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THE INFLUENZA EPIDEMIC OF 1926

A Preliminary Note on Certain Epidemiological Indications [1]

The wave of influenza in the late winter and spring of 1926 in the United States was more than ordinarily severe when compared with the influenza outbreaks which have occurred since 1920. Measured by the excess of mortality over the corresponding period in 1925, which was not an "influenza year," the toll in lives exacted by the disease was by no means negligible. In fact, were it not for the over-shadowing pandemic of 1918, which caused over 500,000 deaths in the United States alone, and the epidemic of 1920, which caused about 100,000 deaths in this country, the 1926 outbreak would have been regarded as a calamity.

TABLE 1.—*Comparison of weekly mortality rates per 1,000 population from all causes in large cities of the United States during the period December 27, 1925–May 29, 1926, with those for the corresponding period in 1924–25*

Week ended—	Rate per 1,000			Week ended—	Rate per 1,000		
	1926	Corresponding week in 1925	Excess in 1926		1926	Corresponding week in 1925	Excess in 1926
1926				1926			
Jan. 2	14.4	14.3	0.1	Apr. 3	17.7	14.7	3.0
Jan. 9	15.6	14.6	1.0	Apr. 10	17.4	14.0	3.4
Jan. 16	14.9	14.2	.7	Apr. 17	15.8	14.5	1.3
Jan. 23	14.9	14.2	.7	Apr. 24	15.5	14.6	.9
Jan. 30	14.5	14.2	.3				
				May 1	14.4	13.7	.7
Feb. 6	15.2	14.4	.8	May 8	14.5	13.3	1.2
Feb. 13	14.8	14.2	.6	May 15	13.4	13.2	.2
Feb. 20	16.4	14.5	1.9	May 22	13.3	12.9	.4
Feb. 27	16.0	13.9	2.1	May 29	12.7	12.4	.3
Mar. 6	16.2	14.6	1.6				
Mar. 13	17.7	15.0	2.7				
Mar. 20	18.4	15.0	3.4				
Mar. 27	19.4	14.8	4.6				

The data are from the current Weekly Health Index, Bureau of the Census, U. S. Department of Commerce.

It is too early to make an accurate appraisal of the damage done by this year's influenza wave, but if we compare the mortality curve for all causes in the large cities of the United States from December 27, 1925, through May 29, 1926 (1), with the same curve for the corresponding weeks in 1924 and 1925, a very marked divergence is

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

shown, as may be seen in Table 1 and Figure 1 (A). Subtracting the 1925 rates from the 1926 rates, we obtain a series of "excess" rates and a curve that at once suggests a definite epidemic condi-

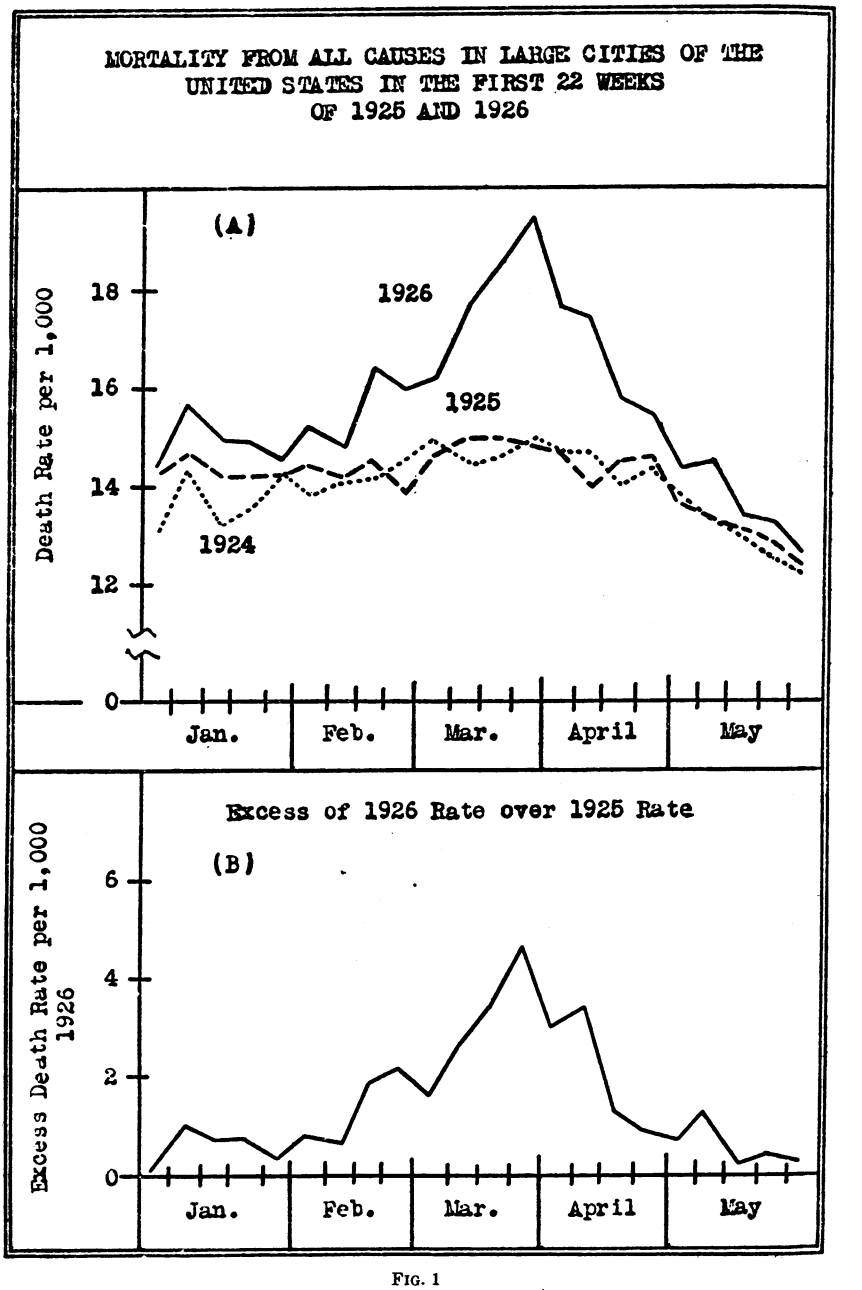

FIG. 1

tion (Figure 1 (B)). The annual death rate in these cities rose to 19.4 per 1,000 in the week of March 21–27, which was 4.6 per 1,000, or 31 per cent higher than the rate for the corresponding week of

1925. Taking the period January 3 to April 30, 1926, and subtracting the deaths in the corresponding period of 1925, we obtain an excess of about 16,000 deaths in the 60-odd cities having a population of 100,000 or more and a gross population of about 30,000,000. Some of these deaths undoubtedly were due to the unusually high prevalence of measles; on the other hand, no allowance is made for any decrease in deaths from other causes or for deaths occurring after April 30 that are attributable to the epidemic. The excess death rate in these cities for the period in question was 0.53 per 1,000 and will probably add not less than that to the annual mortality rate which would have been expected for the year 1926 in this population. The mortality returns for towns and rural areas are not yet available, and it is unsafe to base an estimate of the increase in deaths for the entire country upon the experience of its larger cities, especially for an epidemic occurring in the spring.

Some idea of how the 1926 epidemic fits into the picture of the "influenza waves" that have occurred since 1918–19 may be gained from the graph of weekly mortality from all causes in the same group of cities, as plotted in Figure 2. What may be termed a "normal seasonal" variation in the mortality rate has been eliminated roughly by a simple method [2] and the curve as plotted represents the remaining variations. It is quite evident that there has been no marked upward or downward trend in the death rate during the seven years' period after the occurrence of certain deviations of a rather acute kind are taken into account. Certain variations of other types are indicated with which we are not concerned here. The maximal rates reached by the more acute deviations occurred in the weeks ending February 25, 1922, March 5, 1923, June 13, 1925, and March 27, 1926. The high mortality rate in June, 1925, undoubtedly was associated with the unusually sudden severe "heat wave" (2); the other four maximal rates were due in large measure to the increase in prevalence of respiratory diseases that commonly were diagnosed as "influenza," and were so recorded in reports of morbidity among various population groups for whom continuous records are available. In Figure 3 one record of this kind is shown graphically, which brings out the fact that in this particular group of persons in Boston, "influenza" or "grippe" was prevalent in the winter of 1924–25. The attacks were not reflected in the pneumonia rate, however. This occurrence was observed in other localities also, and no marked increase in mortality was evident.

Judging from the European records which are now available, the familiar pandemicity of influenza was a characteristic of the 1926

[2] The weekly death rates for annual periods beginning with July 1, 1921, 1924, and 1925, were used to determine roughly a seasonal variation in mortality not greatly affected by influenza or other acute outbreaks. The weekly values in terms of mortality rate were read from a curve drawn by inspection, and the differences were plotted in the diagram reproduced in Figure 2.

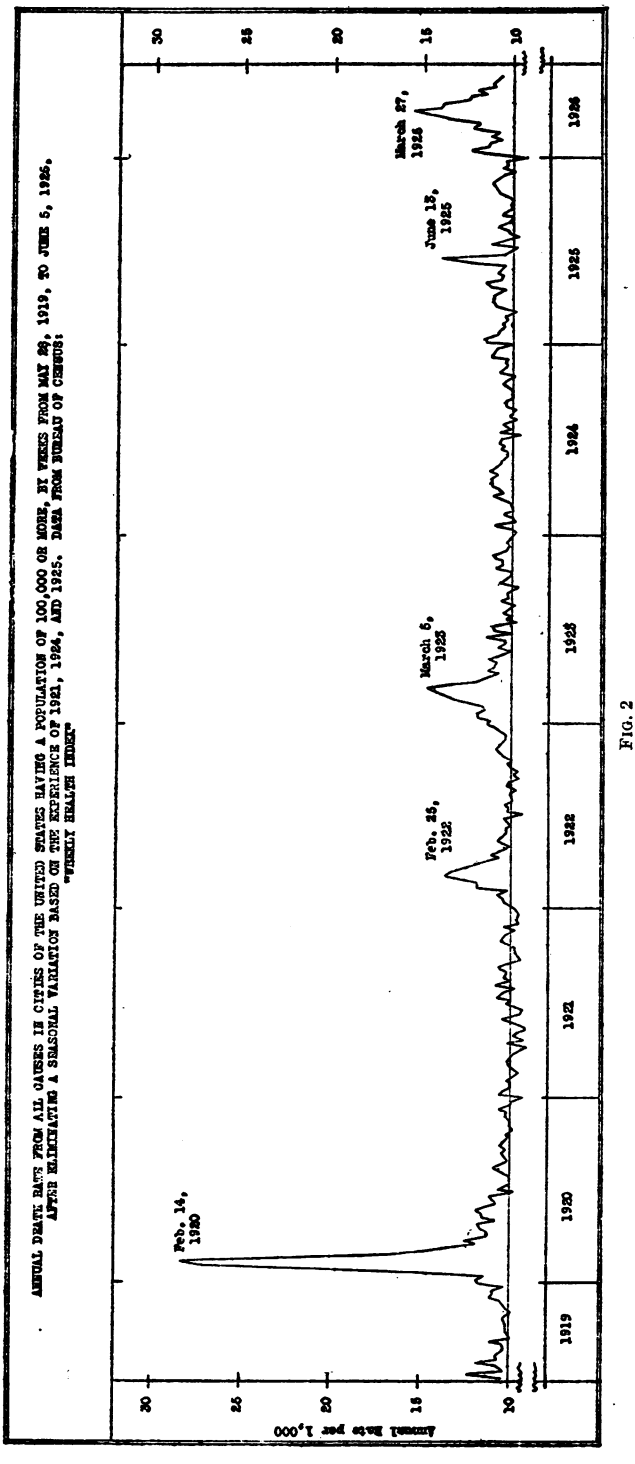
ANNUAL DEATH RATE FROM ALL CAUSES IN CITIES OF THE UNITED STATES HAVING A POPULATION OF 100,000 OR MORE, BY WEEKS FROM MAY 29, 1919, TO JUNE 5, 1926.
AFTER ELIMINATING A SEASONAL VARIATION BASED ON THE EXPERIENCE OF 1921, 1924, AND 1925. DATA FROM BUREAU OF CENSUS:
"WEEKLY HEALTH INDEX"
Annual Rate per 1,000
30
25
20
15
10
Feb. 14, 1920
Feb. 25, 1922
March 6, 1923
June 15, 1925
March 27, 1926
1919
1920
1921
1922
1923
1924
1925
1926

FIG. 2

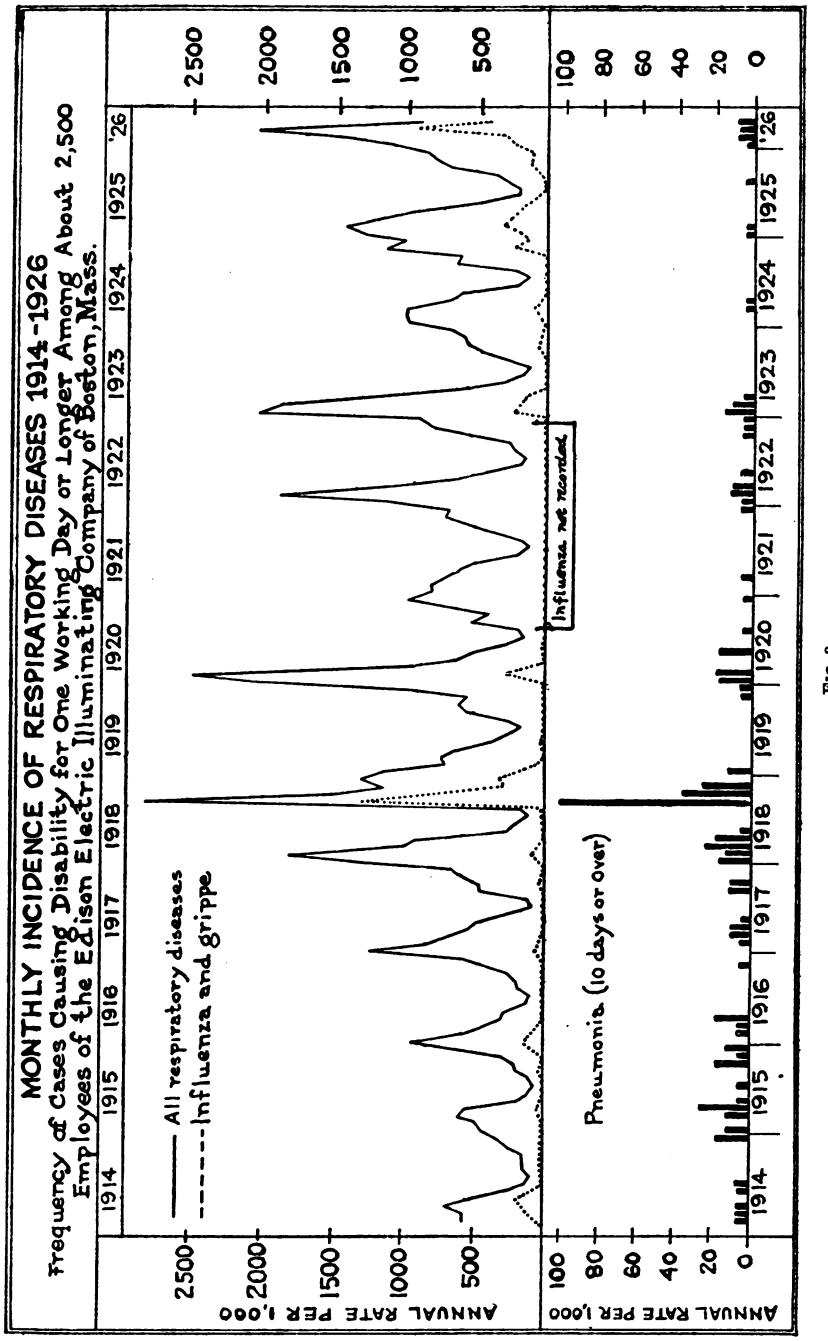
MONTHLY INCIDENCE OF RESPIRATORY DISEASES 1914-1926
Frequency of Cases Causing Disability for One Working Day or Longer Among About 2,500 Employees of the Edison Electric Illuminating Company of Boston, Mass.
All respiratory diseases
Influenza and grippe
ANNUAL RATE PER 1,000
2500
2000
1500
1000
500
1914
1915
1916
1917
1918
1919
1920
1921
1922
1923
1924
1925
'26
Influenza not recorded
Pneumonia (10 days or over)
100
80
60
40
20
0

FIG. 3

outbreak. In the group of 105 Great Towns of England and Wales, a very marked increase in influenza mortality appeared in March, reaching its peak in the week ending April 17. The weekly records of cases of pneumonia in England and Wales show a synchronous rise and fall. An epidemic condition, more or less severe, was manifested during February, March, and April in Glasgow, Paris, Amsterdam, Stockholm, the 46 German cities as a group, and Milan (3).

Although the severity of the 1926 outbreak, as measured by the mortality rate, was small in comparison with the severity of the 1918 epidemic, or compared with that of the 1920 epidemic, the three epidemics were similar in certain broad epidemiological respects, and markedly dissimilar in certain other respects. In Table 2, a comparison is made of the weekly excess mortality rates from influenza and pneumonia during the three epidemics in the large cities of the United States. These rates have been plotted on a logarithmic ordinate scale in Figure 4, and the curves suggest: (1) A similarity from the point of view of duration, all of the waves having begun and ended within a period of three months; (2) a similarity in the time required for the epidemics to reach their maximal mortality rates; (3) a similarity in the *rate* at which mortality rose and fell, although it is suggested that the time required for the 1926 epidemic to spread and reach its crest was somewhat longer than that for the 1918 and 1920 epidemics. In other words, aside from some apparent differences which should not be considered until more complete records are available, these three outbreaks spread over the entire country in comparatively short periods of approximately the same length, and within that period they were generally similar with respect to their course from the point of view of time.

TABLE 2.—*A comparison of the weekly excess mortality rate per 100,000 for influenza and pneumonia during the influenza epidemics of 1918, 1920, and 1926, in the large cities of the United States*

1918		1920		1926	
Week ended—	Excess [1]	Week ended—	Excess [1]	Week ended—	Excess [2]
				Feb. 6	−2
Sept. 14	−6			Feb. 13	8
Sept. 21	76			Feb. 20	73
Sept. 28	326	Jan. 17	−27	Feb. 27	82
Oct. 5	1,028	Jan. 24	184	Mar. 6	97
Oct. 12	2,557	Jan. 31	741	Mar. 13	149
Oct. 19	4,592	Feb. 7	1,241	Mar. 20	260
Oct. 26	4,695	Feb. 14	1,319	Mar. 27	241
Nov. 2	3,332	Feb. 21	867	Apr. 3	194
Nov. 9	1,832	Feb. 28	422	Apr. 10	131
Nov. 16	989	Mar. 6	185	Apr. 17	84
Nov. 23	620	Mar. 13	69	Apr. 24	14
Nov. 30	526	Mar. 20	9	May 1	28
Dec. 7	617			May 8	29
Dec. 14	792				
Dec. 21	801				
Dec. 28	629				

[1] Excess over corresponding week of median year of the period 1910–1916 in cities included in the Weekly Health Index of the Bureau of the Census. Data from Public Health Reports, March 26, 1920 (35: 748).
[2] Excess over corresponding week of 1925 in 96 cities included in the Public Health Reports of the Public Health Service.

The 1926 outbreak was similar to the epidemics of 1918 and 1920 in another respect, namely, that there was a fairly definite geographic direction in which the wave traveled and spread. But here the spatial similarity ceases; in fact, each of these epidemic waves had its own particular direction. It will be recalled that in the autumn of 1918 the epidemic first manifested itself in New England

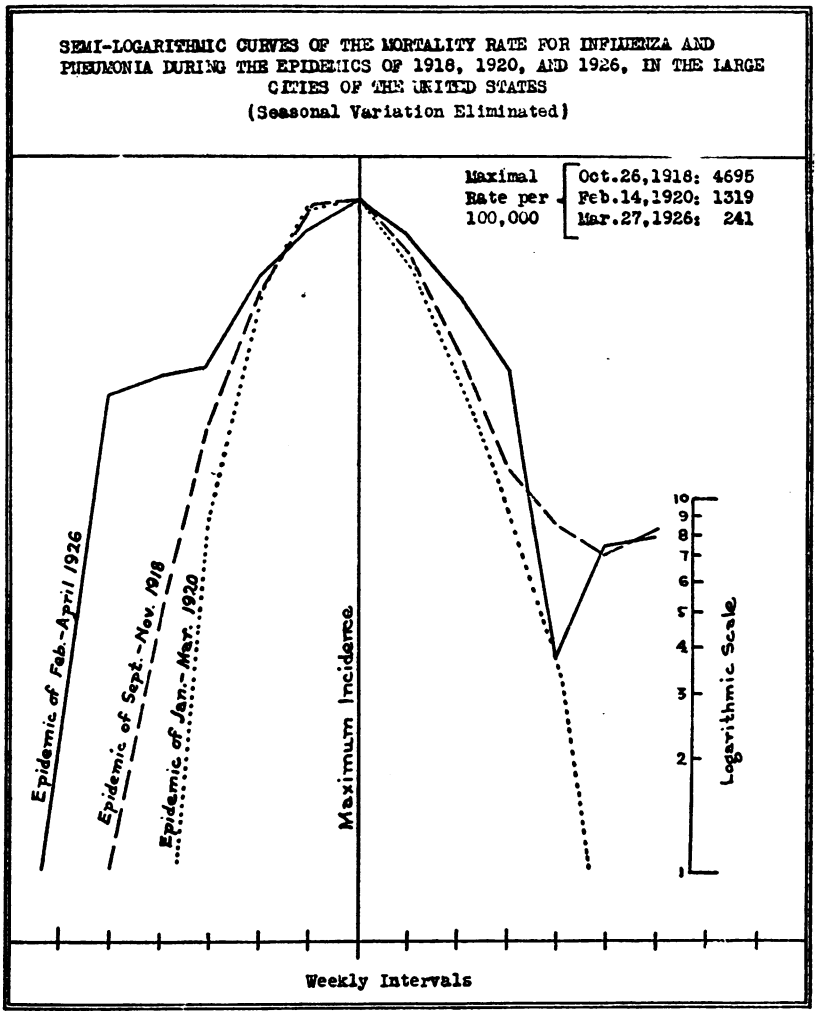

FIG. 4

and then spread south and west, first appearing in the larger cities in its course, and later radiating from these cities into the surrounding areas (4). The 1920 epidemic, on the other hand, appeared first in the North Central section and apparently spread to the East, South, and West, in somewhat the same manner as did its greater predecessor (5). Certain localities appeared as exceptions in either

epidemic, but the general directions were fairly clear. The 1926 epidemic, however, seems to have traveled in directions entirely different from those of either of the two preceding epidemics; apparently the main general direction was from the west and southwest to the southeast and then north, the New England section being the latest affected.

The geographic course of the epidemic can be described more clearly by a graphic presentation of certain data now at hand. In Figure 5 there are plotted the weekly number of cases reported by telegraph to the United States Public Health Service by the health departments of 16 States, selected for use here chiefly because of their geographic location and partly because of certain qualities of their reports.[3] The States are arranged in the chronological order in which the peak in the cases reported occurred. Thus, in California the influenza wave appeared earlier than in any other section represented. The epidemic next appeared in the sections represented by Utah, by New Mexico, and by Oregon, omitting Maryland for the moment. It apparently moved east, reaching the Southern States first, and the Northeastern States last. The geographic course of the outbreak is also indicated by the weekly reports to the Public Health Service from several hundred towns and cities. In 106 of these the influenza reports showed a fairly definite epidemic condition, namely, an increase and fall in the number of cases reported within a period of a few weeks. The week in which the number of these cases reached its peak in each of these 106 larger towns and cities has been marked on the map which is reproduced in Figure 6. Unfortunately for our purpose, cities are relatively infrequent in the western section where the path of the epidemic would be especially interesting to follow. But the broad directions seem to be fairly clear; again it is indicated that the earliest manifestations of the epidemic were on the middle Pacific coast, whence it spread southeast, and from the southern section north and east.

It is to be regarded as quite probable that, had we more definite information on many more localities, the picture might be quite different in its detail. In Figure 5 it was shown that the principal part of the epidemic in Maryland occurred in the latter part of January and the early part of February. The same indication is given in Figure 6. In Baltimore the greatest excess (over 1925) in the mortality rate occurred in the week ending February 13, and an increased death rate had manifested itself two or three weeks before. In Richmond, Va., this maximum occurred only two weeks later. In Savannah, Brunswick, and Atlanta, Ga., the reports suggested the occurrence of a rise in influenza cases at about the same time as in Balti-

[3] The number of cases reported can not, of course, be taken as an indication of the actual incidence, but the reports are satisfactory for showing roughly the chronological behavior of the disease and for comparing different areas or localities with respect to this point.

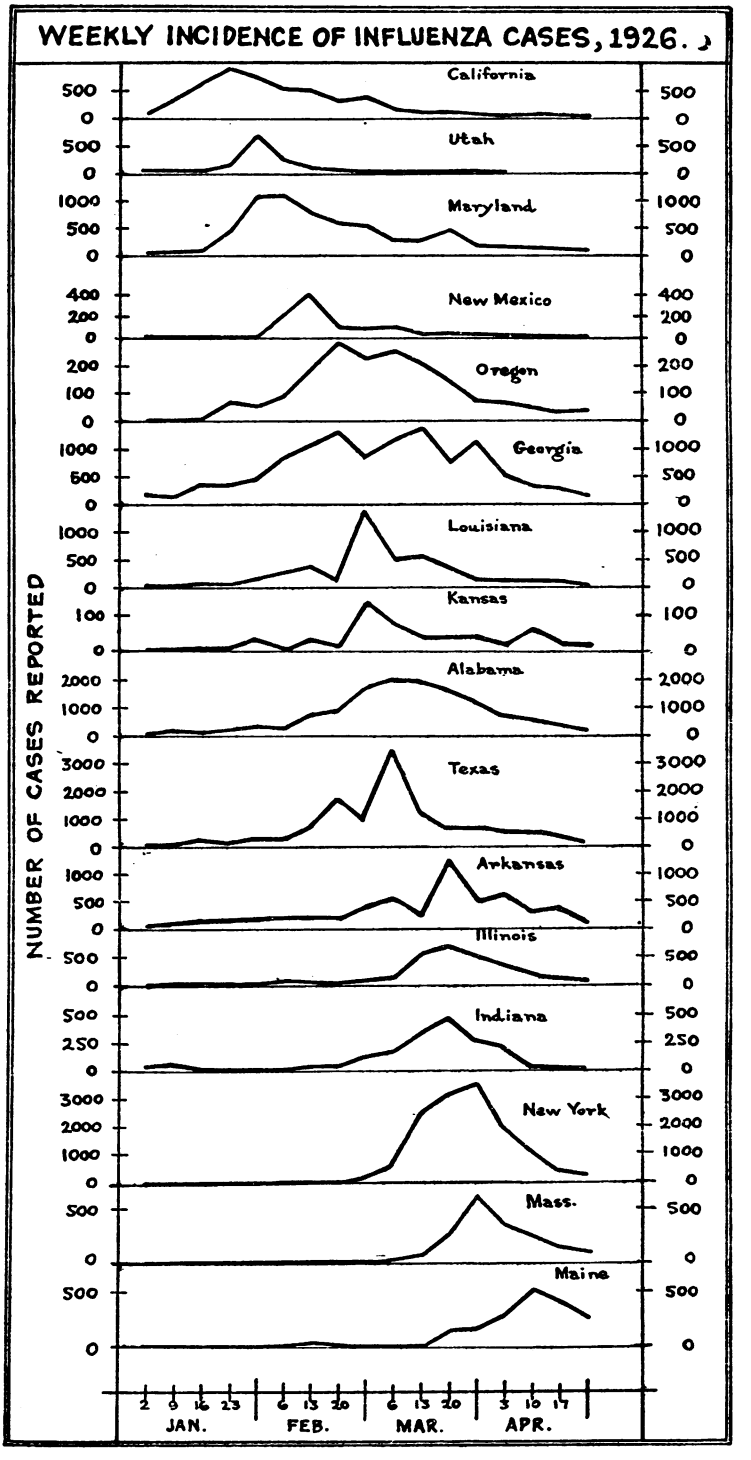
WEEKLY INCIDENCE OF INFLUENZA CASES, 1926.
NUMBER OF CASES REPORTED
California
Utah
Maryland
New Mexico
Oregon
Georgia
Louisiana
Kansas
Alabama
Texas
Arkansas
Illinois
Indiana
New York
Mass.
Maine
JAN.
FEB.
MAR.
APR.

FIG. 5

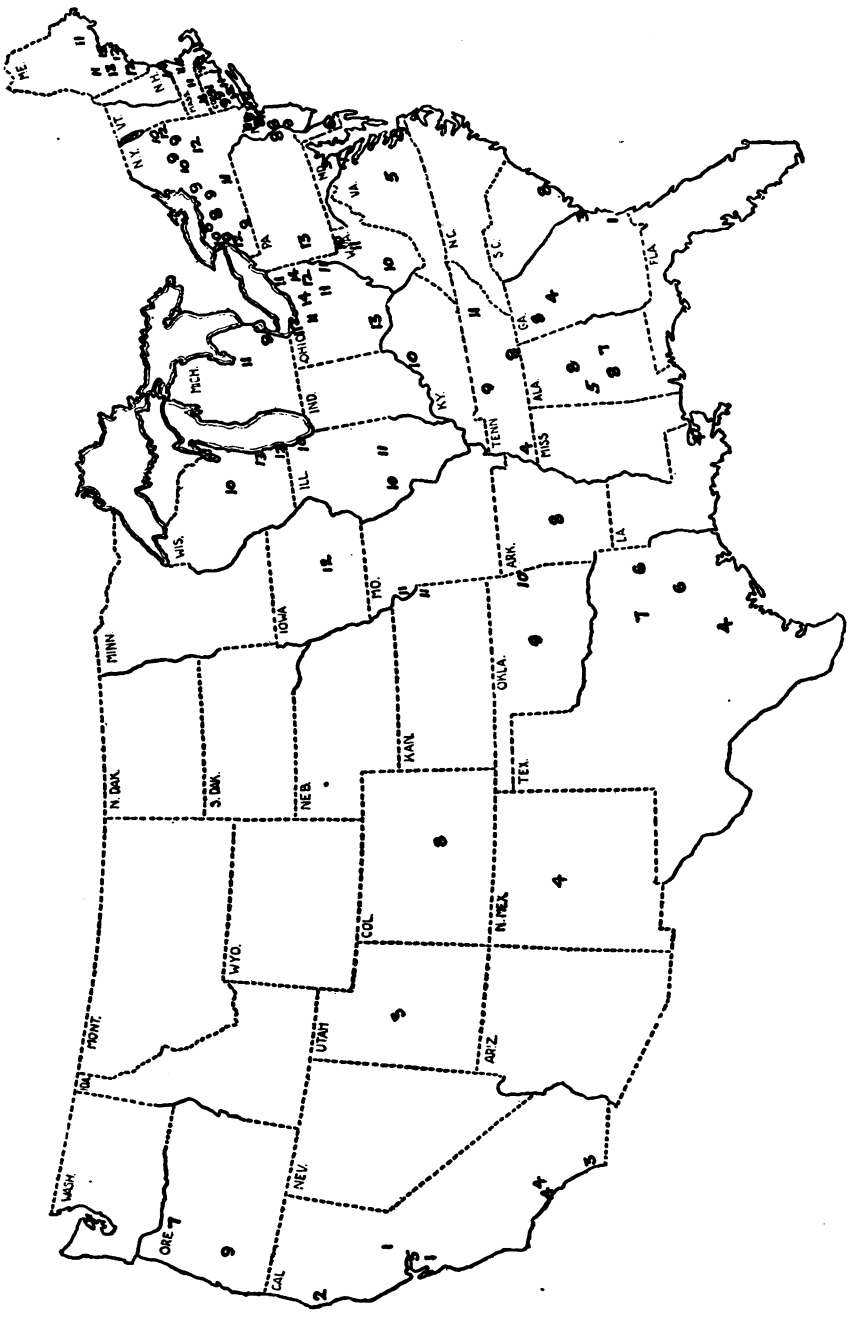

FIG. 6.—Chronological order, by weeks, of maximum incidence of cases of influenza reported in each of 105 cities in the United States, January 10–May 1, 1926.
Week ended January 16=1; week ended January 23=2; week ended May 1=15

more. Thus, at certain points at least on or near the south Atlantic seaboard there were evidences of unusual influenza prevalence at about the same time or within two or three weeks of its appearance in the middle Pacific coast region.

The weekly excess death rates from influenza and pneumonia in the 96 cities, as shown in Figure 7, give some idea of the relative severity of the epidemic in the principal cities in different sections of the United States, as well as of the direction of its spread. It appears that in the West North Central section the usual seasonal mortality was hardly affected at all, and the epidemic did not manifest itself in a sharp or severe form. On the other hand, its effects were much more marked and severe in the other sections, particularly in the cities in the Middle Atlantic States. A great variation in mortality from epidemic influenza, it will be recalled, was manifested among different cities in 1918–19 and 1920, a variation that Pearl (6) found to be correlated, so far as the 1918 pandemic was concerned, with the death rates from certain organic diseases in previous years. The same sort of a variation undoubtedly appeared in 1926; whether or not it is associated with the mortality from other causes in nonepidemic periods or from influenza in prior epidemics can not be determined until the records are more complete. In fact, the studies conducted by the United States Public Health Service on morbidity from influenza in 1918 show quite definitely that the incidence rate for cases differed markedly in different localities and that there was an equally striking variation in case fatality (7), so that, lacking contrary evidence, we may assume that similar differences will account for the variations in the mortality rate in 1926. The mortality experience in European cities in 1926 is very much the same as that in American cities. In Glasgow a rather severe epidemic occurred, whereas increased influenza mortality did not manifest itself at all in Dublin, and in Belfast a month or more later. In London, Paris, and several Italian cities, for example, quite definite indications are given by the current records of an increased mortality from influenza in the spring of 1926, whereas in Vienna, Prague, Budapest, and Swiss cities there is little or no evidence of such an increase (3).

The current disease reports issued by the Surgeon General's office, War Department (8), show quite definitely not only a rise in the incidence of influenza but also a concurrent increased incidence of secondary pneumonia among troops in the United States during the period January–May, 1926. This is not reflected to any considerable extent in the rates for "common respiratory" diseases or "primary pneumonia." The weekly rates on an annual basis are plotted as a series of graphs in Figure 8, with similar graphs for 1925 for comparison.

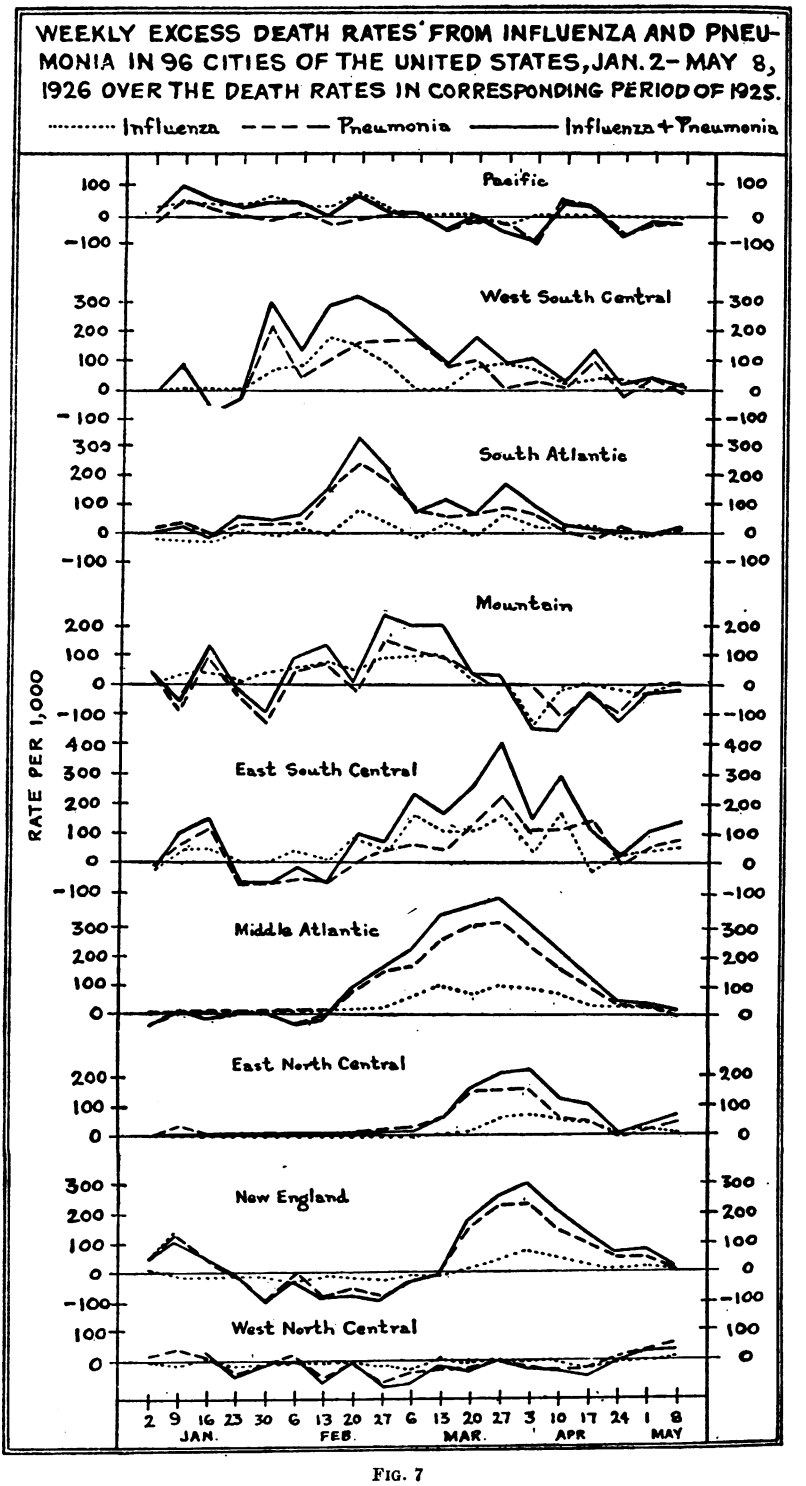
WEEKLY EXCESS DEATH RATES FROM INFLUENZA AND PNEUMONIA IN 96 CITIES OF THE UNITED STATES, JAN. 2 - MAY 8, 1926 OVER THE DEATH RATES IN CORRESPONDING PERIOD OF 1925.
Influenza
Pneumonia
Influenza + Pneumonia
RATE PER 1,000
Pacific
West South Central
South Atlantic
Mountain
East South Central
Middle Atlantic
East North Central
New England
West North Central
2 9 16 23 30 6 13 20 27 6 15 20 27 3 10 17 24 1 8
JAN.
FEB.
MAR.
APR
MAY

FIG. 7

We are accustomed to examine first such indications as are afforded by the records of mortality according to age, chiefly, perhaps, for the reason that the 1918 pandemic presented an age fatality curve that was in striking contrast to that shown by nearly every other important disease. Unfortunately we shall have to wait until the mortality statistics are tabulated in greater detail before any comprehensive analysis of the 1926 data can be made; but the records for all causes

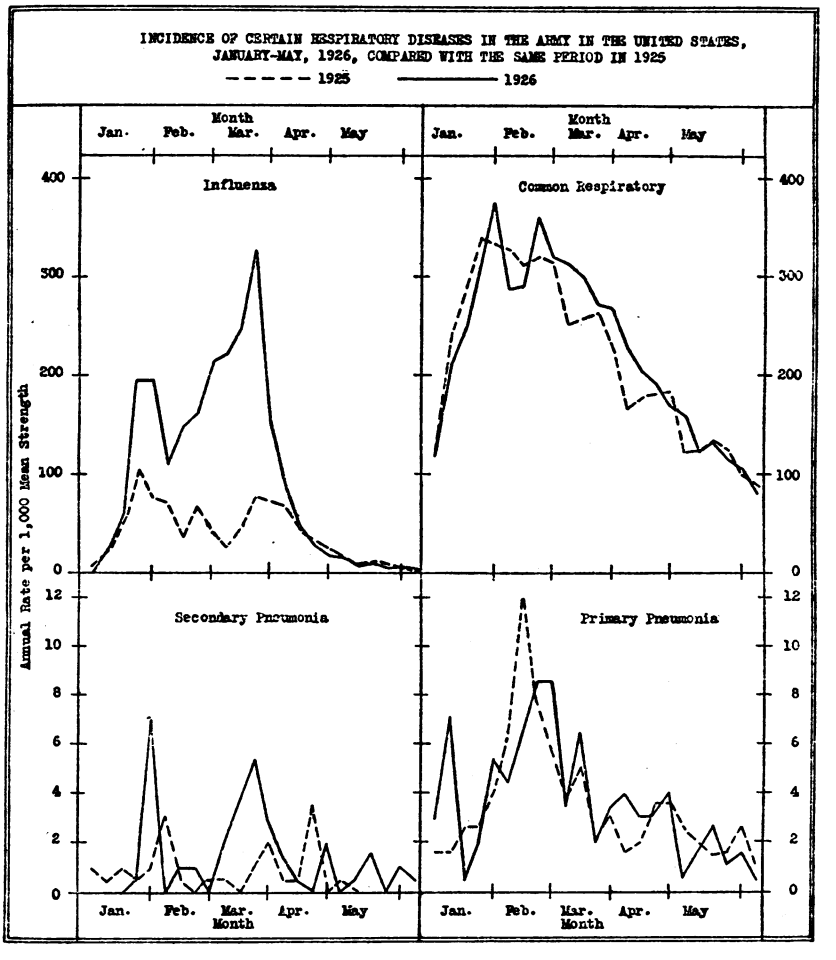

FIG. 8

now available in current reports for two large localities are not without interest. These are the widely separated cities of New York and New Orleans. Since it is important to eliminate as far as we can the deaths which ordinarily are expected to occur, we have simply subtracted the number of deaths reported for each age group in 1925 from those reported in 1926, only the epidemic period of 1926 and the corresponding calendar period of 1925 being considered.

TABLE 3.—*Increase in deaths at different ages in New York City during the period February 13–April 17, 1926, over the corresponding period in 1925*

Age (years)	Number of deaths		Per cent increase 1926 over 1925
	1925	Excess in 1926	
0–4	2,319	1,224	53
5–64	8,238	1,479	18
65–	3,464	1,661	48

The result for New York City is given in Table 3 (9). The age grouping used by the New York City health department does not permit of much refinement, but the indication afforded seems to be clear enough so far as the data allow. During the period February 13–April 17, 1926, when influenza mortality was abnormally high, there was an increase of about 50 per cent in deaths under 5 and over 64 years of age as against a very much smaller increase for the age 5–64. Somewhat more refined age groupings, as well as distinctions as to color and sex, are available for New Orleans (10). Here (Table 4) it is even more definitely shown that during the 1926 epidemic the increase in mortality was confined chiefly to the extremes of life—under 5 years, and 70 years and over—although some increase is evidenced in the age group 50–69 years. The indication is shown for both whites and negroes.[4] Just how much of the increase in the death rate among young children was due to the widespread prevalence of measles can not be determined until further details are available with respect to cause of death at different ages, but it is probable that some of this increase may be accounted for in this way.

TABLE 4.—*Increase in deaths at different ages in New Orleans during January–February, 1926, over the corresponding period in 1925, by color*

Age (years)	Number of deaths				Per cent increase 1926 over 1925	
	1925		Excess in 1926			
	White	Colored	White	Colored	White	Colored
0–4	116	95	48	21	41	22
5–14	23	18	−3	3	−13	17
15–24	60	64	−25	−10	−42	−16
25–49	204	248	14	−6	7	2
50–69	281	131	80	55	28	42
70+	160	52	109	31	68	60

[4] The mortality by sex in New Orleans shows no difference in the excess for all causes, the increase over 1925 being 21 and 20 per cent for males and females, respectively. The number of deaths from influenza among males in January–February, 1926, was 53, or 26 per cent higher than in 1925, whereas among females the number of influenza deaths was 57, or 96 per cent higher than in 1925. The numbers are too small, however, to afford any conclusive evidence.

If we consider the age curves for mortality from various respiratory diseases, the suggestion afforded by these fragmentary data on the age incidence of the increased mortality during the influenza epidemic is that the mortality was due, in greater degree than usual, to sequelae of broncho pneumonia. Tewksbury (11), commenting upon the Pennsylvania mortality reports for March, 1926, points out that "the 1918 and 1920 epidemics were chiefly influenzal in character, the influenza-pneumonia ratio being 2.0 and 1.3 to 1, respectively," but that "the 1923 and 1926 epidemics were, on the other hand, chiefly pneumonic in character, the influenza-pneumonia

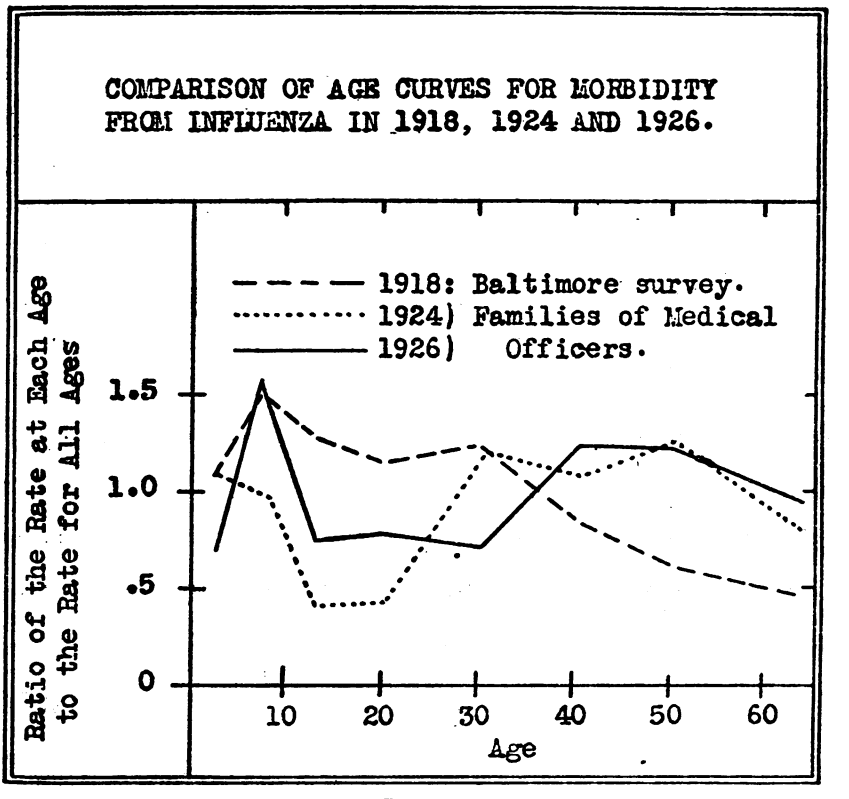

FIG. 9.

ratio being 0.4 to 1 and 0.5 to 1, respectively." This observation is not a general one, however. The Wisconsin health department comments to the effect that while the chief increase in the number of deaths from communicable diseases in the first quarter of 1926 was due to influenza, there was in the same period a decrease in the mortality from pneumonia, and draws the conclusion that "influenza deaths during the past three months were not complicated with pneumonia to the same extent as in some of the former epidemics" (12). It is regarded as quite probable that the severity of cases in this epidemic, as in former epidemics, varied geographically.

The influenza cases in families of medical officers of the Army, Navy, and Public Health Service, who are collaborating with the Office of Influenza Investigations of the Public Health Service, may also be used to indicate age incidence. Expressing the incidence at different ages in a form of *relative* variation (i. e., the ratio of the rate for each age to the rate for all ages) we have in Figure 9 compared the variations according to age of the 1926 influenza cases in the medical officers' families with those of influenza cases in 1918 recorded in Baltimore (13) in a large population group and with those occurring in 1924 in the same medical officers' families. The 1918 cases were, of course, pandemic in character. The 1924 cases did not occur during an epidemic and followed the usual seasonal course of common respiratory diseases. It will be noted, with respect to the age curve for 1926, that a relatively high incidence is shown in the ages 5–9 and 35–54. The comparison between the curves for the three years suggests that the interepidemic (1924) influenza affected persons of the ages 10–24 far less (relatively) than the pandemic (1918) influenza, but also less than the kind of influenza we had in 1926. On the other hand, relatively speaking, the incidence of 1926 influenza cases was similar to that of 1918 in the age period 5–9, but was higher in the ages 35 years and over.

REFERENCES

(1) Weekly Health Index, Bureau of the Census, United States Department of Commerce.
(2) Weekly Bulletin of the New York City Health Department, June 26, 1926 (xv:103).
(3) Monthly Epidemiological Reports, Health Section, League of Nations' Secretariat.
(4) Sydenstricker, Edgar: Preliminary Statistics of the Influenza Epidemic. Public Health Reports, Dec. 27, 1918.
(5) Epidemic Influenza—Prevalence in the United States. Public Health Reports, Jan. 30–Apr. 2, 1920.
(6) Pearl, Raymond: Influenza Studies: I. On Certain Statistical Aspects of the 1918 Epidemic in American Cities. Public Health Reports, Aug. 8, 1919 (34:1743). II. Further Data on the Correlation of Explosiveness of the Outbreak of the 1918 Epidemic. III. On the Correlation of Destructiveness of the 1918 Epidemic. Public Health Reports, Feb. 18, 1921 (36:273 and 289).
(7) Frost, W. H.: Statistics of Influenza Morbidity. Public Health Reports, Mar. 20, 1920.
(8) Data from Office of the Surgeon General, War Department, Washington.
(9) Weekly Bulletins of the New York City Health Department, February–April, 1926.
(10) Monthly Bulletins of the Board of Health for the Parish of Orleans and the City of New Orleans, January and February, 1926.
(11) Vital Statistics Bulletin, Pennsylvania Department of Health, June, 1926.
(12) Wisconsin Board of Health: Health Bulletin, January–March, 1926 (4:24).
(13) Frost, W. H., and Sydenstricker, Edgar: Influenza in Maryland. Public Health Reports, Mar. 14, 1919 (34:491–504).

CURRENT WORLD PREVALENCE OF DISEASE

REVIEW OF THE MONTHLY EPIDEMIOLOGICAL REPORT ISSUED JUNE 15, 1926, BY THE HEALTH SECTION OF THE LEAGUE OF NATIONS' SECRETARIAT[1]

An influenza outbreak occurred in Northern Ireland during the latter part of April and reached its peak about the middle of May, according to information in the Epidemiological Report published June 15 by the health section of the League of Nations' secretariat. This was approximately one month later than the spring influenza outbreaks which occurred in Scotland and England. Reports from the Irish Free State did not indicate any coincident increase in influenza in that part of Ireland. The mortality from all causes and deaths from influenza in towns in Ireland, in Scotland, and in England and Wales during recent weeks are given in the accompanying table.

TABLE 1.—*General mortality and deaths from influenza in British towns from March to May, 1926*

Two weeks ended—	105 English and Welsh towns		16 Scottish towns		7 towns in Northern Ireland	
	Mortality per 1,000 (all causes)	Number of deaths from influenza	Mortality per 1,000 (all causes)	Number of deaths from influenza	Mortality per 1,000 (all causes)	Number of deaths from influenza
Mar. 13	12.7	185	15.0	27	14.5	0
Mar 27	13.4	272	17.2	43	16.3	2
Apr. 10	15.1	517	21.7	196	15.9	3
Apr. 24	13.7	511	19.0	138	19.8	6
May 8	12.1	315	15.5	52	19.6	23
May 22	11.7	229	14.1	32	21.1	50
June 5	10.9	158	13.4	12	18.5	32

In Denmark, 12,760 influenza cases were reported during May, as against 10,539 during April. In 1925, April was the month of maximum prevalence of influenza in Denmark, while the maximum occurred in March in 1924 and 1923, and in January in 1922. In Sweden the number of influenza cases has declined since February. In the Netherlands a considerable increase in the number of deaths from influenza was reported for April as compared with March.

Plague.—The plague situation in the Mediterranean ports continued favorable during May. There were two cases reported at Constantinople, two in Greece—one case at Zante and one at Patras—and eight cases reported at Suez in the six weeks ended June 12. A few cases were reported also from the inland Provinces of Egypt, mostly from Beni-Suef.

[1] From the Office of Statistical Investigations, U. S. Public Health Service.

An outbreak of plague occurred in Tunisia at Kairwan, an inland district, and 122 cases were reported between May 11 and June 10. One case each was reported at Sfax, at Susa, and at Tangier.

"Plague was about twice as prevalent in India during April as during the corresponding month of the preceding year," states the Report. "This is entirely due to the high prevalence in the United Provinces and especially in the Punjab, where the curve of prevalence was intermediate between that of the relatively severe epidemic of 1924 and the low incidence of 1925. The Punjab epidemic appears to have reached its maximum during the week ended April 24, which is about the normal period for the plague maximum in this Province. More plague cases were reported in the United Provinces during April than during March—an event which has happened only once before, in the exceptionally severe outbreak of 1907. There were 9,103 deaths from plague in the United Provinces during the four weeks ended May 1, as against 6,949 during the preceding four weeks."

An outbreak of plague at Amoy began the first week in May, and in six weeks 49 cases were reported.

The number of plague cases in Iraq had increased up to the middle of May. At Baghdad 83 cases were reported in the two weeks ended May 22, as against 39 cases during the preceding two weeks. Cases also occurred in the neighboring districts, but Basra was still free from infection.

In Madagascar the number of cases of plague declined from 101 during April to 25 in May. In Kenya the number of cases dropped from 81 in March to 37 in April.

Cholera.—"The greater part of the Indo-Chinese Peninsula has become infected" says the Report, "the disease (cholera) having spread slowly from river to river and from port to port." In Siam, excluding Bangkok, 6,429 cases had been reported from the beginning of the outbreak last October up to May 8. During April the weekly number of cases was increasing, and 487 cases were reported in the last week in April, as against 339 in the preceding week. Up to June 12, 3,018 cases of cholera had been reported at Bangkok since last October; but the peak of the epidemic there seems to have been reached in the week ended May 22, when 362 cases were reported. In the succeeding three weeks, 219, 146, and 116 cases were reported, respectively.

In French Indo-China, 6,310 cases of cholera had been reported up to the end of May. The infection had spread to Haiphong, in Tonkin, at the end of May, and 103 cases were reported in the week ended June 12, the fourth week of the outbreak.

The incidence of cholera in India increased rapidly from the middle of March to the middle of April, and then began to diminish somewhat. The cholera incidence has been particularly heavy in Bengal, where nearly one-half the total deaths from the disease occurred. Bihar also has been severely affected. Deaths in the various Provinces are shown in Table 2.

TABLE 2.—*Cholera deaths reported in the Provinces of India*

Province	1926		1925	Province	1926		1925
	Mar. 7–Apr. 3	Apr. 4–May 1	Apr. 5–May 2		Mar. 7–Apr. 3	Apr. 4–May 1	Apr. 5–May 2
North-west Frontier	0	0	0	Central Provinces	158	147	27
Kashmir	0	0	2,762	Madras Presidency	1,196	588	2,764
Punjab	0	2	425	Hyderabad State	0	0	2
Delhi	0	0	0	Bombay Presidency	4	1	4
United Provinces	200	307	49	Burma	384	662	155
Bihar and Orissa	1,329	2,987	2,901	Other Indian States	1	35	21
Bengal	3,549	4,638	1,977				
Assam	[1] 26	[1] 251	[1] 53		6,847	9,618	11,140

[1] Two weeks only.

Smallpox.—No change in the prevalence of smallpox on the European Continent during April or May was noted, the disease being rare or absent in most of the countries according to reports received. In England, the incidence increased somewhat during the second half of May, especially in the county of Durham. Cases reported during the four weeks ended June 12 numbered 776, compared with 630 in the preceding four weeks.

Smallpox continued prevalent in Algeria, where there were 183 cases during May, and 181 during April. In Egypt, 261 deaths from smallpox occurred in the first 15 weeks of 1926, as against 23 during the corresponding period of the preceding year.

Smallpox cases increased in Japan during the spring, and 785 cases were reported from January 1 to May 15, of which 516 were in the island of Kiushiu. There has been an increase also in Korea and in Kwangtung.

Cerebrospinal meningitis.—"The incidence of cerebrospinal meningitis in Europe has been much the same during the past winter and spring as during the corresponding period of the previous two years," states the Report. "One thousand six hundred and eighty-six cases were reported in 17 European countries during the first four or five months of 1926, as against 1,672 and 1,568 cases, respectively, during the corresponding periods of 1925 and 1924 in the same countries."

TABLE 3.—*Cerebrospinal meningitis cases reported in various countries during the first four or five months of 1924, 1925, and 1926*

Country	Period	1924	1925	1926
Scotland (towns)	20 weeks	80	60	80
England and Wales	do	186	197	177
Sweden	4 months	44	43	64
Denmark	do	52	44	47
Germany	18 weeks	314	303	308
Netherlands	20 weeks	48	53	48
Belgium	5 months	17	34	32
France	4 months	262	298	174
Switzerland	20 weeks	15	11	15
Italy	16 weeks	175	140	193
Austria	20 weeks	18	16	20
Czechoslovakia	4 months	45	78	101
Poland	18 weeks	166	172	186
Hungary	4 months	6	18	20
Kingdom of the Serbs, Croats, and Slovenes	5 months		76	68
Bulgaria	4 months	2	9	4
Greece	do	53	53	55
Ukraine	2 months	85	143	162
Siam	12 weeks	5	15	9
Japan	4 months	193	258	116
Hongkong	20 weeks	45	52	10
Algeria	5 months	22	29	21
Egypt	15 weeks	8	15	10
Kenya	4 months	19	7	13
Uganda	12 weeks	11	112	21
Nigeria	3 months	486	1,185	849
United States	4 months	614	619	735
Hawaii	3 months	39	9	12
Australia	12 weeks	8	22	13
New Zealand	16 weeks	11	11	11

Measles.—The incidence of measles was higher during the first four or five months of 1926 than during the corresponding period of 1925 in Scotland, Northern Ireland, the Netherlands, Denmark, Poland, and Switzerland, but lower in France, Italy, and the Balkans. The disease was three or four times as prevalent in the United States during the past spring as in 1925.

Malaria.—Malaria was somewhat less prevalent in Russia in 1925 than in either of the preceding two years. The greatest continuous decline during these three years was in the northeastern area, the central industrial area, and the Middle Volga area. In the Ural district the disease was epidemic in 1924, but declined markedly in 1925, as was also the case in the Ukraine. On the other hand, more cases were reported in 1925 than in the previous two years in Turkestan, Kirghiz, the Caucasus, the Crimea, and in White Russia. The number of cases in each geographical area in each of the three years is given in Table 4.

TABLE 4.—*Malaria cases reported in the U. S. S. R. by geographical divisions, 1923–1925*

Geographical area	1923	1924	1925
North-Eastern	38,932	11,468	6,535
North-Western	4,501	5,725	4,691
Western	21,381	18,787	20,654
White Russia	2,833	8,218	14,607
Central Industrial	334,815	195,710	123,277
Central Black Soil	273,680	349,905	321,189
Ukraine	459,842	912,803	675,889
Crimea	6,295	13,575	17,139
Middle Volga	1,183,871	851,516	701,565
Lower Volga	754,025	660,571	684,570
Viatka-Vietluga	66,292	57,508	27,014
Ural	375,854	714,232	348,203
North Caucasus	782,216	814,330	869,991
Trans-Caucasus	173,281	358,996	391,119
Kirghiz	171,032	202,167	224,008
Turkestan	80,563	68,744	133,727
Siberia and Far East	218,120	425,693	350,262
Railways and waterways	609,323	313,529	210,279
	5,556,856	5,983,477	5,124,719

The following comment on the seasonal distribution of malaria in these three years is taken from the Epidemiological Report:

The seasonal curve of malaria incidence showed during 1925 two distinct maxima, one in June and the other in August, while during the two preceding years the curve for the whole Union of Socialist Soviet Republics had only one maximum, which occurred at the end of May. In order to understand this change it must be recalled that the maximum of the benign tertian malaria usually occurs in May and of the malignant tropical forms in the autumn. The latter have been most prevalent in central Asia, the Caucasus, and the Volga area, while the former prevails in central-western and northern Russian and in the Ukraine. The decline of the malaria incidence in this part of the country and its increase in the southeastern area of the Union have brought the autumnal type more in evidence. The maximum incidence in the Ukraine occurred in May, 1925, as was the case in 1924.

TABLE 5.—*Percentage distribution, by months, of malaria cases reported in the U. S. S. R. during 1923 to 1925*

Month	1923	1924	1925	Month	1923	1924	1925
January	2.5	2.6	3.6	August	13.8	9.8	12.1
February	2.8	3.3	4.4	September	9.8	8.0	11.7
March	5.4	5.7	7.1	October	6.5	4.4	7.9
April	9.4	13.4	10.2	November	3.4	2.2	5.6
May	15.3	20.4	12.6	December	1.9	2.1	3.9
June	15.7	15.6	11.4				
July	13.5	12.5	9.5		100	100	100

The number of malaria cases has shown a steady decline in Poland during the past four years as follows: In 1921, 52,965 cases; in 1922, 17, 611; in 1923, 4,770; in 1924, 1,881; and in 1925, 1,775 cases.

Trachoma.—Statistics on trachoma are reported regularly by only a few countries, and are rarely complete. Sudden increases in the diseases may signify only increased efforts in the campaign against it. Data from those countries reporting the disease currently are given in Table 6.

TABLE 6.—*Trachoma cases reported in various countries, 1924–1926*

Country	Total, 1924	1925				1926, first quarter
		First quarter	Second quarter	Third quarter	Fourth quarter	
Germany	1,784	487	757	619	914	575
Austria	341	175	255	104	293	414
Danzig	54	9	11	17	12	11
Esthonia	528	168	142	76	85	91
France	[1] 73	8	29	11	6	12
Lithuania	2,375	571	531	372	644	
Malta		89	71	123	259	107
Poland	2,954	1,012	1,057	962	1,720	1,400
Switzerland	13	2	12	1	1	5
Czechoslovakia	2,782	651	1,001	760	823	810
Saar Territory	3	4	0	1	10	4
Union of Socialist Soviet Republics:						
Governments and Territories in Europe	362,890	139,401	166,602	149,045	105,057	[2] 46,185
Ukraine	49,592	18,022	17,160	15,874	19,160	[2] 14,325
Transcaucasia	45,982	4,474	11,326	15,603	14,579	[2] 190
Siberia	48,158	10,627	10,486	12,216		
Kirghiz Republic [3]	12,045					
Turkestan [4]	6,648					
Waterways, railways	648	986	994	614	842	[2] 979
Tunisia	102	24	1	0	0	1
United States	3,260	392	487	444	628	316
New Zealand	20	10	5	4	10	3

[1] Compulsorily notifiable since Apr. 1, 1924.
[2] Incomplete data for January and February only.
[3] Total for 1925, 21,143 cases.
[4] Total for 1925, 23,181 cases.

THE RECENT TREND OF PUERPERAL MORTALITY [1]

During the past decade there has occurred a wide extension of nursing and of other measures directed toward the prevention of the serious and often fatal complications of the puerperal state. Public and private agencies have endeavored to provide instruction and supervision for pregnant women, increasingly stringent regulations of midwifery have been instituted, hospital service in confinement has been much improved and made widely available, and post-natal care has been provided through public health nursing agencies working in the home. It is of interest, therefore, to examine the Census Bureau's records of the mortality from abnormalities associated with childbearing for an area of the United States [2] where

[1] From the Statistical Bulletin, Metropolitan Life Insurance Co., July, 1926.
[2] Connecticut, District of Columbia, Maine, Massachusetts, Michigan, Minnesota, New Hampshire, New York, Pennsylvania, and Vermont.

much of the admitted improvement in maternity service has taken place during the past 10 years.

There seems to have been a slight increase in the death rate for puerperal conditions reckoned against births in a constant area. This is clear from a comparison of the rates for the two periods 1915–1917 and 1921–1923. The death rates for puerperal sepsis and puerperal eclampsia have remained unchanged. These two conditions account for more than one-half of the mortality connected with childbearing. Most of the preventive effort of agencies for maternal care has been directed at these two conditions.

Some improvement in the mortality figures has been observed in rural districts of these nine States. But here we have to consider the effect of improvement in birth registration. An increase in the proportion of births registered would tend to decrease puerperal mortality rates based upon births.

The fact that there has been no significant improvement in maternal mortality rates during the period under review should provoke inquiry. What could have been expected of the maternity work which was instituted with such fervor and zeal ten years ago? Was it founded upon sound principles, were its aims realizable, and was there a program sufficiently comprehensive to affect the vast number of maternity cases which occur annually in the area under survey? Or, have new factors intervened to offset the work of boards of health and of private agencies? Has the increased proportion of hospitalized cases been accompanied by more septic complications? Whatever be the answers to these and other questions which arise, it is clear that over the past decade little if any impression seems to have been made upon the risk of death in childbearing.

INFANT MORTALITY IN LARGE CITIES OF THE BIRTH REGISTRATION AREA, 1926

The Department of Commerce has issued the following statement showing the number of deaths of infants under 1 year of age per 1,000 births for the white and colored populations in selected cities of the birth registration area for 1926:

Number of deaths (exclusive of stillbirths) of infants under 1 year of age per 1,000 births, by color, for selected cities,[1] 1924, arranged by decreasing ratios for the colored

City	Deaths of infants per 1,000 births		City	Deaths of infants per 1,000 births	
	Colored	White		Colored	White
Leavenworth, Kans	571.4	77.4	Norfolk, Va	140.6	46.3
Jeffersonville, Ind	409.1	74.1	Wilson, N. C	137.0	68.4
Cairo, Ill	328.4	76.9	Roanoke, Va	135.6	75.1
Paducah, Ky	327.9	88.0	Gastonia, N. C	131.0	44.9
Staunton, Va	260.9	107.8	Philadelphia, Pa	130.7	67.7
Wilmington, Del	247.7	74.4	Newport News, Va	129.9	54.9
East St. Louis, Ill	228.7	83.5	Jacksonville, Fla	129.9	68.9
Winston-Salem, N. C	222.7	85.4	Columbia, S. C	129.1	91.2
Meridian, Miss	221.0	41.6	Chicago, Ill	126.2	73.0
Charleston, S. C	218.2	89.1	Richmond, Va	124.5	69.1
Atchison, Kans	214.3	51.3	Cincinnati, Ohio	124.3	72.5
High Point, N. C	213.6	75.0	Newark, N. J	124.1	59.9
Petersburg, Va	211.9	84.2	Florence, S. C	124.0	130.1
Durham, N. C	211.8	49.6	Baltimore, Md	124.0	75.9
St. Petersburg, Fla	201.8	56.1	Greensboro, N. C	123.8	52.0
Danville, Va	201.5	77.4	Indianapolis, Ind	123.0	70.2
Raleigh, N. C	196.5	67.1	Rocky Mount, N. C	121.4	78.1
Jackson, Miss	195.7	88.9	Anderson, S. C	120.4	81.5
Wilmington, N. C	193.4	84.5	Detroit, Mich	117.9	76.2
Goldsboro, N. C	189.9	66.0	Greenville, Miss	114.5	76.9
Spartansburg, S. C	189.7	101.8	Vicksburg, Miss	113.2	44.6
Montclair, N. J	187.5	72.8	Washington, D. C	108.5	61.6
Coffeyville, Kans	183.7	38.6	Steelton, Pa	107.1	105.0
Greenville, S. C	181.8	44.2	Cleveland, Ohio	106.7	62.8
New Bern, N. C	181.3	62.0	New York, N. Y	105.7	65.9
Lexington, Ky	178.9	78.9	Lynchburg, Va	102.8	66.7
Alexandria, Va	178.6	71.6	Columbus, Ohio	100.5	61.1
Frederick, Md	173.9	87.2	Omaha, Nebr	100.0	65.7
Portsmouth, Va	173.4	74.1	Atlantic City, N. J	99.6	70.7
Kansas City, Kans	169.6	84.9	Louisville, Ky	99.3	67.1
Charlotte, N. C	163.5	51.2	Hattiesburg, Miss	98.8	59.3
Key West, Fla	162.2	71.7	Boston, Mass	96.9	73.7
Chester, Pa	161.0	74.1	Tampa, Fla	92.7	54.6
Asheville, N. C	160.2	88.7	Orange, N. J	92.1	40.5
Pittsburgh, Pa	151.4	86.0	Salisbury, N. C	90.9	50.8
Asbury Park, N. J	150.0	37.3	Charlottesville, Va	88.6	89.8
Columbus, Miss	147.8	30.0	Oakland, Calif	83.6	64.3
Pensacola, Fla	146.7	82.9	Biloxi, Miss	80.0	117.5
West Chester, Pa	146.1	109.0	San Francisco, Calif	76.1	53.9
Miami, Fla	144.2	66.3	Laurel, Miss	65.2	42.6
Henderson, Ky	142.9	81.1	Los Angeles, Calif	54.4	66.6
Owensboro, Ky	142.9	90.6	Murphysboro, Ill	47.6	68.6
Annapolis, Md	142.9	50.3	Lawrence, Kans	47.6	80.6
Natchez, Miss	142.9	70.9	Coatesville, Pa	40.0	78.4
Springfield, Ohio	141.8	49.2	Seattle, Wash	33.7	47.6

[1] Includes all cities in the birth registration area of more than 10,000 population having either not less than 10 per cent or 10,000 colored population.

DEATH RATES IN A GROUP OF INSURED PERSONS

RATES FOR PRINCIPAL CAUSES FOR JUNE, 1926—COMPARISON BY WHITE AND COLORED FOR FIRST SIX MONTHS OF 1924, 1925, AND 1926

The accompanying tables are taken from the Statistical Bulletin for July, 1926, published by the Metropolitan Life Insurance Co. They present the mortality experience of the industrial insurance department of the company for June, 1926, as compared with May, 1926, and with June and the year 1925, and compare the rates for white and colored policyholders for the first six months of the years 1924, 1925, and 1926. The rates for 1925 and 1926 are based on a strength of approximately 17,000,000 insured persons in the industrial populations of the United States and Canada.

The death rate for June in this group of persons, 9.5 per 1,000, while higher than the rate for May, was lower than the rate for June a year ago. This rate is stated to be about the average for June among these populations for the last five or six years.

Increased mortality rates over those for May were recorded for tuberculosis, cancer, cerebral hemorrhage, organic heart disease, Bright's disease, diarrheal diseases, accidents, and automobile fatalities. Four of these causes—tuberculosis, cancer, cerebral hemorrhage, and automobile accidents—also registered higher death rates than in June, 1925.

The June death rate for influenza and pneumonia is stated to be considerably above the average for that month, and, in spite of the seasonal decline, the 1926 influenza outbreak was still showing its effect on the general mortality rate.

A high mortality from measles continued, the rate for June, 15 per 100,000, being next to the highest rate on the records of the company for that month.

Death rates (annual basis) for principal causes per 100,000 lives exposed, May and June, 1926, and June and year, 1925

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Rate per 100,000 lives exposed [1]			
	June, 1926	May, 1926	June, 1925	Year, 1925 [2]
Total, all causes	950.5	913.8	959.0	906.9
Typhoid fever	3.0	1.8	3.1	4.6
Measles	15.0	16.6	7.2	3.3
Scarlet fever	4.8	3.4	3.4	3.5
Whooping cough	10.3	11.0	9.1	7.7
Diphtheria	8.9	8.6	8.4	10.6
Influenza	21.1	38.5	13.1	21.9
Tuberculosis (all forms)	110.4	98.8	108.8	98.0
Tuberculosis of respiratory system	97.7	86.4	93.6	85.8
Cancer	74.1	65.5	70.2	70.5
Diabetes mellitus	15.5	14.0	15.3	15.2
Cerebral hemorrhage	54.1	50.2	52.4	53.5
Organic diseases of heart	135.8	126.6	137.3	126.6
Pneumonia (all forms)	83.5	108.4	75.8	86.5
Other respiratory diseases	13.1	12.5	12.3	13.3
Diarrhea and enteritis	23.6	15.4	31.6	36.6
Bright's disease (chronic nephritis)	73.9	69.6	74.5	69.8
Puerperal state	16.3	15.2	17.6	16.5
Suicides	7.8	7.8	6.6	6.9
Homicides	7.6	5.9	7.3	7.2
Other external causes (excluding suicides and homicides)	65.7	53.6	90.3	64.2
Traumatism by automobiles	18.8	14.9	16.2	16.5
All other causes	205.8	190.6	214.9	190.5

[1] All figures include infants insured under one year of age.
[2] Based on provisional estimate of lives exposed to risk in 1925.

FIRST SIX MONTHS OF 1924, 1925, AND 1926

The Bulletin states:

Health conditions among the wage-earning populations of the United States and Canada during the first half of 1926 were not only less favorable than for the same period of last year but of any year since 1920. The increased mortality in the first six months of 1926 was due, for the most part, to above-average prevalence of influenza and pneumonia. It will be recalled that in 1920 the country experienced a very severe recrudescence of the 1918 influenza pandemic, resulting in a very unfavorable death rate during the early part of that year. But in the latter half of 1920 the health situation took a surprising turn for the better; and, when the year had run its course, it was found that the mortality of the industrial population had actually registered the minimum rate, up to that time. General population mortality statistics likewise showed that, with a single exception, 1920 had registered a lower death rate than any previous year. What occurred in the second half of 1920 suggests strongly that the 1926 influenza flurry constitutes, in itself, no real ground for pessimism as to the final health record for this year. It is still entirely possible that sufficient improvement will develop in the latter half of 1926 to counterbalance the high rate of the first half of the year. Up to July 10, the cumulative death rate of 1926 was only 4 per cent above that for the corresponding period of 1925.

Higher death rates for the first half of 1926 were also recorded for measles, whooping cough, organic heart disease, chronic nephritis, and cerebral hemorrhage, which more than counterbalanced the improvement shown for diphtheria, tuberculosis, diarrheal diseases, puerperal conditions, and accidents.

It is predicted that the death rate for measles for the year 1926 will be the highest ever recorded for this group of persons since 1911, when mortality records were first kept by the company for individual diseases. The rate for the first half of this year, 17.6 per 100,000 white persons, was exactly four times as high as the rate for the corresponding period of last year.

The increased mortality from the "degenerative diseases" is stated to be due in part to the influenza outbreak, which hastened the death of many persons suffering from these chronic conditions.

The death rate for tuberculosis among the white policyholders continued to decline. The rate for the colored, on the other hand, showed an increase over both 1924 and 1925.

The rate for diarrheal diseases showed a decline among both white and colored persons. Marked improvement among the whites and a slightly better record for the colored were shown for diseases incidental to pregnancy and childbirth, although improvement in the principal item in this group of causes, puerperal septicemia, was confined to the white persons.

The number of deaths from alcoholism and from cirrhosis of the liver registered an increase over both 1924 and 1925. It is stated that a check of the company's mortality records, by quarters, over a long series of years reveals a seasonal incidence in mortality from alcoholism, more deaths, on the average, occurring during the first quarter of the year than in any of the other three-month periods.

An increase was again recorded for automobile fatalities among both white and colored persons.

Death rates (annual basis) for principal causes per 100,000 persons exposed for first six months of 1924, 1925, and 1926—Comparison of rates for white and colored policyholders

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Death rates per 100,000 persons exposed					
	White			Colored		
	January-June, 1926	January-June, 1925	January-June, 1924	January-June, 1926	January-June, 1925	January-June, 1924
All causes of death	947.0	894.2	905.2	1,703.2	1,612.9	1,556.4
Typhoid fever	2.4	2.3	2.6	4.7	6.3	5.4
Measles	17.6	4.4	13.3	13.4	3.2	8.2
Scarlet fever	4.9	5.4	6.8	1.5	1.2	1.0
Whooping cough	10.8	7.1	7.7	14.0	13.7	13.1
Diphtheria and croup	9.9	12.7	16.7	6.4	5.3	4.8
Influenza	44.9	29.0	19.6	94.2	71.4	52.5
Meningococcus meningitis	.9	1.0	.8	.7	.7	1.1
Tuberculosis, all forms	86.4	88.9	96.6	247.8	239.2	246.6
Tuberculosis of respiratory system	76.0	77.9	86.0	217.0	208.3	223.2
Tuberculosis of meninges, etc	5.0	5.4	5.8	7.9	9.1	7.2
Other forms of tuberculosis	5.4	5.6	4.8	22.9	21.7	16.2
Cancer	72.8	70.7	70.7	69.0	72.8	73.4
Diabetes	17.8	16.9	16.0	16.7	15.9	15.4
Alcoholism	3.4	2.8	2.9	4.9	4.2	4.3
Cerebral hemorrhage; apoplexy	54.2	53.3	59.2	104.1	91.0	103.0
Organic diseases of the heart	139.5	128.1	124.0	226.0	232.1	214.4
Total respiratory diseases	137.7	118.0	122.8	284.5	239.0	243.2
Bronchitis	5.8	6.1	6.2	11.0	9.8	11.3
Bronchopneumonia	57.0	44.5	49.3	99.9	74.8	76.8
Pneumonia—lobar and undefined	66.8	58.9	58.2	160.1	139.3	141.9
Other diseases of respiratory system	8.1	8.4	9.1	13.4	15.0	13.2
Diarrhea and enteritis	17.6	19.8	20.9	20.6	27.1	18.7
Under 2 years	14.9	16.7	17.6	15.3	19.5	12.7
2 years and over	2.8	3.1	3.3	5.3	7.6	6.0
Acute nephritis	4.5	5.0	5.0	17.4	16.0	16.8
Chronic nephritis	70.7	67.6	64.8	141.0	131.9	115.5
Total puerperal state	15.5	17.0	17.6	25.2	25.5	26.9
Puerperal septicemia	5.9	6.5	6.7	11.7	11.6	10.0
Puerperal albuminuria and convulsions	3.4	3.8	4.6	6.1	5.6	7.2
Other diseases of puerperal state	6.2	6.8	6.3	7.4	8.3	9.7
Total external causes	65.1	70.8	66.6	113.7	109.9	100.9
Suicides	7.6	7.2	7.5	5.9	4.3	4.8
Homicides	3.0	3.5	2.7	34.1	33.0	31.5
Accidental and unspecified violence	54.5	60.1	56.3	73.7	72.6	64.6
Accidental drowning	4.0	4.6	4.9	3.5	5.2	4.4
Automobile accidents	14.2	13.6	12.9	13.5	11.3	11.7
All other and ill-defined causes of death	170.3	173.1	170.6	297.4	306.5	291.6

PUBLIC HEALTH ENGINEERING ABSTRACTS

Report of Committee on Bovine Diseases—Their Relation to the Milk Supply and to the Public Health. Dr. C. D. Pearce, International Association of Dairy and Milk Inspectors Fourteenth Annual Report, October 12, 14, 1925, pp. 102–108. (Abstract by W. W. White.)

The United States Dairy Association estimates that from $100,000,000 to $130,000,000 was lost during the preceding year on account of bovine diseases among cattle. This does not include losses from parasites, exposure, and accidents.

A member of the committee, Dr. J. J. Fry, reports on the foot and mouth disease in California. During a period of five months, 23,086 herds of dairy cattle were condemned and slaughtered. No cases of the disease were reported in human beings and no transmission

occurred through the medium of dairy plant operation. An outbreak of foot and mouth disease also occurred in Texas in September, 1924. Before the disease was stamped out, 148 herds in two counties had been slaughtered.

The most common disease in dairy cattle is grouped under the general term "mastitis." Physical examination by a competent veterinarian is of prime importance in educating dairymen regarding bovine diseases and their prevention, and in the disposition of undesirable cows.

As regards septic sore throat, it is still debatable as to whether it originates with cows or human beings.

The committee believes that bovine diseases and their relation to public health can be controlled by maintaining clean, healthy herds, producing clean wholesome milk, and by proper pasteurization of the milk.

Report of Field Work Done by the Division of Milk Control During 1925. James R. Kilborn, Laboratory Technician, Pennsylvania Department of Health. Pennsylvania Association of Dairy and Milk Inspectors Second Annual Report, 1926, pp. 74–76. (Abstract by J. R. Hoffert.)

In August, 1925, the Pennsylvania Department of Health placed a completely equipped motorized laboratory for testing the milk prepared and served in the communities of the State. By cooperation with local officials, the milk supplies are tested for sedimentation, butter fat, specific gravity, keeping qualities, and bacterial counts, and pasteurization and other operations of milk plants are checked and the State milk laws enforced. Help is given in correcting defects noted and reinspections are made later. Material improvement in the milk supplies has already been noted.

DEATHS DURING WEEK ENDED AUGUST 7, 1926

Summary of information received by telegraph from industrial insurance companies for week ended August 7, 1926, and corresponding week of 1925. (From the Weekly Health Index, August 11, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Aug. 7, 1926	Corresponding week 1925
Policies in force	64, 753, 385	60, 717, 279
Number of death claims	10, 159	9, 468
Death claims per 1,000 policies in force, annual rate	8.2	8.1

Deaths from all causes in certain large cities of the United States during the week ended August 7, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, August 7, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Aug. 7, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Aug. 7, 1926 [2]
	Total deaths	Death rate [1]		Week ended Aug. 7, 1926	Corresponding week, 1925	
Total (65 cities)	5,837	10.6	10.7	717	830	[3] 58
Albany [4]	31	13.6	10.2	1	4	21
Atlanta	65			11	5	
White	28			6		
Colored	37	(5)		5		
Baltimore [4]	206	13.3	12.1	14	29	41
White	157			10		36
Colored	49	(5)		4		65
Birmingham	59	15.6	15.7	6	12	
White	28			3		
Colored	31	(5)		3		
Boston	150	9.9	12.0	18	26	51
Bridgeport	23			2	2	34
Buffalo	113	10.8	10.7	19	9	79
Cambridge	23	9.8	7.4	4	3	66
Camden	28	11.1	8.9	2	0	34
Canton	14	6.6	6.4	0	1	0
Chicago [4]	585	10.0	10.3	71	98	63
Cincinnati	132	16.7	15.2	18	14	112
Cleveland	168	9.1	8.2	21	16	54
Columbus	68	12.4	12.1	8	10	73
Dallas	47	12.3	10.2	12	8	
White	39			11		
Colored	8	(5)		1		
Dayton	21	6.2	9.6	4	4	63
Denver	60	11.0	14.1	3	11	
Des Moines	24	8.6	10.3	1	0	17
Detroit	243	9.8	9.1	40	51	64
Duluth	23	10.6	8.5	3	1	70
El Paso	18	8.6	14.9	5	9	
Erie	16			2	2	38
Fall River [4]	35	13.9	9.3	6	5	87
Flint	18	6.9	10.0	6	7	99
Fort Worth	26	8.5	6.5	5	3	
White	20			5		
Colored	6	(5)		0		
Grand Rapids	24	8.0	8.8	2	5	29
Houston	43			6	7	
White	36			6		
Colored	7	(5)		0		
Indianapolis	89	12.6	15.7	13	15	95
White	75			11		93
Colored	14	(5)		2		110
Jersey City	51	8.4	10.6	8	10	57
Kansas City, Kans	36	16.0	14.8	5	6	87
White	21			2		42
Colored	15	(5)		3		394
Kansas City, Mo	101	14.0	14.6	12	13	
Los Angeles	214			25	17	69
Lowell	26			3	3	56
Lynn	14	7.0	9.1	1	1	25
Memphis	66	19.4	12.6	11	3	
White	22			4		
Colored	44	(5)		7		
Milwaukee	87	8.8	8.2	7	6	32
Minneapolis	81	9.7	9.3	5	6	28
Nashville [4]	35	13.3	12.6	5	3	
White	16			3		
Colored	19	(5)		2		
New Bedford	23			6	7	104
New Haven	26	7.4	10.2	3	8	41

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.
[3] Data for 62 cities.
[4] Deaths for week ended Friday, Aug. 6, 1926.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Forth Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; 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 August 7, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, August 7, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Aug. 7, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Aug. 7, 1926
	Total deaths	Death rate		Week ended Aug. 7, 1926	Corresponding week, 1925	
New Orleans	141	17.5	17.4	17	23	
White	84			12		
Colored	57	(5)		5		
New York	1,121	9.9	9.8	131	149	53
Bronx Borough	144	8.3	8.7	11	15	36
Brooklyn Borough	338	7.9	7.6	45	46	46
Manhattan Borough	504	14.0	12.5	58	69	64
Queens Borough	105	7.2	8.2	11	12	50
Richmond Borough	30	10.9	22.2	6	7	105
Newark, N. J	93	10.6	8.6	17	11	81
Norfolk	44	13.2	8.0	12	2	223
White	21			4		119
Colored	23	(5)		8		398
Oakland	38	7.6	5.1	4	1	46
Oklahoma City	21			4	5	
Omaha	48	11.6	12.6	7	14	73
Paterson	29	10.6	11.4	3	3	52
Philadelphia	390	10.1	10.5	56	62	74
Pittsburgh	148	12.1	12.3	21	18	70
Portland, Oreg	66			4	2	41
Providence	40	7.6	7.4	6	7	50
Richmond	49	13.5	11.7	9	5	113
White	27			2		39
Colored	22	(5)		7		245
Rochester	66	10.7	9.2	3	7	24
St. Louis	180	11.3	13.3	25	38	
St. Paul	43	9.0	8.9	3	6	27
Salt Lake City [4]	26	10.2	10.4	2	1	28
San Antonio	55	14.0	14.5	9	13	
San Diego	24	11.4	12.3	2	1	42
San Francisco	123	11.3	10.9	6	7	36
Schenectady	19	10.7	9.0	1	1	29
Seattle	60			3	5	28
Somerville	12	6.3	7.4	4	3	104
Spokane	25	12.0	7.2	1	1	23
Springfield, Mass	27	9.7	11.4	1	2	14
Syracuse	36	10.2	11.7	5	6	63
Tacoma	27	13.3	15.0	2	1	47
Toledo	55	9.8	10.9	5	12	48
Trenton	19	7.4	10.7	0	1	0
Utica	29	14.7	11.8	1	5	22
Washington, D. C	125	12.3	14.5	16	12	91
White	66			7		58
Colored	59	(5)		9		164
Waterbury	22			5	4	107
Wilmington, Del	18	7.6	8.5	4	5	94
Worcester	30	8.1	12.0	0	3	0
Yonkers	21	9.4	4.6	2	2	45
Youngstown	34	10.7	11.7	3	11	38

[4] Deaths for week ended Friday, Aug. 6, 1926.

[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; Memphis, 38; Nashville, 30; New Orleans, 26; Norfolk, 38; Richmond, 32; and Washington, D. C., 25.

PREVALENCE OF DISEASE

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

UNITED STATES

CURRENT WEEKLY STATE REPORTS

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

Reports for Week Ended August 14, 1926

ALABAMA	Cases
Chicken pox	3
Diphtheria	9
Influenza	3
Malaria	51
Measles	11
Mumps	5
Pellagra	10
Pneumonia	13
Poliomyelitis	2
Scarlet fever	10
Smallpox	6
Tuberculosis	33
Typhoid fever	107
Whooping cough	26

ARIZONA	
Diphtheria	5
Measles	2
Mumps	2
Paratyphoid fever	1
Scarlet fever	8
Tuberculosis	4
Typhoid fever	4
Whooping cough	10

ARKANSAS	
Chicken pox	3
Diphtheria	3
Influenza	32
Malaria	107
Measles	2
Mumps	5
Ophthalmia neonatorum	1
Pellagra	22
Scarlet fever	6
Smallpox	2
Trachoma	6
Tuberculosis	7
Typhoid fever	67
Whooping cough	33

CALIFORNIA	Cases
Botulism—San Joaquin County	1
Cerebrospinal meningitis:	
Long Beach	1
Oakland	1
Sacramento	1
Chicken pox	32
Diphtheria	55
Influenza	3
Measles	103
Mumps	44
Paratyphoid fever	1
Poliomyelitis:	
Los Angeles	3
Pasadena	1
Rabies (human)—Los Angeles County	1
Scarlet fever	46
Smallpox	11
Tuberculosis	151
Typhoid fever	19
Whooping cough	67

COLORADO	
Chicken pox	1
Diphtheria	14
Impetigo contagiosa	1
Malaria	1
Measles	2
Scarlet fever	4
Smallpox	1
Tuberculosis	42
Typhoid fever	14
Whooping cough	16

CONNECTICUT	
Chicken pox	5
Diphtheria	14
Dysentery (bacillary)	1
German measles	1
Influenza	4
Measles	15
Mumps	4

CONNECTICUT—continued

	Cases
Pneumonia (broncho)	15
Pneumonia (lobar)	15
Poliomye itis	1
Scarlet fever	14
Septic sore throat	192
Tuberculosis (all forms)	46
Typhoid fever	13
Whooping cough	37

DELAWARE

Scarlet fever	1
Tuberculosis	1
Typhoid fever	1
Whooping cough	2

FLORIDA

Chicken pox	3
Dengue	1
Diphtheria	11
Influenza	1
Malaria	7
Measles	16
Mumps	9
Pneumonia	10
Poliomyelitis	2
Scarlet fever	7
Smallpox	17
Tetanus	2
Tuberculosis	11
Typhoid fever	23
Typhus fever	2
Whooping cough	5

GEORGIA

Cerebrospinal meningitis	1
Chicken pox	1
Dengue	1
Diphtheria	12
Dysentery	5
Hookworm disease	4
Influenza	20
Malaria	73
Measles	2
Mumps	5
Paratyphoid fever	3
Pellagra	2
Pneumonia	12
Scarlet fever	5
Septic sore throat	6
Smallpox	14
Tuberculosis	13
Typhoid fever	77
Whooping cough	11

IDAHO

Chicken pox	3
Diphtheria	3
Influenza	1
Measles	5
Mumps	2
Scarlet fever	7
Smallpox	2
Tuberculosis	1
Typhoid fever	6
Whooping cough	3

ILLINOIS

	Cases
Chicken pox	45
Diphtheria	49
Influenza	86
Lethargic encephalitis:	
Cook County	1
Tazewell County	1
White County	1
Measles	130
Mumps	24
Pneumonia	171
Poliomyelitis:	
Fulton County	1
Lawrence County	1
Madison County	1
Scarlet fever	73
Smallpox	7
Tuberculosis	225
Typhoid fever	43
Whooping cough	158

INDIANA

Chicken pox	5
Diphtheria	15
Influenza	9
Measles	26
Pneumonia	1
Poliomyelitis	1
Scarlet fever	32
Smallpox	15
Tuberculosis	31
Typhoid fever	13
Whooping cough	58

IOWA

Diphtheria	17
German measles	1
Measles	4
Mumps	1
Poliomyelitis	1
Scarlet fever	7
Smallpox	4
Tuberculosis	11
Typhoid fever	16
Whooping cough	12

KANSAS

Cerebrospinal meningitis—Topeka	1
Chicken pox	5
Diphtheria	13
Dysentery (acute)	1
German measles	2
Measles	10
Mumps	3
Pneumonia	1
Scarlet fever	17
Smallpox	1
Tetanus	1
Tuberculosis	35
Typhoid fever	18
Whooping cough	51

LOUISIANA

Diphtheria	9
Influenza	18
Malaria	19
Pneumonia	44
Poliomyelitis	2

LOUISIANA—continued

	Cases
Scarlet fever	3
Smallpox	12
Tuberculosis	32
Typhoid fever	46
Whooping cough	7

MAINE

Chicken pox	1
Diphtheria	1
German measles	1
Measles	28
Mumps	6
Pneumonia	1
Scarlet fever	11
Tetanus	1
Tuberculosis	18
Typhoid fever	3
Whooping cough	23

MARYLAND [1]

Chicken pox	1
Diphtheria	13
Dysentery	19
Influenza	1
Lethargic encephalitis	1
Malaria	3
Measles	28
Mumps	6
Ophthalmia neonatorum	2
Paratyphoid fever	9
Pneumonia (broncho)	10
Pneumonia (lobar)	10
Poliomyelitis	3
Scarlet fever	11
Tuberculosis	55
Typhoid fever	33
Vincent's angina	1
Whooping cough	112

MASSACHUSETTS

Anthrax	1
Chicken pox	28
Conjunctivitis (suppurative)	2
Diphtheria	32
German measles	17
Measles	82
Mumps	40
Ophthalmia neonatorum	38
Pneumonia (lobar)	17
Poliomyelitis	19
Scarlet fever	79
Septic sore throat	6
Tetanus	1
Tuberculosis (pulmonary)	129
Tuberculosis (other forms)	35
Typhoid fever	12
Whooping cough	136

MICHIGAN

Diphtheria	73
Measles	61
Pneumonia	12
Scarlet fever	78
Smallpox	15
Tuberculosis	48
Typhoid fever	17
Whooping cough	131

MINNESOTA

	Cases
Chicken pox	10
Diphtheria	20
Influenza	1
Measles	23
Poliomyelitis	1
Scarlet fever	57
Smallpox	3
Tuberculosis	69
Typhoid fever	14
Whooping cough	21

MISSISSIPPI

Diphtheria	8
Scarlet fever	4
Smallpox	14
Typhoid fever	59

MISSOURI

Cerebrospinal meningitis	1
Chicken pox	3
Diphtheria	19
Measles	15
Mumps	3
Ophthalmia neonatorum	2
Pneumonia	1
Rabies	1
Scarlet fever	53
Smallpox	2
Tetanus	1
Trachoma	8
Tuberculosis	30
Typhoid fever	32
Whooping cough	31

MONTANA

Cerebrospinal meningitis	1
Diphtheria	4
Measles	3
Poliomyelitis	2
Rocky Mountain spotted fever	1
Scarlet fever	7
Smallpox	11
Tuberculosis	4
Typhoid fever	4
Whooping cough	4

NEBRASKA

Chicken pox	3
German measles	1
Measles	2
Mumps	1
Scarlet fever	7
Smallpox	4
Tetanus	1
Whooping cough	14

NEW JERSEY

Chicken pox	21
Diphtheria	37
Dysentery	3
Influenza	8
Measles	33
Paratyphoid fever	1
Pneumonia	21
Scarlet fever	45
Trachoma	1
Typhoid fever	19
Whooping cough	107

[1] Week ended Friday.

NEW MEXICO

	Cases
Conjunctivitis	1
Measles	2
Mumps	10
Pneumonia	2
Tuberculosis	20
Typhoid fever	14
Whooping cough	6

NEW YORK

(Exclusive of New York City)

Cerebrospinal meningitis	1
Chicken pox	32
Diphtheria	49
Dysentery	2
German measles	19
Lethargic encephalitis	1
Malaria	6
Measles	180
Mumps	43
Pneumonia	60
Poliomyelitis	34
Scarlet fever	33
Septic sore throat	1
Smallpox	1
Tetanus	2
Typhoid fever	22
Vincent's angina	19
Whooping cough	244

NORTH CAROLINA

Cerebrospinal meningitis	2
Chicken pox	9
Diphtheria	30
Dysentery (bacillary)	7
German measles	7
Malaria	13
Measles	49
Poliomyelitis	7
Scarlet fever	23
Septic sore throat	1
Smallpox	57
Typhoid fever	89
Whooping cough	295

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

Cerebrospinal meningitis	5
Diphtheria	6
Influenza	41
Malaria	100
Measles	19
Pellagra	16
Pneumonia	7
Scarlet fever	12
Smallpox	13
Typhoid fever	124
Whooping cough	26

OREGON

Chicken pox	1
Diphtheria	10
Influenza	9
Malaria	1
Measles	6

OREGON—continued

	Cases
Mumps	12
Pneumonia	[2] 5
Scarlet fever	9
Smallpox	6
Trachoma	1
Tuberculosis	32
Typhoid fever	8
Whooping cough	8

PENNSYLVANIA

Cerebrospinal meningitis—Philadelphia	1
Chicken pox	61
Diphtheria	111
German measles	7
Impetigo contagiosa	3
Lethargic encephalitis—Philadelphia	1
Measles	208
Mumps	17
Ophthalmia neonatorum:	
Philadelphia	2
Reading	1
Pneumonia	8
Poliomyelitis—Titusville	1
Scabies	1
Scarlet fever	101
Smallpox	1
Trachoma—Philadelphia	1
Tuberculosis	103
Typhoid fever	37
Whooping cough	418

SOUTH DAKOTA

Chicken pox	1
Diphtheria	1
Measles	4
Scarlet fever	10
Tuberculosis	1
Typhoid fever	3
Whooping cough	3

TENNESSEE

Cerebrospinal meningitis:	
Memphis	1
Williamson County	1
Chicken pox	4
Diphtheria	10
Dysentery	7
Influenza	8
Malaria	64
Measles	27
Ophthalmia neonatorum	3
Pellagra	13
Pneumonia	3
Scarlet fever	9
Smallpox	3
Tuberculosis	35
Typhoid fever	146
Whooping cough	91

TEXAS

Chicken pox	8
Dengue	2
Diphtheria	8
Influenza	7
Measles	1

[2] Deaths.

TEXAS—continued

	Cases
Mumps	3
Pneumonia	1
Scarlet fever	13
Smallpox	31
Tuberculosis	20
Typhoid fever	37
Whooping cough	47

UTAH

Cerebrospinal meningitis—Salt Lake City	1
Chicken pox	3
Diphtheria	6
Measles	6
Mumps	8
Pneumonia	3
Poliomyelitis—Bountiful	1
Typhoid fever	3
Whooping cough	44

VERMONT

Chicken pox	1
Diphtheria	1
Measles	7
Poliomyelitis	1
Scarlet fever	1
Typhoid fever	1
Whooping cough	21

WASHINGTON

Chicken pox	7
Diphtheria	16
Dysentery	1
German measles	6
Measles	13
Mumps	4
Scarlet fever	14
Smallpox	35
Tuberculosis	31
Typhoid fever	3
Whooping cough	33

WEST VIRGINIA

	Cases
Cerebrospinal meningitis—Follansbee	1
Chicken pox	5
Diphtheria	15
Influenza	13
Measles	48
Poliomyelitis—Bluefield	1
Scarlet fever	19
Smallpox	3
Tuberculosis	33
Typhoid fever	38
Whooping cough	83

WISCONSIN

Milwaukee:	
Cerebrospinal meningitis	1
Chicken pox	12
Diphtheria	7
German measles	1
Measles	22
Mumps	3
Pneumonia	5
Scarlet fever	5
Whooping cough	86
Scattering:	
Cerebrospinal meningitis	1
Chicken pox	15
Diphtheria	22
German measles	7
Influenza	1
Measles	184
Mumps	7
Pneumonia	9
Scarlet fever	37
Smallpox	2
Tuberculosis	26
Typhoid fever	3
Whooping cough	128

WYOMING

Chicken pox	1
Measles	3
Scarlet fever	6
Tuberculosis	1
Typhoid fever	1

Reports for Week Ended August 7, 1926

DISTRICT OF COLUMBIA

	Cases
Chicken pox	4
Diphtheria	6
Measles	1
Pneumonia	7
Scarlet fever	8
Tuberculosis	34
Typhoid fever	4
Whooping cough	22

NORTH DAKOTA

Chicken pox	2
Diphtheria	7
Lethargic encephalitis	1
Measles	23
Mumps	3
Pneumonia	2
Poliomyelitis	1

NORTH DAKOTA—continued

	Cases
Scarlet fever	11
Trachoma	1
Tuberculosis	10
Typhoid fever	1
Whooping cough	16

SOUTH CAROLINA

Chicken pox	13
Diphtheria	5
Influenza	49
Measles	4
Paratyphoid fever	7
Poliomyelitis	5
Scarlet fever	2
Smallpox	14
Typhoid fever	157
Whooping cough	64

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
June, 1926										
South Dakota	2	10	8		184		1	234	25	8
Wyoming	1	7	1		39		0	56	2	3
July, 1926										
Arizona		6			16		0	12	0	9
Connecticut	2	47	2	4	394		1	121	0	23
New Mexico	0	16			9	5	0	6	0	30
Wisconsin	5	136	48		3,905		3	281	21	19

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended July 31, 1926, 37 States reported 759 cases of diphtheria. For the week ended August 1, 1925, the same States reported 799 cases of this disease. Ninety-seven cities, situated in all parts of the country and having an aggregate population of more than 29,900,000, reported 464 cases of diphtheria for the week ended July 31, 1926. Last year for the corresponding week they reported 424 cases. The estimated expectancy for these cities was 552 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 2,052 cases of measles for the week ended July 31, 1926, and 668 cases of this disease for the week ended August 1, 1925. Ninety-seven cities reported 594 cases of measles for the week this year, and 401 cases last year.

Poliomyelitis.—The health officers of 38 States reported 66 cases of poliomyelitis for the week ended July 31, 1926. The same States reported 226 cases for the week ended August 1, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-seven States—this year, 946 cases; last year, 692 cases; 97 cities—this year, 420 cases; last year, 308 cases; estimated expectancy, 261 cases.

Smallpox.—For the week ended July 31, 1926, 37 States reported 186 cases of smallpox. Last year for the corresponding week they reported 174 cases. Ninety-seven cities reported smallpox for the week as follows: 1926, 28 cases; 1925, 53 cases; estimated expectancy, 39 cases. No deaths from smallpox were reported by these cities for the week this year.

Typhoid fever.—Nine hundred and twenty-four cases of typhoid fever were reported for the week ended July 31, 1926, by 37 States. For the corresponding week of 1925 the same States reported 1,141

cases of this disease. Ninety-seven cities reported 172 cases of typhoid fever for the week this year and 220 cases for the corresponding week last year. The estimated expectancy for these cities was 191 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 91 cities, with a population of more than 29,600,000, as follows: 1926, 285 deaths; 1925, 331 deaths.

City reports for week ended July 31, 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	1	1	0	0	0	0	0	0
New Hampshire:									
Concord	22,546	0	0	0	0	0	5	0	1
Manchester	83,097	0	0	0	0	0	2	0	0
Vermont:									
Barre	10,008	0	0	0	0	0	0	0	0
Burlington	24,089	0	1	0	0	0	0	0	0
Massachusetts:									
Boston	779,620	16	34	8	1	0	20	14	9
Fall River	128,993	0	3	1	0	0	0	0	0
Springfield	142,065	2	1	0	0	0	1	0	0
Worcester	190,757	2	2	2	0	0	0	0	1
Rhode Island:									
Pawtucket	69,760	0	0	0	0	0	0	0	0
Providence	267,918	0	3	3	0	0	5	0	2
Connecticut:									
Bridgeport	(1)	1	4	3	0	0	0	0	0
Hartford	160,197	0	2	0	0	0	1	0	0
New Haven	178,927	1	1	0	0	0	3	0	1
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	8	9	16	0	0	1	0	4
New York	5,873,356	39	142	128	9	1	27	26	51
Rochester	316,786	1	5	3	0	0	8	0	2
Syracuse	182,003	2	3	2	0	0	35	7	3
New Jersey:									
Camden	128,642	3	2	2	0	0	1	0	0
Newark	452,513	3	8	3	0	0	3	4	2
Trenton	132,020	0	2	2	1	0	3	0	0
Pennsylvania:									
Philadelphia	1,979,364	20	37	39	----	0	28	1	14
Pittsburgh	631,563	9	14	12	----	1	21	0	7
Reading	112,707	3	2	0	----	0	0	1	0

[1] No estimate made.

City reports for week ended July 31, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	1	6	3	1	0	17	1	2
Cleveland	936,485	37	17	26	0	0	4	5	8
Columbus	279,836	0	2	3	0	0	1	0	4
Toledo	287,380	8	4	1	0	0	16	0	2
Indiana:									
Fort Wayne	97,846	0	2	0	0	0	3	0	1
Indianapolis	358,819	2	5	2	0	0	1	0	3
South Bend	80,091	0	0	1	0	0	10	0	1
Terre Haute	71,071	0	0	1	0	0	1	0	0
Illinois:									
Chicago	2,995,239	58	62	42	1	0	115	10	29
Peoria	81,564	0	1	0	0	0	3	2	1
Springfield	63,923	2	0	0	0	0	1	0	2
Michigan:									
Detroit	1,245,824	13	25	27	0	1	5	3	10
Flint	130,316	1	3	1	0	0	13	1	0
Grand Rapids	153,698	0	2	1	0	0	6	0	1
Wisconsin:									
Kenosha	50,891	0	1	0	0	0	30	0	0
Madison	46,385	0	0	0	0	0	1	0	1
Milwaukee	509,192	19	10	14	1	1	61	5	6
Racine	67,707	0	0	1	0	0	12	0	0
Superior	39,671	0	0	0	0	0	0	0	2
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	2	1	0	0	0	8	0	3
Minneapolis	425,435	8	10	11	0	0	3	0	3
St. Paul	246,001	1	10	5	0	0	14	0	5
Iowa:									
Davenport	52,469	0	1	0	0	-------	0	0	-------
Des Moines	141,441	0	2	1	0	-------	0	0	-------
Sioux City	76,411	0	1	3	0	-------	2	0	-------
Waterloo	36,771	4	0	1	0	-------	4	0	-------
Missouri:									
Kansas City	367,481	1	2	2	0	0	0	0	6
St. Joseph	78,342	0	1	1	0	0	0	0	0
St. Louis	821,543	1	17	19	0	0	10	1	-------
North Dakota:									
Fargo	26,403	0	0	0	0	0	1	0	1
South Dakota:									
Aberdeen	15,036	0	0	1	0	-------	3	0	-------
Sioux Falls	30,127	-------	0	-------	-------	-------	-------	-------	-------
Nebraska:									
Lincoln	60,941	2	0	1	0	0	0	1	0
Omaha	211,768	0	4	0	0	0	3	0	7
Kansas:									
Topeka	55,411	0	1	0	0	0	0	0	0
Wichita	88,367	0	1	0	0	0	1	0	2
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	0	1	0	0	0	0	0	0
Maryland:									
Baltimore	796,296	7	11	3	0	0	19	10	10
Cumberland	33,741	0	1	0	0	0	1	0	0
Frederick	12,035	0	0	0	0	0	0	0	0
District of Columbia:									
Washington	497,906	6	4	3	0	0	6	0	5
Virginia:									
Lynchburg	30,395	0	0	0	0	0	1	2	0
Norfolk	(1)	-------	0	-------	-------	-------	-------	-------	-------
Richmond	186,403	0	2	1	0	0	9	1	0
Roanoke	58,208	0	0	0	0	0	0	0	1
West Virginia:									
Charleston	49,019	0	1	0	0	0	3	0	1
Wheeling	56,208	0	0	2	0	0	1	0	0
North Carolina:									
Raleigh	30,371	0	0	0	0	0	2	0	0
Wilmington	37,061	0	0	0	0	1	0	0	0
Winston-Salem	69,031	0	0	0	0	0	10	1	1

[1] No estimate made.

City reports for week ended July 31, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—contd.									
South Carolina:									
Charleston	73,125	0	0	0	3	0	0	0	1
Columbia	41,225	3	1	0	0	0	0	0	0
Greenville	27,311	0	0	1	0	0	0	0	0
Georgia:									
Atlanta	(1)	0	2	0	6	0	4	0	3
Brunswick	16,809	0	0	0	0	0	0	0	1
Savannah	93,134	0	1	0	1	0	1	0	2
Florida:									
Miami	60,754	0		3	0	0	0	3	1
St. Petersburg	26,847		0			0			0
Tampa	94,743	0	0	1	0	0	1	0	2
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	0	1	0	0	0	0	0	2
Louisville	305,935	3	2	1	0	1	1	1	5
Tennessee:									
Memphis	174,533	2	2	0	0	0	3	0	1
Nashville	136,220	0	1	1	0	0	0	0	1
Alabama:									
Birmingham	205,670	0	1	1	0	0	14	0	3
Mobile	65,955		0						
Montgomery	46,481	0	0	0	0	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	0	0	0	0		0	0	
Little Rock	74,216	0	0	0	0	0	0	0	0
Louisiana:									
New Orleans	414,493	0	5	4	4	4	0	0	6
Shreveport	57,857	0	0	1	0	0	0	0	2
Oklahoma:									
Oklahoma City	(1)	0	1	0	0	0	2	0	3
Texas:									
Dallas	194,450	2	2	2	0	1	0	0	3
Galveston	48,375	0	0	0	0	0	0	0	0
Houston	164,954	0	1	1	0	0	1	0	1
San Antonio	198,069	0	0	1	0	0	1	0	4
MOUNTAIN									
Montana:									
Billings	17,971	0	0	0	0	0	0	0	0
Great Falls	29,883	0	1	0	0	0	0	2	0
Helena	12,037	0	0	1	0	0	0	0	0
Missoula	12,668	0	0	0	0	0	0	0	1
Idaho:									
Boise	23,042	0	0	0	0	0	0	0	0
Colorado:									
Denver	280,911	11	9	1		0	12	0	4
Pueblo	43,787	0	1	1	0	0	0	0	1
New Mexico:									
Albuquerque	21,000	0	0	0	0	0	0	0	1
Arizona:									
Phoenix	38,669	0	0	0	0	0	0	0	1
Utah:									
Salt Lake City	130,948	0	2	7	0	0	2	3	0
Nevada:									
Reno	12,665	1	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	(1)	3	4	1	0		12	1	
Spokane	108,897	5	0	10	0		6	0	
Tacoma	104,455	4	1	4	0	0	1	0	3
Oregon:									
Portland	282,383	3	4	4	0	0	7	0	1
California:									
Los Angeles	(1)	8	27	21	0	0	6	6	14
Sacramento	72,260	0	2	2	0	0	1	0	2
San Francisco	557,530	1	11	6	1	1	19	1	1

[1] No estimate made.

City reports for week ended July 31, 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		
NEW ENGLAND											
Maine:											
Portland	1	1	0	0	0	1	1	0	0	1	13
New Hampshire:											
Concord	1	0	0	0	0	1	0	0	0	0	9
Manchester	0	2	0	0	0	0	0	0	0	1	17
Vermont:											
Barre	0	0	0	0	0	1	0	0	0	0	3
Burlington	0	0	0	0	0	0	0	0	0	0	2
Massachusetts:											
Boston	14	30	0	0	0	19	2	4	1	30	196
Fall River	1	3	0	0	0	2	1	1	0	10	23
Springfield	1	1	0	0	0	2	1	0	0	0	27
Worcester	1	6	0	0	0	3	1	0	0	2	46
Rhode Island:											
Pawtucket	0	0	0	0	0	1	0	0	1	0	20
Providence	3	0	0	0	0	1	0	0	1	29	54
Connecticut:											
Bridgeport	2	2	0	0	0	0	1	1	0	0	22
Hartford	1	5	0	0	0	2	1	0	0	7	35
New Haven	1	2	0	0	0	0	2	0	0	5	32
MIDDLE ATLANTIC											
New York:											
Buffalo	7	5	0	0	0	5	2	1	0	16	122
New York	35	66	0	1	0	[1] 98	30	30	3	80	1,155
Rochester	4	0	0	0	0	0	1	5	0	8	61
Syracuse	3	0	0	0	0	0	1	0	0	31	36
New Jersey:											
Camden	0	4	0	0	0	4	1	1	0	3	35
Newark	5	4	0	0	0	7	2	1	0	47	74
Trenton	0	1	0	0	0	5	1	1	0	0	36
Pennsylvania:											
Philadelphia	20	15	0	0	0	42	10	7	1	65	461
Pittsburgh	10	9	0	0	0	10	3	0	0	43	138
Reading	0	1	0	0	0	3	1	0	0	7	29
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	3	6	0	0	0	12	2	2	1	4	128
Cleveland	7	21	2	4	0	10	4	2	0	105	147
Columbus	2	1	0	1	0	8	1	0	0	9	84
Toledo	4	3	1	0	0	7	2	2	0	77	68
Indiana:											
Fort Wayne	1	0	0	1	0	3	1	0	0	4	19
Indianapolis	2	5	1	1	0	4	2	1	1	32	93
South Bend	0	1	0	0	0	1	0	0	0	4	7
Terre Haute	1	0	0	0	0	0	1	0	0	0	17
Illinois:											
Chicago	28	33	1	2	0	43	5	3	2	53	540
Peoria	0	0	0	0	0	1	1	1	0	6	18
Springfield	1	0	1	0	0	1	0	0	0	5	25
Michigan:											
Detroit	24	41	3	0	0	19	5	6	1	77	212
Flint	2	5	0	0	0	1	1	0	0	9	17
Grand Rapids	2	4	1	0	0	3	1	1	0	6	28
Wisconsin:											
Kenosha	1	0	1	0	0	1	1	0	1	12	9
Madison	0	2	0	0	0	1	0	0	0	1	5
Milwaukee	9	5	1	0	0	7	0	0	0	97	102
Racine	1	0	0	0	0	1	0	0	0	10	2
Superior	1	1	1	0	0	0	0	0	0	0	12

[1] Pulmonary tuberculosis only.

City reports for week ended July 31, 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											
Minnesota:											
Duluth	3	14	1	0	0	0	0	0	0	6	15
Minneapolis	8	26	2	0	0	3	1	1	0	2	88
St. Paul	5	14	2	0	0	3	1	2	0	27	42
Iowa:											
Davenport	0	0	0	0	-------	-------	0	0	-------	0	-------
Des Moines	1	0	0	0	-------	-------	0	0	-------	0	-------
Sioux City	0	4	0	2	-------	-------	0	0	-------	3	-------
Waterloo	0	0	0	0	-------	-------	1	0	-------	4	-------
Missouri:											
Kansas City	2	0	0	0	0	8	2	2	1	3	87
St. Joseph	0	0	0	0	0	1	0	0	0	0	23
St. Louis	6	6	2	0	0	10	7	4	0	30	209
North Dakota:											
Fargo	0	2	0	0	0	0	0	1	0	7	4
South Dakota:											
Aberdeen	1	0	0	0	-------	-------	0	0	-------	3	-------
Sioux Falls	0	-------	0	-------	-------	-------	0	-------	-------	-------	-------
Nebraska:											
Lincoln	1	0	0	1	0	0	1	0	0	5	13
Omaha	1	4	3	0	0	2	0	1	0	1	54
Kansas:											
Topeka	0	0	0	0	0	0	1	0	0	16	13
Wichita	1	1	0	0	0	0	2	0	0	18	16
SOUTH ATLANTIC											
Delaware:											
Wilmington	0	0	0	0	0	0	0	0	0	3	24
Maryland:											
Baltimore	5	3	0	0	0	14	8	6	0	89	225
Cumberland	0	0	0	0	0	1	0	2	0	0	10
Frederick	0	0	0	0	0	0	0	0	0	0	-------
District of Col.:											
Washington	3	4	0	0	0	5	5	2	0	20	84
Virginia:											
Lynchburg	0	2	0	0	0	0	2	5	1	9	14
Norfolk	0	-------	0	-------	-------	-------	3	-------	-------	-------	-------
Richmond	2	2	0	0	0	3	2	3	0	1	40
Roanoke	0	0	0	0	0	1	1	0	0	0	14
West Virginia:											
Charleston	0	0	0	0	0	0	1	0	0	3	10
Wheeling	1	2	0	0	0	0	0	1	0	0	12
North Carolina:											
Raleigh	1	0	0	0	0	3	1	0	0	7	12
Wilmington	0	1	0	0	0	1	0	0	0	38	11
Winston-Salem	0	0	0	0	0	0	3	0	0	0	13
South Carolina:											
Charleston	0	0	0	0	0	1	2	0	0	1	24
Columbia	1	0	0	0	0	0	1	4	0	0	-------
Greenville	0	0	0	0	0	0	2	0	1	5	4
Georgia:											
Atlanta	1	2	2	1	0	4	3	3	1	2	75
Brunswick	0	1	0	0	0	1	1	0	0	1	6
Savannah	0	0	0	0	0	3	2	2	0	3	22
Florida:											
Miami	-------	1	-------	0	0	0	-------	0	0	8	21
St. Petersburg	0	-------	0	-------	0	0	1	1	1	-------	6
Tampa	0	0	0	0	0	0	0	1	1	0	31
EAST SOUTH CENTRAL											
Kentucky:											
Covington	0	0	0	0	0	2	1	0	0	0	19
Louisville	1	7	0	0	0	8	5	3	1	2	93
Tennessee:											
Memphis	0	5	0	0	0	4	6	9	0	5	57
Nashville	0	0	0	0	0	0	8	15	3	15	64
Alabama:											
Birmingham	1	0	1	1	0	2	6	15	2	10	56
Mobile	0	-------	0	-------	-------	-------	1	-------	-------	-------	-------
Montgomery	0	0	0	0	0	0	2	5	0	3	19

City reports for week ended July 31, 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 SOUTH CENTRAL											
Arkansas:											
Fort Smith	0	0	0	0	-------	-------	1	0	-------	11	-------
Little Rock	0	1	0	0	0	3	3	0	0	0	4
Louisiana:											
New Orleans	1	3	0	0	0	8	5	3	0	3	121
Shreveport	1	0	0	0	0	3	2	1	0	0	28
Oklahoma:											
Oklahoma City	1	2	0	0	0	1	3	4	1	0	24
Texas:											
Dallas	1	3	0	1	0	4	4	3	1	1	56
Galveston	0	0	0	0	0	1	0	0	0	0	10
Houston	1	1	0	0	0	5	1	1	0	0	48
San Antonio	1	1	0	0	0	6	1	3	1	0	64
MOUNTAIN											
Montana:											
Billings	0	0	1	0	0	0	0	0	0	0	6
Great Falls	0	0	0	0	0	0	1	0	0	6	3
Helena	0	0	1	0	0	0	0	0	0	0	3
Missoula	0	0	0	0	0	0	0	0	0	0	10
Idaho:											
Boise	0	0	0	1	0	0	0	0	0	0	6
Colorado:											
Denver	4	3	1	0	0	11	2	1	0	19	65
Pueblo	1	1	0	0	0	0	0	0	0	0	4
New Mexico:											
Albuquerque	0	0	0	0	0	4	0	1	0	0	13
Arizona:											
Phoenix	-------	0	0	0	0	5	0	0	0	0	18
Utah:											
Salt Lake City	1	0	0	0	0	0	1	1	0	26	15
Nevada:											
Reno	0	0	1	0	0	0	0	2	0	0	0
PACIFIC											
Washington:											
Seattle	2	3	2	2	-------	-------	1	0	-------	7	-------
Spokane	1	9	3	0	-------	-------	0	2	-------	17	-------
Tacoma	1	1	1	3	0	0	0	0	0	2	21
Oregon:											
Portland	2	10	5	5	0	4	1	1	0	2	57
California:											
Los Angeles	6	15	3	7	0	33	5	1	0	15	221
Sacramento	1	1	1	0	0	2	1	0	0	0	16
San Francisco	4	3	1	0	0	7	2	1	0	1	121

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	4	3	0	0	0	0	1	1	1
Worcester	0	0	1	0	2	0	0	5	1
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	0	0	0	0	0	3	1
New York	3	2	6	2	0	0	5	6	0
Syracuse	0	0	0	0	0	0	1	7	3
New Jersey:									
Newark	2	0	0	0	0	0	0	0	0
Pennsylvania:									
Philadelphia	0	1	0	0	0	0	0	0	0
Pittsburgh	0	1	0	0	0	0	0	0	0

City reports for week ended July 31, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	1	1	1	0	0	0	0	0	0
Cleveland	2	0	0	0	0	0	1	0	0
Columbus	0	1	0	0	0	0	0	0	0
Illinois:									
Chicago	0	1	1	0	0	0	2	1	0
Springfield	0	0	0	0	0	0	0	0	1
Michigan:									
Detroit	1	0	1	0	0	0	1	1	0
WEST NORTH CENTRAL									
Minnesota:									
St. Paul	0	0	0	0	0	0	0	1	0
Missouri:									
St. Louis [1]	1	0	0	0	0	0	1	0	0
Kansas:									
Topeka	0	0	0	0	0	0	0	1	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	0	0	4	2	0	0	1	3	0
North Carolina:									
Raliegh	0	0	0	0	0	1	0	0	0
Wilmington	0	0	0	0	1	0	0	0	0
Winston-Salem	0	0	0	0	1	1	0	0	0
South Carolina:									
Charleston	0	0	0	0	4	0	0	1	0
Georgia:									
Atlanta [2]	0	0	0	0	0	1	0	0	0
Savannah	0	0	0	0	1	0	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	0	0	0	0	1	1	0	0	0
Alabama:									
Montgomery	0	0	0	0	1	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock	0	0	0	0	0	1	0	0	0
Louisiana:									
New Orleans	0	0	0	0	4	4	1	0	0
Shreveport	0	0	0	0	0	1	0	0	0
Oklahoma:									
Oklahoma City	0	0	0	0	2	0	0	0	0
Texas:									
Dallas [3]	0	0	1	1	1	1	0	0	0
Houston	0	0	0	0	0	1	0	0	0
San Antonio	0	0	0	0	0	1	0	0	0
PACIFIC									
Washington:									
Spokane	1	0	0	0	0	0	0	0	0
California:									
Los Angeles [3]	0	0	0	0	0	0	0	1	0

[1] Typhus fever, 2 cases, 1 death, at Kansas City, Mo.
[2] Dengue, 1 case at Atlanta, Ga.
[3] Rabies (human), 1 case, 1 death, at Dallas, Tex., and 1 death at Los Angeles, Calif.

The following table gives the rates per 100,000 population for 102 cities for the five-week period ended July 31, 1926, compared with those for a like period ended August 1, 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 27 to July 31, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	July 4, 1925	July 3, 1926	July 11, 1925	July 10, 1926	July 18, 1925	July 17, 1926	July 25, 1925	July 24, 1926	Aug. 1, 1925	July 31, 1926
102 cities	[2] 90	[3] 122	93	[4] 102	76	[4] 94	75	[4] 90	[5] 75	[6] 81
New England	113	64	60	57	60	78	60	33	60	[7] 43
Middle Atlantic	95	163	126	120	96	101	90	109	92	103
East North Central	81	117	83	106	68	109	63	99	69	83
West North Central	127	[4] 125	91	[4] 93	83	[4] 107	103	[4] 95	97	[4] 85
South Atlantic	38	83	52	66	50	32	42	34	[5] 48	[8] 22
East South Central	5	[9] 22	21	5	11	21	11	10	11	[10] 17
West South Central	57	47	35	43	26	26	66	39	40	39
Mountain	176	155	102	118	120	109	111	64	148	91
Pacific	[2] 138	129	119	181	94	159	99	175	64	119

MEASLES CASE RATES

102 cities	[2] 220	[3] 435	186	[4] 303	153	[4] 215	101	[4] 155	[5] 70	[6] 103
New England	338	319	273	246	252	180	208	109	180	[7] 87
Middle Atlantic	257	313	248	211	198	129	127	108	77	63
East North Central	300	634	210	448	178	365	111	243	68	171
West North Central	30	[4] 604	34	[4] 417	28	[4] 191	18	[4] 183	30	[4] 93
South Atlantic	248	436	200	293	140	203	90	128	[5] 68	[8] 116
East South Central	89	[9] 430	110	285	74	171	58	125	26	[10] 100
West South Central	4	52	0	47	0	17	4	13	0	9
Mountain	37	437	55	264	28	191	37	173	102	127
Pacific	[2] 35	461	39	337	61	329	19	213	33	121

SCARLET FEVER CASE RATES

102 cities	[2] 93	[3] 170	87	[4] 127	58	[4] 93	55	[4] 83	[5] 54	[6] 73
New England	108	187	141	158	77	99	69	85	72	[7] 115
Middle Atlantic	79	188	81	129	45	73	42	75	37	52
East North Central	114	187	91	145	63	118	63	93	60	85
West North Central	164	[4] 270	139	[4] 205	105	[4] 185	115	[4] 127	121	[4] 143
South Atlantic	56	66	42	64	44	45	15	36	[5] 34	[8] 34
East South Central	68	[9] 66	116	52	74	52	26	93	58	[10] 67
West South Central	44	60	9	34	22	52	31	82	26	39
Mountain	102	91	148	55	83	91	157	64	83	36
Pacific	[2] 67	151	50	121	58	94	44	92	47	86

[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] Tampa, Fla., not included.
[6] Hartford, Conn., Sioux Falls, S. Dak., Norfolk, Va., and Mobile, Ala., not included.
[7] Hartford, Conn., not included.
[8] Norfolk, Va., not included.
[9] Covington, Ky., not included.
[10] Mobile, Ala., not included.

Summary of weekly reports from cities, June 27 to July 31, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

	Week ended—									
	July 4, 1925	July 3, 1926	July 11, 1925	July 10, 1926	July 18, 1925	July 17, 1926	July 25, 1925	July 24, 1926	Aug. 1, 1925	July 31, 1926
102 cities	[2] 14	[3] 11	16	[4] 7	14	[4] 7	10	[4] 6	[5] 9	[6] 5
New England	0	0	2	0	2	0	5	0	0	[7] 0
Middle Atlantic	1	2	0	0	1	1	0	0	0	1
East North Central	13	10	11	7	9	6	8	8	3	6
West North Central	16	[4] 26	20	[4] 28	16	[4] 26	12	[4] 14	14	[4] 4
South Atlantic	10	11	23	9	8	6	15	6	[5] 2	[8] 2
East South Central	58	[9] 39	74	0	42	5	37	10	21	[10] 6
West South Central	4	22	4	4	13	13	4	13	4	4
Mountain	28	55	18	9	18	9	0	27	55	9
Pacific	[2] 85	19	97	24	113	22	64	8	80	32

TYPHOID FEVER CASE RATES

102 cities	[2] 34	[3] 17	33	[4] 13	36	[4] 22	33	[4] 18	[5] 40	[6] 30
New England	22	12	24	9	31	12	22	9	22	[7] 15
Middle Atlantic	15	11	17	7	25	11	21	9	30	23
East North Central	10	5	13	5	11	5	8	6	10	10
West North Central	20	[4] 10	42	[4] 16	42	[4] 14	38	[4] 12	46	[4] 22
South Atlantic	65	36	56	43	52	58	50	47	[5] 64	[8] 58
East South Central	184	[9] 127	163	52	205	166	163	135	168	[10] 261
West South Central	233	13	159	30	128	56	163	30	154	47
Mountain	9	27	28	0	18	0	46	46	55	36
Pacific	[2] 21	22	17	13	30	22	28	8	44	11

INFLUENZA DEATH RATES

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

PNEUMONIA DEATH RATES

96 cities	56	[3] 75	59	[4] 67	54	[4] 60	48	[4] 54	[5] 59	[6] 49
New England	46	92	43	54	48	57	50	33	53	[7] 36
Middle Atlantic	61	90	64	73	62	74	51	64	65	41
East North Central	42	61	55	65	44	46	37	46	48	48
West North Central	40	[4] 38	38	[4] 53	53	[4] 36	40	[4] 40	40	[4] 57
South Atlantic	71	88	65	71	48	54	52	58	[5] 60	[8] 54
East South Central	89	[9] 121	84	119	68	109	58	99	68	[10] 67
West South Central	58	57	58	57	73	85	63	57	116	76
Mountain	65	46	74	36	83	36	55	64	74	55
Pacific	73	43	65	53	40	46	58	35	62	71

[2] Spokane, Wash., not included.
[3] Sioux Falls, S. Dak., and Covington, Ky., not included.
[4] Sioux Falls, S. Dak., not included.
[5] Tampa, Fla., not included.
[6] Hartford, Conn., Sioux Falls, S. Dak., Norfolk, Va., and Mobile, Ala., not included.
[7] Hartford, Conn., not included.
[8] Norfolk, Va., not included.
[9] Covington, Ky., not included.
[10] Mobile, Ala., 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	29,930,185	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"—Development at quarantine, Durban, Union of South Africa[1]*—June 20–26, 1926.*—Later information dated July 9, 1926, received relative to the outbreak of smallpox on the steamship *Karapara*, at Durban, Union of South Africa, from oriental ports and Zanzibar, shows the development of two cases of smallpox in passengers landed from the vessel at Salisbury Island quarantine. The remaining passengers on the vessel were stated to be under strict surveillance.

THE FAR EAST

Report for week ended July 17, 1926.—The following report for the week ended July 17, 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		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Egypt—Alexandria	0	0	0	0	9	3
British India:						
Rangoon	----	1	----	7	1	0
Negapatam	----	0	----	2	0	0
Karachi	----	1	----	0	0	0
Ceylon—Colombo	1	1	0	0	0	0
Straits Settlements—Singapore	0	0	1	0	1	0
Dutch East Indies—Cheribon [1]	0	0	0	0	0	0
Siam—Bangkok	0	0	20	7	9	7
French Indo-China:						
Saigon and Cholon	0	0	3	0	0	0
Haiphong	0	0	3	2	0	0
China:						
Amoy	7	----	0	0	0	0
Shanghai	0	0	37	8	----	1
Japan—Yokohama [2]	2	1	0	0	0	0
Mauritius—Port Louis	1	0	0	0	0	0
Union of South Africa—Durban	0	0	0	0	1	0

[1] One infected rat has been found in the port during the week.
[2] One infected rat has been found outside the port area.

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

ASIA

Iraq.—Basra.
British India.—Madras, Chittagong, Tuticorin.
Federated Malay States.—Port Swettenham.

[1] Public Health Reports, Aug. 13, 1926, p. 1747.

Straits Settlements.—Penang.
Dutch East Indies.—Batavia, Surabaya, Samarang, Belawan Deli, Palembang, Sabang, Makassar, Menado, Banjermasin, Balik-Papan, Tarakan, Padang.
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.—Hongkong.
Kwantung.—Port Arthur, Dairen.
Japan.—Osaka, Nagasaki, Moji, Kobe, Niigata, Tsuruga Hakodate, Simonoseki.
Korea.—Chemulpo, Fusan.
Manchuria.—Antung, Mukden, Changchun, Harbin.
Union of Socialist Soviet Republics.—Vladivostok.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Carnarvon, Thursday Island.
New Quinea.—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.—Mogadiscio.
Kenya.—Mombasa.
Zanzibar.—Zanzibar
Tanganyika.—Dar-es-Salaam.
Seychelles.—Victoria.
Portuguese East Africa.—Mozambique, Beira, Lourenço Marques.
Union of South Africa.—East London, Port Elizabeth, Cape Town.

Reports had not been received in time for distribution from:

British India.—Calcutta, Bombay, Vizagapatan, Cochin.
Dutch East Indies.—Pontianak.
Madagascar.—Tamatave, Majunga.

CANADA

Communicable diseases—Two weeks ended July 31, 1926.—The Canadian Ministry of Health reports cases of certain communicable diseases in six Provinces of Canada for week ended July 24, and in seven Provinces for week ended July 31, 1926, as follows:

WEEK ENDED JULY 24, 1926

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta [1]	Total
Cerebrospinal fever			1		2			3
Influenza	10							10
Lethargic encephalitis				1				1
Smallpox				9	1	1		11
Typhoid fever	2		5	8	2	3		20

WEEK ENDED JULY 31, 1926

Cerebrospinal fever			1					1
Influenza	10							10
Smallpox				8		4		12
Typhoid fever			12	18	8		1	39

[1] No report for week ended July 24, 1926.

CUBA

Governmental food inspection and drug control.—According to information dated July 9, 1926, the Department of Sanitation is making plans for the nationalization of food inspection throughout Cuba and the punishment of dealers who violate the pure food regulations, special attention to be given to slaughter-houses and butcher shops. It was stated that Señor Lopez del Valle, Chief of Sanitation of Habana, was to study the pure food law of the United States, with a view to the adoption of a similar law for Cuba.

The Secretary of Sanitation is also reported to sponsor a measure designed to put the importation of opium and all other drugs directly under governmental supervision.

ECUADOR

Guayaquil—Plague-infected rats—July 1–15, 1926.—During the two weeks ended July 15, 1926, 10,020 rats were reported taken at Guayaquil, Ecuador, of which number 8 rats were found plague infected.

EGYPT

Plague—July 2–8, 1926—Comparative.—During the week ended July 8, 1926, 8 cases of plague, of which one case occurred in the city of Alexandria, were reported in Egypt, making a total of 100 cases reported since January 1, 1926, as compared with 81 cases reported during the corresponding period of the preceding year.

MEXICO

Smallpox—Malaria—Diarrhea and enteritis—Chihuahua.—A report dated July 8, 1926, states that in April and May several cases of smallpox were reported at San Antonio de Arenales, principally among Mennonite colonists. In January, a disease diagnosed as malaria was reported among the colonists at San Antonio de Arenales and Santa Clara. Malaria is said to be rare in these localities, which are at an altitude of about 5,000 feet. Among the population are colonists from both the United States and the Ukraine. In June many deaths of children from diarrhea and enteritis occurred in Chihuahua.

PANAMA CANAL

Communicable diseases—June, 1926.—During the month of June, 1926, communicable diseases were reported in the Canal Zone, and at Colon and Panama, as follows:

Disease	Canal Zone		Colon		Panama		Infected in other localities		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Chicken pox	2				5				7	
Diphtheria	1		1		6				8	
Dysentery	1				6		2		9	
Hookworm			4		45		49		98	
Malaria	205		13		11		56	3	285	3
Measles	2				4				6	
Meningitis			1						1	
Mumps	6		1						7	
Pneumonia [1]		1		3		15		3		22
Tuberculosis [1]		2		6		10		3		21
Whooping cough	1		1		4		1		7	

[1] Only deaths reported.

PERU

Plague—June, 1926.—During the month of June, 1926, 34 cases of plague with 6 deaths were reported in Peru. The occurrence was in the departments of Cajamarca, Lima, and Piura. The greatest number of cases was reported in the coastal department of Piura and the district of Huancabamba, viz, 13.

UNION OF SOUTH AFRICA

Plague—June 20–26, 1926.—During the week ended June 26, 1926, six cases of plague with two deaths were reported in the Union of South Africa, occurring in the Cape Province. Of these, four cases with one death, in the colored population, and one fatal case in a European, were reported in the Calvinia district, and one case, colored, in Williston district. The occurrence was on farms.

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 20, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India:				
Calcutta	June 20–26	27	28	
Do	June 27–July 3	48	46	
Rangoon	June 13–26	37	21	
Do	June 27–July 3	9	6	
Philippine Islands:				
Manila	do	1		
Province—				
Mindoro	Feb. 28–Mar. 6	2	2	

PLAGUE

Ecuador:				
Guayaquil				July 1–15, 1926: Rats taken, 10,020; plague-infected rats found—8.
Egypt				July 2–8, 1926: Cases, 8; total, Jan. 1–July 8, 1926: 100; corresponding period, 1925—cases, 81.
India:				
Madras Presidency	June 6–19	37	14	
Rangoon	June 13–26	10	8	
Do	June 27–July 3	2	3	
Java:				
Batavia	June 26–July 2	12	11	Province.
East Java and Madoera	June 13–19	1	1	
Peru				June, 1926: Cases, 34; deaths, 6.
Department—				
Cajamarca	June 1–30	10	4	In two localities.
Lima	do	11	2	In 5 localities, including Lima, one case.
Piura	do	13		In Huancabamba district.
Union of South Africa:				
Cape Province—				
Calvinia district	June 20–26	5	2	On four farms; colored population, cases, 4; deaths, 1. European, cases, 1; deaths, 1.
Williston district	do	1		On farm.

SMALLPOX

Algeria:				
Algiers	July 1–10	1		
Brazil:				
Bahia	June 20–26	1		
Do	June 27–July 3	1		
Para	June 20–26	6	4	
Do	June 27–July 17	10	6	
British South Africa:				
Northern Rhodesia	June 8–14	5		
Canada:				
Manitoba				July 18–24, 1925: Cases, 1.
Ontario				July 18–31, 1926: Cases, 17.
Fort William	July 25–Aug. 7	2		
Kingston	July 11–17	2		
North Bay	July 25–31	2		
Saskatchewan	July 18–31	5		
China:				
Antung	July 4–10	1		
Chungking	June 27–July 3			Present.
Foochow	do			Do.
Hongkong	June 20–26	3	1	
Manchuria—				
Railway Stations	July 4–10	6		
Shanghai	June 27–July 10	1	1	Case foreign.
Swatow	June 27–July 3			Present, sporadic.

[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 20, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Egypt:				
Alexandria	June 25-July 1	4		
France:				
St. Etienne	Apr. 18-June 2	5	3	
Great Britain:				
England and Wales	July 18-24	91		
India:				
Bombay	June 27-July 3	12	8	
Calcutta	June 13-26	24	18	
Do	June 27-July 3	5	5	
Karachi	June 27-July 10	6	4	
Madras	do	2		
Rangoon	June 20-26	2	2	
Iraq:				
Baghdad	do	2	2	
Japan:				
Nagoya	July 4-10	1		
Tokyo	June 26-July 3	2		
Java:				
Batavia	June 19-25	1		Province.
East Java and Madoera	June 6-19	24		
Mexico:				
San Luis Potosi	July 25-31		2	
Torreon	July 1-31		5	
Switzerland:				
Lucerne Canton	June 1-30	1		
Union of South Africa:				
Cape Province	June 20-26			Outbreaks.
Orange Free State	do			Do.
From vessel:				
S. S. Karapara		2		June 20-26, 1926: At Durban, Union of South Africa—Cases among passengers removed to quarantine. Vessel from oriental ports via Zanzibar. Case removed from vessel on arrival Durban.

TYPHUS FEVER

Argentina:				
Rosario	Feb. 1-28	2		
Egypt:				
Cairo	Feb. 12-18	6	4	
Mexico:				
Durango	July 1-31		1	
Palestine:				
Gaza	July 6-12	1		
Poland	May 23-29	161	9	
Union of South Africa:				
Transvaal—				
Wakkerstroom district	June 20-26			Outbreaks.
Wolmaransstad district	do			Do.

Reports Received from June 26 to August 13, 1926 [1]

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-May 8, 1926: Cases 18; deaths, 18.

[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 13, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
India				Apr. 25-June 5, 1926: Cases 13,990; deaths, 8,580.
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 12	30	23	
Indo-China:				
Saigon	May 2-15	52	48	
Do	May 22-June 12	28	28	
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 12	1,325	736	

PLAGUE

Algeria:				
Algiers	June 21-30	1		Under date of July 16, 2 cases reported.
Azores:				
St. Michaels—				
Arrifes	May 9-June 26	2		
Livramiente	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	
Chile:				
Iquique	June 20-26		1	
China:				
Amoy	Apr. 18-June 26	40	30	
Do	June 27-July 3	8		
Foochow	June 6-12			Several cases. Not epidemic.
Nanking	May 9-July 3			Prevalent.
Ecuador:				
Guayaquil	May 16-June 30	6		Rats taken, 30,914; found infected, 31.
Egypt				Jan. 1-July 1, 1926: Cases, 92.
City—				
Suez	May 21-July 1	5	3	
Provinces—				
Beni-Suef	May 28-June 8	8	2	
Gharbieh	June 2	1	1	
Greece:				
Athens	Apr. 1-30	7	2	Including Piræus.
Do	May 1-31	9	2	Do.
Patras	May 27-June 12	4	1	
Zante	May 17	1		
India				Apr. 25-May 29, 1926: Cases, 49,639; deaths, 38,833.
Bombay	May 2-June 26	16	15	
Karachi	May 23-June 26	15	13	
Madras Presidency	Apr. 25-June 5	96	66	
Rangoon	May 9-June 12	10	7	
Indo-China:				
Saigon	May 23-June 5	3	1	
Iraq:				
Baghdad	Apr. 18-June 12	161	108	
Japan:				
Yokohama	July 2-3	3	3	
Java:				
Batavia	Apr. 24-June 19	65	65	
Cheribon	Apr. 11-24	3	3	
Madagascar				Apr. 1-15, 1926: Cases, 42; deaths, 39. May 1-20, 1926: Cases, 20; deaths, 20.
Ambositra Province	May 1-15	4	4	Septicemic.
Moramanga Province	Apr. 1-15	2	2	Do.
Tananarive Province				Apr. 1-May 31, 1926: Cases, 96; deaths, 93.
Tamatave (Port)	May 16-31	1	1	
Tananarive Town	Apr. 1-May 15	6	6	
Other localities	do	80	77	Bubonic, pneumonic, septicemic,

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

Reports Received from June 26 to August 13, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
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. 1–Feb. 28, 1926: Cases, 32.
Senegal				Nov. 1–30, 1926: Cases, 3; deaths, 2. Mar. 1–Apr. 30, 1926: Cases, 15; deaths, 4.
Siam:				
Bangkok	May 23–29	1	1	
Straits Settlements:				
Singapore	May 2–8	1	1	
Tunisia	May 11–31	70		
Kairouan	June 9	3		9 cases 30 miles south of Kairouan.
Union of South Africa:				
Cape Province	May 16–22	5	3	
Calvinia District	June 13–19	2	2	
Williston District	do	1		
Orange Free State—				
Hoopstad District—				
Protestpan	May 9–22	3	3	

SMALLPOX

Algeria:				
Algiers	May 21–June 30	14		
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 19	132	91	
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		
Do	June 27–July 1	71		
Manitoba	May 30–June 26	24		
Do	June 27–July 17	6		
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		June 27–July 17, 1926: Cases,
Kitchener	Apr. 26–May 29	3	1	24.
North Bay	May 2–22	5		
Orillia	Apr. 26–May 29	7		
Ottawa	July 18–24	1		
Packenham	do	10		
Toronto	do	7		
Waterloo	do	6		
Saskatchewan				May 30–June 19, 1926: Cases, 16.
Regina	July 4–10	2		June 27–July 17, 1926: Cases, 19.
Chile:				
Antofagasta	June 6–12	1		
China:				
Amoy	May 1–June 26	4	8	
Chungking	May 2–June 26			Present.
Foochow	May 9–June 26			Do.
Hongkong	May 2–June 12	16	9	

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

Reports Received from June 26 to August 13, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Manchuria—				
An-shan	May 16–June 12	5		South Manchuria Railway.
Antung	May 16–June 19	5		
Changchun	May 16–June 26	6		Do.
Do	June 27–July 3	1		Do.
Dairen	Apr. 26–June 20	69	16	
Fushun	May 16–June 5	4		Do.
Harbin	May 14–June 30	21		Do.
Kai-yuan	May 16–June 30	10		Do.
Kungchuling	June 13–19	1		Do.
Liao-yang	May 16–June 30	4		Do.
Mukden	do	4		Do.
Penhsihu	May 16–June 19	4		Do.
Ssupingkai	May 16–June 30	2		Do.
Teshihchiao	do	2		Do.
Wa-feng-tien	do	3		Do.
Nanking	May 8–July 3			Present.
Shanghai	May 2–June 26	10	25	Cases: Foreign. Deaths, population of international concession, foreign and native.
Swatow	May 9–June 26			Sporadic.
Tientsin	June 2–26		1	Reported by British municipality.
Wanshein	May 1			Prevalent.
Chosen				Mar. 1–31, 1926: Cases, 200; deaths, 42.
Fusan	May 1–31	1		
Seishun	do	2	1	
Egypt:				
Alexandria	May 15–June 24	14	3	
Cairo	Jan. 29–Feb. 4	1	1	
Esthonia				May 1–31, 1926: Cases, 1.
France				Mar. 1–Apr. 30, 1926: Cases, 92.
St. Etienne	June 9–15	2		
French Settlements in India	Mar. 7–May 8	178	178	
Great Britain:				
England and Wales				May 23–July 3, 1926: Cases, 1,068. July 4–17, 1926: Cases, 285.
Bradford	May 23–29	1		
Newcastle-on-Tyne	June 6–12	1		
Do	July 11–17	1		
Nottingham	May 2–June 5	7		
Sheffield	June 13–19	1		
Do	July 4–10	1		
Greece:				
Saloniki	June 1–14		3	
Guatemala:				
Guatemala City	June 1–30		2	
India				Apr. 25–June 5, 1926: Cases, 41,055; deaths, 10,793.
Bombay	May 2–29	114	63	
Do	June 13–26	42	35	
Calcutta	Apr. 4–May 29	171	152	
Do	June 13–19	8	7	
Karachi	May 16–June 26	44	18	
Madras	do	7	4	
Rangoon	May 9–June 12	8	3	
Indo-China:				
Saigon	May 9–15	1		
Iraq:				
Baghdad	May 9–June 19	6	1	
Basra	Apr. 18–June 28	34	25	
Italy				Mar. 28–May 15, 1926: Cases, 18.
Jamaica				May 30–June 26, 1926: Cases, 99 (Reported as alastrim.)
Japan				Apr. 11–May 1, 1926: Cases, 9.
Kobe	May 30–June 5	1		
Nagoya	May 16–22		1	
Taiwan Island	May 11–20	24		
Do	June 1–20	23		
Yokohoma	May 2–8	2		
Java:				
Batavia	May 15–21	1		Province.
East Java and Madoera	Apr. 11–June 5	63	5	
Malang	Apr. 4–10	6	1	Interior.
Surabaya	May 16–22	14	1	
Latvia				Apr. 1–30, 1926: Cases, 3.

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

Reports Received from June 26 to August 13, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Mexico				Feb. 1–Mar. 31, 1926: Deaths, 602.
Aguascalientes	June 13–26		5	
Guadalajara	June 8–14		2	
Do	June 29–July 19		3	
Mexico City	May 16–June 5	3		Including municipalities in Federal District.
Saltillo	July 18–24		1	
San Antonio de Arenales	Jan. 1–June 30			Present: 100 miles from Chihuahua.
San Luis Potosi	June 13–26		7	
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.
Peru:				
Arequipa	June 1–30		1	
Poland				Mar. 28–May, 1926: Cases, 12; deaths, 1.
Portugal:				
Lisbon	Apr. 26–June 19	10	3	
Oporto	May 23–June 5	4		
Do	July 11–17	1		
Russia				Jan. 1–Feb. 28, 1926: Cases, 1,403.
Siam:				
Bangkok	May 2–June 12	23	20	
Straits Settlements:				
Singapore	Apr. 25–May 1	1		
Tunisia				Apr. 1–May 31, 1926: Cases, 12.
Union of South Africa:				
Cape Province—				
Idutywa District	May 23–29			Outbreaks.
Natal	May 30–June 5			Do.
Transvaal				June 6–12, 1926: Outbreaks in Pietersburg and Rustenburg Districts.
Johannesburg	May 9–June 12	5		
Yugoslavia				Apr. 15–30, 1926: Cases, 2; deaths 1.
On vessel				Three cases, 1 death, at Aden Arabia, stated to have been imported by sea.§
S. S. Karapara				At Zanzibar, June 7, 1926. One case of smallpox landed. At Durban, Union of South Africa, June 16, 1926: One suspect case landed.

TYPHUS FEVER

Algeria:				
Algiers	May 21–June 30	7	1	
Bolivia:				
La Paz	June 1–30		1	
Bulgaria				Apr. 1–30, 1926: Cases, 27; deaths, 2.
Chile:				
Antofagasta	May 23–June 26	4		
Do	June 27–July 3	1		
Valparaiso	Apr. 29–May 5		1	
China:				
Antung	June 14–27	7	1	
Doz	June 28–July 4	4		
Ichang			1	Reported May 1, 1926. Occurring among troops.
Wanshein				Present among troops, May 1, 1926. Locality in Chungking consular district.
Chosen	Feb. 1–28	228	18	Feb. 1–Mar. 31, 1926: Cases, 456;
Chemulpo	May 1–31	28	1	deaths, 47.
Czechoslovakia				Apr. 1–30, 1926: Cases, 37; deaths, 4.
Egypt:				
Port Said	June 4–24	4	1	
Cairo	Jan. 29–Feb. 4	2		

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

Reports Received from June 26 to August 13, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain:				
Scotland—				
Glasgow		7		Reported Aug. 3, 1926.
Ireland (Irish Free State):				
Cobh (Queenstown)	May 30–June 5	1		
Do	June 27–July 3	1	1	
Cork	June 5	1		
Kerry County—				
Dingle	June 27–July 3	1		
Italy				Mar. 28–May 8, 1926: Cases, 3.
Japan				Mar. 28–May 1, 1926: Cases, 24.
Lithuania				Mar. 1–Apr. 30, 1926: Cases, 106, deaths, 13.
Mexico				Feb. 1–Mar. 31, 1926: Deaths, 73.
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–Apr. 30, 1926: Cases, 299.
Palestine				March, 1926: Cases, 6. Exclusive of Bedouin tribes and the British military forces.
Jaffa District	June 15–28	5		
Peru:				
Arequipa	Jan. 1–31		2	
Poland				Mar. 28–May 22, 1926: Cases, 901; deaths, 67.
Rumania				Mar. 1–31, 1926: Cases, 41.
Russia				Jan. 1–Feb. 28, 1926: Cases, 9,870.
Tunisia				Apr. 1–May 31, 1926: Cases, 94.
Tunis	June 21–30	1		
Turkey:				
Constantinople	June 16–22	1		
Union of South Africa				Apr. 1–May 31, 1926: Cases, 153; deaths, 19.
Cape Province				Apr. 1–May 31, 1926: Cases, 116; deaths, 15. Native.
Do	May 31–June 12			Outbreaks.
Grahamstown	do	1		Sporadic.
Natal				Apr. 1–30, 1926; Cases, 4. Native.
Orange Free State				Apr. 1–May 31, 1926: Cases, 15; deaths, 1.
Do	June 6–12			Outbreaks.
Transvaal				Apr. 1–30, 1926: Cases, 3; deaths, 3. Native.
Yugoslavia				Apr. 15–June 30, 1926: Cases, 48; deaths, 7.
Zagreb	May 15–21	1		

YELLOW FEVER

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