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## MILK CONSUMPTION IN EIGHTEEN SMALL ALABAMA COMMUNITIES

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### INTRODUCTION

The impression seems to have some prevalence that the per capita milk consumption in the South is considerably under the average per capita milk consumption for the country as a whole.

In 1926 an opportunity presented itself of ascertaining the actual per capita milk consumption in 18 small Alabama communities which had requested the Alabama State Board of Health to make a survey of their general public health status. The Rockefeller Foundation and the Alabama State Board of Health made a survey which included a house-to-house canvass. Following a conference between the representatives of that Foundation and of the United States Public Health Service it was determined to secure simultaneously data on per capita milk consumption. The figures presented in this report have been compiled from the data collected.

### PERSONNEL AND METHODS OF SURVEY

The detailed surveys were made by a number of trainees of the International Health Training School for Health Officers located at Montgomery, Ala. All of the trainees were graduate physicians with two exceptions. These were Harvard Medical School undergraduates.

In conducting the survey the following questions relative to milk consumption were asked:

- (1) How many persons are there in your household?
- (2) How many pints of sweet milk per day do you use for cooking and drinking?
- (3) How many pints of buttermilk per day do you use for cooking and drinking?
- (4) Do you secure any of this milk from a dairy? If so, how much?

LOCATION AND CHARACTERISTICS OF TOWNS SURVEYED

The number of towns surveyed for which milk consumption figures were secured was 18. These were located in 13 different Alabama counties, situated in all sections of the State.

The towns, their total population, colored population, and per cent of colored population, as determined from the surveys are given in Table 1.

TABLE 1.—Data regarding towns surveyed

Name of community	Total population	White population	Colored population	Per cent of colored population	Name of community	Total population	White population	Colored population	Per cent of colored population
Flomaton.....	618	489	129	20.9	Lafayette.....	1,968	1,266	702	35.7
Louisville.....	429	362	67	15.6	Boligee.....	129	92	37	28.7
Tallasee.....	2,201	2,025	176	8.0	Eutaw.....	1,318	683	635	48.2
Alexander City..	3,075	2,252	823	26.8	Pell City.....	582	471	111	19.1
Dadeville.....	1,171	725	446	38.1	Fort Deposit.....	538	390	148	27.5
Opelika.....	5,725	3,282	2,443	42.7	Calera.....	854	653	201	23.3
Camp Hill.....	1,039	655	384	37.0	Andalusia.....	3,840	2,942	898	23.4
Auburn.....	3,498	2,380	1,088	31.4	Goodwater.....	759	568	191	25.2
Clanton.....	1,733	1,365	368	21.2					
Clayton.....	962	566	396	41.2					
						30,409	21,166	9,243	30.4

In none of these communities had milk-control work been inaugurated at the time the survey was made. There had therefore been no systematic effort to improve the quality or increase the per capita consumption of milk.

TOTAL MILK CONSUMPTION PER CAPITA

For various reasons all of the data desired were not secured for all of the towns surveyed. Table 2 gives the total per capita milk consumption of those towns for which this figure was obtained:

TABLE 2.—Total per capita milk consumption

Community	Population	Total consumption of milk		Community	Population	Total consumption of milk	
		Pints per day	Pints per capita per day			Pints per day	Pints per capita per day
Tallasee.....	2,201	1,923	0.87	Boligee.....	129	160	1.24
Dadeville.....	1,171	1,370	1.17	Eutaw.....	1,318	1,486	1.13
Alexander City..	3,075	2,389	.78	Pell City.....	582	606	1.04
Opelika.....	5,725	3,774	.66	Fort Deposit.....	538	446	.83
Camp Hill.....	1,039	1,324	1.27	Calera.....	854	946	1.11
Auburn.....	3,498	2,327	.67	Andalusia.....	3,840	4,031	1.05
Clanton.....	1,733	2,135	1.23	Goodwater.....	759	1,000	1.32
Clayton.....	962	961	1.00				
Lafayette.....	1,968	2,833	1.44	Total.....	29,362	27,761	.95

The total per capita consumption of milk shown in this table varies from a minimum of 0.66 pint per capita per day (Opelika)

to a maximum of 1.44 pints per capita per day (Lafayette). The average for the 16 towns is 0.95 pint per capita per day. This figure and the individual consumption figures for the various towns should be compared with the figure of 0.83 pint per capita per day reported as the average consumption for 90 cities of over 70,000 population each, embracing most of the larger cities of the country, reported in Public Health Bulletin No. 164, United States Public Health Service, 1926. The figures in this bulletin pertain to the year 1923.

Hiscock and Rice's report (1924 Report International Association of Dairy and Milk Inspectors) gives an average per capita milk consumption of 0.81 pint per capita for 168 cities of over 25,000 population.

It will be evident, therefore, that the small communities of Alabama actually consume more milk per capita than is reported for the large cities of the country.

#### MILK CONSUMPTION BY RACE

The following table gives the per capita milk consumption by race for each of the communities for which this information was obtained:

TABLE 3.—Per capita milk consumption by race

Community	Per capita consumption of milk		Community	Per capita consumption of milk	
	White	Colored		White	Colored
Dadeville.....	1.88	0.48	Fort Deposit.....	0.97	0.47
Auburn.....	.85	.27	Andalusia.....	1.27	.33
Clanton.....	1.39	.76	Goodwater.....	1.53	.68
Boligee.....	1.54	.49			
Eutaw.....	1.35	.88	Average (weighted)....	1.23	.43
Pell City.....	1.20	.40			

It is evident from Table 3 that the per capita consumption of milk among negroes in small southern communities is less than half that of white.

#### CONCLUSIONS OF THE MALARIA COMMISSION, HEALTH SECTION, LEAGUE OF NATIONS, AT THE CONFERENCE IN GENEVA, JUNE 25-29, 1928

The malaria commission of the health section of the League of Nations has undertaken an inquiry into the most economic and efficient methods of combating malaria in view of the fact that during and since the war malaria has greatly increased in eastern Europe and has spread northward and westward from endemic centers to areas in Russia, Albania, Bulgaria, the Kingdom of the Serbs, Croats,

and Slovenes, and Greece which had been relatively free from this scourge.

Two general reports have been published based upon the collective experience of the members of the commission and data accumulated through study tours in many countries. While the advice contained in these reports is primarily for the guidance of governments in south-eastern Europe, they are of considerable interest to public health administrators who have to deal with malaria in other countries.

The following, taken from the report of the first subcommission on antimalaria methods, represent an agreement reached by malariologists of the Old and New World regarding the principles of malaria control:

"1. The subcommission again emphasized a recommendation already contained in the second report, that the prevention of malaria must be guided by scientific knowledge. Although scientific discoveries have not yet resulted in the eradication of malaria, it does not follow that new researches will be of no assistance to the hygienist. In the wide field of malariology so many points remain obscure that the conclusion must be reached that success in the prevention of malaria requires a wider knowledge of the disease, of the parasite, and of the mosquito. The campaign against malaria must be based on a specialized and systematic study of the disease. For this reason, it is necessary that each country should have an organization specially devoted to this work. The exchange of views in the subcommission emphasizes that this organization should be of a scientific character, dealing with research rather than with measures of application, with malaria solely rather than with malaria as part only of a public health study. The problem is sufficiently complex to engage permanently the attention of large numbers of workers in countries with varying climatic conditions. These workers would be consulted by technicians responsible for the application of antimalaria measures and would indicate the lines along which the campaign should be carried out.

*"Each government should establish a central permanent organization, either independent or attached to an institute, composed of several selected workers who would devote their whole time to malaria research and would act as scientific advisers.*

"2. The present widely varying views of hygienists are constantly demonstrated in all conferences on malaria, these views being based on experience acquired in countries widely separated geographically and by social and economic conditions. Each malariologist energetically defends his point of view, because each is convinced by his own experience and is therefore correct as far as his own district is concerned. When, however, a conference of malariologists attempts to set out general principles, it becomes clear that there are no methods

of constant and unchanging value. Each method, according to the social and economic conditions, has a variable coefficient of necessity, efficacy, and cost. This coefficient will vary, for example, from the north to the south from a temperate region to a tropical area, and from a dry to a moist climate. The method must be adapted to the exigencies of the particular region. Moreover, a method must not be condemned because it is not immediately successful. For each method there is a minimum standard of efficiency, which must be evaluated with regard to a particular region only when it has been applied with a certain degree of intensity and for a certain time.

*"The subcommission is not in favor of utilizing all available methods of control in the same locality at the same time. It considers it preferable to employ only the method or methods which, with the means available, can be brought above the standard called 'minimum effective degree of perfection.'*

"3. The description of antimalaria measures applied for a longer or shorter time in various countries, such as Italy and the United States of America, attracts attention to the methods applied and results obtained; and there is a great temptation to imitate one or the other of these models. Imitation, in antimalaria work, is dangerous. What may be imitated is the confidence, energy, and spirit of perseverance which have ensured the success of these campaigns, and the discernment with which measures suitable to the existing conditions were adopted. The fact that there are certain regions in the world where there is anophelism without malaria should not lead to skepticism in regard to antilarval measures. The conclusion to be drawn from success is that the method selected was the one indicated by the conditions.

*"Subject to certain defined limitations, determined by a knowledge of local conditions, there should be considerable freedom of choice as regards the particular methods of malaria control to be adopted. The subcommission deprecates the use of measures in one region solely on the ground that they have been successful in another where, perhaps, circumstances and conditions are quite different.*

"4. In view of the fact that the use of quinine in malaria is primarily for treatment, the subcommission decided to refer the subject of the therapeutic value of quinine, etc., to the subcommission on the use of quinine.

*"No. 4 of the agenda was transferred to the agenda for the third subcommission.*

*"5. Whatever other means may be employed in malarial localities, the subcommission considers that it is essential in the first place to treat the sick.*

"6. Each method possesses only a relative value. To give it an absolute value is to risk discouraging the hygienist by disillusion.

During the very full discussion by the subcommission, stress was constantly laid on the need for avoiding as far as possible such methods as might lead to discouraging results. Thus it was felt that, while the subcommission laid down as a primary obligation the treatment of the sick, it was important to realize that such treatment only in the first place lessened the severity of the disease. This warning the subcommission formulated in the terms of the following resolution:

*"The good results of early diagnosis and efficient treatment are more apparent in the reduction of the severity of the disease than in the reduction of its incidence.*

"7. There is, then, for each method, not only a coefficient of expediency, but also a coefficient of efficacy. Moreover, there is a coefficient of time. It must not be forgotten that all methods are definitely influenced by these factors. If the commission had not wished carefully to avoid mixing general principles with recommendations of special application, it would have been possible to advise the adoption of the various methods consecutively and thus to try, for example, first, treatment, then antimosquito measures, and later 'bonification'.<sup>1</sup> This would have involved the danger that too little time might be allotted to the testing of each method. The principal factor in the success of any method is the energy of the hygienist employing it.

*"The execution of the measures must reach a sufficiently high degree of efficiency ('minimum effective degree of perfection') before its effect on incidence becomes appreciable.*

"8. All malariologists are agreed as to the value of antimalaria work as a factor in social progress and general hygiene, especially in connection with rural populations. Malaria prophylaxis contributes greatly, not only to the development of the land, but also to the growth of civilization.

"'Integral bonification,' which may be regarded as the final object of all antimalaria measures, requires a long period for its accomplishment. Extensive undertakings may provoke a temporary local increase in the amount of malaria, partly owing to the necessary aggregation of workers, unless other methods to prevent it are carried out during the time of danger. Treatment of the sick, destruction of adult *Anopheles*, mechanical protection, and antilarval methods each have a great value during this critical period.

*"The improvement of the conditions of the inhabitants which results from the development of widespread 'bonification' is one of the deter-*

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<sup>1</sup> The term "bonification" is used by the Italians to connote the reclamation of land for agricultural purposes, whether by drainage, by irrigation, by filling, or some combination of methods. Complete or "integral bonification" signifies that the land has been reclaimed, settled, and placed under intensive cultivation and a condition of economic and sanitary well-being established.

*mining factors in the regression of malaria. The work done is efficacious only in so far as it leads to intensive cultivation of the ground.*

*"It is certain, however, that the use of antilarval measures whilst more extensive works are being carried out is of great value, inasmuch as it reduces the anopheline density and serves to bridge the dangerous period which accompanies and follows such undertakings.*

"9. Discussions on antimalaria measures are marked by a character of their own, as there is hardly any subject in public health on which such divergent views exist, but concerning which the basic principles are so firmly established. It is in the application of these measures in particular cases upon which opinions vary so widely.

"The methods recommended are to be read in the light of a relationship between general principles and particular cases. The sub-commission could not produce a mere book of formulæ containing set instructions for all cases, but was able to lay down fundamental principles on which the health expert could rely while using his own initiative and judgment. The conclusions arrived at by the sub-commission derive their practical value from the fact that they have been established on the basis of a large and varied experience acquired under many different conditions.

*"The commission considers that the first duty of administrations which have to organize antimalaria measures is to provide for the treatment of the malarious sick, with the additional object of reducing sources of infection.*

*"Simultaneously, or subsequently, according to the circumstances and conditions of the various regions, a study of the causes of endemicity should be undertaken with the object of choosing and carrying out the most efficacious, the cheapest, and best-adapted method or methods in the solution of the local problem. Provision should also be made either for radical measures (large bonification, drainage) or for other temporary measures (antilarval work).*

*"The commission is of the opinion that in all cases the use of mechanical protection and measures against the adult insects are desirable.*

\* \* \* \* \*

"These resolutions on methods of malaria control are in harmony with the principle unanimously accepted that the proper solution can be found only by careful observation and analysis of the factors involved in each individual situation.

"The subcommission has, however, been able to agree upon some general principles for the guidance of governments.

"Long and varied experience, together with research, has taught that the principles embodied in these resolutions are fundamental to an intelligent prosecution of antimalaria work by any government which would have a maximum of effectiveness at a minimum of cost and with small risk of disappointment at the results achieved."



## TRANSACTIONS OF THE EIGHTH ANNUAL CONFERENCE OF STATE SANITARY ENGINEERS, 1927

Public Health Bulletin No. 183, recently released, contains the transactions of the Eighth Annual Conference of State Sanitary Engineers.

A number of committee reports in this publication are of general interest. The report of the Joint Committee of the Conference and the American Public Health Association setting forth the final standards for swimming pools and bathing places will have widespread application and should prove to be very helpful to all persons interested in the design, operation, and sanitation of swimming pools. The report of the committee on sewage treatment gives an interesting résumé of the progress being made in Ohio to obtain careful and scientific operation of sewage-treatment plants.

A paper on the electropure process of milk treatment describes a method of pasteurizing milk, several installations of which have been approved in Pennsylvania.

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### PUBLIC HEALTH ENGINEERING ABSTRACTS

**Up-to-date sewage works. Hoscar and Pemberton Installation (Wigan, England).** R. B. Donald. *Munic. Eng. Sanit. Record*, 79, 544 (1927). Abstract by C. H. Badger in *Chemical Abstracts*, vol. 22, No. 13, July 10, 1928, p. 2423.

"The plants and the sewage treatment are described. The area of the Hoscar works is 272 $\frac{3}{4}$  acres and the area of the Pemberton works, which treats storm water only, is 118 acres. All sewage passes through  $\frac{1}{2}$ -inch bar screens and raking apparatus electrically driven. Sludge in the different tanks is removed automatically or by gravitation to sludge-drying beds. Storm water is pumped into 4 reinforced tanks. The sewage received at Hoscar is treated with 3 to 5 grains of aluminic ferric after the removal of the rough solids. It then passes through a preliminary settling tank to three settling tanks, thence to a receiving chamber, and on to two batteries of 11 bacteria beds each. The sludge beds are made of graded coke and cinders. The bacteria beds are made of specially graded slag resting on aeration tile. The effluent and the effluent from the humus tanks pass into the river Douglas. Provision is made for a daily water flow of 3,300,000 and a weekly water flow three to six times this amount."

**New Sewage Works at Coseley, Staffs (England).** E. E. W. Berrington. *Munic. Eng. Sanit. Record* 79,574 (1927). Abstract by C. H. Badger in *Chemical Abstracts*, vol. 22, No. 13, July 10, 1928, p. 2423.

"Coseley is divided into two equally populated areas as regards the treatment of sewage. As all of the sewage of the north area would have to be pumped, it was found to be more economical to drain in the adjoining district of Bilston. The outfall works and sewers, the purification works, and the method of purification of the south area are described. Use is made of screening and detritus chambers, liquefying tanks, storm-water tanks, separating tanks, followed by filtration through circular percolating filters, the effluent from the filters being passed through humus tanks and thence into a brook."

**Dunfermline (Scotland) Waterworks.** J. D. Cape. Munic. Eng. Sanit. Record 79, 611 (1927). Abstract by C. H. Badger in *Chemical Abstracts*, vol. 22, No. 13, July 10, 1928, pp. 2423-2424.

"The works were opened in 1924, the total cost being 400,000 pounds. The whole of the district supply is by gravitation. There are 130 miles of mains from 36 inches in diameter downward. An attachment to the Venturi meters gives information when consumption rises above a certain figure. Serious bursts are therefore immediately noticed. To get rid of objectionable taste and smell from a weed, *Nitella flexilis*, which grew abundantly in the reservoir in summer, an application of 1 part CuSO to 10,000,000 parts water was tried. The water was reported free from smell in four days. This treatment is repeated annually. The application of three-fourths grain lime per gallon was unsuccessful."

**Sewage Disposal in the Country.** Anon. *Weekly Bulletin*, California Department of Public Health, vol. 7, No. 26 and 27, August 4 and 11, 1928, pp. 100-113. (Abstract by P. S. Fox.)

In a very interesting form of questions and answers the writer explains the operation of septic tanks. First of all he refutes the common statements that septic tanks purify sewage and that they will never become filled with solids. The following five requisites for good sewage disposal are listed: (1) An available area of about 0.1 to 0.5 acre per 100 persons, depending upon the nature of the soil; (2) a loamy, sandy, absorptive soil, with good underdrainage; (3) absence of bed rock, hardpan, and ground water for a depth of at least three feet; (4) a plumbing installation economical in the use of water; (5) proper size and design of septic tank and leaching system. These units can not be too large, and the most porous soil in the vicinity should be used. In addition, a few hints are given in regard to economical plumbing in country homes.

**Methods of Sewage Disposal to Fit the Individual Circumstances of the Area.** E. A. Sanford Fawcett. *The Surveyor*, vol. 73, No. 1091, June 29, 1928, pp. 695-696. (Abstract by H. R. Crohurst.)

The author, in an address delivered at the annual meeting of the Institution of Municipal and County Engineers, gives his observations of sewage treatment methods from the viewpoint of the engineering department of the Ministry, which sees not only the designs but the results of all types of sewage treatment works, dealing with many different types of sewage and trade waste, under varying conditions, in all parts of the country.

The essential points necessary for the proper design of sewage works are first outlined, followed by a summary of the existing methods of sewage treatment, first where the outfall is to be into the sea or tidal estuary; second, where the outfall is to be into nontidal rivers, streams, or other fresh water.

The main points to be considered when selecting a method of sewage disposal for any district are summarized as follows: (1) The sewage disposal requirements of the district and to what extent other areas may be affected by the proposals; (2) what the district can afford to spend in meeting its sewage disposal requirements, having regard to its rates, its margin of borrowing powers, and its commitments or requirements for other essential services; (3) whether the sewage can be conveyed and dealt with by gravitation so as to avoid the cost of pumping; (4) what is the simplest and least costly method of disposal which will meet the requirements of the case satisfactorily; (5) whether the sewage can be dealt with in combination with other disposal works existing or proposed so as to avoid the establishment of separate works; (6) where the area is not already sewered, whether the separate, partially separate, or combined system of sewerage will enable the sewage and storm water to be dealt with most efficiently and economically.

Stress is laid on the selection of the simplest designs and methods of treatment to meet the requirements of each particular case, because so many districts are unable to afford either the capital cost of the works or the annual cost of skilled supervision which is so necessary to operate successfully any complicated system.

Ministry of Health Form No. 9, used by the engineering inspectors for the purpose of ascertaining full particulars of all existing and proposed schemes of sewage disposal, in connection with which they hold inquiries, is reproduced in detail.

**Pollution Problems in the State of Washington and Their Solution.** H. W. Nightingale. *Trans. Am. Fish. Soc.* 57, 294-300 (1927). Abstract by C. M. McCay in *Chemical Abstracts*, vol. 22, No. 14, July 20, 1928, p. 2630.

"Domestic sewage free from trade wastes is not harmful to fish life unless it reduces the  $O_2$  content to less than 30 per cent saturation. Sulphite wastes from pulp mills are very destructive, since the wastes from a fifty-ton sulphite mill equal the sewage from a city of 81,000. No special toxic action with sulphite wastes has been found. The wastes from a mill using the lime-soda process have proved very destructive to young fry. Black-ash wastes are very destructive to seed clams. A discussion of the legal control of industrial wastes is included."

**Toxicity Experiments with Fish in Reference to Trade Waste Pollution.** D. L. Belding. *Trans. Am. Fish. Soc.* 57, 100-19 (1927). Abstract by C. M. McCay in *Chemical Abstracts*, vol. 22, No. 14, July 20, 1928, p. 2630.

"The factors that must be considered in studying the effects of pollution of water upon fish are the species of test fish, the hardiness of the individuals, the age, and the size. The environment factors that must be controlled are the chemical characteristics of the water, the size of containers, the oxygen content, and the temperature of the water. Brook trout, rainbow trout, chinook salmon, carp, goldfish, and suckers were studied. Brook trout of about 200 grams in weight are the most satisfactory.  $HNO_3$ ,  $HCl$ , and  $H_2SO_4$  produce the same symptoms of loss of equilibrium and irregular respiration at a pH of 4 to 5. M. L. D. is 1:100,000. Organic acid presents greater diversity of actions. Trout can survive after immersion in 1:200 of  $AcOH$ . Phenol is marked by its irritating action, but produces no evidence of  $O_2$  hunger. Tannic acid injures the gills and produces  $O_2$  hunger.  $NH_4OH$ ,  $NaOH$ , and  $KOH$  differ only in degree of toxicity.  $KOH$  is less marked in activity. Lead arsenate produces no characteristic symptoms.  $Ca(OCl)_2$  produces characteristic head-balancing motions.  $CuSO_4$  shows wide variations in toxicity. Fish once poisoned do not recover in fresh water.  $FeSO_4$  has a low toxicity.  $HgCl_2$  kills fish, leaving them with pale gills and auricles filled with blood.  $KMnO_4$  will color fish yellow, but they promptly recover in fresh pure water.  $H_2S$  produces respiratory paralysis. Fish can recover in fresh water. The author includes tables comparing his data with those of previous workers."

**Length of Life of *Anopheles quadrimaculatus* after Beginning of Control of Production.** L. L. Williams and A. E. Legare. *Southern Medical Journal*, vol. 21, No. 9, September, 1928, pp. 735-737. (Abstract by M. A. Barber.)

Adult *Anopheles* disappeared within 10 to 14 days after the destruction by control measures of larvae in neighboring breeding places. Where control measures were discontinued, adult *Anopheles* reappeared within 14 to 21 days after the last application of the larvicide. The authors conclude: "These observations in general indicate that larval control need not commence earlier than 10 days prior to that date on which adult control is necessary. At the end of the season, larvicides need not be applied later than two or three weeks before that date after which adult control is no longer necessary."

**Malaria Survey in Irrigated Regions of Rio Grande River in New Mexico.** M. A. Barber. *Southern Medical Journal*, vol. 21, No. 9, September, 1928, pp. 737-738. (Abstract by M. A. Barber.)

This article gives an account of surveys made in the Rio Grande Valley of New Mexico during portions of the years 1926 and 1927. Two regions, one near Espanola in northern New Mexico, and another near Las Cruces, southern New Mexico, have *Anopheles* (*A. pseudopunctipennis* and *A. maculipennis*) in large numbers and a considerable amount of malaria, the rate of which is rapidly increasing in the more southerly region. The elevations of the two localities are, respectively, 5,600 feet and 3,800 feet above the sea. Further work has been done in these localities and a more extensive paper will be published.

**Airplanes and Paris Green in Control of Anopheles Production.** S. S. Cook and L. L. Williams. *Southern Medical Journal*, vol. 21, No. 9, September, 1928, pp. 754-760. (Abstract by M. A. Barber.)

The article gives a description of the spread of Paris green by airplanes at Quantico and Chopawamsic Bays, Va. Four charts illustrate the decline throughout the summer of the production of adult *Anopheles* in the treated localities and compare such production with that of a control, nontreated locality of Aquia Bay. For use in airplane dusting a dilution of 33 per cent of Paris green in powdered soapstone proved most satisfactory for all conditions. In calm weather an excellent distribution of dust was obtained at a height of 150 to 200 feet above the water. The dust penetrated all types of vegetation indigenous on the Atlantic coast.

Suitable intervals between dustings varied with the season. At Quantico they ranged from 6 to 13 days. The materials cost approximately 70 cents per acre per season. Practically any type of plane is suitable for distributing Paris green, and a simple box with sloping sides makes a suitable hopper. One plane can handle 20 square miles of breeding surface per week.

**Limitations in the Use of Top Minnows in Anopheles Mosquito Control in California and Observations on Anopheline Flight Activities.** W. B. Herms. *Southern Medical Journal*, vol. 21, No. 9, September, 1928, pp. 761-762. (Abstract by M. A. Barber.)

In a large percentage of breeding places in California it is difficult to maintain effective mosquito control by *Gambusia* on account of winter floods which carry away the minnows. The pools left by the receding streams are prolific sources of *Anopheles*. Arrangements are being made in one locality to overwinter several thousands of minnows in a concrete tank for repopulating streams swept out by the winter floods.

*Anopheles* do not fly far from their breeding places in California except in the case of two annual flights, spring and fall migrations, which take place in February and at the close of the breeding season in late September and early October. Males do not participate in these flights, which are probably made to secure the dispersal of the species. The transmission of malaria is not affected by these flights except in a certain degree by the autumn migration. Further investigations are in progress to determine the relation of these flights to malarial infectivity.

**Prophylaxis of Undulant Fever. Diagnosis of Melitensis Infection in Animals.** E. Cesari. *Rev. Gen. de Med. Vet.* 1928, January 15, vol. 37, No. 433, pp. 1-9. From *Tropical Diseases Bulletin*, vol. 25, No. 7, July, 1928, pp. 505-506.

"This paper refers to the undoubted spread of undulant fever in France and points out that from the animal point of view it is no longer a question only of goats, but sheep, cows, and pigs must also be considered as possible infective agents.

"The author refers to the regulation published in 1903, which gives public authorities the power to segregate infected animals and herds and to prohibit

the sale of their milk. Working on this statute Cesari considers that a great deal can be done to limit the spread of undulant fever. He points out, however, that infection with *melitensis*, unless it produces actual abortion, may give rise to no symptoms whatever in goats or sheep.

"He cites two instances in which cases of undulant fever had arisen and the source of infection (goats' milk) was definitely traced to small itinerant herds of goats. These animals appeared to be in perfect health, but by dint of carrying out agglutination reactions with the serum of all the goats and culturing samples of milk, he was able to show definite evidence of infection in two of these herds. These herds were isolated and the sale of their milk was stopped:

"By such a system of prophylaxis he suggests that a great deal could be done by veterinary officers to check the spread of the disease."

**Recent Researches into Undulant Fever in the U. S. A.** Taliaferro Clark. *Bull. Office Internat. d'Hyg. publique*, Oct., 1927, vol. 19, No. 10, pp. 1460-1462. From *Tropical Diseases Bulletin*, vol. 25, No. 7, July, 1928, pp. 514-515.

"Up to recent years it was believed that undulant fever in the United States of America was confined to the Mexican frontier. But lately it has been definitely recorded as occurring in Texas and in Arizona. In 1922 a small epidemic was recorded in Phoenix, Arizona. Practically all the cases gave a history of the consumption of goats' milk. The clinical type of the disease, the causal organism, and the source are the same as those of the similar infection in the Mediterranean.

"But more recently it has been found that in the United States infections occur due to the bovine variety, *Br. abortus*. This bacillus causes contagious abortion both in pigs and cattle. Abortion in pigs is extremely common. These animals are all intended for the slaughter house, and are sent there irrespective of infection. As a result, cases of undulant fever are fairly common among workers in the abattoirs.

"An infected cow although apparently in good health may continue to excrete the bacillus in the milk for many months. Many people, therefore, are exposed to infection from consumption of such milk unless it is pasteurized; but, fortunately, *Br. abortus* in milk is not highly pathogenic for man. Yet undoubted cases of infection from *Br. abortus* in raw cow's milk have been recorded in America, as evidenced by the absorption of agglutination tests and the isolation of the organism from the cow's milk.

The Hygiene Laboratory in Washington has reported 23 cases of undulant fever due to *Br. abortus* in the last five years. In eight of these, infection was traced to the consumption of milk; two were laboratory infections; in six others the infection was contracted by handling sick animals—pigs or cows; one other case was that of an agricultural expert who was called in to advise in the treatment of abortion in cattle on a farm—16 days after his visit he developed undulant fever, from which he died. These cases were scattered over eleven different States in North America.

"One hundred and ten sera which did not react to typhoid were tested against *abortus* and six showed a high titer for this organism of diagnostic significance."

**The Smoke Problem on Tyneside.** Harold Kerr. *Journal of the Royal Sanitary Institute*, vol. 48, No. 10, April, 1928, pp. 559-563. (Abstract by Leonard Greenburg.)

The soot fall on both sides of the river at Tyneside is usually over 800 tons per square mile per year. During the period of the coal strike it amounted to 600 tons per square mile per year, whereas in a densely populated residential portion the soot fall is approximately one-half that on the Quayside. A gauge

on the Town Moor indicated a soot fall of approximately one-quarter that on the Quayside.

Doctor Kerr recounts the effects of smoke, so well known to all of us at this time. He emphasizes, however, the very important portion of the problem, namely, the maintenance of buildings and the enormous cost involved in cleansing materials. He also cites the importance of sunlight as a health factor. The use of coke or coal, carbonized at low temperatures, is advocated.

A regional smoke abatement committee for the district of Tyneside has been organized in order to insure uniformity of action throughout the area. The committee is not concerned with prosecutions as much as with the production of the public interest in this question, and the formulation of plans for cooperation in order to deal with the problem. The importance of trained smoke inspectors, as well as engineers and firemen, is emphasized, and the lessons learned in other cities are cited as examples of this technique. For example, in the city of Glasgow, it is pointed out, the soot fall has been halved in the last 12 years and the requirements there at this time make it illegal for a chimney to produce smoke for more than one-half minute in each half hour. At Wakefield furnace owners have formed a smoke abatement committee of their own and render the corporation assistance in this work. In West Riding this same procedure has been followed and excellent results have been obtained there through the use of skilled and experienced smoke inspectors. The importance of watchfulness on the part of the local authorities in the production of smoke from the corporation's own plants is emphasized.

**The Smoke Problem on Tyneside.** J. T. Dunn. *Journal of the Royal Sanitary Institute*, vol. 48, No. 10, April, 1928, pp. 564-565. (Abstract by Leonard Greenburg.)

This is a discussion and enlargement of certain portions of the paper presented by Dr. Harold Kerr, and serves to emphasize the effect of smoke on plants, pointing out that tarry dust injures vegetation.

The author points out that approximately 120,000 pounds sterling would be saved the British Government in the upkeep of some 6,000 Government buildings throughout the country if city air were of the same purity as country air. The Manchester Corporation compared the cost of household washing in Manchester as contrasted with Harrogate. After all differences were eliminated in so far as possible, save the effect of the smoky atmosphere of Manchester, it was found that the weekly washing in this city cost on an average  $7\frac{1}{2}$  pence more than that of Harrogate, making a total bill for washing of some 250,000 pounds sterling excess in the city of Manchester.

Doctor Dunn points out that domestic smoke presents a more difficult problem than does industrial smoke and emphasizes the growing use of gas and low temperature coke in place of coal. It is true that coke fires must often be lighted with coal, and may advantageously be mixed with coal where grates are very small, but coke can always be successfully burned if one makes an effort to burn it. Electricity is, of course, advantageous but more costly even than gas.

**DEATHS DURING WEEK ENDED OCTOBER 27, 1928**

*Summary of information received by telegraph from industrial insurance companies for the week ended October 27, 1928, and corresponding week of 1927. (From the Weekly Health Index October 31, 1928, issued by the Bureau of the Census, Department of Commerce)*

	Week ended Oct. 27, 1928	Corresponding week, 1927
Policies in force.....	71, 746, 869	69, 179, 971
Number of death claims.....	13, 742	11, 869
Death claims per 1,000 policies in force, annual rate.....	10. 0	8. 9

*Deaths from all causes in certain large cities of the United States during the week ended October 27, 1928, infant mortality, annual death rate, and comparison with corresponding week of 1927. (From the Weekly Health Index, October 31, 1928, issued by the Bureau of the Census, Department of Commerce)*

City	Week ended Oct. 27, 1928		Annual death rate per 1,000 corresponding week, 1927	Deaths under 1 year		Infant mortality rate, week ended Oct. 27, 1928 <sup>2</sup>
	Total deaths	Death rate <sup>1</sup>		Week ended Oct. 27, 1928	Corresponding week, 1927	
Total (69 cities).....	6, 478	11. 1	12. 1	717	723	58
Akron.....	48			9	6	98
Albany <sup>3</sup> .....	28	12. 2	9. 6	3	1	61
Atlanta.....	59	12. 1	14. 9	8	2	
White.....	26		10. 4	4	1	
Colored.....	33	( <sup>4</sup> )	25. 4	4	1	
Baltimore <sup>3</sup> .....	180	11. 3	14. 3	22	40	70
White.....	135		11. 8	18	29	72
Colored.....	45	( <sup>4</sup> )	28. 6	4	11	63
Birmingham.....	53	12. 5	12. 5	4	4	34
White.....	25		10. 2	1	2	14
Colored.....	28	( <sup>4</sup> )	16. 0	3	2	68
Boston.....	188	12. 3	13. 1	21	27	58
Bridgeport.....	22			1	1	18
Buffalo.....	142	13. 4	13. 4	6	15	26
Cambridge.....	25	10. 4	9. 3	2	2	36
Camden.....	19	7. 3	12. 9	1	2	16
Canton.....	20	9. 0	11. 5	5	2	119
Chicago <sup>3</sup> .....	628	10. 4	11. 8	62	63	53
Cincinnati.....	199	13. 8	15. 7	13	9	109
Cleveland.....	159	8. 2	9. 1	20	15	54
Columbus.....	63	11. 1	13. 2	16	4	150
Dallas.....	41	9. 9	12. 8	8	6	
White.....	27		11. 9	6	6	
Colored.....	14	( <sup>4</sup> )	19. 0	2	0	
Dayton.....	36	10. 2	8. 4	3	3	50
Denver.....	82	14. 6	13. 3	6	11	
Des Moines.....	24	8. 3	11. 6	0	2	0
Detroit.....	268	10. 2	11. 4	56	33	86
Duluth.....	15	6. 7	12. 7	1	6	23
El Paso.....	29	12. 9	9. 2	3	6	
Erie.....	25			2	3	41
Fall River <sup>3</sup> .....	16	6. 2	11. 0	1	5	17
Flint.....	23	8. 1	12. 8	7	11	89
Fort Worth.....	38	11. 8	8. 6	7	3	
White.....	32		8. 7	6	3	
Colored.....	6	( <sup>4</sup> )	8. 0	1	0	
Grand Rapids.....	39	12. 4	7. 1	3	4	45
Houston.....	66			12	11	
White.....	45			12	8	
Colored.....	21	( <sup>4</sup> )		0	3	
Indianapolis.....	78	10. 7	12. 1	6	8	46
White.....	67		11. 7	4	8	35
Colored.....	11	( <sup>4</sup> )	15. 1	2	0	121
Jersey City.....	61	9. 8	11. 5	7	7	52
Kansas City, Kans.....	23	10. 2	14. 6	0	1	0
White.....	18		14. 1	0	0	0
Colored.....	5	( <sup>4</sup> )	17. 2	0	1	0
Kansas City, Mo.....	102	13. 6	14. 2	10	10	71

<sup>1</sup> Annual rate per 1,000 population.

<sup>2</sup> Deaths under 1 year per 1,000 births.

See footnotes 3 and 4 at end of table.

Cities left blank are not in the registration area for births.

Deaths from all causes in certain large cities of the United States during the week ended October 27, 1928, infant mortality, annual death rate, and comparison with corresponding week of 1927. (From the Weekly Health Index, October 31, 1928, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Oct. 27, 1928		Annual death rate per 1,000 corresponding week, 1927	Deaths under 1 year		Infant mortality rate, week ended Oct. 27, 1928
	Total deaths	Death rate		Week ended Oct. 27, 1928	Corresponding week, 1927	
Knoxville.....	17	8.4	13.3	1	2	22
White.....	15		12.2	1	2	24
Colored.....	2	( <sup>1</sup> )	21.4	0	0	0
Los Angeles.....	249			22	6	63
Louisville.....	81	12.9	13.5	14	5	117
White.....	63		13.1	10	5	95
Colored.....	18	( <sup>1</sup> )	16.0	4	0	276
Lowell.....	36	17.1	10.9	6	2	125
Lynn.....	26	12.9	9.5	7	0	176
Memphis.....	52	14.3	17.5	6	5	70
White.....	25		14.0	3	4	56
Colored.....	27	( <sup>1</sup> )	23.9	3	1	94
Milwaukee.....	101	9.7	10.0	12	13	54
Minneapolis.....	83	9.5	12.9	5	11	30
Nashville.....	31	11.7	22.3	3	8	47
White.....	19		16.9	3	2	64
Colored.....	12	( <sup>1</sup> )	36.2	0	6	0
New Bedford.....	14	6.1	8.7	2	3	43
New Haven.....	27	7.5	12.1	7	6	99
New Orleans.....	120	14.6	17.4	16	19	77
White.....	69		15.1	8	14	58
Colored.....	51	( <sup>1</sup> )	24.1	8	5	116
New York.....	1,270	11.0	11.4	130	112	53
Brooklyn borough.....	168	9.2	9.0	8	15	24
Brooklyn borough.....	398	9.0	10.0	50	44	50
Manhattan borough.....	543	16.2	15.5	58	40	69
Queens borough.....	118	7.2	8.3	14	12	56
Richmond borough.....	43	14.9	14.9	0	1	62
Newark, N. J.....	90	9.9	9.9	12	9	6
Oklahoma City.....	29			3	4	
Omaha.....	41	9.6	10.0	3	2	35
Paterson.....	32	11.5	11.6	2	1	35
Philadelphia.....	448	11.3	11.1	36	48	48
Pittsburgh.....	169	13.2	15.0	17	25	56
Portland, Oreg.....	55			1	6	11
Providence.....	56	10.2	14.3	5	11	44
Richmond.....	56	15.1	15.0	7	2	91
White.....	25		12.6	2	1	41
Colored.....	31	( <sup>1</sup> )	20.6	5	1	184
Rochester.....	61	9.7	11.1	8	11	65
St. Louis.....	202	12.5	15.8	25	25	84
St. Paul.....	37	7.7	11.5	3	6	29
Salt Lake City <sup>3</sup> .....	35	13.3	11.5	1	1	16
San Antonio.....	55	13.2	16.3	15	14	
San Diego.....	37	16.2	17.6	0	4	0
San Francisco.....	150	13.4	14.1	5	5	31
Schenectady.....	19	10.6	11.2	2	3	63
Seattle.....	79	10.8	8.8	8	6	82
Somerville.....	19	9.7	6.7	0	0	0
Spokane.....	21	10.1	9.6	0	2	0
Springfield, Mass.....	33	11.5	11.3	6	0	95
Syracuse.....	38	10.0	10.3	6	7	73
Tacoma.....	22	10.4	10.2	1	1	26
Toledo.....	70	11.7	9.7	8	4	77
Trenton.....	34	12.8	11.4	2	7	34
Utica.....	23	11.5	17.1	1	8	23
Washington, D. C.....	129	12.2	12.4	13	15	74
White.....	77		9.9	6	6	50
Colored.....	52	( <sup>1</sup> )	19.5	7	9	129
Waterbury.....	12			1	2	29
Wilmington, Del.....	20	8.1	10.3	1	2	26
Worcester.....	42	11.1	9.6	5	3	61
Yonkers.....	24	10.3	9.7	4	1	91
Youngstown.....	29	8.7	9.2	6	7	80

<sup>3</sup> Deaths for week ended Friday, Oct. 26, 1928.

<sup>4</sup> 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 October 27, 1923, and October 29, 1927

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended October 27, 1923, and October 29, 1927

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Oct. 27, 1923	Week ended Oct. 29, 1927	Week ended Oct. 27, 1923	Week ended Oct. 29, 1927	Week ended Oct. 27, 1923	Week ended Oct. 29, 1927	Week ended Oct. 27, 1923	Week ended Oct. 29, 1927
<b>New England States:</b>								
Maine.....	4	7	3		71	35	0	0
New Hampshire.....	1		8		38		0	
Vermont.....	6	9			3	2	0	0
Massachusetts.....	115	120	7	9	199	180	2	1
Rhode Island.....	12	17		1	22	1	0	0
Connecticut.....	18	32	3	3	48	11	0	1
<b>Middle Atlantic States:</b>								
New York.....	149	289	11	15	224	96	27	1
New Jersey.....	111	147	5	5	62	12	6	2
Pennsylvania.....	193	206			319	247	5	4
<b>East North Central States:</b>								
Ohio.....	103		10		125		10	
Indiana.....	79	61	9	7	12	8	0	0
Illinois.....	187	163	11	9	92	27	4	4
Michigan.....	202	115		3	29	75	15	3
Wisconsin.....	30	49	28	24	90	44	5	5
<b>West North Central States:</b>								
Minnesota.....	48	61	3	4	20	8	1	3
Iowa.....	15	13				6	0	1
Missouri.....	59	78	10	1	13	8	3	2
North Dakota.....	14	7			5	1	1	1
South Dakota.....	4	4		2	1	3	0	1
Nebraska.....	26	12	4		12	1	1	0
Kansas.....	41	46	1	8	7	37	1	1
<b>South Atlantic States:</b>								
Delaware.....	2	2			1	17	0	0
Maryland <sup>1</sup> .....	35	28	9	19	36	22	1	1
District of Columbia.....	35	25				3	0	0
Virginia.....								
West Virginia.....	39	20	11	9	10	5	0	0
North Carolina.....	238	176			20	275	0	0
South Carolina.....	70	93	533	429		150	0	0
Georgia.....	37	59	78	51	8	6	0	0
Florida.....	5	33	1	13		1	0	0

<sup>1</sup> New York City only.

<sup>2</sup> Week ended Friday.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended October 27, 1928, and October 29, 1927—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927
<b>East South Central States:</b>								
Kentucky.....	37						0	
Tennessee.....	67	47	27	30	6	36	1	0
Alabama.....	101	132	60	35	7	36	1	0
Mississippi.....	47	97					0	0
<b>West South Central States:</b>								
Arkansas.....	23	29	33	54		26	0	0
Louisiana.....	34	54	10	4	9	4	0	0
Oklahoma.....	67	150	25	22	4	21	1	1
Texas.....	69	65	47	54	5	9	0	0
<b>Mountain States:</b>								
Montana.....	4	2			19	3	0	0
Idaho.....	1	2					1	1
Wyoming.....	2	4					0	0
Colorado.....	9	22			4	1	1	1
New Mexico.....	5	15			1	12	0	0
Arizona.....	6	1					0	0
Utah.....		7	2				1	0
<b>Pacific States:</b>								
Washington.....	7	27			23	21	0	1
Oregon.....	26	14	25	25	13	11	1	0
California.....	92	105	1,392	16	14	46	5	4
Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927
<b>New England States:</b>								
Maine.....	1	6	16	55	7	0	6	9
New Hampshire.....	0		11		1		1	
Vermont.....	0	6	6	11	3	0	0	0
Massachusetts.....	9	66	103	201	0	0	5	9
Rhode Island.....	0	4	8	13	0	3	2	1
Connecticut.....	6	9	22	38	0	0	1	6
<b>Middle Atlantic States:</b>								
New York.....	20	31	150	197	0	3	84	54
New Jersey.....	3	8	56	90	1	0	11	13
Pennsylvania.....	8	18	164	243	0	0	25	27
<b>East North Central States:</b>								
Ohio.....	8	51	164		6		19	
Indiana.....	1	19	67	109	24	7	20	14
Illinois.....	6	25	174	194	19	4	26	33
Michigan.....	1	18	136	129	11	5	8	13
Wisconsin.....	0	9	88	102	12	9	5	7
<b>West North Central States:</b>								
Minnesota.....	8	6	72	155	1	3	6	3
Iowa.....	1	8	45	30	0	33	3	8
Missouri.....	0	12	87	111	5	25	11	29
North Dakota.....	3	2	22	33	0	12	1	1
South Dakota.....	0	6	15	25	2	24	2	4
Nebraska.....	0	14	31	41	4	4	2	5
Kansas.....	1	14	72	114	9	25	9	13
<b>South Atlantic States:</b>								
Delaware.....	1	0	0	4	0	0	1	2
Maryland.....	3	3	28	34	0	0	24	22
District of Columbia.....	1	1	14	16	0	0	0	0
Virginia.....		2						
West Virginia.....	7	9	101	68	6	3	40	32
North Carolina.....	2	1	150	145	3	12	25	19
South Carolina.....	3	2	21	30	0	1	19	32
Georgia.....	0	0	35	44	0	0	27	31
Florida.....	0	3	3	11	0	0	0	13

<sup>1</sup> Week ended Friday.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended October 27, 1928, and October 29, 1927—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927	Week ended Oct. 27, 1928	Week ended Oct. 29, 1927
<b>East South Central States:</b>								
Kentucky.....	0		56		2		13	
Tennessee.....	1	2	52	46	0	1	59	66
Alabama.....	3	1	35	35	3	2	32	27
Mississippi.....	1	0	20	33	1	14	13	9
<b>West South Central States:</b>								
Arkansas.....	2	2	32	34	0	1	15	39
Louisiana.....	0	2	8	14	1	0	13	29
Oklahoma <sup>1</sup> .....	1	7	29	53	2	14	48	62
Texas.....	2	3	8	24	4	7	16	7
<b>Mountain States:</b>								
Montana.....	1	0	7	21	21	15	4	2
Idaho.....	3	2	6	12	10	4	1	0
Wyoming.....	0	1	15	16	12	1	1	1
Colorado.....	3	6	16	43	5	0	7	12
New Mexico.....	1	3	13	19	0	0	14	21
Arizona.....	0	1	1	2	0	0	1	3
Utah <sup>1</sup> .....	1	2	14	8	3	42	2	2
<b>Pacific States:</b>								
Washington.....	15	21	22	36	10	11	6	6
Oregon.....	3	26	21	16	30	17	2	20
California.....	7	30	174	129	13	2	14	6

<sup>1</sup> Exclusive of Oklahoma City and Tulsa.

**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	Me-ningo-coccus menin-gitis	Diph-theria	Infu-enza	Ma-laria	Mea-sles	Pel-lagra	Polio-mye-litis	Scarlet fever	Small-pox	Ty-phoid fever
<i>February, 1928</i>										
South Dakota.....	2	16			87		3	229	32	1
<i>August, 1928</i>										
Hawaii Territory.....	3	40	245		8		0	0	0	6
<i>September, 1928</i>										
Florida.....	1	61	75	186	7	16	4	15	1	24
Idaho.....	2	3			1		6	36	18	12
Montana.....	4	14			15		17	30	29	38
North Carolina.....	1	430			56		6	247	27	164
Oklahoma <sup>1</sup> .....	2	241	93	1,283	34	66	2	107	14	405
Pennsylvania.....	24	508		1	448	2	69	430	1	315
South Dakota.....	2	4			3		9	28	19	12
Virginia.....	4	220	930	159	152	44	9	174	4	143
Washington.....	9	44	27	1	66		82	76	59	52

<sup>1</sup> Exclusive of Oklahoma City and Tulsa.

## Summary of Monthly Reports from States—Continued

February, 1928		September, 1928—Continued	
	Cases		Cases
<b>South Dakota:</b>			
Chicken pox.....	35	Florida.....	2
Mumps.....	27	Idaho.....	1
Trachoma.....	1	Oklahoma <sup>1</sup> .....	16
Whooping cough.....	26	Pennsylvania.....	266
		South Dakota.....	2
		Washington.....	49
<b>August, 1928</b>			
<b>Hawaii Territory:</b>			
Chicken pox.....	4	Ophthalmia neonatorum:	
Conjunctivitis.....	10	Oklahoma <sup>1</sup> .....	3
Dysentery (amebic).....	1	Pennsylvania.....	12
Hookworm disease.....	3	Paratyphoid fever:	
Impetigo contagiosa.....	3	Florida.....	1
Leprosy.....	7	Idaho.....	4
Mumps.....	7	Puerperal fever:	
Plague.....	2	Pennsylvania.....	1
Tetanus.....	3	Rabies in animals:	
Trachoma.....	4	Idaho.....	1
Whooping cough.....	11	Washington.....	1
		Scabies:	
		Washington.....	8
		Septic sore throat:	
		North Carolina.....	15
		Oklahoma <sup>1</sup> .....	8
		Tetanus:	
		Pennsylvania.....	12
<b>Anthrax:</b>		Trachoma:	
Pennsylvania.....	1	North Carolina.....	1
<b>Chicken pox:</b>		Oklahoma <sup>1</sup> .....	9
Florida.....	1	Pennsylvania.....	3
Idaho.....	14	South Dakota.....	3
Montana.....	20	Tularæmia:	
North Carolina.....	17	Montana.....	1
Oklahoma <sup>1</sup> .....	28	Oklahoma <sup>1</sup> .....	1
Pennsylvania.....	192	Typhus fever:	
South Dakota.....	9	Florida.....	10
Virginia.....	31	Virginia.....	1
Washington.....	158	Whooping cough:	
<b>Dengue:</b>		Florida.....	33
Florida.....	1	Idaho.....	10
<b>Dysentery:</b>		Montana.....	8
Florida.....	17	North Carolina.....	229
Oklahoma <sup>1</sup> .....	63	Oklahoma <sup>1</sup> .....	18
Pennsylvania.....	2	Pennsylvania.....	1,367
Virginia.....	227	South Dakota.....	18
Washington.....	1	Virginia.....	251
<b>German measles:</b>		Washington.....	52
Montana.....	2		
North Carolina.....	2		
Pennsylvania.....	16		
Washington.....	32		
<b>Impetigo contagiosa:</b>			
Washington.....	1		
<b>Lethargic encephalitis:</b>			
Pennsylvania.....	8		
Washington.....	3		

<sup>1</sup> Exclusive of Oklahoma City and Tulsa.

## ADMISSIONS TO HOSPITALS FOR THE INSANE, APRIL, 1928

Reports for the month of April, 1928, showing new admissions to hospitals for the care and treatment of the insane, have been received by the Public Health Service from 114 institutions located in 35 States, the District of Columbia, and the Territory of Hawaii. Twenty-two of these institutions are corporate or private. These

hospitals reported a total of 167,199 patients on April 30, 1928, including those on parole.

The following table shows the numbers of new admissions for the month of April, 1928, by psychoses:

*First admissions to 114 hospitals for the insane, April, 1928*

Psychoses	Number of first admissions		
	Male	Female	Total
Traumatic psychoses.....	8	4	12
Senile psychoses.....	136	123	259
Psychoses with cerebral arteriosclerosis.....	170	98	268
General paralysis.....	185	52	237
Psychoses with cerebral syphilis.....	26	8	34
Psychoses with Huntington's chorea.....	2	5	7
Psychoses with brain tumor.....	1	1	2
Psychoses with other brain or nervous disease.....	24	13	37
Alcoholic psychoses.....	114	18	132
Psychoses due to drugs and other exogenous toxins.....	11	10	21
Psychoses with pellagra.....	9	19	28
Psychoses with other somatic diseases.....	33	41	74
Manic-depressive psychoses.....	192	229	421
Involution melancholia.....	20	29	49
Dementia præcox.....	290	224	514
Paranoia and paranoid conditions.....	35	33	68
Epileptic psychoses.....	57	40	97
Psychoneuroses and neuroses.....	28	36	64
Psychoses with psychopathic personality.....	22	4	26
Psychoses with mental deficiency.....	63	43	106
Undiagnosed psychoses.....	118	99	217
Without psychosis.....	143	59	202
<b>Total.....</b>	<b>1,687</b>	<b>1,188</b>	<b>2,875</b>

Fifty-eight and seven-tenths per cent of the new admissions were males and 41.3 per cent were females, giving a ratio of 142 males per 100 females. The 114 institutions on April 30, 1928, had 89,040 male patients and 78,159 female patients; the ratio being 114 males per 100 females.

Dementia præcox constituted 17.9 per cent of the first admissions; manic-depressive psychoses 14.6 per cent; psychoses with cerebral arteriosclerosis, 9.3 per cent; senile psychoses, 9 per cent; general paralysis, 8.2 per cent; undiagnosed psychoses, 7.5 per cent; and 7 per cent were recorded as without psychosis.

#### 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 31,400,000. The estimated population of the 92 cities reporting deaths is more than 30,705,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

## Weeks ended October 20, 1928, and October 22, 1927

	1928	1927	Estimated expectancy
<i>Cases reported</i>			
Diphtheria:			
42 States.....	2,039	2,422	
98 cities.....	749	1,004	1,102
Measles:			
41 States.....	1,268	1,372	
98 cities.....	238	324	
Poliomyelitis:			
43 States.....	138	545	
Scarlet fever:			
42 States.....	2,126	2,181	
98 cities.....	664	690	736
Smallpox:			
42 States.....	219	196	
98 cities.....	17	42	20
Typhoid fever:			
42 States.....	612	769	
98 cities.....	107	118	181
<i>Deaths reported</i>			
Influenza and pneumonia:			
92 cities.....	652	491	
Smallpox:			
92 cities.....	0	0	

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

If the reports have not been received for the full nine years, data are used for as many years as possible, but no year earlier than 1919 is included. In obtaining the estimated expectancy, the figures are smoothed when necessary to avoid abrupt deviation 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.

## City reports for week ended October 20, 1928

Division, State, and city	Population July 1, 1928, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
NEW ENGLAND									
Maine:									
Portland.....	76,400	2	1	2	0	0	1	1	1
New Hampshire:									
Concord.....	122,546	0	0	0	0	0	0	0	1
Manchester.....	84,000	0	3	1	0	1	0	0	0
Vermont:									
Barre.....	110,008	0	0	0	0	0	0	0	0
Burlington.....	124,089	1	1	0	0	0	1	0	0
Massachusetts:									
Boston.....	787,000	28	43	17	4	0	2	4	27
Fall River.....	131,000	0	4	2	0	55	0	1	1
Springfield.....	145,000	4	3	16	0	2	2	2	2
Worcester.....	193,000	1	6	5	0	0	1	2	3
Rhode Island:									
Pawtucket.....	71,000	1	1	1	0	0	0	0	1
Providence.....	275,000	0	7	10	0	0	13	0	9
Connecticut:									
Bridgeport.....	( <sup>1</sup> )	1	7	3	1	1	2	0	4
Hartford.....	164,000	6	6	7	0	0	1	1	3
New Haven.....	182,000	1	1	0	0	0	0	0	3

<sup>1</sup> Estimated, July 1, 1925.<sup>2</sup> No estimate made.

## City reports for week ended October 20, 1928—Continued

Division, State, and city	Population July 1, 1926, estimated	Chick- en pox, cases re- ported	Diphtheria		Influenza		Meas- les, cases re- ported	Mumps, cases re- ported	Pneu- monia, deaths re- ported
			Cases, esti- mated expect- ancy	Cases re- ported	Cases re- ported	Deaths re- ported			
<b>MIDDLE ATLANTIC</b>									
<b>New York:</b>									
Buffalo.....	544,000	10	14	7	0	2	2	19	
New York.....	5,924,000	0	135	76	19	6	16	150	
Rochester.....	321,000	11	11	1	2	0	2	6	
Syracuse.....	185,000	4	6	3	0	0	2	8	
<b>New Jersey:</b>									
Camden.....	131,000	4	8	3	0	0	0	3	
Newark.....	459,000	19	12	29	2	3	12	7	
Trenton.....	134,000	2	3	0	0	0	0	5	
<b>Pennsylvania:</b>									
Philadelphia.....	2,008,000	34	61	42	2	4	1	33	
Pittsburgh.....	637,000	30	29	11	1	2	6	21	
Reading.....	114,000	9	3	0	0	2	0	2	
<b>EAST NORTH CENTRAL</b>									
<b>Ohio:</b>									
Cincinnati.....	411,000	5	13	7	0	2	0	12	
Cleveland.....	960,000	39	59	22	5	1	8	8	
Columbus.....	285,000	4	11	2	1	0	0	3	
Toledo.....	296,000	42	14	2	1	1	6	3	
<b>Indiana:</b>									
Fort Wayne.....	99,900	3	4	4	0	0	0	0	
Indianapolis.....	367,000	10	15	9	0	0	0	6	
South Bend.....	81,700	3	3						
Terre Haute.....	71,900	0	3	1	0	1	0	2	
<b>Illinois:</b>									
Chicago.....	3,048,000	81	76	101	7	3	16	55	
Springfield.....	64,700	2	2	0	1	1	0	5	
<b>Michigan:</b>									
Detroit.....	1,242,944	65	70	42	0	2	6	23	
Flint.....	136,000	5	12	4	0	0	0	7	
Grand Rapids.....	156,000	13	6	1	0	1	0	1	
<b>Wisconsin:</b>									
Kenosha.....	52,700	4	1	0	0	0	0	0	
Milwaukee.....	517,000	90	24	6	0	0	4	7	
Racine.....	69,400	15	2	1	0	0	2	2	
Superior.....	139,671	0	0	1	0	0	0	1	
<b>WEST NORTH CENTRAL</b>									
<b>Minnesota:</b>									
Duluth.....	113,000	17	3	0	0	0	0	9	
Minneapolis.....	434,000	82	32	5	0	0	32	8	
St. Paul.....	248,000	52	18	3	0	1	0	5	
<b>Iowa:</b>									
Davenport.....	152,469	8	2	0	0	0	0	0	
Des Moines.....	146,000	0	6	1	0	0	0	0	
Sioux City.....	78,000	4	3	0	0	0	0	5	
Waterloo.....	36,900	3	0	1	0	0	1	20	
<b>Missouri:</b>									
Kansas City.....	375,000	14	10	2	0	1	3	6	
St. Joseph.....	78,400	0	2	1	0	0	0	1	
St. Louis.....	830,000	12	48	35	0	1	3	1	
<b>North Dakota:</b>									
Fargo.....	126,403	2	0	0	0	0	0	0	
Grand Forks.....	114,811	0	0	0	0	0	0	0	
<b>South Dakota:</b>									
Aberdeen.....	115,036	1	0	0	0	0	0	0	
Sioux Falls.....	130,127	0	1	0	0	0	0	0	
<b>Nebraska:</b>									
Lincoln.....	62,000	1	2	1	0	0	0	0	
Omaha.....	216,000	1	12	16	0	0	0	3	
<b>Kansas:</b>									
Topeka.....	56,500	5	3	1	0	1	0	0	
Wichita.....	92,500	3	4	1	0	0	0	1	

\* Estimated, July 1, 1925.

\* Special census.

## City reports for week ended October 20, 1928—Continued

Division, State, and city	Population July 1, 1926, estimated	Chicken pox, cases reported	Diphtheria		Influenza		Measles, cases reported	Mumps, cases reported	Pneumonia, deaths reported
			Cases, estimated expectancy	Cases reported	Cases reported	Deaths reported			
<b>SOUTH ATLANTIC</b>									
Delaware:									
Wilmington.....	124,000	1	4	0	0	0	4	0	2
Maryland:									
Baltimore.....	808,000	16	31	14	3	1	1	9	26
Cumberland.....	<sup>1</sup> 33,741	1	0	0	0	0	0	1	0
Frederick.....	<sup>1</sup> 12,035	0	1	1	0	0	0	0	0
District of Columbia:									
Washington.....	528,000	2	17	37	0	0	5	0	14
Virginia:									
Lynchburg.....	<sup>2</sup> 38,493	1	4	4	0	0	0	6	2
Norfolk.....	174,000	1	4	5	0	0	0	1	2
Richmond.....	189,000	1	25	29	0	0	0	0	4
Roanoke.....	61,900	2	7	8	0	0	0	0	1
West Virginia:									
Charleston.....	50,700	0	3	5	0	0	0	0	0
Wheeling.....	<sup>1</sup> 56,208	2	3	0	0	0	5	7	1
North Carolina:									
Raleigh.....	<sup>1</sup> 30,371	0	5	2	0	0	0	0	0
Wilmington.....	37,700	0	1	0	0	0	0	0	2
Winston-Salem.....	71,800	0	5	4	0	0	1	0	0
South Carolina:									
Charleston.....	74,100	0	2	5	18	1	0	1	1
Columbia.....	41,800	2	2	0	0	0	0	4	3
Greenville.....	<sup>1</sup> 27,311		2						
Georgia:									
Atlanta.....	( <sup>2</sup> )	0	12	8	25	1	2	0	2
Brunswick.....	<sup>1</sup> 16,809	0	0	0	0	0	0	0	0
Savannah.....	94,900	0	3	4	1	0	0	2	1
Florida:									
Miami.....	<sup>2</sup> 131,286	0	1	2	1	0	2	0	2
St. Petersburg.....	<sup>2</sup> 47,629	0	0	0	0	0	0	0	0
Tampa.....	102,000	0	2	5	0	0	0	1	1
<b>EAST SOUTH CENTRAL</b>									
Kentucky:									
Covington.....	58,500	0	2	1	0	0	0	0	1
Louisville.....	311,000	2	9	5	0	0	0	0	6
Tennessee:									
Memphis.....	177,000	0	11	10	0	0	1	0	0
Nashville.....	137,000		7						
Alabama:									
Birmingham.....	211,000	3	8	5	9	4	0	0	4
Mobile.....	66,800	0	2	5	0	1	0	0	1
Montgomery.....	47,600	1	3	7	0		1	0	
<b>WEST SOUTH CENTRAL</b>									
Arkansas:									
Fort Smith.....	<sup>1</sup> 31,643	4	2	2	0		0	0	
Little Rock.....	75,900	0	3	0	0	1	0	2	0
Louisiana:									
New Orleans.....	419,000	0	10	10	2	1	0	0	10
Shreveport.....	59,500	0	2	3	0	0	0	0	0
Oklahoma:									
Oklahoma City.....	( <sup>2</sup> )	1	5	13	0	0	0	0	3
Tulsa.....	135,000	0	4	14	2		1	5	
Texas:									
Dallas.....	203,000	1	15	21	2	2	0	0	1
Fort Worth.....	159,000	2	4	9	1	1	0	1	0
Galveston.....	49,100	0	0	0	0	0	0	0	0
Houston.....	<sup>1</sup> 164,954	0	5	12	0	0	0	0	7
San Antonio.....	205,000	0	2	1	0	1	0	0	0
<b>MOUNTAIN</b>									
Montana:									
Billings.....	<sup>1</sup> 17,971	3	0	0	0	0	0	0	1
Great Falls.....	<sup>1</sup> 29,283	7	2	0	0	0	5	0	0
Helena.....	<sup>1</sup> 12,037	0	0	1	0	0	1	0	1
Missoula.....	<sup>1</sup> 12,668	0	0	0	0	0	0	0	0

<sup>1</sup> Estimated July 1, 1925.<sup>2</sup> No estimate made.<sup>3</sup> Special census.



City reports for week ended October 20, 1928—Continued

Division, State, and city	Population July 1, 1928, estimated	Chick-en pox, cases re-ported	Diphtheria		Influenza		Mea-sles, cases re-ported	Mumps, cases re-ported	Pneu-monia, deaths re-ported
			Cases, esti-mated expect-ancy	Cases re-ported	Cases re-ported	Deaths re-ported			
<b>MOUNTAIN—continued.</b>									
<b>Idaho:</b>									
Boise.....	1 23, 042	0	0	0	0	0	0	0	0
<b>Colorado:</b>									
Denver.....	285, 000	18	16	3	3	2	2	7	0
Pueblo.....	43, 900	4	3	0	0	0	0	3	2
<b>New Mexico:</b>									
Albuquerque.....	1 21, 000	0	1	0	0	0	0	0	1
<b>Utah:</b>									
Salt Lake City.....	133, 000	41	4	3	0	4	0	8	1
<b>Nevada:</b>									
Reno.....	1 12, 665	0	0	0	0	0	0	0	2
<b>PACIFIC</b>									
<b>Washington:</b>									
Seattle.....	( <sup>1</sup> )	33	7	1	0	1	2	0	0
Spokane.....	109, 000	41	4	0	0	10	1	14	1
Tacoma.....	106, 000	0	4	1	0	0	0	0	0
<b>Oregon:</b>									
Portland.....	1 282, 383	11	11	15	1	0	3	1	6
<b>California:</b>									
Los Angeles.....	( <sup>1</sup> )	13	40	18	13	2	4	11	21
Sacramento.....	73, 400	1	2	0	0	0	0	23	4
San Francisco.....	567, 000	10	17	8	28	6	0	1	3

Division, State, and city	Scarlet fever		Smallpox		Tuber-culosis, deaths re-ported	Typhoid fever		Whoop-ing cough, cases re-ported	Deaths, all causes
	Cases, esti-mated expect-ancy	Cases re-ported	Cases, esti-mated expect-ancy	Cases re-ported		Cases, esti-mated expect-ancy	Deaths re-ported		
<b>NEW ENGLAND</b>									
<b>Maine:</b>									
Portland.....	1	5	0	0	0	1	0	0	14
<b>New Hampshire:</b>									
Concord.....	0	0	0	0	0	1	0	0	11
Manchester.....	1	2	0	0	0	1	0	0	18
<b>Vermont:</b>									
Barre.....	0	0	0	0	0	0	0	0	3
Burlington.....	0	1	0	0	0	0	0	0	7
<b>Massachusetts:</b>									
Boston.....	33	33	0	0	0	13	3	2	12
Fall River.....	2	2	0	0	0	1	1	2	23
Springfield.....	5	7	0	0	0	2	0	0	34
Worcester.....	8	3	0	0	0	1	0	0	45
<b>Rhode Island:</b>									
Pawtucket.....	0	2	0	0	0	0	0	0	18
Providence.....	3	8	0	0	0	0	0	0	73
<b>Connecticut:</b>									
Bridgeport.....	4	1	0	0	0	4	0	0	32
Hartford.....	4	2	0	0	0	1	0	0	46
New Haven.....	5	3	0	0	0	1	2	0	38
<b>MIDDLE ATLANTIC</b>									
<b>New York:</b>									
Buffalo.....	15	7	0	0	0	12	4	0	50
New York.....	64	76	0	0	0	98	24	37	6
Rochester.....	5	0	0	0	0	3	0	1	0
Syracuse.....	6	5	0	0	0	1	1	0	25
<b>New Jersey:</b>									
Camden.....	2	1	0	0	0	1	0	0	3
Newark.....	9	1	0	0	0	9	2	0	23
Trenton.....	1	3	0	1	0	2	0	0	30
<b>Pennsylvania:</b>									
Philadelphia.....	47	28	0	0	0	30	9	8	0
Pittsburgh.....	32	20	0	0	0	11	2	2	0
Reading.....	1	1	0	0	0	1	0	0	8

<sup>1</sup> Estimated, July 1, 1925.

<sup>2</sup> No estimate made.

## City reports for week ended October 20, 1928—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
<b>EAST NORTH CENTRAL</b>											
Ohio:											
Cincinnati.....	10	17	0	2	0	6	1	0	0	2	127
Cleveland.....	23	17	0	1	0	14	2	0	0	50	183
Columbus.....	8	14	0	0	0	5	1	0	0	6	59
Toledo.....	10	11	0	0	0	3	0	2	1	8	74
Indiana:											
Fort Wayne.....	1	3	0	0	0	0	1	0	0	0	24
Indianapolis.....	8	20	1	0	0	7	1	2	1	5	94
South Bend.....	2	1	1	0	0	0	0	0	0	0	0
Terre Haute.....	2	1	0	0	0	1	0	0	0	0	29
Illinois:											
Chicago.....	72	56	0	0	0	49	7	5	0	29	670
Springfield.....	2	3	0	0	0	0	0	0	0	1	21
Michigan:											
Detroit.....	55	39	1	0	0	21	5	2	1	59	287
Flint.....	10	4	0	1	0	1	1	0	0	16	34
Grand Rapids.....	7	2	1	0	0	2	0	0	0	11	32
Wisconsin:											
Kenosha.....	1	2	0	0	0	0	0	1	0	2	6
Milwaukee.....	18	24	0	0	0	5	0	0	0	45	100
Racine.....	3	3	0	0	0	0	0	0	0	10	19
Superior.....	2	2	0	0	0	1	0	0	0	0	3
<b>WEST NORTH CENTRAL</b>											
Minnesota:											
Duluth.....	7	5	0	0	0	1	1	0	0	0	24
Minneapolis.....	36	12	1	0	0	2	1	1	0	8	95
St. Paul.....	16	6	3	0	0	5	1	2	0	26	49
Iowa:											
Davenport.....	1	0	0	1	0	0	0	0	0	0	0
Des Moines.....	9	8	0	0	0	0	0	0	0	0	38
Sioux City.....	2	2	1	0	0	0	0	0	0	0	0
Waterloo.....	1	19	0	0	0	0	1	0	0	5	5
Missouri:											
Kansas City.....	11	4	1	0	0	10	3	0	0	7	89
St. Joseph.....	3	2	0	0	0	1	0	0	0	0	19
St. Louis.....	28	9	0	0	0	7	5	1	0	7	222
North Dakota:											
Fargo.....	2	4	0	0	0	0	0	0	0	0	4
Grand Forks.....	0	1	0	0	0	0	0	0	0	1	1
South Dakota:											
Aberdeen.....	2	0	0	0	0	0	1	0	0	0	0
Sioux Falls.....	1	4	1	0	0	0	0	0	0	0	9
Nebraska:											
Lincoln.....	1	3	0	0	0	0	0	0	0	1	0
Omaha.....	4	2	0	1	0	2	0	0	0	0	56
Kansas:											
Topeka.....	4	5	0	0	0	0	0	0	0	13	8
Wichita.....	4	1	0	0	0	0	0	0	0	1	27
<b>SOUTH ATLANTIC</b>											
Delaware:											
Wilmington.....	3	0	0	0	0	0	1	0	0	0	30
Maryland:											
Baltimore.....	11	14	0	0	0	11	7	8	0	52	222
Cumberland.....	1	2	0	0	0	0	0	2	0	0	10
Frederick.....	0	0	0	0	0	0	0	0	0	0	2
Dist. of Columbia:											
Washington.....	13	12	0	0	0	11	3	6	1	8	134
Virginia:											
Lynchburg.....	3	1	0	0	0	0	0	1	0	0	9
Norfolk.....	2	0	0	0	0	3	1	2	0	0	0
Richmond.....	8	3	0	0	0	4	1	0	1	2	62
Roanoke.....	3	9	0	0	0	1	1	0	3	0	27
West Virginia:											
Charleston.....	2	5	0	0	0	0	1	1	0	0	18
Wheeling.....	4	0	0	0	0	0	2	1	0	2	22



## City reports for week ended October 20, 1928—Continued

Division, State, and city	Scarlet fever		Smallpox			Tuberculosis, deaths reported	Typhoid fever			Whooping cough, cases reported	Deaths, all causes
	Cases, estimated expectancy	Cases reported	Cases, estimated expectancy	Cases reported	Deaths reported		Cases, estimated expectancy	Cases reported	Deaths reported		
<b>PACIFIC</b>											
Washington:											
Seattle.....	8	5	1	1			1	3		11	
Spokane.....	5	2	1	1			1	0		0	
Tacoma.....	2	0	1	1	0	0	1	1	0	1	23
Oregon:											
Portland.....	9	7	3	23	0	2	1	0	1	1	76
California:											
Los Angeles.....	14	18	3	0	0	27	3	0	1	50	299
Sacramento.....	1	20	1	0	0	1	1	0	0	14	39
San Francisco.....	8	14	1	1	0	9	1	1	0	4	139

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)			
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths	
<b>NEW ENGLAND</b>										
Massachusetts:										
Boston.....	0	1	1	0	0	0	2	3	1	
Worcester.....	0	0	0	0	0	0	1	1	0	
<b>MIDDLE ATLANTIC</b>										
New York:										
Buffalo.....	0	1	0	0	0	0	1	0	0	
New York.....	23	12	2	5	0	0	14	15	3	
Rochester.....	0	0	0	0	0	0	0	1	0	
Pennsylvania:										
Philadelphia.....	0	0	3	2	0	1	1	2	0	
Pittsburgh.....	0	2	0	0	0	0	0	0	0	
<b>EAST NORTH CENTRAL</b>										
Ohio:										
Cleveland.....	1	0	0	0	0	0	1	1	0	
Toledo.....	1	0	0	0	0	0	0	2	0	
Indiana:										
Fort Wayne.....	0	0	0	0	0	0	0	1	0	
Illinois:										
Chicago.....	2	2	0	0	2	2	4	2	1	
Michigan:										
Detroit.....	15	8	0	0	0	0	1	0	0	
Wisconsin:										
Milwaukee.....	2	1	0	0	0	0	0	0	0	
Racine.....	0	0	1	1	0	0	0	0	0	
<b>WEST NORTH CENTRAL</b>										
Minnesota:										
Minneapolis.....	1	1	1	1	0	0	0	3	0	
St. Paul.....	0	0	0	0	0	0	0	1	0	
Missouri:										
Kansas City.....	0	2	0	0	0	0	0	0	0	
St. Louis.....	0	2	0	0	0	0	0	0	0	
Kansas:										
Wichita.....	0	0	0	0	0	0	0	1	1	
<b>SOUTH ATLANTIC<sup>1</sup></b>										
Maryland:										
Baltimore.....	0	0	1	0	0	0	1	3	0	
District of Columbia:										
Washington.....	0	0	1	1	0	0	0	2	0	

<sup>1</sup> Typhus fever; 1 case at Savannah, Ga., 1 death at Billings, Mont.

City reports for week ended October 20, 1928—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
<b>SOUTH ATLANTIC—continued</b>									
West Virginia:									
Wheeling.....	0	0	0	0	0	0	0	1	0
North Carolina:									
Winston-Salem.....	0	0	0	0	3	0	0	0	0
South Carolina:									
Charleston.....	0	0	0	0	3	4	0	0	0
Columbia.....	0	0	0	0	0	1	0	0	0
Florida:									
Miami.....	0	0	0	0	1	0	0	0	0
<b>EAST SOUTH CENTRAL</b>									
Tennessee:									
Memphis.....	2	0	0	0	1	1	0	0	0
Alabama:									
Birmingham.....	0	0	0	0	0	0	0	0	1
Mobile.....	0	0	0	0	0	2	0	0	0
<b>WEST SOUTH CENTRAL</b>									
Louisiana:									
Shreveport.....	0	0	0	0	0	2	0	0	0
Texas:									
Dallas.....	0	0	0	0	0	0	0	1	0
<b>MOUNTAIN</b>									
Montana:									
Billings <sup>1</sup> .....	1	0	0	1	0	0	0	0	0
Colorado:									
Pueblo.....	1	0	0	0	0	0	0	2	0
<b>PACIFIC</b>									
Washington:									
Seattle.....	0	0	0	0	0	0	1	8	0
Tacoma.....	0	0	0	0	0	0	1	1	1
Oregon:									
Portland.....	0	0	0	0	0	0	0	4	0
California:									
Los Angeles.....	0	1	0	0	0	0	0	1	0
Sacramento.....	0	0	0	0	0	1	0	0	0
San Francisco.....	0	0	2	1	0	0	1	0	0

<sup>1</sup> Typhus fever; 1 case at Savannah, Ga., 1 death at Billings, Mont.

<sup>2</sup> Dengue; 2 cases at Charleston, S. C.

The following table gives the rates per 100,000 population for 101 cities for the 5-week period ended October 20, 1928, compared with those for a like period ended October 22, 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, September 16 to October 20, 1928—Annual rates per 100,000 population compared with rates for the corresponding period of 1927<sup>1</sup>

## DIPHTHERIA CASE RATES

	Week ended—									
	Sept. 27, 1928	Sept. 24, 1927	Sept. 29, 1928	Oct. 1, 1927	Oct. 6, 1928	Oct. 8, 1927	Oct. 13, 1928	Oct. 15, 1927	Oct. 20, 1928	Oct. 22, 1927
101 cities.....	79	103	89	129	99	143	116	144	<sup>2</sup> 125	170
New England.....	67	91	62	109	103	133	124	128	145	123
Middle Atlantic.....	62	95	72	123	83	129	83	123	84	142
East North Central.....	92	105	97	129	92	157	111	138	<sup>3</sup> 133	199
West North Central.....	92	87	76	123	127	144	136	119	127	129
South Atlantic.....	86	105	135	164	135	170	198	202	<sup>4</sup> 232	193
East South Central.....	160	81	155	66	130	152	190	157	<sup>5</sup> 190	167
West South Central.....	92	243	103	194	172	194	208	252	196	265
Mountain.....	62	233	106	188	106	126	44	197	62	152
Pacific.....	54	76	72	120	64	99	79	154	72	219

## MEASLES CASE RATES

101 cities.....	18	27	18	25	27	40	32	50	<sup>1</sup> 40	54
New England.....	48	40	55	53	85	119	69	133	179	186
Middle Atlantic.....	15	30	10	33	18	56	27	53	19	64
East North Central.....	20	18	22	13	23	11	31	17	<sup>2</sup> 24	21
West North Central.....	18	20	14	6	43	12	49	14	76	23
South Atlantic.....	16	36	14	29	21	31	37	69	<sup>4</sup> 32	45
East South Central.....	5	15	0	20	5	56	10	127	<sup>5</sup> 11	51
West South Central.....	4	0	8	4	4	8	0	54	0	37
Mountain.....	0	45	9	0	44	27	53	18	71	72
Pacific.....	10	52	41	47	41	44	18	57	41	57

## SCARLET FEVER CASE RATES

101 cities.....	63	67	76	83	99	103	115	96	<sup>1</sup> 111	117
New England.....	101	123	83	102	90	140	138	130	152	151
Middle Atlantic.....	24	42	38	59	42	100	57	63	69	73
East North Central.....	91	69	100	101	132	102	153	106	<sup>2</sup> 137	127
West North Central.....	103	59	115	79	181	107	140	174	138	137
South Atlantic.....	68	106	74	106	112	123	135	90	<sup>4</sup> 115	161
East South Central.....	65	46	150	117	150	66	234	81	<sup>5</sup> 149	147
West South Central.....	28	50	84	103	148	66	96	87	72	79
Mountain.....	53	152	62	36	18	126	80	108	88	278
Pacific.....	77	71	87	76	112	76	97	97	151	136

## SMALLPOX CASE RATES

101 cities.....	1	6	2	4	3	5	1	6	<sup>1</sup> 3	7
New England.....	0	0	0	0	0	0	0	0	0	0
Middle Atlantic.....	0	0	0	0	0	0	0	0	0	0
East North Central.....	1	1	1	1	5	1	2	5	<sup>2</sup> 3	0
West North Central.....	4	8	2	12	2	14	0	26	2	42
South Atlantic.....	0	0	0	4	0	4	0	2	<sup>4</sup> 0	7
East South Central.....	0	10	5	0	0	0	0	0	<sup>5</sup> 0	5
West South Central.....	4	0	4	8	0	4	4	4	0	0
Mountain.....	0	161	9	54	9	54	9	72	62	72
Pacific.....	5	21	15	24	18	31	5	16	10	21

<sup>1</sup> 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.

<sup>2</sup> South Bend, Ind., Greenville, S. C., and Nashville, Tenn., not included.

<sup>3</sup> South Bend, Ind., not included.

<sup>4</sup> Greenville, S. C., not included.

<sup>5</sup> Nashville, Tenn., not included.

Summary of weekly reports from cities, September 16 to October 20, 1928—Annual rates per 100,000 population compared with rates for the corresponding period of 1927—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Sept. 22, 1928	Sept. 24, 1927	Sept. 29, 1928	Oct. 1, 1927	Oct. 6, 1928	Oct. 8, 1927	Oct. 13, 1928	Oct. 15, 1927	Oct. 20, 1928	Oct. 22, 1927
101 cities.....	27	28	22	19	25	25	22	19	18	20
New England.....	21	63	9	12	16	23	16	16	7	16
Middle Atlantic.....	33	24	26	18	25	21	20	16	23	15
East North Central.....	16	10	14	8	13	17	11	18	7	16
West North Central.....	31	14	27	20	12	28	16	22	10	22
South Atlantic.....	30	45	25	20	30	47	35	27	41	32
East South Central.....	95	86	55	117	50	20	55	30	29	30
West South Central.....	68	70	40	17	52	70	28	29	8	29
Mountain.....	27	36	18	36	124	54	88	63	53	81
Pacific.....	18	13	13	18	28	8	26	8	13	16

INFLUENZA DEATH RATES

95 cities.....	4	3	6	6	7	5	7	6	10	9
New England.....	2	0	5	0	7	5	9	2	2	5
Middle Atlantic.....	5	2	2	4	7	6	4	8	7	7
East North Central.....	4	1	3	5	5	1	7	3	7	5
West North Central.....	2	2	2	8	2	4	2	2	8	12
South Atlantic.....	4	11	7	4	9	4	4	7	5	11
East South Central.....	10	11	5	27	16	11	10	11	30	27
West South Central.....	4	8	29	21	8	8	29	13	21	13
Mountain.....	0	0	9	27	18	45	9	9	62	18
Pacific.....	0	0	24	7	7	3	17	3	27	14

PNEUMONIA DEATH RATES

95 cities.....	66	58	66	56	84	65	79	71	101	77
New England.....	76	70	60	58	51	81	64	95	126	86
Middle Atlantic.....	74	69	75	62	106	71	94	72	124	75
East North Central.....	59	44	51	41	76	58	67	49	87	66
West North Central.....	41	25	41	33	59	41	43	60	51	64
South Atlantic.....	84	65	77	65	91	56	91	106	110	70
East South Central.....	47	85	120	90	94	85	105	48	73	133
West South Central.....	12	68	98	93	98	68	78	68	74	85
Mountain.....	71	54	35	81	62	72	115	117	62	143
Pacific.....	91	66	64	45	47	69	54	83	98	100

1 South Bend, Ind., Greenville, S. C., and Nashville, Tenn., not included.

2 South Bend, Ind., not included.

3 Greenville, S. C., not included.

4 Nashville, Tenn., not included.

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

Group of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1928	1927	1928	1927
Total.....	101	95	31,657,000	31,050,300	30,960,700	30,369,500
New England.....	12	12	2,274,400	2,242,700	2,271,400	2,242,700
Middle Atlantic.....	10	10	10,732,400	10,594,700	10,732,400	10,594,700
East North Central.....	16	16	7,991,400	7,820,700	7,991,400	7,820,700
West North Central.....	12	10	2,683,500	2,634,500	2,566,400	2,518,500
South Atlantic.....	21	21	2,931,900	2,890,700	2,981,900	2,890,700
East South Central.....	7	6	1,048,300	1,023,300	1,000,100	980,700
West South Central.....	8	7	1,307,600	1,260,700	1,274,100	1,227,800
Mountain.....	9	9	591,100	591,100	591,100	581,600
Pacific.....	6	4	2,046,400	1,996,400	1,548,900	1,512,100

## FOREIGN AND INSULAR

### THE FAR EAST

*Report for the week ended October 13, 1928.*—The following report for the week ended October 13, 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 at the following ports:

**PLAGUE**

*India.*—Rangoon.  
*Indo-China.*—Pnompenh.

**CHOLERA**

*India.*—Calcutta, Madras, Bombay.  
*Siam.*—Bangkok.  
*China.*—Shanghai.

**SMALLPOX**

*India.*—Bombay, Madras, Negapatam, Moulmein, Vizagapatam, Tuticorin.  
*French India.*—Pondicherry.  
*Dutch East Indies.*—Batavia, Pontianak.  
*China.*—Hong Kong, Shanghai.  
*Indo-China.*—Pnompenh.

### CANADA

*Provinces—Communicable diseases—Week ended October 20, 1928.*—The department of pensions and national health reports cases of certain communicable diseases from seven Provinces of Canada for the week ended October 20, 1928, as follows:

Disease	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	Total
Cerebrospinal fever.....		1		1			1	3
Influenza.....	16							16
Lethargic encephalitis.....				1				1
Poliomyelitis.....			2	7	8		2	19
Smallpox.....			31	5	1		4	41
Typhoid fever.....	3	4	16	21	6	13	1	64

*Quebec—Communicable diseases—Week ended October 20, 1928.*—During the week ended October 20, 1928, cases of communicable diseases were reported by the provincial bureau of health as follows:

Disease	Cases	Disease	Cases
Chicken pox.....	60	Scarlet fever.....	87
Diphtheria.....	43	Smallpox.....	31
Influenza.....	11	Tuberculosis.....	62
Measles.....	22	Typhoid fever.....	16
Mumps.....	15	Whooping cough.....	8
Poliomyelitis.....	2		



## CHINA

*Mongolia—Plague—October 1, 1928.*—A bulletin from the Plague Prevention Bureau at Ssuping kai, dated October 1, reports 4 deaths at Chien Chia Tien on that date, and a total of 312 deaths since September 1.

No cases of plague had been reported from places along the South Manchurian Railway, and both the Chinese and Japanese authorities are endeavoring to prevent plague from invading this zone.

## ITALY

*Communicable diseases—June 18—July 15, 1928.*—During the four weeks ended July 15, 1928, communicable diseases were reported in the Kingdom of Italy as follows:

Disease	June 18-24		June 25-July 1		July 2-8		July 9-15	
	Cases	Com-munes affected	Cases	Com-munes affected	Cases	Com-munes affected	Cases	Com-munes affected
Anthrax.....	18	14	27	25	31	21	48	33
Cerebrospinal meningitis.....	5	5	6	4	10	7	6	6
Chicken pox.....	281	124	147	78	154	84	164	93
Diphtheria.....	217	135	161	112	179	122	190	123
Dysentery.....	11	8	13	8	15	8	24	15
Lethargic encephalitis.....	7	7	1	1	4	3	8	5
Measles.....	2, 144	306	1, 358	306	1, 485	302	1, 357	330
Polomyelitis.....	23	13	11	7	16	12	20	11
Rabies.....	-----	-----	-----	-----	-----	-----	1	1
Scarlet fever.....	307	113	245	117	205	92	203	99
Smallpox.....	3	3	-----	-----	1	1	-----	-----
Typhoid fever.....	291	173	299	176	377	213	521	291

## NIGERIA

*Lagos—Plague—January—September, 1928.*—During the period from January to September, 1928, there were reported in Lagos 236 deaths from plague, as compared with 80 for the corresponding period of 1927, and 162 for the corresponding period of 1926. Preventive measures are being continued.

## PANAMA CANAL ZONE

*Communicable diseases—August–September, 1928.*—Communicable diseases have been reported in the Canal Zone during the months of August and September, 1928, as follows:

## AUGUST, 1928

Disease	Probable place of infection									
	Panama		Colon		Canal Zone		Outside the zone and terminal cities		Total	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Anthrax.....			1	1					1	1
Chicken pox.....	6		1		1				8	
Diphtheria.....	6	1	1		11		3		21	1
Dysentery (amebic).....	2		1				8		11	
Leprosy.....	1								1	
Malaria.....	14	1	4		95		37	2	150	3
Measles.....	2		1						3	
Mumps.....	37		11		8				56	
Pneumonia.....		29		11		6		9		55
Trachoma.....	1								1	
Tuberculosis.....		18		8				3		29
Whooping cough.....	4	1			3				7	1

## SEPTEMBER, 1928

Chicken pox.....	3		3						6	
Diphtheria.....	8	1	1		2		3		14	1
Dysentery (amebic).....	4		1	1			3	1	8	2
Leprosy.....	1								1	
Malaria.....	11		2		60		39	1	112	1
Measles.....			3				1		4	
Mumps.....	35		3		11		1		50	
Pneumonia.....		35		5		4		6		50
Polioyelitis.....					1				1	
Scarlet fever.....			1						1	
Tuberculosis.....		28		2		1		2		33
Typhoid fever.....			1	1					1	1
Whooping cough.....	8		2		7				17	

## YUGOSLAVIA

*Communicable diseases—September, 1928.*—During the month of September, 1928, communicable diseases were reported in Yugoslavia as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Anthrax.....	255	34	Rabies.....	3	3
Cerebrospinal meningitis.....	5	3	Scarlet fever.....	2,254	282
Diphtheria.....	302	45	Tetanus.....	36	17
Dysentery.....	599	84	Typhoid fever.....	804	62
Lethargic encephalitis.....	1	1	Typhus fever.....	6	
Measles.....	174	2			



















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

**PLAGUE—Continued**

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

Place	Jan- ary, March, 1928	April- June, 1928	July, 1928	Aug- ust, 1928	Sep- tem- ber, 1928	Octo- ber, 1928	Jan- ary, March, 1928	April- June, 1928	July, 1928	Aug- ust, 1928	Sep- tem- ber, 1928	Octo- ber, 1928
Algeria (see also table above):												
Algers.....		1										
British East Africa (see also table above):												
Kenya.....	65	80	97	144								
Uganda.....		5	176	152								
Ecuador: Guayaquil.....	20	6	151	141								
Plague-infected rats:												
Indo-China (see also table above):	8	2	7									
Kwangchow-Wan.....	75	5	7	2	5	2						
Madagascar (see also table above):	12	36	7									
Ambositra Province.....	18	27										
Antistrabe Province.....	940	199	45	65								
Itasy Province.....	864	184	33	61								
Moramanga Province.....	202	68	4									
Tamatave.....	191	35	4									
Madagascar (see also table above):	281	68	11									
Itasy Province.....	279	67	11									
Moramanga Province.....	55	1										
Tamatave.....	49	1										
Magagascar—Continued												
Tannarive Province.....	30	448	318	43	136							
Nigeria (see also table above):	17	246	164	32	88							
Peru.....		7	13	69	73							
Lima.....			17	10	38	40						
Senegal (see also table above):												
Baol.....												
Cayor.....												
Rufisque.....												
Thies.....												
Tivaouane.....												
Syria, Beirut.....												

**PLAGUE RATS ON VESSELS**

Steamship Sicily at Liverpool from Buenos Aires and Rosario, June 8, 1928, seven plague-infected rats.





















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

**TYPHUS FEVER—Continued**

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

Place	Jan- uary- March, 1928	April, 1928	May, 1928	June, 1928	July, 1928	Aug- ust, 1928	Sep- tem- ber, 1928	Jan- uary- March, 1928	April, 1928	May, 1928	June, 1928	July, 1928	Aug- ust, 1928	Sep- tem- ber, 1928
Chosen.....	896	210	241	182				46						
.....	C							D						
Peru.....	88	19	32	24				2	1			1		
Chamulpo.....	2		2					P						
Gansu.....	1							17						
.....	C							C						
La Oroya.....	1							1						
Turkey.....	10	28	19	4	5			1		7	8	0	4	
Secul.....	1	2	4		2					1	1		2	
.....	C							D						
Czechoslovakia.....	25	11	9	6				199						
Greece: Athens.....	4	13	11	1	6									
.....	C							C						
Japan.....	27	2	21	2	1			17						
.....	C							C						
Latvia.....	27	4	2	2	1			1,476						
.....	C							C						
Lithuania.....	223	66	64	32	8	11		6,167	10	19	16	12		6
.....	C							C						
Yugoslavia.....	22	3	3	1				3	1	3	1	3		
.....	D							D						

YELLOW FEVER

Place	Feb. 12- Mar. 10, 1928	Mar. 11- Apr. 7, 1928	Apr. 8- May 5, 1928	May 6- June 2, 1928	June 3-30, 1928	July 1-28, 1928	Week ended—													
							August, 1928					September, 1928					October, 1928			
							4	11	18	25	1	8	15	22	29	6	13			
Belgian Congo: Matadi.....	1		2	2																
Brazil:																				
Arsoaju.....				2																
Bahia.....					4															
Estancia.....	1																			
Pernambuco (Recife).....	1																			
Rio de Janeiro.....				2	48	40	4	4	4	4	4	4	4	1	3					
Sao Felix.....				2	16	21														
Dahomey: Grand Popo.....				2	P															
Gold Coast.....				2	3															
Ivory Coast.....					2															
Abidjan.....					1															
Feres-Sedougou.....					1															
On vessel: S. S. Bernini, at Santos, Brazil.....						1														4
																				1