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REVIEW OF THE MORE IMPORTANT ACTIVITIES DURING THE FISCAL YEAR ENDED JUNE 30, 1929

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STATISTICAL

The optimism referred to in recent annual reports from this hospital has continued progressively to increase; the hopeful outlook of a considerable proportion of the patients is reflected in both the patients at large and the personnel.

During the fiscal year ended June 30, 1929, 109,685 days of relief were furnished, 49 new patients were admitted, 15 absconded, 9 absconders were readmitted, 1 was deported as not entitled to hospitalization at the expense of the Government, 13 died, and admission was denied to one person who voluntarily presented himself under the impression that he was a leper, careful examination disclosing that he did not have the disease.

Nineteen patients were paroled, with leprosy arrested and as no longer a menace to public health; six additional patients complied with the requirements for parole; but owing to their deformities and disfigurements which could not be corrected, these patients elected to remain in the hospital rather than be subjected to the hardships and humiliations, which are the inevitable outlook of many paroled lepers.

Nativity of patients in hospital

Alabama	1	China	16	Japan	1
Arkansas	1	Dutch Guiana	1	Kentucky	1
Bahama Islands	2	Finland	3	Louisiana	103
Bermuda Islands	2	Florida	18	Maryland	1
Brazil	1	France	1	Mexico	26
British Guiana	2	Georgia	3	Minnesota	1
British West Indies	6	Greece	13	Mississippi	5
California	5	Hawaii Territory	10	Missouri	1
Canada	2	India	2	New Jersey	1
Cape Verde Islands	1	Italy	8	New York	2
Central America	1	Jamaica	1	North Carolina	1

Ohio	1	Portugal	3	Virginia	1
Oklahoma	1	Rhode Island	1	West Indies	1
Palestine	2	Russia	5	Wisconsin	1
Panama	1	Society Islands	1		
Pennsylvania	2	South Carolina	1		303
Philippine Islands	5	Spain	5		
Porto Rico	5	Texas	24		

Admissions of patients by States

California	15	Minnesota	2	Pennsylvania	2
Florida	5	Mississippi	1	Texas	6
Kentucky	2	New Jersey	2		
Louisiana	11	New York	1		49
Massachusetts	1	Oregon	1		

MEDICAL AND SURGICAL SERVICE AND LEPRA THERAPY

There were admitted to the infirmaries 188 patients, of which number 126 were male and 62 female. Ten women and 12 men are permanently in the infirmary owing to deformities and chronic illness which render them helpless.

The average stay of patients admitted to the infirmary for acute conditions was two weeks, although a number remained as long as three and four months.

Of the 303 patients, 137 are taking chaulmoogra oil by mouth as routine treatment, the dosage ranging from 9 drops to 375 drops daily.

One hundred and eighty patients are taking biweekly intramuscular injections of benzocaine-chaulmoogra oil, 5 c. c. at each injection, as routine treatment. A general survey of this group shows some improvement in nearly all.

During the year, 80,000 surgical dressings were made and 7,700 prescriptions were written.

About 40 patients were treated for conjunctivitis and iritis with diphtheria antitoxin with favorable results, especially in relief of pain, and without untoward results from repetition of the antitoxin. There does not seem to follow the same amount of restoration to normal which observers have found to follow similar treatment in nonleprous conditions. A combination of sterilized milk and sugar has given comparable results, although used in a small number of cases. In the summer of 1929 there was a marked reduction in the number of acute eye complications as compared with 1928.

A small group of patients, of retrograding, secondary infection type are being treated with intravenous injections of mercurochrome in 25 per cent glucose. At the beginning, the renal ability to pass the drug is estimated against dilutions of mercurochrome, and all of the group have been found, with one exception, showing normal output, to have from 20 to 40 per cent of normal ability. With this check upon dosage it has been possible to keep the dose just below the

reaction point, and it is felt that this group can be kept thus under the treatment for a sufficient time to secure the maximum beneficial results. Improvement has been noted in a few patients.

A group of 20 patients are receiving intramuscular injections of vaccinated calf serum, with the hope of stimulating nonspecific immune body formation. This experiment is collateral to concurrent use of vaccine lymph, and was begun with the thought that the serum taken at the height of the vaccinia might show similar potency, and provide a more easily regulated dosage.

There is little literature available on the subject of the amount of immune bodies against variola formed in the serum of the calf. Intradermal vaccination by the serum has been tried in three cases with failure, followed by "takes" with usual vaccine matter, and no definite reactions in the leper subjects have been noted. The serum in use is unconcentrated and produces local irritation which subsides within 24 hours, at a maximum practicable dose of 1.5 c. c.

Ten patients who have been able to take from 50 to 150 mg. of chaulmoogra oil three times daily, by mouth, are receiving their usual dosage of chaulmoogra oil exposed to ultra-violet rays. This group gave readings of lowered diffusible blood calcium and phosphorous at the beginning of the treatment, and will be checked for changes after a suitable time, and for clinical evidences of improvement.

The intramuscular injections of the ethyl esters of chaulmoogra oil have continued, but to a very much reduced number of patients.

Gland extracts have been tried in a few small selected groups. Improvement was noted in a few of the patients first treated, but subsequent failure in other cases makes it seem probable that such amelioration as occurred was merely a coincidence.

During the year, many cases of leprous keratitis have been benefited by pericorneal use of the actual cautery after dissecting back the conjunctiva.

The usual number of cases of refractive errors and iritis have appeared at the eye clinic, where 936 treatments were given.

Neuropsychiatric service.—During the year, there were examined in the neuropsychiatric section 58 new patients, 39 male and 19 female, and 82 old patients. Sixteen patients were examined neurologically before their discharge.

A tentative survey was made for establishing the rôle of leprosy in those presenting disturbances of hearing, particularly from a neurological standpoint. Out of 140 patients examined with this point in view, 14 presented disorders of hearing. Such affections in the greater number of cases followed middle ear disease and antedated by many years the first manifestations of leprosy. The acoustic nerve itself was not found to be affected, as most of these patients

responded to bone conduction. It was not thought, therefore, that such affections should be attributed to leprosy. There are still seven patients presenting definite psychopathic entities, one case with a definite manic depressive psychosis.

Orthopedic and physiotherapy.—The total number of treatments given in the orthopedic and physiotherapy departments during the year was 34,471; 386 patients were examined during the year, of which number 74 were new patients.

Experience has indicated that ultra-violet light should be used with caution, especially in very active cases, because of irritation to the skin and aggravation of the general leprous condition. Ultra-violet light is especially valuable in leg ulcers, perforating ulcers, and callosities of the feet and hands; however, its application to these areas should be given with the surrounding parts screened. Infection of skin and infected areas of the deeper structures which are opened have been controlled by soaking in saturated boracic acid solution followed by wet packs of the same. This form of treatment has obviated the necessity of operation, and possibly of amputation, in a number of cases.

Occupational therapy.—Chair caning represents the most useful as well as the most extensive work done. Leather work, however, appeals to some of the patients and their work is remarkably good.

Dental service.—Dental work has continued with prophylaxis, amalgam fillings, gold inlays, synthetic porcelain fillings, cement fillings, denture construction, crown and bridge work, treatments of pyorrhea alveolaris, leprous ulcers, Vincent's stomatitis, abscesses, and leprous stomatitis involving gum tissue, lips, and adjacent tissues. A marked improvement is noted in dental disease and a decrease of leprous lesions in the mouths of patients in this hospital.

X rays.—The continued use of the X ray as an aid to diagnosis and prognosis in the study of bone changes in leprosy is accumulating considerable information which at the proper time will be correlated with certain chemical studies in the attempt to explain the not well understood phenomena.

Laboratory.—The laboratory is in the charge of a full-time medical officer, assisted by a Sister of Charity and two leper orderlies.

EXPERIMENTAL

The consulting dermatologist, after experimenting with heat applied with pressure to localized lepromata, noted gratifying improvements in some cases, and requested that the experiment be continued in the laboratory. Applicators were devised through which water heated to a desired temperature is circulated. The applicator is fitted with a thermometer to gauge the exact temperature of the applications.

Lepromatae of different consistencies require different degrees of temperature; it has been found that temperatures varying between 50° and 52° C. applied with considerable pressure from two to six minutes daily will cause the average lepromata to be absorbed in from one to three months. Since lepromata on the exposed surfaces of the body are very disfiguring, this form of treatment is popular with the patients, for cosmetic reasons. During the past year, 657 such treatments were given.

Beginning August 20, 1926, smallpox virus was used as a treatment in leprosy, when 25 cases were selected and treated over a period of time varying from 2 to 29 months. The first phase of this experiment ended March 1, 1929. (A report is being prepared which will appear elsewhere.) At the end of this fiscal year more than 45 patients were taking this experimental treatment.

Biochemistry.—Specimens of oxalated blood were examined from 43 patients, utilizing Folin-Wu nonprotein filtrate for the determinations of sugar, total nonprotein nitrogen, urea nitrogen, chlorides, and creatinine, and whole oxalated blood for cholesterol.

The following table gives the high, low, and average findings in series of blood specimens. Amounts represent milligrams per 100 c. c.

	Sugar	Non-protein nitrogen	Urea nitrogen	Cholesterol	Chlorides	Creatinine
Number of specimens examined	43	39	22	22	36	37
Highest value ..... milligrams	222	54	37.5	260.9	577.5	2.3
Lowest value ..... do	71.4	22.5	12	120	445.5	.8
Average ..... do	117.3	38.4	21	198.6	486.6	1.4

Analyses were made of the sera from 53 patients, 16 physicians in the United States Public Health Service, and 7 negro personnel for calcium total (Clark-Collip Modification Kramer-Tisdall), calcium, diffusible (Moritz), and inorganic phosphorous (Benedict-Theiss). The sera from the physicians and negro personnel were used as controls. Records were made of the per cent of calcium that was diffusible, the calcium-phosphorous balance, and the diffusible calcium-phosphorous balance.

The averages of these findings are tabulated in the accompanying table.

	Calcium, total	Calcium, diffusible	Diffusible calcium	Phosphorous, total	Calcium-phosphorous balance	Diffusible calcium-phosphorous balance
	Milligrams	*Milligrams*	*Per cent*	*Milligrams*		
Patients	10.1	4.75	46.8	3.38	34.2	16.1
Physicians	10.1	5.8	57.8	3.16	31.9	18.4
Negro personnel	10.3	5.2	50.3	3.99	41.3	20.6

A subsequent detailed report of this experiment with interpretations will be made later.

Photography.—Clinical photographic records are made of all patients on admission and later from time to time as clinical changes take place. During the past year, 550 such photographic records were made.

Routine examinations.—Routine examinations included blood, urine, feces, sputum, dark-field for *T. pallidum*, throat and other cultures, agglutination tests, water and milk analyses, animal inoculations, and bacteriological and pathological examinations.

One thousand three hundred and seventy-three smears were made in 772 examinations of patients for the presence of leprosy bacilli. Of these examinations 462, or 57.2 per cent, were negative, and 310, or 42.7 per cent, were positive.

From July 1 to September 30, sera from 189 patients were examined by a modification of Kolmer's qualitative method, with the following results:

	Number	Per cent of total		Number	Per cent of total
Negative	124	65.3	++	11	5.8
++++	47	24.7	+	1	.5
+++	6	3.1	Anticomplementary	1	.5

On October 1, 1928, Kolmer's quantitative fixation and Kahn's precipitation tests were adopted as routine and since that date have been employed in all serological reactions. Sera from 207 patients have been examined by Kolmer's method and from 206 by Kahn's. Of these sera, 203 were examined by both Kolmer's and Kahn's tests with the following results:

72, or 35.4 per cent, were negative by both methods.

76, or 37.4 per cent, were positive by both methods.

33, or 16.3 per cent, were positive by Kolmer but negative by Kahn.

17, or 8.3 per cent, were positive by Kahn but negative by Kolmer.

5, or 2.4 per cent of these sera were anticomplementary.

Of the patients' sera that were positive by Kolmer's but negative by Kahn's, the Kolmer readings were as follows:

	Number	Per cent of disagreements		Number	Per cent of disagreements
Very strongly positive	6	18.2	Weakly positive	11	33.3
Strongly positive	5	15.2	Doubtfully positive	5	15.2
Positive	6	18.2			

Of the patients' sera that were positive by Kahn and negative by Kolmer, the Kahn readings were as follows:

	Number	Per cent of disagreements		Number	Per cent of disagreements
++++	3	17.6	+	10	58.8
+++	1	5.9	±	3	17.6
++	0	0			

Sera from 42 kitchen and dairy personnel were examined by Kolmer's quantitative method and 38 were checked by Kahn's precipitation test with the following findings:

17, or 44.7 per cent, were negative by both.

12, or 31.6 per cent, were positive by both.

1, or 2.6 per cent, was positive by Kolmer but negative by Kahn.

6, or 15.8 per cent, were positive by Kahn but negative by Kolmer.

2, or 5.3 per cent, were anticomplementary by Kolmer.

Of the sera that were not checked by Kahn's, three were negative and one was positive.

The sera tabulated as positive by Kolmer and negative by Kahn gave a doubtfully positive reading.

Of the sera that were tabulated as positive by Kahn's and negative by Kolmer's method, the Kahn's three were read as one + and three as ±.

Acid-fast bacilli.—In some leper hospitals and colonies a high mortality is reported from concomitant tuberculosis and leprosy and it is reported that the coincident presence of the two diseases tends to shorten life. As a matter of purely academic interest the sputa from 210 lepers were examined bacterioscopically for acid-fast bacilli, with the following results:

Type of leprosy	Cases	Bacterioscopically	
		Negative	Positive
Anesthetic:			
Advanced	27	18	9
Moderately advanced	7	6	1
Early	13	12	1
Nodular:			
Advanced	41	7	34
Moderately advanced	29	10	19
Early	22	14	8
Mixed:			
Advanced	16	8	8
Moderately advanced	37	22	15
Early	18	14	4
Total	210	111	99

The acid-fast organisms found in many instances were grouped in the manner considered typical of leprosy; certain curved and "Y" forms suggested tuberculosis, others (in minority) did not present sufficient morphologic characteristics to permit a tentative indentification. The large percentage of leprous sputa (47 per cent) showing acid-fast bacilli warranted a more intense study to determine more accurately the identity of acid-fast organisms found.

Accordingly, sputa were collected from 75 lepers in whom acid-fast bacilli had been previously found. Of these sputa, 14, or 18.7 per cent, produced acid-fast colonies on Dorsett's egg media morphologically and tinctorially resembling tuberculosis. The slants not showing evidence of growth were subcultured through several series and discarded when no acid-fast colonies appeared. Six guinea pigs inoculated with the sputum producing acid-fast colonies developed tuberculosis; and one pig inoculated with sputum in which acid-fast bacilli existed in globi formalin only, died 12 days later with bilateral suppurating inguinal adenitis, the pus from which contained many curved and branching forms of acid-fast bacilli. Subsequent cultures on Dorsett's egg media and guinea pig inoculations from this pig were negative. Cultures on artificial media from the original sputum were negative.

A preliminary bacterioscopic examination of the sputum of 210 lepers showed that 99, or 47 per cent, harbored acid-fast bacilli in mucus from some portion of the respiratory tract.

A routine bacteriologic examination of the sputum from 75 lepers in whose sputum acid-fast bacilli had been previously demonstrated, resulted in positive cultures of *B. tuberculosis* from 14 cases, each of which was clinically tuberculous—9 of these progressing to a fatal termination and 5 becoming inactive. One inoculated guinea pig died of suppurating bilateral inguinal adenitis containing acid-fast bacilli but from which further cultures and guinea pig inoculations were negative. Guinea pigs inoculated with the sputum from six lepers died of tuberculosis.

It is evident that the bacterioscopic finding, alone, of acid-fast bacilli in the sputum is not conclusive evidence of either leprosy or tuberculosis.

FARM AND DAIRY

The farm and dairy continued to operate with economy. It is estimated that the milk produced by the station herd saved the hospital $1,286.04 over market prices; beef slaughtered saved $177.65; pork raised and slaughtered saved $746.12; fruit and vegetables produced effected a saving of $195.44; and alfalfa produced for forage saved $388.98 over market prices.

REPORT ON THE INTERNATIONAL CONFERENCE FOR THE PROMOTION OF INFANT WELFARE HELD AT STOCKHOLM, SWEDEN, SEPTEMBER 19–24, 1929

Report by E. A. SWEET, *Surgeon, United States Public Health Service*

The conference was called to order the morning of September 19. The following-named persons comprised the list of delegates, those marked with an asterisk being present:

Miss Carmen Isern Galceran, representing the Spanish Government.
Mr. Pfeiffer, Vice President of the Association Internationale pour la Protection de l'Enfance.
*Miss Gros, General Secretary of the French Division of the Association Internationale pour la Protection de l'Enfance.
*Miss Nevejan, Secretary of the Association Internationale pour la Protection de l'Enfance.
Mr. MacKenzie, General Secretary of the Union Internationale de Secours aux Enfants.
*Miss Bonhomme, representing Liga Pernambucano por la Protección de la Infancia.
*Dr. E. A. Sweet, representing the United States Public Health Service.
*Mr. Mohamed Iffat Bey, representing the Egyptian Government.
Dr. Paul Boncour, Paris.
*Mr. Otto Garde, President of Conseil tutelaire superieur of Copenhagen.
*Doctor Banu, former Secretary General, Ministére de l'Hygiene, Bucarest.
*Mr. Olaf J. Skjerbaeck, Senior Inspector, Denmark.
Dr. Alfred Sandal, Oslo, Norway.
*Mr. Erik Mandelin, representing the School Board, Helsingfors, Finland.
*Miss Sigrid Larsson, representing the Public Health Service, Helsingfors, Finland.
*Mr. Welhaven, representing the Norwegian Government.
*Miss Furuhjälm, from Finland.

In addition to the delegates, a considerable number of Government officials, social workers, and others interested in welfare work, were present at each of the various sessions.

The morning session of the conference was chiefly occupied with a symposium on school absences, several papers being read on this subject. The discussion was not limited to truancy, as we understand it in America, but rather to the much broader topic of the many various causes of absence from school. For this reason the discussion had something of a medical bearing.

A report submitted by Enrique L. de la Alberca, secretary of the Board for the Protection of Children, Bilboa, Spain, emphasized the economic condition of the parents, particularly the neglect of the family by the father, as the principal cause of absenteeism in Spain. The speaker further mentioned mental abnormalities as a frequent cause of absences, without, however, going into detail. He also spoke of giving premiums to policemen who report the presence of children

in the street during school hours and of furthering the enactment of laws forbidding the children of school age engaging in work.

A second representative from Spain, Dr. Patricio B. Diaz, president of the Tribunal for Children of Zaragoza, presented a paper also dealing with the subject of absenteeism. He cited the fact that there was an inadequate number of schools for the school population in Spain, and stated that until sufficient schools were built, absenteeism could not be remedied.

Doctor Diaz further stated that, in his opinion, the tendency to vagrancy was a less important cause than many others. Numerous family reasons, particularly the negligence of poor or ignorant parents, who do not understand the necessity of education, was a factor of moment. He seemed to think that health conditions generally were less important in Spain as a causative factor than the tendency to vagrancy, distance from school, bad weather, and the like. Theoretically, there was a direct connection between absence from school and delinquency; actually, judging by his personal experience, offenses are not more frequent among children who do not go to school than among those who assiduously attend.

The situation in Belgium is more interesting from a medical standpoint. There the law compels the head of the family to see to it that children from 6 to 14 years of age regularly attend the school where they are registered, except in certain instances where distance from school, physical or mental infirmity, and, strange to say, conscientious objection, prevent. The State, assisted by the police and local officials, chiefly in the person of a district inspector, enforces the provisions of the law. Absences are not permitted beyond three half days a month unless there is good justification for such action. Boarding schools are provided for children of parents with no fixed residence.

In Belgium 56 per cent of all cases of absenteeism is due to slight or temporary illness of the child and 8 per cent to more serious disorders. Four per cent of absenteeism is the direct result of communicable diseases among the family, and 4.5 per cent is caused by death in the family group. This gives us a total of 72.5 per cent brought about by illness of some character—a strikingly large percentage. It would seem that effort in the prevention of illness, particularly medical inspection of school children, is not an unimportant weapon in raising educational standards—a view perhaps which is too little appreciated.

Other causes of school absences in Belgium are given as difficulty of communication, including bad weather, in 10 per cent of the cases, negligence of parents in 6 per cent, and poverty in 1.4 per cent. Only four-tenths of 1 per cent of the cases are due to vagrancy. Religious ceremonies, travel, seasonal labor, and local feasts account for the remaining 9.3 per cent.

The report goes on to state that 39.7 per cent of the children in Belgium must be tabulated as backward or retarded, 22 per cent by one year, 11.3 per cent by two years, and 6.4 per cent by more than two years. Among the causes of backwardness, disease and physical or congenital weakness rank high, accounting for more than 31 per cent of all cases. Weakness of the mind is responsible in 15 per cent, although it is well recognized that many of the cases of so-called intellectual weakness can be traced to defective hearing, bad eyesight, or other physical abnormalities.

Summarizing, the report states that the principal cause of the conditions cited is unquestionably the bad health of the child. When it is considered that the data given are for an entire country and that they are presented by a lay investigator, this statement must be considered impressive.

A brief report covering Luxemburg was also submitted. School attendance is obligatory and applies to the children of aliens, to foundlings, the deaf and dumb, and the blind. The latter two classes, together with the crippled, are cared for in special institutions. It is next to impossible to avoid school obligations. The figures of absenteeism, while covering a territory comparable only to one of our smaller American cities, indicated that illness is a major factor.

A rather voluminous and interesting report on the subject of non-attendance at school compiled by Dr. Paul Boncour, professor of criminology, School of Anthropology, and medical director of the Medical Pedogogical Institute of Vitry, together with a number of coworkers, was submitted by the French National Section.

The report states that the examination of recruits shows that 7 per cent are illiterate and that an additional 22 per cent have received insufficient instruction in the elementary schools, notwithstanding that these men, with few exceptions, are capable of acquiring knowledge, as shown by the fact that, during their military careers, when instruction is given improvement is noted. Additional statistics were presented showing that illiteracy is common in village life where the percentage of illiteracy is even higher than in recruits, and higher among women than men.

Of the 1,979 prisoners examined at the Petite Roquette but 44 had received higher instruction, 175 had received a certificate of elementary instruction, 1,519 knew scarcely how to read or write, and 241 were completely illiterate. The committee concluded that there is a distinct relationship between criminality and poor school attendance.

The symposium developed a mass of statistics on the subject of absenteeism from school, covering schools of every character in all parts of the country, urban and rural, showing that illness of pupils

was the leading cause of absence, even exceeding economic necessity, which plays an important rôle in all European countries.

In conclusion the committee cited seriatim the recommendations for the relief of this deplorable situation presented at the International Congress for the Promotion of Child Welfare, held at Brussels, in 1921. They agreed that elementary instruction of children from 6 to 14 years of age should be made compulsory in every State, without exception, and that the number of absences be strictly regulated by the school authorities, with due regard to the agricultural need of the services of those between 12 and 14 years of age. They further advised that leave of absence on account of illness be controlled by duly appointed inspectors of school attendance, assisted by physicians. The numerous recommendations submitted, covering such items as food and clothing for the child, insufficiency of school accommodations, and remoteness and lack of transportation facilities, served only to emphasize the advanced position of America in the compulsory education of children, where problems of this nature assume far less importance than in European countries.

A more detailed subreport covering school absenteeism was submitted by Doctor Laufer, physician-inspector of the schools of Paris. Doctor Laufer stated that "Illness is doubtless the most important cause of nonattendance at school." Absences due to all other causes combined fluctuate between only one-eighth and one-fourth of the total. Contrary to what one might suspect, the Paris statistics show that absences due to transitory indispositions, such as headache, fatigue, colds, and digestive disturbances, greatly outnumber absences on account of the contagious diseases. (In this connection, and quite apart from Doctor Laufer's conclusions, it should be stated that in communities where strict school attendance is compulsory, temporary illness is often given as a reason for absence when in reality it does not exist, inasmuch as it is an excuse which is more or less difficult to controvert and one generally accepted by the authorities without much question.) For this reason Doctor Laufer's figures, as well as those given for other cities, may be somewhat misleading.

The Paris statistics show that absences on account of illness, as one would suppose, are highest during the first year of school life and gradually diminish up to the fifth year. There is also a seasonal variation, the percentage being highest in April and May.

Among the remedial measures Doctor Laufer referred to the preventive inoculation for diphtheria and progress in the knowledge of infectious diseases. For example, whooping cough, of which the period of contagion has been found to be shorter than was formerly believed, no longer requires the keeping of children at home for prolonged periods. He also emphasized the importance of the school nurse, especially in the matter of attention to cleanliness and the

early care of minor complaints. As a conclusion he further states that the attention of the child, and therefore its pedagogical progress, is far more under the influence of physiological and somatic conditions than is that of the adult. For this reason it is most essential that such items as ventilation and comfort of the pupil receive attention.

Finally a highly technical paper was presented by Doctor Neron, assistant physician at the Clinique Neuro-Psychiatrique of the Paris Medical Faculty, dealing with absence from school through the tendency to vagrancy. Doctor Neron took up in detail the instinctively perverse child, the child with the so-called paranoical temper, the unstable child, and children of an emotional type. He recommended systematic psychical examination of school children, the creation of special schools for the unstable and undisciplined, and manual training or labor for the intellectually weak.

Two members of the conference submitted papers which minimized health conditions as a leading cause of absenteeism. One of them went so far as to state that "nonattendance is especially due to social conditions; health is only a secondary factor." Neither of these investigators presented any statistics to substantiate the conclusions advanced.

One of the most interesting papers of the conference was by Dr. Carl Schiotz, medical inspector of the schools of Oslo, Norway (read in his absence by his assistant, Dr. A. Sundahl), on Medical Inspection of Schools at Oslo. The lecture was supplemented by a considerable number of lantern slides, charts, and the like. From the medical standpoint it was most instructive.

The school inspection service was inaugurated in Oslo in 1920, since which time complete records covering every pupil are available. A thorough physical examination is made of each pupil twice a year. For this purpose there is an eye and ear specialist, a psychiatrist, and a dentist, supplementing the regular staff of physicians and nurses. The pupils are examined stripped. Inasmuch as more than ordinary attention is paid to nutrition, elaborate weight charts are kept. A number of these charts showing increase in weight and making comparison by schools were shown on the screen.

Contact with the home is made through the school nurses, of whom there are several. It would seem that the results obtained through this excellent follow-up system had been most encouraging. Just as the public health nurse aims to correct insanitary conditions in the homes, the school nurse likewise attempts to bring about improved conditions if it is evident that the health or physical development of the child is affected. Where the parents, through poverty or otherwise, are unable to provide adequate medical treatment of the child, the nurse sees to it that treatment is furnished either through one of the city dispensaries or in some other way.

The physical development of the children is also under the supervision of the school physician. In most of the advanced countries of Europe "sport," as it is called, and gymnastics are a much more integral and essential part of elementary-school instruction than in America. The school physician, and not the private physician, decides as to whether or not the child shall be exempt from physical training.

An ingenious device was presented for determining the physical age of a child. As is well known, most of the competitions in America are conducted on the basis of scholastic grades or of age. This gives the large 14-year old boy in the eighth grade the advantage over his smaller rival of the same class. In Oslo the physical age is determined at a glance by the use of this method, which, in all cases, is based on a composite of the chonological age, height, and weight. By this method boys and girls of like physical attainments are matched.

Many other interesting features of school medical inspection service were brought out. For example, a child absent from school for more than eight days must appear before the school physician for examination before being readmitted. All notices to parents are in writing. Children who are not making adequate progress are examined by the school physician, as well as the psychiatrist, to determine the cause. When the child shows an insufficient gain in weight for his age, or falls below his fellows, the matter is investigated.

A number of other papers bearing on medical or public health matters were also submitted.

Public health nursing in Finland was reviewed by Miss Sigrid Larsson, inspector of public health nursing for the leading child welfare league of that country. Miss Larsson traced the development of the movement in her country, its accomplishments in disease prevention, particularly in the prevention of rickets, and in the reduction in the infant mortality rate. This paper was briefly discussed by the writer. It was pointed out that the public health or community nurse in America had become a most essential part of health organizations throughout the country and that much of the success achieved in health work could be attributed to the efforts of such nurses.

Some of the discussions, nearly all of which were in French, also concerned matters other than medical. A comprehensive paper having to do with the Preventive Protection of Childhood in Denmark was read by Olaf J. Skjerbaeck, chief inspector of public educational institutions of that country. He pointed out that Denmark had established many baby clinics, subvented in part by the state, where advice and direction to mothers, as well as milk for the children, were given. In addition, there were numerous day nurseries for nursing infants where children of working mothers are received,

14 in Copenhagen alone. There are also the usual kindergartens, or organizations corresponding thereto, public, private, and parochial. The day homes or workshops for children, where children of school age are received out of class hours and are taught weaving, metal working, binding, woodworking, and similar vocations, are numerous in Denmark. There are 40 schools of this character in Copenhagen. Summer holidays for poor children are provided by several agencies, as in Germany, and country families gratuitously receive city children to the number of several thousand a year. While some of these children are cared for by relatives or friends, the majority come from families quite unknown. Transportation is furnished by the state, and over 1,000,000 crowns was appropriated last year for this purpose. When it is considered that Denmark is an exceptionally small country, and that travel from one end of the land to the other by train can be accomplished within a few hours, some idea of the size of this summer recreational movement can be estimated.

A scholarly paper entitled "Enforcing of the Feeling of Responsibility in Youth" was presented by Einar Gauffin, one of the most prominent educators of Sweden. In this paper Mr. Gauffin dwelt upon a number of pedagogical problems, emphasizing the importance of awakening a feeling of responsibility among the students and a development of a moral foundation for life. He mentioned in particular the George Junior Republics in America as an example of the benefits obtained by society when the love of humanity and an intelligent psychology are awakened in the souls of children who have gone astray. He also referred at some length to the honor system as it exists in America.

Not only the theoretical but the practical side of child life was brought before the conference in a number of different ways. In September of each year in Sweden, as well as in Denmark, two days are devoted to festivities in celebration of childhood and the promotion of child welfare. On these holidays there are processions through the streets, sales of flowers, usually a lottery, and concerts and amusements. The collected sums are devoted to institutions promoting the welfare of children.

The festivities this year in Stockholm were of a highly interesting character. On one of the evenings a pageant depicting oriental life was put on in the Stockholm stadium and was viewed by many thousand people; the fireworks were especially brilliant. On the following day an exceedingly beautiful performance was given by the boys and girls of Stockholm in the stadium. A boys' band of more than 200 pieces furnished music; there were competitions of various kinds, following which was dancing by 2,000 young girls, by groups of hundreds, costumed in the national colors.

The members of the conference were also privileged to visit many of the relief and welfare institutions in Stockholm. The arrangements on all these occasions were under the charge of Kanslirad von Kock, who was unsparing of his time and who devoted himself wholeheartedly to the arranged program, a program which was most complete and was carried out without any of the mistakes and annoyances frequently attending meetings of this nature.

On one of the afternoons the new Stockholm Public Library, a striking building architecturally and especially well equipped for a city the size of Stockholm, was visited. The delegates also visited a home for crippled children. While this institution is not as well housed as it deserves to be, it is accomplishing a work of high importance to the community and state. The inmates, most of whom are victims of infantile paralysis, are taught various trades, ranging from sewing and weaving to metal working and the manufacture of orthopedic appliances, while receiving treatment for their affliction. In this connection it should be recalled that one of the earliest outbreaks of this disease was first studied in Sweden.

Another institution visited was the Sabyholms School for the industrial and agricultural training of boys and girls, an endowed school of a philanthropic nature located in the country.

In addition to the foregoing, the opportunity was afforded of visiting a model high school, a child-welfare center, a domestic-economy and nursery school, and one of the newer hospitals for children. On the whole the impression was gained that Sweden ranks especially high in all social-welfare work. A recent survey published by order of the Swedish Government, entitled "Social Work and Legislation in Sweden" presents in succinct form a review of what has been accomplished for the protection of workers, what is being done for the public health and care of the sick, the various means adopted for the protection of infants, and what is being attempted in other lines of social endeavor.

The social side of the conference was by no means neglected. The Swedish people are notoriously hospitable, and on this occasion even the higher officials of the Government not only showed an interest in the conference itself but also saw to it that the various delegates were entertained throughout their stay. It is certain that every delegate carried away with him the most pleasant recollections of a successful conference and also memories of a delightful people.

The next conference is scheduled to be held in June, 1930, in Liege, Belgium.

CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES [1]

November 3–November 30, 1929

The prevalence of certain important communicable diseases as indicated by weekly telegraphic reports from State health departments [2] to the Public Health Service is summarized below. This summary is prepared from the data published weekly in the Public Health Reports under the section entitled "Prevalence of Disease."

Smallpox.—The high incidence of smallpox reported last month became even higher in November. During the 4-week period ended November 30 the number of cases reported was 3,042, which was about 75 per cent above the average of the three preceding years.

The heaviest incidence centered in the Great Lake States—Ohio (534 cases), Indiana (529), Illinois (470), and Michigan (239). A few of the West Central and Pacific Coast States showed fairly high rates.

In Alabama a rural epidemic was reported, totaling 203 cases in about six weeks.

Meningococcus meningitis.—The reported incidence (446 cases) continues to be about double the average of recent years. The highest case rates this month were reported from Arizona, Utah, and Michigan.

Typhoid fever.—The incidence (1,217 cases) underwent the customary seasonal decline and continues to be well below the average of recent years.

Poliomyelitis.—The disease has apparently receded from the slight excess over the normal which had prevailed in October. The reported cases numbered 180.

Influenza.—Approximately normal (2,037 cases).

Measles.—There was a moderate seasonal rise, but the reported incidence (8,176 cases) was about half the average of the three preceding years.

Diphtheria.—The reported incidence (8,757 cases) was slightly below the normal of recent years.

Scarlet fever.—There was a seasonal rise, but the reported cases (13,178) were not far from the seasonal normal.

Mortality from all causes.—The mortality from all causes, as taken from the Weekly Health Index of the Census Bureau, averaged 11.9 per 1,000 population (annual basis) compared with 12.4 for the corresponding period of last year.

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[1] From the Office of Statistical Investigations, U. S. Public Health Service.

[2] The numbers of States reporting for the various diseases are as follows: Typhoid fever, 41; poliomyelitis, 43; meningococcus meningitis, 42; smallpox, 42; measles, 38; diphtheria, 42; scarlet fever, 41; influenza, 31.

ENDEMIC GOITER

The results of six years' study of endemic goiter, also known as simple goiter, by the United States Public Health Service are incorporated in Public Health Bulletin No. 192.[1] The conclusion is reached that this form of goiter, which is present to a considerable extent in certain parts of the United States, is simple in name only, for the etiological factors concerned in its production are undoubtedly numerous, even complex. This bulletin, which contains a foreword by Dr. David Marine, eminent American authority on goiter, will prove of interest to physicians, public health officials, nurses, educators, and others concerned with the prevention and treatment of goiter.

The goiter studies of the Public Health Service, conducted from headquarters located in Cincinnati, Ohio, were directed along three principal lines:

1. Studies of the distribution of simple goiter.
2. Studies of the causes and effects of simple goiter.
3. Dissemination of authentic information.

Thyroid surveys were made by the same officers of the Public Health Service in the States of Colorado, Connecticut, Massachusetts, Oregon, Tennessee, South Carolina, and in the city of Cincinnati, Ohio. As a result of these investigations it has been possible to distinguish variations in goiter incidence within individual States and indicate the places in which goiter prophylaxis is required. Graphic representations of characteristic incidence curves are shown.

The findings of several investigations, having for their purpose the determination of the causes and effects of simple goiter, are also set forth in the bulletin. Thus efforts were made to learn whether communicable diseases, routine physical exercise, or potential foci of infection, such as may exist in decayed teeth and diseased tonsils, are responsible for endemic goiter. The effects of endemic goiter upon intelligence, physical growth, and school attendance are indicated. Interesting accounts of the gross and microscopic anatomy, as well as the physiology and pathology of the thyroid gland, are included. Detailed instructions for making thyroid surveys, with suggestions for interpreting and utilizing the information gathered, are a feature of the bulletin.

The etiology of simple goiter is considered in detail. There is also a critical consideration of the various prophylactic measures and their relative value. The importance of iodine prophylaxis during pregnancy has received particular emphasis. While suggestions are given for the appropriate treatment of endemic goiter, the self-

[1] Olesen, Robert: Endemic Goiter, United States Public Health Bulletin No. 192.

administration of iodine, either for prophylaxis or treatment, is condemned.

The value of the bulletin is enhanced by photographs of a number of thyroid-normal and thyroid-enlarged individuals, both in profile and full front view. Other illustrations show the topographic relations of the thyroid gland.

A limited number of these bulletins are available for free distribution. Requests for copies should be addressed to the Surgeon General, United States Public Health Service, Washington, D. C.

MORTALITY FROM AUTOMOBILE ACCIDENTS, 1928

The Department of Commerce announces that in the death registration area in continental United States there were 23,765 accidental deaths in 1928 charged to automobile accidents (excluding collisions with railroad trains and street cars), and that the death rate from this cause was 20.8 per 100,000 population, as against 19.5 in 1927, 17.9 in 1926, 17 in 1925, and 15.7 in 1924.

In 1928 the registration area included 44 States, the District of Columbia, and 10 cities in nonregistration States. These States and cities together included 95.4 per cent of the total population of the United States. On this basis the number of deaths due to automobile accidents is estimated at 24,900 for the whole country.

For purposes of comparison it may be helpful to consider the increase for the 38 States which were continuously in the registration area during the 5-year period. Counting only the same class of fatalities throughout this period—namely, automobile accidents, excluding collisions with railroad trains and street cars—there was an increase from 14,806 deaths in 1924 to 21,513 in 1928. This represents an increase in rates from 15.7 to 21.4, or 36.3 per cent.

It should be noted that the deaths assigned to automobile accidents do not include those due to collisions of automobiles with street cars or with railroad trains. In 1928 there were 542 deaths due to collisions with street cars and 2,041 deaths due to collisions with railroad trains; these, if added to the 23,765 referred to above, would make a total for the registration area of 26,348 deaths due to accidents in which automobiles were involved and would raise the rate from 20.8 per 100,000 population to 23.

These deaths constitute 1.9 per cent of all deaths and 29 per cent of all deaths from accidents. In 1925 this class of deaths constituted 1.6 per cent of all deaths and 23.9 per cent of all deaths from accidents.

As has been frequently pointed out, uncorrected figures showing deaths from automobile accidents, especially in cities, may be very misleading, because many who are fatally injured outside the city

are brought to city hospitals, and since deaths are tabulated according to the place of occurrence there is usually a higher city death rate than would otherwise be shown. The third and fourth columns in the accompanying table show how many such deaths are known to have occurred in 1928 and in 1927. The importance of this factor is well illustrated by the figures for Camden, Trenton, New Haven, Albany, and Reading for 1928, and for Camden, Hartford, New Haven, Albany, and Wilmington for 1927, which show that at least half of the deaths were due to accidents which occurred outside of the city.

Deaths and death rates in the registration area in continental United States, registration States, and 68 cities, from accidents caused by automobiles, motor trucks, and commercial motor vehicles: 1924 to 1928

[For each year total deaths are shown regardless of place of accident. For 1927 and 1928 deaths are also shown where accidents are known to have occurred outside of State or city limits]

Area	Number of deaths [1]				Rate per 100,000 estimated population				
	Total		From accidents outside		1928	1927	1926	1925	1924
	1928	1927	1928	1927					
Registration area	23,765	21,160	------	------	20.8	19.5	17.9	17.0	15.7
Registration States [2]	23,427	20,704	------	------	20.7	19.4	17.8	16.9	15.6
Alabama	375	361	10	------	14.6	14.2	12.6	10.1	(3)
Arizona	123	140	------	2	25.9	30.5	26.1	(3)	(3)
Arkansas	211	170	4	3	10.9	8.8	(3)	(3)	(3)
California	1,755	1,628	2	1	38.5	36.7	33.9	31.7	32.0
Colorado	221	234	4	1	20.3	21.8	16.5	14.0	15.7
Connecticut	407	327	6	2	24.4	20.0	19.1	21.6	18.4
Delaware	75	62	------	1	30.7	25.5	20.8	15.5	19.8
Florida	404	425	------	2	28.6	31.2	39.1	35.5	19.7
Georgia	468	(4)	2	(4)	14.6	(4)	(4)	(4)	10.1
Idaho	90	76	1	1	16.5	14.2	14.8	11.0	11.2
Illinois	1,743	1,512	13	5	23.6	20.7	18.6	17.9	15.5
Indiana	784	665	8	4	24.7	21.1	17.5	16.4	15.8
Iowa	329	284	9	5	13.6	11.7	10.9	11.2	8.7
Kansas	304	253	6	2	16.6	13.8	13.2	13.2	9.4
Kentucky	342	299	7	6	13.4	11.8	11.0	9.4	8.0
Louisiana	348	295	1	------	17.8	15.3	14.1	12.7	11.3
Maine	115	112	------	------	14.5	14.1	12.7	12.5	11.7
Maryland	343	330	3	5	21.2	20.7	19.7	17.4	16.2
Massachusetts	724	696	9	8	16.9	16.4	16.2	17.6	16.7
Michigan	1,247	1,266	2	------	27.2	28.2	25.3	22.3	21.2
Minnesota	435	369	1	6	16.0	13.7	12.3	13.8	14.5
Mississippi	253	243	6	3	14.1	13.6	12.0	9.5	7.0
Missouri	625	517	11	6	17.7	14.7	14.1	14.6	13.0
Montana	118	73	------	1	(3)	10.2	13.4	12.5	11.0
Nebraska	217	198	3	4	15.4	14.2	11.1	9.1	8.4
New Hampshire	76	71	9	4	16.7	15.6	15.0	19.2	13.6
New Jersey	1,015	973	3	5	26.6	26.0	21.5	21.4	21.7
New York	2,554	2,384	17	11	22.1	20.9	19.3	18.9	18.0
North Carolina	577	503	2	4	19.6	17.4	15.9	13.4	12.0
North Dakota	79	72	1	------	12.3	11.2	10.9	9.2	7.0
Ohio	1,708	1,494	14	13	25.0	22.3	20.0	19.9	16.5
Oklahoma	330	(3)	1	(3)	13.6	(3)	(3)	(3)	(3)
Oregon	249	194	3	------	27.6	21.8	21.3	16.7	17.3
Pennsylvania	1,882	1,860	20	15	19.1	19.1	18.0	16.6	16.7
Rhode Island	154	131	6	1	21.5	18.6	18.3	19.6	16.9
South Carolina	251	279	------	1	13.5	15.1	16.5	9.9	9.5
Tennessee	382	345	22	23	15.3	13.9	12.6	11.4	9.6
Utah	123	79	3	------	23.2	15.1	15.6	17.7	16.7
Vermont	69	60	1	------	19.6	17.0	12.8	15.9	13.6

[1] Excluding collisions with railroad trains and street cars.
[2] Including District of Columbia.
[3] Not added to the registration area until a later date.
[4] In 1925 State registration law declared unconstitutional; State readmitted in 1928.
[5] Estimate of population unsatisfactory.

Deaths and death rates in the registration area in continental United States, registration States, and 68 cities, from accidents caused by automobiles, motor trucks, and commercial motor vehicles: 1924 to 1928—Continued

Area	Number of deaths				Rate per 100,000 estimated population				
	Total		From accidents outside		1928	1927	1926	1925	1924
	1928	1927	1928	1927					
Virginia	412	376	6	6	16.0	14.8	12.0	10.9	9.9
Washington	424	365	1	1	26.7	23.4	22.2	19.8	18.2
West Virginia	283	298	8	6	16.4	17.6	13.8	12.7	(5)
Wisconsin	620	511	-------	2	21.0	17.5	13.3	13.9	13.1
Wyoming	59	66	1	-------	23.9	27.4	23.7	29.3	27.2
Total of the 68 cities of 100,000 population or more in 1920	7,671	7,246	-------	------5	24.0	23.0	21.7	21.1	19.8
Akron	83	75	21	27	(5)	(5)	(5)	(5)	(5)
Albany	39	36	22	18	32.4	30.1	34.5	29.7	23.9
Atlanta	71	65	7	15	27.8	26.1	(5)	(5)	(5)
Baltimore	185	171	57	30	22.3	20.9	22.0	19.8	16.4
Birmingham	63	51	29	23	28.3	23.4	27.1	24.8	27.4
Boston	138	140	11	20	17.3	17.7	18.9	19.8	18.4
Bridgeport	44	25	12	4	(5)	(5)	(5)	(5)	(5)
Buffalo	151	137	22	21	27.2	24.9	24.8	22.1	21.0
Cambridge	26	28	5	3	20.7	22.6	15.6	18.4	22.8
Camden	77	65	47	45	56.9	48.8	45.1	33.3	28.5
Chicago	884	787	38	24	28.0	25.4	22.7	21.5	19.0
Cincinnati	132	119	21	17	(5)	28.9	26.5	28.1	20.8
Cleveland	273	250	14	10	27.0	25.4	27.6	24.7	24.1
Columbus	100	72	31	13	33.4	24.7	24.5	25.4	22.0
Dallas	66	49	19	15	30.3	23.2	30.1	30.4	19.2
Dayton	64	44	18	21	34.7	24.3	29.4	25.4	15.4
Denver	55	61	16	14	18.7	21.0	16.8	13.2	14.5
Des Moines	25	30	3	3	16.5	20.1	20.6	16.3	12.1
Detroit	360	403	28	9	26.1	30.2	30.9	27.8	25.5
Fall River	24	11	10	3	17.9	8.3	14.5	13.2	12.5
Fort Worth	44	31	13	4	25.8	18.9	18.8	20.6	18.2
Grand Rapids	33	35	11	10	20.1	21.6	20.5	29.2	20.9
Hartford	51	49	25	25	29.6	29.1	28.0	33.1	21.1
Houston	71	57	29	17	(5)	(5)	(5)	(5)	19.4
Indianapolis	120	84	28	18	31.4	22.4	22.6	21.7	20.2
Jersey City	48	65	3	1	14.8	20.2	12.9	20.3	17.9
Kansas City, Kans	18	20	5	7	15.2	17.0	6.8	23.3	15.6
Kansas City, Mo	96	80	25	8	24.6	20.9	21.8	23.7	24.2
Los Angeles	337	353	38	24	(5)	(5)	(5)	(5)	(5)
Louisville	80	81	21	15	24.3	25.3	20.6	21.2	19.8
Lowell [6]	17	16	4	4	15.4	14.5	19.9	23.6	20.8
Memphis	80	68	37	29	42.1	38.0	32.3	29.7	23.2
Milwaukee	127	121	17	20	23.3	22.6	19.5	20.0	16.8
Minneapolis	89	64	7	12	19.5	14.3	15.9	17.9	20.6
Nashville	43	46	20	13	30.8	33.4	28.5	27.9	27.5
Newark, N. J	117	122	5	9	24.7	26.1	23.7	24.3	23.3
New Bedford [6]	20	16	9	3	16.7	13.4	9.2	15.1	10.9
New Haven	49	48	26	25	26.1	26.0	23.1	22.3	27.3
New Orleans	114	96	20	29	26.5	22.6	20.3	18.8	20.5
New York	1,120	1,099	10	8	13.6	18.4	18.3	18.0	17.2
Bronx Borough	172	156	1	1	18.1	16.8	13.2	13.4	14.4
Brooklyn Borough	369	349	2	2	16.0	15.3	15.1	15.5	15.1
Manhattan Borough	418	461	4	3	23.9	25.4	26.3	24.9	21.9
Queens Borough	128	108	2	1	15.0	13.3	13.4	14.3	13.4
Richmond Borough	33	25	1	1	21.9	17.1	20.3	11.6	16.3
Norfolk	25	35	10	15	13.6	19.5	14.4	14.2	(5)
Oakland	72	53	9	4	26.3	19.8	19.6	17.3	19.8
Omaha	45	49	10	9	20.2	22.4	15.3	16.5	13.9
Paterson	57	52	16	16	39.3	36.2	23.8	28.9	34.8
Philadelphia	318	324	19	11	15.4	15.9	16.4	15.0	13.5
Pittsburgh	160	215	40	39	23.7	32.3	25.6	26.3	29.7
Portland, Oreg	64	62	16	14	(5)	(5)	(5)	(5)	14.7
Providence	77	64	31	17	26.9	22.8	22.2	29.5	22.0
Reading	30	30	15	14	26.0	26.2	16.7	16.8	21.5
Richmond	52	46	18	16	26.7	24.0	19.6	22.0	18.0
Rochester	68	62	12	13	20.7	19.1	20.3	17.0	15.3
St. Louis	205	159	17	15	24.2	18.9	20.7	24.5	24.2

[5] Not added to the registration area until a later date.
[5] Estimate of population unsatisfactory.
[6] Rates from 1925 to 1928 computed on population by State census, 1925. Decrease between 1920 and 1925; no estimate made.

Deaths and death rates in the registration area in continental United States, registration States, and 68 cities, from accidents caused by automobiles, motor trucks, and commercial motor vehicles: 1924 to 1928—Continued

Area	Number of deaths				Rate per 100,000 estimated population				
	Total		From accidents outside		1928	1927	1926	1925	1924
	1928	1927	1928	1927					
St. Paul	58	57	11	11	(1)	22.8	18.5	17.1	22.5
Salt Lake City	45	30	12	6	32.6	22.1	24.7	32.1	26.4
San Antonio	64	48	18	15	29.3	22.7	19.5	19.7	11.5
San Francisco	138	166	9	13	23.6	28.8	22.6	18.8	20.6
Scranton	33	34	12	8	22.8	23.6	22.4	23.2	17.0
Seattle	90	79	21	9	23.5	21.0	(1)	(1)	(1)
Spokane	26	21	9	4	23.8	19.3	24.8	19.3	21.0
Springfield, Mass	26	24	9	10	17.4	16.3	26.2	14.8	19.2
Syracuse	59	43	21	17	29.6	21.8	23.7	15.9	22.7
Toledo	85	108	30	25	27.1	35.4	25.1	23.3	16.4
Trenton	50	40	29	13	36.0	29.3	24.6	29.5	26.2
Washington, D. C	124	108	45	29	22.5	20.0	18.6	17.1	22.2
Wilmington, Del	49	40	21	22	38.1	31.6	23.3	17.2	24.2
Worcester	35	46	13	14	17.7	23.5	16.5	21.0	15.3
Yonkers	19	25	2	1	15.7	21.0	16.3	13.2	14.4
Youngstown	63	56	15	15	36.2	33.1	25.5	26.9	25.1

[1] Estimate of population unsatisfactory.

DEATHS DURING WEEK ENDED DECEMBER 14, 1929

Summary of information received by telegraph from industrial insurance companies for the week ended December 14, 1929, and corresponding week of 1928. (From the Weekly Health Index, December 18, 1929, issued by the Bureau of the Census, Department of Commerce)

	Week ended Dec. 14, 1929	Corresponding week, 1928
Policies in force	75, 198, 818	72, 568, 998
Number of death claims	14, 796	14, 112
Death claims per 1,000 policies in force, annual rate	10. 3	10. 2

Deaths from all causes in certain large cities of the United States during the week ended December 14, 1929, infant mortality, annual death rate, and comparison with corresponding week of 1928. (From the Weekly Health Index, December 18, 1929, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Dec. 14, 1929		Annual death rate per 1,000, corresponding week, 1928	Deaths under 1 year		Infant mortality rate, week ended Dec. 14, 1929 [2]
	Total deaths	Death rate [1]		Week ended Dec. 14, 1929	Corresponding week, 1928	
Total (64 cities)	7,637	13.6	14.8	666	753	[3] 60
Akron	42			4	3	41
Albany [4]	44	19.1	15.6	6	2	119
Atlanta	78	16.0	18.4	10	7	104
White	36			3	3	
Colored	42	(5)	(5)	7	4	
Baltimore [4]	256	16.1	16.0	16	26	51
White	190			9	18	36
Colored	66	(5)	(5)	7	8	111
Birmingham	67	15.8	16.9	7	12	63
White	36			1	7	15
Colored	31	(5)	(5)	6	5	137
Boston	213	13.9	13.8	17	23	47
Bridgeport	23			4	5	69
Buffalo	178	16.7	16.1	16	16	69
Cambridge	30	12.5	11.2	4	3	72
Camden	47	18.1	19.3	8	7	138
Canton	17	7.6	9.8	1	4	24
Chicago [4]	746	12.4	15.6	64	96	57
Cincinnati	143			12	12	70
Cleveland	236	12.2	10.5	22	19	65
Columbus	85	14.9	13.6	7	4	66
Dallas	72	17.3	12.0	4	4	
White	53			3	2	
Colored	19	(5)	(5)	1	2	
Dayton	49	13.9	13.0	5	4	79
Denver	88	15.6	33.8	8	14	77
Des Moines	19	6.5	17.6	1	4	18
Detroit	317	12.0	11.7	57	49	92
Duluth	24	10.7	14.8	1	4	24
El Paso	37	16.4	20.0	7	1	
Erie	29			7	8	143
Fall River [4]	33	12.8	11.7	0	0	0
Flint	20	7.0	7.7	3	6	36
Fort Worth	29	8.9	11.0	4	4	
White	26			3	4	
Colored	3	(5)	(5)	1	0	
Grand Rapids	20	6.4	22.0	3	9	45
Houston	64			4	13	
White	39			3	10	
Colored	25	(5)	(5)	1	3	
Indianapolis	110	15.1	20.3	9	13	72
White	87			9	13	83
Colored	23	(5)	(5)	0	0	0
Jersey City	78	12.6	10.9	6	8	46
Kansas City, Kans	27	11.9	30.5	1	12	22
White	21			1	10	25
Colored	6	(5)	(5)	0	2	0
Knoxville	22	10.9	12.4	3	4	66
White	20			2	4	49
Colored	2	(5)	(5)	1	0	211
Los Angeles	323			28	29	82
Louisville	105	16.7	15.2	5	8	41
White	74			5	6	47
Colored	31	(5)	(5)	0	2	0
Lowell	30			2	3	45
Lynn	36	17.8	10.4	5	1	137
Memphis	59	16.2	19.8	4	5	47
White	27			3	4	57
Colored	32	(5)	(5)	1	1	31
Milwaukee	129	12.4	12.2	18	18	79
Minneapolis	93	10.7	11.9	3	4	19
Nashville	62	23.2	19.9	3	9	48
White	32			3	3	65
Colored	30	(5)	(5)	0	6	0
New Bedford	25			3	3	64
New Haven	51	14.2	12.8	3	3	46

(Footnotes at end of table.)

Deaths from all causes in certain large cities of the United States during the week ended December 14, 1929, infant mortality, annual death rate, and comparison with corresponding week of 1928. (From the Weekly Health Index, December 18, 1929, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Dec. 14, 1929		Annual death rate per 1,000, corresponding week, 1928	Deaths under 1 year		Infant mortality rate, week ended Dec. 14, 1929 [2]
	Total deaths	Death rate [1]		Week ended Dec. 14, 1929	Corresponding week, 1928	
New Orleans	177	21.6	20.6	15	9	74
White	108			9	4	63
Colored	69	[5]	[5]	6	5	101
New York	1,561	13.6	13.1	114	142	47
Bronx Borough	194	10.7	11.0	18	20	53
Brooklyn Borough	518	11.7	11.8	43	57	44
Manhattan Borough	634	18.9	17.9	38	50	46
Queens Borough	178	10.9	8.9	13	12	53
Richmond Borough	37	12.8	14.9	2	3	36
Newark, N. J	120	13.2	12.0	8	13	42
Oakland	61	11.6	13.2	6	4	67
Oklahoma City	49			6	0	120
Omaha	52	12.2	24.4	2	6	23
Paterson	47	17.0	9.4	4	1	71
Philadelphia	513	13.0	14.7	46	39	65
Pittsburgh	198	15.4	18.4	30	23	103
Portland, Oreg	70			4	5	46
Providence	86	15.7	13.7	7	9	62
Richmond	51	13.7	13.7	6	3	84
White	30			3	3	64
Colored	21	[5]	[5]	3	0	123
Rochester	81	12.9	15.5	6	7	51
St. Louis	247	15.2	17.4	10	15	34
St. Paul	58			4	3	41
Salt Lake City [4]	33	12.5	21.2	2	5	31
San Antonio	85	20.4	16.5	9	11	
San Diego	55			3	3	57
San Francisco	158	14.1	16.4	5	7	32
Schenectady	25	14.0	11.8	1	4	32
Seattle	72	9.8	16.2	7	2	74
Somerville	21	10.7	9.2	0	3	0
Spokane	36	17.3	32.6	2	1	52
Springfield, Mass	38	13.3	14.0	3	0	50
Syracuse	45	11.8	14.2	6	5	72
Tacoma	24	11.4	15.6	2	1	51
Toledo	85	14.2	16.2	5	5	47
Trenton	44	16.6	16.2	6	7	109
Utica	20	10.0	21.6	3	2	76
Washington, D. C	157	14.9	14.3	17	10	100
White	97			12	7	102
Colored	60	[5]	[5]	5	3	95
Waterbury	18			4	2	102
Wilmington, Del	24	9.8	15.5	3	3	78
Worcester	32	8.5	11.4	3	7	38
Yonkers	26	11.2	10.8	1	2	23
Youngstown	41	12.3	12.6	6	4	86

[1] Annual rate per 1,000 population.
[2] Deaths under 1 year per 1,000 births. Cities left blank are not in the registration area for births.
[3] Data for 72 cities.
[4] Deaths for week ended Friday.
[5] In the cities for which deaths are shown by color the colored population in 1920 constituted the following percentages of the total population: Atlanta, 31; Baltimore, 15; Birmingham, 39; Dallas, 15; Fort Worth, 14; Houston, 25; Indianapolis, 11; Kansas City, Kans., 14; Knoxville, 15; Louisville, 17; Memphis, 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 December 14, 1929, and December 15, 1928

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended December 14, 1929, and December 15, 1928

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928
New England States:								
Maine	10	4	8	56	7	278	0	0
New Hampshire	3	3			28	18	0	0
Vermont	2			1	30		0	0
Massachusetts	122	123	11	21	203	645	4	2
Rhode Island	12	12		1		32	0	0
Connecticut	27	36	4	14	5	174	9	5
Middle Atlantic States:								
New York	185	78	[1] 24	[1] 68	215	782	15	24
New Jersey	129	139	21	54	65	97	6	6
Pennsylvania	165	275			469	1,210	10	7
East North Central States:								
Ohio	92	137	44	718	549	353	7	6
Indiana	36	35		2,280	31	138	9	0
Illinois	225	253	24	2,196	370	277	15	11
Michigan	122	124		244	80	40	12	9
Wisconsin	17	30	23	583	574	160	0	5
West North Central States:								
Minnesota	32	22		1,238	248	68	5	3
Iowa	13	13			171		0	1
Missouri	74	75	14	11,683	84	88	11	24
North Dakota	2	11		7,355	4	15	5	9
South Dakota				167	4	35	0	0
Nebraska	25	13		2,590	149	6	3	1
Kansas	35	23	6	68,843	105	12	0	2
South Atlantic States:								
Delaware	5			4	1	10	0	0
Maryland [2]	28	31	43	72	26	23	1	0
District of Columbia	14	20		29	2	1	2	0
Virginia								
West Virginia	34	29	22	461	20	56	3	0
North Carolina	119	121	28		7	28	4	0
South Carolina	49	45	945	8,912		3	0	0
Georgia	25	17	122	4,462	40	88	0	1
Florida	20	15	12	93	8	5	0	0

[1] New York City only.

[2] Week ended Friday.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended December 14, 1929, and December 15, 1928—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928
East South Central States:								
Kentucky	18	55	-------	3,946	84	-------	1	-------
Tennessee	22	33	73	2,559	9	1	1	1
Alabama	45	49	138	622	9	28	2	0
Mississippi	37	24	-------	2,038	-------	-------	1	1
West South Central States:								
Arkansas	8	28	88	412	2	16	19	0
Louisiana	53	47	45	136	6	40	3	1
Oklahoma [3]	53	75	96	1,014	17	6	3	2
Texas	238	105	101	37	21	14	1	1
Mountain States:								
Montana	4	1	-------	6,060	22	72	4	10
Idaho	-------	1	-------	79	31	7	0	4
Wyoming	6	-------	-------	450	2	-------	0	0
Colorado	17	1	-------	1,146	9	2	2	8
New Mexico	40	11	-------	1,757	1	1	1	1
Arizona	9	10	10	2,615	1	28	2	0
Utah [3]	1	-------	-------	224	67	2	3	8
Pacific States:								
Washington	15	12	5	407	22	37	6	2
Oregon	8	11	26	1,851	21	88	1	2
California	68	76	84	6,655	315	14	18	19

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928
New England States:								
Maine	0	0	49	53	0	12	1	3
New Hampshire	0	0	12	35	0	0	0	1
Vermont	0	0	11	12	1	1	0	0
Massachusetts	4	1	299	251	0	0	8	5
Rhode Island	0	0	14	16	0	0	1	0
Connecticut	0	2	83	55	0	0	1	0
Middle Atlantic States:								
New York	6	8	357	447	9	1	14	18
New Jersey	1	1	180	110	0	0	6	3
Pennsylvania	1	1	354	520	11	0	13	24
East North Central States:								
Ohio	2	1	383	250	114	53	6	4
Indiana	0	0	148	107	216	35	3	6
Illinois	0	1	617	346	153	84	5	11
Michigan	0	1	16	293	99	13	4	4
Wisconsin	0	1	130	146	41	16	5	1
West North Central States:								
Minnesota	0	2	115	143	15	5	5	3
Iowa	2	1	65	91	140	70	6	1
Missouri	0	1	104	102	22	35	5	6
North Dakota	0	1	45	42	33	10	0	2
South Dakota	0	0	17	12	10	6	0	1
Nebraska	0	1	76	45	72	44	0	2
Kansas	0	0	124	100	52	11	2	2
South Atlantic States:								
Delaware	0	0	7	11	0	0	1	0
Maryland [3]	1	0	79	61	0	0	9	4
District of Columbia	0	0	17	14	0	0	1	1
Virginia	-------	2	-------	-------	-------	-------	-------	-------
West Virginia	1	0	78	61	19	35	7	1
North Carolina	0	1	103	78	11	3	5	1
South Carolina	2	3	24	22	1	0	11	18
Georgia	2	0	27	34	0	0	3	9
Florida	0	1	10	21	4	0	5	3

[2] Week ended Friday.

[3] Figures for 1929 are exclusive of Oklahoma City and Tulsa.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended December 14, 1929, and December 15, 1928—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928	Week ended Dec. 14, 1929	Week ended Dec. 15, 1928
East South Central States:								
Kentucky	0	0	52	84	17	4	3	23
Tennessee	1	0	30	31	8	3	11	4
Alabama	0	0	34	45	5	0	7	4
Mississippi	0	0	23	20	0	0	11	3
West South Central States:								
Arkansas	0	0	23	42	2	2	10	12
Louisiana	0	0	19	28	1	9	6	8
Oklahoma [3]	0	3	66	53	51	45	12	32
Texas	0	0	114	66	25	15	12	4
Mountain States:								
Montana	0	0	30	14	26	18	6	3
Idaho	0	0	27	7	9	27	0	0
Wyoming	0	0	1	13	9	1	0	0
Colorado	0	0	32	9	13	3	15	0
New Mexico	0	0	9	14	3	0	6	1
Arizona	0	0	1	4	0	0	0	2
Utah [2]	0	0	14	6	1	3	1	0
Pacific States:								
Washington	3	4	37	24	78	55	2	1
Oregon	0	1	39	40	12	46	3	1
California	1	3	382	179	56	24	3	4

[2] Week ended Friday. [3] Figures for 1929 are 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	Meningococcus meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
October, 1929										
California	34	304	137	13	248	7	12	768	121	68
November, 1929										
District of Columbia		62	3		4		0	53	0	6
Maine	4	32	27		81		0	161	0	20
Nebraska	2	90	19		156		1	144	116	1
New Jersey	21	655	25	1	141		4	558	0	26
Tennessee	18	322	361	108	114	10	8	346	40	120

October, 1929

California:	Cases
Anthrax	1
Chicken pox	800
Dysentery (amebic)	3
Dysentery (bacillary)	5
Food poisoning	29
German measles	49
Granuloma, coccidioidal	4
Hookworm disease	1
Leprosy	2
Lethargic encephalitis	2
Mumps	1,132
Ophthalmia neonatorum	2
Paratyphoid fever	2

California—Continued.	Cases
Rabies in animals	70
Tetanus	2
Trachoma	20
Undulant fever	14
Whooping cough	491

November, 1929

Chicken pox:	
District of Columbia	58
Maine	430
Nebraska	177
New Jersey	984
Tennessee	155

	Cases
Conjunctivitis:	
Maine	3
Dysentery:	
New Jersey	2
Tennessee	8
German measles:	
Maine	6
New Jersey	38
Lead poisoning:	
New Jersey	4
Lethargic encephalitis:	
Maine	1
Tennessee	2
Mumps:	
Maine	166
Nebraska	249
Tennessee	7
Ophthalmia neonatorum:	
New Jersey	7
Tennessee	8
Paratyphoid fever:	
Maine	2
New Jersey	2
Tennessee	2
Rabies in man:	
Nebraska	1
Tennessee	1
Septic sore throat:	
Maine	3
Nebraska	13
Tennessee	4
Tetanus:	
Maine	2
Tennessee	1
Trachoma:	
New Jersey	1
Tennessee	7
Typhus fever:	
Tennessee	1
Undulant fever:	
Tennessee	2
Vincent's angina:	
Maine	5
Tennessee	65
Whooping cough:	
District of Columbia	19
Maine	129
Nebraska	67
New Jersey	492
Tennessee	135

PATIENTS IN INSTITUTIONS FOR THE CARE OF EPILEPTICS, APRIL TO JUNE, 1929

Reports for the second quarter of the year 1929 have been received from 10 institutions for the care and treatment of epileptics located in 10 States. The total number of patients in these institutions on June 30, 1929, including those on parole or otherwise absent but still on the books, was 6,972.

The first admissions were as follows:

	Male	Female	Total
April	62	36	98
May	40	35	75
June	57	39	96
Total	159	110	269

Of the new admissions during the three months 59.1 per cent were males and 40.9 per cent were females, giving a ratio of 145 males per 100 females.

On June 30, 1929, there were 3,699 male patients on the books of the institutions and 3,273 females, giving a ratio of 113 males per 100 females.

During the three months 108 patients were discharged—78 males and 30 females. Fifty-four males and thirty-nine females died.

The annual death rates based on the estimated population of the institutions the middle of May were: Males, 59 per 1,000; females, 48.1 per 1,000; persons, 53.9 per 1,000.

The following table shows for the 10 institutions the number of patients in the hospitals and on parole, and the percentage of the total on parole at the end of each month of the second quarter of the year.

	Apr. 30, 1929	May 31, 1929	June 30, 1929
Patients in hospitals:			
Male	3,408	3,402	3,367
Female	3,100	3,089	3,062
Total	6,508	6,491	6,429
Patients on parole:			
Male	267	269	332
Female	146	172	211
Total	413	441	543
Total patients:			
Male	3,675	3,671	3,699
Female	3,246	3,261	3,273
Total	6,921	6,932	6,972
Per cent of total patients on parole:			
Male	7.3	7.3	9.0
Female	4.5	5.3	6.4
Total	6.0	6.4	7.8

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 93 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregated population of more than 30,630,000. The estimated population of the 88 cities reporting deaths is more than 29,560,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended December 7, 1929, and December 8, 1928

	1929	1928	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	2,359	2,304	----
93 cities	871	964	1,078
Measles:			
43 States	2,969	3,773	----
93 cities	580	864	----
Meningococcus meningitis:			
46 States	149	132	----
93 cities	57	78	----
Poliomyelitis:			
46 States	38	47	----
Scarlet fever:			
46 States	4,260	3,898	----
93 cities	1,485	1,148	1,127
Smallpox:			
46 States	1,044	687	----
93 cities	99	22	26
Typhoid fever:			
46 States	244	265	----
93 cities	29	49	56
Deaths reported			
Influenza and pneumonia:			
88 cities	868	1,149	----
Smallpox:			
88 cities	0	0	----

City reports for week ended December 7, 1929

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 nonepidemic 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 1920 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.

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	78,600	37	2	0	----	0	1	3	2
New Hampshire:									
Concord	(1)	0	1	0	----	0	16	0	0
Manchester	85,700	0	3	0	----	0	0	0	2
Vermont:									
Barre	(1)	0	0	0	----	0	0	0	0
Massachusetts:									
Boston	799,200	76	43	24	3	2	11	48	18
Fall River	134,300	2	5	3	1	1	0	0	2
Springfield	149,800	56	5	7	----	0	0	8	2
Worcester	197,600	40	5	2	----	0	5	4	0
Rhode Island:									
Pawtucket	73,100	9	2	1	----	0	0	0	0
Providence	286,300	1	11	8	----	0	2	0	2
Connecticut:									
Bridgeport	(1)	6	8	2	1	2	1	1	0
Hartford	172,300	14	8	3	1	0	0	1	3
New Haven	187,900	24	2	0	----	0	0	17	4
MIDDLE ATLANTIC									
New York:									
Buffalo	555,800	49	21	19	----	0	1	9	17
New York	6,017,500	203	107	118	34	18	25	57	169
Rochester	328,200	11	7	3	----	0	1	4	5
Syracuse	199,300	38	6	0	----	0	0	29	5
New Jersey:									
Camden	135,400	4	7	6	----	0	1	1	4
Newark	473,600	53	20	41	3	0	29	7	15
Trenton	139,000	3	6	0	----	0	17	0	4
Pennsylvania:									
Philadelphia	2,064,200	148	79	29	10	8	15	30	46
Pittsburgh	673,800	87	25	11	----	2	20	3	23
Reading	115,400	31	3	1	----	0	2	0	0
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	413,700	24	17	6	----	1	0	1	9
Cleveland	1,010,300	213	51	20	22	2	12	3	26
Columbus	299,000	17	12	3	----	2	0	1	8
Toledo	313,200	147	12	2	----	0	160	9	13
Indiana:									
Fort Wayne	105,300	4	6	3	----	0	1	0	4
Indianapolis	382,100	60	12	3	----	1	2	13	17
South Bend	86,100	3	2	0	----	0	1	0	1
Terre Haute	73,500	8	2	2	----	1	0	0	3
Illinois:									
Chicago	3,157,400	201	108	163	7	6	8	25	76
Springfield	67,200	5	2	0	----	0	0	1	2

[1] No estimate of population made.

City reports for week ended December 7, 1929—Continued

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			
EAST NORTH CENTRAL—Continued									
Michigan:									
Detroit	1,378,900	140	69	88	4	1	82	51	35
Flint	148,800	39	5	2		0	2	0	1
Grand Rapids	164,200	13	4	5		0	2	0	1
Wisconsin:									
Kenosha	56,500	18	2	0		0	1	0	1
Madison	50,500	1	1	0		0	15	4	0
Milwaukee	544,200	177	24	3		0	2	36	9
Racine	74,400	2	3	0		0	1	1	0
Superior	(1)	4	1	1		0	32	0	5
WEST NORTH CENTRAL									
Minnesota:									
Duluth	116,800	19	1	0		1	19	0	0
Minneapolis	455,900	245	29	11		5	60	36	9
St. Paul	(1)	41	17	0		2	3	13	8
Iowa:									
Davenport	(1)	3	1	1			0	0	
Des Moines	151,900	0	4	0			13	0	
Sioux City	80,000	14	2	0			0	3	
Waterloo	37,100	22	0	1			16	0	
Missouri:									
Kansas City	391,000	50	10	8		1	3	2	13
St. Joseph	78,500	3	2	1		0	0	0	3
St. Louis	848,100	15	48	21	2		3	2	
North Dakota:									
Fargo	(1)		0						
Grand Forks	(1)	8	0	0			0	0	
South Dakota:									
Aberdeen	(1)	19	0	0			0	4	
Sioux Falls	(1)	0	0	0			0	0	
Nebraska:									
Omaha	222,800	13	9	17		0	5	0	3
Kansas:									
Topeka	62,800	9	3	2	3	0	1	10	0
Wichita	99,300	21	4	2		0	2	0	5
SOUTH ATLANTIC									
Delaware:									
Wilmington	128,500	4	3	1		0	0	1	1
Maryland:									
Baltimore	830,400	78	34	16	4	2	2	1	28
Cumberland	(1)	0	1	1	1	0	0	0	0
Frederick	(1)	0	1	0		0	0	0	1
District of Columbia:									
Washington	552,000	22	21	10	1	1	0	0	10
Virginia:									
Lynchburg	38,600	14	4	1		0	0	7	2
Norfolk	184,200	0	3	1		0	1	4	5
Richmond	194,400	0	15	9		3	0	1	5
Roanoke	64,600	0	4	5		0	0	0	0
West Virginia:									
Charleston	55,200	9	2	1		1	0	0	2
Wheeling	(1)	8	3	0		0	0	1	1
North Carolina:									
Raleigh	(1)	0	2	2		0	0	0	1
Wilmington	39,100	1	2	1		0	0	0	1
Winston-Salem	80,000	8	3	4		0	0	6	2
South Carolina:									
Charleston	75,900	0	0	1	52	0	0	1	4
Columbia	50,600	1	1	0		2	0	0	2
Georgia:									
Atlanta	255,100		6						
Brunswick	(1)	0	0	0		0	0	0	0
Savannah	99,900	4	2	3	5	3	0	0	4
Florida:									
Miami	156,700	0	2	2		0	3	2	2
St. Petersburg	53,300								
Tampa	113,400	0	3	2		0	0	0	0

[1] No estimate of population made.

City reports for week ended December 7, 1929—Continued

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			
EAST SOUTH CENTRAL									
Kentucky:									
Covington	59,000	1	1	5	-------	1	0	0	4
Tennessee:									
Memphis	190,200	4	8	8	-------	1	0	0	9
Nashville	139,600	1	3	1	-------	2	2	0	11
Alabama:									
Birmingham	222,400	7	6	12	18	4	0	1	4
Mobile	69,600	1	2	4	3	0	0	0	4
Montgomery	63,100	1	2	3	-------	-------	0	0	-------
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	(1)	4	1	1	-------	-------	0	1	-------
Little Rock	79,200	0	2	2	-------	0	0	7	7
Louisiana:									
New Orleans	429,400	0	13	22	6	7	8	0	21
Shreveport	81,300	7	1	6	-------	0	0	0	5
Oklahoma:									
Tulsa	170,500	16	5	10	-------	-------	3	1	-------
Texas:									
Dallas	217,800	17	16	28	1	0	3	1	4
Fort Worth	170,600	19	7	9	-------	0	0	1	5
Galveston	50,600	0	1	1	-------	0	0	0	2
Houston	(1)	1	9	21	-------	0	1	0	11
San Antonio	218,100	1	5	14	-------	5	0	0	11
MOUNTAIN									
Montana:									
Billings	(1)	0	0	0	-------	0	0	34	0
Great Falls	(1)	5	0	0	-------	0	1	41	0
Helena	(1)	0	0	0	-------	0	0	1	0
Missoula	(1)	1	0	0	-------	0	0	2	1
Idaho:									
Boise	(1)	3	0	0	-------	0	1	0	1
Colorado:									
Denver	294,200	80	14	12	-------	1	3	8	12
Pueblo	44,200	10	2	0	-------	0	0	0	0
New Mexico:									
Albuquerque	(1)	1	1	0	-------	0	1	0	0
Utah:									
Salt Lake City	138,000	-------	5	-------	-------	-------	-------	-------	-------
Nevada:									
Reno	(1)	0	0	0	-------	0	0	0	0
PACIFIC									
Washington:									
Seattle	383,200	-------	6	-------	-------	-------	-------	-------	-------
Spokane	109,100	-------	3	-------	-------	-------	-------	-------	-------
Tacoma	110,500	33	3	3	-------	0	1	1	5
Oregon:									
Portland	(1)	27	12	4	-------	1	0	7	9
Salem	(1)	6	0	0	-------	0	0	2	0
California:									
Los Angeles	(1)	32	47	22	36	1	3	16	24
Sacramento	75,700	4	3	2	2	2	1	20	4
San Francisco	585,300	58	20	7	8	1	149	20	11

[1] No estimate of population made.

City reports for week ended December 7, 1929—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		
NEW ENGLAND											
Maine:											
Portland	2	5	0	0	0	0	0	0	0	0	30
New Hampshire:											
Concord	0	0	0	0	0	0	0	0	0	0	7
Manchester	2	2	0	0	0	1	0	0	0	0	20
Vermont:											
Barre	1	0	0	0	0	0	0	0	0	0	1
Massachusetts:											
Boston	52	73	0	0	0	4	1	0	0	59	213
Fall River	3	3	0	0	0	1	0	1	0	5	14
Springfield	7	4	0	0	0	1	0	0	0	13	30
Worcester	11	9	0	0	0	1	0	0	0	1	51
Rhode Island:											
Pawtucket	1	2	0	0	0	0	0	0	0	0	20
Providence	8	14	0	0	0	2	0	0	0	9	68
Connecticut:											
Bridgeport	8	0	0	0	0	1	0	0	0	1	33
Hartford	6	9	0	0	0	0	0	0	0	8	55
New Haven	5	4	0	0	0	1	0	0	0	2	35
MIDDLE ATLANTIC											
New York:											
Buffalo	23	30	0	0	0	17	1	0	0	7	142
New York	164	108	0	0	0	93	15	7	3	24	1,479
Rochester	8	2	0	0	0	2	1	0	0	1	62
Syracuse	10	19	0	0	0	4	0	0	0	35	57
New Jersey:											
Camden	5	3	0	0	0	0	1	0	0	0	31
Newark	17	15	0	0	0	16	1	0	0	9	110
Trenton	3	20	0	0	0	1	0	0	0	2	43
Pennsylvania:											
Philadelphia	74	83	0	0	0	54	3	1	0	35	572
Pittsburgh	39	23	0	0	0	14	1	0	0	16	222
Reading	2	4	0	0	0	1	0	0	0	5	30
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	16	24	0	0	0	6	1	0	0	8	143
Cleveland	35	62	1	1	0	12	1	0	0	36	204
Columbus	12	16	0	2	0	5	0	0	0	3	91
Toledo	13	10	0	1	0	5	1	0	0	3	78
Indiana:											
Fort Wayne	3	2	0	16	0	0	0	1	0	1	32
Indianapolis	14	22	4	1	0	0	0	0	0	15	107
South Bend	3	3	0	0	0	0	0	0	0	0	20
Terre Haute	4	4	0	0	0	0	0	0	0	0	30
Illinois:											
Chicago	111	316	1	4	0	48	4	3	1	72	711
Springfield	2	0	0	0	0	0	0	0	0	6	17
Michigan:											
Detroit	88	118	1	0	0	23	2	1	0	31	316
Flint	12	17	1	17	0	0	0	0	0	14	22
Grand Rapids	10	4	0	0	0	1	0	0	0	10	29
Wisconsin:											
Kenosha	2	3	0	0	0	0	0	0	0	5	10
Madison	1	9	0	0	0	0	0	0	0	4	------
Milwaukee	22	37	1	0	0	4	0	0	0	28	120
Racine	6	8	0	0	0	1	0	1	0	3	16
Superior	2	5	0	0	0	0	0	0	0	0	10
WEST NORTH CENTRAL											
Minnesota:											
Duluth	9	3	0	0	0	0	0	1	0	6	17
Minneapolis	50	7	2	0	0	3	1	0	0	5	96
St. Paul	25	13	4	0	0	4	1	0	0	18	75

City reports for week ended December 7, 1929—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		
WEST NORTH CENTRAL—contd.											
Iowa:											
Davenport	1	0	0	8	----	----	0	1	----	0	----
Des Moines	10	14	0	2	----	----	0	0	----	0	35
Sioux City	3	0	1	0	----	----	0	0	----	1	----
Waterloo	3	2	0	22	----	----	0	0	----	5	----
Missouri:											
Kansas City	14	42	0	0	0	7	1	0	1	5	117
St. Joseph	3	1	1	0	0	1	0	0	0	0	29
St. Louis	34	29	1	9	0	12	2	0	0	2	215
North Dakota:											
Fargo	3	----	0	----	----	----	0	----	----	----	----
Grand Forks	0	0	0	2	----	----	0	0	----	0	----
South Dakota:											
Aberdeen	1	0	0	0	----	----	0	0	----	1	----
Sioux Falls	0	0	0	14	----	----	0	0	----	0	12
Nebraska:											
Omaha	6	0	2	1	0	2	0	0	0	0	43
Kansas:											
Topeka	2	8	0	0	0	1	0	0	0	0	17
Wichita	5	13	0	1	0	0	0	0	0	0	26
SOUTH ATLANTIC											
Delaware:											
Wilmington	5	0	0	0	0	2	0	0	0	2	25
Maryland:											
Baltimore	24	29	0	0	0	18	3	2	0	25	216
Cumberland	1	0	0	0	0	[1] 1	0	0	[1] 1	0	17
Frederick	1	5	0	0	0	0	1	0	0	0	5
District of Columbia:											
Washington	20	11	0	0	0	7	2	0	0	2	158
Virginia:											
Lynchburg	2	0	0	0	0	0	0	0	0	17	10
Norfolk	2	6	0	0	0	1	0	0	0	1	----
Richmond	6	8	0	0	0	2	1	0	0	0	52
Roanoke	3	1	0	0	0	0	0	1	1	0	20
West Virginia:											
Charleston	2	6	0	0	0	2	0	0	1	8	49
Wheeling	2	2	0	0	0	0	1	0	0	5	24
North Carolina:											
Raleigh	1	0	0	0	0	1	0	0	0	0	23
Wilmington	0	0	0	0	0	0	0	0	0	0	17
Winston-Salem	3	2	0	0	0	1	0	0	0	3	15
South Carolina:											
Charleston	1	2	0	0	0	2	1	0	0	3	35
Columbia	0	0	1	0	0	0	0	0	0	2	20
Georgia:											
Atlanta	5	----	0	----	----	----	1	----	----	----	----
Brunswick	0	1	0	0	0	0	0	0	0	0	6
Savannah	1	2	0	0	0	4	1	0	0	0	31
Florida:											
Miami	2	0	0	0	0	0	0	0	0	0	21
Tampa	0	1	1	0	0	2	0	0	0	2	34
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2	4	0	0	0	1	0	0	0	0	31
Tennessee:											
Memphis	7	7	0	0	0	0	1	0	0	0	83
Nashville	3	1	0	0	0	2	1	1	0	0	54
Alabama:											
Birmingham	4	9	1	0	0	5	1	6	0	0	68
Mobile	1	0	0	0	0	2	0	0	1	0	28
Montgomery	0	0	0	0	----	----	0	0	----	0	----
WEST SOUTH CENTRAL											
Arkansas:											
Fort Smith	1	4	0	0	----	----	0	0	----	0	----
Little Rock	2	2	0	0	0	3	1	0	0	0	----
Louisiana:											
New Orleans	8	8	0	0	0	11	1	0	0	0	179
Shreveport	2	5	0	0	0	0	1	0	0	0	37

[1] Nonresident.

City reports for week ended December 7, 1929—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		
WEST SOUTH CENTRAL—contd.											
Oklahoma:											
Tulsa	2	3	0	6			0	0		2	
Texas:											
Dallas	7	13	1	1	0	1	0	0	1	0	74
Fort Worth	2	6	0	0	0	1	0	0	0	0	41
Galveston	0	0	0	0	0	1	1	0	0	0	16
Houston	3	6	1	2	0	4	0	0	0	0	67
San Antonio	2	3	0	2	0	13	0	0	0	0	73
MOUNTAIN											
Montana:											
Billings	1	3	0	0	0	1	0	0	1	0	8
Great Falls	2	16	0	0	0	1	0	2	0	0	12
Helena	1	0	0	0	0	0	0	0	0	0	3
Missoula	1	3	1	8	0	0	0	0	0	0	5
Idaho:											
Boise	1	1	0	1	0	0	0	0	0	0	9
Colorado:											
Denver	12	9	0	0	0	7	0	0	0	17	74
Pueblo	2	1	0	0	0	1	0	1	0	0	7
New Mexico:											
Albuquerque	1	0	0	0	0	8	0	1	0	0	14
Utah:											
Salt Lake City	3		2				0				
Nevada:											
Reno	0	4	0	0	0	0	0	0	0	0	4
PACIFIC											
Washington:											
Seattle	7		2				0				
Spokane	10		3				0				
Tacoma	5	1	2	11	0	0	0	0	0	1	26
Oregon:											
Portland	8	4	7	4	0	6	1	1	0	0	76
Salem	0	0	0	0	0	0	0	0	0	3	
California:											
Los Angeles	28	53	2	0	0	12	2	0	0	10	176
Sacramento	1	24	1	0	0	4	0	0	0	2	36
San Francisco	16	49	0	0	0	8	1	0	0	0	171

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Maine:									
Portland	1	0	0	0	0	0	0	0	0
Massachusetts:									
Boston	2	2	0	0	0	0	1	3	1
Worcester	0	0	1	1	0	0	0	0	0
Rhode Island:									
Providence	1	2	1	1	0	0	0	1	0
Connecticut:									
Bridgeport	1	0	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
Buffalo	1	0	0	0	0	0	0	0	0
New York	13	9	11	1	0	1	2	0	0
New Jersey:									
Newark	2	1	0	0	0	0	1	0	0
Pennsylvania:									
Philadelphia	2	1	1	1	0	0	0	0	0
Pittsburgh	1	2	0	1	0	0	0	0	0

City reports for week ended December 7, 1929—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
EAST NORTH CENTRAL									
Ohio:									
Cincinnati	1	0	0	0	0	0	0	1	0
Cleveland	0	0	0	0	0	0	0	1	0
Toledo	1	0	0	0	0	0	0	0	0
Illinois:									
Chicago	5	8	0	0	0	0	0	0	0
Michigan:									
Detroit	6	3	3	2	0	0	1	0	0
Flint	2	0	0	0	0	0	0	0	0
Wisconsin: [1]									
Milwaukee	1	1	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Missouri:									
Kansas City	2	2	0	0	0	0	0	0	0
St. Joseph	2	0	0	0	0	0	0	0	0
St. Louis	2	0	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	1	0	1	0	0	0	0	0	0
District of Columbia:									
Washington	1	1	0	0	0	0	0	0	0
Virginia:									
Richmond	0	1	0	0	0	0	0	0	0
South Carolina:									
Charleston [2]	0	0	0	0	2	1	0	0	0
Columbia	0	0	0	0	0	1	0	0	0
Georgia: [1]									
Brunswick	0	0	0	0	0	1	0	0	0
Florida:									
Miami	1	0	0	0	0	0	0	0	0
EAST SOUTH CENTRAL									
Kentucky:									
Covington	0	1	0	0	0	0	0	0	0
Tennessee:									
Memphis	2	1	0	0	0	0	0	0	0
Nashville	0	0	0	0	0	0	0	1	0
Alabama: [1]									
Birmingham	0	0	0	0	0	1	0	0	0
WEST SOUTH CENTRAL									
Louisiana:									
New Orleans	1	0	0	0	1	0	0	0	0
Shreveport	1	0	0	0	0	1	0	0	0
Texas:									
Dallas	0	0	0	0	0	2	1	0	0
MOUNTAIN									
Montana:									
Great Falls	1	0	0	0	0	0	0	0	0
Colorado:									
Denver	1	1	0	0	0	0	0	0	0
PACIFIC									
Oregon:									
Portland	1	0	0	0	0	0	1	0	0
California:									
Los Angeles	2	2	0	0	0	0	0	1	0
Sacramento	1	0	0	0	0	0	0	0	0

[1] Typhus fever: 3 cases—1 case at Racine, Wis., 1 case at Savannah, Ga., and 1 case at Mobile, Ala.
[2] Dengue; 1 case at Charleston, S. C.

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended December 7, 1929, compared with those for a like period ended December 8, 1928. The population figures used in computing the rates are approximate estimates, authoritative figures for many of the cities not being available. The 98 cities reporting cases have an estimated aggregate population of more than 31,000,000. The 91 cities reporting deaths have nearly 30,000,000 estimated population. 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, November 3 to December 7, 1929—Annual rates per 100,000 population, compared with rates for the corresponding period of 1928 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Nov. 9, 1929	Nov. 10, 1928	Nov. 16, 1929	Nov. 17, 1928	Nov. 23, 1929	Nov. 24, 1928	Nov. 30, 1929	Dec. 1, 1928	Dec. 7, 1929	Dec. 8, 1928
98 cities	157	155	160	161	[2] 186	165	140	152	[3] 148	166
New England	120	122	170	159	118	140	179	195	113	209
Middle Atlantic	104	109	112	135	123	137	123	131	110	159
East North Central	194	169	205	165	301	182	166	185	191	190
West North Central	200	211	165	198	169	186	113	164	[4] 122	149
South Atlantic	126	260	122	222	135	230	144	128	[5] 118	143
East South Central	217	238	231	126	238	147	156	175	224	140
West South Central	498	276	443	243	462	272	269	223	376	259
Mountain	61	71	44	239	[2] 89	124	17	53	[6] 136	35
Pacific	100	79	87	97	62	105	57	72	[7] 111	100

MEASLES CASE RATES

98 cities	44	74	56	95	[2] 72	110	74	116	[3] 99	148
New England	20	402	45	382	57	582	70	605	81	736
Middle Atlantic	20	43	26	69	34	59	33	46	54	46
East North Central	68	57	91	86	94	105	101	132	93	187
West North Central	94	43	50	63	81	102	100	66	[4] 218	194
South Atlantic	9	59	7	90	24	65	22	69	[5] 4	55
East South Central	7	0	14	0	14	7	0	0	14	14
West South Central	4	8	20	12	28	4	40	16	47	41
Mountain	61	177	253	204	[2] 107	239	131	230	[6] 57	186
Pacific	117	43	147	51	289	15	257	72	[7] 505	43

SCARLET FEVER CASE RATES

98 cities	192	165	206	168	[2] 219	176	213	173	[3] 253	201
New England	278	175	267	193	251	212	260	186	278	237
Middle Atlantic	102	95	135	108	127	109	116	102	148	142
East North Central	294	233	310	245	347	227	360	237	409	259
West North Central	186	254	138	225	223	284	183	221	[4] 229	264
South Atlantic	167	153	238	109	163	147	139	145	[5] 145	176
East South Central	177	161	156	224	156	274	136	161	143	259
West South Central	158	178	158	199	162	146	123	186	162	219
Mountain	357	89	226	97	[2] 267	106	348	115	[6] 421	80
Pacific	182	169	185	143	269	194	274	261	[7] 416	197

SMALLPOX CASE RATES

98 cities	9	4	14	4	[2] 24	7	14	6	[3] 17	4
New England	2	0	25	0	0	0	0	5	0	2
Middle Atlantic	0	0	0	0	0	0	0	0	0	0
East North Central	15	7	22	4	33	21	13	12	26	10
West North Central	29	6	42	2	50	2	48	8	[4] 64	2
South Atlantic	0	0	0	2	2	0	0	6	[5] 0	0
East South Central	0	0	0	7	0	14	0	0	0	28
West South Central	8	4	4	0	40	8	12	12	20	4
Mountain	17	9	9	89	[2] 71	0	35	35	[6] 102	0
Pacific	20	15	32	3	115	18	77	8	[7] 36	8

[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, 1929 and 1928, respectively.
[2] Reno, Nev., not included.
[3] Fargo, N. Dak., Atlanta, Ga., Salt Lake City, Utah, and Seattle and Spokane, Wash., not included.
[4] Fargo, N. Dak., not included.
[5] Atlanta, Ga., not included.
[6] Salt Lake City, Utah, not included.
[7] Seattle and Spokane, Wash., not included.

Summary of weekly reports from cities, November 3 to December 7, 1929—Annual rates per 100,000 population, compared with rates for the corresponding period of 1928—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	Nov. 9, 1929	Nov. 10, 1928	Nov. 16, 1929	Nov. 17, 1928	Nov. 23, 1929	Nov. 24, 1928	Nov. 30, 1929	Dec. 1, 1928	Dec. 7, 1929	Dec. 8, 1928
98 cities	9	10	8	10	[2] 13	10	5	6	[3] 5	8
New England	11	9	23	16	11	7	2	5	2	5
Middle Atlantic	8	7	3	10	10	9	2	7	4	7
East North Central	6	5	6	6	9	5	5	5	4	7
West North Central	12	4	4	14	12	16	6	8	[4] 2	4
South Atlantic	13	17	9	11	19	11	4	10	[5] 6	8
East South Central	20	42	14	14	34	35	34	0	48	14
West South Central	12	41	8	20	36	12	16	16	0	49
Mountain	17	27	44	18	[2] 36	9	26	9	[6] 34	0
Pacific	7	3	10	5	5	13	2	3	[7] 0	5

INFLUENZA DEATH RATES

91 cities	8	13	9	15	[2] 8	17	11	34	[8] 16	50
New England	5	5	9	9	5	9	5	9	11	9
Middle Atlantic	8	12	4	9	9	15	5	10	14	17
East North Central	8	9	9	10	6	3	10	14	9	18
West North Central	3	3	3	9	6	9	21	18	[4] 27	64
South Atlantic	4	8	11	13	4	13	17	31	[5] 25	54
East South Central	37	38	22	23	30	31	15	31	59	84
West South Central	12	37	32	33	16	33	57	54	49	54
Mountain	0	27	26	53	[3] 9	44	17	310	[6] 11	514
Pacific	16	40	10	64	7	94	13	239	13	293

PNEUMONIA DEATH RATES

91 cities	105	94	99	105	[2] 103	126	107	139	[8] 137	161
New England	120	80	88	57	88	106	93	85	75	80
Middle Atlantic	115	105	103	125	108	128	101	142	139	149
East North Central	78	77	71	82	96	106	83	120	126	135
West North Central	108	98	120	110	102	104	126	150	[4] 125	190
South Atlantic	137	75	107	132	94	165	129	145	[5] 132	170
East South Central	89	169	230	161	252	169	222	184	237	306
West South Central	130	92	126	71	134	129	163	141	248	179
Mountain	131	97	157	115	[3] 107	159	157	186	[6] 159	337
Pacific	75	125	89	98	59	169	108	239	144	293

[2] Reno, Nev., not included.
[3] Fargo, N. Dak., Atlanta, Ga., Salt Lake City, Utah, and Seattle and Spokane, Wash., not included.
[4] Fargo, N. Dak., not included.
[5] Atlanta, Ga., not included.
[6] Salt Lake City, Utah, not included.
[7] Seattle and Spokane, Wash., not included.
[8] Fargo, N. Dak., Atlanta, Ga., and Salt Lake City, Utah, not included.

Number of cities included in summary of weekly reports and aggregate population of cities of each group, approximated as of July 1, 1929, and 1928, respectively

Groups of cities	Number of cities reporting cases	Number of cities reporting deaths	Aggregate population of cities reporting cases		Aggregate population of cities reporting deaths	
			1929	1928	1929	1928
Total	98	91	31,568,400	31,052,700	29,995,100	29,496,600
New England	12	12	2,305,100	2,273,900	2,305,100	2,273,900
Middle Atlantic	10	10	10,809,700	10,702,200	10,809,700	10,702,200
East North Central	16	16	8,181,900	8,001,300	8,181,900	8,001,300
West North Central	12	9	2,712,100	2,673,300	1,736,900	1,708,100
South Atlantic	19	19	2,783,200	2,732,900	2,783,200	2,732,900
East South Central	6	5	767,900	745,500	704,200	682,400
West South Central	8	7	1,319,100	1,289,900	1,285,000	1,256,400
Mountain	9	9	598,500	590,200	598,500	590,200
Pacific	6	4	2,090,600	2,043,500	1,590,500	1,551,200

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—Week ended November 30, 1929.—The Department of Pensions and National Health reports cases of certain communicable diseases in Canada for the week ended November 30, 1929, as follows:

Province	Cerebro-spinal fever	Poliomy-elitis	Smallpox	Typhoid fever
Prince Edward Island [1]				
Nova Scotia [1]				
New Brunswick				4
Quebec		1		5
Ontario	2	1	5	23
Manitoba [1]				
Saskatchewan	1	5	9	
Alberta	3		4	
British Columbia	1		6	
Total	7	7	24	32

[1] No case of any disease included in the table was reported for the week.

Ontario Province—Communicable diseases (comparative)—Five weeks ended November 30, 1929.—The following table shows the cases and deaths of certain communicable diseases reported in the Province of Ontario for the five weeks ended November 30, 1929, as compared with the corresponding period of the year 1928:

Disease	1929		1928	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis	8	4	5	
Chancroid			2	
Chicken pox	2,065		810	
Conjunctivitis	1			
Diphtheria	500	20	210	10
Dysentery				1
Erysipelas			1	
German measles	66		15	
Gonorrhea	217		96	
Influenza	8		1	12
Lethargic encephalitis	1	1	2	2
Measles	636	2	709	
Mumps	59		329	
Paratyphoid fever	2		1	
Pneumonia		141		92
Poliomyelitis	30	1	16	
Puerperal septicemia		2		
Scarlet fever	656	4	316	6
Septic sore throat	5		1	
Smallpox	55		16	
Syphilis	234		92	
Tetanus		1		
Tuberculosis	134	51	85	56
Typhoid fever	92	3	41	8
Whooping cough	421	3	335	1

Quebec Province—Communicable diseases—Week ended December 7, 1929.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the week ended December 7, 1929, as follows:

Disease	Cases	Disease	Cases
Chicken pox	119	Ophthalmia neonatorum	5
Diphtheria	64	Scarlet fever	130
German measles	4	Smallpox	1
Influenza	4	Tuberculosis	50
Lethargic encephalitis	2	Typhoid fever	7
Measles	221	Whooping cough	121
Mumps	90		

MEXICO

Tampico—Communicable diseases—November, 1929.—During the month of November, 1929, certain communicable diseases were reported in Tampico, Mexico, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Diphtheria		2	Tuberculosis	44	29
Enteritis (various)	10	48	Typhoid fever	2	7
Influenza	4	1	Whooping cough		4
Malaria	200	47			

NETHERLANDS

Smallpox (alastrim)—Week ended November 23, 1929.—During the week ended November 23, 1929, 9 cases of smallpox (alastrim) were reported at The Hague, and 1 case at Wageningen. In Rotterdam, during the same period, 1 death from the disease occurred.

TRINIDAD (BRITISH WEST INDIES)

Port of Spain—Vital statistics (comparative)—October, 1929.—The following statistics for the month of October for the years 1925 to 1929, are taken from a report issued by the Public Health Department of Port of Spain, Trinidad:

	1925	1926	1927	1928	1929
Number of births	164	161	187	163	162
Birth rate per 1,000 population	30.2	29.4	33.9	29.3	28.7
Number of deaths	115	139	119	121	123
Death rate per 1,000 population	21.2	25.4	21.6	21.6	21.8
Deaths under 1 year	26	26	24	16	25
Infant mortality rate per 1,000 births	158.5	161.5	128.3	98.2	153.4

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

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

CHOLERA

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

Place		June 2-29, 1929	June 30-July 27, 1929	July 28-Aug. 24, 1929	Aug. 25-Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	October, 1929 12	October, 1929 19	October, 1929 26	November, 1929 2	November, 1929 9	November, 1929 16	November, 1929 23	November, 1929 30
Ceylon: Colombo	C	1													
	D	1													
China:															
Amoy	C	4	7	1											
Canton	C	10	6	5	1									1	
	D	5	5	3	1										
Manchuria—															
Kwantung—Dairen	C			1											
Newchwang	C				1										
Nanking	C				P						P	P			
Shanghai	C		2	1,306	984	3	30		2						
	D		3	98	69	9	2								
Swatow	C	P													
	D	4	7	12	37	8	6	8		6	3	3			
Tientsin	C					P									
Chosen: Chemulpo	C				P										
India	C	29,449	32,081	41,090	26,896	5,251	3,872	3,476							
	D	19,910	19,343	24,005	16,667	3,092	2,144	2,090							
Bassein	D	2		6											
Bombay	C	2		2		1									
	D	2		1											
Calcutta	C	354	275	170	135	21	30	28	31	71	52	74		85	
	D	176	157	106	59	12	12	15	31	41	11	48		45	
Karachi	D			10	11										
Madras	C		1							1	1				1
	D		2							1	1				
Moulmein	D	5	1												
Negapatam	D	1	1									1	1		
Rangoon	C	8	1	1					1			1			
	D	8	1	1					1						
Tuticorin	C	34	6				2	6	10	2	2	1		18	
	D	30	2				1	5	5	1	1	1		4	
Vizagapatam	D		1												

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

CHOLERA—Continued

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

Place		June 2-29, 1929	June 30-July 27, 1929	July 28-Aug. 24, 1929	Aug. 25-Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30
India (French):															
Chandernagor	C	3	2	1				1		3	1	1			
	D	3	2							1	1	2	1		
Karikal	C			1											
Pondicherry Province	C	3							3						
	D	3							3						
India (Portuguese)	C			1	2				1						
	D			1	1										
Indo-China (see also table below):															
Pnompenh	C	11	7	3	3	5	5	16	35	28	8	7		1	
	D	4	5	3	2	3	5	11	27	20	4	4			
Saigon and Cholon	C	188	9	2											
	D	139	14	2											
Japan	C						29	5							
Kobe	C			2	9	3									
Osaka	C			5	41	14									
Shimonoseki	C			P	2										
Siam	C	469	371	180	26	6	1		2						
	D	285	202	112	19	4									
Anthoang	C		4	10											
	D		4	3											
Ayudhaya	C	25	18	2				1	1						
	D	11	11												
Bangkok	C	30	7	9	10	2	1		1					2	
	D	3	1	3	5	2									
Dhannapuri	C					1	1								
	D					1	1								
Lobpuri	C			2	3										
	D			2	3										
Nagara Rajsima	C		57	5				1	1						
	D		29	5				1	1						
Smud Songram	C		3												
	D		3												
Sridharmaraj Province [1]	C			15											
	D			13											

Place															
On vessel:															
S. S. Angby, at Saigon-Cholon	C	1													
	D	1													
S. S. Cap. St. Jacques, at Singapore, from Saigon-Cholon	C		P												
S. S. Shinsei, at Shanghai	D				3										
S. S. Tokushima, at Hong Kong	C	2													
	D	2													
S. S. Teras Maru, at Nagasaki, from Shanghai	C			1											

Place		April, 1929	May, 1929	June, 1929	July, 1929	August, 1929			September, 1929			October, 1929		
						1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31
Indo-China (French) (see also table above):														
Annam	C	20	[2] 20		9		3	14	1					
Cambodia	C	84	[2] 215		186		21	14	4		34		121	100
Cochin-China	C	88	[2] 123		315		45	15	45					3
Laos	C				13	3								
Tonkin	C		5	4										

PLAGUE

Place		June 2-29, 1929	June 30-July 27, 1929	July 28-Aug. 24, 1929	Aug. 25-Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929				November, 1929					Dec. 7, 1929
							5	12	19	26	2	9	16	23	30	
Algeria:																
Algiers	C				2											
Philippeville	C		3	3												
Azores: St. Michaels Island	C		1													
Belgian Congo:																
Blukwa	C	3														
	D	3														
Buki	C		2													
	D		2													
Djugu	C	3	5	1	2											
	D	3	5	1	2										2	

[1] There were 98 cases of cholera with 16 deaths in Nagara Sridharmaraj Province, Siam, from May 16 to July 7, 1929.

[2] Reports incomplete.

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

PLAGUE—Continued

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

Place		June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30	Dec. 7, 1929
Belgian Congo—Continued.																
Rekwa	C		2													
	D		2													
British East Africa (see also table below): Uganda	C	1,437	1,437	840	528	116	109	76	74							
	D	1,072	1,199	730	556	105	102	67	69							
Canary Islands: Tenerife	D		1													
Ceylon:																
Colombo	C	2	P		1			1	2					1		
	D	3			1				1					1		
Plague-infected rats			6	1	7											
Galle	C		3		8			1								
	D		3		6											
Kandy	C			1	1											
	D			1	1											
Matara	C		12													
	D		11													
China:																
Amoy	C			P												
Foochow	C		P	P	P		P									
Hong Kong	C			1	1											
	D			1	1											
Plague-infected rats				3	2											
Manchuria—Tungliao District	C		P	16												
Dutch East Indies: Java—																
Batavia and West Java	C	47	69	122	180	43	39	49		1		1				
	D	47	68	121	178	43	36	49								
Plague-infected rats												1		3		
Celebes—Makassar	C															1
East Java and Madura	C		3	3	7	1	3	2	54							
	D		3	3	7	1	3	2	54							
Surabaya	C	3	11	3	7				4							
	D	3	11	3	7				2							
Ecuador (see table below).																

Egypt:																
Alexandria	C	1	7	5	11	3	1	3	6	4	4	2	1	1	1	2
	D	1	3	1	5	1		1	1	3		1		1		1
Assuan	C		4		1											
	D		4													
Beheira	C		2													
	D		2													
Beni Suef	C	6	4	1	1							1	1			
	D	2														
Dakahlieh	C	1	1		2											
	D			1	2											
Gharbieh	C		9	1				4	1	4		1	1			
	D		1	1				4								
Girga	C		3													
Kena	C		2													
	D		2													
Menufieh Province	C		3													
Miniah	C		7	1												
Port Said	C	2	3	6	2		1	1								
	D	1	2	6	3			1								
Suez	C		1													
France: Paris	C					1										
Greece (see also table below):																
Messenia	C											2				
Patras	C				3		1	1	1			1				
Piraeus	C				3											1
Pyrgos	C												6	2		
Hawaii: Hamakua—Kukuihaele—Plague-infected rats		1				3										
India	C	677	1,812	4,221	6,326	2,135	1,983									
	D	414	1,059	2,266	3,354	1,081	1,104									
Bassein	C		9	13	4											
Bombay	C	4	1	14	4											
	D			1	2		1									
	D	4		1	2		1									
Plague-infected rats		35	23	10	28	7	8	7	10	6	3	10	12	11		
Madras Presidency	C	85	97	215	186	51	46	42			27	13	11			
	D	38	52	112	107	22	22	20			14	8	2			
Rangoon	C		24	15	11	1	1	2	1				1	1		
	D	9	18	12	9	2	1	2	1			1	1	1		
Plague-infected rats		6	9	10	15	3		2	1	3		1	2	1		
Indo-China (see also table below):																
Pnompenh	C	4	7	8	4	1				1			1	2		
	D	3	8	8	4	1				1			1	2		
Saigon and Cholon	C	1	6	4	1		1	1								
	D		1	4			1	1								
Iraq:																
Baghdad	C	12	1	2				1	2	1	1	1	1	1		
	D	2							1	1			1			
Diyalah Liwa	C	1	1													
Naudham	C	1	1													
Italy: Naples Province	C					2										
	D					1										
Plague-infected rats						3										

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

PLAGUE—Continued

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

Place		June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30	Dec. 7, 1929
Madagascar (see also table below):																
Tamatave	C	2	5	1	2	2	2		1	1	2					
	D	2			13	2	1		1	1	2					
Morocco	C	16	39	4	1					P	1	2				
	D	5	17													
Nigeria: Lagos	C	2	1	9	17	7	5	14	11	14	15	13				
	D	1	1	8	17	7	5	13	10	13	11	12				
Plague-infected rats		4	13	16	51	21	34	22	12	9						
Peru (see table below).																
Senegal (see table below).																
Siam	C	1	4	3	7			2	1	1						
	D	1	3	3	5			2	1	1						
Bangkok	C		1	3	1											
	D		1	3	1											
Straits Settlements: Singapore	C				1											
	D				1											
Syria: Beirut	C													1		
Tunisia:																
Sfax district	C							12	1	5	3	10	26			
Tunis	C		P		10			25			5	8	28			
	D				1											
Plague-infected rats					4											
Turkey:																
Adalia	C			1												
Constantinople	C	P	2													
Union of Socialist Soviet Republics:																
Caucasia	C	1	7	2												
	D	1	3	1												
Ural—Kirghiz	C	4							1							
	D	4														
Union of South Africa:																
Cape Province	C		3			4			13	2						
	D		2			4			9							
Orange Free State	C				1											

On vessel:																		
S. S. Chaban, at Port Said, from Jaffa	C				1													
	D				1													
S. S. Tokio, at Shanghai, from Singapore	C			1														
	D			1														
Steamship at Porto Novo, from Lagos	C							1										

Place		June, 1929	July, 1929	August, 1929	September, 1929	October, 1929	November, 1929
British East Africa (see also table above):							
Kenya	C	69	67	19	28	64	
Uganda	C	1,215	1,203				
	D	932	973				
Ecuador: Guayaquil	C		1	6	7	12	
	D			1	3	4	
Plague-infected rats		1		4	8		
Greece (see also table above)	C		3	2	5	5	
	D		1	1	2	2	
Indo-China (see also table above)	C		37	9			
Madagascar (see also table above)	C		19	48			
	D		18	46			
Ambositra Province	C			9			
	D			9			
Antisirabe Province	C		2	1			
	D		2	1			
Majunga Province	C			2			
	D			2			
Moramanga Province	C		1	2			
	D		1	2			

Place		June, 1929	July, 1929	August, 1929	September, 1929	October, 1929	November, 1929
Madagascar—Continued.							
Tamatave Province	C		2				
	D		1				
Tananarive Province	C	11	16	36			
	D	11	16	34			
Peru	C	16	11				
	D	8	3				
Senegal:							
Baol [1]	C	43	22	32	42	45	16
	D	18	9	13	24	13	12
Dakar [1]	C	67	62	76	26	5	11
	D	45	45	65	17	2	2
Louga [1]	C		59	121	108	41	
	D		39	70	64	24	1
Rufisque [1]	C		22		1		
	D		7		1		
Thies [1]	C	10	61	53	34	3	
	D	6	34	33	28	3	
Tivaouane [1]	C	93	161	188	119	41	1
	D	50	96	119	55	21	1

[1] Incomplete reports.

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

SMALLPOX

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

Place		June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929				November, 1929					Dec. 7, 1929
							5	12	19	26	2	9	16	23	30	
Algeria:																
Algiers	C	6	7	1			1				1	1				
Cherchell	C	1														
Oran	C	1	1		5											
Arabia: Aden	C	110	103	38	4				3	1	1					
	D	20	56	37	1											
Australia: Fremantle Quarantine Station	C		1													
Bermuda: Hamilton	C	1														
Brazil: Porto Alegre	C			3	2				2	3		2				
British East Africa (see also table below):																
Tanganyika	C	7	10	5	9	2	1			1						
	D				1											
British South Africa:																
Northern Rhodesia	C		73													
	D		4													
Southern Rhodesia	C		5		3	2		2	1							
Canada:																
Alberta	C	12		4	4		1			2	4	1	5		4	11
Calgary	C			2			1									
Edmonton	C	4		1			1		2	2	4	1	5			
British Columbia—Vancouver	C	13	14	8	5		13		2	2	1		6	1	6	6
Manitoba	C	6	1							1	1					
Winnipeg and vicinity	C	2														
Nova Scotia	C			2				1								
Ontario	C	84	57	7	19	5	1	1		3	5	3	6	35	5	10
London	C										3	1				
Niagara Falls	C									1						
North Bay	C	2	7		3	4	2		1		5			1		1
Ottawa	C	1	1	1								1		2		1
Sarnia	C											1				
Toronto	C	5	7		3	1				1	1					
Windsor	C	2	2								1	1				
Prince Edward Island	C			2												

Quebec	C	10	2	3	1		2		5	8	7	6	1	6	2	
Montreal	C	1														
Quebec	C	2		1												
Riviere du Loup	C		2													
Saskatchewan	C			1	4					9	1		1	9	9	7
Saskatoon	C				1	5			8		6	5	2			
China:																
Chungking	C								P	P	P					
Foochow	C		P	P	P		P		P		P					
Hong Kong	C	10	1	5	2	1		1	1		4	5	6	10		
	D	6	5	4	2	1			2		2	7	4	8		
Manchuria—																
Harbin	C			1					1	1						
Kwantung—Dairen	C	11	14		2											
	D	3	9	1												
Nanking	C		P	P	P							P				
Shanghai—																
Foreigners only	C	7	3					1	1			3				
Including natives	D	5	3									1				
Swatow	D	24	15	2												
Tientsin	C				2			2	1				1			
Tsingtao	C	P														
Chosen (see table below).																
Colombia:																
Barranquilla	C		2		4											
Buenaventura	C						4	5	6	8	14	14				
Dutch East Indies:																
Balikpapan	C	1														
Belawan Deli	C	1	2	1	1							1	3			
	D		1													
Borneo—Samarinda	C	3	13	7			9		2	3	5					
	D	1					1		2							
Celebes—Makassar	C	20	21	4	12	3	1	12	140							
	D	15	11	3	5		1									
Java—																
Batavia and West Java	C	6	8	10	35	7	2	10	12		1	6				
	D	1	2	5	7	2	1	1	2			5				
East Java and Madura	C			3												
	D			1												
Sumatra—Medan	C	1	3	3	3											
	D		1													
Egypt:																
Alexandria	C						1									
Port Said	C	1														
Suez	C				5											
France (see table below).																
Great Britain:																
England and Wales	C	789	541	502	496	108	97	131	154	131	168	172	279	198		
Ashton under Lyne	C		7	3					2			1		1	1	
Bradford	C	4	3		8	2	1	1	2		4	8	1	7		
Bristol	C		1													
Cardiff	C			1		1							1			
Castleford	C	3	1													

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

SMALLPOX—Continued

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

Place		June 2-29, 1929	June 30-July 27, 1929	July 28-Aug. 24, 1929	Aug. 25-Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30	Dec. 7, 1929
Great Britain—Continued.																
Leeds	C	1	1	1	2											
London	C	167	107	78	144	46	26	39	45	29	44	47	54	84	60	
London and Great Towns	C	496	363	297	304	81	60	87	104	83	115	121	123	214	148	
	D	1	4													
Newcastle-on-Tyne	C	20	15	4	2	1										
Stoke-on-Trent	C	62	32	18	18	3	2	2		3	1	5		1		
West Ham	C		26	59												
Greece (see table below).																
Hedjaz	C	83	53	11	22		2	2	1		4	1	2			
	D	53	35	19	7			1			4	1	1			
Honduras:																
Choluteca	C							1	1							
India	C	11,549	7,838	5,481	4,199	915	649	767								
	D	3,006	2,062	1,418	954	185	138	158								
Bombay	C	147	92	63	37	7	5		4	6	1	3	2	9		
	D	99	55	31	24	2	4		5	3	1	3	1	1		
Calcutta	C	27	16	31	21	1	5	2	4	1	3		2	7		
	D	24	11	20	16	1	4	2	4	1	2		1	6		
Cochin	C			4	13	2	3		8	18	16	28	34	29		
	D				1					5	2	2	2	10		
Karachi	C	35	25	15	27	3	6		1		2			3		
	D	25	13	7	16		3				1					
Madras	C	88	122	89	82	22	28	13	16	15	11	21	11	22		
	D	20	32	22	21	2	3	2	1	1	3	4	3	2		
Moulmein	C	6	10	11	5	2	1			2		1		1		
	D	5	5	5	2					1		1				
Negapatam	C	6	4	1	3	1							1			
	D				1											
Rangoon	C		3	1				1						1		
	D		1													
Tuticorin	C	1														
Vizagapatam	C	4	3		1											
	D	2	2	1	1											

India (French):																
Karikal	C	5	1	12	14			2		2		2	1			
	D	5	1	2	13							2				
Pondicherry Province	C	18	21	12	8	3			2	3	2	2	12			
	D	15	16	7	8	3				3	2	2	9	1	1	
India (Portuguese)	C	9	4		1	1										
Indo-China (see also table below):																
Pnompenh	C	8	9	3	1		1					1	1			
	D	2	3	3	1											
Saigon and Cholon	C		1													
	D	1														
Iraq:																
Baghdad	C	1	1							8			1	3	2	5
	D									2			1	2		2
Basra	C	9	1												1	4
	D	1														
Diyalah Liwa	C		8	13	4							18	45		33	13
	D		2	12								9	9		3	4
Kirkuk Liwa	C				21	16						45	45		19	51
	D				1							13	13		6	13
Mossoul	C	20	12	81	68				24	75	52	11	14	20	8	19
	D			13	17				6	33	28	26	12	6	1	10
Ivory Coast (see table below).																
Jamaica (outside Kingston) (alastrim)	C		7													
Japan:																
Niigata	C	2														
Tokyo	C	1														
Macao	D	2														
Mexico (see also table below):																
Acapulco	C	2	3	4	1											
	D	2	3	4	1											
Aguascalientes	D	17	11	7	6		3	2	3	1						
Coahuila	D	1										1				
Jalisco (State): Guadalajara	D	11	6	5	8	2		1	1	1					1	4
Juarez	C			3	P	8	2				6					
Mexico City and surrounding territory	C	9	13	21	7	3	1	3	1	2	4	1	2			
	D	10	3	6	1	2			6	2	1		1			
Morocco (see table below).																
Netherlands: Rotterdam	C		40	141	110	13	13	9	4	4	2	8	4			5
	D			1	7	4			1			1		1		
Nigeria: Lagos	C		1				1									
Panama	C		14	5	95		62	67	25	8	3					
Panama Canal Zone	C	1														
Persia (see table below).																
Poland	C	66		2					1	2						
	D	2														
Portugal:																
Lisbon	C	6	4	1	17						1	1			1	
Oporto	C	2	2											1		
Rumania	C				1	1							1			
	D				1											

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

SMALLPOX—Continued

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

Place		June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23	30	Dec. 7, 1929
Senegal (see table below).																
Siam	C	27	71	32	23	17	3	7	6	2						
	D	7	14	7	5	1	1			1						
Somaliland, British: Boales	C	11	4		4	1	1	1		5	10	5	5	5	8	
	D	4			2	1	1		2	1	5	4	6	2	3	
Somaliland, French: Jibuti	C	16	123	31	10											
	D	8	21	21	11											
Spain: Valencia	C	1														
Sudan (Anglo-Egyptian)	C	1,172	1,121	87	598	8	172	29	41	19	11	7	54	74	7	35
	D	195	164	73	95			5	11	3	3	3	3	32	2	10
Sudan (French) (see table below).																
Syria (see table below).																
Tunisia: Tunis	C	2	1					1	5	6	6	8	1			
Turkey (see table below).																
Union of South Africa:																
Cape Province	C	P							P	P	P					
Natal	C			P	P											
Transvaal	C	P			P		P		P	P	P					
Upper Volta	C	10														
On vessel:																
S. S. Aorangi, at Sydney	C	1														
S. S. City of Hereford, at Brisbane, from Calcutta	C		1													
S. S. British Birch, at Suez, from Abadan	C	1														
S. S. Karoa, at Zanzibar	C				1											
S. S. Keneh, at Suakim, from Jeddah	C	4														
S. S. Taipikn, at Manila, from Australia	C										1					
S. S. Umvuma, at Cape Town, from London	C						5									

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929			October, 1929			November, 1929		
						1-10	11-20	21-30	1-10	11-20	21-31	1-10	11-20	21-30
Dahomey	C								4					19
Indo-China (see also table above)	C	410		159	263	64			81		47		245	
Ivory Coast	C			22	2									
Senegal	C	1												
Sudan (French)	C	2	57	15			2							
	D		15											
Syria: Beirut	C	12	36	27	29	4	13	20	16	1	11	22	22	
	D										1		6	

Place		June, 1929	July, 1929	August, 1929	September, 1929	October, 1929	November, 1929
British East Africa (see also table above):							
Kenya	C	45		60	66		
Chosen	C			1			
	D			1			
France	C	15					
Greece	C	2					

Place		June, 1929	July, 1929	August, 1929	September, 1929	October, 1929	November, 1929
Mexico: Durango (see also table above)	D				2	2	2
Morocco	C	2	9	10	3	12	
Persia	D		51				
Turkey	C	11		1	41	100	
	D				9	29	

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

TYPHUS FEVER

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

Place		May 5–June 1, 1929	June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929 5	12	19	26	November, 1929 2	9	16	23
Algeria:															
Algiers	C	1	1	9	4	4	3		1	6			1	1	
Constantine Department	C		11		2								1		
Oran	C	14	5	9	2	3									
Bolivia: Pacajes Province—Calacoto Canton	C				19										
	D				5										
British South Africa: Northern Rhodesia	C	3													
	D	3													
Bulgaria	C	21	4	12		14									
	D	1	1	2											
Sofia	C			1										1	
Chile:															
Concepcion	C	1													
Valparaiso	C			1	1										
China: Tientsin	C				1										
Chosen (see table below).															
Czechoslovakia (see table below).															
Egypt:															
Alexandria	C					1	1	1							
	D	1													
Beheira Province	C	159	13	8	31	6	9	3		4	2				
	D	24	6	4		2	2			2	1				
Cairo	C	2		2	4	3									1
	D					1									1
Port Said	C	2	2	4	3										
Suez	C				2					1	1				
Greece (see table below).															
Hungary	C	1													
Ireland (Irish Free State):															
Cavan County—Carrickmacross	C	1													
Donegal County—Stranorlar	C		1												
Tyrone County—Strabane.[1]															
Latvia (see table below).															

Lithuania (see table below).															
Mexico:															
Aguascalientes	D			1	1										
Mexico City, including municipalities in Federal District	C	8	14	11	11	14	3	4	1	1		1	2		
	D	2	1		1	6						1			
Morocco	C	5	12	27	6				1	4	1	2	1		
	D			11											
Norway: Oslo	C	2													
Palestine	C	2	2	4	1	5	1	1	1				2		1
Persia	C		5	56	23										
	D		4	10	8										
Peru: Arequipa (see table below).															
Poland	C	264	177	90	48	26	5	10	3	13	26	8	15	13	
	D	19	7	4	7	4	1	1	1						
Portugal:															
Lisbon	C		1												
Oporto	C		1		1		1					1		2	2
Rumania	C	179	91	33	9	39	6	4	15		5	2	1		
	D	31	13	2	1	4	2	2	1		1				
Tunisia	C	22	23	3	4				1		1				
Turkey (see table below).															
Union of South Africa:															
Cape Province	C	P	P	P	1	P	P	P		P	P	P			
Natal	C	P	P		P	P	P	P	1	1	P				
Orange Free State	C	P	P	P	P	P	P	P		P					
Transvaal	C	P	P	P	P	P	P	P		P	P	P			
Yugoslavia (see table below).															

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
Canada: Ontario	C		1				
Chosen	C	272					
	D	15					
Seoul	C	1	2			1	
Czechoslovakia	C	18	2	2		1	
	D	1					
Greece: Athens	C		3		6	3	
Latvia	C	7	5		1		

Place		May, 1929	June, 1929	July, 1929	August, 1929	September, 1929	October, 1929
Lithuania	C	63	27	10	7	3	6
	D	5	4	1	1		1
Peru: Arequipa	D			1		1	
Turkey	C	7	10		3	4	10
	D	1	3			1	
Yugoslavia	C	19		3	7		1
	D	1		1	2		

[1] During the period from Apr. 14 to May 21, 1929, 18 cases of typhus fever with 4 deaths were reported in Strabane, Tyrone County, Ireland.

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

YELLOW FEVER

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

Place		June 2–29, 1929	June 30–July 27, 1929	July 28–Aug. 24, 1929	Aug. 25–Sept. 21, 1929	Week ended— Sept. 28, 1929	October, 1929				November, 1929					December, 1929	
							5	12	19	26	2	9	16	23	30	7	14
Brazil:																	
Bahia	C		1														
	D		1														
Nictheroy	C				1												
Para	C		1														
	D	1	1														
Rio de Janeiro	C	7	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0
	D	5	1														
Colombia:																	
Simacota	C		4														
Socorro [1]	C		12														
Liberia: Monrovia	C	4	4		1												
	D	3	1														

[1] From June 19 to July 8, 1929, 41 cases of yellow fever with 23 deaths were reported in Socorro, Colombia.