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ENDEMIC GOITER AND SCHOOL ABSENTEEISM

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INTRODUCTION

Many writers have asserted without qualification that endemic goiter as it is encountered in the United States exerts a distinctly deleterious influence upon the minds and bodies of children. If this statement is true it should be possible to detect some of the injurious effects by various observations among school children. Several investigations of this nature have been completed, the results being available in publications of the United States Public Health Service.[1]

Additional information concerning the probable relationship between thyroid status and certain physical conditions among children can undoubtedly be obtained by noting absenteeism in schools. The amount and character of the time lost by children from school are the points on which the present study hinges. If children are adversely affected by enlarged thyroid glands the result may, in some tangible way, be reflected in the school attendance.

Limitations of the present study.—The conclusions which may be drawn from the investigation herein detailed are manifestly limited. The prevalence of endemic thyroid enlargement in Cincinnati is comparatively moderate in character. The inclusion of a relatively small number of sixth-grade school children and also younger children in open-air classes for study purposes likewise limits the possible findings to a small group. Therefore, the results of the present investigation should be regarded as specific rather than general. Furthermore, the results of the present suggestive inquiry in Cincinnati may differ radically from more intensive studies made in other sections having a high prevalence of simple goiter. Investigations of somewhat similar trend among larger numbers of older children in areas having a high incidence of simple goiter might materially alter the results of the study here presented.

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[1] Robert Olesen and Neil E. Taylor: Relationship of Endemic Goiter to Certain Potential Foci of Infection, Pub. Health Rep., vol. 41, No. 13, p. 557, Mar. 26, 1926. (Reprint No. 1069.)

Robert Olesen and Mabel R. Fernald: Endemic Goiter and Intelligence. Pub. Health Rep., vol. 41, No. 21, p. 971, May 21, 1926. (Reprint No. 1081.)

Robert Olesen and Neil E. Taylor: Endemic Goiter and Physical Development.

Purpose and scope of the investigation.—The present study was undertaken for the purpose of learning the differences, if any, in school attendance of children with and those without thyroid enlargement. Attendance records were kept of 479 white boys and 478 white girls in one grade, the sixth. These children, ranging in age from 9 to 16 years, attended nine schools located in different parts of the city By this process of selection a cross section of economic status and environmental conditions was afforded. Eighty-three colored boys and 107 colored girls, most of whom were attending the sixth grade of two schools, were likewise observed. In order to ascertain and compare the relative frequency of respiratory affections in dissimilar groups, the attendance of 23 white boys and 18 colored boys, in addition to 35 white girls and 25 colored girls in open-air classes of the lower grades, was also noted. These children were between 7 and 13 years of age.

The individuals included in the present investigation represent new material, the observations not having previously been utilized in any of the studies made in Cincinnati. Needless to say such a study could not have been undertaken without the sympathetic and generous assistance of school principals, teachers, and nurses. The writers are, therefore, under many obligations to the local school and health authorities for helpful suggestions and practical aid in securing the requisite data.

Methods.—In pursuing the study of absenteeism among Cincinnati school children liberal use was made of the methods employed by Dr. Louise Taylor-Jones in an investigation made in Washington, D. C., during the 1923–24 school session.[2]

The object of the study was made known to the teachers and nurses by verbal and written explanation. Very little was said to the children themselves lest disturbing factors should be projected into the inquiry. The extent and cause of each individual absence was recorded by the teacher upon the return of the absentee. Thereupon the school nurse investigated the cause of the absence and insured its approximate accuracy. Once a week the separate records were checked by the writers and the data transferred to individual cards, one of which, containing all data for the entire school year, was available for each pupil. The records were secured from December 1, 1924, to June 19, 1925, the close of the school year.

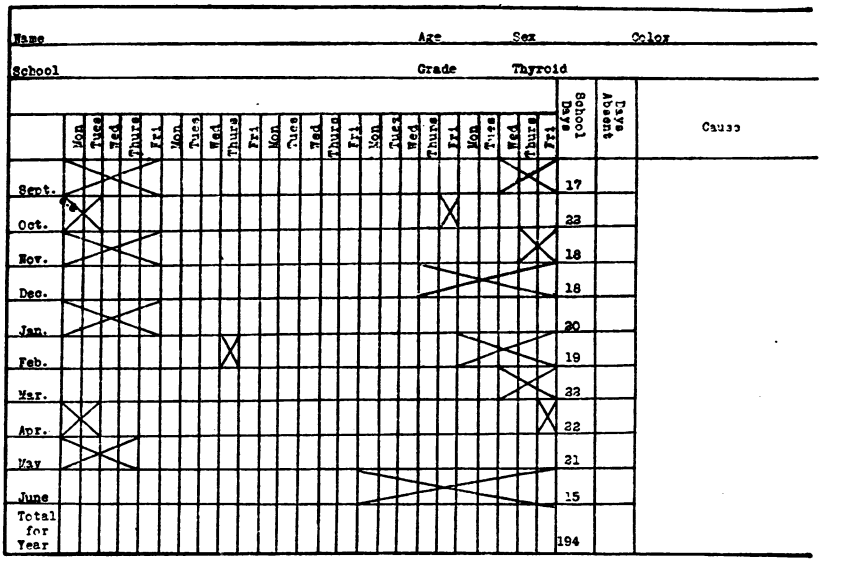
In the main the classification of causes of absence suggested by Doctor Taylor-Jones was followed in the present study. The several headings under which causes of absence were recorded are as follows:

1. Influenza and common colds.
2. Illnesses other than colds.

[2] Louise Taylor-Jones: Causes of Absence in One Grade of 15 Public Schools in Washington, D C. Pub. Health Rep., vol. 39, No. 37, Sept 12, 1924 (Reprint No. 954)

3. Quarantine because of personal illness or illness of other members of family.
4. Bad weather.
5. Truancy.
6. Religious holidays.
7. Miscellaneous causes, principally of a preventable character.

In recording the duration and causes of absence a revised form, based upon the original described by Doctor Taylor-Jones, was utilized. By omitting Saturdays and Sundays waste space was decreased. In brief, the form used in Cincinnati made use of the shorter school calendar instead of the regular calendar. The revised record sheet is shown as Form 1.



FORM 1.—United States Public Health Service thyroid-absenteeism study

RESULTS

While the present study had for its primary object the determination of the amount and cause of absence among thyroid-normal and thyroid-enlarged children, certain interesting collateral information likewise became available. Many points of interest to health officials and school authorities are contained in the data secured, but only the more pertinent information relating to thyroid status has been included in the present paper.

Thyroid enlargement.—The numbers of each degree of thyroid enlargement found among the sixth-grade children are shown in Table 1. Thyroid enlargements were present among 55.5 per cent of the white girls and 65.4 per cent of the colored girls examined. Forty-two and nine-tenths per cent of the white boys and 50.6 per cent of the colored boys also had thyroid enlargement. The percentages of

thyroid enlargements among the children of the open-air classes, shown in Table 2, were lower, the individuals of this group being younger.

TABLE 1.—*Numbers of each degree of thyroid enlargement (by age, sex, and color) among 1,167 children in the sixth grade of the Cincinnati public schools during the 1924–25 session*

Age	White boys					White girls						
	Normal	Degree of enlargement			Total	Normal	Degree of enlargement					Total
		Very slight	Slight	Moderate			Very slight	Slight	Moderate	Marked	Very marked	
9								1				1
10	15	6			21	10	8	1	1			20
11	85	65	7		157	94	71	26	8			199
12	79	49	10		138	64	50	18	9		1	142
13	51	33	13		97	27	17	8	6			58
14	28	13	5	1	47	15	18	9	1	3		46
15	13	3			16	3	3	1	3		1	11
16	3				3				1			1
Total	274	169	35	1	479	213	167	64	29	3	2	478
Per cent	57.1	35.3	7.3	0.2		44.5	34.8	13.4	6.1	0.6	0.5	

Age	Colored boys				Colored girls					
	Normal	Degree of enlargement		Total	Normal	Degree of enlargement				Total
		Very slight	Slight			Very slight	Slight	Moderate	Marked	
10	1	2	1	4		1				1
11	2	7		9	4	5	4	1	1	15
12	9	4		13	9	4	4	3		20
13	4	12		16	7	5	6	1	2	21
14	14	8	2	24	13	11	4	3		31
15	9	3	1	13	2	7	1	2		12
16	2	2		4	2	4	1			7
Total	41	38	4	83	37	37	20	10	3	107
Per cent	49.4	45.8	4.8		34.6	34.6	18.7	9.3	2.8	

TABLE 2.—*Numbers of each degree of thyroid enlargement (by sex and color) among 101 children in the open-air classes of the Cincinnati public schools during the 1924–25 session*

	White boys				White girls				
	Normal	Degree of enlargement		Total	Normal	Degree of enlargement			Total
		Very slight	Slight			Very slight	Slight	Moderate	
Total	13	8	2	23	17	12	4	2	35
Per cent	56.5	34.8	8.7	100.0	48.6	34.3	11.4	5.7	100.0
	Colored boys				Colored girls				
Total	13	5		18	14	10	1		25
Per cent	72.2	27.8		100.0	56.0	40.0	4.0		100.0

Total and average time losses.—The total number of days lost from school by the white boys and girls attending the sixth grade and the general causes of the absence are shown in Table 3. Similar information for the colored children is available in Table 4. It will be noted that 2,953 days were missed by the 479 white boys and 3,253 days by the 478 white girls. There was an average loss of 6.1 days among the boys and 6.8 days among the girls. The average absenteeism among the colored children was much higher, being 11.8 days for the colored boys and 10.3 days for the colored girls. Considering that the records do not cover the entire school year, the average absence chargeable to each pupil is considerable.

TABLE 3.—*Total and average number of days of absence from school during the 1924–25 session among 479 white boys and 478 white girls in the sixth grade of the Cincinnati public schools, according to cause of absence, and presence or absence of thyroid enlargement*

WHITE BOYS

Thyroid status	Number of boys	Total days of absence by causes of absence [1]							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	479	427	1,645	183	5	24.5	127	541.5	2,953
Normal	274	259.5	965.5	70.5	3.5	17	85	310	1,711
Enlarged	205	167.5	679.5	112.5	1.5	7.5	42	231.5	1,242
		Average absence, in days							
Total	479	0.89	3.4	0.38	0.010	0.050	0.26	1.13	6.1
Normal	274	.95	3.5	.25	.012	.062	.31	1.13	6.2
Enlarged	205	.81	3.3	.54	.007	.036	.20	1.13	6.0

WHITE GIRLS

Thyroid status	Number of girls	Total days of absence by cause of absence [1]							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	478	512.5	1,612	479	8	2.5	116.5	522.5	3,253
Normal	213	248.5	758	173	3.5	2.5	39.5	246.5	1,471.5
Enlarged	265	264	854	306	4.5	----	77	276	1,781.5
		Average absence, in days							
Total	478	1.08	3.4	1.01	0.017	0.005	0.24	1.09	6.8
Normal	213	1.16	3.6	.8	.016	.011	.18	1.15	6.9
Enlarged	265	.99	3.2	1.16	.017	----	.29	1.04	6.7

[1] Explanation: (1) Influenza and colds. (2) Sicknesses other than colds. (3) Quarantine or illness in other members of family. (4) Bad weather. (5) Truancy. (6) Religious holidays. (7) Miscellaneous causes (other than illness).

TABLE 4.—*Total and average number of days of absence from school, during the 1924–25 session, among 83 colored boys and 107 colored girls in the sixth grade of the Cincinnati public schools, according to cause of absence, and presence or absence of thyroid enlargement.*

COLORED BOYS

Thyroid status	Number of boys	Total days of absence, by causes of absence							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	83	140	318.5	93	----	87.5	9	334.5	982.5
Normal	41	63	175	27	----	60.5	8	184.5	518
Enlarged	42	77	143.5	66	----	27	1	150	464.5
		Average absence, in days							
Total	83	1.7	3.8	1.12	----	1.05	0.108	4.02	11.8
Normal	41	1.5	4.3	.65	----	1.5	.019	4.5	12.6
Enlarged	42	1.8	3.4	1.5	----	.64	.024	3.6	11.01

COLORED GIRLS

Thyroid status	Number of girls	Total days of absence, by causes of absence							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	107	126	393	178	6	11	1	395	1,110
Normal	37	36.5	148	55.5	1	10	----	154	405
Enlarged	70	89.5	245	122.5	5	1	1	241	705
		Average absence, in days							
Total	107	1.18	3.6	1.6	0.056	0.103	0.009	3.7	10.3
Normal	37	.99	4.	1.5	.027	.27	----	4.1	10.9
Enlarged	70	1.2	3.5	1.7	.071	.014	.014	3.4	10.07

Absence in relation to thyroid status.—Coming to a consideration of the differences in absenteeism between thyroid-normal and thyroid-enlarged children it is apparent that less time was lost by those of the latter group. The differences, however, are neither marked nor significant. Average absences from specific causes were, with few exceptions, slightly less among the thyroid-enlarged children. The similarity in the types and durations of absences from various causes is shown in Chart 1. In preparing the graphic representations presented in this chart, the losses from common colds, other sicknesses, and quarantine because of personal illness or illness of other members of family, have been combined. An examination of Chart 1 shows that the average monthly loss of time from school was slightly less among the children who had no enlargement of the thyroid gland. Absence from school on account of causes associated with illness was most marked during the month of March and was more conspicuous among the girls.

Combined time losses from bad weather, truancy, and religious holidays were about equally distributed between the thyroid-enlarged and thyroid-normal individuals, the distribution being irregular and indistinct.

The miscellaneous causes of school absence, largely avoidable in character, show similar trends, which reach their maxima in April. The differences in school absence between those with and those without thyroid involvement are not clearly marked and therefore lack significance.

Absence because of common colds was slightly more frequent among the girls. Loss of school time because of personal quarantine or the illness of other members of the family was slightly more frequent among the thyroid-normal children, both white and colored. Truancy appears to be a relatively unimportant cause of absence

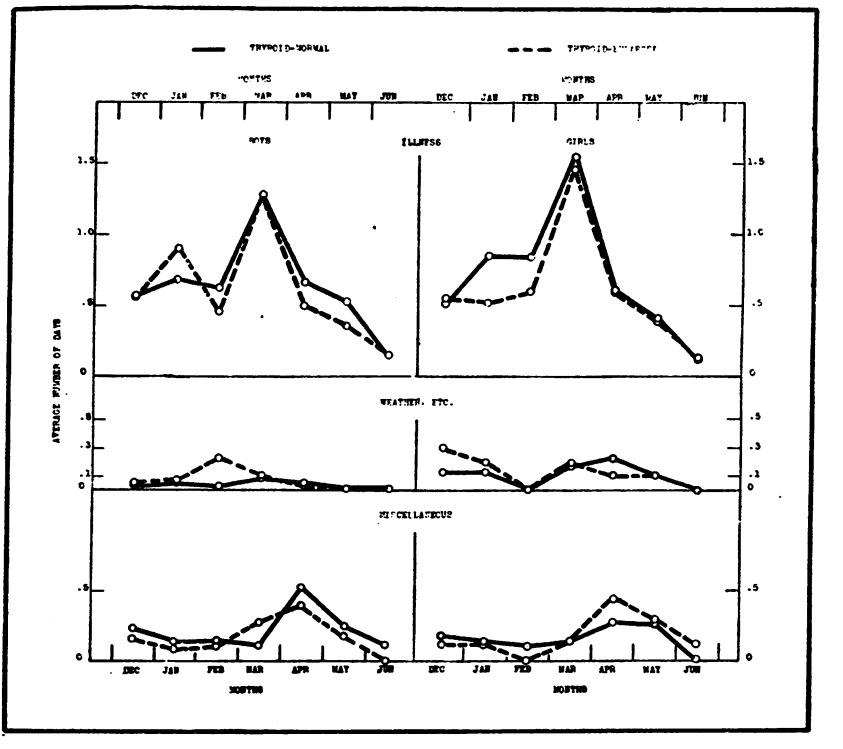


CHART 1.—Average number of days lost from school on account of illness, bad weather, and miscellaneous causes by thyroid-normal and thyroid-enlarged boys and girls in Cincinnati

among the children observed, though more frequent among the colored children than among the white and among both the white and colored boys than among the girls.

Records from open-air classes.—The records of absence among those attending open-air classes are open to the just criticism that relatively few observations are available, and these among younger children. Despite this obvious deficiency it is apparent, after examining Tables 5 and 6, that there are numerous points of comparative interest. Foremost in interest is the fact that the total average absence in the open-air classes exceeds the days lost by

children in the regular classes. Furthermore, except among the colored boys, average absence from common colds is greater among the children of the open-air classes.

TABLE 5.—*Total and average number of days of absence from school, during the 1924–25 session, among 23 white boys and 35 white girls in the open-air classes of the Cincinnati public schools, according to cause of absence, and presence or absence of thyroid enlargement*

WHITE BOYS

Thyroid status	Number of boys	Total days of absence, by causes of absence							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	23	37	123	29	----	1	2	94.5	286.5
Normal	13	25	76.5	2.5	----	1	1	51.5	157.5
Enlarged	10	12	46.5	26.5	----	----	1	43	129
		Average absence, in days							
Total	23	1.6	5.3	1.2	----	0.043	0.087	4.1	12.4
Normal	13	1.9	5.9	.19	----	.077	.077	3.9	12.1
Enlarged	10	1.2	4.6	2.6	----	----	.10	4.3	12.9

WHITE GIRLS

Thyroid status	Number of girls	Total days of absence, by causes of absence							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	35	83.5	226	21.5	3	----	----	73	407
Normal	17	48.5	113	19.5	1	----	----	35	217
Enlarged	18	35	113	2	2	----	----	38	190
		Average absence, in days							
Total	35	2.4	6.4	0.61	0.08	----	----	2.09	11.4
Normal	17	2.8	6.6	1.1	.05	----	----	2.06	12.7
Enlarged	18	1.9	6.3	.11	.11	----	----	2.1	10.6

TABLE 6.—*Total and average number of days of absence from school during the 1924–25 session, among 18 colored boys and 25 colored girls in the open-air classes of the Cincinnati public schools, according to cause of absence, and presence or absence of thyroid enlargement*

COLORED BOYS

Thyroid status	Number of boys	Total days of absence by causes of absence							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	18	13	51	24	3	28	----	32.5	151.5
Normal	13	6	37	22	3	26	----	16.5	110.5
Enlarged	5	7	14	2	----	2	----	16	41
		Average absence, in days							
Total	18	0.72	2.8	1.3	0.16	1.5	----	1.8	8.4
Normal	13	.46	2.8	1.7	.23	2	----	1.3	8.5
Enlarged	5	1.4	2.8	.4	----	.4	----	3.2	8.2

TABLE 6.—*Total and average number of days of absence from school during the 1924–25 session, among 18 colored boys and 25 colored girls in the open-air classes of the Cincinnati public schools, according to cause of absence, and presence or absence of thyroid enlargement*—Continued

COLORED GIRLS

Thyroid status	Number of girls	Total days of absence by causes of absence							Total days lost
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	
Total	25	108	132	58	10	5	.....	104	417
Normal	14	47	78	14	8	5	.....	55	207
Enlarged	11	61	54	44	2	.....	.....	49	210
		Average absence, in days							
Total	25	4.3	5.3	2.3	0.4	0.2	.....	4.2	16.7
Normal	14	3.3	5.6	1	.57	.36	.....	3.9	14.8
Enlarged	11	5.5	4.9	4	.18	.....	.....	4.5	19.1

Further study of Tables 5 and 6 shows that a greater average number of days was lost by the thyroid-enlarged white boys and colored girls than by those with normal thyroids. Among the white girls and colored boys the average losses from absenteeism were greater among the thyroid-normal individuals. In all probability the number of observations available among the children of the open-air classes was too small to permit of drawing conclusions relative to the influence of thyroid condition.

SUMMARY

1. An investigation was undertaken in Cincinnati for the purpose of learning the character and extent of absence from school among thyroid-normal and thyroid-enlarged children.

2. Records were kept of absences among 479 white and 83 colored boys and 478 white and 107 colored girls in the sixth grade of 11 schools. In addition, 23 white and 18 colored boys and 35 white and colored girls attending open-air classes were also studied.

3. Thyroid enlargements were present among 55.5 per cent of the white girls and 65.4 of the colored girls examined. Forty-two and nine-tenths per cent of the white boys and 50.6 per cent of the colored boys had thyroid enlargement. Lower percentages of thyroid involvements were found among the children attending the open-air classes, who were younger.

4. Average absences from school were much greater among the colored than among the white children. Among the white children the average absences were slightly greater among the girls. The opposite condition held among the colored children.

5. A comparison of thyroid-normal and thyroid-enlarged children shows, in the particular group under consideration, a slightly greater average absence in the former group. Common colds caused a slightly greater average loss of time from school among the girls.

6. The average time loss of pupils in the open-air classes exceeded the average absence of those attending the regular classes. Except among the colored boys, the average absence because of common colds was greater among those attending the open-air classes. Absenteeism among the thyroid-normal and thyroid-enlarged children in the open-air classes was irregular in character and without significance, probably because of the small numbers, the lower ages, and relatively small amount of thyroid involvement.

DISCUSSION

The observations which have been made in the present article apply, of course, to a limited group in a single community. Whether the extension of a similar study to a large group of older children would alter the findings is problematical. Certainly it would be essential, before concluding that thyroid enlargement exerts no influence upon school attendance, to conduct investigations in other parts of the country, particularly in districts of relatively higher goiter incidence.

As a means of contributing to the knowledge concerning the ill effects of endemic goiter, a record of school attendance holds forth considerable promise. In the investigation described in the present paper it has been demonstrated that the average school attendance, at least in a selected group, was slightly, though not significantly, better among the individuals with some degree of enlargement of the thyroid gland. It follows, therefore, that the various mental and physical ailments from which children with endemic goiter are alleged to suffer, were not measurably reflected in the school attendance of the particular group under observation.

WHAT THE GOVERNMENT IS DOING FOR TUBERCULOUS PERSONS[1]

By LUCY MINNIGERODE, Superintendent of Nurses, United States Public Health Service

The subject "What the Government is doing for tuberculous persons" touches some interesting phases of Government work.

Many persons are no doubt familiar with the fact that there are several departments and bureaus of the Government engaged in medical work either directly or indirectly. Following are the most important of these branches of the Federal Government directly concerned with medical activities: The Army; the Navy; the Veterans' Bureau; the Public Health Service; the Children's Bureau, of the Department of Labor, which administers the Sheppard-Towner Act; the Office of Indian Affairs, of the Interior Department, which

[1] Read at the Seventh Annual Camp of Instruction, held under the auspices of the Pennsylvania State Department of Health, at Mont Alto Sanatorium June 22, 1926.

is responsible for the medical care and treatment of the Indians on Government reservations; the Bureau of Education, of the same department, which is charged with providing medical relief for the natives of Alaska; the Bureau of Animal Industry and the Bureau of Home Economics, of the Department of Agriculture; and the United States Employees' Compensation Commission.

The material presented here relating to the various departments has been secured in each instance from the department concerned in order to insure accuracy. In requesting statements from these various Federal departments and offices, those which were not dealing directly with tuberculosis were not included.

Medical Department of the Army

1. PREVENTION

Under "prevention" are included annual physical examinations of officers and nurses, improvement of housing and personal hygiene, the proper and efficient treatment of respiratory and contagious diseases, thus preventing recrudescence of quiescent lesions, establishment of a special department of nutrition under an expert physiologist, compulsory courses for internes and general medical officers at Fitzsimons General Hospital (the tuberculosis hospital of the Army), courses for nurses, including affiliating student nurses from Denver hospitals, at the Fitzsimons General Hospital, and the employment of a public health nurse, a member of the Army Nurse Corps, at one large Army camp, Fort Benning, Ga., whose visiting nurse activities include examination of school children of the post and all forms of child welfare.

Most tuberculosis in the Army comes in from civil life. The amount found depends upon the efficiency of physical examinations—on admission and afterwards. During recruiting for the war, local examining boards culled out 69,935 cases of tuberculosis, including suspected cases, out of a total of approximately 3,700,000 men. In addition to this number, Army camp boards turned back approximately 15,000 men. During the war 22,812 men, including volunteers as well as selected service men, were discharged on account of tuberculosis.

The Army had an especially organized tuberculosis service with a branch in each camp during the war. The duty of the officers in these services was to eliminate and treat cases of tuberculosis. Through this service comparatively few cases of tuberculosis got into the Expeditionary Forces. For example, the case rate of tuberculosis in the Army in the United States during the war was 13.15 per thousand per annum, and in the American Expeditionary Forces was 4.29, which shows that practically three times as many tuberculosis cases were found and eliminated in the camps of the United States as were in the American Expeditionary Forces.

2. TREATMENT DURING THE WAR

The Army conducted four large hospitals for tuberculosis, located at the following-named places: Oteen, N. C., Fort Bayard, N. Mex., Whipple Barracks, Ariz., and Denver, Colo. These hospitals cared for 38,607 patients, of whom 2,766 died. Many of these patients continued their treatment in the Veterans' Bureau and other hospitals. At the present time the Army has one hospital for tuberculosis, Fitzsimons, a large general hospital at Denver, Colo. Its normal capacity is 1,847 beds. During the past year it has had 4,000 admissions, approximately all for tuberculosis or suspected tuberculosis. All military sick of this class are sent to Fitzsimons Hospital, where the latest methods in the care of tuberculosis are employed. Excellent results have been accomplished by heliotherapy and surgery. The Army also cares for certain tuberculosis patients of the Veterans' Bureau at the Army hospitals at El Paso and San Antonio, Tex.

The Public Health Service

The Public Health Service publishes weekly reports showing the prevalence of disease, including tuberculosis. It also publishes popular and technical articles dealing with health and sanitation. I have here a number of pamphlets on tuberculosis which are available upon request from the Public Health Service. Studies dealing either directly or indirectly with the problems of tuberculosis are constantly being made. Among the publications is the report of an investigation concerning tuberculosis in Porto Rico made by Doctor Townsend, of the Public Health Service, and published in 1923. There is being conducted at the present time a study of the distribution and prevalence of all respiratory diseases, which was begun about three years ago. Student groups in 13 of the leading universities of the United States were selected for this investigation, as well as families of medical officers of the Army, Navy, and Public Health Service, and faculty members of the above-mentioned universities. Selection of universities was made so as to include different areas of the United States. Final results of this investigation have not yet been published, but, when the study is completed, we shall no doubt have some new valuable information on the subject. There are also being conducted extensive studies on the effect of sunlight on health and disease. Some of the results of these studies will be published in connection with the report on the prevalence of respiratory diseases. It is believed that these studies will have a bearing on the whole problem of tuberculosis. Statistics of all kinds are available through the morbidity studies conducted by the Public Health Service.

The Public Health Service has been conducting several studies on the relation of dust to the health of industrial workers. One of the

principal objects of these studies is to determine as accurately as possible whether or not a specific dust hazard has any effect as a predisposing cause of reactivation of tubercle. The particular dusts included are those prevailing in cement, silver polishing, anthracite, bituminous, and granite industries, as well as certain industries in which organic dusts prevail. The studies themselves are extremely intensive in character, involving a careful history of each individual observed, a physical examination, X ray of all suspicious cases, at least two years of continuous observation with regard to respiratory as well as other illnesses, and a thorough study of the occupations from the point of view of the dust hazard, its severity as well as the chemical composition of the dust.

As a part of the statistical research work, statistics of tuberculosis prevalence are being collected gradually for different groups of individuals, including industrial employees, children of school age, and general population groups, living and working under different conditions. The purpose of this collection of data is to obtain a sufficient amount of dependable information on the incidence of tuberculosis and the conditions under which the disease is most prevalent. In addition to the morbidity statistics, a study has been in progress for some time on certain phases of mortality from tuberculosis, with the particular purpose of trying to discover some of the general conditions which appear to be related to the wide differences in mortality from the disease in different localities, geographic areas, race stock, varying industrial conditions, etc.

Since 1906, under an Executive order, the Public Health Service has made physical examinations of persons employed by the Government who are believed to have tuberculosis (or other communicable diseases), making a true report to the official concerned. You will note that this order originated at a time when more importance was placed upon the possibility of infection of adults from fellow employees than now. It operates now to assist in the early diagnosis of tuberculosis.

Officers of the Public Health Service make physical examinations of civil service applicants and employees. Approximately 19,000 such examinations are made annually. Tuberculosis or conditions predisposing thereto are sometimes detected.

The service operates a hospital for the care of tuberculous merchant seamen and other beneficiaries at Fort Stanton, N. Mex., where approximately 230 patients are constantly under treatment.

Patients are not sent to Fort Stanton except after careful scrutiny of the clinical histories in order to prevent unwise transfers. (See Hospital Division Circular No. 218, of July 12, 1922.) It is, however, I think, creditable to the Public Health Service that of the large number of tuberculous patients transferred to Fort Stanton, 1,228

have died there since 1898. This speaks very well for the place, since it is able to persuade men who, of course, could leave the place at their discretion, to remain there until they die, thus preventing the infection of others, particularly young children, with whom they might come in contact in sailors' boarding houses or in their own homes.

However, it is not only at Fort Stanton that tuberculous patients are cared for. Every hospital in the Public Health Service has beds available for the care of the tuberculosis patient. This is a definite policy of the service, which, for a number of years, has strongly advocated the inclusion of wards for tuberculous persons in all civilian, municipal, or Government hospitals. The advisability of tuberculosis wards in general hospitals is preached by the Public Health Service whenever opportunity is presented, and I take pleasure in again urging that every effort be made toward the accomplishment of this purpose by all agencies interested in the care of the tuberculous patient.

United States Veterans' Bureau

The United States Veterans' Bureau has 18 hospitals caring for over 5,000 tuberculous patients who are beneficiaries of the Veterans' Bureau. In addition to this, in 52 regional offices there are nurses on duty caring for beneficiaries under the direction of medical officers, the purpose being to educate as well as care for these patients. The latest consolidated report of these activities shows 16,434 tuberculosis cases under supervision in these 52 regional offices. Each nurse has a given territory assigned to her and is responsible for the supervision of all beneficiaries, and provision for their needs, in that area. Beneficiaries with a diagnosis of tuberculosis are visited as often as it is deemed necessary by the medical officer in charge of the case. Instruction is given regarding daily rest hour, care of dishes and linen, disposal of sputum, the caution necessary to protect others from infection, especially children, recreation, exercise, etc.

Before a beneficiary is discharged from one of the hospitals a formal notice is sent to the regional office requesting an investigation of the home conditions. The nurse is directed to make investigation, and she forwards her report through proper channels to the hospital requesting the information. After the report is made to the medical officer in charge of the hospital, and provided the home conditions are approved, the beneficiary is allowed to take home treatment under supervision. Following his return to his home, the nurse takes up the supervision of the case and the claimant then reports, if able to do so, to the clinic for the purpose of treatment and periodical reexamination. If home conditions are not suitable, they are disapproved and the family is instructed as to the changes which may be necessary.

Since 1923 an intensive program of supervision and education has been outlined in many of the regional offices to be carried on with tuberculous beneficiaries. The idea of this group instruction is for the purpose of bringing patient and physician in closer touch, so that the nurse might have the support that could come only from the fact that there is a physician in charge of the case. The following requirements for entrance into these classes of instruction were established:

1. Patient is required to have at least one year of hospital treatment with instruction in regard to his own case while in the hospital.
2. Home conditions must meet the requirements of the United States Veterans' Bureau.
3. The patient must promise to cooperate fully with the doctor and the nurse.
4. Out-patient treatment must have been authorized; hospitalization not recommended; and the patient is such as the examining specialist feels would benefit by this instruction.

For instance, the patient who had not had sufficient hospitalization to be admitted into the class was urged to accept further hospital treatment. Those patients whose homes did not meet the requirements of the regulations of the Veterans' Bureau were encouraged to move into more suitable quarters.

A comprehensive course of instruction is given to patients during their period of hospitalization. Upon admission to the hospital, the patient is instructed as to the importance of following faithfully all rules and regulations. He is made to understand that such rules are made to insure his proper treatment and speedy recovery and are not merely matters of discipline. This teaching, initiated in the receiving ward, is followed up by the ward surgeon, who, in addition, explains to the patient in lay language enough of the pathology of his case to secure his cooperation in treatment. A personal interest is shown in the welfare of the individual patient and confidence is established between him and the physician. Upon discharge from the hospital, the patient is acquainted with his limitations as regards work, exercise, etc.

All tuberculosis hospitals of the Veterans' Bureau have instituted courses of instructions for the nurses on duty. In many instances in which the hospital and regional office are located in the same city, arrangements have been made for the nurses to attend the staff meetings and courses of study in the hospital. Several offices have adopted a plan whereby a specialist in tuberculosis devotes a short period of time, preferably at the beginning of the day, to instruction in proper procedure relative to follow-up nursing of beneficiaries and their families.

Postgraduate courses, or rather courses of intensive instruction, in tuberculosis for both physicians and nurses have been held in United States Veterans' Hospital No. 60, Oteen, N. C., and in United States

Veterans' Hospital No. 41, New Haven, Conn. Acknowledged leaders in tuberculosis work participated. These courses have attained a degree of success not equaled in this country.

In some of the hospitals, model wards have been established and every effort is made to accomplish the essential purpose of hospitalization, and the information the patient receives in intramural surroundings helps to keep him from having a recurrence of his trouble. It also assists him in teaching his family to live correctly after he goes home.

A bulletin on tuberculosis nursing for the guidance of nurses has also been prepared in the Nursing Service of the Veterans' Bureau. This bulletin, known as General Order No. 343, outlines the function of the follow-up nurses in the Veterans' Bureau in their visits to bureau beneficiaries who are not receiving treatment in hospitals and who are actually in need of follow-up nursing care.

From the report of these activities it will be seen that two or possibly three activities in regard to tuberculosis are being carried on by the Veterans' Bureau. The first of these is treatment of actual cases of tuberculosis in hospitals established for that purpose. The second is the follow-up of tuberculous patients who have become inactive and allowed to return to their homes, and keeping under supervision all these patients so that they may not become again reactivated. The third is the educational and preventive work, which is by far the most important in its bearing upon the whole tuberculosis problem throughout the country. A tremendous amount of work is being done in the Veterans' Bureau toward the education of the patient in regard to the infectiousness of his disease, the menace which he may be to members of his family through carelessness, impressing upon him particularly that he may be a menace to his children. His family is instructed in the measures which are necessary for keeping the patient well and for preventing conveyance of the infection to others.

Physicians and nurses are trained through these educational activities in the proper care of tuberculous patients. At the close of the war, when the ex-service men were being discharged by the thousands, it was almost impossible to secure either physicians or nurses adequately trained in the proper care of tuberculous patients. It was for this reason that the Public Health Service instituted the first school in tuberculosis treatment, which was held at Oteen, N. C., mention of which has already been made. The Veterans' Bureau, realizing the value of this school, has continued to "carry on" and has developed an educational program in the care of tuberculous patients which can not fail to be of great benefit to the country at large by increasing the number of medical personnel trained in the care of tuberculosis.

Office of Indian Affairs

For the purpose of treating tuberculous patients, there are maintained in the Indian Service six sanatoria schools, with a combined capacity of 464 beds, and six sanatoria hospitals, with a bed capacity of 124. In addition to these a number of the general hospitals have facilities for accommodating a limited number of Indians afflicted with tuberculosis.

The tuberculosis sanatoria are intended for the care and treatment of Indians where the process is so active and advanced that the chances of permanent arrest are remote.

The sanatoria schools are operated for the purpose of treating incipient cases of tuberculosis among children of school age, and a modified course of education is provided for the patients in addition to their treatment for tuberculosis. As a rule, open-air schoolrooms are provided for these institutions.

Besides those for whom institutional treatment has been provided, a large number of tuberculous patients are being treated daily in their homes by agency physicians, assisted by the field nurses and field matrons. This class of patients is increasing rapidly as the Indian is fast becoming aware of the fact that his medicine man has nothing to offer that is effective in the treatment of tuberculosis, and his own observations are beginning to reveal to his mind that there are advantages to be gained by pursuing the white doctor's course, looking toward the eradication of the worst enemy to his health.

The capacity of the institutions for the care of tuberculous patients is not nearly sufficient to take care of those who are now making application for this class of treatment.

Employees' Compensation Commission

Ever since its inception the Employees' Compensation Commission has held that pulmonary tuberculosis may, under certain conditions, be considered an occupational disease. This consideration is entirely apart from the occurrence of tuberculosis following accidental injuries, and is a field in which most State and foreign compensation commissions have made little progress so far. As pulmonary tuberculosis is such a common disease, it has been necessary for the commission to differentiate between the ordinary cases of sickness and those which may fairly be ascribed directly to occupation. While the latter class of cases is comparatively rare, the commission has always felt that in equity a case of clearly occupational tuberculosis should receive the benefits of the compensation act. The experience of the commission, however, has demonstrated clearly that such claims should not receive favorable consideration

until a careful investigation and survey have been made by an especially trained investigator. The consensus of medical opinion now is that contact is a relatively unimportant consideration in the etiology of adult tuberculosis. On the other hand, occupations showing special hardships which would materially decrease the resistance of the individual, thus allowing the activation of a latent tuberculous process, by reason of extreme overwork, unusual climatic exposure, or various occupational hazards, such as dust, form the basis for the allowance of such cases as can be given favorable consideration.

Bureau of Animal Industry

The Bureau of Animal Industry is active in developing accredited herds—that is, tuberculosis-free herds—and in general eradication of tuberculosis among cattle.

SANITATION OF TOURIST CAMPS

With the phenomenal increase in the number of passenger automobiles throughout the United States, and the increasing tendency for families to take long trips during vacation times, thousands of tourist camps have been established for the accommodation of many of these tourists who do not stop at hotels. A new sanitary problem has thus arisen, and many States have already adopted regulations for the sanitary control of these camps.

In a recent report to the State board of health, the State supervisor of tourist camps and swimming pools of Texas states that during the summer months he inspected 225 camps and 27 swimming pools in 78 different counties of the State, and also 15 private camps and camps used by organizations. Approval was given only to those camps complying with the regulations of the State board of health, which are, constant and adequate supervision by a full-time caretaker, a safe and protected water supply, approved method of sewage disposal, and a safe and adequate method of garbage disposal.

The report also states:

"A noticeable feature is the diminution of free tourist camps in the State. Most municipalities have awakened to the fact that the free camp attracts elements not wanted, and the number of these camps is gradually decreasing. However, the number of private tourist camps operated for profit is rapidly increasing. These camps have for rent furnished cottages equipped with modern conveniences. In nearly every instance camps of this character are kept in a good sanitary condition, as the owners are desirous of gaining State approval as a means of increasing their patronage.

"Insanitary tourist camps are a health menace of no minor magnitude. New York and a few other States have made additions to their sanitary codes which give their State boards of health effectual

jurisdiction over all tourist camps and swimming pools within their respective States. Such an addition to the Texas sanitary code would be very helpful."

VACCINATION PROTECTS

Although the efficacy of vaccination and revaccination in preventing individuals from contracting smallpox is now accepted by all scientific workers in the field of disease prevention, frequently there occur small outbreaks among family groups or other close contacts which bring out so vividly the protection afforded by this simple prophylactic measure that they are worthy of notice. The report printed below, a typical example of many such instances, is taken from the Sanitary Bulletin for September, 1926, published by the Department of Health, of Buffalo, N. Y.

The following report by the New York Department of Health is a clean-cut illustration of the value of vaccination. On July 30 a young colored man visited the department of health to consult a physician regarding a skin eruption which had broken out on his body. Upon examination he gave a history of having been taken ill on July 21 with fever and headache, which persisted until July 24, when the symptoms subsided and a first rash appeared. He returned to work but was referred to the health department for diagnosis. Examination showed a pustular eruption on the face, body, and extremities. The history of the sickness before the appearance of the rash and the remission of symptoms, as was also the distribution of the eruption, were typical of smallpox. The patient had never been vaccinated. Investigation was then made at his home and a recovered case of smallpox was found in a woman 23 years of age who lived in the same family. This case had never been diagnosed nor reported nor had the patient ever been vaccinated. Further examination disclosed a third man, 23 years of age, who had visited the two cases mentioned, and who had also just recovered from smallpox which had not been diagnosed nor reported to the health department, nor had he been vaccinated. He was apparently the cause of the infection in the preceding two cases. Interesting facts in connection with these two cases are that at the home of the first cases there were four persons exposed; two of these showed signs of successful vaccination and they escaped the disease; the other two, as stated in the history, had never been vaccinated and contracted the disease. The wife of the third case found upon investigation showed signs of two successful vaccinations, and though in most intimate contact with the patient during the entire period of infection she escaped the disease. Out of five persons exposed, therefore, the only two who contracted the disease were those who had never been vaccinated.

These cases demonstrate the lesson learned in thousands of experiences that successful vaccination and revaccination is the potent and easy method of eradicating smallpox.

PUBLIC HEALTH ENGINEERING ABSTRACTS

Public Health in Persia. Dr. A. R. Neligan, British representative on the Persian Sanitary Council. *The Lancet*, No. 5351, March 20, 1926, pp. 635–639; No. 5352, March 27, 1926, pp. 690–694. (Abstract by I. W. Mendelsohn.)

On the basis of information obtained from various reports, the writer discusses public health in Persia for the period 1914–1924 under the following headings: Geography and climate, medical education, central sanitary administration, municipal health services, frontiers, pilgrim traffic, quarantine stations, shrines, public vaccination service, hospitals, nursing, Pasteur Institute, epidemic and endemic diseases, plague in the interior, typhus fever and relapsing fever, influenza, malaria, tuberculosis, venereal disease, smallpox, leprosy, other infectious diseases, epizootic diseases.

Physical conditions of Persia.—Difficulties experienced in obtaining accurate sanitary information about Persia result from the following conditions: (1) Of 10,000,000 population, 2,000,000 are nomads; (2) the country is mainly an elevated plateau 2,000 to 5,000 feet above the sea, with the central and eastern portion a vast waterless desert; (3) main roads are few and bad, and journeys are slow even by motor car—there are no railways; (4) telegraphic and postal communications are possible only with the larger towns and along the main routes.

Central sanitary administration.—The chief sanitary authority is the Persian Sanitary Council which is composed of 12 Persian doctors, representatives of the Persian ministries, the police and customs departments, and medical representatives of the British, American, French, and German legations. The duties of the council are as follows: (1) To act as advisory body to the Persian Government on all questions of public health and international sanitation; (2) to deal with epidemics in the country; (3) to organize and supervise the sanitary defenses of the frontiers; (4) to receive and collate sanitary reports; (5) to carry on public vaccination; (6) to supervise the importation and distribution of morphine, cocaine, and their derivatives. The funds available are very inadequate. Medical education in Persia is of a very low standard.

Water supplies.—Some towns obtain their water supplies from wells. In most places water is derived from distant underground springs and is brought in artificial underground channels which gradually approach the surface near the points where the water is required. Thence the water runs in open courses. It is drunk as well as used for irrigation and all domestic purposes, including the special ablutions of Mussulmans. It has been found impossible to check the washing of clothes in the water channels.

Sewage disposal.—A simple pit of greater or less depth is still the sole sanitary contrivance in Persia; the soil is absorbent in the greater part of the country. Uncared for, as it frequently is, the pit becomes a nuisance and a danger. In towns there is a great scarcity of public latrines, and most waste pieces of ground are used as squatting places.

Plague and cholera.—Persia's three long land frontiers run with those of countries liable to outbreaks of plague and cholera. Pilgrimages and lack of adequate quarantine facilities increase the danger. Plague has occurred in several places in Persia in the period under discussion. Cholera is a much more troublesome problem than plague. Several epidemics have occurred in Persia in the period under report.

Malaria.—The most serious disease in Persia by far is malaria. It causes heavy mortality every year and keeps the inhabitants of whole districts in a low physical condition. Along the Caspian Sea on the north is a belt of rice, cotton, and marsh country, varying from 2 to 40 miles in width, with dense forest. The rainfall is high. There are numerous rivers, moderate temperatures, mist, perpetual dampness, and rank vegetation.

On the plateau there are heavily infected districts due to water storage and irrigation methods and the nature of the rivers. In towns such as Teheran every house and every garden has at least one tank for irrigation, domestic purposes, and religious ablutions. In addition, many houses have underground cisterns for storing drinking water, which are filled from surface channels. All the tanks and cisterns are breeding places for mosquitoes. The plateau rivers end in swamps.

Quinine treatment as given by Persian doctors is inadequate. The writer states that he has proved the efficiency of gold fish as as larvicides in experiments made in the garden of the British Legation in 1906.

From the Old Oaken Bucket to a Modern Safe Water Supply. J. A. Jensen, Supervisor, Water Works, Minneapolis, Minn. *American City*, vol. 35, No. 3, September, 1926, pp. 323–325. (Abstract by A. S. Bedell.)

In a brief review of the advance in water-works practice during the last thirty years, the writer indicates clearly the broad and complicated field of endeavor in the water works business, and the need for properly qualified, versatile men capable of keeping step with the advancement and progress of the art.

Typhoid in City and Country. Charles N. Leach and Kenneth F. Maxcy. *Water Works*, vol. 65, No. 6, June 9, 1926, pp. 295–296. (Abstract by E. C. Sullivan.)

A study of typhoid fever was made in Alabama in an attempt to establish its relative incidence in population units of various sizes. Knowing the epidemiology of typhoid fever, it would be suspected that the highest incidence would be found in the small town—that unit of population where communal living is most primitive and sanitary safeguards are least in evidence. The results of the analysis of the data, including tabular presentation, are published in this article.

From inspection of the tables it is found that the highest incidence of typhoid fever in Alabama, as gauged by both morbidity and mortality, is found in the small unincorporated towns having a population of 500 to 1,000. With the towns of successively larger population, the rates become progressively smaller, reaching a minimum figure in the three largest cities of the State. In direct contrast to the high rate of the small towns is the low rate in the country districts and the small unincorporated communities. The rate of this last group is as low as that in the large cities.

The most fruitful field for typhoid reduction is the small incorporated town. In Alabama, although contributing only 7 per cent of the total population of the State, these communities furnish annually 28 per cent of the typhoid fever cases. The population living in the unincorporated towns and country districts, having comparative protection by virtue of their very lack of contact with their fellowmen and constituting 71 per cent of the total population of the State, contribute only 41 per cent of the annual typhoid fever toll. The risk of typhoid fever in this part of the population would appear to be no greater than that of persons living in the large and relatively large cities.

Less Typhoid Fever During 1925. Anon., *Health News*, New-York State Health Department, vol. 3, No. 22, May 31, 1926, p. 85. (Abstract by Isador W. Mendelsohn.)

In 1925, seven typhoid fever outbreaks in New York State were due to infected milk and two to polluted water. Thirty typhoid carriers were discovered, to which 122 primary and 7 secondary cases of the disease were attributed. There were 1,483 up-State cases against 1,602 in 1924, giving a case rate of 28 per 100,000 population.

Studies of the Epidemiology of Malaria in the Coastal Lowlands of Brazil, Made Before and After the Execution of Control Measures. Mark F. Boyd. Reprinted from the *American Journal of Hygiene*, Monographic Series, No. 5, May, 1926. (Abstract by K. F. Maxcy.)

The object of this study was "to ascertain a simple, economical, and effective method of malaria control adapted to a tropical area, which will offer prospects of permanent relief with a minimum of maintenance." The report contains an outline of the data collected during three years of investigation.

Four towns in the lowlands adjacent to Guanabara Bay in the State of Rio de Janeiro were selected. Topographical, climatic, demographic, sociologic, and economic factors are discussed in their relationship to the local malaria problem.

Anophelines of the coastal zone of Brazil are reviewed. On the basis of relative numbers, seasonal prevalence, association with human habitations, blood meal preference, and dissections, it is concluded that *A. argyritarsis* is the principal propagator of malaria and that *A. tarsimaculatus* plays a secondary rôle. Eight other species of *Anopheles* are found in the area, but are unimportant as vectors.

The prophylactic work was based on the belief that the soundest method for the solution of a malaria problem is an attack on the larval stages of the transmitting species of anophelines (species control), within a 1-kilometer zone about the population center to be protected. In addition to the antilarval work, a considerable amount of quinine was distributed, free of charge, in three of the four areas.

The costs of various enterprises in ditching, filling, stream cleaning, etc., and the maintenance required, are given. The drainage executed was exclusively by means of open ditches at a cost of from $88 to $107 per kilometer (current rate of exchange).

Next to drainage, top minnows, *Poecilia vivipara*, were probably the most important factor in degree of "spontaneous" larval control secured. The use of oil was most widespread, though paris green was found valuable in certain areas. The author emphasizes the necessity of using an unadulterated paris green.

Splenic and parasitic indices were made at approximately six-month intervals. The first three were taken before the initiation of control measures; the fourth and fifth were taken during the progress and at the close of the first year (1924) of control work; the last during the height of the malaria season in the spring of 1925.

In Magé, population 2,255, an area of light endemicity, the spleen rate at successive surveys was 6, 12, 5, 2, 3. The cost of the work during the first year was about $1.60 per capita, and of maintenance, second year, about $0.70. It is concluded that, owing to the work done and to favorable natural conditions, a very decided reduction in malaria transmission was effected which was well worth the money and effort expended.

In Itamby, population 450, an area of moderately high endemicity, the spleen rates at successive surveys were 73, 77, 75, 77, 73, 43; the per capita costs were, first year, $5.50; second year, $2. The results are regarded by the author as highly satisfactory.

In Porto das Caixas, population 457, about the same sort of area, the spleen rates were 78, 86, 85, 72, 67, 75; the per capita costs, first year, $6; second year, $3. The degree of malaria control achieved was not in proportion to the effort.

In Sant' Anna, population 198, considered to have the most intense degree of endemicity, the successive spleen indices were 76, 85, 72, 66, 75, and 74. Only one year of control work was attempted and this cost about $3 per capita. The results were considered unsatisfactory.

(Abstractor's Note: In general, so far as the coastal region of tropical Brazil is concerned, one gathers from this elaborate report that the question propounded in the beginning is answered in the negative. In a town where the disease is lightly endemic and little transmission taking place, the disease may be virtually eradicated at a reasonable cost by antilarval measures and the liberal distribution of quinine. In areas of moderate or high endemicity, some degree of reduction in malaria may be effected, but the eradication of the disease is not economically possible with present knowledge and the low per capita wealth.)

DEATH RATES IN A GROUP OF INSURED PERSONS

Rates for Principal Causes of Death for August, 1926

The accompanying table is taken from the Statistical Bulletin for September, 1926, published by the Metropolitan Life Insurance Co., and presents the mortality experience of the industrial insurance department of the company for August, 1926, as compared with July, 1926, and with August and year, 1925. The rates are based on a strength of approximately 17,000,000 insured persons in the industrial populations of the United States and Canada. The annual death rates for all causes in this group are lower than those for the general population. For the years 1920–1924 they were from 71 to 75 per cent of the rates for the Registration Area.

The Bulletin states:

The death rate in the industrial populations of the United States and Canada, in August, declined slightly as compared with the preceding month. This reflects the usual seasonal improvement that is observed at this time of the year. Compared with August, 1925, there was an increase from a rate of 7.6 per 1,000 to 7.9.

The table shows higher rates in August than prevailed a year ago for every cause of major numerical importance, although in no case is there a marked rise in the mortality. For August and each of the two months immediately preceding, the tuberculosis death rate increased over last year, and the cumulative rate for tuberculous disease is now substantially the same as at this time last year. It is now possible that 1926 will break the long sequence of years which have shown year-to-year drops in the tuberculosis death rate. * * * The reduction in the tuberculosis rate has been marked during several decades, and the time was bound to come when either a decided retardation in the velocity of the decline would be experienced, or a new low point established which could not be bettered for some years to come. In so far as can be judged by an analysis of data available at this time, the failure to improve over last year's tuberculosis

death rate is due, entirely, to an increase among the colored policyholders. Up to the end of June, there was a drop of 2.8 per cent from the corresponding figure of 1925 among the white industrial population of the United States and Canada.

It is predicted that a considerable reduction will be shown in 1926 in the death rate for diarrheal diseases, as in each of the three months in which these conditions are most prevalent—June, July, and August—the rate declined markedly from the figure recorded last year.

A decline is also shown in the death rate for puerperal conditions.

Automobile fatalities in this group were fewer in August and July than during the corresponding months of 1925; and up to the week ended September 18 the cumulative death rate for automobile accidents was slightly lower than that for the corresponding period of last year. The improvement, however, in July and August is to be credited for this showing, since the first six months of this year recorded the usual increase in this cause of death.

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

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Rate per 100,000 lives exposed*			
	Aug., 1926	July, 1926	Aug., 1925	Year 1925
Total, all causes	785.8	823.1	763.4	907.5
Typhoid fever	4.8	3.1	7.1	4.6
Measles	3.1	6.6	1.4	3.3
Scarlet fever	2.0	2.6	1.8	3.5
Whooping cough	7.9	8.7	8.8	7.7
Diphtheria	5.7	5.8	5.2	10.6
Influenza	5.0	9.3	3.9	22.0
Tuberculosis (all forms)	89.0	98.1	83.4	98.1
Tuberculosis of respiratory system	75.3	84.5	71.9	85.9
Cancer	72.3	69.1	63.9	70.5
Diabetes mellitus	13.1	13.1	11.4	15.2
Cerebral hemorrhage	45.2	48.2	43.2	53.6
Organic diseases of heart	99.6	117.2	96.7	126.6
Pneumonia (all forms)	36.0	48.0	33.5	86.5
Other respiratory diseases	10.2	10.6	9.6	13.2
Diarrhea and enteritis	49.7	31.2	61.5	36.7
Bright's disease (chronic nephritis)	58.4	61.2	57.2	69.8
Puerperal state	13.2	14.5	14.2	16.5
Suicides	6.7	6.8	5.3	6.9
Homicides	6.2	7.5	6.7	7.2
Other external causes (excluding suicides and homicides)	70.6	71.0	71.2	64.3
Traumatism by automobiles	15.6	17.3	18.8	16.6
All other causes	187.3	190.6	177.3	190.7

*All figures include infants insured under one year of age.

DEATHS DURING WEEK ENDED OCTOBER 16, 1926

Summary of information received by telegraph from industrial insurance companies for week ended October 16, 1926, and corresponding week of 1925. (From the Weekly Health Index, October 20, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Oct. 16, 1926	Corresponding week, 1925
Policies in force	65, 563, 132	61, 481, 129
Number of death claims	10, 241	9, 300
Death claims per 1,000 policies in force, annual rate	8. 1	7. 9

Deaths from all causes in certain large cities of the United States during the week ended October 16, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, October 20, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Oct. 16, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Oct. 16, 1926 [2]
	Total deaths	Death rate [1]		Week ended Oct. 16, 1926	Corresponding week, 1925	
Total (65 cities)	6,407	11.6	12.0	804	854	[3] 66
Akron	37			6	9	65
Albany [4]	20	8.8	12.8	0	3	0
Atlanta	72			9	7	
White	41			6		
Colored	31	(5)		3		
Baltimore [4]	208	13.4	14.5	34	35	104
White	152			23		87
Colored	56	(5)		11		175
Birmingham	60	14.8	11.2	9	10	
White	37			3		
Colored	23	(5)		6		
Boston	191	12.7	12.4	35	22	98
Bridgeport	16			0	4	0
Buffalo	146	14.0	14.5	13	20	54
Cambridge	32	13.7	8.3	8	1	142
Camden	26	10.3	10.1	1	4	17
Canton	22	10.4	8.3	3	5	66
Chicago [4]	614	10.5	10.2	65	83	57
Cincinnati	101	12.8	15.3	26	12	162
Cleveland	208	11.3	9.2	27	23	70
Columbus	71	13.0	14.2	14	8	131
Dallas	44	11.5	12.1	4	10	
White	30			4		
Colored	14	(5)		0		
Dayton	30	8.8	10.3	6	6	99
Denver	80	14.6	12.1	9	5	
Des Moines	29	10.4	13.6	7	3	117
Detroit	226	9.1	11.6	38	53	62
Duluth	21	9.7	10.4	2	0	46
El Paso	27	12.9	11.4	4	4	
Erie	22			1	7	20
Fall River [4]	27	10.7	10.5	5	1	78
Flint	28	10.7	6.4	7	6	119
Fort Worth	20	6.6	12.7	4	5	
White	19			3		
Colored	1	(5)		1		
Grand Rapids	35	11.7	11.5	5	4	72
Houston	54			3	5	
White	41			3		
Colored	13	(5)		0		
Indianapolis	102	14.5	14.5	10	11	76
White	82			9		78
Colored	20	(5)		1		57
Jersey City	58	9.5	10.9	8	12	60
Kansas City, Kans	21	9.4	9.0	0	3	0
White	14			0		0
Colored	7	(5)		0		0
Kansas City, Mo	92	12.8	10.2	14	10	
Los Angeles	205			13	28	36
Louisville	81	13.6	12.1	11	7	94
White	60			9		87
Colored	21	(5)		2		140
Lowell	35			8	4	154
Lynn	14	7.0	11.1	2	5	53
Memphis	81	23.9	18.8	7	9	
White	43			4		
Colored	38	(5)		3		
Milwaukee	71	7.2	11.1	8	19	38
Minneapolis	76	9.1	10.9	6	8	33
Nashville [4]	50	19.0	14.9	8	4	
White	28			3		
Colored	22	(5)		5		
New Bedford	18			1	8	17
New Haven	35	10.0	12.8	3	1	41
New Orleans	134	16.7	16.5	13	20	
White	91			9		
Colored	43	(5)		4		

Footnotes at end of table.

Deaths from all causes in certain large cities of the United States during the week ended October 16, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925—Continued

City	Week ended Oct. 16, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Oct. 16, 1926 [2]
	Total deaths	Death rate [1]		Week ended Oct. 16, 1926	Corresponding week, 1925	
New York, N. Y.	1,267	11.2	11.7	143	100	58
Bronx Borough	164	9.5	9.0	13	8	43
Brooklyn Borough	436	10.1	10.0	56	63	57
Manhattan Borough	525	14.6	15.8	61	74	68
Queens Borough	111	7.6	8.5	11	13	50
Richmond Borough	31	11.3	16.2	2	2	35
Newark, N. J.	89	10.1	11.1	12	9	58
Norfolk	35	10.5	10.5	7	3	141
White	16			3		98
Colored	19	[3]		4		212
Oakland	58	11.6	7.6	6	2	70
Oklahoma City	23			1	1	
Omaha	47	11.4	11.8	7	5	74
Paterson	21	7.7	12.5	0	3	0
Philadelphia	449	11.7	12.6	62	60	83
Pittsburgh	148	12.1	13.5	24	19	80
Portland, Oreg.	70			6	3	60
Providence	72	13.7	10.1	7	6	58
Richmond	62	17.1	12.0	6	4	75
White	35			4		78
Colored	27	[3]		2		69
Rochester	62	10.1	12.2	11	13	87
St. Louis	193	12.1	12.4	10	25	
St. Paul	55	11.6	12.7	4	6	35
Salt Lake City [4]	29	11.4	13.5	6	6	91
San Antonio	35	8.9	14.7	8	9	
San Diego	37	17.5	18.2	2	5	42
San Francisco	155	14.3	12.3	7	10	42
Schenectady	22	12.3	10.1	1	2	29
Seattle	65			2	6	19
Somerville	14	7.3	11.1	2	3	57
Spokane	30	14.4	14.4	1	2	23
Springfield, Mass.	34	12.2	12.5	3	4	46
Syracuse	56	15.9	13.2	7	4	89
Toledo	59	10.5	13.4	11	11	106
Trenton	30	11.7	17.0	7	4	119
Utica	22	11.1	14.9	3	5	68
Washington, D. C.	128	12.6	16.8	12	18	69
White	75			7		58
Colored	53	[3]		5		91
Waterbury	17			3	5	71
Wilmington, Del.	25	10.5	13.2	3	6	67
Worcester	40	10.8	11.8	4	5	48
Yonkers	21	9.4	8.3	4	2	90
Youngstown	31	9.8	8.8	8	11	101

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births. Cities left blank are not in the registrationa area for births.
[3] Data for 63 cities.
[4] Deaths for week ended Friday, Oct. 15, 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, Louisville 17, 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 October 23, 1926

ALABAMA

	Cases
Cerebrospinal meningitis	1
Chicken pox	1
Dengue	1
Diphtheria	101
Influenza	86
Malaria	147
Measles	6
Mumps	2
Pellagra	5
Pneumonia	20
Poliomyelitis	1
Scarlet fever	35
Smallpox	3
Tetanus	2
Tuberculosis	37
Typhoid fever	41
Typhus fever	3
Whooping cough	16

ARIZONA

Chicken pox	1
Measles	10
Tuberculosis	15

ARKANSAS

Chicken pox	3
Diphtheria	12
Influenza	22
Malaria	101
Measles	4
Paratyphoid fever	1
Pellagra	5
Poliomyelitis	2
Scarlet fever	5
Smallpox	1
Tuberculosis	3
Typhoid fever	31
Whooping cough	15

CALIFORNIA

Cerebrospinal meningitis:	Cases
Fresno County	1
Oakland	1
Chicken pox	148
Diphtheria	117
Influenza	10
Jaundice	2
Leprosy—San Bernardino County	1
Lethargic encephalitis—Glendale	1
Measles	507
Poliomyelitis:	
Humboldt County	1
Los Angeles County	2
San Bernardino County	1
San Diego	1
Ventura County	1
Scarlet fever	192
Smallpox	7
Tuberculosis	194
Typhoid fever	13
Whooping cough	58

COLORADO

Chicken pox	15
Diphtheria	20
Malaria	1
Measles	1
Pneumonia	2
Scarlet fever	47
Tuberculosis	42
Typhoid fever	5
Vincent's angina	2
Whooping cough	4

CONNECTICUT

Chicken pox	49
Diphtheria	26
German measles	2
Lethargic encephalitis	1

CONNECTICUT—continued

	Cases
Measles	20
Mumps	1
Paratyphoid fever	1
Pneumonia (broncho)	13
Pneumonia (lobar)	14
Poliomyelitis	1
Scarlet fever	31
Septic sore throat	2
Tuberculosis (pulmonary)	27
Typhoid fever	4
Whooping cough	29

DELAWARE

Chicken pox	3
Diphtheria	2
Malaria	1
Ophthalmia neonatorum	1
Pneumonia	1
Scarlet fever	14
Tuberculosis	2
Typhoid fever	4
Whooping cough	1

FLORIDA

Dengue	1
Diphtheria	52
Influenza	1
Malaria	16
Measles	3
Mumps	1
Paratyphoid fever	3
Pneumonia	2
Scarlet fever	5
Smallpox	2
Tetanus	1
Trachoma	1
Tuberculosis	26
Typhoid fever	24
Typhus fever	2
Whooping cough	3

GEORGIA

Cerebrospinal meningitis	1
Chicken pox	12
Dengue	1
Diphtheria	99
Dysentery	6
Hookworm disease	1
Influenza	40
Malaria	135
Measles	3
Mumps	2
Pellagra	2
Pneumonia	20
Scarlet fever	21
Septic sore throat	16
Smallpox	12
Tuberculosis	13
Typhoid fever	55
Typhus fever	1
Whooping cough	9

IDAHO

Cerebrospinal meningitis—Weiser	1
Chicken pox	19
Diphtheria	3
Measles	11
Scarlet fever	28
Typhoid fever	1
Whooping cough	1

ILLINOIS

	Cases
Cerebrospinal meningitis:	
Madison County	1
Winnebago County	1
Chicken pox	157
Diphtheria	123
Influenza	14
Lethargic encephalitis:	
Brown County	1
Cook County	2
Effingham County	1
Kankakee County	1
Measles	178
Mumps	27
Pneumonia	150
Poliomyelitis:	
Cook County	2
Henry County	1
Macon County	1
McHenry County	1
Scarlet fever	199
Tuberculosis	429
Typhoid fever	87
Whooping cough	196

INDIANA

Chicken pox	80
Diphtheria	117
Influenza	13
Measles	17
Pneumonia	*6
Poliomyelitis	2
Scarlet fever	131
Smallpox	26
Tuberculosis	34
Typhoid fever	43
Whooping cough	44

IOWA

Chicken pox	33
Diphtheria	34
German measles	1
Impetigo contagiosa	1
Measles	15
Mumps	4
Scarlet fever	36
Smallpox	3
Tuberculosis	22
Typhoid fever	12
Vincent's angina	1
Whooping cough	7

KANSAS

Cerebrospinal meningitis:	
Hope	1
Hutchinson	1
Mulvane	1
Chicken pox	32
Diphtheria	44
Influenza	1
Malaria	1
Measles	52
Mumps	15
Pneumonia	11
Scarlet fever	62
Smallpox	4
Tuberculosis	40
Typhoid fever	20
Whooping cough	24

LOUISIANA

	Cases
Cerebrospinal meningitis	1
Diphtheria	36
Influenza	12
Malaria	32
Pneumonia	24
Scarlet fever	15
Tuberculosis	38
Typhoid fever	23
Whooping cough	4

MAINE

Chicken pox	29
Diphtheria	6
Impetigo contagiosa	14
Influenza	8
Measles	40
Mumps	13
Pneumonia	13
Poliomyelitis	1
Scarlet fever	29
Tuberculosis	6
Typhoid fever	10
Whooping cough	51

MARYLAND [1]

Cerebrospinal meningitis	1
Chicken pox	42
Diphtheria	47
Dysentery	6
German measles	6
Influenza	7
Malaria	1
Measles	7
Mumps	7
Paratyphoid fever	1
Pneumonia (broncho)	15
Pneumonia (lobar)	13
Poliomyelitis	2
Scarlet fever	37
Septic sore throat	1
Tuberculosis	22
Typhoid fever	47
Typhus fever	1
Whooping cough	43

MASSACHUSETTS

Chicken pox	84
Conjunctivitis (suppurative)	1
Diphtheria	69
Dysentery	1
German measles	6
Influenza	4
Lethargic encephalitis	3
Malaria	1
Measles	39
Mumps	62
Ophthalmia neonatorum	34
Pneumonia (lobar)	44
Poliomyelitis	9
Scarlet fever	176
Septic sore throat	2
Trachoma	1
Tuberculosis (pulmonary)	90
Tuberculosis (other forms)	27
Typhoid fever	16
Whooping cough	70
Diphtheria	191

MICHIGAN

	Cases
Measles	30
Pneumonia	58
Scarlet fever	140
Smallpox	8
Tuberculosis	134
Typhoid fever	22
Whooping cough	107

MINNESOTA

Chicken pox	81
Diphtheria	81
Influenza	2
Lethargic encephalitis	1
Measles	63
Pneumonia	3
Scarlet fever	201
Smallpox	7
Tuberculosis	40
Typhoid fever	5
Whooping cough	15

MISSISSIPPI

Cerebrospinal meningitis	1
Diphtheria	29
Poliomyelitis	2
Scarlet fever	11
Smallpox	14
Typhoid fever	23

MISSOURI

Cerebrospinal meningitis	2
Chicken pox	8
Diphtheria	77
Influenza	11
Malaria	5
Measles	16
Mumps	2
Pneumonia	1
Poliomyelitis	1
Scarlet fever	55
Smallpox	4
Trachoma	1
Typhoid fever	27
Whooping cough	12

NEBRASKA

Cerebrospinal meningitis	1
Chicken pox	4
Diphtheria	6
Measles	4
Mumps	3
Scarlet fever	25
Smallpox	53
Typhoid fever	1
Whooping cough	8

NEW JERSEY

Cerebrospinal meningitis	2
Chicken pox	98
Diphtheria	118
Influenza	6
Malaria	1
Measles	15
Pneumonia	51
Poliomyelitis	3
Scarlet fever	73
Typhoid fever	33
Whooping cough	96

[1] Week ended Friday.

NEW MEXICO

	Cases
Chicken pox	2
Conjunctivitis	2
Diphtheria	3
Measles	2
Mumps	1
Pneumonia	6
Rabies (in animals)	1
Scarlet fever	13
Smallpox	1
Tuberculosis	24
Typhoid fever	6
Whooping cough	1

NEW YORK

(Exclusive of New York City)

Cerebrospinal meningitis	4
Chicken pox	170
Diphtheria	80
Dysentery	4
German measles	35
Influenza	1
Lethargic encephalitis	1
Malaria	3
Measles	236
Mumps	79
Ophthalmia neonatorum	1
Pneumonia	118
Poliomyelitis	23
Scarlet fever	87
Smallpox	5
Tetanus	8
Typhoid fever	53
Vincent's angina	8
Whooping cough	159

NORTH CAROLINA

Chicken pox	21
Diphtheria	158
German measles	4
Malaria	4
Measles	5
Poliomyelitis	2
Scarlet fever	73
Septic sore throat	4
Smallpox	7
Typhoid fever	41
Whooping cough	141

OKLAHOMA

(Exclusive of Oklahoma City and Tulsa)

Diphtheria	55
Influenza	76
Malaria	84
Pneumonia	13
Poliomyelitis—Tulsa County	1
Scarlet fever	30
Smallpox	3
Typhoid fever	92
Whooping cough	16

OREGON

Chicken pox	13
Diphtheria	20
Influenza	12
Measles	5
Mumps	3
Pneumonia	[2] 6

[2] Deaths.

OREGON—continued

	Cases
Poliomyelitis	1
Scarlet fever	45
Septic sore throat	2
Smallpox	13
Tuberculosis	[2] 1
Typhoid fever	11
Whooping cough	6

PENNSYLVANIA

Chicken pox	173
Diphtheria	146
German measles	4
Impetigo contagiosa	49
Lethargic encephalitis—Philadelphia	1
Malaria	1
Measles	262
Mumps	30
Ophthalmia neonatorum—Philadelphia	2
Pellagra—Pittsburgh	1
Pneumonia	25
Poliomyelitis:	
Bradford	1
Clintonville	2
Scattering	6
Scabies	5
Scarlet fever	186
Tuberculosis	130
Typhoid fever	72
Whooping cough	216

RHODE ISLAND

Chicken pox	5
Diphtheria	8
Influenza	1
Measles	2
Pneumonia	2
Poliomelitis:	
North Smithfield	1
Providence	1
Scarlet fever	5
Tuberculosis	9
Whooping cough	8

SOUTH DAKOTA

Diphtheria	1
Measles	78
Pneumonia	2
Scarlet fever	23
Smallpox	1
Typhoid fever	3
Whooping cough	7

TENNESSEE

Chicken pox	1
Diphtheria:	
Memphis	10
Nashville	19
Scattering	72
Influenza	13
Lethargic encephalitis—Hawkins County	1
Malaria	57
Measles	2
Ophthalmia neonatorum	2
Pellagra	7
Pneumonia	15
Scarlet fever	59
Tuberculosis	20
Typhoid fever	123
Whooping cough	62

TEXAS

	Cases
Chicken pox	10
Diphtheria	48
Dysentery	1
Influenza	5
Measles	1
Paratyphoid fever	2
Pellagra	1
Pneumonia	4
Scarlet fever	18
Smallpox	4
Tetanus	1
Tuberculosis	11
Typhoid fever	12
Whooping cough	11

UTAH

Chicken pox	36
Diphtheria	9
German measles	11
Influenza	1
Measles	105
Mumps	2
Pneumonia	5
Scarlet fever	17
Smallpox	6
Whooping cough	8

VERMONT

Chicken pox	16
Diphtheria	2
Measles	100
Mumps	15
Scarlet fever	2
Whooping cough	22

WASHINGTON

Cerebrospinal meningitis	1
Chicken pox	81
Diphtheria	25
German measles	2
Lethargic encephalitis	1
Measles	13
Mumps	17
Scarlet fever	67
Smallpox	19
Trachoma	1
Tuberculosis	32
Typhoid fever	9
Whooping cough	6

WEST VIRGINIA

	Cases
Cerebrospinal meningitis--Pleasants County	1
Chicken pox	46
Diphtheria	62
Influenza	16
Measles	21
Scarlet fever	71
Tuberculosis	20
Typhoid fever	74
Whooping cough	51

WISCONSIN

Milwaukee:	
Chicken pox	27
Diphtheria	17
German measles	2
Measles	3
Mumps	30
Ophthalmia neonatorum	1
Pneumonia	8
Scarlet fever	10
Tuberculosis	9
Typhoid fever	1
Whooping cough	59
Scattering:	
Cerebrospinal meningitis	1
Chicken pox	93
Diphtheria	23
German measles	3
Influenza	39
Measles	125
Mumps	17
Pneumonia	6
Poliomyelitis	5
Scarlet fever	61
Smallpox	4
Trachoma	1
Tuberculosis	30
Typhoid fever	3
Whooping cough	110

WYOMING

Chicken pox	16
Diphtheria	4
Measles	9
Pneumonia	1
Scarlet fever	12
Tuberculosis	1
Tularaemia	2
Typhoid fever	2
Whooping cough	4

Reports for Week Ended October 16, 1926

DISTRICT OF COLUMBIA

	Cases
Chicken pox	2
Diphtheria	13
Lethargic encephalitis	1
Measles	1
Pneumonia	15
Scarlet fever	8
Tuberculosis	15
Typhoid fever	2
Whooping cough	13

MISSISSIPPI

	Cases
Diphtheria	24
Scarlet fever	17
Smallpox	1
Typhoid fever	17

NEW MEXICO

Chicken pox	2
Conjunctivitis	1
Malaria	5
Pneumonia	4

NEW MEXICO—continued

	Cases
Rabies (in animals)	1
Scarlet fever	6
Tuberculosis	9
Typhoid fever	35
Whooping cough	9

NORTH DAKOTA

Chicken pox	9
Measles	38
Mumps	3
Pneumonia	1
Smallpox	2
Tuberculosis	3
Typhoid fever	5
Whooping cough	21

SOUTH CAROLINA

	Cases
Chicken pox	1
Diphtheria	117
Hookworm disease	30
Influenza	357
Malaria	857
Measles	20
Paratyphoid fever	5
Pellagra	44
Poliomyelitis	7
Scarlet fever	40
Smallpox	6
Tuberculosis	32
Typhoid fever	58
Whooping cough	66

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
May, 1926										
Pennsylvania	6	580	----	2	15,308	0	3	2,310	5	78
June, 1926										
Pennsylvania	4	637	----	1	9,615	0	4	1,726	7	144
September, 1926										
Indiana	2	125	78	----	54	----	2	155	26	190
Louisiana	2	73	30	111	3	41	6	23	9	129
Maryland	3	95	15	12	16	2	15	71	1	283
Michigan	0	369	7	----	78	----	27	323	12	127
Minnesota	0	189	4	----	66	----	5	437	2	36
New York	21	538	63	20	328	----	201	394	6	478
Ohio	6	374	9	2	56	----	32	360	18	573
Rhode Island	3	17	6	1	7	----	4	15	0	12
Vermont	0	3	----	----	99	----	3	23	0	3
West Virginia	0	81	13	----	48	----	6	104	25	212

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

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	105	19	1,063	75	18	122	463	99	228
Arizona	9	5	30	6	31		79	30	16
Arkansas	50	6	145	42	38	6	40	63	149
California	870	503	2,150	867	608	103	974	111	369
Colorado	226	64	257	19	100	10	27	3	206
Connecticut	263	53	1,612	43	314	2	164	9	165
Delaware	2	6	92		17	0	10	3	7
District of Columbia	88	38	519		71	4	115	2	145
Florida	49	36	116	47	25	187	139	76	97
Georgia	67	21	460	59	5	71	96	153	83
Idaho	53	23	39	37	20	35	2	9	36
Illinois	1,122	367	4,813	284	947	105	1,793	65	801
Indiana	209	56	1,767		314	266	207	27	337
Iowa	66	40	324	22	116	96	56	(1)	60
Kansas	152	31	783	50	107	29	306	34	548
Kentucky [2]									
Louisiana	6	30	21	2	30	55	172	103	54
Maine	58	16	679	45	52	0	23	15	63
Maryland	275	68	878	374	254	2	321	46	282
Massachusetts	708	276	2,724	600	927		656	35	776
Michigan	626	434	3,957	82	1,189	30	454	38	566
Minnesota	426	245	2,489		851	23	346	19	174
Mississippi	427	34	1,143	720	21	35	419	264	1,854
Missouri	335	250	1,845	45	410	32	205	45	283
Montana	20	43	297	10	59	24	35	4	9
Nebraska [3]									
Nevada [4]									
New Hampshire [4]									
New Jersey	631	319	2,955		792	3	444	37	341
New Mexico	26	17	29	7	13	3	129	16	88
New York	1,725	618	10,110	910	1,815	29	1,751	85	1,689
North Carolina	303	74	1,520		82	127		87	1,277
North Dakota	24	20	110	17	146	13	7		64
Ohio	818	335	4,042	142	1,078	152	728	57	1,586
Oklahoma [5]	55	19	264	19	51	26	162	109	256
Oregon	139	75	346	68	169	162	52	23	134
Pennsylvania [3]									
Rhode Island	14	18	274	6	26	0	45	2	44
South Carolina	157	126	119	4	34	79	219	335	267
South Dakota	21	10	184	21	234	25	7	8	85
Tennessee	71	23	935	17	51	62	239	80	191
Texas [2]									
Utah [2]									
Vermont	82	1	429	54	11	0	[6] 23	2	176
Virginia	457	58	2,270		186	93	[6] 141	80	858
Washington	308	53	443	165	186	103	230	24	157
West Virginia	87	33	1,875		92	36	87	23	180
Wisconsin	622	125	5,465	303	312	2	163	10	532
Wyoming	41	7	39	7	56	2		3	61

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

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

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	0.51	0.09	5.20	0.37	0.09	0.60	2.26	0.48	1.11
Arizona	.26	.14	.87	.17	.90	----	2.28	.87	.46
Arkansas	.33	.04	.94	.27	.25	.04	.26	.41	.97
California	2.56	1.48	6.33	2.55	1.79	.30	2.87	.33	1.09
Colorado	2.66	.75	3.02	.22	1.18	.12	.32	.04	2.42
Connecticut	2.05	.41	12.58	.34	2.45	.02	1.28	.07	1.29
Delaware	.10	.31	4.73	----	.87	.00	.51	.15	.36
District of Columbia	2.10	.91	12.41	----	1.70	.10	2.75	.05	3.47
Florida	.54	.39	1.27	.51	.27	2.64	1.52	.83	1.06
Georgia	.26	.08	1.81	.23	.02	.28	.38	.60	.33
Idaho	1.28	.56	.94	.89	.48	.85	.05	.22	.87
Illinois	1.94	.63	8.30	.49	1.63	.18	3.09	.11	1.38
Indiana	.82	.22	6.97	----	1.24	1.05	.82	.11	1.33
Iowa	.32	.19	1.61	.11	.56	.46	.27	(1)	.29
Kansas	1.02	.21	5.23	.33	.71	.19	2.64	.23	3.66
Kentucky [2]	----	----	----	----	----	----	----	----	----
Louisiana	.04	.19	.13	.01	.19	.35	1.11	.66	.35
Maine	.90	.25	10.52	.70	.81	.00	.36	.23	.98
Maryland	2.15	.53	6.88	2.93	1.99	.02	2.51	.36	2.21
Massachusetts	2.06	.80	7.93	1.75	2.70	----	1.91	.10	2.26
Michigan	1.79	1.24	11.34	.24	3.41	.09	1.30	.11	1.62
Minnesota	2.00	1.15	11.67	----	3.99	.11	1.62	.09	.82
Mississippi	2.90	.23	7.77	4.89	.14	.24	2.85	1.79	12.60
Missouri	1.17	.87	6.45	.16	1.43	.11	.72	.16	.99
Montana	.37	.79	5.44	.18	1.08	.44	.64	.07	.16
Nebraska [3]	----	----	----	----	----	----	----	----	----
Nevada [1]	----	----	----	----	----	----	----	----	----
New Hampshire [4]	----	----	----	----	----	----	----	----	----
New Jersey	2.15	1.09	10.07	----	2.70	.01	1.51	.13	1.16
New Mexico	.83	.54	.92	.22	.41	.10	4.10	.51	2.80
New York	1.87	.67	10.95	.99	1.97	.03	1.90	.09	1.83
North Carolina	1.32	.32	6.62	----	.36	.55	----	.38	5.56
North Dakota	.42	.35	1.93	.30	2.56	.23	.12	----	1.12
Ohio	1.55	.63	7.66	.27	2.04	.29	1.38	.11	3.00
Oklahoma [5]	.33	.11	1.58	.11	.31	.16	.97	.65	1.53
Oregon	1.97	1.06	4.91	.96	2.40	2.30	.74	.33	1.90
Pennsylvania [3]	----	----	----	----	----	----	----	----	----
Rhode Island	.26	.34	5.16	.11	.49	.00	.85	.04	.83
South Carolina	1.06	.85	.81	.03	.23	.54	1.48	2.27	1.81
South Dakota	.38	.18	3.33	.38	4.24	.45	.13	.14	1.54
Tennessee	.35	.11	4.66	.08	.25	.31	1.19	.40	.95
Texas [2]	----	----	----	----	----	----	----	----	----
Utah [2]	----	----	----	----	----	----	----	----	----
Vermont	2.83	.03	14.81	1.86	.38	.00	[6].79	.07	6.08
Virginia	2.25	.29	11.16	----	.91	.46	[6].69	.39	4.22
Washington	2.50	.43	3.59	1.34	1.51	.84	1.87	.19	1.27
West Virginia	.65	.25	14.03	----	.69	.27	.65	.17	1.35
Wisconsin	2.67	.54	23.48	1.30	1.34	.01	.70	.04	2.29
Wyoming	2.20	.38	2.09	.38	3.00	.11	----	.16	3.27

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[2] Reports received weekly.
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[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.
[6] Pulmonary.

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

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	18	33	308	66	32	97	373	417	242
Arizona	3	6	16	6	12	0	13	9	12
Arkansas	24	7	61	45	22	7	44	155	108
California	262	400	823	253	269	65	672	106	259
Colorado		42	79	4	37	6	147	29	146
Connecticut	126	47	394	12	121	0	268	23	146
Delaware	3	4	20	1	10	0	16	5	23
District of Columbia	25	49	114		21	0	81	6	110
Florida	12	66	55	34	14	48	285	63	101
Georgia	39	26	124	28	13	29	100	400	93
Idaho	19	11	32	21	28	21	5	13	19
Illinois	612	232	1,980	125	488	95	1,463	106	894
Indiana	131	97	638		171	185	199	65	469
Iowa	19	37	72	2	76	59	70	(1)	48
Kansas	37	49	180	39	89	21	155	86	369
Kentucky [2]									
Louisiana	2	25	1	2	24	5	168	186	45
Maine	39	10	359	23	70	12	55	6	152
Maryland	87	45	360	103	97	0	295	68	438
Massachusetts [3]									
Michigan	233	333	950	34	641	36	510	43	634
Minnesota	115	165	596	0	535	5	249	20	153
Mississippi	187	41	326	373	25	13	334	643	1,531
Missouri	38	163	407	15	189	26	240	152	385
Montana	11	1	44	10	41	29	48	14	27
Nebraska [3]									
Nevada [4]									
New Hampshire [4]									
New Jersey	227	221	592		249	2	474	43	449
New Mexico	5	16	9	5	6	0	123	30	57
New York	840	919	3,994	468	849	87	1,666	136	1,509
North Carolina	86	60	606		54	101		310	1,261
North Dakota	15	22	101	15	105	17	13	8	154
Ohio	439	302	941	50	417	93	666	84	1,759
Oklahoma [5]	14	24	63	19	51	16	134	413	271
Oregon	62	89	156	52	101	108	60	33	94
Pennsylvania [3]									
Rhode Island	13	14	101	5	13	0	55	0	97
South Carolina	83	49	40		17	46	271	573	258
South Dakota	11	29	152	11	115	16	9	11	77
Tennessee	41	14	261	9	53	29	218	590	338
Texas [2]									
Utah [2]									
Vermont	38	14	65	28	7	0		3	161
Virginia	111	64	638		68	44	[6] 142	188	559
Washington	115	128	183	77	115	85	166	35	164
West Virginia	50	42	391		64	45	121	81	272
Wisconsin	475	136	3,905	242	231	21	204	19	921
Wyoming	9	1	20	5	26	1	2	2	64

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[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.
[6] Pulmonary.

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

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	0.09	0.16	1.46	0.31	0.15	0.46	1.76	1.97	1.14
Arizona	.08	.17	.45	.17	.34	.00	.36	.25	.34
Arkansas	.15	.04	.38	.28	.14	.04	.28	.98	.68
California	.75	1.14	2.35	.72	.77	.19	1.92	.30	.74
Colorado	----	.48	.90	.05	.42	.07	1.67	.23	1.66
Connecticut	.95	.36	2.98	.09	.91	.00	2.02	.17	1.10
Delaware	.15	.20	.99	.05	.50	.00	.80	.25	1.14
District of Columbia	.58	1.13	2.64	----	.49	.00	1.87	.14	2.55
Florida	.13	.70	.58	.36	.15	.51	3.02	.67	1.07
Georgia	.15	.10	.47	.11	.05	.11	.38	1.53	.35
Idaho	.44	.26	.75	.49	.66	.49	.12	.30	.44
Illinois	1.02	.39	3.31	.21	.81	.16	2.44	.18	1.49
Indiana	.50	.37	2.44	----	.65	.71	.76	.25	1.79
Iowa	.09	.17	.34	.01	.35	.28	.33	[1]	.22
Kansas	.24	.32	1.16	.25	.58	.14	1.00	.56	2.38
Kentucky [2]	----	----	----	----	----	----	----	----	----
Louisiana	.01	.16	.01	.01	.15	.03	1.04	1.16	.28
Maine	.58	.15	5.38	.34	1.05	.18	.82	.09	2.28
Maryland	.66	.34	2.73	.78	.74	.00	2.24	.52	3.32
Massachusetts [3]	----	----	----	----	----	----	----	----	----
Michigan	.65	.92	2.64	.09	1.78	.10	1.42	.12	1.76
Minnesota	.52	.75	2.70	.00	2.43	.02	1.13	.09	.69
Mississippi	1.23	.27	2.14	2.45	.16	.09	2.20	4.23	10.07
Missouri	.13	.55	1.38	.05	.64	.09	.81	.51	1.30
Montana	.19	.02	.78	.18	.73	.51	.85	.25	.48
Nebraska [3]	----	----	----	----	----	----	----	----	----
Nevada [4]	----	----	----	----	----	----	----	----	----
New Hampshire [4]	----	----	----	----	----	----	----	----	----
New Jersey	.75	.73	1.95	----	.82	.01	1.56	.14	1.48
New Mexico	.15	.49	.28	.15	.18	.00	3.79	.92	1.75
New York	.88	.96	4.19	.49	.89	.09	1.75	.14	1.58
North Carolina	.36	.25	2.55	----	.23	.43	----	1.31	5.31
North Dakota	.25	.37	1.71	.25	1.78	.29	.22	.14	2.61
Ohio	.80	.55	1.72	.09	.76	.17	1.22	.15	3.22
Oklahoma [5]	.08	.14	.37	.11	.30	.09	.78	2.39	1.57
Oregon	.85	1.22	2.14	.71	1.39	1.48	.82	.45	1.29
Pennsylvania [3]	----	----	----	----	----	----	----	----	----
Rhode Island	.24	.26	1.84	.09	.21	.00	1.00	.00	1.77
South Carolina	.54	.32	.26	----	.11	.30	1.78	3.76	1.69
South Dakota	.19	.51	2.66	.19	2.02	.28	.16	.19	1.35
Tennessee	.20	.07	1.26	.04	.26	.14	1.05	2.85	1.63
Texas [2]	----	----	----	----	----	----	----	----	----
Utah [2]	----	----	----	----	----	----	----	----	----
Vermont	1.27	.47	2.17	.94	.23	.00	----	.10	5.38
Virginia	.53	.30	3.03	----	.32	.21	[6] .68	.89	2.66
Washington	.90	1.00	1.44	.60	.90	.67	1.30	.27	1.29
West Virginia	.36	.30	2.83	----	.46	.33	.88	.59	1.97
Wisconsin	1.98	.57	16.24	1.01	1.17	.09	.85	.08	3.83
Wyoming	.47	.05	1.04	.26	1.35	.05	.10	.10	3.32

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[4] Reports received annually.
[5] Exclusive of Oklahoma City and Tulsa.
[6] Pulmonary.

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

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	17	57	69	27	43	26	319	479	127
Arizona		18	5	3	14	1	101	9	13
Arkansas	49	8	17	32	16	40	62	312	147
California	157	270	462	212	214	39	726	121	196
Colorado	15	85	25	4	31	2	254	64	56
Connecticut	26	51	121	7	53	0	128	32	113
Delaware		5			9		14	5	11
District of Columbia	5	27	8		33	2	83	14	68
Florida [1]									
Georgia	11	42	12	24	20	14	62	309	45
Idaho	8	22	8	26	15	5	2	20	31
Illinois	171	204	499	81	297	18	1,738	213	717
Indiana	24	73	115		119	73	166	85	299
Iowa	8	59	20	5	54	20	45	[3]	66
Kansas	14	46	42	6	85	11	121	125	159
Kentucky [3]									
Louisiana		56	3	3	17	33	169	162	21
Maine	21	7	98	15	63	0	47	13	79
Maryland	21	46	67	25	31	0	265	168	391
Massachusetts	102	127	200	148	290	0	579	74	430
Michigan	85	326	241	20	268	43	462	73	623
Minnesota	37	148	95		320	7	212	38	134
Mississippi	273	70	277	270	32	7	357	442	1,290
Missouri	18	81	60	6	121	22	191	218	198
Montana	1	19	21	2	30	12	35	27	15
Nebraska [1]									
Nevada [4]									
New Hampshire [4]									
New Jersey	59	163	126		123	0	416	78	430
New Mexico [1]									
New York	290	548	825	240	305	22	1,284	291	1,233
North Carolina	31	149	171		89	129		377	983
North Dakota	11	16	62	3	101	6	28	9	84
Ohio	133	348	131	37	271	37	575	221	1,262
Oklahoma [5]	1	36	56	3	40	1	107	518	88
Oregon	9	51	79	35	83	40	53	34	33
Pennsylvania [1]									
Rhode Island	4	15	11	1	15	0	46	4	45
South Carolina	30	76	11	2	23	35	192	543	181
South Dakota	11	10	68		77	5	16	16	39
Tennessee	18	46	84	3	72	9	164	807	254
Texas [1]									
Utah [3]									
Vermont	13	14	35	16	5	0	[6] 31	7	111
Virginia	43	128	171		92	16	[6] 276	312	633
Washington	48	68	57	24	98	61	160	55	133
West Virginia	10	65	106		68	13	135	128	237
Wisconsin	98	106	901	54	146	3	180	11	793
Wyoming	3	3	8	1	17	0	2	4	15

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[5] Exclusive of Oklahoma City and Tulsa.
[6] Pulmonary.

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

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid fever	Whooping cough
Alabama	0.08	0.27	0.33	0.13	0.20	0.12	1.51	2.27	0.60
Arizona		.50	.14	.08	.39	.03	2.82	.25	.36
Arkansas	.31	.05	.11	.20	.10	.25	.39	1.96	.92
California	.45	.77	1.32	.60	.61	.11	2.07	.34	.56
Colorado	.17	.97	.28	.05	.35	.02	2.89	.73	.64
Connecticut	.20	.39	.91	.05	.40	.00	.97	.24	.85
Delaware		.25			.45		.70	.25	.55
District of Columbia	.12	.62	.19		.76	.05	1.92	.32	1.57
Florida [1]									
Georgia	.04	.16	.05	.09	.08	.05	.24	1.18	.17
Idaho	.19	.51	.19	.61	.35	.12	.05	.47	.73
Illinois	.29	.34	.83	.14	.50	.03	2.90	.36	1.20
Indiana	.09	.28	.44		.45	.28	.63	.32	1.14
Iowa	.04	.28	.09	.02	.25	.09	.21	[2]	.31
Kansas	.09	.30	.27	.04	.55	.07	.78	.81	1.03
Kentucky [3]									
Louisiana		.35	.02	.02	.11	.21	1.05	1.01	.13
Maine	.31	.10	1.47	.22	.94	.00	.70	.19	1.18
Maryland	.16	.35	.51	.19	.24	.60	2.01	1.27	2.96
Massachusetts	.29	.36	.56	.42	.82	.00	1.63	.21	1.21
Michigan	.24	.90	.67	.06	.74	.12	1.28	.20	1.73
Minnesota	.17	.67	.43		1.45	.03	.96	.17	.61
Mississippi	1.79	.46	1.82	1.78	.21	.05	2.35	2.91	8.48
Missouri	.06	.27	.20	.02	.41	.07	.65	.74	.67
Montana	.02	.34	.37	.04	.53	.21	.62	.48	.27
Nebraska [1]									
Nevada [4]									
New Hampshire [4]									
New Jersey	.19	.54	.42		.41	.00	1.37	.26	1.42
New Mexico [1]									
New York	.30	.57	.86	.25	.32	.02	1.35	.30	1.29
North Carolina	.13	.63	.72		.37	.54		1.59	4.14
North Dakota	.19	.27	1.05	.05	1.71	.10	.48	.15	1.43
Ohio	.24	.64	.24	.07	.50	.07	1.05	.41	2.31
Oklahoma [5]	.01	.21	.32	.02	.23	.01	.62	3.00	.51
Oregon	.12	.70	1.08	.48	1.14	.55	.73	.47	.45
Pennsylvania [1]									
Rhode Island	.07	.27	.20	.02	.27	.00	.84	.07	.82
South Carolina	.20	.50	.07	.01	.15	.23	1.26	3.56	1.19
South Dakota	.19	.18	1.19		1.35	.09	.28	.28	.68
Tennessee	.09	.22	.40	.01	.35	.04	.79	3.89	1.23
Texas [3]									
Utah [3]									
Vermont	.43	.47	1.17	.53	.17	.00	[6] 1.04	.23	3.71
Virginia	.20	.61	.81		.44	.08	[6] 1.31	1.48	3.01
Washington	.38	.53	.45	.19	.77	.48	1.26	.43	1.04
West Virginia	.07	.47	.77		.49	.09	.98	.93	1.72
Wisconsin	.41	.44	3.75	.22	.61	.01	.75	.05	3.30
Wyoming	.16	.16	.42	.05	.88	.60	.10	.21	.78

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[6] Pulmonary.

RECIPROCAL NOTIFICATIONS

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

Referred by—	Actinomycosis	Dysentery	Diphtheria	Erysipelas	Measles	Poliomyelitis	Scarlet fever	Trachoma	Tuberculosis	Typhoid fever	Vincent's angina
California									1		
Connecticut			1			1	1				
Illinois										9	
Minnesota	1	2		1				1	113	2	2
New York					1	2				2	
Rhode Island						2					

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended October 9, 1926, 35 States reported 1,602 cases of diphtheria. For the week ended October 10, 1925, the same States reported 1,720 cases of this disease. Ninety-seven cities, situated in all parts of the country and having an aggregate population of more than 30,150,000, reported 921 cases of diphtheria for the week ended October 9, 1926. Last year for the corresponding week they reported 763 cases. The estimated expectancy for these cities was 1,017 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-two States reported 1,020 cases of measles for the week ended October 9, 1926, and 539 cases of this disease for the week ended October 10, 1925. Ninety-seven cities reported 180 cases of measles for the week this year, and 304 cases last year.

Poliomyelitis.—The health officers of 35 States reported 88 cases of poliomyelitis for the week ended October 9, 1926. The same States reported 217 cases for the week ended October 10, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-five States—this year, 1,773 cases; last year, 1,269 cases; 97 cities—this year, 646 cases; last year, 526 cases; estimated expectancy, 564 cases.

Smallpox.—For the week ended October 9, 1926, 35 States reported 123 cases of smallpox. Last year for the corresponding week they reported 97 cases. Ninety-seven cities reported smallpox for the week as follows: 1926, 15 cases; 1925, 30 cases; estimated expectancy, 29 cases. No deaths from smallpox were reported by these cities for the week this year.

Typhoid fever.—One thousand and forty-eight cases of typhoid fever were reported for the week ended October 9, 1926, by 34 States. For the corresponding week of 1925, the same States reported 1,021 cases of this disease. Ninety-seven cities reported 192 cases of typhoid fever for the week this year and 205 cases for the corresponding week last year. The estimated expectancy for these cities was 197 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 92 cities, with a population of more than 29,530,000, as follows; 1926, 382 deaths; 1925, 364 deaths.

City reports for week ended October 9, 1926

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

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

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	0	1	0	0	0	0	0	1
New Hampshire:									
Concord	22,546	0	0	0	0	0	0	0	0
Manchester	83,097	0	4	0	0	0	0	0	1
Vermont:									
Barre	10,008	1	0	0	0	0	0	0	0
Burlington	24,089	2	0	0	0	0	0	0	0
Massachusetts:									
Boston	779,620	16	44	11	2	0	12	13	0
Fall River	128,993	0	4	3	1	0	0	9	1
Springfield	142,065	2	3	1	0	0	0	1	0
Worcester	190,757	1	6	2	0	0	0	0	5
Rhode Island:									
Pawtucket	69,760	0	1	1	0	0	0	0	0
Providence	267,918	0	5	8	2	0	0	0	0
Connecticut:									
Bridgeport	(1)	0	8	1	0	0	1	0	2
Hartford	160,197	0	6	1	0	0	0	0	0
New Haven	178,927	3	3	0	0	0	1	0	5
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	4	20	8	-------	0	0	0	6
New York	5,873,356	36	130	128	20	5	5	32	98
Rochester	316,786	4	9	1	-------	0	1	1	2
Syracuse	182,003	1	8	1	-------	0	1	0	2
New Jersey:									
Camden	128,642	0	5	21	0	0	4	0	0
Newark	452,513	10	12	10	1	0	1	4	2
Trenton	132,020	0	5	1	0	0	1	0	4
Pennsylvania:									
Philadelphia	1,979,364	21	56	50	-------	0	3	1	25
Pittsburgh	631,563	13	27	16	-------	1	7	1	13
Reading	112,707	1	3	2	-------	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	1	16	12	0	0	0	2	4
Cleveland	936,485	14	43	45	0	0	3	1	10
Columbus	279,836	1	7	10	0	0	0	1	2
Toledo	287,380	9	13	7	0	2	1	0	0
Indiana:									
Fort Wayne	97,846	0	3	2	0	0	0	0	3
Indianapolis	358,819	3	14	24	0	0	0	1	5
South Bend	80,691	2	1	3	0	0	3	0	2
Terre Haute	71,071	0	2	1	0	0	0	0	2
Illinois:									
Chicago	2,995,239	31	114	42	8	1	30	12	23
Peoria	81,564	0	1	0	0	0	7	3	1
Springfield	63,923	0	2	0	0	0	1	0	2
Michigan:									
Detroit	1,245,824	14	53	121	1	0	1	2	7
Flint	130,316	6	11	1	0	0	1	0	4
Grand Rapids	153,698	1	5	1	0	1	0	0	0

[1] No estimate made.

City reports for week ended October 9, 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—continued									
Wisconsin:									
Kenosha	50,891	1	1	0	0	0	1	1	0
Madison	46,385	0	1	0	0	0	0	1	0
Milwaukee	509,192	6	20	11	1	1	2	13	15
Racine	67,707	4	2	1	0	0	1	0	0
Superior	39,671	0	0	2	0	0	0	0	0
WEST NORTH CENTRAL									22
Minnesota:									
Duluth	110,502	2	3	1	0	0	6	0	2
Minneapolis	425,435	21	28	24	0	0	2	0	9
St. Paul	246,001	9	18	8	0	1	3	0	9
Iowa:									
Davenport	52,469	0	2	0	0	----	2	0	----
Des Moines	141,441	0	8	4	0	----	0	0	----
Sioux City	76,411	0	2	3	0	----	1	0	----
Waterloo	36,771	2	0	0	0	----	0	0	----
Missouri:									
Kansas City	367,481	5	11	5	1	1	0	1	7
St. Joseph	78,342	0	3	1	0	0	0	0	1
St. Louis	821,543	4	39	40	1	1	1	1	----
North Dakota:									
Fargo	26,403	1	0	0	0	0	0	4	0
Grand Forks	14,811	0	0	0	0	----	7	0	----
South Dakota:									
Aberdeen	15,036	0	0	0	0	----	0	0	----
Sioux Falls	30,127	0	0	2	0	0	0	0	0
Nebraska:									
Lincoln	60,941	0	1	0	0	0	0	0	0
Omaha	211,768	1	14	5	0	0	0	0	2
Kansas									
Topeka	55,411	0	1	1	0	0	0	0	0
Wichita	88,367	1	2	0	0	0	0	0	0
SOUTH ATLANTIC									
Delaware:									
Wilmington	122,049	0	2	0	0	0	0	0	1
Maryland:									
Baltimore	796,296	10	23	13	4	0	1	1	8
Cumberland	33,741	0	0	2	1	0	1	0	2
Frederick	12,035	0	0	1	0	0	0	0	0
District of Columbia:									
Washington	497,906	1	12	25	2	1	2	0	6
Virginia:									
Lynchburg	30,395	0	1	1	0	0	1	0	0
Norfolk	(1)	0	3	3	0	0	0	2	1
Richmond	186,403	0	22	31	0	0	1	1	4
Roanoke	58,208	0	5	2	0	0	0	0	0
West Virginia:									
Charleston	49,019	0	2	1	1	1	0	0	2
Huntington	63,485	0	4	4	0	0	0	0	2
Wheeling	56,208	1	3	0	0	0	1	0	0
North Carolina:									
Raleigh	30,371	0	4	10	0	0	0	0	0
Wilmington	37,021	0	1	2	0	0	0	0	1
Winston-Salem	69,031	0	4	5	0	0	0	0	0
South Carolina:									
Charleston	73,125	0	1	2	0	0	0	0	1
Columbia	41,225	0	3	1	0	0	0	0	0
Greenville	27,311	----	1	----	----	----	----	----	----
Georgia:									
Atlanta	(1)	0	8	14	10	1	1	1	4
Brunswick	16,809	0	0	0	0	0	0	0	0
Savannah	93,134	0	[illegible]	0	0	0	0	0	1
Florida									
Miami	69,754	0	----	6	0	0	4	1	5
St. Petersburg	26,847	----	0	----	----	0	----	----	0
Tampa	94,743	----	1	----	----	----	----	----	----

[1] No estimate made.

City reports for week ended October 9, 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 SOUTH CENTRAL									
Kentucky:									
Covington	58,309		2						
Louisville	305,935	1	11	0	0	0	0	0	6
Tennessee:									
Memphis	174,533	0	10	8	0	1	0	1	4
Nashville	136,220	0	4	27	0	0	0	0	1
Alabama:									
Birmingham	205,670	0	7	0	2	0	1	0	3
Mobile	65,955	0	2	0	0	0	0	0	0
Montgomery	46,481	0	2	9	0	0	0	2	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	0	2	2	0		0	0	
Little Rock	74,216		2						
Louisiana:									
New Orleans	414,493	0	9	1	6	0	0	0	5
Shreveport	57,857	0	0	0	0	0	0	0	2
Oklahoma:									
Oklahoma City	(1)	1	2	2	10	0	0	0	5
Texas:									
Dallas	194,450	0	7	27	5	2	0	20	4
Galveston	48,375	0	0	0	0	0	0	0	2
Houston	164,954	0	3	8	0	1	0	0	2
San Antonio	198,069	0	1	3	0	0	0	0	5
MOUNTAIN									
Montana:									
Billings	17,971	2	0	0	0	0	1	0	0
Great Falls	29,883	5	1	0	0	0	0	0	0
Helena	12,037	0	0	0	0	0	0	0	1
Missoula	12,668	5	0	1	0	0	0	0	0
Idaho:									
Boise	23,042	0	1	1	0	0	0	3	0
Colorado:									
Denver	280,911	1	14	9		2	2	1	3
Pueblo	43,787	0	5	0	0	0	0	0	1
New Mexico:									
Albuquerque	21,000	0	1	0	0	0	0	0	0
Arizona:									
Phoenix	38,669	0	0	0	0	0	0	0	1
Utah:									
Salt Lake City	130,948	12	4	8	0	0	8	1	0
Nevada:									
Reno	12,665	0	0	0	0	0	1	0	1
PACIFIC									
Washington:									
Seattle	(1)	12	7	11	0		1	5	
Spokane	108,897	13	4	2	0		1	0	
Tacoma	104,455	6	3	16	0	0	0	0	0
Oregon:									
Portland	282,383	2	7	9	1	0	2	2	4
California:									
Los Angeles	(1)	10	34	21	5	0	1	4	11
Sacramento	72,260	2	2	6	0	0	14	0	1
San Francisco	557,530	19	16	18	1	0	50	7	3

[1] No estimate made.

City reports for week ended October 9, 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	0	0	0	0	0	1	0	0	11	17
New Hampshire:											
Concord	0	4	0	0	0	0	0	0	0	0	7
Manchester	1	1	0	0	0	1	0	0	0	0	22
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	1	1
Burlington	1	0	0	0	0	0	0	0	0	0	6
Massachusetts:											
Boston	22	39	0	0	0	13	4	3	10	18	212
Fall River	1	0	0	0	0	1	2	3	0	1	25
Springfield	4	0	0	0	0	2	0	0	0	2	26
Worcester	6	13	0	0	0	4	0	0	0	3	60
Rhode Island:											
Pawtucket	0	0	0	0	0	0	0	0	0	0	19
Providence	3	2	0	0	0	3	2	0	0	7	45
Connecticut:											
Bridgeport	3	1	0	0	0	2	0	0	0	0	31
Hartford	2	2	0	0	0	2	2	0	0	2	35
New Haven	3	0	0	0	0	1	3	1	0	4	39
MIDDLE ATLANTIC											
New York:											
Buffalo	11	2	0	0	0	5	3	1	0	8	129
New York	51	59	0	0	0	[1] 77	33	35	1	57	1,158
Rochester	5	0	1	0	0	4	1	1	0	6	71
Syracuse	6	2	0	1	0	3	2	0	0	16	44
New Jersey:											
Camden	2	5	0	0	0	0	1	0	0	5	35
Newark	7	3	0	0	0	8	3	1	0	40	101
Trenton	1	0	0	0	0	4	1	1	0	2	36
Pennsylvania:											
Philadelphia	34	36	1	0	0	30	13	7	1	36	438
Pittsburgh	25	5	0	0	0	7	4	7	3	9	135
Reading	1	3	0	0	0	0	1	1	0	6	17
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	8	7	1	0	0	9	2	5	0	3	141
Cleveland	18	14	1	0	0	13	4	8	0	16	177
Columbus	6	6	1	0	0	3	2	3	1	0	72
Toledo	8	10	0	0	0	4	2	2	3	17	60
Indiana:											
Fort Wayne	1	0	0	0	0	0	1	1	1	0	25
Indianapolis	6	13	1	0	0	7	2	2	1	5	92
South Bend	1	4	0	0	0	2	0	3	0	0	12
Terre Haute	1	5	0	0	0	0	1	0	0	0	13
Illinois:											
Chicago	62	47	1	0	0	41	7	5	2	38	607
Peoria	10	2	0	0	0	0	0	0	1	6	24
Springfield	1	1	0	0	0	1	2	0	0	0	26
Michigan:											
Detroit	43	41	2	2	0	17	6	3	0	37	256
Flint	6	12	0	0	0	0	1	0	0	2	30
Grand Rapids	6	5	1	0	0	2	1	2	0	2	36
Wisconsin:											
Kenosha	1	0	0	0	0	0	0	0	0	13	7
Madison	0	2	0	0	0	0	0	0	0	4	----
Milwaukee	17	20	2	0	0	4	1	2	0	37	98
Racine	3	1	1	0	0	1	0	0	0	0	10
Superior	1	0	0	0	0	0	1	0	0	0	5
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	9	0	0	0	0	1	0	0	1	24
Minneapolis	24	30	1	0	0	4	1	0	0	1	105
St. Paul	12	19	3	0	0	3	1	1	0	15	54

[1] Pulmonary tuberculosis only.

City reports for week ended October 9, 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—continued											
Iowa:											
Davenport	0	1	0	0			0	0		0	
Des Moines	6	0	1	0			0	0		0	
Sioux City	1	2	0	0			0	0		2	
Waterloo	2	0	0	0			0	0		2	
Missouri:											
Kansas City	7	4	0	1	0	2	3	1	0	4	108
St. Joseph	3	3	0	0	0	2	1	0	0	1	22
St. Louis	23	16	0	0	0	8	5	4	0	7	174
North Dakota:											
Fargo	1	6	0	0	0	0	0	0	0	0	1
Grand Forks	0	2	0	0			0	1		0	
South Dakota:											
Aberdeen	1	6	0	0			0	0		0	
Sioux Falls	1	1	0	0	0	0	0	0	0	0	
Nebraska:											
Lincoln	1	5	1	0	0	0	0	0	0	0	16
Omaha	3	14	1	0	0	2	1	2	0	0	
Kansas:											
Topeka	2	1	0	0	0	1	1	3	0	1	14
Wichita	2	3	0	0	0	1	1	0	0	1	23
SOUTH ATLANTIC											
Delaware:											
Wilmington	2	0	0	0	0	1	1	0	0	0	28
Maryland:											
Baltimore	9	5	0	0	0	9	10	8	1	67	185
Cumberland	0	0	0	0	0	0	0	0	0	0	12
Frederick	1	1	0	0	0	0	1	0	0	0	2
District of Columbia:											
Washington	9	10	0	0	0	12	4	3	1	3	125
Virginia:											
Lynchburg	1	3	0	0	0	0	1	2	0	3	9
Norfolk	1	2	0	0	0	1	1	2	0	1	
Richmond	6	5	0	0	0	1	2	1	0	0	51
Roanoke	2	2	0	0	0	0	2	0	0	2	12
West Virginia:											
Charleston	1	5	0	0	0	1	2	1	1	2	14
Huntington	1	4	0	0	0	1	1	0	1	0	12
Wheeling	4	1	0	0	0	3	2	3	0	0	16
North Carolina:											
Raleigh	2	2	0	0	0	0	0	1	0	1	16
Wilmington	1	0	0	0	0	0	0	2	0	3	10
Winston-Salem	2	6	1	0	0	1	1	5	0	2	13
South Carolina:											
Charleston	0	0	0	0	0	2	2	5	0	0	19
Columbia	0	1	0	0	0	0	1	0	0	0	
Greenville	1		0				0				
Georgia:											
Atlanta	5	9	1	0	0	0	2	5	2	5	59
Brunswick	0	0	0	0	0	1	0	0	0	0	5
Savannah	1	0	0	0	0	3	1	0	0	0	15
Florida:											
Miami		1		0	0	1		1	0	0	40
St. Petersburg	0		0		0	0	0		0		12
Tampa	0		0				0				
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1		0				0				
Louisville	3	8	0	0	0	11	5	8	0	4	76
Tennessee:											
Memphis	3	12	0	2	0	4	4	5	6	5	77
Nashville	4	6	0	0	0	1	3	14	2	10	38
Alabama:											
Birmingham	5	0	1	0	0	2	4	1	0	1	48
Mobile	1	0	0	0	0	1	0	0	0	0	17
Montgomery	1	1	0	0	0	0	0	0	0	0	20

City reports for week ended October 9, 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	1	1	0	0			0	0		0	
Little Rock	2		0				1				
Louisiana:											
New Orleans	3	1	0	0	0	16	4	1	0	1	128
Shreveport	0	0	0	0	0	1	1	0	0	0	23
Oklahoma:											
Oklahoma City	1	1	0	0	0	2	2	0	0	0	31
Texas:											
Dallas	3	10	0	0	0	5	2	3	3	0	50
Galveston	0	0	0	0	0	1	1	0	0	0	10
Houston	0	1	0	0	0	2	0	0	0	0	40
San Antonio	0	1	0	1	0	5	0	1	0	0	40
MOUNTAIN											
Montana:											
Billings	0	0	0	0	0	0	0	0	0	0	4
Great Falls	0	1	0	0	0	1	0	1	0	0	6
Helena	0	0	0	0	0	0	0	0	0	0	4
Missoula	0	14	0	0	0	0	0	0	0	0	6
Idaho:											
Boise	0	1	0	0	0	0	0	0	0	0	5
Colorado:											
Denver	5	14	1	0	0	10	3	1	0	1	71
Pueblo	0	0	0	0	0	1	1	2	0	0	10
New Mexico:											
Albuquerque	0	0	0	0	0	3	2	0	0	0	16
Arizona:											
Phoenix	0	0	0	0	0	7	0	0	0	0	21
Utah:											
Salt Lake City	2	3	0	1	0	3	3	3	0	3	27
Nevada:											
Reno	1	0	0	0	0	0	0	0	0	0	4
PACIFIC											
Washington:											
Seattle	7	18	1	1			2	3		1	
Spokane	6	5	1	0			1	2		0	
Tacoma	2	4	0	4	0	0	1	0	0	0	17
Oregon:											
Portland	5	21	2	2	0	4	3	0	1	0	66
California:											
Los Angeles	10	19	3	2	0	17	5	1	0	9	214
Sacramento	1	1	1	0	0	2	1	1	0	0	22
San Francisco	6	12	1	0	0	10	1	1	0	9	141

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Death
NEW ENGLAND [1]									
Massachusetts:									
Boston	1	1	1	0	0	0	2	1	0
Springfield	0	0	0	0	0	0	0	1	1
Worcester	1	0	0	0	3	0	0	1	0
Rhode Island:									
Providence	0	0	0	1	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	0	0	0	0	0	0	0	0	1
New York	2	1	4	5	0	0	14	5	1
New Jersey:									
Newark	0	0	3	0	0	0	0	0	0

[1] Typhus fever: 2 cases at Hartford, Conn., 1 case at Davenport, Iowa, and 1 case at Memphis, Tenn.

City reports for week ended October 9, 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:									
Cleveland	0	0	0	0	0	0	0	3	1
Toledo	0	0	0	0	0	0	0	1	0
Indiana:									
Indianapolis	0	1	0	0	0	0	0	0	0
Illinois:									
Chicago	0	0	2	1	0	0	5	1	0
Michigan:									
Detroit	1	1	0	0	1	0	1	4	1
Grand Rapids	0	0	0	0	0	0	0	1	0
WEST NORTH CENTRAL [1]									
Missouri:									
St. Louis	0	0	0	0	0	0	1	1	1
SOUTH ATLANTIC [2]									
Maryland:									
Baltimore	1	1	1	0	0	1	1	2	0
Georgia:									
Atlanta	0	0	0	0	2	0	0	0	0
Florida:									
St. Petersburg	0	1	0	0	0	0	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Louisville	1	0	0	0	0	0	0	0	0
Tennessee:									
Memphis [1]	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	0	0	0	3	3	0	0	0
Oklahoma:									
Oklahoma City	0	0	0	0	0	1	0	0	0
Texas:									
Dallas	0	0	0	0	2	0	0	0	0
PACIFIC									
Washington:									
Spokane	2	0	0	0	0	0	0	0	0
Oregon:									
Portland	1	1	0	0	0	0	0	3	1
California:									
Los Angeles	0	0	0	0	0	0	0	1	0
Sacramento	1	0	0	0	0	0	1	0	0
San Francisco	1	0	0	0	0	0	0	0	0

[1] Typhus fever: 2 cases at Hartford, Conn., 1 case at Davenport, Iowa, and 1 case at Memphis, Tenn.
[2] Dengue: 2 cases at Charleston, S. C.

The following table gives the rates per 100,000 population for 101 cities for the five-week period ended October 9, 1926, compared with those for a like period ended October 10, 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 101 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 95 cities reporting deaths had more than 29,200,000 estimated population in 1925 and more than

29,730,000 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, September 5 to October 9, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Sept. 12, 1925	Sept. 11, 1926	Sept. 19, 1925	Sept. 18, 1926	Sept. 26, 1925	Sept. 25, 1926	Oct. 3, 1925	Oct. 2, 1926	Oct. 10, 1925	Oct. 9, 1926
101 cities	92	76	[2] 95	84	[2] 97	107	[3] 115	[3] 128	134	[4] 159
New England	74	38	139	35	81	73	74	66	96	66
Middle Atlantic	89	53	83	63	81	70	84	81	114	118
East North Central	70	80	76	95	101	128	[3] 130	[3] 135	153	188
West North Central	143	75	145	95	153	127	192	143	198	177
South Atlantic	119	137	88	111	109	128	207	163	179	[5] 224
East South Central	74	104	74	109	58	135	63	270	89	[6] 242
West South Central	119	86	57	77	75	69	62	211	79	[7] 188
Mountain	194	173	[2] 217	237	[2] 189	137	129	291	194	173
Pacific	75	92	130	100	102	213	102	175	102	200

MEASLES CASE RATES

101 cities	22	26	[2] 29	28	[2] 35	37	[3] 39	[3] 36	53	[4] 31
New England	91	35	108	19	177	38	242	21	371	33
Middle Atlantic	25	11	34	10	33	9	35	10	47	11
East North Central	16	18	22	23	22	22	[3] 24	[3] 24	24	29
West North Central	4	10	8	12	6	28	6	10	6	26
South Atlantic	21	19	15	9	29	11	23	13	15	[5] 16
East South Central	0	16	5	16	11	10	11	5	11	[6] 6
West South Central	4	4	4	4	0	0	0	0	0	[7] 0
Mountain	9	100	[2] 9	73	[2] 28	118	9	109	37	109
Pacific	8	159	14	213	19	310	3	329	11	181

SCARLET FEVER CASE RATES

101 cities	51	58	[2] 60	66	[2] 63	79	[3] 86	[3] 100	92	[4] 112
New England	62	80	60	76	46	71	86	104	105	144
Middle Atlantic	31	32	46	44	48	56	62	51	65	57
East North Central	57	62	58	64	65	80	[3] 96	[3] 99	109	121
West North Central	102	93	133	129	135	153	176	197	119	215
South Atlantic	54	56	36	49	61	79	67	111	92	[5] 103
East South Central	110	109	53	119	74	83	74	99	121	[6] 149
West South Central	31	47	40	30	13	52	48	69	62	[7] 64
Mountain	37	73	[2] 161	82	[2] 85	118	176	319	148	300
Pacific	36	89	64	119	77	119	88	175	102	159

SMALLPOX CASE RATES

101 cities	5	2	[2] 6	2	[2] 5	3	[3] 2	[3] 1	5	[4] 3
New England	0	0	0	0	0	0	0	0	0	0
Middle Atlantic	0	0	0	0	0	1	0	0	0	0
East North Central	2	2	2	0	2	1	[3] 0	[3] 0	1	1
West North Central	0	2	2	0	2	2	2	2	10	2
South Atlantic	12	2	12	9	6	6	0	4	6	[5] 0
East South Central	21	0	37	0	32	0	0	0	16	[6] 11
West South Central	4	0	4	4	0	13	0	0	0	[7] 5
Mountain	18	0	[2] 0	0	[2] 38	0	9	9	9	9
Pacific	41	16	47	19	39	19	25	5	44	19

[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] Helena, Mont., not included.
[3] Superior, Wis., not included.
[4] Greenville, S. C., Tampa, Fla., Covington, Ky., and Little Rock, Ark., not included.
[5] Greenville, S. C., and Tampa, Fla., not included.
[6] Covington, Ky., not included.
[7] Little Rock, Ark., not included.

Summary of weekly reports from cities, September 5 to October 9, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Sept. 12, 1925	Sept. 11, 1926	Sept. 19, 1925	Sept. 18, 1926	Sept. 26, 1925	Sept. 25, 1926	Oct. 3, 1925	Oct. 2, 1926	Oct. 10, 1925	Oct. 9, 1926
101 cities	41	45	[2] 49	53	[2] 44	44	[3] 39	[3] 42	36	[4] 33
New England	34	17	29	33	22	9	46	17	26	17
Middle Atlantic	27	34	35	55	34	45	32	28	31	27
East North Central	20	20	18	29	29	26	[3] 20	[3] 34	21	23
West North Central	57	50	57	26	16	26	35	40	33	22
South Atlantic	48	105	104	81	88	92	50	115	52	[5] 75
East South Central	226	285	194	249	200	166	131	130	163	[6] 154
West South Central	70	39	159	69	97	77	92	47	57	[7] 23
Mountain	129	18	[2] 85	82	[2] 94	36	111	82	120	64
Pacific	28	27	28	35	22	22	28	19	8	22

INFLUENZA DEATH RATES

95 cities	4	4	[2] 5	4	[2] 3	6	[3] 5	[3] 6	3	[8] 4
New England	2	0	0	0	0	5	0	2	0	0
Middle Atlantic	3	4	6	3	3	3	3	2	3	3
East North Central	7	4	4	3	4	3	[3] 6	[3] 5	3	2
West North Central	0	0	6	4	4	8	6	0	4	6
South Atlantic	0	0	2	6	2	9	4	9	2	[5] 6
East South Central	5	0	5	5	0	10	16	10	0	[6] 6
West South Central	5	19	10	24	0	24	19	38	15	14
Mountain	28	36	[2] 19	0	[2] 9	9	0	18	9	18
Pacific	4	0	0	7	4	7	0	7	0	0

PNEUMONIA DEATH RATES

95 cities	61	51	[2] 60	53	[2] 54	65	[3] 61	[9] 69	63	[8] 64
New England	50	40	67	54	53	76	31	87	58	33
Middle Atlantic	68	65	61	51	66	70	68	71	63	[9] 76
East North Central	46	37	44	40	39	45	[3] 44	[3] 58	61	54
West North Central	36	30	45	51	26	55	36	70	45	63
South Atlantic	60	41	81	54	86	79	81	66	71	[5] 61
East South Central	142	42	79	52	42	88	100	109	110	[6] 77
West South Central	82	104	77	123	48	99	63	71	63	94
Mountain	37	64	[2] 113	118	[2] 76	55	139	155	92	55
Pacific	91	57	62	53	51	78	87	28	51	53

[2] Helena, Mont., not included.
[3] Superior, Wis., not included.
[4] Greenville, S. C., Tampa, Fla., Covington, Ky., and Little Rock, Ark., not included.
[5] Greenville, S. C., and Tampa, Fla., not included.
[6] Covington, Ky., not included.
[7] Little Rock, Ark., not included.
[8] Greenville, S. C., Tampa, Fla., and Covington, Ky., not included.

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

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1925	1926	1925	1926
Total	101	95	29,900,058	30,427,598	29,221,531	29,733,613
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	12	10	2,550,024	2,589,131	2,431,253	2,468,448
South Atlantic	21	21	2,716,070	2,776,070	2,716,070	2,776,070
East South Central	7	7	993,103	1,004,953	993,103	1,004,953
West South Central	8	6	1,184,057	1,212,057	1,078,198	1,103,695
Mountain	9	9	563,912	572,773	563,912	572,773
Pacific	6	4	1,888,142	1,934,084	1,434,245	1,469,144

FOREIGN AND INSULAR

THE FAR EAST

Reports for week ended October 2, 1926.—The following report for the week ended October 2, 1926, was transmitted by the Far Eastern Bureau of the Secretariat of the Health Section of the League of Nations, located at Singapore, to the headquarters at Geneva:

Maritime towns	Plague		Cholera		Smallpox		Maritime towns	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Egypt: Alexandria	0	0	0	0	1	0	Dutch East Indies:						
Zanzibar: Zanzibar	0	0	0	0	1	0	Cheribon	0	0	0	0	0	5
British India:							Siam: Bangkok	0	0	0	0	3	0
Karachi	----	0	----	0	1	1	China:						
Bombay	----	3	----	0	3	1	Amoy	0	0	23	----	0	0
Madras	----	0	----	0	2	3	Shanghai	0	0	22	9	0	0
Rangoon	----	3	----	0	0	0	Manchuria: Antung	0	0	2	1	0	0
Negapatam	----	0	----	0	6	1	U. S. S. R.: Vladivostok	0	0	0	0	1	0
Ceylon: Colombo	0	0	0	0	3	0							

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

ASIA

Arabia.—Aden, Jeddah.

Iraq.—Basra.

Persia.—Mohammerah, Bender Abbas, Bushire.

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

Federated Malay States.—Port Swettenham.

Straits Settlements.—Singapore, Penang.

Dutch East Indies.—Batavia, Surabaya, Samarang, Belawan Deli, Palembang, Sabang, Makassar, Banjermasin, Tarakan, Padang Balik-Papan, Samarinda, Pontianak, Menado.

Sarawak.—Kuching.

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

Portuguese Timor.—Dilly.

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

French Indo-China.—Saigon and Cholon, Turane, Haïphong.

China.—Hong-Kong.

Formosa.—Keelung.

Japan.—Yokohama, Osaka, Nagasaki, Moji, Kobe, Niigata, Tsuruga, Hakodate, Simonoseki.

Korea.—Chemulpo, Fusan.

Manchuria.—Mukden, Changchun, Harbin.

Kwantung.—Port Arthur, Dairen.

AUSTRALASIA AND OCEANIA

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

AFRICA

Egypt.—Port Said, Suez.
Anglo-Egyptian Sudan.—Port Sudan, Suakin.
Eritrea.—Massaua.
French Somaliland.—Jibuti.
British Somaliland.—Berbera.
Italian Somaliland.—Mogadiscio.
Kenya.—Mombasa.
Tanganyika.—Dar-es-Salaam.
Seychelles.—Victoria.
Mauritius.—Port Louis.
Portuguese East Africa.—Mozambique, Beira, Lorenço-Marques.
Union of South Africa.—Durban, East London, Port Elizabeth, Cape Town.

Reports had not been received in time for distribution from—

British India.—Calcutta.
Madagascar.—Tamatave, Majunga.

ALGERIA

Plague.—Oran—Information dated October 1, 1926, shows the occurrence of five cases of plague with one death at Oran, Algeria.

BOLIVIA

Communicable diseases—La Paz—*August, 1926.*—During the month of August, 1926, communicable diseases were reported at La Paz, Bolivia, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Cerebrospinal meningitis		1	Scarlet fever		7
Diphtheria	8	6	Smallpox	14	4
Dysentery	34	6	Tuberculosis	18	9
Influenza	38	12	Typhoid fever	15	3
Measles	12	2	Typhus fever	9	1
Pneumonia	20	8	Whooping cough	16	4
Poliomyelitis	5	1			

Population, estimated, 100,000.

CANADA

Communicable diseases—Weeks ended October 2, and 9, 1926.—The Canadian Ministry of Health reports cases of certain communicable diseases in seven Provinces of Canada for the weeks ended October 2, and 9, 1926, as follows:

WEEK ENDED OCTOBER 2

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal meningitis				1				1
Influenza	7							7
Lethargic encephalitis				2				2
Poliomyelitis				5				5
Smallpox				2		1	15	18
Typhoid fever	3	5	57	23	5		1	94

WEEK ENDED OCTOBER 9

Cerebrospinal meningitis				2				2
Influenza	12							12
Lethargic encephalitis				2				2
Poliomyelitis				13	1			14
Smallpox				2		13	14	29
Typhoid fever	3	9	10	19	3	6	2	52

Chosen

Cholera—Shingishu and vicinity—Precautions against spread of infection.—Cholera has been reported present in Shingishu and vicinity, Chosen, the first case having been notified September 9, 1926. Under date of September 13, it was stated that a Government order had been issued declaring a definite area along the Yalu River between Shingishu and Antung to be cholera infected and requiring strict enforcement of quarantine within that area. It was stated that preventive measures were being observed at open ports and that foot and railway travel from Antung had been made subject to medical inspection for all persons suspected of cholera infection.

CZECHOSLOVAKIA

Communicable diseases—August, 1926.—During the month of August, 1926, communicable diseases were reported in the Republic of Czechoslovakia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax	4		Puerperal fever	34	15
Cerebrospinal meningitis	14	5	Rabies	2	2
Diphtheria	267	28	Scarlet fever	706	13
Dysentery	206	7	Trachoma	142	
Malaria	66		Typhoid fever	844	46
Paratyphoid fever	3				

ECUADOR

Plague—Guayaquil—September 1–30, 1926.—During the month of September, 1926, four cases of plague were reported at Guayaquil, Ecuador.

Plague-infected rats.—During the same period, of 21,223 rats taken at Guayaquil, 30 rats were found plague infected.

ESTHONIA

Communicable diseases—August, 1926.—During the month of August, 1926, communicable diseases were reported in the Republic of Esthonia as follows:

Disease	Cases	Disease	Cases
Diphtheria	19	Scarlet fever	110
Leprosy	2	Tuberculosis	157
Measles	73	Typhoid fever	38
Paratyphoid fever	16		

Population, census of 1922, 1,107,059.

GERMANY

Typhoid fever epidemic—Hanover—September, 1926.—Information dated September 18, 1926, received from Bremen, Germany, shows epidemic typhoid fever prevalence in the city of Hanover, Germany, in September, 1926, with 10 cases reported September 8, 60 cases September 9, and on September 10, 150 cases received at the city hospital. The number of cases was then stated to be increasing at a rate of about 150 per day, with a total of 1,504 cases under treatment and 42 fatalities to September 17.

The cause of the outbreak had not been determined. Free inoculation stations were established, and about 10,000 voluntary inoculations were reported.

SIAM

Quarantine against ports in Indo-China suspended.—Quarantine measures against arrivals from Saigon and Cholon, Indo-China, at ports in Siam, were removed by quarantine circular dated August 23, 1926.

SYRIA

Plague—Beirut—October 15, 1926.—Plague was reported present at Beirut, Syria, October 15, 1926.

VIRGIN ISLANDS

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

Island and disease	Cases	Remarks
St. Thomas and St. John:		
Chancroid	5	Imported, 1.
Fish poisoning	3	
Gonorrhea	12	Imported, 1.
Syphilis	13	Imported, 2. Secondary, 9.
Tuberculosis	2	Chronic pulmonary.
Uncinariasis	1	Necator americanus.
St. Croix:		
Chancroid	3	
Pellagra	1	

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 October 29, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Amoy	Sept. 5–18	103		
Foochow	Sept. 12–18			Present.
Kulangsu	do		2	Including international settlement.
Swatow	do			Sporadic.
Chosen				Area on Yalu River between Antung and Shingishu declared cholera infected Sept. 13, 1926.
India				Aug. 8–21, 1926: Cases, 4,756; deaths, 3,185.
Bombay	Aug. 22–28	1	1	
Calcutta	Aug. 29–Sept. 4	14	13	
Madras	Sept. 12–18	2	1	
Rangoon	Aug. 29–Sept. 4	1	1	
Japan:				
Taihoku	Sept. 1–10	2		One of these in Chinese from Foochow.
Philippine Islands:				
Manila	Sept. 5–11	4	1	
Siam				Aug. 29–Sept. 4, 1926: Cases, 32; deaths, 17. Apr. 1–Sept. 4, 1926: Cases, 7,554; deaths, 4,953.
Bangkok	Aug. 29–Sept. 4	3		District.

PLAGUE

China:				
Nanking	Aug. 29–Sept. 18			Present.
Ecuador:				
Guayaquil	Sept. 1–30	4		Rats taken, 21,223; found plague infected, 30.
India				Aug. 8–21, 1926: Cases, 840; deaths, 505.
Madras Presidency	Aug. 15–28	190	69	
Rangoon	Aug. 29–Sept. 4	17	14	
Java:				
Batavia	Aug. 22–Sept. 11	20	20	District.
Surabaya	Aug. 22–28	17	2	
Mauritius:				
Port Louis	July 1–31	1	1	
Siam				Aug. 29–Sept. 4, 1926: Cases, 15; deaths, 10.
Syria:				
Beirut	Oct. 15			Present.
Turkey:				
Constantinople	Sept. 19–25	2	2	

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

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

Reports Received During Week Ended October 29, 1926—Continued

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Bolivia:				
La Paz	Aug. 1-31	14	4	
Brazil:				
Port Alegre	Aug. 10-31	2		
Canada:				
Alberta	Sept. 26-Oct. 9	29		
Calgary	do	10		
Ontario	do	4		
Toronto	Oct. 3-9	3		
Saskatchewan	Sept. 26-Oct. 2	14		
China:				
Chungking	Aug. 29-Sept. 4			Present.
Foochow	Sept. 5-18			Present.
Nanking	Aug. 8-Sept. 18			Present.
Swatow	Sept. 5-18			Sporadic.
Great Britain:				
England and Wales				Sept. 19-25, 1926; Cases, 121.
Birmingham	Sept. 26-Oct. 2	1		
Sheffield	Sept. 20-Oct. 2	6		
India				Aug. 8-21, 1926: Cases, 2,403; deaths, 979.
Bombay	Aug. 22-Sept. 4	11	7	
Madras	Sept. 5-18	10	1	
Rangoon	Aug. 29-Sept. 44	17	4	
Java:				
Batavia	Aug. 22-28	2		Province.
Surabaya	Aug. 15-28	31	2	
Mexico:				
Mexico City	Sept. 19-25	2		Including municipalities in Federal District.
Siam				Aug. 29-Sept. 4, 1926: Cases, 6; deaths, 5. Apr. 1-Sept. 4, 1926: Cases, 557; deaths, 218.
Bangkok	Aug. 29-Sept. 4	5	3	
Union of South Africa:				
Transvaal	do	1		Native.
Johannesburg	do	1		

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Bolivia:				
La Paz	Aug. 1-31	9	1	
Chile:				
Valparaiso	Sept. 12-18	2		
China:				
Chunkging	Aug. 29-Sept. 4			Present.
Palestine				Sept. 7-13, 1926: Cases, 2; in two locatliies.
Jerusalem	Sept 14-20	1		
Union of South Africa:				
Transvaal—				
Johannesburg	Aug. 29-Sept. 4	1		

Reports Received from June 26 to October 22, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
Ceylon				Apr. 18-May 29, 1926: Cases, 31; deaths, 29.
China:				
Amoy	Aug. 8-Sept. 4	67		Stated to be present in epidemic form.
Canton	June 1-30	38	14	
Do	July 15-31	54	28	

[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 October 22, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Foochow	Aug. 15–Sept. 4			Present.
Manchuria:				
Dairen	Aug. 23–29	1	1	
Nanking	July 25–Aug. 7			Do.
Shanghai	Reported July 20	35	8	
Do	July 25–Sept. 11	34	366	Cases, foreign; deaths, native and foreign.
Swatow	July 11–Sept. 4	36	63	
Tsingtao	July 11–Aug. 30	4	4	Japanese settlements, 10 deaths; Chinese, 30 to 4 deaths daily; estimated.
Chosen:				
North Heian Province	Sept. 3–16	70	30	Deaths estimated.
Shingishu	Sept. 13	19		Including places in vicinity.
French Settlements in India				Mar. 7–June 26, 1926: Cases, 31; deaths, 30.
India				Apr. 25–June 26, 1926: Cases, 18,526; deaths, 11,531. June 27–Aug. 7, 1926: Cases, 11,492; deaths, 7,164.
Bombay	May 30–June 5	1	1	
Do	July 18–31	2	2	
Calcutta	Apr. 4–May 29	478	418	
Do	June 13–26	73	69	
Do	June 27–Aug. 28	254	225	
Madras	May 16–June 5	2	1	
Do	Aug. 1–Sept. 4	2	2	
Rangoon	May 9–June 26	67	44	
Do	June 27–Aug. 28	30	28	
Indo-China:				
Saigon	May 2–15	52	48	
Do	May 22–June 26	42	32	
Do	June 27–Aug. 14	31	17	
Japan				To Sept. 10, 1926: Cases, 35.
Ken (Prefecture)—				
Hiroshima	To Sept. 10	1		
Hyogo	do	7		
Kagakawa	do	8		
Kanagawa	do	3		Including Yokohama.
Kochi	do	1		
Ookayama	do	7		
Osaka	do	6		
Wakayama	do	2		
Philippine Islands:				
Manila	May 18–24	2	2	
Do	June 27–Aug. 21	9	2	
Provinces—				
Albay	Apr. 18–24	1	1	
Davao	May 23–29	1		
Mindoro	Feb. 21–Mar. 6	3	3	
Pampanga	July 25–31	1	1	
Rizal	July 18–24	1		
Romblon	Dec. 14–31	42	43	
Do	Jan. 2–Mar. 27	41	35	
Siam				Aug. 1–28, 1926: Cases, 186; deaths, 129.
Bangkok	May 2–June 12	1,325	736	
Do	June 20–26	56	26	
Do	June 27–Aug. 28	79	28	
Straits Settlements:				
Singapore	July 4–17	2	1	
On vessel:				
Steamship Macedonia	Aug. 5	1		At Yokohama, Japan. Vessel sailed from Singapore, July 18, 1926.

PLAGUE

Algeria:				
Algiers	June 21–30	1		Under date of July 16, 2 cases reported.
Do	July 1–20	1		
Bona	Aug. 14	1		
Philippeville	Sept. 7	1		

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

Reports Received from June 26 to October 22, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Azores:				
Fayal Island—				
Horta	Aug. 2-29	2	2	
St. Michaels Island	May 9-June 26	4	1	
Do	June 27-July 10	3	1	
Brazil:				
Paranagua	Oct. 8			Present.
British East Africa:				
Kisumu	May 16-22	1	1	
Do	Aug. 17-Sept. 11	3	2	
Uganda	Mar. 1-June 30	732	574	
Canary Islands:				
Teneriffe	Aug. 2	2		
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-Aug. 7	28		
Foochow	June 6-July 31			Several cases. Not epidemic.
Nanking	May 9-Aug. 7			Prevalent.
Swatow	July 25-31	14		
Ecuador				January-June, 1926: Cases, 385; deaths, 154.
Chimborazo	January-June	9	2	Rats taken, 766.
Guayaquil	May 16-June 30	6		Rats taken, 30,914; found infected, 31.
Do	July 1-Aug. 31	12	3	Rats taken, 41,321; found infected, 59.
Leon	January-June	43	19	Localities, 2.
Loja	do	176	75	Cantons, 2.
Tungurahua	do	83	29	At Ambato, Huachi, and Picayhua. Rats taken, 1,542.
Egypt				Jan. 1-Sept. 9, 1926: Cases, 128.
City—				
Alexandria	July 27-Aug. 12	4	1	
Suez	May 21-July 1	9	5	
Do	July 29	2		
Provinces—				
Behera	July 23-Aug. 15	4	1	
Beni-Suef	May 23-June 8	8	2	
Charkiah	July 27	1	1	
Gharbieh	June 2	1	1	
Minieh	July 24	1	1	
Sidi Barani	Sept. 30	12		In western desert.
France:				
Marseille	July 8	1	1	Reported July 24.
St. Denis	Reported Aug. 2	1		Vicinity of Paris.
St. Ouen	Aug. 14	2		Suburb of Paris.
Great Britain:				
Liverpool	Aug. 29-Sept. 4	2	1	
Greece:				
Athens	Apr. 1-May 31	16	4	Including Piræus.
Do	Aug. 1-31	9	2	Do.
Patras	May 27-June 12	4	1	
Do	July 25-Sept. 4	7	4	
Zante	May 17	1		
Hawaii:				
Hamakua	June 9			1 plague rodent trapped near Hamakua Mill.
Paauhau	July 18-24			Plague-infected rat trapped.
India				Apr. 25-June 16, 1926: Cases, 53,001; deaths, 41,576. June 27-Aug. 7, 1926: Cases, 1,405; deaths, 861
Bombay	May 2-June 26	16	15	
Do	July 18-Aug. 21	5	5	
Karachi	May 23-June 26	15	13	
Do	July 11-17	1	1	
Madras Presidency	Apr. 25-June 26	162	93	
Do	July 4-Aug. 14	264	139	
Rangoon	May 9-June 26	20	15	
Do	June 27-Aug. 28	39	30	
Indo-China:				
Saigon	May 23-June 26	8	3	
Do	July 18-Aug. 7	2	1	

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

Reports Received from June 26 to October 22, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Iraq:				
Baghdad	Apr. 18-June 12	161	108	
Do	July 18-31	2	2	
Japan:				
Yokohama	July 2-30	9	5	
Do	Aug. 7	2		Total, July 2-Aug. 10, 1926: Cases, 9; deaths, 8.
Java:				
Batavia	Apr. 24-June 19	65	65	
Do	June 26-Aug. 20	44	42	
Cheribon	Apr. 11-24	3	3	
East Java and Madoera	June 13-19	1	1	
Do	July 25-31	1	1	
Madagascar:				
Ambositra Province	May 1-15	4	4	Septicemic.
Antisirabi Province	June 16-30	4	4	
Itasy Province	do	17	10	
Majunga Province	do	10	6	
Mananjary Province	do	1	1	
Moramanga Province	Apr. 1-15	2	2	Do.
Tananarive Province				Apr. 1-June 30, 1926: Cases, 130; deaths, 120.
Tamatave (Port)	May 16-31	1	1	
Tananarive Town	Apr. 1-June 30	7	7	
Nigeria				Feb. 1-Apr. 30, 1926: Cases, 115; deaths, 92.
Peru				May-June, 1926: Cases, 57; deaths, 16. July 1-Aug. 31, 1926: Cases, 44; deaths, 16.
Departments—				
Ancash	May 1-31			Present.
Do	July 1-31	2		
Cajamarca	May 1-June 30	10	4	
Do	Aug. 1-31	1		
Ica	May 1-31	1		
Do	July 1-31	1		
Libertad	May 1-31	4		
Lima	May 1-June 30	29	12	
Do	July 1-Aug. 30	40	16	
Piura	June 1-30	13		
Russia				Jan. 1-Mar. 31, 1926: Cases, 37.
Senegal				Nov. 1-30, 1925: Cases, 3; deaths, 2. Mar. 1-Apr. 30, 1926: Cases, 15; deaths, 4.
Siam				Apr. 1-Aug. 28, 1926: Cases, 15; deaths, 10.
Bangkok	May 23-June 26	2	2	
Do	July 18-24	1	1	
Straits Settlements:				
Singapore	May 2-8	1	1	
Do	July 4-17	1	1	
Syria:				
Beirut	July 1-Aug. 10	2		
Tunisia	May 11-June 30	174		
Do	July 1-20	12		
Kairouan	June 9	3		9 cases 30 miles south of Kairouan.
Turkey:				
Constantinople	Aug. 1-Sept. 4	5	2	
Union of South Africa:				
Cape Province	May 16-22	5	3	
Calvinia District	June 13-26	12	6	
Do	June 27-Aug. 21	4	3	
Williston District	June 13-26	2		
Do	June 27-July 3	1		
Orange Free State—				
Hoopstad District	Aug. 15-21	1		
Protestpan	May 9-22	3	3	
On vessel:				
Steamship Zaria	September, 1926	2	2	At Liverpool, England, from Lagos, Nigeria, West Africa. 29 plague-infected rats found on board.

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

Reports Received from June 26 to October 22, 1926—Continued

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Algeria:				
Algiers	May 21-June 20	14		
Do	July 1-Aug. 31	3		
Belgium:				
Antwerp	Aug. 1-7	1	1	
Bolivia:				
La Paz	May 1-June 30	14	7	
Do	July 1-31	2	4	
Brazil:				
Bahia	June 20-26	1		
Do	June 27-Sept. 11	63	36	
Manaos	Apr. 1-30		5	
Para	May 16-June 26	26	25	
Do	June 27—Aug. 14	18	11	
Pernambuco	July 11-Aug. 28	70	10	
Rio de Janeiro	May 2-June 19	132	91	
Do	July 4-Sept. 18	2,230	1,135	
Santos	Mar. 1-7		1	
British East Africa:				
Mombasa	July 5-11	5	4	
Tanganyika	May 1-31	252	46	
Uganda	Mar. 1-May 31	3		
British South Africa:				
Northern Rhodesia	May 18-24	17	6	Natives.
Do	June 8-14	5		
Canada				May 30-June 12, 1926: Cases, 46.
Alberta	May 30-June 12	3		
Do	June 27-Sept. 25	18		
Calgary	Sept. 5-25	6		
British Columbia—				
Vancouver	Aug. 16-Sept. 12	3		
Manitoba				May 30-June 26, 9126: Cases, 15. June 27-Sept. 25, 1926: Cases, 19.
Winnipeg	June 6-12	5		
Do	July 4-Sept. 4	12		
Ontario				May 30-June 26, 1926: Cases, 36. June 27-Sept. 30: Cases, 78.
Fort William	July 25—Aug. 7	2		
Kingston	May 23-June 26	5		
Do	July 11-17	2		
Kitchener	Apr. 26-May 29	3	1	
North Bay	May 2-22	5		
Do	July 25-31	2		
Orillia	Apr. 26-May 29	7		
Ottawa	July 18-24	1		
Packenham	do	10		
Peterboro	Sept. 1-30	10		
Toronto	July 18-Aug. 11	8		
Waterloo	July 18-24	6		
Saskatchewan				May 30-June 26, 1926: Cases, 16. June 27-Sept. 18: Cases, 59
Regina	July 4-Sept. 25	3		
Ceylon				Mar. 14-May 29, 1926: Cases, 44: deaths, 3.
Chile:				
Antofagasta	June 6-12	1		
China:				
Amoy	May 1-June 26	4	8	
Do	July 4-10	1		
Antung	May 17-June 19	5		
Do	July 4-18	2		
Canton	May 1-31	4	2	
Changsha	Aug. 8-14	1		
Chungking	May 2-Aug. 21			Present.
Foochow	do			Do.
Hongkong	May 2-June 26	19	10	
Do	June 27-July 3	1	1	
Manchuria	July 4-31	18		Railway stations.
An-shan	May 16-June 12	5		South Manchurian 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	
Do	June 28-Aug. 8	5	3	
Fushun	May 16-June 5	4		Do.
Harbin	May 14-June 30	21		Do.
Do	July 1-28	12		
Kai-yuan	May 16-June 30	10		Do.
Kungchuling	June 13-19	1		Do.

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

Reports Received from June 26 to October 22, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Manchuria—Continued.				
Liaoyang	May 16–June 30	4		South Manchurian Railway.
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–Aug. 7			Present.
Shanghai	May 2–June 26	10	25	Cases, foreign: deaths, population of international concession, foreign and native.
Do	June 27–July 24	3	3	
Swatow	May 9–Aug. 14			Sporadic.
Tientsin	June 2–26		1	Reported by British municipality.
Wanshien	May 1			Prevalent.
Chosen				Mar. 1–May 31, 1926: Cases, 548; deaths, 121.
Fusan	May 1–31	1		
Seishun	do	2	1	
Egypt:				
Alexandria	May 15–July 1	18	3	
Do	July 23–Aug. 19	11	5	
Cairo	Jan. 29–Apr. 1	16	4	
Esthonia				May 1–June 30, 1926: Cases, 3.
France				Mar. 1–June 30, 1926: Cases, 141.
Paris	Sept. 1–20	21	5	
St. Etienne	Apr. 18–June 15	7	3	
French Settlements in India	Mar. 7–June 26	282	282	
Gold Coast	Mar. 1–May 31	662	13	
Great Britain:				
England and Wales				May 23–June 26, 1926: Cases, 933.
Bradford	May 23–29	1		June 27–Sept. 18, 1926: Cases, 1,168.
Do	Aug. 29–Sept. 4	1		
Newcastle-on-Tyne	June 6–12	1		
Do	July 11–Sept. 25	3		At Gateshead, several cases reported.
Nottingham	May 2–June 5	7		
Do	July 18–24	1		
Sheffield	June 13–19	1		
Do	July 4–Sept. 11	3		
Greece:				
Athens	July 1–31	71	6	Including Piræus.
Saloniki	June 1–14		3	
Guatemala:				
Guatemala City	June 1–30		2	
India				Apr. 25–June 26, 1926: Cases, 54,851; deaths, 14,771. June 27–Aug. 7, 1926: Cases, 16,507; deaths, 5,150.
Bombay	May 2–June 26	220	134	
Do	June 27–Aug. 21	93	50	
Calcutta	Apr. 4–May 29	171	152	
Do	June 13–26	24	18	
Do	June 27–Aug. 28	34	29	
Karachi	May 16–June 26	44	18	
Do	June 27–Aug. 21	13	7	
Madras	May 16–June 26	7	4	
Do	June 27–Sept. 4	44	14	
Rangoon	May 9–June 26	10	5	
Do	July 4–24	3		
Indo-China:				
Saigon	May 9–June 26	2		
Iraq:				
Baghdad	do	8	3	
Do	July 4–Aug. 28	2	1	
Basra	Apr. 18–June 22	34	25	
Do	Aug. 15–21	1		
Italy				Mar. 28–June 26, 1926: Cases, 34.
Catania	Aug. 9–15	2		June 27–July 10, 1926: Cases, 3.
Rome	June 14–20	4		Entire consular district, including island of Sardinia.
Jamaica				Apr. 25–June 26, 1926: Cases, 201. (Reported as alastrim.)
Do				June 27–Sept. 25, 1926: Cases, 238. (Reported as alastrim.)
Japan				Apr. 11–June 19, 1926: Cases, 641.
Kobe	May 30–June 5	1		
Nagoya	May 16–22		1	
Do	July 4–10	1		

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

Reports Received from June 26 to October 22, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Japan—Continued.				
Taiwan Island	May 11-20	24		
Do	June 1-20	23		
Do	July 11-Aug. 10	2		
Tokyo	June 26-July 17	3		
Yokohama	May 2-8	2		
Java:				
Batavia	May 15-June 25	2		Province.
Do	July 24-Aug. 20	3		Do.
East Java and Madoera	Apr. 11-July 3	100	6	
Do	July 4-Aug. 7	43	1	
Malang	Apr. 4-10	6	1	Interior.
Surabaya	May 16-22	14	1	
Do	July 18-Aug. 14	32	1	
Latvia				Apr. 1-June 30, 1926: Cases, 5.
Mexico				Feb. 1-Apr. 30, 1926: deaths, 982.
Aguascalientes	June 13-26		5	
Guadalajara	June 18-14		2	
Do	June 29-Sept. 27		8	
Mexico City	May 16-June 5	3		Including municipalities in Federal district.
Do	July 25-Aug. 28	4		Do.
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-Oct. 2		15	
Tampico	June 1-10		2	
Torreon	May 1-June 30		17	
Do	July 1-Sept. 30		13	
Netherlands:				
Amsterdam	July 18-24		9	
Nigeria				Feb. 1-Apr. 30, 1926: Cases, 404; deaths, 33.
Persia:				
Teheran	Apr. 21-June 22		7	
Peru:				
Arequipa	June 1-30		1	
Poland				Mar. 28-May 1, 1926: Cases, 12; deaths, 1. June 27-July 24, 1926: Cases, 2; deaths, 1.
Portugal:				
Lisbon	Apr. 26-June 19	10	3	
Do	July 11-Sept. 11	21	6	
Oporto	May 23-June 5	4		
Do	July 11-24	2		
Russia				Jan. 1-Mar 31, 1926: Cases, 2,103.
Siam				Aug. 1-7, 1926: Cases, 12; deaths, 8.
Do				Aug. 15-28, 1926: Cases, 25; deaths, 8.
Bangkok	May 2-June 12	23	20	
Do	July 4-Aug. 28	50	41	
Spain:				
Valencia	Aug. 22-28	1		
Straits Settlements:				
Singapore	Apr. 25-May 1	1		
Do	July 11-17	1		
Sumatra:				
Medan	Aug. 22-28			One case varioloid.
Switzerland:				
Lucerne Canton	June 1-30	1		
Do	July 1-31	2		
Tripolitania	Apr. 1-30	11		
Tunisia				Apr. 1-June 30, 1926: Cases, 17.
Tunis	Aug. 11-30	2		
Union of South Africa	June 1-30	8	1	
Cape Province	June 20-26			Outbreaks.
Do	Aug. 15-21			Do.
Idutya district	May 23-29			Do.
Natal	May 30-June 5			Do.
Orange Free State	June 20-Aug. 28			Do.
Transvaal				June 6-12, 1926: Outbreaks in Pietersburg and Rustenburg districts.
Johannesburg	May 9-June 12	5		
Do	July 11-17	1		
Yugoslavia				Apr. 15-30, 1926: Cases, 2; deaths, 1.
Zagreb	Aug. 9-15	2		

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

Reports Received from June 26 to October 22, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
On vessels:				
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.
Steamship	July 2	1		Vessel from Glasgow, Scotland, for Canada. Patient from Glasgow; removed at quarantine on outward voyage.

TYPHUS FEVER

Algeria:				
Algiers	May 21–June 30	7	1	
Do	July 21–Aug. 31	3		
Argentina:				
Rosario	Feb. 1–28	2		
Bolivia:				
La Paz	June 1–30		1	
Bulgaria				Mar. 1–June 30, 1926: Cases, 87; deaths, 14.
Chile:				
Antofagasta	May 23–June 26	4		
Do	June 27–July 3	1		
Concepcion	June 1–7		1	
Valparaiso	Apr. 29–May 5		1	
Do	Aug. 14–Sept. 11	5		
China:				
Antung	June 14–27	7	1	
Do	June 28–Sept. 12	29	1	
Canton	May 1–31	1		
Ichang			1	Reported May 1, 1926. Occurring among troops.
Wanshien				Present among troops, May 1, 1926. Locality in Chungking consular district.
Chosen				Feb. 1–May 31, 1926: Cases, 887; deaths, 91.
Chemulpo	May 1–June 30	38	2	
Do	July 1–31	7	2	
Gensan	June 1–30	1		
Seoul	do	8	3	
Do	July 1–Aug. 31	8		
Czechoslovakia				Jan. 1–June 30, 1926: Cases, 156; deaths, 6.
Egypt:				
Alexandria	July 16–Aug. 19	3		
Cairo	Jan. 29–Mar. 4	74	17	
Do	July 23–Aug. 5	1		
Port Said	June 4–24	4	1	
Do	July 9–Aug. 19	4	1	
Great Britain:				
Scotland—				
Glasgow	July 30–Aug. 21	9	1	
Ireland (Irish Free State):				
Cobh (Queenstown)	May 30–June 5	1		
Do	June 27–July 3	1	1	
Cork	June 5	1		
Kerr County—				
Dingle	June 27–July 3	1		
Italy				Mar. 28–May 8, 1926: Cases, 3.
Palermo	Sept. 12–18	1		
Japan				Mar. 28–May 29, 1926: Cases, 37
Latvia				May 1–June 30, 1926: Cases, 19.
Lithuania				Mar. 1–June 30, 1926: Cases, 199; deaths, 22.
Mexico				Feb. 1–Apr. 30, 1926: Deaths, 110.
Durango	July 1–31		1	
Mexico City	May 16–June 5	20		Including municipalities in Federal district.
Do	June 13–19	9		Do.
Do	July 25–31	3		Do.
Do	Aug. 15–Sept. 18	31		Do.
San Luis Potosi	June 13–26			Present city and country.

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

Reports Received from June 26 to October 22, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Morocco				Mar. 1-June 30, 1926: Cases, 426.
Norway:				
Stavanger	Sept. 6-12	1		
Palestine				Mar. 1-June 30, 1926: Cases, 14; deaths, 1. Aug. 10-Sept. 6, 1926: Cases, 3.
Gaza	July 6-12	1		
Haifa	July 13-Aug. 30	5		
Halalal	Aug. 17-23	1		
Jaffa district	June 15-28	5		
Majdal district	July 13-Aug. 2	2		
Nazareth district	do	3		
Tiberias	Aug. 3-9	1		
Yavniel	Aug. 17-23	1		
Persia:				
Teheran	May 23-June 22		1	
Peru:				
Arequipa	Jan. 1-31		2	
Poland				Mar. 28-June 26, 1926: Cases, 1,272; deaths, 85. June 27-July 24, 1926: Cases, 147; deaths, 11.
Rumania				Mar. 1-May 31, 1926: Cases, 711; deaths, 69
Russia				Jan. 1-Mar. 31, 1926: Cases, 14,814.
Tunisia				Apr. 1-June 30, 1926: Cases, 110.
Tunis	June 11-30	3		
Turkey:				
Constantinople	June 16-22	1		
Union of South Africa				Apr. 1-May 31, 1926: Cases, 153; deaths, 19.
Do				July 1-31, 1926: Cases, 90; deaths, 17.
Cape Province				Apr. 1-June 30, 1926: Cases, 202; deaths, 24, native. July 1-31, 1926: Cases, 58; deaths, 15.
Glengray district	June 27-July 3			Outbreaks.
Grahamstown	do	1		
Natal				Apr. 1-June 30, 1926: Cases, 28. July 1-31, 1926: Cases, 23; deaths, 2.
Durban	July 25-Aug. 7	9	1	
Orange Free State				Apr. 1-June 30, 1926: Cases, 24; deaths, 4. July 1-31, 1926: Cases, 7.
Transvaal				Apr. 1-June 30, 1926: Cases, 16; deaths, 5. July 1-31, 1926: Cases, 2. Aug. 15-21, 1926: outbreaks.
Walkkerstroom district	June 20-26			Outbreaks.
Wolmaransstad district	do			Do.
Yugoslavia				Apr. 15-June 30, 1926: Cases, 48; deaths, 7. July 1-Aug. 31, 1926: Cases, 3; deaths, 1.
Zagreb	May 15-21	1		

YELLOW FEVER

Brazil	Reported June 26			Present in interior of Bahia, Pirapora, and Minas.
Bahia	May 9-June 26	10	7	
Do	July 4-10	1		
Gold Coast	Apr. 1-May 31	6	3	