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THE NATIONAL HEALTH SERVICE OF CHILE

Résumé of the Work During the Last Six Months of the Year 1925

By DR. LUCAS SIERRA, Director General of Health of Chile

Dr. John D. Long, technical adviser in public health to the Ministry of Hygiene, arrived from the United States and began work July 13, 1925. The director general, the legal adviser, the secretary, and other officers of the health service at once associated themselves with Doctor Long with a view to making a complete study of the existing organization and the laws and regulations under which it operated as a preliminary step to its complete reorganization and modernization.

The first matter of importance undertaken was to bring about the inclusion in the new constitution, which was at that time being drafted, of a provision which should guarantee the maintenance of a national health service and provide, at the same time, a constitutional basis upon which the service could operate. To this end, President Alessandri was visited, and, after free discussion of various propositions, the provisions quoted below were included in the new constitution and were adopted without change by the plebiscite on August 30, 1925:

> The exercise of the property right is subject to the limitations or rules that the maintenance and progress of the social order may require. And in this sense the law can impose obligations or easements of public utility in favor of the general interests, of the State, of the health of its citizens, and of the public health. (Art. 10, par. 10.)

Also:

> It is the duty of the State to safeguard the public health and the hygienic well-being of the country. There shall be provided each year a sum of money sufficient to maintain a national service of public health. (Art. 10, par. 14.)

Based upon the authority above quoted, the Sanitary Code of Chile was drafted. In the drafting of the Sanitary Code previous laws and regulations were given full consideration. The experiences of and results obtained in other countries were freely drawn upon. The code was adapted so as to conform to the legal and administrative procedures in use in the Government. Public health was recognized as a profession or specialty, and provision was made for a corps of health officers who should devote the major part of their

time to their official duties from the effective date of the code, and at the expiration of five years, through deprivation of the right to practice their profession as physicians, should devote their entire time to their official duties.

The salaries of these technical officers were fixed at as reasonably low figure as could be arrived at, taking into consideration the fact that private practice will eventually be prohibited, that full time is to be devoted to official duties, and that within a short time no other source of income will be available to the average health officer.

The basic salary of the health officers was established after careful study of the salaries paid to similar officers in the United States, Cuba, Panama, the Philippine Islands, and those countries of Latin America which have a health service similar to the service provided by the Sanitary Code. That portion of the code which provides for the creation of a corps of technical officers, and provides for these officers reasonable salaries, reasonable promotion, and security of tenure in office, and obligates them to devote their full time to their work, is believed to be of fundamental importance, and is, in fact, the keystone of the arch upon which the whole structure rests.

It has been the experience of all countries, including Chile, that part-time health officers do not give satisfactory service, the inevitable result being that death rates do not come down, and morbidity rates continue as they were.

The draft of the Sanitary Code was completed, and presented to the Minister of Hygiene September 4, 1925. After careful study by the medical society, the faculty of medicine, and by a special committee appointed by the Minister of Hygiene, a unanimous recommendation was made that the code be adopted without material changes.

The code became law October 13, 1925. Immediately after the adoption of the code, the work of organization in accordance with its provisions was begun. Physical examinations were held of all existing officers and employees, and those found physically unfit were recommended for retirement in accordance with the retirement laws. Those found physically fit were carefully studied as to their qualifications and abilities by various commissions appointed by the director of health, and recommended for appointment and designation to the various positions which they now hold. As soon as the appointments recommended were approved by the Government, the officers were assigned to their various stations and duties.

The entire Republic was divided into sanitary zones, 10 in number, the division being subsequently approved by the President of the Republic. A scheme of organization was developed, and a chart was prepared which illustrates and explains the type of organization adopted. The scheme of organization provides for sanitary service in every part of the Republic, through the establishment of boards

of health in such cities as are of sufficient size to maintain such boards; through the provision of municipal sanitary districts in other cities that are so situated as to make it advantageous to combine two or more cities in such districts; and through the subdivision of the sanitary zones into what are known as "sanitary divisions." These divisions are to contain from one to four small municipalities which, under existing conditions, are financially unable to maintain a sanitary service of their own. The communities or towns comprising a sanitary division are required to set aside from 5 to 10 per cent of their gross income, the Government contributing a like amount as soon as the various municipalities have signified their assent to the formation of the division.

Following the activities above outlined, attention was then directed toward the preparation of the regulations necessary for the application of the law.

The first regulations drafted were the maritime and frontier quarantine regulations for the prevention of the introduction of disease from other countries through international commerce. These regulations are based upon and prepared in accordance with the provisions of the Pan American Sanitary Code, an international sanitary treaty prepared and signed by the representatives of 18 of the 21 Republics of the Pan American Union.

The Pan American Sanitary Code to date has been ratified by the following countries, in the order of ratification: The United States, Cuba, Peru, Chile, and Costa Rica. From information recently obtained, several other countries will ratify within a relatively short period. The object of the Pan American Sanitary Code is to bring about an international standardization of sanitary measures in the Western Hemisphere for the purpose of preventing the international spread of disease and, at the same time, to accomplish the eradication of diseases of international importance within those countries where such diseases still exist. The treaty specifically provides that such measures are to be applied for the purpose of obtaining the greatest protection against disease, at the same time eliminating all unnecessary hindrances to international commerce and communications.

The quarantine regulations which have been adopted and are now in effect have been drafted so as to conform strictly to the treaty provisions referred to above and should be productive of the highest degree of protection with a minimum of hindrance to international commerce and communications.

Regulations were also prepared and have been adopted for the control of the importation, distribution, and sale of habit-forming drugs, such as opium and its derivatives, and coca and its derivatives. These regulations were drafted in accordance with the most

modern ideas and practices and are designed to limit the use of such drugs and their derivatives to medical purposes only, thereby exceeding the provisions of the opium treaty signed in Geneva. The treaty of Geneva limits international traffic in such drugs in general terms only and does not strike at the root of the matter by agreeing to limit production in producing countries to the estimated medicinal needs of the world.

Regulations were drafted to regulate the practice of medicine and other branches of the healing art. These regulations are also based upon the most modern practices in this respect and indirectly establish the principle that the practicing physician has definite responsibilities to the public by providing that he must report all cases of communicable disease to the health authorities, to the end that adequate measures may be taken to protect the public health. The physician is also made responsible for the proper isolation, in the home, of patients suffering from communicable disease, and for proper disinfection throughout the course of the illness, for the purpose of preventing the spread of infection to members of the family of the patient or to other families. The regulations also call the attention of the physicians to the need for instructing their clients, in the course of their practice, in matters pertaining to hygiene and public health, and particularly to the necessity for systematic vaccination for the prevention of smallpox.

Regulations have been provided for the control of prostitution which define the practices which shall be considered as contributing to or fomenting prostitution and establish the legal measures for the effective suppression of this commercialized vice and disseminator of disease.

Administrative regulations for the internal conduct of the national health service headquarters have also been prepared and approved, and are now in force. The functions and duties of administrative officers and employees are defined in detail, and administrative procedures and methods have been prescribed in such manner as will materially expedite the work of the various divisions and sections and maintain a relatively high standard of administrative efficiency. A chart of the functions and duties of the various departments and sections of the entire health service has also been prepared in such manner that by simply referring to the chart each officer and employee may readily determine the nature of his functions and duties, and the legal basis upon which such functions and duties rest.

In the sanitary engineering division, there is now in the course of preparation a set of regulations relative to the construction and maintenance of sewage systems for small cities, villages, rural towns, and isolated homes that are so situated as not to have access to a general sewage system. These regulations include an innovation in the form

of a sewage disposal system of such symplicity that it may be constructed by the ordinary individual at a nominal cost. There can be no doubt as to the efficiency of the system just mentioned, as several hundred thousand similar installations have been made with uniformly satisfactory results in other countries having soil conditions almost identical with the soil conditions of Chile. The regulations just referred to are now undergoing a final reading, and within a short time will be ready for approval and promulgation.

A Municipal Sanitary Code is also in the course of being drafted. This sanitary code will be based upon the sanitary ordinances now existing in the principal cities of the Republic, upon the general provisions of the National Sanitary Code, and upon the most modern experiences of cities of other countries with somewhat similar problems. The Municipal Sanitary Code, when completed, will be submitted to the city of Santiago for approval and adoption, and it is expected that it will serve as a model for the remaining cities of the Republic, with such slight modifications as conditions may require. The Municipal Sanitary Code will particularly stress the establishment of standards of food and milk production and will prescribe adequate measures that should permit, eventually, of the provision of a good milk supply from the various standpoints of purity, quality, and freedom from the possibility of conveying infectious diseases. All other factors of sanitary importance will also be treated in the Municipal Sanitary Code, in accordance with the most modern experiences that have given satisfactory results.

Regulations for the physical examination of the school children of the country are also in preparation, and a standard form is being provided, upon which the results of the physical examinations will be noted. As a result of the physical examinations that are to be made, it is fully expected that the great majority of the physical defects of children will be detected in early youth and their parents induced to take the necessary measures to have them corrected through the agency of the family physician, of the hospital, or of the dispensary, as individual cases may require. In addition to the physical examinations of the school children, the regulations will also provide means through which sanitary defects that may have been noted or discovered in school buildings can be corrected.

To sum up, it may be stated that during the last six months of 1925, Chile has been provided with the necessary constitutional guaranties for the maintenance and operation of an adequate national health service; with an organic law which provides the necessary machinery and authority to insure efficient operation; and with an organization and the regulations necessary for the application of much needed health measures.

In addition, a school for the preparation and education of public health nurses has been provided. Premises have been acquired that are adequate for the purpose, and are now being adapted to the needs of the school. It is hoped that it will be possible to inaugurate the school sometime during the month of March, 1926. A competent woman, with many years of experience in nursing, has been contracted for as the directress of the school. She has had some 20 years of experience in the United States, Mexico, and Panama, and is thoroughly familiar with the language and customs of the people with whom she will have to deal.

During the course of the six months' period covered by this report, the director general of health and the technical adviser have made a number of visits to various parts of the Republic of Chile for the purpose of studying the sanitary conditions, the existing sanitary organizations, their methods of operation, and the prevailing causes of morbidity and mortality. As the result of these visits, the general conclusion is that morbidity and mortality are generally much higher than they should be and that water supplies, as a rule, are insufficient in quantity and of impure quality in that they are frequently subject to contamination from human sources.

Numerous public conferences have been held and addresses have been made. It has been the universal experience that the people as a whole are intensely interested in all that pertains to the improvement of public health. The interest and enthusiasm shown have been without a single exception most marked. This fact has forced the belief that an adequate health organization properly conducted will, without the slightest doubt, produce prompt and satisfactory results in diminishing the existing excessive morbidity and mortality throughout the entire Republic.

As an earnest of what can be accomplished in the reduction of morbidity and mortality, it is sufficient to state that on or about August 1, 1925, a campaign was started for the extermination of the ordinary house fly in the city of Santiago and later extended to the cities of Talca, Concepción, Valparaiso, and other cities. The results obtained have been very satisfactory, and it is definitely known by the health authorities, and generally recognized by the public at large, that flies are much less numerous in the cities named during the present summer season than they have ever been before.

In Santiago, the only city where statistics are available bearing on the result of the fly extermination campaign, which was there carried on with the cooperation of the intendente municipal (mayor) in the cleaning of the streets and the removal of manure and refuse, and on the result of the campaign of public health education that has been consistently conducted through the public press and through conferences and addresses, the infant mortality during the

last six months of 1925 was 45.4 per cent lower than in the same period of 1923, and 31.4 per cent lower than in the last half of 1924. That is to say, 1,417 fewer children died in the last six months of 1925 than in the corresponding period of 1923, and 780 fewer than in the last six months of 1924. The results just cited can not be considered otherwise than highly satisfactory, especially when it is taken into consideration that the results were obtained almost without authority of law, and with very scanty financial resources. It is not too much to hope that similar results of an equally satisfactory nature can eventually be obtained throughout the entire Republic as soon as the organization provided for in the National Sanitary Code is in full operation.

In closing it is desirable to invite attention to the fact that good results in the reduction of the excessive infantile mortality can also be obtained through the adoption of measures which will be briefly described, but which, unfortunately, are beyond the power of the national health service to place in effect. There are a number of hospitals throughout the Republic of Chile. There are available in the city of Santiago approximately 3,500 hospital beds. A careful study of the statistics and numerous conferences with physicians and specialists have shown that the infant mortality in Chile constitutes about one-third of the total mortality. Of the infants who die before reaching the age of one year, approximately 60 per cent die during the first month of life. If the mothers of these children could be admitted to a hospital about 10 days before the baby is born, and kept in hospital for from three to four weeks after the birth of the child, the excessive mortality during the first month of life could undoubtedly be reduced between 80 and 90 per cent. Such reduction would bring about a reduction in the average general mortality of more than one-sixth, thereby reducing the average mortality of the country from 32.8 per 1,000 to approximately 27 per 1,000.

It is not too much to hope that the additional measures that will be taken through the public health nurses and the other agencies of the health service will bring about a still further reduction in the remaining 11 months of the average infant's first year of life, thereby reducing the general mortality to approximately 25 per 1,000, which would represent a total saving to the country of 29,200 lives per year. In the numerous hospitals that exist, very little effort should be required to set aside the necessary number of beds to attend to the needs of expectant mothers and effect the saving of life above indicated. In this respect Chile has an unusual and exceptional opportunity to bring about a reduction of its total mortality in a very marked manner and within a very short period of time.

Due to aroused public opinion and to the cooperation given by the department of public works, the water division of the city of

Santiago, and the national office of water and sewage, notable progress has been made in improving public water supplies.

The cities of Santiago, Los Leones, San Antonio, Talca, Cartagena, San Carlos, and Coquimbo will shortly have their entire water supplies sterilized with chlorine. The necessary apparatus has already arrived for some cities and the orders have been placed for the apparatus and supplies needed by the other cities.

It is understood that the cities of Ovalle, Los Leones, San Antonio, Constitucion, Melipilla, San Felipe, and Los Andes, which had insufficient water formerly, either have now or shortly will have water in sufficient quantity for all domestic needs. An engineering commission is now at work making the necessary studies of available sources of supply preliminary to construction of a new water system for the city of Valparaiso.

DECREASE IN INFANTILE MORTALITY IN SANTIAGO, CHILE

An editorial in *El Mercurio* for February 11, 1926, published in Santiago, Chile, calls attention to the considerable reduction in the infantile mortality for the city of Santiago, which is attributed to the work of the new sanitary organization.

In 1923 the number of infant deaths in Santiago was 4,971; in 1924, it dropped to 4,464; and in 1925 it was further reduced to 3,195. As compared with 1923, there were 507 infant lives saved in Santiago in 1924, and in 1925 there were 1,776 fewer infant deaths than in 1923.

The table gives a comparison of the infantile mortality in Santiago for the three years, and also a comparison of the figures for the last six months of each of the years.

Infant mortality in Santiago, Chile

BY YEARS

	1923	1924	1925
Total number of infant deaths	4,971	4,464	3,195
Monthly average	414	372	266
Reduction as compared with preceding year		507	1,269
Per cent reduction		10.2	28.4

BY LAST SIX MONTHS

Total number of deaths	3,120	2,483	1,703
Monthly average	520	414	283
Reduction as compared with preceding year		637	780
Per cent reduction		20.4	31.4

THE INTENSIVE TREATMENT FOR HAY FEVER

By WILLIAM SCHEPPEGRELL, M. D., President, The American Hay Fever Prevention Association; Surgeon in charge, Department of Hay Fever and Asthma, Charity Hospital, New Orleans, La.

Since it became established that seasonal hay fever is due to pollens, it has been realized that the prevention and cure of this disease depend upon immunological methods directed against such pollens. Allergists have, therefore, given their special attention to the development of methods by which the resistance of the patient could be raised so that he would no longer be sensitive to the proteins of such pollens.

Theoretically, the subject is quite simple. It would be necessary only to inject the patient with progressive doses of the incriminated pollen or pollens until the amount absorbed from the hypodermic injections would be in excess of that absorbed from the atmospheric pollens, and thus the attack would be prevented. It has, of course, long been realized that hay fever is not a local disease involving the nose (hay fever), the eyes (conjunctivitis), the bronchial tubes (asthma), or the skin (dermatitis), but that these symptoms are simply local manifestations of a general sensitivity.

The difficulty presented in the administration of this treatment, however, was the danger that the increasing doses might develop an anaphylactic shock that might have serious consequences.

An anaphylactic shock is one of the most dramatic manifestations in the treatment of allergic diseases. It depends upon various conditions that are ascertained only by the experienced allergist; and even when these conditions are known and guarded against, it sometimes occurs. The following case illustrates the danger encountered when proper precautions are not taken:

A physician of New Orleans, in treating a hay-fever subject, made an error in the strength of the extract, and instead of giving doses of 50, 75, and 100 units of ragweed extract, as intended, he gave injections of 500, 750, and 1,000 units. These large doses appeared to have no disagreeable effect on the patient. Two weeks later, in treating another patient, he injected 25 units, and the patient promptly developed alarming anaphylactic shock. This case illustrates the fact that while the immunizing treatment of hay fever has proved a great boon to mankind, it is not without its hazards, and should be administered accordingly.

In the early treatment of hay fever, the injections were made at intervals of three or four days with a view to allowing the reaction from each dose to subside before making the next injection. Also, the injections were made with slowly increasing doses. The combination of these two methods resulted in making it difficult to obtain a high dose without a prolonged treatment. In 1924 we commenced to increase the doses more rapidly, with resulting im-

provement, and in 1925 we reinforced this by making the injections at shorter intervals. These were given, during the first part of the treatment, once daily, and, in the case of visitors to the city, in which time was a special object, twice daily. The doses were rapidly increased, practically doubled with each injection; and the maximum dose, instead of being limited to 800 and 1,000 units, was increased to 3,000, 5,000, and, in some cases, to 10,000 units or more.

When the hay-fever season of the patient was due, the maximum dose was reduced to one-half, and the intervals to twice weekly, and this reduced dosage was continued until near the end of the patient's hay-fever season.

In 1923 the Director of the Hygienic Laboratory of the United States Public Health Service at Washington, sent to our department of hay fever and asthma of the Charity Hospital, a glycerol extract of ragweed for testing on our hay-fever patients. Owing to the wide variation in the various pollen extracts on the market, the Hygienic Laboratory had decided to attempt to devise a method of standardizing these pollen extracts in order that all manufacturers could distribute extracts of known and standardized activity.

Since the ragweed extract is the most important of this group of products, the Hygienic Laboratory selected this extract as the first for which a standard should be produced. They succeeded in preparing an extract which reacted in very high dilutions in the skin of sensitive subjects, fixed complements in high dilutions, and had the distinct advantage of retaining its activity for long periods without measurable deterioration. The protein content to a cubic centimeter of the extract was accurately determined, together with its antigenic value, by means of the complement fixation tests.

After a carefully conducted series of tests, we found that the glycerol extract retained in its concentrated form a degree of efficiency far superior to the aqueous extract. In fact, in testing one of these extracts prepared by the Hygienic Laboratory, which we had kept in our refrigerator for two years, it was found to contain at the end of that time almost 100 per cent of its original potency.

Although the glycerol extract retained, in its concentrated form, a high degree of efficiency, this was rapidly lost when weaker solutions were prepared from it. Because of this fact, the dilutions for administration were prepared as they were required, and these were not used more than three days without renewing the supply. The extract furnished by the Hygienic Laboratory was made from mature pollen grains in the proportion of 1 gram to 100 cubic centimeters of extractive fluid, so that each cubic centimeter of the extract contained 10,000 pollen units. In the season of 1925, one-half of all the cases of fall hay fever were treated with the glycerin extract, and we believe that this was an important factor in the success obtained. Every patient

was given the usual diagnostic tests with the various pollen extracts, in order to determine the form and degree of sensitization. These tests were made with the intradermal method, the initial test being made with five per cent dilutions of the extract. We have found the intradermal method the most efficient, but advise the cutaneous method for those who have not had considerable experience with immunological methods.

The intensive treatment of hay fever, which is limited to the preseasonal form, has given the most gratifying results in the percentage of seasonal cures. In uncomplicated cases in which the treatment could be carried out without interruption, there were 72 per cent in which the patients were practically free from all symptoms of hay fever, and 23 per cent in which there was marked relief from the attacks, or a total of 95 per cent of favorable results in the cases treated.

The treatment of hay fever is not without its element of hazard, but this seems not to be especially increased by this method of administration. Physicians who have treated a large number of hay-fever patients by injection of pollen extracts realize that they are using a method which is not without its risks, and great care should therefore be exercised. During the past season we have had not more than 5 cases of anaphylactic shock in a series of 536 cases, and all of these were promptly relieved by the administration of adrenalin.

In the administration of pollen extracts, special care should be taken to avoid making an injection into a vein. In the case of large doses, such an injection would be followed by an anaphylactic shock of marked and even alarming intensity. This can easily be avoided by withdrawing the piston of the syringe slightly before the injection is made. If blood enters the syringe, the point of the needle is in a vein, and the site of the injection should be changed accordingly. When injections of larger doses are made, the patient is required to remain in the clinic or the office for 20 minutes as a precautionary measure.

As illustrating the importance of detail in the treatment of such cases, the following case is noted:

J. H. F., 40 years of age, has been a great sufferer from hay fever for eight years. He is a traveling salesman, and his attacks of hay fever, which occurred in the fall, practically incapacitated him for his work during September and October. When he was tested he showed 85 per cent reaction to the common ragweed, which coincided with his season and symptoms, and, as he was in a hurry to leave the city, he was given 15 units as the initial dose of his immunizing treatment. One-half hour later he returned to the office with a marked anaphylaxis, and was relieved with 0.25 cubic centimeter of adrenalin.

The following day the patient was again injected, but instead of increasing the dose to 30 units, as indicated by our new method, the initial dose of 15 units was repeated. One-half hour later he returned to the office with a marked anaphylactic shock. The skin all over his body was intensely red and covered with a miliary eruption. His eyelids were puffed up, his face was swollen, and there was a tendency to asthmatic breathing. A dose of adrenalin was again administered, followed by entire relief in about 30 minutes. The patient was naturally alarmed by these violent reactions, and stated that the remedy was apparently worse than the disease, but expressed his willingness to continue the treatment if it was considered advisable. The following day an injection of 5 units was given, followed by daily injections of 10, 15, 20, 25, 35 units, and gradually increasing doses until a dose of 1,000 units was administered without more than a local reaction. In spite of the unfavorable beginning of his treatment, the patient passed the season without any symptoms of hay fever, and proved to be one of our most appreciative patients.

The combined treatment, which has resulted in such gratifying results in a disease formerly considered not amenable to treatment, has three features which are new, viz, (1) the rapidly increasing doses, (2) the short intervals between the injections, and (3) the use of glycerin instead of the aqueous extract. In order to bring about the good results that have been obtained it may not be necessary to combine all three of these methods in treating hay-fever cases, but it is considered highly advisable to do so.

PUBLIC HEALTH ENGINEERING ABSTRACTS

A Method of Encouraging Rural Communities to Undertake Malaria Control. A. W. Fuchs. *Public Health Bulletin* No. 156, United States Public Health Service, pp. 91–97. (Abstracted by L. D. Fricks.)

The advantages of close cooperation between the county health officer and the county agricultural agent are emphasized, and a concrete example is given in which such cooperation was successfully conducted. By this method 10 rural communities in Shelby County, Tenn., voluntarily conducted malaria control campaigns during the season of 1924. The method is based on community pride. The results accomplished were measured by inspections made at the beginning and the end of the season. Consideration was also given to the character of exhibit prepared by the community for the county fair. Because of the intense interest which had been developed in these agricultural exhibits at the Tri-State Fair, and the inclusion of health work in scoring community activity, the keenest rivalry was shown by the competing communities in the improvement of

health and living conditions. Of the 13 participating communities, 10 selected malaria control as their health work. The judge recommended the control measures applicable at the beginning of the season, and checked their accomplishment just before the county fair was held. The final score of the competing communities was announced and prizes were awarded at the fair.

The Mosquito Factor in the Malaria of Assam Tea Gardens. C. Strickland. *The Indian Medical Gazette*, vol. 60, No. 11, November, 1925, pp. 514–524. (Abstracted by L. D. Fricks.)

A report of a malaria mosquito survey of the tea gardens of Assam with recommendations for control. The problem of malaria control in Assam is rendered peculiarly difficult by the fact that at least six species of *Anopheles* are suspected of transmitting malaria, and the uncertainty of keeping coolie labor on a tea plantation.

The mosquitoes suspected of carrying malaria are *umbrosus*, *jeyporiensis*, *aconitus*, *funestus*, *culicifacies*, and *maculatus*. Their breeding habits vary considerably and measures taken for the control of one species may increase another.

The advantage of a preliminary survey before beginning control operations are emphasized, to be followed by specific application of appropriate control measures. The value of quinine prophylaxis is questioned; that of education, both of planters and coolies, is rated very high.

Oil Supplies for Anti-Mosquito Campaigns. W. G. Stromquist. *Public Health Bulletin* No. 156, United States Public Health Service, pp. 123–126. (Abstracted by W. G. Stromquist.)

The Department of Health of Memphis in 1920 spent over $1,800 for oil, buying a mixture of black oil and kerosene at 17½ cents a gallon. To reduce costs, the collection of waste oil from garages and filling stations was begun in 1921, and about 15 per cent of the oil used that year was from this source. By 1924 the use of this oil had increased to 100 per cent. The cost of collection, including labor and truck maintenance, is about 2½ cents per gallon. Bargains in oil, such as transformer oil, discolored kerosene, etc., can often be found.

The demanding of proper storage and prompt disposal of waste oil by the fire marshal, to reduce fire hazards, resulted in increasing the quality and quantity of oil. The oil now collected is, with rare exceptions, of such quality that it spreads well on the water.

Effects of Pond Control on Malaria Prevalence. L. L. Williams, jr. *Public Health Bulletin* No. 156, pp. 56–64. (Abstracted by L. D. Fricks.)

Based on observations extending over several years, it is concluded that *A. quadrimaculatus* is responsible for most of the malaria in Virginia; that this species breeds nearly always in ponds; and that this

breeding or production can usually be controlled by fluctuating the water level in the ponds. Weekly observations of 25 ponds, 6 streams, and 2 seepage areas showed that practically all of the *quadrimaculatus* came from the ponds. Likewise relatively few *A. punctipennis* and *A. crucians* were collected inside dwelling houses. Epidemiological evidence also incriminates *A. quadrimaculatus*. Malaria in Virginia is grouped around the ponds. It is claimed that the control of mosquito production in ponds will control malaria in Virginia.

A Field Study of Mountain Malaria in Brazil. Nelson C. Davis. *The American Journal of Hygiene*, vol. 6, No. 1, January, 1926, pp. 119–138. (Abstracted by L. D. Fricks.)

In a brief study of malaria and anopheline mosquitoes made in the mountains of the State of Rio de Janeiro, Brazil, January, 1925, 201 persons were examined; 39 showed positive bloods; 79 enlarged spleens; and 104 gave positive histories. *P. vivax* infections greatly predominated. The majority of the malaria found was considered to be relapses, infection having taken place in the lowlands; but it is suggested that epidemic malaria may occur at this elevation transmitted by *A. argyritarsis* and to a less extent by *A. bellator*, known in Brazil as *A.* (or *Myzomia*) *lutzi*.

A. bellator was the predominating *Anopheles* encountered. It came in swarms at night to the lighted houses, but was never found resting in them during the day. Four hundred and fourteen specimens of this mosquito were dissected, and among this number, one infected mosquito was found (stomach positive, salivary glands negative).

Airplane Dusting in the Control of Anopheles. W. V. King and G. H. Bradley. *Public Health Bulletin* No. 156, 1925, pp. 104–106. (Abstracted by L. D. Fricks.)

Dusting Paris green from airplanes in the control of *Anopheles* breeding was tried during 1923 and 1924 near Mound, La. De Haviland planes with metal dust hoppers, adapted for cotton dusting, were employed. The Paris green was mixed with Tripoli earth and the dust was released from the hopper through the bottom of the fuselage. It was found that the dust could be spread satisfactorily with a wind velocity of less than 10 miles per hour. Heavily wooded areas, rank vegetation, and wind drift were chief among the difficulties encountered. It was concluded that one-half pound of Paris green per acre gave a safe margin for treatment of fairly open *Anopheles* breeding areas. In the most successful test, 99 per cent of larvae were killed.

The New Water Purification Plant at Toronto, Ohio, Employing Double Coagulation of Ohio River Water. Daniel H. Rupp. *Fourth*

Annual Report of Ohio Conference on Water Purification, November, 1924, pp. 65–67. (Abstracted by R. E. Thompson.)

The history of the water supply of Toronto, Ohio, is outlined and the new plant, consisting of mixing chamber, coagulation basins, gravity rapid sand filters, and chlorinator, is described. Double coagulation is employed at all times, it having been found that best results with least application of chemicals can be obtained thereby. The amount of alum used has averaged 3 g. p. g., in approximate ratio of 2:1 to first and second basin, respectively, and lime employed has averaged 2 g. p. g. With the exception of the first month of operation filtered water before chlorination has met the requirements of the original standard of United States Public Health Service (2 *B. coli* per 100 c. c.), and after disinfection with approximately 0.2 g. p. m. of chlorine, giving residual of 0.1 to 0.15 p. p. m. in tap water, final effluent has easily conformed to revised standard (1 *B. coli* per 100 c. c.).

The Cincinnati Water Works System. Clarence Bahlman. *Fourth Annual Report of Ohio Conference on Water Purification*, November, 1924, pp. 68–74. (Abstracted by R. E. Thompson.)

Water supply history is outlined and the existing system is described in detail. The present purification plant consists of settling reservoirs, coagulation basins and 28 4-m. g. d. rapid sand filters operated at the rate of 123 m. g. per acre per day. The power for operation of the plant is derived from hydro-electric units installed on pipe lines conveying water from settling basins to purification plant, the available head being approximately 27 feet. The settling reservoirs remove an average of 70 per cent of bacteria and turbidity present in the raw Ohio River water, and the coagulation basins about 20 per cent. The average *B. coli* content of river water during past 17 years has ranged from 1,700 to 3,400 per 100 c. c. Coagulation is effected with lime and iron sulfate. Quicklime is purchased in lump form and is slaked with filtered water at temperature of 140° F., when the boiler plant is in operation. During the period May-September, inclusive, when cold water is employed, extraction is not as complete, but the loss is immaterial in comparison with the cost of operating the boiler plant. Considerable difficulty has been experienced because of the incrustation of lime solution in the pipe line, which is 900 feet in length. The cost of operation during 1923 was equivalent to $6.76 per m. g. delivered into service, of which $2.44 was expended on chemicals. There are now over 800 miles of water mains and the supply is practically 100 per cent metered. Boiler feed water employed consists of mixture of 85 per cent condensate free from oil by treatment with alum and caustic soda followed by sand filtration and 15 per cent permutit-softened water.

An Investigation of Variations in Bacterial Quality of Cincinnati Water Supply. Clarence Bahlman. *Fourth Annual Report of Ohio Conference on Water Purification*, November, 1924, pp. 75–84. (Abstracted by R. E. Thompson.)

Considerable data derived from bacteriological study of water supplied to consumers in Cincinnati, with particular reference to chlorine applied and to multiplication of bacteria during distribution, are given. The chlorine dose at present employed varies from 0.18 to 0.27 p. p. m; the former being applied during winter months and the latter during periods of maximum water temperature. During the former season the residual chlorine content of tap water varies from 0.01 to 0.04 p. p. m., but during summer and autumn the free chlorine in the water delivered is practically nil, and during this period the highest *B. coli* content is recorded. An increase in colon and other bacteria, particularly during summer months, was found to occur even in the suburban distribution system, on which there is no open reservoir. The higher colon content recorded in water from downtown taps than from purification plant effluent was shown to be due to the comparatively high *B. coli* content of the water in the pure water reservoir which is exposed to falling leaves and dust of the air. Since contamination with human wastes is most improbable, little sanitary significance is attached to the increased number of bacteria in the reservoir water. The ultimate tap water conforms to the proposed standard of the United States Public Health Service.

The Rate of Deoxygenation of Polluted Waters. Emery J. Theriault, *Public Health Reports*, vol. 41, No. 6, February 5, 1926, pp. 207–217. Reprinted from *Proc. Am. Soc. Civ. Eng.*, vol. 51, November, 1925, pp. 1819–1828. (Abstracted by Emery J. Theriault.

On the basis of 12 separate series of observations covering a cycle of one full year, the following general conclusions have been reached:

1. The Phelps formula holds with reasonable accuracy when applied to samples recently polluted with organic matter.
2. For periods of incubation of less than 10 days it is possible to refer the results obtained under standardized laboratory conditions to the actual times of flow and temperatures of a stream.
3. Under aerobic conditions the stabilization of organic matter apparently proceeds in two distinct stages.
4. The rate at which a polluted water is deoxygenated depends largely on the condition of the sample with respect to its state of oxidation.
5. It is necessary to exercise considerable caution in interpreting the results of analyses when the nitrification stage has almost been reached.
6. Absolute values for the purification accomplished by a treatment plant can not be obtained without resorting to protracted incubation.
7. A complete solution of the problem probably depends on the development of methods whereby the state of oxidation of a sample may more readily be determined.

Use of Sodium Aluminate as a Coagulant. J. P. Brownstead. *Fourth Annual Report of Ohio Conference on Water Purification*, November, 1924, pp. 31–36. (Abstracted by R. E. Thompson.)

J. P. Brownstead reported that, during a four-month period in 1924, when aluminate and alum were employed at Ashland, Ky., the cost of coagulants averaged $9 per m. g., and the reduction in bacteria was in excess of 90 per cent, compared with cost of $12 per m. g., and bacterial reduction of 70 per cent with alum and lime during period in 1922 when somewhat similar river conditions prevailed. Results of two-month experimental period during which aluminate was substituted for the lime ordinarily used with alum at Ironton, Ohio, where coagulant is applied in primary and secondary basins in ratio of 2 to 1, respectively, are summarized by E. T. Edwards as follows: (1) A trifle higher efficiency was obtained in the primary basin, the floc settling more rapidly and producing a clearer effluent. This resulted in poorer filter efficiency and more algal trouble in the basins; but altering the ratio of coagulant added in primary and secondary basins to 1:1 improved the filter influent and efficiency. (2) When sodium aluminate below the normal lime application was employed, the final effluent contained too great a concentration of free carbon dioxide and had a tendency to be corrosive. Cost of treatment during the period was higher than the average for the year, but the cost of alum and lime would probably have also exceeded the yearly average. Bottle experiments conducted by E. E. Smith at Lima, Ohio, indicated that it would not be economical to replace any part of necessary application of alum with sodium aluminate. Use of latter with alum did not increase the speed of the reaction or produce larger floc particles. C. P. Hoover, in discussing results of laboratory studies at Columbus, Ohio, stated that addition of commercial sodium aluminate in softening by the lime-soda process has the same beneficial effect as alum. It is also an aid to softening on account of its sodium carbonate and hydroxide content, whereas alum increases the noncarbonate hardness and necessitates employment of additional soda ash. It is estimated that commercial sodium aluminate costs from 74 per cent to 135 per cent more than equivalent mixture of alum, soda ash, and lime solutions.

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THE OSAKA (JAPAN) SANITATION EXHIBITION

With a view to increasing the hygienic knowledge of the people and improving medical and sanitary supplies, a sanitation exhibition will be held in Osaka, Japan, from July 15 to August 30, 1926. The exhibition will be held under the auspices of the Federation of Sanitary Associations of Osaka, and with the support of the home office, the Osaka prefecture, and the Osaka municipality.

The exhibits will include all kinds of articles pertaining to sanitation and are divided into two classes or departments: Department A will consist of exhibits sent from Government and public institutions, and department B will include medical and sanitary supplies in general.

There is no charge to exhibitors excepting the cost of transportation of articles of exhibit. Exhibitors of medical and sanitary supplies are allowed to contract to sell their exhibits, bearing certain charges that may be incurred in this connection.

Official organizations, public institutions, and manufacturers who desire to display articles at this exhibition should send in their application at once, together with a list of exhibits, stating the number, size, value, and weight, in order that suitable space may be reserved. The exhibits should arrive in Osaka by July 10.

Further information may be obtained by addressing the Osaka Sanitation Exhibition, care of the Municipal Office, Osaka, Japan.

DEATHS DURING WEEK ENDED APRIL 17, 1926

Summary of information received by telegraph from industrial insurance companies for week ended April 17, 1926, and corresponding week of 1925. (From the Weekly Health Index, April 20, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended April 17, 1926	Corresponding week, 1925
Policies in force	59, 038, 025	59, 446, 007
Number of death claims	15, 096	13, 096
Death claims per 1,000 policies in force, annual rate	13. 3	11. 5

Deaths from all causes in certain large cities of the United States during the week ended April 17, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, April 20, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Apr. 17, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Apr. 17, 1926[2]
	Total deaths	Death rate[1]		Week ended Apr. 17, 1926	Corresponding week, 1925	
Total (67 cities)	8,678	15.8	14.5	1,088	994	[3] 92
Akron	75			20	6	213
Albany[4]	33	14.6	19.5	0	1	0
Atlanta	80			12	7	
White	45			9		
Colored	35	([3])		3		
Baltimore[4]	219	14.3	16.1	26	29	76
White	157			17		61
Colored	62	([3])		9		146
Birmingham	69	17.5	17.7	9	10	
White	30			4		
Colored	39	([3])		5		
Boston	295	19.7	16.5	37	36	104
Bridgeport	43			5	3	85
Buffalo	194	18.8	15.8	26	24	108
Cambridge	43	18.7	17.0	7	8	116
Camden	37	15.0	19.5	4	9	68
Chicago[4]	793	13.8	13.0	86	110	76
Cincinnati	154	19.6	17.2	13	6	81
Cleveland	286	15.9	11.0	44	29	114
Columbus	83	15.5	11.9	7	4	64
Dallas	48	12.9	14.6	2	5	
White	32			2		
Colored	16	([3])		0		
Dayton	53	16.0	11.8	6	8	94
Denver	79	14.7	16.7	11	10	
Des Moines	36	12.6	8.7	1	1	17
Detroit	416	17.4	11.4	99	48	159
Duluth	36	17.0	12.3	4	7	94
El Paso	32	15.9	19.9	7	4	
Erie	39			7	3	133
Fall River[4]	51	20.6	17.4	10	6	145
Flint	21	8.4	11.6	8	7	132
Fort Worth	20	6.8	13.0	2	3	
White	17			2		
Colored	3	([3])		0		
Grand Rapids	45	15.3	11.5	9	7	130
Houston	53	16.8	13.6	6	9	
White	33			4		
Colored	20	([3])		2		
Indianapolis	119	17.3	14.1	10	1	73
White	100			9		76
Colored	19			1		55
Jacksonville, Fla	45	22.4	14.9	6	1	125
White	18			3		98
Colored	27			3		172
Jersey City	87	14.4	12.1	9	11	64
Kansas City, Kans	46	20.7	16.6	6	5	104
White	36			2		42
Colored	10	([3])		4		525
Kansas City, Mo	105	14.9	11.5	13	14	
Los Angeles	244			28	26	78
Louisville	101	17.4	14.8	9	10	78
White	77			5		50
Colored	24	([3])		4		251
Lowell	44	20.8	16.5	8	5	149
Lynn	23	11.6	12.1	3	3	75
Memphis	71	21.2	20.3	4	10	
White	46			2		
Colored	25	([3])		2		
Milwaukee	156	16.2	17.3	28	19	130
Minneapolis	128	15.7	14.8	16	22	89

[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 62 cities.
[4] Deaths for week ended Friday April 16, 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 April 17, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, April 20, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Apr. 17, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Apr. 17, 1926
	Total deaths	Death rate		Week ended Apr. 17, 1926	Corresponding week, 1925	
Nashville [1]	54	20.7	13.0	4	3	
White	35			3		
Colored	19	(2)		1		
New Bedford	51	22.2	14.8	11	3	191
New Haven	52	15.2	12.2	5	6	98
New Orleans	132	16.6	20.4	12	16	
White	84			6		
Colored	48	(2)		6		
New York	1,830	16.2	14.5	251	206	102
Bronx Borough	214	12.8	10.5	21	19	70
Brooklyn Borough	651	15.4	12.1	94	70	95
Manhattan Borough	737	19.8	20.3	101	94	112
Queens Borough	173	12.6	9.9	30	15	136
Richmond Borough	55	20.7	18.1	5	8	88
Newark, N. J	138	15.9	15.2	19	17	91
Norfolk	32			4	4	74
White	12			1		30
Colored	20	(2)		3		149
Oakland	55	11.3	12.9	3	10	35
Oklahoma City	20			3	1	
Omaha	53	13.1	16.3	7	8	73
Paterson	47	17.3	17.3	7	7	122
Philadelphia	569	15.0	14.6	62	55	82
Pittsburgh	242	20.0	16.8	27	25	90
Portland, Oreg	66	12.2	15.0	4	9	41
Providence	73	14.2	15.6	6	10	50
Richmond	47	13.1	18.2	8	4	101
White	22			2		39
Colored	25	(2)		6		210
Rochester	93	15.3	14.0	9	11	72
St. Louis	252	16.0	14.1	26	20	
St. Paul	60	12.7	16.1	2	7	18
Salt Lake City [1]	37	14.7	13.5	6	1	83
San Antonio	70	18.4	16.6	20	14	
San Diego	35	17.2	11.8	4	1	84
San Francisco	146	13.7	16.0	9	15	54
Schenectady	18	10.1	11.8	1	0	29
Seattle	72			3	6	28
Somerville	38	20.0	9.5	3	3	78
Spokane	30	14.4	12.9	2	3	47
Springfield, Mass	37	13.6	18.7	3	4	43
Syracuse	42	12.0	13.5	1	6	13
Tacoma	27	13.5	12.5	2	4	47
Toledo	88	16.0	14.5	5	8	78
Trenton	32	12.6	13.0	5	4	67
Washington, D. C	129	13.5	16.7	23	7	40
White	86				5	41
Colored	43	(2)			2	36
Waterbury	57			4	4	86
Wilmington, Del	35	15.0	12.8	2	6	141
Yonkers	26	11.9	9.6	3	4	90
Youngstown	53	17.3	12.1	6	9	114

[1] Deaths for week ended Friday, April 16, 1926.

[2] In the cities for which deaths are shown by color, the colored population for 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 28, Norfolk 38, Richmond 32, and Washington, D. C. 25.

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 24, 1926

ALABAMA	Cases
Chicken pox	46
Diphtheria	7
Influenza	141
Malaria	8
Measles	262
Mumps	63
Pellagra	13
Pneumonia	94
Poliomyelitis	1
Scarlet fever	19
Smallpox	51
Tuberculosis	178
Typhoid fever	14
Whooping cough	17

ARIZONA	
Chicken pox	5
Influenza	8
Measles	3
Pneumonia	5
Scarlet fever	8
Trachoma	12
Tuberculosis	18
Typhoid fever	1

ARKANSAS	
Chicken pox	34
Diphtheria	1
Influenza	117
Malaria	34
Measles	49
Mumps	30
Pellagra	6
Scarlet fever	12
Smallpox	8
Trachoma	1
Tuberculosis	5
Typhoid fever	2
Whooping cough	42

CALIFORNIA	Cases
Cerebrospinal miningitis—Alameda County	1
Chicken pox	274
Diphtheria	95
Influenza	17
Measles	295
Mumps	297
Poliomyelitis—Los Angeles	1
Scarlet fever	105
Smallpox:	
Los Angeles	26
Oakland	19
San Francisco	10
Scattering	45
Typhoid fever	12
Whooping cough	70

COLORADO	
Chicken pox	73
Diphtheria	28
German measles	5
Influenza	2
Measles	50
Mumps	4
Pneumonia	4
Scarlet fever	49
Smallpox	3
Tuberculosis	54
Typhoid fever	1
Whooping cough	77

CONNECTICUT	
Chicken pox	36
Diphtheria	13
Mumps	11
Paratyphoid fever	2
Pneumonia (broncho)	50
Pneumonia (lobar)	60
Poliomyelitis	1
Scarlet fever	81

Reports for Week Ended April 24, 1926—Continued

CONNECTICUT—continued

	Cases
Septic sore throat	1
Tetanus	1
Tuberculosis (all forms)	41
Typhoid fever	1
Whooping cough	50

DELAWARE

Measles	38
Pneumonia	5
Scarlet fever	7
Tuberculosis	3
Whooping cough	4

FLORIDA

Chicken pox	59
Diphtheria	21
Influenza	1
Malaria	4
Measles	64
Mumps	20
Pneumonia	5
Scarlet fever	8
Smallpox	91
Tuberculosis	12
Typhoid fever	9
Whooping cough	25

GEORGIA

Cerebrospinal meningitis	1
Chicken pox	35
Dengue	1
Diphtheria	11
Dysentery	5
Hookworm disease	4
Influenza	131
Malaria	14
Measles	162
Mumps	47
Pellagra	9
Pneumonia	48
Scarlet fever	1
Septic sore throat	6
Smallpox	20
Tuberculosis	18
Tularemia	1
Typhoid fever	6
Whooping cough	31

IDAHO

Cerebrospinal meningitis—Saint Maries	1
Chicken pox	10
Diphtheria	4
Influenza	1
Measles	72
Mumps	71
Pneumonia	2
Scarlet fever	20
Smallpox	13
Typhoid fever	2
Whooping cough	18

ILLINOIS

Diphtheria	83
Influenza	57

ILLINOIS—continued

	Cases
Lethargic encephalitis—McLean County	1
Measles	1,075
Pneumonia	357
Poliomyelitis—Lake County	1
Scarlet fever	352
Smallpox	28
Tuberculosis	360
Typhoid fever	7
Whooping cough	210

INDIANA

Chicken pox	51
Diphtheria	24
Influenza	65
Measles	1,269
Mumps	1
Pneumonia	13
Scarlet fever	188
Smallpox	109
Tuberculosis	53
Typhoid fever	6
Whooping cough	138

IOWA

Chicken pox	12
Diphtheria	5
German measles	25
Measles	320
Mumps	27
Paratyphoid fever	1
Pneumonia	4
Scarlet fever	32
Smallpox	43
Tuberculosis	25
Whooping cough	13

KANSAS

Cerebrospinal meningitis	1
Chicken pox	82
Diphtheria	13
German measles	43
Influenza	29
Measles	413
Mumps	58
Pneumonia	39
Scarlet fever	52
Smallpox	10
Tetanus	1
Tuberculosis	39
Typhoid fever	1
Whooping cough	139

LOUISIANA

Cerebrospinal meningitis	1
Diphtheria	7
Influenza	26
Measles	8
Pneumonia	54
Scarlet fever	25
Smallpox	42
Tuberculosis	26
Typhoid fever	13
Whooping cough	16

Reports for Week Ended April 24, 1926—Continued

MAINE

	Cases
Chicken pox	15
Diphtheria	1
German measles	60
Influenza	257
Lethargic encephalitis	1
Measles	274
Mumps	67
Pneumonia	38
Scarlet fever	12
Tuberculosis	10
Typhoid fever	1
Vincent's angina	8
Whooping cough	31

MARYLAND [1]

Chicken pox	80
Diphtheria	23
Dysentery	1
German measles	2
Influenza	42
Lethargic encephalitis	1
Measles	567
Mumps	241
Ophthalmia neonatorum	1
Paratyphoid fever	1
Pneumonia (broncho)	75
Pneumonia (lobar)	61
Scarlet fever	45
Septic sore throat	6
Tetanus	2
Tuberculosis	94
Typhoid fever	18
Whooping cough	77

MASSACHUSETTS

Cerebrospinal meningitis	2
Chicken pox	84
Conjunctivitis (suppurative)	4
Diphtheria	50
German measles	292
Influenza	96
Lethargic encephalitis	2
Malaria	1
Measles	832
Mumps	104
Ophthalmia neonatorum	36
Pneumonia (lobar)	181
Poliomyelitis	2
Scarlet fever	259
Septic sore throat	5
Trachoma	3
Trichinosis	2
Tuberculosis (pulmonary)	120
Tuberculosis (other forms)	26
Typhoid fever	7
Whooping cough	327

MICHIGAN

Diphtheria	69
Measles	1,630
Pneumonia	250
Scarlet fever	332
Smallpox	12
Tuberculosis	52
Typhoid fever	3
Whooping cough	208

MINNESOTA

	Cases
Cerebrospinal meningitis	2
Chicken pox	99
Diphtheria	37
Influenza	4
Measles	602
Pneumonia	7
Scarlet fever	320
Smallpox	2
Tuberculosis	58
Typhoid fever	6
Whooping cough	24

MISSISSIPPI

Cerebrospinal meningitis	1
Diphtheria	7
Scarlet fever	5
Smallpox	14
Typhoid fever	3

MISSOURI

(Exclusive of St. Louis)

Cerebrospinal meningitis	3
Chicken pox	22
Diphtheria	10
Influenza	18
Malaria	13
Measles	518
Mumps	14
Pneumonia	14
Rabies (in animals)	4
Scarlet fever	107
Smallpox	4
Tetanus	1
Tuberculosis	68
Whooping cough	45

MONTANA

Chicken pox	18
German measles	42
Measles	55
Mumps	33
Rocky Mountain spotted fever—Quartz	1
Scarlet fever	40
Smallpox	2
Tuberculosis	1
Whooping cough	13

NEBRASKA

Chicken pox	17
Diphtheria	8
Influenza	41
Measles	89
Mumps	7
Pneumonia	2
Scarlet fever	80
Smallpox	16
Whooping cough	9

NEW JERSEY

Cerebrospinal meningitis	4
Chicken pox	177
Diphtheria	59
Influenza	77
Malaria	1

[1] Week ended Friday.

Reports for Week Ended April 24, 1926—Continued

NEW JERSEY—continued

	Cases
Measles	2,427
Pneumonia	321
Scarlet fever	214
Trachoma	1
Typhoid fever	4
Whooping cough	87

NEW MEXICO

Chicken pox	11
Diphtheria	9
Influenza	4
Lethargic encephalitis	1
Measles	21
Mumps	16
Pellagra	1
Pneumonia	8
Scarlet fever	5
Tuberculosis	19
Whooping cough	54

NEW YORK

(Exclusive of New York City)

Cerebrospinal meningitis	1
Chicken pox	169
Diphtheria	87
German measles	429
Influenza	400
Lethargic encephalitis	2
Malaria	2
Measles	1,546
Mumps	147
Ophthalmia neonatorum	1
Pneumonia	313
Poliomyelitis	1
Scarlet fever	229
Septic sore throat	2
Trachoma	1
Typhoid fever	9
Vincent's angina	8
Whooping cough	369

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

Cerebrospinal meningitis:	
Grady County	1
Okmulgee County	1
Chicken pox	64
Diphtheria	19
Influenza	275
Malaria	19
Measles	59
Pellagra	5
Pneumonia	71
Scarlet fever	31
Smallpox:	
Carter County	19
Comanche County	26
Scattering	7
Typhoid fever	4
Whooping cough	11

[3] Deaths.

OREGON

	Cases
Chicken pox	45
Diphtheria	20
Influenza	43
Lethargic encephalitis	1
Measles	51
Mumps	41
Pneumonia	17
Rocky Mountain spotted fever	1
Scarlet fever	61
Septic sore throat	1
Smallpox	21
Tuberculosis	6
Typhoid fever	6
Whooping cough	44

PENNSYLVANIA

Cerebrospinal meningitis:	
Carrick	1
Valley township [3]	1
Chicken pox	227
Diphtheria	90
German measles	53
Measles	3,432
Mumps	95
Pneumonia	133
Scarlet fever	501
Smallpox	1
Tuberculosis	111
Typhoid fever	17
Whooping cough	353

RHODE ISLAND

Chicken pox	3
Diphtheria	2
German measles	19
Influenza	4
Measles	158
Mumps	3
Scarlet fever	4
Typhoid fever	1
Whooping cough	6

SOUTH DAKOTA

Chicken pox	5
Diphtheria	7
Measles	30
Mumps	34
Pneumonia	2
Scarlet fever	63
Smallpox	2
Tuberculosis	2
Whooping cough	8

TENNESSEE

Cerebrospinal meningitis:	
Lawrence County	1
Nashville	2
Chicken pox	15
Diphtheria	5
Influenza	100

[3] County not specified.

Reports for Week Ended April 24, 1926—Continued

TENNESSEE—continued	Cases
Lethargic encephalitis—Maury County	1
Malaria	6
Measles	468
Mumps	15
Pellagra	8
Pneumonia	70
Poliomyelitis—Bedford County	1
Rabies	1
Scarlet fever	13
Smallpox	20
Tuberculosis	22
Typhoid fever	4
Whooping cough	47

TEXAS	
Chicken pox	90
Dengue	4
Diphtheria	16
Influenza	67
Measles	13
Mumps	23
Pellagra	4
Pneumonia	21
Scarlet fever	18
Smallpox	79
Tuberculosis	25
Typhoid fever	3
Whooping cough	43

UTAH	
Chicken pox	35
Diphtheria	6
Influenza	2
Measles	51
Mumps	32
Scarlet fever	8
Smallpox	2
Tuberculosis	2
Whooping cough	173

VERMONT	
Chicken pox	14
Diphtheria	3
Measles	17
Mumps	8
Scarlet fever	8
Whooping cough	26

VIRGINIA	
Smallpox	1

WASHINGTON	
Cerebrospinal meningitis—Spokane	2
Chicken pox	57
Diphtheria	13
German measles	112
Measles	63
Mumps	38
Scarlet fever	71
Smallpox	45
Tuberculosis	36
Typhoid fever	3
Whooping cough	76

WEST VIRGINIA	
Cerebrospinal meningitis—	
Monongalia County	1
Wirt County	10
Chicken pox	48
Diphtheria	9
Influenza	313
Measles	846
Scarlet fever	51
Smallpox	19
Tuberculosis	14
Typhoid fever	3
Whooping cough	26

WISCONSIN	
Milwaukee:	
Chicken pox	67
Diphtheria	9
German measles	2
Influenza	13
Measles	177
Mumps	42
Pneumonia	66
Poliomyelitis	1
Scarlet fever	17
Tuberculosis	25
Whooping cough	30
Scattering:	
Cerebrospinal meningitis	2
Chicken pox	72
Diphtheria	18
German measles	104
Influenza	352
Measles	498
Mumps	89
Ophthalmia neonatorum	1
Pneumonia	39
Scarlet fever	132
Smallpox	2
Tuberculosis	26
Typhoid fever	1
Whooping cough	112

WYOMING	
Chicken pox	6
Diphtheria	2
German measles	5
Measles	4
Mumps	2
Rocky Mountain spotted fever:	
Johnson County	1
Natrona County	1
Scarlet fever	39
Smallpox	2
Whooping cough	10

Report for Week Ended April 17, 1926

NORTH DAKOTA	Cases
Cerebrospinal meningitis	1
Chicken pox	10
Diphtheria	13
German measles	161
Influenza	20
Lethargic encephalitis	1
Measles	27
Mumps	11
Pneumonia	18
Scarlet fever	73
Smallpox	4
Trachoma	1
Tuberculosis	2
Typhoid fever	3
Whooping cough	3

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
February, 1926										
Arkansas	1	28	1,131	89	27	19	1	40	22	10
Idaho	7	28	45	0		0	0	96		3
March, 1926										
Colorado	0	139	88		191		1	193	5	62
New Jersey	9	312	892	2	10,499		6	894	5	26
North Dakota		41	336		117		0	403	17	0
Ohio	4	364	2,580	1	14,861	0	1	1,984	309	33

Number of Cases of Certain Communicable Diseases Reported for the Month of February, 1926, by State Health Officers

State	Chickenpox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	281	83	186	205	82	148	314	51	122
Arizona	84	20	3	52	45	3	57	2	9
Arkansas	97	28	27	93	40	22	[1] 49	10	131
California	1,783	473	364	1,231	673	658	[1] 705	41	226
Colorado	236	84	47	17	109	4	126	6	290
Connecticut	446	183	2,591	50	331	0	111	11	281
Delaware	41	11	682		9	1	23	2	11
District of Columbia	150	95	251		103	0	89	3	69
Florida	130	55	29	98	49	558	37	31	39
Georgia	128	53	393	194	27	70	112	12	80
Idaho		28			96			3	
Illinois	1,497	392	3,337	462	2,129	163	1,132	49	804
Indiana	396	144	4,953	3	1,056	419	149	14	410
Iowa [2]									
Kansas	407	72	691	86	336	55	145	4	357
Kentucky [3]									
Louisiana	75	67	5	8	64	250	[1] 157	50	24
Maine	114	7	248	87	124	0	33	9	141
Maryland	416	105	5,951	699	212	4	321	11	195
Massachusetts	826	273	6,441	347	1,119	0	583	23	1,653
Michigan	844	381	7,807	127	1,503	32	434	20	1,312
Minnesota	665	219	511		1,733	54	260	26	179
Mississippi	1,047	153	1,802	1,519	53	82	331	65	1,267
Missouri	432	357	947	252	1,052	34	187	13	207
Montana	93	16	37	210	152	36	14	4	49
Nebraska		42			179			1	
Nevada [4]									
New Hampshire [4]									
New Jersey	1,334	341	8,578		813	0	392	17	296
New Mexico	91	28	13	55	41	17	143	7	95
New York	2,379	840	14,226	870	1,769	3	[1] 1,468	80	1,963
North Carolina	909	114	859		149	115		9	687
North Dakota	83	10	88	186	470	34	16	5	63
Ohio	1,172	389	15,090	197	1,639	308	456	42	1,448
Oklahoma [5]	143	60	53	76	161	80	48	16	159
Oregon	171	89	210	239	168	185	69	14	203
Pennsylvania [2]									
Rhode Island	55	27	2,138	20	51	0	27	3	68
South Carolina	30	183	36	9	32	83	193	62	470
South Dakota	104	31	86	295	396	15	1	7	30
Tennessee	306	63	1,565	116	160	94	193	29	67
Texas [3]									
Utah [2]									
Vermont	165	7	56	54	83	0	14	3	146
Virginia	827	137	1,220		293	34	[1] 120	27	737
Washington	425	95	77	555	402	397	127	15	419
West Virginia	187	74	983		152	25	62	47	198
Wisconsin	951	236	1,280	617	712	44	183	16	720
Wyoming	25	2	18	40	67	1	3	1	47

[1] Pulmonary.
[2] Report not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.

Case Rates per 1,000 Population (Annual Basis) for the Month of February, 1926

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	1.47	0.43	0.97	1.07	0.43	0.78	1.64	0.27	0.64
Arizona	2.60	.62	.09	1.61	1.39	.09	1.76	.06	.28
Arkansas	.68	.20	.19	.65	.28	.15	[1] 1.34	.07	.91
California	5.63	1.49	1.15	3.89	2.12	2.08	[1] 2.23	.13	.71
Colorado	2.98	1.06	.59	.21	1.37	.05	1.59	.08	3.66
Connecticut	3.73	1.53	21.67	.42	2.77	.00	.93	.09	2.35
Delaware	2.26	.61	37.54	------	.50	.06	1.27	.11	.61
District of Columbia	3.84	2.43	6.43	------	2.64	.00	2.28	.08	1.77
Florida	1.52	.64	.34	1.15	.57	6.54	.43	.36	.46
Georgia	.54	.22	1.66	.82	.11	.30	.47	.05	.34
Idaho	------	.73	------	------	2.49	------	------	.08	------
Illinois	2.77	.72	6.17	.85	3.93	.30	2.69	.09	1.49
Indiana	1.67	.61	20.94	.01	4.46	1.77	.63	.06	1.73
Iowa [2]	------	------	------	------	------	------	------	------	------
Kansas	2.91	.52	4.94	.62	2.40	.39	1.04	.03	2.55
Kentucky [3]	------	------	------	------	------	------	------	------	------
Louisiana	.52	.46	.03	.06	.44	1.72	[1] 1.08	.34	.17
Maine	1.89	.12	4.12	1.44	2.06	.00	.55	.15	2.34
Maryland	3.49	.88	49.95	5.87	1.78	.03	2.69	.09	1.64
Massachusetts	2.58	.85	20.10	1.08	3.49	.00	1.82	.07	5.16
Michigan	2.59	1.17	23.98	.39	4.62	.10	1.33	.06	4.03
Minnesota	3.34	1.10	2.57	------	8.70	.27	1.31	.13	.90
Mississippi	7.62	1.11	13.12	11.06	.39	.60	2.41	.47	9.22
Missouri	1.62	1.34	3.55	.94	3.94	.13	.70	.05	.78
Montana	1.82	.31	.73	4.12	2.98	.71	.27	.08	.96
Nebraska	------	.40	------	------	1.71	------	------	.01	------
Nevada [4]	------	------	------	------	------	------	------	------	------
New Hampshire [4]	------	------	------	------	------	------	------	------	------
New Jersey	4.87	1.24	31.32	------	2.97	.00	1.43	.06	1.08
New Mexico	3.10	.95	.44	1.87	1.40	.58	4.87	.24	3.24
New York	2.76	.97	16.50	1.01	2.05	.00	1.70	.09	2.28
North Carolina	4.24	.55	4.01	------	.69	.54	------	.04	3.20
North Dakota	1.56	.19	1.65	3.50	8.83	.64	.30	.09	1.18
Ohio	2.38	.79	30.62	.40	3.33	.62	.93	.09	2.94
Oklahoma [5]	.82	.34	.30	.44	.92	.46	.27	.09	.91
Oregon	2.60	1.35	3.19	3.63	2.55	2.81	1.05	.21	3.09
Pennsylvania [2]	------	------	------	------	------	------	------	------	------
Rhode Island	1.11	.55	43.16	.40	1.03	.00	.55	.06	1.37
South Carolina	.22	1.33	.26	.07	.23	.60	1.40	.45	3.41
South Dakota	2.02	.60	1.67	5.72	7.68	.29	.02	.14	.58
Tennessee	1.63	.34	8.36	.62	.85	.50	1.03	.15	.36
Texas [3]	------	------	------	------	------	------	------	------	------
Utah [2]	------	------	------	------	------	------	------	------	------
Vermont	6.10	.26	2.07	2.00	3.07	.00	.52	.11	5.40
Virginia	4.36	.72	6.43	------	1.54	.18	[1] .63	.14	3.88
Washington	3.69	.83	.67	4.82	3.49	3.45	1.10	.13	3.64
West Virginia	1.50	.59	7.88	------	1.22	.20	.50	.38	1.59
Wisconsin	4.38	1.09	5.89	2.84	3.28	.20	.84	.07	3.31
Wyoming	1.44	.11	1.03	2.30	3.85	.06	.17	.06	2.70

[1] Pulmonary.
[2] Report not received at time of going to press.
[3] Reports received weekly.
[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.

RECIPROCAL NOTIFICATIONS

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

Referred by—	Chicken pox	Measles	Scarlet fever	Smallpox	Cerebrospinal meningitis	Tuberculosis	Typhoid fever
Illinois	------	------	2	7	------	4	------
Massachusetts	------	------	------	------	------	------	1
Minnesota	1	------	------	------	------	41	1
New York	------	2	3	2	------	------	3
Ohio	------	------	------	------	1	------	------
Washington	------	------	------	------	------	------	1

PLAGUE ERADICATIVE MEASURES IN LOS ANGELES, CALIF.

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

Week ended Apr. 10, 1926:

Number of rats trapped	1,072
Number of rats found to be plague infected	0
Number of squirrels examined	458
Number of squirrels found to be plague infected	0
Number of mice trapped	1,039
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 April 10, 1926, 35 States reported 984 cases of diphtheria. For the week ended April 11, 1925, the same States reported 1,233 cases of this disease. One hundred and two cities, situated in all parts of the country and having an aggregate population of more than 30,400,000, reported 680 cases of diphtheria for the week ended April 10, 1926. Last year for the corresponding week they reported 875 cases. The estimated expectancy for these cities was 936 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-two States reported 16,797 cases of measles for the week ended April 10, 1926, and 4,297 cases of this disease for the week ended April 11, 1925. One hundred and two cities reported 10,404 cases of measles for the week this year, and 2,932 cases last year.

Poliomyelitis.—The health officers of 36 States reported 10 cases of poliomyelitis for the week ended April 10, 1926. The same States reported 17 cases for the week ended April 11, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-five States—this year, 3,401 cases; last year, 3,615 cases; 102 cities—this year, 1,599 cases; last year, 2,024 cases; estimated expectancy, 1,119 cases.

Smallpox.—For the week ended April 10, 1926, 35 States reported 735 cases of smallpox. Last year for the corresponding week they reported 705 cases. One hundred and two cities reported smallpox for the week as follows: 1926, 190 cases; 1925, 282 cases; estimated expectancy, 138 cases. Twenty-six deaths from smallpox were reported by these cities for the week this year—25 at Los Angeles, Calif., and 1 at San Francisco, Calif.

Typhoid fever.—One hundred and forty-six cases of typhoid fever were reported for the week ended April 10, 1926, by 34 States. For the corresponding week of 1925, the same States reported 186 cases

of this disease. One hundred and two cities reported 41 cases of typhoid fever for the week this year and 52 cases for the corresponding week last year. The estimated expectancy for these cities was 51 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 96 cities, with a population of more than 29,700,000, as follows: 1926, 2,003 deaths; 1925, 1,230.

City reports for week ended April 10, 1926

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

If reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1917 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	0	1	0	9	0	138	6	5
New Hampshire:									
Concord	22,546	0	0	0	0	0	0	0	4
Nashua	29,723	0	0	0	0	0	0	0	0
Vermont:									
Barre	10,008	0	0	0	0	0	0	0	1
Burlington	24,089	0	1	8	0	0	1	0	2
Massachusetts:									
Boston	779,620	32	56	32	39	9	180	39	52
Fall River	128,993	1	3	5	8	4	5	4	3
Springfield	142,065	4	4	2	1	2	97	0	4
Worcester	190,757	1	5	2	15	3	2	0	29
Rhode Island:									
Pawtucket	69,760	0	1	0	0	1	48	0	8
Providence	267,918	0	10	5	2	4	74	0	19
Connecticut:									
Bridgeport	(1)	0	7	3	16	11	3	1	7
Hartford	160,197	5	7	4	6	1	42	0	14
New Haven	178,927	2	3	0	3	0	76	3	6
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	14	12	12	11	18	10	1	25
New York	5,873,356	111	246	129	244	72	2,017	45	415
Rochester	316,786	11	7	19	1	3	183	0	5
Syracuse	182,003	2	6	1	0	1	73	9	2
New Jersey:									
Camden	128,642	7	5	5	1	1	17	0	6
Newark	452,513	38	17	3	10	4	317	5	26
Trenton	132,020	5	4	1	2	3	41	1	11
Pennsylvania:									
Philadelphia	1,979,364	51	76	68	.....	16	859	11	109
Pittsburgh	631,563	27	18	13	.....	35	20	0	72
Reading	112,707	7	3	0	.....	0	18	0	9

City reports for week ended April 10, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	1	8	6	14	24	63	2	28
Cleveland	936,485	15	20	24	59	28	170	2	52
Columbus	279,836	3	4	1	1	1	475	1	18
Toledo	287,380	47	4	2	3	3	265	0	11
Indiana:									
Fort Wayne	97,846	11	2	0	0	0	23	0	0
Indianapolis	358,819	10	6	1	0	1	550	4	22
South Bend	80,091	3	1	3	0	0	6	0	4
Terre Haute	71,071	0	0	0	0	0	11	0	1
Illinois:									
Chicago	2,995,239	97	95	54	68	29	143	13	98
Peoria	81,564	1	0	0	0	0	0	12	3
Springfield	63,923	4	1	0	2	1	36	12	2
Michigan:									
Detroit	1,245,824	25	48	30	4	12	450	10	92
Flint	130,316	9	4	2	6	2	33	0	7
Grand Rapids	153,698	9	3	0	0	5	43	0	5
Wisconsin:									
Kenosha	50,891	1	1	0	0	0	2	0	3
Madison	46,385	1	0	0	0	0	158	0	7
Milwaukee	509,192	108	14	6	34	13	126	30	21
Racine	67,707	7	1	2	3	3	0	5	1
Superior	39,671	0	0	0	0	0	18	0	1
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	14	1	1	0	0	11	1	
Minneapolis	425,435	104	15	27	0	0	412	3	3
St. Paul	246,001	25	15	9	0	1	22	4	22
Iowa:									10
Davenport	52,469	4	0	1	0	-------	0	0	-------
Des Moines	141,441	1	2	1	0	-------	395	0	-------
Sioux City	76,411	2	1	1	0	-------	4	1	-------
Waterloo	36,771	3	0	1	0	-------	7	0	-------
Missouri:									
Kansas City	367,481	9	6	5	9	11	332	2	29
St. Joseph	78,342	1	1	1	0	2	10	0	5
St. Louis	821,543	36	38	55	3	1	598	4	-------
North Dakota:									
Fargo	26,403	1	1	0	0	0	0	23	0
Grand Forks	14,811	0	0	0	0	-------	0	0	-------
South Dakota:									
Aberdeen	15,036	1	0	0	0	-------	8	39	-------
Sioux Falls	30,127	0	0	0	0	0	9	0	0
Nebraska:									
Lincoln	60,941	9	2	0	0	0	0	0	3
Omaha	211,768	14	3	1	0	0	50	1	12
Kansas:									
Topeka	55,411	14	1	0	0	0	22	0	1
Wichita	88,367	4	1	0	0	0	160	0	6
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	1	2	3	0	0	30	0	9
Maryland:									
Baltimore	796,296	56	26	15	20	5	316	142	41
Cumberland	33,741	4	1	2	2	1	22	0	0
Frederick	12,035	0	0	0	0	1	42	4	2
District of Columbia:									
Washington	497,906	37	9	17	1	1	576	0	19
Virginia:									
Lynchburg	30,395	11	0	1	0	0	55	0	2
Norfolk	(1)	13	0	0	0	0	1	2	3
Richmond	186,403	7	2	3	0	2	50	12	4
Roanoke	58,208	1	0	1	0	2	150	2	1

[1] No estimate made.

City reports for week ended April 10, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—con.									
West Virginia:									
Charleston	49,019	4	1	1	7	0	13	0	3
Huntington	63,485	0	0	0	0	5	0	0	1
Wheeling	56,208	3	0	0	0	3	122	0	6
North Carolina:									
Raleigh	30,371	4	0	0	0	2	0	0	1
Wilmington	37,061	4	0	0	0	0	1	10	1
Winston-Salem	69,031	8	1	0	0	0	6	6	5
South Carolina:									
Charleston	73,125	0	0	0	0	2	8	0	2
Columbia	41,225	5	1	0	0	0	1	3	0
Greenville	27,311	1	0	0	0	0	0	2	1
Georgia:									
Atlanta	(1)	3	2	3	16	4	12	0	14
Brunswick	16,809	5	0	0	0	0	0	0	0
Savannah	93,134	2	0	0	12	7	5	0	2
Florida:									
St. Petersburg	26,847		0			0			1
Tampa	94,743	4	1	0	0	1	2	1	9
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309		1			4			10
Louisville	305,935	7	5	3	15	6	331	0	39
Tennessee:									
Memphis	174,533	11	4	13	0	7	93	17	9
Nashville	136,220	0	1	4	0	11	39	0	10
Alabama:									
Birmingham	205,970	28	2	1	26	17	121	5	11
Mobile	65,955	0	0	0	0	1	0	0	4
Montgomery	46,481	11	0	1	0	0	0	31	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	5	1	0	0		0	0	
Little Rock	74,216	7	0	0	0	1	35	0	3
Louisiana:									
New Orleans	414,493	3	8	3	18	7	17	0	10
Shreveport	57,857	6	0	0	0	1	0	13	4
Oklahoma:									
Oklahoma City	(1)	1	1	1	28	0	4	0	2
Texas:									
Dallas	194,450	24	3	5	1	2	0	0	4
Galveston	48,375	0	1	0	0	0	0	0	0
Houston	164,954	5	2	6	0	0	0	3	7
San Antonio	198,069	1	1	0	0	4	3	0	8
MOUNTAIN									
Montana:									
Billings	17,971	1	0	0	0	0	0	1	2
Great Falls	29,883	25	0	0	0	0	14	3	0
Helena	12,037	0	0	0	0	0	0	0	1
Missoula	12,668	0	0	0	0	0	0	4	1
Idaho:									
Boise	23,042	3	0	0	0	0	0	3	0
Colorado:									
Denver	280,911	23	10	9		5	24	0	5
Pueblo	43,787	13	2	0	0	0	6	0	0
New Mexico:									
Albuquerque	21,000	0	1	0	0	0	1	7	0
Arizona:									
Phoenix	38,669	0	0	2	0	0	0	0	2
Utah:									
Salt Lake City	130,948	18	3	4	0	0	2	10	6
Nevada:									
Reno	12,665	0	0	0	0	0	0	0	0

[1] No estimate made.

City reports for week ended April 10, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
PACIFIC									
Washington:									
Seattle	(1)	31	4	3	0	-------	58	43	-------
Spokane	108,897	0	3	0	0	-------	0	0	-------
Tacoma	104,455	2	1	1	0	0	2	0	5
Oregon:									
Portland	282,383	37	4	5	0	2	25	17	6
California:									
Los Angeles	(1)	48	36	33	9	2	11	12	22
Sacramento	72,260	3	1	4	1	1	0	6	6
San Francisco	557,530	54	21	10	2	1	74	6	9

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	3	4	0	0	0	2	0	1	0	2	28
New Hampshire:											
Concord	1	2	0	0	0	0	0	0	0	0	9
Nashua	2	5	0	0	0	0	0	0	0	0	8
Vermont:											
Barre	1	0	0	0	0	0	0	0	0	0	5
Burlington	0	3	0	0	0	0	0	0	0	0	6
Massachusetts:											
Boston	63	78	1	0	0	22	1	1	0	108	304
Fall River	3	0	0	0	0	3	1	0	0	6	52
Springfield	6	2	0	0	0	2	0	0	0	12	48
Worcester	11	8	0	0	0	1	0	0	0	7	-------
Rhode Island:											
Pawtucket	1	0	0	0	0	2	0	0	0	3	39
Providence	9	6	0	0	0	2	0	1	0	7	104
Connecticut:											
Bridgeport	7	23	-------	0	0	5	1	0	0	2	62
Hartford	5	3	0	0	0	1	0	0	0	7	53
New Haven	10	9	0	0	0	3	0	1	0	5	40
MIDDLE ATLANTIC											
New York:											
Buffalo	21	8	0	0	0	12	0	0	1	26	207
New York	260	171	0	0	0	[1] 149	9	5	4	50	1,934
Rochester	17	14	0	0	0	3	0	0	0	16	95
Syracuse	15	6	0	0	0	1	1	0	0	15	45
New Jersey:											
Camden	4	12	0	0	0	2	0	0	0	0	33
Newark	25	25	0	0	0	10	1	2	0	8	148
Trenton	3	3	0	0	0	1	0	3	0	0	57
Pennsylvania:											
Philadelphia	75	60	1	0	0	40	3	1	0	36	683
Pittsburgh	22	42	0	0	0	15	0	0	0	75	298
Reading	4	12	0	0	0	2	0	0	0	5	45
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	13	20	2	1	0	12	0	1	0	24	205
Cleveland	23	90	1	0	0	23	1	1	0	91	291
Columbus	8	25	2	5	0	7	0	0	0	1	102
Toledo	15	12	5	0	0	8	0	0	0	22	102

[1] Pulmonary tuberculosis only.

City reports for week ended April 10, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
EAST NORTH CENTRAL—contd.											
Indiana:											
Fort Wayne	4	8	2	0	0	0	0	0	0	3	35
Indianapolis	10	13	5	18	0	11	0	0	0	57	126
South Bend	4	4	1	1	0	0	0	0	0	5	15
Terre Haute	3	5	1	1	0	1	0	0	0	0	18
Illinois:											
Chicago	119	121	3	0	0	70	2	1	1	53	819
Peoria	2	3	0	0	0	1	0	3	0	7	20
Springfield	1	6	0	0	0	2	1	0	0	10	36
Michigan:											
Detroit	84	107	2	0	0	27	2	1	0	38	450
Flint	6	13	1	0	0	1	1	0	0	21	35
Grand Rapids	8	35	1	0	0	1	1	0	0	42	53
Wisconsin:											
Kenosha	3	2	1	0	0	0	0	0	0	0	11
Madison	4	4	1	0	0	0	0	0	0	0	18
Milwaukee	27	25	4	0	0	14	1	1	0	33	161
Racine	3	1	2	0	0	2	0	0	0	29	18
Superior	2	7	3	0	0	1	0	0	0	0	8
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	25	2	0	0	1	0	2	0	10	18
Minneapolis	30	80	9	1	0	5	1	0	0	10	125
St. Paul	28	45	5	0	0	5	1	1	0	33	67
Iowa:											
Davenport	2	7	3	0	-------	-------	0	0	-------	0	-------
Des Moines	7	1	3	0	-------	-------	0	0	-------	0	-------
Sioux City	2	8	1	9	-------	-------	0	0	-------	2	-------
Waterloo	2	2	0	1	-------	-------	0	0	-------	0	-------
Missouri:											
Kansas City	12	20	2	0	0	9	0	0	0	22	129
St. Joseph	3	5	1	0	0	0	0	1	0	3	27
St. Louis	35	190	4	6	0	9	2	1	1	34	295
North Dakota:											
Fargo	2	4	0	0	0	0	0	0	0	1	8
Grand Forks	0	0	0	0	-------	-------	0	0	-------	0	-------
South Dakota:											
Aberdeen	1	2	0	0	-------	-------	0	0	-------	7	-------
Sioux Falls	2	2	1	1	0	0	0	0	0	0	7
Nebraska:											
Lincoln	4	3	0	2	0	1	0	0	0	7	14
Omaha	3	34	7	8	0	3	0	0	0	3	67
Kansas:											
Topeka	3	2	1	0	0	0	0	0	0	2	18
Wichita	3	4	3	0	0	2	0	0	0	9	33
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	4	0	0	0	2	1	0	0	1	39
Maryland:											
Baltimore	36	30	1	0	0	18	2	1	0	35	264
Cumberland	0	0	0	0	0	0	0	0	0	0	7
Federick	1	0	0	0	0	0	0	0	0	0	5
District of Col.:											
Washington	24	24	2	0	0	14	2	1	0	43	157
Virginia:											
Lynchburg	0	3	0	0	0	1	0	0	0	14	10
Norfolk	1	6	0	0	0	0	1	0	0	5	-------
Richmond	2	3	1	0	0	4	0	0	0	2	60
Roanoke	0	1	1	0	0	1	0	0	0	0	22
West Virginia:											
Charleston	0	0	0	0	0	1	0	0	0	3	14
Huntington	1	1	1	0	0	2	0	0	0	0	20
Wheeling	2	1	0	2	0	0	1	0	0	0	33
North Carolina:											
Raleigh	0	0	1	1	0	2	0	0	0	12	11
Wilmington	0	0	1	0	0	1	1	0	0	1	10
Winston-Salem	1	3	5	0	0	5	0	0	0	7	25

City reports for week ended April 10, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
SOUTH ATLANTIC—continued											
South Carolina:											
Charleston	0	1	0	0	0	2	0	0	0	0	27
Columbia	0	0	1	1	0	0	0	0	0	2	
Greenville	0	0	1	2	0	0	0	0	0	8	5
Georgia:											
Atlanta	4	2	3	0	0	5	1	1	0	0	78
Brunswick	0	0	0	1	0	0	0	0	0	0	5
Savannah	0	0	0	1	0	3	0	0	0	2	34
Florida:											
St. Petersburg	0		1		0	0	1		0		19
Tampa	0	0	0	28	0	2	1	0	0	0	43
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2		0		0	0	1		0		44
Louisville	5	9	1	0	0	6	1	0	1	0	131
Tennessee:											
Memphis	4	16	3	10	0	5	1	0	0	4	85
Nashville	2	2	2	1	0	12	0	0	0	3	60
Alabama:											
Birmingham	1	4	9	5	0	3	1	2	0	13	88
Mobile	0	0	1	0	0	1	0	0	0	0	26
Montgomery	0	1	0	1	0	0	0	0	0	0	31
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	0	0	0			0	0		1	
Little Rock	1	0	1	0	0	1	0	0	0	4	
Louisiana:											
New Orleans	5	20	3	4	0	13	2	0	0	2	154
Shreveport	0	0	3	0	0	4	0	0	0	3	31
Oklahoma:											
Oklahoma City	2	0	4	0	0	1	1	1	0	1	26
Texas:											
Dallas	2	2	1	8	0	2	1	0	0	17	49
Galveston	1	3	1	7	0	1	0	1	0	0	16
Houston	1	2	1	12	0	5	0	3	3	0	54
San Antonio	0	0	1	0	0	12	1	0	0	1	66
MOUNTAIN											
Montana:											
Billings	0	1	1	0	0	0	0	0	0	2	8
Great Falls	1	0	1	0	0	1	0	0	0	2	7
Helena	0	0	0	0	0	0	0	0	0	0	6
Missoula	1	3	0	0	0	0	0	0	0	0	3
Idaho:											
Boise	1	0	0	2	0	0	0	0	0	0	3
Colorado:											
Denver	11	4	3	0	0	10	0	2	0	65	74
Pueblo	1	2	0	0	0	1	1	0	0	1	6
New Mexico:											
Albuquerque	1	7	0	0	0	5	0	0	0	9	19
Arizona:											
Phoenix	0	1	0	0	0	7	0	0	0	0	13
Utah:											
Salt Lake City	3	1	1	1	0	3	0	0	0	54	44
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	2
PACIFIC											
Washington:											
Seattle	9	30	3	5			0	0		3	
Spokane	4	0	7	0			0	0		0	
Tacoma	2	3	2	6	0	0	0	0	0	11	26
Oregon:											
Portland	7	27	11	6	0	4	0	0	0	2	79
California:											
Los Angeles	19	16	3	31	25	22	2	2	0	2	270
Sacramento	1	1	0	4	0	2	0	2	0	0	34
San Francisco	14	8	4	5	1	13	1	1	0	3	113

City reports for week ended April 10, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	1	0	1	0	0	0	0	1	0
MIDDLE ATLANTIC									
New York:									
New York	8	7	9	3	0	0	1	0	1
Rochester	1	0	0	0	0	0	0	0	0
New Jersey:									
Newark	1	0	1	0	0	0	0	0	0
Pennsylvania:									
Philadelphia	0	0	2	2	0	0	0	0	1
EAST NORTH CENTRAL									
Illinois:									
Chicago	1	1	0	0	0	0	0	0	0
Michigan:									
Detroit	3	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth	1	0	0	0	0	0	0	0	0
Minneapolis	0	0	0	1	0	0	0	0	0
Nebraska:									
Omaha	0	0	0	0	0	0	0	1	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	0	0	1	0	0	0	0	0	1
South Carolina:									
Charleston	0	0	0	0	0	2	0	0	0
Georgia:									
Atlanta	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Louisville	0	1	0	0	0	0	0	0	0
Alabama:									
Birmingham	0	0	0	0	0	0	0	1	1
WEST SOUTH CENTRAL									
Louisiana:									
Shreveport	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Montana:									
Missoula	1	1	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Tacoma	1	0	0	0	0	0	0	0	0
Oregon:									
Portland	0	1	0	0	0	0	0	1	0
California:									
Los Angeles	1	0	1	0	0	0	0	0	1
San Francisco	1	0	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 April 10, 1926, compared with those for a like period ended April 11, 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, March 7 to April 10, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Mar. 14, 1925	Mar. 13, 1926	Mar. 21, 1925	Mar. 20, 1926	Mar. 28, 1925	Mar. 27, 1926	Apr. 4, 1925	Apr. 3, 1926	Apr. 11, 1925	Apr. 10, 1926
103 cities	162	[2] 114	161	[3] 120	[4] 162	[5] 131	170	[2] 126	152	[3] 117
New England	170	78	141	128	115	139	165	80	161	125
Middle Atlantic	213	112	196	125	230	142	240	145	219	125
East North Central	120	[6] 107	125	98	104	101	86	[6] 112	91	88
West North Central	195	214	193	144	239	146	213	156	219	209
South Atlantic	86	86	129	69	90	[7] 62	77	96	69	86
East South Central	37	[3] 28	63	[3] 28	53	[3] 39	21	[3] 61	32	[3] 121
West South Central	150	103	92	103	114	155	79	60	101	60
Mountain	102	109	139	73	129	255	120	146	102	118
Pacific	188	148	237	283	[4] 170	240	356	202	163	137

MEASLES CASE RATES

103 cities	433	[2] 1,693	487	[3] 1,786	[4] 489	[5] 1,837	537	[2] 1,695	510	[3] 1,784
New England	522	1,969	700	1,725	728	1,347	923	1,463	975	1,573
Middle Atlantic	516	1,713	595	1,855	630	1,835	731	1,847	677	1,769
East North Central	695	[6] 2,132	726	1,991	747	2,088	685	[6] 1,503	658	1,570
West North Central	72	1,637	90	1,872	85	2,306	74	2,391	56	3,240
South Atlantic	138	2,267	179	2,795	129	[7] 2,750	198	2,671	196	2,652
East South Central	11	[3] 1,499	63	[3] 2,408	32	[3] 3,096	63	[3] 3,063	32	[3] 3,218
West South Central	84	39	40	43	9	125	84	43	48	237
Mountain	740	337	555	328	37	310	213	555	55	419
Pacific	105	326	180	321	[4] 144	453	199	248	229	391

SCARLET FEVER CASE RATES

103 cities	415	[2] 303	411	[5] 301	[4] 403	[5] 325	394	[2] 296	353	[3] 274
New England	515	333	525	404	582	355	515	392	510	319
Middle Atlantic	437	192	416	202	404	210	434	210	358	176
East North Central	460	[6] 370	460	340	449	407	412	[6] 331	391	330
West North Central	697	893	768	800	731	889	713	774	627	833
South Atlantic	207	150	138	158	157	[7] 156	165	175	144	147
East South Central	326	[3] 149	263	[3] 154	263	[3] 149	242	[3] 231	257	[3] 176
West South Central	101	112	128	138	97	146	48	86	84	116
Mountain	194	218	416	246	240	209	268	146	250	100
Pacific	218	251	207	280	[4] 211	288	182	251	166	156

SMALLPOX CASE RATES

103 cities	59	[2] 40	61	[3] 36	[4] 56	[5] 38	55	[2] 42	49	[3] 33
New England	0	0	0	0	0	0	12	0	2	0
Middle Atlantic	5	0	8	0	7	0	21	0	10	0
East North Central	37	[6] 19	30	26	31	10	22	[6] 17	21	18
West North Central	121	67	98	49	131	57	84	46	94	51
South Atlantic	56	49	54	60	63	[7] 96	46	41	40	68
East South Central	410	[3] 72	593	[3] 88	389	[3] 61	378	[3] 105	525	[3] 94
West South Central	70	142	101	138	101	142	44	90	48	133
Mountain	92	18	65	64	18	27	18	55	18	27
Pacific	235	262	202	164	[4] 182	210	243	348	141	137

[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] Madison, Wis., and Covington, Ky., not included.
[3] Covington, Ky., not included.
[4] Spokane, Wash., not included.
[5] Norfolk, Va., and Covington, Ky., not included.
[6] Madison, Wis., not included.
[7] Norfolk, Va., not included.

Summary of weekly reports from cities, March 7 to April 10, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued.

TYPHOID FEVER CASE RATES

	Week ended—									
	Mar. 14, 1925	Mar. 13, 1926	Mar. 21, 1925	Mar. 20, 1926	Mar. 28, 1925	Mar. 27, 1926	Apr. 4, 1925	Apr. 3, 1926	Apr. 11, 1925	Apr. 10, 1926
103 cities	9	[2] 8	11	[3] 6	[4] 10	[5] 8	8	[2] 10	9	[3] 7
New England	5	5	29	0	12	0	5	7	2	9
Middle Atlantic	5	7	8	4	7	10	4	8	9	5
East North Central	3	[6] 4	6	3	3	4	3	[6] 3	6	3
West North Central	10	4	8	2	6	2	2	8	2	10
South Atlantic	23	8	21	21	12	[7] 16	29	17	19	6
East South Central	32	[3] 6	42	[3] 22	53	[3] 17	16	[3] 33	16	[3] 11
West South Central	26	4	22	9	40	9	31	34	35	17
Mountain	18	146	0	9	0	27	0	36	18	18
Pacific	14	0	0	5	[4] 26	13	19	11	8	13

INFLUENZA DEATH RATES

96 cities	33	[6] 71	40	76	31	[7] 97	33	[6] 89	26	74
New England	34	24	29	45	29	69	34	109	31	83
Middle Atlantic	24	105	29	95	22	111	21	100	16	76
East North Central	31	[6] 32	46	65	38	104	36	[6] 110	25	81
West North Central	32	35	40	31	44	38	38	38	36	31
South Atlantic	31	77	50	51	12	[7] 82	27	58	25	58
East South Central	84	197	110	223	79	254	63	99	68	239
West South Central	102	104	73	156	34	123	34	109	44	71
Mountain	46	[1] 146	46	46	37	64	176	27	83	46
Pacific	15	21	11	18	47	14	25	21	11	14

PNEUMONIA DEATH RATES

96 cities	214	[6] 325	208	372	197	[7] 372	197	[6] 335	194	277
New England	220	217	204	357	211	430	242	468	204	359
Middle Atlantic	213	460	216	503	198	493	214	432	189	338
East North Central	226	[6] 289	208	355	201	351	171	[6] 321	178	245
West North Central	169	146	167	144	161	159	186	159	220	184
South Atlantic	232	301	275	349	232	[7] 330	219	289	223	235
East South Central	336	389	263	400	247	477	247	358	315	431
West South Central	169	255	169	279	160	175	160	198	160	170
Mountain	203	300	166	200	194	191	157	155	259	137
Pacific	138	92	116	99	142	117	142	57	105	149

[2] Madison, Wis., and Covington, Ky., not included.
[3] Covington, Ky., not included.
[4] Spokane, Wash., not included.
[5] Norfolk Va., and Covington, Ky., not included.
[6] Madison, Wis., not included.
[7] Norfolk, Va., not included.

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

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

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended April 3, 1926.—The following report for the week ended April 3, 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		Smallpox		Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta	----	----	----	----	----	----	Osaka	0	0	0	0	1	----
Bombay	----	1	----	0	32	16	Niigata	0	0	0	0	2	----
Madras	----	0	----	4	7	1	Tsuruga	0	0	0	0	0	0
Rangoon	----	7	----	2	13	5	Hakodate	0	0	0	0	0	0
Karachi	----	2	----	0	8	3	Keelung (Formosa)	0	0	0	0	0	0
Negapatam	----	0	----	0	0	0	Fusan	0	0	0	0	0	0
Colombo	0	0	0	0	0	0	Chemulpo	0	0	0	0	0	0
Basra	0	0	0	0	3	2	Dairen	0	0	0	0	2	1
Singapore	0	0	0	0	0	0	Adelaide	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0	Brisbane	0	0	0	0	0	0
Penang	0	0	0	0	0	0	Fremantle	0	0	0	0	0	0
Batavia	0	0	0	0	0	0	Melbourne	0	0	0	0	0	0
Surabaya	0	0	0	0	0	0	Sydney	0	0	0	0	0	0
Samarang	0	0	0	0	0	0	Rockhampton	0	0	0	0	0	0
Cheribon	0	0	0	0	0	0	Townsville	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0	Port Darwin	0	0	0	0	0	0
Palembang	0	0	0	0	0	0	Broome	0	0	0	0	0	0
Sabang (Rhio)	0	0	0	0	0	0	Port Moresby	0	0	0	0	0	0
Makassar	0	0	0	0	0	0	Auckland	0	0	0	0	0	0
Menado	0	0	0	0	0	0	Wellington	0	0	0	0	0	0
Banjermassin	0	0	0	0	0	0	Christchurch	0	0	0	0	0	0
Balik-Papan	0	0	0	0	0	0	Invercargill	0	0	0	0	0	0
Tarakan	0	0	0	0	0	0	Noumea (New Caledonia)	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0	Honolulu	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	1	0	Suez	1	0	0	0	1	0
Timor Dilly	0	0	0	0	0	0	Tor (Quarantine Station)	0	0	0	0	0	0
Manila	0	0	0	0	0	0	Alexandria	0	0	0	0	0	0
Iloilo	0	0	0	0	0	0	Port Said	0	0	0	0	0	0
Jolo	0	0	0	0	0	0	Port Sudan	0	0	0	0	0	0
Cebu	0	0	0	0	0	0	Mombasa (Kenya)	0	0	0	0	0	0
Zamboanga	0	0	0	0	0	0	Massowah	0	0	0	0	0	0
Bangkok	0	0	91	54	7	5	Djibuti	0	0	0	0	0	0
Saigon and Cholon	0	0	13	7	2	0	Berbera	0	0	0	0	0	0
Haiphong	0	0	0	0	1	0	Mozambique	0	0	0	0	0	0
Tourane	0	0	0	0	0	0	Lourenco Marques	0	0	0	0	0	0
Hongkong	0	0	0	0	2	0	Durban	0	0	0	0	0	0
Shanghai	0	0	0	0	----	3	East London	0	0	0	0	0	0
Amoy	0	0	0	0	4	3	Port Elizabeth	0	0	0	0	0	0
Nagasaki	0	0	0	0	0	0	Cape Town	0	0	0	0	0	0
Yokohama	0	0	0	0	3	----	Port Louis (Mauritius)	0	0	0	0	0	0
Simonoseki	0	0	0	0	0	0	Seychelles	0	0	0	0	0	0
Moji	0	0	0	0	1	0							
Kobe	0	0	0	0	0	0							

BAHAMA ISLANDS

Quarantine against vessels from Florida on account of smallpox.—On March 25, 1926, an order in council was issued by the Bahamas Government, declaring all ports of Florida infected, setting forth preventive measures to be followed, and repealing the order in council dated January 22, 1926. The order contains the following provisions:

(*a*) All vessels arriving at any port or place in the colony from Florida are to be quarantined at the quarantine station, Nassau, for 21 days and all vessels which have touched at any port or place in Florida within 21 days of their arrival at any port or place in the colony are to be quarantined at the quarantine station aforesaid for such number of days as will complete 21 days from Florida; that is, there shall be no communication between the said vessels and the shore, and only the port officials and health officers will be allowed to go on board.

(*b*) All persons coming from Florida either directly or indirectly are to produce medical certificates of recent vaccination, or otherwise satisfy the health officer that have been recently vaccinated.

(*c*) All mails and passengers' baggage from Florida are to be fumigated.

This order shall remain in force for 16 weeks from the date hereof.

The order in council dated the 22d day of January, 1926, prohibiting any communication by sea or air with the State of Florida is hereby repealed.

CANADA

Communicable diseases—Week ended April 10, 1926.—The Canadian Minister of Health reports certain communicable diseases in six Provinces of Canada for the week ended April 10, 1926, as follows:

Disease	Nova Scotia	New Brunswick	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever				1			1
Influenza	85			1			86
Smallpox			21	4	5	3	33
Typhoid fever	5	4	13				22

Communicable diseases—Ontario—March, 1926 (comparative).—During the month of March, 1926, communicable diseases were reported in the Province of Ontario as follows:

Disease	March, 1926		March, 1925	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis		7		3
Chancroid			2	
Chicken pox	640		398	
Diphtheria	155	9	265	15
German measles	943		27	
Gonorrhea	132		110	
Influenza		44		56
Lethargic encephalitis	1	1	7	4
Measles	2,661	5	1,663	7
Mumps	415		1,281	
Pneumonia		237		230
Poliomyelitis				1
Scarlet fever	632	12	681	8
Septic sore throat	2		7	2
Smallpox	45	1	16	
Syphilis	103		101	
Tuberculosis	144	88	159	80
Typhoid fever	33	1	72	8
Whooping cough	310	7	464	13

Smallpox.—The occurrence of smallpox was distributed in 16 localities, with the greatest number of cases reported at Kitchener, viz, 14. At Toronto 1, Marmora village 1, Belleville 1, Kingston 1, Guelph 2, Eganville 1, Bradford 1, Sarnia 3, Blind River 1, Sudbury 1, Percy Township 1, Wilmot Township 3, Marmora Township 1, Sydney Township 1, and King Township 12. One death was reported at Kitchener.

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 30, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India:				
Calcutta	Feb. 28–Mar. 6	48	45	
Madras	Marr. 7–20	30	16	
Rangoon	Feb. 28–Mar. 6	1	1	
Philippine Islands:				
Rizal Province	Jan. 17–30	9	3	
Siam:				
Bangkok	Feb. 14–20	26	17	

PLAGUE

Belgium:				
Vilvorde	Dec. 1–8	1	1	
China:				
Nanking	Mar. 7–27			Present.
Egypt:				
Alexandria	Mar. 12–18	1	1	Bubonic.
Greece:				
Athens	Feb. 1–Mar. 31	11	1	
India:				
Madras	Feb. 14–20	100	83	
Rangoon	Feb. 28–Mar. 6	12	14	
Iraq:				
Bagdad	Feb. 21–27	13	11	
Java:				
Province—				
Batavia	Feb. 20–Mar. 5	73	71	
Siam:				
Bangkok	Feb. 14–20	1	1	

SMALLPOX

Algeria:				
Algiers	Mar. 11–20	8		
Canada:				
Manitoba—				
Winnipeg	Apr. 4–10	1	1	
China:				
Amoy	Mar. 14–20		5	
Chungking	Feb. 28–Mar. 20			Present.
Manchuria—				
An-shan	Mar. 14–20	3		
Changchun	do	1		
Fushun	do	1		
Harbin	Mar. 5–11	2		
Liao-yang	Mar. 14–20	1		
Supingkai	do	1		
Nanking	Mar. 7–27			Do.
Tientsin	Feb. 21–27	1		

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

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

Reports Received During Week Ended April 30, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Chosen:				
Seishin	Feb. 1-28	43	25	
Great Britain:				
England and Wales	Mar. 28-Apr. 3	130		
Greece:				
Athens	Mar. 1-31	37	3	
India:				
Calcutta	Feb. 28-Mar. 6	61	37	
Bombay	Feb. 20-Mar. 6	59	37	
Karachi	Mar. 7-13	5	2	
Madras	Mar. 7-20	42	8	
Rangoon	Feb. 28-Mar. 6	8	3	
Indo-China:				
Saigon	Feb. 8-28	3		Including 100 square kilometers of surrounding country.
Iraq:				
Bagdad	Feb. 21-27	4	3	
Basra	Feb. 14-27	12	10	
Jamaica	Mar. 28-Apr. 3	7		Reported as alastrim.
Java:				
Province—				
Batavia	Feb. 20-Mar. 5	5		
Mexico:				
Saltillo	Apr. 4-10	1		
San Luis Potosi	Mar. 28-Apr. 10		14	
Torreon	Mar. 1-31		11	
Vera Cruz	Mar. 14-Apr. 3	5	1	
Siam:				
Bangkok	Feb. 14-20	13	8	
Spain:				
Valencia	Mar. 28-Apr. 3	1		
Straits Settlements:				
Penang	do		1	
Sumatra:				
Medan	Feb. 14-20	1		

TYPHUS FEVER

Algeria:				
Algiers	Mar. 11-20	1		
Greece:				
Athens	Mar. 1-31	7	2	
Palestine:				
Haifa	Mar. 16-22	1		
Ramleh	do	1		
Union of South Africa:				
Natal—				
Durban	Feb. 28-Mar. 6	1		

Reports Received from December 26, 1925, to April 23, 1926 [1]

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. Jan. 3-Feb. 6, 1926: Cases, 17,858; deaths, 10,980.
Calcutta	Nov. 1-28	101	89	
Do	Dec. 6-26		54	
Do	Dec. 27-Jan. 16		41	
Do	Jan. 24-Mar. 6	207	179	
Madras	Nov. 15-Jan. 2	174	70	
Do	Jan. 3-Mar. 6	93	60	
Rangoon	Nov. 8-Dec. 5	4	4	
Do	Jan. 24-Feb. 13	5	3	

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

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

Reports Received from December 26, 1925, to April 23, 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-Mar. 6	3	27	
Province—				
Bataan	Nov. 30-Dec. 26	29	25	
Do	Jan 2-16	1	1	
Batangas	Jan. 24-Feb. 13	7	7	
Bohol	Jan. 23-30	1	1	
Bulacan	Oct. 18-Nov. 7	92	64	
Do	Nov. 23-Dec. 31	200	88	
Do	Jan. 2-30	6	6	
Laguna	Nov. 23-Dec. 26	18	14	
Do	Jan. 24-Feb. 6	5	6	
Leyte	Jan. 3-9	2	2	
Mindoro	Dec. 20-31	35	30	
Nueva Ecija	Nov. 30-Dec. 13	7	5	
Pampanga	Nov. 1-7	1	1	
Do	Nov. 23-Dec. 31	113	85	
Do	Jan. 2-Feb. 20	38	34	
Rizal	Sept. 27-Nov. 21	75	21	
Do	Dec. 21-30	14	11	
Do	Jan. 3-16	76	26	
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. 13	187	125	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam: Cases in coolie passengers.

PLAGUE

Argentine				Jan. 24-30, 1926: 6 cases, occurring in interior Provinces of Salta and Santa Fe.
Buenos Aires	Jan. 24-30	1		
Azores:				
St. Michaels	Jan. 17-30	4	2	
Do	Feb. 7-13	1		In outskirts of city of Ponta Delgada.
Brazil:				
Bahia	Nov. 8-Dec. 28	3	1	
Do	Dec. 27-Jan. 30	4	2	
Santos	Dec. 8-21		2	
Sao Paulo	Reported Mar. 25	4	1	
British East Africa:				
Kenya—				
Kisumu	Nov. 22-Dec. 5	1	2	
Do	Jan. 31-Feb. 27	4	3	
Uganda Protectorate	Sept. 1-Dec. 31	468	426	
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	do	1		
Do	Jan. 7	1	1	
Santa Cruz de Teneriffe	Dec. 18-27	3		
Do	Dec. 28-Feb. 1	3		
Celebes:				
Makassar	Dec. 29-Feb. 2	12	12	Netherlands East Indies.
Ceylon:				
Colombo	Nov. 15-Dec. 5	3	3	1 plague rodent.
Do	Dec. 27-Jan. 16	2	2	
Do	Jan. 24-Feb. 27	4	3	Feb. 14-20, 1926: Two plague rodents.
China:				
Nanking	Nov. 15-Mar. 6			Prevalent.

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
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.
Do	Mar. 1-15	9	4	Rats taken, Jan. 1-Mar. 15, 1926, 54,393; rats found infected, 477.
Recreo (country estate)	do	1		
Egypt				Jan. 1-Dec. 9, 1925: Cases, 138.
Alexandria	Mar. 10	1		
Beni Suef	Nov. 18	1	1	
Fayoum Province	Dec. 3-9	1	1	
Gharbia Province	Mar. 9	1	1	
Minia Province	Mar. 4	1	1	
Greece:				
Athens	Nov. 1-30	18	4	Including Piræus.
Do	Jan. 1-31	14	3	
Herakleion	Feb. 4	1		On island of Crete.
Patras	Nov. 13-Dec. 12	4	1	
Hawaii Territory	Feb. 2			1 plague-infected rodent found near Hamakua Mill Co.
Hawaii—				
Kakuihaele	Mar. 19	1	1	
Honakaa	Mar. 16	2		1 death suspected plague.
Pauuilo				Jan. 29, 1926: Plague-infected rat found in vicinity.
India				Oct. 18, 1925, to Jan. 2, 1926: Cases, 15,135; deaths, 10,677. Jan. 3-Feb. 6, 1926: Cases, 15,071; deaths, 10,460.
Bombay	Dec. 6-12	1	1	
Do	Jan. 3-Feb. 20		8	
Calcutta	Dec. 6-12		1	
Karachi	Nov. 1-Dec. 19	4	3	
Do	Feb. 21-Mar. 6	3	3	
Madras Presidency	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-Feb. 13	579	348	
Rangoon	Oct. 25-Dec. 26	23	15	
Do	Dec. 27-Feb. 27	57	49	
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-Feb. 20	43	26	
Java:				
Batavia	Oct. 24-Nov. 6	94	89	Province.
Do	Nov. 14-Jan. 1	315	297	
Do	Jan. 2-Feb. 19	369	357	
Cheribon	Sept. 27-Oct. 17		166	
Do	Nov. 15-Dec. 26		198	
Do	Jan. 3-Feb. 6		8	
Djokjakarta	Oct. 20-Nov. 9			Epidemic in 1 locality.
Kediri	Dec. 7			Do.
Koeningan	Dec. 27-Jan. 16		114	
Pekalongan	Sept. 27-Oct. 17		42	
Do	Nov. 8-Dec. 26		172	
Rembang	Oct. 20			Do.
Surabaya	Oct. 11-Dec. 26	59	59	
Do	Dec. 27-Jan. 9	16	16	
Do	Jan. 17-Feb. 13	12	12	
Tegal	Sept. 27-Oct. 17	6	6	
Do	Nov. 8-Dec. 26		31	
Madagascar				Nov. 1-December, 1925: Cases, 632; deaths, 593. Jan. 1-31, 1926: Cases, 334; deaths, 303.
Province—				
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	
Moramanga	Sept. 16-Dec. 31	49	48	
Do	Jan. 1-31	35	34	
Tananarive	Sept. 16-Nov. 30	368	341	
Do	Dec. 16-31	152	143	
Do	Jan. 1-31	258	227	

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Madagascar—Continued.				
Town—				
Fort Dauphin	Sept. 16–Nov. 30	6	3	
Do	Jan. 16–31	1	1	
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. 1–31	9	9	
Mauritius Island	Sept. 20–Dec. 26	21	18	
Moca	Dec. 1–31	2	2	
Pamplemousses	Oct. 1–Nov. 30	3	2	
Port Louis	Oct. 1–Dec. 31	13	9	
Rivière du Rempart	October	2		
Persia:				
Teheran	Oct. 21–Nov. 21		12	
Peru				January, February, 1926: Cases, 290; deaths, 111.
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	
Siam	Aug. 23–Dec. 26	65	53	
Bangkok	Nov. 15–28	3	3	
Do	Jan. 3–30	38	33	
Do	Feb. 7–13	5	4	
Straits Settlements:				
Singapore	Nov. 1–Dec. 5	8	8	
Do	Jan. 3–9	2	2	
Syria:				
Beirut	Nov. 11–20	1		
Do	Jan. 21–31	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.
Winburg district	Feb. 21–27	1		
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 shore from vessel.

SMALLPOX

Algeria:				
Algiers	Nov. 21–Dec. 31	177		
Do	Jan. 1–10	64		
Do	Jan. 21–Mar. 10	64		
Arabia:				
Aden	Nov. 29–Dec. 5	1		Imported.
Do	Jan. 10–Mar. 6	10	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–Mar. 6	28	6	
Rio de Janeiro	Nov. 1–28	134	72	
Do	Dec. 6–26	65	26	
Do	Dec. 27–Feb. 20	195	131	

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
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. 3–Apr. 3, 1926: Cases, 55.
Calgary	Dec. 13–19	1		From Drumheller, vicinity of Calgary.
British Columbia—				
Vancouver	Jan. 4–Mar. 27	2		
Victoria	Mar. 21–27	2		
Manitoba				Jan. 3–Apr. 3, 1926: Cases, 44.
Winnipeg	Dec. 13–19	2		
Do	Jan. 3–Apr. 3	15		
New Brunswick—				
Northumberland	Dec. 6–13	1		
Ontario				Dec. 1–31, 1925: Cases, 32. Jan. 3–Apr. 3, 1926: Cases, 204.
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		
North Bay	Feb. 14–Mar. 14	7		
Ottawa	Dec. 6–12	2		
Do	Jan. 3–Feb. 6	2		
Sarnia	Mar. 14–20	1		
Toronto	Dec. 27–Jan. 2	1		
Do	Jan. 3–Mar. 20	26		
Trenton	do	15		
Saskatchewan				Jan. 3–Apr. 3, 1926: Cases, 73.
Moose Jaw	Feb. 21–Mar. 13	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–Mar. 6		11	
Antung	Dec. 7–20	2		
Changsha	Feb. 21–27			Present.
Chungking	Nov. 15–27			Do.
Foochow	Nov. 1–Mar. 6			Do.
Hankow	Nov. 14–Dec. 26	4		
Do	Jan. 10–Mar. 6	3		
Hongkong	Nov. 22–Dec. 26	4		
Do	Jan. 3–Feb. 27	9	4	
Manchuria—				
An-shan	Dec. 6–12	1		
Do	Jan. 10–Feb. 13	6		South Manchurian Railway.
Changchum	Jan. 10–Feb. 27	20		Do.
Dairen	Oct. 19–Dec. 27	73	15	
Do	Dec. 28–Mar. 7	77	24	
Fushun	Jan. 17–23	1		Do.
Harbin	Jan. 1–Mar. 4	3		
Kai-yuan	Jan. 10–30	4		Do.
Kungchuling	Jan. 31–Feb. 20	2		
Lio-yang	Jan. 17–Mar. 13	2		Do.
Mukden	Oct. 24–Nov. 15	1		Do.
Do	Jan. 24–Feb. 27	4		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–Mar. 13	56	131	Cases, foreign only.

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Swatow	Nov. 22-Mar. 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-Mar. 4	22	6	
Port Said	Feb. 26-Mar. 4	1		
Esthonia				November, 1925: Cases, 3.
France				September-December, 1925: Cases, 253.
Havre	Jan. 25-31		9	
Paris	Mar. 1-10	5	1	
Gold Coast	September, December.	58	5	
Great Britain:				
England and Wales				Nov. 15-Dec. 26, 1925: Cases, 790. Dec. 27-Mar. 27, 1926: Cases, 3,481.
Hull	Dec. 27-Jan. 23	29		
Do	Feb. 7-Mar. 27	9		
Leeds	Jan. 14-Feb. 6	4		
London	Jan. 31-Feb. 6		1	
Newcastle-on-Tyne	Nov. 29-Dec. 19	6		
Do	Dec. 27-Mar. 27	35	1	
Nottingham	Nov. 22-Dec. 26	9		
Do	Dec. 27-Feb. 27	3		
Sheffield	Nov. 22-Dec. 12	7		
Do	Dec. 20-26	3		
Do	Dec. 27-Mar. 20	18		
South Shields	Feb. 9			Reported present in severe form.
Greece				Oct. 1-31, 1925: Cases, 16.
Athens	Nov. 1-Dec. 31	18	1	
Do	Jan. 1-Feb. 28	50	3	
Kalamata	Mar. 1-7	1		From Patras.
Saloniki	Feb. 16-Mar. 15		2	
India				Oct. 18-Dec. 26, 1925: Cases, 19,472; deaths, 4,440. Dec. 27, 1925-Feb. 6, 1926: Cases, 36,335; deaths, 11,491.
Bombay	Nov. 8-Dec. 26	26	20	
Do	Dec. 27-Feb. 20	113	58	
Calcutta	Nov. 29-Dec. 26	48	25	
Do	Dec. 27-Feb. 27	370	225	
Karachi	Nov. 1-21	23		
Do	Nov. 29-Dec. 5	4	2	
Do	Dec. 13-19	3		
Do	Dec. 29-Mar. 6	79	24	
Madras	Jan. 24-Mar. 6	34	6	
Rangoon	Oct. 25-Nov. 28	3		
Do	Dec. 6-26	4	1	
Do	Dec. 27-Jan. 16	13	1	
Do	Jan. 24-30	6		
Do	Jan. 31-Feb. 27	56	9	
Indo-China				September-October, 1925: Cases, 204; deaths, 62.
Province—				
Annam	Sept. 1-Oct. 31	90	23	
Cambodia	do	72	30	
Cochin China	do	61	30	
Saigon	Dec. 21-27	2	1	
Do	Jan. 1-Mar. 7	8	1	Including 100 kilometers of surrounding country.
Tonkin	Dec. 2-Jan. 2	22		
Iraq:				
Bagdad	Nov. 1-Dec. 26	19	15	Sept. 6-Oct. 17, 1925: Cases, 81; deaths, 40.
Do	Dec. 27-Feb. 20	15	7	
Basra	Dec. 27-Feb. 13	40	32	
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. Mar. 21-27, 1926: Cases, 59. Reported as alastrim.
Kingston	Nov. 29-Dec. 26	43		Reported as alastrim.
Do	Dec. 27-Jan. 30	48		Do.
Do	Mar. 21-27	5		Do

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Japan:				
Nagasaki	Feb. 15–21	1		
Taiwan	Nov. 11–Dec. 10	3		
Yokohama	Dec. 14–20	1		
Do	Feb. 23–Mar. 14	38	5	
Java:				
Batavia	Oct. 24–30	1		
Do	Nov. 14–Dec. 25	7		
Buitenzorg	Nov. 29–Dec. 5	1		
Cheribon	Nov. 8–Dec. 12	2		
Do	Jan. 31–Feb. 6		1	
Kraksaan	Oct. 11–17	11		
Malang	Oct. 11–Jan. 16	13		
North Bantam	Oct. 4–17	4		
Pekalongan	Oct. 25–31	1		
Pontianak	Jan. 31–Feb. 6		1	
Probolingo	Oct. 11–17	1		
South Bantam	Oct. 11–17	1		
Surabaya	Oct. 11–Dec. 26	633	104	
Do	Dec. 27–Feb. 13	131	40	
Tegal	Oct. 4–10	9	1	
Latvia				December, 1925: Cases, 3.
Malta	Nov. 1–Dec. 21	21	3	
Do	Jan. 1–Feb. 28	20		
Mexico				July–September, 1925: Deaths, 1,157.
Aguascalientes	Dec. 13–Jan. 2	4	3	
Do	Jan. 3–30		7	
Do	Feb. 14–Mar. 27		12	
Durango	Dec. 1–31		1	
Do	Jan. 1–31		2	
Guadalajara	Dec. 27–Apr. 6		16	
Mexico City	Nov. 28–Dec. 5	1		Including municipalities in Federal District.
Do	Jan. 3–Mar. 27	7		Do.
San Luis Potosi	Jan. 17–Mar. 20		53	
Tampico	Dec. 21–Jan. 2	1	1	
Do	Jan. 2–Mar. 10	8		
Torreon	Nov. 1–Dec. 31		51	
Do	Jan. 1–Feb. 28		54	
Vera Cruz	Mar. 29–Apr. 4		1	
Netherlands:				
The Hague	Jan. 30–Mar. 6	2	1	
Nigeria				August–November, 1925: Cases, 347; deaths, 6.
Palestine:				
Hebron	Jan. 26–Feb. 1	2		
Tiberias	Feb. 9–15	1		
Persia:				
Teheran	July 23–Dec. 22		775	
Peru:				
Arequipa	Oct. 1–Dec. 31		2	
Poland				Nov. 1–28, 1925: Cases, 9.
Portugal:				
Lisbon	Oct. 4–31	124		
Do	Nov. 16–Dec. 27		60	
Do	Nov. 14–Dec. 26	187		
Do	Dec. 27–Mar. 27	116	29	
Oporto	Nov. 22–Dec. 19	2	3	
Do	Dec. 27–Mar. 6	3	1	
Rumania	August–October	3		
Russia				May–June, 1925: Cases, 2,333.
Do	July–October	1,563		
Siam				July 12–Sept. 5, 1925: Cases, 21; deaths, 6.
Bangkok	Dec. 20–25	3	1	
Do	Dec. 26–Feb. 13	51	17	
Sierra Leone:				
Konno district	Dec. 16–31	5		
Spain:				
Madrid	Year 1925		18	
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. 12	7		
Straits Settlements:				
Singapore	Dec. 20–26	1		
Do	Jan. 10–16	2	1	

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Sumatra:				
Medan	Feb. 21-27	1		
Switzerland				June 28-Nov. 21, 1925: Cases, 62;
Lucerne	Oct. 1-Nov. 30	8		Dec. 27, 1925-Jan. 30, 1926:
Do	Jan. 1-31	5		Cases, 37.
Zurich	Dec. 27-Jan. 2	1		
Trinidad (West Indies):				
Port of Spain	Jan. 1-Mar. 20	8		
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		
Canary Islands:				
Santa Cruz de Teneriffe	Mar. 8-14	1		
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-Mar. 7	7		
Hongkong	Dec. 27-Jan. 2	1		
Manchuria—				
Harbin	Dec. 17-Feb. 4	3		
Czechoslovakia	October-December	145	1	
Egypt:				
Alexandria	Jan. 8-Feb. 25	2		
Cairo	Nov. 5-Dec. 16	3	2	
Port Said	Nov. 19-25	1		
Do	Mar. 12-18	1		
Esthonia	Jan. 1-31	6		
Finland				October, 1925: 1 case.
France	July-October	4		
Greece				December, 1925: Cases, 12.
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		
Dunanway	Nov. 14	1		
Galway County	Oct. 17			

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

Reports Received from December 26, 1925, to April 23, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Ireland—Continued.				
Kerry County—				
Listowel	Mar. 7-13	1		Rural district.
Wexford County—				
Gorey	do	1		Do.
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		Including municipalities in Federal District.
Do	Dec. 27-Mar. 20	84		Do.
San Luis Potosi	Feb. 6-13		1	
Tampico	Dec. 21-Jan. 10	1	1	
Torreon	November, 1925		1	
Vera Cruz	Feb. 12		1	
Morocco	August-December	93		
Norway				November-December, 1925: Cases, 2.
Palestine:				
Gaza	Dec. 18	1		
Jaffa	Dec. 17	1		
Do	Feb. 23-Mar. 1	1		
Nazareth	Nov. 3-9	1		
Safad	Nov. 24-30	1		
Tel-Aviv	do	1		
Do	Mar. 9-15	1		
Tiberias	do	2		
Peru:				
Arequipa	October-December		3	
Poland	Oct. 11-Nov. 18	215	26	
Do	Nov. 29-Jan. 2	247	18	
Do	Jan. 3-16	190	14	
Rumania				July-October, 1925: Cases, 181; deaths, 22.
Constantza	Feb. 1-Mar. 10	2		
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).
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. January, 1926: Cases, 94; deaths, 18. European cases, 5.
Cape Province	Oct. 1-31	63	5	Colored.
Do	Nov. 8-Dec. 31	47	8	
Do	Jan. 1-Feb. 27	74	14	Do.
Grahamstown	Jan. 24-30	2		
Middleburg district	Dec. 6-12	1		European. On farm.
Natal	Oct. 1-Dec. 5	1		
Do	Jan. 1-31	9	1	Colored.
Durban	Jan. 3-Feb. 27	3		
Orange Free State	Nov. 29-Dec. 5	23	1	
Do	Dec. 1-31	8	1	
Do	Jan. 1-Feb. 27	6	3	Do.
Bethulia district	Dec. 6-12			Outbreaks.
Bothaville district	do	1		Native. On farm.
Transvaal	Oct. 1-31	1	1	
Do	Dec. 1-31	18		
Do	Feb. 14-27			Outbreaks.
Bloemhof district	Dec. 27-Jan. 2			Outbreaks. On farm.
Johannesburg	Mar. 1-6	2		
Yugoslavia				Jan. 1-Feb. 21, 1926: Cases, 81; deaths, 12.

YELLOW FEVER

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