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INCIDENCE OF ENDEMIC THYROID ENLARGEMENT IN CONNECTICUT

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INTRODUCTION

There is a widespread impression among professional as well as lay observers that endemic thyroid enlargement is relatively infrequent in Connecticut. This impression has been strengthened since the enunciation of the iodine deficiency theory of simple goiter causation. Connecticut lies wholly within the glaciated area and therefore a slight reduction in soil iodine may be expected. However, because of the proximity of the State to the seaboard and the excellence of the transportation facilities, by means of which iodine-containing foods are made available, it is improbable that there is a serious absolute deficiency of iodine. Consequently there is ample reason for assuming that endemic thyroid enlargement is comparatively infrequent in that State.

The principal information concerning goiter in Connecticut, and certainly that most widely quoted, was derived from the physical examinations of men drafted for military service during the World War.¹ In comparison with other States, Connecticut had relatively few instances either of simple or of exophthalmic goiter among the drafted men. However, it should be pointed out that the findings were based upon the recognition of 55 cases of exophthalmic goiter and 32 cases of simple goiter by a considerable number of examining physicians with varying degrees of skill and experience in diagnosis.

In view of the uncertainty as to the extent and distribution of endemic thyroid enlargement in Connecticut, the Public Health Service was requested by the State commissioner of health to undertake a thyroid survey. Consequently an investigation was made by the writers in the fall of 1925.

1. HOW THE SURVEY WAS MADE

In cooperation with the Connecticut State Department of Health, to the officials of which the writers are greatly indebted for numerous courtesies and efficient cooperation, 28 representative communities

¹ Love, A. G., and Davenport, C. B.: Defects Found in Drafted Men. Prepared under the direction of the Surgeon General, M. W. Ireland, War Department, Washington, D. C. Government Printing Office, 1920.

were visited.² In selecting these localities, indicated on Map 1, an effort was made to include the principal centers of population and different sections of the State. If endemic thyroid enlargement should be more prevalent in one portion of the State than another it could be detected in such a State-wide survey.

Methods.—The thyroid examinations in Connecticut were limited to boys and girls in the high schools and upper grades of the grammar schools of the places visited. In this way children of adolescent age, in whom endemic goiter may reasonably be expected to be present, were included in the investigation. The methods employed in making the examinations and the standards used in classifying the enlargements were identical with those applied in the Cincinnati and Colorado surveys.^{3,4} Consequently the results are comparable.

Scope of the survey.—In the 28 localities visited, the thyroids of 5,797 boys and 6,608 girls were examined. At the same time the condition of the tonsils and teeth were inspected for the purpose of determining a possible relationship between potential foci of infection and thyroid enlargement. The results of this latter study will be made the subject of a separate report. The method of supplementing a routine thyroid examination by collateral studies which may enhance our knowledge on the subject of goiter causation is recommended for more extended application. Such collateral investigations require relatively little additional time and are usually enlightening.

2. THE RESULTS

In Table 1 are displayed the numbers, degrees, and percentages of thyroid enlargements occurring among 5,797 boys and 6,608 girls in the 28 localities studied. Among the boys there were 402 enlargements of all sizes, a percentage of 7. A greater number of enlargements, 1,945, or 29.4 per cent, were found among the girls.

The disproportion of thyroid enlargements between boys and girls included in the Connecticut survey is particularly noteworthy. Ordinarily endemic goiter is between two and one-half to six times more frequent among girls. For instance, the ratio of goiter prevalence among girls and boys in the Cincinnati survey was as 6 to 4, approximately 50 per cent of very slight thickenings being included in the estimate. In the Connecticut survey the proportion was 4.2 to 1.

² The writers are also under many obligations to the health officers, school physicians, school nurses, superintendents of schools, and teachers for assistance in making the examinations possible in the localities visited.

³ Olesen, Robert: Thyroid Survey of 47,493 Elementary School Children in Cincinnati. *Public Health Reports*, vol. 39, No. 30, p. 1778, July 25, 1924. (Reprint No. 941.)

⁴ Olesen, Robert: Endemic Goiter in Colorado. *Public Health Reports*, vol. 40, No. 1, Jan. 2, 1925, pp. 1-22. (Reprint No. 983.)

Marine ⁵ points out that the proportional incidence of goiter among the boys and girls of a given community may be used as an indicator in estimating the severity of the malady. Thus, in districts in which goiter is most severe in its manifestations, 100 per cent of both sexes have thyroid enlargement. From this peak the condition gradually decreases in severity until the proportion becomes 10 to 1 in districts with sporadic occurrence of goiter.

Coming to a consideration of the degrees of thyroid enlargement among the boys it will be noted that there were 366 very slight and 35 slight enlargements, and only 1 moderate enlargement, percentages of 6.3, 0.6, and 0.017, respectively. Among the girls there were 1,428, or 21.6 per cent, very slight, and 426, or 6.4 per cent slight thyroid thickenings. There were also 83, or 1.2 per cent, moderate, 6 marked, and 2 very marked thyroid involvements.

Further differences between goiter prevalence in Cincinnati and Connecticut are apparent when degrees of enlargement are compared. In Cincinnati very slight enlargements prevail to about the same extent among girls and boys. Slight enlargements were twice as frequent among the girls. Moderate thickenings were four times, marked thickenings six times, and very marked thickenings seven times more frequent among the Cincinnati girls.

An entirely different picture is presented when similar comparisons are made between goiter prevalence among girls and boys in Connecticut. Very slight involvements in Connecticut were four times and slight involvements twelve times more frequent among the girls. There were 91 moderate, marked, and very marked goiters among the girls and only 1 moderate goiter among the Connecticut boys. It is evident from these comparisons that thyroid enlargement is proportionately and actually less frequent in Connecticut than in certain other sections of the country.

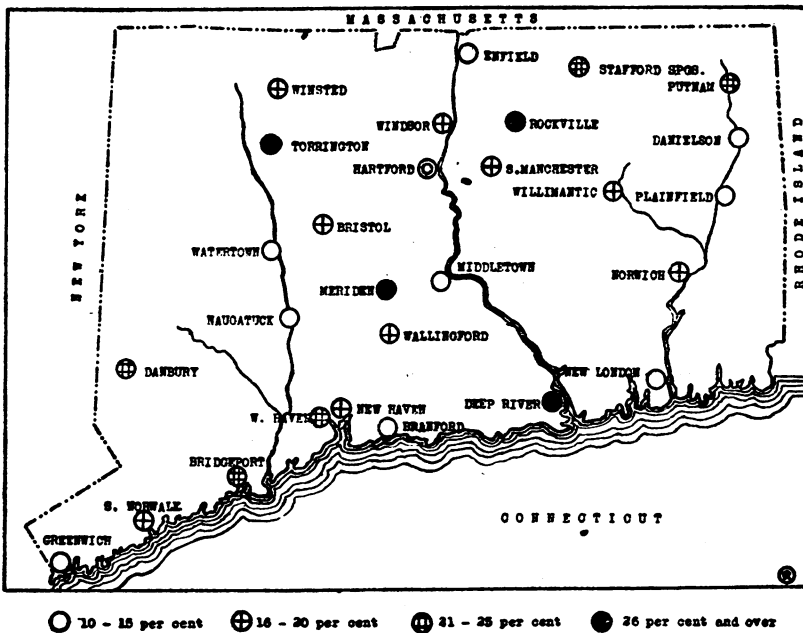
In addition to revealing the anticipated preponderance of thyroid enlargement among the girls the survey brought out other points of interest. Among the boys the enlargements were almost entirely of the very slight and slight varieties. Moreover, instead of the firm, tubelike, isthmial involvements so commonly encountered among boys in Cincinnati, the enlargements in Connecticut were more frequently of a diffused character. Among the 98 boys examined in Plainfield there was no evidence of thyroid enlargement. Other localities in which little involvement of the thyroid gland was detected among the boys were Naugatuck, Danielson, South Norwalk, and Watertown. Places with considerable thyroid involvement of slight degree among the boys were Meriden, Deep River, Middletown, and Willimantic.

⁵ Dr. David Marine, consultant in goiter studies, United States Public Health Service. (Personal communication.)

Among the girls, enlarged thyroids were noted most frequently in Torrington, Rockville, Deep River, and Meriden. The condition was least frequent among the girls in Hartford.

These variations are cited in order to indicate the irregularity of distribution of enlarged thyroids in the State. Apparently geographical location, in so far as thyroid enlargement in this State is concerned, has little significance. Localities along Long Island Sound, where thyroid enlargement should, theoretically at least, be comparatively infrequent, appear to have as much of the affection as do some of the places inland.

Table 2 has been prepared for the purpose of showing the prevalence of thyroid enlargement in each sex separately, and both sexes



MAP 1.—Showing percentage distribution of thyroid enlargement as disclosed by a survey of 5,797 boys and 6,608 girls in 28 localities in Connecticut

combined, in each of the 28 localities surveyed. This material is displayed graphically in Map 1 by means of symbols which denote varying percentages of prevalence. A total of 2,347 enlargements of all sizes, 18.9 per cent, were found among the 12,405 children examined. The least percentage of enlargement was found in Danielson, with 9.7 per cent, and the greatest percentage in Meriden, with 33.8 per cent. Between these extremes the percentages show no decided groupings or tendencies. In fact there is no single large section of the State in which endemic thyroid enlargement appears to be more prevalent than in another.

In Table 3 the numbers and degrees of thyroid enlargement are shown at each age period between 10 and 18 years. The tendency

for thyroid involvement to decrease as the ages of the boys increase is again well illustrated in this tabulation. Among the girls, on the other hand, endemic thyroid enlargement increases in frequency with succeeding age periods until the seventeenth year. These trends are graphically illustrated in Chart 1.

Comparison of data for Minnesota, Cincinnati, and Connecticut.—By comparing the results of the thyroid survey in Connecticut with similar data secured in other sections of the country a conception of the relative prevalence is possible. In a previous publication⁶ it was possible to make such a comparison between the thyroid surveys in Minnesota and the city of Cincinnati. Thus, among the children examined in 13 localities in Minnesota, 58 per cent had some degree of thyroid enlargement, in contrast to 33 per cent in Cincinnati. The frequency rate for girls in Minnesota was 71 per cent as compared with 40 per cent in Cincinnati. Among the boys in Minnesota there were 41 per cent of enlargements while among the boys in Cincinnati there were 27 per cent of enlargements. In contrast to these figures the much lower rates of thyroid incidence in Connecticut may be cited, 7 per cent among the boys and 29.4 per cent among the girls. The relative prevalence of thyroid enlargement among the boys and girls in Minnesota, Cincinnati, and Connecticut is clearly shown in Chart 1.

The age incidence of thyroid enlargements seems to be similar in all essential respects in the three sections of the country, though the rates are highest in Minnesota and lowest in Connecticut. The curve representing the combined moderate and marked enlargements of the Connecticut girls rises only slightly from the zero line, while the curve representing this data for the boys does not rise enough to be shown on this chart.

Asymmetry.—In the Cincinnati survey 7.9 per cent of the thyroid enlargements were found to be asymmetrical, the right-lobed thickenings being nine times more frequent than left-lobed involvements. In the Connecticut survey, on the other hand, it was noted that asymmetry not only was less frequent but that left-lobed enlargements occurred just as frequently as did those involving the right lobe.

Relation of endemic goiter to drinking water.—The rôle played by drinking water in the causation of endemic goiter has been a subject for study and conjecture for many years. Various theories have been advanced for the purpose of proving that endemic thyroid enlargement is caused by one or another substance inherent to or lacking in the water consumed by a given population. Thus, the heavy impregnation of drinking water with lime salts, the presence

⁶ Thyroid Enlargement Among Minnesota School Children. By Robert Olesen and Taliaferro Clark. Public Health Reports, vol. 39, No. 41, Oct. 10, 1924, pp. 2561-2572. (Reprint No. 963.)

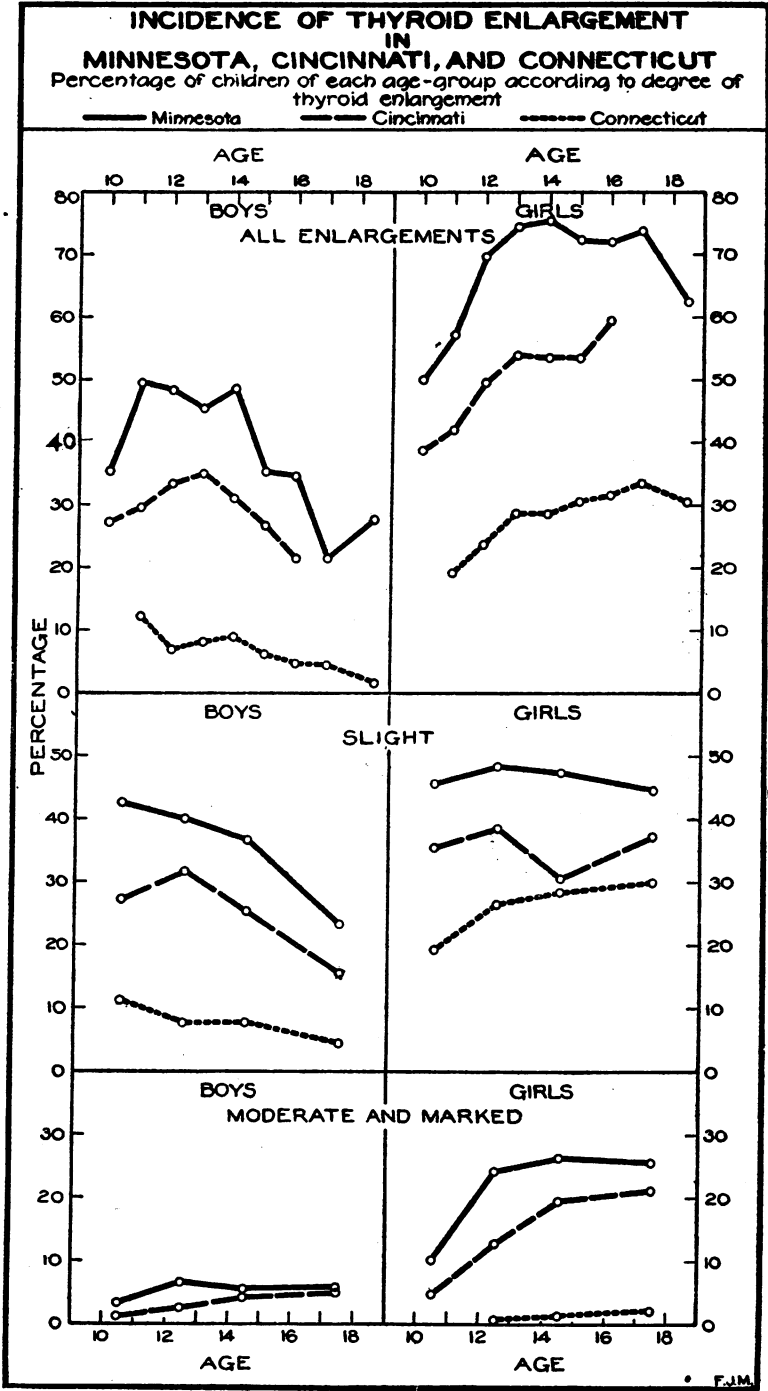
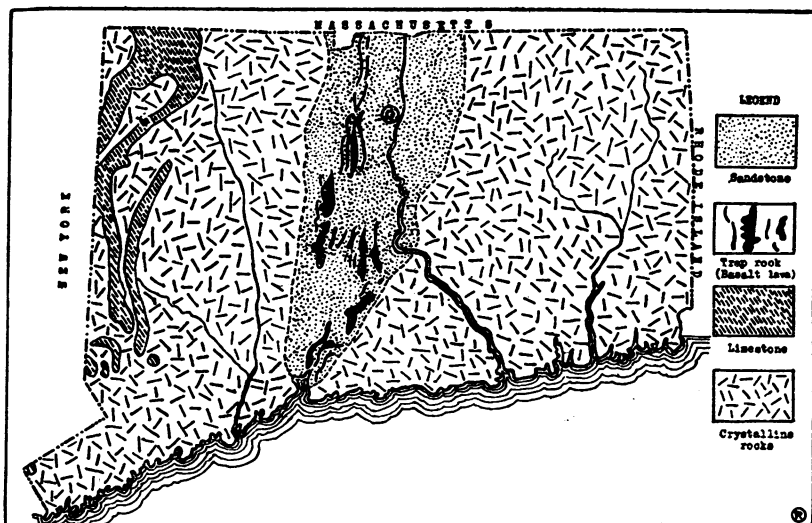


CHART 1

of unidentified microorganisms, the deficiency of iodine, and the absence of certain essential mineral salts have each been alleged to play a prominent part in goiter causation.

More recently the somewhat disturbing theory has been advanced that endemic goiter is due to the chlorination of drinking water. Moreover, the apparent increase in the amount of endemic thyroid enlargement has been ascribed to the increased use of chlorine in disinfecting water supplies.

It has also been held that chlorine, by its disinfecting action upon water and the consequent destruction of microorganisms, is an active agent in preventing goiter. It is not the purpose, in the present article, to discuss the merits or defects of the several theories bearing upon this subject. However, such information as was obtained during the Connecticut survey will be presented.



MAP 2.—Showing geologic formations in Connecticut

Unfortunately a State-wide series of determinations of iodine in drinking water is not available in Connecticut. However, judging from the results obtained in neighboring States, the iodine content of Connecticut drinking waters probably fluctuates considerably in various localities.

Sources and treatment of Connecticut water supplies.—In Table 4 the source of the supply, the treatment, and whether or not chlorination is employed in the water supply of each of the 28 localities visited in Connecticut have been set forth. It will be noted that practically all the water available in these places is obtained from surface reservoirs. With a few exceptions, the supplies of water are subjected to storage for varying periods prior to use.

Geologic formations in Connecticut.—In view of the fact that goiter has long been held to be associated with certain geologic formations as, for instance, limestone, it is of interest to consider briefly the geology of Connecticut. The principal geologic formations, as shown in Map 2, are sandstone, trap rock (basalt lava), limestone and crystalline rock. The State may be divided, for geologic purposes, into three principal sections, the eastern and western highlands and the central lowland. All of the eastern and most of the western highlands are underlaid with crystalline rocks. In the western portion of the State there are also deposits of limestone. The central lowland is underlaid with sandstone and irregular outcroppings of trap rock. However, comparison of geologic formations and distributions of thyroid enlargements, as revealed by the surveys, fails to indicate a correlation.

SUMMARY

1. The thyroid survey in Connecticut included 5,797 boys and 6,608 girls in 28 localities.

2. In all, there were 2,347 thyroid enlargements, a percentage of 18.9, among the 12,405 children examined.

3. According to degree of thyroid enlargement there were 366, or 6.3 per cent, very slight enlargements among the boys, and 1,428, or 21.4 per cent, among the girls. There were 35, or 0.6 per cent, slight and only 1 moderate enlargement among the boys, while among the girls there were 426, or 6.4 per cent, slight and 63, or 1.2 per cent, moderate involvements. There were also 6 marked and 2 very marked enlargements among the girls.

4. Among the boys the percentages of thyroid involvement decline as the higher age periods are reached. Among the girls, on the other hand, the percentages of enlargement increase until the age of 17 is reached.

5. In so far as the present survey is concerned there appears to be no section of the State of Connecticut in which endemic thyroid enlargement is more prevalent than another. However, the affection is more frequently encountered in some localities than in others.

6. A comparison of thyroid enlargement in Minnesota, Cincinnati, and Connecticut shows that the last named has the least amount.

7. There appears to be no correlation, in so far as the present study discloses, between the prevalence of thyroid enlargement and the principal geologic formations in Connecticut.

COMMENT

Endemic thyroid enlargement prevails to a far less extent in Connecticut than in certain other sections of the United States. Consequently two questions naturally arise in this connection:

1. Is the thyroid situation in Connecticut sufficiently important to require attention?

2. If the endemic thyroid problem is sufficiently important to merit consideration what action should be taken?

How much of a problem is goiter in Connecticut?—So long as endemic thyroid enlargement does not show a greater distribution than it does at present it would appear inexpedient and illogical for health officers and physicians to devote an undue share of attention to this single and comparatively minor phase of the general public-health problem. Under the present circumstances the best general policy would appear to be one of conservative watchfulness.

However, two years hence, surveys should be made to determine whether an increase in the prevalence of endemic thyroid enlargement has taken place in the localities included in the present study. If such an increase has taken place widespread prophylactic and remedial efforts may be required. On the other hand, should the affection appear stationary, intensive activity on the part of the State department of health, local health officers, physicians, and school authorities would probably not be indicated.

*What should be done?*⁷—At present the thyroid situation in Connecticut resolves itself into a consideration primarily of prevention and treatment of thyroid enlargement among adolescent girls. The institution of State-wide goiter prophylaxis through the use of iodized water supplies, iodized table salt, or wholesale distribution of tablets containing iodine is not yet indicated in Connecticut. It is believed, however, that prophylactic measures should be carried out among girls between the ages of 11 and 16 years, under the direction of local health authorities, guided and assisted by the State department of health and the local medical practitioners. The prophylactic methods chosen appear to be immaterial, provided skilled supervision, low dosage of iodine, regularity and economy of administration are available.

Too often it is possible to secure a considerable per capita appropriation for goiter prophylaxis when it is difficult to obtain financial recognition of major public health projects. Goiter prevention should, of course, have a relative value, being allotted such a portion of the available funds as its comparative importance merits.

There also appears to be a definite field in Connecticut for goiter prevention during pregnancy, thereby affording protection both to

⁷ Commenting upon the suggestions made to the commissioner of health for meeting the conditions revealed during the present thyroid survey in Connecticut, Dr. David Marine (personal communication) says: "I can agree with every statement that has been made, particularly that of strongly recommending against the use of general prophylaxis under public supervision." Regarding the same subject, Dr. H. S. Plummer, consultant in goiter studies, United States Public Health Service, says (in a personal communication): "I approve of the concentrative stand taken in advising the Connecticut health authorities. I am of the opinion that more intensive programs for goiter prevention should at present be concentrated where the disease is more prevalent."

the prospective mother and to the child. This prophylactic endeavor obviously depends upon the guidance of the medical profession and an educated public opinion.

Inasmuch as a considerable number of thyroid enlargements were detected among the girls examined, it is regarded as advisable that these children be placed under appropriate treatment. It should be pointed out that proper treatment consists of accurate diagnosis by a physician of skill, experience, and judgment, and the administration of appropriate remedies in minute doses, as well as nominal but regular supervision.

Marine⁸ emphasizes the necessity for making an accurate distinction between goiter due to absolute and relative iodine deficiency. The former, of course, depends largely upon the lack of iodine in soil and water, whereas the latter is due to such factors as abnormal food, various types of infection, puberty, and pregnancy. Thyroid enlargements resulting from relative insufficiency of iodine must be handled as individual cases by competent physicians.

Safeguarding iodine prophylaxis and treatment.—Iodine in the form of Lugol's solution (compound solution of iodine) has been advocated as a temporary therapeutic measure in the treatment of exophthalmic goiter, in order that a patient may be brought into a satisfactory condition for operation.⁸ Since this procedure has been advised, Lugol's solution has been used in the treatment of thyroid affections in which such medication has plainly been contraindicated. Consequently there have been numerous untoward and even disastrous results, causing widespread but unjustifiable condemnation of iodine as an agent in the prevention or treatment of all forms of goiter.

In view of the recently reported ill effects following iodine prophylaxis and treatment, it behooves those engaged in antigoiner activities not only to prescribe iodine in appropriately minute quantities, but also to be certain that iodine actually is indicated. It is just as important to know when to withhold iodine as when to administer it. Therefore, unless skilled treatment is available, it had best be withheld. Obviously, skillful treatment of thyroid conditions falls within the province of the especially qualified rather than the general medical practitioner.

⁸ Regarding the use of iodine, Plummer says (personal communication): "The danger of giving iodine to adult patients having adenomatous goiter should be stressed. We have no reason to think that Lugol's solution is ever detrimental in cases having exophthalmic goiter. Lugol's solution always benefits patients when that part of the complex which characterizes the disease is present, namely, the peculiar nervous phenomena and the stare."

TABLE 1.—Numbers, degrees, and percentages of thyroid enlargements among 5,797 boys and 6,808 girls in 28 localities in Connecticut

Place	Boys								Girls								
	With thyroid enlargement								With thyroid enlargement								
	Degree of enlargement			Total	Per cent	Normal	Total	Degree of enlargement					Total	Per cent	Normal	Total	
	Very slight	Slight	Moderate					Very slight	Slight	Moderate	Marked	Very marked					
Branford	11	1		12	5.9	190	202	30	8	1				39	18.9	168	207
Bridgeport	3			3	3.0	95	98	122	20	3	1			146	29.8	345	491
Bristol	11			11	6.1	170	181	63	19	2				84	30.0	192	276
Danbury	3			3	5.4	53	56	17	11	2				30	35.3	55	85
Danielson	2			2	1.7	110	112	20	6					26	20.5	101	127
Deep River	23	4		27	18.9	109	136	39	13	1				59	42.4	80	139
Enfield	8	1		9	2.9	297	306	64	10	5	1			80	24.5	246	326
Greenwich	11			11	4.7	222	233	50	16	5				71	24.8	215	286
Hartford	37	4		41	7.8	484	525	54	14					68	15.5	372	440
Meriden	41	5		46	20.0	184	230	86	27	11				124	45.8	148	272
Middletown	28	5		33	13.5	211	244	45	31	4				50	34.8	150	230
Naugatuck	4			4	1.7	233	237	37	19	3				50	20.9	190	240
New Haven	15			15	2.9	498	513	130	26	3				159	29.1	387	546
New London	21	1		22	8.9	226	248	29	10	1				40	28.0	163	143
Norwich	20	5		25	9.4	241	266	53	8	1				62	25.7	179	241
Plainfield						98	98	24	6					30	22.6	103	133
Putnam	31	4	1	36	15.0	204	240	54	29	3				86	37.4	144	230
Rockville	4			4	4.4	87	91	35	15	5				55	43.6	71	126
South Manchester	6			6	3.8	150	156	61	16	3				80	28.9	197	277
South Norwalk	3			3	1.9	156	159	46	22	2	1			71	30.3	163	254
Stafford Springs	6			6	7.1	79	85	23	8					31	40.2	46	77
Torrington	8			8	4.3	180	188	58	31	2	1	1		93	47.4	103	196
Wallingford	4			4	2.3	169	173	47	16	6				69	31.4	151	220
Watertown	3			3	1.9	150	153	31	8	2				41	23.6	133	174
West Haven	20			20	10.5	256	286	63	20	6				89	35.6	165	254
Willimantic	18	4		22	12.4	156	178	37	6					43	21.5	157	200
Windsor	6	1		7	3.7	180	187	49	10	2	1			62	25.7	179	241
Winsted	9			9	4.2	207	216	61	10	4	1	1		77	39.1	120	197
Total	366	35	1	402	7.0	5,395	5,797	1,428	426	83	6	2	1	945	29.4	4,663	6,608
Percentage	6.3	0.6	0.17					21.6	6.5	1.2	0.09	0.03					

TABLE 2.—Total numbers and percentages of thyroid enlargements among boys, girls, and both sexes, in each of 28 places in Connecticut

Locality	Percentage			Number		
	Both sexes	Boys	Girls	Both sexes	Boys	Girls
All localities.....	18.9	7.0	29.4	2,347	402	1,945
Branford.....	12.5	5.9	18.9	51	12	39
Bridgeport.....	25.3	3.0	29.8	149	3	146
Bristol.....	20.8	6.1	30.0	95	11	84
Danbury.....	23.4	5.4	35.3	33	3	30
Danielson.....	9.7	1.8	20.5	28	2	26
Deep River.....	31.3	19.9	42.4	86	27	59
Enfield.....	14.1	2.9	24.5	89	9	80
Greenwich.....	15.8	4.7	24.8	82	11	71
Hartford.....	11.3	7.8	15.5	109	41	68
Meriden.....	33.8	20.0	45.8	170	46	124
Middletown.....	23.8	13.5	34.8	113	33	80
Naugatuck.....	11.3	1.7	20.9	54	4	50
New Haven.....	16.4	2.9	29.1	174	15	159
New London.....	15.8	8.9	28.0	62	22	40
Norwich.....	17.1	9.4	25.7	87	25	62
Plainfield.....	13.0	0	22.6	30	0	30
Putnam.....	25.9	15.0	37.4	122	36	86
Rockville.....	27.2	4.4	43.6	59	4	55
South Manchester.....	19.9	3.8	28.9	86	6	80
South Norwalk.....	18.8	1.9	30.3	74	3	71
Stafford Springs.....	22.8	7.1	40.2	37	6	31
Torrington.....	26.3	4.3	47.4	101	8	93
Wallingford.....	18.1	2.3	31.4	73	4	69
Watertown.....	13.5	1.9	23.6	44	3	41
West Haven.....	22.1	10.5	35.0	119	30	89
Willimantic.....	17.2	12.4	21.5	65	22	43
Windsor.....	16.1	3.7	25.7	69	7	62
Winsted.....	20.8	4.2	39.1	86	9	77

TABLE 3.—Numbers and degrees of thyroid enlargements among 5,797 boys and 6,608 girls, by ages, in 28 localities in Connecticut

Age	Boys							Girls								
	With enlarged thyroids							With enlarged thyroids								
	Degree of enlargement				Normal	Total	Degree of enlargement					Normal	Total			
	Very slight	Slight	Moderate	Total			Per cent	Very slight	Slight	Moderate	Marked			Very marked	Total	Per cent
10.....					10	10	1					1	20.0	4	5	
11.....	11	2		13	12.3	93	106	19	2			21	19.2	88	109	
12.....	26	5		31	7.0	413	444	107	19	4	1	131	23.7	422	553	
13.....	65	6	1	72	8.2	803	875	272	57	9	1	339	28.9	836	1,175	
14.....	123	14		137	9.0	1,390	1,527	352	114	16	1	483	28.7	1,201	1,684	
15.....	77	6		83	6.4	1,215	1,298	296	98	21	1	416	30.7	941	1,357	
16.....	40	2		42	4.9	812	854	201	71	16	1	289	31.6	624	913	
17.....	20			20	4.4	430	450	135	43	11	1	190	33.5	376	566	
18 and over.....	4			4	1.7	229	233	45	22	6	1	75	30.5	171	246	
Total.....	366	35	1	402		5,395	5,797	1,428	426	83	6	2,194		4,663	6,608	
Per cent.....	6.3	0.6	0.017	7.0		93.0	100.0	21.4	6.4	1.2	0.1	0.03		29.4	70.6	100.

TABLE 4.—Sources and treatment of water supplies in 28 localities in Connecticut in which thyroid surveys were made

City or town	Source of supply	Treatment	Chlorination
Branford	Surface reservoir	Storage	Yes.
Bridgeport	do	do	Yes.
Bristol	do	do	Yes.
Danbury	do	do	No.
Danielson	do	do	No.
Deep River	do	do	No.
Enfield	Surface reservoir fed mainly by springs.	None	Yes.
Greenwich	Surface reservoir	Storage, pressure sand filters, and alum	Yes.
Hartford	do	Storage and slow sand filters	No.
Meriden	do	Storage	Yes.
Middletown	do	do	Yes.
Naugatuck	do	do	No.
New Haven	do	Storage (slow sand filters on Whitney supply).	Yes.
New London	do	Storage	Yes.
Norwich	do	do	Yes.
Plainfield	Spring	None	No.
Putnam	Surface reservoir	Rapid sand gravity filters, alum and sometimes soda ash.	Yes.
Rockville	do	Storage	No.
South Manchester	do	Storage (rapid sand gravity filters alum—occasional).	Yes.
South Norwalk	do	Storage and slow sand filtration	No. ¹
Stafford Springs	do	Storage	Yes.
Torrington	do	do	Yes.
Wallingford	do	do	No.
Watertown	Dug wells (emergency supply from surface reservoir).	None	No.
West Haven	Same as New Haven		
Williamantic	Surface reservoir	Storage	Yes.
Windsor	Same as Hartford		
Winsted	Surface reservoir	Storage	Yes.

¹ Unless filters are by-passed.

CURRENT WORLD PREVALENCE OF DISEASE

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

Mild outbreaks of influenza during March and April in a number of European cities are indicated by the data made available in the Epidemiological Report published May 15 by the health section of the League of Nations' Secretariat. A definite rise in the number of influenza deaths was reported for the German cities as a group, for Stockholm, Amsterdam, Paris, and Milan; but the effect on the general mortality in these localities was slight. Somewhat more severe was the increase in deaths from influenza in the 105 great towns of England and Wales, which reached a peak in the week ended April 17; but even here the effect on the general mortality was not great and the epidemic was of shorter duration than the epidemics of the preceding years.

The mortality from influenza in cities in eastern and central Europe, including Prague, Vienna, and Budapest, showed only a slight seasonal increase coincident with the outbreaks in western Europe.

¹ From the Office of Statistical Investigations, United States Public Health Service.

Plague.—Very few cases of plague were reported from the Mediterranean area during April. Only 9 cases occurred in Egypt during the month, 1 of which was at Alexandria and 4 were at Suez. One case was reported at Piræus, Greece, on April 23.

At Baghdad, plague reappeared early in 1926, after having been quiescent during the year 1925, and the number of cases has gradually increased. There were 12 cases reported in the two weeks ended April 10, and 37 cases in the following two weeks. Only sporadic cases have appeared elsewhere in Iraq, and Basra has remained free from infection.

In India, 32,593 deaths from plague were reported in the four weeks ended April 10, an increase of approximately 50 per cent over the preceding four weeks, and also an excess of 50 per cent over the corresponding period of 1925. One-half of the deaths occurred in the Punjab, where plague is much more prevalent than it was a year ago, though considerably less so than two years ago. (See Fig. 1.)

DEATHS FROM PLAGUE IN THE PUNJAB, 1925-26, 1924-25 AND 1925-26

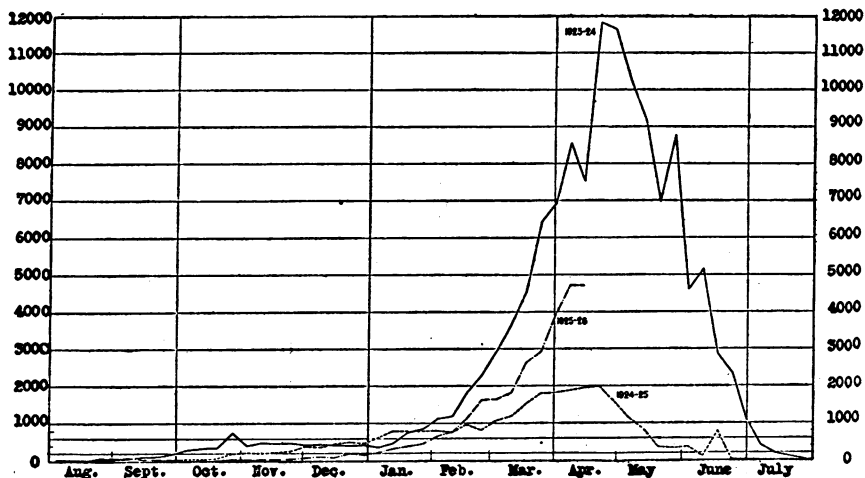


FIG. 1

Plague was less prevalent during the early part of the year in Java, Siam, and French Indo-China than during the corresponding period of 1925.

The plague outbreak in the Orange Free State and adjacent districts of Cape Colony, Union of South Africa, resulted in 33 cases during March and April. Only four new cases were reported in the two weeks ended May 8.

Peru reported 394 cases of plague during the first quarter of 1926. All departments along the coast reported cases, except the northernmost and southernmost departments, but "the disease has never occurred in the Andes area or the provinces beyond the mountains," says the report.

Cholera.—Cholera incidence was on the increase during April in Siam, French Indo-China, and India.

In Siam, cholera cases started to increase about the middle of February, after having been declining during the two months preceding. New cases for the country outside of Bangkok showed no increase in the four weeks ended April 17 over the preceding four weeks, but the reports for Bangkok during the four weeks ended May 17 showed a marked increase in the upward trend of cases in that city.

TABLE 1.—Cholera cases and deaths reported in Siam, September, 1925–April, 1926

Four weeks ended—	Bangkok		Remainder of Siam	
	Cases	Deaths	Cases	Deaths
Sept. 5.....	1	1	0	0
Oct. 3.....	0	0	7	4
Oct. 31.....	30	21	32	10
Nov. 28.....	193	131	946	599
Dec. 26.....	270	157	1,350	896
Jan. 23.....	115	83	665	458
Feb. 20.....	98	59	362	256
Mar. 20.....	270	194	1,139	783
Apr. 17.....	375	234	880	665
May 15.....	829			

In India more than half of the 8,211 deaths from cholera in the four weeks ended April 10 occurred in Bengal, and most of the remainder of the cases occurred in Bihar and Orissa and Madras Presidency. While only 453 deaths from cholera were reported in Burma, this was a striking increase over the 76 deaths during the preceding four weeks and the 57 deaths in the corresponding four weeks of 1925. In French Indo-China, 2,469 cholera cases were reported during April, as compared with 1,666 in March. Approximately half of the cases were in Cambodia and half in Cochin-China, with a few in Laos.

Typhus and relapsing fever.—Typhus fever was somewhat more prevalent in Czechoslovakia during the winter 1925–26 than during the preceding winter; 286 cases were reported from November 1925 to April 1926, all in the sub-Carpathian part of the country, as compared with 60 cases during the corresponding six months of 1924–25.

Both Bulgaria and the Kingdom of the Serbs, Croats, and Slovenes had a somewhat higher incidence of typhus fever in the first quarter of the year than in corresponding months of 1925.

Typhus fever was less prevalent in Poland and in Russia during the past winter than during any year since the World War. A few Russian districts bordering on the Ukraine did not show this decline.

Very few cases of relapsing fever were reported in recent months in Europe outside of Russia. In Russia the disease showed less decline than typhus as compared with 1925.

TABLE 2.—*Typhus and relapsing fever cases reported in European Russia (excluding the Ukraine) during the first two months of 1925 and 1926*

Geographical area	Typhus		Relapsing fever	
	1925	1926	1925	1926
Northeastern.....	754	396	3	1
Northwestern.....	889	1,198	137	133
Western.....	2,355	1,498	160	132
Central industrial.....	3,961	2,243	428	113
Central black soil.....	1,248	1,407	330	405
Middle Volga.....	1,720	1,019	324	361
Lower Volga.....	741	544	289	506
Viatka-Vetluga.....	1,170	1,388	27	114
Ural.....	1,649	1,278	825	159
North Caucasus.....	294	131	229	482
Crimea.....	41	59	5	181
Railways, waterways.....	366	194	65	83
Total.....	15,188	7,355	2,762	2,270

¹ Incomplete data.

Korea reported 585 cases of typhus fever during the first quarter of the current year, nearly all in the Province of Keiko. The disease is rare in Japan, and only 24 cases were reported in the first four months of 1926, 22 of which were in the district of Yamagata.

The Epidemiological Report makes the following comment on relapsing fever in Africa:

Relapsing fever has been less prevalent during the early months of 1926 in the countries south of the north African Desert belt than during the corresponding season of the previous year. In Nigeria only 4 deaths from this disease were reported during the first quarter of the year, as against 202 during the first quarter of 1925. Only local outbreaks occurred at widely separated points of the Chad Colony and the upper Volta, being rather remnants of the terrible epidemics which visited these colonies during the previous years than in the nature of new epidemics. One hundred and two cases, 34 fatal, were reported during December in the subdistrict of Tougan, in the upper Volta, showing that the exceptional virulence of the disease nevertheless persisted. Two cases which occurred in Tunisia were the only relapsing fever cases reported during the first four months of the year in the African countries of the Mediterranean littoral.

Smallpox.—Smallpox continued to be rare in most European countries. The situation in Switzerland has improved greatly in recent months and only five cases were reported in the 12 weeks ended May 12. The outbreak in northern England declined during April and May, with 662 cases reported in England and Wales during the four weeks ended May 22, approximately the same number that occurred in the corresponding period of 1925.

Russia was unusually free from smallpox during the past winter; only the middle Volga area and districts further east reported more than a few sporadic cases.

"In North Africa the situation has been less favorable," says the report. "During the six months ending April 30, 1926, 1,608 cases were reported in Algeria, as against 766 and 62 cases, respectively, during the corresponding periods of 1924-25 and 1923-24. A similar, though less marked, increase has taken place in Egypt."

An outbreak of smallpox in the Gold Coast Colony was reported, with 601 cases during March. The type of disease appears to have been unusually mild, as very few deaths were reported. The Union of South Africa and British colonies and protectorates in South and East Africa were nearly free from smallpox in the first quarter of 1926.

Nearly half of the total cases of smallpox reported in India during March occurred in the Orissa division, where smallpox has been unusually prevalent. The annual maximum for this disease appears to have been reached in March.

Enteric fever.—April reports showed no change in the incidence of enteric fever in the various countries. Seasonal increases rarely occur in countries of the Northern Hemisphere before June. In Japan, where enteric fever was unusually prevalent early in the year, the April reports indicate a marked decline in the incidence of the disease, 1,480 cases having been reported during the four weeks ended April 24 as compared with 2,041 during the previous four weeks.

A rather wide variation in the fatality of enteric fever is shown by the data in Table 3. The report states: "It is probable that some of the high rates shown for certain countries in the table below may be due to incomplete case registration, but the disease is undoubtedly of a more severe type in certain non-European countries than in Europe."

TABLE 3.—*Fatality of enteric fever in certain countries during 1925*

Country	Cases	Deaths	Per cent fatal	Country	Cases	Deaths	Per cent fatal
Austria.....	718	52	7.2	Scotland (13 cities).....	236	24	10.2
Bulgaria.....	3,444	465	13.5	Egypt.....	1,978	570	28.8
Czechoslovakia.....	6,886	541	7.9	Canada.....	1,985	412	20.8
Germany ¹	1,716	193	11.2	Chile.....	1,396	147	15.5
Greece.....	1,196	52	4.4	Guiana, British.....	304	64	21.2
Hungary.....	6,013	682	11.3	Panama Canal Zone.....	24	3	12.5
Lithuania.....	615	25	4.1	Uruguay.....	704	263	37.4
Netherlands.....	1,159	137	11.8	Iraq.....	325	45	13.8
Norway (cities).....	406	12	3.0	Japan.....	50,829	9,533	18.8
Poland.....	14,025	1,099	7.8	Java and Madura.....	1,706	259	15.2
Rumania.....	7,487	732	10.6	Korea.....	5,480	972	17.7
Kingdom of the Serbs, Croats, and Slovenes.....	4,209	498	11.8	Palestine.....	785	76	9.7
				New Zealand.....	280	19	6.8

¹ For the first 18 weeks of 1926.

Lethargic encephalitis.—"No noteworthy increase in the number of cases of encephalitis had occurred in any country up to the beginning of May," says the report.

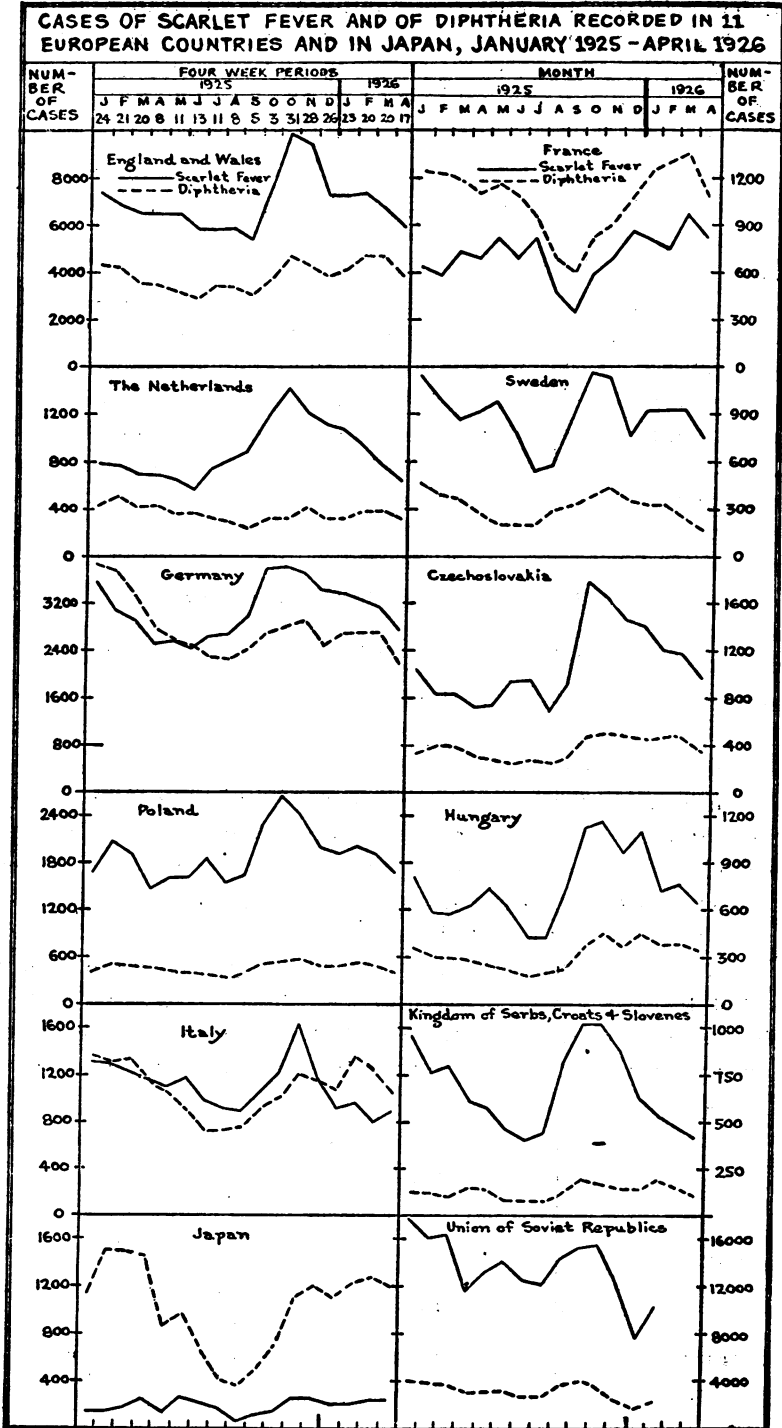


FIG. 2

Scarlet fever and diphtheria.—The incidence of both scarlet fever and diphtheria showed a seasonal decline during March and April in the countries of the Northern Hemisphere. The decline in the diphtheria incidence was less marked, however, than that in the scarlet fever incidence.

The reported cases of both scarlet fever and diphtheria in 11 European countries and in Japan are shown in Figure 2 by months or by four-week periods during the 16 months from January, 1925, to April, 1926. These graphs show quite clearly that scarlet fever was much more prevalent than diphtheria during this 16-month period. The diphtheria cases exceeded the scarlet fever cases only in France and Denmark, while the difference between them was slight in Germany and Italy. In eastern Europe the scarlet fever cases outnumbered the diphtheria cases four or five to one. It is clear from the graphs, also, that the seasonal variation in scarlet fever was greater than that for diphtheria.

CITY HEALTH OFFICERS, 1926

Directory of Those in Cities of 10,000 or More Population

Directories of the city health officers in the cities of the United States having a population of 10,000 or more have been published in the Public Health Reports ¹ for each year from 1916 to 1925, for the information of health officers and others interested in public-health activities. These directories have been compiled from data furnished by the health officers. The cities included in this directory are those having 10,000 population or more on July 1, 1925, as estimated by the Bureau of the Census.

The asterisk (*) indicates that the officer so designated has been reported to be a "whole-time" health officer. For this purpose a "whole-time" officer is defined as "one who does not engage in the practice of medicine or any other business, but devotes all his time to official duties."

City	Name of health officer	Official title
Alabama:		
Anniston.....	*George A. Cryer, M. D.....	County health officer.
Bessemer.....		Do.
Birmingham.....	*J. D. Dowling, M. D.....	County and city health officer.
Dothan.....	*L. Roy Poole, M. D.....	Do.
Florence.....	*W. D. Hubbard, M. D.....	Do.
Gadsden.....	*Claude L. Murphree, M. D.....	County health officer.
Mobile.....	*C. A. Mohr, M. D.....	Do.
Montgomery.....	*J. L. Bowman, M. D.....	County and city health officer.
Selma.....	*L. Tennent Lee, M. D.....	County health officer.
Tuscaloosa.....	*A. A. Kirk, M. D.....	County and city health officer.

¹ Reprints Nos. 346, 416, 494, 539, 599, 702, 767, 876, 930, and 1,025 from the Public Health Reports.

City	Name of health officer	Official title
Arizona:		
Douglas.....	Z. Causey, M. D.....	City health officer.
Phoenix.....	L. D. Dameron, M. D.....	Do.
Tucson.....	A. Garfield Schnabel, M. D.....	Do.
Arkansas:		
Fort Smith.....	*J. E. Johnson, M. D.....	District health officer.
Helena.....	W. B. Bruce, M. D.....	County and city health officer.
Hot Springs.....	*Austin T. Barr, M. D.....	City health officer.
Jonesboro.....	W. C. Overstreet, M. D.....	Do.
Little Rock.....	*William L. Holt, M. D.....	Do.
North Little Rock.....	Howell Atkinson, M. D.....	City physician.
Pine Bluff.....	*F. Michael Smith, M. D.....	Do.
California:		
Alameda.....	Arthur Hieronymus, M. D.....	Health officer.
Alhambra.....	*Samuel J. Stewart, M. D.....	District health officer.
Bakersfield.....	Peter Joseph Cuneo, M. D.....	City health officer.
Berkeley.....	*William P. Shepard, M. D.....	Do.
Chico.....	Charles E. Tovee.....	Do.
Eureka.....	John N. Chain, M. D.....	Do.
Fresno.....	C. Mathewson, M. D.....	Do.
Glendale.....	*E. M. Miller, M. D.....	Health officer.
Long Beach.....	*G. E. McDonald, M. D.....	Do.
Los Angeles.....	*George Parrish, M. D.....	Do.
Modesto.....	James W. Morgan, M. D.....	Do.
Oakland.....	Harry E. Foster, M. D.....	Do.
Pasadena.....	*Warren F. Fox, M. D.....	Health officer and city physician.
Pomona.....	*Eugene F. Fontaine, M. D.....	District health officer.
Richmond.....	Charles Robert Blake, M. D.....	County and city health officer.
Riverside.....	William B. Wells, M. D.....	Health officer.
Sacramento.....	William Walter Cress, M. D.....	City health officer.
San Bernardino.....	Colin Campbell Owen, M. D.....	City health officer and registrar of vital statistics.
San Diego.....	*Alex M. Leseem, M. D.....	Health officer and superintendent.
San Francisco.....	*William C. Hassler, M. D., Ph. G.....	Health officer and registrar.
San Jose.....	Henry C. Brown, M. D.....	Health officer.
Santa Ana.....	*V. G. Presson, M. D.....	County health officer.
Santa Barbara.....	*W. H. Eaton, M. D.....	City health officer.
Santa Cruz.....	E. B. Philbrook.....	Do.
Santa Monica.....	A. C. Weaver, M. D.....	City health physician.
Stockton.....	*John J. Sippy, M. D.....	District health officer.
Vallejo.....		
Colorado:		
Boulder.....	J. H. Bush, M. D.....	Director of public health.
Colorado Springs.....	Omer R. Gillett, M. D.....	City health officer.
Denver.....	*George A. Collins.....	Manager of health and charity.
Greeley.....	Burgett Woodcock, M. D.....	City physician.
Pueblo.....	*W. E. Buck, M. D.....	Chief, department of health.
Trinidad.....	G. W. Robinson, M. D.....	City physician.
Connecticut:		
Ansonia.....	Frederick C. Goldstein, M. D.....	Health officer.
Bridgeport.....	*William Hall Coon, M. D.....	Do.
Bristol.....	Benjamin B. Robbins, M. D.....	City health officer.
Danbury.....		
Derby.....	Thomas F. Plunkett, M. D.....	Health officer.
East Hartford.....	F. H. Mayberry, M. D.....	Do.
Enfield.....	Frank F. Simonton, M. D.....	Do.
Fairfield.....	*Laurence E. Poole, M. D.....	Do.
Greenwich.....	Albert E. Austin, M. D.....	Do.
Groton.....	Frank W. Hewes, M. D.....	Do.
Hamden.....	George H. Joslin, M. D.....	Do.
Hartford.....	*Charles P. Botsford, M. D.....	Superintendent of board of health and registrar of vital statistics.
Manchester.....	D. C. Y. Moore, M. D.....	Chairman of board of health.
Meriden.....	H. De Forest Lockwood, M. D.....	Health officer.
Middletown.....	Thomas P. Walsh, M. D.....	Do.
Milford.....	Willis S. Putney, M. D.....	City health officer.
Naugatuck.....		
New Britain.....	*Richard W. Pullen, M. D.....	Superintendent of health.
New Haven.....	*John L. Rice, M. D.....	Health officer.
New London.....	*Benjamin N. Pennell, D. V. S.....	Do.
Norwalk.....		
Norwich.....	Edward J. Brophy, M. D.....	City health officer.
Orange.....		
Shelton.....	Gould A. Shelton, M. D.....	Do.
Stamford.....	*Raymond D. Fear, M. D.....	Health commissioner.
Stonington (Mystic).....	Charles E. Congdon, M. D.....	Town health officer.
Stratford.....	De Ruyter Howland, M. D.....	Do.
Torrington.....	Elias Pratt, M. D.....	City health officer.
Wallingford.....	M. T. Sheehan, M. D.....	Town and borough health officer.
Waterbury.....	*Thomas J. Kilmartin, M. D.....	City health officer.
West Hartford.....	Ralph W. E. Alcott, M. D.....	Town health officer.
Willimantic.....	W. P. S. Keating, M. D.....	City health officer.
Delaware:		
Wilmington.....	Fred F. Armstrong, M. D.....	Secretary, board of health.

City	Name of health officer	Official title
District of Columbia:		
Washington.....	*William C. Fowler, M. D.	Health officer.
Florida:		
Jacksonville.....	*Noble A. Upchurch, M. D.	City health officer.
Key West.....		
Miami.....	*William A. Claxton, M. D., C. M.	Chief, division of health.
Orlando.....	Sylvan McElroy, M. D.	City physician.
Pensacola.....	William D. Nobles, M. D.	Health officer.
St. Petersburg.....	Ray Davies, M. D.	Commissioner of health.
Tampa.....	*Ernest C. Levy, M. D.	City health officer.
West Palm Beach.....	*E. D. Clawson, V. M. D.	Do.
Georgia:		
Albany.....	*Hugo Robinson, M. D., Ph. G.	Commissioner of health.
Athens.....	*J. D. Applewhite, M. D.	Health commissioner.
Atlanta.....	*J. P. Kennedy, M. D.	City health officer.
Augusta.....	Eugene E. Murphey, M. D.	President, board of health.
Brunswick.....	*H. L. Akridge, M. D.	Commissioner of health.
Columbus.....	*J. D. Jungman, M. D.	Do.
La Grange.....	*S. C. Rutland, M. D.	Do.
Macon.....	*C. L. Ridley, M. D., D. P. H.	Health officer.
Rome.....	*B. V. Elmore, M. D.	Commissioner of health.
Savannah.....	*Victor H. Bassett, M. D.	Health officer.
Valdosta.....	*Gordon T. Crozier, M. D.	City health officer.
Waycross.....	*George E. Atwood, M. D.	Commissioner of health.
Idaho:		
Boise.....	*R. H. Pratt.....	Health officer.
Pocatello.....	H. H. Hughart, M. D.	City physician.
Twin Falls.....	J. E. Langenwalter, M. D.	County physician.
Illinois:		
Alton.....	Daniel F. Duggan, M. D.	Health commissioner.
Aurora.....	George W. Haan, M. D.	Do.
Bellefonte.....	*Adam Herr.....	Public health officer.
Berwyn.....	*P. E. Wright, M. D.	Health director.
Bloomington.....	*Charles E. Shultz, M. D.	Do.
Blue Island.....	*L. A. Burkhart.....	Health commissioner.
Cairo.....	Bellenden S. Hutcheson, M. D.	City physician and health officer.
Canton.....	C. J. Johnston, M. D.	City physician.
Centralia.....	J. R. S. Armstrong, M. D.	Health officer.
Champaign.....	W. E. Schowengerdt, M. D.	Do.
Chicago.....	*Herman N. Bundesen, M. D.	Commissioner of health.
Chicago Heights.....	E. F. Hay, M. D.	Health commissioner.
Cicero.....	J. J. Hood, M. D.	Commissioner of health.
Collinsville.....	R. H. Greane, M. D.	Health officer.
Danville.....	W. C. Dixon, M. D.	Health commissioner.
Decatur.....	*William Shirey Keister, M. D.	Director of health.
East Moline.....	J. Henry Fowler, M. D.	Health officer.
East St. Louis.....	*John T. Connors.....	Commissioner of health, property, and public buildings.
Elgin.....	*A. I. Mann, M. D.	City physician.
Evanston.....	Clarence T. Roome, M. D.	Commissioner of health.
Forest Park.....	H. P. A. Carstens, M. D.	Health commissioner.
Freeport.....	Robert J. Burns, M. D.	Commissioner of health.
Galesburg.....	E. D. Wing, M. D.	Health commissioner.
Granite City.....		
Harvey.....	M. R. Morse, M. D.	Health officer.
Herrin.....	Wm. G. Davis.....	President, board of health.
Jacksonville.....	*Warner H. Newcomb, M. D.	County and city health officer.
Joliet.....	Ed. J. Higgins, M. D.	Commissioner of health.
Kankakee.....	C. K. Smith, M. D.	Health officer.
Kewanee.....	H. N. Hefin, M. D.	Health commissioner.
La Salle.....	*Arlington Ailes, M. D., C. P. H.	Health officer.
Lincoln.....	*Oscar Blackford.....	Do.
Marion.....	H. L. Summers, M. D.	City physician.
Mattoon.....	T. O. Freeman, M. D.	Health commissioner.
Maywood.....	R. L. Reynolds, M. D.	Health officer.
Moline.....	*E. A. Edlen, M. D.	City physician.
Mount Vernon.....		
Murphysboro.....	R. B. Essick, M. D.	City physician.
Oak Park.....	Frank S. Needham, M. D.	Commissioner of health.
Oak Park.....	Enos E. Palmer, M. D.	Health officer.
Ottawa.....		
Pekin.....	I. R. Clary, M. D.	Do.
Peoria.....	Joel Eastmen, M. D.	Health commissioner.
Quincy.....	*Thomas W. Rhodes, M. D.	Public health officer.
Rock Island.....	Harry Frey, M. D.	Health commissioner.
Rockford.....	*N. O. Gunderson, M. D.	Commissioner of health.
Springfield.....	*Raymond Voorhees Brokaw, M. D.	Superintendent of health.
Streator.....		
Urbana.....	W. F. Burris, M. D.	Health officer.
Waukegan.....	Howard Carlisle Hoag, M. D.	City health physician.
West Frankfort.....	C. H. Eldridge, M. D.	Health officer.

City	Name of health officer	Official title
Indiana:		
Anderson	Ernest M. Conrad, M. D.	Secretary, board of health.
Bloomington	J. E. Moser, M. D.	Do.
Clinton	David Ott Casey, M. D.	Do.
Connersville	B. R. Smith, M. D.	Do.
Crawfordsville	Thomas Z. Ball, M. D.	City health commissioner.
East Chicago	Milton A. Given, M. D.	Secretary, board of health.
Elkhart	A. A. Morris, M. D.	Do.
Elwood	Harry W. Fitzpatrick, M. D.	Secretary, health department.
Evansville	William E. Barnes, M. D.	Secretary, board of health.
Fort Wayne	Daniel R. Benninghoff, M. D.	Do.
Frankfort	Benson Ruddell, M. D.	Do.
Gary	B. W. Harris, M. D.	Health officer.
Hammond	William A. Buchanan, M. D.	Secretary, board of health.
Huntington		
Indianapolis	*H. G. Morgan, M. D.	City sanitarian.
Jeffersonville	Davis L. Field, M. D.	Secretary, board of health.
Kokomo	T. C. Cochran, M. D.	City health officer.
La Porte	*John Pracher, M. D.	Do.
Lafayette	Earl Van Reed, M. D.	Secretary, board of health.
Logansport	*Fred G. Six	Health inspector.
Marion	F. A. Priest, M. D.	Secretary, board of health.
Michigan City	Nelle C. Reed, M. D.	Do.
Mishawaka	B. J. Wyland, M. D.	Do.
Muncie	Earle S. Green, M. D.	Secretary, city board of health.
New Albany	H. B. Shacklett, M. D.	Do.
New Castle	C. C. Bitler, M. D.	City health officer.
Peru	Omer U. Carl, M. D.	Secretary, board of health.
Richmond	Richard Schillinger, M. D.	Do.
South Bend	J. B. Berteling, M. D.	Do.
Terre Haute	George T. Johnson, M. D.	Do.
Vincennes	P. G. Moore, M. D.	Do.
Wabash	P. G. Moore, M. D.	City health officer.
Whiting	E. L. Dewey, M. D.	Secretary, board of health.
Iowa:		
Boone	William Woodburn, M. D.	Health officer.
Burlington	George H. Steinle, M. D.	Health officer and city physician.
Cedar Rapids	*A. Thusty	Health officer.
Clinton	H. R. Sugg	Health officer.
Council Bluffs	A. A. Robertson, M. D.	City health officer.
Davenport	*Theodore J. Meyer	Do.
Des Moines	*Harley L. Saylor, M. D.	Health commissioner.
Dubuque	*D. C. Steelsmith, M. D., C. P. H.	Director of health.
Fort Dodge	*E. S. Welch	Sanitary police.
Fort Madison	J. M. Casey, M. D.	Physician to board of health.
Iowa City	George H. Scanlon, M. D.	Health officer.
Keokuk	Bruce L. Gilfillan, M. D.	Physician, board of health.
Marshalltown	B. L. Frey, M. D.	City health officer.
Mason City	Matthew J. Fitzpatrick, M. D.	Health physician.
Muscatine		
Ottumwa	J. W. Elerick, M. D.	City physician.
Sioux City	*W. D. Hayes, C. P. H.	Commissioner of public health.
Waterloo	J. R. Thompson, M. D.	Health officer.
Kansas:		
Arkansas City	B. C. Geeslin, M. D.	Do.
Atchison	Charles W. Robinson, M. D.	City health officer.
Chanute	M. A. Duncan, M. D.	Health officer.
Coffeyville	W. H. Wells, M. D.	City physician and health officer.
El Dorado	*O. H. Landrith	City health officer.
Emporia	*J. S. Fulton, M. D.	County health officer.
Fort Scott	C. L. Mosley, M. D.	Assistant collaborating epidemiologist, U. S. P. H. S.
Hutchinson	Guy R. Walker, M. D.	City physician.
Independence	C. O. Shepard, M. D.	Do.
Kansas City	*S. David Henry, M. D.	Health commissioner.
Lawrence	H. L. Chambers, M. D.	Superintendent, health department.
Leavenworth	C. D. Lloyd, M. D.	City health officer.
Newton	O. W. Roff, M. D.	County and city health officer.
Parsons	*L. B. Kackley, M. D.	Health officer.
Pittsburg	Ralph E. Jenkins, M. D.	City health officer.
Salina	E. M. Sutton, M. D.	County health officer.
Topeka	*I. O. Church, M. D.	City health officer.
Wichita	*Dewey H. Cooper, M. D.	Director of public welfare.
Kentucky:		
Ashland		
Covington	James P. Riffe, M. D.	Commissioner of health.
Henderson	J. U. Ridley, M. D.	Health officer.
Lexington	*Charles H. Voorhies, M. D.	Do.
Louisville		
Newport	William Arnold Krieger, M. D.	Do.
Owensboro	*R. M. Hathaway, M. D.	Director of health.
Paducah	*Floyd P. Allen, M. D.	Chief health officer.

City	Name of health officer	Official title
Louisiana:		
Alexandria	J. A. Parker, M. D.	President, board of health.
Baton Rouge	T. J. McHugh, M. D.	City health officer.
Lake Charles	John Green Martin, M. D.	Do.
Monroe	D. I. Hirsch, M. D.	Do.
New Orleans	*William H. Robin, M. D.	Superintendent, public health.
Shreveport	*A. G. Heath, M. D.	Health officer.
Maine:		
Auburn	*C. E. Williams, M. D.	Do.
Augusta	George A. Coombs, M. D.	Do.
Bangor	*Harry D. McNeil, M. D.	Do.
Bath	*Chester S. Kingsley	City sanitarian.
Biddeford	*John W. Mahoney	Health officer.
Lewiston	*L. J. Dumont, M. D.	Do.
Portland	*Thomas Tetreau, M. D.	Do.
Sanford	*C. W. Blagden, M. D.	Do.
South Portland	Reginald T. Lombard, M. D.	Do.
Waterville	*William James Young, M. D.	City health officer.
Westbrook	Patrick H. Welch	Health officer.
Maryland:		
Annapolis		
Baltimore	*Charles Hampson Jones, M. D.	Commissioner of health and registrar of vital statistics.
Cumberland	*Harvey H. Weiss	Health officer and registrar of vital statistics.
Frederick	*E. C. Kefauver, M. D.	Health officer.
Hagerstown	Henry R. Kritzer, M. D.	County health officer.
Massachusetts:		
Adams	*Leland French, M. D.	District health officer.
Amesbury	*Charles B. Kingsbury	Agent, board of health.
Arlington	*William H. Bradley	Do.
Athol	Marion B. Sibley, M. D.	Secretary, board of health.
Attleboro	William O. Hewitt, M. D.	Health officer.
Belmont	*Henry Berger, jr., C. P. H.	Do.
Beverly	*Alonzo O. Woodbury	Agent, board of health.
Boston	*Francis X. Mahoney, M. D., M. D. V.	Health commissioner.
Braintree	Willis H. Martin	Chairman, board of health.
Brockton	David B. Tuholski, M. D.	Health officer.
Brookline	Francis P. Denny, M. D.	Do.
Cambridge	*S. B. Kelleher, M. D.	Medical inspector.
Chelsea	*John F. Welch	Health officer.
Chicopee	*Gertrude M. De Witt	Agent, board of health.
Clinton	*Frederick E. Murphy	Do.
Danvers	*Hugo Nappe	Health officer.
Dedham	Edward Knobel, M. D. V.	Chairman, health department.
Easthampton	C. C. Buckner, M. D.	Agent, board of health.
Everett	*William F. Hogan	Do.
Fall River	*Samuel B. Morriss	Do.
Fitchburg	*Fred R. Brigham	Do.
Frammingham	*Everett B. Johnson	Agent and executive officer, board of health.
Gardner	*William P. O'Donnell	Agent, board of health.
Gloucester	George S. Rust, M. D.	Physician to board of health.
Greenfield	*George P. Moore	Health agent.
Haverhill	*George T. Lennon	Agent, board of health.
Holyoke	*J. Sidney Wright	Agent and health officer.
Lawrence	Peter L. McKallagat, M. D.	Chairman, board of health.
Leominster	Frederick C. Shultis, M. D.	Do.
Lowell	*Francis J. O'Hare	Agent, board of health.
Lynn	Michael R. Donovan, M. D.	Commissioner of public health.
Malden	*Frederick Walmsley	Health inspector.
Marlborough	*John J. Cassidy	Agent, board of health.
Medford	William N. Lanigan, M. D.	Medical inspector.
Melrose	Clarence P. Holden, M. D.	Chairman, board of health.
Methuen	Rolf C. Norris, M. D.	Board of health physician.
Milford	James Birmingham	Sanitary inspector.
Milton	Paul W. Kimball, M. D.	Agent, board of health.
Natick	Thomas F. Morris	Do.
New Bedford	*Wm. G. Kirschbaum	Agent and executive officer.
Newburyport	*William Thurston	Agent and clerk.
Newton	*Alfred M. Russell	Agent, board of health.
North Adams	*Douglas W. Hyde	Do.
Northampton	George R. Turner	Do.
Northbridge	D. C. Duggan	Chairman, board of health.
Norwood	James J. Mulvehill	City health officer.
Palmer	J. P. Schneider, M. D.	Do.
Peabody	*James J. Ray	Agent, board of health.
Pittsfield	*Willys M. Monroe, M. D.	City health officer.
Plymouth	Walter D. Shurtleff, M. D.	Health officer and agent.
Quincy	Fred A. Bartlett, M. D.	Health commissioner.
Revere	Francis Licata, M. D.	Chairman, board of health.
Salem	*John J. McGrath	Agent, board of health.
Saugus	Charles E. Light	Chairman, board of health.
Somerville	Frank L. Morse, M. D.	Medical inspector.

City	Name of health officer	Official title
Massachusetts—Continued.		
Southbridge	*Albert R. Brown	Agent, board of health.
Springfield	*Jacob R. Sackett	Do.
Taunton	T. F. Cusick, M. D.	City health officer.
Wakefield	David Taggart	Health officer.
Waltham	C. B. Fuller, M. D.	Director.
Watertown	*John W. Tapper	Agent, board of health.
Webster	Bernard Plouffe, M. D.	City health officer.
West Springfield	John J. Lysaght	Agent, board of health.
Westfield	Robert McClellan Marr, M. D.	Chairman, board of health.
Weymouth		
Winchester	*Maurice Dinneen	Health officer and agent.
Winthrop	*William D. Childress	Do.
Woburn	*Edward T. Gorman	Agent and secretary.
Worcester	*Thomas F. Kenney, M. D.	Director of health.
Michigan:		
Adrian	Emily S. Stark, M. D.	Health officer and city physician.
Alpena	D. A. Cameron, M. D.	City physician.
Ann Arbor	John A. Wessinger, M. D.	Health officer.
Battle Creek	*A. A. Hoyt, M. D.	Do.
Bay City	G. W. Moore, M. D.	Do.
Benton Harbor	Carl A. Mitchell, M. D.	Director of public health.
Cadillac	John F. Gruber, M. D.	Health officer.
Detroit	*Henry F. Vaughn	Commissioner of health.
Escanaba	*Harry J. Defnet, M. D.	Do.
Flint	*C. W. Merritt, M. D.	Health officer.
Grand Rapids	*C. C. Slemmons, M. D.	Do.
Hamtramck	T. T. Dysarz, M. D.	Do.
Highland Park	William N. Braley, M. D.	Do.
Holland		
Ironwood	*Louis Dorpat, M. D.	Do.
Ishpeming	*George G. Barnett, M. D.	City health officer.
Jackson	*Floyd Raymond Town, M. D.	Health officer.
Kalamazoo	*Alvin H. Rockwell, M. D.	Do.
Lansing	*S. Rowland Hill, M. D.	Health director.
Marquette	*L. L. Youngquist, M. D.	Health officer.
Monroe	Varnum C. Southworth, M. D.	City physician.
Mount Clemons	Edward G. Folsom, M. D.	Health officer.
Muskegon	R. J. Harrington, M. D.	Do.
Muskegon Heights	William S. Chapin, M. D.	Health officer and city physician.
Owosso	R. C. Mahaney, M. D.	Health officer.
Pontiac	*C. A. Neafe, M. D.	Director of public health.
Port Huron	*Gertrude O'Sullivan, M. D.	City physician.
River Rouge	Claud Smith, M. D.	Health officer.
Saginaw	*William Henry Pickett, M. D., C. P. H.	Do.
Sault Ste. Marie	*John J. Griffin, M. D.	City health officer.
Traverse City	George A. Holliday, M. D.	Health officer.
Wyandotte	Alfred C. Drouillard, M. D.	Physician and surgeon.
Minnesota:		
Albert Lea	D. S. Branham, M. D.	Health officer.
Austin	Clifford C. Leck, M. D.	Chairman, board of health.
Brainerd	R. A. Beise, M. D.	Health officer.
Duluth	Lincoln A. Sukeforth, M. D.	Director of public health.
Faribault	Frederick U. Davis, M. D.	Health commissioner.
Hibbing	G. N. Butchart, M. D.	Health officer.
Mankato	Thomas C. Kelly, M. D.	Health commissioner.
Minneapolis	*Francis E. Harrington, M. D., LL. D.	Commissioner of health.
Rochester	C. H. Mayo, M. D. ¹	Health officer.
St. Cloud	P. E. Stangl, M. D.	City physician.
St. Paul	*Benjamin F. Simon, M. D.	Health officer.
Virginia	Robert P. Pearsall, M. D.	Do.
Winona	William V. Lindsay, M. D.	Do.
Mississippi:		
Biloxi	George F. Carroll, M. D.	City health officer.
Columbus	W. J. C. Wiemers, M. D.	Do.
Greenville	*A. J. Ware, M. D.	City and county health officer.
Hattiesburg	*W. D. Beacham, M. D.	County health officer.
Jackson	*J. B. Black, M. D.	Director, county health department.
Laurel	*John M. Kittrell, M. D.	County and city health officer.
Meridian	T. J. Houston, M. D.	City health officer.
Natchez	W. H. Aikman, M. D.	Do.
Vicksburg	S. Meyers, M. D.	County and city health officer.
Missouri:		
Cape Girardeau	*Robert Wilson	Health officer.
Carthage		
Columbia	*Finis Suggett, M. D.	County health officer.
Hannibal	*Eugene M. Lucke, M. D.	Field agent.
Independence	H. A. Schraeder, M. D.	City health officer.
Jefferson City	Hugh G. Dallas, M. D.	City physician.
Joplin	*M. B. Harutun, M. D.	Commissioner of health.
Kansas City	Herman E. Pearse, M. D.	Health director.

¹ A full-time deputy health officer employed.

City	Name of health officer	Official title
Missouri—Continued		
Moberly	C. H. Dixon, M. D.	Health commissioner.
Sedalia	*W. S. Bradford, M. D.	County health officer.
St. Joseph	W. W. Gray, M. D.	Health officer.
St. Louis	*Max C. Starkloff, M. D.	Health commissioner.
Springfield	*Lon Sharp	Commissioner of health and sanitation.
Webster Groves	Arthur W. Westrup, M. D.	Health commissioner.
Montana:		
Anaconda	Gail R. Soper, M. D.	City health officer.
Billings	James I. Wernham, M. D.	Health officer.
Butte	J. B. Freund, M. D.	City physician.
Great Falls	*Thomas F. Walker, M. D.	Health officer.
Helena	*Arthur Jordan, M. D.	Field agent, U.S.P.H.S., and health officer.
Missoula	*F. D. Pease, M. D.	Health officer.
Nebraska:		
Grand Island	Frank D. Ryder, M. D.	City physician.
Hastings	*James V. Beghtol, M. D.	Do.
Lincoln	*Chauncey F. Chapman, M. D., Ph. G.	Superintendent of health.
North Platte	Josiah B. Redfield, M. D.	City physician.
Omaha	A. S. Pinto, M. D.	Health commissioner.
Nevada:		
Reno	A. F. Adams, M. D., Ph. G.	Secretary, board of health.
New Hampshire:		
Berlin	*Harry F. Leeds	Health officer.
Claremont	William P. Prescott	Do.
Concord	*Charles E. Palmer	Sanitary officer.
Dover	*William E. Whiteley	Executive officer.
Keene	*Fred C. Nims	Health officer.
Laconia	W. H. True, M. D.	Do.
Manchester	*Howard A. Streeter, M. D.	Do.
Nashua	P. J. McLaughlin, M. D.	Chairman, board of health.
Portsmouth	Samuel T. Ladd, M. D.	Inspector and bacteriologist.
Rochester		
New Jersey:		
Asbury Park	*B. H. Obert	Health officer.
Atlantic City	S. L. Salasin, M. D.	Do.
Bayonne	William W. Brooke, M. D.	Do.
Belleville	*Eugene Thomas Berry	Do.
Bloomfield	*Joseph C. Salle, Ph. G., D. V. S.	Do.
Bridgeton	*Charles E. Bellows, Ph. G.	Sanitary inspector
Camden	*A. L. Stone, M. D.	Director of public health.
Carteret	Herbert L. Strandberg, M. D.	Health officer.
Clifton	J. P. Quinlan	Do.
Collingswood	Edward B. Rogers, M. D.	Medical inspector.
Dover	*John G. Taylor	Health officer.
East Orange	*F. J. Osborne	Health officer and registrar of vital statistics.
Elizabeth	*Louis J. Richards	Health officer.
Englewood	*John A. Manson	Sanitary inspector.
Garfield	Charles B. Bleasby, M. D.	Health officer.
Gloucester	J. Alonzo Beek, M. D.	Do.
Hackensack	*L. Van D. Chandler	Do.
Harrison	*John T. McClure	Do.
Hoboken	Joseph F. X. Stack, M. D.	Commissioner of health.
Irvington	*Paul C. Schotte, Ph. D.	Health officer.
Jersey City	*James J. Hagan	Do.
Kearny	*Amos Field, jr.	Do.
Lodi	Henry H. Brevoort, M. D.	Health inspector.
Long Branch	*R. Clifford Erickson	Health officer.
Millville		
Montclair	*Carl T. Pomeroy	Do.
Morristown	*John F. Kilkenny	Do.
New Brunswick	E. I. Cronk, M. D.	Health officer and registrar of vital statistics.
Newark	*Charles V. Craster, M. D., D. P. H.	Health officer.
Nutley	*Eugene H. Sullivan, R. N.	Executive officer.
Orange	*Lenore Young, R. N.	Health officer and registrar of vital statistics.
Passaic	John N. Ryan, M. D.	Health officer.
Paterson	*Frederick P. Lee, M. D.	Do.
Perth Amboy	*Charles S. Thompson, D. V. S.	Do.
Phillipsburg	Alma L. Williston, M. D.	Town physician.
Plainfield	*N. J. Randolph Chandler	Health officer.
Rahway	*Fred M. Williams	Executive officer.
Red Bank		
Ridgefield Park	William F. Reynolds, D. V. M.	Sanitary inspector.
Rutherford	*Marine Dunn	Do.
Summit	Henry P. Dengler, M. D.	Health officer.
Trenton	*Alton S. Fell, M. D.	Do.
Union City	Grant P. Curtis, M. D.	Do.

City	Name of health officer	Official title
New Jersey—Continued.		
West New York	*Rudolph Kunze	Chief inspector.
West Orange	*David E. Buckley	Health officer and registrar.
Westfield	*Andrew Carney	Executive officer.
New Mexico:		
Albuquerque	*James R. Scott, M. D., Ph. D.	County health officer.
New York:		
Albany	James W. Wiltse, M. D.	Health officer.
Amsterdam	Julius Schiller, M. D.	Do.
Auburn	Thomas C. Sawyer, M. D.	City health officer.
Batavia	E. F. Will, M. D.	Do.
Beacon	Charles B. Dugan, M. D.	Health officer.
Binghamton	C. J. Longstreet, M. D.	Do.
Buffalo	*Francis E. Fronczak, M. D., L. L. B., Dr. Sc. P. H.	Health commissioner.
Cohoes	E. M. Bell, M. D.	Health officer.
Corning	Henry E. Elwood, jr., M. D.	Do.
Cortland	A. C. Knapp, M. D.	Do.
Dunkirk	G. E. Ellis, M. D.	Do.
Elmira	Reeve B. Howland, M. D.	City health officer.
Endicott	Dorr W. Hardy, M. D.	Health officer.
Freeport	William H. Runcie, M. D.	Health commissioner.
Fulton	C. L. Fessenden, M. D.	Health officer.
Geneva	C. W. Grove, M. D.	Do.
Glens Falls	*Virgil D. Selleck, M. D., C. P. H.	Do.
Gloversville	Alex. L. Johnson, M. D.	Do.
Herkimer	James W. Graves, M. D.	Do.
Hornell	George E. Taylor, M. D.	Do.
Hudson	Charles R. Skinner, M. D.	Do.
Ilion	Frank B. Conterman, M. D.	Do.
Ithaca	*Lewell T. Genung, M. D.	Do.
Jamestown	*John J. Mahoney, M. D.	Superintendent, public health.
Johnson City	Rollin O. Crosier, M. D.	Health officer.
Johnstown	Guy Vail Wilson, M. D.	Do.
Kingston	Daniel Connelly, M. D.	Do.
Lackawanna	A. S. Culkowski, M. D.	Do.
Little Falls	A. B. Santry, M. D.	Do.
Lockport	Thomas E. Spalding, M. D.	City physician.
Middletown	H. J. Shelley, M. D.	Health officer.
Mount Vernon	Frank W. Shipman, M. D.	Health commissioner.
New Rochelle	*Edwin H. Coddling, M. D.	Health officer.
New York	*Louis I. Harris, M. D., D. P. H.	Commissioner of health.
Newburgh	Thomas J. Burke, M. D.	Health officer.
Niagara Falls	Edward E. Gillick, M. D.	Do.
North Tonawanda	Henry C. Lapp, M. D.	Do.
Ogdensburg	J. W. Benton, M. D.	Do.
Olean	W. E. MacDuffie, M. D.	Commissioner of health.
Oneida	Nelson O. Brooks, M. D.	Health officer.
Oneonta		
Ossining	Amos O. Squire, M. D.	Do.
Oswego	Harvey S. Albertson, M. D.	Do.
Peekskill	Fred A. Snowden, M. D.	Do.
Plattsburg	Leo F. Scheff, M. D.	Do.
Port Chester	William J. Sheehan, M. D.	Do.
Port Jervis	G. Otto Pobe, M. D.	City health officer.
Poughkeepsie	*W. H. Conger, M. D.	Health officer.
Rensselaer	Earle W. Wilkins, M. D.	Do.
Rochester	*George Washington Goler, M. D.	Do.
Rome	Roy J. Marshall, M. D.	Do.
Salamanca	P. H. Bourne, M. D.	Do.
Saratoga Springs	Charles B. Small, M. D.	City health officer.
Schenectady	J. H. Collins, M. D.	Commissioner of health.
Syracuse	Herman G. Weiskotten, M. D.	Do.
Tonawanda	John T. Harris, M. D.	Health officer.
Troy	William N. Campaigne, M. D.	Do.
Utica	Hugh H. Shaw, M. D.	Do.
Watertown		
Watervliet	Charles A. Birmingham, M. D.	Do.
White Plains	Edwin G. Ramsdell, M. D.	Health officer.
Yonkers	C. W. Buckmaster, M. D., C. P. H.	Commissioner of health.
North Carolina:		
Asheville	*Daniel E. Sevier, M. D.	Health officer.
Charlotte	*W. A. McPhaul, M. D.	City and county health officer.
Concord	*Sidney E. Buchanan, M. D.	Do.
Durham	*J. H. Epperson, M. S.	Superintendent of health.
Gastonia		
Goldensboro	*L. W. Corbett, M. D.	County health officer.
Greensboro	*C. Curtis Hudson, M. D.	Health officer.
High Point	S. S. Cee, M. D.	City physician.
Kinston	*Robert Sherwood McGeachy, M. D.	County health officer.
New Bern	*D. E. Ford, M. D.	Do.

City	Name of health officer	Official title
North Carolina—Continued.		
Raleigh	*A. C. Bulla, M. D.	Health officer.
Rocky Mount	H. Lee Large, M. D.	Do.
Salisbury	*C. W. Armstrong, M. D.	Do.
Wilmington	*John H. Hamilton, M. D.	County health officer.
Wilson	*L. J. Smith, M. D.	Health officer.
Winston-Salem	*R. L. Carlton, M. D.	City health officer.
North Dakota:		
Fargo	*B. K. Kilbourne, M. D.	Do.
Grand Forks	E. C. Haagensen, M. D.	Do.
Minot		
Ohio:		
Akron	*Donald D. Shira, M. D.	Director of health.
Alliance	Floyd R. Stamp, M. D.	Health commissioner.
Ashland	Eldred L. Clem, M. D.	Director of public welfare.
Ashtabula	Azro J. Pardee, M. D.	Health officer.
Barberton	W. A. Mansfield, M. D.	Health commissioner.
Bellaire	W. J. Shepard, M. D.	Do.
Bellefontaine	A. J. McCracken, M. D.	City health commissioner.
Bucyrus	A. H. McCrory, M. D.	Health commissioner.
Cambridge	Clyde L. Vorhies, M. D.	Do.
Canton		
Chillicothe	*G. E. Robbins, M. D.	Commissioner of health.
Cincinnati	*William H. Peters, M. D.	Health commissioner.
Cleveland	*Harry L. Rockwood, M. D.	Commissioner of health.
Cleveland Heights	*Robert Lockhart, M. D.	Director of health.
Columbus	*James A. Beer, M. D.	Health commissioner.
Conneaut	Inez Hyatt, M. D.	Local health commissioner.
Coshocton	*D. M. Criswell, M. D.	Health commissioner.
Cuyahoga Falls	*R. H. Markwith, M. D.	Do.
Dayton	*A. O. Peters, M. D.	Commissioner of health.
East Cleveland	George W. Stober, M. D.	Director of health.
East Liverpool	*J. A. Fraser, M. D.	City health commissioner.
East Youngstown	James S. Mariner, M. D.	Health commissioner.
Elyria	G. E. French, M. D.	Do.
Findlay	*Edward W. Misamore, M. D.	Do.
Fostoria	*W. N. Caldwell.	Do.
Fremont	E. L. Vermilya, M. D.	Do.
Hamilton	Anderson L. Smedley, M. D.	Commissioner of health.
Ironton	O. U. O'Neill, M. D.	Health commissioner.
Kenmore	*R. H. Markwith, M. D.	Do.
Lakewood	Wallace J. Benner, M. D.	Do.
Lancaster	Clifford B. Saider, M. D.	Do.
Lima	James B. Poling, M. D.	Do.
Lorain	Valloyd Adair, M. D.	Do.
Mansfield	*C. D. Barrett, M. D., C. P. H.	Do.
Marietta	John W. Donaldson, M. D.	Do.
Marion	*W. J. Weiser, M. D.	Do.
Martins Ferry	*Charles Keller.	Do.
Massillon	*John H. Williams.	Do.
Middletown	G. D. Lummis, M. D.	Do.
New Philadelphia		
Newark	William Henry Knauss, M. D.	Do.
Niles	W. A. Werner, M. D.	Do.
Norwood	Louis O. Saur, M. D.	Do.
Piqua	J. G. Freshour, M. D.	Do.
Portsmouth		
Salem	T. T. Church, M. D.	Commissioner of health.
Sandusky	*F. M. Houghtaling, M. D.	Health commissioner.
Springfield	*Oscar M. Craven, M. D.	Director of public health.
Stuebenville	*J. A. Madigan.	Health commissioner.
Tiffin	J. A. Gosling, M. D.	Do.
Toledo	Daniel W. Iford, M. D.	Commissioner of health.
Warren	George N. Simpson, M. D.	Do.
Youngstown	H. E. Welch, M. D.	Do.
Zanesville	David J. Evans, M. D.	Health commissioner.
Oklahoma:		
Ardmore	Ambert Young Easterwood, M. D.	City health officer.
Bartlesville		
Chickasha	Arthur W. Nunnery, M. D.	City superintendent of health.
Enid	R. C. Baker, M. D.	Do.
Guthrie	William C. Miller, M. D.	City physician.
McAlester		
Muskogee	Finis W. Ewing, M. D.	City health officer.
Oklahoma City		
Oklmulgee	W. M. Cott, M. D.	Do.
Sapulpa	P. K. Lewis, M. D.	Superintendent of health.
Shawnee	*J. C. Baker.	Building inspector.
Tulsa	David Albert Beard, M. D.	Superintendent of health.
Oregon:		
Astoria	N. S. Vernon, M. D.	City and county health officer.
Eugene	S. M. Kerron, M. D.	Do.
Portland	*John G. Abele, M. D.	City health officer.
Salem	*Walter H. Brown, M. D., C. P. H.	City and county health officer.

City	Name of health officer	Official title
Pennsylvania:		
Allentown	*J. Treichler Butz, M. D., D. D. S.	Health officer.
Altoona	*T. G. Herbert	Chief, bureau of health.
Ambridge	*Louis Herrmann	Health officer.
Beaver Falls	*Nelson W. Osmond	Do.
Berwick	*C. W. Shannon	Do.
Bethlehem	*F. J. Conahan, M. D.	Do.
Braddock	*James E. Wills	Do.
Bradford	*Carl L. Peterson	Do.
Bristol	*John M. Wright	Do.
Butler	*J. Fred Leetch	Do.
Canonsburg	*J. M. Templeton	Do.
Carbondale	*Daniel Munley	Sanitary officer.
Carlisle	*A. P. Lizzman	Health officer.
Carnegie	Joseph Lewis	Do.
Carrick	William Windeknecht	Park commissioner.
Chambersburg	Frank J. Croft	Health officer.
Charleroi	*W. M. Darby	Health inspector.
Chester	*Mark G. Murtaugh	Health officer.
Clairton	*William P. Davidson	Do.
Coatesville	*Charles V. Peace, V. M. D.	Do.
Columbia	George M. Rodenhuaser	Do.
Connellsville	*John Irwin	Do.
Dickson City	*Frank J. Meehan	Do.
Donora	*John W. Harrington	Do.
Dubois	*E. S. Hoover	Do.
Dunmore		Do.
Duquesne	*Emil Elmgren	Do.
Egston	J. James Condran, M. D.	Do.
Ellwood City	*Louis Young	Do.
Erie	*John W. Wright, M. D.	Do.
Farrell	*William C. Heinz	Do.
Franklin	Charles H. Brown, M. D.	Do.
Greensburg	*T. Ray Hunter	Director.
Harrisburg	John M. J. Raunick, M. D.	Health officer.
Hazleton	*P. J. Bonner	Health officer.
Homestead	*James L. King	Do.
Jeanette	*A. T. Coon	Chief health officer.
Johnstown	L. W. Jones, M. D.	Health officer.
Kingston	*J. F. Seward	Do.
Lancaster	*Benjamin F. Charles	Do.
Lansford		Do.
Latrobe	W. T. Osborne	Do.
Lebanon	F. B. Witmer, M. D.	City health officer.
Lewistown	H. E. Fetterolf	Health officer.
McKees Rocks		Do.
McKeesport	*Daniel F. Marsh	Do.
Mahanoy City	*John Sullivan	Do.
Meadville	*John L. Laley	City health officer.
Monessen	*Francis E. Gibson	Do.
Mount Carmel	*Fred Gross	Do.
Nanticoke	*H. J. Abbot	Health officer.
New Castle	William L. Steen, M. D.	Do.
New Kensington		Do.
Norristown	*Charles E. White	Do.
North Braddock	*Robert M. Sylves	Do.
Oil City	*W. J. Lewis	Do.
Old Forge	Gulius Biscontine	Do.
Olyphant	*James L. O'Malley	Do.
Philadelphia	*A. A. Cairns, M. D.	Chief of bureau of health.
Phoenixville	Allen L. Bevan	Health officer.
Pittsburgh	*Carey J. Vaux, M. D.	Director.
Pittston	*Michael A. McHale	Health officer.
Pottstown	*A. John Andre	Do.
Pottsville	*David Thomas	Do.
Punxsutawney	J. Frank Boney	Do.
Reading	*Ira J. Hain, M. D.	Do.
Scranton	James D. Lewis, M. D.	Director of public health.
Shamokin	*Fred Zeiser	Health officer.
Sharon	*L. C. Brainard	Sanitary officer.
Shenandoah	*Cyrus Geise	Health officer.
Steelton	*E. G. Butler	Do.
Sunbury	*V. A. Koble	Do.
Swissvale	*E. H. Wasmuth	Secretary board of health.
Tamaqua	Lamont Perrine	Health officer.
Taylor	F. E. Edwards, M. D.	Do.
Tyrone Borough	John I. Patterson	Do.
Uniontown	*W. C. Hall	Do.
Vandergrift	J. Elmer Spang	Do.
Warren	*Ralph N. Brown	Do.
Washington	*Thomas W. Henderson	Secretary board of health.
Waynesboro	*Percy H. Snowberger	Health officer.
West Chester	*Enoch P. Hershey	Do.
Wilkes-Barre	G. A. Clark, M. D.	City physician.
Williamsburg	J. F. Gibboney	Health officer.

City	Name of health officer	Official title
Pennsylvania—Continued.		
Williamsport.....	Robert F. Trainer, M. D.....	Health officer.
Windber.....	S. W. McMullen.....	Do.
Woodlawn.....	*James E. Tanner.....	Do.
York.....	J. Frank Small, M. D.....	Director of public health.
Rhode Island:		
Bristol.....	John H. Magee, Ph. D.....	Health officer.
Central Falls.....	Adolph R. V. Fenwick, M. D.....	Superintendent of health.
Cranston.....	Daniel S. Latham, M. D.....	Do.
East Providence.....	W. H. T. Hamill, M. D.....	Health officer.
Newport.....	Edward V. Murphy, M. D.....	Executive officer, board of health.
Pawtucket.....	Florian A. Ruest, M. D.....	Superintendent of health.
Providence.....	*Charles V. Chapin, M. D.....	Do.
Warwick.....	Ralph Fred Lockwood, M. D.....	Health officer.
West Warwick.....	H. Barton Bryer, M. D.....	Do.
Westerly.....	Samuel C. Webster, M. D., Ph. G.....	Superintendent of health.
Woonsocket.....	William A. Bernard, M. D.....	Health officer.
South Carolina:		
Anderson.....	*E. R. Van de Grift, D. V. M.....	Do.
Charleston.....	*Leon Banov, M. D.....	Do.
Columbia.....	M. M. Rice, M. D.....	Do.
Florence.....	*P. H. Brigham, M. D., D. D. S.....	Health commissioner.
Greenville.....	*Irving S. Barksdale, M. D.....	Do.
Sumter.....	*John R. Sumter.....	Health officer.
South Dakota:		
Aberdeen.....	*George M. Boteler, M. D.....	Do.
Sioux Falls.....	*Francis M. Munson, M. D.....	City health officer.
Watertown.....	A. M. Freeburg, M. D.....	County health officer.
Tennessee:		
Chattanooga.....	*G. B. Crittenden, M. D.....	Director of health.
Jackson.....	Hermion Hawkins, M. D.....	City physician.
Johnson City.....	*C. S. Kinzer, M. D.....	Health officer.
Knoxville.....	*M. F. Haygood, M. D.....	Do.
Memphis.....	*J. J. Durrett, M. D., Ph. G.....	Superintendent of health.
Nashville.....	*W. E. Hibbett, M. D.....	City health officer.
Texas:		
Abilene.....	Scott W. Hollis, M. D.....	City and county health officer.
Amarillo.....	A. H. Lindsay, M. D.....	City physician.
Beaumont.....	Dru McMickin, M. D.....	City health officer.
Cleburne.....	James D. Osborn, M. D.....	Do.
Corpus Christi.....	A. H. Speer, M. D.....	Do.
Corsicana.....	William R. Sneed, M. D.....	Do.
Dallas.....	*N. W. Andrews, M. D.....	Director of public health.
Del Rio.....	B. F. Orr, M. D.....	City health officer.
Denison.....	Alex W. Acheson, M. D.....	Health officer.
Eastland.....	E. R. Townsend, M. D.....	City health officer.
El Paso.....	*R. A. Wilson, M. D.....	Do.
Fort Worth.....	*Leon H. Martin, M. D.....	Director public health and welfare.
Galveston.....	Walter Kleberg, M. D.....	Health officer.
Houston.....	*Arthur Heath Flickwir, M. D.....	City health officer.
Orange.....	James H. Dameron, M. D.....	Do.
Fort Arthur.....	Pat Reed, M. D.....	City physician.
Ranger.....	*Wade Swift.....	Sanitary officer.
San Angelo.....	A. C. De Long, M. D.....	City health officer.
San Antonio.....	W. A. King, M. D.....	Health officer.
Sherman.....	J. A. Swafford, M. D.....	City physician and director of public welfare.
Temple.....	J. G. Jenkins, M. D.....	City health officer.
Texarkana.....	William Hibbitts, M. D.....	City physician.
Tyler.....	Albert Woldert, M. D.....	City health officer.
Waco.....	T. E. Tabb, M. D.....	Do.
Utah:		
Logan.....	P. W. Eliason, M. D.....	City physician.
Ogden.....	N. H. Savage, M. D.....	Health commissioner.
Provo.....	Arnold E. Robison, M. D.....	City physician.
Salt Lake City.....	Willard Christopherson, M. D.....	Health commissioner.
Vermont:		
Barre.....	M. D. Lamb, M. D.....	Health officer.
Burlington.....	*James W. Courtney, M. D.....	Do.
Rutland.....	Levi Rustedt, M. D.....	Do.
Virginia:		
Alexandria.....	*Louis E. Foulks, M. D.....	Do.
Charlottesville.....	*George Bright Young, M. D.....	Do.
Danville.....	*R. W. Garnett, M. D.....	Do.
Lynchburg.....	*Mosby G. Perrow, Ph. D.....	Director of public welfare.
Newport News.....	Samuel Downing, M. D.....	Acting health officer.
Norfolk.....	*Powhatan S. Schenck, M. D.....	Health commissioner.
Petersburg.....	Robert A. Martin, M. D.....	Health officer.
Portsmouth.....	*Lonsdale J. Roper, M. D.....	Director of public welfare.
Richmond.....	*W. Brownley Foster, M. D.....	Do.
Roanoke.....	*Coleman B. Ransone, M. D.....	Health officer.
Suffolk.....	*Clarence Francis Moriarty, M. D.....	Director joint health department.

City	Name of health officer	Official title
Washington:		
Aberdeen.....	Arthur Skarperud, M. D.....	City health officer.
Bellingham.....	W. H. Ballaine, M. D.....	Health officer.
Bremerton.....	T. H. Holmes, M. D.....	City health officer.
Everett.....	J. Spencer Purdy, M. D.....	Health officer.
Hoquiam.....	Harry C. Watkins, M. D.....	Do.
Seattle.....	*E. T. Hanley, M. D.....	Commissioner of health.
Spokane.....	*Ralph Hendricks, M. D.....	Health officer
Tacoma.....	C. F. Engels, M. D.....	Do.
Vancouver.....	R. D. Wiswall, M. D.....	City physician.
Walla Walla.....	*Oliver J. Morehead, M. D.....	City and county health officer.
Yakima.....	*H. H. Smith, M. D.....	Do.
West Virginia:		
Bluefield.....	*David B. Lepper, M. D.....	City health officer.
Charleston.....	J. B. Lohan, M. D.....	Health commissioner.
Clarksburg.....	*R. L. Osborn, M. D.....	City physician.
Fairmont.....	*J. A. Jamison, M. D.....	City health officer.
Huntington.....	J. E. Rader, M. D.....	Health officer.
Martinsburg.....	Clifford Sperow, M. D.....	Do.
Morgantown.....	R. H. Edmondson, M. D.....	City health officer.
Moundsville.....	*Charles Calhoun Hedges, M. D.....	Do.
Parkersburg.....	Horace D. Price, M. D.....	Do.
Wheeling.....	*W. H. McLain, M. D.....	City and county health commissioner.
Wisconsin:		
Appleton.....	William C. Felton, M. D.....	City physician.
Beloit.....	*L. M. Field, M. D.....	Health officer.
Eau Claire.....	J. F. Farr, M. D.....	Executive officer.
Fond du Lac.....	A. C. Dana, M. D.....	Health officer.
Green Bay.....	*T. J. Oliver, M. D.....	Commissioner of health.
Janesville.....	Fred B. Welch, M. D.....	City health officer.
Kenosha.....	*G. Windesheim, M. D.....	Director of health.
La Crosse.....	Anthony M. Murphy.....	Acting health commissioner.
Madison.....	*Alexander M. Carr, M. D.....	Health officer.
Manitowoc.....	Max Staehle, M. D.....	Commissioner of health.
Marinette.....	S. Bergland, M. D.....	Health officer.
Milwaukee.....	*John P. Koehler, M. D.....	Commissioner of health.
Oshkosh.....	*A. H. Broche, M. D.....	Health officer.
Racine.....	*W. W. Bauer, M. D.....	Do.
Sheboygan.....	*Joseph C. Efers, M. D.....	Commissioner of public health.
Stevens Point.....	F. A. Southwick, M. D.....	Health officer.
Superior.....	P. G. McGill, M. D.....	Health commissioner.
Waukesha.....	Frank Murray Scheele, M. D.....	Do.
Wausau.....	*L. F. Bugbee.....	Health officer
West Allis.....	*S. C. McCorkle, M. D.....	Health commissioner.
Wyoming:		
Casper.....	*H. Garst, M. D., Ph. G.....	Director of health department.
Cheyenne.....	J. H. Conway, M. D.....	County and city health officer.

TREATMENT OF INFANTILE PARALYSIS BY THE USE OF IMMUNE SERUM

The weekly Bulletin of the Department of Health of the City of Syracuse, N. Y., for July 24, 1926, gives an account of the appearance of nine cases of infantile paralysis during the month of July, 1926. The following is taken from the report of the treatment of this disease as given in the Bulletin.

As soon as reports of the disease began to come in, arrangements were made for the usual diagnostic service. No immune serum was available at the time, but a small supply was immediately obtained through the courtesy of the State health department laboratories so that no case so far has suffered because of lack of serum. An appeal was also made to the victims of this disease in the last two outbreaks—1924 and 1922—to give some of their immune serum blood. Nurses of the department were sent to interview them personally. As a result, a quantity of serum has been obtained and is now available. It is hoped that further supplies may be obtained as needed.

ACUTE STAGE SYMPTOMS

It can not be overemphasized that parents and physicians must be on the lookout for the early symptoms of the disease. The onset is very much like that of any other infection. A child previously well develops fever, headache, constipation, and vomiting. Within some hours there may be some nervous irritability, tremor, sweating about the face, retention of urine, stiffness and pain in the neck region, and perhaps also pain and tenderness in the limbs. The patient has an anxious look, much like that of an animal at bay. The fever tends to continue for three or four days, and then paralysis of groups of muscles supervenes. Lumbar puncture in the early stages usually gives a clear or slightly opalescent fluid under increased pressure, with an increased cell count and a positive globulin test.

TREATMENT OF THE DISEASE

The most important phase of the treatment is rest from the very beginning. The only possible specific treatment in the early pre-paralytic stage is the use of human immune poliomyelitis serum. This is injected intraspinaly in amounts depending upon the amount of spinal fluid withdrawn by lumbar puncture. The intraspinal injection should be followed preferably with intravenous or intramuscular injections of amounts varying from 40 to 80 cc. In the outbreak of 1924, 35 cases were given human immune serum in the early stages of the disease, and only 4 were frankly paralyzed, while 3 showed transient weakness. This means that 4 out of 5 in this group escaped paralysis, where ordinarily only about one-half the cases are expected to escape paralysis.

After paralysis has set in, the most important thing is to leave the paralyzed muscles alone until every vestige of tenderness has entirely disappeared. The limb should be kept warm and at rest. No manipulation and no rubbing should be resorted to. It is very difficult at this time to get the anxious parents to realize that this sort of treatment is the best for the recovery of the paralyzed muscles. After all pain and tenderness are gone, then, and only then, can muscle training and other forms of manipulation be resorted to with safety. For this stage of the disease orthopedic advice will be available as in former years.

A CLINIC FOR WHOOPING COUGH

Dr. Herman G. Weiskotten, Commissioner of Health for the City of Syracuse, N. Y., announces the opening of a clinic for whooping cough, the object of which will be to study and treat cases of this disease.

Already a gratifying response is manifest and many cases are undergoing treatment. Facilities for laboratory diagnosis are provided in order that the disease may be recognized early.

For purposes of study, cases are divided into (1) contacts who have not yet developed whooping cough. These will be given a prophylactic dose of vaccine. Three injections will be given at intervals of three or four days. (2) The second group is composed of early cases with a cough but without the typical whoop or paroxysmal cough. In these cases the history of exposure and the examination of blood or sputum cultures should help to make a positive diagnosis. (3) The final group is made up of cases in which the cough is typically paroxysmal and there is no doubt as to the diagnosis. In these cases an effort will be made to determine whether the disease can be shortened or the suffering ameliorated.

The reporting of whooping cough is stated to be far from complete.

PATIENTS IN HOSPITALS FOR MENTAL DISEASES, APRIL, 1926

Reports for the month of April, 1926, from 98 institutions for the care of persons suffering from mental diseases, located in 27 States, have been received by the Public Health Service. A summary of these reports is given in the table below.

The increase in total number of patients on the books during the month was 0.28 per cent. The increase in the number of patients in hospitals was 0.18 per cent, and in the number of patients on parole, 1.5 per cent.

Institutions having an aggregate of 9,778 patients did not report any of their inmates on parole. Omitting these institutions, 8.6 per cent of the total number of patients were on parole April 30, 1926.

Omitting two institutions which care for male patients exclusively (420 patients), 51.3 per cent of the patients were males and 48.7 per cent were females.

Seventy-nine per cent of the patients admitted during the month were reported as first admissions, 14.7 per cent as readmissions, and 6 per cent were transferred from other institutions. Ten admissions (0.3 per cent) were not accounted for.

Thirty and four-tenths per cent of the patients discharged were reported as recovered, 48.1 per cent as improved, 14.2 per cent as unimproved, 4.4 per cent as without psychosis, and 2.9 per cent as otherwise discharged or not accounted for.

The figures showing the number of transfers are incomplete, as transfers were made to and from hospitals from which reports were not received. It is possible that some patients were recorded as

transferred who came from institutions which do not care for mentally diseased persons.

During the month 1,266 patients died, including patients who were on parole at the time of death. This was 0.9 per cent of the average number of patients.

Patients on books Apr. 1, 1926:

In hospitals.....	125, 926
On parole or otherwise absent but still on books.....	10, 759
Total.....	<u>136, 685</u>

Admitted during month:

First admissions.....	2, 430
Readmissions.....	451
Transferred from other hospitals in same State.....	186
Not accounted for.....	10
Total admitted during month.....	3, 077
Total on books during month.....	<u>139, 762</u>

Discharged during month:

As recovered.....	385
As improved.....	610
As unimproved.....	180
As without psychosis.....	56
Otherwise discharged.....	18
Not accounted for.....	19
Total discharged during month.....	1, 268
Transferred to other hospitals in same State.....	162
Died during month.....	<u>1, 266</u>
Total discharged, transferred, and died (month).....	<u>2, 696</u>

Patients on books Apr. 30, 1926:

In hospitals.....	126, 147
On parole or otherwise absent but still on books.....	10, 919
Total.....	<u>137, 066</u>

Males.....	70, 525
Females.....	66, 541

PUBLIC HEALTH ENGINEERING ABSTRACTS

Some Notes on Mice and Bubonic Plague in Australia. Dr. F. McCallum, Quarantine Officer, Commonwealth Department of Health. *Health*, of the Commonwealth of Australia, Vol. 3, No. 6, November, 1925, pp. 175-177. (Abstract by H. N. Old.)

While the house mouse, *Mus musculus*, has been found, under laboratory conditions, to show a relatively high susceptibility to infection with *Bacillus pestis*, the rather limited investigations conducted to establish a possible relation of mouse to bubonic plague

have resulted negatively. The writer, however, feels that, in view of the swarms of mice which spread widely across the countryside at recurrent periods and particularly following in the wake of the harvesting of a successful wheat crop, the relationship of the mouse to bubonic plague, and possibly to other diseases of man, merits further investigation.

Reference is made to the findings of several research workers who have conducted investigations along the line of mouse transmission of plague.

Mosquito Species Control of Malaria. Samuel T. Darling. *American Journal of Tropical Medicine*, Vol. 6, No. 3, May, 1926, pp. 167-179. (Abstract by William Ropes.)

A study of malaria incidence in the rice fields and fish ponds of Java is presented, the author having been called in consultation because of the severity of the malaria and because the rice culture was so necessary and widespread control seemed at least financially impracticable. Spleen examinations showed a malaria infection of from 75 to 100 per cent, even among adults, and the population was proportionally poor, wretched, and "in a deplorable condition from malarial anemia." A careful survey of the anopheline mosquitoes revealed the fact that the breeding of the most dangerous species was not so widespread as might have been supposed, occurring principally in neglected rice fields, disused fish ponds, and ditches choked by vegetation. New rules were made governing the cultivation of rice and the breeding of fish, and the ditches were cleaned by the authorities. As a result of the decrease in malaria-carrying mosquitoes, malaria has decreased, mortality rates are lower, and "a considerable improvement has been brought about with regard to the prosperity of the population." In his summary, Doctor Darling observes: "Every malarial problem should be defined first by field studies, for the breeding areas may be small and relatively easy to control."

DEATHS DURING WEEK ENDED JULY 31, 1926

Summary of information received by telegraph from industrial insurance companies for week ended July 31, 1926, and corresponding week of 1925. (From the Weekly Health Index, August 4, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended July 31, 1926	Corresponding week, 1925
Policies in force.....	64, 754, 649	60, 664, 778
Number of death claims.....	11, 362	9, 653
Death claims per 1,000 policies in force, annual rate.....	9.1	8.3

Deaths from all causes in certain large cities of the United States during the week ended July 31, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, August 4, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended July 31, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended July 31, 1926 ²
	Total deaths	Death rate ¹		Week ended July 31, 1926	Corresponding week, 1925	
Total (66 cities).....	6,070	10.9	10.5	700	749	54
Akron.....	33			4	1	43
Albany ⁴	26	11.4	9.7	1	1	21
Atlanta.....	75			9	5	
White.....	41			5		
Colored.....	34	(⁵)		4		
Baltimore ⁴	225	14.5	14.3	24	38	70
White.....	163			14		50
Colored.....	62	(⁵)		10		162
Birmingham.....	56	13.8	12.4	6	6	
Boston.....	196	13.0	11.9	26	27	73
Bridgeport.....	22			2	2	34
Buffalo.....	125	12.0	10.7	15	16	63
Cambridge.....	23	9.8	9.6	4	1	66
Camden.....	35	13.9	8.9	9	7	152
Canton.....	20	9.5	8.8	2	1	44
Chicago ⁴	540	9.2	8.8	48	65	42
Cincinnati.....	128	16.2	11.8	16	14	100
Cleveland.....	147	8.0	8.1	22	18	57
Columbus.....	84	15.4	10.8	9	9	83
Dallas.....	56	14.6	15.9	14	13	
White.....	43			12		
Colored.....	13	(⁵)		2		
Dayton.....	44	13.0	10.6	3	3	47
Denver.....	65	11.9	13.4	5	16	
Des Moines.....	29	10.4	7.4	3	0	50
Detroit.....	212	8.6	8.8	26	31	42
Duluth.....	15	6.9	7.5	0	1	0
El Paso.....	36	17.2	13.4	12	7	
Erie.....	25			5	2	95
Fall River ⁴	23	9.2	7.7	2	0	29
Flint.....	13	4.9	5.6	1	2	17
Fort Worth.....	22	7.2	6.8	2	1	
White.....	18			2		
Colored.....	4	(⁵)		0		
Grand Rapids.....	28	9.4	9.5	6	1	87
Houston.....	48			1	8	
White.....	36			1		
Colored.....	12	(⁵)		0		
Indianapolis.....	93	13.2	13.2	11	11	81
White.....	75			6		51
Colored.....	18	(⁵)		5		275
Jersey City.....	52	8.5	8.1	3	7	21
Kansas City, Kans.....	29	12.9	11.2	5	1	87
White.....	23			5		105
Colored.....	6	(⁵)		0		0
Kansas City, Mo.....	87	12.1	12.2	16	18	
Los Angeles.....	221			22	26	61
Louisville.....	93	15.6	13.8	13	12	112
White.....	67			10		100
Colored.....	26	(⁵)		3		188
Lowell.....	22			1	1	19
Lynn.....	8	4.0	7.6	1	0	25
Memphis.....	57	16.8	20.9	9	8	
White.....	30			3		
Colored.....	27	(⁵)		6		
Milwaukee.....	102	10.3	9.5	22	18	102
Minneapolis.....	88	10.6	6.7	9	4	50
Nashville ⁴	64	24.4	24.1	8	5	
White.....	35			2		
Colored.....	29	(⁵)		6		

¹ Annual rate per 1,000 population.

² Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births

³ Data for 64 cities.

⁴ Deaths for week ended Friday, July 30, 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, Dallas 15, Fort Worth 14, Houston 25, Indianapolis 11, 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 July 31, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, August 4, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended July 31, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended July 31, 1926
	Total deaths	Death rate		Week ended July 31, 1926	Corresponding week, 1925	
New Bedford	21			5	4	87
New Haven	32	9.2	8.7	3	4	41
New Orleans	121	15.1	19.5	13	19	
White	63			4		
Colored	58	(^o)		9		
New York	1,155	10.2	9.8	119	151	48
Bronx Borough	160	9.3	7.4	12	16	40
Brooklyn Borough	358	8.3	9.8	44	60	45
Manhattan Borough	494	13.7	11.6	54	61	60
Queens Borough	98	6.7	7.0	6	10	27
Richmond Borough	45	16.4	15.1	3	4	53
Newark, N. J.	77	8.7	10.3	9	21	43
Norfolk	40	12.0	11.4	8	3	149
White	22			5		149
Colored	18	(^o)		3		149
Oakland	50	10.0	9.0	4	5	46
Oklahoma City	24			2	0	
Omaha	54	13.1	11.8	3	5	31
Paterson	23	8.4	10.7	1	4	17
Philadelphia	461	12.0	9.2	47	35	62
Pittsburgh	138	11.3	12.4	15	23	50
Portland, Oreg.	57			3	2	31
Providence	54	10.2	9.5	8	7	66
Richmond	42	11.6	13.1	13	9	163
White	24			4		78
Colored	18	(^o)		9		315
Rochester	63	10.2	11.7	7	11	56
St. Louis	209	13.1	11.6	23	22	
St. Paul	37	7.8	10.8	1	4	9
Salt Lake City	15	5.9	8.0	1	0	14
San Antonio	64	16.3	16.3	16	10	
San Diego	30	14.2	18.7	2	1	42
San Francisco	111	10.2	12.8	8	6	48
Schenectady	8	4.5	8.4	0	0	0
Seattle	56			3	4	28
Somerville	17	8.9	4.2	2	0	52
Spokane	33	15.8	12.0	3	0	70
Springfield, Mass.	33	11.9	9.9	3	5	43
Syracuse	36	10.2	8.6	2	3	25
Tacoma	21	10.3	8.5	1	1	23
Toledo	68	12.1	9.6	5	6	48
Trenton	36	14.0	11.8	2	3	33
Utica	26	13.2	10.3	4	4	88
Washington, D. C.	84	8.3	16.0	10	14	57
White	54			6		50
Colored	30	(^o)		4		73
Waterbury	20			2	2	43
Wilmington, Del.	24	10.1	7.7	4	2	94
Worcester	46	12.4	10.7	2	3	23
Yonkers	15	6.7	8.7	2	2	45
Youngstown	26	8.2	8.2	6	4	76

See footnotes 4 and 5, on p. 1729.

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 August 7, 1926

ALABAMA		CALIFORNIA	
	Cases		Cases
Cerebrospinal meningitis.....	1	Cerebrospinal meningitis:	
Chicken pox.....	2	Alameda County.....	1
Dengue.....	1	Los Angeles County.....	1
Diphtheria.....	7	Stockton.....	2
Influenza.....	12	Chicken pox.....	28
Malaria.....	77	Diphtheria.....	80
Measles.....	21	Influenza.....	11
Mumps.....	6	Leprosy—Sacramento.....	1
Ophthalmia neonatorum.....	1	Lethargic encephalitis:	
Pellagra.....	13	Ferndale.....	1
Pneumonia.....	21	Santa Ana.....	1
Scarlet fever.....	11	Measles.....	112
Smallpox.....	4	Mumps.....	37
Tuberculosis.....	35	Poliomyelitis:	
Typhoid fever.....	112	Glendora.....	1
Whooping cough.....	12	Los Angeles.....	2
		San Bernardino County.....	1
		San Diego County.....	1
		Scarlet fever.....	48
		Smallpox.....	8
		Tuberculosis.....	197
		Typhoid fever.....	27
		Whooping cough.....	37
ARIZONA		COLORADO	
Diphtheria.....	3	Chicken pox.....	3
Measles.....	1	Diphtheria.....	12
Poliomyelitis.....	1	German measles.....	2
Tuberculosis.....	13	Influenza.....	1
Typhoid fever.....	3	Measles.....	19
		Mumps.....	1
		Poliomyelitis.....	1
		Scabies.....	1
		Scarlet fever.....	4
		Smallpox.....	1
		Tuberculosis.....	98
		Typhoid fever.....	11
		Vincent's angina.....	4
		Whooping cough.....	10
ARKANSAS			
Chicken pox.....	7		
Hookworm disease.....	7		
Influenza.....	12		
Malaria.....	153		
Measles.....	7		
Mumps.....	12		
Pellagra.....	25		
Poliomyelitis.....	1		
Scarlet fever.....	1		
Smallpox.....	16		
Trachoma.....	3		
Tuberculosis.....	13		
Typhoid fever.....	51		
Whooping cough.....	53		

CONNECTICUT		ILLINOIS	
	Cases		Cases
Chicken pox.....	12	Cerebrospinal meningitis—Cook County.....	1
Diphtheria.....	16	Chicken pox.....	69
German measles.....	2	Diphtheria.....	42
Influenza.....	5	Influenza.....	39
Measles.....	28	Lethargic encephalitis—Cook County.....	1
Pneumonia (broncho).....	6	Measles.....	163
Pneumonia (lobar).....	7	Mumps.....	21
Polioyielitis.....	1	Pneumonia.....	133
Scarlet fever.....	15	Scarlet fever.....	95
Septic sore throat.....	2	Smallpox.....	8
Tuberculosis (all forms).....	29	Tuberculosis.....	400
Typhoid fever.....	7	Typhoid fever.....	45
Whooping cough.....	20	Whooping cough.....	187
DELAWARE		INDIANA	
Diphtheria.....	4	Chicken pox.....	6
Scarlet fever.....	5	Diphtheria.....	12
Tuberculosis.....	12	Influenza.....	4
Typhoid fever.....	1	Measles.....	25
Whooping cough.....	7	Pneumonia.....	4
FLORIDA		Scarlet fever.....	25
Cerebrospinal meningitis.....	1	Smallpox.....	38
Dengue.....	1	Trachoma.....	1
Diphtheria.....	17	Tuberculosis.....	45
Influenza.....	55	Typhoid fever.....	24
Malaria.....	14	Whooping cough.....	87
Measles.....	15	IOWA	
Mumps.....	3	Diphtheria.....	10
Pneumonia.....	82	German measles.....	1
Scarlet fever.....	7	Measles.....	10
Smallpox.....	15	Mumps.....	1
Tetanus.....	7	Polioyielitis.....	1
Tuberculosis.....	93	Scarlet fever.....	17
Typhoid fever.....	34	Smallpox.....	11
Whooping cough.....	19	Tuberculosis.....	7
GEORGIA		Typhoid fever.....	1
Cerebrospinal meningitis.....	1	Whooping cough.....	9
Chicken pox.....	5	KANSAS	
Conjunctivitis (acute).....	1	Cerebrospinal meningitis:	
Diphtheria.....	6	Elk City.....	1
Dysentery.....	13	Goodland.....	1
Hookworm disease.....	2	Hutchinson.....	1
Influenza.....	5	Chicken pox.....	5
Malaria.....	64	Diphtheria.....	14
Measles.....	6	Dysentery.....	1
Mumps.....	7	German measles.....	2
Pellagra.....	11	Influenza.....	2
Pneumonia.....	8	Measles.....	31
Scarlet fever.....	1	Mumps.....	3
Septic sore throat.....	1	Pneumonia.....	2
Smallpox.....	1	Polioyielitis:	
Tetanus.....	1	Hutchinson.....	1
Tuberculosis.....	20	Phillipsburg.....	1
Typhoid fever.....	50	Scarlet fever.....	12
Whooping cough.....	10	Smallpox.....	3
IDAHO		Tetanus.....	1
Diphtheria.....	1	Tuberculosis.....	42
Scarlet fever.....	3	Typhoid fever.....	28
Typhoid fever.....	3	Whooping cough.....	64
Whooping cough.....	1		

LOUISIANA		MASSACHUSETTS—continued	
	Cases		Cases
Diphtheria.....	15	Trachoma.....	1
Influenza.....	6	Tuberculosis (pulmonary).....	112
Malaria.....	30	Tuberculosis (other forms).....	31
Pneumonia.....	18	Typhoid fever.....	17
Scarlet fever.....	2	Whooping cough.....	92
Smallpox.....	5		
Tuberculosis.....	63	MICHIGAN	
Typhoid fever.....	24	Diphtheria.....	76
Whooping cough.....	5	Measles.....	93
		Pneumonia.....	23
MAINE		Scarlet fever.....	77
Chicken pox.....	4	Smallpox.....	9
Diphtheria.....	1	Tuberculosis.....	55
Measles.....	42	Typhoid fever.....	14
Mumps.....	1	Whooping cough.....	177
Pneumonia.....	3		
Scarlet fever.....	11	MINNESOTA	
Smallpox.....	12	Chicken pox.....	18
Tuberculosis.....	23	Diphtheria.....	23
Typhoid fever.....	1	Influenza.....	2
Whooping cough.....	32	Measles.....	34
		Pneumonia.....	2
MARYLAND ¹		Poliomyelitis.....	1
Chicken pox.....	12	Scarlet fever.....	63
Diphtheria.....	11	Smallpox.....	1
Dysentery.....	14	Tuberculosis.....	55
Impetigo contagiosa.....	5	Typhoid fever.....	10
Influenza.....	1	Whooping cough.....	37
Lethargic encephalitis.....	1		
Malaria.....	3	MISSISSIPPI	
Measles.....	28	Diphtheria.....	9
Mumps.....	9	Scarlet fever.....	2
Ophthalmia neonatorum.....	1	Smallpox.....	2
Paratyphoid fever.....	7	Typhoid fever.....	64
Pneumonia (broncho).....	8		
Pneumonia (lobar).....	6	MISSOURI	
Poliomyelitis.....	2	(Exclusive of Kansas City) ²	
Scabies.....	4	Cerebrospinal meningitis.....	1
Scarlet fever.....	8	Chicken pox.....	4
Septic sore throat.....	1	Diphtheria.....	14
Tetanus.....	1	Malaria.....	5
Trachoma.....	1	Measles.....	16
Tuberculosis.....	61	Mumps.....	3
Typhoid fever.....	27	Poliomyelitis.....	1
Vincent's angina.....	2	Scarlet fever.....	10
Whooping cough.....	97	Smallpox.....	10
		Tetanus.....	1
MASSACHUSETTS		Trachoma.....	16
Cerebrospinal meningitis.....	1	Tuberculosis.....	32
Chicken pox.....	31	Typhoid fever.....	23
Diphtheria.....	24	Whooping cough.....	69
Dysentery.....	1		
German measles.....	6	MONTANA	
Influenza.....	3	Chicken pox.....	6
Lethargic encephalitis.....	2	German measles.....	1
Malaria.....	3	Measles.....	2
Measles.....	44	Poliomyelitis.....	1
Mumps.....	37	Rocky Mountain spotted fever—Cartersville.....	1
Ophthalmia neonatorum.....	6	Scarlet fever.....	7
Pellagra.....	2	Septic sore throat.....	1
Pneumonia (lobar).....	19	Smallpox.....	12
Poliomyelitis.....	10	Tuberculosis.....	2
Scarlet fever.....	58	Typhoid fever.....	9
Septic sore throat.....	2	Whooping cough.....	7

¹ Week ended Friday.

NEBRASKA	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	9
Diphtheria.....	4
Measles.....	2
Mumps.....	2
Scarlet fever.....	7
Septic sore throat.....	1
Tetanus.....	1
Tuberculosis.....	7
Typhoid fever.....	3
Whooping cough.....	17

NEW JERSEY	Cases
Anthrax.....	1
Cerebrospinal meningitis.....	1
Chicken pox.....	26
Diphtheria.....	24
Influenza.....	2
Malaria.....	1
Measles.....	91
Paratyphoid fever.....	1
Pneumonia.....	25
Poliomyelitis.....	2
Scarlet fever.....	30
Smallpox.....	1
Typhoid fever.....	7
Whooping cough.....	107

NEW MEXICO	Cases
Chicken pox.....	2
Diphtheria.....	2
Dysentery.....	2
Mumps.....	1
Pellagra.....	1
Pneumonia.....	2
Rabies (in animals).....	1
Scarlet fever.....	1
Tuberculosis.....	24
Typhoid fever.....	5
Whooping cough.....	6

NEW YORK	Cases
(Exclusive of New York City)	
Chicken pox.....	72
Diphtheria.....	78
German measles.....	33
Lethargic encephalitis.....	2
Malaria.....	4
Measles.....	359
Mumps.....	51
Ophthalmia neonatorum.....	1
Paratyphoid fever.....	2
Pneumonia.....	62
Poliomyelitis.....	13
Rabies.....	1
Scarlet fever.....	49
Septic sore throat.....	1
Smallpox.....	9
Tetanus.....	2
Trachoma.....	1
Typhoid fever.....	25
Vincent's angina.....	18
Whooping cough.....	255

¹ Deaths.

NORTH CAROLINA	Cases
Chicken pox.....	6
Diphtheria.....	23
Dysentery (bacillary).....	1
German measles.....	6
Measles.....	47
Poliomyelitis.....	11
Scarlet fever.....	19
Septic sore throat.....	1
Smallpox.....	56
Typhoid fever.....	51
Whooping cough.....	236

OKLAHOMA	Cases
(Exclusive of Oklahoma City and Tulsa)	
Cerebrospinal meningitis—Washita County.....	1
Chicken pox.....	3
Diphtheria.....	5
Influenza.....	12
Malaria.....	40
Measles.....	9
Pellagra.....	13
Pneumonia.....	4
Scarlet fever.....	7
Smallpox.....	1
Typhoid fever.....	104
Whooping cough.....	25

OREGON	Cases
Chicken pox.....	4
Diphtheria.....	14
Influenza.....	8
Measles.....	15
Mumps.....	7
Pellagra.....	1
Pneumonia.....	12
Scarlet fever.....	18
Septic sore throat.....	7
Smallpox.....	11
Tuberculosis.....	6
Typhoid fever.....	12
Whooping cough.....	8

PENNSYLVANIA	Cases
Cerebrospinal meningitis.....	2
Chicken pox.....	64
Diphtheria.....	96
German measles.....	6
Lethargic encephalitis—Allentown.....	1
Measles.....	280
Mumps.....	5
Ophthalmia neonatorum:	
Philadelphia.....	6
Pittsburgh.....	1
Pneumonia.....	23
Poliomyelitis—Philadelphia.....	2
Scabies.....	1
Scarlet fever.....	105
Smallpox.....	1
Tetanus:	
Brown Township ¹	1
Philadelphia.....	2
York.....	1
Tuberculosis.....	102
Typhoid fever.....	24
Whooping cough.....	323

¹ County not specified.

RHODE ISLAND	
	Cases
Cerebrospinal meningitis.....	1
Diphtheria.....	2
German measles.....	2
Malaria.....	4
Measles.....	6
Tuberculosis.....	14
Typhoid fever.....	1
Whooping cough.....	17

SOUTH DAKOTA	
	Cases
Cerebrospinal meningitis.....	1
Chicken pox.....	2
Diphtheria.....	5
Measles.....	40
Poliomyelitis.....	1
Scarlet fever.....	32
Smallpox.....	1
Tuberculosis.....	3
Typhoid fever.....	2
Whooping cough.....	7

TENNESSEE	
	Cases
Cerebrospinal meningitis—Memphis.....	1
Chicken pox.....	9
Diphtheria.....	7
Influenza.....	3
Malaria.....	39
Measles.....	11
Ophthalmia neonatorum.....	2
Pellagra.....	11
Poliomyelitis:	
Chattanooga.....	1
Memphis.....	1
Scarlet fever.....	10
Smallpox.....	1
Tuberculosis.....	36
Typhoid fever.....	139
Whooping cough.....	29

TEXAS	
	Cases
Chicken pox.....	13
Diphtheria.....	9
Dysentery.....	3
Glanders.....	2
Influenza.....	30
Measles.....	11
Mumps.....	3
Paratyphoid fever.....	10
Pellagra.....	2
Pneumonia.....	1
Rabies (human).....	1
Scarlet fever.....	14
Smallpox.....	19
Tuberculosis.....	17
Typhoid fever.....	48
Typhus fever.....	1
Whooping cough.....	13

UTAH	
	Cases
Cerebrospinal meningitis:	
Brigham.....	2
Salt Lake City.....	1
Chicken pox.....	12
Diphtheria.....	9
Measles.....	13
Mumps.....	8
Pneumonia.....	4
Scarlet fever.....	3
Typhoid fever.....	4

VERMONT	
	Cases
Chicken pox.....	5
Diphtheria.....	2
Measles.....	4
Mumps.....	2
Scarlet fever.....	1
Whooping cough.....	21

WASHINGTON	
	Cases
Cerebrospinal meningitis:	
Clarke County.....	1
Columbia County.....	1
Chicken pox.....	9
Diphtheria.....	18
German measles.....	2
Measles.....	21
Mumps.....	7
Scarlet fever.....	23
Smallpox.....	14
Tuberculosis.....	19
Typhoid fever.....	11
Whooping cough.....	28

WEST VIRGINIA	
	Cases
Cerebrospinal meningitis:	
Lewis County.....	1
Logan County.....	1
Chicken pox.....	2
Diphtheria.....	11
Measles.....	37
Scarlet fever.....	19
Smallpox.....	4
Tuberculosis.....	38
Typhoid fever.....	21
Whooping cough.....	55

WISCONSIN	
	Cases
Milwaukee:	
Cerebrospinal meningitis.....	1
Chicken pox.....	12
Diphtheria.....	15
Measles.....	25
Mumps.....	8
Pneumonia.....	7
Poliomyelitis.....	1
Scarlet fever.....	5
Whooping cough.....	85
Scattering:	
Cerebrospinal meningitis.....	1
Chicken pox.....	14
Diphtheria.....	7
German measles.....	8
Influenza.....	8
Measles.....	247
Mumps.....	14
Pneumonia.....	4
Scarlet fever.....	28
Tuberculosis.....	27
Typhoid fever.....	3
Whooping cough.....	96

WYOMING	
	Cases
Measles.....	3
Rocky Mountain spotted fever:	
Albany County.....	1
Carbon County.....	1
Park County.....	2
Sheridan County.....	4
Scarlet fever.....	3
Tuberculosis (pulmonary).....	1
Typhoid fever.....	1
Whooping cough.....	11

Reports for Week Ended July 31, 1926

COLORADO		Cases	NORTH DAKOTA—continued		Cases
Chicken pox	.....	5	Measles	.....	23
Diphtheria	.....	3	Pneumonia	.....	1
Influenza	.....	1	Scarlet fever	.....	27
Malaria	.....	2	Smallpox	.....	2
Measles	.....	20	Trachoma	.....	2
Mumps	.....	2	Tuberculosis	.....	6
Scarlet fever	.....	6	Typhoid fever	.....	7
Smallpox	.....	6	Whooping cough	.....	30
Tuberculosis	.....	48	OKLAHOMA		
Typhoid fever	.....	8	(Exclusive of Oklahoma City and Tulsa)		
Vincent's angina	.....	3	Chicken pox	.....	2
Whooping cough	.....	18	Diphtheria	.....	6
DISTRICT OF COLUMBIA			Influenza	.....	24
Chicken pox	.....	6	Malaria	.....	104
Diphtheria	.....	3	Measles	.....	8
Measles	.....	6	Mumps	.....	1
Pneumonia	.....	9	Pellagra	.....	15
Scarlet fever	.....	4	Pneumonia	.....	6
Tuberculosis	.....	21	Polio-myelitis—Caddo County	.....	1
Typhoid fever	.....	2	Rabies	.....	1
Whooping cough	.....	20	Scarlet fever	.....	6
NORTH DAKOTA			Smallpox	.....	1
Diphtheria	.....	1	Typhoid fever	.....	96
German measles	.....	2	Whooping cough	.....	53

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebro-spinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Polio-myelitis	Scarlet fever	Smallpox	Typhoid fever
<i>June, 1926</i>										
California	17	503	48	6	2,150	8	16	608	103	111
Colorado	0	64	9	3	257	.....	1	100	10	27
Delaware	.....	6	.....	2	92	.....	0	17	0	3
Hawaii Territory	1	13	22	.....	35	.....	0	0	0	12
Kansas	4	31	45	2	783	1	3	107	29	34

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended July 24, 1926, 36 States reported 833 cases of diphtheria. For the week ended July 25, 1925, the same States reported 720 cases of this disease. Ninety-seven cities, situated in all parts of the country and having an aggregate population of more than 29,560,000, reported 518 cases of diphtheria for the week ended July 24, 1926. Last year for the corresponding week they reported 419 cases. The estimated expectancy for these cities was 557 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-three States reported 2,750 cases of measles for the week ended July 24, 1926, and 957 cases of this disease for the

week ended July 25, 1925. Ninety-seven cities reported 871 cases of measles for the week this year and 544 cases last year.

Poliomyelitis.—The health officers of 36 States reported 48 cases of poliomyelitis for the week ended July 24, 1926. The same States reported 179 cases for the week ended July 25, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-six States—this year, 1,071 cases; last year, 717 cases; 97 cities—this year, 469 cases; last year, 296 cases; estimated expectancy, 273 cases.

Smallpox.—For the week ended July 24, 1926, 36 States reported 221 cases of smallpox. Last year for the corresponding week they reported 215 cases. Ninety-seven cities reported smallpox for the week as follows: 1926, 33 cases; 1925, 58 cases; estimated expectancy 51 cases. No deaths from smallpox were reported by these cities for the week this year.

Typhoid fever.—Seven hundred and two cases of typhoid fever were reported for the week ended July 24, 1926, by 35 States. For the corresponding week of 1925, the same States reported 989 cases of this disease. Ninety-seven cities reported 103 cases of typhoid fever for the week this year and 187 cases for the corresponding week last year. The estimated expectancy for these cities was 169 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 91 cities, with a population of more than 28,875,000, as follows: 1926, 312 deaths; 1925, 267 deaths.

City reports for week ended July 24, 1926

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

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

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland.....	75,333	0	1	1	0	0	1	0	0
New Hampshire:									
Concord.....	22,546	0	0	0	0	0	4	0	2
Manchester.....	83,097	0	1	0	0	0	2	0	0
Nashua.....	29,723	1	0	0	0	0	0	0	0
Vermont:									
Barre.....	10,008		0						
Burlington.....	24,089	0	0	0	0	0	5	0	0

City reports for week ended July 24, 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			
NEW ENGLAND—continued									
Massachusetts:									
Boston	779,620	30	37	8	0	0	16	22	7
Fall River	128,993	1	3	3	0	0	1	0	0
Springfield	142,065	0	1	0	0	0	1	0	0
Worcester	190,757	5	2	0	0	0	0	0	0
Rhode Island:									
Pawtucket	69,760	0	0	0	0	0	0	0	0
Providence	267,918	0	3	1	0	0	13	0	2
Connecticut:									
Bridgeport	(1)	0	4	1	0	0	1	0	0
Hartford	160,197	0	3	0	0	0	4	0	2
New Haven	178,927	2	1	0	0	0	5	0	1
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	3	9	11	0	0	5	1	3
New York	5,873,356	56	159	141	15	2	54	0	75
Rochester	316,786	4	5	2	0	1	10	0	2
Syracuse	182,003	3	3	6	0	0	69	4	4
New Jersey:									
Camden	128,642	2	2	1	0	0	5	0	2
Newark	452,513	4	9	6	3	0	7	1	11
Trenton	132,020	0	2	0	0	0	4	0	1
Pennsylvania:									
Philadelphia	1,979,364	19	39	42	1	1	35	4	17
Pittsburgh	631,563	8	13	8	0	0	28	0	14
Reading	112,707	2	2	2	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	0	6	4	0	0	29	3	3
Cleveland	936,485	34	17	30	0	0	3	1	12
Columbus	279,836	7	2	4	0	0	7	0	1
Toledo	287,380	11	4	1	0	0	26	0	2
Indiana:									
Fort Wayne	97,846	0	1	0	0	0	5	0	1
Indianapolis	358,819	3	5	0	0	0	1	0	8
South Bend	80,091	0	0	0	0	0	9	0	2
Terre Haute	71,071	0	0	1	0	0	1	0	0
Illinois:									
Chicago	2,995,239	69	65	43	1	2	164	11	22
Peoria	81,564	0	0	0	0	0	1	0	1
Springfield	63,923	0	0	0	2	0	3	0	0
Michigan:									
Detroit	1,245,824	14	21	48	2	2	9	2	10
Flint	130,316	1	3	1	0	0	18	1	1
Grand Rapids	153,698	0	3	0	0	0	3	1	2
Wisconsin:									
Kenosha	50,891	0	1	0	0	0	56	0	1
Madison	46,385	5	0	2	0	0	3	0	0
Milwaukee	509,192	12	10	10	2	2	87	11	6
Racine	67,707	0	1	3	0	0	15	0	0
Superior	39,671	0	1	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	2	1	0	0	0	16	0	2
Minneapolis	425,435	10	9	9	0	0	3	0	5
St. Paul	246,001	3	10	4	0	0	23	2	5
Iowa:									
Davenport	52,469	0	1	0	0	0	1	0	0
Sioux City	76,411	0	1	1	0	0	6	0	0
Waterloo	36,771	1	0	0	0	0	24	0	0
Missouri:									
Kansas City	367,481	0	2	1	0	0	0	0	2
St. Joseph	78,342	0	1	0	0	0	0	0	1
St. Louis	821,543	1	16	28	0	0	14	0	0

¹ No estimate made.

City reports for week ended July 24, 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			
WEST NORTH CENTRAL—continued									
North Dakota:									
Fargo.....	26,403		0	0	0	0	3		0
South Dakota:									
Aberdeen.....	15,036	0	0	0	0		1	0	
Sioux Falls.....	30,127		1						
Nebraska:									
Lincoln.....	60,941	1	0	1	0	0	1	3	1
Omaha.....	211,768	2	4	1	0	0	2	0	4
Kansas:									
Topeka.....	55,411	0	1	0	0	1	0	0	0
Wichita.....	88,367	0	0	3	0	0	0	0	0
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	122,049	0	0	2	0	0	0	0	1
Maryland:									
Baltimore.....	796,296	12	11	5	1	1	14	14	9
Cumberland.....	33,741	0	0	0	0	0	0	0	0
Frederick.....	12,035	0	0	0	0	0	0	0	0
District of Columbia:									
Washington.....	497,906	2	4	8	0	0	14	0	4
Virginia:									
Lynchburg.....	30,395	0	0	0	0	0	1	1	0
Norfolk.....	(1)	0	0	0	0	0	2	0	2
Richmond.....	186,403	0	1	3	0	0	17	1	3
Roanoke.....	58,208	0	1	0	0	0	2	0	1
West Virginia:									
Charleston.....	49,019	0	1	0	0	0	2	0	1
Huntington.....	63,485	0	0	0	0	1	0	0	2
Wheeling.....	56,208	0	0	0	0	0	4	0	0
North Carolina:									
Raleigh.....	30,371	1	0	0	0	0	0	0	0
Wilmington.....	37,061	0	0	0	0	0	0	0	1
Winston-Salem.....	69,031	0	0	0	0	0	9	0	0
South Carolina:									
Charleston.....	73,125	0	0	0	3	0	0	0	1
Columbia.....	41,225	0	1	0	0	0	0	0	0
Greenville.....	27,311	0	0	0	0	0	0	0	0
Georgia:									
Atlanta.....	(1)	0	2	0	8	1	3	0	7
Brunswick.....	16,809	0	0	0	0	0	0	0	0
Savannah.....	93,134	0	1	0	1	0	0	0	1
Florida:									
Miami.....	69,754	0		3	1	0	0	3	4
St. Petersburg.....	26,847	0	0			0			0
Tampa.....	94,743	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,309	0	1	1	0	0	1	0	0
Louisville.....	305,935	0	1	1	0	0	0	0	9
Tennessee:									
Memphis.....	174,533	0	1	0	0	0	4	0	1
Nashville.....	136,220	0	0	0	0	0	0	0	4
Alabama:									
Birmingham.....	205,670	1	1	0	0	1	17	1	4
Mobile.....	65,955	0	0	0	0	0	0	0	1
Montgomery.....	46,481	0	0	0	0	0	2	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	31,643	0	0	0	0		1	0	
Little Rock.....	74,216	0	0	0	0	0	0	0	1
Louisiana:									
New Orleans.....	414,493	0	5	1	1	2	0	0	7
Shreveport.....	57,857	0	1	1	0	0	0	0	0
Oklahoma:									
Oklahoma City.....	(1)	0	0	0	0	0	0	0	6

1 No estimate made.

City reports for week ended July 24, 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			
WEST SOUTH CENTRAL—continued									
Texas:									
Dallas.....	194,450	2	2	3	0	0	2	0	2
Galveston.....	48,375	0	0	0	0	0	0	1	0
Houston.....	164,954	0	1	2	0	0	0	0	0
San Antonio.....	198,069	0	1	2	0	0	0	0	2
MOUNTAIN									
Montana:									
Billings.....	17,971	0	0	0	0	0	1	1	1
Great Falls.....	29,883	0	1	0	0	0	4	0	0
Helena.....	12,037	0	0	0	0	0	0	0	0
Missoula.....	12,668	0	0	1	0	0	0	0	0
Idaho:									
Boise.....	23,042	0	0	0	0	0	0	0	0
Colorado:									
Denver.....	280,911	5	8	3	-----	1	7	0	3
Pueblo.....	43,787	3	1	0	0	0	6	0	1
New Mexico:									
Albuquerque.....	21,000	0	1	2	0	0	0	0	0
Arizona:									
Phoenix.....	38,669	0	0	0	0	0	0	0	1
Utah:									
Salt Lake City.....	130,948	3	2	3	0	0	1	5	2
Nevada:									
Reno.....	12,665	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	(¹)	3	4	9	0	-----	2	9	-----
Spokane.....	108,897	6	0	1	0	-----	18	0	-----
Tacoma.....	104,455	5	1	5	0	0	4	0	2
Oregon:									
Portland.....	282,383	5	4	5	2	0	8	1	4
California:									
Los Angeles.....	(¹)	18	30	40	3	0	16	7	6
Sacramento.....	72,260	0	2	1	0	1	1	2	0
San Francisco.....	557,530	2	10	9	1	0	38	2	2

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland.....	0	0	0	0	0	2	0	0	0	4	30
New Hampshire:											
Concord.....	0	2	0	0	0	9	0	0	0	0	9
Manchester.....	0	3	0	0	0	3	0	0	0	0	25
Nashua.....	0	0	0	0	0	0	0	0	0	0	12
Vermont:											
Barre.....	0	0	0	0	0	0	0	0	0	0	0
Burlington.....	0	0	0	0	0	0	0	0	0	2	11
Massachusetts:											
Boston.....	16	26	0	0	0	15	2	2	0	30	199
Fall River.....	1	1	0	0	0	1	1	0	0	5	20
Springfield.....	2	1	0	0	0	5	0	0	0	3	38
Worcester.....	2	0	0	0	0	4	0	0	0	2	44
Rhode Island:											
Pawtucket.....	1	0	1	0	0	1	0	0	0	0	23
Providence.....	3	3	0	0	0	3	1	2	0	7	59

¹ No estimate made

City reports for week ended July 24, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all cause, ¹
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
NEW ENGLAND— continued											
Connecticut:											
Bridgeport.....	2	1	0	0	0	2	0	0	0	0	30
Hartford.....	1	1	0	0	0	0	1	0	0	8	35
New Haven.....	1	1	0	0	0	0	2	0	0	0	33
MIDDLE ATLANTIC											
New York:											
Buffalo.....	7	9	0	0	0	8	1	0	0	8	123
New York.....	41	86	0	0	0	101	26	14	0	73	1,231
Rochester.....	4	1	0	0	0	2	0	1	1	9	62
Syracuse.....	3	0	0	0	0	3	0	0	0	38	49
New Jersey:											
Camden.....	1	4	0	0	0	0	1	0	0	5	16
Newark.....	6	10	0	0	0	5	1	0	0	40	117
Trenton.....	0	0	1	0	0	1	0	0	0	1	32
Pennsylvania:											
Philadelphia.....	23	26	1	0	0	27	8	3	0	50	395
Pittsburgh.....	10	13	0	0	0	8	3	0	0	114	156
Reading.....	1	1	0	0	0	1	1	0	0	19	23
EAST NORTH CEN- TRAL											
Ohio:											
Cincinnati.....	3	3	1	1	0	10	1	3	0	7	133
Cleveland.....	8	13	2	0	0	10	2	0	0	83	183
Columbus.....	2	0	0	1	0	6	1	0	0	11	83
Toledo.....	4	2	1	1	0	5	1	0	0	68	70
Indiana:											
Fort Wayne.....	0	1	0	0	0	1	1	0	0	6	19
Indianapolis.....	2	5	1	9	0	4	2	0	0	35	83
South Bend.....	0	1	1	0	0	0	0	0	0	2	16
Terre Haute.....	1	1	0	0	0	0	0	0	0	0	12
Illinois:											
Chicago.....	29	43	1	0	0	49	5	1	0	65	612
Peoria.....	1	0	0	0	0	0	0	0	0	5	20
Springfield.....	0	0	0	0	0	4	0	1	0	10	28
Michigan:											
Detroit.....	25	43	3	1	0	18	5	3	2	86	281
Flint.....	2	7	1	0	0	1	1	0	0	4	29
Grand Rapids.....	2	10	0	0	0	0	0	1	0	3	28
Wisconsin:											
Kenosha.....	2	0	2	0	0	0	0	0	0	3	10
Madison.....	1	6	0	0	0	0	0	0	0	1	7
Milwaukee.....	10	2	1	0	0	3	1	0	0	90	104
Racine.....	2	0	0	0	0	0	0	0	0	5	-----
Superior.....	1	1	1	0	0	0	0	0	0	0	6
WEST NORTH CEN- TRAL											
Minnesota:											
Duluth.....	3	10	2	0	0	0	1	0	0	0	27
Minneapolis.....	9	16	2	0	0	3	1	1	0	2	78
St. Paul.....	6	14	2	0	0	4	2	0	0	9	65
Iowa:											
Davenport.....	1	0	1	0	-----	-----	0	0	-----	0	-----
Sioux City.....	0	2	0	5	-----	-----	0	0	-----	2	-----
Waterloo.....	1	1	0	0	-----	-----	0	0	-----	0	-----
Missouri:											
Kansas City.....	2	2	1	0	0	7	2	1	1	7	86
St. Joseph.....	0	0	0	0	0	2	1	0	0	0	20
St. Louis.....	6	8	1	1	0	8	6	4	2	29	216
North Dakota:											
Fargo.....	0	3	0	1	0	1	0	0	0	-----	4
South Dakota:											
Aberdeen.....	1	1	0	0	-----	-----	0	0	-----	7	-----
Sioux Falls.....	1	-----	0	-----	-----	-----	0	-----	-----	-----	-----
Nebraska:											
Lincoln.....	0	0	0	0	0	0	1	1	0	6	13
Omaha.....	1	6	3	0	0	5	0	0	0	1	50

¹ Pulmonary tuberculosis only.

City reports for week ended July 24, 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		
WEST NORTH CENTRAL—con.											
Kansas:											
Topeka.....	1	1	1	0	0	0	1	0	0	14	17
Wichita.....	1	0	0	0	0	1	1	0	0	12	25
SOUTH ATLANTIC											
Delaware:											
Wilmington...	0	3	0	0	0	1	1	1	0	5	17
Maryland:											
Baltimore.....	5	5	0	0	0	21	7	4	0	71	206
Cumberland....	0	0	0	0	0	1	1	0	0	0	12
Frederick.....	0	0	0	0	0	0	1	0	0	2	2
District of Columbia:											
Washington....	4	4	0	0	0	15	4	2	0	16	147
Virginia:											
Lynchburg.....	0	1	0	0	0	2	1	1	0	5	16
Norfolk.....	0	1	0	0	0	3	2	1	0	23	-----
Richmond.....	1	2	0	1	0	2	3	3	0	0	54
Roanoke.....	1	0	1	1	0	0	2	2	0	0	13
West Virginia:											
Charleston....	0	0	0	1	0	0	2	0	1	3	26
Huntington....	0	0	0	0	0	0	1	0	0	0	11
Wheeling.....	1	0	0	0	0	0	1	1	0	17	19
North Carolina:											
Raleigh.....	0	0	1	0	0	1	1	2	0	18	19
Wilmington....	0	1	0	0	0	0	0	0	0	9	10
Winston-Salem..	1	2	1	0	0	0	3	1	0	0	22
South Carolina:											
Charleston....	0	0	0	0	0	3	2	0	0	1	27
Columbia.....	0	0	0	0	0	0	2	3	0	1	-----
Greenville....	0	0	1	0	0	0	1	0	0	3	3
Georgia:											
Atlanta.....	1	0	2	0	0	7	3	4	3	4	84
Brunswick....	0	0	0	0	0	0	0	0	0	0	2
Savannah....	0	0	0	0	0	5	2	0	0	4	25
Florida:											
Miami.....	0	1	0	0	0	0	0	0	0	11	24
St. Petersburg..	0	0	0	0	0	0	0	0	0	0	3
Tampa.....	0	0	0	0	0	3	0	0	0	1	16
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	0	2	0	0	0	0	0	0	0	0	20
Louisville....	0	4	0	0	0	5	5	3	0	6	100
Tennessee:											
Memphis.....	0	10	1	0	0	10	5	13	4	20	77
Nashville....	0	0	0	0	0	2	6	0	1	0	51
Alabama:											
Birmingham..	1	1	1	1	0	4	5	5	2	14	66
Mobile.....	0	0	0	0	0	2	1	3	3	0	17
Montgomery...	0	1	0	1	0	0	2	2	0	1	16
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith....	0	3	0	0	-----	0	0	-----	5	-----	-----
Little Rock...	0	3	0	1	0	2	3	0	0	0	5
Louisiana:											
New Orleans...	0	6	1	0	0	8	5	3	2	10	115
Shreveport....	0	4	0	0	0	2	2	0	2	0	29
Oklahoma:											
Oklahoma City..	0	0	0	0	0	4	2	3	0	0	30
Texas:											
Dallas.....	1	1	0	0	0	4	4	1	0	9	44
Galveston....	0	0	0	1	0	1	1	0	0	0	10
Houston.....	0	1	0	1	0	4	2	2	0	0	31
San Antonio...	0	1	0	0	0	6	1	1	0	0	60

City reports for week ending July 24, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
MOUNTAIN											
Montana:											
Billings.....	0	0	0	0	0	1	0	3	0	2	6
Great Falls.....	0	1	0	1	0	1	0	0	0	0	6
Helena.....	0	0	0	0	0	0	0	0	0	0	4
Missoula.....	1	0	1	1	0	0	0	0	0	0	2
Idaho:											
Boise.....	0	0	1	1	0	0	0	0	0	0	5
Colorado:											
Denver.....	4	6	2	0	0	9	1	0	0	10	62
Pueblo.....	1	0	0	0	0	0	0	2	0	1	9
New Mexico:											
Albuquerque.....	0	1	0	0	0	6	0	0	0	2	24
Arizona:											
Phoenix.....	0	0	0	0	0	6	0	0	0	0	15
Utah:											
Salt Lake City.....	1	0	1	0	0	1	1	0	0	28	29
Nevada:											
Reno.....	0	0	0	0	0	0	0	0	0	0	6
PACIFIC											
Washington:											
Seattle.....	3	6	3	0			0	1		3	
Spokane.....	1	4	3	1			0	0		6	
Tacoma.....	1	1	1	1	0	0	0	0	0	3	19
Oregon:											
Portland.....	2	12	5	6	0	2	0	0	0	0	39
California:											
Los Angeles.....	7	18	3	1	0	24	4	2	1	5	216
Sacramento.....	1	1	0	0	0	1	1	0	0	0	15
San Francisco.....	4	4	1	0	0	4	2	0	0	4	133

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infan- tile paralysis)		Deaths	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases		
NEW ENGLAND										
Massachusetts:										
Boston.....	0	0	2	1	1	0	1	0	0	0
Fall River.....	0	0	0	0	1	0	0	0	0	0
Worcester.....	0	0	0	0	0	0	0	1	0	0
MIDDLE ATLANTIC										
New York:										
Buffalo.....	0	0	0	0	0	0	0	3	0	0
New York.....	3	4	2	4	0	0	5	1	0	0
Rochester.....	0	0	0	2	0	0	0	0	0	0
Syracuse.....	0	0	2	0	0	0	1	7	1	1
New Jersey:										
Newark.....	0	0	2	0	0	0	0	1	0	0
Pennsylvania:										
Philadelphia.....	1	0	1	1	0	0	1	2	0	0
EAST NORTH CENTRAL										
Ohio:										
Cincinnati.....	0	1	0	1	0	0	0	0	0	0
Toledo.....	0	0	0	1	0	0	0	0	0	0
Illinois:										
Chicago.....	0	2	0	0	0	0	2	0	0	0
Michigan:										
Detroit.....	0	1	1	0	0	0	0	1	1	1
Wisconsin:										
Milwaukee.....	1	1	1	0	0	0	0	0	0	0

City reports for week ended July 24, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Polioomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
WEST NORTH CENTRAL									
Missouri:									
St. Louis.....	3	2	0	0	0	0	0	0	0
Kansas:									
Topeka.....	0	0	0	1	0	0	0	0	0
Wichita.....	0	0	0	0	0	0	0	1	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	0	0	0	0	0	0	1	3	0
District of Columbia:									
Washington.....	1	1	0	0	0	0	0	0	0
North Carolina:									
Winston-Salem.....	0	0	0	0	1	1	0	0	0
South Carolina:									
Charleston.....	0	0	0	0	3	1	0	0	0
Georgia:									
Atlanta.....	0	0	0	0	0	0	0	1	0
EAST SOUTH CENTRAL									
Kentucky:									
Louisville.....	0	0	1	0	1	0	0	0	0
Tennessee:									
Memphis.....	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans.....	0	0	0	0	1	2	0	0	0
Shreveport.....	0	0	0	0	0	2	0	0	0
Texas:									
Dallas.....	0	0	0	0	1	1	0	2	0
San Antonio.....	0	0	0	1	0	0	0	0	0
MOUNTAIN									
Idaho:									
Boise.....	1	1	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Spokane.....	1	0	0	0	0	0	0	1	0
Tacoma.....	0	0	0	0	0	0	0	1	0
California:									
Los Angeles.....	1	1	1	0	1	0	1	1	0
San Francisco.....	0	0	0	1	0	0	0	1	1

The following table gives the rates per 100,000 population for 102 cities for the five-week period ended July 24, 1926, compared with those for a like period ended July 25, 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 102 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, June 20 to July 24, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925¹

DIPHTHERIA CASE RATES

	Week ended—									
	June 27, 1925	June 26, 1926	July 4, 1925	July 3, 1926	July 11, 1925	July 10, 1926	July 18, 1925	July 17, 1926	July 25, 1925	July 24, 1926
102 cities.....	112	131	² 90	³ 122	93	⁴ 102	76	⁴ 94	75	⁵ 91
New England.....	122	59	113	64	60	57	60	78	60	⁶ 32
Middle Atlantic.....	163	152	95	163	126	120	96	101	90	⁷ 113
East North Central.....	78	161	81	117	83	106	68	109	63	99
West North Central.....	111	195	127	⁴ 125	91	⁴ 93	83	⁴ 107	103	⁴ 95
South Atlantic.....	69	45	38	83	52	66	50	32	42	34
East South Central.....	32	10	5	⁸ 22	21	5	11	21	11	10
West South Central.....	44	43	57	47	35	43	26	26	66	39
Mountain.....	102	118	176	155	102	118	120	109	111	64
Pacific.....	102	132	² 138	129	119	181	94	150	99	175

MEASLES CASE RATES

	292	617	² 220	³ 435	186	⁴ 303	153	⁴ 215	101	⁵ 154
102 cities.....	292	617	² 220	³ 435	186	⁴ 303	153	⁴ 215	101	⁵ 154
New England.....	393	425	338	319	273	246	252	180	208	⁶ 111
Middle Atlantic.....	380	476	257	313	248	211	198	129	127	799
East North Central.....	377	828	300	634	210	448	178	365	111	243
West North Central.....	59	935	30	⁴ 604	34	⁴ 417	28	⁴ 191	18	⁴ 183
South Atlantic.....	263	701	248	⁴ 436	200	293	140	203	90	128
East South Central.....	121	612	59	⁸ 430	110	285	74	171	58	125
West South Central.....	4	95	4	52	0	47	0	17	4	13
Mountain.....	92	792	37	437	55	264	28	191	37	173
Pacific.....	50	485	² 35	461	39	337	61	329	19	213

SCARLET FEVER CASE RATES

	113	212	² 93	³ 170	87	⁴ 127	58	⁴ 93	55	⁵ 83
102 cities.....	113	212	² 93	³ 170	87	⁴ 127	58	⁴ 93	55	⁵ 83
New England.....	103	236	108	187	141	158	77	99	69	⁶ 89
Middle Atlantic.....	99	210	79	188	81	129	45	73	42	74
East North Central.....	146	253	114	187	91	145	63	118	63	93
West North Central.....	179	354	164	⁴ 270	139	⁴ 205	105	⁴ 185	115	⁴ 127
South Atlantic.....	42	152	56	66	42	64	44	45	15	36
East South Central.....	84	47	68	⁸ 66	116	52	74	52	26	93
West South Central.....	53	30	44	60	9	34	22	52	31	82
Mountain.....	203	118	102	91	148	55	83	91	157	64
Pacific.....	102	159	² 67	151	50	121	58	94	44	92

SMALLPOX CASE RATES

	24	16	² 14	³ 11	16	⁴ 7	14	⁴ 7	10	⁵ 6
102 cities.....	24	16	² 14	³ 11	16	⁴ 7	14	⁴ 7	10	⁵ 6
New England.....	0	0	0	0	2	0	2	0	5	⁶ 0
Middle Atlantic.....	0	0	1	2	0	0	1	1	0	⁷ 0
East North Central.....	19	14	13	10	11	7	9	6	8	8
West North Central.....	36	44	16	⁴ 26	20	⁴ 28	16	⁴ 26	12	⁴ 14
South Atlantic.....	13	26	10	11	23	9	8	6	15	6
East South Central.....	121	88	58	⁸ 39	74	0	42	5	37	10
West South Central.....	0	17	4	22	4	4	13	13	4	13
Mountain.....	28	18	28	55	18	9	18	9	0	27
Pacific.....	163	32	² 85	19	97	24	113	22	64	8

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 Spokane, Wash., not included.

³ Sioux Falls, S. Dak., and Covington, Ky., not included.

⁴ Sioux Falls, S. Dak., not included.

⁵ Portland, Me., Barre, Vt., Trenton, N. J., Pittsburgh, Pa., and Sioux Falls, S. Dak., not included.

⁶ Portland, Me., and Barre, Vt., not included.

⁷ Trenton, N. J., and Pittsburgh, Pa., not included.

⁸ Covington, Ky., not included.

Summary of weekly reports from cities, June 20 to July 24, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	June 27, 1925	June 26, 1926	July 4, 1925	July 3, 1926	July 11, 1925	July 10, 1926	July 18, 1925	July 17, 1926	July 25, 1925	July 24, 1926
102 cities.....	25	12	34	17	33	13	36	22	33	18
New England.....	17	9	22	12	24	9	31	12	22	10
Middle Atlantic.....	18	10	15	11	17	7	25	11	21	10
East North Central.....	8	4	10	5	13	5	11	5	8	6
West North Central.....	10	4	20	10	42	16	42	14	38	12
South Atlantic.....	67	30	65	36	56	43	52	58	50	47
East South Central.....	54	36	184	127	163	52	205	166	163	135
West South Central.....	128	30	233	13	159	30	128	56	163	30
Mountain.....	0	0	9	27	28	0	18	0	46	46
Pacific.....	19	16	21	22	17	13	30	22	28	8

INFLUENZA DEATH RATES

96 cities.....	6	5	4	6	2	4	2	4	2	3
New England.....	7	0	2	5	0	7	0	0	0	0
Middle Atlantic.....	6	6	2	7	2	1	2	4	3	2
East North Central.....	6	3	5	5	2	7	3	4	1	4
West North Central.....	4	6	0	8	0	0	0	0	4	2
South Atlantic.....	2	6	6	8	0	0	4	6	4	4
East South Central.....	16	5	11	0	16	16	0	21	5	5
West South Central.....	10	24	10	14	10	5	10	9	0	9
Mountain.....	9	0	0	9	0	0	0	9	9	9
Pacific.....	4	0	4	4	0	4	4	4	0	4

PNEUMONIA DEATH RATES

96 cities.....	65	74	56	75	59	67	54	60	48	53
New England.....	58	69	46	92	43	54	48	57	50	64
Middle Atlantic.....	75	83	61	90	64	73	62	74	51	61
East North Central.....	45	61	42	61	55	65	44	46	37	46
West North Central.....	51	44	40	38	38	45	53	36	40	40
South Atlantic.....	90	94	71	88	65	71	48	54	52	58
East South Central.....	110	125	89	121	84	119	68	109	58	99
West South Central.....	73	76	58	57	58	57	73	85	63	57
Mountain.....	55	109	65	46	74	36	83	36	55	64
Pacific.....	47	43	73	43	65	53	40	46	58	35

- ² Spokane, Wash., not included.
- ³ Sioux Falls, S. Dak., and Covington, Ky., not included.
- ⁴ Sioux Falls, S. Dak., not included.
- ⁵ Portland, Me., Barre, Vt., Trenton, N. J., Pittsburgh, Pa., and Sioux Falls, S. Dak., not included.
- ⁶ Portland, Me. and Barre, Vt., not included.
- ⁷ Trenton, N. J. and Pittsburgh, Pa., not included.
- ⁸ Covington, Ky., not included.

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

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total.....	102	96	29,630,185	30,458,186	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.....	13	11	2,580,151	2,619,719	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

SMALLPOX ON VESSEL

Steamship "Karapara"—Zanzibar—June 7, 1926.—The steamship *Karapara* arrived, June 16, 1926, at Durban, Union of South Africa, with history of having landed a smallpox case at Zanzibar, June 7, 1926. The case occurred among Hindu deck passengers. At Durban a suspect case developed, which was removed, together with contacts, to Salisbury Island Quarantine.

THE FAR EAST

Report for week ended July 10, 1926.—The following report for the week ended July 10, 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:

Maritime towns	Plague		Cholera		Small-pox		Maritime towns	Plague		Cholera		Small-pox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Egypt:							Siam:						
Alexandria.....	1	0	0	0	0	0	Bangkok.....	0	0	18	4	15	16
Iraq:							French Indo-China:						
Basra.....	0	0	0	0	1	1	Saigon and Cholon..	0	0	8	3	0	0
British India:							Haiphong.....	0	0	19	19	0	0
Bombay.....	0	0	0	23	16		China:						
Madras.....	0	0	0	2	2		Amoy.....	12	0	0	0	1	0
Rangoon.....	0	1	11	1	0		Japan:						
Negapatam.....	0	0	3	0	0		Osaka.....	0	0	0	0	1	0
Karachi.....	0	0	0	3	2		Yokohama.....	3	3	0	0	3	0
Straits Settlements:							Kwantung:						
Singapore.....	1	1	1	1	0	0	Dairen.....	0	0	0	0	1	0
Dutch East Indies:							U. S. S. R.:						
Cheribon.....	0	0	0	0	0	0	Vladivostok.....	0	0	0	0	1	0

Telegraphic reports from the following maritime towns indicated that no case of plague, cholera, or smallpox was reported during the week:

ASIA

British India.—Chittagong, Cochin, Tuticorin, Vizagapatam.

Federated Malay States.—Port Swettenham.

Straits Settlements.—Penang.

Dutch East Indies.—Batavia, Sourabaya, Samarang, Belawan-Deli, Palembang, Sabang, Makassar, Menado, Banjarmasin, Balik-Papan, Tarakan, Pontianak.

Sarawak.—Kuching.

British North Borneo.—Sandakan, Jesselton, Kudat, Tawao.

Portuguese Timor.—Dilly.

Philippine Islands.—Manila, Iloilo, Jolo, Cebu, Zamboanga.

French Indo-China.—Turane.
Formosa.—Keelung.
China.—Shanghai, Hongkong.
Kwantung.—Port Arthur.
Japan.—Nagasaki, Moji, Kobe, Niigata, Tsuruga, Hakodate, Simonoseki.
Korea.—Chemulpo, Fusan.
Manchuria.—Antung, Mukden, Changchun, Harbin.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Carnarvon, Thursday Island.
New Guinea.—Port Moresby.
New Zealand.—Auckland, Wellington, Christchurch, Invercargill, Dunedin.
New Caledonia.—Noumea.
Fiji.—Suva.
Hawaii.—Honolulu.

AFRICA

Egypt.—Port Said, Suez.
Anglo-Egyptian Sudan.—Port Sudan, Suakin.
Eritrea.—Massaua.
French Somaliland.—Jibuti.
British Somaliland.—Berbera.
Italian Somaliland.—Magadiscio.
Kenya.—Mombasa.
Zanzibar.—Zanzibar.
Tanganyika.—Dar-es-Salaam.
Seychelles.—Victoria.
Mauritius.—Port Louis.
Portuguese East Africa.—Mozambique, Beira, Lourenco Marques.
Union of South Africa.—Durban, East London, Port Elizabeth, Cape Town.
 Reports had not been received in time for distribution from.—
British India.—Calcutta.
Ceylon.—Colombo.
Dutch East Indies.—Padang.
Madagascar.—Tamatave, Majunga.

ALGERIA

Plague—Algiers.—Under date of July 16, 1926, the occurrence of two cases of plague at Algiers was reported.

CANADA

Communicable diseases—Weeks ended July 3, 10, and 17, 1926.—The Canadian Ministry of Health reports certain communicable diseases in seven Provinces of Canada for weeks ended July 3, 10, and 17, 1926, as follows:

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan ¹	Alberta ²	Total
Cerebrospinal fever				6				6
Influenza	19			4	1	1		25
Lethargic encephalitis	1			3				4
Smallpox				24	6	19	1	50
Typhoid fever	4	2	12	31	5	4	18	76

¹ No report for the week ended July 17, 1926.² No report for the week ended July 10, 1926.

Vital statistics—Quebec—April and May, 1926.—Births and deaths in the Province of Quebec for the months of April and May, 1926, have been reported as follows:

	April	May		April	May
Estimated population.....	2,570,000	2,570,000	Deaths from—Continued.		
Births.....	7,480	7,175	Heart diseases.....	501	440
Birth rate per 1,000 population.....	34.92	33.50	Influenza.....	670	339
Deaths (all causes).....	4,249	3,557	Measles.....	32	77
Death rate per 1,000 population.....	19.83	16.60	Poliomyelitis (infantile paralysis).....	1	1
Deaths under 1 year.....	1,150	1,036	Scarlet fever.....	8	15
Infant mortality rate.....	153.74	144.39	Syphilis.....	12	11
Deaths from—			Tuberculosis (pulmonary).....	269	249
Cancer.....	144	105	Tuberculosis (other forms).....	70	72
Cerebrospinal meningitis.....	10	14	Typhoid fever.....	31	33
Diabetes.....	26	18	Whooping cough.....	79	36
Diphtheria.....	18	38			

CUBA

Communicable diseases—Habana—April, May, and June, 1926.—During April, May, and June, 1926, communicable diseases were reported at Habana, Cuba, as follows:

APRIL

Disease	New cases	Deaths	Remain- ing under treatment Apr. 30, 1926	Disease	New cases	Deaths	Remain- ing under treatment Apr. 30, 1926
Cerebrospinal meningitis.....	1	1	1	Malaria ¹	41		12
Chicken pox.....	83		19	Measles.....	182	1	40
Diphtheria.....	11			Rabies.....		1	
Leprosy.....	1		8	Scarlet fever.....	15		3
				Typhoid fever ¹	32	6	20

MAY

Disease	New cases	Deaths	Remain- ing under treatment May 31, 1926	Disease	New cases	Deaths	Remain- ing under treatment May 31, 1926
Chicken pox.....	28		14	Measles.....	69	1	50
Diphtheria.....	13		6	Rabies.....		1	
Leprosy.....	2		9	Scarlet fever.....	13		6
Malaria ¹	44	2	12	Typhoid fever ¹	35	8	30

JUNE

Disease	New cases	Deaths	Remain- ing under treatment June 30, 1926	Disease	New cases	Deaths	Remain- ing under treatment June 30, 1926
Chicken pox.....	8		13	Measles.....	57	3	46
Diphtheria.....	9	1	5	Scarlet fever.....	27		12
Leprosy.....			9	Typhoid fever ¹	57	4	44
Malaria ¹	59		24				

¹ Many of these cases from the interior.

EGYPT

Plague—June 25–July 1, 1926—Summary.—During the week ended July 1, 1926, 12 cases of plague were reported in Egypt, of which 1 case occurred in the city of Suez. The total number of cases reported from January 1 to July 1, 1926, was 92, as compared with 78 cases reported during the corresponding period of the preceding year.

GREAT BRITAIN (SCOTLAND)

Typhus fever—Glasgow—August 3, 1926.—Under date of August 3, 1926, 7 cases of typhus fever were reported at Glasgow, Scotland.

MADAGASCAR

Plague—May 16–31, 1926.—During the period May 16 to 31, 1926, 11 cases of plague with 11 deaths were reported in the island of Madagascar. Of these, one fatal case (bubonic) occurred at the port of Tamatave. Of the remaining cases occurring in the Province of Tananarive, five were bubonic and five pneumonic in type.

UNION OF SOUTH AFRICA

Plague—Cape Province—June 13–19, 1926.—During the week ended June 19, 1926, three cases of plague with two deaths, occurring in the native population, were reported in the Cape Province, Union of South Africa. Of these, two cases, fatal, occurred in Calvinia district, and one case in Williston district. The occurrence was on farms.

YUGOSLAVIA

Communicable diseases—April 15–June 30, 1926.—During the period April 15 to June 30, 1926, communicable diseases were reported in Yugoslavia as follows:

Disease	Apr. 15–30		May 1–31		June 1–30	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Anthrax.....	7	0	26	5	23	6
Cerebrospinal meningitis.....	6	5	11	6	9	5
Diphtheria and croup.....	62	14	105	14	86	25
Dysentery.....	6	0	39	3	51	2
Glanders.....					3	3
Lethargic encephalitis.....	0	0	1	1	2	2
Measles.....	671	9	1,006	20	548	5
Rabies.....	0	0	2	2	1	1
Scarlet fever.....	224	47	414	68	536	103
Smallpox.....	2	1	0	0	0	0
Tetanus.....	13	10	22	9	31	9
Typhoid fever.....	54	12	92	11	108	10
Typhus fever.....	5	0	30	3	13	4
Whooping cough.....	316	8	283	17	175	4

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

The reports contained in the following tables must not be considered as complete or final as regards either the lists of countries included or the figures for the particular countries for which reports are given.

Reports Received During Week Ended August 13, 1926¹**CHOLERA**

Place	Date	Cases	Deaths	Remarks
French Settlements in India.....	Apr. 18-May 8.....	5	5	
India.....	May 30-June 5.....	1,422	938	
Rangoon.....	June 6-12.....	7	7	
Indo-China (French):				
Saigon.....	do.....	6	5	
Siam:				
Bangkok.....	do.....	116	50	

PLAGUE

Algeria:				
Algiers.....	June 21-30.....	1		Under date of July 16, 2 cases reported; dates of occurrence not stated.
Azores:				
St. Michaels—				
Arrifes.....	June 20-26.....	1		
Chile:				
Iquique.....	do.....		1	
China:				
Amoy.....	June 27-July 3.....	8		Present.
Nanking.....	do.....			June 25-July 1, 1926: Cases, 12; total, Jan. 1-July 1, 1926: cases, 92; corresponding period, year 1925, cases, 78.
Egypt.....				
Suez.....	June 25-July 1.....	1		May 30-June 5, 1926: Cases, 4,665; deaths, 3,993.
India.....				
Bombay.....	June 20-26.....	1		
Karachi.....	do.....	4	3	
Madras Presidency.....	May 30.....	27	16	
Rangoon.....	June 6-12.....	3	1	
Iraq:				
Baghdad.....	June 12-26.....	18	14	
Java:				
Batavia.....	June 13-19.....	3	3	Province.
Madagascar:				
Tamatave (port).....	May 16-31.....	1	1	Bubonic.
Tananarive Province.....				May 16-31, 1926: Cases, 11; deaths, 11. Bubonic and pneumonic.
Russia.....	Feb. 1-28.....	25		
Senegal.....	Mar. 1-Apr. 30.....	15	4	
Tunisia.....	May 11-31.....	70		
Union of South Africa:				
Cape Province.....				June 13-19, 1926: Cases, 3; deaths, 2. On farms.
Calvinia District.....	June 13-19.....	2	2	Colored. On farm.
Williston District.....	do.....	1		

SMALLPOX

Algeria:				
Algiers.....	June 21-30.....	3		
Brazil:				
Rio de Janeiro.....	June 13-19.....	30	19	
Canada:				
Alberta.....	June 27-July 17.....	1		
Manitoba.....	do.....	6		
Ontario.....	do.....	24		
Saskatchewan.....	do.....	19		
Regina.....	July 4-10.....	2		

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

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

Reports Received During Week Ended August 13, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Chungking.....	June 20-26.....			Present.
Manchuria—				
Changchun.....	June 27-July 3.....	1		South Manchuria Ry.
Harbin.....	June 24-30.....	5		Do.
Kai-yuan.....	do.....	1		Do.
Liao-yuan.....	do.....	1		Do.
Mukden.....	do.....	2		Do.
Suping kai.....	do.....	1		
Nanking.....	June 20-July 3.....			Present.
Tientsin.....	June 2-26.....		1	Reported by British municipality.
Chosen.....				Mar. 1-31, 1926: Cases, 200; deaths, 42.
Egypt:				
Alexandria.....	May 31-June 24.....	2	1	
Cairo.....	Jan. 29-Feb. 4.....	1	1	
France.....				Apr. 1-30, 1926: Cases, 24.
French Settlements in India.....				Apr. 18-May 8, 1926: Cases, 51; deaths, 51.
Gold Coast.....				Mar. 1-31, 1926: Cases, 601; deaths, 12.
Great Britain:				
England and Wales.....				May 23-July 3, 1926: Cases, 1,068. July 4-17, 1926: Cases, 285.
Newcastle-on-Tyne.....	July 11-17.....	1		
Sheffield.....	July 4-10.....	1		
Greece:				
Saloniki.....	June 1-14.....		3	
India.....				May 30-June 5, 1926: Cases, 6,098; deaths, 1,758.
Bombay.....	June 13-26.....	42	35	
Karachi.....	June 20-26.....	1	1	
Madras.....	do.....	1		
Rangoon.....	June 6-12.....	1		
Iraq:				
Baghdad.....	June 6-19.....	2	1	
Basra.....	June 6-28.....	4	4	
Italy.....				Apr. 18-May 15, 1926: Cases, 8.
Japan.....				Apr. 11-May 1, 1926: Cases, 9.
Java:				
East Java and Madoera.....	May 30-June 5.....	24	2	
Mexico.....				Feb. 1-Mar. 31, 1926: Deaths, 602.
Saltillo.....	July 18-24.....		1	
Peru:				
Arequipa.....	June 1-30.....		1	
Portugal:				
Oporto.....	July 11-17.....	1		
Russia.....				Later than previously reported.
Do.....	Jan. 1-31.....	513		
Do.....	Feb. 1-28.....	890		
Siam:				
Bangkok.....	June 6-12.....	4	4	
Tunisia.....	May 11-31.....	6		
Yugoslavia.....	Apr. 15-30.....	2	1	
On vessel:				
S. S. Karapara.....				At Zanzibar, June 7, 1926. One case of smallpox landed. Case occurred among Hindu deck passengers.
Do.....	June 16.....			At Durban, Union of South Africa. Suspect case landed at quarantine.

TYPHUS FEVER

Algeria:				
Algiers.....	June 21-30.....	1		
Bulgaria.....				Apr. 1-30, 1926: Cases, 27; deaths, 2.
Chosen.....				Mar. 1-31, 1926: Cases, 218; deaths, 29.
Czechoslovakia.....				Apr. 1-30, 1926: Cases, 37; deaths, 4.
Egypt:				
Cairo.....	Jan. 29-Feb. 4.....	2		

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

Reports Received During Week Ended August 13, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain: Scotland— Glasgow	Reported Aug. 3	7		
Ireland (Irish Free State): Cobh (Queenstown)	June 27-July 3	1	1	
Italy				May 2-8, 1926: Cases, 1.
Japan				Apr. 11-May 1, 1926: Cases, 9.
Lithuania				Apr. 1-30, 1926: Cases, 68; deaths, 8.
Mexico				Feb. 1-Mar. 31, 1926: Deaths, 73.
Morocco				Apr. 1-30, 1926: Cases, 159.
Poland				May 16-22, 1926: Cases, 120; deaths, 7.
Russia				Jan. 1-31, 1926: Cases, 4,278.
Do.				Later than previously reported.
Tunisia				Feb. 1-28, 1926: Cases, 5,592.
Turkey: Constantinople	June 16-22	1		May 11-31, 1926: Cases, 30.
Yugoslavia	Apr. 15-June 30	48	7	

Reports Received from June 26 to August 6, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
Ceylon				Apr. 18-May 1, 1926: Cases, 30; deaths, 24.
China: Shanghai	Reported July 20	35	8	
French Settlements in India				Mar. 7-Apr. 10, 1926: Cases, 13; deaths, 13.
India				Apr. 25-May 29, 1926: Cases, 12,568; deaths, 7,642.
Bombay	May 30-June 5	1	1	
Calcutta	Apr. 4-May 29	478	418	
Do.	June 13-19	46	41	
Madras	May 16-June 5	2	1	
Rangoon	May 9-June 5	23	16	
Indo-China: Saigon	May 2-15	52	48	
Do.	May 22-June 5	22	21	
Philippine Islands: Manila	May 18-24	2	2	
Provinces— Albay	Apr. 18-24	1	1	
Mindoro	Feb. 21-27	1	1	
Romblon	Dec. 14-31	42	43	
Do.	Jan. 2-23	16	12	
Siam: Bangkok	May 2-June 5	1,209	686	

PLAGUE

Azores: St. Michaels— Arrifes	May 9-15	1	
Livramento	May 15-29	2	1
British East Africa: Kisumu	May 16-22	1	1
Uganda	Mar 1-31	35	34
Ceylon: Colombo	May 29-June 5	1	1

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

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

Reports Received from June 26 to August 6, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Amoy.....	Apr. 18-May 29.....		30	
Do.....	May 30-June 26.....	40		
Foochow.....	June 6-12.....			Several cases. Not epidemic.
Nanking.....	May 9-June 5.....			Prevalent.
Ecuador:				
Guayaquil.....	May 16-June 30.....	6		Rats taken, 30,914; found infected, 31.
Egypt:				
City—				Jan. 1-June 10, 1926: Cases, 56.
Suez.....	May 21-June 3.....	4	3	
Provinces—				
Beni-Suef.....	May 28-June 8.....	8	2	
Gharbieh.....	June 2.....	1	1	
Greece:				
Athens.....	Apr. 1-30.....	7	2	Including Piraeus.
Do.....	May 1-31.....	9	2	Do.
Patras.....	May 27-June 12.....	4	1	
Zante.....	May 17.....	1		
India:				
Bombay.....	May 2-June 5.....	15	15	Apr. 25-May 29, 1926: Cases, 44,974; deaths, 34,840.
Karachi.....	May 23-June 19.....	11	10	
Madras Presidency.....	Apr. 25-May 29.....	69	50	
Rangoon.....	May 9-June 5.....	7	6	
Indo-China:				
Saigon.....	May 23-June 5.....	3	1	
Iraq:				
Baghdad.....	Apr. 18-May 15.....	107	61	
Do.....	May 30-June 12.....	36	23	
Japan:				
Yokohama.....	July 2-3.....	3	3	
Java:				
Batavia.....	Apr. 24-June 11.....	62	62	
Cheribon.....	Apr. 11-24.....	3	3	
Madagascar:				
Amboitra Province.....	May 1-15.....	4	4	Apr. 1-15, 1926: Cases, 42; deaths, 39. May 1-20, 1926: Cases, 20; deaths, 20.
Moramanga Province.....	Apr. 1-15.....	2	2	Septicemic. Do.
Tananarive Province.....				Apr. 1-May 15, 1926: Cases, 86; deaths, 83.
Tananarive Town.....	Apr. 1-May 15.....	6	6	
Other localities.....	do.....	80	77	Bubonic, pneumonic, septicemic.
Nigeria:				Feb. 1-Mar. 31, 1926: Cases, 81; deaths, 62.
Peru:				May, 1926: Cases, 23; deaths, 10.
Departments—				
Ancash.....	May 1-31.....			Present.
Cajamarca.....	do.....			Do.
Ica.....	do.....	1		
Libertad.....	do.....	4		Pacasmayo, cases, 2; Trujillo district, cases, 2.
Lima.....	do.....	18	10	Lima City, 1 case; country estates, 1.
Russia.....				Jan. 19-Feb. 25, 1926: Cases, 7.
Senegal.....				Nov. 1-30, 1926: Cases, 3; deaths, 2.
Siam:				
Bangkok.....	May 23-29.....	1	1	
Straits Settlements;				
Singapore.....	May 2-8.....	1	1	
Tunisia:				
Kairouan.....	June 9.....	3		9 cases 30 miles south of Kairouan.
Union of South Africa:				
Cape Province.....	May 16-22.....	5	3	
Orange Free State—				
Hoopstad District—				
Protestpan.....	May 9-22.....	3	3	

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

Reports Received from June 26 to August 6, 1926—Continued

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers.....	May 21-June 20.....	11		
Bolivia:				
La Paz.....	May 1-June 30.....	14	7	
Brazil:				
Manaos.....	Apr. 1-30.....		5	
Para.....	May 16-June 19.....	20	21	
Rio de Janeiro.....	May 2-June 5.....	102	55	
Do.....	June 6-12.....		17	
Santos.....	Mar. 1-7.....		1	
British East Africa:				
Tanganyika.....	May 2-22.....		12	
Uganda.....	Mar. 1-31.....	1		
British South Africa:				
Northern Rhodesia.....	May 18-24.....	17	6	Natives.
Canada.....				May 30-June 12, 1926: Cases, 46.
Alberta.....	May 30-June 12.....	3		
Manitoba.....	May 30-June 26.....	24		
Winnipeg.....	June 6-12.....	5	1	
Do.....	July 4-17.....	6		
Ontario.....				May 30-June 26, 1926: Cases, 36.
Kingston.....	May 23-June 26.....	5		
Kitchener.....	Apr. 26-May 29.....	3	1	
North Bay.....	May 2-22.....	5		
Orillia.....	Apr. 26-May 29.....	7		
Ottawa.....	July 19-24.....	1		
Packenham.....	do.....	10		
Toronto.....	do.....	7		
Waterloo.....	do.....	6		
Saskatchewan.....				May 30-June 19, 1926: Cases, 16.
Chile:				
Antofagasta.....	June 6-12.....	1		
China:				
Amoy.....	May 1-29.....		8	
Do.....	May 30-June 19.....	4		
Chungking.....	May 2-June 19.....			Present.
Foochow.....	May 9-June 26.....			Do.
Hongkong.....	May 2-June 12.....	16	9	
Manchuria—				
An-shan.....	May 16-June 12.....	9		South Manchuria Railway.
Antung.....	May 16-June 19.....	5		
Changchun.....	May 16-June 26.....	7		Do.
Dairen.....	Apr. 26-May 9.....	31	6	
Do.....	May 31-June 20.....	15	8	
Fushun.....	do.....	3		Do.
Harbin.....	May 14-June 12.....	16		Do.
Kai-yuan.....	May 16-June 26.....	7		Do.
Kungchuling.....	June 13-19.....	1		Do.
Liao-yang.....	May 16-June 19.....	3		Do.
Mukden.....	May 16-June 12.....	2		Do.
Penhsihu.....	May 16-June 19.....	4		Do.
Supingkai.....	do.....	1		Do.
Teshihchiao.....	do.....	2		Do.
Wa-feng-tien.....	do.....	3		Do.
Nanking.....	May 8-June 5.....			Present.
Shanghai.....	May 2-June 26.....	10	25	Cases: Foreign. Deaths, population of international concession, foreign and native.
Swatow.....	May 9-June 26.....			Sporadic.
Wanshien.....	May 1.....			Present among troops.
Chosen:				
Fusan.....	May 1-31.....	1		
Seishun.....	do.....	2	1	
Egypt:				
Alexandria.....	May 15-June 10.....	12	2	
Estonia.....				May 1-31, 1926: Cases, 1.
France.....				Mar. 1-31, 1926: Cases, 68.
St. Etienne.....	June 9-15.....	2		
French Settlements in India.....	Mar. 7-Apr. 10.....	127	127	
Great Britain:				
England—				
Bradford.....	May 23-29.....	1		
Newcastle-on-Tyne.....	June 6-12.....	1		
Nottingham.....	May 2-June 5.....	7		
Sheffield.....	June 13-19.....	1		
Guatemala:				
Guatemala City.....	June 1-30.....		2	

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

Reports Received from June 26 to August 6, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
India				Apr. 25–May 29, 1926: Cases, 34,957; deaths, 9,035.
Bombay	May 2–29	114	63	
Calcutta	Apr. 4–May 29	171	152	
Do	June 13–19	8	7	
Larachi	May 16–June 19	43	17	
Madras	May 16–June 19	6	4	
Rangoon	May 9–June 5	7	3	
Indo-China:				
Saigon	May 9–15	1		
Iraq:				
Baghdad	May 9–June 5	4		
Basra	Apr. 18–June 5	30	21	
Italy				Mar. 28–Apr. 17, 1926: Cases, 10.
Jamaica				May 30–June 26, 1926: Cases, 99. (Reported as alastrim.)
Japan:				
Kobe	May 30–June 5	1		
Nagoya	May 16–22		1	
Taiwan Island	May 11–20	24		
Do	June 1–20	23		
Yokohama	May 2–8	2		
Java:				
Batavia	May 15–21	1		Province.
East Java and Madoera	Apr. 11–May 29	39	3	
Malang	Apr. 4–10	6	1	Interior.
Surabaya	May 16–22	14	1	
Latvia				Apr. 1–30, 1926: Cases, 3.
Mexico:				
Agascalientes	June 13–26		5	
Guadalajara	June 8–14		2	
Do	June 29–July 19		3	
Mexico City	May 16–June 5	3		
San Antonio de Arenales	Jan. 1–June 30			Including municipalities in Federal District.
San Luis Potosi	June 13–26		7	Present: 100 miles from Chihuahua.
Do	July 4–17		5	
Tampico	June 1–10		2	
Torreon	May 1–June 30		17	
Nigeria				Feb. 1–Mar. 31, 1926: Cases, 270; deaths, 12.
Poland				Mar. 28–May, 1926: Cases, 12; deaths, 1.
Portugal:				
Lisbon	Apr. 26–June 19	10	3	
Oporto	May 23–June 5	4		
Russia				Jan. 1–31, 1926: Cases, 492.
Siam:				
Bangkok	May 2–June 5	19	16	
Straits Settlements:				
Singapore	Apr. 25–May 1	1		
Tunisia				Apr. 1–May 10, 1926: Cases, 6.
Union of South Africa:				
Cape Province—				Outbreaks.
Idutywa District	May 23–29			Do.
Natal	May 30–June 5			June 6–12, 1926: Outbreaks in Pietersburg and Rustenburg Districts.
Transvaal				
Johannesburg	May 9–June 12	5		
On vessels				Three cases, 1 death, at Aden, Arabia, stated to have been imported by sea.

TYPHUS FEVER

Algeria:				
Algiers	May 21–June 20	6	1	
Bolivia:				
La Paz	June 1–30		1	
Chile:				
Antofagasta	May 23–June 26	4		
Do	June 27–July 3	1		
Valparaiso	Apr. 29–May 5		1	

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

Reports Received from June 26 to August 6, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Antung	June 14-27	7	1	
Do	June 28-July 4	4	1	
Ichang			1	Reported May 1, 1926. Occurring among troops.
Wanshien				Present among troops, May 1, 1926. Locality in Chungking consular district.
Chosen	Feb. 1-23	228	18	
Chemulpo	May 1-31	23	1	
Egypt:				
Port Said	June 4-24	4	1	
Ireland (Irish Free State):				
Cobh (Queenstown)	May 30-June 5	1		
Cork	June 5	1		
Kerry County— Dingle	June 27-July 3	1		
Italy				Mar. 28-Apr. 17, 1926: Cases, 2.
Japan				Mar. 23-Apr. 10, 1926: Cases, 15.
Lithuania				Mar. 1-31, 1926: Cases, 38; deaths, 5.
Mexico:				
Mexico City	May 16-June 5	20		Including municipalities in Federal District.
Do	June 13-19	9		Do.
San Luis Potosi	June 13-26			Present, city and country.
Morocco				Mar. 1-31, 1926: Cases, 140.
Palestine				March, 1926: Cases, 6 Exclusive of Bedouin tribes and the British military forces.
Jaffa District	June 15-23	5		
Peru:				
Arequipa	Jan. 1-31		2	
Poland				Mar. 28-May 15, 1926: Cases, 781; deaths, 60.
Rumania				Mar. 1-31, 1926: Cases, 41.
Russia				Jan. 1-31, 1926: Cases, 2,956.
Tunisia				Apr. 1-May 10, 1926: Cases, 64.
Tunis	June 21-30	1		
Union of South Africa:				
Cape Province				Apr. 1-May 31, 1926: Cases, 153; deaths, 19.
Do	May 31-June 12			Apr. 1-May 31, 1926: Cases, 116; deaths, 15. Native.
Grahamstown	do	1		Outbreaks.
Natal				Sporadic.
Orange Free State				Apr. 1-30, 1926: Cases, 4. Native.
Do	June 6-12			Apr. 1-May 31, 1926: Cases, 15; deaths, 1.
Transvaal				Outbreaks.
Do				Apr. 1-30, 1926: Cases, 3; deaths, 3. Native.
Yugoslavia:				
Zagreb	May 15-21	1		

YELLOW FEVER

Brazil	Reported June 26			Present in interior of Bahia, Pira-pora, and Minas.
Bahia	May 9-29	4	3	
Do	June 6-19	4	3	