

PUBLIC HEALTH REPORTS

VOL. 41

APRIL 9, 1926

No. 15

THE PUBLIC HEALTH NURSE

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With the development of modern public health programs having definite objectives there has been correspondingly created a demand, more and more insistent, for the public health nurse, properly trained as such. The average young woman who desires to enter upon the life of real service which public health nursing offers, will naturally seek for information as to—

- (1) What must I do to qualify?
- (2) What is the salary and permanency of office?
- (3) What will be my duties?

These are all pertinent questions and will be discussed in turn.

1. THE PREPARATION NECESSARY

For nurses who wish to enter the public health field, various types of courses are available. For example: At a prominent northern college a one-year course in "General public health nursing" is given for graduate nurses and students in schools of nursing who have completed a two-year course in a general hospital. The course includes some field work, besides basic teaching in the fundamentals of public health nursing, with emphasis upon family health through social, educational, and preventive work. A one-year course in industrial nursing may be taken, or a four-month course in field work.

It is also possible at this institution, for those who decide early on this specialty of the nursing profession, to matriculate for a five-year course. The first two years represent general college work, the third and fourth years are spent in a school for nurses, and the fifth year is spent in special preparation for public health nursing, special attention being paid to social, educational, and preventive work. This five-year course should be of special interest to women who wish to enter the nursing profession and who desire to combine training for public health nursing with courses leading to the degree of bachelor of science. It also shortens the usual nurses' course by one year.

During the summer months courses in public health nursing have been given at a few colleges, with the assistance of the United States Public Health Service. The instruction includes theoretical study

at the university and field work under competent field supervisors. Both instruction and field work include school nursing, infant welfare nursing, rural nursing, industrial nursing, and public health instruction in communicable diseases. This course is open only to graduate nurses.

Many colleges and State universities now provide for special courses for those wishing to enter the public health nursing field, with courses of from six months to two years.

It is to be hoped that, as public health becomes more and more popularized in the minds of the people, we shall see a better standardization of initial public health instruction, not only for nurses but for physicians as well; and instead of its being possible to make selections from courses ranging from two months to five years, courses will be chosen from curricula which extend over a standard length of time. This, of course, does not apply to special post-graduate courses for public health nurses in specialized branches.

As stated in the American Journal of Public Health, January, 1926, page 32:

It was the need of standards which caused the three national organizations, namely, the American Public Health Association, the State and Provincial Health Authorities of North America, and the National Organization for Public Health Nursing, to appoint a joint committee to consider the minimum qualifications for positions of directors and supervisors of public health and, in addition, to consider the higher standards which we hope to attain in 1930.

In summary, I quote from a statement by the Committee on Education of the National Organization for Public Health Nursing:

The training a nurse gets in the schools for nurses teaches her to care for the individual during his sickness. It usually does not give any instruction or experience in the treatment of family and community problems, which constitute a large part of the responsibility of the public health nurse. Neither does it give instruction in carrying out nursing measures in homes where there is little or no equipment available.

For public health nursing a nurse needs to know a great deal about preventive medicine, sanitation, housing, the social problems which lead to and result from sickness, and the methods used in the treatment of these problems, the social and medical legislation of her State, and the machinery and officials provided for its enforcement. Above all, the nurse must learn how to teach. If public health nurses are to make good the claim that is being made for them that they are the best agents for popular education in health matters, their teaching as well as their nursing, must have a sound technique.

For all of these things, and to learn successful methods of organizing public health work, the nurse needs a course beyond that given in the training school, and the better her academic background, the greater are her opportunities.

2. SALARY AND TERM OF OFFICE

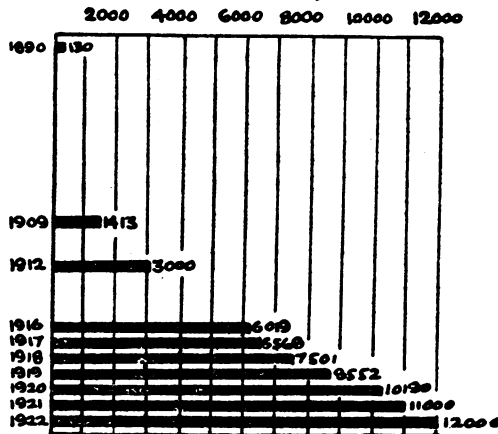
The salaries of public health nurses in the rural health organizations (county units) range from \$100 to \$185 per month, with a general average of \$140 per month.

In industrial plants the average salary is from \$100 to \$150 monthly, and the same may be said of city health nurses and school nurses.

In rural districts where travel is necessary, the automobile is furnished, together with oil, gas, and repairs. In some States provision is also made for reimbursement for meals when absent on official duty from the town where the central office is located.

Those who are successful in the field of public health nursing can almost invariably look forward to promotion in salary and often in position. Those who show administrative ability and the "will to do" are in demand by various welfare and health agencies—local, State, and national—for the recruits who answer the call of the cause now will be depended upon to lead the way in the future as public health nursing expands and grows.

NUMBER OF PUBLIC HEALTH NURSES IN THE UNITED STATES, 1890-1922



The remuneration in the public health field compares very favorably with that of the private duty nurse. It is true that in private duty salaries of \$6 and \$7 per diem seem alluring, but this duty is not constant. There are days and sometimes weeks when there is no call. I have heard it expressed that 250 days in the year of active duty is the average. This, at \$6 per day, represents a salary of \$1,500 per year, with no provision for sickness. The public health nurse in the service of the Federal, State, or local administration is nearly always assured of at least 30 days' leave each year, and her salary is constant.

The nurse who is successful in her public health endeavors need have no fear as to permanency of position. The demand now far exceeds the supply. If the unforeseen does happen and lack of funds (never lack of need), or failure of appropriations terminates her work in one field, there are many other vineyards beckoning for her labors.

The accompanying chart shows roughly the growth of public health nursing since 1890; and it is safe to assert that the vast majority of the 12,000 nurses estimated in the United States in 1922 did not have the advantages of public health training which are offered to-day, nor are these 12,000 nurses sufficient in number.

In the report of the committee on municipal health department practice of the American Public Health Association¹ the statement is made that "public health nursing service, even in our large cities, is still notably inadequate in amount, the average ratio of 16.5 nurses per 100,000 population being about one-third of an ideal figure."

In the Public Health Nurse of January, 1926, it is reported that "out of a total of 3,045 counties in the United States, 1,799 counties, or 59 per cent of the total number, were without a local public health nursing service; 867 counties, or 28.5 per cent, had one or more local nursing services that were available to the entire county; and 379 counties, or 12.4 per cent, had local nursing services available for part of the county."

For the country at large the proportion is only about 12 per 100,000.

We read also in the report of the committee on municipal health department practice (p. 157) that "it has been estimated by Prof. A. W. Freeman that in the future almost one-half of the total appropriation of a properly equipped health department will be spent for various forms of public health nursing." This is most significant. With so much yet to do and with a popular demand to have it done, the future of public health nursing in all its branches is bright indeed.

3. DUTIES AND MODES OF PROCEDURE

Public health nursing has become so broad in its scope and is interwoven with so many activities that it is possible in an article such as this to consider only the work in the abstract. To put it broadly, the public health nurse has to do with the conservation of human life from before birth to the grave.

In modern full-time health organizations, the public health nurse is found engaged in prenatal care and advice to expectant mothers. Contact with expectant mothers is made by the nurse during routine visits to homes, or use is made of the "Motherhood correspondence course" by the central health office. This course consists of a series of letters, prepared by the section of child hygiene of the United States Public Health Service, though subject to modification by local health departments.

As originally planned, there were nine letters drafted, to be sent each month during pregnancy. These letters discussed, at the time of their importance, such items as the following: Morning

¹Public Health Bulletin No. 136, U. S. Public Health Service, July, 1923, p. 160.

sickness, diet, importance of urinalysis, proper clothing, dangers of overwork, and, in general, how the mother should care for herself during this important time in her life. A birth certificate is inclosed with the last letter.

Information as to the names and addresses of expectant mothers is obtained through different sources. Thus, in one State, in a report covering three months of the year, the total number of expectant mothers registered was 1,352. Information regarding these was obtained as follows:

Referred by physicians.....	418
Referred by public health nurses.....	534
Referred by welfare workers.....	89
Through publicity work.....	225
Through the division of vital statistics.....	86

It has been reported that in Boston prenatal nursing of the Instructive Visiting Nurse Association reduced the maternal death rate for the year 1920 from 7 in every 1,000 births to 2 in every 1,000 births.

In Cleveland, prenatal nursing is reported to have reduced the maternal death rate from 4 per 1,000 births to 1.4 per 1,000 births.²

What is being done in these two cities is being done elsewhere to help increase the human and financial dividends from the services of the public health nurse.

The real struggle for existence occurs during the preschool age (under 6 years). During this time, baby and child welfare clinics are in operation (or should be) for weighing, measuring, and examining the children brought by the parents. The health officer, or an assistant with special training in pediatrics, conducts these clinics about once a week. Here again the public health nurse is found, weighing babies, keeping charts and records, and, in general, helping materially in the successful operation of the clinic.

We next find the public health nurse in the schools busy in the organization of "little mothers' clubs." These organizations have for their purpose the teaching of little girls from 8 to 14 years something of the rudiments of infant care, so that when the time comes for them to assume the responsibilities of motherhood, they may profit from an earlier knowledge—a knowledge which, in time, will pay as high (and higher) dividends to the community as a whole, as the results obtained from the routine teaching of the Three R's.

The following is an example of the program of one of these meetings:

1. Calling of meeting to order by the president.
2. Calling of roll by secretary.
3. General discussion on topics of previous lesson.

²Nursing and Nursing Education in the United States. The MacMillan Co., 1923, p. 49.

4. Talk by nurse on subject of lesson.
5. Demonstration by nurse of methods used in subject matter covered by lesson.
6. Motion to adjourn.

The nurse's talks at these meetings cover such objects as—

1. Hygiene of the home.
2. Fresh air.
3. Lighting and heating.
4. The baby's bed.
5. Sleep.
6. Weighing the baby.
7. Bathing the baby.
8. Clothing.
9. Breast feeding.
10. Care of bottles and nipples.
11. Preparation of formula.
12. Care of milk in the home.
13. Proper food for the bottle-fed baby.
14. The baby's food during the second year.
15. Bad habits.

Generally, these talks are prepared in the central office and supplied to the field nurse, thus insuring a better standardization of instruction. This feature of the public health nurse's duty is popular with the children and always demands expansion.

The schoolroom also finds the nurse assisting the health officer in school inspection. This consists in weighing and measuring children, routine examination for physical defects, and advising the parents (through the teacher) when defects are found, such as diseased tonsils and adenoids, underweight, poor vision, decayed teeth, etc. The nurse is also on the lookout for suspicious beginnings of the infectious diseases—the warning coryzas of measles and scarlet fever, the sore throat of diphtheria, and the various eruptions which may later kindle the epidemic fires. She spends busy days in the schoolroom assisting the health officer in vaccinations against smallpox and inoculations against typhoid fever and diphtheria (with the parents' permission), and in talking prevention as a means to a better citizenship.

The organization of the "Modern health crusade" as a means to combat tuberculosis, by inculcating health habits in plastic minds, is undertaken by the nurse, and the work is carried on by her when the crusade is launched.

In goitrous districts the nurse supervises the distribution of iodine in the form of chocolate wafers, among the school children.

So we find the public health nurse the lieutenant of the health officer, aiding him in promulgating health programs in the school rooms, thus beginning at the very foundation of citizenship.

From time to time reports are received by the health officer advising of the occurrence of a communicable disease. Personal contact is made with the family as soon as possible by a visit from the nurse, and advice is given as to personal prophylaxis and the prevention of spread. These duties are varied, embracing the prevention of tuberculosis, the filth-borne diseases, the eruptive diseases, venereal diseases (through health clinics), diphtheria, etc.

The duties enumerated above deal mainly with health departments. In connection with insurance companies, industrial plants, local tuberculosis associations, the Red Cross, and various agencies, local, State, and national, the work of the public health nurse is also definitely associated with the stupendous problem of disease prevention.

In the industrial field, more and more importance is being attached to the work of the field or public health nurse. In brief, her duties are individual instruction to employees in "safety first" and in personal hygiene and health hazards, group talks on the various subjects of prevention, home visits to determine cause of absence from work, baby welfare, ventilation, general sanitation, and proper feeding. Liberal use is made of posters, leaflets and pamphlets are distributed and, if there is a factory paper published, the nurse can tell her story through that medium.

At some places factory "cafeterias" have been established, through the nurse's influence, with a "milk service" to the undernourished, at cost, at 10 a. m. and 3 p. m.

In an article regarding the field of work of the industrial nurse,³ written by the manager of a western plant, are mentioned school examinations and steps for correction of physical defects; distribution of free milk; the "Modern health crusade"; organization of the "Little mothers clubs"; and home visits. The author concludes by saying:

The industrial nurse has become an integral part of our plant organization, and her services have proved invaluable in keeping the general health of the men up to the standard that promotes greater efficiency. * * * The work which an industrial nurse can do in a community is unlimited. Innumerable problems, great and small, constantly bob up and claim her attention. From the care of an infant to the task of assisting in the plans for a funeral, her services are in demand. Much of her work may be of a practical nature, but it is generally understood that her services are to be almost entirely instructive. I might recite many details other than those I have heretofore mentioned in which the industrial nurse would prove of great value, but I have simply related a few of the duties that are being assumed by our own nurse. The good that a nurse can do in a community is limited only by her own capabilities. It is certain that there is a vast amount of work that can be accomplished in the average industrial community if the proper steps are taken in the beginning,

³ What an Industrial Nurse Can Do for a Community. Public Health Nurse, vol. 13, 1921, p. 291.

and my opinion is that the first vital step should be the selection and appointment of a qualified visiting nurse.

The use of the nurse by one of the large insurance companies for home visits and public-health advice has proved to pay ample dividends, not only in preventing disabling illnesses and deaths, but also in the saving of death claims. Thus, in 1920, the amount spent by one company on visiting nursing was \$1,412,596. During that year 23,910 fewer deaths were reported than had occurred in 1911. The estimated saving in death claims was \$4,734,180. Between 1911 and 1920, among this group of policyholders, the typhoid-fever death rate was reduced 71 per cent and the tuberculosis death rate was reduced 39 per cent.

A high official of the company said:

After 11 years it may be said that the biggest public health nursing experiment in the world has been successful beyond all expectation. From the point of view of either economy or humanity it must continue.⁴

These remarkable results followed home visits and instruction in the home care of the sick, advice to expectant mothers, infant welfare work, and, in brief, those humanizing contacts that have been previously discussed in the daily routine of the public health nurse.

When thinking in terms of public health, the idea of disease prevention is paramount; yet there is another phase which has a most important bearing on the whole problem in preparing the way and making it easier to put into effect those procedures which are recommended. I refer to the "social service" activities of the public health nurse or her case contact work. In reality, that part of the work is so intimately interwoven with the whole program that it is not commonly discussed as a separate entity.

It should be emphasized that it is essential for the nurse who is entering the field of public health to have the social service preparation needed in order better to visualize what must be done to assist families in making the adjustments necessary in preventive medicine. In her home-to-home visits she finds conditions nonmedical in nature, but which must be remedied if her nursing plans are to be carried out. Dr. Richard C. Cabot in his book on "Social Work" says:

The visiting nurses or public health nurses employed by a board of health or by private agencies for the care of contagious diseases in the home and also for the nursing of the sick poor whatever their malady, have found it more and more difficult in late years to confine their work wholly to physical aid. They have been forced to take account of the patients' economic, mental, and moral difficulties, to extend their work beyond the field of nursing proper, and thus to approach very closely to the field of the social worker. It is my own belief that the frontier separating visiting nurse and medical social worker should be rubbed out as rapidly as possible, until the two groups are fused into one. The visiting nurse must study the economic and mental sides of the patients' needs,

⁴Nursing and Nursing Education in the United States. The MacMillan Co., 1923, p. 62.



The public health nurse



Weighing and measuring babies—Child-welfare clinic



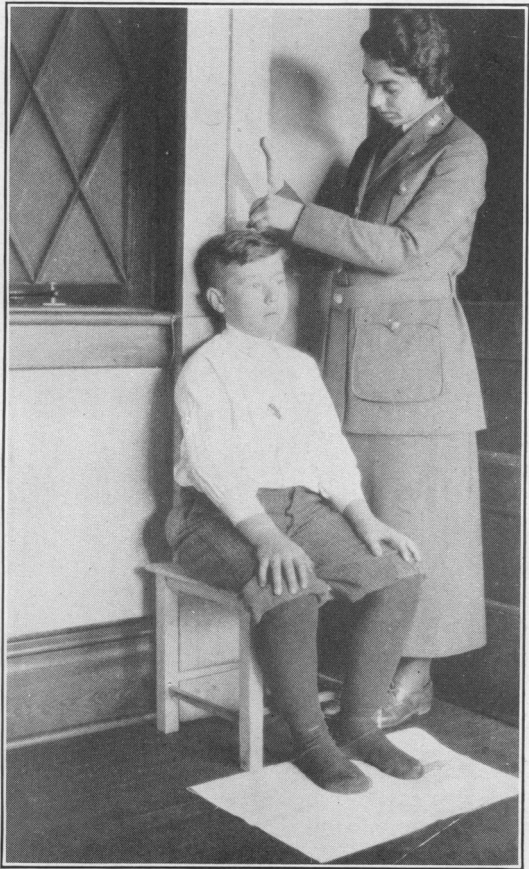
The school nurse



Weighing children in the schoolroom



Demonstrating toothbrush drill. (U. S. Public Health Service Mouth-Hygiene unit)



U. S. Public Health Service nurse measuring school children



Physical examination of school children by the public health nurse

and the social worker must learn something of medicine and nursing. Then the two groups will be fused into one, as indeed they are fast fusing at the present time.

So in the type of home visiting which now particularly concerns us, it is essential to make it clear from the outset that the social worker is a part of the medical organization. She is one of the means for diagnosis and treatment. All that she does from the moment when she first scrapes acquaintance with the patient is to be connected with the condition of the patient's health. She is not to pursue independent sociological or statistical inquiries. She is not to be the agent of any other nonmedical society. It is unfortunate even if her salary should be paid from any source other than the medical institution itself.

There are great advantages in this apparently formal and obvious point of connection. In the first place, the medical method of approach to close relations, to friendly relations, with a group of people is decidedly the easiest. * * *

The idea that social work necessarily concerns the poor is wholly wrong. It concerns the sick; it concerns the tuberculous. Some of the sick and some of the tuberculous are poor; others are not. The State provides dispensaries for tuberculosis, and the people pay for them out of the taxes. Hence, all the people feel that they have the right to go there and that they are not in any sense accepting charity in going there. But social work is done in all these dispensaries. Thus the connection between medical and social studies is tending to upset the old idea that social work is necessarily concerned with poverty, and that economic studies are the main part of it.

In considering our great national health problems, it is becoming more fully realized that the county is the unit in which full-time health service must be encouraged. No full-time county health unit is complete nor can it properly function without the services of one or more nurses. The average county budget provides only for a full-time health officer, a full-time inspector, a nurse, and a clerk. Therefore, the nurse in this field is, of necessity, in intimate contact with the "family life" and is the only agent upon whom the health officer, in the main, depends in assisting the family to make such social adjustments as are necessary.

The report of a rural health nurse in West Virginia who is connected with a full-time county health unit, illustrates the nature of this work:

A philanthropic citizen of one of our communities reported a family to us as being in need of both financial and nursing aid. The home, like all homes in the mining sections, was very poorly built, furniture scant, but, unlike most of these homes, it was clean. Mrs. B., who looked like a child and was only 17, informed me that her husband was on a strike, that they had no food or fuel, and that she was expecting to have her baby in one month and had been unable to make any preparations for it. Prenatal instructions were given Mrs. B. and an interview with Mr. B. was arranged for the next day.

Meanwhile we talked with officials of a church organization, and they promised to send a box of food and a load of coal that day.

The next day we returned with a layette which was donated by a group of high-school girls who made it for experience in sewing. We talked with Mr. B. (a lad of about 21), who appeared to be not too ambitious, made him feel his responsibility and the necessity for getting work at once.

One week later we visited the home and learned that Mr. B. had secured a position. Two months later Mrs. B. very proudly took us to an improvised bed made

from a clothes basket and showed us her baby boy. She was following our instructions regarding baby care and said Mr. B. was working every day and they were getting along very well.

The United States Veterans' Bureau, in its work of rehabilitation of the ex-service beneficiary, recognizes the value of this nursing contact case work. The general orders of the bureau provide that—

1. It will be the function of the follow-up nurses of the United States Veterans' Bureau to visit bureau beneficiaries who are not receiving treatment in hospitals and who are actually in need of follow-up nursing care. Such beneficiaries, particularly, will include those who are disabled from tuberculosis, diabetes, nephritis, or heart conditions. Beneficiaries with a neuropsychiatric disability who develop tuberculosis or other medical disability will, when in need of follow-up nursing care, be referred to the nursing section.

2. The duties of follow-up nurses will, in general, consist of the following:

(a) To assist the medical division of the regional office or suboffice in affording treatment and relief to patients selected for follow-up nursing.

(b) To secure complete reports of home investigations of tuberculosis beneficiaries whose discharge from hospital is contemplated, under the provisions of section 202 (3) of the World War veterans' act.

(1) To make supplementary investigations of the sanitary environment of such tuberculous beneficiaries after they have been discharged from hospitals, and to advise such beneficiaries and their families regarding the accepted principles of sanitation and prophylaxis.

(c) To contact, cooperate with, and, wherever possible, to secure the aid of, other nursing agencies in their respective areas, such as State, county, and city organizations, and the American Red Cross; and to utilize to the fullest possible extent the facilities available through these agencies for the adjustment of domestic and economic obstacles to the recovery of the health of Bureau beneficiaries.

This follow-up nursing program is public health work on a large scale and, in itself, is a forceful illustration of the value of special preparation for the public health nurse in social service. A few reports of some actual experiences in this work are of interest.

I. This beneficiary was referred to the bureau nurse by another claimant as being most deserving. He was an ex-service man and was in needy circumstances. A visit was made by the nurse to the home, where claimant stated he was suffering from ankylosis of the right shoulder joint, with discharging sinus.

The home, a little shack on the outskirts of the village, was very poorly ventilated and in an untidy condition. The claimant's family consisted of his wife and four small children. The wife, who was a frail woman, suffering from goiter, expected to become a mother very soon. The two older children appeared emaciated and anemic, and upon investigation it was found that the family were in destitute circumstances and that they were without funds with which to buy food at the time of my visit. The only provisions in the home were bread and flour and water which they made into a gravy and ate on the bread. The family had been living on this fare for two days prior to my visit.

The claimant's former means of support, his Government compensation, had been discontinued some months previously, because of his lack of cooperation. On interview, this claimant stated his failure to cooperate was due to his wife's physical condition and that he felt that he could not leave her with the care of the four children and no one to care for her at the time of her confinement.

A conference was held with the local Red Cross nurse and local county health nurse, with the result that one of the local charities arranged to have groceries delivered to relieve the emergency. The county health nurse looked after the mother and saw that proper clothing and dressings were supplied. The children were taken to the tuberculosis clinic and all given a thorough examination. The two older children were sent to a fresh air camp. The other two children were supplied with a daily supply of milk. The claimant's case was referred to the regional medical officer, where immediate action was taken, and the claimant was again requested to report for examination. Hospitalization for his physical condition was recommended and accepted. Claimant was given a rating of "temporary total."

My last visit showed much improvement with a much happier atmosphere in the life of the beneficiary and his family.

II. P. W., disability, nerve caught in appendectomy scar, possible post-operative adhesions, is another case we encountered. This beneficiary lives on a 40-acre general farm. Before reaching this man's home, we had to wade through about three-quarters of a mile of mud and water. The house is a two-room shack, very dirty and insanitary; chickens were in the house, roosting on the chairs. This beneficiary has a social history of divorce from his first wife and subsequent marriage with the first wife's sister. He has two children by the second wife, the younger about 3 months old. There are also two children by the first marriage, not living with the beneficiary. Late in November, this man had a lapse of memory and had wandered into the woods for four hours, when he was found by a neighbor, who took him in. Later, he had a shorter attack which came on in the home. He has never had a mental examination. He is irresponsible and does not seem to manage his work very well. He had some strawberry plants in the house which had been lying there a week and were not being taken care of. It would appear from this one interview that claimant is suffering from an inability to make readjustments socially. Whether or not his family affairs and his inability to make adjustments successfully will permanently interfere with his rehabilitation is a matter which can be determined only by repeated follow-ups. The accumulated observation of the nurse over a period of time is the only possible means of aiding this man to become rehabilitated.

During this short trip only a few of one particular group of service men for whom the bureau is responsible was investigated. That the field nurse is an essential part of the medical field service was shown repeatedly in a group of cases who, as a general thing, require such nursing service least. The field nurse should be in a position, because of her education as a public health nurse, to get into the confidences of the family, to aid and instruct them relative to nursing care of the sick. Sympathy and consideration for claimant's disability should always be shown by other members of the family. The need for this attitude toward the claimant must be made a part of the nurse's follow-up work.

III. Pulmonary tuberculosis, advanced, active. Claimant left hospital against medical advice. Found claimant living in very small poorly ventilated and poorly lighted apartment. Wife incipient case of tuberculosis, and 2-year-old child, very delicate. Had claimant rehospitalized and referred mother and child to board of health clinic for treatment.

IV. Pulmonary tuberculosis, active. Claimant applied for home treatment. Made survey of his home; found family of six living in three rooms; four children ranging in age from 4 months to 3 years. Oldest child cervical gland enlarged. Infant very delicate. After several visits, persuaded claimant to be hospitalized and, through the board of health, had oldest child given surgical attention and medical attention given to other members of family found needing it.

These are only miscellaneous instances of what is continually going on in family adjustments through the efforts of the public health nurse—work that embraces more than merely nursing or teaching prevention, for it breaks through the veneer of suspicion and makes the family unit a cooperating agency in economic, moral, and social reforms which make public health possible.

Everyone in the community knows the public health nurse and the work which she represents, and if she possesses the necessary tact and diplomacy it is not difficult to assist the family to adjust their affairs to meet the local situation. It is not always done in one visit. It sometimes takes many tedious trips to effect hospitalization; to assist other members of the family to find employment while the head of the household is under treatment; to instruct individuals, primitive in the first rudiments of prevention, how to practice home care of the sick; to popularize good food, good water supplies, safe milk, and fresh air, especially the "night air."

There should be a better general knowledge among qualified lay women and nurses regarding this whole matter of public health nursing—the great need, the difficulty in finding those qualified, and the returns for this form of public health endeavor in better babies, better children, better men and women, and, with it all, a lower sickness rate and a longer life.

The life of the public health nurse is not an easy one—no life of service is—but it is one in which there is afforded a genuine satisfaction for one's daily work. The public health nursing field is relatively new, but each year finds more seed being sown and better harvests reaped. However, achievement of best results in this fruitful field is proportionate to the number who elect this specialty of the nursing profession.

(NOTE.—Literature and further information relative to the public health nurse and public health nursing may be obtained upon request from the Surgeon General, United States Public Health Service, Washington, D. C.)

CURRENT WORLD PREVALENCE OF DISEASE

REVIEW OF THE MONTHLY EPIDEMIOLOGICAL REPORT ISSUED FEBRUARY 15, 1926,
BY THE HEALTH SECTION OF THE LEAGUE OF NATIONS' SECRETARIAT¹

English cities, Paris, and several other European cities, which showed a sudden rise in the general mortality about the middle of December, reported a decline in the number of deaths at the end of December and during January, according to the data made available in the February issue of the Monthly Epidemiological Report published by the health section of the League of Nations' Secretariat. In most European cities the seasonal increase in mortality had been slight up to the end of January, and there was no suggestion of any unusual prevalence of influenza.

¹ From the Statistical Office, U. S. Public Health Service.

On the other hand, the mortality in United States cities rose during January, declined again for several weeks, and then turned abruptly upward in the middle of February and continued to increase for several weeks. The mortality rate for 68 large cities reached the high point of 18.4 per 1,000 in the week ended March 20, a rate similar to that which occurred in February, 1923, at the peak of the influenza epidemic of that year. There is every indication that the present increase in mortality, at least in most localities, has been associated with a marked increase in cases of influenza and gripe and of pneumonia, which have affected practically every section of the country; but the records in the present issue of the Epidemiological Report are not sufficiently recent to indicate whether or not a similar phenomenon has occurred in other countries.

Plague.—No case of plague was reported in Egypt from December 9 to the middle of February. One case occurred at Beirut and two cases in Greece in January; otherwise the Mediterranean ports were free from plague during January. Plague was reported in south-eastern Russia as follows: 49 deaths in the Ural-Bukeiev Government from October 14 to December 21, and 5 cases with 4 deaths in the Stalingrad Government from November 20 to January 21. Only 6 cases were reported in the corresponding period of the preceding year.

The plague situation in India seemed fairly favorable down to the middle of December. The total number of deaths in the four weeks ended December 19 was approximately one-half the number reported in the corresponding period of the previous year. The United Provinces showed the most marked increase over the preceding four weeks, but the number of deaths was fewer than in the preceding year. Deaths in each of the Provinces are shown in the table below.

Deaths from plague in the Provinces of India

Province	1925		1924	Province	1925		1924
	Oct. 25- Nov. 21	Nov. 22- Dec. 19	Nov. 23- Dec. 20		Oct. 25- Nov. 21	Nov. 22- Dec. 19	Nov. 23- Dec. 20
North-West Frontier.....	0	0	186	Madras Presidency.....	81	112	500
Punjab.....	128	467	1,704	Hyderabad State.....	474	558	2,243
Delhi.....	0	0	50	Mysore.....	393	388	89
United Provinces.....	176	971	1,425	Bombay Presidency.....	1,184	988	701
Bihar and Orissa.....	11	146	204	Burma.....	189	332	105
Bengal Presidency.....	0	1	0	Other Indian States.....	153	209	480
Assam.....	0	0	9				
Central Provinces.....	182	215	747	Total.....	2,971	4,387	8,257

Plague incidence in Madagascar, seems to have reached its maximum in December, which is earlier than usual. In January there were 334 cases and 302 deaths, compared with 400 cases and 373 deaths in December. There has been a steady increase in plague in recent years in Madagascar, as shown by the following annual

totals: 125 cases in 1922; 698 in 1923; 1,661 in 1924; and 1,742 in 1925.

Cholera.—The ports in the Far East which reported cases of cholera during January and the first two weeks of February included Calcutta, Madras, Negapatam, Rangoon, Manila, and Bangkok.

“The cholera epidemic in Siam reached its maximum at the end of November, but the number of cases was still very high in December and January,” says the Report. Nearly all Provinces have been infected.

Cholera cases and deaths in Siam, October 18, 1925, to January 9, 1926

Two weeks ended—	Cases	Deaths	Two weeks ended—	Cases	Deaths
Oct. 31.....	26	16	Dec. 12.....	871	536
Nov. 14.....	192	118	Dec. 26.....	749	517
Nov. 28.....	947	614	Jan. 9.....	482	323

The number of deaths from cholera in India was nearly 50 per cent higher in the four weeks ended December 19 than in the preceding four weeks. Nearly all the increase occurred in Madras Presidency, the southern districts of which were very heavily infected. Cholera incidence in Bengal and the Ganges valley was similar to that in the preceding year and had shown little change in the latest reports.

Deaths from cholera in the Provinces of India

Province	1925		1924	Province	1925		1924
	Oct. 25- Nov. 21	Nov. 23- Dec. 19	Nov. 23- Dec. 20		Oct. 25- Nov. 21	Nov. 23- Dec. 19	Nov. 23- Dec. 20
North-West Frontier.....	0	0	0	Central Provinces.....	0	0	25
Kashmir.....	0	0	61	Madras Presidency.....	1,407	3,166	2,794
Punjab.....	9	0	1	Bombay Presidency.....	0	0	116
Dellii.....	8	0	0	Burma.....	13	56	334
United Provinces.....	490	694	21	Other Indian States.....	0	0	55
Bihar and Orissa.....	565	245	502				
Bengal Presidency.....	1,698	1,666	1,973	Total.....	4,374	6,683	6,697
Assam.....	184	1,256	815				

¹ Three weeks only.

There were 336 cases of cholera reported in the Philippine Islands in the four weeks ended January 2, 1926, most of them from the Provinces of Bulacan, Rizal, Romblon, and Mindoro.

Only a few sporadic cases of cholera occurred in Japan during December.

Yellow fever.—The Gold Coast Colony reported one fatal case of yellow fever in November at Accra, and another in December.

Typhus and relapsing fever.—Typhus fever incidence continued low in practically the whole of Europe, but a slight recrudescence was observed in Poland and Russia late in the year 1925. “The type of the disease found in central and southeastern Europe is unusually

mild," states the report. "* * * during the last quarter of 1925 there was, in each instance, only one death in the 138 cases in Czechoslovakia, the 25 cases in the Kingdom of the Serbs, Croats, and Slovenes, and the 35 cases in Greece. There were 2 deaths in 35 cases in Bulgaria. In Algeria, there was also only 1 death in 27 cases reported. On the other hand, the case mortality in Egypt is much higher, though the incidence in 1925 was rather lower than for some years."

In Japan, only 31 cases of typhus were reported during 1925. The disease was more prevalent in Korea; and 225 cases with 34 deaths were reported in 1925, compared with 540 cases and 94 deaths in the preceding year.

Mexico reported approximately 30 deaths from typhus per month from April to September, 1925. A few cases occurred in the late summer in the United States in those States along the southern border; the maximum was 40 cases in the month of August.

Relapsing fever is practically nonexistent in Europe west of Russia and in the Mediterranean countries and Africa. In the Ukraine, 174 cases were reported in November, showing an increase over the 91 cases in October.

The following comment is made in the Report on relapsing fever in India:

The official report for India states that relapsing fever is spreading in the Multan district of the Punjab. This disease is endemic in many parts of India, especially in the north. In the Punjab there were 28,830 cases and 7,568 deaths in 1923. It has also been of common occurrence during recent years in the North-West Frontier Province, Bombay Presidency and part of Madras Presidency.

Smallpox.—The incidence of smallpox in England continued to increase during January, but the affected area was still limited to the northern counties. The cases in each county are given in the following table:

Smallpox cases reported in England, by fortnightly periods, December 13, 1925, to February 13, 1926

County	Two weeks ended—				
	Dec. 13	Jan. 2	Jan. 16	Jan. 30	Feb. 13
Northumberland.....	10	16	32	104	100
Durham.....	205	205	283	357	360
Yorkshire:					
N. Riding.....	1	0	0	0	2
E. Riding.....	18	13	10	15	4
W. Riding.....	23	58	157	160	85
Nottingham.....	27	20	27	21	13
Derby.....	40	68	85	68	70
Lancaster.....	0	0	0	1	7
Elsewhere.....	0	1	2	1	2
Total.....	324	381	596	727	643

The Report states that "no case of smallpox was reported for the last quarter of 1925 in the Scandinavian countries, Germany, the Netherlands, Belgium, Czechoslovakia, and Austria. The disease is unusually quiescent in eastern and southeastern Europe."

The number of smallpox cases in Egypt rose from 80 in November to 187 in December. In Algeria, 412 cases were reported in January, compared with 440 in December; but in Tunisia, cases declined from 169 in December to 42 in January.

Smallpox is more prevalent in India than it has been since 1919 and 1920. The Report says:

For the whole of India there were 4,929 cases of smallpox and 1,151 deaths during the week ended January 9, as against 2,442 cases and 497 deaths during the corresponding week of 1925. Nearly half these cases were returned from the Provinces of Bihar and Orissa, southern Orissa being particularly severely infected; there were 959 cases and 242 deaths during the week in the district and town of Puri alone, while 926 cases with 202 deaths occurred in the neighboring districts of Cuttack, Balasore, and Sambalpur.

Enteric fever.—In nearly all European countries there was less enteric fever during the last quarter of 1925 than in the corresponding quarter of the preceding two years. The quarterly totals are given in the accompanying table.

Cases of enteric fever reported in European countries during the last quarter of 1923, 1924, and 1925

Country	Total in fourth quarter of—		
	1923	1924	1925
England and Wales.....	920	969	710
Sweden.....	178	420	186
Finland.....	529	955	335
Denmark.....	117	152	48
Netherlands.....	422	317	257
Belgium.....	433	251	274
France.....	2,050	1,673	1,852
Italy.....	10,481	9,573	8,884
Switzerland.....	106	100	84
Germany.....	4,350	3,870	2,330
Baltic Republics (Esthonia, Latvia, Lithuania).....	649	827	608
Poland.....	5,152	6,808	3,513
Czechoslovakia.....	1,994	2,214	2,008
Austria.....	588	438	718
Hungary.....	2,350	3,547	2,236
Kingdom of the Serbs, Croats, and Slovenes.....	1,565	3,519	1,494
Bulgaria.....	1,485	5,437	1,319

Cerebrospinal meningitis.—"No outbreak of any considerable dimension [of cerebrospinal meningitis] has been reported this winter up to the present," says the Report. The total incidence of the disease during 1925 was very similar to that in 1924, and the only serious outbreak in 1925 occurred in Nigeria in February and March.

Scarlet fever.—The incidence of scarlet fever in European countries was generally much lower in January than in October and November.

Diphtheria.—Diphtheria was less prevalent during December and January than in the corresponding months of preceding years in most European countries.

Measles.—In Poland and Hungary the maximum measles incidence was reported in November. The disease was epidemic during December and January in northern and western Europe, and it was not yet certain in some instances that the maximum had been reached.

Trachoma.—The prevalence of trachoma in 1925 for a number of countries is shown in the following table:

Cases of trachoma reported during 1924 and 1925

Country	Total, 1924	1925				Total, 1925
		1st quarter	2d quarter	3d quarter	4th quarter	
Germany.....	1,784	487	757	619	914	2,777
Austria.....	424	175	255	104	293	827
Danzig.....	54	9	11	17	11	48
Estonia.....	523	142	123	68	94	427
France.....	73	8	29	11	6	54
Poland.....	2,944	1,016	1,051	953	1,116	-----
Russia.....	433,290	135,433	184,262	183,232	-----	-----
European Russia.....	349,230	98,522	140,042	125,981	20,387	-----
Ukraine.....	49,592	17,993	17,039	15,874	-----	-----
Transcaucasia.....	20,758	4,474	11,323	15,603	-----	-----
Siberia.....	48,158	10,627	10,486	12,216	2,305	-----
Kirghiz Republic.....	12,045	3,033	-----	-----	676	-----
Turkestan.....	3,407	-----	-----	-----	2,102	-----
Waterways, railways, prisons.....	-----	520	581	549	323	-----
Switzerland.....	13	2	12	1	1	16
Czechoslovakia.....	2,782	651	1,001	760	828	3,235
Saar Territory.....	3	4	0	1	10	15
Tunis.....	123	24	1	0	0	25
United States (27 States).....	1,897	282	214	351	189	1,016
Panama Canal Zone.....	4	0	0	0	0	-----
New Zealand.....	20	10	5	4	19	-----
Turkey.....	-----	207	3	-----	-----	-----

¹ Last two weeks missing.

² October only.

³ July missing.

⁴ July only.

⁵ 24 States.

⁶ December missing.

A STUDY OF DAYLIGHT ILLUMINATION

The science of daylight lighting has not received the study given to artificial lighting. This is probably due to the erroneous belief that daylight is always ample and costs nothing.

The proper lighting by daylight alone, during all kinds of weather and during all seasons, of rooms the size of schoolrooms is not a simple matter. From time to time various rules have been promulgated for the proper construction of schoolrooms; but very little data are in print giving the results of lighting measurements, and the science has not progressed to the stage whereby the illumination can be predicted accurately for any given architectural construction.

Proper lighting of schools is an important problem in connection with the development of children. The percentage of children having defective vision increases with the school grades. The conservation of the vision of the school child is a matter fully as important as his mental development.

With a view to testing the architectural rules pertaining to daylighting, about 50,000 observations were made in a school building during a school year. A summary of these observations is given in Public Health Bulletin No. 159, "Studies in Natural Illumination in School Rooms: A report on the observations of daylight illumination of selected classrooms of different orientation during the period of an entire school year," by Senior Surg. Taliaferro Clark and Physicist Arthur F. Beal. In this bulletin there are also presented rules of architecture pertaining to daylighting and conclusions drawn from the observations as to the value of each rule.

PUBLIC HEALTH SERVICE PUBLICATIONS

A List of Publications Issued During the Period November, 1925–March, 1926

Below is given a list of publications of the United States Public Health Service issued during the period November, 1925–March, 1926, inclusive.

The most important articles that appear each week in the PUBLIC HEALTH REPORTS are reprinted in pamphlet form, making possible a wider and more economical distribution of articles that are of interest to public health workers and the general public.

All of the publications listed here, except those marked with an asterisk (*), are available for free distribution and, as long as the supply lasts, may be obtained by addressing the Surgeon General, United States Public Health Service, Washington, D. C. Those publications marked with an asterisk are not available for free distribution, but may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D. C., at the prices noted. (No remittances should be sent to the Public Health Service.)

Reprints From the Public Health Reports

1049. A Demonstration at Tarboro, N. C., of a System for Sanitary Control of Milk Supplies of Towns and Small Cities, with special reference to operation of a municipal pasteurization plant. By K. E. Miller. November 6, 1925. 12 pages.
- *1050. Public Health Nursing. By J. G. Townsend. November 6, 1925. 8 pages. 5 cents.
1051. Reinoculation as a Criterion of Cure of Experimental Syphilis, with Reference to Arsphenamine, Neoarsphenamine, and Sulpharsphenamine. By Carl Voegtlin and Helen A. Dyer. November 13, 1925. 9 pages.

1052. *Water Hyacinth and the Breeding of Anopheles.* By M. A. Barber and T. B. Hayne. November 20, 1925. 6 pages.
1053. *Heredity and Culture as Factors in Body Build.* By C. B. Davenport and Louise A. Nelson. November 27, 1925. 5 pages.
1054. *Results of Schick Tests in California.* By Frank L. Kelly, Ida May Stevens, and Margaret Beattie. December 4, 1925. 14 pages.
1055. *Public Health Service Publications.* A list of publications issued during the period April–October, 1925. December 4, 1925. 4 pages.
1056. *The Notifiable Diseases. Prevalence in States, 1924.* December 18, 1925. 92 pages.
1057. *The Tenth Revision of the United States Pharmacopocia.* By George B. Roth. December 25, 1925. 10 pages.
1058. *Cancer Mortality in the Ten Original Registration States. Trend for the period 1900–1920.* By J. W. Schereschewsky. January 1, 1926. 12 pages.
1059. *Smallpox Vaccination as Carried out at Lehigh University.* By Stanley Thomas. January 8, 1926. 8 pages.
1060. *Sickness Among Industrial Employees. Incidence and duration of disabilities from important causes lasting longer than one week among 133,000 persons in industry in 1924, and a summary of the experience for 1920–1924.* January 22, 1926. 19 pages.
1061. *Some Nutrition Experiments with Brewer's Yeast, with especial reference to its value in supplementing certain deficiencies in experimental rations.* By Maurice I. Smith, and E. G. Hendrick. February 5, 1926. 7 pages.
1062. *A further Study of Butter, Fresh Beef, and Yeast as Pellagra Preventives, with Consideration of the Relation of Factor P–P of Pellagra (and Black Tongue of Dogs) to Vitamin B.* By Joseph Goldberger, G. A. Wheeler, and R. D. Lillie. February 19, 1926. 22 pages.
1063. *Stream Pollution.* I. A Review of the Work of the United States Public Health Service in Investigations of Stream Pollution. By W. H. Frost. January 15, 1926. II. The Rate of Deoxygenation of Polluted Waters. By Emery J. Theriault. February 5, 1926. III. The Rate of Atmospheric Reaeration of Sewage-Polluted Streams. By H. W. Streeter. February 12, 1926. IV. Quantative Studies of Bacterial Pollution and Natural Purification in the Ohio and Illinois Rivers. By J. K. Hoskins. February 19, 1926. 51 pages.
1064. *Four Cases of Tularaemia (Three Fatal) with Conjunctivitis.* By H. L. Freese, G. C. Lake, and Edward Francis. February 26, 1926. 4 pages.
1065. *A Community Health Program.* By Hugh S. Cumming. February 26, 1926. 10 pages.
1066. *Division of Venereal Diseases, July 1–December 31, 1925.* March 5, 1925. 2 pages.
1067. *Rocky Mountain Spotted Fever. A study of the relationship between the presence of rickettsia-like organisms in tick smears and the infectiveness of the same ticks.* By R. R. Parker and R. R. Spencer. March 12, 1926. 9 pages.
1068. *The Second International Conference on the Biological Standardization of Certain Remedies.* March 19, 1926. 11 pages.
1069. *The Relationship of Endemic Goiter to Certain Potential Foci of Infection.* March 26, 1926. 15 pages.

Supplements to the Public Health Reports

51. Public Health Laws and Regulations Adopted During 1924. Compiled by Jason Waterman, LL. B., and William Fowler, LL. B. 1925. 287 pages.
52. The Standardization of Digitalis. A comparative study of some of the methods of assaying digitalis, with a description of an improved modification of the one-hour frog method. By Maurice I. Smith and Wm. T. McClosky. 1925. 23 pages.
53. Report of Committee on Sanitary Control of the Shellfish Industry in the United States. November 6, 1925. 17 pages.

Public Health Bulletins

153. A Study of the Top Minnow *Gambusia Holbrooki* in its Relation to Mosquito Control. By Samuel F. Hildebrand. May, 1925. 136 pages.
155. The Course of Cancer Mortality in the Ten Original Registration States for the 21-Year Period, 1900-1920. By J. W. Schereschewsky. June, 1925. 118 pages.
156. Transactions of the Fifth Conference of Malaria Field Workers. Held at New Orleans, Louisiana, November 25 and 26, 1924. August, 1925. 142 pages.
161. Transactions of the Twenty-Third Annual Conference of State and Territorial Health Officers with the United States Public Health Service, held at Washington, D. C., June 1 and 2, 1925.

Hygienic Laboratory Bulletins

142. Key-Catalogue of the Worms Reported for Man. By C. W. Stiles and Albert Hassall. January, 1926. 196 pages.
143. Studies on *Brucella* (*Alkaligenes*) *Melitensis*. By Alice C. Evans. August, 1925. 67 pages.

Venereal Disease Publications

- Venereal Disease Bulletin No. 73-B. Placard—Warning Against Venereal Diseases.
- Venereal Disease Bulletin No. 81. Venereal Disease Manual for Social and Corrective Agencies.
- Venereal Disease Information No. 5. Gonorrhea in Female Children.

DEATHS DURING WEEK ENDED MARCH 27, 1926

Summary of information received by telegraph from industrial insurance companies for week ended March 27, 1926, and corresponding week of 1925. (From the Weekly Health Index, March 31, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Mar. 27, 1926	Corresponding week 1925
Policies in force.....	63, 798, 457	59, 188, 650
Number of death claims.....	16, 239	12, 662
Death claims per 1,000 policies in force, annual rate.....	13.3	11.2

Deaths from all causes in certain large cities of the United States during the week ended March 27, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, March 31, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Mar. 27, 1926		Annual death rate per 1,000 corresponding week 1925	Deaths under 1 year		Infant mortality rate, week ended Mar. 27, 1926 ¹
	Total deaths	Death rate ²		Week ended Mar. 27, 1926	Corresponding week, 1925	
Total (69 cities).....	10,788	19.4	14.8	1,220	977	101
Akron.....	45			14	7	149
Albany.....	74	32.7	20.4	11	2	231
Atlanta.....	94			9	10	
White.....	40			5		
Colored.....	54	(³)		4		
Baltimore.....	297	19.4	15.5	30	28	88
White.....	232			25		89
Colored.....	65	(³)		5		81
Birmingham.....	81	20.5	21.8	12	7	
White.....	41			4		
Colored.....	40	(³)		8		
Boston.....	366	24.5	17.3	49	34	138
Bridgeport.....	38			6	5	102
Buffalo.....	245	23.7	15.4	24	19	100
Cambridge.....	43	18.7	13.1	8	5	133
Camden.....	46	18.6	15.0	5	8	85
Chicago.....	1,116	19.4	13.6	144	94	127
Cincinnati.....	196	25.0	21.3	15	14	93
Cleveland.....	328	18.3	12.0	49	20	127
Columbus.....	80	14.9	22.2	10	16	92
Dallas.....	49	13.2	17.3	6	13	
White.....	34			3		
Colored.....	15	(³)		3		
Dayton.....	44	13.3	16.3	8	3	126
Denver.....	75	13.9	16.0	4	9	
Des Moines.....	56	19.6	12.2	2	3	33
Detroit.....	474	19.8	11.2	88	56	142
Duluth.....	22	10.4	11.8	1	6	28
El Paso.....	34	16.9	16.4	9	6	
Erie.....	37			10	4	190
Fall River.....	38	15.4	17.4	4	10	58
Flint.....	40	16.0	8.0	5	4	83
Fort Worth.....	35	12.0	8.6	3	4	
White.....	30			2		
Colored.....	5	(³)		1		
Grand Rapids.....	55	18.7	13.2	10	6	145
Houston.....	47	14.9	13.6	2	7	
White.....	30			1		
Colored.....	17	(³)		1		
Indianapolis.....	110	16.0	17.4	5	15	37
White.....	95			5		42
Colored.....	15	(³)		0		0
Jacksonville, Fla.....	49	24.4	19.4	1	5	21
White.....	26			0		0
Colored.....	23	(³)		1		57
Jersey City.....	114	18.9	15.2	11	15	78
Kansas City, Kans.....	44	19.8	23.4	5	9	87
White.....	31			2		42
Colored.....	13	(³)		3		304
Kansas City, Mo.....	121	17.2	18.4	12	16	
Los Angeles.....	232			21	27	58
Louisville.....	136	23.5	18.0	15	9	123
White.....	107			11		110
Colored.....	29	(³)		4		251
Lowell.....	30	14.2	14.7	2	4	37
Lynn.....	44	22.3	9.1	3	2	75
Memphis.....	67	20.0	17.9	6	9	
White.....	31			2		
Colored.....	36	(³)		4		
Milwaukee.....	130	13.5	11.0	23	18	107
Minneapolis.....	104	12.7	13.8	12	12	67

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 64 cities.

⁴ Deaths for week ended Friday, Mar. 26, 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 26, Kansas City, Kans., 14, Louisville 17, Memphis 33, Nashville 30, New Orleans 26, Norfolk 33, Richmond 33, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended March 27, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, March 31, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Mar. 27, 1926		Annual death rate per 1,000 corresponding week 1925	Deaths under 1 year		Infant mortality rate, week ended Mar. 27, 1926
	Total deaths	Death rate		Week ended Mar. 27, 1926	Corresponding week, 1925	
Nashville ⁴	86	32.9	15.7	13	5	-----
White.....	55			8		-----
Colored.....	31	(⁵)		5		-----
New Bedford.....	52	22.7	12.6	10	6	174
New Haven.....	62	18.1	14.3	6	4	82
New Orleans.....	163	20.5	19.0	10	11	-----
White.....	89			3		-----
Colored.....	74	(⁵)		7		-----
New York.....	2,460	21.8	13.9	275	177	111
Bronx Borough.....	269	16.1	9.9	31	14	103
Brooklyn Borough.....	889	21.0	13.0	99	70	100
Manhattan Borough.....	1,034	27.7	18.0	121	75	134
Queens Borough.....	205	15.0	8.3	19	14	86
Richmond Borough.....	63	23.8	19.2	5	4	88
Newark, N. J.....	147	16.9	13.5	13	12	62
Norfolk.....	47			3	1	56
White.....	17			2		59
Colored.....	30	(⁵)		1		50
Oakland.....	57	11.7	8.0	9	2	104
Oklahoma City.....	20			0	1	-----
Omaha.....	61	15.0	18.7	6	7	63
Paterson.....	64	23.6	19.1	3	7	52
Philadelphia.....	753	19.8	14.3	76	58	101
Pittsburgh.....	266	22.0	18.2	32	29	106
Portland, Oreg.....	68	12.6	13.1	2	3	20
Providence.....	127	24.7	17.1	9	19	75
Richmond.....	71	19.9	12.9	9	6	113
White.....	39			7		137
Colored.....	32	(⁵)		2		70
Rochester.....	118	19.4	14.2	8	9	64
St. Louis.....	274	17.4	19.7	30	24	-----
St. Paul.....	64	13.6	13.6	4	4	36
Salt Lake City ⁴	39	15.5	11.9	6	6	83
San Antonio.....	55	14.5	19.7	10	12	-----
San Diego.....	41	20.2	11.8	2	2	42
San Francisco.....	150	14.0	13.9	4	9	24
Schenectady.....	34	19.1	15.2	3	2	57
Seattle.....	77			3	6	28
Sumerville.....	32	16.8	11.1	1	3	26
Spokane.....	34	16.3	13.0	3	1	70
Springfield, Mass.....	54	19.8	18.0	6	3	87
Syracuse.....	97	27.8	15.8	9	5	114
Tacoma.....	22	11.0	11.0	3	4	70
Toledo.....	91	16.5	16.3	14	9	136
Trenton.....	55	21.7	10.2	4	8	67
Utica.....	49	25.1	22.1	4	6	86
Washington, D. C.....	168	17.6	13.7	25	20	142
White.....	96			17		140
Colored.....	72	(⁵)		8		146
Waterbury.....	30			5	5	107
Wilmington, Del.....	32	13.7	10.7	4	2	94
Worcester.....	84	23.0	13.1	4	5	46
Yonkers.....	33	15.1	16.1	5	3	112
Youngstown.....	35	11.4	12.1	4	6	51

See footnotes 4 and 5, on p. 671.

DEATHS DURING WEEK ENDED MARCH 20, 1926

Summary of information received by telegraph from industrial insurance companies for week ended March 20, 1926, and corresponding week of 1925. (From the Weekly Health Index, March 23, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Mar. 20, 1926	Corresponding week, 1925
Policies in force.....	63, 408, 509	59, 070, 177
Number of death claims.....	15, 275	12, 743
Death claims per 1,000 policies in force, annual rate--	12. 6	11. 2

Deaths from all causes in certain large cities of the United States during the week ended March 20, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, March 23, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Mar. 20, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Mar. 20, 1926 ²
	Total deaths	Death rate ¹		Week ended Mar. 20, 1926	Corresponding week, 1925	
Total (69 cities)	10, 258	18. 4	15. 0	1, 187	1, 027	³ 100
Akron.....	50			8	9	85
Albany.....	56	24. 8	24. 3	4	1	84
Atlanta.....	94			13	6	
White.....	42			8		
Colored.....	52	(⁴)		5		
Baltimore.....	276	18. 1	20. 2	28	33	82
White.....	202			19		68
Colored.....	74	(⁴)		9		146
Birmingham.....	76	19. 3	20. 8	14	7	
White.....	40			5		
Colored.....	36	(⁴)		9		
Boston.....	349	23. 3	17. 7	32	36	90
Bridgeport.....	43			10	1	171
Buffalo.....	169	16. 4	18. 2	23	28	96
Cambridge.....	50	21. 8	9. 6	4	1	68
Camden.....	53	21. 5	16. 2	11	4	188
Canton.....	33	16. 2	10. 3	3	4	67
Chicago.....	1, 086	18. 0	14. 3	149	107	132
Cincinnati.....	152	19. 4	20. 6	17	21	106
Cleveland.....	274	15. 3	12. 1	38	37	98
Columbus.....	86	16. 0	17. 1	7	9	64
Dallas.....	59	15. 9	8. 6	10	4	
White.....	47			8		
Colored.....	12	(⁴)		2		
Dayton.....	54	16. 3	16. 0	5	5	79
Denver.....	82	15. 2	14. 7	7	8	
Des Moines.....	51	17. 8	11. 9	4	3	57
Detroit.....	509	21. 3	13. 9	113	68	182
Duluth.....	20	9. 4	11. 8	5	1	117
El Paso.....	33	16. 4	16. 9	4	5	
Erie.....	41			7	3	133
Fall River.....	43	17. 4	15. 0	7	11	102
Flint.....	34	13. 6	6. 8	9	4	149
Fort Worth.....	34	11. 6	8. 6	2	2	
White.....	32			2		
Colored.....	2	(⁴)		0		
Grand Rapids.....	48	16. 3	11. 9	7	5	101
Houston.....	57	18. 0	14. 5	5	1	
White.....	36			4		
Colored.....	21	(⁴)		1		
Indianapolis.....	134	19. 5	16. 6	9	10	66
White.....	111			8		68
Colored.....	23	(⁴)		1		55
Jacksonville, Fla.....	49	24. 4	20. 4	4	7	83
White.....	21			3		98
Colored.....	28	(⁴)		1		57
Jersey City.....	101	16. 7	13. 9	14	12	99
Kansas City, Kans.....	25	11. 2	17. 1	2	8	35
White.....	21			1		21
Colored.....	4	(⁴)		1		131
Kansas City, Mo.....	138	19. 6	21. 1	16	23	
Los Angeles.....	252			20	23	56
Louisville.....	133	23. 0	18. 0	18	13	155
White.....	94			13		130
Colored.....	39	(⁴)		5		314
Lowell.....	39	18. 4	18. 9	11	9	205
Lynn.....	38	19. 2	12. 6	7	2	176
Memphis.....	65	19. 4	25. 1	6	8	
White.....	28			2		
Colored.....	37	(⁴)		4		

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 64 cities.

⁴ Deaths for week ended Friday, Mar. 19, 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 20, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, March 23, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Mar. 27, 1926		Annual death rate per 1,000 corresponding week 1925	Deaths under 1 year		Infant mortality rate, week ended Mar. 20, 1926
	Total deaths	Death rate		Week ended Mar. 20, 1926	Corresponding week, 1925	
Milwaukee.....	119	12.4	13.8	26	30	120
Minneapolis.....	113	13.8	15.6	9	13	50
Nashville.....	71	27.2	11.5	9	1	
White.....	42			4		
Colored.....	29	(⁵)		5		
New Bedford.....	38	16.6	10.0	6	6	104
New Haven.....	68	19.8	18.6	3	5	41
New Orleans.....	161	20.3	18.4	8	15	
White.....	96			4		
Colored.....	66	(⁵)		4		
New York.....	2,331	20.7	14.0	257	202	104
Bronx Borough.....	261	15.6	10.7	31	15	103
Brooklyn Borough.....	843	20.0	12.5	105	57	106
Manhattan Borough.....	972	28.1	18.6	102	108	113
Queens Borough.....	192	14.0	10.4	14	20	63
Richmond Borough.....	63	23.8	14.7	5	2	88
Newark, N. J.....	152	17.5	15.2	19	16	91
Norfolk.....	48			9	6	167
White.....	18			3		80
Colored.....	30	(⁵)		6		298
Oakland.....	56	11.5	11.3	5	3	58
Oklahoma City.....	29			4		
Omaha.....	44	10.8	17.0	2	5	21
Paterson.....	64	23.6	11.4	4	7	70
Philadelphia.....	833	21.9	14.1	73	66	97
Pittsburgh.....	233	19.2	22.1	36	32	120
Portland, Oreg.....	69	12.7	12.9	6	5	61
Providence.....	78	15.2	11.9	7	10	48
Richmond.....	60	16.8	10.9	12	2	161
White.....	34			6		118
Colored.....	26	(⁵)		6		210
Rochester.....	143	23.5	13.2	8	9	64
St. Louis.....	253	16.1	15.6	14	13	
St. Paul.....	64	13.6	15.0	4	6	36
Salt Lake City.....	24	9.6	13.5	4	3	85
San Antonio.....	60	15.8	15.0	1	2	
San Diego.....	37	18.2	20.2	1	2	21
San Francisco.....	120	11.2	14.4	4	9	24
Schenectady.....	27	15.2	11.8	0	5	0
Seattle.....	70			6	4	86
Somerville.....	23	12.1	11.1	1	2	26
Spokane.....	43	20.6	12.4	1	2	23
Springfield, Mass.....	56	20.6	18.0	7	5	101
Syracuse.....	91	26.1	17.2	8	3	101
Tacoma.....	26	13.0	11.0	5	0	117
Toledo.....	76	13.8	13.4	9	9	87
Trenton.....	57	22.5	13.4	11	5	184
Washington, D. C.....	143	15.5	15.7	9	11	51
White.....	104			6		50
Colored.....	44	(⁵)		3		55
Waterbury.....	28			2	5	43
Wilmington, Del.....	39	16.7	14.1	5	3	117
Worcester.....	59	16.1	14.5	5	7	58
Yonkers.....	40	18.4	14.7	4	7	90
Youngstown.....	26	8.5	12.7	3	7	28

See footnotes 4 and 5, on p. 673.

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 April 3, 1926

ALABAMA		ARKANSAS—continued	
	Cases		Cases
Cerebrospinal meningitis.....	2	Ophthalmia neonatorum.....	2
Chicken pox.....	27	Pellagra.....	1
Diphtheria.....	8	Scarlet fever.....	9
Influenza.....	721	Smallpox.....	10
Malaria.....	2	Trachoma.....	1
Measles.....	177	Tuberculosis.....	10
Mumps.....	87	Typhoid fever.....	2
Pellagra.....	15	Whooping cough.....	29
Pneumonia.....	149		
Scarlet fever.....	11	CALIFORNIA	
Smallpox.....	32	Cerebrospinal meningitis:	
Tuberculosis.....	17	Fresno.....	1
Typhoid fever.....	5	Sacramento.....	1
Typhus fever.....	1	San Francisco.....	1
Whooping cough.....	60	Chicken pox.....	273
		Diphtheria.....	114
ARIZONA		Influenza.....	28
Chicken pox.....	4	Lethargic encephalitis:	
Diphtheria.....	8	Fresno County.....	1
Influenza.....	10	San Francisco.....	1
Measles.....	2	Measles.....	109
Mumps.....	6	Mumps.....	385
Pneumonia.....	4	Polioomyelitis—Berkeley.....	1
Scarlet fever.....	12	Scarlet fever.....	141
Smallpox.....	2	Smallpox:	
Trachoma.....	14	Los Angeles.....	93
Tuberculosis.....	7	Oakland.....	19
Typhoid fever.....	1	Scattering.....	31
Whooping cough.....	3	Typhoid fever.....	6
		Whooping cough.....	69
ARKANSAS			
Chicken pox.....	32	COLORADO	
Diphtheria.....	2	Chicken pox.....	57
Hook worm disease.....	2	Diphtheria.....	29
Influenza.....	601	German measles.....	4
Malaria.....	60	Impetigo contagiosa.....	1
Measles.....	14	Influenza.....	7
Mumps.....	14	Measles.....	31

COLORADO—continued

	Cases
Mumps.....	4
Pneumonia.....	3
Scarlet fever.....	43
Smallpox.....	1
Tuberculosis.....	28
Typhoid fever.....	2
Vincent's angina.....	2
Whooping cough.....	145

CONNECTICUT

Cerebrospinal meningitis.....	3
Chicken pox.....	30
Conjunctivitis (infectious).....	5
Diphtheria.....	14
German measles.....	12
Influenza.....	133
Lethargic encephalitis.....	1
Measles.....	502
Mumps.....	6
Pneumonia (broncho).....	79
Pneumonia (lobar).....	118
Scarlet fever.....	99
Tetanus.....	1
Trichinosis.....	1
Tuberculosis (all forms).....	33
Typhoid fever.....	1
Whooping cough.....	53

DELAWARE

Chicken pox.....	4
Influenza.....	9
Measles.....	55
Pneumonia.....	12
Scarlet fever.....	15
Tuberculosis.....	1
Typhoid fever.....	1
Whooping cough.....	2

FLORIDA

Chicken pox.....	68
Diphtheria.....	21
German measles.....	1
Influenza.....	45
Malaria.....	2
Measles.....	53
Mumps.....	21
Pneumonia.....	9
Poliomyelitis.....	1
Scarlet fever.....	19
Smallpox.....	164
Tuberculosis.....	7
Typhoid fever.....	11
Whooping cough.....	17

GEORGIA

Cerebrospinal meningitis.....	1
Chicken pox.....	50
Diphtheria.....	8
Hookworm disease.....	2
Influenza.....	488
Malaria.....	15
Measles.....	181
Mumps.....	110
Paratyphoid fever.....	1
Pellagra.....	10

GEORGIA—continued

	Cases
Pneumonia.....	112
Scarlet fever.....	11
Septic sore throat.....	12
Smallpox.....	30
Tetanus.....	1
Tuberculosis.....	25
Typhoid fever.....	5
Whooping cough.....	26

IDAHO

Cerebrospinal meningitis:	
Arco.....	1
Burley.....	1
Huston.....	1
Chicken pox.....	2
Diphtheria.....	3
Measles.....	14
Mumps.....	13
Scarlet fever.....	12
Smallpox:	
Emmett.....	19
Scattering.....	10
Typhoid fever.....	1
Whooping cough.....	12

ILLINOIS

Cerebrospinal meningitis:	
Cook County.....	1
Morgan County.....	1
Diphtheria.....	71
Influenza.....	349
Lethargic encephalitis—Tazewell County.....	1
Measles.....	850
Pneumonia.....	750
Poliomyelitis:	
Cook County.....	1
Macon County.....	1
Scarlet fever.....	373
Smallpox.....	17
Tuberculosis.....	272
Typhoid fever.....	2
Whooping cough.....	176

INDIANA

Cerebrospinal meningitis.....	3
Chicken pox.....	46
Diphtheria.....	25
Influenza.....	255
Measles.....	904
Mumps.....	6
Pneumonia.....	43
Poliomyelitis.....	1
Scarlet fever.....	171
Smallpox.....	67
Tuberculosis.....	55
Typhoid fever.....	1
Whooping cough.....	54

IOWA

Chicken pox.....	26
Diphtheria.....	13
German measles.....	35
Influenza.....	658
Measles.....	196
Mumps.....	62
Pneumonia.....	35

IOWA—continued		MASSACHUSETTS	
	Cases		Cases
Scarlet fever.....	44	Cerebrospinal meningitis.....	7
Smallpox.....	52	Chicken pox.....	87
Tuberculosis.....	1	Conjunctivitis (suppurative).....	5
Whooping cough.....	17	Diphtheria.....	52
KANSAS		German measles.....	235
Cerebrospinal meningitis—Montezuma.....	1	Influenza.....	260
Chicken pox.....	57	Lethargic encephalitis.....	1
Diphtheria.....	9	Measles.....	940
German measles.....	10	Mumps.....	120
Influenza.....	33	Ophthalmia neonatorum.....	49
Measles.....	467	Pneumonia (lobar).....	316
Mumps.....	20	Poliomyelitis.....	2
Pneumonia.....	72	Scarlet fever.....	259
Poliomyelitis—Mildred.....	1	Septic sore throat.....	3
Scarlet fever.....	64	Tuberculosis (pulmonary).....	73
Smallpox.....	7	Tuberculosis (other forms).....	56
Tuberculosis.....	32	Typhoid fever.....	2
Typhoid fever.....	1	Whooping cough.....	344
Whooping cough.....	107	MICHIGAN	
LOUISIANA		Diphtheria.....	91
Diphtheria.....	7	Measles.....	1,416
Influenza.....	84	Pneumonia.....	379
Malaria.....	5	Scarlet fever.....	402
Pneumonia.....	30	Smallpox.....	6
Scarlet fever.....	8	Tuberculosis.....	306
Smallpox.....	19	Typhoid fever.....	5
Tuberculosis.....	30	Whooping cough.....	237
Typhoid fever.....	6	MINNESOTA	
MAINE		Chicken pox.....	77
Chicken pox.....	25	Diphtheria.....	28
Diphtheria.....	4	Influenza.....	3
German measles.....	41	Lethargic encephalitis.....	1
Influenza.....	243	Measles.....	330
Measles.....	343	Pneumonia.....	2
Mumps.....	55	Scarlet fever.....	312
Pneumonia.....	30	Smallpox.....	3
Scarlet fever.....	22	Tuberculosis.....	107
Septic sore throat.....	5	Typhoid fever.....	1
Tuberculosis.....	4	Whooping cough.....	47
Typhoid fever.....	1	MISSISSIPPI	
Vincent's angina.....	3	Diphtheria.....	11
Whooping cough.....	28	Influenza.....	716
MARYLAND ¹		Scarlet fever.....	3
Cerebrospinal meningitis.....	1	Smallpox.....	12
Chicken pox.....	90	Typhoid fever.....	3
Diphtheria.....	22	MISSOURI	
German measles.....	3	Cerebrospinal meningitis.....	2
Influenza.....	149	Chicken pox.....	52
Lethargic encephalitis.....	2	Diphtheria.....	69
Measles.....	818	Influenza.....	16
Mumps.....	178	Measles.....	867
Pneumonia (broncho).....	81	Mumps.....	34
Pneumonia (lobar).....	78	Pneumonia.....	5
Poliomyelitis.....	1	Rabies (in animals).....	4
Scarlet fever.....	46	Scarlet fever.....	341
Septic sore throat.....	1	Smallpox.....	14
Tetanus.....	1	Tuberculosis.....	38
Tuberculosis.....	72	Typhoid fever.....	4
Typhoid fever.....	6	Whooping cough.....	86
Whooping cough.....	65		

¹ Week ended Friday.

MONTANA		NEW YORK—continued	
	Cases		Cases
Cerebrospinal meningitis.....	1	Scarlet fever.....	238
Chicken pox.....	8	Septic sore throat.....	8
Diphtheria.....	1	Smallpox.....	2
German measles.....	20	Typhoid fever.....	12
Influenza.....	1	Vincent's angina.....	7
Measles.....	2	Whooping cough.....	361
Mumps.....	23		
Rocky Mountain spotted fever.....	1	NORTH CAROLINA	
Scarlet fever.....	61	Chicken pox.....	202
Smallpox.....	6	Diphtheria.....	26
Tick paralysis.....	1	German measles.....	384
Trachoma.....	1	Measles.....	327
Tuberculosis.....	2	Scarlet fever.....	25
Whooping cough.....	13	Septic sore throat.....	1
		Smallpox.....	42
NEBRASKA		Typhoid fever.....	4
Chicken pox.....	10	Whooping cough.....	174
Diphtheria.....	1		
Measles.....	23	OKLAHOMA	
Mumps.....	7	(Exclusive of Tulsa and Oklahoma City)	
Pneumonia.....	3	Chicken pox.....	29
Scarlet fever.....	73	Diphtheria.....	4
Smallpox.....	19	Influenza.....	1,451
Tuberculosis.....	1	Malaria.....	13
Typhoid fever.....	2	Measles.....	38
Whooping cough.....	13	Mumps.....	7
		Pellagra.....	10
NEW JERSEY		Pneumonia.....	237
Chicken pox.....	143	Poliomyelitis—Blaine County.....	2
Diphtheria.....	65	Scarlet fever.....	39
Influenza.....	92	Smallpox.....	17
Measles.....	2,230	Typhoid fever.....	3
Pneumonia.....	287	Whooping cough.....	76
Poliomyelitis.....	1		
Scarlet fever.....	176	OREGON	
Smallpox.....	1	Cerebrospinal meningitis.....	2
Typhoid fever.....	3	Chicken pox.....	20
Whooping cough.....	43	Diphtheria.....	22
		Influenza.....	61
NEW MEXICO		Lethargic encephalitis.....	1
Chicken pox.....	11	Measles.....	37
Conjunctivitis.....	3	Mumps.....	42
Diphtheria.....	7	Pneumonia.....	6
Influenza.....	1	Rocky Mountain spotted fever.....	2
Measles.....	7	Scarlet fever.....	33
Mumps.....	10	Smallpox:	
Pneumonia.....	10	Polk County.....	10
Scarlet fever.....	4	Scattering.....	14
Septic sore throat.....	1	Tuberculosis.....	21
Tuberculosis.....	13	Whooping cough.....	31
Typhoid fever.....	2		
Whooping cough.....	23	PENNSYLVANIA	
		Anthrax—Philadelphia.....	1
NEW YORK		Chicken pox.....	368
(Exclusive of New York City)		Diphtheria.....	151
Cerebrospinal meningitis.....	5	German measles.....	69
Chicken pox.....	171	Impetigo contagiosa.....	9
Diphtheria.....	93	Lethargic encephalitis:	
German measles.....	199	Erie.....	1
Influenza.....	2,214	Philadelphia.....	1
Lethargic encephalitis.....	5	Measles.....	2,865
Measles.....	1,606	Mumps.....	148
Mumps.....	155	Ophthalmia neonatorum—Pittsburgh.....	2
Pneumonia.....	849	Pneumonia.....	224
Poliomyelitis.....	2	Scabies.....	8

¹ Deaths.

PENNSYLVANIA—continued

	Cases
Scarlet fever.....	494
Smallpox.....	2
Tetanus—Pittsburgh.....	1
Tuberculosis.....	86
Typhoid fever.....	36
Whooping cough.....	365

RHODE ISLAND

Chicken pox.....	2
Diphtheria.....	9
German measles.....	10
Influenza.....	48
Measles.....	171
Pneumonia.....	4
Scarlet fever.....	11
Tuberculosis.....	14
Whooping cough.....	8

TENNESSEE

Chicken pox.....	46
Diphtheria.....	11
Influenza.....	595
Lethargic encephalitis—Lebanon.....	1
Malaria.....	1
Measles.....	275
Ophthalmia neonatorum.....	1
Pellagra.....	5
Pneumonia.....	103
Scarlet fever.....	40
Smallpox:	
Memphis.....	8
Scattering.....	10
Tuberculosis.....	79
Typhoid fever.....	8
Whooping cough.....	14

TEXAS

Chicken pox.....	100
Diphtheria.....	35
Dysentery.....	3
Influenza.....	532
Measles.....	17
Mumps.....	30
Pellagra.....	2
Pneumonia.....	32
Scarlet fever.....	44
Smallpox.....	56
Trachoma.....	1
Tuberculosis.....	21
Typhoid fever.....	1
Typhus fever.....	2
Whooping cough.....	53

UTAH

Chicken pox.....	21
Diphtheria.....	10
Influenza.....	4
Measles.....	6
Mumps.....	51
Pneumonia.....	3
Scarlet fever.....	4
Smallpox.....	1
Whooping cough.....	82

VERMONT

Chicken pox.....	17
Diphtheria.....	4
Measles.....	12
Mumps.....	16
Scarlet fever.....	10
Whooping cough.....	20

WASHINGTON

	Cases
Cerebrospinal meningitis:	
Kittitas County.....	2
Seattle.....	2
Spokane.....	5
Chicken pox.....	39
Diphtheria.....	5
German measles.....	82
Influenza.....	5
Measles.....	37
Mumps.....	44
Scarlet fever.....	54
Smallpox.....	55
Tuberculosis.....	30
Typhoid fever.....	2
Vincent's angina.....	1
Whooping cough.....	51

WEST VIRGINIA

Diphtheria.....	3
Influenza.....	115
Measles.....	421
Scarlet fever.....	25
Smallpox.....	2
Tuberculosis.....	10
Whooping cough.....	19

WISCONSIN

Milwaukee:	
Chicken pox.....	72
Diphtheria.....	17
German measles.....	2
Influenza.....	13
Measles.....	112
Mumps.....	43
Pneumonia.....	45
Scarlet fever.....	31
Tuberculosis.....	27
Whooping cough.....	40

Scattering:

Chicken pox.....	141
Diphtheria.....	16
German measles.....	45
Influenza.....	467
Lethargic encephalitis.....	2
Measles.....	670
Mumps.....	247
Pneumonia.....	38
Scarlet fever.....	152
Smallpox.....	1
Tuberculosis.....	17
Typhoid fever.....	2
Whooping cough.....	164

WYOMING

Chicken pox.....	5
German measles.....	3
Measles.....	1
Mumps.....	3
Pneumonia (lobar).....	2
Rocky Mountain spotted fever:	
Hot Springs.....	1
Johnson.....	2
Natrona.....	2
Weston.....	1
Scarlet fever.....	25
Whooping cough.....	12

SUMMARY OF MONTHLY REPORTS FROM STATES:

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

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pelagragra	Polio-myelitis	Scarlet fever	Small-pox	Typhoid fever
New Mexico:										
July, 1925.....	0	30	0	2	1	2	0	6	0	25
August, 1925.....	0	22	3	2	3	0	2	8	0	52
September, 1925.....	0	8	0	0	2	1	3	6	0	77
October, 1925.....	0	18	0	0	2	5	2	41	0	89
November, 1925.....	0	21	5	6	1	1	3	74	2	77
December, 1925.....	0	8	3	1	2	1	1	42	2	21
January, 1926.....	1	16	10	1	7	0	2	67	3	7
February, 1926.....										
Alabama.....	4	83	3, 582	40	186	53	1	82	148	51
Maine.....	0	7	45	0	243	0	2	124	0	9
Massachusetts.....	4	273	50	0	6, 441	1	4	1, 119	0	23
Mississippi.....	3	153	46, 585	1, 945	1, 802	245	1	63	82	65
Montana.....	1	16	340		37		0	152	36	4
New Mexico.....	0	28	742	0	13	0	1	41	17	7
Oregon.....	16	89	1, 126	0	210		1	168	185	14
South Carolina.....	0	183	11, 490	276	36		0	32	83	62
Virginia.....	7	137	12, 875	32	1, 220	14	1	293	34	27
Washington.....	32	95	67	0	77		0	402	397	15

SMALLPOX AT SEATTLE, WASH.

Senior Surgeon George M. Magruder, of the United States Public Health Service, reports smallpox cases and deaths in Seattle, Wash., as follows: Three months ended December 31, 1925, 28 cases, no death. January 1 to March 23, 1926, 92 cases, 8 deaths. In King County, including Seattle, from January 1 to March 23, 122 cases, 22 deaths. Smallpox cases were reported in the State in somewhat greater numbers than last year, but the fatal type of the disease appears to be confined to Seattle and King County. Active measures are being taken to control the disease.

PLAGUE ERADICATIVE MEASURES IN LOS ANGELES, CALIF.

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

Week ended March 20, 1926:	
Number of rats trapped.....	2, 140
Number of rats found to be plague infected.....	0
Number of squirrels examined.....	789
Number of squirrels found to be plague infected.....	0
Number of mice trapped.....	2, 124
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 20, 1926, 36 States reported 1,150 cases of diphtheria. For the week ended March 21, 1925, the same States reported 1,403 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 699 cases of diphtheria for the week ended March 20, 1926. Last year for the corresponding week they reported 919 cases. The estimated expectancy for these cities was 984 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 16,396 cases of measles for the week ended March 20, 1926, and 3,682 cases of this disease for the week ended March 21, 1925. One hundred and one cities reported 10,415 cases of measles for the week this year, and 2,779 cases last year.

Poliomyelitis.—The health officers of 36 States reported 18 cases of poliomyelitis for the week ended March 20, 1926. The same States reported 13 cases for the week ended March 21, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 3,911 cases; last year, 4,350 cases; 101 cities—this year, 1,751 cases; last year, 2,355 cases; estimated expectancy, 1,242 cases.

Smallpox.—For the week ended March 20, 1926, 36 States reported 905 cases of smallpox. Last year for the corresponding week they reported 1,020 cases. One hundred and one cities reported smallpox for the week as follows: 1926, 211 cases; 1925, 348 cases; estimated expectancy, 142 cases. Eleven deaths from smallpox were reported by these cities for the week this year—8 at Los Angeles, Calif., 1 at Sacramento, Calif., and 2 at San Francisco, Calif.

Typhoid fever.—One hundred and sixteen cases of typhoid fever were reported for the week ended March 20, 1926, by 36 States. For the corresponding week of 1925, the same States reported 188 cases of this disease. One hundred and one cities reported 33 cases of typhoid fever for the week this year and 63 cases for the corresponding week last year. The estimated expectancy for these cities was 42 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 95 cities, with a population of more than 29,600,000, as follows: 1926, 2,556 deaths; 1925, 1,389.

City reports for week ended March 20, 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 re-reported	Diphtheria		Influenza		Measles, cases re-reported	Mumps, cases re-reported	Pneumonia, deaths re-reported
			Cases, estimated expectancy	Cases re-reported	Cases re-reported	Deaths re-reported			
NEW ENGLAND									
Maine:									
Portland	75,333	3	1	0	0	0	61	4	3
New Hampshire:									
Concord	22,546	0	0	0	0	0	2	0	4
Vermont:									
Barre	10,008	0	0	0	0	0	0	0	0
Burlington	24,089	0	0	1	0	0	0	0	0
Massachusetts:									
Boston	779,620	36	60	25	56	6	190	17	76
Fall River	128,993	2	4	4	3	1	13	0	3
Springfield	142,065	7	4	0	2	2	167	0	6
Worcester	190,757	1	4	6	1	0	20	6	12
Rhode Island:									
Pawtucket	69,760	0	1	0	0	0	58	0	8
Providence	267,918	1	10	5	103	4	127	1	12
Connecticut:									
Bridgeport	(1)	2	7	3	15	4	7	0	6
Hartford	160,197	1	8	9	0	1	56	1	6
New Haven	178,927	14	3	2	7	1	29	0	15
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	14	13	10	18	5	11	0	34
New York	5,873,356	121	235	189	946	87	2,147	54	608
Rochester	316,786	12	9	9	11	16	79	1	38
Syracuse	182,003	7	6	2	106	5	102	21	21
New Jersey:									
Camden	128,642	8	5	4	3	2	19	1	15
Newark	452,513	52	18	11	57	2	557	9	38
Trenton	132,020	0	4	5	3	4	5	0	11
Pennsylvania:									
Philadelphia	1,979,364	83	84	57	-----	61	751	14	194
Pittsburgh	631,563	40	20	13	-----	9	45	0	35
Reading	112,707	8	3	2	-----	-----	11	1	17
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	16	10	2	1	7	10	6	15
Cleveland	936,485	32	25	13	446	14	317	1	53
Columbus	279,836	2	4	3	1	1	494	0	8
Toledo	287,380	34	5	6	3	5	165	0	7
Indiana:									
Fort Wayne	97,846	13	3	0	0	0	12	0	1
Indianapolis	358,819	12	7	5	0	2	1,060	2	29
South Bend	80,091	7	1	2	0	0	4	0	1
Terre Haute	71,071	3	1	4	0	0	8	0	2
Illinois:									
Chicago	2,995,239	96	100	43	577	49	89	15	252
Peoria	81,564	1	0	0	0	0	0	3	6
Springfield	63,923	13	1	1	3	3	8	5	4
Michigan:									
Detroit	1,245,824	24	51	44	27	18	623	14	117
Flint	130,316	10	5	4	5	0	10	0	14
Grand Rapids	153,698	9	3	1	4	0	23	0	8

¹ No estimate made.

City reports for week ended March 20, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick- en pox, cases re- ported	Diphtheria		Influenza		Meas- les, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
			Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported			
EAST NORTH CENTRAL— continued									
Wisconsin:									
Kenosha.....	50,891	13	2	5	0	0	1	0	3
Madison.....	46,385	5	1	1	0	1	150	1	1
Milwaukee.....	509,192	101	15	18	7	1	114	49	14
Racine.....	67,707		1						
Superior.....	39,671	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	110,502	15	1	0	0	0	7	0	1
Minneapolis.....	425,435	88	16	14	0	3	209	2	17
St. Paul.....	246,001	21	14	3	0	3	19	6	8
Iowa:									
Davenport.....	52,469	5	1	1	0		0	0	
Des Moines.....	141,441	18	3	0	1		301	31	
Sioux City.....	76,411	3	1	0	0		0	1	
Waterloo.....	36,771	2	0	0	0		11	0	
Missouri:									
Kansas City.....	367,481	28	8	2	9	8	299	8	18
St. Joseph.....	78,342	0	1	0	0	1	0	0	4
St. Louis.....	821,543	40	40	52	2		228	4	
North Dakota:									
Fargo.....	26,403	2	1	0	0	0	0	10	1
Grand Forks.....	14,811	0	0	0	0		4	0	
South Dakota:									
Aberdeen.....	15,036	0	0	0	0		14	57	
Sioux Falls.....	30,127	4	1	0	0	0	4	0	0
Nebraska:									
Lincoln.....	60,941	9	2	1	0	1	0	1	0
Omaha.....	211,768	9	4	0	0	0	26	1	11
Kansas:									
Topeka.....	55,411	6	1	2	0	0	11	0	1
Wichita.....	88,367	10	2	0	0	0	128	1	8
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	122,049	0	2	3	0	0	70	0	16
Maryland:									
Baltimore.....	796,296	73	26	15	33	4	609	132	55
Cumberland.....	33,741	1	1	1	3	0	25	0	1
Frederick.....	12,035	0	0	0	2	1	17	1	2
District of Columbia:									
Washington.....	497,906	37	11	9	0	0	459	0	23
Virginia:									
Lynchburg.....	30,395	11	1	0	0	1	36	1	3
Norfolk.....	(1)	21	2	0	0	0	6	0	17
Richmond.....	186,403	7	2	2	0	2	5	2	6
Roanoke.....	58,208	3	0	2	0	1	94	1	9
West Virginia:									
Charleston.....	49,019	14	0	0	8	1	13	0	2
Huntington.....	63,485	0	1	0	6	0	9	0	2
Wheeling.....	56,208	7	2	0	0	0	72	0	8
North Carolina:									
Raleigh.....	30,371	2	0	0	0	3	0	0	3
Wilmington.....	37,061	14	0	0	0	2	0	3	4
Winston-Salem.....	69,031	11	1	0	0	3	63	6	4
South Carolina:									
Charleston.....	73,125	0	0	1	40	2	0	0	7
Columbia.....	41,225	1	1	0	0	0	1	1	0
Greenville.....	27,311	3	0	0	0	0	0	1	3
Georgia:									
Atlanta.....	(1)	6	2	3	54	4	7	0	13
Brunswick.....	16,809	14	0	0	0	0	0	2	0
Savannah.....	93,134	6	0	1	16	2	11	0	4
Florida:									
St. Ptersburg.....	26,847		0			0			1
Tampa.....	94,743	0	2	0	0	1	0	1	6

1 No estimate made.

City reports for week ended March 20, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick- en pox, cases re- ported	Diphtheria		Influenza		Meas- les, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
			Cases, esti- mated expec- tancy	Cases re- ported	Cases re- ported	Deaths re- ported			
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,309		1			2			4
Louisville.....	305,935	8	5	1	64	5	302	0	36
Tennessee:									
Memphis.....	174,533	26	5	3	0	6	48	10	9
Nashville.....	136,220	1	1	1	0	12	53	1	13
Alabama:									
Birmingham.....	205,670	29	2	0	115	17	34	2	12
Mobile.....	65,955	0	1	0	1	1	0	1	3
Montgomery.....	40,481	4	0	0	3	0	0	21	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	31,643	9	1	1	0		0	0	
Little Rock.....	74,216	3	1	0	18	2	4	0	4
Louisiana:									
New Orleans.....	414,493	6	9	4	19	12	2	0	15
Shreveport.....	57,857	5	0	1	0	1	0	0	4
Oklahoma:									
Oklahoma City.....	(1)	1	2	0	68	2	1	0	5
Texas:									
Dallas.....	194,450	31	4	11	12	11	1	1	7
Galveston.....	48,375	1	0	0	0	0	0	0	4
Houston.....	164,954	4	2	6	0	3	2	0	14
San Antonio.....	198,069	0	2	1	0	4	1	0	11
MOUNTAIN									
Montana:									
Billings.....	17,971	6	0	0	0	1	0	2	0
Great Falls.....	29,883	12	1	0	0	0	1	5	1
Helena.....	12,037	0	0	0	0	0	0	0	3
Missoula.....	12,668	0	1	0	21	1	0	0	1
Idaho:									
Boise.....	23,042	1	0	0	0	0	2	0	0
Colorado:									
Denver.....	280,911	31	7	7		3	21	1	12
Pueblo.....	43,787	7	1	0	0	0	12	0	4
New Mexico:									
Albuquerque.....	21,000	1	1	0	1	0	0	5	3
Arizona:									
Phoenix.....	38,669	0	0	1	0	1	1	0	1
Utah:									
Salt Lake City.....	130,948	11	3	1	0	0	0	19	0
Nevada:									
Reno.....	12,665	0	0	0	0	0	0	0	1
PACIFIC									
Washington:									
Seattle.....	(1)	28	5	6	0		34	68	
Spokane.....	108,897	16	3	2	0		0	0	
Tacoma.....	104,455	1	1	2	0	0	4	2	0
Oregon:									
Portland.....	282,383	23	4	3	1	0	12	24	10
California:									
Los Angeles.....	(1)	90	37	77	10	4	17	12	22
Sacramento.....	72,260	3	1	4	0	0	2	5	2
San Francisco.....	557,530	49	22	14	1	1	62	21	4

¹ No estimate made.

City reports for week ended March 20, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culo- sis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
NEW ENGLAND											
Maine:											
Portland.....	2	10	0	0		1	0	0	0	0	23
New Hampshire:											
Concord.....	1	0	0	0	0	0	0	0	0	0	13
Vermont:											
Barre.....	1	0	0	0	0	1	0	0	0	0	6
Burlington.....	1	7	0	0	0	0	0	0	0	0	6
Massachusetts:											
Boston.....	61	101	0	0	0	14	1	0	0	164	349
Fall River.....	3	3	0	0	0	2	0	0	0	1	
Springfield.....	7	7	0	0	0	1	0	0	0	19	47
Worcester.....	9	9	0	0	0	3	0	0	0	18	59
Rhode Island:											
Pawtucket.....	1	0	0	0	0	0	1	0	0	8	30
Providence.....	9	6	0	0	0	2	0	0	0	2	78
Connecticut:											
Bridgeport.....	9	20	1	0	0	3	0	0	0	5	43
Hartford.....	6	3	0	0	0	0	0	0	0	6	34
New Haven.....	8	12	0	0	0	2	0	0	0	22	68
MIDDLE ATLANTIC											
New York:											
Buffalo.....	20	17	0	0	0	8	1	0	0	31	159
New York.....	278	164	0	0	0	131	7	7	0	88	2,331
Rochester.....	17	15	0	0	0	8	0	0	0	13	133
Syracuse.....	15	1	0	0	0	4	0	0	0	74	91
New Jersey:											
Camden.....	4	9	0	0	0	1	0	0	0	2	53
Newark.....	25	26	0	0	0	10	0	0	0	18	155
Trenton.....	4	7	0	0	0	3	0	1	0	0	57
Pennsylvania:											
Philadelphia.....	75	77	1	0	0	58	3	0	0	39	833
Pittsburgh.....	23	77	0	0	0	14	0	0	0	48	233
Reading.....	3	12	0	0	0	0	0	0	0	7	60
EAST NORTH CENTRAL											
Ohio:											
Cincinnati.....	13	23	2	2	0	7	0	1	0	28	152
Cleveland.....	32	58	1	0	0	23	1	0	0	117	274
Columbus.....	10	16	2	2	0	7	1	0	0	1	86
Toledo.....	19	19	5	0	0	5	0	1	0	43	75
Indiana:											
Fort Wayne.....	4	13	1	0	0	1	1	0	0	2	15
Indianapolis.....	9	20	5	31	0	9	0	0	0	36	142
South Bend.....	4	3	2	2	0	0	0	0	0	3	18
Terre Haute.....	3	5	1	0	0	0	0	0	0	0	21
Illinois:											
Chicago.....	124	142	3	1	0	53	3	0	0	39	1,036
Peoria.....	4	5	1	0	0	1	0	0	0	10	28
Springfield.....	1	5	1	0	0	2	0	0	0	20	30
Michigan:											
Detroit.....	92	139	2	0	0	20	1	2	1	63	509
Flint.....	6	13	1	0	0	0	0	0	0	24	34
Grand Rapids.....	9	25	1	0	0	3	1	0	1	41	48
Wisconsin:											
Kenosha.....	3	2	1	0	0	0	0	0	0	7	5
Madison.....	4	9	0	0	0	0	0	0	0	1	6
Milwaukee.....	30	22	6	0	0	7	0	1	0	105	119
Racine.....	4		1				0				
Superior.....	2	3	5	0	0	3	0	0	0	0	19

¹ Pulmonary tuberculosis only.

City reports for week ended March 20, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- cul- osis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST NORTH CEN- TRAL											
Minnesota:											
Duluth.....	5	27	1	0	0	3	0	0	0	16	20
Minneapolis.....	38	68	10	0	0	3	1	0	0	3	113
St. Paul.....	29	36	7	0	0	3	1	0	0	51	69
Iowa:											
Davenport.....	2	1	2	0	—	—	0	0	—	2	—
Des Moines.....	7	2	3	1	—	—	0	0	—	15	—
Sioux City.....	2	2	1	1	—	—	0	0	—	1	—
Waterloo.....	3	1	0	0	—	—	0	0	—	1	—
Missouri:											
Kansas City.....	12	28	2	1	0	7	0	0	0	25	138
St. Joseph.....	3	1	0	0	0	1	0	0	0	0	33
St. Louis.....	31	199	5	9	0	7	1	1	0	21	253
North Dakota:											
Fargo.....	1	3	0	0	0	1	0	0	0	0	8
Grand Forks.....	0	0	0	0	—	—	0	0	—	0	—
South Dakota:											
Aberdeen.....	4	5	0	0	—	—	0	0	—	1	—
Sioux Falls.....	3	0	0	0	0	0	0	0	0	0	4
Nebraska:											
Lincoln.....	3	2	0	0	0	0	0	0	0	13	19
Omaha.....	5	37	6	14	0	0	0	0	0	1	44
Kansas:											
Topeka.....	3	1	0	0	0	0	1	0	0	3	15
Wichita.....	2	1	3	0	0	0	0	0	0	11	32
SOUTH ATLANTIC											
Delaware:											
Wilmington.....	2	5	0	0	0	1	0	0	1	5	39
Maryland:											
Baltimore.....	37	24	0	0	0	19	2	0	0	32	276
Cumberland.....	1	1	0	0	0	0	1	0	0	3	16
Frederick.....	0	2	0	0	0	0	0	0	0	0	6
District of Col.:											
Washington.....	26	19	2	0	0	6	1	0	0	30	148
Virginia:											
Lynchburg.....	0	3	0	0	0	1	0	0	0	6	11
Norfolk.....	2	9	0	0	0	2	0	0	0	6	—
Richmond.....	2	4	0	0	0	6	0	0	0	3	63
Roanoke.....	0	4	0	1	0	1	0	0	0	0	35
West Virginia:											
Charleston.....	0	1	1	0	0	0	0	6	0	8	27
Huntington.....	1	2	1	0	0	3	0	0	1	0	19
Wheeling.....	2	3	0	0	0	0	1	3	0	0	30
North Carolina:											
Raleigh.....	0	0	0	0	0	1	0	0	0	0	18
Wilmington.....	0	3	0	0	0	0	0	0	0	1	14
Winston-Salem.....	0	0	5	1	0	4	0	0	0	1	20
South Carolina:											
Charleston.....	1	1	0	0	0	2	6	0	0	0	30
Columbia.....	1	0	1	1	0	0	0	0	0	0	—
Greenville.....	0	0	0	0	0	1	0	0	0	5	10
Georgia:											
Atlanta.....	5	4	3	5	0	9	0	0	0	1	94
Brunswick.....	0	0	0	0	0	1	0	1	0	0	5
Savannah.....	1	1	0	0	0	5	0	0	0	0	34
Florida:											
St. Petersburg.....	1	—	0	—	0	1	0	—	0	—	17
Tampa.....	0	0	0	24	0	4	2	1	0	0	55

City reports for week ended March 20, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culo- sis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	2		1		0	3	0		0		28
Louisville.....	5	5	1	0	0	7	0	4	0	4	133
Tennessee:											
Memphis.....	4	15	2	7	0	2	1	0	0	4	65
Nashville.....	3	3	2	0	0	6	0	0	0	1	71
Alabama:											
Birmingham.....	2	5	8	9	0	7	1	0	1	9	76
Mobile.....	0	0	2	0	0	0	0	0	0	0	30
Montgomery.....	1	0	1	0	0	0	0	0	0	0	38
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith.....	1	0	1	0			0	0		2	
Little Rock.....	1	7	1	1	0	4	1	0	0	0	
Louisiana:											
New Orleans.....	5	8	3	4	0	15	2	2	0	0	161
Shreveport.....	1	1	2	0	0	2	0	0	0	3	31
Oklahoma:											
Oklahoma City.....	2	2	5	0	0	3	0	0	0	0	29
Texas:											
Dallas.....	2	12	5	3	0	4	1	0	0	13	59
Galveston.....	0	0	0	10	0	2	0	0	0	0	18
Houston.....	1	3	2	14	0	5	0	0	0	0	57
San Antonio.....	1	1	0	0	0	9	0	0	0	0	60
MOUNTAIN											
Montana:											
Billings.....	1	0	0	0	0	0	0	0	0	3	9
Great Falls.....	1	1	1	0	0	0	0	0	0	2	7
Helena.....	0	0	0	0	0	1	0	0	0	0	7
Missoula.....	0	2	0	0	0	0	0	0	0	0	10
Idaho:											
Boise.....	1	0	0	4	0	0	0	0	0	1	8
Colorado:											
Denver.....	13	21	2	1	0	11	0	1	0	63	82
Pueblo.....	0	2	0	0	0	1	0	0	0	4	12
New Mexico:											
Albuquerque.....	1	2	0	0	0	4	0	0	0	10	18
Arizona:											
Phoenix.....	1	0	0	0	0	10	0	0	0	1	23
Utah:											
Salt Lake City.....	4	1	2	2	0	1	0	0	0	47	24
Nevada:											
Reno.....	0	0	0	0	0	0	0	0	0	0	2
PACIFIC											
Washington:											
Seattle.....	10	36	4	11			1	0		5	
Spokane.....	4	14	7	0			0	0		3	
Tacoma.....	3	2	2	9	0	0	0	0	0	4	
Oregon:											
Portland.....	6	24	13	5	0	3	0	0	0	0	69
California:											
Los Angeles.....	20	27	4	37	8	24	2	1	0	9	252
Sacramento.....	2	10	1	2	1	1	0	0	0	2	25
San Francisco.....	15	15	7	2	2	10	1	1	0	4	122

City reports for week ended March 20, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Polioomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston.....	1	1	1	1	0	0	0	0	0
Connecticut:									
Hartford.....	0	0	1	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
New York.....	4	3	5	6	0	0	1	1	0
New Jersey:									
Newark.....	0	0	3	1	0	0	0	0	0
Pennsylvania:									
Philadelphia.....	0	0	1	1	0	0	0	0	0
EAST NORTH CENTRAL									
Indiana:									
Indianapolis.....	1	0	0	0	0	0	0	0	0
Michigan:									
Detroit.....	0	0	1	1	0	0	0	0	1
Wisconsin:									
Milwaukee.....	0	0	0	1	0	0	0	0	0
SOUTH ATLANTIC									
Georgia:									
Savannah.....	0	0	0	0	0	1	0	0	0
Florida:									
Tampa.....	1	0	0	0	0	0	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
Shreveport.....	0	0	0	0	0	1	0	0	0
Texas:									
Galveston.....	0	0	0	0	0	2	0	0	0
MOUNTAIN									
Colorado:									
Denver.....	0	0	0	1	0	0	0	0	0
Utah:									
Salt Lake City.....	1	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	2	0	0	0	0	0	0	0	0
Spokane.....	14	0	0	0	0	0	0	0	0
Oregon:									
Portland.....	0	1	0	0	0	0	0	0	0
California:									
Los Angeles.....	1	1	0	0	0	0	0	2	0
San Francisco.....	2	2	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 20, 1926, compared with those for a like period ended March 21, 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 14 to March 20, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925*¹

DIPHTHERIA CASE RATES

	Week ended—									
	Feb. 21, 1925	Feb. 20, 1926	Feb. 28, 1925	Feb. 27, 1926	Mar. 7, 1925	Mar. 6, 1926	Mar. 14, 1925	Mar. 13, 1926	Mar. 21, 1925	Mar. 20, 1926
103 cities.....	153	137	¹ 163	135	156	¹ 124	162	¹ 114	161	¹ 120
New England.....	232	116	¹ 184	102	225	95	170	78	141	128
Middle Atlantic.....	162	132	177	118	166	111	213	112	196	125
East North Central.....	116	134	111	140	107	123	120	¹ 107	¹ 125	¹ 97
West North Central.....	203	202	289	241	273	¹ 235	195	214	193	144
South Atlantic.....	148	105	108	73	98	109	86	86	129	69
East South Central.....	74	57	47	52	58	47	37	¹ 28	63	¹ 28
West South Central.....	119	90	154	116	137	103	150	103	92	103
Mountain.....	157	218	148	209	83	73	102	109	139	73
Pacific.....	157	205	246	216	224	189	188	148	237	283

MEASLES CASE RATES

103 cities.....	367	1,994	¹ 342	2,047	403	¹ 1,883	433	¹ 1,693	487	¹ 1,790
New England.....	695	2,709	¹ 569	2,188	633	2,446	522	1,969	700	1,725
Middle Atlantic.....	371	1,913	341	2,040	426	1,840	516	1,713	595	1,855
East North Central.....	637	2,899	589	3,080	738	2,691	695	¹ 2,132	726	¹ 2,008
West North Central.....	26	677	70	891	66	¹ 845	72	1,637	90	1,872
South Atlantic.....	104	3,276	77	3,109	¹ 94	2,697	138	2,267	179	2,795
East South Central.....	47	960	42	1,235	79	1,323	11	¹ 1,499	63	¹ 2,408
West South Central.....	13	9	48	9	22	17	84	39	40	43
Mountain.....	601	137	888	82	28	209	740	337	555	328
Pacific.....	61	202	58	162	102	278	105	326	180	321

SCARLET FEVER CASE RATES

103 cities.....	376	309	¹ 390	285	381	¹ 290	415	¹ 303	411	¹ 301
New England.....	585	362	¹ 543	354	563	347	515	333	525	404
Middle Atlantic.....	374	208	411	187	370	185	437	192	416	202
East North Central.....	403	372	402	339	403	345	460	¹ 370	460	¹ 341
West North Central.....	719	772	711	695	752	¹ 815	697	893	768	800
South Atlantic.....	157	150	192	201	161	163	207	150	138	153
East South Central.....	205	244	168	171	179	187	326	¹ 149	263	¹ 154
West South Central.....	119	108	137	112	176	90	101	112	128	138
Mountain.....	240	237	305	100	277	337	194	218	416	246
Pacific.....	177	332	213	313	207	313	218	251	207	280

SMALLPOX CASE RATES

103 cities.....	64	41	¹ 64	41	60	¹ 50	59	¹ 40	61	¹ 36
New England.....	0	0	¹ 0	0	0	0	0	0	0	0
Middle Atlantic.....	2	0	3	0	1	0	5	0	8	0
East North Central.....	52	33	26	18	40	23	37	¹ 19	30	¹ 26
West North Central.....	123	63	117	77	111	¹ 62	121	67	98	49
South Atlantic.....	63	51	40	66	48	100	56	¹ 49	54	60
East South Central.....	488	104	536	52	599	67	410	¹ 72	593	¹ 88
West South Central.....	79	142	110	133	70	194	70	142	101	138
Mountain.....	83	36	55	46	46	36	92	18	65	64
Pacific.....	204	194	298	245	196	302	235	262	202	164

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 Hartford, Conn., not included.

³ Kansas City, Mo., not included.

⁴ Madison, Wis., and Covington, Ky., not included.

⁵ Racine, Wis., and Covington, Ky., not included.

⁶ Madison, Wis., not included.

⁷ Racine, Wis., not included.

⁸ Covington, Ky., not included.

Summary of weekly reports from cities, February 14 to March 20, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Feb. 21, 1925	Feb. 20, 1926	Feb. 23, 1925	Feb. 27, 1926	Mar. 7, 1925	Mar. 6, 1926	Mar. 14, 1925	Mar. 13, 1926	Mar. 21, 1925	Mar. 20, 1926
103 cities.....	10	7	13	5	10	10	9	8	11	6
New England.....	0	7	13	5	7	12	5	5	29	0
Middle Atlantic.....	10	4	8	2	10	4	5	7	8	4
East North Central.....	6	5	6	1	8	5	3	4	6	13
West North Central.....	4	6	16	2	6	10	10	4	8	2
South Atlantic.....	8	4	19	11	8	6	22	8	21	21
East South Central.....	32	5	32	10	32	10	32	6	42	22
West South Central.....	40	22	40	30	26	39	26	4	22	9
Mountain.....	37	18	74	18	9	146	18	146	0	9
Pacific.....	22	16	8	8	14	16	14	6	0	6

INFLUENZA DEATH RATES

96 cities.....	29	50	34	47	30	51	33	71	40	76
New England.....	17	2	39	19	17	12	34	24	29	45
Middle Atlantic.....	21	27	20	39	15	68	24	105	29	95
East North Central.....	17	11	23	14	25	14	31	32	46	66
West North Central.....	21	19	36	23	34	5	32	35	40	31
South Atlantic.....	52	137	46	100	50	47	31	77	50	51
East South Central.....	68	161	116	135	95	259	84	197	110	223
West South Central.....	145	298	140	227	135	132	102	104	73	156
Mountain.....	55	109	18	100	18	109	46	146	46	46
Pacific.....	11	96	25	35	25	32	15	21	11	18

PNEUMONIA DEATH RATES

96 cities.....	207	269	190	260	196	269	214	325	208	373
New England.....	232	175	235	165	218	187	220	217	204	357
Middle Atlantic.....	215	289	184	316	209	357	213	460	216	503
East North Central.....	173	180	160	179	182	206	226	289	208	357
West North Central.....	127	125	150	106	136	96	169	146	167	144
South Atlantic.....	232	486	275	451	251	340	232	301	275	349
East South Central.....	294	296	268	301	247	311	336	339	263	400
West South Central.....	366	553	203	378	218	387	169	265	169	279
Mountain.....	203	173	269	410	129	237	203	300	166	260
Pacific.....	180	174	145	142	124	117	138	92	116	99

¹ Hartford, Conn., not included.

² Kansas City, Mo., not included.

³ Madison, Wis., and Covington, Ky. not included.

⁴ Racine, Wis., and Covington, Ky., not included.

⁵ Madison, Wis., not included.

⁶ Racine, Wis., not included.

⁷ Covington, Ky., 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	2,461,390	2,499,036
South Atlantic.....	21	21	2,716,070	2,776,070	2,716,070	2,776,070
East South Central.....	7	7	963,103	1,004,953	963,103	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 March 6, 1926.—The following report for the week ended March 6, 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		45	61	37	Chemulpo.....	0	0	0	0	0	0
Madras.....		0		5	13	1	Dairen.....	0	0	0	0	5	3
Rangoon.....		14		1	8	8	Adelaide.....	0	0	0	0	0	0
Karachi.....		1		0	17	4	Brisbane.....	0	0	0	0	0	0
Negapatam.....		0		1	1	1	Fremantle.....	0	0	0	0	0	0
Colombo.....	1	1	0	0	0	0	Melbourne.....	0	0	0	0	0	0
Basra.....	0	0	0	0	1	1	Sydney.....	0	0	0	0	0	0
Singapore.....	0	0	0	0	0	0	Rockhampton.....	0	0	0	0	0	0
Port Swettenham.....	0	0	0	0	0	0	Townsville.....	0	0	0	0	0	0
Penang.....	0	0	0	0	0	0	Port Darwin.....	0	0	0	0	0	0
Batavia.....	0	0	0	0	0	0	Broome.....	0	0	0	0	0	0
Surabaya.....	3	3	0	0	0	0	Port Moresby.....	0	0	0	0	0	0
Samarang.....	0	0	0	0	0	0	Auckland.....	0	0	0	0	0	0
Cheribon.....	1	1	0	0	0	0	Wellington.....	0	0	0	0	0	0
Belawan Deli.....	0	0	0	0	0	0	Christchurch.....	0	0	0	0	0	0
Palembang.....	0	0	0	0	0	0	Invercargill.....	0	0	0	0	0	0
Padang (Sumatra).....	0	0	0	0	0	0	Noumea (New Caledonia).....	0	0	0	0	0	0
Sabang (Rhio).....	0	0	0	0	0	0	Honolulu.....	0	0	0	0	0	0
Makassar.....	1	1	0	0	0	0	Suez.....	0	0	0	0	0	0
Menada.....	0	0	0	0	0	0	Tor Quarantine Station.....	0	0	0	0	0	0
Banjermasin.....	0	0	0	0	0	0	Alexandria.....	0	0	0	0	0	0
Pontianak (Borneo).....	0	0	0	0	0	0	Port Said.....	0	0	0	0	0	0
Sandakan (North Borneo).....	0	0	0	0	0	0	Mombasa (Kenya).....	0	0	0	0	0	0
Kuching (Sarawak).....	0	0	0	0	10	0	Zanzibar.....	0	0	0	0	0	0
Timor Dilly.....	0	0	0	0	0	0	Massowah.....	0	0	0	0	0	0
Manila.....	0	0	2	0	0	0	Djibuti.....	0	0	0	0	0	0
Zamboanga.....	0	0	0	0	0	0	Berbera.....	0	0	0	0	0	0
Bangkok.....	1	1	74	42	7	6	Mozambique.....	0	0	0	0	0	0
Saigon and Cholon.....	0	0	1	1	2	1	Lourenco Marques.....	0	0	0	0	0	0
Haiphong.....	0	0	0	0	0	0	Durban.....	0	0	0	0	0	0
Tourane.....	0	0	0	0	0	0	East London.....	0	0	0	0	0	0
Hongkong.....	0	0	0	0	0	0	Port Elizabeth.....	0	0	0	0	0	0
Shanghai.....	0	0	0	0		15	Cape Town.....	0	0	0	0	0	0
Amoy.....	0	0	0	0	2	0	Port Louis (Mauritius).....	0	0	0	0	0	0
Keelung.....	0	0	0	0	0	0	Seychelles.....	0	0	0	0	0	0
Fusan.....	0	0	0	0	0	0							

BRAZIL

Plague—Sao Paulo.—Under date of March 25, 1926, the occurrence of four cases of plague with one death was reported at Sao Paulo, Brazil.

CANADA

Communicable diseases—Week ended March 20, 1926.—The Canadian Minister of Health reports certain communicable diseases in six Provinces of Canada for the week ended March 20, 1926, as follows:

Disease	Nova Scotia	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever.....		1	1				2
Influenza.....	13			2			15
Lethargic encephalitis.....				1			1
Smallpox.....			7	4	4	1	16
Typhoid fever.....		2	8	1		3	14

MALTA

Communicable diseases—February, 1926.—During the month of February, 1926, communicable diseases were reported in the island of Malta as follows:

Disease	Cases	Disease	Cases
Bronchopneumonia.....	6	Pneumonia.....	8
Cerebrospinal meningitis.....	1	Puerperal fever.....	1
Chicken pox.....	50	Scarlet fever.....	5
Diphtheria.....	8	Smallpox.....	5
Influenza.....	6	Trachoma.....	35
Lethargic encephalitis.....	1	Tuberculosis.....	24
Malta (undulant) fever.....	14	Typhoid fever.....	10
Measles.....	92		

Population, civil, estimated, 223,088.

PERU

Plague—January, 1926.—During the month of January, 1926, plague was reported in Peru with 196 cases and 67 deaths, distributed according to locality as follows:

Place	Cases	Deaths	Place	Cases	Deaths
Ayabaca ¹			Lima (city).....	13	2
Barranca.....	9	2	Lima (estates).....	17	6
Barranco.....	1		Mala (cañete).....	5	5
Cajamarca ²	1	1	Miraflores.....	1	
Callao.....	1		Mollendo.....	7	4
Chilayo.....	7	2	Niepos (Hualgayoc).....	2	2
Chilca ¹			Otuzco.....	1	
Chopon.....	9	2	Pacasmayo.....	26	7
Chota.....	16	2	Puerto Eten.....	1	
Eten (city).....	2		Salaverry.....	1	
Guadalupe.....	2		San Pedro.....	1	
Hualgayoc ²	20	4	Supe.....	1	
Huacho (and estates).....	22	13	Trujillo (and estates).....	16	5
Huancabamba.....	9	7			

¹ Present.

² Districts.

Localities not reporting.—No report was received from Cuzco and Arequipa, the two largest cities in southern Peru; the same is true of the cis-Andean Departments. The travel between Western Peru and the Amazonian or cis-Andean Departments was stated to be negligible and to be very limited between Cuzco, Arequipa, and other plateau cities of Peru and the sea coast.

SAMOA (WESTERN)

Bacillary dysentery—Filariasis—Hookworm infection.—Under date of March 8, 1926, 60 cases of bacillary dysentery were reported in western Samoa. During the period December 27, 1925, to March 6, 1926, filariasis and hookworm infection were reported in the same region.

TRINIDAD (WEST INDIES)

Smallpox (alastrim)—Development of new cases.—Under date of March 16, 1926, smallpox (alastrim) was reported to be spreading in the island of Trinidad. On March 15 two new cases were reported. A total of nine cases developed during the month of February and the first half of March. The first case was in the person of a boy who arrived on a sloop which left Yraga, Venezuela, January 22, 1926. The history of the case showed that the patient was taken ill with fever January 10 and developed a rash January 14, 1926. The cases were stated to have been segregated and the contacts vaccinated, but the disease appeared to be slowly spreading.

Precautions against spread by travel.—Tourist steamers refuse to take on passengers from Trinidad, but regular passenger steamships receive passengers who have been vaccinated.

UNION OF SOUTH AFRICA

Influenza—Durban.—Under date of February 26, 1926, an outbreak of influenza, of a rather severe type, was reported at Durban, Natal, Union of South Africa, with about 50 cases and 2 deaths with pneumonic complications. The outbreak occurred among prisoners in the Durban jail.

Typhus fever—January, 1926.—During the month of January, 1926, 89 cases of typhus fever with 18 deaths, occurring among the colored population, and 5 cases occurring among the European population, were notified in the Union of South Africa. For distribution according to locality see page 695.

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 9, 1926 ¹**CHOLERA**

Place	Date	Cases	Deaths	Remarks
India.....				Jan. 17-23, 1926: Cases, 2,499; deaths, 1,480.
Calcutta.....	Feb. 7-13.....	28	27	
Rangoon.....	Jan. 31-Feb. 13.....	4	2	
Philippine Islands:				
Manila.....	Feb. 7-13.....	2	3	
Province—				
Batangas.....	Jan. 24-30.....	3	3	
Bulacan.....	do.....	1	1	
Laguna.....	do.....	4	4	
Pampanga.....	do.....		1	
Siam:				
Bangkok.....	Feb. 7-13.....	19	13	

PLAGUE

Brazil:				
Sao Paulo.....	Reported Mar. 25.....	4	1	
British East Africa:				
Kenya—				
Kisumu.....	Jan. 31-Feb. 6.....	2		
Ceylon:				
Colombo.....	Feb. 6-13.....	1	1	Feb. 14-20, 1926: Two plague rodents.
India.....				Jan. 17-23, 1926: Cases, 2,783; deaths, 2,248.
Rangoon.....	Jan. 31-Feb. 13.....	16	15	
Java:				
Batavia.....	Feb. 6-12.....	61	60	Provinces.
Cheribon.....	Dec. 20-26.....		43	
Do.....	Jan. 3-16.....		3	
Koeniginan.....	Dec. 27-Jan. 16.....		114	
Pekalongan.....	Dec. 20-26.....		41	
Surabaya.....	Jan. 17-23.....	5	5	
Tegal.....	Dec. 20-26.....		2	
Persia:				
Teheran.....	Oct. 21-Nov. 21.....		12	
Peru.....				January, 1926: Cases, 196; deaths, 67. Reported in 26 localities.
Siam:				
Bangkok.....	Feb. 7-13.....	5	4	
Syria:				
Beirut.....	Jan. 21-31.....	1		

SMALLPOX

Algeria:				
Algiers.....	Feb. 21-28.....	4		
Arabia:				
Aden.....	Feb. 21-27.....	3		One imported.
Brazil:				
Para.....	Feb. 21-Mar. 6.....	3	1	
Canada:				
Alberta.....	Mar. 14-20.....	1		
Manitoba.....	do.....	4		
Ontario.....	do.....	7		
North Bay.....	Feb. 14-Mar. 13.....	4		
Sarnia.....	Mar. 14-20.....	1		
China:				
Amoy.....	Jan. 31-Feb. 13.....		6	Present.
Chungking.....	Feb. 6-20.....			
Hankow.....	Feb. 14-20.....	1		
South Manchuria—				
Changchun.....	Feb. 21-27.....	1		Railway line.
Mukden.....	do.....	2		Do.
Swatow.....	Feb. 14-20.....			Prevalent.
Egypt:				
Alexandria.....	Feb. 12-18.....	6		

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 9, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain:				
England and Wales	Mar. 7-13	212		
Hull	Mar. 6-13	1		
Newcastle-on-Tyne	Feb. 28-Mar. 13	8	1	
Nottingham	Feb. 21-27	1		
India:				Jan. 17-23, 1926: Cases, 5,259; deaths, 1,104.
Calcutta	Feb. 7-13	61	45	
Karachi	Feb. 14-20	21	5	
Rangoon	Mar. 31-Feb. 13	24	6	
Java:				
Malang	Jan. 10-16	2	2	
Surabaya	Jan. 17-23	35	5	
Malta				Feb. 1-28, 1926: Cases, 5. Total, Oct. 1, 1925-Mar. 12, 1926: Cases, 79.
Mexico:				
Aguascalientes	Mar. 14-20		1	
Guadalajara	Mar. 16-22		1	
San Luis Potosi	Feb. 28-Mar. 20		20	
Tampico	Mar. 1-10	2		Varioloid.
Persia:				
Teheran	Oct. 21-Nov. 21		203	
Do.	Nov. 22-Dec. 22		107	
Portugal:				
Lisbon	Feb. 1-28		6	
Siam:				
Bangkok	Feb. 6-13	14	5	

TYPHUS FEVER

Egypt:				
Cairo	Dec. 10-16	1		
Palestine:				
Jaffa	Feb. 23-Mar. 1	1		
Poland:	Nov. 15-18	73	10	
Rumania:				
Constantza	Feb. 1-10	1		
Union of South Africa:				January, 1926: Cases, 89; deaths, 18, among colored population; cases 5 in European population; total, 94 cases, 18 deaths.
Cape Province				Jan. 1-31, 1926: Cases, 74; deaths, 14. (Colored.)
Natal				Jan. 1-31, 1926: Cases, 9; deaths, 1. (Colored.)
Orange Free State				Jan. 1-31, 1926: Cases, 6; deaths, 3. (Colored.)

Reports Received from December 26, 1925, to April 2, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
Chosen	October-November, 1925.	12	5	
French Settlements in India	Dec. 1-31	880	712	
India:				Oct. 18, 1925, to Jan. 2, 1926: Cases, 21,316; deaths, 12,371.
Calcutta	Nov. 1-23	101	89	Jan. 3-16, 1926: Cases, 7,185; deaths, 3,903.
Do.	Dec. 6-26		54	
Do.	Dec. 27-Jan. 16		41	
Do.	Jan. 24-Feb. 6	75	63	
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	

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 April 2, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
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-Dec. 26	113		
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-Feb. 6	168	112	
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. 28-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 Tenerife	Dec. 18-27	3		
Do	Dec. 28-Feb. 1	3		
Celebes:				
Makassar	Dec. 29-Jan. 26	9	9	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-Feb. 28, 1926, 44,258; rats found infected, 406.
Recreo (country estate)	do	1		
Egypt:				
Bani Suef	Nov. 18	1	1	Jan. 1-Dec. 9, 1925: Cases, 138. Corresponding period, 1924: Cases, 365.
Fayoum Province	Dec. 3-9	1	1	

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

Reports Received from December 26, 1925, to April 2, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
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:				
Pauilo				Jan. 29, 1926: Plague-infected rat found in vicinity.
India				Oct. 18, 1925, to Jan. 2, 1926: Cases, 15,135; deaths, 10,677.
Bombay	Dec. 6-12	1	1	Jan. 3-16, 1926: Cases, 4,680; deaths, 2,625.
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	108	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	12	8	
Java:				
Batavia	Oct. 24-Nov. 6	94	89	Province.
Do.	Nov. 14-Jan. 1	315	297	
Do.	Jan. 2-Feb. 5	260	250	
Cheribon	Sept. 27-Oct. 17	166		
Do.	Nov. 15-Dec. 19	96		
Do.	Jan. 17-23	4	4	
Diokjakarta	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	6	
Tegal	Sept. 27-Oct. 17	6	6	
Do.	Nov. 8-Dec. 26		31	
Madagascar				Nov. 1-December, 1925: Cases, 632; deaths, 593. Jan. 1-15, 1926: Cases, 161; deaths, 151.
Province—				Bubonic, pneumonic, and septemic.
Ambositra	Dec. 16-31	9	7	
Do.	Jan. 1-15	2	2	
Itasy	Sept. 16-Oct. 31	20	20	
Do.	Nov. 16-Dec. 16	34	34	
Do.	Jan. 1-15	29	29	
Morgamanga	Sept. 16-Dec. 31	49	48	
Do.	Jan. 1-15	15	15	
Tananarive	Sept. 16-Nov. 30	368	341	
Do.	Dec. 16-31	152	143	
Do.	Jan. 1-15	111	100	
Town—				
Fort Dauphin	Sept. 16-Nov. 30	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	
Do.	Jan. 1-15	4	4	
Mauritius Island	Sept. 20-Dec. 26	21	18	
Pamplemousses	Oct. 1-Nov. 30	3	2	
Port Louis	do	4	1	
Rivière du Rempart	Oct. 1-31	2		
Nigeria	August-November	559	419	
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-October	166		
Senegal	September-October	45	25	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued**Reports Received from December 26, 1925, to April 2, 1926—Continued****PLAGUE—Continued**

Place	Date	Cases	Deaths	Remarks
Siam.....	Aug. 23-Dec. 26...	65	53	
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, Colombia. Rat was killed while jumping ashore from vessel.

SMALLPOX

Algeria:				
Algiers.....	Nov. 21-Dec. 31.....	177		
Do.....	Jan. 1-10.....	64		
Do.....	Jan. 21-Feb. 10.....	51		
Arabia:				
Aden.....	Nov. 29-Dec. 5.....	1		Imported.
Do.....	Jan. 10-Feb. 20.....	6	1	
Argentina:				
Rosario.....	October.....		1	
Australia:				
Queensland—				
Brisbane.....	Dec. 9-15.....	1		
Bahamas.....	Feb. 23.....			In Nassau district. Stated to have been imported.
Brazil:				
Manaos.....	Dec. 1-31.....		12	
Do.....	Jan. 31-Feb. 20.....		6	
Para.....	Jan. 10-30.....	25	5	
Rio de Janeiro.....	Nov. 1-28.....	134	72	
Do.....	Dec. 6-26.....	65	26	
Do.....	Dec. 27-Feb. 6.....	131	100	
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-Mar. 13.....	30		From Drumheller, vicinity of Calgary.
Calgary.....	Dec. 13-19.....	1		
British Columbia—				
Vancouver.....	Jan. 4-10.....	1		
Manitoba.....	Jan. 3-Feb. 27.....	26		
Winnipeg.....	Dec. 13-19.....	2		
Do.....	Jan. 3-Mar. 20.....	11		
New Brunswick—				
Northumberland.....	Dec. 6-13.....	1		
Ontario.....	December, 1925.....	32	1	
Do.....	Jan. 1-Feb. 13.....	103		
Do.....	Feb. 21-27.....	19		
Do.....	Mar. 7-13.....	6		
Admaston.....	Jan. 1-Feb. 1.....	16		Township.
Alice and Fraser.....	Feb. 1-28.....	6		Do.
King.....	do.....	7		Do.
Wilmot.....	do.....	6		Do.
Belleville.....	do.....	4		
Kingston.....	Mar. 8-14.....	1		
Kitchener.....	do.....	26		

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

Reports Received from December 26, 1925, to April 2, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Canada—Continued				
Ontario—Continued				
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-Mar. 13	13		
Moose Jaw	do	2		
Regina	Jan. 24-Mar. 13	3		
Saskatoon	Feb. 14-20	1		
Ceylon:				
Colombo	Dec. 6-12	1		Port case.
Do	Jan. 3-Feb. 6	5		
Chile:				
Punta Arenas	Dec. 13-26		8	
Do	Dec. 27-Jan. 2		4	
China:				
Amoy	Oct. 25-Dec. 19		1	
Do	Jan. 10-30		3	
Antung	Dec. 7-20	2		
Chungking	Nov. 15-Feb. 6			Present.
Foochow	Nov. 1-Feb. 6			Do.
Hankow	Nov. 14-Dec. 26	4		
Do	Jan. 10-16	1		
Hongkong	Nov. 22-Dec. 26	4		
Do	Jan. 3-Feb. 6	7	3	
Manchuria—				
An-shan	Dec. 6-12	1		
Do	Jan. 10-Feb. 13	6		South Manchurian Railway.
Changchun	Jan. 10-Feb. 20	19		Do.
Dairen	Oct. 19-Dec. 27	73	15	
Do	Dec. 28-Jan. 31	40	11	
Fushun	Jan. 17-23	1		Do.
Harbin	Jan. 1-Feb. 18	2		
Kai-yuan	Jan. 10-30	4		Do.
Kungehuling	Jan. 31-Feb. 20	2		
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. 20	46	94	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				
France				November, 1925: Cases 3.
Havre	Jan. 25-31		9	September-December, 1925:
Gold Coast	September, December.	38	5	Cases, 253.
Great Britain:				
England and Wales				
Hull	Dec. 27-Jan. 23	29		Nov. 15-Dec. 26, 1925: Cases, 790.
Do	Feb. 7-27	7		Dec. 27-Mar. 6, 1926: Cases 3,902.
Leeds	Jan. 14-Feb. 6	4		
London	Jan. 31-Feb. 6		1	
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		
Newcastle-on-Tyne	Nov. 29-Dec. 19	6		
Do	Dec. 27-Feb. 27	24		
Sheffield	Feb. 28-Mar. 6	3		
South Shields	Feb. 9			Reported present in severe form.

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

Reports Received from December 26, 1925, to April 2, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Greece				Oct. 1-31, 1925: Cases, 16.
Athens	Nov. 1-Dec. 31	18	1	
Do	Jan. 1-Feb. 28	50	3	
Saloniki	Feb. 16-22		1	
India				Oct. 18-Dec. 26, 1925: Cases, 19,472; deaths, 4,460. Dec. 27, 1925-Jan. 16, 1926: Cases, 18,016; deaths, 7,394.
Bombay	Nov. 8-Dec. 26	26	30	
Do	Dec. 27-Feb. 13	161	58	
Calcutta	Nov. 29-Dec. 26	48	25	
Do	Dec. 27-Feb. 6	219	125	
Karachi	Nov. 1-21	28		
Do	Nov. 29-Dec. 5	4	2	
Do	Dec. 13-19	3		
Do	Dec. 29-Feb. 13	38	16	
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, 1924: Cases, 78; deaths, 22.
Province—				
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; deaths, 19.
Saigon	Dec. 21-27	2	1	
Do	Jan. 1-Feb. 7	6		Including 100 kilometers of surrounding country.
Tonkin	Dec. 2-Jan. 2	22		Sept. 6-Oct. 17, 1925: Cases, 81; deaths, 40.
Iraq				
Bagdad	Nov. 1-Dec. 26	19	15	
Do	Dec. 27-Jan. 30	11	4	
Italy				Aug. 2, 1925; Jan. 2, 1926: Cases, 52. Jan. 3-16, 1926: Cases, 12.
Catania	Feb. 15-28	1	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	42		Reported as alastrim.
Do	Dec. 27-Jan. 30	48		Do
Japan:				
Nagasaki	Feb. 13-21	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, 2.
Malta	Nov. 1-Dec. 21	21	3	
Do	Jan. 1-31	15		
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. 8	4		Do.
San Luis Potosi	Jan. 17-Feb. 27		33	
Tampico	Dec. 21-Jan. 2	1	1	
Do	Jan. 2-Feb. 26	6		
Torreon	Nov. 1-Dec. 31		51	
Do	Jan. 1-Feb. 28		54	

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

Reports Received from December 26, 1925, to April 2, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Netherlands: The Hague.....	Jan. 30-Feb. 6....	1	1	August–November, 1925: Cases, 347; deaths, 6.
Nigeria.....				
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	Nov. 1–28, 1925: Cases, 9.
Poland.....				
Portugal: Lisbon.....	Oct. 4–31.....	124		
Do.....	Nov. 16–Dec. 27....		60	
Do.....	Nov. 14–Dec. 26....	187		
Do.....	Dec. 27–Feb. 13....	87	23	
Oporto.....	Nov. 22–Dec. 19....	2	3	
Do.....	Dec. 27–Feb. 13....	2	1	
Rumania.....	August–October....	3		May–June, 1925: Cases, 2,333.
Russia.....				
Do.....	July–October.....	1,563		July 12–Sept. 5, 1925: Cases, 21; deaths, 6.
Siam.....				
Bangkok.....	Dec. 20–25.....	3	1	
Do.....	Dec. 26–Feb. 6....	37	12	
Sierra Leone: Konno district.....	Dec. 16–31.....	5		
Spain: Madrid.....	Year 1925.....		18	June 28–Nov. 21, 1925: Cases, 62. Dec. 27, 1925–Jan. 30, 1926: Cases, 37.
Do.....	Jan. 1–31.....		1	
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–Mar. 5....	6		
Straits Settlements: Singapore.....	Dec. 20–26.....	1		
Do.....	Jan. 10–16.....	2	1	
Switzerland: Lucerne.....	Oct. 1–Nov. 30....	8		
Zurich.....	Dec. 27–Jan. 2....	1		
Trinidad (West Indies): Port of Spain.....	January–Feb. 20....	3		
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.

TYPHUS FEVER

Algeria: Algiers.....	Nov. 1–Dec. 20....	2	
Do.....	Jan. 1–Feb. 28....	9	
Argentina: Rosario.....	Oct. 13–Dec. 31....	2	
Bulgaria.....	Sept. 1–Dec. 31....	50	3
Sofia.....	Dec. 25–31.....	1	
Do.....	Jan. 8–14.....	2	

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

Reports Received from December 26, 1925, to April 2, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Chile				Dec. 15-31, 1925: Cases, 46.
Achao	Dec. 15-31	1		
Bulnes	do	1		
Chillan	do	24		
Concepcion	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-December	145	1	
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				December, 1925: Cases, 18.
Athens	Nov. 1-30	11	2	
Do	Jan. 1-Feb. 28	38	7	
Saloniki	Dec. 29-Jan. 4	1		
Do	Feb. 2-8	1		
Hungary				November-December, 1925: Cases, 16.
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	145		
Do	Dec. 27-Mar. 6	79		Including municipalities in Federal District.
San Luis Potosi	Feb. 6-13		1	Do.
Tampico	Dec. 21-Jan. 10	1	1	
Torreón	November, 1925		1	
Vera Cruz	Feb. 12		1	
Morocco	August-December	93		
Norway				November-December, 1925: Cases, 2.
Palestine:				
Gaza	Dec. 18	1		
Jaffa	Dec. 17	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-Jan. 2	247	18	
Do	Jan. 3-16	190	14	
Rumania				July-October, 1925: Cases, 181; deaths, 22.
Russia				May-June, 1925: Cases, 10,680.
Do				July-October, 1925: Cases, 6,035.
Turkey:				
Constantinople	Jan. 24-30	3		
Do	Feb. 9-22	5	3	From unofficial sources (Press).

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

Reports Received from December 26, 1925, to April 2, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
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-Feb. 6			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		
Bloembhof district	Dec. 27-Jan. 2			Outbreaks. On farm.
Yugoslavia				Jan. 1-Feb. 21, 1925: Cases, 81; deaths, 12.

YELLOW FEVER

Gold Coast	Sept. 1-Dec. 31	4	3	
Nigeria	August-October	3	2	
Senegal	November, 1925	3	2	