

PUBLIC HEALTH REPORTS

VOL. 42

AUGUST 19, 1927

NO. 33

TWO CASES OF RAT-BITE FEVER

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Rat-bite fever is prevalent in many parts of the world, especially in the Orient, and the number of cases reported in this country is increasing. The following two cases are of particular interest in that both patients were infected while catching rats for experimental purposes.

CASE NO. 1

On April 12, 1927, at the New Orleans agriculture dump, E. J. W., 42 years of age, engaged by the United States Public Health Service in the capture of live rats for certain investigative purposes, was bitten by one of the rats on the back of his right hand. Two days later his right index finger was also bitten. He applied iodine solution to the wounds and paid no further attention to them, as rat-catchers are frequently bitten without serious consequences.

On April 19, 1927, he had a chill, became feverish, perspired freely, and had generalized aching. After being confined to bed for about a week, he became ambulant and thought his general condition good until May 16, when his wound, which had healed, again became painful; he felt feverish and his ankles became swollen. On May 19 he first noticed marked glandular enlargement in the right epitrochlear and right axillary regions. These were very tender but did not break down. He also noticed for the first time an elevated, discrete, irregular, generalized, purplish rash of varying size, which was most distinct over the right arm and painful to touch. On May 20, he was admitted to the Marine Hospital, New Orleans, La., with the diagnosis of contusion, dorsal surface of right hand.

On May 23, the dorsum of the right hand was found to be reddened, swollen, and indurated at site of bite, without any evidence of suppuration. On the right forearm there were a few discrete, irregular, purplish papules of varying size. There was also a large right epitrochlear node and a large right axillary node. Both were painful to touch but did not suggest suppuration. Manipulation of the arm muscles was painful. Patient's temperature was normal and his general condition was very good. By May 28 the regional lymphadenitis and rash had entirely disappeared.

On May 29, the patient had a relapse, his temperature rising to 38.4° C., and the anterior cervical chain of lymph nodes and the right submaxillary gland became enlarged and painful. He complained of generalized pain and the characteristic rash reappeared on the right arm, chest, and abdomen. His temperature became intermittent, the patient at times being critically ill. On May 30, dark-field examination of blood was negative, blood serum did not agglutinate *B. tularensis*, Wassermann serum reaction was negative, total white cell blood count was 10,200, and blood cultures on ordinary laboratory media and on bile media were negative.

On June 4, while afebrile, neosalvarsan was administered and full doses were repeated three times at weekly intervals. There has been no recurrence of the condition.

CASE NO. 2

On April 16, 1927, E. J. W., jr., 17 years of age, son of patient in Case No. 1, was also severely bitten by a rat on the left index finger while helping his father capture live rats. Iodine solution was applied. Six days later he had a chill and fever, painful left epitrochlear, left axillary, and left cervical regions, lymphadenitis; and patient also noticed a reddish, hivelike rash on arms, chest, and abdomen. After a week's illness in bed, he was able to go to a local dispensary to have his finger dressed. A period of 10 days apyrexia was followed by a relapse with repetition of symptoms. He recovered, and on May 18 his physician sent him to a local hospital for curettement of the wound. The patient states that on admission to that institution his ankles were swollen. A urinalysis on May 19 showed a trace of albumin, hyaline, fine and coarse granular casts, a few pus cells, a few red blood cells, mucus, and urates. On admission, he was given staphylococcus-streptococcus serobacterin and the wound was curetted and packed with iodoform gauze. On May 22 his temperature rose to 38.9° C. and was intermittent for a few days. This is considered to have been a second relapse. He was discharged from hospital on May 29, feeling well and with all findings negative.

Shortly after his arrival at home he again became ill, his ankles becoming swollen. He was seen at his home on June 11. At that time his temperature was 38.4° C., the rash was faint but definite, and the examination otherwise negative. This apparently was stage of defervescence of the relapse from the fourth paroxysm.

He entered hospital on June 21, 1927, during a period of apyrexia. Physical examination was negative, except that apparently the patient had recently lost considerable weight.

The fifth paroxysm began on June 23, 1927, when the patient's temperature rose to 38.6° C. At about noon he had a violent chill and at 8 p. m. the following day his temperature rose to 39.9° C.

His breath was exceedingly foul, the left arm and left cervical regions were painful, tender, slightly reddened, and distinctly hotter than the right. On the face, dorsal surface of both arms, and more clearly on the chest and abdomen, there appeared a discrete, irregular, papular, dark-red exanthem of varying size. There was marked prostration; both knees were exceedingly painful and involuntary fibrillary twitchings of the trunk muscles annoyed him. At this time a dark-field examination of the blood and blood cultures on dextrose broth and bile media were negative. Total white cell blood count was 24,600, with 90 per cent neutrophiles, a much higher count than usually noted in this disease. The following morning the temperature dropped to 36.1° C., and all symptoms subsided. Advantage was taken of the quiescent stage to administer neosalvarsan. This was repeated twice subsequently, the patient leaving the hospital on July 7, 1927, entirely recovered.

While there was no animal inoculation of blood from these patients, diagnoses of rat-bite fever were made because of the intermittent relapsing fever following a rat bite, the regional lymphadenitis without suppuration, a characteristic exanthem, and response to neosalvarsan treatment.

DIETETICS IN INSTITUTIONS AND IN THE FIELD ¹

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

Food, its quality, quantity, and preparation, has been a vital question in all ages and for all people.

Since the days when, according to legend and story, primitive man, handling a piece of meat which had been inadvertently cooked, licked his finger and found it good, methods of cooking have been improved and extended until to-day cooking and the preparation of food have become not only an art but a recognized science.

The nutrition worker and dietitian have come to stay, and their field of operations extends as their usefulness in various fields of endeavor is tested.

It is a backward institution to-day in the United States which does not employ a dietitian for supervision of its food department.

Universities are developing courses of instruction in home economics and dietetics leading to a degree of bachelor of science, such courses being outlined and approved by national organizations of workers.

The food provided for the soldiers and sailors may make or break a nation. This is a broad statement; but apart from the necessity for nutritious and sustaining food for soldiers and sailors, there is the

¹ Originally printed in the Bulletin of the Pan American Union for June, 1927, pp. 551-557.

necessity for providing for these men food which is also palatable and of the kind to which they are accustomed and which they like.

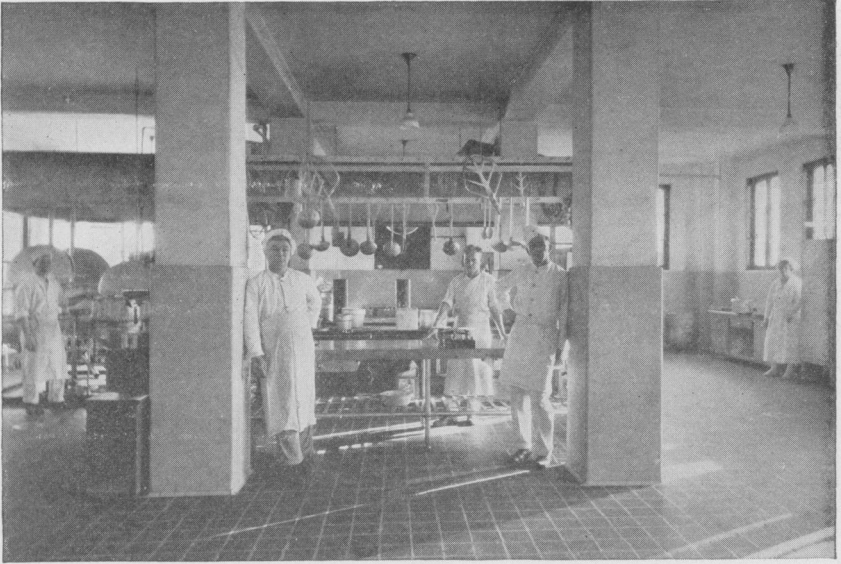
In this country for the Army mess there is a per capita allowance of 50 cents a day. This is also the allowance for the Philippine Scouts. The Navy allows 55 cents a day. Such an allowance for a ration prepared in large quantities in barracks or on ships should provide an excellent, well-balanced menu.

The allowance for Government hospitals is in excess of these rates, and usually runs from 60 cents to \$1.20 a day. The allowance for hospitals is greater than a general ration allowance, because of the special diets and because sick people need a higher quality of food, probably, than people who are up and about; particularly for the tuberculosis hospitals quantities of especially nourishing food are needed.

Since interest in scientific preparation of food has become an accepted fact, we hear much of a balanced ration, calories, vitamins, etc.; and so much has been said and written of certain fundamental principles as applied to the nutriment of families that a balanced ration (a proper proportion of proteins, carbohydrates, fats, etc.) is generally found on the tables of those people who can afford to consider such a question. Among the poorer classes this balanced ration is not found, and as a result there develops among the poor, to a far greater extent than among the "well to do," all sorts of diseases of a dietary nature. Malnutrition in infancy leads to further handicaps in later life. Of course, if persons in poor economic circumstances were better informed as to food values they could secure a much better balanced ration with the money which they have to spend for food. The value of their ration is also dependent somewhat upon methods of cooking. Therefore, if poor people bought wisely and prepared their food well they would be much better nourished than if such were not the case, even though there is a limited amount of money to be expended for food.

The proper number of calories must be maintained, and the vitamins, with their life-giving properties, must be present in sufficient amount if the general health is to be built up and maintained.

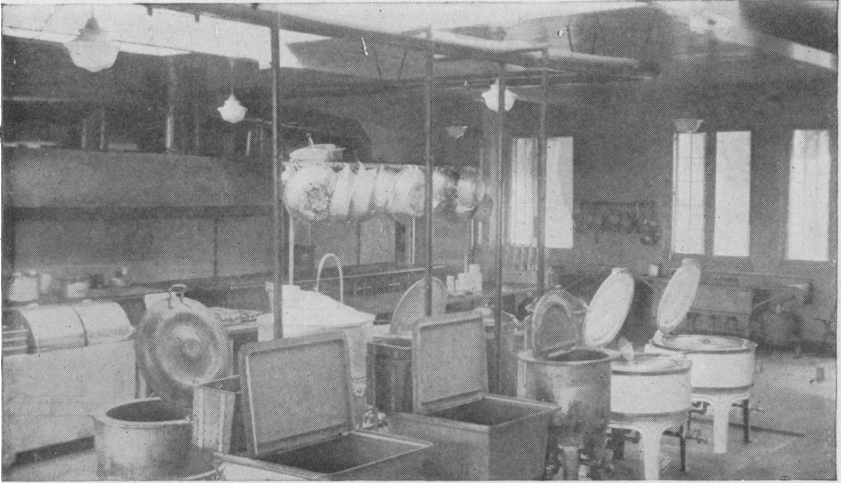
Therefore, for a proper ration in the home a certain amount of knowledge of food values, of how to buy and how to prepare the family ration, is essential. For institutions, dietitians, graduates of recognized schools and colleges, have become a necessary part of the personnel. The dietitian takes charge of a dietary department. The nutritional worker is to the dietitian what the public health nurse is to the general nurse. She is a teacher in the field. Her efforts are directed toward bringing to housewives a knowledge of how better to prepare such food as they have, how to estimate a balanced ration, how to conserve surplus foods by the most approved methods of



Main kitchen, United States Marine Hospital, Stapleton, N. Y.



Subsistence storeroom, United States Marine Hospital, Chicago, Ill.



Main kitchen, United States Marine Hospital (National Leprosarium), Carville, La. The steam equipment—roasters, steamers, cereal cookers, etc.—is set in a depression in the floor, having a gradual slope toward the center, where there is a separate drain. A live steam pipe is provided, by means of which the entire kitchen and all equipment are sterilized routinely once a week. Particular attention is given to corners, crevices, and the under sides of tables, and the kitchen is thus kept entirely free from roaches, ants, and similar pests



One of the dining-room compartments, United States Marine Hospital (National Leprosarium), Carville, La. Two double windows, a lighting fixture, and an electric fan provide an ample amount of light, air, and ventilation. These dining compartments accommodate 24 patients

canning and preserving, and what is meant by hygiene in relation to food. It is for this reason that field work and instruction by nutritional workers among people of more moderate means has proved of immense value through teaching not only a better selection in foods but a better method of preparation, so that the nutritional qualities are safeguarded to the greatest extent. These activities are, and must be, coordinated with those of other health workers, chiefly the public health nurse, whose instruction would take in the general hygiene of the home, including, naturally, the cleanliness of kitchens, the proper disposal of garbage, and the protection of water supplies from surface or other contamination. Close cooperation between all health workers is necessary, therefore, if the best results are to be obtained.

Now comes the question of how the student can be best prepared to meet the great demands which will be made upon her and which she will be expected to meet.

1. Dietetic organizations have outlined courses for the training of dietitians, which must be accepted by and established in universities and colleges desiring to give such training.

2. Institutions and organizations employing these workers demand and need a certain type of knowledge to obtain the desired results.

3. The courses of instruction and the needs of the institution should be correlated to meet both needs.

(A) *Course of instruction.*—The course of instruction as outlined by the dietetic organizations includes, in addition to English, one language, the principals and methods of teaching, and many of the sciences, chemistry, zoology, psychology, sociology, physiology, bacteriology, physics, etc. The practical courses include cooking, food preparation, experimental cookery and meal service, marketing, teaching, problems of nutrition, etc. The theoretical course, four years, is followed by a practical course, under supervision, in a hospital dietetic department, of four to six months. The course entitles the graduate to a degree of bachelor of science. Those students desiring to do field work—that is, teaching of nutrition in public schools or other fields—are not required to take the six months' hospital apprenticeship.

(B) *Practical work in institutions and other organizations.*—Institutions and other organizations employing dietitians are more concerned with the development of the practical aspect of this profession. In hospitals, dietitians in varying grades are assigned to the department.

In their duties are included the purchase of food supplies, the employment of kitchen help, waitresses, and maids for diet kitchens, the proper preparation of food, the outlining of menus for all personnel, the preparation and serving of special diets, the maintenance of discipline in mess halls and among employees of the department, respon-

sibility for cleanliness and general hygiene of kitchens, storerooms, mess halls, and equipment, and many other incidental duties and tasks.

It is seen, therefore, that in this profession there are combined both practical and scientific functions. The dietitian's work is at once one of the most important and one of the most difficult activities of any hospital organization. Hours are long, since all meals for all types of personnel must be covered, and the apportionment must be checked up and carefully supervised. An accurate account of waste must be kept. The allowance of one-third pound per day per ration is considered the minimum of necessary waste and includes both the edible and inedible residue.

Since it is in this department that the greatest expenditure is made, so it is also here that the most effective economies may be practiced, not through the purchase of lower grade, cheaper foods, but through the elimination of unnecessary waste. In order to obtain desired results, therefore, the dietitian should frequently inspect the tray service and visit the patients in the wards so as to ascertain, first, whether the patients are receiving sufficient food and, second, whether this food is of a kind and quality acceptable and palatable. An unusual amount of edible refuse on served trays indicates inevitably one of two things: Either the portions served are too large or the food is not of the kind or quality which the patients desire.

The practical apprenticeship in institutions following the college course is given so that the student becomes thoroughly conversant with all these elements before she attempts to conduct the dietetic department of any institution. The chief dietitian in civilian hospitals is also expected to act as instructor in dietetics, both theoretical and practical, for student nurses.

(C) The question naturally arises, therefore, in view of the manifold duties which the dietitian must perform and the variety of types of personnel which must be fed and satisfied, whether the training is adequate to the needs. Combining, as it does, a practical with a scientific job, the balance between the two functions is a matter for very delicate adjustment.

It is a question in the minds of many institutional administrators whether the practical aspects of the work are not sacrificed to the theoretical and scientific sides of it.

It would seem, in view of the important practical character of this work, that more apprenticeship would be desirable. The sick person, below par in mind as well as body, with few interests beyond the daily hospital procedure and possibly with idiosyncrasies and fancies regarding food, must be understood, studied, and deferred to.

Only a close contact with patients over a prolonged period of time can give this understanding point of view.

In the Government hospitals the most acceptable dietitians are recruited from those schools, of which there are a few, which give practical experience along with their theoretical training.

It is a self-evident fact that in a comparatively new profession the evidence of ability to do the practical job will soon bring recognition of the scientific angles of the dietitians' duties.

To-day many medical cases are treated largely by diet. Accuracy in the preparation of special therapeutic diets, therefore, becomes a necessity, and too great care can not be expended toward making these diets as accurate as a medical prescription.

The position of dietitian in all institutions is analogous to that of the chief nurse in Government institutions or the superintendent of nurses in civilian hospitals. Both departments, nursing and dietetic, are so vitally necessary to the comfort and welfare of the patients that the closest cooperation between the department heads is essential if the best interests of the patients are to be served. Friction inside an institution always results disadvantageously to those for whom the institution is established.

The pay in Government hospitals ranges from \$1,800 to \$2,500 a year, with from \$600 to \$780 deducted for quarters, subsistence, and laundry. In civilian hospitals the pay range is approximately the same. For public health work or field work it may be higher, and in the fields outside the health activities it is still greater.

This profession is still young. It has made great strides in this country since the war, and each day sees new developments and opportunities opening up. The field is almost limitless for the right woman, given the right educational training, both practical and theoretical.

CARBON MONOXIDE POISONING ON A SHIP AT SEA

The following account of what is reported to be three cases of carbon monoxide poisoning, with one death, on board a tanker, is quoted from the British Medical Journal for January 8, 1927 (p. 86). It should serve as a warning to persons whose duties require them to enter large tanks used for storage or the holds of vessels used for the transportation of petroleum or its distillates.

A correspondent sends an account of an oil tanker in ballast which arrived at a foreign port with the captain dead and the first and second engineers ill from carbon monoxide poisoning. He states that in cleaning out the holds in readiness to take a cargo of gasoline the pump had to be taken apart. The second engineer descended to the hold and fell on his back, face upward. The first engineer heard of the accident, went down, and, as he set foot in the hold, fell similarly, face upward. The captain, learning of the double casualty, without waiting to put on a gas mask, and being a powerful

man, went down at once, but, before reaching the bottom of the ladder, fell under the pump, face downward. The three men were brought up to the deck in less than 10 minutes; the two engineers were bleeding from the nose and mouth. Artificial respiration restored the engineers after one and a half hours, but the captain appeared to have died instantaneously. The ship had previously carried a cargo of benzene, and our correspondent emphasizes the necessity of the board of trade insisting that anybody who enters a tanker's hold should be obliged to wear a gas mask. In this particular instance gas masks were available on the deck, though they were not used. He adds that this occurrence should also serve as a warning that care must be taken when "breaking the pump," which in this case was evidently a death trap.

THE NOTIFIABLE DISEASES

PREVALENCE DURING 1926 IN CITIES OF 10,000 TO 100,000 POPULATION

The annual summary of reports of notifiable diseases in small cities of the United States (population 10,000 to 100,000) for the year 1926, compiled by the Public Health Service from data furnished by the health officers of the cities, will soon be issued as Supplement No. 64 to Public Health Reports. It is printed in the same form as the summary for the year 1925, which was published in Public Health Reports, Vol. 41, No. 42, October 15, 1926, and issued separately as Reprint No. 1117. For reasons of economy the summaries of notifiable diseases in large cities (Supplement No. 63), small cities, and States (not yet compiled) are now being issued as supplements to Public Health Reports. As long as the supply lasts these supplements are available, free on request, to subscribers of Public Health Reports and others desiring them.

Current authoritative estimates of population are not available for some of the cities included in the compilation, but the numbers of cases and deaths are shown, and for many of the cities the case and death rates are computed and the average number of cases or the estimated expectancy based on the experience of several preceding years is given for some of the most important diseases.

The following is a list of diseases included in the summary:

Anthrax.	Poliomyelitis (infantile paralysis).
Chicken pox.	Rabies in animals.
Dengue.	Rabies in man.
Diphtheria.	Rocky Mountain spotted fever.
Influenza.	Scarlet fever.
Lethargic encephalitis.	Septic sore throat.
Malaria.	Smallpox.
Measles.	Tuberculosis (all forms and respiratory system).
Meningococcus meningitis.	Typhoid fever.
Mumps.	Typhus fever.
Pellagra.	Whooping cough.
Pneumonia (all forms).	

COURT DECISION RELATING TO PUBLIC HEALTH

Referendum not allowable in case of an ordinance declared to be an emergency measure and in the interest of public health.—(Ohio Supreme Court; State ex rel. Smith v. City of Fremont, 157 N. E. 318; decided May 11, 1927.) On June 12, 1926, the State department of health, finding that the public water supply of the city of Fremont was impure and dangerous to health, ordered the city to change the source of its water supply or to install satisfactory purification works. The city was given a year in which to comply with the order.

On June 15 an ordinance, providing for the issuance of bonds to pay for the installation of a filtration plant, was introduced in the city council, and on June 29 the said ordinance was adopted.

On June 28 more than 10 per cent of the duly qualified electors of the city filled an initiative petition, providing for the drilling of additional deep wells and for a change of the source of the city's water supply from the Sandusky River to certain deep wells then owned by the city and to such other wells as might be necessary. This initiated ordinance was approved by the required vote at a general election held on November 2.

On August 3 the city council passed another ordinance authorizing the director of public service to advertise for bids and to contract for the construction of the filtration plant, and on September 8 a contract was awarded in accordance with plans and specifications approved by the State department of health.

In a mandamus proceeding against the city, the supreme court was asked for an order directing the defendant to employ an experienced deep-well driller and contractor for the purpose of drilling wells and constructing an emergency reservoir and equipment, as provided in the initiated ordinance adopted on November 2.

The court, with two justices dissenting, held that, since the city council had declared the ordinance adopted on June 29 to be an emergency measure and in the interest of public health and safety, there could be no referendum under the State constitution. The court stated:

The effect of the initiative petition and its subsequent adoption by the people would be nothing less than a referendum upon the measure adopted by the city council. It is the invoking of initiative legislation as a substitute for and in lieu of a referendum; it is an attempt to repeal legislative action by invoking initiative action.

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

Governor Young, of California, has appointed Dr. Walter M. Dickie director of the new State department of public health which began functioning July 29, 1927, the old California State

Board of Health passing out of existence July 28, 1927, after having been in operation continuously since April 1, 1870—more than 57 years.

Doctor Dickie has been secretary and executive officer of the California State Board of Health since August, 1920. Under the new law he will be a member of the Governor's Cabinet as director of the State department of public health.

PUBLIC HEALTH ENGINEERING ABSTRACTS

Screening Sewage to Protect Bathing Beaches. Edmund B. Besslievre. *The American City*, vol. 36, No. 6, July, 1927, pp. 774-775. (Abstract by W. L. Havens.)

The danger of beach pollution is threatening practically all of our coastal cities and is causing more and more attention to be given the subject of sewage treatment, not only to escape the menace to health, but also to avoid the visual evidence of sewage pollution. Mechanical fine screening offers one method of treatment in which the cost of installation is surprisingly moderate and the upkeep and running charges are remarkably low. In cities where an incinerator for the garbage is available, the problem of screenings disposal is a minor one. In places where an incinerator is lacking, the screenings may be buried in adjacent fields or farms.

The Main Drainage System of Liverpool. H. C. Williams, Assistant City Engineer, Liverpool, England. *Journal Royal Sanitary Institute*, vol. 47, No. 12, June, 1927, pp. 677-685. (Abstract by G. H. Hazlehurst.)

This article is a description of the disposal system, its layout and construction, at the city of Liverpool.

Disposal of the greater part of the sewage is by dilution with sea water, where many thousands of volumes are available. A small percentage of the total population has made it necessary to relieve the load on the sewage farms by primary treatment works.

The layout consists of laterals, mains, and interceptors. The construction covers many types.

Bloomington and Normal Sewage Treatment Plant. Stanley Pinel. *Water Works*, vol. 66, No. 4, April, 1927, pp. 141-145. (Abstract by H. B. Hommon.)

The treatment plant was designed to treat sewage from a population of 54,000 (estimate for 1950) and includes grit chamber, pumping station, primary settling tanks (Imhoff), sludge-drying beds, dosing tanks, sprinkling filters, and secondary tank with mechanical device for concentrating sludge around outlet.

About one-third of the sludge beds is covered with a greenhouse type of building. The sprinkling filters, made of crushed stone, are 8 feet deep.

Sewage Treatment and Disposal Research for California. C. G. Gillespie. *Western Construction News*, vol. 2, No. 4, February 25, 1927, pp. 31-32. (Abstract by E. A. Reinke.)

This is an argument in favor of a bill before the California State Legislature to appropriate moneys for sewage and industrial waste research. An outline of the proposed work is given. The article should be of particular value to engineers who wish to support similar legislation.

Court Decides Use of Private Stream for Drainage Constitutes Illegal Possession. Memorandum furnished by Canadian Department of Health. (Abstract by V. M. Ehlers.)

Litigation begun July, 1923, by Dr. D. E. Lecavalier against the city of Montreal to restrain the city from using certain land owned by Doctor Lecavalier for drainage was concluded April, 1927, the Superior Court decreeing that the city of Montreal should pay Doctor Lecavalier \$144,000 for the property, and a registration of the present judgment is to serve as a legal title to the property.

In 1923 the city was enjoined by the court to refrain from sending drainage through the property in question. Refusing to refrain, the city was fined \$500 for contempt. This procedure was repeated in 1924 and again in 1925, when the fine was increased to \$2,000.

Inasmuch as the city had refused to abide by the decision of the court in these three instances, the judgment stated that the city had obtained illegal possession of the property, thereby entitling the plaintiff to receive payment. The amount due as decreed by the court was based upon the opinion of an expert real-estate man and included interest at 5 per cent per annum for a period of 12 years, the time during which the city had illegally used the land.

Public Health Engineering in Latin America. E. H. Magoon. *American Journal of Public Health*, vol. 17, No. 4, April, 1927, pp. 336-341. (Abstract by Chester Cohen.)

The article is a discussion of the working plans of the sanitary service in the various Latin American countries. It describes the organization and administration of the departments of sanitation and sanitary engineering and gives an idea of the scope of work and general attitude of the public towards the problems of public health engineering.

The sanitary service of Nicaragua is interesting in that it gives considerable responsibility to the engineering section and represents an organization suitable for rapid and efficient progress in the field work of the health department without involving large expenditures by the State. The existing health divisions have been united into a compact unit, and each city and town government is obliged by law to set aside 10 per cent of its revenues for sanitary works or for the maintenance of municipal sanitary service as directed by the director general of health. The municipal governments are required to submit plans to this director for approval of all works which have a relation to public health, such as public markets, slaughter houses, hospitals, asylums, water systems, sewerage systems, drainage systems, schools, etc. The health law empowers the section of sanitation and sanitary engineering to have in its charge the approval of all sanitation plans of the town, sanitation of the ports and such measures as may be necessary to avoid the invasions of diseases, approval of plans of public buildings and residences which have to do with public hygiene, sanitary inspections of public and private buildings, the direction of antimalaria work, the adoption of types of latrines for different regions of the country, and such studies and investigations as may be assigned them by the director general.

Typhoid Fever—Chicago Establishes a Record. Dr. Herman N. Bundesen, Commissioner of Health. *Chicago's Health*, vol. 21, No. 4, January 25, 1927, pp. 26-32. (Abstract by I. W. Mendelsohn.)

In 1926 there were 149 cases of and 24 deaths from typhoid fever, the death rate being 0.79 per 100,000 population. This is the lowest death rate for typhoid fever in the city's history. Comparative figures are given, including city records since 1867, and of other large cities of the United States. The tables also include an interesting statistical analysis of the occurrence of typhoid fever in the city in 1926. The number of typhoid carriers on record at the end of the year was 49.

The effective control of typhoid fever in Chicago is attributed to: (1) More careful and more exact chlorination of the water supply; (2) more effective and more efficient Pasteurization of the milk supply; and (3) more careful work in the discovery and supervision of carriers.

Opportunities for Engineers in the United States Civil Service. United States Civil Service Commission Pamphlet, November, 1926. 42 pages. (Abstract by I. W. Mendelsohn.)

This pamphlet gives general information of the work performed by various engineers, including sanitary, in all branches of the Federal Government, together with the number of engineers in the various grades and salaries received. Sanitary engineers are employed in the Bureau of Animal Industry, Department of Agriculture (2), the Public Health Service (22), the Veterans' Bureau (1), and the Quartermaster Corps, War Department (2).

Annual Report of President of Board of Health of the Territory of Hawaii for Fiscal Year Ending June 30, 1926. 207 pages. (Abstract by I. W. Mendelsohn.)

This report gives a review of work accomplished by each bureau of the health department. The reports of the sanitary inspectors of the islands consider supervision of milk supplies, rural sanitation, sanitation of canneries, sugar cane and pineapple plantations, garbage and refuse disposal, mosquito and plague control, plumbing, and water and sewerage.

Bureau of Sanitary Engineering.—The activities of this bureau include preparing plans and specifications for several public cottages and buildings, including those for the board of health; investigating public water supplies and sewage disposal conditions; preparing an estimate of the population of the Territory and its subdivisions; preparing maps of various kinds for all bureaus of the health department; and water analyses in the laboratory.

During the year four public water-supply systems were installed. Plans were being prepared for four new public supplies, and also for additions to the Honolulu system. Plans are being prepared for a number of public sewerage systems.

The liquid wastes from industries, including pineapple canneries at Honolulu, are being discharged into Kalihi Bay, part of Honolulu harbor. This is causing a serious condition.

Annual Report of the International Health Board of the Rockefeller Foundation for the year 1925. *The Military Surgeon*, vol. 59, No. 3, September, 1926, pp. 379-383. (Abstract by R. E. Tarbett.)

The board gave assistance to public health enterprises in 97 States and countries, in connection with disease surveys, control of yellow fever and hookworm, studies in connection with malaria control, assistance in rural health work, and educational work.

In addition to work in Tennessee with the State board of health, hookworm control was carried on in the Spanish-American countries and the West and East Indies. Field studies in malaria and malaria demonstrations were continued in 12 States of the United States—Porto Rico—one state each in Brazil and Argentina—Italy, Palestine, and the Philippine Islands, some work also being done in Haiti, Costa Rica, and Nicaragua.

The freedom of the Western Hemisphere from yellow fever released men and funds for work on the West Coast of Africa, this work being started about the middle of the year.

Assistance was also rendered to the county health service in the United States.

A Summary of the Sanitary Condition of Incorporated Cities of Florida, 1927. Pamphlet, Bureau of Engineering, Florida State Board of Health. 40 pages. (Abstract by E. J. Theriault.)

Results of sanitary surveys. The condition of the towns is of January-February, 1927. Members of the field force of the bureau of engineering made the necessary visits to each town and city. It is proposed to make this "inventory" of sanitary conditions each year.

State Regulation of Public Baths, Swimming Pools, Laundries or Washhouses, and Comfort or Convenience Stations. Anon. *Journal of the American Associa-*

tion for Promoting Hygiene and Public Baths, vol. 9, April, 1927, pp. 63-65. (Abstract by Arthur P. Miller.)

This compilation is a summary of the State regulations on the places enumerated in the title. It would be exceedingly useful to anyone desiring to prepare such regulations or revise existing ones.

The Comfort Zone for Men at Rest Stripped to the Waist. C. P. Yagloglou, *Journal of the American Society of Heating and Ventilating Engineers*, vol. 33, No. 5, May, 1927, p. 285. (Abstract by Leonard Greenburg.)

This paper records the results obtained in a series of experiments designed for the purpose of delineating the comfort zone for men at rest and stripped to the waist. The experiments were performed in the psychrometric chamber of the department of ventilation and illumination, Harvard School of Public Health. Eighty-five men acted as subjects, their ages varying from 20 to 55 years. Experiments took place in the winter of 1925-26, and in the summer of 1926. The humidity was maintained at 30 per cent in 8 of these studies and at 70 per cent in 8 other studies. In general, the experiments took place in the afternoon and lasted from $2\frac{1}{4}$ to 4 hours. While in the chamber the subjects sat at their ease in chairs and read, wrote, or conversed. Every 10 minutes they were asked to express their sensations of warmth in five different groups, viz: (1) cold; (2) comfortably cool; (3) very comfortable; (4) comfortably warm; (5) too warm. In order to eliminate the effects of diurnal changes in the adaptation to atmospheric conditions, the region of probable comfort was explored by starting at a warm condition and going to the most comfortable condition and starting at a cool condition and increasing temperatures to the most comfortable condition, and lastly by starting at the most comfortable condition and in one series by increasing temperatures and in other series by decreasing temperatures. From these studies the comfort zone for men at rest and stripped to the waist was found to lie between 66° and 83° on the effective temperature scale with the optimum at $72\frac{1}{2}^{\circ}$. The author feels that the failure to discover evidence of seasonal acclimatization may proceed from either of two causes: the data obtained in the summer may be too few, or the seasonal changes in adaptation to climate may be smaller than the experimental error. A valuable thermometric chart for human beings at rest and stripped to the waist is presented. This is similar to the previous charts issued by the American Society of Heating and Ventilating Engineers, but in addition it is provided with a comfort scale.

School Ventilation Laws. Thomas J. Duffield. *Journal of the American Society of Heating and Ventilating Engineers*, vol. 33, No. 6, June, 1927, p. 388. (Abstract by Leonard Greenburg.)

This very brief paper provides certain basic principles which the New York State Commission on Ventilation have formulated in response to requests for suggestions as to the matter which should be included in school ventilation laws. The requirements for heating and ventilation are essentially the following: (1) The provision of sufficient heating capacity to heat (a) corridors, gymnasiums, and shops to a temperature of 65° ; (b) swimming pools and dressing rooms, 75° ; (c) all other occupied rooms, 68° ; (2) all classrooms shall have at least 15 square feet of floor space per pupil and should have a system of ventilation capable of avoiding the production of unpleasant odors usually associated with more than 15 parts of carbon dioxide per 10,000, and capable of functioning without producing chilling drafts. Such ventilation shall be accomplished by either window gravity or mechanical means or by any other method which will attain the desired result. Ventilation of auditoria, chemical laboratories, shops, etc., shall be obtained preferably by mechanical means; (3) every schoolroom shall be provided with at least one thermometer; (4) an approved system of ventilation shall be maintained in operation whenever school is in session.

Report of the Committee on Milk Supply. Anon. *American Journal of Public Health*, vol. 7, No. 4, April, 1927, pp. 367-379. (Abstract by R. E. Irwin.)

The committee gave consideration to "(1) the effect of the processing of milk, especially Pasteurization, on its creaming ability, and (2) an outline of the principles upon which definitions of Pasteurization should be based."

"In the literature reviewed on the creaming ability of milk, the committee found that various factors had been reported by investigators as affecting the creaming ability of raw milk. These include the breed of cattle from which the milk is obtained, the stage of lactation of the dairy cow, the percentage of fat in the milk and the size and grouping of the fat globules, the viscosity of the milk serum, the temperature of the milk during creaming, the re-creaming of the milk, the passing of the milk through a separator and remixing the cream and the milk, and the agitation of the milk."

"The factors reported in the literature as affecting the creaming ability of the milk after it reaches the Pasteurization plant are clarification, Pasteurization (including heating and holding, type of apparatus, heating medium), agitation, cooling, and storing."

In discussing the principles on which a definition for Pasteurization should be based, the committee includes the following: "(1) Health officers are not now possessed of the proper data to enable them wisely to formulate and apply a complete definition of Pasteurization; (2) a proper definition of Pasteurization will be one which applies to every particle of milk Pasteurized and which requires in addition a margin of safety for the design and operation approximations of commercial practice; (3) each make of apparatus must be tested to determine its required margin of safety and to disclose design defects which must be corrected, and then subsequent tests should be made to determine the continued efficiency of the apparatus under operating conditions; (4) the testing work should preferably be done by an agency whose work will be respected nationally by both health officers and the industry; (5) until the desired information is available health officials should support vigorously effective control over Pasteurization, and in addition to existing time and temperature requirements, they should apply the Pasteurization specifications outlined in this report."

Food Poisoning by Rats. Anon. *Hygeia*, vol. 5, No. 6, June, 1927, p. 14. (Abstract by H. D. Cashmore.)

The matter of food poisoning by rats is still an important problem. Meyer and Matsumura, of the California Hooper Foundation for Medical Research, found approximately 8 per cent of the rats examined infected with one or two transmissible bacterial diseases, 2 per cent shedding virulent types capable of infecting food, and, further, that 6 per cent near slaughterhouses and retail merchants could do this.

Feces were added to food of kittens and tame rats and four rat-borne diseases were produced—hemorrhagic septicemia, plague, rat typhoid, and pseudo-tuberculosis. The first, being similar to plague, has complicated the campaigns against it, but now that the specific organism has been located and classified, the disease can be definitely diagnosed.

If conditions exist as these observers picture them, it is high time that a very definite program for the eradication of the rat be instituted, for there are no doubt worse conditions elsewhere than these men found.

Examination for Entrance into the Regular Corps of the United States Public Health Service

Examinations of candidates for entrance into the Regular Corps of the United States Public Health Service will be held at the following-named places on the date specified:

Washington, D. C.....	Nov. 7, 1927.
Chicago, Ill.....	Do.
New Orleans, La.....	Do.
San Francisco, Calif.....	Do.

Candidates must be not less than 23 nor more than 32 years of age, and they must have been graduated in medicine at some reputable medical college, and have had one year's hospital experience or two years' professional practice. They must pass satisfactorily oral, written, and clinical tests before a board of medical officers and undergo a physical examination.

Successful candidates will be recommended for appointment by the President, with the advice and consent of the Senate.

Requests for information or permission to take this examination should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C.

DEATHS DURING WEEK ENDED AUGUST 6, 1927

Summary of information received by telegraph from industrial insurance companies for week ended August 6, 1927, and corresponding week of 1926. (From the Weekly Health Index, August 10, 1927, issued by the Bureau of the Census, Department of Commerce)

	Week ended Aug. 6, 1927	Corresponding week 1926
Policies in force.....	68, 155, 875	65, 044, 993
Number of death claims.....	11, 530	10, 197
Death claims per 1,000 policies in force, annual rate..	8. 8	8. 2

Deaths from all causes in certain large cities of the United States during the week ended August 6, 1927, infant mortality, annual death rate, and comparison with corresponding week of 1926. (From the Weekly Health Index, August 10, 1927, issued by the Bureau of the Census, Department of Commerce).

City	Week ended Aug. 6, 1927		Annual death rate per 1,000 corresponding week 1926	Deaths under 1 year		Infant mortality rate, week ended Aug. 6, 1927 ²
	Total deaths	Death rate ¹		Week ended Aug. 6, 1927	Corresponding week 1926	
Total (66 cities).....	5,715	10.4	10.6	645	712	54
Albany ³	32	13.9	13.6	3	1	63
Atlanta.....	82			17	11	
White.....	48			8	6	
Colored.....	34	(⁹)		9	5	
Baltimore ³	194	12.4	13.3	25	14	77
White.....	141		11.9	16	10	62
Colored.....	53	(⁹)	21.5	9	4	140
Birmingham.....	57	13.8	15.6	8	6	
White.....	26		11.4	2	3	
Colored.....	31	(⁹)	19.5	6	3	
Bridgeport.....	20			3	2	56
Buffalo.....	124	11.8	10.8	17	19	71
Cambridge.....	19	8.0	9.8	1	4	18
Camden.....	16	6.3	11.1	3	2	52
Canton.....	13	6.0	5.7	2	0	47
Chicago ³	575	9.7	10.0	74	71	64
Cincinnati.....	111	14.0	16.7	15	18	94
Cleveland.....	144	7.6	9.1	18	21	48
Columbus.....	62	11.1	12.4	7	8	65
Dallas.....	48	12.0	12.1	5	12	
White.....	35		11.6	3	11	
Colored.....	13	(⁹)	15.4	2	1	
Dayton.....	41	11.9	6.2	6	4	99
Denver.....	60	10.8	11.0	5	3	
Des Moines.....	31	10.8	8.6	5	1	84
Detroit.....	223	8.7	9.8	36	40	57
Duluth.....	25	11.3	10.6	1	3	22
El Paso.....	27	12.3	8.6	6	5	
Erle.....	19			2	2	39
Fall River ³	24	9.4	13.9	3	6	53
Flint.....	19	6.9	6.9	7	6	114
Fort Worth.....	39	12.4	8.5	2	5	
White.....	33		7.4	2	5	
Colored.....	6	(⁹)	16.5	0	0	
Grand Rapids.....	23	7.5	8.0	3	2	44
Houston.....	53			9	6	
White.....	33			7	6	
Colored.....	20	(⁹)		2	0	
Indianapolis.....	69	9.6	12.6	6	13	47
White.....	57		12.1	5	11	45
Colored.....	12	(⁹)	16.6	1	2	61
Jersey City.....	53	8.6	8.4	3	8	22
Kansas City, Kans.....	33	14.7	16.0	3	5	58
White.....	24		11.3	3	2	67
Colored.....	9	(⁹)	38.2	0	3	0
Kansas City, Mo.....	93	12.7	14.0	14	12	
Knoxville.....	31	15.8		2	2	
White.....	29			2	2	
Colored.....	2	(⁹)		0	0	
Los Angeles.....	231			23	25	66
Louisville.....	71	11.6	11.4	12	17	102
White.....	51		10.3	8	14	78
Colored.....	20	(⁹)	17.8	4	3	280
Lowell.....	27	12.8	12.3	9	3	173
Lynn.....	22	10.9	7.0	1	1	26
Memphis.....	79	23.0	19.4	10	11	
White.....	36		10.1	2	4	
Colored.....	43	(⁹)	36.4	8	7	
Milwaukee.....	102	10.0	8.8	7	7	33
Minneapolis.....	64	7.6	9.7	6	5	34
Nashville ³	46	17.4	13.3	6	5	
White.....	30		8.5	4	3	
Colored.....	16	(⁹)	25.4	2	2	
New Bedford.....	21	9.2	10.0	3	6	52
New Haven.....	24	6.8	7.4	0	3	0

See footnotes at end of table

Deaths from all causes in certain large cities of the United States during the week ended August 6, 1927, infant mortality, annual death rate, and comparison with corresponding week of 1926—Continued

City	Week ended Aug. 6, 1927		Annual death rate per 1,000 corresponding week 1926	Deaths under 1 year		Infant mortality rate, week ended Aug. 6, 1927
	Total deaths	Death rate		Week ended Aug. 6, 1927	Corresponding week 1926	
New Orleans.....	160	19.7	17.5	20	17	-----
White.....	88		14.1	9	12	-----
Colored.....	72	(⁶)	27.3	11	5	-----
New York.....	1,115	9.7	9.9	129	131	53
Bronx Borough.....	152	8.6	8.3	12	11	38
Brooklyn Borough.....	367	8.4	7.9	52	45	54
Manhattan Borough.....	442	12.7	14.0	53	58	62
Queens Borough.....	110	7.1	7.2	10	11	43
Richmond Borough.....	44	15.6	10.9	2	6	37
Newark, N. J.....	79	8.8	10.6	9	17	45
Oakland.....	53	10.4	7.6	3	4	35
Oklahoma City.....	28			4	4	-----
Omaha.....	47	11.2	11.6	5	7	56
Paterson.....	26	9.4	10.6	0	3	0
Philadelphia.....	454	11.6	10.1	37	56	49
Pittsburgh.....	133	10.8	12.1	17	21	59
Portland, Oreg.....	50			1	4	11
Providence.....	47	8.7	7.6	5	6	42
Richmond.....	42	11.4	13.5	4	9	53
White.....	22		10.5	2	2	40
Colored.....	20	(⁶)	20.9	2	7	76
Rochester.....	57	9.2	10.7	5	3	42
St. Louis.....	160	9.9	11.3	17	25	-----
St. Paul.....	44	9.2	9.0	3	3	27
Salt Lake City ⁴	37	14.2	10.2	3	2	46
San Antonio.....	41	10.1	14.0	5	9	-----
San Diego.....	30	13.6	11.4	6	2	128
San Francisco.....	163	14.8	11.3	9	6	56
Schenectady.....	10	5.6	10.7	0	1	0
Seattle.....	73			4	3	42
Somerville.....	14	7.2	6.3	0	4	0
Spokane.....	22	10.5	12.0	3	1	75
Springfield, Mass.....	23	8.2	9.7	1	1	15
Syracuse.....	43	11.4	10.1	4	5	51
Tacoma.....	17	8.3	13.3	1	2	24
Toledo.....	47	8.1	9.7	3	5	29
Trenton.....	31	11.8	7.4	4	0	79
Washington, D. C.....	99	9.6	12.3	12	16	69
White.....	61		8.7	6	7	51
Colored.....	38	(⁶)	23.0	6	9	110
Waterbury.....	26			3	5	71
Wilmington, Del.....	17	7.0	7.6	1	4	25
Worcester.....	33	8.8	8.1	2	0	24
Yonkers.....	11	4.8	9.4	1	2	23
Youngstown.....	18	5.6	10.7	2	3	28

¹ Annual rate per 1,000 population.

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

³ Data for 65 cities.

⁴ Data for 60 cities.

⁵ Deaths for week ended Friday Aug. 5, 1927.

⁶ In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta 31, Baltimore 15, Birmingham 39, Dallas 15, Fort Worth 14, Houston 25, Indianapolis 11, Kansas City (Kans.) 14, Knoxville 15, Louisville 17, Memphis 38, Nashville 30, New Orleans 26, Richmond 32, and Washington, D. C., 25.

PREVALENCE OF DISEASE

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

UNITED STATES

CURRENT WEEKLY STATE REPORTS

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

Reports for Week Ended August 13, 1927

DIPHTHERIA		Cases	INFLUENZA		Cases
Alabama	.....	17	Alabama	.....	12
Arizona	.....	2	Arkansas	.....	14
Arkansas	.....	1	California	.....	4
California	.....	65	Florida	.....	4
Colorado	.....	21	Georgia	.....	24
Connecticut	.....	33	Illinois	.....	23
Florida	.....	10	Indiana	.....	12
Georgia	.....	18	Kansas	.....	8
Idaho	.....	2	Louisiana	.....	10
Illinois	.....	90	Maryland ¹	.....	5
Indiana	.....	18	Massachusetts	.....	2
Iowa ¹	.....	5	Oklahoma ²	.....	8
Kansas	.....	9	Oregon	.....	9
Louisiana	.....	19	South Carolina	.....	106
Maine	.....	17	Tennessee	.....	5
Maryland ¹	.....	22	Texas	.....	24
Massachusetts	.....	38	Wisconsin	.....	6
Michigan	.....	34			
Minnesota	.....	25			
Mississippi	.....	17			
Missouri	.....	18			
Montana	.....	2			
Nebraska	.....	2			
New Jersey	.....	68			
New Mexico	.....	6			
New York ²	.....	37			
North Carolina	.....	37			
Oklahoma ²	.....	14			
Oregon	.....	7			
Pennsylvania	.....	76			
Rhode Island	.....	4			
South Carolina	.....	19			
South Dakota	.....	2			
Tennessee	.....	21			
Texas	.....	22			
Utah ¹	.....	4			
Vermont	.....	1			
Washington	.....	16			
West Virginia	.....	12			
Wisconsin	.....	26			

		Cases	MEASLES		Cases
Alabama	.....	17	Alabama	.....	30
Arizona	.....	2	Arizona	.....	3
Arkansas	.....	1	Arkansas	.....	14
California	.....	65	California	.....	50
Colorado	.....	21	Colorado	.....	2
Connecticut	.....	33	Connecticut	.....	6
Florida	.....	10	Delaware	.....	2
Georgia	.....	18	Florida	.....	10
Illinois	.....	90	Georgia	.....	5
Indiana	.....	18	Illinois	.....	29
Iowa ¹	.....	5	Indiana	.....	1
Kansas	.....	9	Iowa ¹	.....	4
Louisiana	.....	19	Kansas	.....	23
Maine	.....	17	Louisiana	.....	1
Maryland ¹	.....	22	Maine	.....	1
Massachusetts	.....	38	Maryland ¹	.....	12
Michigan	.....	34	Massachusetts	.....	62
Minnesota	.....	25	Michigan	.....	23
Mississippi	.....	17	Minnesota	.....	13
Missouri	.....	18	Missouri	.....	7
Montana	.....	2	Montana	.....	2
Nebraska	.....	2	Nebraska	.....	8
New Jersey	.....	68	New Jersey	.....	18
New Mexico	.....	6	New Mexico	.....	7
New York ²	.....	37			
North Carolina	.....	37			
Oklahoma ²	.....	14			
Oregon	.....	7			
Pennsylvania	.....	76			
Rhode Island	.....	4			
South Carolina	.....	19			
South Dakota	.....	2			
Tennessee	.....	21			
Texas	.....	22			
Utah ¹	.....	4			
Vermont	.....	1			
Washington	.....	16			
West Virginia	.....	12			
Wisconsin	.....	26			

¹ Week ended Friday.

² Exclusive of New York City.

³ Exclusive of Oklahoma City and Tulsa.

¹ Week ended Friday.

² Exclusive of Oklahoma City and Tulsa.

MEASLES—continued	Cases
New York ¹	93
North Carolina.....	164
Oklahoma ²	21
Oregon.....	17
Pennsylvania.....	47
Rhode Island.....	1
South Carolina.....	52
South Dakota.....	4
Tennessee.....	6
Texas.....	8
Utah ¹	2
Vermont.....	6
Washington.....	30
West Virginia.....	6
Wisconsin.....	78
Wyoming.....	4

MENINGOCOCCUS MENINGITIS

Alabama.....	2
California.....	2
Connecticut.....	1
Florida.....	2
Idaho.....	1
Illinois.....	3
Kansas.....	5
Michigan.....	1
Minnesota.....	1
Missouri.....	2
Montana.....	1
Nebraska.....	1
Oregon.....	8
Pennsylvania.....	1
Tennessee.....	1
Washington.....	1
West Virginia.....	1
Wisconsin.....	5

POLIOMYELITIS

Alabama.....	1
Arizona.....	1
California.....	63
Colorado.....	1
Connecticut.....	8
Florida.....	2
Illinois.....	7
Indiana.....	3
Iowa ¹	1
Kansas.....	4
Louisiana.....	1
Massachusetts.....	28
Michigan.....	2
Minnesota.....	1
Mississippi.....	1
Missouri.....	8
Nebraska.....	1
New Jersey.....	13
New Mexico.....	9
New York ²	13
North Carolina.....	1
Oklahoma ³	11
Oregon.....	1
Pennsylvania.....	4
South Carolina.....	2

¹ Week ended Friday.² Exclusive of New York City.³ Exclusive of Oklahoma City and Tulsa.

POLIOMYELITIS—continued	Cases
Tennessee.....	5
Texas.....	19
Wisconsin.....	2

SCARLET FEVER

Alabama.....	19
Arizona.....	1
Arkansas.....	2
California.....	38
Colorado.....	19
Connecticut.....	8
Florida.....	5
Georgia.....	8
Idaho.....	3
Illinois.....	78
Indiana.....	30
Iowa.....	7
Kansas.....	28
Louisiana.....	8
Maine.....	23
Maryland.....	4
Massachusetts.....	81
Michigan.....	52
Minnesota.....	55
Mississippi.....	8
Missouri.....	22
Montana.....	29
Nebraska.....	28
New Jersey.....	29
New Mexico.....	6
New York.....	46
North Carolina.....	20
Oklahoma.....	9
Oregon.....	4
Pennsylvania.....	44
Rhode Island.....	4
South Carolina.....	13
South Dakota.....	3
Tennessee.....	35
Texas.....	14
Utah.....	8
Vermont.....	1
Washington.....	6
West Virginia.....	15
Wisconsin.....	68
Wyoming.....	2

SMALLPOX

Alabama.....	3
Arkansas.....	2
California.....	7
Florida.....	7
Idaho.....	2
Illinois.....	4
Indiana.....	30
Iowa ¹	9
Kansas.....	2
Louisiana.....	1
Michigan.....	11
Mississippi.....	2
Missouri.....	3
Nebraska.....	6
North Carolina.....	4
Oklahoma ²	30

¹ Week ended Friday.² Exclusive of Oklahoma City and Tulsa.

SMALLPOX—continued	Cases
Oregon.....	15
Pennsylvania.....	1
South Carolina.....	3
South Dakota.....	3
Tennessee.....	2
Texas.....	16
Utah ¹	1
Washington.....	8
West Virginia.....	29
Wisconsin.....	6

TYPHOID FEVER	Cases
Alabama.....	70
Arizona.....	5
California.....	20
Colorado.....	10
Connecticut.....	3
Delaware.....	3
Florida.....	18
Georgia.....	83
Idaho.....	4
Illinois.....	59
Indiana.....	20
Iowa ¹	8
Kansas.....	22
Louisiana.....	43

¹ Week ended Friday.

TYPHOID FEVER—continued	Cases
Maine.....	8
Maryland ¹	51
Massachusetts.....	16
Michigan.....	15
Minnesota.....	10
Mississippi.....	29
Missouri.....	31
Montana.....	3
Nebraska.....	10
New Jersey.....	16
New Mexico.....	3
New York ²	25
North Carolina.....	103
Oklahoma ³	95
Oregon.....	3
Pennsylvania.....	29
Rhode Island.....	1
South Carolina.....	142
Tennessee.....	148
Texas.....	18
Utah ¹	2
Washington.....	3
West Virginia.....	24
Wisconsin.....	12
Wyoming.....	1

¹ Week ended Friday.

² Exclusive of New York City.

³ Exclusive of Oklahoma City and Tulsa.

Reports for Week Ended August 6, 1927

DIPHThERIA	Cases
District of Columbia.....	10
North Dakota.....	7

MEASLES	Cases
North Dakota.....	10

MENINGOCOCCUS MENINGITIS	Cases
North Dakota.....	1

SCARLET FEVER	Cases
District of Columbia.....	1
North Dakota.....	22

SMALLPOX	Cases
District of Columbia.....	1

TYPHOID FEVER	Cases
District of Columbia.....	5
North Dakota.....	2

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	Meningo-coccus meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Polio-myelitis	Scarlet fever	Small-pox	Typhoid fever
<i>April, 1927</i>										
Arkansas.....	0	19	227	102	719	26	0	19	20	25
<i>June, 1927</i>										
Hawaii Territory.....	2	41	3		81		0	5	0	11
Rhode Island.....	0	48	1		30		1	107	0	0
<i>July, 1927</i>										
Arizona.....	0	6			318		14	13	1	10
Connecticut.....	4	77	5		131		4	85	0	9
Georgia.....	1	44	124	295	102	89	6	37	85	399
Nebraska.....		20			107		0	53	45	11
North Dakota.....	1	9		1	31		0	83	13	1
Vermont.....	0	4			158		2	15	0	3

<i>April, 1927</i>		<i>July, 1927—Continued</i>	
	Cases		Cases
Arkansas:		Dengue:	
Chicken pox.....	120	Georgia.....	1
Hookworm disease.....	1	Dysentery:	
Mumps.....	109	Georgia.....	78
Ophthalmia neonatorum.....	2	German measles:	
Trachoma.....	5	Connecticut.....	9
Whooping cough.....	254	Nebraska.....	19
		Leprosy:	
<i>June, 1927</i>		Arizona.....	1
Chicken pox:		Malta fever:	
Hawaii Territory.....	18	Arizona.....	2
Rhode Island.....	71	Mumps:	
Conjunctivitis:		Arizona.....	13
Hawaii Territory.....	1	Connecticut.....	59
German measles:		Georgia.....	34
Rhod: Island.....	2	Nebraska.....	70
Leprosy:		North Dakota.....	3
Hawaii Territory.....	4	Vermont.....	52
Mumps:		Rabies in animals:	
Rhode Island.....	23	Connecticut.....	4
Ophthalmia neonatorum:		Septic sore throat:	
Rhode Island.....	1	Connecticut.....	3
Septic sore throat:		Georgia.....	14
Rhode Island.....	2	Tetanus:	
Tetanus:		Connecticut.....	3
Hawaii Territory.....	2	Trachoma:	
Whooping cough:		Arizona.....	1
Hawaii Territory.....	35	Tularaemia:	
Rhode Island.....	22	North Dakota.....	2
		Typhus fever:	
<i>July, 1927</i>		Georgia.....	1
Anthrax:		Whooping cough:	
Georgia.....	1	Arizona.....	2
Chicken pox:		Connecticut.....	113
Arizona.....	8	Georgia.....	118
Connecticut.....	157	Nebraska.....	62
Georgia.....	8	North Dakota.....	15
Nebraska.....	30	Vermont.....	84
North Dakota.....	17		
Vermont.....	67		

PLAGUE-INFECTED GROUND SQUIRRELS IN CONTRA COSTA COUNTY, CALIF.

With further reference to the case of bubonic plague at Clayton, Contra Costa County, Calif., July 8, 1927,¹ Dr. Walter M. Dickie, director of the California State Department of Public Health, in a letter dated August 10, states that two groups of ground squirrels (four in one group and six in the other) from two ranches in the Clayton district have been proved positive for plague by laboratory inoculation and confirmed by cultures.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 95 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of nearly 30,350,000. The estimated population of the 92 cities reporting deaths is nearly 30,200,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

¹ Public Health Reports, July 22, 1927, p. 1920.

Weeks ended July 30, 1927, and July 31, 1926

	1927	1926	Estimated expectancy
<i>Cases reported</i>			
Diphtheria:			
41 States.....	967	858	
95 cities.....	550	454	520
Measles:			
40 States.....	1,845	2,588	
95 cities.....	340	610	
Poliomyelitis:			
42 States.....	142	63	
Scarlet fever:			
41 States.....	1,029	1,062	
95 cities.....	367	411	269
Smallpox:			
41 States.....	223	184	
95 cities.....	30	29	33
Typhoid fever:			
41 States.....	892	1,069	
95 cities.....	123	171	171
<i>Deaths reported</i>			
Influenza and pneumonia:			
92 cities.....	302	283	

City reports for week ended July 30, 1927

The "estimated expectancy" given for diphtheria, poliomyelitis, scarlet fever, smallpox, and typhoid fever is the result of an attempt to ascertain from previous occurrence the number of cases of the disease under consideration that 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 1918 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviations from the usual trend. For some of the diseases given in the table the available data were not sufficient to make it practicable to compute the estimated expectancy.

Division, State, and city	Population July 1, 1925, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland.....	75,333	1	1	0	0	0	0	0	0
New Hampshire:									
Concord.....	22,546	0	0	0	0	0	0	0	0
Manchester.....	83,097	0	1	0	0	0	0	0	0
Vermont:									
Barre.....	10,008	0	0	0	0	0	0	0	0
Burlington.....	24,089	2	0	0	0	0	0	1	0
Massachusetts:									
Boston.....	779,620	18	33	25	2	1	68	8	10
Fall River.....	128,993	2	3	3	0	0	0	1	2
Springfield.....	142,065	5	1	3	0	0	0	0	0
Worcester.....	190,757	1	2	0	0	0	0	0	3
Rhode Island:									
Pawtucket.....	69,760	0	0	1	0	0	0	0	2
Providence.....	267,918	0	3	4	0	0	2	0	1
Connecticut:									
Bridgeport.....	(1)	0	4	2	0	0	0	0	1
Hartford.....	160,197	0	2	1	0	0	0	3	1
New Haven.....	178,927	0	1	0	0	0	3	2	1

¹ No estimate made.

City reports for week ended July 30, 1927—Continued

Division, State, and city	Population July 1, 1926, estimated	Chick-en pox, cases re-ported	Diphtheria		Influenza		Meas-les, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported
			Cases, esti-mated expect ancy	Cases re-ported	Cases re-ported	Deaths re-ported			
MIDDLE ATLANTIC									
New York:									
Buffalo.....	538, 016	4	9	6	-----	0	5	5	6
New York.....	5, 873, 356	76	123	138	4	6	15	33	68
Rochester.....	316, 786	3	4	1	-----	0	2	4	0
Syracuse.....	182, 003	3	3	1	-----	0	15	0	1
New Jersey:									
Camden.....	128, 642	2	2	3	0	0	0	1	3
Newark.....	452, 513	26	6	9	0	0	1	12	5
Trenton.....	132, 020	0	2	0	0	0	0	0	2
Pennsylvania:									
Philadelphia.....	1, 979, 364	21	38	34	-----	2	13	24	18
Pittsburgh.....	631, 563	10	12	16	-----	1	33	4	10
Reading.....	112, 707	1	1	2	-----	0	8	8	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati.....	409, 333	0	5	2	0	1	0	4	0
Cleveland.....	936, 485	23	17	31	0	0	0	32	8
Columbus.....	279, 836	3	2	4	0	0	0	0	0
Toledo.....	267, 380	9	3	3	1	1	7	4	4
Indiana:									
Fort Wayne.....	97, 846	1	1	0	0	0	0	0	1
Indianapolis.....	358, 819	1	3	6	0	1	0	0	5
South Bend.....	80, 091	0	0	1	0	0	0	0	3
Terre Haute.....	71, 071	0	0	1	0	0	0	0	0
Illinois:									
Chicago.....	2, 995, 239	45	51	67	1	0	26	27	30
Springfield.....	63, 923	2	0	0	0	0	0	0	0
Michigan:									
Detroit.....	1, 245, 824	9	31	23	2	0	2	18	8
Flint.....	130, 316	0	3	2	0	0	2	1	3
Grand Rapids.....	153, 698	1	2	0	0	0	9	1	2
Wisconsin:									
Kenosha.....	50, 891	1	1	0	0	0	0	6	1
Madison.....	46, 385	1	0	2	0	0	1	1	0
Milwaukee.....	509, 192	25	9	14	0	0	31	27	2
Racine.....	67, 707	1	1	1	0	0	0	0	0
Superior.....	39, 671	0	0	1	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	110, 502	7	0	2	0	0	0	0	1
Minneapolis.....	425, 435	30	10	5	0	0	0	0	3
St. Paul.....	246, 001	4	10	2	0	0	1	0	0
Iowa:									
Des Moines.....	141, 441	0	2	3	0	-----	0	0	-----
Sioux City.....	76, 411	1	1	1	0	-----	3	0	-----
Waterloo.....	36, 771	0	0	2	0	-----	1	0	-----
Missouri:									
Kansas City.....	367, 481	0	2	0	0	0	4	4	2
St. Joseph.....	78, 342	0	1	1	0	0	0	0	1
St. Louis.....	821, 543	0	19	10	0	0	7	17	-----
North Dakota:									
Fargo.....	26, 403	0	0	0	0	0	0	0	0
Grand Forks.....	14, 811	0	0	0	0	-----	0	0	-----
South Dakota:									
Aberdeen.....	15, 036	0	0	0	0	-----	0	1	-----
Sioux Falls.....	30, 127	0	0	0	0	-----	1	0	-----
Nebraska:									
Lincoln.....	60, 941	0	0	1	0	0	3	1	0
Omaha.....	211, 768	0	4	3	0	0	1	0	0
Kansas:									
Topeka.....	55, 411	1	0	0	1	0	3	0	1
Wichita.....	88, 367	0	1	0	0	0	0	1	0
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	122, 049	0	0	1	0	0	1	0	0
Maryland:									
Baltimore.....	796, 296	5	11	25	0	0	6	1	5
Cumberland.....	33, 741	0	1	0	0	0	0	0	0
Frederick.....	12, 035	0	0	0	0	0	0	0	0
District of Columbia:									
Washington.....	497, 906	3	4	18	0	0	1	0	3

1 No estimate made.

City reports for week ended July 30, 1927—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases re-ported	Diphtheria		Influenza		Meas-les, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported
			Cases, esti-mated expec-tancy	Cases re-ported	Cases re-ported	Deaths re-ported			
SOUTH ATLANTIC—CON.									
Virginia:									
Lynchburg.....	30,395	0	0	1	0	0	0	0	0
Norfolk.....	(1)	0	0	0	0	0	2	1	4
Richmond.....	186,403	0	2	1	0	0	2	1	1
Roanoke.....	58,208	4	0	0	0	0	1	0	0
West Virginia:									
Charleston.....	49,019	0	1	1	0	0	0	0	1
Wheeling.....	56,208	3	0	0	0	0	0	0	0
North Carolina:									
Raleigh.....	30,371	1	0	0	0	0	3	0	0
Wilmington.....	37,061	0	0	0	0	0	0	0	0
Winston-Salem.....	69,031	1	0	0	0	0	7	11	2
South Carolina:									
Charleston.....	73,125	0	0	0	4	0	0	0	2
Columbia.....	41,225	0	0	0	0	0	10	0	0
Greenville.....	27,311	0	0	0	0	0	0	0	0
Georgia:									
Atlanta.....	(1)	0	2	1	10	0	0	0	5
Brunswick.....	16,909	0	0	0	0	0	0	0	0
Savannah.....	93,134	0	0	1	0	0	3	1	0
Florida:									
Miami.....	69,754	0	0	1	0	0	1	0	0
St. Petersburg.....	26,947	0	0	0	0	0	0	0	0
Tampa.....	94,743	0	0	0	1	1	2	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,309	0	1	0	0	0	0	0	0
Louisville.....	305,935	0	2	1	0	0	2	1	1
Tennessee:									
Memphis.....	174,533	0	2	0	0	1	0	0	0
Nashville.....	136,220	0	1	0	0	0	0	2	3
Alabama:									
Birmingham.....	205,670	1	1	4	6	0	7	4	5
Mobile.....	65,955	0	0	0	0	1	0	0	0
Montgomery.....	46,481	0	0	0	0	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	31,643	0	0	0	0	0	0	0	0
Little Rock.....	74,216	1	0	0	1	0	2	0	2
Louisiana:									
New Orleans.....	414,493	0	4	6	4	1	1	0	9
Shreveport.....	57,857	0	1	0	0	0	0	0	1
Oklahoma:									
Oklahoma City.....	(1)	0	1	0	2	0	1	0	5
Tulsa.....	124,478	0	0	1	0	0	0	1	0
Texas:									
Dallas.....	194,450	1	2	2	0	0	3	0	1
Galveston.....	48,375	0	0	0	0	0	0	0	3
Houston.....	164,954	0	1	4	0	1	4	0	2
San Antonio.....	198,069	0	1	5	0	0	2	1	2
MOUNTAIN									
Montana:									
Billings.....	17,971	0	0	0	0	0	0	0	0
Great Falls.....	29,883	4	1	0	0	0	2	0	0
Helena.....	12,037	0	1	0	0	0	0	0	0
Missoula.....	12,668	0	0	0	0	0	0	0	1
Idaho:									
Boise.....	23,042	0	0	0	0	0	0	0	0
Colorado:									
Denver.....	280,911	3	9	9	0	0	4	3	0
Pueblo.....	43,787	1	1	1	0	0	1	0	1
New Mexico:									
Albuquerque.....	21,000	0	0	0	0	0	0	0	0
Utah:									
Salt Lake City.....	130,948	8	2	3	0	0	0	2	2
Nevada:									
Reno.....	12,665	0	0	0	0	0	0	0	0

¹ No estimate made.

City reports for week ended July 30, 1927—Continued

Division, State, and city	Population July 1, 1925, estimated	Chick-en pox, cases reported	Diphtheria		Influenza		Meas-les, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported		
			Cases, esti-mated expect-ancy	Cases re-ported	Cases re-ported	Deaths re-ported					
PACIFIC											
Washington:											
Seattle.....	(1)		4								
Spokane.....	108,897		0								
Tacoma.....	104,455	3	2	1	0	0	4	0	2		
Oregon:											
Portland.....	282,363	4	4	4	0	0	11	0			
California:											
Los Angeles.....	(1)	7	30	26	2	1	6	0	16		
Sacramento.....	72,260	1	2	0	0	0	2	0	3		
San Francisco.....	557,530	3	10	8	0	0	7	6	2		
Division, State, and city	Scarlet fever		Smallpox			Tuber-culosis, deaths re-ported	Typhoid fever			Whoop-ing cough, cases re-ported	Deaths, all causes
	Cases, esti-mated expect-ancy	Cases re-ported	Cases, esti-mated expect-ancy	Cases re-ported	Deaths re-ported		Cases, esti-mated expect-ancy	Cases re-ported	Deaths re-ported		
NEW ENGLAND											
Maine:											
Portland.....	1	0	0	0	0	0	0	0	2	16	
New Hampshire:											
Concord.....	0	0	0	0	0	0	0	0	0	5	
Manchester.....	0	0	0	0	0	2	0	0	0	14	
Vermont:											
Barre.....	0	0	0	0	0	0	0	0	0	3	
Burlington.....	0	3	0	0	0	1	0	0	0	3	
Massachusetts:											
Boston.....	17	34	0	0	0	15	2	3	0	207	
Fall River.....	1	0	0	0	0	3	1	0	0	25	
Springfield.....	1	1	0	0	0	1	0	0	0	23	
Worcester.....	1	5	0	0	0	3	1	0	0	36	
Rhode Island:											
Pawtucket.....	0	1	0	0	0	0	0	0	0	11	
Providence.....	2	3	0	0	0	2	0	1	0	43	
Connecticut:											
Bridgeport.....	2	0	0	0	0	1	1	0	0	24	
Hartford.....	1	2	0	0	0	2	0	0	0	34	
New Haven.....	1	0	0	0	0	3	1	0	0	34	
MIDDLE ATLANTIC											
New York:											
Buffalo.....	6	9	0	0	0	5	1	0	0	28	
New York.....	36	41	0	0	0	88	29	18	3	143	
Rochester.....	3	0	0	0	0	3	1	0	0	4	
Syracuse.....	3	2	0	0	0	2	0	0	0	39	
New Jersey:											
Camden.....	0	0	0	0	0	1	1	1	0	20	
Newark.....	5	5	0	0	0	6	1	1	0	86	
Trenton.....	0	0	0	0	0	4	1	1	0	28	
Pennsylvania:											
Philadelphia.....	21	15	0	0	0	32	9	2	1	32	
Pittsburgh.....	10	7	0	0	0	4	3	3	1	15	
Reading.....	0	0	0	0	0	1	0	0	0	7	
EAST NORTH CENTRAL											
Ohio:											
Cincinnati.....	3	4	0	0	0	11	2	2	0	1	
Cleveland.....	12	15	1	0	0	18	3	5	1	46	
Columbus.....	2	3	1	0	0	3	1	0	0	6	
Toledo.....	3	2	0	0	0	3	1	2	0	85	

1 No estimate made.

2 Pulmonary tuberculosis only.

City reports for week ended July 30, 1927—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—contd.											
Indiana:											
Fort Wayne	0	0	0	0	0	0	1	0	2		21
Indianapolis	3	5	1	5	0	11	2	2	6		104
South Bend	0	0	0	0	0	2	0	0	3		24
Terre Haute	1	0	0	0	0	0	1	0	6		15
Illinois:											
Chicago	28	40	1	7	0	45	6	4	124		584
Springfield	1	2	0	0	0	3	0	0	0		13
Michigan:											
Detroit	26	27	3	0	0	25	5	2	103		230
Flint	2	15	0	2	0	2	1	0	3		18
Grand Rapids	3	2	1	0	0	3	1	0	3		38
Wisconsin:											
Kenosha	1	0	1	0	0	0	1	0	0		4
Madison	0	1	0	0	0	1	0	0	2		4
Milwaukee	8	9	1	0	0	6	0	0	19		93
Racine	1	3	0	0	0	1	0	0	16		7
Superior	1	5	1	0	0	0	0	0	0		8
WEST NORTH CENTRAL											
Minnesota:											
Duluth	3	4	1	0	0	1	0	0	4		19
Minneapolis	10	10	3	0	0	0	1	0	0		88
St. Paul	6	6	3	1	0	0	1	1	6		42
Iowa:											
Des Moines	1	2	0	2			0	0	0		
Sioux City	0	0	0	0			0	0	11		
Waterloo	0	0	0	0			0	0	1		
Missouri:											
Kansas City	2	2	0	1	0	5	2	2	8		88
St. Joseph	0	0	0	1	0	0	0	1	0		22
St. Louis	6	9	0	0	0	9	8	2	36		195
North Dakota:											
Fargo	0	2	0	0	0	0	0	0	11		8
Grand Forks	0	0	0	0			0	0	0		
South Dakota:											
Aberdeen	0	0	0	0			0	0	1		
Sioux Falls	0	6	0	0			0	0	0		
Nebraska:											
Lincoln	0	1	0	0	0	0	1	0	5		17
Omaha	1	5	1	0	0	2	0	0	1		32
Kansas:											
Topoka	0	0	0	0	0	0	0	0	10		13
Wichita	1	2	0	0	0	0	2	2	2		10
SOUTH ATLANTIC											
Delaware:											
Wilmington	0	1	0	0	0	1	0	0	0		14
Maryland:											
Baltimore	5	7	0	0	0	9	8	5	55		174
Cumberland	0	0	0	0	0	0	0	0	0		9
Frederick	0	0	0	0	0	0	0	0	0		5
District of Col.:											
Washington	3	9	0	0	0	13	4	3	9		126
Virginia:											
Lynchburg	0	0	0	0	0	1	1	0	0		10
Norfolk	0	1	0	0	0	3	2	1	0		
Richmond	2	2	0	0	0	5	2	1	0		43
Roanoke	0	0	0	0	0	0	1	0	4		14
West Virginia:											
Charleston	0	1	0	1	0	0	2	1	0		7
Wheeling	1	0	0	0	0	1	0	1	0		12
North Carolina:											
Raleigh	0	0	0	0	0	1	0	1	0		14
Wilmington	0	0	0	0	0	0	0	1	0		6
Winston-Salem	0	0	0	0	0	2	1	0	1		28
South Carolina:											
Charleston	0	0	0	0	0	0	2	0	0		2
Columbia	1	0	0	0			1	1	10		
Greenville	0		0				2				

City reports for week ended July 30, 1927—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases e- ported	Deaths re- ported		
SOUTH ATLANTIC— continued											
Georgia:											
Atlanta.....	1	1	2	1	0	5	3	4	0	2	73
Brunswick.....	0	0	0	0	0	1	1	0	0	0	30
Savannah.....	0	0	0	0	0	1	2	0	0	0	
Florida:											
Miami.....	1	0	0	0	0	0	0	1	0	3	19
St. Petersburg.....	0	0	0	0	0	0	0	0	0	0	8
Tampa.....	0	0	0	0	0	0	0	1	1	0	25
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	0	0	0	0	0	0	0	0	0	0	72
Louisville.....	1	1	0	0	0	4	5	5	0	3	
Tennessee:											
Memphis.....	0	4	0	0	0	6	7	3	1	0	70
Nashville.....	0	1	0	1	0	9	7	0	1	2	58
Alabama:											
Birmingham.....	2	1	1	1	0	4	5	14	2	3	64
Mobile.....	0	0	0	0	0	1	1	0	0	0	12
Montgomery.....	0	1	0	0	0	0	3	1	0	1	
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith.....	0	0	0	0	0	1	0	0	1	1	
Little Rock.....	0	0	0	1	0	1	3	0	1	1	
Louisiana:											
New Orleans.....	1	3	0	0	0	10	4	4	1	1	129
Shreveport.....	0	0	0	0	0	1	1	0	0	1	27
Oklahoma:											
Oklahoma City.....	1	0	0	0	0	0	3	3	0	0	28
Tulsa.....	0	1	0	0	0	0	5	1	0	6	
Texas:											
Dallas.....	1	1	1	0	0	2	3	3	0	1	34
Galveston.....	0	0	0	0	0	2	0	0	0	0	18
Houston.....	1	1	0	2	0	5	2	2	0	0	45
San Antonio.....	0	1	0	0	0	5	2	2	0	0	58
MOUNTAIN											
Montana:											
Billings.....	0	0	0	0	0	0	0	0	0	9	2
Great Falls.....	0	1	0	0	0	1	1	5	0	0	10
Helena.....	0	1	0	0	0	0	0	0	0	2	10
Missoula.....	0	1	0	0	0	1	0	0	0	0	4
Idaho:											
Boise.....	0	1	0	0	0	0	0	0	0	0	11
Colorado:											
Denver.....	4	5	2	0	0	6	2	0	0	4	67
Pueblo.....	1	5	0	0	0	1	0	2	0	0	8
New Mexico:											
Albuquerque.....	0	0	0	0	0	7	0	3	0	2	9
Utah:											
Salt Lake City.....	1	3	1	3	0	1	1	0	0	23	34
Nevada:											
Reno.....	0	0	1	0	0	0	1	1	0	0	3
PACIFIC											
Washington:											
Seattle.....	3	0	2	0	0	0	0	0	0	0	
Spokane.....	1	2	2	0	0	0	0	0	0	5	24
Tacoma.....	1	3	1	2	0	0	0	0	0	0	
Oregon:											
Portland.....	2	2	6	4	0	4	1	0	0	3	86
California:											
Los Angeles.....	7	6	4	0	0	21	4	5	0	9	235
Sacramento.....	0	1	1	1	0	0	0	0	0	0	18
San Francisco.....	4	9	0	0	0	6	1	2	0	6	112

City reports for week ended July 30, 1927—Continued

Division, State, and city	Meningo- coccus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston.....	0	0	1	0	1	0	1	3	2
Fall River.....	0	0	0	1	0	0	0	0	0
Springfield.....	0	0	0	0	0	0	0	0	1
Rhode Island:									
Providence.....	1	0	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
New York.....	5	1	3	2	0	0	4	12	1
New Jersey:									
Newark.....	1	0	0	0	0	0	0	0	0
Pennsylvania:									
Philadelphia.....	0	1	0	0	0	0	0	0	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati ¹	0	0	0	0	0	0	0	2	2
Illinois:									
Chicago.....	2	1	0	1	0	0	2	4	1
Michigan:									
Flint.....	1	0	0	0	0	0	1	0	0
Wisconsin:									
Milwaukee.....	3	0	0	0	0	0	1	1	0
Racine.....	1	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	0	2	0	0	0	0	0	0	0
Minneapolis.....	0	0	0	0	0	0	1	0	1
Iowa:									
Waterloo.....	1	1	0	0	0	0	0	0	0
Missouri:									
St. Louis.....	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	0	0	0	2	0	0	1	0	0
Virginia:									
Norfolk.....	0	0	0	0	0	0	0	1	0
West Virginia:									
Wheeling.....	0	0	0	0	0	0	0	2	0
North Carolina:									
Wilmington.....	0	0	0	0	0	1	0	1	0
Winston-Salem.....	0	0	0	0	2	2	0	0	0
South Carolina:									
Charleston.....	0	0	0	0	2	0	0	0	0
Georgia:									
Savannah.....	0	0	0	0	0	1	0	0	0
Florida:									
Tampa ²	1	1	0	0	0	0	0	0	0
EAST SOUTH CENTRAL									
Alabama:									
Birmingham.....	0	0	0	0	2	3	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Little Rock.....	0	0	0	0	0	5	0	0	0
Louisiana:									
New Orleans.....	0	0	2	0	1	2	0	1	1
Shreveport ¹	0	0	0	0	0	1	0	0	0

¹ Rabies in man: Cincinnati, 1 case; Shreveport, 1 death.² Typhus fever: Tampa, 2 cases, 1 death.

City reports for week ended July 30, 1927—Continued

Division, State, and city	Meningo- coccus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
WEST SOUTH CENTRAL—continued									
Oklahoma:									
Oklahoma City.....	0	0	0	0	0	0	0	1	0
Texas:									
Dallas.....	0	0	0	0	2	0	0	0	0
Houston.....	0	0	0	0	0	2	0	0	0
MOUNTAIN									
Montana:									
Great Falls.....	0	0	0	0	0	0	0	2	1
Utah:									
Salt Lake City.....	0	0	0	0	0	0	0	1	0
PACIFIC									
Oregon:									
Portland.....	1	0	0	0	0	0	0	0	0
California:									
Los Angeles.....	1	2	0	0	0	0	0	5	1
Sacramento.....	2	0	0	0	0	0	0	4	2
San Francisco.....	0	1	1	0	0	0	0	3	0

Summary of weekly reports from cities, June 26 to July 30, 1927—Annual rates per 100,000 population, compared with rates for the corresponding period of 1926¹

DIPHTHERIA CASE RATES

	Week ended—									
	July 3, 1926	July 2, 1927	July 10, 1926	July 9, 1927	July 17, 1926	July 16, 1927	July 24, 1926	July 23, 1927	July 31, 1926	July 30, 1927
101 cities.....	122	140	102	121	94	115	90	98	80	94
New England.....	64	88	57	91	78	132	33	63	40	91
Middle Atlantic.....	164	212	120	197	101	165	109	106	103	104
East North Central.....	117	119	106	102	110	93	98	108	83	102
West North Central.....	125	60	93	38	107	54	95	54	85	56
South Atlantic.....	82	143	65	85	32	83	34	87	20	90
East South Central.....	22	20	5	41	21	36	10	25	21	32
West South Central.....	47	122	43	52	26	73	39	129	39	73
Mountain.....	155	126	118	108	109	108	64	99	91	117
Pacific.....	129	76	179	86	158	113	174	65	118	121

MEASLES CASE RATES

101 cities.....	461	272	311	190	226	155	164	109	108	58
New England.....	318	341	245	299	179	241	108	197	83	169
Middle Atlantic.....	314	201	211	154	129	122	108	92	63	45
East North Central.....	739	206	481	182	412	110	279	90	191	47
West North Central.....	695	204	417	93	192	105	184	48	93	40
South Atlantic.....	432	447	291	277	201	221	127	141	114	70
East South Central.....	428	82	284	76	171	61	124	25	93	49
West South Central.....	52	151	47	116	17	108	13	56	9	52
Mountain.....	437	494	264	135	191	251	173	99	128	63
Pacific.....	458	775	335	539	327	448	212	280	121	65

For footnotes see page 2126

Summary of weekly reports from cities, June 26 to July 30, 1927—Annual rates per 100,000 population, compared with rates for the corresponding period of 1926—Continued

SCARLET FEVER CASE RATES

	Week ended—									
	July 3, 1926	July 2, 1927	July 10, 1926	July 9, 1927	July 17, 1926	July 16, 1927	July 24, 1926	July 23, 1927	July 31, 1926	July 30, 1927
101 cities.....	170	128	127	99	94	83	82	64	73	63
New England.....	186	221	158	174	99	130	85	100	118	107
Middle Atlantic.....	188	149	129	123	73	91	75	50	52	39
East North Central.....	187	132	145	91	119	89	89	75	84	87
West North Central.....	270	89	206	91	186	71	127	79	143	79
South Atlantic.....	65	82	63	54	45	56	35	41	34	41
East South Central.....	66	56	52	46	52	31	93	31	62	43
West South Central.....	60	17	34	43	52	39	82	47	39	26
Mountain.....	91	208	55	117	91	197	64	99	36	153
Pacific.....	150	86	121	60	94	50	91	92	86	65

SMALLPOX CASE RATES

101 cities.....	11	18	7	16	7	9	6	10	5	5
New England.....	0	0	0	0	0	0	0	0	0	0
Middle Atlantic.....	2	0	0	0	1	0	0	0	0	0
East North Central.....	10	21	7	15	6	17	8	13	6	9
West North Central.....	26	38	28	34	26	14	14	12	4	6
South Atlantic.....	11	18	9	24	6	9	6	12	2	4
East South Central.....	38	36	0	51	5	25	10	36	21	11
West South Central.....	21	13	4	10	13	9	13	9	4	13
Mountain.....	55	63	9	45	9	72	27	117	9	27
Pacific.....	19	73	24	73	21	13	8	21	32	10

TYPHOID FEVER CASE RATES

101 cities.....	16	15	13	16	22	21	18	19	30	21
New England.....	12	7	9	14	12	19	9	16	14	9
Middle Atlantic.....	11	6	7	8	11	11	9	8	23	13
East North Central.....	5	5	5	5	6	8	6	9	10	11
West North Central.....	10	8	16	10	14	16	12	14	22	16
South Atlantic.....	35	22	43	34	58	43	47	70	54	37
East South Central.....	126	132	52	163	165	153	134	122	243	124
West South Central.....	13	75	30	17	56	52	30	47	47	47
Mountain.....	27	9	0	18	0	36	46	27	36	72
Pacific.....	21	16	13	10	21	8	8	16	11	10

INFLUENZA DEATH RATES

95 cities.....	6	3	4	13	4	3	3	7	3	13
New England.....	5	5	7	1	0	5	2	0	0	2
Middle Atlantic.....	7	2	1	4	4	2	2	4	1	4
East North Central.....	5	3	7	3	4	1	4	2	1	1
West North Central.....	8	2	0	0	0	2	2	2	0	0
South Atlantic.....	8	6	0	2	6	6	4	7	2	2
East South Central.....	0	0	16	15	21	5	5	15	5	11
West South Central.....	13	4	4	10	9	9	9	0	22	9
Mountain.....	9	9	0	0	9	18	9	9	0	0
Pacific.....	4	3	4	3	4	7	4	3	4	3

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, 1926 and 1927, respectively.

² Covington, Ky., not included.

³ Ft. Smith, Ark., not included.

⁴ Ft. Smith, Ark., and Dever, Colo., not included.

⁵ Norfolk, Va., and Ft. Smith, Ark., not included.

⁶ Greenville, S. C., Brunswick, Ga., Covington, Ky., Ft. Smith, Ark., Seattle, Wash., and Spokane, Wash., not included.

⁷ Norfolk, Va., not included.

⁸ Greenville, S. C., and Brunswick, Ga., not included.

⁹ Denver, Colo., not included.

¹⁰ Seattle, Wash., and Spokane, Wash., not included.

¹¹ San Antonio, Tex., not included.

¹² Greenville, S. C., Brunswick, Ga., and Covington, Ky., not included.

Summary of weekly reports from cities, June 26 to July 30, 1927—Annual rates per 100,000 population, compared with rates for the corresponding period of 1926—Continued

PNEUMONIA DEATH RATES

	Week ended—									
	July 3, 1926	July 2, 1927	July 10, 1926	July 9, 1927	July 17, 1926	July 16, 1927	July 24, 1926	July 23, 1927	July 31, 1926	July 30, 1927
95 cities.....	75	73	67	58	60	57	54	56	48	49
New England.....	92	60	54	60	57	56	33	56	33	49
Middle Atlantic.....	90	71	73	64	64	61	64	59	41	56
East North Central.....	61	80	65	49	46	45	47	55	47	42
West North Central.....	38	77	53	54	36	31	40	21	57	17
South Atlantic.....	89	57	72	59	55	63	57	75	51	43
East South Central.....	121	97	119	82	109	66	98	46	62	49
West South Central.....	53	73	53	86	79	69	53	65	71	86
Mountain.....	46	90	36	99	36	197	64	45	55	36
Pacific.....	42	69	53	55	46	97	35	72	71	79

¹ Covington, Ky., not included.

⁷ Norfolk, Va., not included.

⁸ Greenville, S. C., and Brunswick, Ga., not included.

¹¹ San Antonio, Tex., not included.

¹² Greenville, S. C., Brunswick, Ga., and Covington, Ky., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1926 and 1927, 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	
			1926	1927	1926	1927
Total.....	101	95	30,443,800	30,966,700	29,783,700	30,295,900
New England.....	12	12	2,211,000	2,245,900	2,211,000	2,245,900
Middle Atlantic.....	10	10	10,457,000	10,567,000	10,457,000	10,567,000
East North Central.....	16	16	7,650,200	7,810,600	7,650,200	7,810,600
West North Central.....	12	10	2,685,500	2,628,600	2,470,600	2,510,000
South Atlantic.....	21	20	2,799,500	2,878,100	2,757,760	2,835,700
East South Central.....	7	7	1,008,300	1,023,500	1,008,300	1,023,500
West South Central.....	8	7	1,213,900	1,243,300	1,181,500	1,210,400
Mountain.....	9	9	572,100	580,000	572,100	580,000
Pacific.....	6	4	1,946,400	1,991,700	1,475,300	1,512,800

FOREIGN AND INSULAR

CHOLERA ON VESSEL

Steamship "Adrastus"—At Yokohama, Japan—August 6, 1927.—Under date of August 6, 1927, a fatal case of cholera was reported on the British steamship *Adrastus* at Yokohama, Japan.

PLAGUE ON VESSEL

Steamship "Ransholm"—At Gefle, Sweden, from Rufisque, Senegal—August 5, 1927.—Information received August 9, 1927, shows the arrival, on August 5, of the steamship *Ransholm* at Gefle, Sweden, from Rufisque, Senegal, via Rotterdam, with three cases of plague among the crew. Plague was reported at Rufisque from May 23 to July 10, 1927.

ARGENTINA

Plague—January 1–June 30, 1927.—During the six months from January 1 to June 30, 1927, plague was reported in Argentina as follows:

Location	Date	Cases	Deaths
Province:			
Buenos Aires.....	Apr. 10–May 7.....	4	3
Cordoba.....	Jan. 11–Mar. 23.....	50	29
Corrientes.....	June 1.....	1	1
Entre Rios.....	Mar. 29–Apr. 3.....	2	1
Santa Fe.....	Apr. 28–May 16.....	4	3
Territory:			
Chaco—			
Barranqueras.....	May 29.....	2	2
Formosa.....	June 25.....	3	2
City:			
Rosario.....	May 7.....	1	1
Santa Fe.....	May 16.....	4	2

CANADA

Communicable diseases—Week ended July 23, 1927.—The Canadian Ministry of Health reports cases of certain communicable diseases from six Provinces of Canada for the week ended July 23, 1927, as follows:

Disease	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever.....		1	1				2
Lethargic encephalitis.....			1				1
Poliomyelitis.....			1				1
Smallpox.....			26		3	14	43
Typhoid fever.....	3	30	32				65

Communicable diseases—Quebec—Week ended August 6, 1927.—The Bureau of Health of the Province of Quebec reports cases of certain communicable diseases for the week ended August 6, 1927, as follows:

Disease	Cases	Disease	Cases
Chicken pox.....	3	Scarlet fever.....	29
Diphtheria.....	17	Tuberculosis.....	13
German measles.....	1	Typhoid fever.....	22
Influenza.....	1	Whooping cough.....	11
Measles.....	13		

Typhoid fever—Montreal—January 2—July 30, 1927.—The following table gives the cases of typhoid fever and deaths from this disease reported at Montreal, Quebec, Canada, since January 1, 1927:

Week ended—	Cases	Deaths	Week ended—	Cases	Deaths
Jan. 8, 1927.....	3	1	Apr. 23, 1927.....	125	43
Jan. 15, 1927.....	4	3	Apr. 30, 1927.....	105	23
Jan. 22, 1927.....	1	2	May 7, 1927.....	106	19
Jan. 29, 1927.....	3	1	May 14, 1927.....	367	16
Feb. 5, 1927.....	1	0	May 21, 1927.....	770	26
Feb. 12, 1927.....	0	0	May 28, 1927.....	353	38
Feb. 19, 1927.....	1	2	June 4, 1927.....	239	37
Feb. 26, 1927.....	1	1	June 11, 1927.....	128	36
Mar. 5, 1927.....	9	1	June 18, 1927.....	86	-----
Mar. 12, 1927.....	203	4	June 25, 1927.....	75	23
Mar. 19, 1927.....	383	14	July 2, 1927.....	66	21
Mar. 26, 1927.....	568	22	July 9, 1927.....	52	10
Apr. 2, 1927.....	649	48	July 16, 1927.....	39	4
Apr. 9, 1927.....	386	40	July 23, 1927.....	22	9
Apr. 16, 1927.....	175	38	July 30, 1927.....	23	10

CUBA

Malaria and typhoid fever—Provinces—July 1, 1926—June 30, 1927.—A summary of the cases of malaria and typhoid fever reported from the six Provinces of Cuba for the fiscal year 1926-27 is as follows:

MALARIA

Date	Pinar del Rio	Habana	Matanzas	Santa Clara	Camaguey	Oriente	Total
July 1—Sept. 30, 1926.....	77	314	16	16	461	883	1,767
Oct. 1—Dec. 31, 1926.....	22	355	34	54	2,659	2,538	5,662
Jan. 1—Mar. 31, 1927.....	18	206	14	22	1,374	3,296	4,930
Apr. 1—June 30, 1927.....	26	129	3	10	137	1,556	1,861
Total.....	143	1,004	67	102	4,631	8,273	14,220

TYPHOID FEVER

July 1—Sept. 30, 1926.....	21	324	96	268	103	133	945
Oct. 1—Dec. 31, 1926.....	23	325	26	87	24	70	555
Jan. 1—Mar. 31, 1927.....	13	142	17	35	28	78	313
Apr. 1—June 30, 1927.....	49	277	52	130	26	109	643
Total.....	106	1,068	191	520	181	390	2,456

GRENADA

Vital statistics—Year 1926.—The number of births registered during the year 1926 was 2,402, as compared with 2,354 for 1925. There were 1,460 deaths registered, an increase of 298 over the previous year. The principal causes of death during 1926 will be found in the table below:

Cause of death	Deaths	Cause of death	Deaths
Bright's disease.....	56	Old age.....	103
Cerebral hemorrhage, apoplexy.....	29	Premature birth and diseases of early infancy.....	89
Diarrhea and enteritis.....	400	Syphilis.....	66
Dysentery.....	20	Tuberculosis (pulmonary).....	51
Malaria.....	84	Typhoid fever.....	7
Other organic diseases of the heart.....	104		

HAWAII TERRITORY

Rodent plague—Hamakua Mill, Hawaii—July 15, 1927.—A case of plague in a rodent was reported at Hamakua Mill, Hawaii, July 15, 1927.

ITALY

Communicable diseases—1925-1926 (comparative).—Cases of communicable diseases were reported in Italy during the years 1925 and 1926 as follows:

Disease	1925	1926	Disease	1925	1926
Anthrax.....	2,383	1,753	Pellagra.....		103
Cerebrospinal meningitis.....	581	522	Poliomyelitis.....	780	388
Chicken pox.....	9,045	9,399	Puerperal fever.....	2,110	1,678
Diphtheria and croup.....	15,383	14,923	Rabies:		
Dysentery (amebic).....	644	522	Dog bites reported.....	9,415	8,622
Dysentery (bacillary).....	2,046	1,742	Dogs found positive for rabies.....	163	105
Influenza.....	64,736	184,409	Scarlet fever.....	16,733	16,062
Kala-azar.....		263	Smallpox.....		1,112
Lethargic encephalitis.....	661	459	Typhoid fever.....	24,264	35,649
Malaria.....	283,109	220,602	Whooping cough.....	23,756	31,282
Measles.....	164,485	98,158			
Malta (undulant) fever.....	1,439	1,085			

¹ Type mild, varioloid included.

NOTE.—No case of cholera, plague, or yellow fever was reported during the year 1926.

JAPAN

Dysentery—Tokyo, city and district—Yokohama.—Dysentery has been reported in Japan as follows: Tokyo City, June 19 to July 9, 1927, 291 cases with 126 deaths; Tokyo district, exclusive of the city, cases, 443; deaths, 188. Yokohama, June 26–July 9, 1927, cases 11, deaths 3.

LIBERIA

Yellow fever—Monrovia—June 19-25, 1927.—During the week ended June 25, 1927, a fatal case of yellow fever was reported at Monrovia, Liberia, making a total from June 1, 1927, of four cases with four deaths.

MADAGASCAR

Plague—May 16–31, 1927.—During the two weeks ended May 31, 1927, 32 cases of plague with 27 deaths were reported in the Island of Madagascar. The occurrence was in the Provinces of Ambositra, Miarinarivo (Itasy), Moramanga, and Tananarive and was distributed as follows: Ambositra—cases, 7; deaths, 6 (bubonic); Miarinarivo (Itasy)—cases, 2; deaths, 2 (bubonic); Moramanga—cases, 4; deaths, 3 (bubonic 1, septicemic 3); Tananarive—cases 19, deaths, 16 (bubonic 9, pneumonic 8, septicemic 2).

SENEGAL

Plague—Yellow fever—July 20, 1927.—Under date of July 20, 1927, occurrence of plague and yellow fever was reported in Senegal, West Africa, as follows: *Plague*—Week ended July 17, 1927: Baol region—20 cases, 11 deaths; Dakar—16 cases, 10 deaths; Rufisque—25 cases, 17 deaths; Thies—3 cases, 2 deaths; Tivaouane—38 cases, 28 deaths. Total, 102 cases, 68 deaths. *Yellow fever*—At Thies, July 10, 1927, one death in a European arrived directly from Tivaouane; at Dakar, in the suburb of Ouakam, July 9, 1927, one suspect case.

TRINIDAD

Deaths, 1926.—During 1926, 8,496 deaths were registered on the Island of Trinidad, giving a death rate of 22 per thousand population.

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

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

Reports Received During Week Ended August 19, 1927¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Swatow.....	June 26-July 2....	5	4	
India:				
Rangoon.....	June 19-25.....	1	1	
Indo-China (French).....	June 11-17.....	3	2	
Philippine Islands:				
Leyte Province—				
Barugo.....	June 29.....	1	1	
On vessel:				
Steamship Adrastus.....	Reported Aug. 6..	1	1	At Yokohama, Japan.

PLAGUE

Argentina:				
Province—				
Buenos Aires.....	Apr. 10-May 7....	4	3	
Cordoba.....	Jan. 11-Mar. 23..	50	29	
Corrientes.....	June 1.....	1	1	
Entre Rios.....	Mar. 29-Apr. 3..	2	1	
Santa Fe.....	Apr. 28-May 16..	4	3	

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

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

Reports Received During Week Ended August 19, 1927—Continued

PLAGUE—Continued

Place	Date	Cases	Deaths	Remarks
Argentina—Continued.				
Territory—				
Chaco—				
Barranqueras.....	May 29.....	2	2	
Formosa.....	June 25.....	3	2	
City—				
Rosario.....	May 7.....	1	1	
Santa Fe.....	May 16.....	4	2	
Azores:				
Ribeira Grande.....	June 12-18.....	1		9 miles from port.
British East Africa:				
Kenya.....	May 29-June 4.....	7		
Nairobi.....	May 23-28.....	6		
Tanganyika (Territory).....	.....do.....	1	1	
Uganda.....	May 15-June 4.....	92	67	
Egypt:				
City—				
Port Said.....	July 13.....	1		Bubonic.
Province—				
Beni-Snef.....	July 6-13.....	4	2	Two localities.
Dakhalia.....	June 25-July 9.....	6	1	One locality.
Hawaii:				
Hamakua Mill.....	July 15.....			1 plague rodent.
India:				
Rangoon.....	June 19-25.....	3	3	
Iraq:				
Baghdad.....	May 1-28.....	9		
Java:				
Batavia.....	June 19-25.....	16	16	Province.
East Java and Madura.....	June 5-18.....	9	9	
Madagascar:				
Province—				
Ambositra.....	May 16-31.....	7	6	Bubonic.
Miarinarivo (Itasy).....	do.....	2	2	Do.
Moramanga.....	do.....	4	3	Bubonic, 1; septicemic, 3.
Tananarive.....	do.....	19	16	Bubonic, 9; pneumonic, 8; septicemic, 2. Including Tananarive Town—Cases, 5; deaths, 3.
Senegal:				
Baol.....	July 11-17.....			Cases, 102; deaths, 68.
Dakar.....	do.....	20	11	
Rufisque.....	do.....	16	10	
Thies.....	do.....	25	17	
Tivaouane.....	do.....	3	2	
On vessel:				
Steamship Ransholm.....	Aug. 5.....	3		At Gefle, Sweden, from Rufisque, Senegal.

SMALLPOX

Canada:				
Alberta.....	July 17-23.....	14		
Manitoba—				
Winnipeg.....	July 31-Aug. 6.....	1		
Ontario.....	July 17-23.....	26		
Ottawa.....	July 24-30.....	9		
Saskatchewan:				
Regina.....	July 17-23.....	3		
Regina.....	July 24-30.....	1		
China:				
Hong Kong.....	June 19-25.....	1		
Do.....	June 26-July 2.....	2	1	
Manchuria—				
Changchun.....	July 3-9.....	3		South Manchurian Railway.
Dairen.....	June 6-12.....	1	1	
Harbin.....	June 20-26.....	1		
Kai-yuan.....	July 3-9.....	2		Do.
Mukden.....	do.....	2		Do.
Pensihu.....	do.....	1		Do.
Ssupingkal.....	do.....	1		Do.

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

Reports Received During Week Ended August 19, 1927—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Great Britain: England and Wales.....	July 10-16.....	156		Year 1926: Cases, 112.
Italy.....				
Poland.....	May 22-28.....	1		
Switzerland: Berne.....	June 26-July 2.....	1		

TYPHUS FEVER

Chile: Talcahuano.....	July 10-16.....		1	Including municipalities in Federal District.
Valparaiso.....	do.....	2		
Egypt: Alexandria.....	July 8-15.....	2		
Mexico: Mexico City.....	July 3-16.....	8		

YELLOW FEVER

Liberia: Monrovia.....	June 19-25.....	1	1	Total, June 1-25, 1927, cases, 4; deaths, 4.
Senegal: Dakar.....	July 9.....	1		
Thies.....	July 10.....	1	1	In suburb of Ouakam; suspect. In European arrived direct from Tivaouane.

Reports Received from June 25 to August 12, 1927¹

CHOLERA

Place	Date	Cases	Deaths	Remarks
China:				
Amoy.....	May 22-28.....	1	1	Cases, 48,780; deaths, 28,544.
Kulangsu.....	June 21.....	1		
Shanghai.....	June 19-25.....	2		
Swatow.....	May 15-June 25.....	19	8	
India:				Cases, 48,780; deaths, 28,544.
Bombay.....	May 8-June 4.....	2	1	
Calcutta.....	May 8-June 18.....	396	247	
Karachi.....	May 29-June 4.....	1	1	
Madras.....	June 19-25.....	5	3	
Rangoon.....	May 8-June 18.....	14	10	
India, French Settlements in:				Cases, 8,998.
Indo-China (French).....	Mar. 30-May 28.....	5	3	
Annam.....	Apr. 1-June 20.....			
do.....	do.....	1,147		
Cambodge.....	do.....	197		
Cochin-China.....	do.....	1,049		
Saigon.....	June 4-10.....	1	1	
Tonkin.....	Apr. 1-June 30.....	6,605		
Philippine Islands:				At Mambog, Malalos.
Bulacan Province.....	June 7.....	1		
Leyte Province— Carigara.....	June 23.....	1	1	
Palo.....	May 18.....	1		Final diagnosis not received.
Siam:				Cases, 138; deaths, 74.
Bangkok.....	May 1-June 18.....			
do.....	do.....	32	11	

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

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

Reports Received from June 25 to August 12, 1927—Continued

PLAGUE

Place	Date	Cases	Deaths	Remarks
Argentina	Jan. 1-June 30			Cases, 71; deaths, 44.
Entre Rios	Reported Aug. 1	1		
Formosa	Reported July 6	3		
Pampa	do	2		
Azores:				
St. Michaels Island	May 15-June 3	2		
British East Africa:				
Kenya	Apr. 24-June 11	11	14	
Tanganyika	Mar. 29-May 7		36	
Uganda	Jan. 1-Feb. 28	138	121	
Do	Mar. 27-June 11	174	140	
Canary Islands:				
Laguna District—				
Tejina	June 17	1		
Ceylon:				
Colombo	May 1-June 11	13	8	Plague rats, 4.
Egypt	May 21-June 24			Cases, 6; deaths, 2.
Alexandria	June 4-10	1		
District—				
Biba	do	1		At Nana.
Beni-Souef	do	1		
Port Said	June 24	2	1	
Tanta District	June 4-10	1		
Greece	May 1-31	1	1	
Athens	June 1-30	1		Including Piraeus.
Patras	May 30-June 11	4		
India	Apr. 17-June 11			Cases, 21,204; deaths, 7,922.
Bombay	May 8-June 25	71	63	
Madras	May 1-June 11	86	33	
Rangoon	May 8-June 18	19	17	
Indo-China (French)	Apr. 1-June 20	21		
Kwang-Chow-Wan	May 21-June 10	57		
Iraq:				
Baghdad	Apr. 8-16	3	1	
Java:				
Balavia	May 1-June 18	104	105	Province.
East Java and Madura	May 22-June 4	14	14	
Pasoeroean Residency	May 9			Outbreak reported at Ngadi-
Surabaya	Apr. 17-May 7	24	24	wono
Madagascar				Mar. 16-Apr. 30, 1927: Cases, 256;
Province—				deaths, 135.
Ambositra	Mar. 16-May 15	63	58	
Antsirabe	do	8	8	
Miarinarivo (Itasy)	do	43	43	
Moramanga	do	14	14	
Tananarive	do	166	145	
Tananarive Town	do	15	15	
Peru	Apr.-May 31			Cases, 22; deaths, 8.
Departments—				
Ica	Apr. 1-30	1		
Lambayeque	do	1		
Liberia	Apr. 1-May 31	7	4	
Lima	do	13	4	
Lima City	Apr. 1-30	5	1	
Senegal	May 23-July 10			Cases, 110; deaths, 53.
Baol	June 2-19	4	1	
Cayor Frontier	July 4-10	7	5	
Dakar	June 20-July 10	18	12	
Facel	July 6	17	8	
Guindel	June 20-26	11	2	
M'Bour	July 6-16	28	23	
Medina	June 13-19	2	2	
Pont	July 4-10	1		
Rufisque	May 23-July 10	79	53	
Thies District	do	21	7	
Tivaouane	June 2-July 6	12	4	
Siam	Apr. 1-June 11			Cases, 9; deaths, 7
Bangkok	May 8-June 11	2	1	
Tunisia	Apr. 21-May 31	131		
Turkey:				
Constantinople	May 13-19	1		
Union of South Africa:				
Cape Province—				
Maraisburg District	May 1-14	2	2	Native.
On vessel:				
S. S. Avoroff	June 24-30	1		On Greek warship at port of Athens.

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

Reports Received from June 25 to August 12, 1927—Continued

SMALLPOX

Place	Date	Cases	Deaths	Remarks
Algeria.....	Apr. 21-June 10.....			Cases, 333.
Algiers.....	May 11-June 30.....	8		
Oran.....	May 21-July 10.....	32		
Brazil:				
Rio de Janeiro.....	May 22-June 25.....	5	5	
British East Africa:				
Kenya.....	Apr. 24-May 14.....	7	14	
Tanganyika.....	Mar. 29-May 7.....	23	2	
Zanzibar.....	Apr. 1-30.....	7		
British South Africa:				
Northern Rhodesia.....	Apr. 30-June 24.....	58		Native.
Canada.....	June 6-July 16.....			Cases, 215.
Alberta.....	June 12-July 16.....	55		
Calgary.....	June 12-25.....	5		
British Columbia—				
Vancouver.....	May 23-29.....	2		
Manitoba.....	June 5-July 16.....			Cases, 14.
Winnipeg.....	June 12-July 15.....	12		
Ontario.....	June 5-July 16.....			Cases, 111.
Ottawa.....	June 12-July 23.....	55		
Toronto.....	June 19-July 23.....	9		
Quebec.....	do.....	13		
Saskatchewan.....	June 12-July 16.....	29		
Regina.....	July 17-23.....	1		
Ceylon.....	May 1-7.....			Cases, 3; deaths, 2.
China:				
Amoy.....	May 8-28.....	1		
Chefoo.....	May 8-14.....			Present.
Foochow.....	May 8-June 11.....			Do.
Hong Kong.....	May 8-June 18.....	13	14	
Manchuria—				
Anshan.....	May 22-28.....	1		
Changchun.....	May 15-June 25.....	4		
Dairen.....	May 2-22.....	6	4	
Fushun.....	May 15-June 5.....	9		
Harbin.....	June 13-19.....	1		
Mukden.....	May 22-June 25.....	3		
Ssuningkai.....	May 8-June 25.....	2		
Tientsin.....	May 8-28.....	11		
Chosen.....	Feb. 1-Apr. 30.....	354	84	
Chinnampo.....	Apr. 1-May 31.....	2		
Fusan.....	Apr. 1-30.....	1		
Gensan.....	May 1-31.....	1		
Seishin.....	Apr. 1-30.....	1		
Curacao.....	May 29-June 4.....	1		Alastrim.
Egypt.....	May 7-June 17.....			Cases, 17; deaths, 3.
Alexandria.....	May 21-June 17.....	4	1	
Cairo.....	Jan. 22-Feb. 11.....	4		
France.....	Apr. 1-May 31.....			Cases, 128.
Paris.....	May 21-June 30.....	11	2	
Gold Coast.....	Mar. 1-Apr. 30.....	22	4	
Great Britain:				
England and Wales.....	May 22-July 9.....			Cases, 1,654.
Bradford.....	May 29-June 11.....	2		
Cardiff.....	June 19-July 2.....	4		
Liverpool.....	do.....	1		
London.....	May 15-June 18.....	2		
Newcastle on Tyne.....	June 12-July 2.....	2		
Sheffield.....	June 12-July 9.....	18		
Scotland—				
Dumdee.....	May 29-July 2.....	5		
Guatemala:				
Guatemala City.....	June 1-30.....		9	
Guinea (French).....	June 4-10.....	9		
India.....	Apr. 17-June 11.....			Cases, 44,336; deaths, 11,199.
Bombay.....	May 23-June 25.....	136	98	
Calcutta.....	May 8-June 18.....	279	266	
Karachi.....	May 15-June 25.....	8	5	
Madras.....	May 22-July 2.....	14	5	
Rangoon.....	May 8-June 18.....	125	38	
India, French Settlements in.....	Mar. 20-May 21.....	145	88	
Indo-China (French).....	Mar. 21-June 10.....	236		
Saigon.....	May 14-20.....	1	1	
Iraq:				
Baghdad.....	Apr. 10-16.....	2		
Basra.....	do.....	1		

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

Reports Received from June 25 to August 12, 1927—Continued

SMALLPOX—Continued

Place	Date	Cases	Deaths	Remarks
Italy.....	Apr. 10-May 21...	13	-----	Reported as alastrim.
Jamaica.....	May 29-June 25.....	9	-----	
Japan.....	Apr. 3-May 7.....	19	-----	
Nagasaki City.....	June 20-July 10.....	21	5	
Taiwan Island.....	May 21-31.....	1	-----	
Java:				
Batavia.....	May 22-28.....	1	-----	
East Java and Madura.....	Apr. 24-30.....	1	-----	
Latvia.....	Apr. 1-30.....	1	-----	
Mexico:				
Durango.....	June 1-30.....	-----	1	Present.
La Oroya.....	Apr. 1-June 30.....	-----	7	
San Luis Potosi.....	May 29-July 16.....	-----	1	
Tampico.....	June 1-10.....	1	-----	
Morocco.....	Apr. 1-May 31.....	94	-----	
Netherlands India:				
Borneo—				
Holoce Soengei.....	Apr. 21.....	-----	-----	Epidemic in two localities. Epidemic outbreak. Do.
Pasir Residency.....	Apr. 30-May 6.....	-----	-----	
Samarinda Residency.....	May 21-27.....	-----	-----	
Nigeria:		1,560	351	
Persia:				
Teheran.....	Feb. 21-Apr. 20.....	-----	5	
Poland.....	Apr. 19-May 14.....	6	-----	
Portugal:				
Lisbon.....	May 29-July 9.....	12	1	
Senegal:				
Medina.....	July 4-10.....	7	-----	
Siam.....	May 1-June 18.....	-----	-----	Cases, 41; deaths, 11.
Bangkok.....	May 15-June 18.....	5	3	
Spain:				
Valencia.....	May 29-June 4.....	2	-----	
Straits Settlements.....	June 12-18.....	3	-----	
Singapore.....	Apr. 1-May 28.....	4	2	
Sumatra:				
Medan.....	June 5-11.....	2	-----	
Tunisia.....	Apr. 1-June 10.....	10	-----	
Tunis.....	June 1-10.....	1	-----	
Union of South Africa:				
Cape Province—				
Elliott District.....	May 11-June 10.....	-----	-----	Outbreaks. Do.
Kalanga District.....	do.....	-----	-----	
Transvaal—				
Barberton District.....	May 1-7.....	-----	-----	Do.

TYPHUS FEVER

Algeria.....	Apr. 21-June 10.....	263	29	
Algiers.....	May 11-June 30.....	24	-----	
Oran.....	May 21-June 30.....	30	-----	
Bulgaria.....	Mar. 1-May 10.....	151	14	
Sofia.....	June 4-10.....	1	-----	
Chile:				
Concepcion.....	May 29-June 4.....	-----	1	
Ligua.....	Mar. 16-31.....	2	-----	
China:				
Manchuria—				
Mukden.....	May 29-June 4.....	1	-----	
Chosen.....	Feb. 1-Apr. 30.....	-----	-----	Cases, 330; deaths, 30.
Chemulpo.....	May 1-31.....	4	-----	
Gensan.....	do.....	1	-----	
Seoul.....	Apr. 1-May 31.....	9	-----	
Czechoslovakia.....				Apr. 1-30, 1927: Cases, 21. Cases, 79; deaths, 16.
Egypt.....	May 29-June 17.....	-----	-----	
Alexandria.....	May 21-July 1.....	8	3	
Cairo.....	Jan. 15-21.....	1	-----	
Estonia.....	Apr. 1-30.....	-----	-----	Case, 1.
Greece:				
Athens.....	June 1-30.....	-----	9	
Iraq:				
Baghdad.....	Apr. 24-30.....	1	-----	
Irish Free State:				
Cork County.....	July 3-9.....	1	-----	In urban district.
Latvia.....	Apr. 1-May 31.....	17	-----	

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

Reports Received from June 25 to August 12, 1927—Continued

TYPHUS FEVER—Continued

Place	Date	Cases	Deaths	Remarks
Lithuania.....	Feb. 1-Apr. 30....	121	17	
Mexico.....	Feb. 1-28.....			Deaths, 26.
Mexico City.....	May 29-June 11....	7		Including municipalities in Federal District.
Morocco.....	Apr. 1-June 10....	528		Cases, 3.
Palestine.....	May 24-June 6....			
Haifa.....	do.....	2		
Mahnsaim.....	May 17-23.....	1		In Safad District.
Safad.....	May 17-June 20....	3		
Peru:				
Arequipa.....	Apr. 1-30.....		1	
Poland.....	Apr. 10-June 4....	822	80	
Portugal:				
Lisbon.....	May 29-June 4....	1		
Rumania.....	Apr. 3-May 14....	687	47	
Tunisia.....	Apr. 22-June 10..	137		
Tunis.....	July 5-11.....	1		
Turkey:				
Constantinople.....	May 13-19.....		2	
Union of South Africa:				
Cape Province.....	Apr. 1-June 18....	42	5	Cases, 55: deaths, 8, native. In Europeans, cases, 2.
Albany District.....	June 5-11.....			Outbreaks.
East London.....	May 22-28.....	1		Do.
Glen Grey District.....	May 1-7.....			Do.
Qumbu District.....	do.....			Do.
Natal.....	Apr 1-June 18....	7	3	
Impendhle District.....	June 5-11.....			Do.
Orange Free State.....	Apr. 1-May 28....	5		
Transvaal.....	Apr. 1-30.....	1		
Yugoslavia.....	May 1-31.....			Cases, 4.

YELLOW FEVER

Dahomey (West Africa):				
Porto Novo.....	July 1.....	1	1	In Syrian woman.
Gold Coast.....	Apr. 1-30.....	8	5	
Liberia:				
Monrovia.....	May 23-July 8....	4	5	
Senegal.....	May 27.....			Cases, 3.
M'Bour.....	May 27-June 19..	5	5	
Ouakam.....	June 2-8.....	1	1	
Tivaouane.....	May 27-June 8....	5	5	