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FOUR CASES OF TULARAEMIA (THREE FATAL) WITH CONJUNCTIVITIS

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A double burial of father and daughter occurred July 7, 1925, in the L. family living on Wallen Creek, Lee County, Virginia. A son had been buried two days before. All had died of tularaemia, having been ill only 8 days, 8 days, and 6 days, respectively.

A daughter 6 years of age was the sole survivor of the outbreak, the four having become ill within a 24-hour period June 28–29. The mother and three other children remained well.

Accurate data bearing on the direct source of infection and its mode of entry into the body are lacking, due to an unusual premeditated reticence on the part of the mother. She would give no essential information other than that a common article of food on the family table had been rabbits which the dog had caught in the field; that the rabbits were dressed either by her husband or by herself; that they were fried in grease and eaten by all members of the family except herself; that the cat had often caught rabbits, some of which were nearly full grown, and had brought them in for her kittens. From one apparently authentic source information was obtained that an epidemic among rabbits had occurred on Wallen Creek in May, 1925.

The father (Mr. P. J. L.), age 37 years, his daughter (C. L.), age 7 years, and his son, age 2 years, became suddenly ill on the evening of June 28, 1925, and another daughter (N. B. L.), age 6, became ill on the evening of June 29. The onset in all cases was sudden and accompanied with fever; the father was nauseated, complained of headache, and had chills, the three children vomited, and the boy, in addition, had convulsions.

Within 24 hours after the onset, all had axillary temperatures of 103° to 104° F., conjunctivitis, and swollen lymph glands in the region of the parotid gland which were bilateral except in the case of N. B. L., in which the swelling was leftsided; in the cases of C. L. and the son the eyelids were so swollen as to require separation by the fingers in order to view the sensitive globe; there was some exudate escaping from the eyes. There was no skin eruption, nor throat symptoms other than some redness.

During a consultation of two physicians on July 2 the father was delirious and the children were stuporous. The cervical and axillary lymph glands were much enlarged in all the cases; the inguinal glands were not involved; all had temperatures between 103° and 104° F.; there was no evidence of lung involvement; there was no rigidity or spasticity suggestive of meningitis. All manifested the picture of an extreme grade of febrile intoxication.

The father, one daughter (C. L.), and the son grew progressively worse; the son died July 4, and the father and daughter died July 6. All were buried without necropsy having been performed in any case.

The sole survivor (N. B. L.) was visited in her home a few hours after the burials on July 7. Her temperature was 102.8° F., the left eye was swollen, there was marked enlargement of the lymph glands in the left superior cervical region, the throat was slightly reddened, and there was no skin rash. She was conscious but apathetic.

ISOLATION OF CULTURE FROM THE SURVIVOR

Swabs taken from the throat and nose of N. B. L. on July 7 were used to inoculate culture media, and on the following day the swabs were washed in saline solution and the pooled washings were used for subcutaneous inoculation of a guinea pig, which died July 13 with typical lesions of tularaemia in the spleen and liver. Portions of the spleen and liver were kept in glycerin in the ice box until July 17 and then rubbed on the shaved, abraded skin of the abdomen of a guinea pig, which died July 22 with the typical lesions of tularaemia, viz, spotted condition of the spleen and liver and caseation of the inguinal lymph glands. The spleen, liver, lungs, and inguinal glands were placed in pure undiluted glycerin and sent to the Hygienic Laboratory, United States Public Health Service, at Washington. They arrived July 24 and were injected subcutaneously into four sets of guinea pigs, two guinea pigs being used for each kind of tissue. Six of the guinea pigs died acutely with typical lesions of tularaemia—those receiving the spleen tissue remaining well. Transfers were made by subcutaneous injection and by scarification from the above-mentioned 6 guinea pigs to 14 others, all of which died with typical lesions of tularaemia from which *Bacterium tularense* was isolated in pure culture on coagulated egg yolk and glucose cystine agar.

On August 4, 1925, N. B. L. and her mother were visited. The child's condition was much improved since last seen on July 10, on which date she was unable to see with her left eye; her sight now seemed normal. Her mother stated that a swelling appeared beneath the left eye about July 7 and ruptured into her nose on July 16, when

a "tablespoonful of corruption" escaped from her left nostril, which continued to discharge for several days, during which time the swelling rapidly disappeared.

Examination showed a small, elongated, slightly tender swelling extending downward from the inner canthus of the left eye in the line of the lachrymal duct (purulent dacryocystitis). The conjunctiva of both eyes were clear. A slightly tender, fluctuating tumor about 1 by 1½ inches was present at the angle of the left jaw (parotid lymph gland). Further forward, on the line of the body of the jaw, was another swollen and much firmer gland (submaxillary lymph gland). There was no definite enlargement of the lower cervical and axillary glands. Results of examination of the mouth and throat were negative, but the examination was unsatisfactory because the child could not open the mouth very far. The child was somewhat emaciated, weighed about 30 pounds, and had a listless expression; axillary temperature was 102° F. Bloody purulent fluid obtained August 4 by incision of the abscess at the angle of the jaw was tested at the Hygienic Laboratory by injection subcutaneously into guinea pigs. The pigs remained well.

Agglutination.—Blood serum collected August 4 from N. B. L. was tested at the Hygienic Laboratory and found to agglutinate *Bacterium tularense* in all dilutions from 1:10 to 1:1280, but not in higher dilutions.

Noncontagiousness.—Four members of the family remained well. The neighbors passed freely to and from the house during the illness. Both burials were public, and each was attended by about 50 persons. There was no serious illness in the neighborhood before or after the outbreak.

Conjunctival inoculation.—Guinea pigs and rabbits, into the conjunctival sacs of which minute amounts of virulent cultures of *Bacterium tularense* were gently dropped, care being taken to avoid all irritation of the conjunctiva, developed severe conjunctivitis and enlargement and caseation of the regional lymph glands and died acutely with typical lesions of tularaemia. The culture employed was one obtained from the case N. B. L.

Insufficient cooking.—An experimental rabbit dead of tularaemia was skinned; the femero-pelvic joints were divided; the feet were discarded, and a transverse division was made through the upper lumbar region, thus giving three muscular pieces for frying; these pieces were rolled in graham flour and fried in grease in a pan over a hot gas flame for 10 minutes. When thought to be sufficiently cooked, as evidenced by a brown crust, the pieces were carved with a knife, the successive layers of muscle appearing white and cooked until very near the bone some red strands of muscle were seen, surrounded by red juice; the red muscle was injected into two guinea

pigs and the red juice was injected subcutaneously into four pigs, all of which died acutely with typical lesions of tularaemia.

One can not escape the conclusion that an infected rabbit, if insufficiently cooked, would be dangerous as food.

Thermal death point.—Heating at 56° to 58° C. kills the organism in cultures and in spleen tissue in 10 minutes. Sufficient cooking renders infected tissues harmless as food.

SUMMARY AND CONCLUSION

Tularaemia was demonstrated by animal inoculation and by cultural and serological methods in the sole survivor of an outbreak of a glandular febrile affection with conjunctivitis occurring in four members of a family, three of whom died without tests for tularaemia having been made, either before or after death.

The four cases became ill within a 24-hour period and, clinically, they constituted a group which presented the same symptoms and little short of the same course and termination.

Although details as to the source and method of infection are wanting, there is abundant evidence of contact with rabbits, and the proof of the cause of illness of one of the group justifies the conclusion that all were cases of tularaemia.

Whether certain members of the family in dressing infected rabbits transferred the infection by their hands to their conjunctiva or whether insufficiently cooked rabbit was eaten are matters of conjecture only, but the evidence seems to point to primary infection of the conjunctivae.

Acknowledgments.—To Dr. B. T. Young, Duffield, Va.; Dr. C. W. Young, Pennington Gap, Va.; and Dr. W. R. Culbertson, health officer of Norton, Va., we are indebted for clinical observation of the cases.

A COMMUNITY HEALTH PROGRAM[1]

By Hugh S. Cumming, Surgeon General, United States Public Health Service

In our present highly developed civilization, the complexities of community existence have added many difficult problems in the management of municipal affairs. The growth of large centers of population led to many political, economic, and social relations that have taxed our administrative abilities. Out of all the problems that have concerned mankind during all the ages, health has been a very important factor in determining the progress of human affairs.

The history of medicine reaches back to the early ages, when magic, evil spirits, and religious superstitions pervaded the teachings of those

[1] Address given before the Mid-Atlantic Division of the American Nurses Association, Washington, D.C., Dec. 3, 1925.

periods. The fetters of these traditions have finally been broken, although their influence has not been entirely removed.

In order fully to appreciate the present status of public health work, certain of the circumstances that have determined the course of events during the past 50 years should be kept in mind.

THE PUBLIC HEALTH MOVEMENT

Fifty years ago, the "filth theory of disease" had dominated, for generations, practically all health work. Sanitation of the environment and shotgun quarantine methods were relied upon to control epidemics. Some attention, however, had been given to water supplies and sewage disposal. The removal of garbage and the abatement of nuisances of all sorts occupied a prominence out of all proportion to their real importance. A beginning had been made in the registration of births and deaths.

Twenty-five years later the influence of the "germ theory of disease" had introduced a more scientific attempt to combat the spread of communicable diseases. The specific causes of many of the more important of these diseases had been demonstrated and our knowledge of bacterial and parasitic infections was increasing. Disinfection played a prominent rôle during this period.

Today, at the close of the first half-century of the modern public health movement, we have a very considerable knowledge of communicable diseases and immunity. We have recognized the importance of infant welfare and school health supervision, and the physician, the sanitary engineer, and the nurse are slowly displacing the old-style sanitary policeman. We are beginning to apply scientific methods of research to many of the problems of administrative health practice.

There have been three rather distinct phases or tendencies that have characterized the public health movement and influenced the general trend of administrative practice. The first period of *suppression* preceded the second era of *prevention*. A third phase, that of *health promotion*, is already gaining ground.

LACK OF STANDARD PRACTICE

Our principles of local self-government have encouraged each community to administer its own affairs quite independently. The States, under the provisions of the Constitution, reserved to themselves certain so-called "police powers," which are the authority for the regulation of the internal affairs of the State, including the health, happiness, and comfort of its inhabitants. In turn, the State delegates certain prerogatives of its police powers concerning health to the local governments, which organize and administer their affairs with only certain minimum restraints from the State.

As a result of this system of government, each community has provided itself with a public health service that was intended to meet local conditions and requirements.

A comparatively recent survey of the 100 largest cities in the United States was conducted by the United States Public Health Service, cooperating with a committee of the American Public Health Association, and a somewhat similar survey of 86 cities was completed in 1924 by the American Child Health Association.

A review of the information collected by these surveys warrants the conclusion that while there has been considerable progress in administrative health practice, there is still found a striking lack of uniformity in practically every activity of local health service. Many of the methods and procedures intended to accomplish the same purpose are obviously inconsistent and frequently are not in accord with our present knowledge.

ATTEMPTS TO STANDARDIZE PUBLIC HEALTH PRACTICE

During the past few years, several attempts have been made to establish the relative values of the more important activities of municipal health services. The tendency has been to set up arbitrary standards of practice and to devise a sort of "yardstick" that would measure the relative values of the various procedures.

In the endeavor to encourage a healthy competition and bring about better health service generally, the Committee of the American Public Health Association, with the assistance and cooperation of other agencies and a group of interested local health officers, finally adopted a tentative "Appraisal Form for City Health Work."

It is too early to make any predictions concerning the possible benefits to public health work that may follow such a method of scoring. If it succeeds in encouraging a desire for careful self-analysis and comparative studies of present methods and practices, it will render a very real service.

Recognizing the possible value of standardization, when the items involved are subject to values that can be definitely determined, the temptation to standardize should not distract attention from the necessity for careful research and scientific investigation of the facts concerned in the methods now in use or that may be developed in the future. The true relative value of many of these activities can be demonstrated only by careful investigation and interpretation of all the information and data that can be collected. It is only by this process of scientific study, that real progress will be made. Revisions and reorganizations of existing practices should be attempted only on this basis.

URGENT NEED FOR CAREFUL RESEARCH

Several of the more fundamental principles of public health practice have already been quite definitely standardized or rather universally adopted. Reference is made to such items as the standard certificates for births and deaths; the international classification of the causes of deaths; the model law for morbidity reporting; the proposed standard methods for the control of communicable diseases; standard methods for the examination of water and sewage, milk and shellfish; and certain standards to determine the purity and potency of vaccines, antitoxins, and analogous products.

There are many other problems involved in modern public health work concerning which there exists rather universal agreement as to principle or theory, based largely upon "common consent" or "average experience," but these opinions are often unsupported by careful scientific proof. Before any of these theories or principles can be satisfactorily established, all the available information and data must be collected and interpreted. Out of the experiences of large groups of cities, there is already accumulating an enormous mass of data which, if properly interpreted, would bring about a revision of many of the ideas and theories that are now influencing the general trend of many activities.

Every health officer and all professional personnel engaged in public-health work should learn to develop this spirit of scientific inquiry.

SEARCH FOR AN "IDEAL" HEALTH ORGANIZATION

When anyone attempts to propose an "ideal" plan of organization for adequate community health service for a city of a given size, it might seem logical to review the records of a group of apparently progressive communities and to pick out the city with the most highly developed service and offer that as the ideal or standard for the group. In attempting to do this, one would soon reach the inevitable conclusion that no two cities have followed the same scheme of organization.

The exact plan of local health service that will fulfill all the essential requirements of any selected community must be adapted to the circumstances and conditions peculiar to that community. Because of climatic, geographic, political, social, racial, economic, or other purely local characteristics, the vital health problems of one city may well differ from the particular problems that are of special concern to some other city. This idea has led at times to the conclusion that it is impracticable to propose any standard or uniform basis for health department organization.

As a matter of fact, however, many of the obstacles to be overcome in developing an adequate and comprehensive plan for community

health service are imaginary rather than real ones. Man is subject to certain diseases and disturbances that obey rather fixed laws, irrespective of purely local conditions.

In spite of such considerations, the essential public health problems in different cities differ not so much in their nature as in the comparative magnitude of the problems presented. There are certain basic requirements that should be fulfilled in practically every community, so that it is possible, therefore, to propose a more or less "ideal" health service that will at least represent minimum requirements.

A CITY OF 100,000

In the report on the surveys of 1920, prepared by the American Public Health Association, there was presented a plan for an "ideal" health department for a city of 100,000 population. This plan represented, in the opinion of the authors, the best current practice in each special line of activity, based on the average practice in the 83 large cities, or on the practice of cities which appeared to excel in some particular activity. The details of this proposed minimum standard for the larger cities were clearly set forth.

FOR A CITY OF 50,000

In the recently published report on the survey of the 86 smaller cities by the American Child Health Association there is included a somewhat similar plan of organization for a city of 50,000 population.

In both of these plans the same essential items of service are included, and the scheme of organization for the central health department is quite similar. In general, the plan of organization includes the following administrative divisions, the designation of which indicates the principal functions that are included:

HEALTH DEPARTMENT ORGANIZATION

1. Bureau of Administration:
   - (*a*) Administration.
   - (*b*) Vital statistics.
   - (*c*) Public health education.
2. Bureau of Communicable Disease Control:
   - (*a*) Tuberculosis.
   - (*b*) Venereal diseases.
   - (*c*) Epidemiology (other preventable diseases).
3. Bureau of Child Hygiene:
   - (*a*) Maternal and prenatal care.
   - (*b*) Infant and preschool welfare.
   - (*c*) School health supervision.
4. Bureau of Laboratories.
5. Bureau of Public Health Nursing.
6. Bureau of Milk and Food Control.
7. Bureau of General Sanitation.

In such a plan of organization, there are included the essential basic functions of an adequate community health service. They represent legitimate obligations of the central government, although in practice it is frequently found that several of these activities are actually carried on either by voluntary agencies or by some division of government other than the health department. For example, voluntary agencies, such as visiting nurse associations, antituberculosis societies, and the like, still furnish more or less of the service provided in many cities for prenatal, infant, and preschool welfare and the care of tuberculosis. School medical supervision is conducted frequently by the board of education. Some of these activities will probably be more effectively carried on by voluntary agencies for the time being and until the central authorities are able to take on greater responsibilities.

The budget necessary to carry on the essential services proposed for these two groups of cities varies from $1.95 per capita for the average city of 100,000, to $1.54 for a city of 50,000, exclusive of hospital service for communicable diseases. If hospital care is included, the per capita cost becomes $2.35 and $1.64, respectively.

These figures represent the cost of all the health service that is considered necessary, including the cost of work that may be carried on by agencies other than the official health department. In the group of 100 large cities, the per capita cost of adequate service, given as $1.95, is at least four times the average budget allotted to these municipal health departments at the present time.

I do not intend to convey the impression that the outline of divisional organization that has been presented is intended as a model that should be followed by all of the cities above 40,000 population. Details of administration will vary, the number of independent bureaus or divisions depending partly at least upon the availability of trained personnel, but every community should make reasonably adequate provisions to carry on all of the activities mentioned, either through central authorities or local voluntary agencies. The facilities required for any particular activity will, of course, depend upon local needs and requirements.

As we pass to the smaller cities, we find more and more of the work being carried on by agencies other than the health department. There is a tendency, however, slowly developing, for the central authorities to assume more responsibility and to take over, gradually, activities that have been organized by private agencies.

In the smaller towns, and particularly in the rural sections, provisions for local health service are much less adequate than the service now established in the incorporated cities. After several years of activity on the part of the United States Public Health Service and the International Health Board, working in

cooperation with State and county boards of health, only a beginning has been made in securing whole-time health service for rural communities.

ESSENTIAL ELEMENTS FOR COMMUNITY HEALTH SERVICE

. If a community's conscience is sufficiently aroused by some emergency, such as a severe epidemic, and there is created a desire to provide itself with reasonably adequate health service, what procedure should be adopted?

The first logical step would be to arrange for a comprehensive and detailed public health survey. Health is a business enterprise of first importance to any community. No business, either public or private, can hope to determine its assets and liabilities without a thorough inventory. The public health survey is the only practical means by which a community can discover its essential health problems, and, by careful interpretation, develop a sound policy and well-balanced program suited to actual needs.

No attempt should ever be made to reorganize or plan a community health program on general principles or by endeavoring to further expand or develop some special activity that may, for the moment, seem urgent or popular. The ultimate success of local health service depends chiefly upon a sound basic policy and a well-balanced program with adequate funds and trained and experienced personnel under competent centralized authority.

POPULAR HEALTH EDUCATION

Notwithstanding the very commendable progress that has been made in developing the technique of modern public health administration, there is considerable unfinished business. Public health authorities have recognized the limitations of police power in controlling disease or promoting better health. This has introduced a new activity, usually referred to as popular health education. Suppressive and preventive measures, compulsorily enforced, will still be necessary; but we have learned that the individual will contribute more to the health of his community if he can be taught to practice the essential principles of health, hygiene, and sanitation.

The field of popular health education has not been half explored. Many methods and devices have been tried, but these efforts have been directed chiefly toward mass teaching. A direct appeal to the individual seems to promise more encouraging results; and of all the agencies that have established effective and extensive contacts with the individual, none has been as successful as the public health nurse.

THE PUBLIC HEALTH NURSE

The first municipal nursing service seems to have been established in Los Angeles in 1898, although private district nursing for the unhospitalized sick had been provided in Boston as early as 1887. Prior to 1914 efforts in visiting nursing were largely pioneer in character and the service increased gradually from 130 nurses in 1901 to approximately 3,000 nurses in 1912, the majority being engaged by private organizations.

Municipal nursing apparently proceeded more slowly until after the World War, which created a greater demand for home nursing. In 1918 the United States Public Health Service, for the first time in its history, established a section of public health nursing, and through the cooperation of the American Red Cross it was possible to provide a nursing service in the extra cantonment areas. This was the first introduction of many communities to an experience with a municipal nursing service.

In 1924 there is a record of approximately 12,000 public health nurses engaged in both official and private capacity. There were about 6,000 nurses enrolled in municipal work in 99 of the 100 large cities surveyed in that year. This appears to leave only about 6,000 nurses to be distributed in all of the other communities.

This rather sketchy review of nursing activities is presented merely to indicate that, as a municipal function, it is a comparatively new activity. However, health authorities have gradually become convinced that the public health nurse is one of the most important links in the chain of efficient public health administration. As a field agent of the health officer, the nurse has undoubtedly made the strongest appeal and established a more direct and effective contact with the individual than any other emissary of his department.

The science of municipal public health nursing and the art and craft of her field service have not become very definitely established, however. Her prescribed duties are still rather vague and she has been assigned to almost every possible variety of service. Certain principles of municipal nursing are developing, but as yet there appears to be no accepted measure for the value of the services she renders, either in respect to quality or quantity. Judging from the recent surveys that have been made, no general agreement has been reached as to the logical position of the nursing service in the organic structure of the health department.

It has been said that public health work to-day in any community can be measured by the extent to which public health nursing has been developed. To a certain extent this is probably true; but opinions as to what constitutes an adequate nursing service seem to differ rather widely. The theoretically effective ratio is usually 1

nurse to 2,000 or 3,000 population, and yet in the 99 large cities for which records were available the average ratio for the whole group was only 1 to 5,000 approximately. It varied from 1 to 6,300 in the group of larger cities to 1 to 5,400 in the smaller cities.

In the "ideal" plan of organization for a city of 100,000, proposed by the committee of the American Public Health Association in 1923, 30 nurses were considered necessary to provide adequate preventive work, or an increase to 50 nurses if bedside care on an hourly basis is provided. Even with more conservative provisions, it is apparent that the majority of cities at the present time are inadequately equipped to provide even a reasonably satisfactory service.

In the large cities surveyed in 1924 by the Public Health Service, the municipal expenditures for public health nursing varied from 1.5 cents to 36.6 cents per capita, with an average of 15.4 cents, as compared with 9.5 cents for the same group in 1920. It is evident that such an expenditure falls far short of the average cost per capita of 83 cents proposed in the "ideal" plan. It should be remembered, however, that this plan included the cost of private as well as official nursing, and that the figures for the 1924 surveys include only the municipal service. It should also be noted that the estimate of 83 cents per capita is equal to or greater than the sum which is now being expended for all strictly health work by many cities, including nursing services. This does not mean that the estimate for nursing is high, but that the expenditure for health work is low.

The problem of organization does not seem to be satisfactorily adjusted. Our surveys indicate that only 25 out of 82 of the larger cities reporting in 1924 had organized separate bureaus or divisions of nursing. In 57 cities the nursing force was assigned to various services. There are many conditions and requirements to be considered in connection with organization plans, and further experience and careful study will undoubtedly be necessary. Whatever organization is proposed, many authorities appear to agree that the nursing service should be under the direction of the health officer himself in the smaller cities, or under competent medical supervision. Central supervision by an experienced administrative supervisor or director of nurses is desirable.

There has been considerable discussion concerning the relative importance of the specialized and the generalized district plan of nursing, and arguments have been advanced in favor of both plans. There is a tendency, perhaps, to adopt a generalized district service in the larger cities studied in 1924, and this seems to be the better plan.

The relation of the municipal service to the existing voluntary health agencies is an important one. Much of the work carried on in many communities will continue to be given by the voluntary

agencies for the present. There should, however, be premitted no real division of responsibility, and the general supervision of all the service that is rendered to the community should be centralized under the direction of the health officer in order to guarantee a well-balanced program.

One other important consideration will be mentioned in conclusion, and that is the qualifications of a successful public health nurse. In order to undertake the multiplicity of duties that have been assigned to her, she should have, in addition to an adequate professional training, both in nursing and public health methods, a healthy body and human interest in her work, "tact, insight, a feeling heart, a quick mental grasp of persons and situations, dignity, persuasiveness—these things come by grace of nature."

I know of no nobler calling in the professional field of public health, no service that gives promise of such benefits to the individual, as that of a successful public health nurse.

SUMMARY

The modern public health movement, spanning a period of 50 years, has progressed from attempts merely to suppress disease to an era of prevention, and, finally, has recognized the necessity for health promotion activities.

Notwithstanding the commendable progress that has been made in public health practice, recent surveys of 186 large cities have disclosed a great variety of method and procedure, many of which are inconsistent and not in accord with our present knowledge.

There is a growing tendency to encourage standardization of public health methods and to establish arbitrary measures for the relative values of various elements of practice. Standards are undoubtedly desirable but the relative values of many items can be definitely determined only after careful scientific study and interpretation of details and a demonstration of the principles involved, preliminary to any attempt to establish relative values or to revise present methods.

Plans for the organization of an adequate health service have been proposed for average cities of 50,000 and 100,000 population, respectively, as a result of recent surveys. These plans represent minimum requirements that are considered reasonable and necessary for every community and include services rendered by both public and private agencies. Voluntary health agencies will probably continue to provide some of the service for the present, and until the public authorities are able to assume greater responsibilities.

Reorganization of public health activities in any city should be based upon a careful, comprehensive survey setting forth the resources and needs of the community. Such an inventory is necessary in order to develop a well-balanced program.

Health authorities have recognized the fact that police power enforcement of compulsory laws for suppressive and preventive health work while still necessary, must be supplemented by greater cooperation on the part of individual citizens. A greater emphasis is being placed upon popular health education as a means of encouraging the individual to practice the essential principles of hygiene, health and sanitation.

In the promotion of popular health education, no agency has made better contacts with the individual or a greater or more effective appeal than the public health nurse.

Public health nursing, as a municipal function, is a relatively new activity. The first municipal nurse was engaged by the City of Los Angeles in 1898. Private district nursing had already been expanding for several years. The World War served to stimulate a greater demand for both municipal and private visiting nursing services.

In 1924 there is a record of 12,000 public health nurses, municipal and private. Six thousand of these were engaged in municipal service in 99 of the largest cities (1923). Health authorities have gradually recognized the important rôle played by the public health nurse.

The science and art of public health nursing have not been definitely established. The duties of the public health nurse are still vague and varied. There is a tendency to adopt the plan of generalized district nursing. The ratio of 1 nurse to each 2,000 or 3,000 population is usually recommended. On this basis, the majority of cities to-day are inadequately equipped. Many of the problems concerned with public health nursing require careful scientific study, demonstration of principles and definition of services rendered.

The relation of municipal to private nursing agencies is an important one. There should be no division of responsibility and the general supervision of all services to the community should be centralized under the general direction of the local health officer to guarantee a well-balanced program.

VIRGINIA HEALTH COMMISSIONER APPEALS AGAINST RETRENCHMENT IN HEALTH WORK

In order to inform the General Assembly of Virginia regarding the needs of the State board of health for its proper operation and the minimum requirements for a continuance of its work based on present methods and achievements, Dr. Ennion G. Williams, State health commissioner, prepared a statement for the finance and appropriations committees of the senate and house.[1] In this statement there are concisely presented the financial needs of the board if certain

[1] Virginia Health Bulletin, published by the Department of Health of Virginia, February, 1926.

health standards are to be maintained and certain important branches of public health work are to be continued.

A reduction in the appropriation for rural health work is shown to mean an actual reduction for this work of four dollars for every dollar the State appropriation is curtailed, since the amount appropriated by the State is supplemented approximately to this extent by the International Health Board and the localities in which the work is done. Rural health work is stated to be especially important in Virginia as there is a shortage of physicians in the rural sections of the State; and as for dental conditions, it is said that 40 counties of the State have a total of only 41 dentists—15 counties being without a dentist. Since 1921, when dental clinics were first held in the State, clinics have been held in 70 counties, at which 41,816 children were treated and 152,052 operations were performed under a plan of divided expense. The commissioner's statement makes an appeal for the continuance of this work, as well as for sufficient funds adequately to continue other rural health work, aid in county health nursing, maintenance of milk standards and the increasing of milk consumption, and social hygiene work. It is shown that increased funds are needed for the State laboratory in order to enable it to handle the increasing amount of work being asked of it, which would be impossible without additional personnel.

Concrete evidence of achievement in public health work is shown in many ways, but especially in the improvement in the general healthfulness of a population and by the lowering of the death rates for preventable diseases. Doctor Williams presents some interesting charts which show the reduction in the death rates for several important communicable diseases, a large part of which reduction is unquestionably the direct result of public health work.

SMALLPOX IN LOS ANGELES, CALIF.

Smallpox has been reported as unusually prevalent in Los Angeles, Calif., during the last few months. The type of the disease, which was mild during the fall, has become severe, and recent reports show a considerable number of deaths from the disease.

The commissioner of health of Los Angeles is endeavoring to interest employers of labor and others in a campaign for vaccination. With proper cooperation from the public, the epidemic will be short-lived.

The following table shows the cases of smallpox and deaths from the disease in Los Angeles during the last seven months:

Reports of smallpox in Los Angeles, Calif., from July 1, 1925, to January 31, 1926

	Cases	Deaths
July, 1925	93	1
August, 1925	41	2
September, 1925	26	2
October, 1925	38	5
November, 1925	33	3
December, 1925	75	10
January, 1926	199	26

RABIES AND DOG BITES IN NEW YORK CITY, 1921 TO 1925

The following is taken from the Weekly Bulletin of the New York City Department of Health dated January 30, 1926:

Because of the increase in rabies in New Jersey and in Westchester County, active measures will be taken to bring about a rigid enforcement of the dog-muzzling ordinance. This has in the past been one of the most difficult problems with which the department has had to cope.

Dog owners do not appreciate the magnitude of this problem. Each owner, believing that his dog is harmless and does not bite, can not understand why his dog must be muzzled. The records of the department, however, tell a different story regarding the subject of unmuzzled and improperly muzzled dogs. The following table shows the number of dog bites in the last five years, 1921 to 1925, inclusive:

Year	Number of dog bites
1921	3,049
1922	3,455
1923	4,538
1924	4,699
1925	7,030

Thus, in 1921 there were 3,049 dog bites, as compared with 7,030 in 1925, an increase of more than 100 per cent.

The number of rabid dogs has also increased. In 1920 there were 44 rabid dogs, as compared with 76 in 1925.

A study of the breed of dogs shows the poodle to be the most frequent offender.

The cooperation of everyone is urged in this campaign. Proper muzzling of dogs in public places will control this situation.

DEATHS DURING WEEK ENDED FEBRUARY 13, 1926

Summary of information received by telegraph from industrial insurance companies for week ended February 13, 1926, and corresponding week of 1925. (From the Weekly Health Index, February 16, 1926, issued by the Bureau of the Census, Department of Commerce)

	Week ended Feb. 13, 1926	Corresponding week, 1925
Policies in force	63,364,512	58,621,734
Number of death claims	10,851	11,708
Death claims per 1,000 policies in force, annual rate	8.9	10.4

Deaths from all causes in certain large cities of the United States during the week ended February 13, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, February 16, 1926, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Feb. 13, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Feb. 13, 1926 [2]
	Total deaths	Death rate [1]		Week ended Feb. 13, 1926	Corresponding week, 1925	
Total (69 cities)	8,252	14.8	14.2	908	934	[3] 75
Akron	41			6	5	64
Albany [4]	52	23.0	17.7	3	5	63
Atlanta	103			14	13	
White	49			4		
Colored	54	([5])		10		
Baltimore [4]	377	24.7	17.5	41	37	120
White	277			29		103
Colored	100	([5])		12		195
Birmingham	69	17.5	18.3	5	6	
White	32			3		
Colored	37	([5])		2		
Boston	214	14.3	19.3	26	34	73
Bridgeport	42			8	2	136
Buffalo	152	14.7	14.8	14	15	58
Cambridge	35	15.3	14.8	4	3	66
Camden	32	13.0	16.2	6	7	101
Chicago [4]	674	11.7	12.0	83	99	73
Cincinnati	151	19.2	16.7	16	11	100
Cleveland	217	12.1	10.3	32	20	83
Columbus	78	14.5	13.0	7	6	64
Dallas	60	16.2	18.9	5	11	
White	46			1		
Colored	14	([5])		4		
Dayton	30	9.0	12.7	5	5	79
Denver	105	19.5	17.6	10	10	
Des Moines	32	11.2	12.9	1	1	17
Detroit	326	13.6	11.7	55	56	89
Duluth	24	11.3	9.9	4	3	94
El Paso	49	24.3	19.9	8	9	
Erie	30			3	6	57
Fall River [4]	38	15.4	13.3	2	8	29
Flint	19	7.6	5.2	3	2	50
Fort Worth	42	14.4	10.6	3	4	
White	31			2		
Colored	11	([5])		1		
Grand Rapids	35	11.9	11.5	5	7	72
Houston	71	22.4	17.1	9	3	
White	43			5		
Colored	28	([5])		4		
Indianapolis	107	15.5	14.7	10	6	73
White	91			10		84
Colored	16	([5])		0		0
Jacksonville, Fla	47	23.4	20.9	2	4	42
White	24			2		65
Colored	23	([5])		0		0
Jersey City	104	17.2	13.7	10	10	71
Kansas City, Kans	28	12.6	17.5	4	5	69
White	20			4		84
Colored	8	([5])		0		0
Kansas City, Mo	100	14.2	15.9	15	16	
Los Angeles	245			70	29	194
Louisville	76	13.1	14.2	9	10	78
White	56			8		80
Colored	20	([5])		1		63
Lowell	25	11.8	11.3	3	5	56
Lynn	29	14.7	12.1	2	3	50
Memphis	71	21.2	20.0	6	6	
White	42			3		
Colored	29	([5])		3		

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births—an annual rate based on deaths under 1 year for the week and estimated births for 1924. Cities left blank are not in the registration area for births.
[3] Data for 64 cities.
[4] Deaths for week ended Friday, Feb. 12, 1926.
[5] In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentage of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Kansas City, Kans., 14, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Norfolk 38, Richmond 32, and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended February 13, 1926, infant mortality, annual death rate, and comparison with corresponding week of 1925. (From the Weekly Health Index, February 16, 1926, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Feb. 13, 1926		Annual death rate per 1,000 corresponding week, 1925	Deaths under 1 year		Infant mortality rate, week ended Feb. 13, 1926
	Total deaths	Death rate		Week ended Feb. 13, 1926	Corresponding week, 1925	
Milwaukee	118	12.3	11.7	11	26	51
Minneapolis	85	10.4	12.4	12	15	67
Nashville [4]	37	14.2	14.2	6	3	
White	20			4		
Colored	17	(5)		2		
New Bedford	25	10.9	12.6	5	5	87
New Haven	52	15.2	14.6	7	6	96
New Orleans	290	36.5	26.0	35	18	
White	191			19		
Colored	99	(5)		16		
New York	1,599	14.2	14.7	171	184	69
Bronx Borough	181	10.8	10.2	18	13	60
Brooklyn Borough	541	12.8	13.8	63	66	64
Manhattan Borough	679	18.2	19.3	66	92	73
Queens Borough	137	10.0	10.0	19	11	86
Richmond Borough	61	23.0	17.3	5	2	88
Newark, N. J	119	13.7	12.1	12	18	57
Norfolk	31			1	12	19
White	18			1		30
Colored	13	(5)		0		0
Oakland	63	12.9	12.9	9	5	104
Oklahoma City	29			3	2	
Omaha	48	11.8	17.0	6	8	63
Paterson	34	12.5	15.8	5	5	87
Philadelphia	564	14.9	15.6	57	57	76
Pittsburgh	164	13.5	14.5	24	20	80
Portland, Oreg	86	15.9	9.4	3	3	31
Providence	73	14.2	12.3	12	10	100
Richmond	89	24.9	20.7	5	6	63
White	53			3		59
Colored	36	(5)		2		70
Rochester	69	11.4	11.2	6	5	48
St. Louis	226	14.3	12.4	20	18	
St. Paul	55	11.7	10.4	3	3	27
Salt Lake City [4]	65	25.9	12.7	7	5	97
San Antonio	85	22.4	14.5	15	6	
San Diego	36	17.7	16.2	2	2	42
San Francisco	162	15.2	13.1	3	14	18
Schenectady	24	13.5	9.0	2	0	58
Seattle	80			2	2	19
Somerville	20	10.5	14.7	3	4	78
Spokane	33	15.8	12.9	3	6	70
Springfield, Mass	36	13.2	14.7	2	5	29
Syracuse	46	13.2	13.2	7	6	88
Tacoma	24	12.0	10.0	3	0	70
Toledo	82	14.9	11.8	9	11	87
Trenton	46	18.2	19.4	9	7	150
Utica	29	14.9	11.8	1	1	22
Washington, D. C	166	17.4	15.7	8	2	45
White	106			2		17
Colored	60	(5)		6		109
Waterbury	24			5	1	107
Wilmington, Del	27	11.5	18.4	3	8	70
Worcester	47	12.8	13.4	3	7	35
Yonkers	27	12.4	9.6	3	4	67
Youngstown	32	10.4	13.4	8	4	102

See footnotes 4 and 5 on p. 385.

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 February 20, 1926

ALABAMA	Cases
Cerebrospinal meningitis	2
Chicken pox	84
Diphtheria	10
Influenza	848
Lethargic encephalitis	1
Malaria	5
Measles	57
Mumps	67
Ophthalmia neonatorum	1
Pellagra	3
Pneumonia	234
Scarlet fever	21
Smallpox	25
Tetanus	1
Trachoma	1
Tuberculosis	43
Typhoid fever	10
Typhus fever	1
Whooping cough	24

ARIZONA	
Chicken pox	12
Diphtheria	3
Influenza	220
Mumps	17
Pneumonia	2
Scarlet fever	6
Trachoma	97
Tuberculosis	4

ARKANSAS	
Chicken pox	19
Diphtheria	1
Influenza	214
Malaria	19
Measles	14
Mumps	29
Ophthalmia neonatorum	1

ARKANSAS—continued	Cases
Pellagra	1
Poliomyelitis	1
Scarlet fever	5
Smallpox	2
Trachoma	1
Tuberculosis	4
Typhoid fever	3
Whooping cough	44

CALIFORNIA	
Cerebrospinal meningitis:	
Los Angeles	2
Oakland	1
Sacramento	1
San Diego	1
Sutter County	1
Chicken pox	456
Diphtheria	119
Influenza	291
Lethargic encephalitis—San Francisco	1
Measles	90
Mumps	299
Poliomyelitis:	
Los Angeles County	1
Salinas	1
San Joaquin County	1
Whittier	1
Scarlet fever	137
Smallpox:	
Los Angeles	41
Los Angeles County	20
Oakland	28
San Francisco	16
Scattering	23
Typhoid fever	9
Whooping cough	50

COLORADO

	Cases
Chicken pox	100
Diphtheria	17
Influenza	16
Measles	19
Mumps	7
Pneumonia	10
Scarlet fever	25
Septic sore throat	1
Tuberculosis	64
Typhoid fever	2
Whooping cough	82

CONNECTICUT

Anthrax	1
Chicken pox	116
Diphtheria	56
German measles	9
Influenza	13
Lethargic encephalitis	2
Measles	787
Mumps	15
Paratyphoid fever	2
Pneumonia (broncho)	38
Pneumonia (lobar)	57
Scarlet fever	91
Septic sore throat	2
Tuberculosis (all forms)	35
Typhoid fever	3
Whooping cough	72

DELAWARE

Chicken pox	6
Diphtheria	2
Measles	206
Scarlet fever	2
Tuberculosis	7
Whooping cough	5

DISTRICT OF COLUMBIA

Chicken pox	21
Diphtheria	25
Influenza	30
Measles	31
Pneumonia	152
Scarlet fever	21
Tuberculosis	16
Whooping cough	8

FLORIDA

Chicken pox	31
Diphtheria	10
Influenza	38
Malaria	4
Measles	8
Mumps	26
Pneumonia	15
Scarlet fever	10
Smallpox	133
Tetanus	2
Tuberculosis	6
Typhoid fever	4
Whooping cough	9

GEORGIA

	Cases
Chicken pox	26
Diphtheria	9
Dysentery	3
Hookworm disease	3
Influenza	1,275
Malaria	14
Measles	80
Mumps	63
Pellagra	5
Pneumonia	191
Scarlet fever	10
Septic sore throat	5
Smallpox	10
Tuberculosis	17
Typhoid fever	8
Whooping cough	20

IDAHO

Cerebrospinal meningitis:	
American Falls	1
Orofino	1
Chicken pox	17
Diphtheria	2
Influenza	5
Measles	11
Mumps	17
Pneumonia (broncho)	8
Scarlet fever	15
Septic sore throat	1
Tuberculosis	2
Typhoid fever	3
Whooping cough	11

ILLINOIS

Cerebrospinal meningitis:	
Cook County	1
Lee County	1
Whiteside County	1
Diphtheria	70
Influenza	41
Lethargic encephalitis:	
Cook County	1
Knox County	1
Lake County	1
Measles	735
Pneumonia	390
Poliomyelitis:	
Cook County	1
Rock Island County	1
Scarlet fever	410
Smallpox	25
Tuberculosis	290
Typhoid fever	15
Whooping cough	175

INDIANA

Chicken pox	81
Diphtheria	21
Influenza	79
Measles	1,652
Ophthalmia neonatorum	1
Pneumonia	17
Scarlet fever	246
Smallpox	69
Tuberculosis	31
Typhoid fever	2
Whooping cough	84

IOWA

	Cases
Cerebrospinal meningitis	2
Chicken pox	46
Diphtheria	20
German measles	42
Measles	110
Mumps	57
Pneumonia	18
Scarlet fever	57
Smallpox	49
Tuberculosis	16
Whooping cough	36

KANSAS

Cerebrospinal meningitis—Kansas City	1
Chicken pox	119
Diphtheria	16
German measles	1
Influenza	26
Measles	174
Mumps	24
Pneumonia	74
Scarlet fever	79
Smallpox	21
Tuberculosis	35
Whooping cough	82

LOUISIANA

Cerebrospinal meningitis	3
Diphtheria	16
Influenza	152
Pneumonia	65
Scarlet fever	8
Smallpox	88
Tuberculosis	33
Typhoid fever	16

MAINE

Chicken pox	39
Diphtheria	1
German measles	12
Influenza	14
Lethargic encephalitis	1
Measles	82
Mumps	34
Paratyphoid fever	1
Pneumonia	21
Scarlet fever	33
Tuberculosis	7
Typhoid fever	3
Vincent's angina	1
Whooping cough	55

MARYLAND [1]

Cerebrospinal meningitis	2
Chicken pox	131
Conjunctivitis	2
Diphtheria	22
German measles	4
Influenza	576
Measles	1,657
Mumps	198
Paratyphoid fever	1
Pneumonia (broncho)	145
Pneumonia (lobar)	114
Scarlet fever	51
Septic sore throat	4

[1] Week ended Friday.

MARYLAND—continued

	Cases
Tuberculosis	82
Typhoid fever	2
Whooping cough	45

MASSACHUSETTS

Anthrax	1
Chicken pox	194
Conjunctivitis (suppurative)	12
Diphtheria	66
German measles	103
Hookworm disease	1
Lethargic encephalitis	6
Malaria	11
Measles	1,978
Mumps	112
Ophthalmia neonatorum	32
Pneumonia (lobar)	133
Scarlet fever	272
Septic sore throat	3
Trichinosis	1
Tuberculosis (pulmonary)	101
Tuberculosis (other forms)	34
Typhoid fever	5
Whooping cough	513

MICHIGAN

Diphtheria	91
Measles	2,386
Pneumonia	201
Scarlet fever	421
Smallpox	4
Tuberculosis	39
Typhoid fever	6
Whooping cough	313

MINNESOTA

Chicken pox	110
Diphtheria	40
Influenza	4
Measles	157
Pneumonia	3
Scarlet fever	282
Smallpox	10
Tuberculosis	53
Typhoid fever	7
Whooping cough	28

MISSISSIPPI

Diphtheria	6
Influenza	1,916
Scarlet fever	11
Smallpox	28
Typhoid fever	1

MISSOURI

Cerebrospinal meningitis	2
Chicken pox	82
Diphtheria	106
Influenza	6
Measles	241
Mumps	6
Ophthalmia neonatorum	1
Pneumonia	8
Rabies (in animals)	3
Scarlet fever	288
Smallpox	13

MISSOURI—continued

	Cases
Trachoma	1
Tuberculosis	40
Typhoid fever	1
Whooping cough	63

MONTANA

Chicken pox	27
Diphtheria	2
German measles	14
Influenza	52
Measles	23
Mumps	42
Scarlet fever	37
Smallpox	1
Trachoma	3
Tuberculosis	2
Typhoid fever	1
Whooping cough	15

NEBRASKA

Chicken pox	28
Diphtheria	6
German measles	2
Lethargic encephalitis	1
Measles	25
Mumps	9
Pneumonia	2
Scarlet fever	60
Smallpox	19
Tuberculosis	9
Whooping cough	30

NEW JERSEY

Anthrax	1
Cerebrospinal meningitis	5
Chicken pox	385
Diphtheria	80
Influenza	16
Malaria	1
Measles	2,430
Pneumonia	277
Scarlet fever	214
Typhoid fever	7
Whooping cough	88

NEW MEXICO

Chicken pox	22
Conjunctivitis	1
Diphtheria	3
German measles	1
Influenza	86
Measles	1
Mumps	19
Pneumonia	38
Rabies (in animals)	1
Scarlet fever	12
Smallpox	2
Tuberculosis	50
Typhoid fever	4
Whooping cough	19

NEW YORK

(Exclusive of New York City)

	Cases
Chicken pox	372
Diphtheria	66
German measles	330
Influenza	106
Lethargic encephalitis	2
Measles	1,278
Mumps	178
Pneumonia	370
Poliomyelitis	3
Scarlet fever	274
Septic sore throat	4
Typhoid fever	15
Vincent's angina	10
Whooping cough	404

NORTH CAROLINA

Cerebrospinal meningitis	1
Chicken pox	207
Diphtheria	29
German measles	108
Measles	204
Poliomyelitis	1
Scarlet fever	28
Septic sore throat	2
Smallpox	29
Typhoid fever	1
Whooping cough	158

OKLAHOMA

(Exclusive of Tulsa and Oklahoma City)

Cerebrospinal meningitis—Muskogee	1
Chicken pox	35
Diphtheria	15
Influenza	846
Malaria	10
Measles	11
Mumps	13
Pellagra	1
Pneumonia	219
Poliomyelitis—Pottawatomie County	1
Scarlet fever	23
Smallpox	1
Typhoid fever	3
Whooping cough	45

OREGON

Cerebrospinal meningitis	3
Chicken pox	41
Diphtheria	26
Influenza	281
Measles	24
Mumps	52
Pneumonia	[2] 13
Poliomyelitis	1
Scarlet fever	31
Smallpox	48
Tuberculosis	13
Typhoid fever	6
Whooping cough	64

[2] Deaths.

PENNSYLVANIA

	Cases
Anthrax—Philadelphia	1
Chicken pox	688
Diphtheria	174
German measles	42
Impetigo contagiosa	12
Lethargic encephalitis—Philadelphia	4
Measles	3,043
Mumps	133
Ophthalmia neonatorum	1
Pneumonia	84
Scabies	1
Scarlet fever	552
Trachoma—Philadelphia	1
Tuberculosis	81
Typhoid fever	32
Vincent's angina	1
Whooping cough	318

RHODE ISLAND

Cerebrospinal meningitis—Coventry	1
Chicken pox	5
Diphtheria	5
German measles	3
Influenza	2
Measles	399
Pneumonia	1
Scarlet fever	10
Whooping cough	2

SOUTH DAKOTA

Chicken pox	18
Diphtheria	6
Measles	17
Mumps	89
Pneumonia	7
Scarlet fever	124
Smallpox	1
Typhoid fever	1
Whooping cough	1

TENNESSEE

Chicken pox	100
Diphtheria	14
Influenza	221
Malaria	2
Measles	338
Mumps	21
Pellagra	3
Pneumonia	158
Scarlet fever	43
Smallpox:	
Memphis	15
Scattering	7
Tetanus	1
Tuberculosis	49
Typhoid fever	1
Whooping cough	20

TEXAS

Anthrax	4
Cerebrospinal meningitis	2
Chicken pox	189
Diphtheria	66
Influenza	1,789
Measles	10
Mumps	127

TEXAS—continued

	Cases
Ophthalmia neonatorum	1
Paratyphoid fever	1
Pellagra	1
Pneumonia	237
Scarlet fever	54
Smallpox	127
Tetanus	1
Tuberculosis	64
Typhoid fever	24
Whooping cough	83

UTAH

Cerebrospinal meningitis—Salt Lake City	2
Chicken pox	44
Diphtheria	11
Influenza	31
Measles	3
Mumps	26
Pneumonia	9
Scarlet fever	7
Smallpox	7
Whooping cough	31

VERMONT

Chicken pox	20
Diphtheria	1
Measles	6
Mumps	12
Scarlet fever	20
Whooping cough	22

WASHINGTON

Cerebrospinal meningitis:	
Seattle	4
Spokane	2
Spokane County	1
Chicken pox	81
Diphtheria	21
German measles	37
Measles	26
Mumps	165
Scarlet fever	97
Smallpox:	
Everett	17
Seattle	11
Tacoma	20
Scattering	44
Tuberculosis	13
Typhoid fever	3
Whooping cough	50

WEST VIRGINIA

Diphtheria	3
Scarlet fever	4
Typhoid fever	6

WISCONSIN

Milwaukee:	
Cerebrospinal meningitis	2
Chicken pox	86
Diphtheria	18
Measles	49
Mumps	39
Pneumonia	18
Scarlet fever	27
Tuberculosis	18
Typhoid fever	1
Whooping cough	46

WISCONSIN—continued

Scattering:	Cases
Cerebrospinal meningitis	2
Chicken pox	105
Diphtheria	30
German measles	12
Influenza	37
Measles	313
Mumps	157
Pneumonia	26
Poliomyelitis	1
Scarlet fever	140
Smallpox	9
Tuberculosis	27
Typhoid fever	2
Whooping cough	120

WYOMING

	Cases
Chicken pox	5
Diphtheria	2
German measles	5
Influenza	8
Measles	1
Mumps	4
Ophthalmia neonatorum	1
Pneumonia	1
Scarlet fever	17
Tuberculosis	2
Whooping cough	7

Report for week ended February 13, 1926

NORTH DAKOTA

	Cases
Chicken pox	20
Diphtheria	2
German measles	42
Influenza	8
Measles	34
Mumps	70
Pneumonia	15
Scarlet fever	150
Smallpox	13
Tuberculosis	3
Typhoid fever	1
Whooping cough	14

SUMMARY OF MONTHLY REPORTS FROM STATES

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

State	Cerebrospinal meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
August, 1925										
North Carolina	1	276	----	----	17	----	28	83	39	300
January, 1926										
Delaware	0	24	13	----	180	0	0	34	0	1
District of Columbia	0	132	19	0	99	0	0	114	0	1
Louisiana	0	106	308	6	4	10	1	46	181	78
New Jersey	5	441	124	0	5,217	----	3	927	2	38
North Dakota	2	28	18	----	60	----	6	383	27	8
Tennessee	3	70	615	19	838	22	2	151	49	26
Vermont	0	19	0	0	43	----	1	86	0	3
West Virginia	4	121	161	----	461	----	----	242	31	39
Wisconsin	4	218	169	0	630	0	2	768	70	18

SMALLPOX ON VESSEL

The Coast Guard cutter *Saukee* was reported at Key West, Fla., February 23, 1926, with a member of the crew ill with smallpox. The entire crew has been vaccinated.

PNEUMONIA (ALL FORMS) AND INFLUENZA

Deaths reported in large cities of the United States during three-week periods ended February 14, 1925, and February 13, 1926

PNEUMONIA (ALL FORMS)

	Week ended—					
	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926	Feb. 14, 1925	Feb. 13, 1926
Atlanta	13	12	13	16	19	19
Baltimore	48	69	60	75	50	83
Birmingham	15	13	15	12	17	8
Boston	34	29	48	29	48	29
Bridgeport	10	1	3	5	4	8
Buffalo	20	15	9	16	22	23
Cambridge, Mass	5	4	10	4	3	4
Camden	5	11	7	9	6	5
Canton	5	3	1		9	1
Chicago	77	62	78	66	84	97
Cincinnati	14	10	18	19	20	10
Cleveland	25	20	38	31	23	
Columbus	5	9	6	5	10	6
Dallas	11	15	11	13	23	9
Denver	23	6	12	14	12	16
Detroit	44	49	47	39	49	42
Duluth	2		5	1	2	5
Elizabeth	2	9	5	4	6	
El Paso	6	3	10	5	4	2
Erie	2	7	4	5	7	3
Fall River	8	2	5	3	7	1
Flint	1	2	2	4	1	4
Fort Worth	17	6	6	10	5	6
Grand Rapids	2	2	4	2	3	7
Hartford	1	5	7	10	11	7
Houston	10	16		9	11	19
Indianapolis	11	13	17	24	21	10
Kansas City, Mo	18	9	23	13	28	9
Los Angeles	42	29	35	40	38	24
Louisville	10	6	13	14	17	12
Lowell	3	3	3	8	4	4
Lynn	2	2	5	1	2	4
Memphis	20	5	14	5	15	15
Minneapolis	10	7	7	11	2	3
Nashville	2	11	7	9	1	4
New Bedford	4	5	4	1	7	4
New Haven	14	6	7	5	2	4
New Orleans		26	15	40	28	58
New York	262	231	272	254	271	256
Newark	12	19	14	16	10	15
Norfolk	2	7	6	5	6	3
Oakland	5	7	6	2	6	4
Oklahoma City	5	4	7	1	3	
Omaha	12	7	13	9	15	5
Philadelphia	96	108	110	95	94	72
Pittsburgh	44	34	75	22	38	
Portland, Oreg		15	6	12		14
Providence	7	7	9	9	9	2
Reading	3	3	3	3		4
Richmond	4	8	12	10	8	32
Rochester	6	6	3	4	5	5
St. Paul	8	14	8	13	5	6
Salt Lake City	3	5	1	5	6	12
San Antonio	14	20	15	13	13	20
San Diego	4	2	8	3	4	6
San Francisco	6	12	8	8	6	8
Schenectady	1	3		4		3
Somerville	6	1	5	1	6	3
Springfield, Mass	3	1	3	3	1	
Syracuse	2	5	4	4	5	12
Tacoma	4	4	3	1	3	4
Toledo	4	6	10	5	6	4
Trenton	5	5	3	5	5	5
Washington	22	20	22	36	14	31
Waterbury	5	4	5	4	9	5
Wilmington, Del	1	6		7		4
Worcester	8	6		12	10	5
Youngstown	7	3	9	8	9	3

Deaths reported in large cities of the United States during three-week periods ended February 14, 1925, and February 13, 1926—Continued

INFLUENZA

	Week ended—					
	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926	Feb. 14, 1925	Feb. 13, 1926
Atlanta		1	7	4	5	2
Baltimore	12	8	3	30	7	20
Birmingham	4	6	8	7	2	2
Boston	2	1	7	2	3	3
Bridgeport	3		1	1		3
Buffalo			1	1	1	
Cambridge, Mass		1			1	
Camden		2				1
Canton				1	1	
Chicago	3	1	4	7	3	4
Cincinnati	3	6	4	1	3	2
Cleveland		1	2	4	6	
Columbus	2	4	2	1	3	1
Dallas	4	1	5	4	3	9
Denver	1	1	4	11	3	13
Detroit	4		2		5	1
Duluth						
Elizabeth		1				
El Paso	6	14	9		17	15
Erie	1	2		2		4
Fall River	2	2	1		1	
Flint						
Fort Worth	2				1	
Grand Rapids		2			1	
Hartford		1	4		2	
Houston		1	1	1	6	2
Indianapolis	2	2	2	3	2	3
Kansas City, Mo	7	3	8	3	5	2
Los Angeles	3	3	6	9	1	7
Louisville	1	1		2		1
Lowell						
Lynn						
Memphis	4	3		2	3	6
Minneapolis		1	1			
Nashville	3	3	2	8	2	2
New Bedford						
New Haven			2	2		1
New Orleans	8	26	8	26	11	45
New York	16	18	26	23	30	20
Newark	2		1			
Norfolk						
Oakland			2	5	1	2
Oklahoma City	2				2	3
Omaha						
Philadelphia	5	10	14	13	9	8
Pittsburgh	7	4	6	3	3	
Portland, Oreg						
Providence	1	2			2	
Reading					1	
Richmond	2	2	3		3	5
Rochester				1		1
St. Paul		2		5		
Salt Lake City		7			1	
San Antonio	4	2	4	4	3	7
San Diego	1	1	1	1		2
San Francisco	2	13	4	8		2
Schenectady					1	
Somerville						
Springfield, Mass	3		4		1	1
Syracuse						
Tacoma						
Toledo		3				
Trenton	1	3				
Washington	1	2	5	1	2	3
Waterbury			1			1
Wilmington, Del						
Worcester						
Youngstown	1	2	1	1	1	1

PLAGUE-ERADICATIVE MEASURES IN THE UNITED STATES

The following items were taken from the reports of plague-eradicative measures from the cities named:

Los Angeles, Calif.

Week ended Feb. 6, 1926:	
Number of rats trapped	2,856
Number of rats found to be plague infected	0
Number of squirrels examined	584
Number of squirrels found to be plague infected	0
Number of mice trapped	3,249
Number of mice found to be plague infected	0

Date of discovery of last plague-infected rodent, Nov. 6, 1925.
Date of last human case, Jan. 15, 1925.

Oakland, Calif.

(Including other East Bay communities)

Week ended Feb. 6, 1926:	
Number of rats trapped	459
Number of rats found to be plague infected	0
Totals:	
Number of rats trapped Jan. 1, 1925, to Feb. 6, 1926	81,586
Number of rats found to be plague infected	21
Number of squirrels examined May 1 to Aug. 1, 1925	7,277
Number of squirrels found to be plague infected	0
Number of mice trapped Jan. 1, 1925, to Feb. 6, 1926	32,108

Date of discovery of last plague-infected rat, Mar. 4, 1925.
Date of last human case, Sept. 10, 1919.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

Diphtheria.—For the week ended February 6, 1926, 37 States reported 1,312 cases of diphtheria. For the week ended February 7, 1925, the same States reported 1,740 cases of this disease. One hundred and one cities, situated in all parts of the country and having an aggregate population of more than 30,300,000, reported 776 cases of diphtheria for the week ended February 6, 1926. Last year for the corresponding week they reported 965 cases. The estimated expectancy for the secities was 1,119 cases. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Measles.—Thirty-four States reported 12,770 cases of measles for the week ended February 6, 1926, and 2,706 cases of this disease for the week ended February 7, 1925. One hundred and one cities reported 8,594 cases of measles for the week this year and 1,384 cases last year.

Poliomyelitis.—The health officers of 38 States reported 23 cases of poliomyelitis for the week February 6, 1926. The same States reported 18 cases for the week ended February 7, 1925.

Scarlet fever.—Scarlet fever was reported for the week as follows: Thirty-seven States—this year, 4,262 cases; last year, 4,482 cases. One hundred and one cities—this year, 1,735 cases; last year, 2,271 cases; estimated expectancy, 1,283 cases.

Smallpox.—For the week ended February 6, 1926, 37 States reported 1,059 cases of smallpox. Last year for the corresponding week they reported 1,312 cases. One hundred and one cities reported smallpox for the week as follows: 1926, 276 cases; 1925, 420 cases; estimated expectancy, 121 cases. Nine deaths from smallpox were reported by these cities for the week this year—8 at Los Angeles, Calif., and 1 at San Francisco, Calif.

Typhoid fever.—One hundred and seventy-one cases of typhoid fever were reported for the week ended February 6, 1926, by 36 States. For the corresponding week of 1925 the same States reported 276 cases of this disease. One hundred and one cities reported 43 cases of typhoid fever for the week this year and 73 cases for the corresponding week last year. The estimated expectancy for these cities was 41 cases.

Influenza and pneumonia.—Deaths from influenza and pneumonia were reported for the week by 94 cities, with a population of more than 29,600,000, as follows: 1926, 1,365 deaths; 1925, 1,356.

City reports for week ended February 6, 1926

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

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

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland	75,333	1	2	0	1	0	9	4	3
New Hampshire:									
Concord	22,546	0	0	0	0	0	6	0	1
Vermont:									
Barre	10,008	0	0	0	0	0	0	0	0
Burlington	24,089	1	1	0	0	0	0	0	1
Massachusetts:									
Boston	779,620	67	67	11	0	2	172	23	29
Fall River	128,993	4	6	4	1	0	66	0	3
Springfield	142,065	1	4	1	2	0	72	1	3
Worcester	190,757	2	5	14	0	0	79	0	12
Rhode Island:									
Pawtucket	69,760	4	1	0	0	0	45	0	5
Providence	267,918	0	12	3	0	0	416	0	9

City reports for week ended February 6, 1926—Continued

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND—contd.									
Connecticut:									
Bridgeport	(1)	2	9	1	1	1	44	1	5
Hartford	160,197	12	8	6	0	0	73	1	10
New Haven	178,927	10	4	1	1	2	37	1	5
MIDDLE ATLANTIC									
New York:									
Buffalo	538,016	33	18	11	0	1	11	1	16
New York	5,873,356	168	223	128	58	23	1,759	38	254
Rochester	316,786	28	9	16	0	1	89	1	4
Syracuse	182,003	30	8	3	0	0	12	41	4
New Jersey:									
Camden	128,642	8	4	7	1	0	17	0	9
Newark	452,513	66	21	14	3	0	336	5	16
Trenton	132,020	5	6	0	3	0	2	1	5
Pennsylvania:									
Philadelphia	1,979,364	156	81	58	----	13	457	10	95
Pittsburgh	631,563	42	22	20	1	3	23	3	22
Reading	112,707	8	4	2	0	0	1	0	3
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	409,333	14	10	4	0	1	4	2	19
Cleveland	936,485	35	34	39	1	4	1,271	0	31
Columbus	279,836	16	4	1	0	1	38	0	5
Toledo	287,380	35	7	4	0	0	48	0	5
Indiana:									
Fort Wayne	97,846	9	4	2	0	0	1	0	4
Indianapolis	358,819	19	12	4	0	3	334	2	24
South Bend	80,091	10	1	1	0	0	0	0	4
Terre Haute	71,071	2	1	0	0	0	1	0	1
Illinois:									
Chicago	2,995,239	112	114	54	10	7	108	23	66
Peoria	81,564	6	1	0	0	0	5	16	4
Springfield	63,923	6	2	2	0	0	2	5	2
Michigan:									
Detroit	1,245,824	72	63	41	2	0	1,312	3	39
Flint	130,316	16	7	1	0	0	16	3	4
Grand Rapids	153,698	4	4	2	0	0	9	2	2
Wisconsin:									
Madison	46,385	5	1	0	0	0	39	2	0
Milwaukee	509,192	89	19	23	2	1	23	24	9
Racine	67,707	9	2	1	1	0	1	0	3
Superior	39,671	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth	110,502	8	2	2	0	0	2	0	1
Minneapolis	425,435	81	21	23	0	0	39	1	11
St. Paul	246,001	31	14	4	0	5	6	5	13
Iowa:									
Davenport	(1)	2	1	0	0	----	0	0	----
Des Moines	(1)	0	3	4	0	----	2	0	----
Sioux City	(1)	6	1	2	0	----	1	0	----
Waterloo	36,771	5	0	4	0	----	2	2	----
Missouri:									
Kansas City	367,481	41	10	2	3	3	88	8	13
St. Joseph	78,342	4	3	1	0	0	0	0	5
St. Louis	821,543	34	48	68	1	0	17	5	----
North Dakota:									
Fargo	26,403	0	0	0	0	0	19	32	0
Grand Forks	14,811	0	0	0	0	----	7	0	----
South Dakota:									
Aberdeen	15,036	0	0	0	0	0	0	0	0
Sioux Falls	30,127	----	1	----	----	----	----	----	----
Nebraska:									
Lincoln	60,941	2	2	0	0	0	0	0	0
Omaha	211,768	21	5	2	0	0	13	0	9
Kansas:									
Topeka	55,411	16	2	2	0	1	1	1	2
Wichita	88,367	6	4	0	0	0	8	0	5

[1] No estimate made.

City reports for week ended February 6, 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									
Delaware:									
Wilmington	122,049	9	2	4	0	0	61	0	7
Maryland:									
Baltimore	796,296	75	31	17	948	30	1,198	155	75
Cumberland	33,741	0	0	0	0	0	5	0	4
Frederick	12,035	0	1	0	0	0	7	2	0
District of Columbia:									
Washington	497,906	41	17	30	10	1	24	0	36
Virginia:									
Lynchburg	30,395	24	2	3	0	0	1	1	2
Norfolk	(1)	12	2	0	0	0	0	2	5
Richmond	186,403	7	4	4	0	0	0	11	10
Roanoke	58,208	1	2	1	0	0	5	4	4
West Virginia:									
Charleston	49,019	1	2	0	0	0	0	0	1
Huntington	63,485	0	0	0	0	1	6	0	1
Wheeling	56,208	4	1	0	0	0	2	0	1
North Carolina:									
Raleigh	30,371	12	0	1	0	0	1	0	2
Wilmington	37,061	11	1	0	0	0	0	0	0
Winston-Salem	69,031	8	0	1	0	0	54	0	3
South Carolina:									
Charleston	73,125	0	1	2	0	1	0	0	0
Columbia	41,225	5	0	1	0	0	0	1	0
Greenville	27,311	4	0	0	0	0	1	0	1
Georgia:									
Atlanta	(1)	6	2	6	329	4	12	1	16
Brunswick	16,809	10	0	0	0	0	0	0	0
Savannah	93,134	6	1	1	50	0	2	2	13
Florida:									
St. Petersburg	26,847	-------	0	-------	0	0	-------	-------	4
Tampa	94,743	2	0	0	0	0	0	2	3
EAST SOUTH CENTRAL									
Kentucky:									
Covington	58,309	0	1	0	0	0	0	0	5
Louisville	305,935	4	8	2	2	2	13	0	14
Tennessee:									
Memphis	174,533	25	4	2	0	2	1	3	5
Nashville	136,220	6	0	1	0	8	120	0	9
Alabama:									
Birmingham	205,670	8	3	1	21	7	3	3	12
Mobile	65,955	1	0	0	0	1	0	0	3
Montgomery	46,481	0	0	2	7	0	0	7	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	31,643	2	0	1	0	-------	0	0	-------
Little Rock	74,216	0	1	3	0	2	0	0	4
Louisiana:									
New Orleans	414,493	0	13	9	112	26	1	0	40
Shreveport	57,857	8	0	2	0	1	2	1	0
Oklahoma:									
Oklahoma City	(1)	0	1	0	8	0	0	0	1
Texas:									
Dallas	194,450	22	6	5	11	4	5	0	13
Galveston	48,375	1	1	1	0	0	0	0	3
Houston	164,954	2	4	10	0	1	0	0	9
San Antonio	198,069	1	3	1	0	4	0	0	13
MOUNTAIN									
Montana:									
Billings	17,971	5	0	0	0	0	0	2	0
Great Falls	29,883	20	2	0	0	1	0	17	0
Helena	12,037	0	0	1	0	0	0	0	2
Missoula	12,668	2	0	1	0	0	0	0	0
Idaho:									
Boise	23,042	2	1	0	0	0	1	0	0

[1] No estimate made.

City reports for week ended February 6, 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			
MOUNTAIN—continued									
Colorado:									
Denver	280,911	36	11	7	0	11	8	1	14
Pueblo	43,787	7	3	1	0	0	0	0	3
New Mexico:									
Albuquerque	21,000	5	0	0	100	5	0	4	4
Utah:									
Salt Lake City	130,948	39	3	4	0	0	1	30	5
Nevada:									
Reno	12,665	0	0	0	0	0	0	0	1
PACIFIC									
Washington:									
Seattle	(1)	36	7	3	0	----	3	100	----
Spokane	108,897	12	5	0	0	----	0	0	----
Tacoma	104,455	0	2	4	0	0	1	1	1
Oregon:									
Portland	282,383	10	8	7	3	0	2	8	12
California:									
Los Angeles	(1)	77	42	55	158	9	9	10	40
Sacramento	72,260	2	2	0	1	2	0	0	3
San Francisco	557,530	50	27	8	15	8	26	12	8

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
NEW ENGLAND											
Maine:											
Portland	3	5	0	0	0	1	0	1	0	2	19
New Hampshire:											
Concord	1	0	0	0	0	1	0	0	0	0	5
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	0	----
Burlington	1	5	0	0	0	0	0	0	0	0	13
Massachusetts:											
Boston	59	102	0	0	0	18	1	1	0	95	228
Fall River	3	4	0	0	0	1	1	0	0	4	32
Springfield	10	2	0	0	0	2	0	0	0	12	46
Worcester	11	5	0	0	0	1	0	1	0	6	54
Rhode Island:											
Pawtucket	1	0	0	0	0	0	0	0	0	1	----
Providence	8	11	0	0	0	2	0	3	0	5	85
Connecticut:											
Bridgeport	8	23	0	0	0	0	0	0	0	3	30
Hartford	6	5	0	0	0	0	0	0	0	8	43
New Haven	9	13	0	0	0	0	0	0	0	12	43
MIDDLE ATLANTIC											
New York:											
Buffalo	22	11	0	0	0	8	1	1	1	13	152
New York	244	170	0	0	0	[2] 108	9	6	0	47	1,654
Rochester	14	20	0	0	0	2	1	0	1	6	73
Syracuse	18	9	0	0	0	3	1	0	0	91	50
New Jersey:											
Camden	4	10	0	0	0	3	0	0	0	1	42
Newark	24	26	0	0	0	7	1	0	0	15	118
Trenton	5	10	0	0	0	6	0	0	0	0	43
Pennsylvania:											
Philadelphia	73	99	0	0	0	29	3	0	1	43	593
Pittsburgh	32	57	0	0	0	15	0	0	0	42	180
Reading	1	7	0	0	0	0	1	0	0	5	28

[1] No estimate made.

[2] Pulmonary tuberculosis only.

City reports for week ended February 6, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	12	31	1	1	0	15	0	2	0	30	163
Cleveland	33	51	2	0	0	29	1	0	0	61	237
Columbus	11	21	1	0	0	7	0	0	0	0	84
Toledo	18	10	3	1	0	0	0	0	0	18	66
Indiana:											
Fort Wayne	4	13	0	0	0	1	0	0	0	1	20
Indianapolis	9	10	6	14	0	13	0	0	0	34	101
South Bend	2	2	1	7	0	0	0	0	0	5	10
Terre Haute	3	1	1	0	0	0	0	0	0	0	20
Illinois:											
Chicago	155	159	3	0	0	56	3	3	0	41	753
Peoria	6	7	1	0	0	1	0	0	0	26	24
Springfield	1	1	0	0	0	0	0	0	0	2	21
Michigan:											
Detroit	95	140	4	0	0	21	1	0	0	76	312
Flint	9	8	2	0	0	0	0	0	0	47	27
Grand Rapids	10	28	0	0	0	2	0	0	0	65	32
Wisconsin:											
Madison	3	5	1	1	0	1	0	0	0	2	7
Milwaukee	39	19	3	0	0	3	1	0	0	49	118
Racine	6	0	2	0	0	3	0	0	0	20	24
Superior	2	7	4	0	0	0	0	0	0	0	----
WEST NORTH CENTRAL											
Minnesota:											
Duluth	5	33	1	0	0	1	0	0	0	25	23
Minneapolis	40	84	15	0	0	5	1	0	0	1	99
St. Paul	28	64	8	0	0	5	0	0	0	21	58
Iowa:											
Davenport	2	4	2	1	----	----	0	0	----	0	----
Des Moines	8	4	2	0	----	----	0	0	----	0	----
Sioux City	2	4	1	3	----	----	0	0	----	2	----
Waterloo	2	2	0	8	----	----	0	0	----	2	----
Missouri:											
Kansas City	13	20	2	1	0	11	0	3	0	26	123
St. Joseph	3	4	0	0	0	2	0	0	0	1	38
St. Louis	36	141	4	1	0	6	1	0	0	5	229
North Dakota:											
Fargo	2	0	0	0	0	0	0	0	0	2	0
Grand Forks	1	0	0	1	----	----	0	0	----	0	----
South Dakota:											
Aberdeen	0	0	0	0	----	----	0	0	----	0	----
Sioux Falls	3	----	1	----	----	----	0	----	----	----	----
Nebraska:											
Lincoln	3	2	1	0	0	0	0	0	0	3	16
Omaha	5	13	6	13	0	1	1	0	0	7	50
Kansas:											
Topeka	1	6	0	0	0	0	0	0	0	2	22
Wichita	4	3	1	0	0	0	0	0	0	4	31
SOUTH ATLANTIC											
Delaware:											
Wilmington	3	4	0	0	0	0	0	0	0	6	36
Maryland:											
Baltimore	43	29	0	0	0	25	2	1	0	25	339
Cumberland	1	0	0	0	0	0	0	0	0	4	16
Frederick	1	0	0	0	0	0	0	0	0	0	6
District of Col.:											
Washington	24	24	2	0	0	11	1	2	0	12	188
Virginia:											
Lynchburg	1	2	0	0	0	1	0	0	0	0	11
Norfolk	1	5	0	2	0	2	0	0	0	0	----
Richmond	4	9	0	0	0	5	0	1	0	0	57
Roanoke	1	3	0	1	0	1	0	0	0	0	22
West Virginia:											
Charleston	1	1	0	0	0	4	0	0	0	12	11
Huntington	1	1	0	0	0	1	0	0	0	0	16
Wheeling	1	2	0	0	0	0	1	0	0	1	19
North Carolina:											
Raleigh	1	0	0	0	0	1	0	0	0	2	18
Wilmington	0	0	1	0	0	2	0	0	0	1	5
Winston-Salem	1	3	2	8	0	3	0	0	0	19	14

City reports for week ended February 6, 1926—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
SOUTH ATLANTIC—continued											
South Carolina:											
Charleston	1	0	0	0	0	1	0	2	0	0	37
Columbia	0	0	0	0	0	0	0	0	0	0	-------
Greenville	0	0	0	0	0	1	0	0	0	0	6
Georgia:											
Atlanta	4	3	2	1	0	3	0	0	0	0	63
Brunswick	0	0	0	0	0	0	0	0	0	0	1
Savannah	1	0	0	1	0	3	0	0	0	0	38
Florida:											
St. Petersburg	0	-------	0	-------	0	1	0	-------	0	-------	24
Tampa	1	2	0	41	0	3	1	1	0	0	47
EAST SOUTH CENTRAL											
Kentucky:											
Covington	1	0	0	0	0	0	0	0	0	0	21
Louisville	5	4	0	0	0	3	0	2	0	1	88
Tennessee:											
Memphis	4	13	3	1	0	4	0	0	0	3	75
Nashville	4	1	0	1	0	3	1	0	0	3	60
Alabama:											
Birmingham	3	4	4	5	0	6	1	2	1	9	98
Mobile	0	0	0	1	0	0	0	0	0	0	24
Montgomery	0	1	1	0	0	0	0	0	0	0	13
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	0	1	0	-------	-------	0	0	-------	0	-------
Little Rock	1	1	0	0	-------	5	0	1	0	2	-------
Louisiana:											
New Orleans	5	15	1	4	0	14	2	0	0	0	220
Shreveport	0	4	3	0	0	4	0	0	0	0	26
Oklahoma:											
Oklahoma City	2	2	4	0	0	0	0	0	0	0	19
Texas:											
Dallas	3	5	2	0	0	3	0	0	0	10	57
Galveston	0	0	0	24	0	1	1	0	0	0	15
Houston	1	5	0	8	0	8	0	0	0	1	60
San Antonio	0	2	0	0	0	11	0	0	0	0	79
MOUNTAIN											
Montana:											
Billings	1	0	0	0	0	1	0	0	0	1	5
Great Falls	1	2	2	0	0	0	0	0	0	11	9
Helena	0	0	0	0	0	1	0	0	0	0	6
Missoula	0	1	1	0	0	0	0	0	0	0	1
Idaho:											
Boise	1	1	0	7	0	0	0	0	0	0	5
Colorado:											
Denver	12	7	3	0	0	10	0	1	0	69	92
Pueblo	2	3	0	0	0	0	0	0	0	2	13
New Mexico:											
Albuquerque	1	2	0	0	0	7	0	0	0	6	25
Utah:											
Salt Lake City	4	3	3	1	0	2	0	3	0	19	49
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	5
PACIFIC											
Washington:											
Seattle	11	32	4	3	-------	-------	0	1	-------	7	-------
Spokane	3	34	6	1	-------	-------	0	0	-------	0	-------
Tacoma	3	0	3	17	0	0	0	2	0	0	-------
Oregon:											
Portland	6	13	11	5	0	4	0	1	0	2	71
California:											
Los Angeles	20	38	4	87	8	28	2	2	0	2	285
Sacramento	2	5	0	6	0	4	0	0	0	0	26
San Francisco	16	12	4	6	1	14	1	1	0	4	195

City reports for week ended February 6, 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	3	2	0	1	0	0	1	0	0
MIDDLE ATLANTIC									
New York:									
New York	6	2	5	3	0	1	1	1	0
New Jersey:									
Newark	0	0	1	0	0	0	0	0	0
Pennsylvania:									
Philadelphia	2	1	0	0	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Columbus	0	0	0	1	0	0	0	0	0
Illinois:									
Chicago	1	0	0	0	0	0	1	0	0
WEST NORTH CENTRAL									
Missouri:									
Kansas City	0	0	0	0	1	1	0	0	0
Kansas:									
Topeka	1	0	0	0	0	0	0	0	0
Wichita	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore [1]	1	0	2	0	0	0	1	0	0
District of Columbia:									
Washington	0	0	0	0	0	0	0	0	1
West Virginia:									
Huntington	0	1	0	0	0	0	0	0	0
South Carolina:									
Charleston	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	0	0	0	0	1	0	0	0	0
Nashville	0	0	0	0	0	0	0	1	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	0	0	0	0	2	1	0	0	0
Texas:									
Houston	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Colorado:									
Denver	0	0	0	1	0	0	0	0	0
Utah:									
Salt Lake City	0	1	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Tacoma	1	0	0	0	0	0	0	0	0
California:									
Los Angeles	1	0	1	0	0	0	0	0	0
Sacramento	1	1	0	0	0	0	0	0	0
San Francisco	2	0	0	0	0	0	0	0	0

[1] Typhus fever, 1 case, at Baltimore, Md.

The following table gives the rates per 100,000 population for 103 cities for the five-week period ended February 6, 1926, compared with those for a like period ended February 7, 1925. The population figures used in computing the rates are approximate estimates as of July 1, 1925 and 1926, respectively, authoritative figures for many of the cities not being available. The 103 cities reporting cases had an estimated aggregate population of nearly 30,000,000 in 1925 and nearly 30,500,000 in 1926. The 96 cities reporting deaths had more than 29,250,000 estimated population in 1925 and more than 29,750,000 in 1926. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, January 3 to February 6, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Jan. 10, 1925	Jan. 9, 1926	Jan. 17, 1925	Jan. 16, 1926	Jan. 24, 1925	Jan. 23, 1926	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926
103 cities	145	170	167	145	159	142	[2] 160	[3] 142	[4] 169	[5] 134
New England	247	139	173	144	165	132	192	118	185	97
Middle Atlantic	130	182	187	151	174	137	155	130	170	129
East North Central	122	151	132	135	121	131	[2] 126	138	136	119
West North Central	139	283	247	253	193	206	243	[3] 261	247	[5] 220
South Atlantic	161	178	115	141	144	152	121	116	[4] 145	133
East South Central	110	52	84	67	74	73	89	42	58	42
West South Central	137	189	185	120	154	155	141	142	167	138
Mountain	231	182	148	127	231	155	129	264	185	127
Pacific	185	97	196	81	213	140	279	167	257	189

MEASLES CASE RATES

103 cities	207	1,146	188	973	204	1,335	[2] 204	[3] 1,385	[4] 242	[5] 1,482
New England	381	3,004	424	2,867	479	2,572	467	2,751	556	2,408
Middle Atlantic	168	995	157	845	186	1,088	205	1,185	204	1,347
East North Central	391	1,761	327	1,302	352	2,068	[2] 340	2,088	415	2,152
West North Central	18	148	12	127	26	156	20	[3] 113	16	[5] 406
South Atlantic	79	1,289	42	1,356	36	2,477	35	2,280	[4] 46	2,579
East South Central	26	52	42	239	68	285	84	394	47	711
West South Central	4	0	22	17	13	13	13	26	35	34
Mountain	129	55	259	91	240	118	277	100	758	91
Pacific	185	65	152	51	52	65	17	73	58	105

SCARLET FEVER CASE RATES

103 cities	307	270	344	285	356	292	[2] 346	[3] 286	[4] 397	[5] 298
New England	637	295	542	381	575	300	515	378	592	402
Middle Atlantic	323	210	292	237	325	237	299	235	372	209
East North Central	166	330	350	321	344	324	[2] 366	300	398	338
West North Central	733	580	731	548	780	669	756	[3] 709	844	[5] 749
South Atlantic	148	158	246	186	190	186	175	154	[4] 241	163
East South Central	210	119	168	140	168	202	200	109	89	119
West South Central	141	112	110	90	185	69	194	69	154	138
Mountain	370	237	518	319	296	373	250	255	324	155
Pacific	180	243	174	270	210	256	215	334	246	326

[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] Racine, Wis., not included.
[3] Kansas City, Mo., not included.
[4] Wilmington, Del., not included.
[5] Sioux Falls, S. Dak., not included.

Summary of weekly reports from cities, January 3 to February 6, 1926—Annual rates per 100,000 population—Compared with rates for the corresponding period of 1925—Continued

SMALLPOX CASE RATES

	Week ended—									
	Jan. 10, 1925	Jan. 9, 1926	Jan. 17, 1925	Jan. 16, 1926	Jan. 24, 1925	Jan. 23, 1926	Jan. 31, 1925	Jan. 30, 1926	Feb. 7, 1925	Feb. 6, 1926
103 cities	55	33	56	47	68	35	[2] 65	[3] 41	[4] 73	[5] 47
New England	0	0	0	0	6	0	0	0	0	0
Middle Atlantic	3	0	10	2	6	0	9	1	2	0
East North Central	38	48	37	37	45	33	[3] 33	43	36	16
West North Central	213	65	187	51	175	36	189	[3] 62	141	[5] 54
South Atlantic	29	43	58	68	35	56	42	58	[4] 58	101
East South Central	362	47	200	57	620	47	599	21	756	42
West South Central	62	52	31	146	31	99	57	125	119	155
Mountain	28	36	55	18	92	27	46	18	28	73
Pacific	141	111	202	286	199	194	168	205	254	324

TYPHOID FEVER CASE RATES

103 cities	32	13	20	11	17	13	[2] 17	[3] 8	[4] 13	[5] 7
New England	14	31	24	2	19	9	7	9	29	14
Middle Atlantic	49	14	21	16	20	10	19	9	13	3
East North Central	13	11	22	8	10	3	[2] 10	4	8	3
West North Central	6	2	10	4	6	4	12	[3] 2	0	[5] 6
South Atlantic	52	9	19	8	12	8	35	9	[4] 16	13
East South Central	47	16	16	16	26	5	21	10	11	21
West South Central	66	22	66	13	40	151	57	17	22	4
Mountain	9	9	0	9	46	0	18	18	28	36
Pacific	25	11	6	13	14	16	3	11	17	16

INFLUENZA DEATH RATES

96 cities	20	21	21	23	21	20	[2] 22	[3] 28	[4] 29	[5] 35
New England	17	9	26	14	10	7	26	17	46	12
Middle Atlantic	20	18	18	16	20	14	15	18	24	20
East North Central	15	12	14	11	17	8	[2] 11	12	12	12
West North Central	13	8	2	19	19	10	15	[3] 7	19	[5] 19
South Atlantic	33	15	42	23	21	39	36	36	[4] 44	68
East South Central	42	83	42	88	58	57	68	73	63	104
West South Central	39	47	82	80	87	94	77	151	92	180
Mountain	18	46	28	64	9	18	37	73	55	109
Pacific	18	57	11	46	11	39	18	78	36	67

PNEUMONIA DEATH RATES

96 cities	185	220	206	211	202	199	[2] 198	[3] 194	[4] 214	[5] 206
New England	117	246	151	208	208	210	232	144	204	201
Middle Atlantic	227	229	259	236	233	227	229	217	252	213
East North Central	143	176	143	153	132	139	[2] 136	136	152	145
West North Central	87	140	104	125	117	81	114	[3] 106	106	[5] 125
South Atlantic	232	289	271	276	242	287	238	284	[4] 295	344
East South Central	268	332	173	285	294	228	278	208	299	249
West South Central	247	335	426	354	343	312	218	444	334	387
Mountain	222	127	240	328	314	273	305	164	185	228
Pacific	164	220	145	167	185	185	193	174	175	185

[2] Racine, Wis., not included.
[3] Kansas City, Mo., not included.
[4] Wilmington, Del., not included.
[5] Sioux Falls, S. Dak., not included.

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

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

FOREIGN AND INSULAR

THE FAR EAST

Report for week ended January 23, 1926.—The following report for the week ended January 23, 1926, was transmitted by the Far Eastern Bureau of the health section of the League of Nations' secretariat, located at Singapore, to the headquarters at Geneva:

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Calcutta	----------	0	----------	50	56	27
Bombay	----------	0	----------	0	13	8
Madras	----------	0	----------	10	10	----------
Rangoon	----------	4	----------	0	7	2
Karachi	----------	0	----------	0	3	0
Negapatam	----------	0	----------	3	0	0
Colombo	0	0	0	0	1	0
Basra	0	0	0	0	8	6
Singapore	0	0	0	0	0	0
Port Swettenham	0	0	0	0	0	0
Penang	0	0	0	0	0	0
Batavia	0	0	0	0	0	0
Sœrabaya	0	0	0	0	3	1
Samarang	0	0	0	0	0	0
Belawan Deli	0	0	0	0	0	0
Padang (Sumatra)	0	0	0	0	0	0
Sabang (Rhio)	0	0	0	0	0	0
Macassar	2	2	0	0	0	0
Pontianak (Borneo)	0	0	0	0	0	0
Sandakan (North Borneo)	0	0	0	0	0	0
Kuching (Sarawak)	0	0	0	0	1	0
Timor Dilly	0	0	0	0	0	0
Manila	0	0	4	2	0	0
Zamboanga	0	0	0	0	0	0
Bangkok	2	1	30	23	8	6
Saigon and Cholon	0	0	0	0	0	0
Haiphong	0	0	0	0	0	0
Tourane	0	0	0	0	0	0
Hongkong	0	0	0	0	0	0
Shanghai	0	0	0	0	----------	16
Amoy	0	0	0	0	2	0
Nagasaki	0	0	0	0	0	0
Yokohama	0	0	0	0	0	0
Simonoseki	0	0	0	0	0	0
Moji	0	0	0	0	0	0
Kobe	0	0	0	0	0	0
Osaka	0	0	1	0	0	0
Niigata	0	0	0	0	0	0
Tsuruga	0	0	0	0	0	0
Hakodate	0	0	0	0	0	0
Keelung	0	0	0	0	0	0
Fusan	0	0	0	0	0	0
Dairen	0	0	0	0	1	0
Adelaide	0	0	0	0	0	0
Brisbane	0	0	0	0	0	0
Fremantle	0	0	0	0	0	0
Melbourne	0	0	0	0	0	0
Sydney	0	0	0	0	0	0
Rockhampton	0	0	0	0	0	0
Townsville	0	0	0	0	0	0
Port Darwin	0	0	0	0	0	0
Broome	0	0	0	0	0	0
Port Moresby	0	0	0	0	0	0
Auckland	0	0	0	0	0	0

Port	Plague		Cholera		Smallpox	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Wellington	0	0	0	0	0	0
Christchurch	0	0	0	0	0	0
Invercargill	0	0	0	0	0	0
Honolulu	0	0	0	0	0	0
Suez	0	0	0	0	0	0
Alexandria	0	0	0	0	0	0
Port Said	0	0	0	0	0	0
Mombasa (Kenya)	0	0	0	0	0	0
Massowah	0	0	0	0	0	0
Djibuti	0	0	0	0	0	0
Mozambique	0	0	0	0	1	0
Lourenco Marques	0	0	0	0	0	0
Durban	0	0	0	0	0	0
East London	0	0	0	0	0	0
Port Elizabeth	0	0	0	0	0	0
Cape Town	0	0	0	0	0	0
Port Louis (Mauritius)	0	0	0	0	0	0
Seychelles	0	0	0	0	0	0

BRAZIL

Plague—Bahia.—During the week ended January 2, 1926, one case of plague with one death was reported at Bahia, Brazil.

CANADA

Communicable diseases—January 31–February 6, 1926.—The following table shows the number of cases of certain communicable diseases in seven Provinces of Canada during the week ended February 6, 1926. The information was supplied by the Canadian Ministry of Health.

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Influenza				1				1
Cerebrospinal fever	17							17
Poliomyelitis			1					1
Smallpox				9	2	16	6	33
Typhoid fever			9	1	2		1	13

CHINA

Disease prevalence—Chinese Eastern Railway—1922–1924.—Prevalence of disease among the railway population on the line of the Chinese Eastern Railway during the years 1922 to 1924, inclusive, has been reported as follows:

Disease	Cases		
	1922	1923	1924
Influenza	12,379	8,901	8,846
Malaria	2,193	1,201	793
Scarlet fever	198	370	301
Tuberculosis	520	1,135	1,016
Typhoid fever	1,160	438	257

COLOMBIA

Rodent plague reported in Buenaventura, Colombia.—Information received under date of February 12 states that a plague-infected rat has been reported in Buenaventura, Colombia.

CUBA

Communicable diseases—Habana—January 1–31, 1926.—During January, 1926, communicable diseases were reported at Habana, Cuba, as follows:

Disease	New cases	Deaths	Remaining under treatment Jan. 31, 1926	Disease	New cases	Deaths	Remaining under treatment Jan. 31, 1926
Chicken pox	30		20	Measles	67	3	18
Diphtheria	13		2	Scarlet fever	14	1	6
Leprosy			8	Typhoid fever [1]	20	5	14
Malaria [1]	65		25				

[1] Many of these cases from the interior.

Leprosy—Tuberculosis—Isle of Pines.—Under date of February 2, 1926, 2 cases of leprosy and 55 cases of tuberculosis were reported present in the Isle of Pines, Cuba. Population, 4,228.

JAMAICA

Smallpox (reported as alastrim)—December 27, 1925–January 30, 1926.—During the five-week period ended January 30, 1926, 90 cases of smallpox (reported as alastrim) were notified in the island of Jamaica at localities outside of the parish and city of Kingston, and 48 cases in Kingston.

Other diseases.—Occurrence of other diseases was noted during the same period as follows: Cerebrospinal meningitis, 1 case; chicken pox, 8 cases; leprosy, 1 case; ophthalmia neonatorum, 2 cases; tuberculosis (pulmonary), 44 cases (Kingston, 12 cases); typhoid fever, 61 cases (Kingston, 8 cases).

Total mortality, November–December, 1925.—The total number of deaths from all causes reported in the island was, for the month of November, 1925, 130, and for December, 1925, 111. Population, estimated, 858,118; population of Kingston, 62,707.

MADAGASCAR

Plague—November, 1925.—During the month of November, 1925, 232 cases of plague, with 220 deaths, were reported in the island of Madagascar. For distribution of occurrence according to locality and type of disease, see page 410.

MAURITIUS

Plague—November, 1925.—During the month of November, 1925, two cases of plague, with one death, were reported on the island of Mauritius. The cases occurred at Pamplemousses and Port Louis.

MEXICO

Fatal case of typhus fever—Vera Cruz—February 12, 1926.—A fatal case of typhus fever was reported at Vera Cruz, Mexico, February 12, 1926. The case occurred in a native of the State of Campeche who arrived sick from Mexico City.

SALVADOR

Mortality—October and November, 1925.—Mortality from all causes in the Republic of Salvador for the months of October and November, 1925, has been reported as follows: October, 2,527 deaths; November, 2,679 deaths. Population, estimated, 1,500,000.

Prevalent diseases.—The most prevalent diseases reported in the Republic during the two months under report were malarial and other tropical fevers. In the city of San Salvador (population 83,000) a total of 27 deaths from tuberculosis was reported during the same period.

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 February 26, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Nov. 29-Dec. 12, 1925: Cases, 4,752; deaths, 2,756.
Calcutta	Dec. 27-Jan. 2	10	9	
Madras	Jan. 3-16	26	22	
Philippine Islands:				
Manila	Jan. 4-10	1	7	
Province—				
Laguna	Dec. 20-26	2	1	
Siam:				
Bangkok	Dec. 20-26	61	32	
Do	Dec. 27-Jan. 2	23	14	

PLAGUE

Brazil:				
Bahia	Dec. 27-Jan. 2	1	1	
Colombia:				
Buenaventura				Feb. 12, 1926: Plague-infected rat.
India				Nov. 29-Dec. 12, 1925: Cases, 2,543; deaths, 1,869.
Bombay	Jan. 3-9	2	2	
Rangoon	Dec. 20-26	4	3	
Java:				
Batavia	Dec. 26-Jan. 1	46	43	
Soerabaya	Dec. 6-19	15	15	

[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 February 26, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Death	Remarks
Madagascar				Nov. 1-30, 1925: Cases, 232; deaths, 220.
Locality—				
Fort Dauphin	Nov. 16-30	1	1	Bubonic.
Itasy Province (Miarinarivo).	do	13	13	Bubonic, 8; pneumonic, 2; septicemic, 3.
Moramanga Province	Nov. 1-30	8	8	Bubonic, 3; pneumonic, 3; septicemic, 2.
Tamatave (port)	do	5	5	Bubonic.
Tananarive Province—				
Tananarive Town	do	11	11	Bubonic, 6; pneumonic, 1; septicemic, 4
Other localities	do	194	182	Bubonic, cases, 52; deaths, 45; pneumonic, 94, 89; septicemic, 48, 48.
Mauritius				November, 1925: Cases, 2; deaths, 1.
Pamplemousses	November	1		
Port Louis	do	1	1	

SMALLPOX

Arabia:				
Aden	Jan. 10-16	2	1	
Canada				Jan. 31-Fe . 6, 1926: Cases, 33.
Alberta	Jan. 31-Feb. 6	6		
Manitoba	do	2		
Ontario	do	9		
Saskatchewan	do	16		
Ceylon:				
Colombo	Jan. 3-9	2		Port cases.
China:				
Manchuria—				
Dairen	Dec. 21-27	6		
Do	Dec. 28-Jan. 3	11	2	
South Manchuria—				
An-shan	Jan. 10-16	1		South Manchurian Railway.
Changchun	do	1		Do.
Kai-yuan	do	2		Do.
Swatow	do			Prevalent.
Egypt:				
Alexandria	Jan. 8-14	2	1	
Great Britain:				
Leeds	Jan. 17-23	2		
Newcastle-on-Tyne	do	6		
Sheffield	Jan. 10-23	8		
India				Nov. 29-Dec. 12, 1925: Cases, 4,782; deaths, 1,013
Bombay	Dec. 20-26	4	4	
Do	Dec. 27-Jan. 9	26	13	
Calcutta	Dec. 27-Jan. 2	30	13	
Karachi	Jan. 3-9	3	2	
Madras	Jan. 3-16	15	4	
Rangoon	Dec. 20-26	1		
Indo-China (French):				
Saigon	Dec. 21-27	2	1	
Iraq:				
Bagdad	Dec. 27-Jan. 2	5	2	
Jamaica				Dec. 27, 1925-Jan. 30, 1926: Cases, 90 (reported as alastrim). Localities outside Kingston.
Kingston	Dec. 27-Jan. 30	48		Reported as alastrim.
Java:				
Soerabaya	Dec. 6-19	114	20	
Mexico:				
San Luis Potosi	Jan. 31-Feb. 6		11	Prevalence stated to be decreasing.
Portugal:				
Lisbon	Dec. 28-Jan. 17		17	
Siam:				
Bangkok	Dec. 20-25	3	1	
Do	Dec. 26-Jan. 2	3	3	
Spain:				
Valencia	Jan. 17-30	5		
Union of South Africa:				
Orange Free State—				
Ladybrand district	Dec. 27-Jan. 2			Outbreaks.
Transvaal—				
Belfast district	do			Do

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

Reports Received During Week Ended February 26, 1926—Continued

TYPHUS FEVER

Place	Date	Cases	Deaths	Remarks
Bulgaria:				
Sofia	Jan. 8–14	2		
China:				
Antung	Jan. 4–10	1		
Egypt:				
Alexandria	Jan. 8–14	1		
Cairo	Nov. 5–11	2	2	
Greece:				
Saloniki	Dec. 29–Jan. 4	1		
Mexico:				
Mexico City	Jan. 24–30	10		Including municipalities in Federal District.
Vera Cruz	Feb. 12		1	
Union of South Africa:				
Transvaal—				
Bloemhof district	Dec. 27–Jan. 2			Outbreaks. On farm.

Reports Received from December 26, 1925, to February 19, 1926 [1]

CHOLERA

Place	Date	Cases	Deaths	Remarks
India				Oct. 18–Nov. 28, 1925: Cases, 10,991; deaths, 6,498.
Calcutta	Nov. 1–28	101	89	
Do	Dec. 6–26	51	54	
Madras	Nov. 15–Jan. 2	174	70	
Rangoon	Nov. 8–Dec. 5	4	4	
Indo-China				September, 1925: Cases, 9; deaths, 5. September, 1924: Cases, 7; deaths, 4. (European cases, 2.)
Province—				
Annam	Sept. 1–30	2	2	September, 1924: None.
Cochin China	do	5	3	September, 1924: 1 case; 1 death.
Tonkin	do	2		September, 1924: None.
Japan	Aug. 30–Oct. 17	409		
Philippine Islands:				
Manila	Nov. 9–Dec. 5	8	6	
Do	Dec. 14–Jan. 3	7	4	
Provinces—				
Bataan	Nov. 30–Dec. 13	10	8	
Bulacan	Oct. 18–Nov. 7	92	64	
Do	Nov. 23–Dec. 13	179	69	
Laguna	do	16	13	
Nueva Ecija	do	6	2	
Pampanga	Nov. 1–7	1	1	
Do	Nov. 23–Dec. 19	102	75	
Rizal	Sept. 27–Nov. 21	75	21	
Romblon	Dec. 7–13	23	12	
Russia	May–June	7		
Do	July–August	4		
Siam:				
Bangkok	Oct. 4–Nov. 14	108	68	
Do	Nov. 22–Dec. 19	209	117	
On vessel:				
Steamship	Oct. 3	9		Arrived at Bangkok, Siam; 9 cases in coolie passengers.

PLAGUE

Argentina				Jan. 24–30, 1926: Six cases, occurring in interior provinces of Salta and Santa Fe.
Brazil:				
Bahia	Nov. 8–14	2		
Santos	Dec. 8–21		2	
British East Africa:				
Kenya—				
Kisumu	Nov. 22–Dec. 5	1	2	
Uganda Protectorate	Sept.–Oct	256	233	

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

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

Reports Received from December 26, 1925, to February 19, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Canary Islands:				
La Laguna	Dec. 24	3	2	
Las Palmas	do	1		
Do	Jan. 7	1	1	
Santa Cruz de Teneriffe	Dec. 18-27	3		
Ceylon:				
Colombo	Nov. 15-28	3	3	
Do	Nov. 29-Dec. 5			1 plague rodent.
Do	Dec. 27-Jan. 2	1	1	
China:				
Nanking	Nov. 15-Jan. 2			Prevalent.
Ecuador:				
Eloy Alfaro	Jan. 1-15	1		
Guayaquil	Nov. 1-Dec. 31	31	12	
Do	Jan. 1-15	15	5	Rats taken, Nov. 1-Dec. 31, 1925: 49,370; rats found infected, 281. Rats taken, Jan. 1-15, 1926: 11,864; rats found infected, 80.
Recreo (country estate)	do	1		
Egypt				Jan. 1-Dec. 9, 1925: Cases, 138
Beni Suef	Nov. 18	1	1	Corresponding period, 1924; Cases, 365.
Fayoum Province	Dec. 3-9	1	1	
Greece:				
Athens	Nov. 1-30	18	4	Including Piræus.
Patras	Nov. 13-Dec. 12	4	1	
India				Oct. 18-Nov. 28, 1925: Cases,
Bombay	Dec. 6-12	1	1	7,420; deaths, 5,031.
Calcutta	do	1	1	
Karachi	Nov. 1-Dec. 19	4	3	
Madras	Oct. 25-Nov. 7	75	41	
Do	Nov. 15-21	35	22	
Rangoon	Oct. 25-Dec. 12	19	12	
Indo-China				September, 1925: Cases, 17; deaths, 16, September 1924: Cases, fatal, 12.
Province—				
Cambodia	Sept. 1-30	11	11	September, 1924: Cases, 9; deaths, 9.
Cochin China	Sept.-Oct	14	12	September, 1924: 1 case, 1 death.
Iraq:				
Bagdad	Dec. 13-Jan. 2	7	3	
Java:				
Batavia	Oct. 24-Nov. 6	94	89	Province.
Do	Nov. 14-Dec. 25	265	254	
Cheribon	Sept. 27-Oct. 17		166	
Do	Nov. 15-28		59	
Djokjakarta	Oct. 20-Nov. 9			Epidemic in one locality.
Kediri	Dec. 7			Do.
Pekalongan	Sept. 27-Oct. 17		42	
Do	Nov. 8-28		80	
Rembang	Oct. 20			Do.
Soerabaya	Oct. 11-Dec. 5	37	37	
Tegal	Sept. 27-Oct. 17	6	6	
Do	Nov. 8-28		14	
Madagascar:				
Province—				
Itasy	Sept. 16-Oct. 31	20	20	
Moramanga	do	17	17	
Tananarive	do	174	159	
Town—				
Fort Dauphin	Sept. 16-Oct. 15	5	2	
Tamatave (port)	Sept. 16-30	3	2	
Do	Oct. 16-31	4	4	
Tananarive	Sept. 16-30	2	2	
Mauritius Island	Sept. 20-Nov. 14	9	9	
Pamplemousses	Oct. 1-31	2	2	
Port Louis	do	3		
Rivière du Rempart	do	2		
Netherlands India:				
Celebes Island—				
Makassar	Dec. 12			Epidemic.
Nigeria	August-September	349	267	
Peru:				
Huacho	Jan. 26	15		Port 60 miles north of Callao.
Lima	Jan. 1-31	20		In hospital. Some cases in province.
Mollendo	do			12 or 15 cases reported unofficially.

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

Reports Received from December 26, 1925, to February 19, 1926—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Russia	May-June	67		
Do	July-August	139		
Senegal	September-October.	45	25	
Siam	Aug. 23-Oct. 13	50	40	
Bangkok	Nov. 15-28	3	3	
Straits Settlements:				
Singapore	Nov. 1-Dec. 5	8	8	
Syria:				
Beirut	Nov. 11-20	1		
Union of South Africa:				
Cape Province—				
Kimberley district	Dec. 13-19	1		
Middleburg district	Dec. 6-12	1		European.
Steynsburg district	Nov. 15-21	1		Native. On farm.
Orange Free State—				
Boshof district	Nov. 29-Dec. 5	1	1	In native.
Bothaville district	Dec. 6-12	1	1	Native. On farm.

SMALLPOX

Algeria:				
Algiers	Nov. 21-Dec. 31	177		
Do	Jan. 1-10	64		
Arabia:				
Aden	No. 29-Dec. 5	1		Imported.
Argentina:				
Rosario	October		1	
Australia:				
Queensland—				
Brisbane	Dec. 9-15	1		
Brazil:				
Rio de Janeiro	Nov. 1-28	134	72	
Do	Dec. 6-26	65	26	
British East Africa:				
Kenya—				
Mombasa	Nov. 15-Dec. 19	14	6	
Uganda Protectorate	Sept. 1-Oct. 31	8	4	
British South Africa:				
Southern Rhodesia	Nov. 13-Dec. 23	3		
Canada				Sept. 13-Jan. 2: In 7 Provinces, 186 cases; Jan. 3-23, 1926, cases, 115.
Alberta	Jan. 10-23	17		
Calgary	Dec. 13-19	1		From Drumheller, vicinity of Calgary.
British Columbia—				
Vancouver	Jan. 4-10	1		
Manitoba	Jan. 3-30	18		
Winnipeg	Dec. 13-19	2		
Do	Jan. 3-Feb. 6	9		
New Brunswick—				
Northumberland	Dec. 6-13	1		
Ontario				December, 1925: Cases, 32; deaths, 1. January, 1926: Cases, 80.
Admaston	Jan. 1-31	11		
Ottawa	Dec. 6-12	2		
Do	Jan. 3-Feb. 6	2		
Toronto	Dec. 27-Jan. 2	1		
Do	Jan. 3-23	21		
Trenton	Jan. 1-31	7		
Saskatchewan	Jan. 3-23	15		
Moose Jaw	....do	2		
Regina	Jan. 24-30	1		
Ceylon:				
Colombo	Dec. 6-12	1		Port case.
China:				
Amoy	Oct. 25-Dec. 19		1	
Antung	Dec. 7-20	2		
Chungking	Nov. 15-Jan. 9			Present.
Foochow	Nov. 1-Jan. 9			Do.
Hankow	Nov. 14-Dec. 26	4		
Do	Jan. 10-16	1		
Hongkong	Nov. 22-Dec. 26	4		

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

Reports Received from December 26, 1925, to February 19, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
China—Continued.				
Manchuria—				
An-shan	Dec. 6-12	1		
Dairen	Oct. 19-Dec. 20	67	15	
Mukden	Oct. 24-Nov. 15	1		
Tieh-ling	do	2		
Nanking	Nov. 21-Dec. 26			Present.
Do	Dec. 27-Jan. 2			Do.
Shanghai	Oct. 25-Jan. 2	37	36	
Do	Jan. 3-9	9	16	Cases, foreign.
Swatow	Nov. 22-Jan. 9			Do.
Tientsin	Nov. 1-Dec. 19	2		
Egypt:				
Alexandria	Dec. 3-31	5	2	
France				September, October, 1925: Cases, 91.
Gold Coast	September, 1925	14	4	
Great Britain:				
England and Wales	Nov. 15-Dec. 26	790		
Do	Dec. 27-Jan. 23	1,161		
Hull	do	29		
Newcastle-on-Tyne	Nov. 29-Dec. 19	6		
Do	Dec. 27-Jan. 16	2		
Nottingham	Nov. 22-Dec. 26	9		
Do	Dec. 27-Jan. 9	2		
Sheffield	Nov. 22-Dec. 12	7		
Do	Dec. 20-26	3		
Do	Dec. 27-Jan. 9	2		
Greece				Oct. 1-31, 1925: Cases, 16.
Athens	Nov. 1-30	17	1	
India				Oct. 18-Nov. 28, 1925: Cases, 8,827; deaths, 1,915.
Bombay	Nov. 8-Dec. 19	22	16	
Calcutta	Nov. 29-Dec. 26	48	25	
Karachi	Nov. 1-21	23		
Do	Nov. 29-Dec. 5	4	2	
Do	Dec. 13-19	3		
Do	Dec. 29-Jan. 2	7	2	
Madras	Nov. 15-Dec. 26	17	5	
Do	Dec. 27-Jan. 2	3	1	
Rangoon	Oct. 25-Nov. 28	3		
Do	Dec. 6-19	3	1	
Indo-China				September-October, 1925: Cases, 204; deaths, 62. September, 1924: Cases, 78; deaths, 22.
Province—				
Annam	Sept. 1-Oct. 31	90	23	September, 1924: Cases, 8; deaths, 2.
Cambodia	do	72	30	September, 1924: Cases, 16; deaths, 1.
Cochin China	do	61	30	September, 1924: Cases, 43; deaths, 19.
Tonkin	do	22		September, 1924: Cases, 11.
Iraq				Sept. 6-Oct. 17, 1925: Cases, 81; deaths, 40.
Bagdad	Nov. 1-14	4	4	
Do	Nov. 22-Dec. 26	15	11	
Do	Dec. 27-Jan. 2	1		
Italy				Aug. 2-Oct. 31, 1925: Cases, 38.
Rome	Oct. 12-25	1		
Jamaica				Nov. 27-Dec. 26, 1925: Cases, 52.
Kingston	Nov. 27-Dec. 26	43		Reported as alastrim
Japan:				
Taiwan	Nov. 11-Dec. 10	3		
Yokohama	Dec. 14-20	1		
Java:				
Batavia	Oct. 24-30	1		
Do	Nov. 14-Dec. 25	7		
Cheribon	Nov. 8-14	1		
Kraksaan	Oct. 11-17	11		
Malang	do	2		
North Bantam	Oct. 4-17	4		
Pekalongan	Oct. 25-31	1		
Probolingo	Oct. 11-17	1		
Soerabaya	Oct. 11-Dec. 5	467	68	
South Bantam	Oct. 11-17	1		
Tegal	Oct. 4-10	9	1	
Malta	November	14		

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

Reports Received from December 26, 1925, to February 19, 1926—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Mexico				July-September, 1925: Deaths, 1,157.
Aguascalientes	Dec. 13-Jan. 2	4	3	
Do	Jan. 3-30		7	
Durango	Dec. 1-31		1	
Do	Jan. 1-31		2	
Guadalajara	Feb. 1		1	
Mexico City	Nov. 22-Jan. 2	157		Including municipalities in Federal District.
Do	Jan. 2-23	29		
San Luis Potosi	Jan. 24-30		2	
Tampico	Dec. 21-Jan. 2	1	1	
Do	Jan. 2-31	2		
Torreon	Nov. 1-Dec. 31		51	
Nigeria	August-September	103	1	
Persia:				
Teheran	July 23-Sept. 22		203	
Peru:				
Arequipa	Oct. 1-31		1	
Poland				Nov. 1-7, 1925: Cases, 8.
Portugal:				
Lisbon	Oct. 4-31	124		
Do	Nov. 16-Dec. 27		60	
Do	Nov. 14-Dec. 26	187		
Do	Dec. 27-Jan. 16	40		
Oporto	Nov. 22-Dec. 19	2	3	
Do	Dec. 27-Jan. 2	1		
Russia				May-June, 1925: Cases, 2,333. Later than previously published reports.
Do	July-August	760		
Siam				July 12-Sept. 5, 1925: Cases, 21; deaths, 6.
Sierra Leone:				
Konno district	Dec 16-31	5		
Spain:				
Madrid	Year 1925		18	
Malaga	Nov. 29-Dec. 5		2	
Do	Dec. 27-Jan. 2		1	
Valencia	Dec. 20-26	1		
Do	Dec. 27-Jan. 2	1		
Do	Jan. 10-16	3		
Switzerland				June 28-Nov. 21, 1925: Cases, 62.
Lucerne	Oct. 1-Nov. 30	8		
Zurich	Dec. 27-Jan. 2	1		
Trinidad (West Indies):				
Port of Spain	Jan. 22	1		Imported.
Tunisia:				
Tunis	Nov. 21-30	2		
Do	Dec. 11-31	10	1	
Do	Jan. 1-20	5		
Union of South Africa:				
Transvaal—				
Pretoria district	Dec. 6-12			Outbreaks. In native compound.

TYPHUS FEVER

Algeria:				
Algiers	October-Dec. 20	4		
Argentina:				
Rosario	Oct. 13-Dec. 31	2		
Bulgaria	September-October.	26	2	
Sofia	Dec. 25-31	1		
Chile:				
Valparaiso	Nov. 29-Jan. 2		2	
China:				
Antung	Nov. 29-Dec. 27	5	1	
Hongkong	Dec. 27-Jan. 2	1		
Manchuria—				
Harbin	Dec. 17-23	1		
Czechoslovakia	October, 1925	8		
Egypt:				
Port Said	Nov. 19-25	1		
Finland				October, 1925: 1 case.

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

Reports Received from December 26, 1925, to February 19, 1926—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
France	July-October	4		
Germany	Oct. 25-31	1		
Greece:				
Athens	Nov. 1-30	11	2	
Ireland:				
Cork County—				
Cork	Dec. 26-Jan. 1	2		
Do	Jan. 2-8	5		
Dumanway	Nov. 14	1		
Galway County	Oct. 17	1		
Latvia	October, 1925	2		
Lithuania				September-October, 1925: Cases, 9; deaths, 1.
Mexico				July-September, 1925: Deaths, 90.
Aguascalientes	Dec. 14-19	1		
Durango	Dec. 1-31		1	
Do	Jan. 1-31		1	
Guadalajara	Dec. 8-Jan. 4		3	
Mexico City	Nov. 22-Dec. 26	157		Including municipalities in Federal District.
Do	Dec. 27-Jan. 23	27		
Tampico	Dec. 21-Jan. 10	1	1	
Torreon	November, 1925		1	
Morocco	August, 1925	3		
Palestine:				
Gaza	Dec. 18	1		
Jaffa	Dec. 1-7	1		
Nazareth	Nov. 3-9	1		
Safad	Nov. 24-30	1		
Tel-Aviv	do	1		
Peru:				
Arequipa	October, 1925		2	
Poland	Oct. 11-Nov. 14	142	16	
Rumania				July, 1925: Cases, 74; deaths, 9.
Russia				May-June, 1925: Cases, 10,680. Later than previously published reports.
Do				July-August, 1925: Cases, 3,136.
Union of South Africa				Oct. 1-31, 1925: Cases, 88; deaths, 7 (colored); cases, 7 (European population).
Cape Province	Oct. 1-31	63	5	Colored.
Do	Nov. 8-Dec. 26			Outbreaks.
Middleburg district	Dec. 6-12	1		European. On farm.
Natal	Oct. 1-Dec. 5	1		
Orange Free State	Nov. 29-Dec. 5	23	1	
Do	Nov. 1-Dec. 26			Outbreaks.
Bethulia district	Dec. 6-12			Do.
Bothaville district	do	1		Native. On farm.
Transvaal	Oct. 1-31	1	1	
Do	Dec. 13-26			Outbreaks.

YELLOW FEVER

Gold Coast	September	1	1	
Nigeria	August-September.	2	1	