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A UNIT FOR SCARLET FEVER STREPTOCOCCUS ANTITOXIN¹

By R. E. DYER, Surgeon, United States Public Health Service, Assistant Director, Hygienic Laboratory

During the past few years several methods of testing the potency of scarlet fever streptococcus antitoxin have been tried. Dick and Dick (1) (2) (3), whose work furnishes the basis of the unit here suggested, tested the neutralization of scarlet fever streptococcus toxin by the antitoxin by means of a skin test on human beings; and Wadsworth, Kirkbride, and Wheeler (4) applied this method to the skin Dochez and Sherman (5) and Blake, Trask, and Lynch (6) (7) measured the antitoxic potency of serums by determining the smallest volume of the antitoxin which, when injected intracutaneously in the area of the rash in an early case of scarlet fever, would produce local blanching (Schultz-Charlton reaction). O'Brien (8) and Okell (9) tested the activity of antitoxins in producing passive immunity in individuals who were susceptible to the toxin of Streptococcus scarlatinae, while Parish and Okell (10) compared the potency of antitoxic serums in protecting rabbits against the septicemia produced by inoculation with broth cultures of the scarlet fever strepto-Dyer (11), Povitsky (12), Eagles (13), and others have attempted to apply the Ramon flocculation test, which has been employed for testing other antitoxins.

Of the methods cited, those based on testing the potency of antitoxin in neutralizing toxin as shown by skin tests have been used more extensively than any others, and seem to be the most useful. In these methods, as in methods early in use for testing other antitoxins, a fixed amount of a toxin is mixed with different amounts of antitoxin. The amount of toxin used in the mixtures is spoken of as the test dose and, in the case of the scarlet fever streptococcus toxin which we have used, contains five skin test doses—a skin test dose being the amount of toxin necessary to produce a reaction at least 1

¹ EDITORIAL NOTE.—The Permanent Commission on the Standardization of Sera, etc., of the Health Organization of the League of Nations has selected as a basis for study the standard scarlet fever streptococcus serum here described. The report of the commission (Frankfort-on-Main, Apr. 25 to 28, 1928) states:

[&]quot;Without expressing an opinion on the etiology of scarlet fever or on the methods of testing sera prepared with the products of culture of hemolytic streptococci isolated from cases of scarlet fever, it would be useful to render future researches along this line more readily comparable. To this end, the standard serum adopted by the Federal Government of the United States may be selected as a basis for study; the Hygienic Laboratory has agreed to place at the disposition of the Health Organization of the League of Nations a sufficient quantity of the standard serum."

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centimeter in diameter about 24 hours after intracutaneous injection in the majority of individuals susceptible to scarlet fever (1) (14). In using such a method it has been found that a great deal depends on the test subject, due to differences in susceptibility of individuals. In some individuals a certain volume of antitoxin when mixed with a given amount of toxin will show neutralization, while on other subjects several times as much antitoxin may be required to neutralize the same test dose of toxin.

Protocol I illustrates wide variations encountered in attempting to titrate an antitoxin against the toxin.

PROTOCOL I

Illustrating conflicting results obtained in testing the potency of scarlet fever streptococcus antitoxin by the toxin neutralization method without a control serum 1

	Toxin 2			Anti	toxin		
Case No.	One skin test dose	1/10,000 c. č. ¹	1/10,000 c. c. plus toxin— one skin test dose	1/20,000 c. c. plus toxin— one skin test dose	1/30,000 c. c. plus toxin— one skin test dose	1/40,000 c. c. plus toxin— one skin test dose	1/50,000 c. c. plus toxin— one skin test dose
659 418 519 608 529 555 55	+ + + + +	0 0 0 0	+ 0 0 0	0000++	000+++	0 0 + + + +	0 + + + + +

¹ The same toxin and the same antitoxin were used throughout these tests.

From the foregoing protocol the necessity for some means of eliminating irregularities in results due to the varying susceptibility of subjects is obvious. It would seem that this could be accomplished best by a method similar to that used in the present official standardization of other antitoxins—that is, by the establishing of a standard serum as the fixed basis with which the antitoxins to be tested could be compared. To serve this purpose a serum was selected and dried The redissolved serum was then carefully titrated to insure stability. against the previously selected test dose of toxin on a sufficient number of subjects to determine the reciprocal neutralizing value of the serum and the toxin, one against the other. In applying the standardization test in practice, a range of doses of the standard serum are mixed each with a test dose of toxin and injected intracutaneously. On the same subject, at the same time, a range of doses of the antitoxin to be tested, mixed with the same test dose of toxin, are injected. Thus, the volume of a new antitoxin is determined which will neutralize one test dose of toxin on a given subject, and this volume is compared with the volume of the standard control serum

² Toxin control. 3 Serum control.

⁰⁼Negative reaction. +=Positive reaction.

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which also shows neutralization of one test dose of toxin on the same subject at the same time. As the neutralizing value of the standard serum is known, the potency of the new antitoxin may be calculated readily. Thus, if, on a certain individual, 1/400 of a cubic centimeter is found to be the smallest volume of the standard serum which will neutralize one test dose of toxin, and 1/6,000 of a cubic centimeter of a new antitoxin also shows neutralization of one test dose of toxin, then the new antitoxin is 15 times as strong as the standard serum.

It seems desirable that the definition of the potency of scarlet fever streptococcus antitoxin should be expressed in terms of "units" as with other antitoxins in common use. To avoid confusion, possibly arising from different-sized doses of similar products, it also seems desirable that the average therapeutic dose of scarlet fever streptococcus antitoxin should be approximately the same as that of diphtheria antitoxin, the doses of both being expressed in units. It has been found by clinicians that the average therapeutic dose of scarlet fever streptococcus antitoxin should contain enough antitoxin to neutralize from 300,000 to 500,000 skin test doses of toxin. Establishing as a unit 10 times the smallest amount of the standard serum which has been found necessary to neutralize one test dose of toxin, each test dose representing five skin test doses, the therapeutic dose of the antitoxin will approximate in number of units the average dose of diphtheria antitoxin.

The standard scarlet fever streptococcus serum is kept at the Hygienic Laboratory under the same conditions of storage that have been maintained with the standard diphtheria and tetanus unit serums for several years, during which time no measurable deterioration has taken place in the latter serums.

A definite amount of this standard serum is therefore suggested as a permanent unit. This unit has been selected to equal 10 times the smallest amount of scarlet fever streptococcus antitoxin necessary to neutralize one test dose of toxin, but the designated amount of serum, and not the toxin dose, is the final measurement of reference; that is, the unit will remain the same without regard to the dose of toxin used from time to time for comparing the standard with other antitoxins, or the method of test employed. The standard serum as dissolved at present contains 40 such units per cubic centimeter.

Protocol II illustrates the results of tests to determine the toxin neutralizing potency of a new antitoxin in comparison with the standard serum.

PROTOCOL II

Potency test on scarlet fever streptococcus antitoxin Lot X

-			Ā	ntitoxii	ı X		H	ygieni	labora serum l	tory sta	ndard		
Case	Hour of reading	1/4,000 c. c.³	1/4,000 c. c. plus one test dose of toxin	1/5,000 c. c. plus one test dose of toxin	1/6,250 c. c. plus one test dose of toxin	1/7,800 c. c. plus one dose test of toxin	1/400 c. c.*	1/400 c. c. plus one test dose of toxin	1/500 c. c. plus one test dose of toxin	1/625 c. c. plus one test dose of toxin	1/780 c. c. plus one test dose of toxin	Toxin,³ one skin test dose	Number of units per c. c. of anti- toxin Lot X
480	24	0	0	9	0	0	0	0	0	0	0	15x17	}500.
	48	0	0	8x7	8x11	8x11	. 0	7x8	8x10	7x11	12x14	0	J300.
324	24	0	0	9	0	3x3	0	3x3	3x6	5x5	7x9	20x25	}500.
237	48 24	0	5x5 4x4	0 3x4	9x14 3x4	6x10 3x3	0	5x6 3x3	8x10 5x5	9x12 6x7	10x15 7x8	Fading. 20x21	ł.
231	48	ő	414	314	0	8x8	ŏ	7x9	8x8	8x9	10x12	20121	500.
676	24	0	Ō	Õ	4x5	0	Ŏ	0	0	0	0	15x15	No end point.
	48	0	0	0	0	. 0	0	0	_ 0	0	. 0	0	LAO EUG POINE.
270	24 48	0	3x5 9x11	15-10	8x11 15x20	10x11 15x25	0	6x6 9x14	5x4 15x19	10x14 17x19	10x15 15x21	25x25 Fading.	No end point.
663	46 24	10x11	10x11	15x19 8x10	10x20 10x11			11x15	10x19	12x15	10x21 10x14	15x22	Serum sensi-
w	48	10211	3x4	7x8	8x12	9x7	0	11210	7x8	9x11	8z9	15x25	tive.
			J			32.							

¹ Standard serum containing 40 units per c. c.

Protocol III illustrates the titration of a new lot of antitoxin by a manufacturer, while Protocol IV gives the results of tests made at the Hygienic Laboratory on the same lot.

PROTOCOL III

Manufacturer's protocol giving the results of his tests to determine potency of a new lot of antitoxin

	***	Manu	facturer's a Lot 50	ntitoxin	Hygie	nic Labora L	tory stand ot C	ard serum	Hygienie Labora-	Num- ber of
Case	Hour of read- ing	1/5,000 c. c.	1/5,000 c. c. plus one test dose of toxin	1/6,000 c. c. plus one test dose of toxin	1/400 c. c.	1/400 c. c. plus one test dose of toxin	1/600 c. c. plus one test dose of toxin	1/800 c. c. plus one test dose of toxin	tory control toxin, one skin test dose	units per c. c. of anti- toxin Lot 50
R. J	24 48	0	0 8 x 8	0 10 x 13	0	0	9 x 7 9 x 15	9 x 9 12 x 9	15 x 15 15 x 15	} 500
M. V	24 48	0	0	6 x 6 9 x 14	0	0	8 x 9 7 x 10	7 x 10 10 x 11	19 x 20 15 x 18	500
K. A	24 48	0	0 0	17 x 17 22 x 23	0	0 0	10 x 9 10 x 10	10 x 10 12 x 11	25 x 25 25 x 25	500

NOTE.-See footnotes with Protocol II.

Serum control.Toxin control.

⁰⁼No reaction.

NOTE.—Measurements of two diameters of each reaction are recorded in millimeters.

The fraction of a cubic centimeter of serum is stated in each instance. Reactions less than 1 centimeter in diameter are considered negative. Neutralization is considered complete only when reactions to toxinantitoxin mixtures are negative at both the 24 and 48 hour readings.

PROTOCOL IV

Results of tests made at the Hygienic Laboratory on same lot of manufacturer's antitoxin shown in Protocol III

	Antitoxin Lot 50				0	Hygienic Laboratory standard serum Lot C					Laboratory xin, one skin	per c. c. ot 50
Case	Hour of reading	1/5000 c. c.	1/5000 c. c. plus one test dose of toxin	1/6250 c. c. plus one test dose of toxin	1/7800 c. c. plus one test dose of toxin	1/400 c. c.	1/400 c. c. plus one test dose of toxin	1/500 c. c. plus one test dose of toxin	1/625 c. c. plus one test dose of toxin	1/780 c. c. plus one test dose of toxin	Hygienic Labo control toxin, o	Number of units per of antitoxin, Lot (
674	24 48	8	5x5 6x8	5x5 13x14	8x10 18x28	0	0	0 10x15	4x4 10x18	6x6 13x15	16x17 0	}500.
505	24 48	0	0	0 10x10	0 11x14	0	7x9	9x13	9x11	0 14x12	17 x2 5	}500.
324	24 48	ŏ	5x6 8x8	9x9 11x20	8x9 15x27	0	3x3 5x6	3x6 8x10	5x5 9x12	7x9 10x15	20x25 Fading.	}500.
332	24 48	ŏ	4x4 18x22	5x4 25x25	14x13 25x30	ŏ	0 20x18	0 20x20	4x5 15x20	3x5 20x20	30x25	No end point.
745	24 48	30x30 Serum	30x30	30x35	30x30 oximate	25x25	30x30	30x30	30x30	25x25	20x30	Serum sensi- tive.

NOTE.—See footnotes with Protocol II.

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CURRENT WORLD PREVALENCE OF COMMUNICABLE DISEASES 1

United States, May 6-June 2, 1928

The mortality rate from all causes in 67 large cities in the United States dropped off rapidly after the second week in May from the high level which had prevailed since the middle of March. Nevertheless, the general death rate in these cities remained relatively high; for the week ended June 2 it was 13.3 per 1,000 population (annual basis), as against 11.8 in the corresponding week of 1927 and 12.3 in the corresponding week of 1926. Although the death rate at no time rose sharply to an epidemic height, the maximum rate for a single week being 15.5 in the week ended May 5, the mortality rate averaged approximately 15 per 1,000 for a period of 8 weeks, and the death rate in these cities from January 1 to June 2 has been 14.3 as against 13.5 in the corresponding period of 1927. The rate is more favorable to date for the year, however, than it was in 1926, when there was a marked respiratory epidemic, and is about the same as it was in 1925.

Influenza and pneumonia.—The mortality from influenza and pneumonia in the principal cities also remained on a relatively high level as compared with the preceding year, but in the week ended May 19 the deaths from these causes turned downward. The death rate from influenza and pneumonia combined in the week ended May 19 was higher, on the average, than last year in the cities in all sections of the country except in the South Atlantic, West South Central, and Pacific divisions.

The number of cases of influenza reported by 31 States declined sharply, however, during the month of May. The maximum was reported for the week ended May 5, with 4,185 cases, and the weekly incidence dropped to 1,212 for the week ended June 2. The reported incidence in the early winter showed only a normal seasonal increase and compared very favorably with the same period of 1927; but in 1927 the maximum incidence was passed in the early part of March, when 2,532 cases were reported for the week ended March 10, whereas in the current year the most marked increase in cases occurred unusually late. This may have some relation to the fact that no real epidemic prevalence, such as occurred in February and March, 1926, took place, although cases of the disease were numerous throughout April. The decline in cases during May was noted in practically all States.

Meningococcus meningitis.—A decrease in the reported incidence of meningococcus meningitis occurred in the week ended June 2, when 101 cases were reported by 42 States, which is the smallest number reported by these States since the week ended March 3. During the four weeks ended June 2, these 42 States reported 493 cases, of

From the Office of Statistical Investigations, United States Public Health Service.

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which 359 were in the following eight States: California, Illinois, Michigan, Missouri, New Jersey, New York, Pennsylvania, and Wisconsin. Of these eight States, only New York showed a decline from the total cases reported in the preceding four-week period, and Michigan, Missouri, New Jersey, and Wisconsin reported an increased number.

Smallpox.—The incidence of smallpox continued to decline during the month of May, the total number of cases reported by 42 States during the four-week period ended June 2 being 3,519, as compared with 3,900 for the preceding four-week period. The decline has been general, with no very marked change in the number of cases in any State. A slight increase in the number of cases was reported in Alabama, where the cases for the two weeks ended June 2 numbered 58, as compared with 15 in the preceding two weeks.

Scarlet fever.—The number of cases of scarlet fever reported weekly by 42 States and the District of Columbia has declined steadily though slowly since March. In the week ended June 2, the total number reported was 2,762 cases, as compared with 4,022 in the week ended May 5. The decline may be expected to continue throughout the summer, as the lowest incidence is usually reached at the end of August. The total reported incidence has been somewhat less in the current year than in 1927, but about equal to that in 1926. The case incidence reported in cities, however, indicates that the disease has been more prevalent than a year ago in the South Atlantic, East South Central, and West South Central divisions of the country, but much less prevalent in all other sections.

Diphtheria.—A gradual decline in the incidence of diphtheria continued through May and there were about 900 cases reported by 42 States for the week ended June 2, approximately 200 less than the weekly totals in the first half of May. During the four-week period ended June 2, 3,951 cases were reported, which was 1,000 less than the number reported for the same period in 1927, but only slightly less than in 1926. Throughout April and May the number of cases reported by the individual States showed very little change. In May a slight increase occurred in California, New Jersey, and Michigan, but the general trend in nearly all States was downward.

Typhoid fever.—The number of cases of typhoid fever reported weekly by 42 States began to increase during the month of May. For the four-week period ended June 2, there were 873 cases reported, as compared with 687 cases for the preceding four-week period. A slight increase occurred in several of the States. In Alabama the number of cases increased from 17 in the four-week period ended May 5 to 36 in the four-week period ended June 2; in California the number increased from 20 to 62; in Georgia from 13 to 53; in Tennessee from 16 to 39; in Wisconsin from 11 to 126. The increase in typhoid fever cases is normal for this season of the year, and the incidence is considerably lower than that of last year and slightly less than in 1926.

Poliomyelitis.—The number of cases of poliomyelitis increased during May; 102 cases were reported by 43 States during the four weeks ended June 5, as compared with 81 the preceding four weeks. In California the number of cases declined from 23 to 18, but in New York the number increased from 4 to 13; in Massachusetts, cases increased from 3 to 7; and in Pennsylvania 5 cases were reported in the earlier four weeks and 6 cases in the later. No other States reported more than five cases in either period.

Measles.—The expected seasonal decline in the incidence of measles began during May, as is evident from the reports of 38 States, which showed a total of 32,000 cases for the two weeks ended June 2, as compared with 36,500 cases for the two-week period ended May 5. In general, measles has maintained a higher level throughout the present year than in 1927, but is lower than in 1926. Among the States showing a significant decrease in the number of cases of measles reported are Arkansas, Georgia, Indiana, Louisiana, Maryland, Massachusetts, North Carolina, and Tennessee. On the other hand, several of the States reported a slight increase in the number of cases for the same period. In New York the number of cases reported increased from 7,012 in the two weeks ended May 5 to 8,157 in the two weeks ended June 2, and in Pennsylvania, from 4,689 to 5,548. The decrease should become more general during June, as the incidence reaches its lowest point in midsummer.

Foreign Countries 1

The general prevalence for certain epidemic diseases in most foreign countries during March and April is summarized below.

Plague.—The plague outbreak at Aden decreased rapidly in April; 314 cases were reported in the two weeks ending April 7, 167 cases were reported in the next two weeks, and only 66 cases in the two weeks ending May 5. The reported fatality of cases has averaged about 75 per cent, and the deaths since the beginning of the year give a death rate of no less than 20 per 1,000 population. The population of Aden is about 55,000.

At Baghdad sporadic cases continued to occur, but only 18 cases had been reported from January 1 to May 12, 1928.

In India, plague was very much more in evidence in the United Provinces in March than elsewhere. During the four weeks ended March 24 14,875 deaths were attributed to plague in that Province, being 73.5 per cent of all India's plague mortality during those weeks. There were two main centers—an eastern one, including the districts of Azamgarh, Ghazipur, Gorakhpur, Bastia, and Fyzabad, and a northwestern one, in which the districts of Muzaffarnagar, Moradabad, Badaun, Bareilly, Pilibhit, Shahjahanpur, and Hardoi reported the largest number of cases.

¹ Data from the Monthly Epidemiological Report of the Health Section of the League of Nations' Secretariat, May 15, 1928, supplemented by information published in the PUBLIC HEALTH REPORTS.

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The maximum plague mortality in the eastern center of the United Provinces is normally reached in March, so no further considerable increase is likely to occur. In the western center, however, the peak of the curve is not likely to be reached before the middle of April. The present outbreak, in so far as the United Provinces is concerned, is likely to reach the same intensity as that of 1923; it is considerably more severe than those which occurred between 1924 and 1927.

The plague situation remains very favorable in the Punjab, only Ambala and neighboring districts in the northern part of the Province being affected by the disease.

At Hong Kong, one case of plague was reported on May 4, the first since September, 1923.

At Suez, 8 cases of plague occurred during April, and 42 cases had been reported since the beginning of the year. One case of plague was reported from Algiers on May 2, the only case to occur in the current year. No cases were reported in April in Mediterranean countries.

The number of plague cases reported in Senegal increased as usual in April, and during the first 20 days of that month 51 cases were reported in the district of Tivaouane and 30 cases in that of Thies. No plague case has been reported at Dakar since November. There were 12 plague cases at Lagos during the four weeks ended April 28, but none elsewhere in Nigeria; no case has been reported at Ijebu since February 11.

Plague was reported in several localities in Brazil during the early months of the year. In January there was a small outbreak at Parnahyba in the State of Sao Paulo; in March there were 2 cases at Porto Alegre. Thirty cases were reported at Bahia and 12 at Rio de Janeiro during the first quarter of the year. The Federal Health Service stated on April 19 that the last cases in those towns occurred 20 and 30 days previously, respectively.

In the Argentine, sporadic plague cases have been reported since the beginning of the year at Rosario, Buenos Aires, and at various inland localities in the Provinces of Cordoba, Santa Fe, and Santiago, which comprise the great plains west of the Parana River.

In Peru, 71 plague cases were reported in January and 41 in February, which is more than were reported last year but less than were reported in earlier years; 8 of these cases occurred in the town of Lima. Only 10 cases were reported at Guayaquil during the two first months of the year, as compared with 52 and 56 cases during the corresponding periods of 1926 and 1927, respectively.

Plague was reported in March about 60 miles from Caracas, in the State of Miranda in Venezuela.

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Cholera.—The number of cholera cases reported in India increased from 9,293 during the three weeks ended March 3 to 14,144 in the following three weeks. This is the season, however, when such an increase usually occurs. A large majority of the cases (81 per cent) occurred in Bengal and the adjoining districts of Bihar and Orissa; the increase was confined to this area, whereas the incidence has decreased in Madras Presidency since the beginning of February.

In Siam, 768 cholera cases were reported during the first quarter of 1928, which is slightly more than the number reported during the corresponding period of the preceding year. There has been no increase of the incidence since early in February.

Cholera cases have increased steadily during the current year in Cochin-China, where 593 cases were reported in the first 20 days of April as against 462 in the preceding 20 days. In Cambodia, the number of cases began to increase at the end of March, and 145 cases were reported in the first 20 days of April, as compared with 55 cases in the first 20 days of March. The disease is more prevalent than it was last year in Cochin-China, but less prevalent in Cambodia. Very few cases have been reported in other parts of Indo-China.

Influenza.—No epidemics of influenza occurred during the first four months of the year anywhere in Europe, and the past winter can be described as one of the most favorable influenza years since 1918. In English towns, the mortality from influenza during the first four months was equally low only in 1921 and 1923.

There was a small increase of influenza deaths at the end of March in English, Dutch, and German towns, but the incidence soon decreased again. In Vienna, where influenza was little in evidence during the preceding winter, it caused 50 deaths in March, as compared with 6 in February.

In the Netherlands, the number of deaths attributed to influenza increased from 122 in February to 419 in March, giving a total of 688 deaths during the first quarter of 1928, as compared with 2,824 and 432 deaths during the corresponding period of 1927 and 1926, respectively. In March, 73 deaths occurred at Rotterdam, 32 at The Hague, and 22 at Amsterdam.

In the Union of Soviet Socialist Republics, influenza was more prevalent in January, the latest month for which figures are available, than in the corresponding month a year ago. Moscow town and Government reported 63,481 cases and Leningrad town and Government 10,931 cases, as compared with 16,486 and 2,163 cases, respectively, in January, 1927. During the same month, there were only 63 deaths from influenza in Leningrad and 46 in Moscow, which shows that the disease was of a benign type. The increase over last year seems to have extended over the whole country, but to have been least marked in Siberia.

Influenza was reported to be epidemic and causing a considerable mortality in December, 1927, in the Province of Chihli in Northern China; in November it had been epidemic in Shantung and Kiangsu, the two Provinces south of Chihli. Influenza was epidemic in December also in Yunnan, but was of a mild type, causing no appreciable mortality.

There was a slight increase of deaths attributed to influenza in towns in Japan in March, the number being 450 during the four weeks ended March 31, as compared with 228 during the preceding four weeks.

CURRENT STATE MORTALITY STATISTICS

For the information of public health officials and others interested, the data in the following tables have been compiled from the monthly mortality reports of State health departments for the latest month for which published records are available. Statistics of most communicable diseases are not included, since they are available in other tabulations in the Public Health Reports. Statistics of deaths from other causes are limited for the most part to those causes which appear in the State reports. In the case of States which publish detailed mortality reports each month, the record of only the principal groups of causes and certain important specific causes have been used.

For purposes of comparison, the mortality records for a few preceding years are given, the rates being for the month corresponding to the last month for which the 1928 rate is available.

These tabulations will be enlarged as the current data on mortality from additional States become available.

Monthly State mortality statistics
(All rates are per 100,000, except mortality from all causes and infant mortality)

***		1928		Corresponding month for—							
	Jan.	Feb.	Mar.	1927	1926	1925	1924				
ALL CAUSES: ANNUAL RATE PER 1,000											
Alabama:											
White	10.4	10.1	10.7	8.4	12. 4						
Colored	14.6	17.3	17.7	13.6	20. 5	13. 1	13. 7				
Connecticut	11.7 12.4	12.0 11.7	12.0 13.6	11.6 11.9	15. 3 15. 9	13.1	13. 6				
Iowa	12. 7	11.1	12.1	11. 5	10. 9	12.2	10.0				
Kansas	10. 9										
Minnesota	9. 5	9.6	9.6								
New Jersey	11.3	12.4	13.3	12.8	11.8	12.6	13. 2				
New York	13. 6	14. 2	14.4	13.7	19.8	16. 2	15. 8				
Oklahoma	10. 5										
Pennsylvania	12. 4	13.3	13.8	13.4	17.5	14.5	15. 1				
Tennessee	11.8	12.9	12.3	11.9							

Monthly State mortality statistics-Continued

(All rates are per 100,000, except mortality from all causes and infant mortality)

INFANT MORTALITY: RATE PER 1,000 LIVE BIRTHS

		1928		Co	rrespondin	g month f	or—
	Jan.	Feb.	Mar.	1927	1926	1925	1924
Alabama: White Colored Connecticut Indiana Iowa	80. 3 126. 2 68. 4 68. 7	78. 4 118. 0 55. 7 59. 8	77. 6 108. 5 65. 7 67. 9 66. 4	56. 2 76. 1 68. 6 60. 7	70. 2 108. 0 89. 2 77. 5	85. 6 76. 4	89. 2 67. 6
Kansas New York Oklahoma Pennsylvania	70. 0 68. 0 86. 2 70. 6	72. 0 81. 0	73. 0 83. 0	69. 0 82. 0	95. 0 109. 0	82. 0 94. 0	84.0
		INFLUE	NZA (11)				
Alabama: White	89. 1 86. 0 28. 5 48. 1	83. 9 112. 8 25. 8 44. 0	98. 8 124. 0 19. 7 69. 3 79. 5	48. 1 56. 6 37. 1 39. 6	239. 5 348. 3 110. 3 167. 0	57. 0 138. 1	26. 6 43. 8
Kansas Minnesota New Jersey New York North Carolina Oklahoma	53. 3 21. 2 12. 6 20. 0	22. 7 16. 1 20. 7	29. 8 24. 7 25. 3 63. 7	25. 1 24. 9	87. 3 128. 7	19. 3 29. 1	21. 4 18. 3
Pennsylvania South Carolina Tennessee	37. 3 49. 9 77. 2	38. 2 81. 7 89. 5	51. 3 132. 6 88. 5	46. 7 28. 7 68. 2	143.0	65. 7	72.0
Т	UBERCU	LOSIS, A	LL FOR	MS (31-37)			
Alabama: White Colored Connecticut Indiana Iowa	58. 1 136. 9 63. 5 67. 8	53. 9 179. 1 75. 1 67. 4	57. 5 162. 2 83. 9 88. 2 38. 8	41. 5 163. 2 75. 7 82. 2	68. 7 182. 7 95. 9 100. 6	87. 0 95. 1	82. 3 97. 9
Kansas Minnesota New Jersey New York North Carolina Oklahoma	29. 5 51. 5 65. 0 66. 5	64. 7 70. 8 82. 1	60. 1 78. 9 82. 5 86. 6	92. 3 85. 0	101. 1 109. 3	96. 5 103. 5	86. 3 106. 6
Pennsylvania	64. 7 72. 6 121. 9	78. 5 74. 9 150. 9	78. 4 87. 2 140. 7	87. 0 102. 1 138. 8	96. 7	92. 4	90. 6
	CANCI	ER, ALL	FORMS ((43-49)			
Alabama: White	46. 8 41. 2 113. 8 99. 3	36. 0 39. 5 106. 6 87. 6	44. 9 48. 8 105. 8 117. 1 121. 2	50. 3 42. 1 113. 6 96. 4	49. 5 36. 8 102. 0 95. 0	107. 0 94. 3	98. 0 84. 5
Kansas Minnesota New Jersey New York Oklahoma	95. 6 112. 0 99. 2 127. 5 58. 7	94. 8 102. 4 121. 2	115. 1 107. 9 1286	107. 1 117. 6	105. 3 125. 7	99. 4 132. 6	95. 9 129. 7
Pennsylvania South Carolina Tennessee	95. 5 30. 3 58. 8	102. 0 39. 2 51. 3	95. 4 51. 2 53. 2	101. 0 36. 4 63. 5	104. 0	90. 4	97. 5

Monthly State mortality statistics—Continued

(All rates are per 100,000, except mortality from all causes and infant mortality)

DIABETES (57)

		1928		Co	rrespondir	ng month f	or—
	Jan.	Feb.	Mar.	1927	1926	1925	1924
Alabama:	1						
White	12.8	6.0	9.8	9.5	8.9		
Colored.	14.5	14.1	18. 5	5.3	7.9	l	
Iowa			19.9				
Kansas	24.4			.			
Minnesota	19.9	19.4	24.7				
New York	27.6	27. 2	27.4	26.4	34.7	25. 2	26.2
Oklahoma Pennsylvania	12.6	23. 5	27.8		23.8	20.0	14.4
South Carolina.	21. 7 12. 6	13.5	11.4	20. 6 11. 5	20.6	20.0	12.7
DISEASES OF THE NERVO	us syst	EM AND	OFTHE	ORGANS	OF SPEC	IALSEN	SE (70-86)
7	1	ı I	150.0	1			
Kansas	146.9		153. 2				
New Jersey	112.5	120.9	126.3	142.3	173. 1	139. 3	141. 7
New York	159.1	169.8	176. 1	167. 5	212.8	203.0	196. 7
Oklahoma	114.5	200.0		20			
	!						<u> </u>
CERE	BRAL H	EMORRI	IAGE, A	POPLEX	Y (74)		
Alabama:							
White	42.3	47.2	57. 5	51.0	51.7		
Colored	58. 1	84.6	87. 1	78.9	55.2		
Indiana	121. 5	122.5	(i)	107.6	121.0	109. 5	
Iowa Kansas	114. 2		111.5				
New York	121.0	131.8	134. 7	121.5	166.3	154. 4	146. 9
Oklahoma	63.6	131.0	134. /	121.0	100.3	104. 4	170. 9
Pennsylvania	100.0	101. 0	97. 2	(1)	(1)	(1)	(1)
DISEASE	S OF TH	E CIRCU	LATORY	SYSTE	A (87–96)		
Iowa.			310. 8				
Kansas	213. 7 272. 7						
New Jersey New York	272. 7	272.4	281. 6	272.6	350. 7	231.9	265. 8
New York	375.0	399. 7	369. 1	356.3	496.3	383.8	366. 8
OklahomaSouth Carolina	90. 8 220. 5	278. 2	277.9	277. 0			
· · · · · · · · · · · · · · · · · · ·	DICE ACE	S OF THI	e Head	70 (97 00)			
-	JIGHAGH		·	1 (01-30)			
Alabama: White	114.7	116.9	96.0	80. 9	102.7		
Colored	124.8	150.9	189. 9	126.3	142.0		
Connecticut	168.5	200.3	198. 4	194.5	250.7	188. 6	
Indiana	198.5	2 158. 1	2 188. 0	168.2	2 207. 3	2 167. 4	
Iowa			279.8				
Kansas	181.6						
Minnesota	156. 2	165. 5	160.9				•••••••
New York	328.3	345. 5	323.7	308. 5	433. 9		
Oklahoma	82. 0						
Pennsylvania	246.0	256.0	272. 0	251. 0	301.0	198.0	
Tennessee.	105. 9	137. 3	101.9				
¹ Not available.		!		!		1	.

Not available.Reported as organic heart.

Monthly State mortality statistics-Continued

(All rates are per 100,000, except mortality from all causes and infant mortality)

PNEUMONIA, ALL FORMS (100, 101)

		1928		Corresponding month for—				
	Jan.	Feb.	Mar.	1927	1926	1925	1924	
Alabama:								
White	167. 6	144.6	162.6	81. 6	164.8			
Colored	191.4	200. 2	203. 1	118.4	286.6			
Connecticut	140.8	148.6	151.7	125. 4	227. 3	180. 9	207. 7	
Indiana	137. 0	120.1	151. 3	107. 6	217. 1	191. 0	178. 2	
Iowa			98.4					
Kansas	105. 9					.		
Minnesota	80.5	77. 7	87.4			-		
New Jersey	80.4	108.7	111. 2	86.1	220. 1	101. 1	104. (
New York	120.4	131. 3	152.8	126.0	296. 2	169. 5	151. 2	
North Carolina			168.7					
Oklahoma	198.0		-					
Pennsylvania	131.0	154.0	191. 5	161. 0	295. 0	209. 0	271. (
South Carolina	178. 1	155. 3	161.7	157.6				
Tennessee	163.8	163. 0	162.8	129.8		-		

DISEASES OF THE DIGESTIVE SYSTEM (108-127)

Iowa			65. 5			
Kansas New Jersey New York Oklahoma	62. 9 1 47. 5 69. 0	1 58. 0 86. 2	1 60. 4 79. 8	1 62. 5 68. 3	¹ 62. 4 80. 5	1 67. 9 96. 4

DIARRHEA AND ENTERITIS UNDER 2 YEARS (113)

Alabama: White	11.3	6.0	5. 6	7.3	6.7		
Colored	4.8	9. 9	9. 2	7. 9	9. 2		
Connecticut	9.5	4.8	3.6	7.4	10.6	9. 2	14. 1
Indiana	7. 0	10.7	9. 3	9. 3	9. 0	11.0	12.7
'Iowa			5.8				
Kansas	7.7						i -
Minnesota	2 10. 4	28.8	2 10. 8				
New Jersey	3 9. 6	10.5	³ 10. 2	3 11. 3	3 14. 1	3 17. 0	³ 16. O
New York	10.9	11.5	10. 3	7.9	15. 1	21.8	19. 9
North Carolina			10.0				
Oklahoma	11. 2						
Pennsylvania	16.7	19.0	16. 1	17.0	19. 7	24.0	22.6
South Carolina	4 3. 8	48.8	48.2	4 10.8			
Tennessee	4.7	3.5	4.7	6.6			
							':

NEPHRITIS (128, 129)

					7	1	
Alabama: White	8 74. 7	¹ 66. 7	8 75. 7	₹ 59.8	173.9		
Colored	\$ 92.1	\$ 90. 2	\$ 91.0	101.3	97.3		
Connecticut	1 82.1	7 30. 2	71.5	101.3	81.0	l	
Indiana	6 70. 4	6 86. 8	6 85. 6	6 93. 4	6 94. 2	6 91. 3	
Iowa		00.0	53.8				
Kansas	85. 3						
Minnesota	7 66. 2	7 62. 4	7 54. 5			- -	
New Jersey	§ 108. 5	6 118.6	6 124. 8	6 107. 7	6 125. 7	6 109. 9	6 118. 7
New York	121.8	117.6	120.0	120. 2	147.8	138.7	126.8
Oklahoma	64. 1						
Pennsylvania	117.0	122.0	115.0	114.0	141.0	118.0	128.0
South Carolina	⁸ 83. 4	8 99. 9	\$ 108. 6	93. 2			
	l	ı	1			ī	1

Infantile diarrhea excepted.
 Reported as diarrhea of children.
 Reported as infantile diarrhea.
 Reported as intestinal diseases of children under 1 year.

<sup>Reported as chronic nephritis.
Reported as Bright's disease.
Reported as nephritis.
Reported as kidney diseases.</sup>

Monthly State mortality statistics—Continued

(All rates are per 100,000, except mortality from all causes and infant mortality) PUERPERAL STATE (143-150)

		1928			Corresponding month for—					
	Jan.	Feb.	Mar.	1927	1926	1925	1924			
Alabama:										
White		³ 21. 0	5 20. 3	5 14. 6	§ 19. 2					
Colored		5 16. 9	5 25. 1	J 23. 7	5 39. 4					
Connecticut.	6 9. 5	48.9	6 13. 1	68.2	4 21. 9	9.2	10.2			
Indiana	7 11.9	78.7	7 11. 5	7 14. 2	7 17. 0	7 14.5	7 6. 5			
Iowa			11. 2							
Kansas	7.1									
Minnesota	5 9. 5	⁸ 10. 2	5 14. 3							
New York	10.9	13. 3	12.0	13. 1	13.3	14.0	14.6			
Oklahoma.	11.6									
Pennsylvania	85.3	8 5. 3	8 6. 6	8 6. 9	8 7. 9	8 7. 2				
Tennessee	76.1	74.5	77.1	7 7. 6						

CONGENITAL MALFORMATION AND DISEASES OF EARLY INFANCY (159-163)

Alabama: White Colored Iowa	67. 2 69. 0	70. 4 98. 7	69. 4 92. 3 61, 1	83. 1 73. 7	84. 3 74. 9		
Kansas New York Oklahoma Pennsylvania	53. 9 65. 2 86. 9 1 34. 9	70. 2	69. 4 1 35. 1	70. 3	84. 2 1 42. 2	86.9	90. 1

AUTOMOBILE ACCIDENTS (188c)

Alabama: White Colored	14. 3 10. 9	14. 2 7. 0	15. 4 13. 2 12. 1	8. 0 13. 2	10. 3 9. 0		
Kansas Minnesota New Jersey New York North Carolina	10.9 8.7 12.9 17.0	8. 3 17. 1 15. 3	2, 2 28, 0 15, 4 8, 8	18. 8 14. 1	16. 3 11. 1	13.8	14. 1
Oklahoma Pennsylvania South Carolina Tennessee	8. 7 13. 5 11. 4 13. 2	12. 2 10. 8 10. 6	11. 8 11. 4 9. 4	14. 9 9. 6	11.2	10.9	8.9

- 1 Rate per 1.000 live births.
- 3 Puerperal state.
- Reported as puerperal diseases.
 Reported as puerperal septicemia.
 Rate per 1,000 total births.

COURT DECISION RELATING TO PUBLIC HEALTH

Issuance of permit for conduct and maintenance of stable.—(California First District Court of Appeal, Division 2; Ryan v. Andriano et al., 266 P. 831; decided April 19, 1928.) The plaintiff operated a stable under a permit issued in the name of the person from whom he had purchased the stable. On application to the board of supervisors of the city of San Francisco for permission to make additional improvements, it was noticed that the permit was not in the plaintiff's name, and he was instructed first to procure such a permit. Application for a permit was made, but protests against the granting of the same were received by the board, and finally, after two years,

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the application was denied. During the pendency of the application the board did not specify objectionable features of the stable and did not fix a time within which the plaintiff was required to remove same. The stable ordinance of the city required a permit for the maintenance of a stable, and also contained the following provisions:

- Sec. 4. The board of supervisors shall not refuse a permit for the maintenance of a stable in a building now constructed and maintained as a stable except upon satisfactory evidence that such stable is conducted in an insanitary manner and the failure to remove the objection to the manner of its maintenance within a time to be prescribed by the board of supervisors.
- SEC. 6. No permit shall be refused or revoked by the board of supervisors except after a full hearing, and then only in the exercise of a sound and reasonable discretion by said board.

The plaintiff's stable was in operation when the said ordinance was passed. Upon the board's denial of his application, the plaintiff sought by mandamus to compel the granting of a permit. The appellate court reversed the lower court's judgment denying a writ of mandamus, and held that the plaintiff's application for a stable permit could not be denied without opportunity being first given him to remove objections to be specified by the board within a time to be also specified by the board, as provided in section 4 of the ordinance.

PUBLIC HEALTH ENGINEERING ABSTRACTS

Tests with the Activated Sludge Method of Sewage Treatment at Waldenburg (Silesia). G. Jordan. Gesundh. Ign. 51, 150-6 (1928). (Abstract by Wayne L. Denman in Chemical Abstracts, vol. 22, No. 9, May 10, 1928, p. 1641.) "The purification plant used in this work consists essentially of a concrete basin which is alternately divided by baffles. Circulation of the sewage is accomplished by means of paddle wheels. The plant handles a mixture of domestic and industrial sewage. The industrial sewage amounts to about 8 per cent of the domestic sewage. Three series of tests were made to determine the normal and high rates of treatment. These rates were 2, 1.5, and 1.1 per second. At 1.1 per second a good sludge is obtained. It is in large clumps and its volume is reduced to 25 per cent in 15 minutes. Its water content is 98.5 At 2 per second very poor results were obtained. The sludge was of a fine structure, and in 15 minutes its volume was 80-90 per cent, with a water content of 99.5 per cent. At a rate of 1.5 per second better results were obtained but were not up to those obtained at 1.1 per second. The effect of suspended matter such as finely powdered coal was tried and found to be very harmful, but the trouble vanishes as soon as the sewage clears. The addition of a substance such as Al₂ (SO₄)₃ will overcome this difficulty. The action of phenol was noted, as the industrial sewage contained a small quantity from coke plants. It was found that phenol present in considerable amounts did little if The effluent was clear and had a slight earthy odor. Sewage consisting of 10 per cent phenol sewage (13 days at 457 p. p. m. phenol and 21 days at 191 p. p. m. phenol) may be satisfactorily treated by the activated sludge process. A very high bacterial removal is obtained. For a plant of this type exact and rigorous attention to details must be observed if the operation is to be successful."

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Seeding New Tanks. Willem Rudolfs. Report of the Department of Sewage Disposal of the New Jersey Agriculture Experiment Station for year ending June 30, 1927, pp. 284-294. (Abstract by W. L. Havens.)

The difficulty sometimes experienced in starting the operation of a new tank was deemed of sufficient importance to warrant laboratory experiments in order to determine what could be substituted for ripe sludge when the latter was not available. Definite quantities of fresh solids were mixed with ripe sludge, horse manure, cow manure, and muck from a creek and results compared with fresh solids seeded with ripe Imhoff sludge. It was found that neither manure nor muck is as effective for seeding as ripe sludge. Muck was about half as good as ripe sludge and horse and cow manure still less. If sludge from a polluted stream is available for seeding, it is to be favored. Seeding with horse manure and additions of lime are beneficial, but still inferior to seeding with ripe sludge. Additions of lime to fresh solids when ripe sludge is present for seeding keeps floating solids down.

Sanitary Districts in Missouri. Anon. The American City, vol. 38, No. 4, April 1928, p. 125. (Abstract by J. B. Harrington.)

In March, 1927, the State law of Missouri was reframed to provide for the construction of sanitary sewers in all suburban districts of any county having a population of over 75,000 people. The procedure to be followed requires that a petition signed by 100 property owners must be submitted to the circuit court. The circuit judge, upon favorable decision, appoints three supervisors, who organize and appoint a secretary, an attorney, and an engineer, and levy a tax not to exceed 10 cents per 100 square feet of area for preliminary work.

Studies on the Decomposition of Cellulose. H. Heukelekian. Report of the Department of Sewage Disposal of the New Jersey Agricultural Experiment Station for year ending June 30, 1927, pp. 272–284. (Abstract by W. L. Havens.)

Experiments were carried on during the past year in an effort to study the fundamental processes of sludge digestion, not from the standpoint of changes in bacterial life, but as measured by the decomposition of organic material. methods were employed—first, following the changes in the cellulose content of digesting material, and, second, adding cellulosic substance to ripe sludge and following the changes induced. The following conclusions were reached as a result of these experiments: (1) The native cellulose of fresh solids as well as cellulose added to ripe sludge in the form of filter paper decomposes rapidly; (2) the decomposition of cellulose takes place in the early part of the digestion, namely, the first three weeks; (3) the decomposition of cellulose gives rise to acidity, which retards the general course of the digestion; (4) cellulose decomposition takes place under acid conditions, but the addition of lime accelerates the rate of decomposition; (5) the decomposition of cellulose is accompanied by the production of gas, the volume of which is much smaller than that produced in the decomposition of an equal amount of mixed organic matter in fresh solids; (6) there is a lag of 5 or 6 days before the decomposition of cellulose starts; (7) the rapidity of decomposition of cellulosic substances is correlated with their cellulose content; (8) cellulose content of the solids collected from the inlet end of an Imhoff tank is higher than that from the outlet end; (9) the digestion of the material from the inlet end was similar to the type of digestion obtained from the The material from the outlet end had a shorter period of acid mixture of solids. digestion, lower acidity, and a higher alkalinity and higher ash content than the material from the inlet end.

Design and Operation of Storm Tanks. C. Chamberlain. The Canadian Engineer, vol. 54, No. 1, January 3, 1928, pp. 101-103. (Abstract by R. E. Thompson.)

The storm water at the York Township plant flows into a small creek, and it was therefore considered necessary to provide for more than the usual "three times the dry weather flow." As this condition was expected to last for only a few years, two tanks, 77 feet square, with sloping bottoms and equipped with Dorr scrapers, were constructed which could be used without alteration for treatment of domestic sewage in the future. The material collected is of two types—(1) coarse material such as stones, cinders, and brick fragments; and (2) material varying from fine sand to mud, containing a certain amount of organic matter. The former material interfered with the operation of the diaphragm pump used for removing the sludge, and the plant has now been rearranged somewhat to provide an extra grit chamber for removal of this coarse The fine material is removed from the tanks with a Stereophagus After being dried, it is utilized for fill around pump and deposited in sand beds. The streets are unpaved and a great deal of material is carried into the sewers during storm periods. Following one storm of 21/2 hours' duration. 175 cubic yards of material was removed from the tank and 10 cubic yards from the additional grit chambers.

Returned Sludge in Water Purification. A. W. Bull. Water Works, vol. 67, No. 3, March, 1928, p. 112. (Abstract by C. R. Cox.)

This is a summary of experiments made at Columbus and Pittsburgh to ascertain the effect of adding settled sludge to water dosed with lime and soda ash, such as is the practice at Benton Harbor, Mich., Piqua, Ohio, and Hinsdale and Springfield, Ill. Results indicate that the addition of sludge increases the speed of the softening reaction to a marked extent, although the hardness could not be reduced much below 100 p. p. m. by even larger amounts of added sludge. Thus, 19 hours' agitation of the treated water was necessary to produce the same softening reaction secured by 2 hours' agitation with the same chemical doses plus 50 c. c. of sludge per gallon, or by 1 hours' agitation with 100 c. c. of sludge. Best results were secured at Columbus with initial concentrations of 15,000 p. p. m. suspended solids, whereas at Pittsburgh 7,100 p. p. m. was the best initial concentration. The beneficial results "are due to either a catalytic speeding up of the reaction or, more probably, to a reduction in supersaturation." Settled sludge may be easily returned to raw water through the use of continuously cleaned sedimentation basins, such as the Dorr clarifier.

Reservoir Protection. Carl Wilson. Water Works, vol. 67, No. 2, February, 1928, p. 50. (Abstract by H. B. Hommon.)

Storage reservoirs: There are no communities on the tributary watersheds; and for control over pollution from landowners and other sources the city enforces the State laws regarding pollution of domestic waters. All reservoirs are fenced and patrolled, and hunting, fishing, boating, bathing, and picnicking are prohibited inside the fenced areas. Grazing is prohibited within half a mile of the reservoirs, and leaching cesspools and earth privies are not permitted closer than 250 feet.

Distribution reservoirs: These reservoirs are protected by (1) strong wire fencing that practically excludes the public; (2) resident patrolmen; (3) bypassing storm water and carrying domestic sewage outside the drainage basins; (4) prohibiting leaching cesspools and privy vaults on the land draining to the reservoirs; and (5) requiring that domestic animals, including chickens, be kept 100 feet away from the water.

Chlorination: All water is chlorinated as it leaves the distribution reservoirs. No other purification is considered necessary.

Abolition of Cross Connections Causes Lively Discussion. Anon. Engineering News-Record, vol. 100, No. 12, March 22, 1928, pp. 488-490. (Abstract by C. R. Cox.)

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A special committee of the New England Water Works Association reported upon cross connections at the March 14, 1928, meeting. The report was in the nature of a compromise in which the details of the problems involved were discussed in a report of 45 pages, including 25 pages of appendices.

Subcommittee No. 1 on fire hazards recorded 12 cases where fires broke out simultaneously with the interruption of the public water supplies. This committee emphasizes the fact that the New York State labor law permits double the number of employees in buildings equipped with sprinkling systems supplied from two individual sources. The committee concluded that secondary supplies of sufficient capacity were impracticable in cost unless ponds or rivers were utilized and that cross connections should be used to combine the two supplies for common fire-protection systems.

Subcommittee No. 2 on health hazards cited 22 epidemics due to cross connections containing a single gate or check valve. The committee reviewed the position of the public health authorities by stating that, although it was necessary seriously to consider economical phases of fire losses, the saving of life rather than money must be the predominant consideration. This committee stated that the courts had placed responsibilities upon the municipalities for water-borne epidemics when such are due to a negligence in design, installation, operation, or inspections of cross connections. The responsibility also rests upon State authorities, although such responsibility is moral rather than legal.

The committee, therefore, compared the relative fire and health hazards by weighing the economic losses resulting from the 12 fires mentioned above in contrast to the intangible as well as economic losses of 8,028 cases of typhoid fever with 26 deaths and more than 1,000 cases of enteric disturbances occurring with losses by death and disability running into the millions of dollars. They therefore concluded that cross connections with single check valves were too hazardous and that even the best installations of double check valves may fail from lack of inspection. Statistics are given regarding the frequency that leaky valves were found during tests at New Bedford, Mass., and in Connecticut.

In general the committee feels that double check valves of the latest improved type, properly installed and adequately safeguarded, furnish the best protection of any device now known. It is hoped that recent installations of these valves will provide data upon the actual effectiveness of these devices. The committee feels that State regulations should be promulgated, but that our responsibility should rest upon the municipalities wherein cross connections are maintained. The report recommends cooperative inspection of double check valves by municipal and State authorities and by the owners and the insurance companies at quarterly intervals.

The final resolutions recommended by the committee were not adopted by the association, pending the printing of the full report in the June issue of the *Journal* of the association and a detailed study of the report by the members.

DEATHS DURING WEEK ENDED JUNE 16, 1928

Summary of information received by telegraph from industrial insurance companies for the week ended June 16, 1928, and corresponding week of 1927. (From the Weekly Health Index, June 20, 1928, issued by the Bureau of the Census, Department of Commerce)

Dopart and the second of the s	Week ended June 16, 1928	Corresponding week, 1927
Policies in force	65, 735, 862	62, 918, 546
Number of death claims	12, 187	11, 891
Death claims per 1,000 policies in force, annual rate	9. 7	9. 9

Deaths from all causes in certain large cities of the United States during the week ended June 16, 1928, infant mortality, annual death rate, and comparison with corresponding week of 1927. (From the Weekly Health Index, June 20, 1928, issued by the Bureau of the Census, Department of Commerce)

		nded June 1928	Annual death rate per		under 1	Infant mor- tality
City	Total deaths	Death rate 1	1,000, corre- sponding week, 1927	Week ended June 16, 1928	Corresponding week, 1927	rate, week ended June 16, 1928 ²
Total (69 cities)	7, 160	12. 2	11.6	721	736	58
Akron Albany Atlanta. White Colored Baltimore White Colored Birmingham White Colored Boston Bridgeport Buffalo Cambridge Camden Cambridge Camden Chicago Cincinnati Cleveland Columbus Dallas White Colored Denver Des Moines Detroit Dulth El Paso Erie Fall River Filit	46 46 377 788 480 1855 1895 446 751 441 344 1895 1895 1895 1895 1895 1895 1895 1895	16. 1 16. 0 (1) 11. 6 (1) 17. 6 (1) 13. 0 9. 6 11. 2 10. 3 12. 6 17. 2 9. 3 16. 3 10. 1 (1) 13. 9 9. 6 12. 5 7. 6 12. 0 9. 6 13. 0	10.9 13.2 9.2 22.6 12.2 10.1 24.7 11.0 20.9 14.1 11.5 11.3 14.0 9.6 8.8 15.5 11.9 10.1 12.0 9.6 8.8 15.5 11.9 9.6 9.6 9.6 9.6 9.6 9.6 9.6 9.6 9.6 9	9 4 11	3 3 11 7 4 22 13 9 8 4 4 36 17 17 8 13 8 6 2 2 7 7 5 1 1 3 8 8 2 2 2 2 2 2 3 6 6 2 7 5 1 3 8 8 8 6 6 2 7 5 1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	988 82 32 24 44 64 56 68 23 21 17 51
Fort Worth White. Colored. Grand Rapids. Houston. White. Colored. Indianapolis. White. Colored. Jersey City Kansas City, Kans. White. Colored. Kansas City, Mo. Kansas City, Mo. Kansas City, Mo. Loured. Los Angeles. Louisville. White. Colored. Los Angeles. Louisville. White. Colored. Los Angeles. Louisville. White. Colored. Lowell. Lynn. Memphis. White. Colored. Louisville. White. Colored. Louisville. White. Colored.	25 25 25 26 26 26 26 26 26 26 26 26 26 26 26 26	(4) (5) (6) (7) (1) (1) (1) (1) (1) (2) (3) (4) (5) (5) (6) (7) (8) (9) (10) (15) (9) (15) (9) (10) (15) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (10) (1	12. 0 9. 8 27. 9 11. 8. 6 10. 0 9. 8 27. 9 11. 4 15. 1 15. 7 12. 3 10. 8 11. 2 9. 9 21. 4 	14 3 1 1 2 2 13 9 4 4 8 7 7 1 8 0 0 0 0 6 1 1 1 0 24 6 1 5 2 2 3 8 8 9 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	3 2 1 4 1 3 8 4 3 1 6 3 3 0 21 1 1 0 4 1 9 4 5 2 9 4 2 2 2	30 30 61 61 61 69 0 0 0 1133 222 24 0 69 50 10 344 45 66 94 157 86 157 86 157 86 96 96 96 96 96 96 96 96 96 96 96 96 96

Annual rate per 1,000 population.

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

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

Deaths for week ended Friday, June 15, 1928.

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; Kanssas City, Kans., 14; Knoxville, 15; Louisville, 17; Memphis, 38; 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 16, 1928, infant mortality, annual death rate, and comparison with corresponding week of 1927. (From the Weekly Health Index, June 20, 1928, issued by the Bureau of the Census, Department of Commerce)—Continued

		nded June 1928	Annual death rate per		under 1 ear	Infant mor- tality
City	Total deaths	Death rate	1,000, corre- sponding week, 1927	Week ended June 16, 1928	Corresponding week, 1927	rate, week ended June 16, 1928
New Bedford	30	13. 1	6. 1	5	2	108
New Haven	38	10.6	9.6	5	2	71
New Orleans	122	14.9	18.6	10	30	48
White	65		14.4	1	15	7
Colored	57	(4)	30.3	9	15	131
New York	1, 420	12.3	11.4	144	146	58
Bronx Borough	183	10.1	8.8	_9	13	27
Brooklyn Borough	464	10.5	10.0	54	60	54
Manhattan Borough	614	18.3	15. 1	69	56	82
Queens Borough	120	7.3	9.0	11	13	44
Richmond Borough	39	13.5	16.0	1	15 15	18 41
Newark, N. J Oakland	109	12.0 9.9	12. 4 9. 0	8	15 5	
Oakland Oklahoma City	52 22	9.9	9.0	2 3	2	22
Omaha	51	12.0	13. 1	5	6	58
Paterson	40	14.4	12.3	3	6	52 52
Philadelphia	455	11.5	11.4	48	41	65
Pittsburgh	166	12.9	12.8	16	17	52
Portland, Oreg	52	12.0	12.0	4	1 2	43
Providence	78	14. 2	8.9	11	1 4	96
Richmond	53	14.3	13.3	- 9	3	118
White	34	l	9.6	3	i	61
Colored	19	(4)	22.5	6	2	220
Rochester	75	`í1.9	11.1	6	12	49
St. Louis	192	11.8	12.2	8	16	27
St. Paul	60	12.4	8.1	4	2	38
Salt Lake City 3	37	14.0	10.8	4	1	65
San Antonio	65	15.6	11.3	15	4	
San Diego	50	21.8	13.1	4	5	76
San Francisco	156	13.9	13.6	7	8	44.
Schenectady	14	7.8	8.4	4	1	125
Seattle	67	9.1	8.8	4	9	41
Somerville	17	8.7	6.2	2 3	0	69
Spokane Springfield, Mass	29 25	13. 9 8. 7	14.4 9.9	3	1 4	77
Syracuse	25 53	13.9	13.5	6	6	16 73
Tacoma	23	10.9	13. 5	ő	1	13
Toledo	50	8.3	11.1	4	1 2	38
Trenton	40	15.0	14.5	5	3	85
Utica	34	17.1	15.1	ŏ	3 3 3 7	õ
Washington, D. C.	116	11.0	12.2	1ŏ	7	57
White	66		9.6	4	i l	33
Colored	50	(4)	19.9	6	7	111
Waterbury	21			š	2	87
Wilmington, Del	17	6.9	7.4	2	0	53
Worcester	41	10.8	13. 9	6	6	73
Yonkers	22	9. 5	9. 2	3	6 3	68
Youngstown	26	7.8	6.5	2	4	27
-				- 1	- 1	

² Deaths for week ended Friday, June 15, 1928.

⁴ 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 23, 1928, and June 25, 1927

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 23, 1928, and June 25, 1927

	Diph	theria	Influ	ienza	Me	asles	Menins meni	go coccus ngitis
Division and State	Week ended June 23, 1928	Week ended June 25, 1927						
New England States:								
Maine	3	2	31	3	51	55	0	0
New Hampshire			 -		45 34		0	
Vermont		2	7			39	0	0
Massachusetts	51 9	84	·	9	614 195	351	3	0
Rhode Island		15 34	2		293	68 68	Q	0
Connecticut	15	34	2		290	00	1	0
Middle Atlantic States: New York	299	487	1 18	19	2, 509	805	17	
New Jersey	148	91	18	3	989	38	4	6 3
Pennsylvania	114	149	10	ا د	2, 280	449	9	2
East North Central States:	11.4	173			2, 200	113	9	2
Ohio	27		23		700		2	•
Indiana	20	22	5	2	230	68	ő	0
Illinois	140	112	21	8	186	416	3	8
Michigan	108	88	3	ĭ	770	106	7	2
Wisconsin	18	32	56	25	64	710	i	2
West North Central States:	10		- 30		01	110		
Minnesota	44	12		2	32	62	1	2
Iowa.	3						î	_
Missouri	27	22	4		197	67	6	0
North Dakota	ĩ	2	2		8	30	ŏ	ŏ
South Dakota	- 1	ĩ	- 1		6	6	ŏ	ŏ
Nebraska	3	12			28	60	ŏl	ŏ
Kansas	ă	14	i	2	50	257	ŏ	ĭ
South Atlantic States:	- 1		- 1	- 1	•••	- 20.	٠,١	-
Delaware	1	2			18	6	0	0
Maryland ?	31	52	5		207	14	ŏ	ŏ
District of Columbia	7	6	i		130	8	ň	ŏ
Virginia	1		- 1			- 1		v
West Virginia	5	17	42	8	39	145	0	ō
North Carolina	12	5			235	759	ŏ	ĭ
South Carolina	7	6	231	150	75	269	ŏ	ō
Georgia	3	10	23	13		27	ŏ	Ĭ
Florida	2	7	3		92	36	Ō	2
East South Central States:	ı	ı	1		- 1		- 1	_
Kentucky	5				90		1	
Tennessee	3	3	27	10	53	17	0	1
Alabama	4	11	75	7	127	142	0	0
Mississippi	2	3						
West South Central States:	- 1							
Arkansas		4	.63	17	34	73	0	0
Louisiana	9	12	25	16	36	67	ŏ	Ŏ
Oklahoma 3	4	8	17	40	53	276	ĭ!	ŏ
Texas	3	17	17	19	86	80	ōl	Ŏ

¹ New York City only.

² Week ended Friday.

Exclusive of Tulsa.

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Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended June 23, 1928, and June 25, 1927—Continued

	Diph	theria	Influ	lenza	Me	asles	Mening meni	gococcus ngitis
Division and State	Week ended June 23, 1928	Week ended June 25, 1927	Week ended June 23, 1928	Week ended June 25, 1927	Week ended June 23, 1928	Week ended June 25, 1927	Week ended June 23, 1928	Week ended June 25, 1927
Mountain States: Montana Idaho Wyoming Colorado New Mexico Arizona Utah ² Pacific States:	5 3	12 3 1 7	1		2 6 2 59 5	9 6 36 54 31	3 0 0 1 0 2 1	2 0 0 0 0 0
Washington Oregon California	8 8 72	6 10 98	23	4 12	65 40 38	371 115 402	1 0 2	2 2
Division and State	Polion Week ended June 23, 1928	Week ended June 25, 1927	Scarle Week ended June 23, 1928	Week ended June 25, 1927	Week ended June 23, 1928	Week ended June 25, 1927	Typho Week ended June 23, 1928	Week ended June 25, 1927
New England States: Maine. New Hampshire. Vermont. Massachusetts Rhode Island. Connecticut.	0 0 0 3 0 1	0 0 3 0 0	25 12 8 135 9	19 2 362 18 48	0 0 0 0 0 0	0 0 0 0 0	2 0 0 4 2 1	1 0 4 0 0
Middle Atlantic States: New York New Jersey Pennsylvania East North Central States:	2 0 3	7 3 0	326 104 248 74	450 202 305	5 0 0 16	4 0 1	17 3 15	16 1 14
Ohlo. Indiana. Illinois. Michigan. Wisconsin. West North Central States:	2 0 1 0	1 1 1 2	42 173 191 110	48 205 214 76	54 25 45 9	96 25 32 10	5 11 7 1	7 19 5 3
Minnesota. Iowa. Missouri North Dakota. South Dakota. Nebraska. Kansas.	1 0 0 1 1 0 0	0 0 0 0 0	73 23 58 18 7 33 37	30 19 11 8 38	3 20 22 1 5 20 43	29 5 9 6 20	1 5 10 0 0 0 2	10 1 1 1 4 4
South Atlantic States: Delaware Maryland District of Columbia	0 2 0	0 0 0	1 36 22	0 33 14	0	0 0 10	0 7 0	1 11 1
Virginia. West Virginia. North Carolina. South Carolina. Georgia Florida. East South Central States:	1 0 4 0 0	0 0 5 1 2	18 10 1 7 1	25 13 3 12 4	12 29 1 0 2	28 25 3 6 12	4 14 72 29 7	14 52 97 49 4
Kentucky Tennessee Alabama Mississippi West South Central States:	1 1 0 0	4 3 0	23 10 4 4	6 12 2	8 11 2 0	4 6 1	5 18 21 26	82 69 30
Arkansas. Louisiana. Oklahoma 3 Texas Mountain States:	0 1 0 0	1 1 3 4	5 4 25 25	1 4 8 6	1 10 29 16	1 4 59 10	13 29 18 5	30 26 49 33
Montana	1 1 0 0 0 0	0 0 0 0 1 1	3 2 9 12 11 0 5	8 3 13 60 5 1 8	20 5 1 5 4 2 3	14 9 1 2 0 0 3	2 2 5 0 12 2 0	2 1 0 3 4 1
Pacific States: Washington Oregon California	0 1 3	0 0 24	23 11 102	42 8 108	16 39 19	26 17 8	3 0 13	3 5 16

² Week ended Friday.

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	Mea- sles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
May, 1928										
Iowa Maryland Minnesota Ohio	4 1 15 32	38 154 74 370	85 35 663	i	437		. 4 4 9	233 289 535 914	211 2 14 165	29 29 4 21
May, 1928.					May	, <i>192</i> 8—C	ontinue	d.		
Chicken pox:			(Cases	Puerpera	l septice:	mia:			Cases
Iowa				142	Ohio		-			3
Maryland				. 358	Rabies in	animals	:			
Minnesota				326	Mary	rland				5
Ohio				. 969	Rabies in	man:				
Dysentery:					Iowa					1
Maryland				. 3	Scabies:					
Minnesota				. 1						1
German measles:				ı	Septic so					
Maryland				. 535						
Ohio				. 64						65
Impetigo contagiosa:				1	Tetanus:					_
Maryland				. 2						
Lead poisoning:				ĺ						3
Ohio				. 9	Trachom					
Lethargic encephalitis										
Maryland			-		Onio Tularacii					11
Minnesota				,						1
Ohio				. 5	Vaary Undulani					1
Mumps:										2
Iowa				255						
Maryland					Vincent's					1
Ohio						-				13
Ophthalmia neonator				l l	Whoopin					10
Maryland				2						39
Ohio										
Paratyphoid fever:					-					

RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of May, 1928, by departments of health of certain States to other State health departments

Diphtheria 2	inhtheria	l
	ysentery (amebic) ncephalitis (epidemic) easles	1
Smallpox	nallpox uberculosis yphoid fever	0

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 98 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 31,560,000. The estimated population of the 93 cities reporting deaths is more than 30,900,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended June 9, 1928, and June 11, 1927

	1928	1927	Estimated expectancy
Cases reported			
Diphtheria:			1
43 States.	1, 337	1, 520	
98 cities	808	959	791
Measles:	** 050	0.100	ł
42 States	13, 859	9, 192	
98 cities	6, 191	2, 529	
Poliomoyelitis:			i
43 States	30	30	
Scarlet fever:			1
43 States	2, 682	3, 078	
98 cities	1, 193	1, 426	902
Smallpox:	. 1		
43 States	683	631	
98 cities	66	120	89
Typhoid fever:			
43 States	313	609	
98 cities	55	65	70
Deaths reported	ı		
Double reported	- 1		
Influenza and pneumonia:	1		
93 cities	848	577	
	010		
Smallpox:	0	0	
93 cities.	• 1	· ·	

City reports for week ended June 9, 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 expectacy, 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.

		G	Diph	theria	Infli	ienza	3.5		
Division, State, and city	d July 1, en 1	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
NEW ENGLAND									
Maine: Portland New Hampshire:	76, 400	9	2	0	0	1	17	4	1
Concord Manchester	1 22, 546 84, 000	0	0 1	0	0	0	7	0	0 2

¹ Estimated, July 1, 1925.

		Chiak	Diph	theria	Influ	uenza	1		D
Division, State, and city	Population, July 1, 1926, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
NEW ENGLAND-con.									
Vermont: Barre Burlington Massachusetts:	1 10, 008 1 24, 089	0 2	0 1 44	0	0 0 8	0 0 2	0 9	0	0
Boston Fall River Springfield Worcester Rhode Island:	787, 000 131, 000 145, 000 193, 000	38 2 5 14	3 2 3	28 1 0 2	0	0 0 1	51 22 2 41	3 1 11 17	47 4 1 0
Pawtucket Providence	71, 000 275, 000	0	0 6	1 3	0 2	0	15 150	15 1	1 4
Connecticut: Bridgeport Hartford New Haven	(³) 164, 000 182, 000	1 0 8	5 5 1	3 4 0	0 0 0	0 1 1	12 66 31	0 6 23	5 6 4
MIDDLE ATLANTIC									
New York: Buffalo New York Rochester Syracuse New Jersey:	544, 000 5, 924, 000 321, 000 185, 000	10 157 5 23	8 240 9 4	17 296 3 5	52	0 19 0 0	41 2, 121 145 72	27 27 30 12	23 194 3 4
Camden Newark Trenton	131, 000 459, 000 134, 000	1 26 3	5 10 3	11 50 0	1 4 0	0 1 2	37 128 21	3 8 0	3 12 1
Pennsylvania: Philadelphia Pittsburgh Reading	2, 008, 000 637, 000 114, 000	62 29 6	61 17 2	51 18 1	0 0 0	8 7 1	954 77 30	43 52 0	44 18 0
EAST NORTH CENTRAL									
Ohio: Cincinnati Cleveland Columbus Toledo Indiana:	411, 000 960, 000 285, 000 295, 000	3 70 6 25	7 24 3 4	8 26 1 1	1 5 0 0	0 4 0 0	8 134 83 73	0 38 1 1	13 25 1 5
Fort Wayne Indianapolis South Bend Terre Haute Illinois:	99, 900 367, 000 81, 700 71, 900	0 18 0 3	2 3 1 1	3 1 2 0	0 0 0	1 0 0 0	0 151 2 4	0 27 0 0	5 8 3 3
ChicagoSpringfieldMichigan:	3, 048, 000 64, 700	97 5	68 1	80 1	21 1	13 1	47 0	40 1	65 0
Detroit	³ 1, 242, 044 136, 000 156, 000	44 9 1	42 3 2	35 1 0	6 0 0	3 0 2	400 204 15	17 9 2	24 4 0
KenoshaMilwaukee Racine Superior	52, 700 517, 000 69, 400 1 39, 671	26 82 1 0	1 12 1 0	0 6 0 1	0 1 1 0	0 1 1 0	1 1 2 0	0 11 1 0	0 24 1 0
WEST NORTH CENTRAL		1						l	
Minnesota: Duluth Minneapolis St. Paul	113, 000 434, 000 248, 000	4 53 6	0 14 9	1 3 0	0 0 0	3 1 1	0 53 17	2 101 11	2 5 10
Iowa: Davenport Des Moines Sioux City Waterloo	1 52, 469 146, 000 78, 000 36, 900	2 0 3	1 1 0 0	0 0 0	0 0 0		0 0 0	0 0 10	
Missouri: Kansas City St. Joseph St. Louis	375, 000 78, 400 830, 000	22 1 7	5 0 33	4 0 15	0 0 0	1 0 0	36 0 185	10 0 15	11 1

¹Estimated, July 1, 1925.

² No estimate made.

			Diph	theria	Infl	uenza			l
Division, State, and city	Population, July 1, 1926, estimated	Chick- en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	Mea- sles, cases re- ported	Mumps, cases rc- ported	Pneu- monia, deaths re- ported
WEST NORTH CEN-									
North Dakota: Fargo	¹ 26, 403 ¹ 14, 811	1 0	0	0	0	0	0	0	0
Aberdeen Sioux Falls	1 15, 036 1 30, 127	1 0	0	0	0		0	0	
Nebraska: Lincoln Omaha	62, 000 216, 000	3 9	1 2	2 2	0	0	0	6 1	0
Kansas: Topeka Wichita	56, 500 92, 500	12 3	1	0	1 0	1 0	4 10	4 0	1 0
SOUTH ATLANTIC							•		
Delaware: Wilmington Maryland:	124, 000	2	1	2	0	0	30	3	1
Baltimore Cumberland Frederick	808, 000 1 33, 741 1 12, 035	37 2 0	19 0 0	31 0 0	2 0 0	1 0 0	126 2 6	59 0 0	24 1 0
District of Columbia: Washington	528, 000	8	8	18	1	1	192	0	11
Virginia: Lynchburg Norfolk Richmond	³ 38, 493 174, 000	2 2	0	1 0	0	0	14 9	6	2 5
Richmond Roanoke West Virginia:	189, 000 61, 900	1 4	1	1 0	0	0	39 12	2 0	4 2
Charleston	50, 700 1 56, 208	4	0	1 0	1 0	0	0 10	0	1 2
Raleigh Wilmington Winston-Salem	1 30, 371 37, 700 71, 800	1 3 0	0	0 0 0	0 0 0	0 0 0	17 0 5	0 0 7	0 4 0
South Carolina: Charleston	74, 100 41, 800	0 5	0	0	2	0 2	2 0	0	3 1
ColumbiaGreenvilleGeorgia:	1 27, 311	0	Ō	0	0	0	0	3	Ô
Atlanta Brunswick Savannah	1 16, 809 94, 900	3 3 2	1 0 0	0 0	9 0 7	0	11 0 0	7 1	7
Florida: Miami	³ 131, 286 ³ 47, 629	1	4 0	2	0	0	5	1	4 2 1
TampaEAST SOUTH CENTRAL	102, 000-	9	9	0	0	9	٥	0	2
Kentucky: Covington	58, 500		o	1	o	1	1	0	3
Louisville	311,000	0	2	0	0	0	91	5	. Q 1
Memphis	177, 000 137, 000	1	0	0	0	1	19	1	3
Birmingham Mobile Montgomery	211, 000 66, 800 47, 000	5 0 0	1 1 0	0 1 1	9 0 1	0	30 6 3	0 0	13
WEST SOUTH CENTRAL				ŀ				1	
Arkansas: Fort Smith Little Rock	¹ 31, 643 75, 900	1 4	1 0	0	0		0 2	0	······2
Louisiana: New Orleans	419, 000	1 0	5 0	10	3 0	6	0 2	0	6 2
ShreveportOklahoma: Tulsa	59, 500 133, 000	. 1	0	0	0		3	2	

¹ Estimated, July 1, 1925.

² No estimate made.

³ Special census.

City reports for week ended June 9, 1928—Continued

					,				
		Chick-	Diph	theria	Influ	lenza	Mea-		
Division, State, and city	Population, July 1, 1926, estimated	en pox, cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported	sles, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
WEST SOUTH CENTRAL— continued									
Texas: Dallas	203, 000 159, 000 49, 100 ¹ 164, 954 205, 000	3 8 0 0	3 1 0 2 1	2 0 0 2 0	0 0 0 0	1 1 0 0	9 1 0 1 1	0 1 0 0	0 3 2 6 8
MOUNTAIN									
Montana: Billings	1 17, 971 1 29, 883 1 12, 037 1 12, 668 1 23, 042	0 0 0 0	0	0 0 0 0	0 0 0 0	0	0 11 0 0	0 0 0 0	0 0 0 0
Denver Pueblo	285, 000 43, 900	39 10	8 1	3 0	0	0	51 20	74 0	8 1
New Mexico: Albuquerque	1 21, 000	0	0	0	0	0	2	0	0
Utah: Salt Lake City	133, 000	16	4	1	0	0	1	0	1
Nevada: Reno	¹ 12, 665	0	0	0	0	0	0	0	0
PACIFIC									
Washington: Seattle Spokane Tacoma	(³) 109, 000 106, 000	35 32 2	5 2 2	6 3 0	0 0 0	0	15 0 23	9 0 29	i
Oregon: PortlandCalifornia:	1 282, 383	. 22	5	4	0	0	17	4	6
Los Angeles Sacramento San Francisco	73, 400 567, 000	67 6 37	38 3 15	26 0 10	14 0 6	1 0 1	20 0 10	24 10 31	17 3 3

	Scarle	t fever		Smallpo	x	Tuber	Т	phoid f	ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re-	Deaths re-	Tuber- culosis, deaths re- ported	esti-	Cases re- ported	Deaths re- ported	ing cough,	Deaths, all causes
NEW ENGLAND											
Maine: Portland New Hampshire:	1	3	0	0	0	0	0	0	0	3	18
Concord Manchester	0	2 0	0	0	0	1 2	0	0	0	0	9 21
Vermont: Barre Burlington Massachusetts:	0	0	0	0	0	1 0	0	0	0 0	0	3 10
Boston Fall River Springfield	49 2 5	67 6 12	0 0 0	0	0 0 0	12 1 1	2 1 0	1 0 0	0 0 0	24 6 0	246 26 27 44
Worcester Rhode Island:	7	10	ŏ	ŏ	ŏ	î	ĭ	ŏ	ŏ	8	44
Pawtucket Providence Connecticut:	1 7	2 21	0	0	0	0 3	0	0	0	2 1	16 65
Bridgeport Hartford New Haven	8 3 4	0 3 0	0 0 0	0 0 0	0	1 0 4	0 0 1	0	0 0 0	8 9 11	25 41 49

¹ Estimated, July 1, 1925.

³ No estimate made.

	Scarle	t fever		Smallp)X	<u> </u>	T	phoid f	ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	Tuber- culosis, deaths re- ported	esti-	Cases re- ported	Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
MIDDLE ATLANTIC											
New York: Buffalo New York Rochester Syracuse New Jersey:	16 180 11 6	28 225 5 8	0000	0 0 0	0 0 0	0 93 1 2	1 10 0 0	11 7 0 0	10 0 1 0	23 142 4 17	161 1, 536 72 51
Camden Newark Trenton	5 18 2	6 22 0	0	0	0	5 8 4	0 0 1	0	0 0 0	0 19 0	34 118 36
Pennsylvania: Philadelphia Pittsburgh Reading	74 27 2	66 20 11	1 1 0	0 0 0	0 0 0	40 8 1	3 1 0	3 0 0	1 0 0	85 24 6	496 181 28
EAST NORTH CEN- TRAL											
Ohio: Cincinnati Cleveland Columbus Toledo Indiana:	11 27 6 11	32 11 1 5	2 1 1 1	2 1 0 0	0 0 0	8 14 4 5	1 1 0 0	0 4 0 0	0 0 0	3 51 5 6	139 214 66 68
Fort Wayne Indianapolis South Bend Terre Haute Illinois:	2 7 2 2	2 13 0 1	10 1 0	0 1 0 5	0 0 0	1 7 0 0	0 1 0 0	0 0 0	0 0 0	1 5 0 0	26 105 15 19
Chicago Springfield Michigan:	93 2	99 9	1 0	1 1	0	54 0	. 0	4 0	1 0	54 8	706 22
Detroit Flint Grand Rapids Wisconsin:	65 5 5	121 14 5	2 0 0	0 3 0	0 0 0	33 1 2	2 0 0	2 0 0	0 0 0	79 9 3	282 29 31
Kenosha Milwaukee Racine Superior	1 17 3 2	0 49 1 4	0 1 0 1	0 0 0 0	0 0 0	0 6 1 0	0 0 0	0 0 0 0	0 0 0 0	23 37 2 0	133 11
WEST NORTH CENTRAL									:		,
Minnesota: Duluth Minneapolis St. Paul Iowa:	6 27 18	9 24 8	2 7 2	0 0 0	0 0 0	0 1 7	0 1 0	2 0 0	0 0 0	4 34 60	23 81 60
Davenport Des Moines Sioux City Waterloo	0 5 1 1	1 7 2	1 3 2 0	0 10 0			0 0 0	0 0 0		0 0 3	32
Missouri: Kansas City St. Joseph St. Louis North Dakota:	6 0 22	13 1 15	1 0 2	0 2 3	0 0 0	9 1 20	1 0 2	0 0 0	0 0 0	9 0 17	104 28 238
Fargo	1 0	3 2	0	0	0	0	0	0	0	4 0	6
A berdeen Sioux Falls Nebraska:	2 1	0	0	0			0	0		0	<u>-</u>
Lincoln Omaha Kansas:	1 4	5 6	0 5	2 4	0	0 1	1 0	0	0 1	3 2	17 30
Topeka Wichita	1	3	0	0 2	0	0	0	0	8	1 5	9 20

	Scarle	t fever		Smallp)X		1	phoid f	ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re- ported	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	Tuber- culosis, deat hs re- ported	Cases,	Cases re-	Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
SOUTH ATLANTIC											
Delaware:											
Wilmington Maryland:	3	0	0	0	0	2	1	0	0	1	25
Baltimore Cumberland	26 0	15 1	0	0	0	12	2	1 0	2 0	56 0	226
Frederick	ŏ	Ô	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	ŏ	8
District of Colum- bia:											
Washington Virginia:	15	44	1	1	0	8	2	0	0	17	146
Lynchburg	0	0	0	0	0	0	0	0	0	1	17
Norfolk Richmond	1 2	3 6	0	1	0	2 6	0 1	0	0	0	54
Roanoke	õ	ĭį	ĭ	ŏį	ŏ	3	Ô	õ	ŏ	ŏ	18
West Virginia: Charleston	0	1	0	0	0	1	0	0	1	4	17
Wheeling North Carolina:	2	Ō	Ō	0	Ŏ	Ō	ĭ	ŏ	ō	Õ	15
Raleigh	0	1	0	3	0	0	1	0	0	7	8
Wilmington Winston-Salem	0	0	0	2	0	0	0	1 0	0	0	18
South Carolina:		-	I	- 1		-	- 1				
Charleston	0	0	0	7 0	0	1	0 2	0	0	0	19 16
Greenville Georgia:	Ō	Ó	0	Ó	Ŏ	Ŏ	ĩ	Ŏ	ŏ	2	10
Atlanta	3	5	. 6	2	0	7	2	0	0	0	95
Brunswick Savannah	0	1	0	0	0	0 3	1 2	0	8	0	5 26
Florida: Miami	- 1		- 1	- 1	- 1		-	1	- 1	- 1	
St. Petersburg.	0	0	0	0	0	2 0	1 0	0	0	2	18 9
Tampa	1	0	0	0	0	1	1	2	0	0	28
EAST SOUTH CEN- TRAL				.							
Kentucky: Covington		3	اه		اء				اء	0	•
Louisville	5	45	0	8	0	0 7	0	0	0	ŏ	28 91
Tennessee: Memphis	3	4	1	o	o	9	1	2	0	1	63
Nashville Alabama:	i	Ō	ī	5	ŏ	2	ī	ō	ž	ō	48
Birmingham	1	0	5	0	0	6	2	0	o	8	77
Mobile Montgomery	0	0	1 1	0	0	1	1 1	0 -	0	0 2	20
WEST SOUTH CEN-											
Arkansas:	- 1	- 1		1	1			- 1	- 1	1	
Fort Smith Little Rock	1 1	2 4	0	0 -		7	0	0 -		10	
Louisiana: New Orleans	1		- 1	- 1	1	- 1	- 1		- 1		100
Shreveport	3 0	7	1	1 0	0	14 3	2	2	0 2	4	165 27
Oklahoma: Tulsa	0	4	1	1 .	1	ł	1	1 .	ı	1 .	
Texas:	l		- 1	- 1				- 1		- 1	
Dallas Fort Worth	2	6	2	3	0	0	1	0	0	29	39 38
Galveston Houston	0	3 0 2	0	0	0	0	0	0	0	0	15
San Antonio	ŏ	í	ŏ	0	ő	8	i	Õ	ŏ	ŏ	38 15 72 67
MOUNTAIN					- 1						
Montana:					- 1	1			1	1	
Billings	2	0	0	0	0	0	0	0	0	1 0	3 10
Helena	0	1	0	2	0	1	0	0	0	0	7 5
Missoula	0	0 1	0	0 1	0 1	0	0	0	0	0 }	5

,	Scarle	t fever		Smallpo	x	Tuber-		phoid f	ever	Whoop-	
Division, State, and city	Cases, esti- mated expect- ancy	Cases re-	Cases, esti- mated expect- ancy	Cases re- ported	Deaths re- ported	culosis, deaths re-	Cooon	Cases re-	Deaths re- ported	ing cough, cases re- ported	Deaths, all causes
MOUNTAIN-con.											
Idaho: Boise Colorado:	0	0	0	0	0	0	0	0	0	0	9
Denver Pueblo New Mexico:	9 1	7 0	1 0	0	0	7 1	0	1 0	0	31 0	72 9
Albuquerque Utah:	0	0	0	0	0	3	0	0	0	0	8
Salt Lake City. Nevada:	2	3	1	6	0	0	0	0	0	. 12	36
Reno	0	0	0	0	0	0	0	0	0	0	. 5
PACIFIC											
Washington: Seattle Spokane Tacoma	9 4 2	5 6 7	2 3 8	0 5 0	o	2	1 0 0	2 0 0	0	8 1 0	26
Oregon: Portland	4	3	7	16	0	4	0	0	0	0	103
California: Los Angeles Sacramento San Francisco.	22 1 13	14 5 24	6 1 1	0 0 0	0	25 1 6	2 1 1	0 0 2	0 0 2	89 3 12	238 32 160

		ingococ- eningitis		hargic phalitis	Pe	llagra	Polion tile	yelitis paraly	(i nf an- 'sis)
Division, State, and city	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
NEW ENGLAND									
Massachusetts: Boston	2	1	0	0	1	1	0	0	0
MIDDLE ATLANTIC									
New York: New York	31	11	2	2	0	0	1	0	0
New Jersey: Camden Pennsylvania:	0	0	0	1	0	. 0	0	8	0
Philadelphia Pittsburgh	2 3	3 1	3 0	. 2	0	0	0 1	0	0
EAST NORTH CENTRAL Ohio: Cincinnati	1	2	0	o	0	0	0	0	·. 0
Cleveland Columbus	4	Õ	ŏ	1 0	Ŏ	ŏ	ŏ	0 1	Ŏ
Indiana: Indianapolis	1	1	0	o	0	o	0	0	0
Illinois: Chicago Michigan:	5	2	2	2	0	.0	0	1	0
Detroit	4	3	0	0	0	0	0	0	6
Milwaukee	3	0	0	0	0	0	0	0	0
WEST NORTH CENTRAL	l		İ					1	
Missouri: Kansas City St. Louis	2 3	2 0	0	1 0	0	0	0	0	0
North Dakota: Fargo	o	١٥	1	اه	0	0	اه	ol	0

		ingococ- eningitis	Let	hargic phalitis	Pe	llagra	Polion tile	yelitis paraly	(infan- vsis)
Division, State, and city	Cases	Deaths	Cases	Deaths	Csaes	Deaths	Cases, esti- mated expect- ancy	Cases	Deaths
SOUTH ATLANTIC									
Maryland: Baltimore North Carolina:	0	0	1	0	0	o	1	1	0
Raleigh Wilmington South Carolina:	0	0	0	0	0	1	0	0	0
Charleston 1 Columbia Georgia:	0	1 0	0	0	1 0	0 1	0	0	0
AtlantaFlorida:	1	0	0	0	4	0	0	0	0
Miami EAST SOUTH CENTRAL	٥	0	U	Ů	1	U	U	U	
Alabama: Mobile	0	0	0	0	1	0	0	0	0
Arkansas: Fort Smith Louisiana:	0	0	0	0	1	0	0	0	0
New Orleans Shreveport Texas:	1 0	0	0	0	7 0	0 1	0	0	. 0
HoustonSan Antonio	0	2 0	0	0	0	0 1	0	0	0
MOUNTAIN Colorado: Denver	1	0	0	0	0	0	0	0	0
PACIFIC California: Los Angeles Sacramento San Francisco	0 0 1	0 0 1	0 0 0	0 0	1 2 0	1 3 0	0	0	0

Dengue: 1 case at Charleston, S. C.

The following table gives the rates per 100,000 population for 101 cities for the five-week period ended June 9, 1928, compared with those for a like period ended June 11, 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, May 6 to June 9, 1928—Annual rates per 100,000 population compared with rates for the corresponding period of 1927 1

DIPHTHERIA CASE RATES

		DIFH	HERI	A CAS.	C KAI	ES				
					Week	ended-	•		`	
	May 12, 1928	May 14, 1927	May 19, 1928	May 21, 1927	May 26, 1928	May 28, 1927	June 2, 1928	June 4, 1927	June 9, 1928	June 11, 1927
101 cities	121	174	,137	174	128	171	122	158	2 134	3 161
New England	113	105	110	153	64	160	99	160	97	133
Middle Atlantic East North Central	177	282 132	204	267	213	233 145	178	234 123	220 108	247 125
West North Central	109 55	135	114 95	160 105	102 72	91	105 84	81	2 50	81
South Atlantic	82	115	103	110	109	144	93	126	98	3 124
South Atlantic East South Central	35	81	20	35	35	96	45	61	20	20
West South Central	92	112	.64	50	28	83	56	66	60	45
Mountain Pacific		99	97	108	71 92	143 196	71	179	35 115	368 125
r acinc	102	94	120	104	92	190	107	128	113	120
		MEA	SLES	CASE	RATES	3				
101 cities	1, 376	602	1, 346	620	1, 305	548	1, 215	447	² 1, 02 5	3 425
New England	1, 120	346	1, 159	416	1, 290	435	1, 129	314	952	458
Middle Atlantic	2, 254	297	2, 274	323	2, 185	365	2, 164	282	1, 767	298
East North Central	788	450	680	492	773	372	661	324	688	295
West North Central	937	932	1, 116	952	939	653	752	459	² 609	372
South Atlantic	1,704	1, 546	1, 436	1, 537	1, 219	1, 358	1,021	1,001	833	3 847
East South Central	1, 082 336	345 567	1, 237 268	355 620	1, 077 260	319 459	1, 037 176	380 496	763 60	157 418
Mountain	1, 141	1, 300	1, 150	906	831	1, 049	991	619	734	565
Pacific	327	1, 259	263	1, 215	304	1,060	217	1, 094	174	1, 136
	sc	ARLE	r fev	ER CA	SE R	ATES	·			
101 cities	253	340	253	309	234	294	206	219	2 197	3 240
New England	347	439	292	432	306	365	248	288	290	323
Middle Atlantic	285	474	279	415	267	363	200	255	190	286
New England Middle Atlantic East North Central	265	289	272	267	254	301	228	212	237	247
west North Central	242	319	279	289	207	245	232	236	2 162	194
South Atlantic East South Central	167 155	148 152	195 190	101 132	163 219	121 137	184 284	78	149	3 109
West South Central	155 184	21	216	33	204	137 25	144	101 21	259 92	66 33
Mountain.	115	726	133	986	18	897	71	780	106	717
Pacific	. 204	201	143	167	130	209	148	185	156	204
		SMAL	LPOX	CASE	RATE	8			<u></u>	
101 cities	18	21	24	26	17	29	13	21	2 11	3 20
New England	0	0	0	0	9	0		0		
Middle Atlantic	ŏ	ŏ	ő	ŏ	0	ŏ	0	ŏ	0	0
East North Central	20	20	22	37	16	49	10	33	9	21
West North Central	43	26	64	48	27	42	29	24	2 22	32
South Atlantic	21	38	32	36	26	40	12	32	30	3 20
East South Central	45	56	30	76	60	61	45	91	25	106
West South Central	8 159	58 9	60 159	17 45	24 133	29 27	24 53	17 36	24	8
Pacific	36	91	159 54	71	38	84	49	60	71 13	27 91
		٠. ا	"	••	~	- 72		~	•	.01

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. 1928 and 1927, respectively.

² Waterloo, Iowa, and Fargo, N. Dak., not included.

³ Greenville, S. C., not included.

Summary of weekly reports from cities, May 6 to June 9, 1928—Annual rates per 100,000 population compared with rates for the corresponding period of 1927—Continued

TYPHOID	FRVER	CASE	RATES

					Week e	nded-				
	May 12, 1928	May 14, 1927	May 19, 1928	May 21, 1927	May 26, 1928	May 28, 1927	June 2, 1928	June 4, 1927	June 9, 1928	June 11, 1927
101 cities	8	8	6	10	8	9	12	13	29	3 11
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	5 2 3 8 19 20 16 18 31	5 5 3 2 9 66 25 9	7 4 2 2 7 20 4 0 23	5 6 5 6 13 56 45 9	11 6 5 4 7 10 12 0 36	9 6 7 4 18 30 25 18 8	57 1 3 4 16 65 32 0 18	9 5 7 12 29 61 37 9 26	2 10 7 24 11 10 32 9	3 18 41 33 0 21
		INFL	UENZA	DEA'	TH RA	TES				
95 cities	33	13	29	12	25	9	20	7	4 17	3 6
New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central Mountain Pacific	16 31 43 43 9 73 37 27	14 14 10 4 25 32 13 9	41 28 36 18 16 63 16 27 10	14 10 12 8 11 43 25 9	18 21 33 12 11 89 33 53 7	9 8 4 12 13 27 25 9 3	16 24 21 14 9 26 25 44 7	2 9 4 6 16 5 17 0 3	14 19 17 14 9 52 33 0 7	5 4 4 3 9 11 25 9
	P	NEUM	ONIA	DEAT	H RAT	ES				
95 cities	210	123	189	110	176	100	145	93	4 126	³ 93
New England	257 267 232 120 89 193 164 133 98	144 151 97 70 128 128 140 54	207 218 222 88 146 240 123 97 105	100 119 104 58 148 112 106 63 121	253 211 175 84 119 230 144 124 91	144 116 85 87 85 64 89 36 100	172 182 130 59 137 204 127 106 71	116 107 79 58 112 53 81 72 97	168 147 115 64 130 157 107 88 81	88 112 93 50 864 117 102 90 83

Waterloo, Iowa, and Fargo, N. Dak., not included.
 Greenville, S. C., not included.
 Fargo, N. Dak., not included.

Number of cities included in summary of weekly reports, and aggregate population of cities in each group, approximated as of July 1, 1928 and 1927, respectively

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	of cities cases	population reporting	Aggregate population of cities reporting deaths	
			1928	1927	1928	1927
Total New England Middle Atlantic East North Central West North Central South Atlantic East South Central West South Central West South Central Mountain Pacific	101 12 10 16 12 21 7 8 9 6	95 12 10 16 10 21 6 7 9	31, 657, 060 2, 274, 400 10, 732, 400 7, 991, 400 2, 683, 500 2, 981, 900 1, 048, 300 1, 307, 600 591, 100 2, 046, 400	31, 050, 303 2, 242, 700 10, 594, 700 7, 820, 700 2, 634, 500 2, 890, 700 1, 028, 300 1, 260, 700 581, 600 1, 996, 400	30, 960, 700 2, 274, 400 10, 732, 400 7, 991, 400 2, 566, 400 2, 981, 900 1, 000, 100 1, 274, 100 591, 100 1, 548, 900	30, 369, 500 2, 242, 700 10, 594, 700 7, 820, 700 2, 518, 500 2, 890, 700 980, 700 1, 227, 800 1, 512, 100

FOREIGN AND INSULAR

THE FAR EAST

Report for the week ended June 2, 1928.—The following report for the week ended June 2, 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:

GUE

Ceylon.—Colombo.

India.—Bassein, Bombay, Rangoon.

China.-Amoy.

CHOLERA

India.—Bassein, Calcutta, Madras, Moulmein, Rangoon.

Siam.-Bangkok.

French Indo-China.—Haiphong, Saigon.

China.-Canton.

SMALLPOX

India.-Bombay, Calcutta, Madras, Rangoon.

French India.-Pondicherry.

Dutch East Indies.-Belawan-Deli.

China.—Shanghai, Hong Kong.

Japan.-Kobe.

Kwantung.-Dairen, Port Arthur.

Manchuria.-Changchun, Mukden.

Korea.-Fusan.

BRAZIL

Bahia—Interior of Province—Yellow fever.—Under date of June 20, 1928, three cases of yellow fever were reported at Bahia, with spread of the disease in the interior. Two of the reported cases at Bahia were stated to be mild.

CANADA

Provinces—Communicable diseases—Week ended June 2, 1928.— The Canadian Ministry of Health reports cases of certain communicable diseases from five Provinces of Canada for the week ended June 2, 1928, as follows:

Disease	Nova Scotia	New Bruns- wick	Quebec	Ontario	Alberta	Total
Cerebrospinal fever Influenza Lethargic encephalitis Poliomyelitis Smallpox Typhoid fever	15		2	3 9		5 24
			19 10	1 8 9	1 28 19	

Quebec—Communicable diseases—Week ended June 9, 1928.—The Bureau of Health of the Province of Quebec reports cases of certain communicable diseases for the week ended June 9, 1928, as follows:

Disease	Cases	Disease	Cases
Chicken pox	17 35 7 4 136	Scarlet fever	85 21 2 12 6

Vital statistics—April, 1928.—Births and deaths in the Province of Quebec for the month of April, 1928, were reported as follows:

Estimated population Births Birth rate per 1,000 population Deaths Death rate per 1,000 population Deaths under 1 year Infant mortality rate Deaths from— Cancer Cerebrospinal meningitis Diabetes Diarrhea	6, 635 30. 5 2, 984 13. 7 886 133. 5	Deaths from—Continued. Influenza	100 40 371 2 17 0 5 279 55 16
		Typhoid fever	16
		Violence	67
Diphtheria	27 248	Whooping cough	30

GREAT BRITAIN

England and Wales—Vital statistics—January to March, 1928.—During the first quarter of the year 1928, 168,099 births and 136,315 deaths were registered in England and Wales, giving a birth rate on an annual basis, of 17.4 per 1,000 population and a death rate of 14.1 per 1,000. The infant mortality was 80 per 1,000 births.

During the 13 weeks ended March 31, 1928, communicable diseases were notified in England and Wales as follows:

Disease	Cases	Disease	Cases
Diphtheria. Ophthalmia neonatorum. Pneumonia Puerperal fever.	1, 437 22, 296	Puerperal pyrexia Scarlet fever Smallpox Typhoid fever	1, 526 23, 411 4, 730 622

Scotland—Vital statistics—January to March, 1928.—The Registrar-General of Scotland has published statistics for the first quarter of 1928 which show that the birth rate for Scotland for that quarter was 19.9 per 1,000 population, the death rate 15.9 per 1,000, and the deaths of infants under 1 year of age was 107 per 1,000 births.

The following items are taken from quarterly returns of births, deaths, and marriages registered in Scotland during the quarter ended March 31, 1928:

Births	24, 246	Deaths from—Continued.	
Marriages	7, 382	Lethargic encephalitis	24
Deaths (total)	19, 385	Malaria	2
Deaths under 1 year	2, 594	Measles	558
Deaths from—		Nephritis (acute)	59
Bronchitis	1, 290	Nephritis (chronic)	485
Bronchopneumonia	1,017	Paratyphoid fever	6
Cancer	1,736	Pneumonia	1,030
Cerebrospinal meningitis	42	Poliomyelitis	6
Diabetes	133	Puerperal sepsis	72
Diarrhea and enteritis (under 2 years)	145	Scarlet fever	47
Diphtheria	191	Syphilis	29
Dysentery	2	Tetanus	2
Heart disease	2,397	Tuberculosis (pulmonary)	848
Influenza—		Tuberculosis (all other forms)	391
Sole cause	81	Typhoid fever	12
With other causes	350	Whooping cough	361

GREECE

Corfu—Plague—June 20, 1928.—Under date of June 20, 1928, 15 cases of plague with 3 deaths were reported at Corfu, Greece.

, NOVA SCOTIA

Halifax—Communicable diseases—1926-27.—The report of the City Health Department of Halifax, Nova Scotia, for the year ended April 30, 1928, shows a decided decrease in the prevalence of communicable diseases as compared with the preceding year.

The numbers of reported cases of certain communicable diseases in Halifax for the years ended April 30, 1927, and April 30, 1928, are shown in the table below:

Disease	1926-27	1927-28	Disease	1926-27	1927-28
Cancer Cerebrospinal meningitis Chicken pox Diphtheria Erysipelas Measles Paratyphoid fever	4 1 9 123 1 296	1 2 13 84 	Poliomyelitis Scarlet fever Smallpox Tuberculosis Typhoid fever Whooping cough	1 193 0 20 1 100	162 2 17 6

VENEZUELA

Births and deaths, 1922-1926.—The following table gives the numbers of births and deaths in Venezuela for the years 1922 to 1926, inclusive. The population of Venezuela is given as 2,490,604 in 1923 and 3,026,878 in 1926.

Year	Births	Deaths	Year	Births	Deaths
1922 1923 1924	76, 385 82, 137 81, 750	56, 498 54, 509 54, 261	1925 1926	95, 741 91, 648	51, 782 66, 092

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]

										A	Week ended-	Ped				ŀ	
Place	Oct.	Nov. 20- 17- 18-	Dec. 18, 1927- Jan. 14,	Jan. 15- Feb. 11, 1928	Feb. 12- Mar.		March, 1928	28		April, 1928	1928			May, 1928	8261		4
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	12,863	15, 028	8, 863	6, 750	7, 282	2, 605	2, 931	3, 182 25 -	3, 150 22	4, 8,8	5, 157	9	6	6	97,	œ	7
	188	428	156	203	341	164	180	148	162	163	131	152					
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D Madras Presidency C	3,073	3, 702 2, 104	1,864	4,681 4,681	2,961	510	455	243	275	4	2	*	2	*		۰,	7
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Indo-China (see also table below): Saigon					4	16	27	13	72	38	- 20	8	15	2		4	-
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Kwangchow-Wan (see table below)											<u>:</u>	<u> </u>		<u> </u>			
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Indo-China (French) (see also table above): Annam. Cambodia Cochin-China	0000	3, 179		370 337 391	267 285	888	822.81	14 51 153	888	18 22 217	823	17 277	11 102 316	18 51 240	3.4 140	84. 139	ដូនដ
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Algeria (see also table below):												-					
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¹ From July 19 to Dec. 28, 1927, 1,479 cases of cholera were reported in Iraq, with 1,063 deaths, as follows: Amarah Liwa, 261 cases, 305 deaths; Baghdad Liwa, 80 cases, 60 deaths; Wannah Liwa, 105 cases, 72 deaths; Z'2 cases, 72 deaths; Dislah Liwa, 100 cases, 60 deaths; Hillah Liwa, 105 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam Liwa, 60 cases, 60 deaths; Kut Liwa, 60 cases, 44 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 60 deaths; Hillah Liwa, 80 cases, 71 deaths; Muntafq Liwa, 244 cases, 151 deaths; Dislam, 100 cases, 80 deaths; Hillah Liwa, 100 cases,

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

PLAGUE-Continued

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

	No.		Jan.	Feb.						Week	Week ended-	1						
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Plague-infected rats. Argentina: Avellaneda				Ь										+				
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Plague-infected rats. British East Africa (see also table below): Tanganyiki	A	4	- 6	3										+ +	1 1	+ +	+ - !	
	C 67	6.28						Tij	9		Ti	0	$\frac{1}{11}$	$^{++}$		##	ootnotesize H	#

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ected rats		67	6		1000	8	4						

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

1700

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

PLAGUE—Continued

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

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Indo-China (see table below)Iraq: Baghdad	<u> </u>			-	•	•		-		-	•	•		• •		• -		<u> </u>	! _
Plague-infected rats	A i		$\frac{1}{1}$	(2)	101	161	161	-		-	•	144	-	; r m	- i		۱ - ا		<u>, </u>
Dulaim Liwa Kwangchow-Wan (see table below) Madagascor (see table below)	<u> </u> 	$\frac{11}{11}$	 	- †	$\ddot{\parallel}$					7			Ħ	\forall	$^{++}$	$\frac{11}{11}$	$^{++}$	#	#
Mauritius (see table below). Nigeria (see also table below):	<u> </u>		<u> </u>			-			٠				ii (<u>: :</u> : : (<u> </u>	 	 	
Peru (see table below))A	13 2	3 o	2=	0 00	101		909	201	N 61	-10		20	4 4	20 00	00	$\frac{11}{11}$	$\frac{11}{11}$	₩
Senegal (see also table below): Baol	0	ρ,																	
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sante, o DODO DOO DOODODO O O O O O O O O O O	Octo- ber- Decem- ber, 1927	62 33 118 13 10
Tacata and rom Rosario, Spain.	July- Sep- tem- ber, 1927	95 15 34 14
Ayudhaya. Bangkok. Nagara. Straits Settlements: Singapore. Syria (see table below). Turkey: Constantinople. Union of South Africa: Cape Province. Orango Free State. Orango Free State. On vessel: S. Cadwallen, at La Plata free Argentina. S. Cadwallen, at Barbados, froe State. S. Aghlos Gerasimos, at Vigo, E. S. Aghlos Gerasimos, at Vigo, E. S. R. Aghlos Gerasimos, at Vigo, E. S. R. S. Tymeric, at Barbados, froe leans.	Place .	Algeria (see also table above): Anglers. Anglers. Chigada Bartish East Africa (see also table above): Kenya. Ecuador: Guayaquil. Plague-infected rats. Indo-China (French).

*8 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

PLAGUE RATS ON VESSELS

S. Modemi at Goteborg, Sweden, from Bahia and Buenos Aires via Cape Verde Islands, December 22, 1927.
S. Gydfevre at Landskrona, Sweden, from Rosario via Canary 18lands, January 22, 1928.
S. S. Dyrden at Liverpool from La Plata River ports, January 20, 1928.
S. Sicily at Liverpool from Buenos Aires and Rosario, June 8, 1928, 7 plague-infected rats.

SMALLPOX

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

	Oct	Nov.	Dec.	Jan.	Feb.						Week	Week ended-						
Place	유 Nov.	7, 17,	1927- Jan.	15- 11,	12- Mar. 10,	×	March, 1928	88		April, 1928	1928			May, 1928	1928		June, 1928	1928
•	1927	1927	1928	1928	1928	11	24	31	7	72	21	88	20	21	22	8.	63	۵
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CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

SMALLPOX-Continued

	Oct.	Nov.	Dec.	Jan.	Feb.						Week ended	-pepu					
Place	Nov.	주 17,	1927- Jan.	구 1. 1.	Mar. 10,	Ma	March, 1928	88		April, 1928	1928			May, 1928	828	- In	June, 1928
	1927	1927	1928	1928	828	11	**	31	7	14	21	88	2	12	19 28	2	6
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India.	4,052	6, 731	10, 676	3, 709	18,850 3,826	6,004 1,212	6, 169	8, 101 1, 500	7, 760	8, 789 1, 988	8,038 1,739		-				##
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Pondicherry. C D Indo-China (see also table below): C Saigon. C Iraq: Baghdad. C D Basra. C C C C C C C C C C C C C C C C C C C	llastrim)	Tokyo Prefecture	Chibushus D		low):

1706

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

SMALLPOX-Continued

	Oct.	Nov.	Dec.	Jan.	Feb.						Week ended—	-pepu						
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CHOLERA, PLAGUE, SMALLPOX, TYPHUS FEVER, AND YELLOW FEVER-Continued

TYPHUS FEVER

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

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