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THE HEALTH OF WORKERS IN DUSTY TRADES

The health hazards of dusty trades have for a long time engaged the attention of industrial hygienists. The great interest attached to this subject is due to two important facts: (1) The workmen employed in what are termed the "dusty trades" comprise the largest group of workers exposed to any one industrial hazard, and (2) exposure to certain kinds of dust has strikingly increased the mortality rate from respiratory diseases, especially tuberculosis.

While a great amount of work has been done in the study of the dust hazard in industry, there are certain questions that remain unanswered; and in the hope of contributing to a better understanding of the problem as a whole, the United States Public Health Service has undertaken special studies which are planned to cover the entire field of dusty trades. For this study the following six industries were chosen, in each of which the principal dust to which the employees were exposed represents a large group of dusts:

1. The cement industry, representing calcium dust.
2. Silver polish, representing metal dust.
3. The granite industry, representing silica dust.
4. The hard-coal industry, representing carbon dust.
5. The cotton industry, representing vegetable dust.
6. Street sweeping, representing municipal dust.

The first of these studies, dealing with the health of workers in a large Portland cement plant, has been completed and the report has recently been published as Public Health Bulletin No. 176. The investigation was conducted in one of the older, dustier plants, so that the effect of large quantities of the dust could be observed. Records of all absences from work were kept for three years, and the nature of disabling sickness was ascertained. Physical examinations were made, X-ray films were taken, and the character and amounts of dust in the atmosphere of the plant were determined.

The results of this investigation indicated that the calcium dusts generated in the process of manufacturing Portland cement do not predispose workers to tuberculosis nor to pneumonia. The workers exposed to dust experienced, however, an abnormal number of attacks of diseases of the upper respiratory tract, especially colds, acute

bronchitis, diseases of the pharynx and tonsils, and also influenza, or gripe. Attacks of these diseases serious enough to cause absence for two consecutive working days or longer occurred among the men in the dustier departments at a rate which was about 60 per cent above that for the men in the comparatively nondusty departments. Limestone dust appeared to be slightly more deleterious in this respect than cement dust.

Outdoor work in all kinds of weather, such as was experienced by the quarry workers, appeared to predispose to diseases of the upper respiratory tract even more than did exposure to the calcium dusts. In the outdoor departments of the plant, also, the highest attack rates of rheumatism were found. The study also indicated that work in a cement-dusty atmosphere may predispose to certain skin diseases such as boils, to conjunctivitis, and to deafness when cement dust in combination with ear wax forms plugs in the external ear. When the dust in the atmosphere is less than about 10,000,000 particles per cubic foot of air it is doubtful that the above-mentioned diseases and conditions would be found at greater than average frequency.

Modernization of plants and installation of ventilating systems are helping to solve the dust problem of the industry.

A limited number of free copies of the bulletin containing this report are available and may be had upon application to the Surgeon General, United States Public Health Service, Washington, D. C.

SEWAGE-POLLUTED SURFACE WATERS AS A SOURCE OF WATER SUPPLY ¹

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One of the outstanding features of American waterworks practice is the extensive use made of surface bodies of water, and especially of streams, as a source of public water supplies. Although the actual number of public water supplies originating in underground sources is greater in this country than the number taken from surface sources, it is probable that surface sources provide at least two-thirds of the total volume of, and serve two-thirds of the population using, public water supplies.

This situation has been a natural outgrowth of the physical conditions prevailing in those sections of the United States, notably in the extensive inland areas of the Middle West and in certain portions of the Atlantic Seaboard States, in which the most intensive development of industrial cities has occurred. In these regions water readily available from underground sources is frequently insufficient in volume

¹ Read at the meeting of the American Society of Civil Engineers held at Asheville, N. C., Apr. 20, 1927, and published here by permission of the society.

and often excessively hard; hence recourse necessarily has been had to surface streams and lakes. Present indications, moreover, point to the likelihood that an increasing amount of dependence must be placed, in future years, on surface sources of water supply for public use, both in the regions named and in other sections of the country, owing to the steady diminution in the volume of underground water resulting from overdrafts made to supply increasing populations.

Coincidentally with these developments has occurred a steady increase in the pollution of surface watercourses by sewage and industrial wastes, particularly in the areas above noted. This tendency has been due both to a disproportionate growth in urban population, as compared with that of rural population, and to the extension of water-carriage sewerage systems in the existing urban population groups. A good example of the rapidity with which the urban population of the Middle West has increased is furnished by population estimates for the Ohio River basin,² which have shown that, in the period of 25 years extending from 1890 to 1915, the urban population inhabiting this area increased 109 per cent, whereas the rural population increased but 16 per cent. It has been estimated that from 85 to 90 per cent of all domestic sewage in the Ohio River basin is discharged without any treatment into the nearest surface watercourse. The proportion of industrial wastes similarly discharged without treatment probably approaches very closely 100 per cent.

Until very recently the use of surface streams for the dual purpose of water supply and sewage disposal has been attended by comparatively few serious difficulties in obtaining reasonably safe water supplies from such sources. One contributory factor has been the ample length and relatively large volume of our major inland streams, affording an opportunity for dilution and self-purification to act as natural protective agencies. A second and more important element has been the remarkable advance made in the development and application of water purification in this country during the past three decades. In 1924 statistics collected by Gillespie³ showed that over 23,000,000 people in the United States were being served by public water supplies purified by filtration processes.

During the past two decades or so, a steady reduction has taken place in the incidence of typhoid fever and other water-borne diseases throughout the country, notably in urban communities using purified surface water supplies. In spite of this tendency, pollution of the sources of many surface supplies has increased with such rapidity that questions have arisen as to the possibility of a failure of existing safeguards, both natural and artificial, to afford an adequate degree

² Public Health Bulletin No. 143, U. S. Public Health Service, Section III, Table No. 34.

³ Gillespie, C. G.: Filtration Plant Census, 1924. Jour. Am. W. W. Assoc., vol. 14, July, 1925, pp. 123-142.

of protection to such supplies. In other instances, where an ample margin of safety still exists, sanitary authorities are considering what measures may be necessary in order to forestall a situation such as has developed in the more populous areas of the country. The extent to which the availability of these sources may be affected by their progressively increased pollution is, therefore, a question of practical importance to all sanitary engineers and others who are concerned with maintaining the safety of public water supplies. It is proposed here to consider this question mainly in relation to the pollution of surface water supplies by domestic sewage, which, to a large extent, involves problems quite distinct from those resulting from their pollution by industrial wastes. It is intended, however, to mention very briefly at a later point one or two aspects of the latter which bear a particularly significant relation to the quality of water supplies in certain important industrial areas of the country.

In a broad sense, the suitability of sewage-polluted bodies of surface water as sources of water supply is dependent on a number of factors, including the following:

- (a) The character and extent of their pollution;
- (b) The location of the sources of pollution with respect to sources of water supply;
- (c) The degree of protection to these sources afforded by various natural agencies, such as dilution and self-purification;
- (d) The extent of further protection afforded by artificial water-purification; and
- (e) The practicability and relative economy of supplementary artificial measures for reinforcing, where necessary, the protection afforded by water purification.

From a practical standpoint the most important of the five factors above named is the extent of protection afforded by artificial processes of water purification, which have become the main source of reliance in safeguarding the sanitary quality of surface water supplies in this country. Standing next in the order of relative importance is the practicability and economy of further artificial measures, both of water purification and of sewage treatment, for reinforcing the protection afforded by water purification as now currently practiced. Before discussing these two questions, however, it is proposed to consider rather briefly some of the agencies of pollution and of natural purification which influence more or less directly the relative suitability of sources of water supply located in surface bodies of water.

AGENCIES OF POLLUTION

Domestic sewage.—The most important agency of pollution affecting the quality of public water supplies derived from surface sources is, of course, domestic sewage, which contains large numbers of

intestinal bacteria originating in both human and domestic animal populations. A secondary, though sometimes highly significant agency of bacterial pollution consists of the surface drainage waters from unsewered areas, which usually contain some bacteria of intestinal origin. A third agency may be said to include, in general, certain kinds of industrial wastes, which, under some conditions, may cause unpalatable tastes in water supplies or may add measurably to the costs and difficulties involved in their efficient purification.

It has long been recognized that the numbers of intestinal bacteria contained in ordinary domestic sewage are extremely high. Thus, it commonly has been stated that the total bacterial count of sewage ranges from 1,000,000 to 10,000,000 per cubic centimeter, and that the *B. coli* content approximates 100,000 per cubic centimeter. Assuming a daily sewage flow equal to 120 gallons per capita, a fair average for the larger American cities, the *B. coli* figure given would indicate a contribution of this organism roughly approximating 200,000,000,000 per capita daily. Observations made by investigators of the United States Public Health Service in the Ohio and Illinois Rivers during the years 1914-1916 and 1921-22, respectively, indicated⁴ that the average numbers of *B. coli* contributed to these streams by the metropolitan areas of Cincinnati, Louisville, Chicago, and Peoria, ranged from about 190,000,000,000 to 360,000,000,000 and averaged about 250,000,000,000 per capita daily. These figures, being derived from observations made in the stream above and below each city, represent the effect of combined sewage and surface drainage water from the areas considered. They are very considerably in excess of those which have been given as representing the normal bacterial content of human feces, which was found by MacNeal, Latzer, and Kerr⁵ to be about 5,000,000,000 per capita daily, as expressed in terms of the numbers of bacteria growing on agar plates at 37° C. While making due allowance for the fact that combined sewage contains many sources of bacteria other than feces, the wide disparity of the figures above given suggests the possibility that bacteria of intestinal origin may increase in sewage for some time after its discharge into a sewerage system, or a stream, either by actual multiplication or by the progressive disintegration of particles containing bacteria.

Industrial wastes.—In some of the industrial sections of the country, the pollution of streams and lakes by wastes from certain industries has been causing serious, and in some cases widespread, damage to

⁴ (a) A study of the Pollution and Natural Purification of the Ohio River. Part II. Results of Surveys and Laboratory Studies. Public Health Bulletin No. 143, pp. 251-256. (b) A Symposium on Stream Pollution Part IV. Quantitative Studies of Bacterial Pollution and Natural Purification in the Ohio and Illinois Rivers. By J. K. Hoskins. Trans. Am. Soc. C. E., vol. 89, pp. 1355-1377; also Reprint No. 1063 from Public Health Reports, January 19, 1926, pp. 319-331.

⁵ MacNeal, W. J., Latzer, L. L., and Kerr, J. F.: The Fecal Bacteria of Healthy Men. Jour. Infect. Dis., 1909, vol. 6, Nos. 2 and 5.

sources of public water supply. In general, such damage usually is æsthetic or economic rather than hygienic in its nature, though in some instances it may and does assume the aspect last named. A good example of æsthetic damage has been afforded during the past few years by the pollution of sources of water supply located in the Ohio River basin and along the Great Lakes by phenol-bearing wastes from by-product coke plants. The unpleasant tastes in water supplies caused by the presence of minute traces of phenols and their chlorine derivatives are so well known that it is hardly necessary to dwell on them here. Examples of economic damage by industrial wastes are provided by instances in which the presence of acids and acid wastes have increased the hardness of water supplies to such an extent as to render such supplies unfit for boiler use. Although accurate and up-to-date statistics on this point are not available, it is safe to say that pollution of this general character has added many thousands of dollars annually to the cost of producing steam power in certain areas of the Middle West, notably in the upper Ohio River basin.

The hygienic aspects of industrial waste pollution of water supplies, though in many cases obscured to some extent by their indirectness, are in the aggregate far from being a negligible factor in the growing complexities of water-supply sanitation. In some instances the hygienic and economic features of the problem are inseparably bound together, as, for example, where the presence of certain kinds of industrial wastes, notably from tanneries and steel mills, in raw water supplies taken for purification, increases both the difficulty and the cost of securing efficient treatment. In at least one case known to the writer the physical deterioration in municipal water filtration plants resulting from the presence of excessive amounts of acid wastes in their raw water supply has diminished very measurably their average bacterial efficiency, even with highly skilled operation. In other instances, particularly those involving the causation of disagreeable tastes, water consumers have been known to have sought unsafe private sources of drinking water in preference to using the safer but less palatable public supply.

MODIFYING INFLUENCES

The extent to which the several agencies of pollution, above described may influence the quality of water supplies taken from polluted streams or lakes is modified by a number of factors, of which the following are the more important: (a) Seasonal changes, (b) dilution, and (c) natural purification. Although the three factors enumerated are interrelated to some extent, each one of them produces more or less characteristic and measurable effects.

In considering these effects, distinction should be made between conditions prevailing in flowing streams and those frequently observed in quiescent and semiquiescent bodies of water. In the former instance the dispersion of polluting matters within the stream, though often proceeding slowly in a lateral direction, is usually extremely rapid in a vertical plane and has a tendency in general to become stabilized after a fairly definite interval of flow. In the latter case, however, the admixture of polluting wastes, discharged along the shores of lakes and ponded streams, frequently is subject to the vagaries of winds and countercurrents to such an extent that uniform dispersion in the diluting body of water seldom is attained, even after relatively long intervals of time.

Seasonal influences.—Cyclic changes of season exert their influence in two general ways: (a) Through their effect on variations in the bacterial content of sewage as discharged at the outfall; and (b) through their influence on variations in the rate of natural purification. Studies by investigators of the United States Public Health Service in the Ohio, Illinois, and Upper Mississippi Rivers have given marked evidences⁶ of a fairly orderly seasonal variation in the numbers of *B. coli* per capita contributed daily to these rivers by the larger centers of sewered population, the numbers reaching a maximum during the late summer and a minimum during the winter. In the Ohio River below Cincinnati the ratio of the summer average to the winter average numbers of *B. coli* was found to be equal to 4.9, and in the Illinois River below Chicago and Peoria, 10.5 and 11.4, respectively. Similar variations were observed⁷ by the International Joint Commission in the St. Clair, Detroit, Niagara, and St. Lawrence Rivers below major points of pollution.

As to the causes of the phenomenon above noted, they still remain a matter for speculation. A few experiments have been made to determine whether the numbers of intestinal bacteria voided by healthy persons are consistently greater in the summer than in the winter, but the results of these experiments thus far have been inconclusive. It is possible that, under the more favorable temperature conditions prevailing in summer, organisms of the *B. coli* group actually multiply in sewage during its passage through sewerage systems and even in streams immediately below sewer outfalls, whereas under the less favorable winter temperatures they fail to do so, at least to a like extent. Regardless of its underlying causes, the phenomenon noted has been observed so consistently as to remove it from the category of mere chance. Its significance would appear to lie in the indication that the density of bacterial pollution

⁶ Public Health Bulletin No. 143, pp. 246-251. Public Health Bulletin No. 171, pp. 163-165.

⁷ Pollution of Boundary Waters. Report of Consulting Sanitary Engineer on Remedial Measures. March, 1916.

of sources of water supply located in highly polluted sections of streams, or in shoreward zones of lakes not distant from sewer outfalls, may be expected to be considerably higher during the summer months than during the winter season, all other conditions being equal. In general, this indication has been borne out by observation, subject to such modification as may be imposed by the effects of seasonal changes on the rate of natural purification, which will be discussed later under that heading.

In so far as industrial wastes are concerned, seasonal changes do not appear to exert any marked effect on their pollution density, except under conditions in which a particular industry is seasonal in its character. In some instances, notably in the pollution of water supply sources by phenol-bearing wastes, the winter season has been, in general, the far more critical; but as the gas and coke by-product industries producing such wastes are not seasonal in their activities, this condition hardly appears to be due to any seasonal variation in the amount or strength of the wastes from these industries.

Dilution.—In general, the modifying effects of dilution on the density of polluting matters discharged into natural bodies of water are fairly simple, except when complicated by secondary chemical or biological reactions following the process of dilution. If, for example, two streams (*A*) and (*B*), having, respectively, discharges equal to (Q_a) and (Q_b) and pollution densities (P_a) and (P_b) combine to form a third stream (*C*), the pollution density of (*C*) ordinarily would be:

$$\frac{P_a Q_a + P_b Q_b}{Q_a + Q_b}$$

except as modified by imperfect mixture of the two streams.

In some instances involving secondary reactions, as above noted, the changes associated with dilution are less simple. Examples involving secondary chemical reactions frequently have been observed where certain types of industrial wastes, such as those of an acid character, are discharged into alkaline streams. Below the confluence of the Monongahela and Allegheny Rivers, in the Pittsburgh-Wheeling zone of the Ohio River, the admixture of the highly acid Monongahela with the less acid Allegheny produces a marked precipitation of iron salts, which are carried by the former in large quantities and are also discharged by steel mills in the Pittsburgh district. Although reactions of this kind may benefit a stream temporarily in some respects, they also may result in the formation of end-products which may interfere with the efficient operation of water purification plants.

When domestic sewage is discharged into a diluting body of water, there sometimes occurs initially a temporary increase in the bacterial content of the mixture. An increase of this kind was observed in

1914-16 in the Ohio River⁸ immediately below Cincinnati, and, in 1921-22, in the Illinois River⁹ immediately below the outlet of the Chicago Main Drainage Canal. In the instances cited, the bacterial content was observed to reach a fairly well-defined maximum at a point tending to move downstream during the winter but confined within a river zone extending about 25 miles below the source of pollution. It is not thus far definitely known as to whether the increase observed represents a true bacterial multiplication or whether it is the result of a progressive disintegration of "clumps" of suspended matter containing masses of bacterial cells. Possibly both processes are involved to some extent. Regardless of its underlying cause, this phenomenon suggests the possibility that sources of water supply located within river or lake zones lying in close proximity to sewer outfalls may be subject, under some conditions, to a disproportionately excessive bacterial pollution due to an increase such as above described.

Natural purification.—The fact that sewage-polluted bodies of water tend to become progressively self-purified through natural agencies is so well established that it hardly seems necessary here to dwell on it. Although the underlying causes of natural purification phenomena are little understood, the effects produced by them are well known and frequently observed. Of these effects, the most important one in relation to the use of polluted bodies of water as sources of water supply is the tendency toward a progressive decrease in the density of bacteria, especially those commonly associated with sewage, which occurs in all such bodies of water.

Quantitative studies of bacterial self-purification in flowing streams have indicated that, following the attainment of a maximum density below a major source of pollution, bacteria of the types included both in the ordinary plate count and in the *B. coli* group tend to diminish in numbers progressively along a fairly well defined time-function curve, which follows closely a logarithmic path in its earlier stages, but tends to become increasingly flatter than such a path after passing through its initial phase. The proportionate rate of bacterial decrease is further modified by the temperature and other changes associated with seasonal cycles, the rate being higher in summer than in winter.

In Figure 1 are shown two bacterial reduction curves derived from *B. coli* observations¹⁰ made in the Ohio River below Cincinnati, one curve being based on summer and the other on winter conditions. In each instance the curve has its initial point at the maximum density of *B. coli* attained in the river immediately below Cincinnati. On comparing the two curves it will be noted that the percentage of

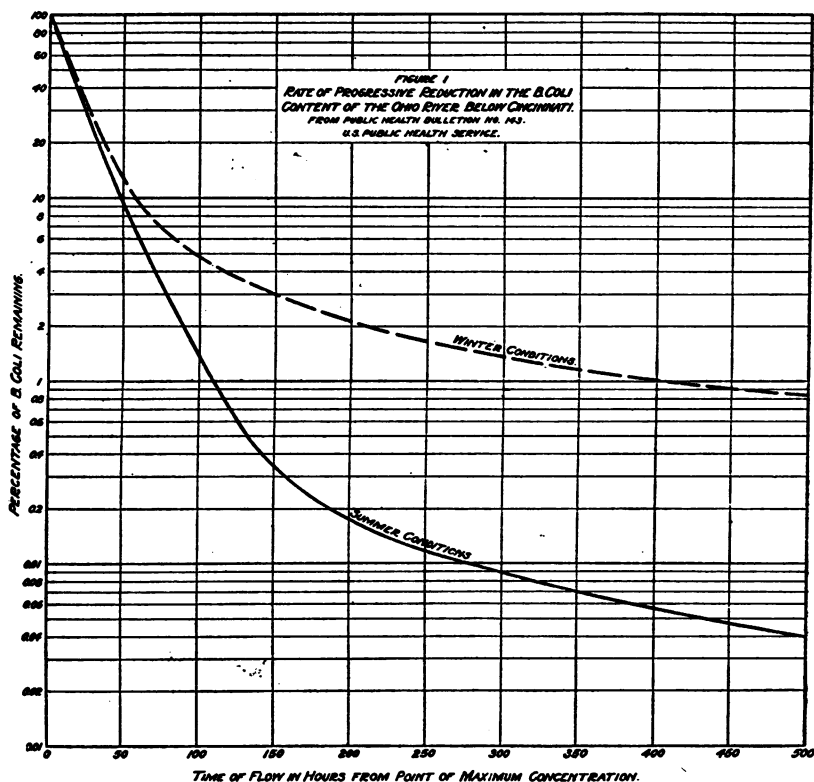
⁸ Public Health Bulletin No. 143, U. S. Public Health Service, pp. 276-277.

⁹ Public Health Bulletin No. 171, U. S. Public Health Service, pp. 163-166.

¹⁰ Public Health Bulletin No. 143, U. S. Public Health Service. Tables 38 and 43.

initial *B. coli* density remaining after a mean time of flow equivalent to 100 hours is approximately 4.7 per cent under winter conditions and 1.5 per cent under summer conditions. For shorter times, the two residual percentages fall more closely together and for longer times diverge more widely from each other.

The relative effect at a given point in a stream of bacterial pollution originating from population groups located at more or less distant points upstream would be expected, on this basis, to be considerably greater under winter than summer conditions, all other things being equal. The converse may be true, however, of the



effect of pollution originating at more near-by sources, owing to lower stream flow and to the greater per capita contribution of sewage bacteria during the summer, both of which factors may offset the higher rate of natural purification in its earlier stages. The same general principle should hold with respect to the pollution of quiescent and semiquiescent bodies of water, when considered in reference to the times of passage of water between various sources of pollution and points at which water supplies are taken.

An illustration of the application of these principles is found in a calculation made of the relative effects of bacterial pollution derived from sewered population groups draining into the Ohio River and its

tributaries in successive 50-mile zones by water above the Cincinnati and Louisville intakes, respectively, during the summer and winter seasons of the year 1915.¹¹ In making this calculation the actual sewered population draining into each successive zone was tabulated, as shown in Table 1, together with the estimated mean time of flow of the river from the mid-point of each zone to the respective intake. By applying to each zone population a reduction factor represented by the percentage of *B. coli* remaining after the given time of flow, as shown in Figure 1, a series of "calculated equivalent" population figures was obtained representing, in each instance, the population which, if discharging sewage immediately above the intake, would have the same pollution effect at this point as did the actual corresponding population located in the particular upstream zone, under the seasonal and flow condition specified.

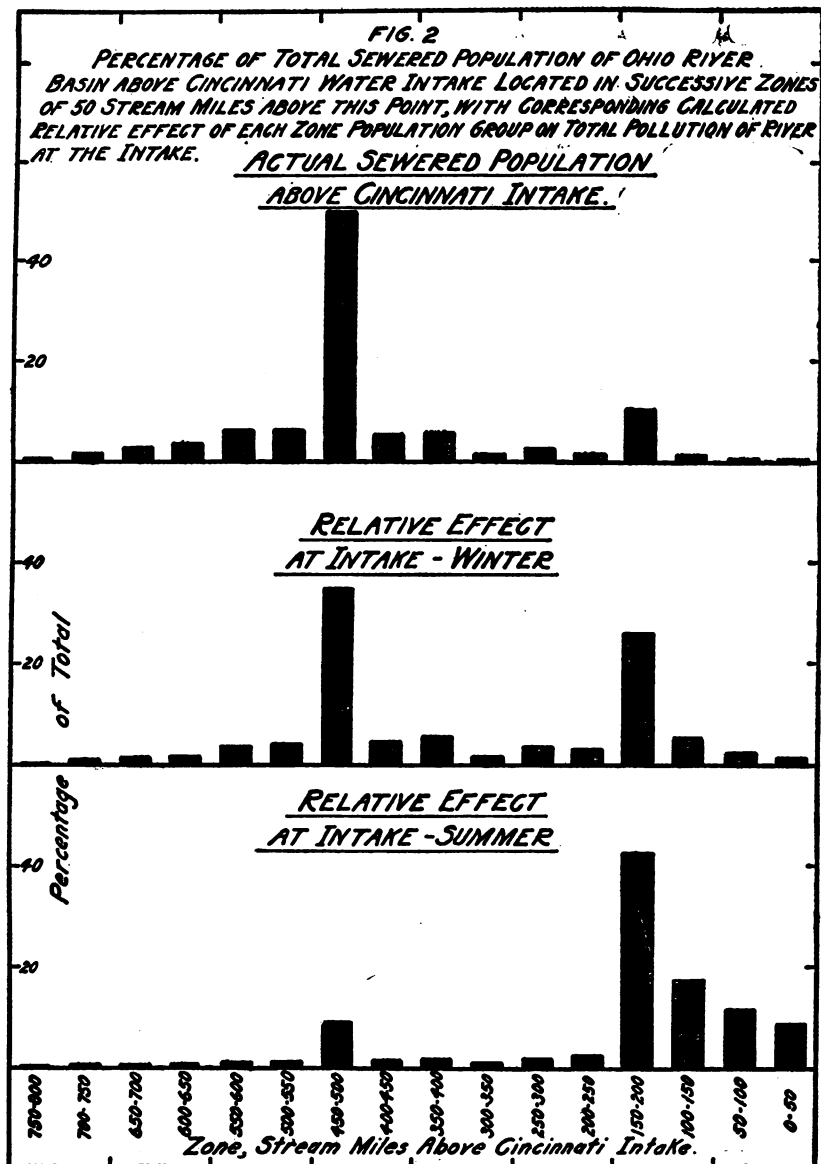
TABLE 1.^a—Actual sewered populations draining into the Ohio River and its tributaries in successive 50-mile zones, by water, above the Cincinnati and Louisville water intakes, respectively, together with their corresponding calculated equivalents with respect to the total bacterial pollution, in terms of *B. coli*, at each intake

A. ABOVE CINCINNATI INTAKE								
Zone Stream miles above Cincinnati intake	Actual sewered population		Estimated mean time of flow from center of zone to intake (Hours)		Calculated equivalent at intake			
	Number	Per cent of total			Winter		Summer	
			Winter	Summer	Popula- tion	Per cent of total	Popula- tion	Per cent of total
0-50.....	1,900	0.1	9	11	1,200	1.5	1,140	8.6
50-100.....	7,100	.3	27	34	1,920	2.4	1,570	11.8
100-150.....	32,300	1.4	45	59	4,520	5.5	2,360	17.7
150-200.....	244,700	10.2	63	88	21,300	26.0	5,630	42.5
200-250.....	41,300	1.7	82	116	2,480	3.0	326	2.5
250-300.....	63,200	2.7	100	145	2,970	3.6	234	1.8
300-350.....	32,200	1.4	118	174	1,260	1.5	74	.6
350-400.....	140,100	5.9	138	212	4,490	5.5	217	1.6
400-450.....	131,100	5.5	158	252	3,670	4.5	160	1.2
450-500.....	1,186,400	50.0	177	286	28,500	34.9	1,210	9.1
500-550.....	153,900	6.5	194	317	3,230	4.0	129	1.0
550-600.....	149,400	6.3	210	341	2,910	3.6	111	.8
600-650.....	80,600	3.4	225	365	1,440	1.8	51	.4
650-700.....	62,000	2.6	241	389	1,040	1.3	35	.3
700-750.....	38,100	1.6	256	413	698	.7	19	.1
750-800.....	9,000	.4	272	437	135	.2	4	.0+
	2,372,700	100.0			81,663		13,300	
B. ABOVE LOUISVILLE INTAKE								
0-50.....	800	0.03	10	24	472	0.4	276	1.9
50-100.....	200	.01	31	61	47	.04	14	.1
100-150.....	532,000	17.2	50	91	63,300	51.0	10,640	76.5
150-200.....	121,800	3.9	69	117	9,010	7.3	938	6.7
200-250.....	70,700	2.3	87	140	3,960	3.2	293	2.1
250-300.....	51,200	1.6	105	165	2,280	1.8	133	1.0
300-350.....	20,400	.7	123	194	765	.6	37	.3
350-400.....	245,500	7.9	141	223	7,800	6.3	358	2.6
400-450.....	72,100	2.3	159	252	1,930	1.5	86	.6
450-500.....	26,600	.9	178	281	638	.5	27	.2
500-550.....	138,400	4.5	197	319	2,920	2.4	115	.8
550-600.....	774,000	25.1	217	358	14,500	11.6	511	3.7
600-650.....	604,100	19.6	236	398	10,300	8.3	332	2.3
650-700.....	106,900	3.5	254	424	1,710	1.4	49	.4
700-750.....	162,200	5.3	269	448	2,430	2.0	66	.5
750-800.....	63,400	2.2	285	472	900	.7	21	.1
800-850.....	83,900	2.7	300	496	1,130	.9	26	.2
850-900.....	9,000	.3	316	520	117	.1	2	.01
	3,083,100	100.0			124,000	100.0	13,900	100.0

^a Data transcribed from Public Health Bulletin No. 143, Tables Nos. 133, 134, 137, and 138.

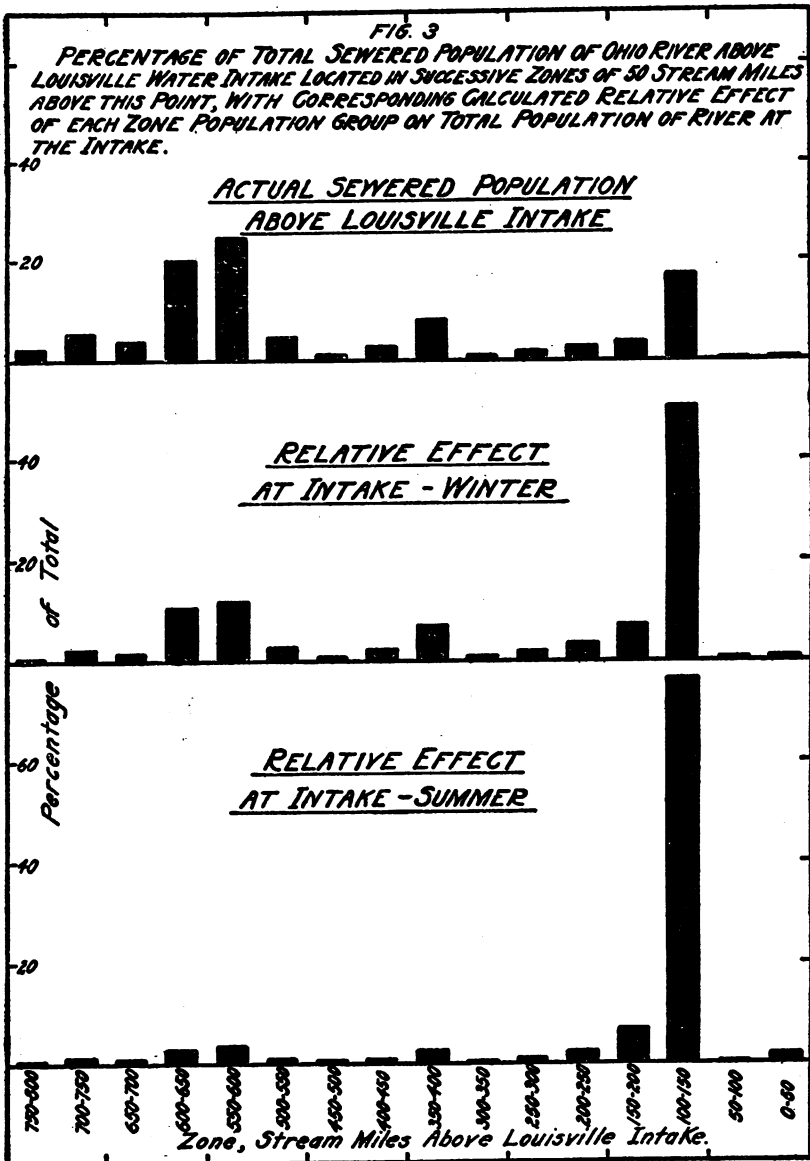
¹¹ The data for this calculation have been derived from Public Health Bulletin No. 143, Tables Nos. 133, 134, 137, and 138, pp. 329-334.

A comparison of the percentages of the total actual population located in each zone with the corresponding percentages which their "calculated equivalents" are of their respective totals, provides an index of the relative effects which the various population groups



were estimated as exerting on the pollution of the river at each one of the two intakes. The comparison is illustrated graphically in Figures 2 and 3, referring, respectively, to pollution conditions at the Cincinnati and Louisville intakes. In Figure 2, the effect of bacterial

pollution originating in the 50-mile zone located 450 to 500 miles above the Cincinnati intake, which includes the Pittsburgh metropolitan district, is indicated as being about 35 per cent of the total during the winter and only 9 per cent in the summer, when approxi-



mately 70 per cent of the total bacterial pollution at the intake is indicated as having been derived from zones lying within 200 miles above the intake. In Figure 3, sewage from the Cincinnati district and from Dayton, Hamilton, and other communities located in the

zone 100–150 miles above the Louisville intake is shown as being responsible for a large proportion of the pollution of the river at this point, both in winter and in summer. In this instance the relative effect of pollution derived from the Pittsburgh district (zones 550–600 and 600–650 miles) is small, even in the winter.

The illustrative examples above cited indicate, first, that in any appraisal of conditions of bacterial pollution surrounding a given source of water supply, full account should be taken not only of the relative sizes of the various population groups jointly responsible for the particular conditions at that source, but also of their respective locations, on a time-distance basis, with respect to the source in question. They further indicate that in any systematic stream-cleaning measures designed to protect sources of water supply, primary consideration should be given to sewage derived from population groups located in zones extending immediately above a given intake. Finally, they afford evidence that conditions of bacterial pollution occurring in streams during the winter season, when natural purification agencies are less active, may impose a more severe burden on sources of water supply than those prevailing during the summer season, as is shown by a comparison of the corresponding "equivalent population" figures given in Table No. 1. In this respect, the situation is quite the reverse of that which usually holds where the other aspects of stream pollution are concerned.

Having thus considered briefly some of the more significant elements involved in the bacterial pollution of surface sources of water supply and the extent to which it may be modified by natural agencies, it is proposed now to discuss the degree to which the effects of such pollution may be further offset by artificial methods.

EXTENT OF PROTECTION AFFORDED BY ARTIFICIAL PROCESSES OF WATER PURIFICATION

The extent of sanitary protection to water supplies of surface origin afforded by artificial processes of water purification may be said to depend primarily on the limitations of such processes with respect to their bacterial efficiency. Owing to the progressive advancement which has been and is occurring in the art of water purification, these limitations can hardly be regarded as being static; nevertheless they now appear to be sufficiently well defined to be capable of approximate determination for practical purposes.

In spite of the high degree of efficiency to which water purification has been developed, both in this country and in other countries, experience has shown that none of the processes involved in large-scale operations of this kind ordinarily are capable of removing from a bacterially polluted water all of the living organisms present in it. This is true not only of sedimentation and filtration processes,

aided or unaided by coagulation, but also, under normal conditions of practice, of those processes of chemical disinfection, such as chlorination, which have become such important adjuncts of modern filtration plants.

During the past few years a systematic effort has been made by the Public Health Service to determine, by combined observation and experiment, the nature and extent of the limitations above noted. These studies have had as their primary object the establishment of a basis for formulating, in specific physical and bacteriological terms, permissible limits of pollution of raw water supplies taken for purification from sewage-polluted sources of various classes, particularly in the inland navigable waters of the country on which large and important sections of the population are dependent for their public drinking-water supplies.

From these studies, which at the present writing still are in progress, a number of interesting conclusions of considerable practical significance have been drawn. Without entering into a detailed discussion of them here,¹² it is pertinent to note briefly the more significant conclusions thus far reached from them concerning the limitations surrounding the bacterial efficiency of water purification.

In general, the studies have shown that the efficiency of each separate process involved in water purification, such as, for example, coagulation, sedimentation, filtration, and chemical disinfection, is influenced by a number of factors, some of which are, and some are not, subject to physical control. Among the former may be noted the various conditions of plant design, such as retention periods provided in basins and depths and sizes of filtering material; likewise certain measures of operation, such as the amounts of coagulants and disinfectants used, the pH of the chemical reactions, and the rate of filtration. Among the latter are seasonal changes, notably those of temperature, and variations in the turbidity and bacterial content of the raw water.

More specifically, the studies have indicated that the average well-designed and well-operated rapid sand filtration plant, treating river waters such as are found in the Ohio and other river basins of the great Middle-Western plains, is capable of producing, with a fair degree of consistency, a final chlorinated effluent of acceptable palatability and conforming to the revised United States Treasury Department standard,¹³ if the *B. coli* index of the raw water does not

¹² For such a discussion, see Public Health Reports: March 31, 1922 (Reprint No. 737), Jan. 30, 1925 (Reprint No. 987), Oct. 1, 1926 (Reprint No. 1114), July 15, 1927 (Reprint No. 1170); also Public Health Bulletin No. 172, U. S. Public Health Service.

¹³ The original Treasury Department standard, adopted in 1914 (Public Health Reports, vol. 29, No. 45, Nov. 6, 1914, Reprint No. 232) specified, in effect, that water served for drinking purposes by the interstate carriers should not contain numbers of *B. coli* exceeding 2 per 100 cubic centimeters, as expressed in terms of the *B. coli* index. The revised standard, adopted in 1925 (Public Health Reports, vol. 40, No. 15, Apr. 10, 1925, Reprint No. 1029) provides that the average *B. coli* index shall not exceed 1 per 100 cubic centimeters.

exceed approximately 5,000 per 100 cubic centimeters. A preliminary survey, now in progress, of a group of water-purification plants located along the Great Lakes has indicated thus far, however, that the average plant treating raw waters derived from these lakes can not produce consistently a final effluent of acceptable palatability and meeting the same standard of bacterial quality if the *B. coli* index of the raw water exceeds an amount falling somewhere below 2,000 per 100 cubic centimeters.

The extent to which modern water filtration plants treating surface waters from sewage-polluted sources are now dependent on continuous and effective chlorination of their effluents in order to produce drinking waters of acceptable bacterial quality is shown by the results obtained, in connection with these studies, from systematic observations of the quality of unchlorinated filter effluents as related to that of the various raw-water supplies. These observations have indicated, for example, that under the most favorable conditions thus far met in practice, the average water filtration plant treating river waters of the type above noted can not produce consistently an unchlorinated effluent conforming to the Treasury Department standard if the *B. coli* index of the raw water exceeds 60 to 100 per 100 cubic centimeters. In so far as plants treating Great Lakes waters are concerned, the corresponding average limit appears to fall somewhere less than 10 per 100 cubic centimeters.

Although the limits above stated are observational and, in the former instance, provide no working factor of safety, they may be regarded tentatively as representing the extreme limits of pollution of raw water supplies derived from the two respective types of sources named, which thus far have appeared to be most nearly consistent with the production, by the average plant, of effluents meeting a commonly accepted standard of bacterial quality under the particular conditions noted. These maxima may be said, therefore, to provide an approximate basis for judgment as to the suitability of sewage-polluted sources of water intended for purification to the respective degrees named.

It is especially worthy of note, in this connection, that for some reason or reasons not as yet fully determined, the bacterial efficiency of filtration plants treating raw waters such as are derived from the Great Lakes appears to be of a decidedly lower order of magnitude than that of similar plants treating river waters such as are found in the Ohio and other inland river basins lying east of the Mississippi.¹⁴ If further observations now in progress should confirm this finding, it would appear logical to expect that any standard of bacterial pollution applicable to sources of purified water supplies located along the Great Lakes necessarily would be more rigid in its limiting require-

¹⁴ No systematic observations thus far have been made west of the Mississippi River.

ments than would be a corresponding standard with respect to river waters of the Ohio type. In this connection reference should be made to the standard of raw water pollution set up by the International Joint Commission, in 1914, with respect to Great Lakes waters, the standard requiring, in effect, that the *B. coli* index of these waters, as delivered to purification plants for treatment, should not exceed 500 per 100 cubic centimeters.¹⁵ Taking into account the factors of safety necessary to protect water purification plants treating waters of the Great Lakes from the effects of sudden and excessive variations in their bacterial content resulting from conditions somewhat peculiar to these waters in zones affected by shore pollution, the International Joint Commission standard would appear, from present indications, as being not far from that which ultimately may be found to be a reasonable one for such lake waters, though it probably is more rigid than is necessary for application to river waters of the Ohio River type.

SUPPLEMENTARY MEASURES FOR REINFORCING THE PROTECTION AFFORDED BY EXISTING WATER PURIFICATION SYSTEMS

The supplementary measures available for reinforcing the protection afforded by existing systems of water purification are of two general classes:

- (1) Further elaboration of current water-purification processes; and
- (2) Treatment of sewage and other wastes at their sources.

These measures are theoretically feasible to almost any desired degree. Practically, however, they are limited by a number of considerations, including those of economy. Let us consider, first, the further elaboration of current water-purification processes.

During the past three decades methods of water purification as practiced in the United States have undergone a steady course of improvement and of adaptation to the diversity of conditions existing in this country. In spite of their variations in respect to details, these methods have remained, however, substantially as they were at the time of Fuller's experiments at Louisville and Cincinnati in the late nineties. In New England and a few other limited areas of the country the English slow sand filter has proved satisfactory for the treatment of the relatively clear upland waters of these sections. Throughout the remainder of the country, including by far the greater portion, the rapid sand filtration process has been found best adapted to the purification of the variable and highly turbid river waters found in these extensive regions. The latter method, therefore, may be regarded as the more representative of current practice in the United States.

¹⁵ Final report of the International Joint Commission on the Pollution of International Boundary Waters Reference. 1918.

In its ordinary and more simple development the rapid sand filtration system provides facilities (a) for coagulating the raw water, (b) for subjecting it to a single stage of sedimentation after coagulation, (c) for passing it through rapid sand filters after sedimentation, and (d) for chlorinating it either before or after filtration.

Various elaborations of these ordinary water purification processes are being practiced, both in this country and abroad, with a considerable measure of success. Among the more important of these measures are—

- (1) Long-time preliminary storage;
- (2) Double-stage preliminary sedimentation, aided, in some instances, by two-stage coagulation;
- (3) Double filtration;
- (4) Prechlorination of the raw water, prior to its delivery to preliminary sedimentation basins.

In general, prolonged storage of sewage-polluted surface waters as a preliminary step in their more complete purification by filtration has not been adopted in the United States to the extent that it is practiced in Europe, notably in Great Britain. An important reason is the existence of unfavorable topography found along the relatively flat plains of many of our inland rivers and lakes, where the difficulties and cost of constructing storage reservoirs of large capacity are great. Although numerous stored water supplies are found in the mountainous sections of the Appalachian and Pacific coastal ranges, as a rule they are derived from relatively unpolluted upland sources and require little or no further treatment. Aside from a very few instances, notably at Albany, N. Y., double filtration, likewise, has had less use in this country than abroad, largely because of the added costs of treatment entailed by the added operating head required by this method.

Mainly for the reasons above noted, elaboration of the more simple types of filtration plants in the United States, when undertaken principally as a measure of offsetting increased raw water pollution, has had a tendency toward the extension of sedimentation devices and the intensification of chemical treatment. Along the Ohio River, for example, five municipal filtration plants now are equipped with double-stage sedimentation basins, aided, in three instances, by coagulation at both stages of treatment. At the new filtration plant located at Springfield, Ill., a mechanical clarifying device has been installed in advance of sedimentation. At three filtration plants located along the Great Lakes and at a few river plants treating highly polluted waters, prechlorination of the raw water prior to its treatment by coagulation, sedimentation, and filtration is being tested. Mention also should be made of the intensification of lime treatment

(commonly termed the "excess-lime" method) which is being practiced at a number of large water-softening plants and at a few plants devoted more strictly to water purification without softening.

In so far as can be judged from observational and experimental data now at hand, the elaboration of water filtration plants along the two lines last indicated above has resulted in extending very decidedly the permissible limits of raw water pollution, consistent with the production of effluents having a satisfactory bacterial quality, though in some instances, at the expense of their palatability, where the chemical treatment is too greatly intensified. Observations made at the five Ohio River plants, using double-stage preliminary sedimentation, have indicated that, as an average, they are capable of producing final chlorinated effluents conforming to the Treasury Department *B. coli* standard from raw river water having a *B. coli* index ranging as high as about 50,000 per 100 cubic centimeters. Although data concerning the corresponding efficiency of raw water prechlorination are too meager at present to warrant drawing any definite conclusions from them, they appear to indicate that this measure, when added to complete sedimentation and filtration treatment, can be made to yield a final effluent of satisfactory bacterial quality from raw river water having a *B. coli* index ranging as high as 10,000 or even 20,000 per 100 cubic centimeters.

The cost of these various added measures of water treatment is a factor, however, to which an increasing amount of attention probably will be given as sources of surface water supply become more highly polluted and recourse necessarily is had to such measures. In a recent paper,¹⁶ Hansen states that the ordinary water purification system will cost up to \$4 or \$4.50 per capita, and the most highly elaborated plant up to \$10 per capita. He gives the annual cost of purification as being usually less than 85 cents per capita.

In this connection, some interesting data bearing on the relation between the cost of water purification and the average density of raw water pollution have been obtained from surveys of a group of municipal water purification plants made during the past few years by investigators of the Public Health Service. In Table 2 is given a tabulation of the costs of operation of 10 municipal water filtration plants from which fairly complete data in this respect were secured. In order to reduce the costs to a comparable basis, they have been calculated to terms of the cost per million gallons of water treated and of the annual cost per capita.

¹⁶ Hansen, Paul: Trend of Practice in Water Purification. Canadian Engineer, vol. 52, No. 10, pp. 95-97 (Mar. 8, 1927).

TABLE 2.—Costs of water purification at 10 municipal rapid sand filtration plants, with average *B. coli* index of raw water as delivered to each plant

[Data covering one year during years 1923-24]

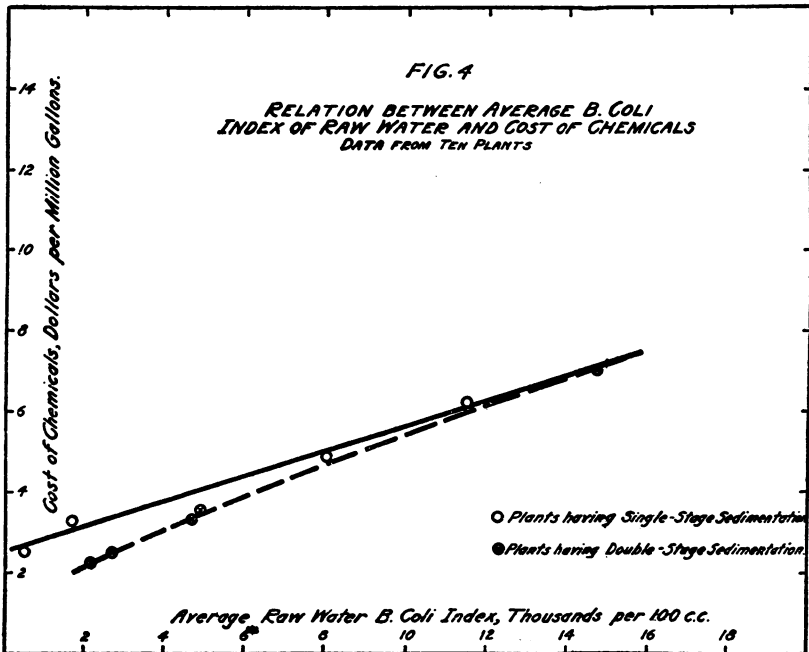
Plant	Population supplied (estimated)	Average volume of water treated		Cost of treatment				Average <i>B. coli</i> index of raw water per 100 c. c.
		Million gallons daily	Gal- lons per capita, daily	Per million gallons		Per capita annually		
				Total	Chem- icals	Total	Chem- icals	
E. Liverpool, Ohio ¹	23, 000	3. 470	151	\$11. 63	\$4. 87	\$0. 62	\$0. 26	8, 050
Steubenville, Ohio.....	32, 000	4. 695	144	9. 38	3. 68	. 40	. 20	4, 780
Ashland, Ky.....	20, 000	1. 400	70	15. 20	6. 22	. 70	. 29	11, 500
Ironton, Ohio.....	15, 000	1. 930	129	18. 50	7. 07	. 87	. 33	14, 900
Portsmouth, Ohio ¹	42, 200	6. 190	147	8. 41	3. 55	. 45	. 19	4, 930
Cincinnati, Ohio.....	400, 000	49. 560	123	6. 76	2. 44	. 31	. 11	2, 980
Louisville, Ky.....	250, 000	35. 951	144	3. 88	2. 19	. 20	. 11	2, 220
Henderson, Ky.....	13, 000	2. 158	55	(²)	3. 28	1. 32	. 20	1, 740
Elmira, N. Y.....	50, 000	4. 491	90	(²)	2. 53	. 47	. 08	530
Niagara Falls, N. Y.....	58, 500	11. 040	189	10. 90	1. 38	. 75	. 09	8, 280
Means.....			124	12. 22	3. 72	. 62	. 19	5, 000

¹ Average for three years, 1924, 1925, 1926.² Affected by abnormal conditions, therefore omitted.³ Included pumping costs which could not be separated, therefore omitted.⁴ Raw water relatively clear, comparatively small amounts of coagulants used. Omitted from plot in Fig. 6.

In Figure 4, plotted from the data contained in Table 2, is shown graphically the relation observed between the annual average density of raw water pollution expressed in terms of the *B. coli* index, and the cost of chemical treatment per million gallons of water treated. It will be noted that, for a given degree of raw water pollution, this cost is slightly less at plants equipped with double-stage sedimentation than at plants having only single-stage sedimentation. Against this advantage, however, should be balanced the added cost, in the former instance, of constructing and operating the extra basins necessary to provide the two separate stages of sedimentation.

In Figure 5, also derived from Table 2, is shown the corresponding relation observed between the density of raw water pollution and the total cost of operation, which is indicated as ranging from about \$5 to \$20 per million gallons coincidentally with a raw water *B. coli* index varying, as an extreme range, from 1,000 to 16,000 per 100 cubic centimeters. The graphs shown in Figures 4 and 5 indicate that for each successive increase of 1,000 in the average raw water *B. coli* index the total cost of purification is increased by approximately \$1 per million gallons, and the cost of chemical treatment by about 30 cents per million gallons. These figures do not include the cost of pumping or any fixed charges against construction. From the figures given by Hansen, the latter would be expected, at 6 per cent, to range from 24 to 60 cents per capita annually, or from about \$6 to \$16 per million gallons of water treated, depending on the extent of elaboration of the plant.

By combining the fixed and operating costs above given, it may be estimated very roughly that the total cost of water purification, including construction and operation, may vary, in round numbers, from about \$10 to \$35 per million gallons, or from about \$0.40 to \$1.40 per capita per year, according to the degree of pollution of the raw water and the extent of plant elaboration required. Although the upper limiting figure of this range represents a degree of raw water pollution thus far encountered by relatively few water purification plants in this country, the difference between the two limiting figures, amounting to \$1 per capita annually, is significant as indicating the extent by which an extreme condition of this kind, where prevalent, may increase the total cost of water purification over and



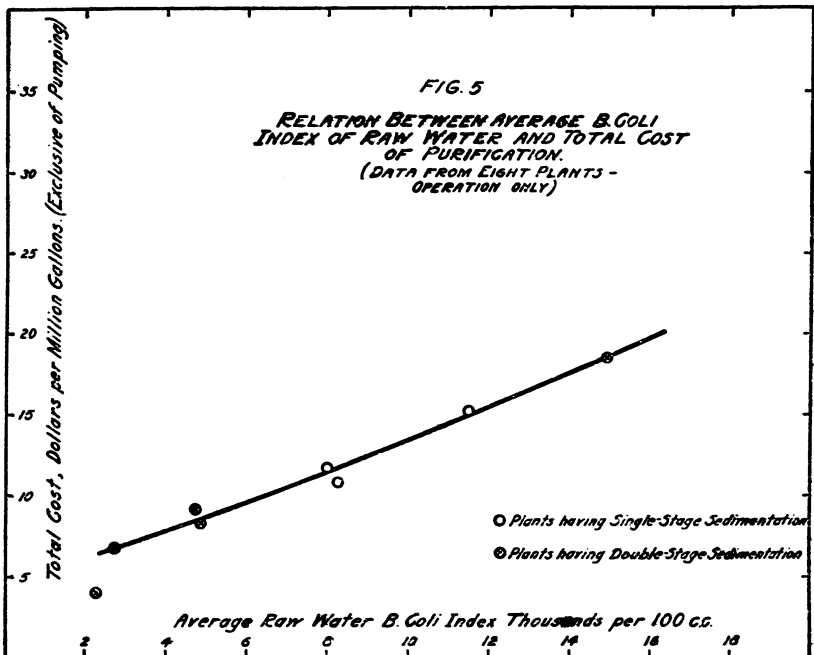
above that which is required for treating a moderately polluted water. It may be said, in fact, to represent approximately the added tax which an excessive pollution of sources of raw water supply, if allowed to become increased to an extent such as now prevails in portions of our more highly polluted river systems, may be expected to impose on the consumers of purified water supplies derived from such sources.

Sewage treatment measures.—The use of sewage treatment as a specific measure for protecting sources of water supply has been regarded, with justification, as being necessarily secondary to that of water purification, for reasons which are well known to all students of the problem as it has developed in this country. With the increasing pollution of our large river systems and the possible over-

burdening of some of the more highly elaborated water purification plants, more consideration may be expected to be given to this measure than heretofore has been necessary.

In this connection, a number of questions arise, among which two are of primary importance: First, What general method of sewage treatment may be regarded as affording adequate protection to sources of water supply? Second, What is the relative cost of such treatment, in comparison with the cost of other measures which may be utilized for relieving the overburdening of existing water-purification plants?

As regards the first of these two questions, opinions appear to differ. In England, where the streams are short and small in volume,



the view seems to prevail that nothing short of complete treatment of sewage, including its clarification, oxidation, and bacterial disinfection, may be considered as adequate for water-supply protection. In this country, partial clarification and disinfection have been advocated as being ordinarily sufficient, on the assumption that the treatment of sewage to this extent will render it bacterially innocuous and that more extensive purification is required only where the natural oxidation capacity of a stream is overtaxed. Superficially, the latter procedure would seem to be a reasonable one under most of the conditions prevailing in the United States, where the rivers are relatively long, are large in volume and, in a number of cases, possess an ample capacity for natural oxidation of sewage matters. On the other hand, it must be admitted that comparatively little

scientific information exists in this country as to the efficacy of partial sewage treatment when practiced solely as a measure for water-supply protection.

As regards the cost of complete sewage treatment, Hansen ¹⁷ has stated recently that the annual cost would average approximately 95 cents per capita, exclusive of the cost of necessary intercepting sewers, which would range from \$1 to \$10 per capita per year. From cost statistics ¹⁸ from a group of representative American sewage treatment plants, as given by Wagenhals, Theriault, and Hommon, it has been estimated that if the costs as given were corrected to a basis of the year 1924, the average total annual cost of treatment, including fixed and operation charges, would be about 90 cents per capita, which figure corresponds closely to that given by Hansen. (See Table 3.) With the cost of intercepting sewers excluded, the balance of cost as between complete sewage treatment and water purification would appear to be about equal where the more highly elaborated types of the latter are concerned, but to favor the latter in its more simple forms as ordinarily practiced. With intercepting sewers included, the balance clearly favors water purification, regardless of its degree of elaboration. Where highly elaborated water purification plants are overburdened, and the only remaining alternatives are sewage treatment or preliminary storage of the raw water at the intake, the relative costs of these two measures will be the determining factor.

TABLE 3.—*Per capita costs of sewage treatment, both as of date and corrected to the year 1924, as indicated by data from 11 representative sewage-treatment plants in the United States*

[Compiled from data given in Public Health Bulletin No. 132, U. S. Public Health Service]

Plant	Year constructed	Cost per capita						Factors		
		Construction				Operation (annual)		Total as of 1924 (4)+(6)	Construction *	Operation *
		Initial		Annual, at 6 per cent		1919-1920	As of 1924			
		As of date	As of 1924	As of date	As of 1924					
		(1)	(2)	(3)	(4)	(5)	(6)	(7)		
Alliance, Ohio.....	1913	\$8.46	\$19.45	\$0.51	\$1.17	\$0.26	\$0.30	\$1.47	2.30	1.15
Atlanta, Ga.....	1913	3.78	8.69	.23	.52	.08	.09	.61	2.30	1.15
Baltimore, Md.....	1911	5.25	12.70	.32	.76	.13	.15	.91	2.42	1.15
Canton, Ohio.....	1916	5.27	8.80	.32	.53	.18	.21	.74	1.67	1.15
Columbus, Ohio.....	1908	3.37	8.63	.20	.52	.58	.67	1.19	2.56	1.15
Fitchburg, Mass.....	1915	8.55	18.90	.51	1.13	.30	.34	1.47	2.21	1.15
Houston, Tex.....	1916	3.73	6.23	.22	.37	.44	.51	.88	1.67	1.15
Lexington, Ky.....	1918	5.22	5.17	.31	.31	.16	.18	.49	.99	1.15
Reading, Pa.....	1907	3.74	9.16	.23	.55	.26	.30	.85	2.45	1.15
Rochester, N. Y. ^c	1915	4.12	9.11	.25	.55	.13	.15	.70	2.21	1.15
San Marcos, Tex.....	1916	1.60	2.67	.10	.16	.43	.49	.65	1.67	1.15
Total.....		53.09	109.51	3.20	6.57	2.95	3.39	9.96	22.47	-----
Mean.....		4.83	9.96	.29	.60	.27	.31	.91	2.04	-----

^a Obtained from factors given in Table 33, "Water Works Practice," Am. W. W. Assoc., 1925, p. 490.

^b Estimated from factors given in Table 33, "Water Works Practice," Am. W. W. Assoc., 1925, p. 495.

^c Irondequoit plant.

¹⁷ Canadian Engineer, vol. 52, No. 10, pp. 95-97, Mar. 8, 1927.

¹⁸ Wagenhals, H. H., Theriault, E. J., and Hommon, H. B.: Sewage Treatment in the United States. Public Health Bulletin No. 132, U. S. Public Health Service.

In the foregoing estimates, a relatively complete degree of sewage treatment has been assumed. If such treatment were restricted to fine screening, or plain sedimentation, and chlorination, such as is commonly practiced for the protection of bathing beaches, the cost of sewage treatment would be correspondingly lowered. Thus, the cost of fine screening and chlorination combined may be estimated very roughly as being about \$10 per million gallons of sewage treated or about 40 cents per capita annually. If this figure were used as the basis of comparison, the cost of such partial sewage treatment would appear to be practically the same as that of the more simple types of water purification. If the added cost of intercepting sewers were included, the balance again would favor water purification as being the more economical.

In estimating the extent of sewage treatment required in order to effect a specified degree of reduction in the average bacterial pollution of a stream at a given source of water supply, an analysis of the problem along lines such as are indicated in Table 1 and Figures 2 and 3 may be helpful. Let it be assumed, for example, that it were desired to reduce the average bacterial pollution of the Ohio River at the Louisville water intake by sewage treatment applied to population groups located in zones above that point. On referring to Table 1 it will be noted that the relative influence on the *B. coli* content of the river at Louisville exerted by sewered population groups located in the zones lying within 200 stream miles above that point was 58.7 per cent of the total under winter conditions and 85.2 per cent of the total under summer conditions such as prevailed in the year 1915, as is indicated by the percentages of the total "calculated equivalent" population effective at this point. If all of the sewage of this population, aggregating 654,800, were given treatment such as to cause a 90 per cent reduction in its *B. coli* content, the average density of *B. coli* at the Louisville intake, attributable to domestic sewage discharged into the river above that point, would be expected, on this basis, to be diminished by 0.90×58.7 per cent, or 53 per cent, under winter conditions, and by 0.90×85.2 per cent, or 77 per cent, under summer conditions. Under the more unfavorable winter condition, therefore, a reduction approximating one-half the total sewage pollution of the river at the Louisville intake, as expressed in terms of *B. coli*, would be expected to result from effective sewage treatment applied within the restricted zone specified. In this connection it is also significant to note that, on the basis of the percentages given in Table 1, equally effective treatment of all the sewage discharged into the Ohio River by the 1,378,100 of sewered population located in the two zones, 550-600 miles and 600-650 miles, in which the Pittsburgh district is included,

would be expected to reduce the average *B. coli* content of the river at Louisville by less than 20 per cent under the winter conditions of 1915 and by less than 6 per cent under summer conditions.

The foregoing illustration, though it should not be interpreted too literally as regards the actual figures obtained from the calculation, is instructive in showing that systematic stream-cleaning measures, if undertaken primarily for the protection of water supplies, may be applied with a considerable degree of economy if a thorough study is made of the comparative influence of wastes derived from various population groups, when considered in their time-distance relationships to the sources of such supplies. It is further significant as indicating a fairly simple method, in specific cases, for balancing the total cost of stream-cleaning measures against that of additional water purification, where practicable. In the instance above cited, for example, the cost of sewage treatment as applied to a sewered population aggregating 654,800 would be balanced against the cost of added water purification as applied to the population of Louisville, which in 1915 was estimated as being about 308,000. In this case, the balance clearly would favor added measures of water purification up to a point such that their per capita cost would be slightly more than double that of sewage treatment.

CONCLUSION

In concluding this paper it may be well to note very briefly the present status, in this country, of the general problem with which it has been concerned.

The excessive sewage pollution of surface bodies of water used as sources of water supply has begun to attain serious proportions in certain areas of the eastern and middle-western States, notably in the Ohio and Hudson River basins, and in some marginal zones of the Great Lakes, particularly at a few points located along Lake Erie, in the extreme southern end of Lake Michigan, and in some of the connecting waters as in the Detroit and Niagara Rivers. In portions of these areas water purification plants have been and are being elaborated more and more in an effort to offset increased raw water pollution. In some instances, recourse either to additional water storage or to sewage treatment measures probably will be necessary in the not distant future. In certain cases the presence of industrial wastes in sources of raw water supply is a further complicating factor, especially in the upper portions of the Ohio River and at some points along the Great Lakes.

Although isolated instances of excessive pollution, such as above mentioned, are found in other sections of the country, the situation in these areas is, in general, such that existing water purification

systems, where properly designed and efficiently operated, are not overburdened. In these regions systematic measures for preventing any widespread overloading of water purification plants can readily be taken and, in some cases, notably in North Carolina, are being actively considered by the State health authorities.

The effectiveness of measures for relieving or preventing the excessive pollution of water-supply sources will involve, however, not only a thorough knowledge of the technical phases of the problem, some of which have been discussed in this paper, but also the provision of an adequate and well coordinated administrative machinery, backed, where necessary, by intelligent legislation. Thus far, efforts to set up such a machinery have been hampered, to some extent, by a lack of the necessary technical groundwork, and further by the fact that the problem, in many cases, transcends State and even international boundaries. Studies such as are being made by the Public Health Service and other agencies are being aimed to evaluate the more essential technical factors involved in the problem. On the administrative side, an interesting experiment is being made by the States bordering the Ohio River in forming an interstate association with a view to coordinating the legislative and regulatory policies of these several States in dealing with stream pollution matters. In another case, an effort is being made to solve this question by interstate treaty. Within some States, sanitary districts are being organized for the purpose of effecting a well-coordinated joint solution of existing problems of water supply and sewage disposal.

The several activities thus noted, together with others of a similar nature, appear to give promise that a wise solution of these problems ultimately will be found. Further technical studies are needed, especially those concerned with the economic phases of the question, which are becoming increasingly important. There also remains the difficult problem of dealing with the excessive pollution of water supplies by industrial wastes, with its baffling technical and administrative aspects. In spite of these and numerous other unanswered questions, these matters can be faced with the renewed assurance bestowed by an awakened public interest in the conservation of our water resources and by the support which efforts to meet the problem are receiving both from the public at large and from various professional organizations. These resources are indeed our greatest national asset, indispensable both to our industrial development and to the continued health and happiness of our population. If unduly neglected, they may well become our greatest liability.

COURT DECISIONS RELATING TO PUBLIC HEALTH

Enforcement of laundry ordinance not enjoined.—(Illinois Supreme Court; *Ruban et al. v. City of Chicago et al.*, 161 N. E. 133; decided April 21, 1928.) Suit was brought by the plaintiffs to restrain the city of Chicago from enforcing an ordinance regulating the laundry business. The plaintiffs received soiled clothes and linens, had the same collected, washed, dried, and returned by steam laundry companies, and then hand-ironed the articles themselves. The city ordinance provided that any place, etc., which was used for the purpose of washing, drying, starching, or ironing wearing apparel, linens, etc., for the general public should be deemed a laundry, and required a license to conduct the same. The court held that the city had the power to direct the location and regulate the use and construction of laundries, and that the requirement of a license was legal. The plaintiffs contended that they were not engaged in the laundry business, the basis of their contention being that a laundry was a place where clothing and other articles were washed and ironed. But the court pointed out that the definition in the ordinance of a laundry, which definition it was held was a proper incident to the power conferred to regulate laundries, was that it was any place, etc., used for the purpose of marking, sorting, washing, drying, starching, or ironing the articles therein mentioned, and decided that the plaintiffs were engaged in the laundry business and were not entitled to the relief asked.

Recovery of damages for injuries from glass in milk denied.—(Massachusetts Supreme Judicial Court; *Carlson v. Turner Centre System*, 161 N. E. 245; decided April 5, 1928.) The plaintiff, who purchased a bottle of milk from a retail dealer, sought damages, for injuries from a small piece of glass in the milk, from the defendant corporation, which bottled and sold the milk to the retailer, in an action of contract on the ground of an implied warranty by the defendant that the milk was wholesome and fit for human consumption, but the supreme court denied recovery because there was no contractual relation between the defendant and the plaintiff, who had dealt only with the retailer.

Property owner personally liable for installation of sanitary toilet by city.—(Alabama Supreme Court; *Town of Leeds v. Cason*, 116 So. 519; decided April 14, 1928.) In an action by a municipality to recover the cost of installing a sanitary toilet on private property, upon failure of the owner to install same, as provided by an ordinance adopted pursuant to law, the court held that, although the city had failed to comply with the statutory provisions necessary to the enforcement of a lien on the property, there was a personal liability on the owner for the expense and that a contract action could be maintained.

PUBLIC HEALTH ENGINEERING ABSTRACTS

Some of the Newer Industrial Hazards. Frederick B. Flinn. *The Boston Medical and Surgical Journal*, vol. 197, No. 28 January 12, 1928, pp. 1309-1314. (Abstract by R. R. Sayers.)

While toxicology is only one of the fields of preventive medicine, it is being considered of increasing importance as it is realized that perhaps exposure to industrial poisons may explain some of the obscure symptoms of which patients complain, but for which there is no apparent cause. It is known that many of the toxic substances are rendered harmless if the amount present in the air or dust can be kept below a certain maximum point. This can be done by proper methods of ventilation adapted to each particular hazard. It is the province of the medical man to determine the limits that can be tolerated by the human system, and that of the ventilating engineer to determine the methods of remedying the conditions.

Results are given of a study made by investigators of the United States Public Health Service among granite workers to determine whether or not a standard of dustiness could be set up as a maximum which might safely be considered as the limit for that industry. From the results of this study the conclusion is drawn that a certain amount of this dust is tolerated by the human system.

Lead is discussed as still being the most important industrial poison, with the exception of carbon monoxide. An analysis of 18 industries in which the most of the lead cases appear, shows that the precise cause of the incidence in all of them is the inhalation of either dust or fumes. If the dust and fumes should be completely eliminated, lead poisoning in the industries will be stopped. The statement is made that the suspicion seems justified at the present moment that a change in the hydrogen ion of a cell affects its affinity for lead, and the author is not willing to place all the blame for cases of lead poisoning among persons addicted to alcohol or lack of personal cleanliness. The symptoms and pathological effects of lead poisoning are pointed out.

The danger of the use of benzol in quick-drying paints is pointed out but; on account of the hazard, benzol is being replaced by such substances as xylol. Acute cases of poisoning from benzol occur most frequently in industry either when the benzol is being prepared from coal tar or is used in concentrated form, as in the blending of motor oils or in the extraction of certain chemicals, where the very nature of the process requires that the operation be carried on in a closed system for economical if for no other reasons. The symptoms and pathological effects of benzol poisoning are described.

Attention is called to deaths occurring among workers employed in painting dials with luminous material. The symptoms of poisoning from this source and the pathological effects are described. Two main exposures in the industrial production and use of radium are described: (1) Exposure to the emanation which may result in radioactive deposits in the body or in external burns when the material is handled in a careless manner; and (2) the ingestion of the radioactive material, either by inhalation of the dust or by actually swallowing the material through ignorance or willfulness on the part of the employees.

Deaths from Lead Poisoning. Frederick L. Hoffman. Bulletin No. 426, United States Bureau of Labor Statistics, Washington, February, 1927. (Abstract by Leonard Greenburg.)

Lead continues to occupy a position of supreme importance as an industrial poison, and for this reason the present bulletin is of much interest and value. In this volume Doctor Hoffman has analyzed the available statistics of chronic lead poisoning in the United States, Canada, Great Britain, and certain other foreign countries. In addition to this, there is presented an analysis of deaths from

chronic lead poisoning in the United States registration area from 1914 to 1924. The death certificates for lead poisoning are further classified by occupation and age, and in certain cases statistics concerning contributory causes of death are presented and analyzed. Lastly, in part 3 of the bulletin, are presented the statistics for chronic lead poisoning from four State accident boards, namely, Massachusetts, Pennsylvania, California, and New York.

It is obviously quite impossible in a brief abstract to present Doctor Hoffman's findings in any detail. The death statistics of the United States registration area as well as those of the Metropolitan Life Insurance Co. show that the death rate has been declining since the year 1912, and now, according to these data, has reached the rate of 1.6 per 1,000,000 persons exposed. The rate for white males and for colored males appears to be very nearly the same.

The largest number of deaths took place in the occupational group of painters, and but 62 deaths occurred in the group of lead workers in smelting plants, etc.

The worker in the field of industrial hygiene can not fail to be interested in this report, and to those interested in the problem of lead poisoning it is of great value.

The Use of Ozone in the Ventilation of the Automobile Service Station. M. R. Mayers. *Indust. Hyg. Bull.* New York, 1927, v. 3, 37-38. (Abstract by P. S. Lelian in *Bulletin of Hygiene*, vol. 2, No. 12, December, 1927, p. 971.)

"The author gives the analysis of motor-car exhaust air as: Carbon dioxide, 8.6 per cent; carbon monoxide, 6.3 per cent; oxygen, 2.3 per cent; methane, 0.9 per cent; hydrogen, 3.0 per cent; nitrogen, 78.6 per cent.

"The carbon monoxide increases to 11 per cent in the exhaust-air of cars under test in garages in hot weather.

"Hence 54 per cent of garage air tested had over the 0.1 per cent of CO which is regarded as the danger limit in the United States, while 69 per cent of garage men had CO in their blood in amounts ranging from 2.3 to 40 per cent of saturation point, in association with reduction of oxygen from the normal of 19 vol. per cent to as low as 2.4.

"Dizziness, smarting of the eyes, nausea, drowsiness, and incoordination caused complaints and inefficiency; but the most marked effect, and the predominant cause of stopping work, was intense headache.

"As an antidote, firms have marketed 'ozonators' under the erroneous idea that the ozone will oxidize the carbon monoxide to dioxide. The garage men have, however, found so much reduction of headache to follow use of these "ozonators" that the cause is being investigated. It is provisionally attributed to (a) psychological effect, and (b) action of ozone in preventing the carbon monoxide from markedly reducing the partial pressure of oxygen in the alveolar air."

Municipal Developments at Noranda, Quebec. Alex. M. Hogg. *Canadian Engineer*, vol. 54, No. 3, January 17, 1928, pp. 135-137. (Abstract by R. E. Thompson.)

An illustrated description of the municipal activities at Noranda, Quebec, a town fostered by the Horne Copper Co., in connection with the smelter being erected at that point. The present town of Rouyn and the new town of Noranda are situated on the shore of a small lake, from which both towns derive their water supply and which is the only possible point of discharge for the sewage of Noranda. This situation demands, of course, complete treatment of the sewage. A narrow peninsula extending well out into the lake was selected as a site for both plants, the water supply being taken from one side of the peninsula and the sewage being discharged into the lake on the other side. There is a flow line of $2\frac{1}{2}$ miles between the intake and the point of sewage discharge. The sewage plant is designed to deal ultimately with a flow of 1 m. g. d. and consists of coarse bar screens, a Dorrco screen, aeration units providing retention period of 6 to 8

hours, and a Dorr clarifier. The sludge return will be about 20 per cent. During storms, when the flow exceeds 1 m. g. d., the excess will be diverted into a Dorr clarifier before being discharged into the lake. This tank will also be employed for sludge digestion. The water purification process consists of coagulation, filtration, and chlorination. The air for backwashing the filters and for aerating the sewage will be provided by air compressors located in the pumping station of the water plant. The plant is of the mechanical gravity type, with an ultimate capacity of 1 m. g. d.

Activated Sludge Plant for Wahiawa, Territory of Hawaii. F. M. Veatch. *Engineering News-Record*, vol. 100, No. 12, March 22, 1928, pp. 478-480. (Abstract by C. R. Cox.)

Wahiawa, a village of 3,000 population, is located on the island of Oahu, about 23 miles from Honolulu, on the shores of a large irrigation reservoir. A site for a sewage treatment plant was not available unless sewage could be piped about 2 miles to a point below the dam of the reservoir, where complete treatment would be necessary owing to the practically negligible flow of the stream during parts of the year. The same degree of treatment would permit the discharge of the effluent into the reservoir, so the cost of the sewer was avoided by constructing the plant near the village on the shores of the reservoir. The sewage works are designed for a population of 6,000, assuming an estimated flow of 100 gallons per capita per day. The disposal plant will consist of plain settling tanks, mixing tank, aeration tank, final settling tanks, sludge digestion tanks, glass-covered sludge drying beds, chlorination tank, and the building which houses the blowers and sludge-pumping equipment. The preliminary settling tanks are designed with a detention period of 30 minutes and are fitted with hopper bottoms. They are designed for radial flow. Sludge will flow through suitable pipes to a sump, from which it will be pumped to the digestion tanks. Sewage flows from the preliminary settling tanks to the mixing tank, where 20 per cent return sludge is mixed by air agitation. Six aeration tanks are provided, with a detention period of six hours with 20 per cent return sludge. A single row of filter plates are placed to one side of the center line of each tank to produce spiral flow. Short-circuiting is prevented by the use of two division walls provided with square ports. Two final settling tanks of the Dorr clarifier type are provided, each 20 feet in diameter and with 1 to 2 hour detention period. At periods of low water in the reservoir the settled effluent will be disinfected with liquid chlorine. A hopper-bottom tank with a capacity of 15 minutes will be provided for the chlorine reaction. Sludge from the chlorination tank will flow by gravity to the sludge sump. A sludge-digestion tank, with capacity of 2 cubic feet per capita, is provided. This tank will be divided into six compartments so that the total length of flow from inlet to outlet will be approximately 200 feet, thus preventing the undigested sludge from reaching the outlet. A gas-collecting dome is provided over the digestion tanks, and the water level will be maintained somewhat above the level of the scum to prevent caking. The supernatant liquid from the sludge-digestion tanks will be returned to the preliminary settling tank for retreatment. Provisions have been made for circulating the digesting sludge and for adjusting the pH of the sludge by the use of lime when necessary. Covered sludge drying beds with an area of $\frac{2}{3}$ square foot per capita are provided.

A motor-driven diaphragm pump is used to pump activated sludge, and the sludge from the other tanks will be removed by centrifugal pumps. An air pressure of 4 pounds per square inch will be produced by 3 motor-driven rotary blowers, with capacities of 100, 200, and 300 cubic feet per minute, respectively, which is equivalent to 0.25, 0.5, 0.75 cubic foot per gallon of sewage. The cost of the plant will be \$96,130.

The Industrial Waste Research Problem in Southern California. R. F. Goudey. *Western Construction News*, vol. 3, No. 1, January 10, 1928, pp. 18-20. (Abstract by E. A. Reinke.)

Southern California has about 5,000 industries, many of which have serious difficulties in disposing of liquid wastes. No streams are available for dilution and inland towns will be dependent on high-grade treatment with disposal on land or in dry stream beds.

Research in industrial wastes is a logical extension of research in sewage disposal. Factors of temperature, staleness of sewage reaching plants due to low grades or long travel, and variable quality of sewage constituents due to high fruit and vegetable diets, all tend to make the problem of sewage disposal different from that in the East. The industrial wastes are also different, and separate study must be made of each kind of waste.

The only practical solution of the problem seems to be to have a research organization either as a part of the department of public health, the department of natural resources or some other State department. Private engineers can not afford to carry on this kind of research; industries will not carry it on unless forced to do so; salesmen can only try out their equipment, which is not likely to bring about fundamental solutions; student theses are not sufficiently prolonged to allow a complete solution; and the various organizations now working intermittently are not equipped to handle the work adequately.

The Sewage Treatment Works at Delaware, Ohio. Wm. L. Havens. *The American City*, vol. 38, No. 3, March, 1928, pp. 78-80. (Abstract by C. R. Cox.)

Sewage treatment works consisting of septic tanks and contact beds, built in 1902, were neglected within five years, but no improvements were made until the recent construction of the new plants of the Imhoff trickling filter type. Sewage is passed through bar screens and then pumped by low-lift pumps with automatic controls. Two Imhoff tanks, with detention period of two hours, are provided with facilities for reversing with flow. Sludge is drawn by gravity. Two dosing tanks with twin siphons are provided to alternate the flow of sewage to the two trickling filters with total area of 0.55 acre, which provides a loading of 26,400 people per acre. The filter material consists of 7 feet of broken limestone with 1 foot of crushed granite. The granite is used to prevent disintegration. Nozzles are spaced 15 feet on centers. Underdrains are vitrified channel blocks on which vitrified supports for filtering material are laid. A Dorr clarifier with 45-minute period is used as humus tank. Covered sludge drying beds will be provided later. The per capita cost of the plant was \$13.92.

DEATHS DURING WEEK ENDED JUNE 2, 1928

Summary of information received by telegraph from industrial insurance companies for the week ended June 2, 1928, and corresponding week of 1927. (From the Weekly Health Index, June 6, 1928, issued by the Bureau of the Census, Department of Commerce)

	Week ended June 2, 1928	Corresponding week, 1927
Policies in force.....	71, 296, 695	67, 837, 137
Number of death claims.....	12, 482	11, 089
Death claims per 1,000 policies in force, annual rate.....	9. 2	8. 5

Deaths from all causes in certain large cities of the United States during the week ended June 2, 1928, infant mortality, annual death rate, and comparison with corresponding week of 1927. (From the Weekly Health Index, June 6, 1928, issued by the Bureau of the Census, Department of Commerce)

City	Week ended June 2, 1928		Annual death rate per 1,000 corresponding week, 1927	Deaths under 1 year		Infant mortality rate, week ended June 2, 1928 ¹
	Total deaths	Death rate ¹		Week ended June 2, 1928	Corresponding week, 1927	
Total (67 cities).....	7,649	13.3	11.8	811	684	* 65
Albany ²	43	18.7	15.3	6	3	123
Atlanta.....	96	19.7	19.3	13	11	-----
White.....	41	-----	15.8	3	8	-----
Colored.....	55	(³)	27.5	10	3	-----
Baltimore ²	223	14.0	11.4	23	12	89
White.....	159	-----	9.6	16	7	64
Colored.....	64	(³)	22.1	12	5	188
Birmingham.....	75	17.6	17.0	8	13	68
White.....	35	-----	12.6	5	7	69
Colored.....	40	(³)	24.0	3	6	68
Boston.....	241	15.8	15.2	31	39	86
Bridgeport.....	36	-----	-----	0	3	0
Buffalo.....	181	17.0	14.1	16	20	69
Cambridge.....	38	15.8	11.4	0	6	0
Camden.....	26	10.0	12.5	4	4	64
Canton.....	18	8.1	12.0	4	3	95
Chicago ²	705	11.7	11.0	91	70	78
Cincinnati.....	129	16.3	14.4	16	4	97
Cleveland.....	263	10.5	9.2	27	24	73
Columbus.....	64	11.3	13.1	2	5	19
Dallas.....	60	14.4	13.8	6	5	-----
White.....	47	-----	11.9	5	4	-----
Colored.....	13	(³)	26.6	1	1	-----
Dayton.....	40	11.3	11.0	6	6	99
Denver.....	85	15.1	14.4	12	4	-----
Des Moines.....	24	8.3	8.8	7	2	116
Detroit.....	324	12.3	10.5	43	35	66
Duluth.....	20	9.0	10.0	1	0	23
El Paso.....	36	16.0	16.5	7	10	-----
Erie.....	27	-----	-----	3	4	62
Fall River ²	44	17.1	11.0	4	5	69
Flint.....	30	10.5	11.3	6	3	77
Fort Worth.....	31	9.6	10.8	4	8	-----
White.....	21	-----	8.0	2	6	-----
Colored.....	10	(³)	31.9	2	2	-----
Grand Rapids.....	36	11.5	8.4	2	5	30
Houston.....	48	-----	-----	11	8	-----
White.....	31	-----	-----	8	7	-----
Colored.....	17	(³)	-----	3	1	-----
Indianapolis.....	77	10.5	10.3	6	6	46
White.....	64	-----	10.6	5	4	44
Colored.....	13	(³)	8.1	1	2	61
Jersey City.....	79	12.7	9.7	10	4	75
Kansas City, Kans.....	19	8.4	10.7	1	1	21
White.....	9	-----	10.3	1	1	25
Colored.....	10	(³)	12.3	0	0	0
Knoxville.....	21	10.4	20.4	4	1	87
White.....	10	-----	18.0	1	1	24
Colored.....	11	(³)	38.5	3	0	640
Los Angeles.....	214	-----	-----	21	25	60
Louisville.....	115	18.3	10.9	4	3	33
White.....	78	-----	9.2	1	3	10
Colored.....	37	(³)	20.3	3	0	207
Lowell.....	37	17.5	16.1	7	4	146
Lynn.....	30	14.9	7.0	4	1	101
Memphis.....	90	24.7	15.2	7	6	82
White.....	46	-----	10.8	5	2	94
Colored.....	44	(³)	23.0	2	4	63
Milwaukee.....	128	12.3	12.3	6	10	27
Minneapolis.....	81	9.3	8.9	8	7	48

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 66 cities.

⁴ Deaths for week ended Friday, June 1, 1928.

⁵ In the cities for which deaths are shown by color, the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; Knoxville, 15; Louisville, 17; Memphis, 33; Nashville, 30; New Orleans, 26; Richmond, 32; and Washington, D. C., 25.

Deaths from all causes in certain large cities of the United States during the week ended June 2, 1928, infant mortality, annual death rate, and comparison with corresponding week of 1927. (From the Weekly Health Index, June 6, 1928, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended June 2, 1928		Annual death rate per 1,000 corresponding week, 1927	Deaths under 1 year		Infant mortality rate, week ended June 2, 1928
	Total deaths	Death rate		Week ended June 2, 1928	Corresponding week, 1927	
Nashville.....	67	25.3	18.2	8	1	126
White.....	36		16.9	6	0	128
Colored.....	31	(¹)	21.4	2	1	120
New Bedford.....	27	11.8	8.7	4	2	87
New Haven.....	61	17.0	6.5	10	1	141
New Orleans.....	165	20.1	17.8	20	20	97
White.....	97		14.6	10	10	73
Colored.....	68	(¹)	26.9	10	10	145
New York.....	1,570	13.6	11.6	162	122	65
Bronx Borough.....	194	10.7	9.1	8	6	24
Brooklyn Borough.....	548	12.4	10.0	60	46	60
Manhattan Borough.....	634	18.9	16.4	79	53	94
Queens Borough.....	158	9.7	8.2	12	13	48
Richmond Borough.....	36	12.5	13.9	3	4	54
Newark, N. J.....	130	14.4	8.4	15	5	77
Oakland.....	43	8.2	10.3	5	3	54
Oklahoma City.....	23			0	2	
Omaha.....	32	7.5	12.8	0	8	0
Paterson.....	38	13.7	9.4	3	2	52
Philadelphia.....	519	13.1	10.8	33	48	44
Pittsburgh.....	179	13.9	14.3	30	19	98
Portland, Oreg.....	57			3	4	32
Providence.....	68	12.4	12.1	5	14	44
Richmond.....	61	16.4	13.6	3	5	39
White.....	38		10.7	1	2	20
Colored.....	23	(¹)	20.6	2	3	73
Rochester.....	73	11.6	10.6	5	8	41
St. Louis.....	220	13.6	12.2	10	9	33
St. Paul.....	60	12.4	9.4	4	1	38
Salt Lake City ¹	30	11.4	8.5	3	2	49
San Antonio.....	80	19.2	18.7	24	22	
San Diego.....	45	19.7	17.2	1	3	19
San Francisco.....	129	11.5	15.3	8	5	50
Schenectady.....	22	12.3	9.0	1	2	31
Seattle.....	59	8.1	11.4	6	4	62
Somerville.....	36	18.3	5.6	6	1	207
Spokane.....	22	10.5	11.0	4	1	103
Springfield, Mass.....	28	9.8	8.8	0	2	0
Syracuse.....	57	15.0	11.1	8	2	97
Toledo.....	56	9.3	12.0	4	7	38
Trenton.....	42	15.8	12.6	7	3	119
Washington, D. C.....	127	12.0	11.4	4	5	23
White.....	85		9.6	2	3	17
Colored.....	42	(¹)	16.8	2	2	37
Waterbury.....	17			2	0	58
Wilmington, Del.....	40	16.3	9.1	4	4	105
Worcester.....	53	14.0	14.4	6	6	73
Yonkers.....	21	9.1	7.0	2	3	46
Youngstown.....	40	12.0	6.8	5	4	67

¹ Deaths for week ended Friday, June 1, 1928.

² 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 Weeks Ended June 9, 1928, and June 11, 1927

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 9, 1928, and June 11, 1927

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927
New England States:								
Maine.....	2	3	41	10	40	115	0	0
New Hampshire.....					26		0	
Vermont.....		2			49	57	0	0
Massachusetts.....	66	88	51	1	767	475	3	4
Rhode Island.....	6	6	2		196	1	0	0
Connecticut.....	11	31	2	2	340	67	0	0
Middle Atlantic States:								
New York.....	362	443	152	115	3,833	951	37	5
New Jersey.....	152	112	70	4	1,646	69	2	2
Pennsylvania.....	141	162			2,002	474	19	2
East North Central States:								
Ohio.....	54		38		785		3	
Indiana.....	17	30	17	2	331	77	0	0
Illinois.....	112	87	68	11	195	532	6	9
Michigan.....	90	82	10	4	1,007	204	9	5
Wisconsin.....	16	26	126	21	116	797	6	20
West North Central States:								
Minnesota.....	18	23	3	2	87	81	2	2
Iowa.....	11	21				135	2	1
Missouri.....	25	25	5		291	113	5	2
North Dakota.....	3	1	127		20	23	0	0
South Dakota.....		5			66	39	0	0
Nebraska.....	11	9	1		43	100	0	0
Kansas.....	7	5	3		76	414	2	2
South Atlantic States:								
Delaware.....		1			10	5	0	0
Maryland ¹	36	62	10	3	318	13	0	1
District of Columbia.....	18	13	1		192	3	0	0
Virginia.....								
West Virginia.....	11	12	115	3	51	210	1	1
North Carolina.....	19	13			576	1,404	0	0
South Carolina.....	14	6	287	183	133		0	0
Georgia.....	8	7	32	27	75	43	2	0
Florida.....	3	17	24	29	79	49	0	0
East South Central States:								
Kentucky.....	7		2		96		3	
Tennessee.....	4	5	77	3	86	58	0	0
Alabama.....	8	5	110	6	219	221	1	1
Mississippi.....	1	6					1	0
West South Central States:								
Arkansas.....	8	5	120	17	181	51	0	0
Louisiana.....	15	11	61	18	146	70	3	0
Oklahoma ¹	7	7	51	17	177	290	1	0
Texas.....	26	17	10	34	237	204	0	0
Mountain States:								
Montana.....	4				13	16	2	2
Idaho.....						23	1	0
Wyoming.....			6		5	55	0	0
Colorado.....	6	30		1	67	129	1	1

¹New York City only.

²Week ended Friday.

³Exclusive of Tulsa.

*Cases of certain communicable diseases reported by telegraph by State health officers
for weeks ended June 9, 1928, and June 11, 1927--Continued*

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927
Mountain States--Continued								
New Mexico.....		2			13	85	0	0
Arizona.....	2	9	28	2	14	105	1	0
Utah ¹	1	7	2		2	9	1	0
Pacific States:								
Washington.....	15	6			62	352	2	3
Oregon.....	5	5	3	7	24	183	0	1
California.....	76	113	34	16	71	649	3	5
Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927	Week ended June 9, 1928	Week ended June 11, 1927
New England States:								
Maine.....	0	0	17	24	0	0	2	2
New Hampshire.....	0		2		0		0	
Vermont.....	0	0	4	0	0	0	0	0
Massachusetts.....	2	4	201	389	0	0	1	6
Rhode Island.....	0	1	24	12	0	0	0	0
Connecticut.....	0	0	39	89	3	0	2	2
Middle Atlantic States:								
New York.....	2	1	420	606	2	2	9	19
New Jersey.....	3	3	149	212	0	0	0	3
Pennsylvania.....	1	1	225	321	1	1	24	17
East North Central States:								
Ohio.....	1		186		21		6	
Indiana.....	0	0	47	109	76	134	3	4
Illinois.....	2	0	239	181	22	3	9	15
Michigan.....	2	1	303	190	97	59	2	7
Wisconsin.....	1	0	168	165	2	26	16	3
West North Central States:								
Minnesota.....	0	0	81	125	0	4	5	6
Iowa.....	0	9	44	26	54	6	0	2
Missouri.....	0	0	50	31	29	17	1	6
North Dakota.....	0	0	24	16	2	0	0	0
South Dakota.....	0	0	15	10	1	3	3	7
Nebraska.....	0	0	50	27	33	11	0	0
Kansas.....	0	1	52	27	45	7	3	4
South Atlantic States:								
Delaware.....	1	0	0	5	0	0	2	2
Maryland ¹	1	0	38	44	0	0	6	9
District of Columbia.....	0	0	44	21	1	2	0	1
Virginia.....		0				1		
West Virginia.....	1	0	15	46	5	30	4	13
North Carolina.....	2	0	23	6	57	26	11	19
South Carolina.....	2	0	5	2	14	14	36	134
Georgia.....	0	0	9	9	0	17	8	62
Florida.....	1	1	1	5	2	44	5	19
East South Central States:								
Kentucky.....	0		37		10		2	
Tennessee.....	0	0	18	2	8	12	11	32
Alabama.....	0	1	2	6	7	41	14	45
Mississippi.....	1	0	3	6	1	1	13	24
West South Central States:								
Arkansas.....	0	2	7	10	1	1	5	22
Louisiana.....	0	2	8	3	10	6	28	17
Oklahoma ¹	1	1	38	25	82	46	4	38
Texas.....	0	2	84	7	53	49	29	34
Mountain States:								
Montana.....	0	0	11	17	16	14	15	2
Idaho.....	0	0	1	2	2	3	0	2
Wyoming.....	0	0	11	8	1	1	15	0
Colorado.....	0	0	18	45	3	1	0	7
New Mexico.....	0	0	11	4	1	0	1	1
Arizona.....	0	5	8	27	0	0	7	3
Utah ¹	0	0	7	26	7	3	0	0
Pacific States:								
Washington.....	2	0	29	36	13	19	4	4
Oregon.....	0	0	9	9	22	8	1	0
California.....	6	4	126	141	9	20	13	1

¹ Week ended Friday.¹ Exclusive of Tulsa.

Report for Week Ended June 2, 1928

COLORADO		Cases	COLORADO—continued		Cases
Diphtheria.....		5	Scarlet fever.....		37
Measles.....		119	Smallpox.....		8
Poliomyelitis.....		2	Typhoid fever.....		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	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Ma- laria	Meas- les	Pella- gra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<i>April, 1928</i>										
Hawaii Territory.....	6	31	8		18		0	4	0	12
Montana.....	15	23	168		30		2	87	105	2
Virginia.....	7	80	2, 879	63	3, 348	35	5	161	33	29
Washington.....	19	41	55		662		6	190	195	17
<i>May, 1928</i>										
Alabama.....	4	40	1, 141	142	1, 348	102	4	30	51	26

<i>April, 1928</i>		Cases	Paratyphoid fever:	Cases
Chicken pox:			Hawaii Territory.....	1
Hawaii Territory.....		49	Rocky Mountain spotted or tick fever:	
Montana.....		71	Montana.....	4
Virginia.....		623	Washington.....	1
Washington.....		401	Scabies:	
Conjunctivitis (follicular):			Washington.....	6
Hawaii Territory.....		159	Trachoma:	
Dysentery:			Hawaii Territory.....	160
Virginia.....		50	Montana.....	1
German measles:			Whooping cough:	
Montana.....		4	Hawaii Territory.....	2
Washington.....		37	Montana.....	42
Hookworm disease:			Virginia.....	500
Virginia.....		9	Washington.....	61
Impetigo contagiosa:				
Washington.....		16	<i>May, 1928</i>	
Leprosy:			Alabama:	
Hawaii Territory.....		7	Chicken pox.....	156
Lethargic encephalitis:			Dengue.....	2
Montana.....		1	Lethargic encephalitis.....	4
Washington.....		4	Mumps.....	89
Mumps:			Whooping cough.....	107
Hawaii Territory.....		30		
Montana.....		7		
Washington.....		368		

Number of Cases of Certain Communicable Diseases Reported for the Month of March, 1928, by State Health Officers

State	Chick- en pox	Diph- theria	Measles	Mumps	Scarlet fever	Small- pox	Tuber- culosis	Ty- phoid fever	Whoop- ing cough
Maine.....	115	26	245	302	158	0	36	12	172
New Hampshire.....	170	3	325	448	93	0	17	0	141
Vermont.....	974	411	8,227	1,496	1,408	0	604	13	1,198
Massachusetts.....	34	44	481	185	225	0	53	1	23
Rhode Island.....	417	108	1,574	1,269	453	4	198	3	572
Connecticut.....	2,732	1,583	10,394	3,464	3,912	37	2,199	79	2,024
New York.....	862	557	5,345	1,303	1,303	24	499	18	568
New Jersey.....	2,888	954	6,670	4,611	2,620	2	797	53	1,307
Pennsylvania.....	1,530	577	4,598	2,322	1,289	187	694	35	728
Ohio.....	1,738	132	1,038	713	720	710	149	11	169
Indiana.....	1,738	643	896	1,743	1,669	232	1,257	42	1,131
Illinois.....	663	281	5,813	2,398	1,229	161	436	19	651
Michigan.....	1,306	147	583	1,413	1,142	118	190	14	495
Wisconsin.....	748	97	350	760	21	278	22	215	33
Minnesota.....	244	56	173	395	343	257	114	4	404
Iowa.....	439	246	1,349	1,188	628	296	275	10	46
Missouri.....	66	22	15	94	309	6	18	10	55
North Dakota.....	90	11	168	57	273	55	15	7	59
South Dakota.....	330	52	137	437	582	255	10	1	349
Nebraska.....	592	52	410	649	729	386	179	5	5
Kansas.....	14	5	54	45	22	0	15	0	251
Delaware.....	557	139	4,699	166	310	6	274	16	43
Maryland.....	115	89	744	226	13	107	2	2	590
District of Columbia.....	657	153	3,753	233	39	107	22	33	75
Virginia.....	303	112	628	241	391	76	12	15	661
West Virginia.....	848	237	14,823	126	477	228	19	58	463
North Carolina.....	427	241	5,043	79	31	49	19	58	43
South Carolina.....	330	59	1,091	140	101	70	92	33	125
Georgia.....	425	56	227	66	35	40	94	33	43
Florida.....	206	85	2,158	396	171	148	237	31	125
Kentucky ¹	365	108	2,321	223	76	67	413	51	103
Tennessee.....	894	77	8,536	1,507	64	31	320	51	1,579
Alabama.....	137	18	1,986	195	81	27	138	22	107
Mississippi.....	79	96	1,202	24	63	122	125	30	31
Arkansas.....	148	99	1,694	168	241	859	61	29	61
Louisiana.....	54	34	9	1	55	80	45	3	56
Oklahoma ¹	83	4	2	100	149	41	15	5	7
Texas ¹	60	1	254	48	83	32	1	1	25
Montana.....	58	29	109	56	26	132	69	8	23
Idaho.....	58	29	109	56	26	132	69	8	23
Wyoming.....	58	29	109	56	26	132	69	8	23
Colorado ¹	58	29	109	56	26	132	69	8	23
New Mexico ¹	58	29	109	56	26	132	69	8	23
Arizona.....	58	29	109	56	26	132	69	8	23
Utah ¹	58	29	109	56	26	132	69	8	23
Nevada ¹	58	29	109	56	26	132	69	8	23
Washington.....	463	54	1,205	449	195	203	229	21	53
Oregon.....	238	55	495	96	95	347	61	12	6
California.....	3,402	454	1,001	1,530	765	98	906	32	772

¹ Pulmonary.² Reports received weekly.³ Exclusive of Oklahoma City and Tulsa.⁴ Reports not received at time of going to press.⁵ Reports received annually.

Case Rates per 1,000 Population (Annual Basis) for the Month of March, 1928

State	Chick- en pox	Diph- theria	Measles	Mumps	Scarlet fever	Small- pox	Tuber- culosis	Ty- phoid fever	Whoop- ing cough
Maine.....	1.71	0.39	3.64	4.49	2.35	0.00	0.53	0.18	2.55
New Hampshire.....		.44			2.41	.00		.00	
Vermont.....	5.70	.10	10.89	15.01	2.01	.00	.57	.03	4.72
Massachusetts.....	2.68	1.13	22.64	4.12	3.87	.00	1.66	.04	3.30
Rhode Island.....	.56	.73	7.93	3.05	3.71	.00	.87	.02	.38
Connecticut.....	2.95	.76	11.15	8.99	3.21	.03	1.40	.02	4.05
New York.....	2.79	1.62	10.62	3.54	4.00	.04	2.25	.08	2.07
New Jersey.....	2.66	1.72	16.52		4.03	.07	1.54	.06	1.76
Pennsylvania.....	3.46	1.14	7.99	5.52	3.14	.00	.95	.06	1.57
Ohio.....	2.65	1.00	7.95	4.02	2.23	.32	1.20	.06	1.26
Indiana.....	1.58	.49	3.86	2.65	2.68	2.64	.55	.04	.63
Illinois.....	2.77	1.03	1.43	2.78	2.66	.37	2.01	.07	1.81
Michigan.....	1.71	.72	14.95	6.17	3.16	.41	1.12	.05	1.67
Wisconsin.....	5.22	.59	2.33	5.65	4.57	.47	.76	.06	1.98
Minnesota.....	3.24	.42	1.52		3.30	.09	1.21	.10	.93
Iowa.....	1.19	.27	.84	1.92	1.67	1.25	.55	.02	.16
Missouri.....	1.47	.82	4.52	3.98	2.10	.99	.92	.03	1.35
North Dakota.....	1.22	.41	.28	1.73	5.69	.11	.33	.18	.85
South Dakota.....	1.51	.18	2.82	.96	4.58	.92	.25	.12	.92
Nebraska.....	2.77	.44	1.15	3.66	4.98	2.14	.08	.01	.49
Kansas.....	3.81	.33	2.64	4.18	4.69	2.48	1.15	.03	2.25
Delaware.....	.68	.24	2.61	2.18	1.06	.00	1.24	.00	.24
Maryland.....	4.07	1.02	34.33	1.21	2.26	.04	2.00	.12	1.83
District of Columbia.....	2.46	1.90	15.91		4.83	.28	2.29	.04	.92
Virginia.....	3.01	.70	17.21		1.07	.18	1.49	.10	2.71
West Virginia.....	2.07	.77	4.30		1.65	2.68	.52	.23	.51
North Carolina.....	3.41	.95	59.57		.51	1.92		.05	2.66
South Carolina.....	2.70	1.53	31.94	.50	.20	.31	1.44	.10	2.93
Georgia.....	1.22	.22	4.02	.52	.37	.26	1.34	.07	.21
Florida.....	3.56	.47	1.90	.55	.29	.33	.79	.28	.36
Kentucky ¹									
Tennessee.....	.97	.40	10.18	1.87	.81	.70	1.12	.15	.59
Alabama.....	1.67	.50	10.65	1.02	.35	.31	1.90	.23	.47
Mississippi.....	5.90	.51	56.29	9.94	.42	.20	2.11	.34	10.41
Arkansas.....	.83	.11	12.06	1.18	.49	.16	1.23	.13	.65
Louisiana.....	.48	.58	7.28	.15	.38	.74	1.76	.18	.19
Oklahoma ²81	.54	9.32	.92	1.33	4.73	.34	.16	.34
Texas ²									
Montana.....	1.16	.73	.19	.02	1.18	1.72	.97	.06	1.20
Idaho.....	1.79	.09	.04	2.16	3.22	.89	1.11	.11	.15
Wyoming.....	2.87	.05	12.14	2.29	3.97	1.53		.05	1.19
Colorado ⁴									
New Mexico ²									
Arizona.....	1.44	.72	2.71	1.39	.65	3.29	1.72	.20	.57
Utah ²									
Nevada ²									
Washington.....	3.44	.40	8.96	3.34	1.45	1.51	1.70	.16	.39
Oregon.....	3.12	.72	6.48	1.26	1.24	4.54	.80	.16	.08
California.....	8.81	1.18	2.59	3.96	1.98	.25	2.35	.08	2.00

¹ Pulmonary.² Reports received weekly.³ Exclusive of Oklahoma City and Tulsa.⁴ Reports not received at time of going to press.⁵ Reports received annually.

PLAGUE-PREVENTION WORK IN THE UNITED STATES

California.—The weekly reports of plague-suppressive measures in California during the 10 weeks from March 11 to May 19, 1928, show a total of 7,968 rodents received and 6,728 examined during the period. None was reported plague infected. The last rodent infection reported was six ground squirrels February 25–28, 1928, in Santa Cruz, Calif. The last case of human plague was reported as occurring on February 9, 1928, also in Santa Cruz, Calif.

Los Angeles, Calif.—The rodent division of the Los Angeles Board of Health reports 8,485 rodents collected and 4,767 examined during the nine weeks from March 18 to May 19, 1928. None was found plague infected.

Seattle, Wash.—The report of rat-trapping operations at Seattle for the months of March and April, 1928, show a total of 2,460 rodents taken and 1,197 examined during the two months. None was found plague infected.

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 100 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 31,570,000. The estimated population of the 95 cities reporting deaths is more than 30,960,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended May 26, 1928, and May 28, 1927

	1928	1927	Estimated expectancy
<i>Cases reported</i>			
Diphtheria:			
41 States.....	1,351	1,567	
100 cities.....	778	1,016	841
Measles:			
39 States.....	16,597	10,807	
100 cities.....	7,900	3,225	
Poliomyelitis:			
41 States.....	27	21	
Scarlet fever:			
41 States.....	3,424	3,777	
100 cities.....	1,416	1,747	1,113
Smallpox:			
41 States.....	822	637	
100 cities.....	105	170	110
Typhoid fever:			
41 States.....	282	407	
100 cities.....	50	56	63
<i>Deaths reported</i>			
Influenza and pneumonia:			
95 cities.....	1,187	633	
Smallpox:			
95 cities.....	0	0	

City reports for week ended May 26, 1928

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 weeks 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 non-epidemic years.

If the reports have not been received for the full nine years, data are used for as many years as possible but no year earlier than 1919 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, 1926, estimated	Chicken pox, cases re-reported	Diphtheria		Influenza		Measles, cases re-reported	Mumps, cases re-reported	Pneumonia, deaths re-reported
			Cases, estimated expectancy	Cases re-reported	Cases re-reported	Deaths re-reported			
NEW ENGLAND									
Maine:									
Portland	76,400	11	1	0	0	0	24	11	4
New Hampshire:									
Concord	¹ 22,546	0	0	0	0	0	5	0	0
Manchester	84,000	0	1	0	0	0	0	0	5
Vermont:									
Barre	¹ 10,008	2	0	0	0	0	0	0	0
Massachusetts:									
Boston	787,000	24	44	10	8	2	96	5	45
Fall River	131,000	2	3	2	1	2	14	0	2
Springfield	145,000	2	2	1	2	1	2	18	7
Worcester	193,000	9	3	4	0	1	54	12	4
Rhode Island:									
Pawtucket	71,000	3	1	0	0	0	19	16	4
Providence	275,000	0	6	0	0	1	187	3	14
Connecticut:									
Bridgeport	(?)	0	5	7	0	1	19	0	6
Hartford	¹ 164,000	8	5	3	0	0	86	7	16
New Haven	182,000	15	2	1	3	0	55	25	8
MIDDLE ATLANTIC									
New York:									
Buffalo	544,000	14	9	12	0	0	49	45	19
New York	5,924,000	186	254	318	78	20	2,549	42	265
Rochester	321,000	9	10	4	0	2	128	20	5
Syracuse	185,000	30	4	6	0	0	169	7	4
New Jersey:									
Camden	131,000	3	5	13	1	1	72	2	3
Newark	459,000	19	11	29	5	3	215	6	17
Trenton	134,000	1	3	2	0	0	15	1	7
Pennsylvania:									
Philadelphia	2,008,000	46	66	35	0	7	1,160	45	65
Pittsburgh	637,000	32	18	17	0	10	108	44	44
Reading	114,000	9	2	1	0	0	21	1	4
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	411,000	10	8	1	0	5	17	0	14
Cleveland	960,000	61	22	28	15	11	109	68	29
Columbus	285,000	1	3	1	4	0	136	2	4
Toledo	295,000	27	4	5	* 5	5	158	0	6
Indiana:									
Fort Wayne	99,900	2	2	2	0	1	0	0	4
Indianapolis	367,000	46	4	4	0	0	144	0	21
South Bend	81,700	0	1	0	0	0	3	0	1
Terre Haute	71,900	2	1	0	0	0	3	0	2
Illinois:									
Chicago	3,048,000	72	72	77	27	15	50	31	122
Springfield	64,700	2	0	0	1	0	0	4	0
Michigan:									
Detroit	¹ 1,242,044	24	45	33	15	10	447	15	46
Flint	136,000	6	4	3	0	0	253	12	8
Grand Rapids	156,000	0	2	0	0	2	7	9	0

¹ Estimated, July 1, 1925.^{*} No estimate made.

City reports for week ended May 26, 1928—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			
EAST NORTH CENTRAL— continued									
Wisconsin:									
Kenosha.....	52,700	24	1	0	0	0	1	2	3
Milwaukee.....	517,000	37	12	7	5	5	2	10	9
Racine.....	69,400	1	0	0	1	1	1	1	3
Superior.....	139,671	0	1	0	0	0	0	0	1
WEST NORTH CENTRAL									
Minnesota:									
Duluth.....	113,000	10	0	1	0	1	0	3	2
Minneapolis.....	434,000	32	15	5	0	2	82	172	5
St. Paul.....	248,000	13	10	1	0	1	12	21	9
Iowa:									
Davenport.....	152,469	0	0	2	0	0	0	0	—
Des Moines.....	146,000	0	2	0	0	—	0	0	—
Sioux City.....	78,000	—	1	—	—	—	—	—	—
Waterloo.....	36,900	12	0	0	0	—	1	4	—
Missouri:									
Kansas City.....	375,000	23	5	2	0	0	64	37	9
St. Joseph.....	78,400	0	1	0	0	0	1	0	4
St. Louis.....	830,000	14	37	25	0	0	299	12	—
North Dakota:									
Fargo.....	126,403	2	0	0	0	1	0	0	1
Grand Forks.....	114,811	0	0	0	0	—	0	0	—
South Dakota:									
Aberdeen.....	115,036	0	0	0	0	—	0	0	—
Sioux Falls.....	130,127	0	0	0	0	—	0	0	—
Nebraska:									
Omaha.....	216,000	6	1	2	0	0	2	6	9
Kansas:									
Topeka.....	56,500	10	1	0	1	1	10	5	0
Wichita.....	92,500	4	1	1	0	0	11	0	2
SOUTH ATLANTIC									
Delaware:									
Wilmington.....	124,000	0	1	4	0	0	8	2	5
Maryland:									
Baltimore.....	808,000	53	22	22	1	2	300	59	25
Cumberland.....	133,741	0	1	0	0	0	3	0	0
Frederick.....	112,035	0	0	0	0	0	12	0	0
District of Columbia:									
Washington.....	528,000	11	10	27	1	1	191	0	9
Virginia:									
Lynchburg.....	138,493	4	0	0	0	0	30	5	0
Norfolk.....	174,000	1	0	1	0	0	4	5	6
Richmond.....	189,000	2	1	1	0	1	53	1	3
Roanoke.....	61,900	5	0	1	0	0	14	0	0
West Virginia:									
Charleston.....	50,700	1	0	2	0	0	3	0	3
Wheeling.....	156,208	3	1	0	0	0	1	0	1
North Carolina:									
Raleigh.....	130,371	0	0	0	0	0	22	0	2
Wilmington.....	37,700	4	0	0	0	0	2	1	0
Winston-Salem.....	71,800	14	1	0	0	0	7	16	0
South Carolina:									
Charleston.....	74,100	0	0	1	6	0	3	0	0
Columbia.....	41,800	8	0	0	0	0	1	14	7
Greenville.....	127,311	1	0	0	0	0	1	0	0
Georgia:									
Atlanta.....	(²)	6	1	2	12	0	27	10	3
Brunswick.....	116,809	2	0	0	0	0	10	13	0
Savannah.....	94,900	5	0	0	9	2	1	1	3
Florida:									
Miami.....	131,286	6	4	0	0	0	1	2	2
St. Petersburg.....	147,629	—	0	—	—	—	—	—	0
Tampa.....	102,000	0	1	1	0	0	2	1	0

¹ Estimated, July 1, 1925.² No estimate made.³ Special census.

City reports for week ended May 26, 1928—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			
EAST SOUTH CENTRAL									
Kentucky:									
Covington.....	58,500	1	0	0	0	0	2	0	4
Louisville.....	311,000	3	3	1	5	0	110	12	11
Tennessee:									
Memphis.....	177,000	9	1	0	0	3	6	13	10
Nashville.....	137,000	2	0	6	0	3	36	4	1
Alabama:									
Birmingham.....	211,000	5	0	0	77	10	46	7	17
Mobile.....	66,500	0	1	0	1	1	2	0	1
Montgomery.....	47,000	3	0	0	1	-----	14	0	-----
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	131,643	1	0	0	0	-----	3	0	-----
Little Rock.....	75,900	1	0	0	0	2	8	2	6
Louisiana:									
New Orleans.....	419,000	3	6	3	8	5	3	0	12
Shreveport.....	59,500	0	0	0	0	0	8	0	5
Oklahoma:									
Oklahoma City.....	(?)	2	1	2	22	1	22	5	8
Texas:									
Dallas.....	203,000	22	3	2	0	0	29	0	2
Fort Worth.....	159,000	15	1	1	0	1	4	1	4
Galveston.....	49,100	1	0	0	0	0	0	1	2
Houston.....	1164,954	0	3	2	0	0	12	0	2
San Antonio.....	205,000	1	1	0	0	1	2	0	6
MOUNTAIN									
Montana:									
Billings.....	117,971	4	0	0	0	0	0	0	0
Great Falls.....	129,883	5	0	0	0	0	6	2	0
Helena.....	112,037	0	0	1	0	0	2	0	0
Missoula.....	112,668	2	0	0	0	0	0	0	0
Idaho:									
Boise.....	123,042	1	0	0	0	0	0	0	0
Colorado:									
Denver.....	285,000	40	9	5	-----	5	66	67	10
Pueblo.....	43,900	25	1	0	0	0	20	0	1
New Mexico:									
Albuquerque.....	121,000	3	1	0	0	0	1	0	0
Utah:									
Salt Lake City.....	133,000	15	3	2	0	1	0	0	3
Nevada:									
Reno.....	112,665	0	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle.....	(?)	56	5	1	0	-----	54	5	-----
Spokane.....	1109,000	30	2	3	0	-----	0	0	-----
Tacoma.....	106,000	1	1	0	0	0	25	72	4
Oregon:									
Portland.....	1282,383	16	5	5	0	0	23	7	4
California:									
Los Angeles.....	(?)	101	38	23	31	0	22	47	18
Sacramento.....	73,400	8	3	2	0	0	5	13	2
San Francisco.....	567,000	43	18	7	4	2	13	37	3

1 Estimated July 1, 1925.

2 No estimate made.

City reports for week ended May 26, 1928—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
NEW ENGLAND											
Maine:											
Portland.....	2	2	0	0	0	0	0	0	1	6	23
New Hampshire:											
Concord.....	1	1	0	0	0	1	0	0	0	0	13
Manchester.....	1	0	0	0	0	1	0	0	0	0	36
Vermont:											
Barre.....	0	0	0	0	0	1	0	0	0	0	3
Massachusetts:											
Boston.....	62	72	0	4	0	15	1	3	0	18	250
Fall River.....	3	4	0	0	0	5	1	0	0	6	38
Springfield.....	6	11	0	0	0	0	0	0	0	2	38
Worcester.....	9	5	0	0	0	2	1	0	0	13	68
Rhode Island:											
Pawtucket.....	1	4	0	0	0	2	0	0	0	0	22
Providence.....	8	23	0	0	0	4	0	2	0	1	79
Connecticut:											
Bridgeport.....	10	4	0	0	0	0	0	0	0	4	29
Hartford.....	4	6	0	0	0	3	1	0	0	3	77
New Haven.....	6	1	0	0	0	1	1	0	0	22	48
MIDDLE ATLANTIC											
New York:											
Buffalo.....	19	25	0	0	0	14	0	0	0	18	149
New York.....	238	315	0	0	0	115	10	9	0	133	1,671
Rochester.....	12	12	0	0	0	1	1	1	0	6	84
Syracuse.....	8	18	0	0	0	2	0	1	0	25	52
New Jersey:											
Camden.....	5	0	0	0	0	0	1	0	0	4	37
Newark.....	23	38	0	0	0	6	0	0	0	36	124
Trenton.....	2	1	0	0	0	4	1	0	0	0	56
Pennsylvania:											
Philadelphia.....	83	103	1	0	0	41	4	1	0	79	521
Pittsburgh.....	29	25	0	0	0	7	0	0	0	33	218
Reading.....	3	11	0	0	0	0	1	0	0	10	29
EAST NORTH CENTRAL											
Ohio:											
Cincinnati.....	13	41	2	4	0	14	0	1	1	2	160
Cleveland.....	32	27	0	0	0	19	1	1	0	43	240
Columbus.....	8	12	2	0	0	5	0	0	0	6	84
Toledo.....	11	3	2	0	0	3	0	0	0	5	89
Indiana:											
Fort Wayne.....	3	2	3	0	0	2	0	1	0	1	32
Indianapolis.....	9	15	14	6	0	6	1	0	0	4	96
South Bend.....	3	1	0	0	0	0	0	0	0	0	7
Terre Haute.....	3	0	1	0	0	1	0	0	0	0	13
Illinois:											
Chicago.....	106	81	2	3	0	46	3	3	0	82	746
Springfield.....	3	6	0	0	0	2	0	1	1	2	22
Michigan:											
Detroit.....	82	111	1	5	0	27	2	1	0	73	318
Flint.....	5	7	1	1	0	0	0	0	0	8	33
Grand Rapids.....	6	3	0	5	0	0	0	0	0	5	27
Wisconsin:											
Kenosha.....	2	1	1	0	0	0	0	0	0	15	7
Milwaukee.....	19	62	1	0	0	11	0	0	0	17	122
Racine.....	4	3	1	0	0	0	0	0	0	1	12
Superior.....	2	16	1	0	0	3	0	0	0	0	12
WEST NORTH CENTRAL											
Minnesota:											
Duluth.....	7	4	1	0	0	2	1	0	0	5	32
Minneapolis.....	35	21	7	0	0	2	1	0	0	20	92
St. Paul.....	21	11	3	0	0	4	1	0	0	56	56
Iowa:											
Davenport.....	0	2	1	2	-----	-----	0	0	-----	0	-----
Des Moines.....	6	5	2	15	-----	-----	0	0	-----	0	-----
Sioux City.....	1	-----	2	-----	-----	-----	0	-----	-----	-----	-----
Waterloo.....	1	8	0	0	-----	-----	0	0	-----	3	-----

City reports for week ended May 26, 1928—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST NORTH CEN- TRAL—continued											
Missouri:											
Kansas City.....	8	31	1	1	0	0	1	1	0	15	100
St. Joseph.....	2	1	1	0	0	0	0	0	0	2	40
St. Louis.....	29	18	3	3	0	13	2	1	0	19	228
North Dakota:											
Fargo.....	1	1	0	0	0	1	0	0	0	8	10
Grand Forks.....	0	1	0	0			0	0		0	
South Dakota:											
Aberdeen.....	2	0	0	0			0	0		1	
Sioux Falls.....	1	0	0	0			0	0		0	
Nebraska:											
Omaha.....	3	3	7	7	0	2	0	0	0	2	65
Kansas:											
Topeka.....	2	6	0	0	0	0	0	0	0	4	11
Wichita.....	2	2	1	3	0	0	0	0	0	0	32
SOUTH ATLANTIC											
Delaware:											
Wilmington.....	4	2	0	0	0	0	0	0	0	0	31
Maryland:											
Baltimore.....	33	28	0	0	0	16	2	1	1	52	218
Cumberland.....	1	0	0	0	0	1	0	0	0	0	12
Frederick.....	0	0	0	0	0	0	0	0	0	0	4
District of Colum- bia:											
Washington.....	19	46	1	4	0	13	1	0	0	2	144
Virginia:											
Lynchburg.....	0	2	1	0	0	1	0	0	0	3	17
Norfolk.....	2	1	0	0	0	3	1	1	0	0	
Richmond.....	3	1	1	0	0	1	0	0	0	0	39
Roanoke.....	1	1	1	0	0	0	0	0	0	0	16
West Virginia:											
Charleston.....	0	1	0	0	0	2	0	0	1	0	23
Wheeling.....	1	0	0	0	0	0	0	0	0	0	23
North Carolina:											
Raleigh.....	0	1	0	2	0	1	0	0	0	1	13
Wilmington.....	1	0	0	0	0	0	1	0	0	0	4
Winston-Salem.....	0	1	2	1	0	2	0	1	0	0	13
South Carolina:											
Charleston.....	0	0	1	3	0	1	1	1	0	1	22
Columbia.....	0	1	0	0	0	2	1	0	0	1	36
Greenville.....	0	0	0	0	0	2	0	0	0	0	12
Georgia:											
Atlanta.....	3	8	7	5	0	6	1	0	1	3	72
Brunswick.....	0	0	0	0	0	0	1	0	0	0	6
Savannah.....	0	0	1	0	0	2	1	0	0	0	35
Florida:											
Miami.....	0	0	0	0	0	1	1	0	0	0	22
St. Petersburg.....	0		0		0	0	0		0		8
Tampa.....	1	0	0	0	0	3	1	0	0	0	24
EAST SOUTH CENTRAL											
Kentucky:											
Covington.....	1	5	1	0	0	1	1	0	0	0	25
Louisville.....	6	32	0	3	0	15	1	0	0	4	145
Tennessee:											
Memphis.....	5	1	2	1	0	6	1	1	2	0	73
Nashville.....	2	2	2	7	0	7	1	1	0	2	41
Alabama:											
Birmingham.....	1	1	6	1	0	4	2	0	0	6	82
Mobile.....	0	1	0	0	0	2	1	0	1	0	22
Montgomery.....	1	2	1	0			0	0		0	
WEST SOUTH CEN- TRAL											
Arkansas:											
Port Smith.....	1	2	0	0			0	0		5	
Little Rock.....	1	20	0	1	0	1	1	0	0	1	

City reports for week ended May 26, 1928—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuber- culosis, deaths re- ported	Typhoid fever			Whoop- ing cough, cases re- ported	Deaths, all causes
	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported		
WEST SOUTH CEN- TRAL—continued											
Louisiana:											
New Orleans.....	3	10	1	0	0	20	2	1	1	10	168
Shreveport.....	1	1	1	0	0	2	0	0	0	1	26
Oklahoma:											
Oklahoma							9				
City.....	2	8	2	12	0	1	0	0	0	0	41
Texas:											
Dallas.....	2	15	3	3	0	1	1	0	0	21	46
Fort Worth.....	1	8	3	2	0	0	0	0	0	0	26
Galveston.....	0	0	0	0	0	0	0	2	0	0	15
Houston.....	1	3	0	2	0	1	0	0	0	1	63
San Antonio.....	0	0	0	0	0	10	0	0	0	0	87
MOUNTAIN											
Montana:											
Billings.....	0	0	0	1	0	0	0	0	0	2	8
Great Falls.....	3	0	1	4	0	0	0	0	0	2	9
Helena.....	0	0	0	1	0	1	0	0	0	0	3
Missoula.....	0	0	0	0	0	1	0	0	0	0	4
Idaho:											
Boise.....	0	0	1	0	0	0	0	0	0	2	3
Colorado:											
Denver.....	11	2	0	1	0	9	0	0	0	21	89
Fueblo.....	1	0	1	1	0	1	1	0	0	0	17
New Mexico:											
Albuquerque.....	0	0	0	0	0	2	0	0	0	0	8
Utah:											
Salt Lake City.....	2	0	1	6	0	2	0	0	0	17	25
Nevada:											
Reno.....	0	0	0	1	0	0	0	0	0	0	8
PACIFIC											
Washington:											
Seattle.....	9	8	2	3			0	3		9	
Spokane.....	5	0	4	7			1	0		0	
Tacoma.....	2	3	3	0	0	1	0	0	0	2	16
Oregon:											
Portland.....	5	14	8	29	0	1	0	2	0	0	79
California:											
Los Angeles.....	25	14	7	5	0	19	2	1	0	59	239
Sacramento.....	1	6	1	0	0	2	1	1	0	1	24
San Francisco.....	16	20	2	0	0	9	0	9	0	5	147

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston.....	1	2	1	1	0	0	0	0	0
Connecticut:									
Bridgeport.....	1	1	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
New York.....	34	11	4	5	0	0	1	0	1
New Jersey:									
Newark.....	1	0	0	0	0	0	0	1	0
Pennsylvania:									
Philadelphia.....	2	1	0	0	0	0	0	0	0
Pittsburgh.....	0	0	1	1	0	0	0	0	0

City reports for week ended May 26, 1928—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cleveland.....	3	2	0	0	0	0	0	0	0
Columbus.....	0	0	0	0	0	0	0	1	1
Illinois:									
Chicago.....	11	9	1	1	0	0	0	0	0
Michigan:									
Detroit.....	2	1	0	0	0	0	0	1	0
Grand Rapids.....	1	0	0	0	0	0	0	0	0
Wisconsin:									
Milwaukee.....	2	2	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis.....	1	1	1	0	0	0	0	1	0
Missouri:									
Kansas City.....	3	4	0	1	0	0	0	0	0
St. Louis.....	10	5	0	0	0	0	0	0	0
Nebraska:									
Omaha.....	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore.....	0	0	0	0	0	0	0	1	0
District of Columbia:									
Washington.....	0	0	1	1	0	0	0	0	0
South Carolina:									
Charleston.....	0	0	0	0	1	0	0	0	0
Columbia.....	0	0	0	0	0	3	0	0	0
Georgia:									
Atlanta.....	0	0	0	0	0	1	0	0	0
Savannah.....	0	0	0	0	2	2	0	0	0
Florida:									
Tampa.....	1	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis.....	0	0	0	0	1	0	0	0	0
Alabama:									
Birmingham.....	0	0	0	0	2	0	0	0	0
Mobile.....	0	0	0	0	3	0	0	0	0
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith.....	1	0	0	0	0	0	0	0	0
Little Rock.....	1	0	0	0	0	0	0	0	0
Louisiana:									
New Orleans.....	2	0	0	1	5	0	0	0	0
Texas:									
Dallas.....	0	0	0	0	2	1	0	1	0
Utah:									
Salt Lake City.....	1	0	0	0	0	0	0	0	0
Nevada:									
Reno.....	1	0	0	0	0	0	0	0	0
PACIFIC									
California:									
Los Angeles.....	1	0	0	0	0	0	1	0	0
Sacramento.....	0	0	0	0	0	1	0	0	0
San Francisco.....	1	0	0	0	0	0	0	0	0

The following table gives the rates per 100,000 population for 101 cities for the five-week period ended May 26, 1928, compared with those for a like period ended May 28, 1927. The population figures used in computing the rates are approximate estimates as of July 1, 1928 and 1927, respectively, authoritative figures for many of the

cities not being available. The 101 cities reporting cases had estimated aggregate populations of approximately 31,657,000 in 1928 and 31,050,000 in 1927. The 95 cities reporting deaths had nearly 30,961,000 estimated population in 1928 and nearly 30,370,000 in 1927. The number of cities included in each group and the estimated aggregate populations are shown in a separate table below.

Summary of weekly reports from cities, April 22 to May 26, 1928—Annual rates per 100,000 population compared with rates for the corresponding period of 1927¹

DIPHTHERIA CASE RATES

	Week ended—									
	Apr. 28, 1928	Apr. 30, 1927	May 5, 1928	May 7, 1927	May 12, 1928	May 14, 1927	May 19, 1928	May 21, 1927	May 26, 1928	May 27, 1927
101 cities.....	128	171	123	183	121	174	137	174	² 129	171
New England.....	133	95	133	130	113	105	110	153	64	160
Middle Atlantic.....	172	242	170	272	177	282	204	267	213	283
East North Central.....	131	137	107	159	109	132	114	160	102	145
West North Central.....	84	158	78	131	55	135	95	105	¹ 74	91
South Atlantic.....	86	105	88	119	82	115	103	110	109	144
East South Central.....	45	76	40	76	35	81	20	35	35	96
West South Central.....	100	178	80	141	92	112	64	50	28	83
Mountain.....	133	99	80	152	71	99	97	108	71	143
Pacific.....	56	188	125	110	102	94	120	104	92	196

MEASLES CASE RATES

101 cities.....	1,290	638	1,423	696	1,376	602	1,346	620	¹ 1,308	548
New England.....	1,593	323	1,322	270	1,120	346	1,150	416	1,290	435
Middle Atlantic.....	1,862	231	2,236	212	2,254	297	2,274	323	2,185	365
East North Central.....	728	637	794	564	788	450	680	492	773	372
West North Central.....	1,017	1,225	888	1,522	937	932	1,116	952	² 968	653
South Atlantic.....	1,767	1,017	2,109	1,577	1,704	1,546	1,436	1,537	1,219	1,358
East South Central.....	1,521	375	1,132	517	1,082	345	1,237	355	1,077	319
West South Central.....	396	922	392	877	336	567	298	620	290	459
Mountain.....	840	1,542	752	1,632	1,141	1,300	1,150	906	831	1,049
Pacific.....	386	1,528	266	1,601	327	1,259	263	1,215	304	1,060

SCARLET FEVER CASE RATES

101 cities.....	266	339	258	360	253	340	253	309	¹ 234	294
New England.....	329	402	345	393	347	439	292	432	306	365
Middle Atlantic.....	312	446	303	540	285	474	279	415	267	363
East North Central.....	281	289	254	283	265	289	272	267	254	301
West North Central.....	275	333	218	271	242	319	279	289	² 213	245
South Atlantic.....	214	191	175	128	167	148	195	101	163	121
East South Central.....	209	193	304	183	155	152	190	132	219	137
West South Central.....	108	33	148	58	184	21	216	33	204	25
Mountain.....	203	950	274	1,004	115	726	133	986	18	897
Pacific.....	110	198	153	212	204	500	143	167	130	209

SMALLPOX CASE RATES

101 cities.....	25	21	14	22	18	21	24	26	¹ 17	29
New England.....	0	0	0	0	0	0	0	0	9	0
Middle Atlantic.....	0	0	0	0	0	0	0	0	0	0
East North Central.....	28	33	15	28	20	20	22	37	16	49
West North Central.....	68	38	31	34	43	26	64	48	² 28	42
South Atlantic.....	33	18	14	36	21	38	32	36	26	40
East South Central.....	70	66	15	56	45	56	30	76	60	61
West South Central.....	28	25	36	33	8	58	60	17	24	29
Mountain.....	150	9	106	36	159	9	159	45	133	27
Pacific.....	43	65	31	73	36	91	54	71	38	84

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, 1923 and 1927, respectively.

² Sioux City, Iowa, not included.

Summary of weekly reports from cities, April 22 to May 26, 1928—Annual rates per 100,000 population compared with rates for the corresponding period of 1927—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Apr. 28, 1928	Apr. 30, 1927	May 5, 1928	May 7, 1927	May 12, 1928	May 14, 1927	May 19, 1928	May 21, 1927	May 26, 1928	May 28, 1927
101 cities.....	4	8	6	10	8	8	6	10	18	9
New England.....	5	5	2	2	5	5	7	5	11	9
Middle Atlantic.....	3	5	4	10	2	5	4	6	6	6
East North Central.....	2	6	3	7	3	3	2	5	5	7
West North Central.....	6	4	2	2	8	2	2	6	14	4
South Atlantic.....	7	16	18	18	19	9	7	13	7	18
East South Central.....	5	30	0	15	20	66	20	56	10	30
West South Central.....	24	12	28	37	16	25	4	45	12	25
Mountain.....	0	9	0	18	18	9	0	9	0	18
Pacific.....	0	18	15	3	31	10	23	10	36	8

INFLUENZA DEATH RATES

95 cities.....	32	18	32	13	33	13	29	12	25	9
New England.....	14	7	21	5	16	14	41	14	18	9
Middle Atlantic.....	34	21	28	15	31	14	28	10	21	8
East North Central.....	35	10	36	7	43	10	36	12	33	4
West North Central.....	31	12	54	8	43	4	18	8	12	12
South Atlantic.....	30	29	21	16	9	25	16	11	11	13
East South Central.....	37	37	84	43	73	32	63	43	89	27
West South Central.....	37	47	25	13	37	13	16	25	33	25
Mountain.....	44	9	35	9	27	9	27	9	63	9
Pacific.....	17	21	7	21	17	7	10	0	7	3

PNEUMONIA DEATH RATES

95 cities.....	196	143	206	131	210	123	189	110	176	100
New England.....	138	184	189	140	257	144	207	100	253	144
Middle Atlantic.....	246	168	264	166	267	151	218	119	211	116
East North Central.....	215	128	211	121	232	97	222	104	175	85
West North Central.....	90	56	128	68	120	70	88	58	84	87
South Atlantic.....	172	153	184	114	89	128	146	148	119	85
East South Central.....	178	133	214	149	193	128	240	112	230	64
West South Central.....	189	123	90	115	164	140	123	106	144	89
Mountain.....	106	188	159	99	133	54	97	63	124	36
Pacific.....	125	117	74	79	98	114	105	121	91	100

¹ Sioux City, Iowa, not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1928 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	
			1928	1927	1928	1927
Total.....	101	95	31,657,000	31,050,300	30,560,700	30,369,500
New England.....	12	12	2,274,400	2,242,700	2,274,400	2,242,700
Middle Atlantic.....	10	10	10,732,400	10,594,700	10,732,400	10,594,700
East North Central.....	16	16	7,991,400	7,820,700	7,991,400	7,820,700
West North Central.....	12	10	2,683,500	2,634,500	2,566,400	2,518,500
South Atlantic.....	21	21	2,981,900	2,890,700	2,981,900	2,890,700
East South Central.....	7	6	1,048,300	1,028,300	1,000,100	980,700
West South Central.....	8	7	1,307,600	1,260,700	1,274,100	1,227,800
Mountain.....	9	9	591,100	581,600	591,100	581,600
Pacific.....	6	4	2,046,400	1,996,400	1,548,900	1,512,100

FOREIGN AND INSULAR

THE FAR EAST

Report for the week ended May 19, 1928.—The following report for the week ended May 19, 1928, was transmitted by the Eastern Bureau of the Health Section of the Secretariat of the League of Nations, located at Singapore, to the headquarters at Geneva:

Plague, cholera, or smallpox was reported present in the following ports:

PLAGUE

Egypt.—Suez.

Aden Protectorate.—Aden.

India.—Bassein, Bombay, Rangoon.

Ceylon.—Colombo.

China.—Amoy.

CHOLERA

India.—Bassein, Calcutta, Moulmein.

Siam.—Bangkok.

French Indo-China.—Haiphong, Saigon.

SMALLPOX

Iraq.—Basra.

India.—Bombay, Calcutta, Madras, Moulmein, Negapatam, Rangoon.

French India.—Pondicherry.

Dutch East Indies.—Belawan-Deli.

China.—Shanghai, Hong Kong.

Japan.—Kobe, Shimonoseki.

Kwantung.—Dairen.

Returns for the week ended May 19 were not received from Vizagapatam or Tuticorin, India.

CANADA

Provinces—Communicable diseases—Week ended May 19, 1928.—The Canadian Ministry of Health reports cases of certain communicable diseases from seven Provinces of Canada for the week ended May 19, 1928, as follows:

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever.....				2				2
Influenza.....	10			8				18
Lethargic encephalitis.....				1				1
Poliomyelitis.....							1	1
Smallpox.....		2		12	1	13	10	33
Typhoid fever.....		2	16	7				25

Quebec Province—Communicable diseases—Week ended May 26, 1928.—The Bureau of Health of the Province of Quebec reports cases of certain communicable diseases for the week ended May 26, 1928, as follows:

Disease	Cases	Disease	Cases
Chicken pox.....	18	Scarlet fever.....	80
Diphtheria.....	46	Smallpox.....	15
German measles.....	11	Tuberculosis.....	62
Influenza.....	7	Typhoid fever.....	10
Measles.....	158	Whooping cough.....	10

DENMARK

Communicable diseases—March, 1928.—During the month of March, 1928, communicable diseases were reported in Denmark as follows:

Disease	Cases	Disease	Cases
Bronchopneumonia.....	3,362	Paratyphoid fever.....	5
Cerebrospinal meningitis.....	8	Pneumonia.....	691
Chicken pox.....	62	Polioomyelitis.....	3
Diphtheria.....	590	Puerperal fever.....	21
Erysipelas.....	257	Scarlet fever.....	219
Influenza.....	5,587	Tetanus.....	1
Jaundice.....	113	Tuberculosis.....	272
Lethargic encephalitis.....	12	Typhoid fever.....	10
Measles.....	5,728	Undulant (Malta) fever.....	137
Mumps.....	657	Whooping cough.....	1,757

¹ Reported from State Serum Institute.

Population: 3,493,000.

PERU

Arequipa—Mortality, March–April, 1928.—Mortality from all causes was reported at Arequipa, Peru, during the months of March and April, 1928, as follows: March, 1928, deaths, 70; April, 1928, deaths, 59. Deaths from certain causes were distributed as follows: Gastroenteritis—March, 17; April, 4; tuberculosis—March, 14; April, 16; typhoid fever—one death each in March and April; typhus fever—one death in April.

SPAIN

Mortality from all causes and from certain diseases—July–September, 1927.—During the three-month period July to September, 1927, inclusive, the total number of deaths occurring in Spain from all causes was as follows: July, 36,596; August, 33,717; September, 29,279. Population, 22,290,162. Deaths from certain diseases were reported as follows:

Deaths, 1927

Disease	July	August	Sep-tember	Disease	July	August	Sep-tember
Bronchitis:				Pneumonia.....	519	484	462
Acute.....	837	745	722	Puerperal fever.....	104	114	114
Chronic.....	492	476	480	Scarlet fever.....	58	51	50
Cancer.....	1,355	1,313	1,329	Smallpox.....	3	8	18
Diarrhea (under 2 years).....	8,199	6,869	4,552	Tuberculosis:			
Diphtheria.....	81	89	118	Meningeal.....	235	243	156
Heart disease.....	2,484	2,441	2,233	Pulmonary.....	2,122	1,969	1,853
Influenza.....	102	83	102	Other forms.....	374	366	318
Malaria.....	95	120	117	Typhoid fever.....	456	594	561
Measles.....	357	289	160	Typhus fever.....	4	2	-----
Nephritis.....	873	899	884				

Madrid—Mortality, April, 1928.—During the month of April, 1928, 1,282 deaths were reported at Madrid, Spain, including diphtheria, 5; measles, 36; scarlet fever, 1; tuberculosis, 150; typhoid fever, 3. Population, estimated, 766,552.

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

From medical officers of the Public Health Service, American consuls, health section of the League of Nations, and other sources. The reports contained in the following tables must not be considered as complete or final as regards either the list of countries included or the figures for the particular countries for which reports are given.

CHOLERA

[C, indicates cases; D, deaths; P, present]

Place	Sept. 25- Oct. 22, 1927	Oct. 23- Nov. 19, 1927	Nov. 20- Dec. 17, 1927	Dec. 18, 1927- Jan. 14, 1928	Jan. 15- Feb. 11, 1928	Feb. 12- Mar. 10, 1928	Week ended—									
							March, 1928			April, 1928			May, 1928			
							17	24	31	7	14	21	28	5	12	19
China:																
Amoy.....	16	12	1													
Canton.....	14	11	1					1	1							
Foochow.....	P															
Hong Kong.....	P															
Shanghai (settlement and concession)—																
Foreigners only.....	3															
Including natives.....	7															
Swatow.....	P	P														
Tientsin.....	P	P	1													
Dutch East Indies: Java—Batavia.....	2	28	3													
India.....																
Basseln.....	20, 160	23, 047	25, 139	15, 377	12, 391	13, 236	4, 546	5, 384	5, 855	5, 529	7, 746					
Bombay.....	10, 371	12, 863	15, 026	8, 863	6, 750	7, 252	2, 605	2, 931	3, 182	3, 169	4, 020					
Calcutta.....	D	2	2		1	1	1	1	1	1	1					
Madras.....	D	101	428	176	203	341	164	190	148	162	163	131				
Madras Presidency.....	D	64	138	125	112	241	94	122	114	112	111	97	105	115	126	102
Negapatnam.....	D	14	1	2	2	14		7	1	2	5	5	5	5	5	
Rangoon.....	D	8	2	1	4	18			2	1	4	5	4	5	3	
Tuticorin.....	D	2, 050	3, 702	1, 894	4, 681	2, 961	510	455	243	275						
	D	1, 055	1, 736	2, 104	2, 660	1, 618	280	244	131	157						
	D				4											
	D				6	4	4	4	8	3	1	1		1		
	D	6	8	4	6	29	4	7	8	3	5	10				
	D	5	5	3	2	18	2	3	6	5	2	7	6	1		
	D	1	8							10	43	45	19	3		
	D	37	14				1		1	8	26	32	10	3		

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

CHOLERA—Continued

[C, indicates cases; D, deaths; P, present]

Place	Sept. 25- Oct. 22, 1927	Oct. 23- Nov. 19, 1927	Nov. 20- Dec. 17, 1927	Dec. 18, 1927- Jan. 14, 1928	Jan. 15- Feb. 11, 1928	Feb. 12- Mar. 10, 1928	Week ended—									
							March, 1928		April, 1928				May, 1928			
							17	24	31	7	14	21	28	5	12	19
India (French):																
Chandernagor.....	C	6	10	14	6	5	2	1		4						
Karikal.....	D	6	10	9	1	5	1	1		4						
Pondicherry.....	D	1	1	8	32	6					1					
Indo-China (see also table below):																
Saigon.....	D	1	1	4	19	5					1					
				11	12	33				1	2	3	2	1		
				12	10	19				1	2	3	2	1		
				3	4	16	27	13	21	35	50	28	23	15	10	
				1	1	8	10	8	12	20	37	17	12	10	7	
Iraq ¹																
Kwangchow-wan (see table below).....																
Siam.....	C	18	110	110	200	245	53	88	70	80	120	85				
Bangkok.....	C	11	64	80	139	214	39	67	54	88	84	61				
Straits Settlements: Singapore.....	D	3	4	3	101	60	8	12	16	24	30	24	24	20	17	14
				2	11	66	5	5	12	11	13	13	14	8	6	9
				7	5	3	1	1								
				5	12		1	1								
On vessel:																
S. S. Hawaii Maru at Singapore from Saigon, French Indo-China.....	C									P						
S. S. Tabaristan: At Basra, Iraq.....	C	1														

¹ From July 19 to Dec. 26, 1927, 1,479 cases of cholera were reported in Iraq, with 1,063 deaths, as follows: Amarah Liwa, 261 cases, 205 deaths; Baghdad Liwa, 80 cases, 60 deaths; Basra Liwa, 421 cases, 330 deaths; Diwanah Liwa, 122 cases; Diyalah Liwa, 1 case, 1 death; Duliam Liwa, 100 cases, 69 deaths; Hilla Liwa, 105 cases, 71 deaths; Kerbalah Liwa, 79 cases, 60 deaths; Kut Liwa, 66 cases, 44 deaths; Muntadq Liwa, 244 cases, 151 deaths.

Place	July- Septem- ber, 1927	October, 1927	Novem- ber, 1927	Decem- ber, 1927	January, 1928	February, 1928			March, 1928			April, 1928			May, 1928
						1-10	11-20	21-29	1-10	11-20	21-31	1-10	11-20	21-30	
Indo-China (French) (see also table above):															
Annam.....	3, 179	226	126	18	267	23	36	14	18	18	23	17	11	18	4
Cambodia.....	251	180	85	72	54	38	22	51	33	22	92	43	102	51	34
Cochin-China.....	469	178	100	113	265	178	113	153	206	217	245	277	316	240	140
Laos.....	248	67	10												
Tonkin.....	1, 297	1			1							1	4	1	9
Kwangchow-Nan.....	16			2											

PLAGUE

[C Indicates cases; D, deaths; P, present]

Place	Week ended—																				
	Sept. 25- Oct. 22, 1927	Oct. 2- Nov. 19, 1927	Nov. 20- Dec. 17, 1927	Dec. 18- 1927- Jan. 14, 1928	Jan. 15- Feb. 11, 1928	Feb. 12- Mar. 10, 1928	March, 1928							April, 1928			May, 1928			June 2, 1928	
							March, 1928			April, 1928				May, 1928			June, 1928				
							17	24	31	7	14	21	28	5	12	19	26				
Algeria (see also table below):																					
Algiers.....																					
Oran.....																					
Arabia: Aden.....		2																			
Plague-infected rats.....																					
Argentina:																					
Bahia Blanca district.....																					
Buenos Aires ¹			3		2													(1)	6		
Cordoba Province.....																			3		
Firmat.....																					
Loreto.....		P	10	2																	
Quilino.....			1																		
Rosario.....			3																		
Santiago Province.....			4	5	4																
Suardi.....																					
Ucacha.....			1																		

1 Six cases of plague reported in Buenos Aires, Argentina, before May 14, 1928.

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

PLAGUE—Continued

[O indicates cases; D, deaths; P, present]

Place	Sept. 25- Oct. 22, 1927	Oct. 23- Nov. 19, 1927	Nov. 20- Dec. 17, 1927	Dec. 18- 1927- Jan. 14, 1928	Jan. 15- Feb. 11, 1928	Feb. 12- Mar. 10, 1928	Week ended—										June 2, 1928	
							March, 1928			April, 1928				May, 1928				
							17	24	31	7	14	21	28	5	12	19		26
Azores: St. Michaels Island.....	C 3	3	3	2	8	3	1	1										
Brazil:	D 1		1	1	4	1	1				2							
Bahia.....	C			4	5	8												
Porto Alegre.....	C			4	4	5		P	2	1								
Rio de Janeiro.....	C					2	2	1										
	D			4	2	3	2	1										
				1	1	2	2	1										
Plague-infected rats.....					1													
British East Africa (see also table below):																		
Tanganyiki.....	C P	P	P	P	2	3												
Uganda.....	D 99	99	67	79	23	3												
	D 88	96	61	64	18	10												
Canary Islands:																		
Arrecife.....	C			3	1	1		2								1	1	
Las Palmas.....	D		3	1	1	10												
Teneriffe.....	C		1	1														
Ceylon: Colombo.....	D 1		6	7	3	4		4						1	1	2		
	D		6	6	2	6		3						1	1	1		
Plague-infected rats.....		3		2	5	6												
China:																		
Hong Kong.....	C														1			
Tungliao.....	D																	
Dutch East Indies:																		
Balik-Papan.....	C			1														
	D																	
Celebes—Makassar.....	C		6	2	6	5												
	C	6	6	5	5	1												
Java.....	D 779	820	1,017	754	737	464												
Batavia and West Java.....	D 130	132	164	128	137	103	19	18	17	26	13							
	D 129	132	152	126	135	103	19	18	17	26	13							

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

PLAGUE--Continued

[C indicates cases; D, deaths; P, present]

[illegible]

PLAGUE RATS ON VESSELS

18 cases of plague with 6 deaths were reported in Bengardane region, Tunisia, Mar. 17 to 27, 1928.

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

SMALLPOX

[C indicates cases; D, deaths; P, present]

Place	Sept. 25- Oct. 22, 1927	Oct. Nov. 19, 1927	Nov. Dec. 17, 1927	Dec. 18- 1927- Jan. 14, 1928	Jan. 15- Feb. 11, 1928	Feb. 12- Mar. 10, 1928	Week ended—										June 2, 1928	
							March, 1928			April, 1928				May, 1928				
							17	24	31	7	14	21	28	5	12	19		26
Algeria (see also table below)	C 683		170	129	71	72	3				12							
Algiers.....	C			3	9	15		2	2	1				2				
Oran.....	C 11	20	39	29	11	5		2	10		3	1	2	11				
Angola (see table below).	C																	
Arabia: Aden.....	C	1	3	1		1												
Brazil (see also table below):																		
Rio de Janeiro.....	C	1					1											
	D	1					1											
British East Africa (see also table below):																		
Kenya—Mombasa.....	C		P	8	5				1	1								
Tanganyika.....	D																	
British South Africa:																		
Northern Rhodesia.....	C 164	185	252	236	233	297		54	8	5	26	7	4					
	D 11	64	62	31	23	42		9			1	1	1					
Southern Rhodesia.....	D		2	1	3	7	4	1	2		21	3						
	D					1					10							
Canada:																		
Alberta.....	C 23	10	10	11	27	10	7	20	7	13	4	2	3	3	13		5	
Calgary.....	C						1											
Edmonton.....	C 1	1	8	5	3	13	1	11	1	7	2			1	12	10		
British Columbia—Vancouver.....	C		4	8	26	10	2	5	6	4	11	6	1	6	4	2		
Manitoba.....	C 7	19	7	11	1	1								7				
Winnipeg.....	C 2	2	2	2	2													
New Brunswick.....	C			1		1										1		
Nova Scotia:																		
Halifax.....	C 1																	
Ontario.....	C 96	264	347	212	243	147	19	35	20	9	6	18	18	8	15			
Hamilton.....	C	2																
Kingston.....	C	1		1	1													
Ottawa.....	C 67	134	63	60	68	22	6	8	10	2	2	3	1	1	4	2		
Toronto.....	C 10	34	39	28	20	14	2	3	3	1	2	4	4	1	2	7		
Windsor.....	C 9																	
Quebec.....	C 8	25	16	44	26	42	22	40	35	15	20	25	4	33	13	25	15	
	C		1		8	9	6	3	3			6	2	1				
Montreal.....	C		4	5	5	11	3	4	4	5	4			9	6	17		
Quebec.....	C																	

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

SMALLPOX—Continued

[C Indicates cases; D, deaths; F, present]

Place	Sept. 25- Oct. 22, 1927	Oct. 23- Nov. 19, 1927	Nov. 20- Dec. 17, 1927	Dec. 18- 1927- Jan. 14, 1928	Jan. 15- Feb. 11, 1928	Feb. 12- Mar. 10, 1928	Week ended—											June 2, 1928
							March, 1928			April, 1928			May, 1928					
							17	24	31	7	14	21	28	5	12	19	26	
							359	342	322	318	321	326	376	321				
Great Britain:	473	902	1,041	1,175	1,530	1,473		359	342	322	318	321	326	376	321		336	
England and Wales	1				44	3		1			5	1	2	7	2		7	
Birmingham		11	19	32	24	12		9			5	3	2	7	2		4	
Bradford	6	4	8		3	4			2	5	2	1	10	1	5	4	1	
Bristol		1		1						8				1	2		1	
Cardiff											11	27	11	20	11		6	
Castleford	7	5	16	11	3	9		2	16	7	7	3	2	2	1			
Leeds								3	5	3	3	2	2	1				
Liverpool				1		1												
London					4	14		10	5	1	1	7	5	3	27		10	
Manchester	3	6	25	5	25	8		4	3	3	4	2	4	2		1	1	
Newcastle on Tyne	6	9	55	22	27	12		3	4		2			4		1	6	
Nottingham				13	27	11		5	1	6	1	4	4	6	3		10	
Sheffield	10	6	9	14	8	6					1		10	2	2			
Stoke on Trent				4	1	15		11			1	4	10	5	13	9	8	
Greece (see table below)																		
India	3,153	4,052	6,731	10,676	17,777	18,850	6,004	6,169	8,101	7,760	8,789							
	715	827	1,650	2,429	3,709	3,828	1,212	1,207	1,500	1,621	1,988							
Bassein					1										1			
Bombay	10	4	9	14	61	149	49	58	62	49	56	57	54	33	46	37		
	2	3	2	2	24	73	24	33	36	27	32	34	27	25	25	22		
Calcutta	5	3	25	36	58	71	20	29	45	40	49	51	31	40	41	29		
	6	2	11	27	34	50	15	21	33	35	32	42	21	35	30	26		
Karachi							1											
						1												
Madras	8	7	11	21	74	100	30	27	45	81	49	36	60	24	17	22		
		2	3	6	8	19	5	3	6	15	16	8	7	7	5	5		
Nagapatam					5	8							5	1	3	4		
				3	3	3					1		2	6	1	1		
Rangoon	17	6	14	136	275	377	96	82	92	50	62	45	37	23	15	2		
	3	1	4	31	64	104	28	17	34	23	24	17	12	16	4	2		
Vizagapatam				3	10	2			3			2						
				8	8													

Place	July, 1927	August, 1927	September, 1927	October, 1927	November, 1927	December, 1927	January, 1928			February, 1928			March, 1928			April, 1928			May, 1928
Algeria (see also table above).....	C	376	459	382	682														
Oran.....	C	14	10	16	11														
Indo-China (French) (see also table above).....	C	19	3	21	25	35	34	58	50	31	90	57	71	69		35	51		36
Senegal (see also table above).....	C																		
Sudan (French).....	D							4		5	1	P.	5			7	4		30
Syria:.....	D																		6
Aleppo.....	C						1	1											
Beirut.....	C						2	15	11	26			12	7	4	3	5	1	2
Damascus.....	D		3	5	22	13	12	13					1		2	1			

Place	July-Sep-tem-ber, 1927	October, 1927	January, 1928	February, 1928	March, 1928	April, 1928	Place	July-Sep-tem-ber, 1927	October, 1927	January, 1928	February, 1928	March, 1928	April, 1928
Angola.....	51	151	10	36			Greece.....	10	9	6	11	19	
Congo.....	2	2					Latvia.....		2		2	2	
Cuanza-Norte.....	5	77		36			Mexico (see also table above).....	221	346	256			
Cuanza-Sul.....	1	1	9	10			Morocco.....	190	622	55	47	80	19
Loanda.....	1	9	10				Nigeria (see also table above).....	820	316	275	217		
Zaire.....	3	5					Portugal (see also table above).....	173	81	39	45		
Brazil (see also table above):.....							Persia.....		2	7	7		
Porto Alegre.....	11	5		1			Portugal (see also table above):.....			143	215		
British East Africa (see also table above):.....							Spain (see also table above):.....			22	8		
Zanzibar.....		2					Madrid.....		1				
Chosen.....	21	1	4	21	23		U. S. S. R.....						
Seoul.....	6	1	2	8	6		Railways etc.....	23	33	18			
Ecuador: Guayaquil.....	4	6	2	9	1		Other territories in Europe.....	366	1,256				
France.....	37	25	11	10	13		Transcaucasus, Siberia, and Central Asia.....	80	81				
Gold Coast.....	7	4		1	3		Ukraine.....	27	48	6			

[C indicates cases; D, deaths; P, present]

[illegible]

Place	1927			November, 1927			December, 1927			January, 1928			February, 1928		
	July	August	September	October	1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20
Latvia (see table below)															
Lithuania (see table below)															
Mexico (see also table below):															
Guadalajara															
Mexico City, including municipalities in Federal District															
Monterrey															
Morocco (see also table below)															
Palestine															
Peru (see table below)															
Poland															
Portugal (see also table below): Oporto															
Rumania															
Syria (see also table below): Aleppo															
Tunisia															
Union of South Africa:															
Cape Province															
Natal															
Orange Free State															
Transvaal															
Union of Soviet Socialist Republics (see table below)															
Yugoslavia (see table below)															
On vessel: S. S. Galka at Durban, Natal, from Mauritius															

Place	1927			November, 1927			December, 1927			January, 1928			February, 1928		
	July	August	September	October	1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20
Algeria (see also table above)	67	33	10	12											
Algiers	13			1											
Bulgaria (see also table above)	12	2	6	2											
Morocco (see also table above)	148	76	7	11	5	14	7	5	6						

14 cases of typhus fever reported June 5, 1928, from Irish Free State.

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

TYPHUS FEVER—Continued

[C indicates cases; D, deaths; P, present]

Place	July- Sep- tember, 1927	Octo- ber-De- cember, 1927	Janu- ary, 1928	Febru- ary, 1928	March, 1928	April, 1928	Place	July- Sep- tember, 1927	Octo- ber-De- cember, 1927	Janu- ary, 1928	Febru- ary, 1928	March, 1928	April, 1928
China (see also table above):													
Shanghai.....	D	D	D	D	D	D	Mexico (see also table above)	D	D	D	D	D	D
Chosen.....	90	80	183	400	313	---	Peru:	---	---	---	---	---	---
Chemulpo.....	3	6	19	44	25	---	Arequipa.....	D	3	2	P	P	1
Gensan.....	2	1	1	1	1	---	La Oroya.....	C	8	---	---	---	---
Seoul.....	5	2	1	1	10	---	Lima.....	C	---	---	---	---	---
Czechoslovakia.....	1	1	1	1	1	---	Turkey.....	D	---	---	1	---	---
Greece: Athens.....	12	7	2	2	25	13	Union of Soviet Socialist Republics:	C	77	102	41	---	---
Japan.....	3	1	1	1	1	2	Railways, etc.....	C	---	---	---	---	---
Latvia.....	1	1	1	1	1	---	Transcaucasus, Siberia, and Cen- tral Asia.....	C	208	190	7	---	---
Lithuania.....	6	54	86	137	26	---	Ukraine.....	C	285	631	---	---	---
---	14	3	10	12	---	---	Other territories in Europe.....	C	1,839	1,924	2	7	24
---	---	---	---	---	---	---	Yugoslavia.....	C	20	3	3	---	10
---	D	D	D	D	D	D	---	D	---	---	---	---	1

YELLOW FEVER

[C, indicates cases; D, deaths; P, present]

Place	Week ended—											
	Nov. 26, 1927			December, 1927			January, 1928			February, 1928		
	3	10	17	24	31	7	14	21	28	4	11	18
Belgian Congo:												
Boma.....	C	---	---	---	3	---	---	---	---	---	---	---
Matadi.....	D	---	---	---	2	12	11	1	5	8	---	---
---	D	---	---	---	2	6	8	2	5	6	---	---

Place	July	August	September	October	November	December	January	February	March	April	May
Brazil:											
Estancia 1.....	C										
Rio de Janeiro 1.....	C										
Dahomey:											
Grand Popo.....	C				1						
	D				1						
Porto Novo.....	C	1									
	D	1									
Gold Coast (see also table below):											
Ashanti—											
Obuasi.....	C	1									
	D	1									
Ivory Coast.....	C						1				
	D						1				
Liberia: Monrovia.....	C	1	1								
Nigeria.....	C		2								
	D		2								
Senegal.....	C	3	10	31	38						
	D	3	21	28							
Dakar.....	C	0	21	14	2	1		1			
	D	1	7	10	2	1		1			
Togoland.....	C					4					
	D	1									
		1									
Place	July	August	September	October	November	December	January	February	March	April	May
Gold Coast (see also table above).....	C	15	2	6	1						
	D	4	2	4	1						(1)

¹ A case of yellow fever was reported near Estancia, State of Sergipe, Brazil, Mar. 4, 1928; also 2 deaths from yellow fever and 2 suspected cases at Rio de Janeiro were reported on June 4, which were said to be imported from the North.

¹ 1 case of yellow fever at Accra, Gold Coast; probably laboratory infection, reported May 18, 1928.