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PAN AMERICAN CONFERENCE OF DIRECTORS OF HEALTH

In accordance with a recommendation of the Fifth International Conference of American Republics, which was held in Santiago, Chile, in 1923, the First Pan American Conference of National Directors of Public Health was convoked and the delegates met in Washington, September 27, 28, and 29, 1926.

The inaugural session was held in the Hall of the Americas of the Pan American Union, where the Hon. Joseph C. Grew, Undersecretary of State, Dr. L. S. Rowe, Director General of the Pan American Union, and Surg. Gen. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, made addresses of welcome. These were appropriately answered by the delegates, in representation of their various countries.

It is not possible to publish the full text of the welcoming addresses and the replies of the delegates at this time, but a complete report of the transactions of the conference will be published later (in Spanish), which will be available for distribution.

Among the most important results of the deliberations of the conference may be mentioned the creation of a permanent organization, composed of the national directors of health of the respective countries affiliated with the Pan American Union, together with the officers of the Pan American Sanitary Bureau; and the work effected in the preparation of the program for the Eighth Pan American Sanitary Conference which will be held in Lima, Peru, from October 9 to 19, 1927.

After the sessions of the conference, the delegates were welcomed to and attended many of the sessions of the Conference of the International Tuberculosis Union and of the National Tuberculosis Association of the United States. Later, some of the delegates went to New York, where they made trips of inspection to the United States quarantine and immigration stations, at Rosebank and Ellis Island. Following is the official translation of the "Acta final" of the conference.

FIRST PAN AMERICAN CONFERENCE OF DIRECTORS OF PUBLIC HEALTH**WASHINGTON, D. C., U. S. A.****Summary of transactions**

The inaugural session of the First Pan American Conference of National Directors of Health was convened in the building of the Pan American Union at Washington on September 27, 1926, the date set by the Pan American Sanitary Bureau in accordance with a resolution approved by the Fifth International Conference of American States.

The Surgeon General of the United States Public Health Service, Dr. Hugh S. Cumming, presided over the session as provisional chairman.

The Undersecretary of State of the United States, the Hon. Joseph C. Grew, the Director General of the Pan American Union, Dr. L. S. Rowe, and Surg. Gen. Hugh S. Cumming, Director of the Pan American Sanitary Bureau, welcomed the members of the conference, the delegates of each of the countries represented replying with appropriate speeches expressing their thanks. The conference considered and approved the regulations governing its sessions. At the same time, nominations were made for the offices of president, vice president, and secretary general of the conference, the following being unanimously elected: For president, Dr. Hugh S. Cumming; for vice president, Dr. Alfonso Pruneda, of Mexico; and for secretary general, Dr. Sebastián Lorente of Peru.

The following delegates of the countries represented and officers of the Pan American Sanitary Bureau were recognized as members of this conference:

Bolivia, Dr. Cleómedes Blanco Galindo and Dr. Manuel A. Villaroel; Brazil, Dr. Raul Leitão da Cunha; Chile, Dr. Lucas Sierra; Colombia, Dr. Pablo García Medina; Cuba, Dr. Fernando Rensoli, Dr. Mario G. Lebrede, and Dr. César Muxo; Dominican Republic, Dr. Ramón Báez, jr.; Ecuador, Dr. Pablo A. Suárez; Guatemala, Dr. José Azurdia; Haiti, Commander C. S. Butler and Mr. Raoul Lizaire; Honduras, Dr. Antonio Vidal M.; Mexico, Dr. Bernardo J. Gastélum; and Dr. Alfonso Bruneda, member of the Pan American Sanitary Bureau; Panama, Dr. Guillermo G. de Paredes; Paraguay, Dr. Andrés Gubetich; Peru, Dr. Sebastián Lorente; United States of America, Dr. Hugh S. Cumming, Dr. Samuel B. Grubbs, Dr. Bolívar J. Lloyd, Dr. Edward C. Ernst; and Venezuela, Dr. Carlos J. Bello.

In accordance with the respective provisions of the regulations, four committees were designated: (1) Committee on resolutions; (2) Committee on the Pan American Sanitary Code; (3) committee

on permanent organization; and (4) committee on sanitation and the administration of public health.

The committee on resolutions was composed of the following:

Dr. Sebastián Lorente, of Peru, secretary general of the conference.

Dr. Raul Leitão da Cunha, of Brazil.

Dr. Lucas Sierra, of Chile.

Dr. Pablo García Medina, of Colombia.

Dr. Andrés Gubetich, of Paraguay.

The committee on the Pan American Sanitary Code was composed of the president, the secretary general of the conference, and the chief health officer of each country affiliated with the Pan American Union, and is charged with the duty of preparing and submitting to the Director of the Pan American Sanitary Bureau, not later than May 31, 1927, a report on the provisions of the Code.

The following delegates were chosen as members of the committee on permanent organization:

Dr. Sebastián Lorente, of Peru, secretary general of the conference.

Dr. Lucas Sierra, of Chile.

Dr. Pablo García Medina, of Colombia.

Dr. Fernando Rensoli, of Cuba.

Dr. Andrés Gubetich, of Paraguay.

The committee on sanitation and the administration of public health was composed of the delegate of highest rank from each country, or, if no distinction of rank existed, of the chief public health authority.

The conference considered, in its sessions of September 27, 28, and 29, all the matters and reports submitted. Dr. Sierra, of Chile, Dr. Lorente, of Peru; Dr. Vidal, of Honduras; Dr. Báez, of the Dominican Republic; Dr. Gubetich, of Paraguay; Dr. Suárez, of Ecuador; Dr. Bello, of Venezuela; Dr. Gastélum, of Mexico; Dr. Leitão da Cunha, of Brazil; Dr. Azurdia, of Guatemala; Dr. García Medina, of Colombia; Dr. Blanco Galindo and Dr. Villaroel, of Bolivia; Dr. Rensoli, of Cuba; and Dr. Paredes, of Panama, outlined briefly the sanitary administrations of their respective countries. The propositions made during the period of the conference were submitted to the committee on resolutions.

At the meeting of September 29, the committee on resolutions presented to the conference its report on the matters which had been submitted for its study, and at the same session the conference approved the resolutions, recommendations, and measures given below:

The First Conference of National Directors of Health of the American Republics, meeting in the city of Washington, September

27-29, approved for the consideration of the Eighth Pan American Sanitary Conference, to be held at Lima, October 9-19, 1927, the following propositions, resolutions, and recommendations:

1. Revision and suggested modifications of the Pan American Sanitary Code adopted at Habana, November, 1924, as follows:

(a) That the interchange of provisions, regulations, and laws relating to sanitary matters should be made obligatory instead of optional, as stated in paragraph (d) of Article I of the Sanitary Code.

(b) That the last part of the last paragraph of Article IV of the Sanitary Code should be considered applicable only to those cases in which the diseases not specifically indicated are of epidemic nature.

(c) That the obligation to notify adjacent countries is construed to apply to all the countries signatory, or adherent, to the Code.

(d) That Article XV of the Sanitary Code should be made operative at once, and that the necessary forms should be prepared and published.

(e) That Article XXVI of the Sanitary Code, hitherto not enforced, should be put in practice immediately.

(f) That to the list of diseases indicated in Article XXIX of the Sanitary Code should be expressly added "smallpox," and that the following phrase, "any other contagious disease of epidemic nature," should be deleted.

(g) That the stipulations of Chapter IX of the Sanitary Code should be made operative.

(h) That bills of health should conform essentially to the model in Article XVI of the Sanitary Code.

(i) That the Pan American Sanitary Bureau should endeavor to obtain the cooperation of the countries which may have colonies or possessions in America, in the application of the provisions of the Pan American Sanitary Code.

(j) That in order to add to, modify, or annul one or more articles of the Pan American Sanitary Code, it shall be necessary for one or more of the signatory or adherent governments to have requested such action at least six months previously, and also that such changes be supported by the votes of at least two-thirds of the delegates at the following Pan American Sanitary Conference.

(k) That there shall be included in the Pan American Sanitary Code a clause requesting all nations signatory or adherent to the convention, to constitute or create in their principal ports a "committee on contagious diseases," whose duty it shall be to

establish an official diagnosis in the cases of the diseases named in the Code.

- (1) That at the eighth Pan American Sanitary Conference there shall be included in the Code a provision asking that all signatory or adhering nations shall regard as narcotics, in the case of drugs designed for exportation, all drugs included under that heading in the country to which such drugs are shipped.
2. That the campaign against drug addiction should be extended.
3. That international control over drug traffic should be established.
4. That the care and confinement in special institutions of drug addicts by the State should be made compulsory in each country.
5. That all health and social welfare activities be centralized in ministries or departments of health.
6. That municipalities should devote or contribute a certain percentage of their revenues to the support of health work which only the State should undertake, through an appropriate division or branch of its administrative organization.
7. That studies be made of bubonic plague, from its nosological, epidemiological, and medico-social aspects, recommending to the governments the appointment of technical commissions charged with the preparation, in each country, of plans for research work which may lead to the clearing up of the problems connected with this disease, which is both endemic and epidemic in character.
8. The intensification in all countries of child-welfare campaigns from the triple aspects of hygienic surroundings, eugenics, and homiculture, and the study of infant morbidity and mortality.
9. The study of intestinal parasitoses on the American continent.
10. Provision of potablè water in cities, towns, and other places, its clarification, and its purification by the use of chlorine.
11. Adequate rules for plant sanitation and quarantine.
12. Study of the best methods for discovering carriers of germs of infecto-contagious diseases, and for rendering such carriers harmless.
13. Study of cooperative methods for combating venereal diseases in America.
14. Study of tuberculosis and leprosy and methods for their prophylaxis and treatment.
15. Sex education and hygiene.
16. Industrial hygiene.
17. Morbidity and mortality statistics.
18. Fly eradication.
19. Prophylaxis of trachoma.
20. Study of alastrim.
21. Regulation of immigration from the standpoint of sanitation.

22. Organization in each country, in the respective departments of health, of a permanent commission for the study and eradication of malaria.

23. Organization of the study of climate and locality in relation to the epidemiology of disease.

24. The conference recommends to the States of America which have not yet ratified the Sanitary Code approved at the Seventh Pan American Sanitary Conference, held in Habana in 1924, that they ratify this Code, making such reservations as they may deem necessary with respect to such articles as, for the time being, they may deem best not to accept.

25. To recommend to the governments the establishment of ministries of health, social welfare, and labor, where these do not already exist.

26. A permanent organization is hereby effected, which shall be composed of the chief national public-health authorities of the countries affiliated with the Pan American Union, and also of the officers of the Pan American Sanitary Bureau.

27. To recommend that, in addition to the directors of public health of each country affiliated with the Pan American Union, the permanent organization should include the heads of the health services of the colonies or possessions in the American continent which may later become members of the Pan American Union.

28. In view of the great educational value of motion pictures, the Pan American Sanitary Bureau is requested to undertake the production of films on subjects of hygiene and prophylaxis, and to supply the films in its possession, in turn, to the nations of the Pan American Union, for purposes of public-health education.

29. The study and classification of rodent fleas by an expert entomologist in each country, and the forwarding of said data to the Pan American Sanitary Bureau. If there is no such expert available, the fleas shall be sent to the Sanitary Bureau, which shall undertake their study and classification.

30. The conference recommends to all governments that, in order that the Pan American Sanitary Bureau may more readily carry out the provisions contained in Article LVI of the Pan American Sanitary Code, they shall send to the Pan American Sanitary Bureau two copies of all official health publications, and, in addition, copies of all prevailing laws in each country bearing on health and sanitation.

31. The Conference of National Directors of Public Health shall meet every five years unless the Pan American Sanitary Bureau shall deem it expedient to convene such meeting at an earlier date.

32. A committee shall be named for the study of the measures adopted against the introduction of plague into the city of New York in order that its report may serve as a basis for the standardi-

zation of such procedures in all the countries of the Pan American Union. The committee shall be composed of Dr. S. B. Grubbs, Dr. Lucas Sierra, and Dr. Pablo Suárez.

33. Recommendation is made to governments of countries where the cinchona tree grows to facilitate its cultivation and exploitation in order to be able to obtain quinine in quantity, quality, and at a price which may permit the intensification of the campaigns against malaria in the countries of the Pan American Union.

34. The conference, before terminating its sessions, devoted a brief period of time to the memory of the great hygienist, Gen. William C. Gorgas, whose labors for improvement in the hygiene of the American continent and of the world in general are worthy of the greatest admiration.

35. The conference also rendered grateful homage to the memory of the distinguished hygienists, Drs. Carlos J. Finlay and Henry R. Carter, to whom humanity owes invaluable services. This fact was communicated to the daughter of Doctor Carter and to Doctor Finlay's son.

To carry out these resolutions a committee was appointed, composed of Doctors Rensoli, of Cuba; Suárez, of Ecuador, Vidal, of Honduras, and Paredes, of Panama, who visited the widow of General Gorgas and the daughter of Doctor Carter, and also sent a telegram to Doctor Finlay's son in Cuba.

36. A vote of thanks was tendered to Dr. Hugh S. Cumming, Surgeon General of the United States Public Health Service, and Director of the Pan American Sanitary Bureau, to Dr. L. S. Rowe, Director General of the Pan American Union, to Dr. Bolívar J. Lloyd, assistant to the Director of the Pan American Sanitary Bureau, to the members of the Pan American Sanitary Bureau and of the Pan American Union, and to the representatives of the American Government, for their efforts in the interest of this First Conference of National Directors of Public Health Services of the American Republics, and for its success.

(Signed)

HUGH S. CUMMING,
President of the Conference.

(Signed)

SEBASTIÁN LORENTE,
Secretary General of the Conference.

Report of Committee on Plague

The committee appointed by the First Pan American Conference of Directors of Health to formulate a program for the investigation of plague recommends that the Pan American Sanitary Bureau request each of its signatory powers to begin in one or more places, preferably ports, a plague survey of rats and fleas. It shall be the purpose of such surveys to more clearly define the factors of the spread of plague to the end that the degree of infectibility of a locality to plague may be determined as has been done in the instance of yellow fever through establishing the *stegomyia* index.

(1) Live rats and other rodents are to be caught regularly each day throughout at least one continuous year.

(2) Each rat is to be examined and classified and all ecto-parasites are to be collected, examined, and identified.

(3) Records are to be kept on standard blanks and all of the information called for on these blanks should be supplied in each instance. Other data called for on optional blanks may also be kept.

(4) In order that the classification of fleas may be uniform, specimens of each species are to be submitted to the expert designated by the Pan American Sanitary Bureau and confirmation of the classification made by such expert is to be considered as standard.

(5) Rodents, other than rats, and their ecto-parasites, are to be examined whenever possible, especially in those countries where they are domesticated.

It is believed that surveys as outlined above, if made by a considerable number of countries over a period of at least one year under identical circumstances, with records of results that are strictly comparable, will serve more definitely to fix upon the exact species and quantities of rodents and ecto-parasites that make possible the propagation of plague. In addition, other valuable data may be obtained which will accomplish the eradication of plague in a more efficient manner than is now possible.

NOTE.—Detailed instructions regarding the methods to be employed and copies of the blanks to be used are in preparation and will be distributed on request when available.

(Signed)

Dr. LUCAS SIERRA.

Dr. PABLO A. SUÁREZ.

S. B. GRUBBS.

THE NATIONAL LEPER HOME (MARINE HOSPITAL NO. 66)

Review of the More Important Activities During the Fiscal Year Ended June 30, 1926

By O. E. Denney, Surgeon (R) United States Public Health Service, Medical Officer in Charge

Since the United States Public Health Service assumed operation of this institution (formerly the Louisiana Leper Home) in 1921, 394 lepers have been hospitalized. In the fiscal year 1926, 62 lepers were admitted, and 25 absconded, 13 absconders returning for re-admission.

Tabulation of the nativity of the patients in the hospital

Alabama.....	2	Bohemia.....	1
California.....	9	British Guiana.....	2
Florida.....	16	Canada.....	1
Georgia.....	2	Cape Verde Islands.....	1
Louisiana.....	94	Central America.....	1
Maryland.....	1	China.....	17
Minnesota.....	1	Dutch Guiana.....	1
Mississippi.....	4	Finland.....	2
Missouri.....	3	Germany.....	3
New Jersey.....	1	Greece.....	11
New York.....	3	Hungary.....	1
North Carolina.....	2	India.....	1
Ohio.....	1	Ireland.....	1
Oklahoma.....	1	Italy.....	8
Pennsylvania.....	2	Mexico.....	13
South Carolina.....	1	Palestine.....	3
Tennessee.....	1	Panama.....	1
Texas.....	12	Portugal.....	3
Virginia.....	1	Russia.....	3
Hawaii Territory.....	5	Spain.....	5
Philippine Islands.....	8	Sweden.....	1
Porto Rico.....	2	West Indies.....	3
Virgin Islands.....	1		
Bahama Islands.....	1	Total.....	259
Bermuda Islands.....	2		

Tabulation of admissions to the hospital by States

Alabama.....	1	Michigan.....	2
Arkansas.....	1	Montana.....	2
California.....	9	New Jersey.....	2
Florida.....	7	New York.....	4
Georgia.....	1	South Carolina.....	1
Illinois.....	2	Texas.....	5
Louisiana.....	20	Washington.....	1
Massachusetts.....	1		
Mississippi.....	1	Total.....	62
Missouri.....	2		

During the year three patients were paroled from the hospital, leprosy arrested and no longer a menace to the public health; another person voluntarily presented himself at the hospital for examination, having, at his own expense, crossed the continent believing, from newspaper readings, that he was suffering from leprosy; a careful examination revealed no symptoms of leprosy and he was refused admission to the hospital and returned to his former home. One leper was deported by the Bureau of Immigration.

During the year, 94,359 hospital days were furnished. Twenty-nine lepers died, giving a mortality rate of 112 per 1,000. This mortality rate is slightly higher than normal, partly due to the fact that several lepers were admitted in terminal stages, almost moribund, and died soon after admission. The causes of death as confirmed by autopsy were as follows: Kidney malfunction, 8; cardio-vascular diseases, 6; tuberculosis, 5; pneumonia, 5; leprosy (apparently uncomplicated), 2; inoperable surgical conditions, 2; carcinoma, recurrent, 1.

Of significance with reference to the manner in which leprosy is contracted is the fact that in the hospital there are 6 veterans of the Spanish American War, 13 veterans of the World War, 3 veterans discharged from the military service because of disability, and 1 retired veteran—a total of 23 lepers who have had military service, some of whom had tropical service and probably contracted the disease while on foreign duty.

Seventy-five operations were performed during the year and 75,000 major and minor surgical dressings were made. Intravenous or intramuscular injections of mercurochrome, mercurophen, metaphen, bismuth, neo-salvarsan, and tryparsamide were continued in specific or experimental treatment.

A total of 37,902 physiotherapy treatments were given. Considerable improvement has been obtained in contractions or stiffness of joints and weaknesses of muscles, especially of the arms. Indurated areas have decreased, nerve pains have been relieved, and sensation in anesthetic areas of fingers and toes has returned in some cases. Necrosis of bones has been arrested in some cases. Painful feet, flat feet, etc., have been relieved in many cases, and operations have resulted in marked benefit.

The combination of contrast bath, radiant light, massage, and exercises has produced the most consistent results in the relief of contractions and the return of sensation in anesthetic areas. The ultra violet ray has proved very beneficial in nerve pains and ulcers.

Diathermy has not been used for a sufficient length of time to determine its exact value; but so far as it has been used it has become a helpful therapeutic measure apparently of great possibilities.

The most common affections of the eye have been superficial keratitis and iridocyclitis, the former leading ultimately to very poor vision through resulting opacities of the cornea and the latter to blindness through opacities of the lens. The greater part of the current work with respect to the eye, has been devoted to staying the progress of these two affections, and a fair degree of success has been attained.

With regard to neuropsychiatric work, 81 new cases of leprosy were examined and 150 reexaminations made of lepers previously studied. The neurological manifestations found in the 81 examined were of varied degrees of severity and consisted of sensory, motor, vasomotor, and trophic disturbances, five cases showing undoubted psychotic disturbances. One case of praecox type showed marked improvement during the last three months. Two cases of amentia previously reported continue to show ravages of mental deterioration.

Treatment with chaulmoogra oil is being continued in a large group of patients, and, while no spectacular results have been obtained with either the oral administration of the crude oil or the intramuscular injection of its ethyl esters, it appears that definite improvement has followed in a sufficiently large percentage of cases to encourage the patients in the continuation of the treatment.

Impressed with the improvement in some cases following oral administration of large doses of the crude oil, an attempt is now being made to increase the dose tolerated by the stomach by the use of enteric capsules. Not enough data have been collected to warrant conclusions, but up to the present time nausea has not occurred in any of the few cases taking the oil in these capsules, notwithstanding the fact that much larger doses are being given than could be tolerated in ordinary capsules. How much, if any, of the oil is lost to the patient by passage of the unbroken capsule through the alimentary canal has not been determined, but reports indicate that this occurrence is infrequent.

Here, as in many other institutions for the treatment of leprosy, crude chaulmoogra oil is held in much esteem by many of the patients. Regret is frequently expressed that they can not tolerate larger doses. The enteric capsules are being tried in these cases in the hope that maximum doses can be given to a large number of patients and a fairer estimate obtained of the therapeutic value of the oil than has been previously possible on account of the limited tolerance so often exhibited. If nausea and vomiting can be eliminated, the oral route should permit of the administration of 60 or more times the amount of oil that it has been possible to give by the intramuscular injection of the ethyl esters.

Laboratory investigations have continued with one full-time medical officer and one assistant technician and with part time of a

second medical officer; 4,324 routine examinations were made, including autopsies and histologic examination of the tissues; 2,405 special examinations were made for research purposes.

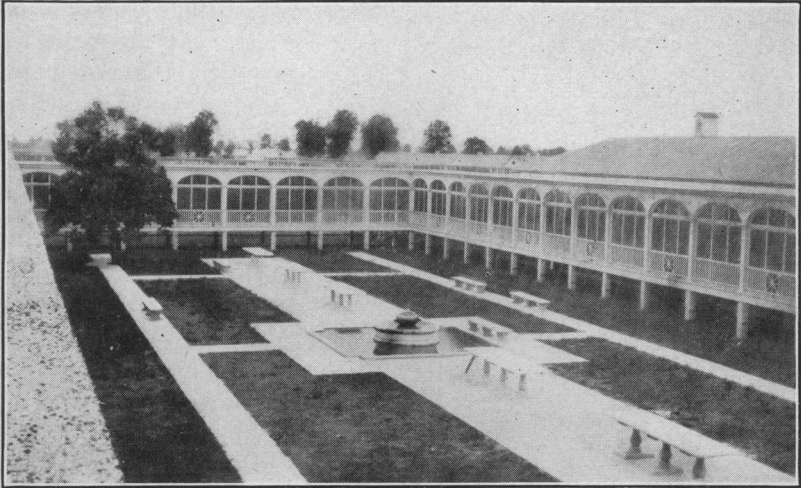
The Staff Journal Club, which was organized for the purpose of reviewing medical literature, has rearranged its meetings to conform to the Regulations requiring weekly staff meetings. At these meetings, abstracts of medical literature are presented by the members of the staff in rotation, case histories are read and discussed, and a member of the staff presents reports on original observations on leprosy.

During the year, 31 physicians, 56 nurses, and 60 medical students visited the hospital for the purpose of familiarizing themselves with leprosy. The Sixth District Dental Society held its quarterly meeting in the hospital in order that, at its scientific session, the dentists might be given a demonstration of the oral manifestations of leprosy. Sixty-five dentists attended the meeting.

The library, operated by the patients, is becoming an ever-increasing source of information and entertainment. Magazines and newspapers are held in the library or lent on card until the issue is out of date and then are distributed upon application. During the year approximately 2,000 loans of current magazines were made and approximately 500 books of fiction, history, or current information were lent by the librarian.

Under the supervision of a resident representative of the Supervising Architect's office, there has been constructed a modern dairy barn having facilities for 80 milk cows, with calf pens, bull pens, maternity pens, feed-storage rooms, milk-cooling rooms, and showers and toilets for the attendants. The barn is equipped with overhead tracks for the movement of feed and for the removal of manure. A reinforced concrete septic tank has been built adjoining the dairy barn for the sanitary disposal of fluid excreta. Pending the availability of additional funds for the construction of other necessary dairy facilities, temporary structures have been erected to house feed-chopping machines, to store forage, etc. During the year the cattle herd was registered as nontuberculous as a result of repeated tests made under the direction of Federal and State authorities.

A formal tea garden, or patio, with a fountain, was constructed in the open rectangle immediately in front of the new kitchen and mess hall. This patio is being beautified with ornamental trees and shrubs and will add to the attractiveness of the mess hall. Similarly, a fountain has been constructed in the court immediately in front of the proposed new infirmary building, thereby promoting the continuous scheme for beautifying this particular spot prior to construction of the infirmary building.



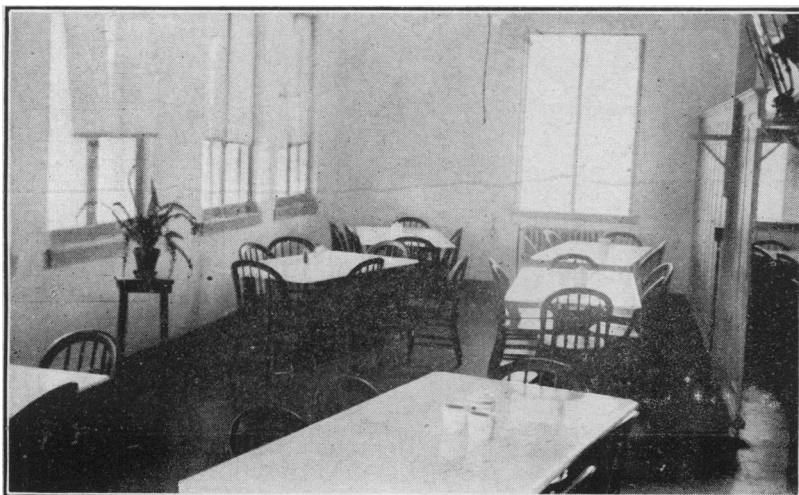
Quadrangle, facing patients' kitchen and mess hall



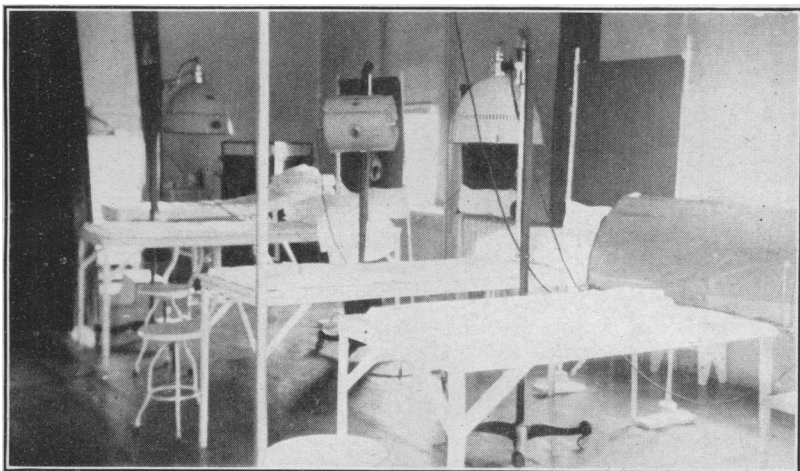
Concrete walks, serving also as covers for the conduits carrying the steam and water pipes



Patients' kitchen and mess hall—cafeteria arrangement



One of the cubicles in patients' mess hall. These cubicles accommodate 24 patients



Physiotherapy department, showing electrotherapy wing



Outdoor swimming pool, constructed by officers and attendants



Rose garden and tea house



Children's playground

The crowded and very unsatisfactory dining-room quarters available for certain employees necessitated the construction of a temporary dining room adjoining the administration building for the use of negro employees. This will serve its purpose satisfactorily until the completion of the authorized permanent addition to the administration building. With surplus materials and station labor, a carpenter shop has been built, containing an electrically driven plane, a band saw, a shaper, a wood lathe, and other machinery. A blacksmith shop and a paint shop were similarly constructed.

During the year this locality was visited by unprecedented rain storms, so that the portion of the reservation known as "The Lake," which had recently been cleared and put under cultivation, became flooded, owing to the fact that the drainage canals carrying off surplus rain water had become blocked on adjoining properties, and it became necessary to install compressed air lifts to pump the water from the lake. These air lifts became completely effective once the heavy, continuous rains had stopped, and the lake is again available for the cultivation of forage, although the crops already planted were lost.

During the year all exposed water and steam lines serving the officers' and attendants' quarters were removed from their unsightly housing in wooden conduits above ground and were placed in concrete conduits, the tops of which serve as sidewalks, thus effectively dispensing with the large amount of waste energy due to radiation from the exposed steam and water lines and adding considerably to the neat appearance of the reservation.

During the year a corps of carpenters and painters has continued routine repair and maintenance of the 93 buildings on the reservation.

The approved scheme for beautification of the reservation has been followed. A number of shade trees, consisting of Lombardy poplars and American lindens and a variety of flowering shrubs have been planted, as well as a large number of palms, date, and *Washingtonia robusta*. A nursery of live oaks, the trees being now young saplings, will be available for transplanting at an early date; and these trees, although they will not furnish shade for the present generation, will no doubt afford refreshing physical comfort and esthetic pleasure in future years.

PUBLIC HEALTH ENGINEERING ABSTRACTS

Plague in South Africa.—Anon. *Health*, Commonwealth of Australia, vol. 4, No. 4, July, 1926, pp. 127-128. (Abstract by J. L. Robertson.)

This article gives the history of plague in South Africa since its introduction during the Boer War, accompanied by a discussion of its perpetuation and dissemination by field rodents, the gerbille

servng as a main reservoir of infection, and the multimammate mouse acting as main intermediary between the gerbille and human habitation. Infection flares up into epizootic prevalence among these animals in warm weather, coinciding with the seasonal prevalence of insects, especially fleas.

Field surveys have been carried out in order to determine the extent of prevalence of infection and the distribution of veldt rodents liable to infection. A map accompanies the article showing the results of the survey effected up to the middle of 1925.

Dr. J. A. Mitchell, secretary of public health of the Union, emphasizes the fact that the balance of nature has been disturbed, due to destruction of natural enemies of the rodents by increased farming.

That the risk of extension of infection to the domestic population of rail towns and ports is realized is evidenced by the plague conference which convened at Bloemfontein in November, 1924. A comprehensive plan of campaign was formulated, and urban local authorities have taken active measures against rats. In the meantime the survey and campaign against veldt rodents has been continued.

Paratyphoid Bacillus B. in Canned Ripe Olives.—W. R. Stokes. Jour. Am. Med. Assoc., 1925, vol. 85, p. 1305 (1 ref.). (Abstract by W. G. Savage.) From *Bulletin of Hygiene*, vol. 1, No. 2, February, 1926, p. 102.

“Two persons who ate the contents of a glass jar of ripe olives suffered, after an incubation period of about 24 hours, from fever, vomiting, and diarrhea, but with no symptoms of botulism. A guinea pig injected subcutaneously with 1 c. c. of the olive juice died after 24 hours, and from the spleen an organism culturally identical with the paratyphoid B. bacillus was isolated. This organism was agglutinated by paratyphoid B. serum in a dilution of 1:800 (titre 1:1,600). Stool examinations made after the patients had recovered failed to reveal any paratyphoid bacilli. The colon bacillus and *B. proteus vulgaris* were isolated also from the juice and tissue of the ripe olives.

“(The facts suggest that a *salmonella* strain was responsible for the food-poisoning outbreak, but there is no evidence adduced that this was true *B. paratyphosus* B.)”

A Study of Milk Problems in Canada.—Dr. M. M. Seymour. *The Public Health Journal*, vol. 17, No. 6, June, 1926, pp. 295–301; No. 7, July, 1926, pp. 353–358; No. 8, August, 1926, pp. 394–404. (See Pub. Health Rep., July 16, 1926, p. 1477.) (Abstract by R. E. Tarbett.)

The second installment of the report continues with statement from the various health departments as to the various causes giving them the greatest trouble in properly controlling the milk supplies.

The situation regarding Pasteurization is covered briefly, Quebec, Vancouver, and Victoria being the only large cities not favoring Pasteurization. The balance of the second installment of the report is taken up with suggestions by various health officers as to educational methods.

The third installment takes up the question of Pasteurization and tuberculin tests. The standard definition for Pasteurization recommended by the committee is as follows: "Pasteurized milk is milk which has been heated to a temperature of not less than 142° F., and not more than 145° F., held at such temperature for not less than 30 minutes and then immediately cooled to a temperature of 50° F., and held at or below this temperature until delivered to the customer." Control of Pasteurization plants is discussed. Because of the use of inferior equipment and lack of knowledge as to operation, four suggestions are made relative to control, particularly in reference to new plants: (1) That a prospective plant furnish satisfactory proof of its ability properly to finance a plant; (2) that operators be required to have experience and be licensed; (3) that plants be licensed and required to pass a two or three months' probationary period; (4) that failure to comply with milk regulations would cause a cancellation of the license. Municipal Pasteurizing plants are suggested and compared with municipal water plants. Pasteurization of milk on the farm, while generally impracticable, might be possible with some of the larger dairies.

The necessity for having all milk cattle tuberculin tested is discussed. The means available for the testing of cows, Federal, provincial, and local, are outlined and discussed. Owing to inadequate appropriations, the proper inspection and laboratory control is generally not adequate.

Suggested essentials for a minimum standard for conditions under which milk is produced are given. It is pointed out that standardization and legislation can not be carried too far, and that officials should be given some opportunity to exercise their common sense.

Bombay Corporation Waterworks—Some Trouble over Rapid Filtration Plant.—Anon. *The All-India Local and Municipal Self-Government Gazette*, vol. 13, No. 1, July, 1926, pp. 28-32. (Abstract by E. C. Sullivan.)

This article is concerned with the failure of the contractors for a filtering plant at Powai Lake to construct a plant which would give the guaranteed quality of effluent within the limits of expenditure guaranteed by the contractors. Although the contractors were granted a period of several months to operate and improve the plant so as to obtain an effluent of desired quality, these efforts resulted in failure and the contractors have been called upon to withdraw from

the contract, in order that the work of completing the plant may be entrusted to other parties.

The quality of effluent which was guaranteed in the contract was as follows: (a) The filtered effluent shall not contain more than 100 total colonies per c. c. agar count; (b) absence of lactose fermenters in 50 c. c.; (c) absence of *B. coli* (Houston's) in 50 c. c.; (d) absence of free ammonia; (e) albuminoid ammonia not to exceed 0.1 part per million; (f) absence of free residual chlorine before entering the main after chlorine treatment; (g) freedom from taste and odor when heated to 37° C.; (h) removal of 100 per cent of suspended matter; (i) clarity to be such that a platinum wire $\frac{1}{5}$ inch diameter shall be discernible 6 feet beneath the surface at midday; and (j) it shall have no acid reaction under any circumstances and shall not contain more than one part per 100,000 alkalinity (CaCO_3).

The limits of consumption to produce an effluent of this quality must be guaranteed not to exceed (1) in the case of wash water, 1 per cent of quantity of water filtered; (2) in the case of alum 0.75 grains per gallon of water filtered; and (3) in the case of chlorine 15 pounds of bleach (30 per cent chlorine) per million gallons of water filtered.

Soil Acidity and Survival of Hookworm Larvae.—A critical commentary by L. Fabian Hirst. *Indian Medical Gazette*, vol. 61, No. 1, January, 1926, pp. 14–17. (Abstract by D. L. Augustine.)

The author calls attention to the fact that his use of the term "hookworm larvae" in a former paper (Investigation on the Epidemiology of Hookworm Disease in Colombo. Part I: On the isolation and identification of infective nematode larvae. Part II: Observations on the Viability of Hookworm Larvae. *Ceylon Jour. Science*, Section D, Vol. I, pp. 1–15) includes the whole history of the larvae from its emergence from the ovum to its death or penetration through the skin of man. It is emphasized that in their brief cultural stage the larvae are especially vulnerable to physical agencies, such as high acidity, while the mature larvae are highly resistant to the action of a variety of disinfectants and other physical agencies generally harmful to living protoplasm.

The author states that well-grown infective larvae can probably live up to six months under average tropical conditions and possibly much longer under specially favorable circumstances. Such statements are misleading and carry with them the idea that all of a given number of infective hookworm larvae live for that length of time. It has been demonstrated repeatedly that only a very small percentage of them ever have a life span greater than two or three months under natural conditions, and that the majority of them perish within a month after the deposition of the stool containing the ova.

Soil Acidity and Survival of Hookworm Larvae.—A reply to Doctor Hirst's critical commentary, by Asa C. Chandler. *Indian Medical Gazette*, vol. 61, No. 1, January, 1926, pp. 17-18. (Abstract by D. L. Augustine.)

The difficulty of determining the effect of soil acidity as a single factor in the development of hookworm larvae is discussed. The author has observed that infective larvae do develop in considerable numbers in acid soils, he having isolated over 1,500 from a pint of Assam soil with a pH of 5.5. All these larvae appeared healthy and were well supplied with nutritional granules.

Incidence of Hookworm Disease in Mexico.—(Incidencia de la Uncinariasis en Mexico.) Andrew J. Warren and Henry P. Carr. Editorial, *Cultura*, Mexico, 1925, pp. 1-84. (Abstract by M. A. Barber.)

In this work the authors take into account the degree as well as the extent of hookworm infestation. They make use of the well-known relation existing between the number of hookworm eggs found in a unit amount of feces and the number of worms harbored by the individual. On this basis the severity of hookworm prevalence is mapped out for the different regions of Mexico, and determined for groups of different age, sex, and occupation. The region of greatest infestation in Mexico lies in a zone of heavy rainfall lying more or less parallel with the Gulf and extending, approximately, from Yucatan to the State of Tamaulipas. *Necator americanus* is the prevailing species of hookworm, comprising 92.3 per cent of the total number determined; *Ankylostoma duodenale* included but 7.7 per cent.

The article includes many tables, maps, and charts, as well as full descriptions of the climatology of the regions surveyed and of the technique employed. This short review can give but an inadequate estimate of the extent and value of this piece of work.

Notes on the Effect of Burial of Infective Hookworm Larvae.—W. W. Cort. *Jour. Parasit.* 1925, vol. 12, pp. 33-38 (4 refs.). Abstract by J. F. C. H., *Bulletin of Hygiene*, vol. 1, No. 4, April, 1926, p. 305.

"The author describes preliminary experiments undertaken with a view to determining the movements and fate of buried hookworm larvae. In general his results confirm the views of Payne, that conditions associated with the movement of ground water have a more important bearing upon upward migration than has the actual degree of moisture or dryness."

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 November 6, 1926

ALABAMA		Cases	CALIFORNIA		Cases
Chicken pox.....	5	Cerebrospinal meningitis—Stockton.....	4	Chicken pox.....	199
Dengue.....	1	Diphtheria.....	142	Diphtheria.....	12
Diphtheria.....	98	Influenza.....	579	Influenza.....	170
Influenza.....	67	Measles.....	170	Mumps.....	170
Lethargic encephalitis.....	3	Mumps.....	170	Mumps.....	170
Malaria.....	59	Poliomyelitis:			
Measles.....	6	Long Beach.....	2		
Mumps.....	1	Los Angeles.....	1		
Pellagra.....	4	Orange County.....	1		
Pneumonia.....	29	Riverside.....	1		
Poliomyelitis.....	1	Scarlet fever.....	200		
Scarlet fever.....	15	Smallpox.....	13		
Smallpox.....	5	Tuberculosis.....	194		
Tuberculosis.....	21	Typhoid fever.....	18		
Typhoid fever.....	28	Whooping cough.....	67		
Typhus fever.....	1				
Whooping cough.....	3				
		COLORADO			
		Chicken pox.....	63		
		Diphtheria.....	28		
		German measles.....	1		
		Hookworm disease.....	1		
		Measles.....	13		
		Mumps.....	3		
		Pneumonia.....	2		
		Poliomyelitis.....	1		
		Scarlet fever.....	62		
		Septic sore throat.....	1		
		Smallpox.....	7		
		Tuberculosis.....	14		
		Typhoid fever.....	26		
		Whooping cough.....	24		
		CONNECTICUT			
		Chicken pox.....	81		
		Diphtheria.....	26		
		German measles.....	2		
		Influenza.....	7		
ARIZONA					
Measles.....	6				
Scarlet fever.....	10				
Trachoma.....	8				
Tuberculosis.....	27				
Typhoid fever.....	3				
ARKANSAS					
Chicken pox.....	9				
Diphtheria.....	11				
Hookworm disease.....	3				
Influenza.....	61				
Malaria.....	46				
Measles.....	4				
Mumps.....	12				
Pellagra.....	4				
Scarlet fever.....	17				
Trachoma.....	3				
Tuberculosis.....	7				
Typhoid fever.....	24				
Whooping cough.....	29				

LOUISIANA—continued	
	Cases
Malaria	69
Pneumonia	24
Poliomyelitis	1
Scarlet fever	16
Smallpox	2
Tuberculosis	18
Typhoid fever	19
MAINE	
Chicken pox	8
Diphtheria	1
Influenza	2
Measles	69
Mumps	3
Pneumonia	10
Scarlet fever	18
Tuberculosis	5
Typhoid fever	7
Vincent's angina	1
Whooping cough	24
MARYLAND ¹	
Chicken pox	66
Diphtheria	50
German measles	3
Impetigo contagiosa	3
Influenza	8
Measles	9
Mumps	7
Ophthalmia neonatorum	1
Paratyphoid fever	2
Pneumonia (broncho)	20
Pneumonia (lobar)	17
Poliomyelitis	1
Scarlet fever	45
Septic sore throat	6
Tuberculosis	46
Typhoid fever	29
Whooping cough	65
MASSACHUSETTS	
Cerebrospinal meningitis	2
Chicken pox	208
Conjunctivitis (suppurative)	3
Diphtheria	83
German measles	6
Influenza	12
Lethargic encephalitis	1
Measles	33
Mumps	111
Ophthalmia neonatorum	25
Pneumonia (lobar)	49
Poliomyelitis	10
Scarlet fever	249
Septic sore throat	1
Tuberculosis (pulmonary)	82
Tuberculosis (other forms)	40
Typhoid fever	12
Whooping cough	86
MICHIGAN	
Diphtheria	164
Measles	47
Pneumonia	80
Scarlet fever	210

MICHIGAN—continued	
	Cases
Smallpox	10
Tuberculosis	42
Typhoid fever	10
Whooping cough	107
MINNESOTA	
Chicken pox	129
Diphtheria	87
Influenza	3
Measles	102
Pneumonia	6
Scarlet fever	224
Smallpox	3
Tuberculosis	50
Typhoid fever	6
Whooping cough	14
MISSISSIPPI	
Diphtheria	36
Scarlet fever	11
Smallpox	1
Typhoid fever	14
MISSOURI	
(Exclusive of Kansas City, St. Joseph, and Springfield)	
Cerebrospinal meningitis	1
Chicken pox	30
Diphtheria	76
Epidemic sore throat	4
Influenza	6
Malaria	2
Measles	20
Mumps	4
Pneumonia	2
Scarlet fever	80
Tuberculosis	15
Typhoid fever	36
Whooping cough	102
MONTANA	
Chicken pox	38
Diphtheria	1
Measles	128
Scarlet fever	70
Smallpox	28
Tuberculosis	1
Typhoid fever	3
Whooping cough	4
NEBRASKA	
Chicken pox	38
Diphtheria	7
German measles	2
Influenza	5
Measles	3
Mumps	1
Pneumonia	2
Poliomyelitis	3
Scarlet fever	28
Septic sore throat	1
Smallpox	12
Tuberculosis	4
Typhoid fever	3
Whooping cough	29

¹ Week ended Friday.

NEW JERSEY		OKLAHOMA—continued	
	Cases		Cases
Chicken pox.....	122	Poliomyelitis:	
Diphtheria.....	117	Muskogee County.....	1
Dysentery.....	1	Pittsburg County.....	1
Influenza.....	6	Scarlet fever.....	48
Measles.....	12	Smallpox.....	24
Paratyphoid fever.....	2	Typhoid fever.....	75
Pneumonia.....	96		
Poliomyelitis.....	2		
Scarlet fever.....	101		
Typhoid fever.....	21		
Whooping cough.....	97		
NEW MEXICO		OREGON	
Chicken pox.....	2	Chicken pox.....	23
Conjunctivitis.....	1	Diphtheria.....	9
Diphtheria.....	2	Influenza.....	19
German measles.....	4	Measles.....	12
Measles.....	2	Mumps.....	10
Mumps.....	1	Pneumonia.....	² 8
Pneumonia.....	1	Poliomyelitis.....	1
Scarlet fever.....	20	Scarlet fever.....	37
Tuberculosis.....	44	Septic sore throat.....	1
Typhoid fever.....	10	Smallpox.....	9
Whooping cough.....	1	Tuberculosis.....	15
		Typhoid fever.....	4
		Whooping cough.....	10
NEW YORK		PENNSYLVANIA	
(Exclusive of New York City)		Anthrax—Montgomery County.....	1
Cerebrospinal meningitis.....	3	Cerebrospinal meningitis—Huntingdon.....	1
Chicken pox.....	348	Chicken pox.....	325
Diphtheria.....	92	Diphtheria.....	173
German measles.....	15	German measles.....	8
Influenza.....	5	Impetigo contagiosa.....	17
Measles.....	382	Measles.....	276
Mumps.....	86	Mumps.....	29
Ophthalmia neonatorum.....	2	Ophthalmia neonatorum—Philadelphia.....	3
Pneumonia.....	166	Pneumonia.....	25
Poliomyelitis.....	4	Poliomyelitis—	
Scarlet fever.....	101	Ambridge.....	1
Smallpox.....	6	Philadelphia.....	2
Trachoma.....	3	Scattering.....	3
Typhoid fever.....	25	Scabies.....	10
Vincent's angina.....	10	Scarlet fever.....	278
Whooping cough.....	258	Tetanus—	
		Hellam.....	1
		Lebanon.....	1
		Tuberculosis.....	101
		Typhoid fever.....	91
		Whooping cough.....	250
NORTH CAROLINA		RHODE ISLAND	
Cerebrospinal meningitis.....	2	Chicken pox.....	10
Chicken pox.....	42	Diphtheria.....	17
Diphtheria.....	190	Influenza.....	10
German measles.....	4	Measles.....	9
Malaria.....	14	Scarlet fever.....	18
Measles.....	8	Tuberculosis.....	5
Poliomyelitis.....	3	Typhoid fever.....	1
Scarlet fever.....	94	Whooping cough.....	2
Septic sore throat.....	3		
Smallpox.....	30		
Typhoid fever.....	33		
Whooping cough.....	203		
OKLAHOMA		SOUTH DAKOTA	
(Exclusive of Oklahoma City and Tulsa)		Chicken pox.....	14
Chicken pox.....	8	Diphtheria.....	20
Diphtheria.....	55	Measles.....	69
Influenza.....	96	Mumps.....	2
Malaria.....	95	Pneumonia.....	1
Pneumonia.....	25	Poliomyelitis.....	1
		Scarlet fever.....	71
		Smallpox.....	2
		Trachoma.....	2
		Typhoid fever.....	4
		Whooping cough.....	21

¹ Deaths.

TENNESSEE	Cases
Chicken pox.....	6
Diphtheria.....	100
Dysentery.....	31
Influenza.....	47
Malaria.....	28
Measles.....	5
Mumps.....	1
Pellagra.....	5
Scarlet fever.....	58
Tuberculosis.....	28
Typhoid fever.....	65
Whooping cough.....	39

TEXAS	Cases
Anthrax.....	2
Chicken pox.....	16
Diphtheria.....	84
Dysentery.....	2
Influenza.....	411
Measles.....	3
Mumps.....	6
Paratyphoid fever.....	2
Pellagra.....	3
Pneumonia.....	11
Polioimyelitis.....	2
Scarlet fever.....	83
Smallpox.....	4
Trachoma.....	102
Tuberculosis.....	23
Typhoid fever.....	43
Whooping cough.....	34

UTAH	Cases
Chicken pox.....	49
Diphtheria.....	10
Influenza.....	2
Measles.....	106
Mumps.....	1
Pneumonia.....	2
Scarlet fever.....	17
Smallpox.....	1
Typhoid fever.....	9
Whooping cough.....	2

VERMONT	Cases
Chicken pox.....	15
Diphtheria.....	1
Measles.....	135
Mumps.....	7
Scarlet fever.....	2
Typhoid fever.....	1
Whooping cough.....	54

WASHINGTON	Cases
Cerebrospinal meningitis:	
Aberdeen.....	1
Cowlitz County.....	1
Douglas County.....	1
Seattle.....	1
Spokane.....	1
Chicken pox.....	130
Diphtheria.....	53
German measles.....	4
Measles.....	33

WASHINGTON—continued	Cases
Mumps.....	24
Pneumonia.....	1
Polioimyelitis.....	1
Scarlet fever.....	60
Smallpox.....	26
Tuberculosis.....	48
Typhoid fever.....	17
Whooping cough.....	9

WEST VIRGINIA	Cases
Cerebrospinal meningitis—Wood County.....	1
Chicken pox.....	35
Diphtheria.....	57
Influenza.....	7
Measles.....	15
Scarlet fever.....	74
Tuberculosis.....	16
Typhoid fever.....	50
Whooping cough.....	85

WISCONSIN	Cases
Milwaukee:	
Chicken pox.....	56
Diphtheria.....	14
German measles.....	5
Measles.....	4
Mumps.....	19
Pneumonia.....	11
Scarlet fever.....	29
Tuberculosis.....	8
Whooping cough.....	71
Scattering:	
Cerebrospinal meningitis.....	3
Chicken pox.....	160
Diphtheria.....	42
German measles.....	3
Influenza.....	55
Measles.....	173
Mumps.....	46
Pneumonia.....	14
Polioimyelitis.....	2
Scarlet fever.....	81
Smallpox.....	3
Trachoma.....	1
Tuberculosis.....	21
Typhoid fever.....	10
Whooping cough.....	87

WYOMING	Cases
Chicken pox.....	11
German measles.....	1
Influenza.....	5
Measles.....	17
Mumps.....	6
Pneumonia.....	4
Polioimyelitis:	
Crook County.....	1
Lincoln County.....	1
Scarlet fever.....	23
Septic sore throat.....	1
Tuberculosis.....	2
Typhoid fever.....	6
Whooping cough.....	23

WISCONSIN		WISCONSIN—continued	
Milwaukee:	Cases	Scattering—Continued.	Cases
Chicken pox.....	93	German measles.....	3
Diphtheria.....	20	Influenza.....	25
German measles.....	1	Measles.....	170
Measles.....	4	Mumps.....	23
Mumps.....	17	Pneumonia.....	13
Pneumonia.....	13	Poliomyelitis.....	4
Scarlet fever.....	19	Scarlet fever.....	85
Tuberculosis.....	9	Smallpox.....	15
Whooping cough.....	43	Trachoma.....	1
Scattering:		Tuberculosis.....	26
Cerebrospinal meningitis.....	1	Typhoid fever.....	9
Chicken pox.....	145	Whooping cough.....	111
Diphtheria.....	43		

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended October 23, 1926, 37 States reported 2,119 cases of diphtheria. For the week ended October 24, 1925, the same States reported 1,938 cases of this disease. Ninety-seven cities, situated in all parts of the country and having an aggregate population of more than 29,600,000, reported 1,160 cases of diphtheria for the week ended October 23, 1926. Last year for the corresponding week they reported 902 cases. The estimated expectancy for these cities was 1,172 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-five States reported 1,825 cases of measles for the week ended October 23, 1926, and 999 cases of this disease for the week ended October 24, 1925. Ninety-seven cities reported 275 cases of measles for the week this year, and 517 cases last year.

Poliomyelitis.—The health officers of 37 States reported 70 cases of poliomyelitis for the week ended October 23, 1926. The same States reported 172 cases for the week ended October 24, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-seven States—this year, 2,121 cases; last year, 1,881 cases; 97 cities—this year, 867 cases; last year, 699 cases; estimated expectancy, 682 cases.

Smallpox.—For the week ended October 23, 1926, 37 States reported 220 cases of smallpox. Last year for the corresponding week they reported 128 cases. Ninety-seven cities reported smallpox for the week as follows: 1926, 18 cases; 1925, 40 cases; estimated expectancy, 29 cases. No deaths from smallpox were reported by these cities for the week this year.

Typhoid fever.—Eight hundred and fifty-six cases of typhoid fever were reported for the week ended October 23, 1926, by 36 States. For the corresponding week of 1925 the same States reported 907 cases of this disease. Ninety-seven cities reported 146 cases of typhoid fever for the week this year and 185 cases for the corresponding week last year. The estimated expectancy for these cities was 151 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 92 cities, with a population of more than 29,200,000, as follows: 1926, 515 deaths; 1925, 528 deaths.

City reports for week ended October 23, 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	Chick-en pox, cases re-ported	Diphtheria		Influenza		Meas-les, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported
			Cases, esti-mated expect-ancy	Cases re-ported	Cases re-ported	Deaths re-ported			
NEW ENGLAND									
Maine:									
Portland.....	75,333	11	1	0	0	0	2	0	0
New Hampshire:									
Concord.....	22,546	0	0	1	0	0	0	1	0
Manchester.....	83,097	0	4	0	0	0	0	0	1
Vermont:									
Barre.....	10,008	1	0	0	0	0	0	0	1
Massachusetts:									
Boston.....	779,620	19	53	14	6	1	6	7	14
Fall River.....	128,993	0	4	1	1	1	3	7	0
Springfield.....	142,065	5	4	0	0	0	0	2	0
Worcester.....	190,757	8	7	6	1	9	0	1	7
Rhode Island:									
Pawtucket.....	69,760	0	2	1	0	0	0	0	1
Providence.....	267,918	0	6	5	0	0	0	0	4
Connecticut:									
Bridgeport.....	(1)	1	10	4	0	0	0	1	1
Hartford.....	160,197	3	8	4	0	1	0	0	5
New Haven.....	178,927	6	3	0	0	0	0	0	2
MIDDLE ATLANTIC									
New York:									
Buffalo.....	538,016	22	21	12		1	0	0	14
New York.....	5,873,356	09	155	139	49	12	5	35	114
Rochester.....	316,786	3	13	4		0	0	0	1
Syracuse.....	182,003	0	10	0		0	0	1	4
New Jersey:									
Camden.....	128,642	2	7	14	0	0	0	1	5
Newark.....	452,513	21	14	7	3	0	5	2	7
Trenton.....	132,020	0	5	1	0	0	0	0	2
Pennsylvania:									
Philadelphia.....	1,979,364	49	68	47		2	4	4	42
Pittsburgh.....	631,563	29	29	19		1	10	0	18
Reading.....	112,707	6	4	2		0	0	0	1
Scranton.....	142,266	0	4	4		0	0	1	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	409,333	3	19	10	0	3	1	4	3
Cleveland.....	936,485	13	47	105	0	0	11	2	8
Columbus.....	279,836	2	7	5	0	0	0	0	2
Toledo.....	287,380	27	14	5	0	0	0	0	3
Indiana:									
Fort Wayne.....	97,846	0	3	6	0	0	0	0	4
Indianapolis.....	358,819	22	14	45	0	1	2	0	10
South Bend.....	80,601	19	2	4	0	0	6	0	0
Terre Haute.....	71,071	2	3	1	0	0	0	0	1

¹No estimate made.

City reports for week ended October 23, 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									
Illinois:									
Chicago.....	2,995,239	54	137	54	5	3	34	11	31
Pecoria.....	81,564	6	2	0	0	0	32	2	5
Springfield.....	63,923	1	2	1	0	0	5	0	0
Michigan:									
Detroit.....	1,245,824	55	62	123	1	0	2	4	18
Flint.....	130,316	11	13	6	0	0	1	0	1
Grand Rapids.....	153,698	0	8	3	0	0	0	0	1
Wisconsin:									
Kenosha.....	50,891	6	2	0	0	0	4	1	2
Madison.....	46,385	0	1	1	0	0	0	0	0
Milwaukee.....	509,192		27						
Racine.....	67,707	10	2	2	0	0	4	3	0
Superior.....	39,671	1	0	0	0	0	0	0	1
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	110,502		4			0			2
Minneapolis.....	425,435	46	31	35	0	0	2	1	4
St. Paul.....	246,001	20	20	7	0	1	9	0	6
Iowa:									
Davenport.....	52,469	0	2	1	0		6	0	
Sioux City.....	76,411	5	2	2	0		0	0	
Waterloo.....	36,771	6	0	0	0		0	0	
Missouri:									
Kansas City.....	367,481	13	14	7	0	0	0	1	5
St. Joseph.....	78,342	0	4	1	0	0	0	0	3
St. Louis.....	821,543	3	50	59	0	0	1	2	
North Dakota:									
Fargo.....	26,403	6	1	0	0	0	0	4	0
Grand Forks.....	14,811	0	0	0	0		26	0	
South Dakota:									
Aberdeen.....	15,036	0	0	1	0		0	0	
Sioux Falls.....	30,127	0	0	0	0		0	0	0
Nebraska:									
Lincoln.....	60,941	0	2	0	0	0	0	0	2
Omaha.....	211,768	0	12	2	0	0	3	1	3
Kansas:									
Topeka.....	55,411	2	2	4	0	0	0	0	0
Wichita.....	88,367	0	4	0	0	0	0	1	0
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	122,049	1	3	1	0	0	0	0	3
Maryland:									
Baltimore.....	796,296	34	27	29	1	0	5	1	16
Cumberland.....	33,741	0	0	0	0	0	0	0	0
Frederick.....	12,035	0	1	1	0	0	0	0	6
District of Columbia:									
Washington.....	497,906	5	16	18	0	0	0	0	13
Virginia:									
Lynchburg.....	30,395	3	2	10	0	0	2	0	1
Norfolk.....	(1)	3	3	5	0	0	0	0	1
Richmond.....	186,403	0	21	38	0	1	3	0	4
Roanoke.....	58,208	0	5	7	0	1	0	0	0
West Virginia:									
Charleston.....	49,019	0	3	4	1	2	1	1	1
Huntington.....	63,485	0	4	6	0		0	0	
Wheeling.....	56,208	5	3	0	0	0	0	0	1
North Carolina:									
Raleigh.....	30,371	1	4	4	0	0	0	0	0
Wilmington.....	37,061	1	1	0	0	0	0	0	2
Winston-Salem.....	69,031	0	4	6	0	0	0	0	2
South Carolina:									
Charleston.....	73,125	0	1	0	18	0	0	0	2
Columbia.....	41,225	1	3	4	0	0	0	0	0
Greenville.....	27,311	0	1	6	0	0	0	0	0

1 No estimate made.

City reports for week ended October 23, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
SOUTH ATLANTIC—CON.									
Georgia:									
Atlanta.....	(1)	0	11	23	9	0	1	0	9
Brunswick.....	16,809	0	0	0	0	0	0	1	1
Savannah.....	93,134	2	4	0	5	0	1	0	3
Florida:									
Miami.....	69,754	0	-----	7	1	0	1	0	1
St. Petersburg.....	26,847	-----	0	-----	-----	0	-----	-----	1
Tampa.....	94,743	0	1	5	0	0	1	0	1
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,309	0	3	15	0	0	0	0	3
Louisville.....	305,935	0	12	3	0	0	0	0	5
Tennessee:									
Memphis.....	174,533	0	14	10	0	1	1	0	1
Nashville.....	136,220	0	4	19	0	0	0	0	3
Alabama:									
Birmingham.....	205,670	1	7	17	5	0	3	0	7
Mobile.....	65,955	0	2	3	0	1	0	0	0
Montgomery.....	46,481	0	3	10	5	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	31,643	0	1	6	0	-----	1	1	-----
Little Rock.....	74,216	0	3	2	0	-----	0	0	-----
Louisiana:									
New Orleans.....	414,493	0	11	10	1	1	0	0	6
Shreveport.....	57,857	1	1	3	0	0	0	0	1
Oklahoma:									
Oklahoma City.....	(1)	0	4	3	8	0	0	0	6
Texas:									
Dallas.....	194,450	0	11	34	3	2	0	1	1
Galveston.....	48,375	0	0	0	0	0	0	0	1
Houston.....	164,964	0	4	7	0	0	0	0	0
San Antonio.....	198,669	0	1	3	0	0	0	0	3
MOUNTAIN									
Montana:									
Billings.....	17,971	3	1	0	0	0	2	0	0
Great Falls.....	29,883	25	1	1	0	0	0	0	0
Helena.....	12,037	0	0	0	0	0	0	0	1
Missoula.....	12,668	1	0	0	0	0	0	0	0
Idaho:									
Boise.....	23,042	0	0	1	0	0	0	0	0
Colorado:									
Denver.....	280,911	7	15	21	-----	3	5	1	8
Pueblo.....	43,737	4	6	1	0	0	0	0	1
New Mexico:									
Albuquerque.....	21,000	0	1	0	0	0	1	1	1
Arizona:									
Phoenix.....	38,669	0	0	0	0	0	0	0	1
Utah:									
Salt Lake City.....	130,948	24	4	4	0	0	30	1	4
Nevada:									
Reno.....	12,665	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	(1)	36	7	10	0	-----	1	16	-----
Spokane.....	108,897	23	5	0	0	-----	5	0	-----
Tacoma.....	104,455	4	3	9	0	0	0	0	2
Oregon:									
Portland.....	282,383	1	10	14	0	0	1	1	6
California:									
Los Angeles.....	(1)	10	38	38	4	0	4	15	19
Sacramento.....	72,260	2	2	1	0	0	9	5	2
San Francisco.....	537,530	16	19	13	0	0	84	20	5

1 No estimate made.

City reports for week ended October 23, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland.....	1	1	0	0	0	1	1	1	0	12	9
New Hampshire:											
Concord.....	0	2	0	0	0	1	0	0	0	0	7
Manchester.....	1	3	0	0	0	0	0	0	0	0	12
Vermont:											
Barre.....	1	0	0	0	0	0	0	0	0	0	2
Massachusetts:											
Boston.....	28	46	0	0	0	16	4	5	1	13	206
Fall River.....	1	3	0	0	0	2	1	0	0	7	19
Springfield.....	6	4	0	0	0	2	0	0	0	3	26
Worcester.....	7	12	0	0	0	0	0	0	0	8	46
Rhode Island:											
Pawtucket.....	0	0	0	0	0	1	0	0	0	0	11
Providence.....	4	4	0	0	0	2	0	0	0	8	51
Connecticut:											
Bridgeport.....	4	3	0	0	0	5	1	0	0	0	28
Hartford.....	4	5	0	0	0	0	1	0	0	2	34
New Haven.....	5	2	0	0	0	3	2	2	0	0	33
MIDDLE ATLANTIC											
New York:											
Buffalo.....	14	0	0	0	0	11	2	3	1	4	135
New York.....	62	51	0	0	0	182	25	22	5	89	1,253
Rochester.....	6	4	0	0	0	4	1	0	0	9	48
Syracuse.....	7	0	0	0	0	0	1	0	0	7	42
New Jersey:											
Camden.....	2	2	0	0	0	0	1	1	0	0	26
Newark.....	9	7	0	0	0	6	3	2	0	13	91
Trenton.....	1	0	0	0	0	3	1	2	1	3	27
Pennsylvania:											
Philadelphia.....	46	27	0	0	0	39	11	10	0	26	473
Pittsburgh.....	31	12	0	0	0	6	3	0	0	9	147
Reading.....	1	0	0	0	0	1	1	0	0	8	18
Scranton.....	2	2	0	0	0	0	0	0	0	1	22
EAST NORTH CENTRAL											
Ohio:											
Cincinnati.....	10	14	0	0	0	6	2	3	1	8	122
Cleveland.....	21	17	0	0	0	11	3	3	1	18	175
Columbus.....	8	8	0	2	0	3	2	0	0	1	73
Toledo.....	9	23	0	0	0	1	2	2	1	23	54
Indiana:											
Fort Wayne.....	1	0	0	0	0	0	1	2	1	0	36
Indianapolis.....	7	23	2	0	0	7	1	0	1	17	88
South Bend.....	2	0	1	0	0	0	0	0	0	2	10
Terre Haute.....	2	3	0	0	0	1	0	0	0	0	19
Illinois:											
Chicago.....	83	62	1	0	0	52	8	5	1	47	601
Peoria.....	9	3	0	0	0	0	0	0	0	0	22
Springfield.....	2	3	0	0	0	1	1	0	0	4	18
Michigan:											
Detroit.....	52	53	2	3	0	18	5	3	1	39	271
Flint.....	7	22	0	0	0	3	1	1	0	3	18
Grand Rapids.....	7	5	1	0	0	0	1	0	0	0	32
Wisconsin:											
Kenosha.....	2	4	0	0	0	1	0	0	0	6	14
Madison.....	1	5	0	0	0	0	0	1	0	2	5
Milwaukee.....	19		2			1					
Racine.....	4	2	1	0	0	0	0	0	0	1	9
Superior.....	2	1	0	0	0	1	0	0	0	0	5

1 Pulmonary tuberculosis only.

City reports for week ended October 23, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST NORTH CEN- TRAL											
Minnesota:											
Duluth.....	6		0		0	2	1		0		29
Minneapolis.....	31	79	1	0	0	2	2	2	0	0	80
St. Paul.....	13	31	3	0	0	3	1	0	0	4	67
Iowa:											
Davenport.....	1	0	1	0			0	0		1	
Sioux City.....	2	4	1	0			0	0		0	
Waterloo.....	2	1	0	0			1	0		1	
Missouri:											
Kansas City.....	10	5	0	0	0	2	2	3	1	9	67
St. Joseph.....	3	1	0	0	0	0	1	0	0	0	22
St. Louis.....	30	29	0	0	0	8	4	6	0	12	198
North Dakota:											
Fargo.....	1	7	0	0	0	0	0	0	0	0	11
Grand Forks.....	0	4	0	0			0	0		0	
South Dakota:											
Aberdeen.....	1	11	1	0			1	0		0	
Sioux Falls.....	1	2	1	0	0	0	0	0	0	0	
Nebraska:											
Lincoln.....	1	4	0	0	0	0	0	0	0	4	12
Omaha.....	4	12	1	0	0	1	1	0	0	1	43
Kansas:											
Topeka.....	3	6	0	0	0	0	0	0	0	0	11
Wichita.....	2	4	0	0	0	1	0	0	0	0	29
SOUTH ATLANTIC											
Delaware:											
Wilmington.....	3	12	0	0	0	1	1	1	0	0	22
Maryland:											
Baltimore.....	11	8	0	0	0	13	7	6	0	37	196
Cumberland.....	0	0	0	0	0	0	1	1	0	0	10
Frederick.....	0	0	0	0	0	0	0	0	0	0	2
District of Col.:											
Washington.....	12	15	0	0	0	8	3	0	1	7	118
Virginia:											
Lynchburg.....	1	4	0	0	0	0	0	0	0	1	13
Norfolk.....	1	8	0	0	0	4	1	0	0	0	
Richmond.....	7	9	0	0	0	2	1	2	0	4	46
Roanoke.....	2	6	0	0	0	1	1	0	0	0	17
West Virginia:											
Charleston.....	1	5	0	0	0	1	1	0	0	2	13
Huntington.....	2	9	0	0			0	0		0	
Wheeling.....	4	0	0	0	0	0	1	5	0	0	13
North Carolina:											
Raleigh.....	2	2	0	0	0	1	0	0	0	7	8
Wilmington.....	1	0	0	1	0	0	0	0	0	4	0
Winston-Salem.....	2	3	0	0	0	1	1	4	2	0	20
South Carolina:											
Charleston.....	1	4	0	0	0	1	1	2	1	0	21
Columbia.....	1	0	1	0	0	0	0	2	0	0	
Greenville.....	0	3	0	0	0	0	1	4	0	0	9
Georgia:											
Atlanta.....	6	7	0	3	0	5	1	14	3	2	77
Brunswick.....	0	0	0	0	0	1	0	0	0	0	4
Savannah.....	1	0	0	0	0	0	1	0	0	0	38
Florida:											
Miami.....		0		0	0	3		1	0	1	34
St. Petersburg.....	0		0		0	0	0		0		13
Tampa.....	0	1	0	1	0	2	0	0	0	0	25

City reports for week ended October 23, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	2	4	0	0	0	1	0	0	0	0	13
Louisville.....	4	6	0	0	0	8	3	3	0	1	98
Tennessee:											
Memphis.....	4	8	1	0	0	5	3	9	1	18	44
Nashville.....	4	7	1	0	0	3	3	5	1	11	45
Alabama:											
Birmingham.....	5	17	0	2	0	9	3	2	1	4	78
Mobile.....	1	1	0	0	0	0	0	0	0	0	22
Montgomery.....	1	0	0	0	0	0	0	0	0	0	5
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith.....	1	0	0	0	-----	-----	0	0	-----	1	-----
Little Rock.....	2	2	0	0	-----	-----	1	2	-----	0	-----
Louisiana:											
New Orleans.....	4	5	0	0	0	13	4	0	0	0	126
Shreveport.....	0	1	0	0	0	1	1	0	1	2	32
Oklahoma:											
Oklahoma City.....	2	2	0	0	0	1	1	0	0	0	28
Texas:											
Dallas.....	4	11	0	0	0	2	1	3	2	0	49
Galveston.....	0	0	0	0	0	0	0	0	0	0	12
Houston.....	1	2	1	0	0	2	1	0	1	0	46
San Antonio.....	0	1	0	0	0	7	0	0	0	0	43
MOUNTAIN											
Montana:											
Billings.....	0	1	0	0	0	0	0	0	0	1	1
Great Falls.....	1	2	1	0	0	0	1	0	0	1	8
Helena.....	1	0	0	0	0	0	0	3	0	0	4
Missoula.....	0	12	0	0	0	0	0	0	0	0	6
Idaho:											
Boise.....	1	1	0	0	0	0	0	0	0	0	4
Colorado:											
Denver.....	6	26	2	0	0	10	2	0	0	1	77
Pueblo.....	1	1	0	0	0	0	0	0	1	4	7
New Mexico:											
Albuquerque.....	1	1	0	0	0	1	1	0	0	0	15
Arizona:											
Phoenix.....	2	0	0	0	0	9	1	0	0	0	24
Utah:											
Salt Lake City.....	2	6	0	0	0	2	2	0	0	6	25
Nevada:											
Reno.....	0	0	0	0	0	0	0	0	0	0	2
PACIFIC											
Washington:											
Seattle.....	7	16	1	0	-----	-----	1	2	-----	1	-----
Spokane.....	5	16	1	0	-----	-----	1	1	-----	0	-----
Tacoma.....	2	4	1	5	0	1	0	1	0	3	21
Oregon:											
Portland.....	6	13	3	0	0	1	2	2	0	1	53
California:											
Los Angeles.....	12	26	3	1	0	16	4	1	0	2	196
Sacramento.....	1	2	1	0	0	2	1	0	0	0	23
San Francisco.....	7	23	1	0	0	7	2	0	0	7	113

City reports for week ended October 23, 1926—Continued

Division, State, and city	Cerebrospinal meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston.....	0	0	1	1	1	0	1	1	0
Springfield.....	0	0	1	0	0	0	1	0	0
Rhode Island:									
Providence.....	0	0	0	0	0	0	0	1	0
MIDDLE ATLANTIC									
New York:									
Buffalo.....	0	0	0	0	0	0	0	1	0
New York.....	4	4	4	1	0	0	11	0	0
Pennsylvania: ¹									
Philadelphia.....	1	1	0	0	0	0	1	1	0
EAST NORTH CENTRAL									
Illinois:									
Chicago.....	0	0	0	0	0	0	4	4	0
Michigan:									
Detroit.....	1	3	2	0	0	0	1	1	1
Grand Rapids.....	0	0	0	0	0	0	0	1	1
WEST NORTH CENTRAL									
Missouri:									
St. Louis.....	2	0	0	0	0	0	0	1	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	1	1	0	0	0	0	1	2	0
Virginia:									
Richmond.....	1	0	0	0	0	0	0	0	0
Roanoke.....	0	0	0	0	0	0	1	0	0
South Carolina: ²									
Greenville.....	0	0	0	0	0	1	0	0	0
Georgia:									
Atlanta.....	0	0	0	0	0	1	0	0	0
Florida:									
Miami.....	0	0	0	0	1	0	0	0	0
Tampa.....	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	1	0	0	0	0	0	0	0	0
Tennessee:									
Memphis.....	0	0	0	0	1	0	0	0	0
Alabama:									
Birmingham.....	0	0	0	0	0	1	0	1	0
Mobile.....	0	0	0	1	0	0	0	0	0
PACIFIC									
Washington:									
Spokane.....	1	0	0	0	0	0	0	0	0
California:									
San Francisco.....	0	0	0	0	0	0	0	1	0

¹ Rabies; (human) 1 case and 1 death at Scranton, Pa.² Dengue; 3 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 23, 1926, compared with those for a like period ended October 24, 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 19 to October 23, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925¹

DIPHTHERIA CASE RATES

	Week ended—									
	Sept. 26, 1925	Sept. 25, 1926	Oct. 3, 1925	Oct. 2, 1926	Oct. 10, 1925	Oct. 9, 1926	Oct. 17, 1925	Oct. 16, 1926	Oct. 24, 1925	Oct. 23, 1926
101 cities.....	² 97	107	³ 115	128	134	159	150	165	⁴ 163	⁵ 204
New England.....	81	73	74	66	96	66	120	85	⁶ 94	85
Middle Atlantic.....	81	70	84	81	114	118	129	100	128	122
East North Central.....	101	128	³ 130	136	153	188	166	219	180	⁷ 268
West North Central.....	153	127	192	143	198	177	233	209	256	⁸ 246
South Atlantic.....	109	128	207	163	179	216	209	218	⁹ 252	302
East South Central.....	58	135	63	270	89	254	89	270	100	400
West South Central.....	75	69	62	211	79	176	88	219	101	280
Mountain.....	² 189	137	129	291	194	173	157	164	361	255
Pacific.....	102	213	102	175	102	200	105	175	135	191

MEASLES CASE RATES

101 cities.....	² 35	37	³ 39	36	53	31	67	43	⁴ 91	⁵ 48
New England.....	177	38	242	21	371	33	431	26	⁶ 578	26
Middle Atlantic.....	33	9	35	10	47	11	65	9	87	12
East North Central.....	22	22	³ 24	24	24	29	24	36	45	48
West North Central.....	6	28	6	10	6	26	10	44	10	⁷ 32
South Atlantic.....	29	11	23	13	15	15	52	21	⁸ 37	26
East South Central.....	11	10	11	5	11	5	0	0	37	21
West South Central.....	0	0	0	0	0	0	0	13	13	4
Mountain.....	² 28	118	9	109	37	109	18	237	28	337
Pacific.....	19	310	3	329	11	181	28	291	11	278

SCARLET FEVER CASE RATES

101 cities.....	² 63	79	³ 86	100	92	111	121	130	⁴ 127	⁵ 152
New England.....	46	71	86	104	105	144	127	144	⁶ 125	194
Middle Atlantic.....	48	56	62	51	65	57	75	62	96	51
East North Central.....	65	80	³ 96	99	109	121	143	132	135	⁷ 159
West North Central.....	135	153	176	197	119	215	256	318	284	⁸ 377
South Atlantic.....	61	79	67	111	92	100	129	126	⁹ 126	163
East South Central.....	74	83	74	99	121	145	142	115	121	223
West South Central.....	13	52	48	69	62	69	53	86	40	95
Mountain.....	² 85	118	176	319	148	300	46	264	111	456
Pacific.....	77	119	88	175	102	159	135	205	127	235

SMALLPOX CASE RATES

101 cities.....	² 5	3	³ 2	1	5	3	8	4	⁴ 7	⁵ 13
New England.....	0	0	0	0	0	0	0	0	⁶ 7	0
Middle Atlantic.....	0	1	0	0	0	0	0	0	0	0
East North Central.....	2	1	³ 0	0	1	1	8	3	4	4
West North Central.....	2	2	2	2	10	2	0	6	4	⁷ 0
South Atlantic.....	6	6	0	4	6	0	6	4	⁸ 0	9
East South Central.....	32	0	0	0	16	10	42	0	5	10
West South Central.....	0	13	0	0	0	4	0	4	0	0
Mountain.....	² 38	0	9	9	9	9	28	9	9	0
Pacific.....	39	19	25	5	44	19	55	32	75	16

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 Barre, Vt., and Winston-Salem, N. C., not included.

⁵ Milwaukee, Wis., and Duluth, Minn., not included.

⁶ Barre, Vt., not included.

⁷ Milwaukee, Wis., not included.

⁸ Duluth, Minn., not included.

⁹ Winston-Salem, N. C., not included.

Summary of weekly reports from cities, September 19 to October 23, 1926—Annual rates per 100,000 population, compared with rates for the corresponding period of 1925—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Sept. 26, 1925	Sept. 25, 1926	Oct. 3, 1925	Oct. 2, 1926	Oct. 10, 1925	Oct. 9, 1926	Oct. 17, 1925	Oct. 16, 1926	Oct. 24, 1925	Oct. 23, 1926
101 cities.....	44	44	39	42	36	33	35	32	32	26
New England.....	22	9	46	17	26	17	24	57	14	19
Middle Atlantic.....	34	45	32	28	31	27	28	26	25	30
East North Central.....	29	26	20	33	21	23	31	15	9	13
West North Central.....	16	26	35	40	33	22	20	14	33	23
South Atlantic.....	88	92	50	115	52	77	65	66	73	77
East South Central.....	200	166	131	130	163	145	121	140	147	99
West South Central.....	97	77	92	47	57	22	44	26	79	22
Mountain.....	94	36	111	82	120	64	46	46	65	27
Pacific.....	22	22	28	19	8	22	19	16	30	13

INFLUENZA DEATH RATES

95 cities.....	3	6	5	6	3	4	6	6	8	7
New England.....	0	5	0	2	0	0	0	5	2	7
Middle Atlantic.....	3	3	3	2	3	3	5	4	8	8
East North Central.....	4	3	6	5	3	2	8	2	9	5
West North Central.....	4	8	6	0	4	6	6	11	6	2
South Atlantic.....	2	9	4	9	2	6	2	8	2	8
East South Central.....	0	10	16	10	0	5	16	16	5	10
West South Central.....	0	24	19	38	15	14	10	14	19	14
Mountain.....	9	9	0	18	9	18	0	27	37	27
Pacific.....	4	7	0	7	0	0	11	11	4	0

PNEUMONIA DEATH RATES

95 cities.....	54	65	61	69	63	64	90	77	88	86
New England.....	53	76	31	87	58	33	93	76	87	83
Middle Atlantic.....	66	70	68	71	63	76	94	88	89	104
East North Central.....	39	45	44	59	61	54	89	63	79	58
West North Central.....	26	55	36	70	45	63	58	53	60	49
South Atlantic.....	86	79	81	66	71	60	121	88	116	113
East South Central.....	42	88	100	109	110	83	95	52	121	99
West South Central.....	48	99	63	71	63	94	53	104	111	57
Mountain.....	76	55	139	155	92	55	120	118	111	127
Pacific.....	51	78	87	28	51	53	80	82	76	99

² Helena, Mont., not included.

³ Superior, Wis., not included.

⁴ Barre, Vt., and Winston-Salem, N. C., not included.

⁵ Milwaukee, Wis., and Duluth, Minn., not included.

⁶ Barre, Vt., not included.

⁷ Milwaukee, Wis., not included.

⁸ Duluth, Minn., not included.

⁹ Winston-Salem, N. C., 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	1,934,094	1,434,245	1,469,144

FOREIGN AND INSULAR

THE FAR EAST

Reports for week ended October 16, 1926.—The following report for the week ended October 16, 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		Small-pox		Maritime towns	Plague		Cholera		Small-pox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths		Cases	Deaths	Cases	Deaths	Cases	Deaths
Mauritius: Port Louis.....	2	2	0	0	0	0	Ceylon: Colombo.....	0	0	0	0	1	0
Union of South Africa:							Dutch East Indies:						
Durban.....	0	0	0	0	10		Belawan Deli.....	0	0	0	0	0	1
British India:							Siam: Bangkok.....	0	0	0	1	2	2
Calcutta.....		0		2	3	3	China:						
Bombay.....		0		1	4	3	Amoy.....	0	0	13		0	0
Madras.....		0		0	5	1	Shanghai.....	0	0	3	1	0	0
Rangoon.....		1		0	0	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, Kamaran, Perim.

Iraq.—Basrah.

Persia.—Mohammerah, Bender-Abbas, Bushire.

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

Federated Malay States.—Port Swettenham.

Straits Settlements.—Singapore, Penang.

Dutch East Indies.—Batavia, Cheribon, Surabaya, Samarang, Sabang, Makassar, Banjermasin, Tarakan, Padang, Balik-Papan, Samarinda, Pontianak.

Sarawak.—Kuching.

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

Portuguese Timor.—Dilly.

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

China.—Hongkong.

Formosa.—Keelung.

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

Korea.—Chemulpo, Fusan.

Manchuria.—Mukden, Changchun, Harbin, Antung.

Kwantung.—Port Arthur, Dairen.

U. S. S. R.—Vladivostok.

AUSTRALASIA AND OCEANIA

Australia.—Adelaide, Melbourne, Sydney, Brisbane, Rockhampton, Townsville, Port Darwin, Broome, Fremantle, Carnarvon, Thursday Island.

New Guinea.—Port Moresby.

New Britain Mandated Territory.—Rabaul.

New Zealand.—Auckland, Wellington, Christchurch, Invercargill, Dunedin.

New Caledonia.—Noumea.

Fiji.—Suva.

Hawaii.—Honolulu.

Society Islands.—Papeete.

AFRICA

Egypt.—Alexandria, Port Said, Suez.

Anglo-Egyptian Sudan.—Port Sudan, Suakin.

Eritrea.—Massaua.

French Somaliland.—Jibuti.

British Somaliland.—Berbera.

Italian Somaliland.—Mogadiscio.

Kenya.—Mombasa.

Zanzibar.—Zanzibar.

Tanganyika.—Dar-es-Salaam.

Seychelles.—Victoria.

Portuguese East Africa.—Mozambique, Beira, Lorenzo Marques.

Union of South Africa.—East London, Port Elizabeth, Cape Town.

Reports had not been received in time for distribution from—

Dutch East Indies.—Palembang, Menado.

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

Madagascar.—Tamatave, Majunga.

CANADA

Communicable diseases—Week ended October 23, 1926.—The Canadian Ministry of Health reports cases of certain communicable diseases in six Provinces of Canada for the week ended October 23, 1926, as follows:

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Total
Cerebrospinal meningitis.....			1				1
Influenza.....	14				1		15
Poliomyelitis.....		1		1			2
Smallpox.....				2		2	4
Typhoid fever.....			8	15	1	1	25

EGYPT

Plague—Western Desert Province—October 11–12, 1926.—Seven cases of plague were reported on October 11 and 12, 1926, in the vicinity of Sidi Barani, Western Desert Province, Egypt. Of these, four were bubonic in type, and three, with fatal termination, were septicemic. Plague was reported at Sidi Barani, September 3–9, 1926, with 12 cases.¹

¹ Public Health Reports, Oct. 22, 1926, p. 2448.

FINLAND

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

Disease	Cases	Disease	Cases
Diphtheria.....	40	Paratyphoid fever.....	98
Dysentery.....	4	Scarlet fever.....	62
Lethargic encephalitis.....	1	Typhoid fever.....	50

Population, 3,469,402.

HAWAII TERRITORY

Plague—Honokaa Village—October 6, 1926.—A fatal case of plague was reported October 6, 1926, at Honokaa Village, Island of Hawaii.

MALTA

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

Disease	Cases	Disease	Cases
Broncho-pneumonia.....	8	Penumonia.....	3
Diphtheria.....	8	Puerperal infection.....	3
Erysipelas.....	5	Scarlet fever.....	1
Influenza.....	2	Trachoma.....	104
Malaria.....	5	Tuberculosis.....	22
Malta fever.....	78	Typhoid fever.....	50
Measles.....	12	Whooping cough.....	11

Population, civil, estimated, 223,083.

PERU

Plague—September, 1926.—During the month of September, 1926, plague was reported in Peru with 45 cases and 36 deaths, occurring in four Departments as compared with 21 cases with 9 deaths occurring in two Provinces during the previous month.¹ The occurrence was reported by departments as follows: *Junin*—Cases, 21; deaths, 20, occurring in one province and one locality. *Lambayeque*—one case. *Libertad*—Cases, 3; deaths, 1. *Lima*—Cases, 20; deaths, 15, of which 1 case with 1 death occurred at the city of Lima and 3 cases with 2 deaths in the vicinity on country estates. In the Departments of Ancash and Cajamarca plague was stated to have been present during the period under report.

¹ Public Health Reports, Oct. 15, 1926, p. 2370.

SPAIN

Mortality from communicable diseases—Madrid—September, 1926.—During the month of September, 1926, mortality from communicable diseases was reported as follows: Diphtheria, deaths, 6; measles, 3; scarlet fever, 13; tuberculosis, all forms, 132; typhoid fever, 15. The total number of deaths from all causes during the period under report was 998. Population, estimated, 766,552.

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 November 12, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Amoy.....	Sept. 19-Oct. 2.....	65		
Swatow.....	Sept. 19-25.....			
India.....				Sporadic.
Siam.....				Aug. 29-Sept. 4, 1926: Cases, 2,367; deaths, 1,514.
				Sept. 12-18, 1926: Cases, 17; deaths, 12. Apr. 1-Sept. 18, 1926: Cases, 7,604; deaths, 4,988.
Bangkok.....	Sept. 12-18.....	2	1	District.

PLAGUE

Algeria:				
Oran.....	Oct. 1-10.....	3	2	
Egypt:				
Sidi Barani.....	Oct. 11-12.....	7	3	In Western Desert Province.
Greece:				
Athens.....	Sept. 1-30.....	11	3	Including Piræus.
Hawaii Territory:				
Honokaa Village.....	Oct. 6.....	1	1	
India:				
Madras Presidency.....	Sept. 5-11.....	70	32	Aug. 29-Sept. 4, 1926: Cases, 745; deaths, 406.
Rangoon.....	Sept. 19-25.....	6	6	
Peru:				
Departments—				
Ancash.....	Sept. 1-30.....			September, 1926: Cases, 45; deaths, 36.
Cajamarca.....	do.....			Present. In one Province and locality.
Junin.....	do.....	21	20	Do.
Lambayeque.....	do.....	1		
Libertad.....	do.....	3	1	
Lima.....	do.....	20	15	
Canete Province.....	do.....	13	9	
Canta Province.....	do.....	1		
Lima Province.....	do.....	6	6	In Lima City, one case, one death; country districts, cases, 3; deaths, 2.

SMALLPOX

Arabia:				
Aden.....	Oct. 3-9.....	1		Imported.
Brazil:				
Bahia.....	Sept. 9-18.....	5	2	
Canada:				
New Brunswick—				
Northumberland County.....	Oct. 11-23.....	1		
Ontario.....	Oct. 17-23.....	2		
Saskatchewan.....	do.....	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 November 12, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China:				
Chungking.....	Sept. 12-18.....	-----	-----	Present. Sporadic.
Swatow.....	Sept. 19-25.....	-----	-----	
Egypt:				
Cairo.....	Apr. 1-May 13....	23	4	
Great Britain:				
England and Wales.....	-----	-----	-----	Sept. 26-Oct. 2, 1926: Cases, 96. Aug. 29-Sept. 4, 1926: Cases, 1,732; deaths, 553.
India:				
Karachi.....	Sept. 26-Oct. 2....	1	-----	
Madras.....	Sept. 26-Oct. 2....	2	3	
Java:				
Batavia.....	Sept. 12-18.....	4	-----	Province.
Surabaya.....	Aug. 29-Sept. 4....	24	3	
Mexico:				
San Luis Potosi.....	Oct. 18-23.....	-----	1	
Persia:				
Teheran.....	June 23-July 23....	-----	3	
Siam:				
Bangkok.....	Sept. 12-18.....	8	4	Sept. 12-18, 1926: Cases, 12; deaths, 4; Apr. 1-Sept. 18, 1926: Cases, 576; deaths, 226. District.

TYPHUS FEVER

China:				
Antung.....	Sept. 27-Oct. 10....	6	-----	
Egypt:				
Cairo.....	Apr. 1-May 13....	15	10	
Greece:				
Athens.....	Sept. 1-30.....	-----	17	Including Piræus.

Reports Received from June 26 to November 5, 1926¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
Ceylon.....	-----	-----	-----	Apr. 18-May 29, 1926: Cases, 31; deaths, 29.
China:				
Amoy.....	Aug. 8-Sept. 18....	170	-----	Stated to be present in epidemic form.
Canton.....	June 1-30.....	38	14	
Do.....	July 15-31.....	54	28	Present.
Foochow.....	Aug. 15-Sept. 18....	-----	-----	
Kulangsu.....	Sept. 12-18.....	-----	2	
Manchuria—				
Dairen.....	Aug. 23-29.....	1	1	Do.
Nanking.....	July 25-Aug. 7.....	-----	-----	
Shanghai.....	Reported July 20....	35	8	Cases, foreign; deaths, native and foreign. Japanese settlements, 10 deaths; Chinese, 30 to 40 deaths daily; estimated.
Do.....	July 25-Sept. 18....	36	385	
Swatow.....	July 11-Sept. 18....	36	63	
Tsingtao.....	July 11-Aug. 30....	4	4	
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:				
Bombay.....	May 30-June 5.....	1	1	Apr. 25-June 26, 1926: Cases, 18,526; deaths, 11,531. June 27- Aug. 28, 1926: Cases, 18,624; deaths, 11,877.
Do.....	July 18-Aug. 28....	3	3	

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

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

Reports Received from June 26 to November 5, 1926—Continued

CHOLERA—Continued

Place	Date	Cases	Deaths	Remarks
India—Continued.				
Calcutta	Apr. 4-May 29	478	418	
Do	June 13-26	73	69	
Do	June 27-Sept. 18	295	265	
Madras	May 16-June 5	2	1	
Do	Aug. 1-Sept. 25	7	6	
Rangoon	May 9-June 26	67	44	
Do	June 27-Sept. 4	31	29	
Indo-China:				
Saigon	May 2-15	52	48	
Do	May 22-June 26	42	32	
Do	June 27-Aug. 14	31	17	
Japan				
Ken (Prefecture)—				To Sept. 10, 1926: Cases, 35.
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		
Taihoku	Sept. 1-10	2		
Wakayama	To Sept. 10	2		
Philippine Islands:				
Manila	May 18-24	2	2	
Do	June 27-Sept. 11	13	3	
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				
Bangkok	May 2-June 12	1,325	736	Apr. 1-Sept. 11, 1926: Cases, 7,587; deaths, 4,976.
Do	June 20-26	56	26	
Do	June 27-Sept. 11	89	32	
Straits Settlements:				
Singapore	July 4-17	2	1	
On vessel:				
Steamship Macedonia	Aug. 5	7		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		
Do	Sept. 23	1		
Bona	Aug. 14	1		
Oran	Sept. 21-30	6	1	
Philippeville	Sept. 7	1		
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	

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued
Reports Received from June 26 to November 5, 1926—Continued
PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
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-Sept. 18.....			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-Sept. 30.....	16	3	Rats taken, 62,544; found infected, 89.
Leon.....	January-June.....	43	19	Localities, 2.
Loja.....	do.....	176	75	Cantons, 2.
Tungurahua.....	do.....	83	29	At Ambato, Huachi, and Pichayua. 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	
Charkieh.....	July 27.....	1	1	
Gharbieh.....	June 2.....	1	1	
Minieh.....	July 24.....	1	1	
Western Desert.....	Sept. 30.....	12		At Sidi Barani.
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-Oct. 2.....	8	4	
Zante.....	May 17.....	1		
Hawaii Territory:				
Hamakua.....	June 9.....			1 plague rodent trapped near Hamakua Mill.
Paauhau.....	July 18-24.....			Plague-infected rat trapped.
India:				
Bombay.....	May 2-June 26.....	16	15	Apr. 25-June 16, 1926: Cases, 53,001; deaths, 41,576. June 27-Aug. 28, 1926: Cases, 2,726; deaths, 1,632.
Do.....	July 18-Sept. 18.....	9	8	
Karachi.....	May 23-June 26.....	15	13	
Do.....	July 11-17.....	1	1	
Madras Presidency.....	Apr. 25-June 26.....	162	93	
Do.....	July 4-Sept. 4.....	529	259	
Rangoon.....	May 9-June 26.....	20	15	
Do.....	June 27-Sept. 18.....	74	63	
Indo-China:				
Saigon.....	May 23-June 26.....	8	3	
Do.....	July 18-Aug. 7.....	2	1	
Iraq:				
Baghdad.....	Apr. 18-June 12.....	161	108	
Do.....	July 18-Sept. 11.....	4	4	
Japan:				
Yokohama.....	July 2-Aug. 10.....	9	8	
Java:				
Batavia.....	Apr. 24-June 19.....	65	65	
Do.....	June 26-Sept. 11.....	64	62	
Cheribon.....	Apr. 11-24.....	3	3	
East Java and Madura.....	June 13-19.....	1	1	
Do.....	July 25-31.....	1	1	
Surabaya.....	Aug. 22-28.....	17	2	
Madagascar:				
Ambositra Province.....	May 1-15.....	4	4	Septicemic.
Antsirabi Province.....	June 16-30.....	4	4	
Iasy Province.....	do.....	17	19	
Majunga Province.....	do.....	19	6	
Mananjary Province.....	do.....	1	1	
Morananga Province.....	Apr. 1-15.....	3	2	Do.

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

Reports Received from June 26 to November 5, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Madagascar—Continued.				
Tananarive Province				Apr. 1-June 30, 1926: Cases, 130; deaths, 120. July 1-August 15, 1926: Cases, 47; deaths, 41.
Towns—				
Majunga	Aug. 1-15	14	10	
Tamatave (Port)	May 16-31	1	1	
Do.	July 1-Aug. 15	6	5	
Tananarive	Apr. 1-June 30	7	7	
Do.	July-Aug. 15	7	7	
Mauritius:				
Port Louis	July 31	1	1	
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—				Present.
Ancash	May 1-31			
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-Sept. 11, 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		
Do.	Oct. 15			Present.
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. 25	7	4	
Union of South Africa:				
Cape Province	May 16-22	5	3	
Calvinia District	June 13-26	12	6	
Do.	June 27-Aug. 21	3	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.

SMALLPOX

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-Aug. 31	16	8	
Brazil:				
Bahia	June 20-26	1		
Do.	June 27-Sept. 11	63	36	
Manaos	Apr. 1-30		5	

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

Reports Received from June 26 to November 5, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Brazil—Continued.				
Para.....	May 16-June 26.....	26	25	
Do.....	June 27-Sept. 25.....	29	19	
Pernambuco.....	July 11-Sept. 11.....	115	18	
Porto Alegre.....	Aug. 10-31.....	2		
Rio de Janeiro.....	May 2-June 19.....	132	91	
Do.....	July 4-Sept. 25.....	2,534	1,333	
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 13-24.....	17	6	Natives.
Do.....	June 8-14.....	5		
Do.....	Sept. 11-17.....	1		
Canada:				
Alberta.....				May 30-June 12, 1926: Cases, 46.
Calgary.....	Sept. 5-Oct. 16.....	21		May 30-June 12, 1926: Cases, 3.
British Columbia— Vancouver.....	Aug. 16-Sept. 12.....	3		June 27-Oct. 16, 1926: Cases, 53.
Manitoba.....				May 30-June 26, 1926: Cases, 15.
Winnipeg.....	June 6-12.....	5		June 27-Sept. 25, 1926: Cases, 19.
Do.....	July 4-Sept. 4.....	12		
Ontario:				
Fort William.....	July 25-Aug. 7.....	2		May 30-June 26, 1926: Cases, 36.
Kingston.....	May 23-June 26.....	5		June 27-Oct. 16: Cases, 85.
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-Oct. 9.....	11		
Waterloo.....	July 18-24.....	6		
Saskatchewan.....				May 30-June 26, 1926: Cases, 16.
Regina.....	July 4-Sept. 25.....	3		June 27-Oct. 16: Cases, 87.
Ceylon:				
				Mar. 14-May 29, 1926: Cases, 44;
				deaths, 3. Sept. 12-18, 1926:
				Cases, 2.
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 4-13.....	2		
Canton.....	May 1-31.....	4	2	
Changsha.....	Aug. 8-14.....	1		
Chungking.....	May 2-Sept. 4.....			Present.
Foochow.....	do.....			Do.
Hongkong.....	May 2-June 26.....	19	10	
Do.....	June 27-July 3.....	1	1	
Manchuria:				
An-shan.....	July 4-31.....	18		Railway stations.
Antung.....	May 16-June 12.....	5		South Manchurian Railway.
Changehun.....	May 16-June 19.....	5		
Do.....	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 1-23.....	12		
Kai-yuan.....	May 16-June 30.....	10		Do.
Kungchuling.....	June 13-19.....	1		Do.
Liaoyang.....	May 16-June 30.....	4		Do.
Mukden.....	do.....	4		Do.
Penhsihu.....	May 16-June 19.....	4		Do.
Ssupingkal.....	May 16-June 30.....	2		Do.
Teshihchiao.....	do.....	2		Do.
Wa-feng-tien.....	do.....	3		Do.
Nanking.....	May 8-Sept. 18.....			Present.

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

Reports Received from June 26 to November 5, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
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-Sept. 18			Sporadic. Reported by British municipality.
Tientsin	June 2-26		1	
Wanshien	May 1			Prevalent.
Chosen				
Fusan	May 1-31	1		Mar. 1-May 31, 1926: Cases, 548; deaths, 121.
Seishun	do.	2	1	
Egypt:				
Alexandria	May 15-July 1	18	3	May 1-June 30, 1926: Cases, 3.
Do.	July 23-Aug. 19	11	5	
Cairo	Jan. 29-Apr. 1	16	4	
Estonia				
France:				
Paris	Sept. 1-20	21	5	Mar. 1-June 30, 1926: Cases, 141.
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				
Birmingham	Sept. 26-Oct. 2	1		May 23-June 26, 1926: Cases, 933.
Bradford	May 23-29	1		
Do.	Aug. 29-Sept. 4	1		June 27-Sept. 25, 1926: Cases, 1,289.
London	Sept. 26-Oct. 2	2		
Newcastle-on-Tyne	June 6-12	1		St. Gateshead, several cases reported.
Do.	July 11-Oct. 9	4		
Nottingham	May 2-June 5	7		
Do.	July 18-24	1		
Sheffield	June 13-19	1		
Do.	July 4-Oct. 2	9		
South Shields	Oct. 3-9	1		
Greece:				
Athens	July 1-31	71	6	Including Piræus.
Saloniki	June 1-14		3	
Guatemala:				
Guatemala City	June 1-30		2	
India:				
Bombay	May 2-June 26	220	134	Apr. 25-June 26, 1926: Cases, 54,851; deaths, 14,771. June 27-Aug. 28, 1926: Cases, 20,351; deaths, 6,536.
Do.	June 27-Sept. 18	112	61	
Calcutta	Apr. 4-May 29	171	159	
Do.	June 13-26	24	18	
Do.	June 27-Sept. 18	38	37	
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. 25	58	15	
Rangoon	May 9-June 26	10	5	
Do.	July 4-Sept. 11	21	4	
Indo-China:				
Saigon	May 9-June 26	2		
Iraq:				
Baghdad	do.	8	3	Mar. 28-June 26, 1926: Cases, 34. June 27-July 10, 1926: Cases, 3.
Do.	July 4-Sept. 11	3	1	
Basra	Apr. 18-June 22	34	25	
Do.	Aug. 15-21	1		
Italy:				
Catania	Aug. 9-15	2		Entire consular district, including island of Sardinia.
Rome	June 14-20	4		
Jamaica:				
Do.				Apr. 25-June 26, 1926: Cases, 201. (Reported as alastrim.)
				June 27-Sept. 25, 1926: Cases, 238. (Reported as alastrim.)
Japan:				
Kobe	May 30-June 5	1		Apr. 11-June 19, 1926: Cases, 641.
Nagoya	May 16-June 22		1	
Do.	July 4-10	1		
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		

CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER—Continued**Reports Received from June 26 to November 5, 1926—Continued****SMALLPOX—Continued**

Place	Date	Cases	Deaths	Remarks
Java:				
Batavia.....	May 15-June 25.....	2		Province.
Do.....	July 24-Aug. 28.....	5		Do.
East Java and Madura.....	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. 28.....	63	3	
Latvia.....				Apr. 1-June 30, 1926: Cases, 5.
Mexico.....				Feb. 1-Apr. 30, 1926: Deaths, 982.
Aguascalientes.....	June 13-26.....		5	
Guadalajara.....	June 8-14.....		2	
Do.....	June 29-Sept. 27.....		8	
Mexico City.....	May 16-June 5.....	3		Including municipalities in Federal District.
Do.....	July 25-Sept. 25.....	6		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. 16.....		18	
Tampico.....	June 1-10.....		2	
Torreón.....	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 21, 1926: Cases, 2; deaths, 1.
Portugal:				
Lisbon.....	Apr. 26-June 19.....	10	3	
Do.....	July 11-Sept. 25.....	22	6	
Oporto.....	May 23-June 5.....	4		
Do.....	July 11-24.....	2		
Russia.....				Jan. 1-Mar. 31, 1926: Cases, 2,103.
Siam.....				Apr. 1-Sept. 11, 1926: Cases, 561; deaths, 222.
Bangkok.....	May 2-June 12.....	23	20	
Do.....	July 4-Sept. 11.....	59	47	
Spain:				
Valencia.....	Aug. 22-Sept. 25.....	2		
Straits Settlements:				
Singapore.....	Apr. 25-May 1.....	1		
Do.....	July 11-17.....	1		
Sumatra:				
Medan.....	Aug. 22-23.....			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.
Do.....	Aug. 29-Sept. 4.....	1		Native.
Johannesburg.....	May 9-June 12.....	5		
Do.....	July 11-Sept. 4.....	2		
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 November 5, 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. Vessel from Glasgow, Scotland, for Canada. Patient from Glasgow; removed at quarantine on outward voyage.
Steamship	July 2	1		

TYPHUS FEVER

Algeria:				
Algiers	May 21-June 30	7	1	
Do.	July 21-Aug. 31	3		
Argentina:				
Rosario	Feb. 1-26	2		
Bolivia:				
La Paz	June 1-30		1	
Do.	Aug. 1-31	9	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. 18	7		
China:				
Antung	June 14-27	7	1	
Do.	June 28-Sept. 19	31	1	
Canton	May 1-31	1		
Chungking	Aug. 29-Sept. 4			
Ichang			1	Present. Reported May 1, 1926. Occurring among troops.
Wanshien				Present among troops, May 1, 1926. Locality in Chingking 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.

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

Reports Received from June 26 to November 5, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remark
Mexico			1	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-Oct. 9	46		Do.
San Luis Potosi	June 13-26			Present city and country.
Morocco				Mar. 1-June 30, 1926: Cases, 426.
Norway:				
Stavanger	Sept. 6-12	1		
Palestine				Mar. 1-June 30, 1926: Cases, 11; deaths, 1. Aug. 10-Sept. 13, 1926: Cases, 5.
Gaza	July 6-12	1		
Haifa	July 13-Aug. 30	5		
Halalal	Aug. 17-23	1		
Jaffa district	June 15-28	5		
Do.	Sept. 28-Oct. 4	1		
Jerusalem	Sept. 14-27	2		
Majdal district	July 13-Aug. 2	2		
Nazareth district	do.	3		
Tiberias	Aug. 3-9	1		
Yavneil	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. 14	10	1	
Orange Free State				Apr. 1-June 30, 1926: Cases, 21; deaths, 4. July 1-31, 1926: Cases, 7.
Transvaal				Apr. 1-June 30, 1926: Cases, 10; deaths, 5. July 1-31, 1926: Cases, 2. Aug. 15-21, 1926: Outbreaks.
Johannesburg	Aug. 29-Sept. 4	1		Do.
Walkerstroom district	June 20-26			Outbreaks.
Wolmaransstad district	do.			Do.
Yugoslavia				Apr. 15-June 30, 1926: Cases, 46; 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	