
Influenza	6
Lethargic encephalitis	1
Measles	118
Mumps	36
Pneumonia	42
Scarlet fever	22
Tuberculosis	20
Whooping cough	54

WISCONSIN—continued

Scattering:	Cases
Cerebrospinal meningitis	2
Chicken pox	130
Diphtheria	32
German measles	58
Influenza	298
Lethargic encephalitis	4
Measles	670
Mumps	125
Pneumonia	20
Poliomyelitis	1
Scarlet fever	194
Smallpox	8
Tuberculosis	29

WISCONSIN—continued

Scattering—continued	Cases
Typhoid fever	1
Whooping cough	127

WYOMING

	Cases
Chicken pox	8
Diphtheria	1
German measles	4
Influenza	8
Measles	2
Mumps	7
Rocky Mountain spotted fever	1
Scarlet fever	17
Septic sore throat	3
Whooping cough	9

Report for Week Ended March 20, 1926

NORTH DAKOTA

	Cases
Cerebrospinal meningitis	2
Chicken pox	21
Diphtheria	12
German measles	87
Influenza	88
Lethargic encephalitis	2
Measles	18

NORTH DAKOTA—continued

	Cases
Mumps	20
Pneumonia	39
Poliomyelitis	2
Scarlet fever	100
Smallpox	1
Tuberculosis	6
Whooping cough	7

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
February, 1926										
Delaware	----	11	26	1	682	----	0	9	1	2
Georgia	1	53	4,305	41	393	8	2	27	70	12
Illinois	8	392	243	5	3,337	----	7	2,129	163	49
Kansas	7	72	334	0	691	1	1	336	55	4
Louisiana	5	67	2,276	8	5	6	0	64	250	50
Maryland	4	105	2,799	1	5,951	0	0	212	4	11
Minnesota	2	219	9	----	511	----	1	1,733	54	26
Missouri	6	357	179	----	947	----	2	1,052	34	13
New York	18	840	1,020	1	14,226	----	12	1,769	3	80
North Carolina	1	114	----	----	859	----	4	149	115	9
Ohio	3	389	40	1	15,090	----	5	1,639	308	42
Oklahoma [1]	2	60	3,891	42	53	17	5	161	80	16
West Virginia	3	74	286	----	983	0	0	152	25	47
Wyoming	0	2	14	----	18	----	0	67	1	1

[1] Exclusive of Tulsa and Oklahoma City.

PNEUMONIA (ALL FORMS) AND INFLUENZA

Deaths reported in large cities of the United States during two-week periods ended March 21, 1925, and March 20, 1926

PNEUMONIA (ALL FORMS)

	Week ended—					Week ended—			
	Mar. 14, 1925	Mar. 13, 1926	Mar. 21, 1925	Mar. 20, 1926		Mar. 14, 1925	Mar. 13, 1926	Mar. 21, 1925	Mar. 20, 1926
Atlanta	12	11	15	13	Nashville	5	13	3	13
Baltimore	39	43	67	55	New Bedford	7	7	------	------
Birmingham	11	14	17	12	New Haven	2	10	5	15
Boston	27	47	25	76	New Orleans	10	8	10	15
Bridgeport	5	3	3	6	New York	207	500	237	608
Buffalo	16	25	21	34	Newark	17	39	19	38
Cambridge, Mass	1	1	3	12	Norfolk	6	13	5	17
Camden	3	19	6	15	Oakland	5	8	8	7
Canton	------	2	4	4	Oklahoma City	6	6	2	5
Chicago	132	193	108	252	Omaha	10	13	15	11
Cincinnati	13	13	21	15	Philadelphia	78	238	51	194
Cleveland	45	39	29	53	Pittsburgh	84	40	79	35
Columbus	10	8	18	8	Portland, Oreg	10	4	10	10
Dallas	9	7	3	7	Providence	14	8	13	12
Denver	14	22	11	12	Reading	------	11	------	17
Detroit	50	103	57	117	Richmond	3	7	5	6
Duluth	5	3	5	1	Rochester	5	32	6	38
Elizabeth	3	8	6	8	St. Paul	11	7	10	8
El Paso	7	5	3	------	Salt Lake City	4	5	------	------
Erie	5	2	3	------	San Antonio	5	12	------	11
Fall River	4	1	8	3	San Diego	2	2	4	3
Flint	------	9	6	14	San Francisco	7	7	8	4
Fort Worth	2	9	------	5	Schenectady	4	2	2	4
Grand Rapids	2	2	3	8	Somerville	6	6	8	5
Hartford	13	5	6	6	Springfield, Mass	3	4	3	6
Houston	3	15	8	14	Syracuse	8	13	7	21
Indianapolis	28	23	30	29	Tacoma	------	3	1	------
Kansas City, Mo	27	23	28	18	Toledo	15	7	2	7
Los Angeles	30	13	22	22	Trenton	5	8	2	11
Louisville	23	17	21	36	Washington	16	31	18	23
Lowell	11	------	10	9	Waterbury	6	5	4	7
Lynn	5	3	5	3	Wilmington, Del	5	13	4	16
Memphis	14	19	5	9	Worcester	13	7	10	12
Minneapolis	17	9	14	17	Youngstown	5	2	7	7

INFLUENZA

Atlanta	2	2	2	4	Nashville	5	2	5	12
Baltimore	2	11	10	4	New Bedford	------	------	------	------
Birmingham	7	22	6	17	New Haven	------	------	2	1
Boston	7	1	1	6	New Orleans	14	1	7	12
Bridgeport	1	4	------	4	New York	25	85	26	87
Buffalo	1	2	2	5	Newark	------	------	1	2
Cambridge, Mass	------	------	------	3	Norfolk	------	------	------	------
Camden	------	6	------	2	Oakland	1	2	------	------
Canton	------	------	------	------	Oklahoma City	2	1	2	2
Chicago	17	12	30	49	Omaha	------	------	------	------
Cincinnati	3	4	5	7	Philadelphia	10	79	12	61
Cleveland	3	2	3	14	Pittsburgh	5	1	13	9
Columbus	14	3	13	1	Portland, Oreg	------	1	------	------
Dallas	3	8	1	11	Providence	1	4	1	4
Denver	1	15	5	3	Reading	------	------	------	------
Detroit	1	20	6	18	Richmond	1	7	------	2
Duluth	------	------	------	------	Rochester	------	26	2	16
Elizabeth	------	------	------	------	St. Paul	------	1	------	3
El Paso	4	3	5	4	Salt Lake City	3	------	------	------
Erie	2	1	2	------	San Antonio	------	7	1	4
Fall River	3	------	3	1	San Diego	1	1	1	------
Flint	------	------	1	------	San Francisco	3	3	------	1
Fort Worth	------	7	------	5	Schenectady	------	------	1	2
Grand Rapids	2	------	1	------	Somerville	1	------	------	------
Hartford	1	------	1	1	Springfield, Mass	1	1	2	2
Houston	2	3	4	3	Syracuse	2	5	2	5
Indianapolis	2	1	3	2	Tacoma	------	------	------	------
Kansas City, Mo	12	8	14	8	Toledo	------	1	3	5
Los Angeles	1	1	3	4	Trenton	4	6	------	4
Louisville	------	2	2	5	Washington	2	1	6	------
Lowell	------	------	------	------	Waterbury	------	------	------	1
Lynn	------	------	------	------	Wilmington, Del	------	5	------	------
Memphis	1	8	3	6	Worcester	------	------	------	------
Minneapolis	1	2	2	3	Youngstown	------	------	------	------

RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of February, 1926, to other State health departments by departments of health of certain States

Referred by—	Diphtheria	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever
Connecticut	1				
Illinois		1	4	7	1
Minnesota		1		26	2
New York		1	1		
New Mexico				1	

PLAGUE-ERADICATIVE MEASURES IN LOS ANGELES, CALIF.

The following items were taken from the reports of plague-eradicative measures from Los Angeles, Calif.

Week ended Mar. 13, 1926:

Number of rats trapped	2,562
Number of rats found to be plague infected	0
Number of squirrels examined	907
Number of squirrels found to be plague infected	0
Number of mice trapped	2,306
Number of mice found to be plague infected	0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.

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

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended March 13, 1926, 37 States reported 1,094 cases of diphtheria. For the week ended March 14, 1925, the same States reported 1,505 cases of this disease. One hundred and one cities, situated in all parts of the country and having an aggregate population of more than 30,300,000, reported 665 cases of diphtheria for the week ended March 13, 1926. Last year for the corresponding week they reported 928 cases. The estimated expectancy for these cities was 987 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 16,631 cases of measles for the week ended March 13, 1926, and 4,060 cases of this disease for the week ended March 14, 1925. One hundred and one cities reported 9,859 cases of measles for the week this year, and 2,478 cases last year.

Poliomyelitis.—The health officers of 37 States reported 16 cases of poliomyelitis for the week ended March 13, 1926. The same States reported 15 cases for the week ended March 14, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-seven States—this year, 3,949 cases; last year, 4,451 cases; 101 cities—this year, 1,767 cases; last year, 2,372 cases; estimated expectancy, 1,236 cases.

Smallpox.—For the week ended March 13, 1926, 37 States reported 880 cases of smallpox. Last year for the corresponding week they reported 896 cases. One hundred and one cities reported smallpox for the week as follows: 1926, 233 cases; 1925, 340 cases; estimated expectancy, 143 cases. Thirteen deaths from smallpox were reported by these cities for the week this year—at Los Angeles, Calif.

Typhoid fever.—One hundred and thirty-four cases of typhoid fever were reported for the week ended March 13, 1926, by 36 States. For the corresponding week of 1925, the same States reported 219 cases of this disease. One hundred and one cities reported 47 cases of typhoid fever for the week this year and 53 cases for the corresponding week last year. The estimated expectancy for these cities was 35 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 95 cities, with a population of more than 29,700,000, as follows: 1926, 2,262 deaths; 1925, 1,382.

City reports for week ended March 13, 1926

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

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 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, 1925, 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	75,333	4	1	0	2	0	26	5	3
New Hampshire:									
Concord	22,546	0	0	0	0	0	2	0	2
Manchester	83,097	0	3	0	0	1	17	0	1
Vermont:									
Barre	10,008	0	0	0	0	0	0	0	0
Burlington	24,089	0	0	0	0	0	0	0	0
Massachusetts:									
Boston	779,620	67	60	14	12	1	157	55	47
Fall River	128,993	3	4	1	0	0	12	1	1
Springfield	142,065	19	4	0	2	1	211	0	4
Worcester	190,757	4	4	5	1	0	20	1	7
Rhode Island:									
Pawtucket	69,760	0	1	0	0	0	89	0	2
Providence	267,918	3	10	4	39	4	214	1	8
Connecticut:									
Bridgeport	(1)	0	8	5	11	4	5	0	3
Hartford	160,197	5	8	4	0	0	48	0	5
New Haven	178,927	12	3	0	5	0	49	0	10

[1] No estimate made.

City reports for week ended March 13, 1926—Continued

Division, State, and city	Population July 1, 1925, 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			
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	28	14	12	21	2	11	2	25
New York	5,873,356	178	227	109	883	85	2,220	53	500
Rochester	316,786	3	8	9	104	26	80	2	32
Syracuse	182,003	16	5	6	138	5	112	27	13
New Jersey:									
Camden	128,642	12	5	5	6	6	13	0	19
Newark	452,513	55	17	6	30	0	485	4	39
Trenton	132,020	10	4	2	38	6	6	0	8
Pennsylvania:									
Philadelphia	1,979,364	102	83	66	14	79	457	19	238
Pittsburgh	631,563	41	21	11	----	1	49	1	40
Reading	112,707	7	3	0	----	----	9	7	11
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	8	10	5	0	4	10	6	13
Cleveland	936,485	37	27	30	9	2	556	2	39
Columbus	279,836	20	4	3	0	3	458	0	8
Toledo	287,380	46	5	3	0	1	59	1	7
Indiana:									
Fort Wayne	97,846	10	3	1	0	0	7	0	0
Indianapolis	358,819	41	8	1	0	1	1,005	2	23
South Bend	80,091	4	1	3	0	0	0	0	9
Terre Haute	71,071	0	1	1	0	0	5	0	7
Illinois:									
Chicago	2,995,239	127	102	51	301	12	112	24	193
Peoria	81,564	7	1	0	0	2	0	29	3
Springfield	63,923	20	0	0	4	3	11	5	1
Michigan:									
Detroit	1,245,824	38	54	43	50	20	827	13	103
Flint	130,316	5	5	4	4	0	11	4	9
Grand Rapids	153,698	9	3	1	0	0	22	0	2
Wisconsin:									
Kenosha	50,891	14	2	0	0	0	0	0	1
Madison	46,385	----	0	----	----	----	----	----	----
Milwaukee	509,192	117	15	10	1	1	87	57	14
Racine	67,707	11	1	3	0	0	0	20	0
Superior	39,671	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	7	1	0	0	0	0	0	3
Minneapolis	425,435	97	16	15	0	2	182	3	9
St. Paul	246,001	36	15	12	0	1	18	5	7
Iowa:									
Davenport	(1)	2	1	0	0	----	0	0	----
Sioux City	(1)	5	1	0	0	----	1	0	----
Waterloo	36,771	8	0	1	0	----	9	0	----
Missouri:									
Kansas City	367,481	38	7	8	12	8	317	4	23
St. Joseph	78,342	1	1	1	0	0	1	0	5
St. Louis	821,543	48	41	66	3	3	121	11	----
North Dakota:									
Fargo	26,403	2	1	1	0	1	0	15	2
Grand Forks	14,811	2	0	0	0	----	17	0	----
South Dakota:									
Aberdeen	15,086	4	0	0	0	----	15	72	----
Sioux Falls	30,127	19	1	1	0	0	15	0	----
Nebraska:									
Lincoln	60,941	8	2	0	0	1	0	1	0
Omaha	211,768	6	4	1	0	0	31	0	13
Kansas:									
Topeka	55,411	22	1	2	0	2	10	2	3
Wichita	88,367	6	2	0	0	0	105	0	5

[1] No estimate made.

City reports for week ended March 13, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	4	2	7	0	5	72	0	13
Maryland:									
Baltimore	796,296	83	26	12	60	11	625	164	43
Cumberland	33,741	0	1	2	0	0	11	0	3
Frederick	12,035	0	0	0	1	0	14	0	0
District of Columbia:									
Washington	497,906	22	12	14	1	1	212	0	31
Virginia:									
Lynchburg	30,395	15	0	1	0	0	23	0	2
Norfolk	(1)	14	1	0	0	0	3	0	13
Richmond	186,403	6	2	2	0	7	3	10	7
Roanoke	58,208	3	0	1	0	0	107	0	8
West Virginia:									
Charleston	49,019	21	0	0	5	0	5	0	4
Huntington	63,485	0	0	2	0	0	5	0	0
Wheeling	56,208	18	1	1	0	0	65	0	2
North Carolina:									
Raleigh	30,371	0	0	0	0	1	0	0	0
Wilmington	37,061	11	1	0	0	2	0	1	1
Winston-Salem	69,031	7	0	2	0	6	56	3	4
South Carolina:									
Charleston	73,125	1	1	2	8	3	0	0	9
Columbia	41,225	2	1	0	0	0	0	1	0
Greenville	27,311	3	0	0	0	0	0	2	0
Georgia:									
Atlanta	(1)	6	2	1	69	2	7	2	11
Brunswick	16,809	3	0	0	0	0	0	0	0
Savannah	93,134	4	1	0	16	1	3	1	5
Florida:									
St. Petersburg	26,847	----	0	----	----	0	----	----	2
Tampa	94,743	6	2	1	1	2	1	2	4
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	----	1	----	----	0	----	----	4
Louisville	305,935	8	6	0	33	2	134	0	17
Tennessee:									
Memphis	174,533	26	5	5	0	8	29	13	19
Nashville	136,220	6	2	0	0	2	85	2	13
Alabama:									
Birmingham	205,670	21	2	0	114	22	24	7	14
Mobile	65,955	5	0	0	0	4	0	0	2
Montgomery	46,481	13	1	0	10	0	0	19	6
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	5	1	0	0	----	0	0	----
Little Rock	74,216	0	0	0	2	2	3	0	2
Louisiana:									
New Orleans	414,493	5	11	8	25	1	2	0	8
Shreveport	57,857	12	1	0	0	0	1	9	4
Oklahoma:									
Oklahoma City	(1)	1	2	0	123	1	0	0	6
Tulsa	124,478	2	1	1	0	----	0	0	----
Texas:									
Dallas	194,450	19	5	4	15	8	1	0	7
Galveston	48,375	0	0	0	0	1	1	0	6
Houston	164,954	1	2	11	0	3	0	0	15
San Antonio	198,069	1	2	1	1	7	1	0	12
MOUNTAIN									
Montana:									
Billings	17,971	0	0	0	0	0	0	1	1
Great Falls	29,883	20	1	0	0	0	1	14	0
Helena	12,037	0	0	0	0	0	0	0	1
Missoula	12,668	0	1	0	91	1	17	0	2
Idaho:									
Boise	23,042	0	0	0	0	0	0	0	0

[1] No. estimate made.

[1] No estimate made.

City reports for week ended March 13, 1926—Continued

Division, State, and city	Population July 1, 1925, 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			
MOUNTAIN—continued									
Colorado:									
Denver	280,911	29	8	11	-------	15	18	1	22
Pueblo	43,787	7	2	1	0	0	1	0	2
New Mexico:									
Albuquerque	21,000	1	1	5	0	0	1	1	3
Arizona:									
Phoenix	38,669	2	1	0	0	1	2	0	1
Utah:									
Salt Lake City	130,948	30	2	0	0	0	0	25	5
Nevada:									
Reno	12,665	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	(1)	40	5	3	0	-------	15	62	-------
Spokane	108,897	9	3	2	0	-------	0	0	-------
Tacoma	104,455	1	1	4	0	0	4	1	3
Oregon:									
Portland	282,383	18	5	16	7	1	6	10	4
California:									
Los Angeles	(1)	98	35	33	20	1	11	15	13
Sacramento	72,260	7	1	2	0	2	1	7	3
San Francisco	557,530	51	22	11	5	3	90	28	7

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	2	5	0	0	0	0	0	0	0	6	15
New Hampshire:											
Concord	0	3	0	0	0	0	0	0	0	0	9
Manchester	2	7	0	0	0	0	1	0	0	0	19
Vermont:											
Barre	1	0	0	0	0	1	0	0	0	0	2
Burlington	1	8	1	0	0	1	0	0	0	0	11
Massachusetts:											
Boston	59	82	0	0	0	17	2	2	0	190	272
Fall River	3	2	0	0	0	2	0	0	0	1	27
Springfield	7	3	0	0	0	2	0	0	0	34	45
Worcester	9	7	0	0	0	1	0	0	0	18	57
Rhode Island:											
Pawtucket	1	1	0	0	0	0	0	0	0	8	-------
Providence	9	6	0	0	0	7	0	0	0	12	87
Connecticut:											
Bridgeport	9	15	0	0	0	1	0	0	0	14	44
Hartford	7	3	0	0	0	2	0	0	0	7	60
New Haven	6	14	0	0	0	0	0	0	0	20	59
MIDDLE ATLANTIC											
New York:											
Buffalo	20	9	0	0	0	12	1	1	0	24	168
New York	270	170	0	0	0	[2] 139	7	7	2	93	2,183
Rochester	18	20	0	0	0	7	0	0	0	15	158
Syracuse	16	3	0	0	0	2	1	1	0	87	89
New Jersey:											
Camden	3	6	0	0	0	0	0	1	0	4	57
Newark	25	25	0	0	0	11	1	0	0	31	152
Trenton	5	6	0	0	0	4	0	4	0	0	49
Pennsylvania:											
Philadelphia	74	81	0	0	0	53	3	1	0	47	936
Pittsburgh	24	51	0	0	0	10	0	0	0	42	208
Reading	3	14	0	0	0	3	0	0	0	7	55

[1] No estimate made.

[2] Pulmonary tuberculosis only.

City reports for week ended March 13, 1926—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		
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	13	25	2	2	0	12	0	0	0	29	129
Cleveland	33	89	2	0	0	21	1	1	1	118	225
Columbus	9	21	1	3	0	2	0	0	0	2	65
Toledo	20	12	4	0	0	3	1	0	0	18	76
Indiana:											
Fort Wayne	4	18	1	0	0	0	0	0	0	3	24
Indianapolis	9	13	6	19	0	5	0	1	0	51	120
South Bend	4	1	2	4	0	0	0	0	0	4	24
Terre Haute	3	4	1	0	0	2	0	0	0	1	27
Illinois:											
Chicago	125	186	3	0	0	62	3	2	0	53	944
Peoria	4	4	1	1	0	0	0	0	0	10	14
Springfield	1	0	0	0	0	3	0	0	0	26	26
Michigan:											
Detroit	94	117	2	0	0	22	1	1	0	58	454
Flint	6	14	1	0	0	0	0	0	0	16	38
Grand Rapids	9	22	1	0	0	0	0	0	0	44	43
Wisconsin:											
Kenosha	3	3	1	0	0	0	1	0	0	2	5
Madison	3		0				0				
Milwaukee	31	22	5	0	0	5	0	1	1	44	102
Racine	4	2	1	0	0	0	0	0	0	22	11
Superior	2	6	5	0	0	0	0	0	0	0	4
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	15	1	0	0	0	0	0	0	12	17
Minneapolis	39	91	11	0	0	2	1	0	0	4	113
St. Paul	29	70	7	0	0	5	0	0	0	19	57
Iowa:											
Davenport	2	2	2	0			0	0		0	
Sioux City	2	3	1	4			0	0		0	
Waterloo	3	1	1	4			0	0		2	
Missouri:											
Kansas City	12	31	2	0	0	8	0	1	0	55	117
St. Joseph	2	3	0	0	0	0	0	1	0	0	31
St. Louis	31	197	5	6	0	6	1	0	0	26	267
North Dakota:											
Fargo	2	9	0	0	0	0	0	0	0	3	14
Grand Forks	0	0	0	0			0	0		2	
South Dakota:											
Aberdeen	4	6	0	0			0	0		2	
Sioux Falls	3	3	0	1	0	0	0	0	0	0	7
Nebraska:											
Lincoln	3	1	0	0	0	0	0	0	0	26	9
Omaha	5	22	6	14	0	3	0	0	0	1	61
Kansas:											
Topeka	2	4	0	5	0	0	0	0	0	1	27
Wichita	2	2	2	0	0	0	0	0	0	8	22
SOUTH ATLANTIC											
Delaware:											
Wilmington	2	5	0	0	0	0	0	0	0	3	56
Maryland:											
Baltimore	39	32	1	0	0	14	2	1	0	38	256
Cumberland	0	0	0	0	0	1	0	0	0	5	15
Frederick	1	0	0	0	0	0	0	0	0	2	2
District of Col.:											
Washington	27	17	1	1	0	10	1	1	0	22	179
Virginia:											
Lynchburg	0	1	0	0	0	0	0	0	0	6	9
Norfolk	2	12	0	0	0	2	0	0	0	4	
Richmond	3	7	0	0	0	3	0	0	0	1	71
Roanoke	1	0	1	2	0	3	0	0	0	2	22
West Virginia:											
Charleston	0	1	0	0	0	1	0	1	0	13	19
Huntington	1	2	0	0	0	2	0	0	0	0	17
Wheeling	1	1	0	0	0	0	0	1	0	1	20
North Carolina:											
Raleigh	0	0	1	0	0	1	0	0	0	0	17
Wilmington	0	0	1	0	0	0	0	0	0	2	16
Winston-Salem	1	1	4	4	0	1	0	0	0	4	26

City reports for week ended March 13, 1926—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		
SOUTH ATLANTIC—continued											
South Carolina:											
Charleston	0	0	0	0	0	3	0	0	0	0	30
Columbia	1	0	0	2	0	0	0	0	0	0	------
Greenville	0	0	1	1	0	0	0	0	0	2	17
Georgia:											
Atlanta	4	2	3	1	0	5	0	0	0	1	69
Brunswick	0	0	1	0	0	0	0	0	0	0	10
Savannah	1	0	0	0	0	2	0	0	0	0	33
Florida:											
St. Petersburg	1	------	0	------	0	1	0	------	0	------	26
Tampa	0	1	1	15	0	9	2	0	0	1	44
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2	------	0	------	0	5	0	------	0	------	34
Louisville	5	7	0	0	0	8	0	0	1	3	104
Tennessee:											
Memphis	3	9	2	6	0	4	0	1	0	1	74
Nashville	3	1	2	0	0	3	0	0	0	1	68
Alabama:											
Birmingham	2	9	8	7	0	8	1	0	0	0	108
Mobile	0	0	2	0	0	3	0	0	0	0	25
Montgomery	0	1	0	0	0	0	0	0	0	0	22
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	1	0	------	------	0	0	------	0	------
Little Rock	1	4	0	0	0	2	0	0	0	0	------
Louisiana:											
New Orleans	5	10	3	5	0	21	2	1	1	6	170
Shreveport	0	1	2	0	0	4	0	0	0	9	32
Oklahoma:											
Oklahoma City	3	2	5	1	0	1	0	0	0	1	33
Tulsa	1	1	3	0	------	------	0	0	------	2	------
Texas:											
Dallas	2	10	5	6	0	2	0	0	0	9	57
Galveston	0	0	1	8	0	1	1	0	0	0	21
Houston	1	0	1	14	0	4	0	0	0	0	53
San Antonio	1	1	0	0	0	12	1	0	0	0	65
MOUNTAIN											
Montana:											
Billings	1	0	0	0	0	0	0	0	0	0	7
Great Falls	2	1	2	0	0	0	0	0	0	7	5
Helena	0	0	0	0	0	0	0	0	0	0	4
Missoula	1	2	0	0	0	0	0	0	0	1	7
Idaho:											
Boise	0	0	1	2	0	0	0	0	0	2	------
Colorado:											
Denver	13	18	2	0	0	11	0	15	1	78	109
Pueblo	1	3	1	0	0	2	0	0	0	2	9
New Mexico:											
Albuquerque	1	2	0	0	0	7	0	0	0	1	24
Arizona:											
Phoenix	0	1	0	0	0	5	0	0	0	0	20
Utah:											
Salt Lake City	4	0	2	0	0	4	0	1	0	0	25
Nevada:											
Reno	0	0	1	0	0	0	0	0	0	0	3
PACIFIC											
Washington:											
Seattle	10	32	3	5	------	------	0	0	------	7	------
Spokane	4	16	6	0	------	------	0	0	------	1	------
Tacoma	2	2	2	23	0	0	1	0	0	15	26
Oregon:											
Portland	6	10	13	3	0	4	1	0	0	3	51
California:											
Los Angeles	20	26	4	57	13	20	2	0	0	1	250
Sacramento	2	5	1	6	0	4	0	0	0	0	26
San Francisco	15	12	7	6	0	12	0	0	1	9	162

City reports for week ended March 13, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	0	0	1	2	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
New York	3	1	4	4	0	0	1	4	1
New Jersey:									
Newark	2	0	0	0	0	0	0	0	0
Pennsylvania:									
Philadelphia	0	0	1	0	0	0	0	0	0
EAST NORTH CENTRAL									
Illinois:									
Chicago	1	0	1	1	0	0	1	0	0
Michigan:									
Detroit	1	0	2	1	0	0	0	2	1
Grand Rapids	2	1	0	0	0	0	0	0	0
Wisconsin:									
Milwaukee	1	1	0	0	0	0	0	0	0
Superior	0	0	0	1	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
St. Paul	1	0	0	0	0	0	0	0	0
Missouri:									
St. Louis	0	0	0	0	0	0	0	1	0
Kansas:									
Wichita	0	1	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	2	0	1	1	0	0	0	0	0
District of Columbia:									
Washington	0	0	1	1	1	0	0	0	0
Virginia:									
Richmond	0	0	0	0	0	0	0	1	0
West Virginia:									
Huntington	0	0	0	0	0	1	0	0	0
North Carolina:									
Raleigh	0	0	0	0	0	1	0	0	0
Georgia:									
Atlanta	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	0	0	0	0	1	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	1	0	1	0	0	0	0	0
Shreveport	0	0	0	0	0	1	0	0	0
Texas:									
Dallas	0	0	0	0	2	2	0	0	0
Galveston	0	0	0	0	0	2	0	0	0
San Antonio	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Colorado:									
Denver	0	0	0	0	0	0	0	1	1
Utah:									
Salt Lake City	2	2	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	5	0	0	0	0	0	0	0	0
Spokane	2	0	0	0	0	0	0	0	0
Tacoma	1	0	0	0	0	0	0	0	0
Oregon:									
Portland	1	1	0	0	0	0	0	0	0
California:									
Sacramento	0	0	1	1	0	0	0	0	0
San Francisco	0	1	0	0	0	0	0	0	0

The following table gives the rates per 100,000 population for 103 cities for the five-week period ended March 13, 1926, compared with those for a like period ended March 14, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925, and 1926, respectively, authoritative figures for many of the cities not being available. The 103 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, February 7 to March 13, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Feb. 14, 1925	Feb. 13, 1926	Feb. 21, 1925	Feb. 20, 1926	Feb. 28, 1925	Feb. 27, 1926	Mar. 7, 1925	Mar. 6, 1926	Mar. 14, 1925	Mar. 13, 1926
103 cities	[2] 163	[3] 136	153	137	[4] 163	135	156	[5] 124	162	[6] 114
New England	237	123	232	116	[4] 184	102	225	[7] 95	170	78
Middle Atlantic	164	140	162	132	177	118	166	[8] 111	213	112
East North Central	124	[3] 132	116	134	111	140	107	[9] 123	120	[3] 107
West North Central	251	168	203	202	289	241	273	[9] 235	195	214
South Atlantic	[2] 173	135	148	105	108	73	98	109	86	86
East South Central	63	47	74	57	47	52	58	47	37	[10] 28
West South Central	154	116	119	90	154	116	137	103	150	103
Mountain	92	173	157	218	148	209	83	73	102	109
Pacific	171	140	157	205	246	216	224	[11] 200	188	148

MEASLES CASE RATES

103 cities	[2] 285	[3] 1,717	367	1,994	[4] 342	2,047	403	[5] 1,818	433	[6] 1,693
New England	637	2,347	695	2,709	[4] 569	2,188	633	[7] 2,457	522	1,969
Middle Atlantic	286	1,511	371	1,913	341	2,040	426	[8] 1,627	516	1,713
East North Central	479	[3] 2,633	637	2,899	589	3,080	738	2,691	695	[3] 2,132
West North Central	28	542	26	677	70	891	66	[9] 845	72	1,637
South Atlantic	[2] 92	3,112	104	3,276	77	3,109	94	2,697	138	2,267
East South Central	68	732	47	960	42	1,235	79	1,323	11	[10] 1,499
West South Central	48	13	13	9	48	9	22	17	84	39
Mountain	148	109	601	137	888	82	28	209	740	337
Pacific	28	167	61	202	58	162	102	[11] 282	105	336

[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, 1925, and 1926, respectively.
[2] Wilmington, Del., not included.
[3] Madison, Wis., not included.
[4] Hartford, Conn., not included.
[5] Barre, Vt., Newark, N. J., Kansas City, Mo., and Tacoma, Wash., not included.
[6] Madison, Wis., and Covington, Ky., not included.
[7] Barre, Vt., not included.
[8] Newark, N. J., not included.
[9] Kansas City, Mo., not included.
[10] Covington, Ky., not included.
[11] Tacoma, Wash., not included.

Summary of weekly reports from cities, February 7 to March 13, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SCARLET FEVER CASE RATES

	Week ended—									
	Feb. 14, 1925	Feb. 13, 1926	Feb. 21, 1925	Feb. 20, 1926	Feb. 28, 1925	Feb. 27, 1926	Mar. 7, 1925	Mar. 6, 1926	Mar. 14, 1925	Mar. 13, 1926
103 cities	[2] 385	[3] 298	376	309	[4] 390	285	381	[5] 290	415	[6] 303
New England	544	362	585	362	[4] 543	354	563	[7] 349	515	333
Middle Atlantic	406	197	374	208	411	187	370	[8] 175	437	192
East North Central	371	[3] 358	403	372	402	339	403	345	460	[3] 370
West North Central	695	770	719	772	711	695	752	[9] 815	697	893
South Atlantic	[2] 261	171	157	150	192	201	161	163	207	150
East South Central	194	114	295	244	168	171	179	187	326	[10] 149
West South Central	114	108	119	108	137	112	176	90	101	112
Mountain	370	218	240	237	305	100	277	337	194	218
Pacific	168	310	177	332	213	313	207	[11] 331	218	251

SMALLPOX CASE RATES

103 cities	[2] 76	[3] 53	64	41	[4] 64	41	60	[5] 47	59	[6] 40
New England	0	0	0	0	[4] 0	0	0	[7] 0	0	0
Middle Atlantic	4	1	2	0	3	0	1	[8] 0	5	0
East North Central	33	[3] 23	52	33	26	18	40	23	37	[3] 19
West North Central	187	32	123	63	117	77	111	[9] 62	121	67
South Atlantic	[2] 92	81	63	51	40	66	48	100	56	49
East South Central	620	52	488	104	536	52	599	67	410	[10] 72
West South Central	132	112	79	142	110	133	70	194	70	142
Mountain	157	73	83	36	55	46	46	36	92	18
Pacific	210	461	204	194	298	245	196	[11] 254	235	262

TYPHOID FEVER CASE RATES

103 cities	[2] 12	[3] 6	10	7	[4] 13	5	10	[5] 10	9	[6] 8
New England	19	5	0	7	[4] 13	5	7	[7] 12	5	5
Middle Atlantic	6	6	10	4	8	2	10	[8] 5	5	7
East North Central	6	[3] 4	6	5	6	1	8	5	3	[3] 4
West North Central	10	4	4	6	16	2	6	[9] 0	10	4
South Atlantic	[2] 20	15	8	4	19	11	8	6	23	8
East South Central	37	10	32	5	32	10	32	10	32	[10] 6
West South Central	44	0	40	22	40	30	26	39	26	4
Mountain	18	0	37	18	74	18	9	146	18	146
Pacific	11	13	22	16	8	8	14	[11] 17	14	0

INFLUENZA DEATH RATES

96 cities	[2] 27	[3] 34	29	50	[4] 34	47	30	[5] 52	33	[3] 71
New England	26	19	17	2	[4] 39	19	17	[7] 12	34	24
Middle Atlantic	22	15	21	27	20	39	15	[8] 71	24	105
East North Central	16	[3] 11	17	11	23	14	25	14	31	[3] 32
West North Central	11	4	21	19	36	23	34	[9] 5	32	35
South Atlantic	[2] 52	64	52	137	46	100	50	47	31	77
East South Central	58	62	68	161	116	135	95	259	84	197
West South Central	116	302	145	298	140	227	135	132	102	104
Mountain	55	127	55	109	18	100	18	109	46	146
Pacific	4	35	11	96	25	35	25	[11] 34	15	21

[2] Wilmington, Del., not included.
[3] Madison, Wis., not included.
[4] Hartford, Conn., not included.
[5] Barre, Vt., Newark, N. J., Kansas City, Mo., and Tacoma, Wash., not included.
[6] Madison, Wis., and Covington, Ky., not included.
[7] Barre, Vt., not included.
[8] Newark, N. J., not included.
[9] Kansas City, Mo., not included.
[10] Covington, Ky., not included.
[11] Tacoma, Wash., not included.

Summary of weekly reports from cities, February 7 to March 13, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

PNEUMONIA DEATH RATES

	Week ended—									
	Feb. 14, 1925	Feb. 13, 1926	Feb. 21, 1925	Feb. 20, 1926	Feb. 28, 1925	Feb. 27, 1926	Mar. 7, 1925	Mar. 6, 1926	Mar. 14, 1925	Mar. 13, 1926
96 cities	[2] 212	[2] 213	207	259	[4] 190	260	196	[6] 271	214	[2] 325
New England	230	156	232	175	[4] 235	165	218	[7] 188	220	217
Middle Atlantic	230	212	215	289	184	316	209	[8] 361	213	460
East North Central	158	[3] 161	173	180	160	179	182	206	226	[3] 289
West North Central	133	77	127	125	150	106	136	[9] 96	169	146
South Atlantic	[2] 247	406	232	486	275	451	251	340	232	301
East South Central	289	223	294	296	268	301	247	311	336	389
West South Central	440	553	387	553	203	378	218	387	169	255
Mountain	268	328	203	173	259	410	129	237	203	300
Pacific	171	138	189	174	145	142	124	[11] 126	138	92

[2] Wilmington, Del., not included.
[3] Madison, Wis., not included.
[4] Hartford, Conn., not included.
[6] Barre, Vt., Newark, N. J., Kansas City, Mo., and Tacoma, Wash., not included.
[7] Barre, Vt., not included.
[8] Newark, N. J., not included.
[9] Kansas City, Mo., not included.
[11] Tacoma, Wash., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1925 and 1926, respectively

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	
			1925	1926	1925	1926
Total	103	96	29,944,996	30,473,129	29,251,658	29,764,201
New England	12	12	2,176,124	2,206,124	2,176,124	2,206,124
Middle Atlantic	10	10	10,346,970	10,476,970	10,346,970	10,476,970
East North Central	16	16	7,481,656	7,655,436	7,481,656	7,655,436
West North Central	14	11	2,594,962	2,634,662	2,461,380	2,499,036
South Atlantic	21	21	2,716,070	2,776,070	2,716,070	2,776,070
East South Central	7	7	993,103	1,004,953	993,103	1,004,953
West South Central	8	6	1,184,057	1,212,057	1,078,198	1,103,695
Mountain	9	9	563,912	572,773	563,912	572,773
Pacific	6	4	1,888,142	1,934,084	1,434,245	1,469,144

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended February 27, 1926.—The following report for the week ended February 27, 1926, was transmitted by the Far Eastern Bureau of the health section of the League of Nations' Secretariat, located at Singapore, to the headquarters at Geneva:

Port	Plague		Cholera		Small-pox		Port	Plague		Cholera		Small-pox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta	----	0	----	52	30	19	Osaka	0	0	0	0	0	0
Bombay	----	1	----	0	25	16	Niigata	0	0	0	0	0	0
Madras	----	0	----	2	9	1	Tsuruga	0	0	0	0	0	0
Rangoon	----	11	----	0	19	2	Hakodate	0	0	0	0	0	0
Karachi	----	2	----	0	3	0	Keelung	0	0	0	0	0	0
Colombo	2	1	0	0	0	1	Fusan	0	0	0	0	0	0
Basra	0	0	0	0	6	6	Chemulpo	0	0	0	0	0	0
Singapore	0	0	0	0	1	0	Dairen	0	0	0	0	5	3
Port Swettenham	0	0	0	0	0	0	Adelaide	0	0	0	0	0	0
Penang	0	0	0	0	0	0	Brisbane	0	0	0	0	0	0
Batavia	0	0	0	0	0	0	Fremantle	0	0	0	0	0	0
Surabaya	0	0	0	0	1	0	Melbourne	0	0	0	0	0	0
Samarang	2	2	0	0	0	0	Sydney	0	0	0	0	0	0
Cheribon	3	3	0	0	0	0	Rockhampton	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0	Townsville	0	0	0	0	0	0
Palembang	0	0	0	0	0	0	Port Darwin	0	0	0	0	0	0
Padang (Sumatra)	0	0	0	0	0	0	Broome	0	0	0	0	0	0
Sabang (Rhio)	0	0	0	0	0	0	Port Moresby	0	0	0	0	0	0
Makassar	0	0	0	0	0	0	Auckland	0	0	0	0	0	0
Menada	0	0	0	0	0	0	Wellington	0	0	0	0	0	0
Banjermasin	0	0	0	0	0	0	Christchurch	0	0	0	0	0	0
Balik-papan	0	0	0	0	0	0	Invercargill	0	0	0	0	0	0
Pontianak (Borneo)	0	0	0	0	0	0	Noumea	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0	Honolulu	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	14	1	Suez	0	0	0	0	0	0
Timor Dilly	0	0	0	0	0	0	Tor Quarantine Station.	0	0	0	0	0	0
Manila	0	0	1	0	0	0	Alexandria	0	0	0	0	0	0
Zamboanga	0	0	0	0	0	0	Port Said	0	0	0	0	0	0
Bangkok	----	----	41	33	10	6	Mombasa (Kenya)	0	0	0	0	0	0
Saigon and Cholon	0	0	0	0	0	0	Zanzibar	0	0	0	0	0	0
Haiphong	0	0	0	0	0	0	Massowah	0	0	0	0	0	0
Tourane	0	0	0	0	0	0	Djibuti	0	0	0	0	0	0
Hongkong	0	0	0	0	0	0	Berbera	0	0	0	0	0	0
Shanghai	0	0	0	0	----	11	Mozambique	0	0	0	0	0	0
Amoy	0	0	0	0	4	2	Durban	0	0	0	0	0	0
Nagasaki	0	0	0	0	0	0	East London	0	0	0	0	0	0
Yokohama	0	0	0	0	14	0	Port Elizabeth	0	0	0	0	0	0
Shimonoseki	0	0	0	0	0	0	Cape Town	0	0	0	0	0	0
Moji	0	0	0	0	1	0	Port Louis (Mauritius)	0	0	0	0	0	0
Kobe	0	0	0	0	0	0	Seychelles	0	0	0	0	0	0

CANADA

Communicable diseases—Week ended March 13, 1926.—The following table shows the number of cases of certain communicable diseases in seven Provinces of Canada during the week ended March 13, 1926. The information was supplied by the Canadian Ministry of Health.

	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Influenza	34				2			36
Lethargic encephalitis				1				1
Smallpox				6		3	1	10
Typhoid fever		1	8	10			4	23

CUBA

Communicable diseases—Habana—February, 1926.—During February, 1926, communicable diseases were reported at Habana, Cuba, as follows:

Disease	New cases	Deaths	Remaining under treatment Feb. 28, 1926	Disease	New cases	Deaths	Remaining under treatment Feb. 28, 1926
Chicken pox	46		17	Measles	107	1	36
Diphtheria	17	1	4	Paratyphoid fever	1		1
Leprosy		1	7	Scarlet fever	30		19
Malaria [1]	32		11	Typhoid fever [1]	40	3	34

[1] Many of these cases from the interior.

ECUADOR

Plague—Guayaquil—February, 1926.—During the month of February, 1926, 16 cases of plague with 7 deaths were reported at Guayaquil, Ecuador.

Plague-infected rats.—During the same period, out of 19,586 rats examined, 172 rats were found plague infected.

GREAT BRITAIN (SCOTLAND)

Measles—Glasgow—January and February, 1926.—An outbreak of measles has been reported at Glasgow, Scotland, as follows: Month of January, 1926, 4,519 cases with 65 deaths; February, 1926, number of cases 5,986. The type of the disease was mild.

Other diseases.—Among other diseases reported were 15 fatal cases of influenza and 25 of whooping cough in January, 1926; 218 cases of diphtheria and 361 cases of scarlet fever in February.

Population, estimated, 1,034,500.

MADAGASCAR

Plague—December, 1925—January 1-15, 1926.—During the month of December, 1925, 400 cases of plague with 373 deaths were reported in the island of Madagascar, and from January 1 to 15, 1926, 161 cases with 151 deaths. The types of the disease were bubonic, pneumonic, and septicemic. For distribution of occurrence according to locality see page 641.

MEXICO

Malaria—Typhoid fever—Los Mochis.—Malaria and typhoid fever were reported continuously present at Los Mochis, Mexico, from September 27, 1925, to February 20, 1926.

VIRGIN ISLANDS

Communicable diseases—February, 1926.—During the month of February, 1926, communicable diseases were notified in the Virgin Islands of the United States as follows:

Disease and island	Cases	Remarks
St. Thomas and St. John:		
Chancroid	5	
Dengue	2	
Gonorrhea	4	St. John, 1.
Influenza	1	St. John, 1.
Malaria	1	Malignant tertian. Imported.
Syphilis	2	Larynx, 1; secondary, 1.
Tetanus	1	
Tuberculosis	3	
St. Croix:		
Dysentery	1	Entamebic.
Gonococcus infection	1	
Syphilis	5	Secondary.

YUGOSLAVIA

Communicable diseases—January 1-February 21, 1926.—During the period from January 1 to February 21, 1926, communicable diseases were reported in Yugoslavia as follows:

Diseases	Cases	Deaths	Diseases	Cases	Deaths
Anthrax	35	5	Rabies	1	1
Cerebrospinal meningitis	18	11	Relapsing fever	1	-------
Diphtheria and croup	293	48	Scarlet fever	1,004	190
Dysentery	41	1	Tetanus	13	10
Glanders	3	3	Typhoid fever	385	56
Leprosy	2	1	Typhus fever	81	13
Lethargic encephalitis	5	4	Whooping cough	403	17
Measles	2,032	28			

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 April 2, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Chosen	November, 1925	6	5	
India:				
Calcutta	Jan. 31–Feb. 6	41	34	
Indo-China:				
French Settlements	December, 1925	880	712	
Japan	Nov. 29–Dec. 26	31		
Siam:				
Bangkok	Jan. 31–Feb. 6	22	10	

PLAGUE

Ecuador:				
Guayaquil	February	16	7	Rats taken: 19,586; plague-infected rats found, 172.
Iraq:				
Bagdad	Jan. 17–23	7	3	
Java:				
Batavia	Jan. 30–Feb. 5	78	76	
Cheribon	Jan. 17–23	3	3	
Madagascar				Dec. 1–15, 1925: Cases, 194; deaths, 179.
Do				Dec. 16–31, 1925: Cases, 206; deaths, 194. Total: Cases, 400; deaths, 373.
Do				Jan. 1–15, 1926: Cases, 161; deaths, 151. Bubonic, pneumonic, septicemic.
Province—				
Ambositra	Dec. 16–31	9	7	
Itasy	do	21	21	
Moramanga	do	24	23	
Tananarive	do	152	143	
Province—				
Ambositra	Jan. 1–15	2	2	
Itasy	do	29	29	
Moramanga	do	15	15	
Tananarive—				
Tananarive Town	do	4	4	
Other localities	do	111	100	
Nigeria	November	63	48	
Russia	October	9		
Siam	Nov. 1–Dec. 26	12	10	

SMALLPOX

Algeria:				
Algiers	Feb. 1–10	15		
Arabia:				
Aden	Feb. 14–20	3		
Brazil:				
Manaos	Dec. 1–31		12	
Do	Jan. 31–Feb. 20		6	
Rio de Janeiro	Jan. 17–Feb. 6	94	71	
Canada:				
Alberta				Mar. 7–13, 1925: Cases, 1.
Manitoba—				
Winnipeg	Mar. 14–20	1		
Ontario				Mar. 7–13, 1926: Cases, 6.
Kingston	Mar. 8–14	1		
Saskatchewan				Mar. 7–13, 1926: Cases, 3.
Regina	Mar. 7–13	2		
Chile:				
Punta Arenas	Dec. 13–26		8	
Do	Dec. 27–Jan. 2		4	
China:				
Foochow	Jan. 31–Feb. 6			Present.
Hongkong	do	2	3	
Manchuria—				
Dairen	Jan. 18–31	13	5	
Harbin	Feb. 12–18	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 April 2, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
South Manchuria—				
Changchun	Feb. 14-20	3		Railway line.
Kungchuling	do	1		Do.
Shanghai	Feb. 7-20	7	17	Cases, foreign residents in settlement and vicinity; deaths, Chinese residents in settlement.[1]
France	December, 1925	77		
Gold Coast	November-December	23	1	
Great Britain:				
England and Wales	Feb. 21-Mar. 6	491		
London	Jan. 31-Feb. 6		1	
Newcastle-On-Tyne	Feb. 21-27	3		
Sheffield	Feb. 28-Mar. 6	3		
Greece:				
Athens	Dec. 1-31	1		
Do	Feb. 1-28	27	2	
Saloniki	Feb. 16-22		1	
India:				
Bombay	Jan. 31-Feb. 13	30	16	
Calcutta	Jan. 31-Feb. 6	43	22	
Karachi	Feb. 7-13	9	3	
Indo-China (French):				
Saigon	Jan. 18-Feb. 7	4		Including 100 square kilometers of surrounding country.
Italy	Dec. 6-Jan. 2	14		
Do	Jan. 3-16	12		
Catania	Feb. 22-28		1	
Mexico:				
Torreon	Feb. 1-28		21	
Nigeria	November	136		
Portugal:				
Lisbon	Jan. 17-Feb. 13	47		
Rumania	August-October	3		
Russia	July-October	1,563		Later than previously published reports.
Siam:				
Bangkok	Jan. 31-Feb. 6	5	2	
Spain:				
Madrid	Jan. 1-31		1	
Valencia	Feb. 28-Mar. 5	1		
Switzerland	Dec. 27-Jan. 30	37		
Trinidad	Feb. 6-20	2		Type, alastrim.

TYPHUS FEVER

Algeria:				
Algiers				Jan. 1-31, 1926: Cases, 1.
Bulgaria	December	21	1	
China:				
Antung	Feb. 1-21	5		
Czechoslovakia	December	52	1	
Greece				December, 1925: Cases, 12.
Athens	Feb. 1-28	19	3	
Saloniki	Feb. 2-8	1		
Hungary	November-December.	13		
Mexico:				
Mexico City	Feb. 28-Mar. 6	13		Including municipalities in Federal District.
Morocco	December	54		
Norway	do	1		
Poland	Dec. 20-Jan. 2	103	6	
Do	Jan. 3-16	190	14	
Rumania	September-October.	74	7	
Russia	July-October	6,035		Later than previously published reports.
Turkey:				
Constantinople	Feb. 9-22	5	3	From unofficial sources. (Press.)
Union of South Africa:				
Cape Colony	Jan. 31-Feb. 6			Outbreaks.
Yugoslavia				Jan. 1-Feb. 21, 1926: Cases, 81; deaths, 12.

[1] Population, foreign (estimated), 30,070: Chinese (estimated), 799,172.

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

Reports Received During Week Ended April 2, 1926—Continued

YELLOW FEVER

Gold Coast	November-December.	2	2	

Reports Received from December 26, 1925, to March 26, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Chosen	October, 1925	6		
India				Oct. 18, 1925, to Jan. 2, 1926: Cases, 21, 316; deaths, 12,371. Jan. 3-16, 1926: Cases, 4,680; deaths, 2,625.
Calcutta	Nov. 1-28	101	89	
Do	Dec. 6-26		54	
Do	Dec. 27-Jan. 16		41	
Do	Jan. 24-30	34	29	
Madras	Nov. 15-Jan. 2	174	70	
Do	Jan. 3-Feb. 13	75	46	
Rangoon	Nov. 8-Dec. 5	4	4	
Do	Jan. 24-30	1	1	
Indo-China				September, 1925: Cases, 9; deaths, 5. September, 1924: Cases, 7; deaths, 4. (European cases, 2.)
Province—				
Annam	Sept. 1-30	2	2	
Cochin China	do	5	3	
Saigon	Jan. 4-17	2	2	Including 100 square kilometers of surrounding country.
Tonkin	September, 1925	2		
Japan	Aug. 30-Oct. 17	409		
Do	Oct. 25-Nov 28	82		
Philippine Islands:				
Manila	Nov. 9-Jan. 3	15	10	
Do	Jan. 4-Feb. 6		23	
Province—				
Bataan	Nov. 30-Dec. 26	29	25	
Do	Jan. 2-16	1	1	
Bulacan	Oct. 18-Nov. 7	92	64	
Do	Nov. 23-Dec. 31	200	88	
Do	Jan. 2-16	5	5	
Laguna	Nov. 23-Dec. 26	18	14	
Nueva Ecija	do	6	2	
Pampanga	Nov. 1-7	1	1	
Do	Nov. 23-Dec. 31	113	85	
Do	Jan. 2-23	27	24	
Rizal	Sept. 27-Nov. 21	75	21	
Do	Dec. 21-30	14	11	
Romblon	Dec. 7-13	23	12	
Russia	May-June	7		
Do	July-August	4		
Siam:				
Bangkok	Oct. 4-Nov. 14	108	68	
Do	Nov. 22-Dec. 26	270	149	
Do	Dec. 27-Jan. 30	146	102	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam; Cases in coolie passengers.

PLAGUE

Argentina				Jan. 24-30, 1926: 6 cases, occurring in interior provinces of Salta and Santa Fe.
Buenos Aires	Jan. 24-30	1		
Brazil:				
Bahia	Nov. 8-Dec. 27	3	1	
Do	Dec. 27-Jan. 30	4	2	
Santos	Dec. 8-21		2	
British East Africa:				
Kenya—				
Kisumu	Nov. 22-Dec. 5	1	2	
Uganda Protectorate	September-November.	338	308	
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	do	1		
Do	Jan. 7	1	1	
Santa Cruz de Teneriffe	Dec. 18-27	3		
Do	Dec. 28-Feb. 1	3		

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

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Celebes:				
Makassar	Dec. 29-Jan. 26	7	7	Netherlands East Indies.
Ceylon:				
Colombo	Nov. 15-Dec. 5	3	3	1 plague rodent
Do	Dec. 27-Jan. 16	2	2	
Do	Jan. 24-30			Do.
China:				
Nanking	Nov. 15-Jan. 23			Prevalent.
Ecuador:				
Eloy Alfaro	Jan. 1-15	1		
Guayaquil	Nov. 1-Dec. 31	31	12	
Do	Jan. 1-31	34	14	Rats taken, Nov. 1-Dec. 31, 1925, 49,370; rats found infected, 281. Rats taken, Jan. 1-31, 1926, 24,672; rats found infected, 234.
Recreo (country estate)	do	1		
Egypt				Jan. 1-Dec. 9, 1925: Cases, 138. Corresponding period, 1924: Cases, 365.
Beni Suef	Nov. 18	1	1	
Fayoum Province	Dec. 3-9	1	1	
Greece:				
Athens	Nov. 1-30	18	4	Including Piræus.
Do	Jan. 1-31	14	3	
Herakleion	Feb. 4	1		On island of Crete.
Patras	Nov. 13-Dec. 12	4	1	
Hawaii Territory:				
Pasuiko				Jan. 29, 1926: Plague-infected rat found in vicinity.
India				Oct. 18, 1925, to Jan. 2, 1926: Cases, 15,135; deaths, 10,677. Jan. 3-16, 1926: Cases, 4,680; deaths, 2,625.
Bombay	Dec. 6-12	1	1	
Do	Jan. 3-9	2	2	
Calcutta	Dec. 6-12	1	1	
Karachi	Nov. 1-Dec. 19	4	3	
Madras	Oct. 25-Nov. 7	75	41	
Do	Nov. 15-21	35	22	
Do	Dec. 20-26	106	64	
Do	Jan. 3-9	135	83	
Do	Jan. 17-23	113	73	
Rangoon	Oct. 25-Dec. 26	23	15	
Do	Dec. 27-Jan. 30	17	15	
Indo-China				September, October, 1925: Cases, 25; deaths, 23.
Province—				
Cambodia	Sept. 1-30	11	11	
Cochin China	September-October.	14	12	
Iraq:				
Bagdad	Dec. 13-Jan. 2	7	3	
Do	Jan. 10-30		5	
Java:				
Batavia	Oct. 24-Nov. 6	94	89	Province.
Do	Nov. 14-Jan. 1	315	297	
Do	Jan. 2-29	182	174	
Cheribon	Sept. 27-Oct. 17	166		
Do	Nov. 15-Dec. 19	96		
Djokjakarta	Oct. 20-Nov. 9			Epidemic in 1 locality.
Kediri	Dec. 7			Do.
Pekalongan	Sept. 27-Oct. 17		42	
Do	Nov. 8-Dec. 19		131	
Rembang	Oct. 20			Do.
Surabaya	Oct. 11-Dec. 26	59	59	
Do	Dec. 27-Jan. 9	16	16	
Tegal	Sept. 27-Oct. 17	6	6	
Do	Nov. 8-Dec. 19		29	
Madagascar				Nov. 1-30, 1925: Cases, 393; deaths, 220.
Province—				
Itasy	Sept. 16-Oct. 31	20	20	
Do	Nov. 16-30	13	13	
Moramanga	Sept. 16-Nov. 30	25	25	
Tananarive	do	368	341	
Town—				
Fort Dauphin	do	6	3	
Tamatave (port)	Sept. 16-30	3	2	
Do	Oct. 16-Nov. 30	9	9	
Tananarive	Sept. 16-30	2	2	
Do	Nov. 1-30	11	11	
Mauritius Island	Sept. 20-Dec. 26	21	18	
Pamplemousses	Oct. 1-Nov. 30	3	2	
Port Louis	do	4	1	
Rivière du Rempart	do	2		

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Nigeria	August–October	496	371	
Peru:				
Huacho	Jan. 26	15		Port 60 miles north of Callao.
Lima	Jan. 1–31	20		In hospital. Some cases in province.
Mollendo	do			12 or 15 cases reported unofficially.
Russia	May–June	67		
Do	July–September	157		
Senegal	September–October.	45	25	
Siam	Aug. 23–Oct. 31	53	43	
Bangkok	Nov. 15–28	3	3	
Do	Jan. 3–30	38	33	
Straits Settlements:				
Singapore	Nov. 1–Dec. 5	8	8	
Do	Jan. 3–9	2	2	
Syria:				
Beirut	Nov. 11–20	1		
Union of South Africa:				
Cape Province—				
Kimberley district	Dec. 13–19	1		
Middleburg district	Dec. 6–12	1		European.
Steynsburg district	Nov. 15–21	1		Native. On farm.
Orange Free State—				
Boshof district	Nov. 29–Dec. 5	1	1	In native.
Bothaville district	Dec. 6–12	1	1	Native. On farm.
On vessel:				
Steamship Cid				Jan. 29, 1926. At Buenaventura, Columbia. Rat was killed while jumping ashore from vessel. (See Public Health Reports, Feb. 26, 1926, p. 408.)

SMALLPOX

Algeria:				
Algiers	Nov. 21–Dec. 31	177		
Do	Jan. 1–10	64		
Do	Jan. 21–31	36		
Arabia:				
Aden	Nov. 29–Dec. 5	1		Imported.
Do	Jan. 10–Feb. 6	3	1	
Argentina:				
Rosario	October		1	
Australia:				
Queensland—				
Brisbane	Dec. 9–15	1		
Bahamas				In Nassau district. Stated to have been imported. Reported under date of Feb. 23, 1926.
Brazil:				
Para	Jan. 10–30	25	5	
Rio de Janeiro	Nov. 1–28	134	72	
Do	Dec. 6–26	65	26	
Do	Dec. 27–Jan. 16	37	29	
British East Africa:				
Kenya—				
Mombasa	Nov. 15–Dec. 19	14	6	
Do	Dec. 27–Jan. 2	1		From mainland.
Uganda Protectorate	Sept. 1–Oct. 31	8	4	
British South Africa:				
Northern Rhodesia	Jan. 5–11	2		
Southern Rhodesia	Nov. 13–Dec. 23	3		
Canada				Sept. 13–Jan. 2: In 7 Provinces, 186 cases. Jan. 3–Feb. 27, 1926: Cases, 277.
Alberta	Jan. 10–Feb. 27	29		
Calgary	Dec. 13–19	1		From Drumheller, vicinity of Calgary.
British Columbia—				
Vancouver	Jan. 4–10	1		

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Canada—Continued				
Manitoba	Jan. 3–Feb. 27	26		
Winnipeg	Dec. 13–19	2		
Do	Jan. 3–Feb. 6	9		
New Brunswick—				
Northumberland	Dec. 6–13	1		
Ontario	December, 1925	32	1	
Do	Jan. 1–Feb. 13	103		
Do	Feb. 21–27	19		
Admaston	Jan. 1–Feb. 28	16		Township.
Alice and Fraser	Feb. 1–28	6		Do.
King	do	7		Do.
Wilmot	do	6		Do.
Belleville	do	4		
Kitchener	do	26		
North Bay	do	3		
Ottawa	Dec. 6–12	2		
Do	Jan. 3–Feb. 6	2		
Toronto	Dec. 27–Jan. 2	1		
Do	Jan. 3–Feb. 28	25		
Trenton	do	15		
Saskatchewan	Jan. 3–Feb. 13	39		
Do	Feb. 21–27	10		
Moose Jaw	do	2		
Regina	Jan. 24–30	1		
Saskatoon	Feb. 14–20	1		
Ceylon:				
Colombo	Dec. 6–12	1		Port case.
Do	Jan. 3–Feb. 6	5		
China:				
Amoy	Oct. 25–Dec. 19		1	
Do	Jan. 10–30			Present.
Antung	Dec. 7–20	2		
Chungking	Nov. 15–Feb. 6			Do.
Foochow	Nov. 1–Jan. 23			Do.
Hankow	Nov. 14–Dec. 26	4		
Do	Jan. 10–16	1		
Hongkong	Nov. 22–Dec. 26	4		
Do	Jan. 3–30	4		
Manchuria—				
An-shan	Dec. 6–12	1		
Do	Jan. 10–Feb. 13	6		South Manchurian Railway.
Changchun	do	11		Do.
Dairen	Oct. 19–Dec. 27	73	15	
Do	Dec. 28–Jan. 17	27	6	
Changchun	Jan. 31–Feb. 6	4		
Fushun	Jan. 17–23	1		Do.
Harbin	Jan. 1–7	1		
Kai-yuan	Jan. 10–30	4		Do.
Kungchuling	Jan. 31–Feb. 6	1		
Lio-yang	Jan. 17–23	1		Do.
Mukden	Oct. 24–Nov. 15	1		Do.
Do	Jan. 24–Feb. 13	2		Do.
Tieh-ling	do	2		
Nanking	Nov. 21–Dec. 26			Present.
Do	Dec. 27–Feb. 13			Do.
Shanghai	Oct. 25–Jan. 2	37	36	
Do	Jan. 3–Feb. 6	39	77	Cases, foreign only.
Swatow	Nov. 22–Feb. 13			Prevalent.
Tientsin	Nov. 1–Dec. 19	2		
Do	Jan. 23–30	1		
Chosen:				
Seishin	Jan. 1–31	5	2	
Egypt:				
Alexandria	Dec. 3–31	5	2	
Do	Jan. 8–14	2	1	
Do	Jan. 29–Feb. 11	4	1	
Esthonia				November, 1925: Cases, 3.
France				September-October, 1925: Cases, 91.
Gold Coast	September, 1925	14	4	

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain:				
England and Wales				Nov.15–Dec.26,1925: Cases, 790.
Hull	Dec. 27–Jan. 23	29		Dec. 27–Feb. 20, 1926: Cases,
Do	Feb. 7–27	7		3,411.
Leeds	Jan. 14–Feb. 6	4		
Newcastle-on-Tyne	Nov. 29–Dec. 19	6		
Do	Dec. 27–Feb. 20	21		
Nottingham	Nov. 22–Dec. 26	9		
Do	Dec. 27–Jan. 9	2		
Sheffield	Nov. 22–Dec. 12	7		
Do	Dec. 20–26	3		
Do	Dec. 27–Feb. 6	12		
South Shields	Feb. 9			Reported present in severe form.
Greece				Oct. 1–31, 1925: Cases, 16.
Athens	Nov. 1–30	17	1	
Do	Jan. 1–31	23	1	
India				Oct. 18–Dec. 26, 1925: Cases,
Bombay	Nov. 8–Dec. 26	26	20	19,472; deaths, 4,440. Dec. 27,
Do	Dec. 27–Jan. 30	71	37	1925–Jan. 16, 1926: Cases,
Calcutta	Nov. 29–Dec. 26	48	25	18,016; deaths, 7,378.
Do	Dec. 27–Jan. 30	176	103	
Karachi	Nov. 1–21	23		
Do	Nov. 29–Dec. 5	4	2	
Do	Dec. 13–19	3		
Do	Dec. 29–Feb. 13	29	12	
Madras	Jan. 24–30	4	1	
Rangoon	Oct. 25–Nov. 28	3		
Do	Dec. 6–26	4	1	
Do	Dec. 27–Jan. 16	13	1	
Do	Jan. 24–30	6		
Indo-China				September-October, 1925: Cases,
				204; deaths, 62. September,
Province—				1924: Cases, 78; deaths, 22.
Annam	Sept. 1–Oct. 31	90	23	September, 1924: Cases, 8;
				deaths, 2.
Cambodia	do	72	30	September, 1924: Cases, 16;
				deaths, 1.
Cochin China	do	61	30	September, 1924: Cases, 43;
Saigon	Dec. 21–27	2	1	deaths, 19.
Do	Jan. 1–17	2		Including 100 kilometers of sur-
				rounding country.
Tonkin	Dec. 2–Jan. 2	22		
Iraq				Sept. 6–Oct. 17, 1925: Cases, 81;
Bagdad	Nov. 1–Dec. 26	19	15	deaths, 40.
Do	Dec. 27–Jan. 30	11	4	
Italy				Aug. 2–Oct. 31, 1925: Cases, 38.
Catania	Feb. 15–21	1		
Genoa	Jan. 21–Feb. 10	4		
Rome	Oct. 12–25	1		
Jamaica				Nov. 29–Dec. 26, 1925: Cases, 95.
				Dec. 27, 1925–Feb. 27, 1926: Cases,
				260. Reported as alastrim.
Kingston	Nov. 29–Dec. 26	43		Reported as alastrim.
Do	Dec. 27–Jan. 30	48		Do.
Japan:				
Nagasaki	Feb. 15–21	1		
Taiwan	Nov. 11–Dec. 10	3		
Yokohama	Dec. 14–20	1		
Do	Feb. 23	7		
Java:				
Batavia	Oct. 24–30	1		
Do	Nov. 14–Dec. 25	7		
Buitenzorg	Nov. 29–Dec. 5	1		
Cheribon	Nov. 8–Dec. 12	2		
Kraksaan	Oct. 11–17	11		
Malang	Oct. 11–Jan. 2	3		
North Bantam	Oct. 4–17	4		
Pekalongan	Oct. 25–31	1		
Probolingo	Oct. 11–17	1		
Surabaya	Oct. 11–Dec. 26	633	104	
Do	Dec. 27–Jan. 16	66	22	
South Bantam	Oct. 11–17	1		
Tegal	Oct. 4–10	9	1	
Latvia				December, 1925: Cases, 3.
Malta	Nov. 1–Dec. 21	21	3	
Do				Jan. 1–31, 1926: Cases, 15.

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Mexico				July-September, 1925: Deaths, 1,157.
Aguascalientes	Dec. 13-Jan. 2	4	3	
Do	Jan. 3-30		7	
Do	Feb. 14-Mar. 6		7	
Durango	Dec. 1-31		1	
Do	Jan. 1-31		2	
Guadalajara	Dec. 27-Mar. 8		12	
Mexico City	Nov. 28-Dec. 5	1		Including municipalities in Federal District.
Do	Jan. 3-Feb. 6	4		Do.
San Luis Potosi	Jan. 17-Feb. 27		33	
Tampico	Dec. 21-Jan. 2	1	1	
Do	Jan. 2-Feb. 28	6		
Torreon	Nov. 1-Dec. 31		51	
Do	Jan. 1-31		33	
Netherlands:				
The Hague	Jan. 30-Feb. 6	1	1	
Nigeria				August-October, 1925: Cases, 211; deaths, 6.
Palestine:				
Hebron	Jan. 26-Feb. 1	2		
Tiberias	Feb. 9-15		1	
Persia:				
Teheran	July 23-Oct. 22		465	
Peru:				
Arequipa	Oct. 1-Dec. 31		2	
Poland				Nov. 1-28, 1925: Cases, 9.
Portugal:				
Lisbon	Oct. 4-31	124		
Do	Nov. 16-Dec. 27		60	
Do	Nov. 14-Dec. 26	187		
Do	Dec. 27-Jan. 31	40	23	
Oporto	Nov. 22-Dec. 19	2	3	
Do	Dec. 27-Feb. 13	2	1	
Russia				May-June, 1925: Cases, 2,333.
Do	July-August	760		
Siam				July 12-Sept. 5, 1925: Cases, 21; deaths, 6.
Bangkok	Dec. 20-25	3	1	
Do	Dec. 26-Jan. 30	32	10	
Sierra Leone:				
Konno district	Dec. 16-31	5		
Spain:				
Madrid	Year 1925		18	
Malaga	Nov. 29-Dec. 5		2	
Do	Dec. 27-Jan. 2		1	
Valencia	Dec. 20-26	1		
Do	Dec. 27-Jan. 2	1		
Do	Jan. 10-Feb. 6	9		
Do	Feb. 14-27	5		
Straits Settlements:				
Singapore	Dec. 20-26	1		
Do	Jan. 10-16	2	1	
Switzerland				June 28-Nov. 21; 1925: Cases, 62.
Lucerne	Oct. 1-Nov. 30	8		
Zurich	Dec. 27-Jan. 2	1		
Trinidad (West Indies):				
Port of Spain	Jan. 22	1		Imported.
Tunisia:				
Tunis	Nov. 21-30	2		
Do	Dec. 11-31	10	1	
Do	Jan. 1-Feb. 20	6		
Union of South Africa:				
Cape Province	Jan. 17-23			Outbreaks
Orange Free State—				
Kuruman district	Jan. 10-16			Do.
Ladybrand district	Dec. 27-Jan. 2			Do.
Transvaal—				
Belfast district	do			Do.
Germiston district	Jan. 2-9			Do.
Pretoria district	Dec. 6-12			Outbreaks. In native compound.
On vessel	Feb. 21	2		Mexican steamer Montezuma, at Port of Ensenada, Mexico.

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers	Nov. 1-Dec. 20	2		
Do	Feb. 1-10	8		
Argentina:				
Rosario	Oct. 13-Dec. 31	2		
Bulgaria	Sept. 1-Nov. 30	29	2	
Sofia	Dec. 25-31	1		
Do	Jan. 8-14	2		
Chile				Dec. 15-31, 1925: Cases, 46.
Achao	Dec. 15-31	1		
Bulnes	do	1		
Chillan	do	24		
Conception	do	6		
Linares	do	1		
Los Angeles	do	5		
Penco	do	2		
San Carlos	do	1		
Talca	do	1		
Valparaiso	do	4		
Do	Nov. 29-Jan. 2		2	
China:				
Antung	Nov. 29-Dec. 27	5	1	
Do	Jan. 4-10	1		
Hongkong	Dec. 27-Jan. 2	1		
Manchuria—				
Harbin	Dec. 17-Feb. 4	3		
Czechoslovakia	October-November	94		
Egypt:				
Alexandria	Jan. 8-14	1		
Cairo	Nov. 5-11	2	2	
Port Said	Nov. 19-25	1		
Finland				October, 1925: 1 case.
France	July-October	4		
Germany	Oct. 25-31	1		
Greece:				
Athens	Nov. 1-30	11	2	
Do	Jan. 1-31	19	4	
Saloniki	Dec. 29-Jan. 4	1		
Hungary				November, 1925: Cases, 3.
Ireland:				
Cork County—				
Cork	Dec. 26-Jan. 1	2		
Do	Jan. 2-8	5		
Dumanway	Nov. 14	1		
Galway County	Oct. 17	1		
Latvia	October-December	4		
Lithuania				September-October, 1925: Cases, 9; deaths, 1.
Mexico				July-September, 1925: Deaths, 90.
Aguascalientes	Dec. 14-19	1		
Durango	Dec. 1-31		1	
Do	Jan. 1-31		1	
Guadalajara	Dec. 8-28		2	
Do	Dec. 29-Jan. 4		1	
Mexico City	Nov. 22-Dec. 26	45		Inculding municipalities in Federal District.
Do	Dec. 27-Feb. 27	66		Do.
San Luis Potosi	Feb. 6-13		1	
Tampico	Dec. 21-Jan. 10	1	1	
Torreon	November, 1925		1	
Vera Cruz	Feb. 12		1	
Morocco	August-November	39		
Norway				November, 1925: Case, 1.
Palestine:				
Gaza	Dec. 18	1		
Jaffa	Dec. 1-7	1		
Nazareth	Nov. 3-9	1		
Safad	Nov. 24-30	1		
Tel-Aviv	do	1		
Peru:				
Arequipa	October-December		3	
Poland	Oct. 11-Nov. 14	142	16	
Do	Nov. 29-Dec. 19	144	12	
Rumania				July-August, 1925: Cases, 107; deaths, 15.

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

Reports Received from December 26, 1925, to March 26, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Russia				May-June, 1925: Cases, 10,680.
Do				July-September, 1925: Cases, 3,851.
Turkey:				
Constantinople	Jan. 24-30	3		
Union of South Africa				October, 1925: Cases, 88; deaths, 7 (colored). Cases, European, 7. December, 1925: Cases, 78; deaths, 9. Colored: Cases, 73; deaths, 9.
Cape Province	Oct. 1-31	63	5	Colored.
Do	Nov. 8-Dec. 31	47	8	
Do	Jan. 3-23			Outbreaks.
Grahamstown	Jan. 24-30	2		
Middleburg district	Dec. 6-12	1		European. On farm.
Natal	Oct. 1-Dec. 5	1		
Durban	Jan. 3-16	1		
Orange Free State	Nov. 29-Dec. 5	23	1	
Do	Dec. 1-31	8	1	
Bethulia district	Dec. 6-12			Outbreaks.
Bothaville district	do	1		Native. On farm.
Transvaal	Oct. 1-31	1	1	
Do	Dec. 1-31	18		
Bloemhof district	Dec. 27-Jan. 2			Outbreaks. On farm.

YELLOW FEVER

Gold Coast	Sept. 1-Oct. 31	2	1	
Nigeria	August-October	3	2	
Senegal	November, 1925	3	2	