PUBLIC HEALTH REPORTS

VOL. 45 APRIL 25, 1930 No. 17

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

February 23–March 29, 1930

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 has been prepared from the data published weekly in the PUBLIC HEALTH REPORTS under the section entitled "Prevalence of Disease."

Meningococcus meningitis.—This disease, which for more than a year has been at a relatively high level has, during the latter part of March, shown signs of abating. It is possible that early March marks the crest of an epidemic wave that gradually built up over a period of about five years; for since 1925 each year has seen a higher meningitis incidence than the preceding year.

During the five weeks ended March 29, however, the total number of reported cases was 1,376, compared with 1,546 cases in the same period of 1929, a decline of about 14 per cent. During February the number of reported cases (914) was slightly higher than for the same period of the preceding year (903).

The highest attack rates during March were reported from some of the Rocky Mountain and Southern States. Following are the highest rates per 100,000 population for the 5-week period: Utah 6.6, Arizona 5.9, Mississippi 5.7, Tennessee 5.6, and New Mexico 4.8. In the Basin States, Michigan and Indiana had the highest rates, about 4.1 and 2.5, respectively, per 100,000 population.

Smallpox.—Smallpox, which during the recent months has been at the highest levels of recent years, declined slightly from the February levels. During the 5-week period ended March 29, 1930, the reported cases numbered 6,139, as compared with 4,591 for the corresponding period of the preceding year. The heaviest incidence was reported from the Great Lakes group of States, although a sprinkling of other States reported excess rates, notably, California, Oklahoma, Kansas, and North Dakota.

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[1] From the Office of Statistical Investigations, United States 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.

Poliomyelitis.—This disease was at approximately the average level of recent years. Seventy-eight cases were reported during the 5-week period, as compared with 82 last year.

Diphtheria.—The incidence of diphtheria was the lowest reported for the period during the last five years, and was probably the lowest of all time. Reported cases numbered 6,111, as compared with 7,027 for the period last year.

Influenza.—The incidence of influenza was also the lowest of the last five years. The reported cases numbered 4,959, as compared with 16,580 for the corresponding period last year.

Scarlet fever.—Scarlet fever incidence was approximately normal—23,939 cases, as compared with 25,790 for the period last year.

Typhoid fever.—Typhoid fever was also about normal—780 cases, as compared with 821 for the corresponding period of last year.

Measles.—The incidence of measles was slightly below the average of recent years, although an increased prevalence brought it above last year's figure in March; there were 61,892 cases reported, as compared with 53,544 for the period last year.

Mortality, all causes.—The general death rate in 64 cities reporting to the Bureau of the Census showed a rather low rate for this season, namely 14.0 per thousand population (annual basis), as compared with 14.5 and 14.8, respectively, for the corresponding periods of the two preceding years.

ACT COORDINATING FEDERAL PUBLIC HEALTH ACTIVITIES

[PUBLIC—NO. 106—71ST CONGRESS]

[H. R. 8807]

An Act To provide for the coordination of the public-health activities of the Government, and for other purposes

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That upon the request of the head of an executive department or an independent establishment which is carrying on a public health activity the Secretary of the Treasury is authorized to detail officers or employees of the Public Health Service to such department or independent establishment in order to cooperate in such work. When officers or employees are so detailed their salaries and allowances shall be paid by the Public Health Service from applicable appropriations.

SEC. 2. (a) The Surgeon General of the Public Health Service is authorized to detail personnel of the Public Health Service to educational and research institutions for special studies of scientific problems relating to public health and for the dissemination of information relating to public health, and to extend the facilities of the

Public Health Service to health officials and scientists engaged in special study.

(b) The Secretary of the Treasury is authorized to establish such additional divisions in the Hygienic Laboratory in the District of Columbia as he deems necessary to provide agencies for the solution of public health problems, and facilities therein for the coordination of research by public health officials and other scientists and for demonstrations of sanitary methods and appliances.

SEC. 3. The administrative office and bureau divisions of the Public Health Service in the District of Columbia shall be administered as a part of the departmental organization, and the scientific offices and research laboratories of the Public Health Service (whether or not in the District of Columbia) shall be administered as a part of the field service.

SEC. 4. Hereafter, under such regulations as the President may prescribe, medical, dental, sanitary engineer, and pharmacist officers selected for general service in the regular corps of the Public Health Service and subject to change of station shall be appointed by the President, by and with the advice and consent of the Senate; original appointments shall be made only in the grade corresponding to that of assistant surgeon or passed assistant surgeon, except as provided under sections 5 and 6 of this act.

SEC. 5. The President is authorized to appoint, by and with the advice and consent of the Senate, to grades in the regular corps not above that of medical director, under such regulations as he may prescribe, not to exceed a total of fifty-five medical, dental, sanitary engineer, and pharmacist officers in the Public Health Service upon the date of passage of this act (except commissioned officers of the regular corps). Not more than four such appointments shall be in a grade above that of surgeon. In making such appointments due regard shall be had to the salary received by such officer at the time of such appointment. For purposes of pay and pay period, said officers shall be credited only with active service in the Public Health Service and active commissioned service in the Army and the Navy.

SEC. 6. The Secretary of the Treasury is authorized to order officers in the reserve of the Public Health Service to active duty for the purpose of training and of determining their fitness for appointment in the regular corps, and such active duty shall be credited for purposes of future promotion in the regular corps.

SEC. 7. Whenever commissioned officers of the Public Health Service are not available for the performance of permanent duties requiring highly specialized training and experience in scientific research, the Secretary of the Treasury shall report that fact to the President with his recommendations, and the President, under the provision of this section, is authorized to appoint, by and with the

advice and consent of the Senate, not to exceed three persons in any one fiscal year to grades in the regular corps of the Public Health Service above that of assistant surgeon, but not to a grade above that of medical director; and for purposes of pay and pay period any person appointed under the provisions of this section shall be considered as having had on the date of appointment service equal to that of the junior officer of the grade to which appointed.

SEC. 8. Any person commissioned in the regular corps of the Public Health Service under the provisions of this act of an age greater than forty-five years, if placed on waiting orders for disability incurred in line of duty, shall receive pay at the rate of 4 per centum of active pay for each complete year of service in the Army, Navy, or Public Health Service, the total to be not more than 75 per centum.

SEC. 9. Hereafter commissioned officers of the regular corps of the Public Health Service, after examination under regulations approved by the President, shall be promoted according to the same length of service and shall receive the same pay and allowances as are now or may hereafter be authorized for officers of corresponding grades of the Medical Corps of the Army, except that—

(a) For purposes of future promotion an officer whose original appointment to the regular corps under the provisions of this act is in a grade above that of assistant surgeon shall be considered as having had on the date of appointment service equal to that of the junior officer of the grade to which appointed; if the actual service of such officer in the Public Health Service exceeds that of the junior officer of the grade, such actual service not exceeding ten years for a passed assistant surgeon, and fourteen years for a surgeon shall be credited for purposes of future promotion;

(b) Pharmacists shall not be promoted to the grade of passed assistant surgeon until after five years of service in the grade of assistant surgeon and shall not be promoted above the grade of passed assistant surgeon.

(c) When an officer, after examination under regulations approved by the President, is found not qualified for promotion for reasons other than physical disability incurred in line of duty—

(1) If in the grade of assistant surgeon, he shall be separated from the service and paid six months' pay and allowances;

(2) If in the grade of passed assistant surgeon, he shall be separated from the service and paid one year's pay and allowances; and

(3) If in the grade of surgeon or of senior surgeon, he shall be reported as not in line of promotion, or placed on waiting orders and paid at the rate of 2½ per centum for each complete year of active commissioned service in the Public Health Service, but in no case to exceed 60 per centum of his active pay at the time he is placed on waiting orders.

SEC. 10. (a) The President is authorized to prescribe appropriate titles for commissioned officers of the Public Health Service other than medical officers, corresponding to the grades of medical officers. Hereafter officers of the Public Health Service in the grade of Assistant Surgeon General (except those in charge of bureau divisions) shall be known and designated as medical directors. The limitation now imposed by law upon the number of senior surgeons and Assistant Surgeons General at large of the Public Health Service on active duty is hereby repealed.

(b) Hereafter the Surgeon General of the Public Health Service shall be entitled to the same pay and allowances as the Surgeon General of the Army; and a regular commissioned officer of the Public Health Service who serves as Surgeon General shall, upon the expiration of his commission, if not reappointed as Surgeon General, revert to the grade and number in the regular corps that he would have occupied had he not served as Surgeon General.

(c) The officer detailed as chief of the narcotics division of the Public Health Service shall, while thus serving, be an Assistant Surgeon General, subject to the provisions of law applicable to Assistant Surgeons General in charge of other administrative divisions of the Public Health Service.

SEC. 11. Hereafter the Secretary of the Treasury shall appoint, in accordance with the civil service laws, all officers and employees, other than commissioned officers, of the Public Health Service, and may make any such appointment effective as of the date on which the officer or employee enters upon duty: *Provided*, That any regulations which may be prescribed as to the qualifications as to the appointment of medical officers or employees shall give no preference to any school of medicine.

SEC. 12. Hereafter officers of the Public Health Service when disabled on account of sickness or injury incurred in line of duty shall be entitled to medical, surgical, and hospital services and supplies under such regulations as the Secretary of the Treasury may prescribe.

SEC. 13. Hereafter the advisory board for the Hygienic Laboratory shall be known as the National Advisory Health Council, and the Surgeon General of the Public Health Service, with the approval of the Secretary of the Treasury, is authorized to appoint, from representatives of the public health profession, five additional members of such council. The terms of service, compensation, and allowances of such additional members shall be the same as the other members of such council not in the regular employment of the Government, except that the terms of service of the members first appointed shall be so arranged that the terms of not more than two members shall expire each year. Such council, in addition to its other function,

shall advise the Surgeon General of the Public Health Service in respect to public health activities.

Approved, April 9, 1930.

EFFICIENCY OF WATER PURIFICATION PLANTS ON THE GREAT LAKES

The United States Public Health Service has recently issued a report on the efficiency of municipal water-purification systems located along the Great Lakes, from which approximately 10,000,000 people derive their water supply and into which the sewage and industrial waste of about five and one-half million population are discharged.[1] The report is based on a survey of 14 representative municipal water filtration plants situated on the Great Lakes and connecting waterways, including the plants of Detroit and Cleveland. The survey, which was made at the joint request of interested local and State authorities, was an extention of previous surveys of a similar nature made along the Ohio and other rivers of the Middle Western and Eastern States.

Owing to the great importance of the Great Lakes region from standpoints of population, commerce, and industry, the maintenance of safe water supplies along these Lakes constitutes one of the major water-purification problems of the country. With the increasing pollution of sources of water supply located in various marginal zones of the Lakes, this problem is becoming a more difficult one each year, taxing at present, in some instances, the resources of modern water purification.

The difficulties of obtaining safe purified water supplies from the Great Lakes are magnified considerably by the extreme variability existing in conditions of pollution of the lake waters at the several water intakes, which are located in or close to marginal zones of shore pollution, where water movements are subject to the vagaries of winds and countercurrents. In some instances the pollution of these zones probably is subject to seasonal variation, due to large increases in the sewered population residing along the Lakes during the summer vacation season.

A study of the performance of the 14 Great Lakes plants included in the survey revealed some interesting similarities and contrasts in the behavior of these plants, both among themselves and in comparison with purification systems of the Ohio type. Perhaps the most striking similarity observed was the existence, at practically every plant, of a well-defined relationship between the bacterial quality of the raw water, as delivered for treatment, and the cor-

[1] Studies of the Efficiency of Water Purification Processes. IV. Report on a Collective Survey of the Efficiency of a Selected Group of Municipal Water Purification Plants Located Along the Great Lakes. By H. W. Streeter. Public Health Bulletin No. 193.

responding quality of the effluent produced at each successive stage of purification. This same relationship, which is one of fundamental importance, had been noted previously in studies of water purification on the Ohio River and on other rivers.

The most important dissimilarity observed was the marked variability in average bacterial efficiency shown by the several Great Lakes plants among themselves and their disparity in this respect from Ohio River plants of the same general type. Among the Great Lakes plants, divergences in efficiency were indicated as being due in some cases to differences in the average density of raw water pollution and in certain features of plant design and operation. In other instances no reason could be assigned for the inequalities noted.

As regards the comparative bacterial efficiency of the Great Lakes and the Ohio River plants, the former were shown consistently to be slightly less efficient with chlorination included, and decidedly less efficient with chlorination excluded, than the latter group. Detailed analyses of the data failed to disclose the reason for these divergences, which do not appear to be explained, as currently assumed, by the relatively lower turbidity of Great Lakes water. It is suggested that they possibly may be due to differences in the chemical composition of the two waters, notably in the hydrogen-ion concentration.

From a study of the relationships observed between the bacterial qualities of the raw waters and effluents of the Great Lakes plants, and from an analysis of their variations, it was concluded, in so far as the production of final effluents conforming to the revised Treasury Department *B. coli* standard is concerned, that an average density of *B. coli* in Great Lakes raw waters, as delivered for purification, approximating an index of 4,500 per 100 cubic centimeters appears to represent an upper limit of permissible pollution, beyond which a majority of the Great Lakes filtration plants, as at present designed and operated, would be clearly overburdened. Mean densities ranging from 1,000 to 4,500 per 100 cubic centimeters represent a doubtful zone, within which some plants might be and others might not be overburdened for a significantly large proportion of the time. With average densities ranging below 1,000 per 100 cubic centimeters, the majority of such plants would not be expected to be overburdened except for a comparatively small proportion of the time.

Among the areas studied, the most highly polluted zone of the Great Lakes from which water is taken for purification was located at the extreme southern end of Lake Michigan, where existing purification systems are clearly overburdened. Other zones of relatively high, though not in all cases excessive, pollution were found to be at the extreme western end of Lake Erie, at the outlet of the Detroit River, and along the southern shore of Lake Erie between Cleveland and Sandusky.

As long as the supply for free distribution lasts, persons especially interested in the subject may obtain without charge a copy of the bulletin containing this report by addressing the Surgeon General, United States Public Health Service, Washington, D. C.

DEATH RATES IN A GROUP OF INSURED PERSONS

Rates for Principal Causes of Death for February, 1930

The accompanying table and comment are taken from the Statistical Bulletin for March, 1930, issued by the Metropolitan Life Insurance Co. The table presents the mortality record of the industrial insurance department of the company for February, 1930, as compared with the preceding month and with the corresponding month of last year. It also gives the cumulative rate for January and February of the present year. Death rates are given for the principal causes of death. They are based on a strength of approximately 19,000,000 insured persons in the United States and Canada.

The bulletin states:

The exceptionally favorable health conditions which prevailed in January of this year have continued during February. The February death rate of 9.6 per 1,000, among the 19,000,000 industrial policyholders of the company is, with a single exception (9.5 in 1928), lower than ever before recorded for this group during the second month of the year. The cumulative death rate for the January-February period was only 9.5 per 1,000, marking a decline of 23.6 per cent as compared with the like period of 1929.

Every disease, except scarlet fever, listed in the table had a lower death rate during the January-February period than in the like part of last year; and in nearly every instance the gain was large. Considerable improvement was to be expected, of course, as last year's influenza outbreak caused inordinately high mortality, not only from influenza and pneumonia, but from chronic diseases in cases where influenza hastened death. Comparison with two years ago, nevertheless, also shows lower death rates this year than were then registered for most of these diseases.

The cumulative cancer death rate this year (73.8 per 100,000) is noteworthy. It may be compared with 77.7 in 1929 and 76 in 1928. No false optimism should arise from this small drop; it may have no significance whatever. On the other hand, those who have been watching year after year for any favorable item in connection with the rising death-toll from cancer will await the figures for the next few months with keen interest; for this is the first time in a long series of years when the cancer mortality figures have afforded any basis whatever for the hope of a break in the persistently rising death rate.

The only bad spot in the mortality record of early 1930 is automobile fatalities. At the end of February, the death rate for this cause was 18.4 per 100,000. The winter months are the very ones when we expect the lowest mortality of the entire year from this cause of death; but the winter automobile death rate this year has run almost as high as that for the peak months only two or three years ago.

Death rates (annual basis) per 100,000 for principal causes of death, February, 1930

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Death rate per 100,000 lives exposed [1]				
	February, 1930	January, 1930	February, 1929 [2]	Cumulative, January–February	
				1930	1929 [2]
Total, all causes	963.8	940.1	1,135.6	951.3	1,245.2
Typhoid fever	1.3	1.1	.8	1.2	1.4
Measles	3.3	2.1	4.2	2.7	3.6
Scarlet fever	3.9	3.8	3.4	3.8	3.8
Whooping cough	5.5	4.5	7.2	5.0	8.3
Diphtheria	9.0	10.9	9.8	10.0	11.7
Influenza	27.3	26.2	104.4	26.7	153.3
Tuberculosis (all forms)	82.3	79.7	94.0	80.9	94.0
Tuberculosis of respiratory system	71.9	69.8	84.5	70.8	84.6
Cancer	73.1	74.4	74.3	73.8	77.7
Diabetes mellitus	20.2	22.3	22.2	21.3	25.3
Cerebral hemorrhage	68.2	59.3	[3] 66.0	63.5	[3] 67.2
Organic diseases of heart	169.0	161.3	181.0	165.0	192.2
Pneumonia (all forms)	117.2	108.8	160.4	112.8	187.8
Other respiratory diseases	11.8	13.2	22.0	12.6	24.2
Diarrhea and enteritis	11.1	11.6	13.7	11.3	14.0
Bright's disease (chronic nephritis)	71.0	73.7	79.5	72.4	82.7
Puerperal state	14.4	12.0	14.7	13.1	14.8
Suicides	7.5	8.6	8.0	8.1	8.4
Homicides	5.5	7.0	6.8	6.3	6.8
Other external causes (excluding suicides and homicides)	58.7	61.3	55.5	60.1	58.9
Traumatism by automobiles	16.4	20.2	12.6	18.4	15.3
All other causes	203.5	198.4	207.6	200.8	209.1

[1] All figures in this table include infants insured under 1 year of age.
[2] All 1929 death rates subject to slight correction, as they are based on provisional estimate of lives exposed to risk.
[3] Rate not comparable with that for 1930.

SEAMEN WITH VENEREAL DISEASE IN THE PORT OF NEW YORK

A COOPERATIVE STUDY MADE BY THE AMERICAN SOCIAL HYGIENE ASSOCIATION, THE NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION, THE WELFARE COUNCIL OF NEW YORK CITY, AND THE UNITED STATES PUBLIC HEALTH SERVICE

Report prepared by ANNABEL M. STEWART, *Research Bureau, Welfare Council of New York City*

(The first chapters of this report were published in PUBLIC HEALTH REPORTS for April 11 and April 18, 1930.[1])

CHAPTER VI

SOCIAL FACILITIES FOR SEAMEN IN THE PORT

Various organizations provide the social facilities available in the port of New York for seamen and harbor workers, including under these terms workers in foreign, coastwise, and intercoastal services as well as those on inland waters, the classification for harbor services employed by some of the unions. The agencies concerned may be grouped as (1) philanthropic and governmental institutions established primarily for the benefit of seamen; (2) seamen's unions and benefit associations; and (3) organizations whose work has been of direct

[1] The complete report will be issued later as a separate publication as Reprint No. 1365.

benefit to seamen, although service to seamen is only one phase of their activities, and perhaps an incidental one.

Steamship companies do not carry on welfare activities in port on behalf of their employees. The attitude of the companies seems to be that when a seaman arrives in port on completion of a voyage and is signed off, their responsibility for him ceases until such time as he may be signed on again for another voyage. A few of the companies have well organized medical departments which assure that a seaman who becomes ill in the company's employ is receiving proper medical treatment in hospital or otherwise, and one company, at least, has a system of sick benefits. Some of the foreign steamships have formed athletic clubs for their men, and the various clubs have engaged in competitions arranged by themselves or by the seamen's agencies. Any responsibility beyond this is left for the seamen's philanthropic agencies to assume.

PHILANTHROPIC AND GOVERNMENTAL ORGANIZATIONS

There are some 30 organizations in Manhattan, Brooklyn, Staten Island, Ellis Island, and Hoboken—all included within the port of New York—which care for the needs of merchant seamen who are on shore on leave, or discharged and without another berth, or who are undergoing medical treatment. Most of these bodies are concerned particularly with the seaman while on shore, but others follow him on board ship, supply "comfort bags" and individual bundles of magazines when he is about to embark, and provide loan libraries for ships and equipment for games and sports. Some agencies help to support seamen's "homes" in other ports of the United States and in foreign countries.

The lodging of seamen by welfare agencies was in answer to the need of protecting these men from becoming victims of the "crimping" system of the sailor lodging house. This system has been referred to in Chapter V.[9]

It is not known what percentage of the seamen who arrive daily in the port of New York are in need of the services available through the seamen's agencies. Seamen are ordinarily rovers and lacking in community relationships, but some of them have their homes in the city and a few of those who are married have their families here. Others have resources of their own and prefer to be wholly independent. During the time foreign ships are in port for unloading and loading, the men sleep on board; and while they have no need for the sleeping accommodations offered by the institutions for seamen, they may make use of other facilities. A large proportion of seamen on American ships are discharged and paid off within 48 hours of the docking of the ship, and many of these stay ashore for some days

[9] See PUBLIC HEALTH REPORTS for April 18, 1930, p. 871.

either by choice or because they can not find another ship. The cargo vessels may take some weeks to unload and load. Few, if any, except the officers are kept on board during this time, and a number of the crew seek the lodgings as well as other facilities provided by the seamen's agencies. The services of the agencies are particularly advantageous to seamen out of work or undergoing out-patient treatment.

Services offered.—Table 38 sets out the various services offered to merchant seamen by agencies in the port. The agencies are listed alphabetically, the services in order of frequency, and a check indicates that the agency offers that particular service.[10] The situation of these agencies is to be seen on the map at the beginning of the report. For a more detailed description of purpose, clientele, and services than is given in this chapter the reader is referred to the annual *Directory of Social Agencies* and to the *Seamen's Handbook for Shore Leave,* issued in 1928 by the American Merchant Marine Library Association. This latter volume is of pocket size and contains material which is of special interest to merchant sailors, including facts about hotels, seamen's homes, or other organizations having sleeping accommodations and recreational facilities; location of American consulates; addresses for legal, medical, surgical, and dental aid; shipping agencies; seamen's unions; public libraries; and offices and agencies of the American Merchant Marine Library Association, as well as places of amusement and the most interesting sights to be seen in or near the various ports. Information is given with reference to 352 seaports, representing practically every country in the world. Seven pages are devoted to the port of New York.

Three of the seamen's agencies listed in Table 38—the American Seamen's Friend Society, the Merchant Seamen's Branch of the Young Men's Christian Association, and the Seamen's Christian Association—are to merge and erect a million dollar Merchant Marine Memorial Building at Eleventh Avenue and Twentieth Street. The building as described is to be ready for use in 1930 and will contain 500 or more separate bedrooms with complete facilities for carrying on all the local recreational, educational, and religious work of the three agencies concerned.

[10] The *Directory of Social Agencies*, the *Seamen's Handbook for Shore Leave*, and the agencies themselves were consulted to make the chart as accurate as possible.

TABLE 38.—*Services offered by agencies for merchant seamen in the port of New York*

Agencies	Services																																	
	Reading and writing room	Religious services	Relief	Post office	Money and valuables cared for	Information and advice	Recreation	Baggage or check room	Money forwarded	Visits to ships and hospitals	Reading matter for shipboard	Social or club room	Missing men located	Sleeping accommodation for—	Library	Meals	Money received for deposit	Employment bureau	Medical or dental	Athletics	Hotels or lodging houses recommended	"Slop chest" or canteen	Activities for boys	Shipwrecked crews outfitted	Social service department	Barber shop	Comfort or "ditty" bags	Hostess or "House Mother"	Ship's libraries furnished	Tailor shop	Home for aged	Laundry facilities	Legal aid	Lost and found department	Merchant marine school
Total number of agencies providing specified services	22	20	19	18	17	16	16	15	15	15	14	14	11	11	10	10	10	8	7	6	6	5	4	4	4	3	3	3	2	2	1	1	1	1	1
1. American Merchant Marine Library Association, 67 Wall Street, Manhattan																													✓						
2. American Seamen's Friend Society (see also Sailors' Home and Institute), 72 Wall Street, Manhattan																								✓					✓						
3. Beekman Street Hospital, social service department [1] 117 Beekman Street, Manhattan			✓			✓																			✓										
4. Bethelship Merchant Seamen's Branch, Y. M. C. A. 56 Sullivan Street, Brooklyn	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	172		✓	✓	✓	[2]✓	✓		✓				✓									
5. British Apprentice Club, 222 West 23d Street, Manhattan	✓						✓					✓								✓			✓												
6. Danish American Seamen's Mission, 193 Ninth Street, Brooklyn	✓	✓	✓				✓			✓	✓		✓			✓		✓		✓														
7. Finnish Seamen's Mission, 529 Clinton Street, Brooklyn	✓	✓	✓	✓				✓		✓	✓		✓																					
8. German Seamen's Mission, 60 Hudson Street, Hoboken	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓		[3] 160	✓	✓	✓				✓			✓											
9. Holland Seamen's Home and Immigration Bureau, 334 River Street, Hoboken	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓		✓																	
10. Legal Aid Society, Seamen's Branch, 15 Moore Street, Manhattan																																✓		
11. Lutheran Seamen's Mission, 422 West 44th Street, Manhattan	✓	✓	✓																															
12. Mariners' League, Salvation Army, [4] 131 West 13th Street, Manhattan		✓		✓	✓	✓	✓		✓	✓	✓						✓				✓													

13. Merchant Marine Branch, Y. M. C. A., 327 River Street, Hoboken	✓	---	✓	✓	✓	✓	✓	✓	✓	---	✓	✓	---	80	✓	---	---	---	---	✓	---	---	---	✓	---	---	---	✓	---	---	---	---	---	---	---	---
14. Merchant Seamen's Branch, Y. M. C. A., 525 West 23d Street, Manhattan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	(5)	---	✓	---	✓	---	✓	---	✓	✓	---	---	---	---	---	---	---	---	---	---	---	---	---
15. New York Bible Society, marine department, 45 South Street, Manhattan	---	---	---	---	---	---	---	---	---	---	(6)	---	---	---	•	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
16. New York Port Society, 166 Eleventh Avenue, Manhattan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	---	✓	---	✓	---	---	---	✓	---	---	---	---	---	---	✓	---	---	---	---	---	---	---	---
17. Norwegian Sailors' Home, 440 Clinton Street, Brooklyn	✓	✓	✓	✓	✓	✓	---	✓	✓	✓	✓	---	✓	170	---	✓	✓	✓	[2]✓	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
18. Norwegian Seamen's Church, 33 First Place, Brooklyn	✓	✓	✓	✓	✓	---	✓	✓	✓	✓	---	---	✓	---	---	---	---	✓	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
19. Sailors' Home and Institute (of the American Seamen's Friend Society), 507 West Street, Manhattan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	226	✓	✓	✓	---	---	---	---	---	---	---	---	---	---	✓	✓	---	---	---	---	---	---	---
20. Sailors' Snug Harbor, New Brighton, Staten Island	✓	✓	---	✓	✓	✓	✓	---	✓	---	---	✓	---	860	✓	✓	---	---	✓	---	---	---	---	---	---	✓	---	---	---	✓	✓	---	---	---	---	---
21. St. Peter's Union for Catholic Seamen, 422 West Street, Manhattan	✓	✓	✓	---	---	---	---	---	✓	---	---	✓	✓	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
22. Seamen's Christian Association, 399 West Street, Manhattan	✓	✓	✓	✓	✓	✓	✓	---	✓	✓	✓	✓	---	---	---	---	✓	✓	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
23. Seamen's Church Institute, 25 South Street, Manhattan	✓	✓	✓	[7]✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	1,500	✓	✓	✓	✓	[8]✓	---	---	✓	✓	✓	✓	✓	✓	✓	---	✓	---	✓	---	✓	---	✓
24. Seamen's Good Will Mission, 105 Hamilton Avenue, Brooklyn	✓	✓	---	✓	✓	---	✓	✓	✓	✓	---	---	---	11	✓	---	✓	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
25. Swedish Seaman's Home, 6 Water Street, Manhattan	✓	✓	---	✓	✓	---	---	✓	✓	✓	---	---	---	60	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---	---
26. Toc H Club for Seagoing Boys, 539 West 18th Street, Manhattan	✓	---	---	---	---	---	✓	---	---	---	---	✓	---	---	---	---	---	---	---	---	---	---	✓	---	---	---	---	---	---	---	---	---	---	---	---	---
27. U. S. Marine Hospital, Ellis Island, Ellis Island	✓	✓	✓	[9]✓	✓	✓	✓	✓	---	---	---	✓	---	500	✓	✓	---	---	✓	---	✓	✓	---	---	✓	---	---	---	---	---	---	---	---	---	---	---
28. U. S. Marine Hospital, Hudson Street, 67 Hudson Street, Manhattan	---	---	✓	---	---	✓	---	---	---	---	---	---	---	---	---	---	---	✓	✓	---	✓	---	---	---	✓	---	---	---	---	---	---	---	---	---	---	---
29. U. S. Marine Hospital, Stapleton, Stapleton, Staten Island	✓	✓	✓	✓	✓	✓	✓	✓	---	---	---	✓	---	288	✓	✓	---	---	✓	✓	✓	✓	---	---	---	---	---	---	---	---	---	---	---	---	---	---

[1] Included because member of seamen's section of the Welfare Council.
[2] First aid.
[3] Rooms located at 63 Washington Street, Hoboken.
[4] Makes use also of facilities offered by other departments of the Salvation Army.
[5] Dormitory closed June 15, 1929.
[6] The Bible.
[7] U. S. post office, Seamen's Institute Station.
[8] U. S. Public Health Service substation, clinic located in building.
[9] U. S. post office on the island.

General description of agencies.—These seamen's agencies range in size from the small religious mission, with perhaps a reading and writing room attached, to a 13-story building which houses the numerous and varied activities of the Seamen's Church Institute, said to be the largest institution for seamen in the world. Some have meager equipment and limited financial resources. Almost without exception the agencies consider some religious activity essential in their work for the men "who go down to the sea in ships."

Many have been in existence for long periods of time, and at least two—the American Seamen's Friend Society and the New York Port Society—were founded more than a hundred years ago.

While most of them are open to any active seaman who wishes to avail himself of their services, others serve a particular clientele, and a Danish, Dutch, Finnish, German, Norwegian, or Swedish seaman on shore in New York on leave can find a center where his fellow-countrymen congregate and his own language is spoken. This type of seamen's mission or home ordinarily centers around a seamen's church, with other activities subordinated to the religious services. For some, as, for example, the Norwegian Seamen's Church, support comes in part from a church in the old country.

These seamen's institutions exist particularly for the ordinary seaman. Officers are likely to have greater resources of their own, though some of the seamen's agencies have rooms especially reserved for officers. There are modest club rooms for officers at one or two of the seamen's unions.

Many boys, it is said, have been forced into sea work since the war, especially in England, because of employment conditions there. Four agencies in particular maintain activities for boys, both apprentice boys and those from 14 to 17 years of age who serve as cabin or messenger boys on freighters and as bell boys and deck boys on the great liners. The British Apprentice Club, which is a memorial to Walter Hines Page, was established for apprentices of the British merchant marine; a social room at the Seamen's Church Institute is set apart for apprentices of any nationality; the Toc H Club for Seagoing Boys exists for British boys and Belgian boys on British ships; and the merchant seamen's branch of the Young Men's Christian Association has a department for the bell boys and deck boys which seeks "to give healthy amusement and better employment of their holiday hours ashore."

While a moderate charge is made for some services—for beds, meals, checking of baggage, etc.—most of the facilities are offered free, and support for them must be sought from the public. A few agencies are fortunate in the possession of endowment funds. Others are supported by mission boards or other religious organizations as a part of their home missionary program. In the case of at least one

of the homes for foreign seamen, as has been mentioned, a portion of the support comes from a church abroad.

Steamship companies contribute toward the support of several agencies. This is done partly as an indirect payment for service rendered by the agency's employment office in providing crews for the company's ships and partly in recognition of the benefit received when, after shore leave, many of the seamen return more fit because of the good entertainment and wholesome relaxation provided than would otherwise be the case. Officers of several of the agencies engaged in work for seamen have testified that despite the "speak-easies," conditions along the water front have greatly improved in recent years. They ascribe this in part to the closing of the saloons which in the old days lined the streets near the docks.

Magazines are published which describe and interpret the work for seafaring men to donors and others interested, for example, *The Sailors' Magazine and Seamen's Friend*, published by the American Seamen's Friend Society (first issued in 1828), *The Harbor Notes*, published by the Merchants' Seamen's Branch of the Young Men's Christian Association, and *The Lookout*, published by the Seamen's Church Institute.

Through the years a large body of donors has been built up for these seamen's agencies.[11] There is an appeal to many in providing a home in port, perhaps in a strange land, for members of a group who, by the very nature of their calling, are often homeless. The patriotic motive plays its part with others, for they regard the agencies as helping toward the creation of a more efficient personnel in "an American merchant marine, manned by American seamen, and maintained under the American standard." And others, interested in international good will, support the hospitality extended foreign seamen in American ports as an interpretation to these men of the spirit and ideals of America.

Patronage of agencies by patients studied.—The assertion is sometimes made that seamen do not need and do not use the seamen's agencies, but prefer to depend upon their own resources. The questionnaire study seems to indicate a rather extensive use. The seaman's address at the time he was admitted to hospital was recorded. For the 102 aliens included, the 60 members of the United States Coast Guard, and the 10 men of the miscellaneous group who were in other services of the United States Government, the address given was naturally their ship. Of the 789 others, 297, or 38 per cent, gave a seamen's agency as their address—"25 South Street" (the Seamen's Church Institute) for 259, and 11 other agencies for 38 more. Those who gave other addresses may, of course, have made use of a seaman's agency, though the fact was not indicated on the record.

[11] Data on financial trends will later be available in the Income and Expenditure Study being carried on by the Welfare Council.

This was undoubtedly true, for example, in the case of the Holland Seamen's Home, which is situated across the street in Hoboken from the piers of the Holland-America Line. The men sleep on board and receive mail at the docks while in port, but go to the Home to write letters and read the Dutch newspapers. A similar situation exists in Brooklyn in connection with some of the agencies for foreign seamen.

DESCRIPTION OF CERTAIN SERVICES

An enumeration of the facilities available to the seaman at moderate cost or free shows how fully those concerned with his welfare while on shore have tried to meet his various needs. In these institutions he can find a clean bed in a dormitory or in a single bedroom or can be directed to a recommended rooming house; bathing facilities, a place to wash his clothes, barber shop and tailor shop; well-prepared meals at reasonable cost; club rooms; a reading room with books, magazines, and home papers; a writing room with stationery at hand; a baggage room for his dunnage bag; a check room for money and other valuables; a place to receive his mail; facilities for banking and for sending money home; a free employment office for jobs on sea or on land; religious services; a "slop chest" for supplies; aid and attention if sick; entertainment and recreation in the way of movies, lectures, concerts, games, and athletics, and excursions to places of interest. If he is sick in a hospital, he will be visited; if shipwrecked, he will be outfitted anew; if stranded, he may borrow money for bed, meals, or clothing, or, because, perhaps, he has been ill and is as yet unable to work, these may be provided without charge.

A regularly established social-service department in the larger institutions or some one person in the smaller agencies will help him with his personal problems. If these involve recourse to the law, he is referred to the Legal Aid Society, which has a special department for seamen and which charges only nominal fees. If he is old and decrepit and can no longer work, he may be able to secure admission to Sailors' Snug Harbor and pass his days there in comfort and peace. If he dies in the port without means or friends, a pauper's grave does not await him, for at least three of the agencies maintain sailors' plots where he may be buried.

A description follows of some of the most important facilities or unusual services, the nature of which might not be clear from the captions in Table 38.

Sleeping accommodations.—Sleeping accommodations available for seafarers through the seamen's agencies have been shown in the table which indicates the various services offered. Omitting figures for Sailors' Snug Harbor and for the hospitals, beds for transients number 2,379. Sixty additional beds were available previous to the closing

of the dormitory at the merchant seamen's branch of the Young Men's Christian Association in June, 1929.

Charges for these beds range from 35 cents to a dollar a night, according as they are situated in a dormitory or single room. Some rooms are reserved for officers. The average single room is clean, of fair size, and contains bed, chair, table, and locker. Many prefer single rooms to the dormitory provision and constantly ask for some privacy and comfort. The sailors' attitude is indicated by one of them: "I am always glad when my duties bring me to New York, for I know how comfortable I shall be. Your Sailors' Home there is just about right. We think of it as if it was our own home, for it is not too small and not too large. It's quiet at night, and a man can always get his own little room. Perhaps you don't realize all that means to the sailor who has no privacy while on board his ship. * * *"

Rooming houses and hotels for seamen in New York City are licensed under an old act, passed in the days of sailing vessels, which sets up a State Board of Commissioners for Licensing Sailors' Hotels and Boarding Houses in the city of New York. The law makes it unlawful to conduct a sailors' boarding house or hotel in New York City without a license from the board of commissioners created by the act. The license fee is $25 a year. The board serves in a voluntary capacity but employs one inspector, and any amount above the expense of transacting the business of the board is refunded to the seamen's agencies named in the act, to be used "for the relief of shipwrecked and destitute seamen." Formerly licenses were granted to over 100 houses a year, but for the year May, 1929, to May, 1930, there were 48. A list of the houses licensed is filed in the office of the city clerk.

New Jersey has no State inspection for such rooming houses, but the agencies in Hoboken operate under a city license.

Legal aid.—Knowledge of maritime affairs enables many of the agencies to give seamen advice or assistance in questions of immigration and naturalization, in filling out necessary legal forms or in furnishing affidavits for them, in collecting money due for wages or as compensation for accidents, and other matters of a similar nature.

For more difficult questions, the Legal Aid Society (organized to "render legal aid gratuitously, if necessary, to all who may appear worthy thereof and who are unable to procure assistance elsewhere, and to promote measures for their protection") maintains a department wholly devoted to legal work for seamen. During 1928, 3,362 seamen applied to this seamen's branch for aid. Many of the applicants came only for advice and information, but others required actual assistance in matters of wages, discharges, recovery of personal property or money stolen or taken under false pretenses, etc. Sea-

men in need of the services provided by social agencies were referred to the appropriate organization.

A retaining fee of 25 cents is made, and when collections exceed $5, 10 per cent is retained as commission. This meets the expense of the office only in part and the society is dependent upon voluntary contributions for the remainder.

Hoboken also has a legal-aid society to which the Hoboken agencies refer cases, especially those involving New Jersey laws.

Ships' libraries.—For many years libraries have been placed on American merchant ships, both sail and steam, for the free use of their crews. The boxes of books, when put on board ship, are in the custody of a volunteer librarian and are exchanged for another selection when the ship touches at another port where libraries can be obtained. At present two organizations in the port of New York are engaged in this work: These are the American Seamen's Friend Society and the American Merchant Marine Library Association, sometimes known as the "Public Library of the High Seas."

The American Seamen's Friend Society has placed loan libraries on American merchant ships since 1859. In the year ended April, 1929, it sent 263 of them out from the port of New York. The total number of new libraries issued was then 13,234. Each library box contains about 40 new well-selected books and is put in good condition for each reshipment.

During 1928 the American Merchant Marine Library Association, which was formed in 1921 to continue and develop the library service to the men of the merchant marine which was started and maintained during the war by the American Library Association, circulated about 306,030 books among 1,738 ships. Its boxes contain 70 books each, and there are 12 dispatch offices in various ports, where the dispatch agent in charge visits ships and exchanges libraries.

Sailors' Snug Harbor.—Seamen's wages, like those of most other workers, are insufficient to provide a competency for old age. But the last home port for some 900 destitute men who have followed the sea has been made a place of peace and comfort and self-respect at Sailors' Snug Harbor. It is described as the "best equipped home for aged seamen in the world."

This institution was founded by Capt. Robert Richard Randall, of New York, who, in 1801, bequeathed his entire estate for the establishment and maintenance of a home for aged, decrepit, and worn-out sailors as soon as the income should be sufficient to support 50 seamen. The estate consisted of a farm of 21 acres between what is now Fourth and Fifth Avenues and Sixth and Tenth Streets, with an apple orchard where Washington Square is now located. There was long litigation, and then increasing property values made it unwise to carry out the plan of erecting the institution on the

city property. A farm of some 130 acres on the northern shore of Staten Island was purchased in 1831 for $6,000, and the first sailors were received into the home in 1833. Now there are more than 30 buildings, the grounds are well cared for, and the general impression given by the central building, dining halls, dormitories, chapel, recreation building, and hospital is that of a fine college campus.

"Aged, decrepit, and worn-out sailors," incapable of self-support are eligible for admission. The trustees have interpreted this to mean that the sailors must have served practically a lifetime at sea and show discharges for at least 5 years of service under the American flag, if native-born, or 10 years if foreign-born.

Admission to Sailors' Snug Harbor is reported to be difficult because of the records that have to be filled out to prove sea service before an applicant is considered. Many seamen do not have the necessary discharge papers, and to locate the records of their discharges at offices of the United States Shipping Commissioners or to secure certified statements of such service is an involved process. The agencies help in this and are strongly of the opinion that information should be disseminated among seamen as to requirements for admission to Sailors' Snug Harbor and the importance of retaining all discharge papers. The "continuous discharge," mentioned in Chapter V, would prove of value.

Seamen not eligible for Sailors' Snug Harbor may be referred to the information bureau for the aged at the Welfare Council to learn of other homes for which they might qualify. Some of these homes are free and while, generally speaking, the residence requirements are not strict, the men may encounter various obstacles in the way of admission.

Missing men.—New York City is said to be "the greatest port of missing men in the world." The seamen's agencies in this port receive large numbers of letters from mothers, wives, or sweethearts of seafarers not heard from in years. The writers of these letters, resident in other parts of the United States or in foreign countries, by some means have learned the name of a seamen's home in New York and write to implore news of the missing sailor who, they fear, may have been drowned. Sometimes the letter reports that an inheritance awaits him.

Some of these missing men have delayed writing home until ashamed to write, and then the months and years have gone by. Sometimes the delay has come through sickness or hard luck. Some men have grown tired of supporting their families. Others have deserted their ships and are fearful of trouble if their whereabouts should become known.

The seamen's agency makes inquiry for the man, posting on the bulletin board his name and photograph, if that has been forwarded

with the letter, including his name in the list for whom there are "letters waiting," and even advertising for him in most likely newspapers. Other seamen who come from the same town or who have at some time sailed with him take up the search. The Seamen's Church Institute publishes a monthly bulletin giving the names of missing men and distributes this bulletin in consulates, shipping offices, and seamen's homes in some 250 ports of the world.

In 1928, of 520 missing men inquired for at the Norwegian Seamen's Church, 380 were found, and over a period of 12 years 2,301 men out of 4,313 reported missing were located. One man who had not written home in 24 years was recently found. Similarly, in the 10 years ended with 1929, the Seamen's Church Institute located 3,160 men.

Shipwrecked crews outfitted.—The rescue, in November, 1928, by the *American Shipper* of some of the passengers and crew of the *Vestris* brought vividly to the fore the plight of the shipwrecked. The Seamen's Church Institute, at the expense of the steamship company, cared for and outfitted the survivors of that crew. A special dormitory and reading and writing room were set apart for their use that they might be protected from the curious.

Individual sailors who have been shipwrecked and have lost all their possessions are equipped anew by the relief departments of several agencies in the course of their regular work. The expense of outfitting a whole crew, however, is too great a tax on the resources of most of them. Such catastrophes are fortunately few in number, but when the need does arise four different agencies in the port stand ready to meet it. Some amounts "for the relief of shipwrecked and destitute seamen" come from the surplus funds of the State Board of Commissioners for Licensing Sailors' Hotels and Boarding Houses.[12]

Lost and found department.—A seaman's papers are very valuable, since they form part of the record necessary to establish the right to free hospital treatment, naturalization, admission to Sailors' Snug Harbor, and other benefits. A lost-and-found department is maintained at the Seamen's Church Institute, where seamen's papers that have been lost and returned await their owners. Over 1,500 sets are on file at all times. The institute distributes to seamen folders for their papers with the address "25 South Street" upon them, and this has greatly helped in recovery of lost papers. When papers are returned, the owner is notified by a postcard sent to the post office at the Institute. Papers lost nine months before in Richmond, Va., were discovered recently on file at the Institute.

While other seamen's agencies naturally care for a man's papers that have been returned to them, the Seamen's Church Institute is the only agency maintaining such a department. Its value to seamen

[12] See pp. 934-35.

would obviously be enhanced if the seamen's agencies were to unite in this service so that all lost papers would be returned to the one address.

COOPERATION AMONG SEAMEN'S AGENCIES

Joint Conference for the Promotion of the Interests of Seamen.—The first effort for united action by the various societies working for seamen in the port of New York was the Joint Conference for the Promotion of the Interests of Seamen. The original minutes of that conference (now in the possession of the Rev. Dr. A. R. Mansfield, superintendent of the Seamen's Church Institute) record the following resolution as adopted at the organization meeting in January, 1897, by representatives from the New York Port Society, the Protestant Episcopal Church Missionary Society for Seamen (now the Seamen's Church Institute of New York), the American Seamen's Friend Society, the Marine Society, the Maritime Association, and the Christian Endeavor Seamen's Bethel Society:

Whereas it seems desirable to improve the condition and add to the protection of seamen in the port of New York and to obtain from the present sessions of Congress, the legislature at Albany, and the Charter Commission, and from the existing municipal administration such legislative and administrative action as shall best promote that object; and

Whereas there is much work that can be done by joint action on the part of the several societies for the benefit of seamen on the legislative side, without touching the religious, denominational, and individual work of the several societies, respectively, and in such manner as to avoid overlapping and waste of energies; and

Whereas it is desirable to promote the formation of a joint conference of delegates from the several societies, organized for the purpose of investigation and such action as may be duly authorized:

Resolved, That the delegates to this conference upon matters pertaining to the port of New York hereby agree to form a Joint Conference for the Promotion of the Interests of Seamen.

The conference continued for some two and one-half years and then was discontinued because the societies did not agree on aggressive action to remedy social and economic abuses to which the seamen were subjected. During that period the minutes record activities of committees on Federal and State legislation, municipal and harbor protection, and the regulation of sailor boarding houses, grievances and legal aid, hospital and other relief, and school for navigation and free labor bureau for the shipment of seamen.

Joint Conference of Allied Societies for Seamen.—The next cooperative undertaking among the agencies working for the welfare of seaman was the Joint Conference of Allied Societies for Seamen in the Port of New York, organized in 1915. The Rev. George S. Webster, D. D., has been secretary almost since its formation. The conference has arranged for an annual sailors' day service in one of the Protestant churches of the city, and 14 of these annual united services for seamen have been held.

Among its special committees was the seamen's protective committee, appointed in 1921 to consider the acute problems of unemployment. It cooperated with the city in plans for a municipal lodging house for seafaring men on one of the piers at South Ferry. During 1922 and 1923 its committee on water-front conditions brought to the notice of the Federal and local authorities various dangerous conditions confronting seamen when they are ashore. This united effort enlisted cooperation from several public officials.

Seamen's Service Conference.—The Seamen's Service Conference of the Port of New York was an outgrowth of the Joint Conference of Allied Societies for Seamen, several of its founders having been members of the committee on water-front conditions. This conference was organized in 1924 with a membership of 16 agencies and with the Rev. George A. Green, at that time connected with the Seamen's Church Institute, as chairman, and Miss Madeline Oldfield, of the hospital service section of Hudson Street Hospital, as secretary. Discussions and activities centered mainly around questions of the rights of seamen (wages, compensation for injuries, etc.), naturalization, legislation, recreational possibilities, and shelter and employment for seamen under treatment for venereal disease.

The conference in 1926 issued the leaflet "Essential Information to Seamen" for distribution by the organizations in its membership.

When the Welfare Council of New York City was organized, the member agencies of the conference served as the nucleus for its Seamen's Section.

Seamen's Section of the Welfare Council.—The seamen's section of the Welfare Council of New York City is at present the organization for discussion and joint action in the interest of seamen. Organized in February, 1927, it now includes 22 agencies. Mr. John T. Little, of the seamen's branch, Legal Aid Society, was the first chairman, and he was succeeded by the Rev. James C. Healey, of the Sailors' Home and Institute. Miss Adaline A. Buffington, of the Welfare Council, has been secretary since its inception.

The problems the section has been facing are those with which the Seamen's Service Conference was earlier concerned. For some, more satisfactory answers have been obtained and others are still unsolved. Many of these involve relations between the shipowners or operators and the seamen, and the section is hopeful of working out a closer connection between the shipowners and the organizations serving seamen.

The discussions of the section in its two and a half years of existence, both in meetings of the section as a whole and of committees, have concerned seamen in relation to employment for the able-bodied and handicapped, legislation, venereal disease, recreation, housing, publicity, relief-giving practices among the seamen's agencies, use

of the social service exchange, care of Spanish and negro seamen, and rehabilitation of the disabled. The section has held joint meetings with two other sections of the council on the question of unemployment. It worked out plans of cooperation between the social service departments of the marine hospitals and the other seamen's agencies. It cooperated with the Neptune Association in 1928 in providing a field day for seamen. It has compiled a handbook of information for the use of seamen's agencies. And, not least, it promoted plans for this study of seamen with venereal disease in the port of New York.

Use of social service exchange.—Many seamen and so-called seamen go from one agency to another in search of assistance or quite legitimately become clients of more than one agency. To deal wisely with these men requires that there should be exchange of information and cooperative action made possible through use of the social service exchange. The Seamen's Service Conference initiated the effort to have seamen's agencies register their relief cases with the exchange and inquire of it before giving relief. In that way each could ascertain whether some other agency was already interested in that particular seaman and could work out the wisest plan for the man and place the responsibility for giving aid.

The desirability of all agencies making use of the exchange was constantly urged in meetings of the conference and later in the Seamen's Section. In 1928, seven agencies of the section had used the exchange to the extent of 1,502 inquiries, more than three-quarters of them by the three marine hospitals. There were 261 of these cases identified as being previously known to another agency, and 147 notifications were later sent to the registering agency that another had inquired regarding the same man.

During the study of the 961 men it was the plan to register all the cases with the exception of certain seamen at Ellis Island Hospital—aliens, men in the Coast Guard Service, and the small miscellaneous group of those in other branches of Government service. This eliminated 172 from the 961 cases studied. There were 8 others also which for some reason were not cleared. The workers on the study devised their own system of clearance between the marine hospitals. Table 39 gives the result of this clearing as it concerned other agencies than the marine hospitals.

TABLE 39.—*Use of social service exchange*

Use	Number of cases
Total	961
Cleared	781
Known to other agencies	56
Not known to other agencies	725
Not cleared	180

Out of a total of 781 cases cleared, only 7 per cent were identified as having been known to other of the seamen's agencies than the marine hospitals. It is conceded that the use of the exchange by the seamen's agencies has made little headway and this low percentage of identification is undoubtedly due to the fact that few of the seamen's agencies register their cases regularly. It may, of course, also be true that the particular men inquired for had not been clients of other agencies.

Some of the agencies are looking forward to the time when there may be an interport exchange of information, but realize that not until the social service exchange in New York is used to a greater extent can they hope to clear cases having their origin in other cities.

SEAMEN'S UNIONS AND BENEFIT ASSOCIATIONS

Seamen's unions and benefit associations form a second group of organizations to be considered in any description of the social facilities for seamen in the port of New York. At the present time there are 18 seamen's unions and benefit associations in the port, 6 of these being locals of one union. These 18 organizations are listed in the accompanying tabulation. A few unions, such as the union which included the ship radio operators, have been disbanded in recent years.

These organizations are of various types. One group is composed of unions affiliated with the American Federation of Labor, while a second group is made up of independent organizations with no national or international affiliation, although one of these has branches in other cities of the United States. Unions of this group frequently have benefit features. Most of these independents were formerly affiliated with the American Federation of Labor, but for different reasons have formed their own organizations, variously described as "dual," "outlaw," or "scab" unions. The American Steamship Licensed Officers' Association is a company union. Employers and employees have equal representation on its managing board. The Associated Marine Workers and the Marine Workers League are industrial unions. The former is open to all harbor workers and the latter to any worker in the marine industry, including longshoremen. It is affiliated with the Trade Union Unity League (the reorganized American militant organization formerly known as the Trade Union Educational League) and the Red International Trade Union in Moscow.

Much of the disunity among the seamen's organizations in the port of New York dates from strikes in 1919, 1920, and 1921. These involved, among others, workers on harbor vessels, on railroad tugs and ferries, and captains, engineers, and seamen on ocean-going vessels. From the bitterness aroused at this time by jurisdictional and internal

disputes, some of the groups, dissatisfied with the old-line union policies, broke away and set up various independent organizations, mainly of the benefit-association type.

As a rule the unions are divided into two main groups—seamen (on ocean and coastwise vessels) and harbor workers; but, as previously noted, both of these groups are entitled to the benefits of the Public Health Service.

The basis of organization is usually the department of the ship in which the men are employed. There are unions of employees of the deck department, engine room, and steward departments. The masters and officers are organized in separate unions from those of the men; but in the case of the industrial union for all workers in the marine industry and the union for harbor workers, no distinction between officers and men is made, and all are members of the same union. Colored men are admitted to membership in some of the unions. The National Marine Cooks and Stewards Association is composed entirely of colored men.

These unions and benefit associations generally have very modest quarters. They offer a considerable variety of services to their members and almost without exception stress the fact that these services are available through their own efforts and are not provided for them by any philanthropic organization. Some union officials state that their members do not need and do not make use of the philanthropic agencies. Among the services or facilities are reading rooms with billiard and pool tables at the offices of some of the organizations. A few care for the men's baggage. Certain unions hold regular meetings, but others meet only at times when matters of such particular interest as agreements on wages and conditions of work are to be discussed. Several of the unions pay sick and death benefits. Most of them serve as employment offices and refer officers or men on the request of the shipping companies. The unions often take up collections among the membership for needy brothers. The Associated Marine Workers gives particular attention to protecting the interests of its members in cases to be tried before the United States Steamboat Inspection Service, when, for example, a collision has taken place and a member's license may be revoked. Several have publications, issued from the national headquarters, such as *The Neptune Log, The Seamen's Journal, The Marine Engineers' Journal,* and *The Marine Workers' Voice.*

Fishermen form a special group in that they must be masters of two callings. Not only must they be sailors and know how to manage boats—and the shoal waters where fish are found are dangerous waters—but they must also be skilled in the work of catching, dressing, and handling fish. The Fishermen's Union of the Atlantic, which has headquarters in Boston and locals along the Atlantic coast, has one local in New York. A considerable movement takes place

from port to port among the fishing boats, according to the type of fishing. Boats from New York often put into other ports and boats from other harbors frequently call at New York. This is especially true of the fishing vessels composing the mackerel fleet.

The Fishermen's Union of the Atlantic publishes an Official Reference Book, listing "all fishing vessels on the Atlantic coast." The book for 1928 enumerates vessels in American ports along the Atlantic coast from Galveston, Tex., to Southwest Harbor, Me., and seven Nova Scotian fishing ports as well. One hundred and fifty vessels are listed for New York City. They range in size from the occasional small boat operated by one man to the steam trawler with a crew of from 15 to 27. Such a vessel will be differently manned for various kinds of fishing.

In New York, as elsewhere, the fishermen ordinarily own shares in the enterprise and participate proportionately in the earnings. Some captains own their boats, while others hold a share, with the remainder owned ashore. Five or six shares is the usual number for the fishing boats.

The big boats from New York go out some 200 miles before reaching their first fishing grounds on Georges Bank beyond Nantucket Island. The other fishing banks lie farther on; Grand Banks, off Newfoundland, is more than 700 miles away. Cod, haddock, and halibut are the principal fish caught off these banks. The mackerel fleet begins in the spring to work north along the coast from Hatteras to Massachusetts Bay. The small boats fish mainly for lobsters, bluefish, mackerel, and shellfish.

It is impossible to make any estimate of the membership of these organizations. Only in a few instances were the union or benefit association officials able and willing to report the number of members. Some of the unions retain on their rolls men formerly employed as seamen but working on shore, and so a membership figure, even when available, does not indicate the number actively engaged as seamen or harbor workers.

SEAMEN'S UNIONS AND BENEFIT ASSOCIATIONS IN THE PORT OF NEW YORK

SEAMEN (OCEAN AND COASTWISE SERVICES)

Masters and officers—

Masters and deck officers:

American Steamship Licensed Officers' Association.[13] 15 Moore Street.

Masters, Mates and Pilots of America.[14] 24 Moore Street.[15]

Local No. 88.

United Local No. 1.[16] (Includes harbor workers also.)

Neptune Association.[13] 82 Broad Street.[15]

[13] Independent organization.

[14] Affiliated with American Federation of Labor.

[15] National headquarters.

[16] Affiliated with standard railroad brotherhoods.

Masters and officers—Continued.

Engineers:

Marine Engineers Beneficial Association, No. 33.[13 16] 233 Broadway. National headquarters, Washington, D. C.

Ocean Association of Marine Engineers.[13] 15 Whitehall Street.

Men—

Deck department:

Eastern and Gulf Sailors' Association.[14 17] 26 South Street. National headquarters, Boston, Mass.

Fishermen's Union of the Atlantic.[14 17] 70 South Street. National headquarters, Boston, Mass.

Engine room:

Marine Firemen, Oilers and Watertenders' Union of the Atlantic and Gulf.[14 17] 70 South Street.[15]

Steward department:

Eastern and Gulf Marine Cooks and Stewards' Union.[13] 339 Spring Street.

Marine Cooks and Stewards' Union of the Atlantic and Gulf.[14 17] 61 Whitehall Street.[15]

National Marine Cooks, Stewards, Head and Side Waiters' Association.[13] 339 Spring Street.

HARBOR WORKERS

Masters and officers—

Masters, Mates, and Pilots of America.[14] 24 Moore Street.[15]

Apprentice Local No. 1.[16]

United Local No. 1. (Includes ocean and coastwise workers also.)

Local No. 3.[16] 162 Cator Avenue, Jersey City, N. J. Composed of railroad workers on harbor boats.

Local No. 49. 48 Hazelton Avenue, Newark, N. J.

Masters, officers, and men—

Associated Marine Workers.[13] 119 Broad Street.

ALL MARINE WORKERS

Marine Workers League. 28 South Street.[15] Industrial union including seamen and harbor workers. Affiliated with Trade Union Unity League in New York and with Red International Labor Union in Moscow.

OTHER ORGANIZATIONS OF BENEFIT TO SEAMEN

Beside the special seamen's agencies, there are certain other organizations in New York City whose work has been of direct benefit to seamen and related to the problem of controlling the spread of venereal diseases in the city.

Committee of Fourteen.—The Committee of Fourteen is a voluntary law enforcement organization of long standing in New York City. Working continuously, they have assisted the authorities, among other accomplishments, in improving conditions generally along the water-front and in dance halls and other places of commercialized

[13] Independent organization.
[14] Affiliated with American Federation of Labor.
[15] National headquarters.
[16] Affiliated with standard railroad brotherhoods.
[17] Branch of International Seamen's Union.

amusement patronized by sailors. The activities of the committee are directed against all forms of commercialized prostitution, and its efforts, combined with those of other official and voluntary organizations, have resulted in making New York a city with "less open vice than any other of the world's largest cities."

The committee makes under-cover investigations of vice conditions throughout the city, discovers centers needing special attention, and provides facts to the police and courts for use in taking remedial action, one result of which is to keep the streets free from the activities of commercial prostitutes. Water-front streets come in for their share of attention, particularly in Brooklyn in the vicinity of the navy yard. The police are notified when conditions are found to be bad, and action on their part usually follows. Studies made of dance halls and of other forms of commercialized amusements have indicated certain remedies, and the committee is recommending these for action through such channels as the New York Crime Commission and a reorganized Women's Police Bureau. An effective supervision of dance halls, the committee believes, could be maintained in New York City, as is now being done in Detroit, with proper personnel in the Women's Police Bureau and a revision of the present licensing system for dance halls.

American Social Hygiene Association.—The American Social Hygiene Association is a national voluntary organization which "seeks to acquire and diffuse knowledge for promoting social health," and in particular to promote the wholesome use of the sex instinct and prevent its abuse. This it does through educational, legal, protective, informational, and medical measures. Such measures affect the life of the merchant seaman in so far as they succeed in making an impression on the community of which he may temporarily be a member. The association has for many years cooperated with various official and voluntary agencies of New York City in the several phases of social hygiene work thus outlined. It participated in the present study of venereal diseases among seamen in the port of New York.

In May, 1929, the association convened in New York a national conference on the prevention of syphilis and gonorrhea among seamen. This was done at the request of certain international bodies (the League of Nations, the International League of Red Cross Societies, and the International Union for Combating Venereal Diseases) which have been interested in the prevention and treatment of venereal diseases among seamen and which were collaborating in plans for a meeting in Geneva in October. The conference in New York had for its purpose the discussion of methods of combating syphilis and gonorrhea among seamen. The delegates composed a very representative body, including shipowners, labor organizations,

the United States Public Health Service, the United States Navy, the United States Shipping Board, and voluntary health and welfare organizations. The conference decided to constitute itself a temporary national advisory committee on the prevention and control of syphilis and gonorrhea among merchant seamen, "to advise and cooperate with all national organizations having similar interests and aims, and in particular to study the means by which better instruction may be given to seamen and better medical attention provided for them on shore and on board ship; to promote in such ways as may seem advisable the medical examination of seamen prior to employment and before discharge; and to encourage the provision of means, both in chemicals and in personnel, for prompt prophylactic treatment of seamen who have exposed themselves to syphilis or gonorrhea." Two American representatives attended the October meeting in Geneva, one from the American Social Hygiene Association and one representing the American Red Cross, the United States Shipping Board, and the Department of State.

Social hygiene committee of New York Tuberculosis and Health Association.—The Social Hygiene Committee of the New York Tuberculosis and Health Association is the coordinating agency for New York City for work in the field of social hygiene. It carries on in the local field activities similar to those of the American Social Hygiene Association in the national field.[18] As a part of its research program it made the study of the service of the New York City clinics for the treatment of seamen with a venereal disease, material from which has been incorporated in this report, and also analyzed and tabulated the medical information on the schedules used in the study.

CHAPTER VII

CONCLUSION

This study has made available for the first time a more or less comprehensive picture of a group of seafarers with venereal disease who became patients in the marine hospitals of the United States Public Health Service. If one could picture the composite seaman of this group of patients, he would be of the white race, born in the United States and an American citizen, between 20 and 24 years of age, with probably at least an eighth-grade education and so able to read simply written material, who had sailed on American ships only and had seen less than five years of sea service on them; who was receiving from $50 to $74 a month in addition to his "keep," and who was a beneficiary of the United States Government in the free treatment he was receiving.

[18] See chapter 5, "Venereal disease control" in "A health inventory of New York City: A study of the volume and distribution of health services in the five boroughs." By Michael M. Davis and Mary C. Jarrett. Study 1 of the Research Bureau of the Welfare Council, 1929.

The report has also brought together material on the regulations governing treatment, the facilities for such treatment, and the numbers receiving it in the three marine hospitals in the port of New York as well as in the venereal disease clinics which are locally maintained. Reports on numbers treated, however, are not comparable for all the marine hospitals. What the steamship companies are doing in provision for examination and prophylactic treatment has also been outlined. Analysis of the medical histories was made to learn the results of the treatment given these men, and they were questioned as to the kind of previous treatment they had received. The difficulties confronting men taking out-patient treatment have been pointed out. To find employment to maintain themselves during the necessary course of treatment is most difficult, and a large number of them, despite all the assistance the hospital service section can give, become discouraged and sign on a ship again with treatment incomplete. Facilities in the port for the recreational and other needs of the men while on shore have been described. Inquiries as to their knowledge of syphilis and gonorrhea before becoming infected showed that they had received very little accurate knowledge and that there was great need for more education as to the seriousness of the diseases and methods of prevention and of treatment.

The formulation of regulations has not been considered the province of this report. Some are obvious. Others involve changes that would not be so easily brought about, due, in particular, to the internal organization and administration of the Public Health Service. Appropriations for an extension or reorganization of work in a governmental department are not readily forthcoming. The logical, and at the same time feasible, way of remedying certain situations requires much study.

In providing services for seamen while on shore, the seamen's welfare agencies and the seamen's unions have both had a part, but there has been no cooperation between them. It would seem to be a question whether some of the services now rendered by the welfare organizations might not more logically be a function of the unions or the steamship companies. Before embarking upon a new activity or an extension of work, the agencies might well canvass the situation from this point of view. It is clear that there should be a further and a closer coordination of effort among all the agencies working with seamen—the Public Health Service, the welfare organizations, the unions, the steamship companies, and other interested groups.

The seamen's section of the Welfare Council, which initiated this study in the first instance, stands ready to assist both in considering the recommendations which may arise from the study and in putting them into effect.

The temporary committee appointed last May at the conference on the prevention of syphilis and gonorrhea among seamen will, it is

expected, become permanent. The deep concern felt by all represented at the conference is a guaranty that the individual members and groups will face responsibility of prosecuting more vigorously the activities already undertaken for remedying such phases of the situation as lie within their power. And then, through united action, they will seek to find solutions for the other problems involved.

If the material made available in this report is of service in these efforts, the advisory committee which has planned and guided the course of this study and the organizations which have provided the auspices and financial support will consider all the effort involved to have been well worth while.

APPENDIX A

SCHEDULE

V. D.—CASE STUDY—SEAMEN Name of person filling out form.....
Port—New York No. Hospital.....
U. S. Public Health Service

One card to be filled out for each seaman under care from..... to .....

IDENTIFYING INFORMATION

(Check)
Name of patient.....Hospital Case No.....New.....
(Surname) (First Name) (Alias)
Old.....
Recurrent.....
Present address.....Latest S. S. .....S. S. Line.....
Referred by (check) S. S. Line.....social agency.....other agency.....individual.....own initiative.....
Cleared through Social Service Exchange (check) yes..... no..... Date.....
Known to what agencies (specify).....
.....
Date latest admission to this clinic or hospital.....(check) Out-patient.....Hospital patient.....
Bed patient.....Ambulatory.....
Beneficiary of (check) U. S..... Foreign Consulate..... Steamship Co..... Other (specify).....

FAMILY STATUS (check) No. children.....
Married..... Single..... Divorced or separated..... Deserter..... Widower..... Over 16.....
Wife..... Under 16.....
(Name) (Address)
Relatives in Port (check) Yes..... No..... Relationship (specify).....

NATIONALITY

Country of Birth	Nationality	Race (check)	Date of birth	Citizen U. S.	First Papers (Date)	Alien	Religion	Left School Age	Left School Grade
		White..... Col..... Other.....					Prot..... Cath..... Jew..... Other..... None.....		Elem..... High..... Tech.....

(Check)	English	Other languages (specify)		
Reads	.....	.....	.....	.....
Writes	.....	.....	.....	.....
Speaks	.....	.....	.....	.....

USE OF SPARE TIME (check)
Reading: fiction.....scientific..... Study: (specify) .....
Recreation: (check) athletics.....movies.....cards.....pool.....dancing.....drinking, wine or beer.....
Other (specify): ..... whiskey.....

ECONOMIC STATUS

Occupation on ship (check) — Amount Income Monthly (last employ) — Length of Sea Service

		American	Foreign
Deck Dept.			
Steward Dept.			
Engine Dept.	Week		
Licensed Officer	Month		
Others	Year		

No. months employed year ending January, 1928 ____ Date last employment ____

Occupation previous to last employment ____

Total amount income seaman's family from all sources (monthly)

Wife working (check) yes____ no____ Estimated earnings amount ____

Children working (check) yes____ no____ Estimated earnings amount ____

Contributions from relatives or friends (check) yes____ no____ Estimated amount ____

Other sources (check) yes____ no____ Estimated amount ____

Total ____

PHYSICAL CONDITION OF PATIENT

Diagnosis	Date of Onset	Stage (check)	Symptoms (check)
Gonorrhea		Acute Chronic	Discharge Other complications: Joint involvements Orchitis Other (specify)
Syphilis		Early Late Congenital	Open lesions Rash Nervous involvements: General paresis Locomotor ataxia Other (specify) Vascular involvements: Aneurysm Hemiplegia Other (specify) Visceral involvement (specify)
Other physical disabilities outside of V. D. (specify)			

Mental diagnosis by neuropsychiatrist:

First infection (check) gonorrhea____ Syphilis____

Probable source of first infection: Commercial prostitute____Conjugal____

Date Country City Address Clandestine prostitute____Accidental____

Other (specify)____

Extent previous knowledge disease before first infection (check)

None____ Vague____ Knowledge of prevention____

Through what means obtained (check) Literature____Friends and relatives____Physicians____

Other (specify)____

Later infections (check) gonorrhea____ Syphilis____

Date Country City Address Commercial prostitute____Conjugal____

Clandestine prostitute____Accidental____

Other (specify)____

Treatment previous to this admission	By whom (check)	What kind	City	How Long	Remarks
Gonorrhea	Private physician Ship physician Institution Quack Self treated Drug store No treatment	Prophylaxis Local irrigation Physiotherapy			
Syphilis	Private physician Ship physician Institution Quack Self treated Drug store No treatment	Prophylaxis Intravenous External mercury Internal medication			

TREATMENT

Case discharged, yes____no____Date____Treatment complete____Incomplete____Interval____
Condition on discharge (check) Improved____Unimproved____Arrested____Infections____Noninfectious____
Further treatment needed____Other (specify)____
Disposition of case: Transferred to other hospital (specify)____
Returned to employment (check) Sea____ Land____
Patient failed to return because of: Economic difficulties____
Disappearance of symptoms____

SOCIAL INVESTIGATION

Employed on shore while under treatment: yes____no____How secured (check)
Type of work (specify)____ This hospital____
Employment bureau____
Own initiative____
Was investigation of patient's family possible____If not, why (check) Could not locate____Information refused____Lack of personnel____Family in foreign countries____Other (specify)____
Were members of family seen by any social agency during period of study (other than this hospital or clinic) (check) yes____no____Name of agency____
If so, what family problems were discovered (check) Economic____Unemployment____Health____ Education____ Recreation____ Others (specify)____ What treatment given____

REMARKS

APPENDIX B

List of institutions included in survey made by New York Tuberculosis and Health Association on numbers of seamen treated in venereal-disease clinics in New York City

MANHATTAN AND BRONX

Hospital	Address	Replied	Visited	Assisted	Cases reported
Beekman Street	117 Beekman St		+	+	40
Bellevue	First Ave. and 26th St	+			11
Beth David	1824 Lexington Ave	+			0
Beth Israel	70 Jefferson St	+			1
Booth Memorial	314 East 15th St	+			0
Broad Street	129 Broad St		+		7
City	220 East 59th St	+			3
Cornell	First Ave. and 27th St	+			16
Flower	429 East 63d St	+			0
Fordham	Southern Blvd. and Crotona Ave	+			0
French	450 West 34th St	+			5
German Polyclinic	137 Second Ave		+		0
Good Samaritan	75 Essex St		+		12
Gouverneur	Front St	+			(1)
Harlem	136th St. and Lenox Ave		+		0
Health Department	505 Pearl St				[2] 30
Hospital for Joint Diseases	41 East 123d St	+			(3)
Italian	617 East 83d St	+			0
Lebanon	Westchester and Cauldwell Aves	+			0
Lenox Hill	76th St. and Park Ave		+		(4)
Lincoln	East 141st St. and Concord Ave	+			1
Metropolitan	430 East 88th St		+	+	9
Mount Sinai	Madison Ave. and 100th St	+			1
New York	8 West 16th St		+	+	13
New York Dispensary	34 Spring St		+		0
New York Polyclinic	345 West 50th St				(4)
New York Post-Graduate	354 Second Ave	+			1
New York Skin and Cancer	19th St. and Second Ave	+			66
Roosevelt	428 West 59th St	+			(3)
St. Luke's	114th St. and Amsterdam Ave	+			1
St. Mark's	179 Second Ave	+			0
Sydenham	345 West 123d St	+			0
University and Bellevue	338 East 26th St	+			(4)
Vanderbilt Clinic	168th St. and Broadway	+			1

BROOKLYN

Beth Moses	404 Hart St	+			0
Brooklyn	164 Raymond St	+			1
Cumberland	North Portland Ave	+			0
Jewish	Prospect Place and Glasson Ave	+			0
Long Island College	Henry and Amity Sts		+		61
Norwegian Lutheran	4520 Fourth Ave		+	+	19
Total		27	11	4	299

[1] Not known. [2] Estimated. [3] No record. [4] Not submitted. [5] Very few.

APPENDIX C

TREASURY DEPARTMENT,
U. S. PUBLIC HEALTH SERVICE.
Form 1915.
F. C., Nov. 4-16.

MASTER'S CERTIFICATE OF SERVICE OF SICK OR INJURED SEAMEN

(Place.)

---, *19*

To whom it may concern:

I certify, on honor, that ---, whose signature and description appear below, has been employed on board in the care, preservation, or navigation of the ---
(Name and class of vessel.)

of ---, or in the service, on board, of those engaged in the care, pres-
(Home port, where permanent document issues.)

ervation, or navigation of said vessel, from the --- day of ---, 19 , to the --- day of ---, 19 . I further certify that the person named herein has, **in my presence**, signed his name in the blank space provided below for that purpose.

Master of the above-named vessel.

Signature of the person named above ---

Nativity ---, age --- years, height --- feet --- inches ---

color of eyes---, color of hair ---, distinguishing marks ---

---

Previous service ---

Total service on U. S. vessels --- years --- months.

INSTRUCTIONS

1. If the seaman is unable to write, his mark should be witnessed by the master or authorized agent of the vessel.

2. The medical officer, or attending physician, should compare the seaman's signature with that given in the certificate, as a means of identification.

NOTICE.—This certificate must be signed by the Master or Authorized Agent of the Vessel. Any person defrauding the United States by forging signatures or gaining admission to a hospital when not a seaman will be prosecuted and punished according to sections 5418, 5421, or 5438, Revised Statutes.

APPENDIX D

COMPTROLLER GENERAL'S DECISION ON RELIEF OF AMERICAN SEAMAN

(Decision of the Comptroller General of the United States (A-23409))

The fact that an American seaman may be suffering from a venereal disease the result of his own vices or misconduct does not relieve the owners or operators of the vessel on which he last served of their obligation to furnish such maintenance and hospitalization as may be necessary in connection with or incident to his return to a port of the United States.

Comptroller General McCarl to the Secretary of State, June 28, 1928:

I have your letter of June 20, 1928, as follows:

"The department has received a number of communications from American consular officers, who request additional information regarding their authority to supply maintenance and hospitalization from funds appropriated for the relief and protection of American seamen in the cases of seamen discharged because they are suffering from venereal diseases.

"The drafting of replies to these inquiries requires careful interpretation of your opinion published in 5 Comp. Gen. 623, and the correctness of instructions

on the point is so important to consular officers that you are requested to give further information concerning the portions of your opinion referred to above, that are hereinafter cited:

"Question No. 2 (*a*), which was presented by the American consul at Yokohama, Japan, and is quoted on page 624, vol. 5, of your decisions, is as follows:

" 'Does the fact that he is at fault relieve the vessel upon which he serves of liability for his hospitalization, maintenance, and repatriation?'

"On page 626 of the same decision your reply is as follows:

" '2. (*a*) and (*b*) are answered in the negative. 14 Comp. Dec. 570; 15 id. 348; 4 Comp. Gen. 248.'

"Question 2 (*c*), quoted on page 624 of the aforesaid decision, reads as follows:

" '(*c*) Should a seaman discharged on account of venereal disease become a charge upon the consulate or upon the vessel?'

"And you made the following reply on page 626:

" '(*c*) It has been held that where an American seaman is discharged on account of injuries received as a result of his own wilful misconduct and disobedience of orders, or because of disease arising from his own vices or gross indiscretion, the ship is not liable for care and maintenance after discharge. *The Alector*, 263 Fed. Rep. 1007; 15 Comp. Dec. 740. But in such a case the consular officer should nevertheless provide for the seaman's return to the United States and in this connection see answer to questions 1 (*a*), (*b*), (*d*), and (*e*), supra.'

"The portions of your decisions quoted above place the obligation of repatriation upon the vessel or its owners in all cases where seamen have been discharged on account of illness or injury caused by their own fault, irrespective of whether the disability is caused by venereal diseases or takes some other form; but there is a doubt in the minds of some officers regarding the effect of the apparent limitations placed upon the obligation of vessels or their owners to supply maintenance and hospitalization (as distinct from transportation) in cases where seamen are discharged because they are suffering from venereal diseases. You are requested to give the department an opinion as soon as practicable, upon which appropriate instructions to consular officers in the premises may be based."

In reply you are advised that the fact that the seaman may be suffering from a venereal disease the result of his own vices or misconduct does not relieve the owners or operators of the vessel on which he last served of their obligation to furnish such maintenance and hospitalization as may be necessary in connection with or incident to his return to a port of the United States.

APPENDIX E

INTERNATIONAL ACTION

Besides the local and national agencies described in the report, there are international groups which are likewise working for the control and elimination of venereal disease. Certain phases of the work of these organizations have had the needs of seamen particularly in view. Four of these international groups—the International Office of Public Hygiene, the International Labor Organization, the League of Red Cross Societies, and the International Union to Combat Venereal Diseases—are described in the following pages in the order of their organization. The International Labor Organization, through the International Labor Office, has collaborated with the other organizations mentioned above and with the health organization of the League of Nations. It has issued a report summarizing the measures under-

taken by all these organizations looking toward the prevention and cure of venereal disease.[19] The League of Red Cross Societies, the health section of the League of Nations, and the International Labor Office have appointed a permanent standing committee for the welfare of seamen. This was done with a view to studying suitable measures for facilitating medical treatment of seamen and promotion of their well-being, both at sea and ashore.

Immediately preceding the International Labor Conference in Geneva in October, 1929, there was held the second International Conference on the Health and Welfare of Merchant Seamen under the auspices of the League of Red Cross Societies, the International Union to Combat Venereal Diseases, and the International Association of Mercantile Marine Officers. The conference discussed the general problem of seamen's welfare in ports, medical organization in connection with health problems affecting seamen, and seamen's welfare on board ship.

International Office of Public Hygiene.—The International Office of Public Hygiene, which has its headquarters in Paris, was set up in 1907, when 12 States signed the Rome convention. Since then 38 other countries and dependencies have adhered to the convention.

The International Office prepared the draft of the agreement concerning the protection of seamen against venereal disease. It was assisted in approaching the various Governments by the Belgian Government, which, in July, 1921, invited States possessing maritime or river ports to sign the agreement. This Brussels agreement, signed December 1, 1924, has been described in this report.[20]

The International Office of Public Hygiene has been studying the question of uniform methods of notifying the results of the Wassermann tests carried out in various clinics. There has been collaboration between the Office and the health committee of the League of Nations, which has been studying standardization of methods of serum diagnosis. In 1921 it called an international conference on the subject, one committee of which was devoted to the serum diagnosis of syphilis.

International Labor Organization.—When in 1919 the International Labor Organization was being set up in the treaty of peace it was proposed that a separate maritime organization should be established. This proposal was not accepted, but it was indicated from the outset that while the International Labor Organization should deal with conditions of labor at sea, maritime questions should be considered in sessions of the International Labor Conference devoted exclusively to them.

[19] Protection of the health of seamen against venereal disease. International Labor Office. 1926.
[20] See PUBLIC HEALTH REPORTS for Apr. 11, 1930, p. 853.

Three special maritime sessions of the International Labor Conference have been held, in the years 1920, 1926, and 1929, respectively. The first important step toward establishing a definite demarcation between the maritime and general functions of the Organization was taken in March, 1920, when the appointment was decided upon of a joint commission of 12 members, consisting of 5 shipowners, 5 seamen, and 2 members chosen by the governing body of the International Labor Office. This joint maritime commission was to assist the technical maritime service which had been set up in the International Labor Office and to be consulted on questions of maritime labor. In 1921 it was agreed that all questions of maritime affairs to be brought before International Labor Conferences should previously be considered by the joint maritime commission.

The possibility of drafting an international seamen's code has received much attention. This was discussed at the first maritime session, and a commission was set up to study the question. The commission recommended that as a first step each member of the International Labor Office should "undertake the embodiment in a seamen's code of all its laws and regulations relating to seamen in their activities as such." The International Labor Office assisted by preparing a complete collection of national laws and regulations on the engagement, dismissal, repatriation, and discipline of seamen, including those of the United States. Its report, *Seamen's Articles of Agreement*, some 900 pages in length, is the most comprehensive published on the subject. At the 1926 International Labor Conference a convention on seamen's articles of agreement was adopted for submission to the members of the International Labor Organization. By January, 1929, this had been ratified by four countries.

The question of hours of work has aroused the most controversy. The resistance of the shipowners to any discussion of the subject has become firmer and the opinion of the Governments is widely divided. The seamen's organizations have not ceased to insist on the application to themselves of the eight-hour day, which they consider one of the essential principles enunciated in the labor section of the peace treaty.

Action taken with reference both to the employment of young persons at sea and finding facilities for employment at sea has been mentioned in previous chapters.[21]

Other matters considered, some of them the subject of conventions or recommendations, are as follows: General principles for the inspection of the conditions of work of seamen; unemployment indemnity in case of the loss or foundering of any vessel; safety of human life at sea with a subcommittee to consider deck cargoes, a source of special danger at sea; technical education for seamen; and the application of

[21] See PUBLIC HEALTH REPORTS for Apr. 11, 1930, p. 806, and for Apr. 18, 1930, p. 872.

decisions of International Labor Conferences to the fishing industry and to inland navigation.

The importance of international measures for the prevention and treatment of venereal diseases in the mercantile marine was recognized by the Genoa International Labor Conference in 1920. It recommended the following points, particularly the fourth, for special consideration:

(1) The provision of adequate facilities for the prevention and treatment of venereal diseases at all the principal ports.

(2) The inclusion of venereal diseases among the conditions for which free drugs and treatment are provided for members of the mercantile marine.

(3) The dissemination of appropriate information on the subject to seafarers, and especially to those at training establishments.

(4) The provision of adequate facilities for recreation at all large ports under the administration of joint organizations representative of owners and seafarers.

Other international organizations are interested in the problem of venereal disease among seamen, and the International Labor Office, in studying the question and in preparing for international action, has collaborated closely with the International Office of Public Hygiene, the International Union to Combat Venereal Diseases, the League of Red Cross Societies, and the health organization of the League of Nations. *Protection of the Health of Seamen Against Venereal Disease,* published early in 1926 by the International Labor Office, contained information on the steps, national and international, which had been taken by the organizations mentioned above in their work to combat venereal disease.

The subcommittee, set up in April, 1925, by the Joint Maritime Commission to investigate and report on conditions relating to seamen's welfare in ports, after careful investigation, reported to the commission that conditions prevailing in the seaports were extremely bad. "National authorities, central and local, have done practically nothing," it stated, "to protect the interests of foreign seamen in various seaports." The 1926 International Labor Conference considered the report of the subcommittee and instructed the International Labor Office to continue the study of seamen's welfare and to submit the subcommittee's report to the attention of the Governments.

Preliminary to the meetings in Geneva in October, 1929, of the International Conference on the Health and Welfare of Merchant Seamen, held under the auspices of several international organizations, and the maritime sessions of the International Labor Conference, conferences were held in various countries to discuss the problems to be considered in Geneva. These were called at the request of the international agencies concerned. The meeting for the United States was the national conference on the prevention of syphilis and gonorrhea among seamen called by the American Social Hygiene

Association on May 28, 1929. This has been mentioned elsewhere in more detail.[22] The International Labor Conference in October discussed, among other matters on the agenda, the protection of seamen in case of sickness and the promotion of seamen's welfare in ports.

League of Red Cross Societies.—The acceptance by Red Cross Societies of a wider responsibility than the care of sick, wounded, and prisoners in time of war dates from the founding, in 1919, of the League of Red Cross Societies by the Red Cross Societies of France, Great Britain, Italy, Japan, and the United States. The reason it came into being is perhaps best described in the words of Henry P. Davison, chairman of the board of governors, at the opening session of the first meeting of the general council in 1920. Mr. Davison stated:

> Soon after the armistice was signed several of us who were charged in part with the responsibility in some of the larger Red Cross organizations found ourselves faced with the task of demobilizing our forces, which had grown to be comparatively very great. As we were contemplating this step we were impressed with the fact that if our forces were to be scattered and our organizations reduced to their pre-war status of non-activity, there would be lost to the world one of the few beneficient results of the war which might be preserved in the interest of mankind.

The International Red Cross Committee, dating back to 1863 and with headquarters in Geneva, Switzerland, had considered that the character of its organization was such that it could not undertake the larger program suggested, and so a separate organization was set up for this purpose.

The objects subscribed to by the 30 original members are given below. The league now has a membership of 50 national Red Cross societies and issues a monthly review, "The World's Health."

> (1) To encourage and promote in every country in the world the establishment and development of a duly authorized voluntary national Red Cross organization, having as purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world, and to secure the cooperation of such organizations for these purposes.
>
> (2) To promote the welfare of mankind by furnishing a medium for bringing within the reach of all the peoples the benefits to be derived from present known facts and new contributions to science and medical knowledge and their application.
>
> (3) To furnish a medium for coordinating relief work in case of great national or international calamities.

The headquarters of the secretariat of the League is in Paris and has divisions of health, nursing, disaster, relief, and Junior Red Cross. Within the health division there is a department for combating venereal disease, which has issued pamphlets and which serves as international headquarters for the activities of national Red Cross societies in this direction.

The League of Red Cross Societies, as the result of a report submitted by the Norwegian Red Cross in 1924, had urged that discussions

[22] See p. 946.

of the prevention of venereal disease among seamen should be extended to include "a wider health program for seamen of the merchant marine." It was partly as a result of these representations that the subcommittee on seamen's welfare in ports was appointed by the joint maritime commission of the International Labor Organization.

International Union to Combat Venereal Diseases.—The International Union to Combat Venereal Diseases was organized in 1923. It adopted a program outlining the methods to be used in propaganda work and the measures necessary to secure unity of policy among national organizations in investigations and other activities. This program has been reproduced in Appendix F, since it is such a comprehensive statement of the aims and methods in use by organizations throughout the world in their work against venereal disease.

The Union took as its basis of work the resolution adopted by the Genoa International Labor Conference in 1920, which asked for information on the steps taken or contemplated for the prevention of venereal disease. Through the French Ministry for Foreign Affairs it addressed an inquiry to 31 maritime countries for information which would enable it to inform seamen of the facilities existing in every port for prevention and treatment.

A ports committee was later set up, assisted by a committee of three experts, to undertake research work on the spot and to centralize the study of prophylaxis both by medical and educational methods. The resolution of October 9, 1925, which relates definitely to work among seamen, is reproduced in full below:

Supervision of Ports

Considering that the International Union has undertaken the work of preventing the spread of venereal disease amongst seamen, the managing council request—

(1) That the general secretariat of the International Union should request the various Governments to approach the shipowners in order to induce them to assist in the prevention of venereal disease amongst seamen.

(2) That from the sanitary point of view a study should be made of the whole question of the treatment of seamen on board ships which do not carry a ship's doctor.

(3) That the official bodies and national associations belonging to the International Union should carry out active educational, sanitary, prophylactic, and moral propaganda for seamen on their arrival and during their stay in port by means of the press, including trade union and other journals, lectures, tracts, posters, etc.

(4) That the general secretariat of the International Union should issue an international propaganda notice which could subsequently be published in the form of a tract.

(5) That a complete international list of dispensaries existing in all ports should be drawn up in order to promote continuity of treatment.

(6) That the International Union should, through the Governments or international associations, enter into relations with shipowners' organizations and all other maritime organizations to ask them for their assistance and material and moral support on the following points:

(*a*) Propaganda as indicated above.

(b) The creation in all ports of a permanent information bureau which could exercise a direct influence over seamen by giving them precise information (addresses of dispensaries, days and times of consultations, etc.) on the facilities for treatment available in the towns in which they happen to be and to warn seamen against the danger of unreliable advertisements and convince them of the importance of early and continuous treatment.

(7) That the primary importance of early disinfection and treatment should be borne in mind and that the appropriate machinery for this purpose should be set up with the assistance of the competent bodies.

(8) That the International Union should systematically promote the unification and the practical and complete realization of all international measures for the prevention of venereal disease amongst seamen.

(9) That the general secretariat of the International Union should draw the attention of the competent association to the serious consequences from the point of view of the spread of venereal disease of allowing prostitutes access to ships in port and should recommend that the necessary steps be taken to prevent such access.

APPENDIX F

COMPREHENSIVE PROGRAM FOR VENEREAL-DISEASE CONTROL FORMULATED BY THE INTERNATIONAL UNION TO COMBAT VENEREAL DISEASES

The program adopted by the International Union to Combat Venereal Diseases at the time of its institution in 1923 summarizes the many aspects of venereal-disease control upon which it and all other social hygiene agencies are at work. It is given in full below.

In order effectively to combat venereal diseases and to obtain practical results which will have a beneficial effect on the health of individuals throughout the world, the first measures necessary are the following:

A. The organization of continuous and progressive propaganda among men and women of all classes in all parts of the world with a view to destroying prejudice, modifying existing conceptions and, above all, to securing the recognition of the fact that venereal diseases are not shameful diseases and should be considered by all (parents, teachers, doctors) as communicable diseases belonging to the category of diseases necessitating an appropriate policy of prevention and specific treatment.

This propaganda might be conducted as follows:

(*a*) By combating unhealthy ignorance through the sex education of boys and girls, following a definite plan which has already given encouraging results in certain quarters;

(*b*) By educating educationists (parents, masters, and mistresses in public schools, men and women teachers) by placing textbooks and sample lectures at their disposal; by drawing their attention to the complex problem of venereal disease and thus enabling them to give appropriate and adequate instruction to those coming within their sphere of influence;

(*c*) By improving moral education in view of producing a salutary reaction against unhealthy allurements and temptations (organization and exploitation of prostitution, indecent entertainments, and publications); by securing the close and effective cooperation of the medical and legal professions, legislators, and educators of youth of both sexes;

(*d*) By making use of all possible means of propaganda for this purpose, more especially by obtaining the cooperation of the religious, political, educational,

military, administrative, and social authorities, and of the press in all parts of the world.

B. The methodical and scientific organization of adequate facilities for treating and rendering noninfective the germ carriers of venereal diseases, this being one of the most effective measures in the antivenereal campaign.

The first measures to be carried out by the International Union will be as follows:

TO FORMULATE A GENERAL STATEMENT OF AIMS

(International Union Poster)

(1) To adopt a statement on venereal diseases, their prophylaxis, possibility of cure, and the necessity for treatment, the text of which will be adapted to the mentality and customs of each country and can be used for a poster, a tract, or an appeal for insertion in the general press of each country.

INVESTIGATIONS

(2) To conduct inquiries concerning:

(*a*) The organization of antivenereal prophylaxis, detection of cases, treatment, education of patients, etc., for all classes and both sexes in all countries belonging to the International Union;

(*b*) The principal international avenues through which the venereal diseases are disseminated (naval and colonial troops, maritime and territorial migration);

(*c*) The legislation, regulations, and sanitary policy of each country in view of the campaign against pornography, procuring, prostitution, quackery, and illegal medical practices.

These investigations will be carried out by the national societies belonging to the International Union, either on their own initiative or at the request of the union. If the national society can not itself undertake such an inquiry, the International Union, in agreement with the society concerned, will nominate another organization, a group of individuals, or a competent expert to make the inquiry. The result of such inquiries will be communicated to the Governments interested and such international organizations as may find in them elements relative to the amelioration of public health.

With regard to countries in which there is no national society dealing with venereal disease, the International Union may directly approach the Government on the vote of the majority of the board of officers.

UNIFICATION OF THE CAMPAIGN AGAINST VENEREAL DISEASE

(3) To secure unity of policy with regard to the direction in which the various national societies are working—

(*a*) By defining the principles of an international prophylaxis for venereal disease and bringing about their adoption.

(*b*) By coordinating as far as is possible the various national programs (propaganda, prophylaxis by treatment in the armies, navies, and administrative services of the various countries) and by establishing an international medical-social record system.

(*c*) By encouraging an international service of information for the prevention of falsification and fraud in the production of drugs used for the treatment of venereal diseases.

WORK OF IMMEDIATE IMPORTANCE

(1) Rendering noninfective the maritime and colonial services.

(2) Surveillance of emigration.

(3) Surveillance and concerted action along the frontiers.

(4) International measures for the suppression of quackery.

(5) A single moral standard for both sexes.

(6) To study generally the principles of legal responsibility, compulsory notification and treatment, penalties, etc.

DEATHS DURING WEEK ENDED APRIL 12, 1930

Summary of information received by telegraph from industrial insurance companies for the week ended April 12, 1930, and corresponding week of 1929. (From the Weekly Health Index April 16, 1930, issued by the Bureau of the Census, Department of Commerce)

	Week ended April 12, 1930	Corresponding week, 1929
Policies in force	75, 730, 569	73, 889, 226
Number of death claims	15, 055	15, 347
Death claims per 1,000 policies in force, annual rate	10. 4	10. 8

Deaths from all causes in certain large cities of the United States during the week ended April 12, 1930, infant mortality, annual death rate, and comparison with corresponding week of 1929. (From the Weekly Health Index, April 16, 1930, issued by the Bureau of the Census, Department of Commerce)

City	Week ended Apr. 12, 1930		Annual death rate per 1,000, corresponding week, 1929	Deaths under 1 year		Infant mortality rate, week ended Apr. 12, 1930 [2]
	Total deaths	Death rate [1]		Week ended Apr. 12, 1930	Corresponding week, 1929	
Total (65 cities)	8,079	14.2	13.4	781	731	[3] 69
Albany [4]	45	19.5	15.6	4	3	87
Atlanta	98	20.0	15.7	5	4	53
White	42			4	4	127
Colored	56	(5)	(5)	1	0	16
Baltimore [4]	249	15.6	14.0	24	18	81
White	191			21	11	90
Colored	58	(5)	(5)	3	7	49
Birmingham	72	16.9	14.3	7	6	65
White	30			2	3	31
Colored	42	(5)	(5)	5	3	118
Boston	247	16.1	15.1	28	29	79
Bridgeport	31			2	2	34
Buffalo	156	14.6	12.5	15	18	67
Cambridge	25	10.4	11.6	3	5	56
Camden	23	8.9	15.4	8	5	145
Canton	19	8.5	12.1	4	2	99
Chicago [4]	760	12.6	12.9	72	89	64
Cincinnati	139			6	13	36
Cleveland	222	11.5	11.5	15	21	45
Columbus	86	15.0	11.0	8	4	78
Dallas	64	15.3	12.9	3	11	----------
White	49			2	9	----------
Colored	15	(5)	(5)	1	2	----------
Dayton	54	15.3	13.8	5	5	74
Denver	106	18.8	14.7	5	10	52
Des Moines	30	10.3	15.8	2	4	35
Detroit	369	14.0	13.6	58	37	90
Duluth	29	12.9	12.1	1	3	27
El Paso	40	17.7	15.0	10	7	----------
Erie	22			1	1	21
Fall River [4]	34	13.2	11.3	3	5	69
Flint	38	13.3	13.0	7	5	82
Fort Worth	28	8.6	8.6	1	4	----------
White	22			1	2	----------
Colored	6	(5)	(5)	0	2	----------
Grand Rapids	47	14.9	9.8	8	5	122
Houston	82			11	6	----------
White	47			6	4	----------
Colored	35	(5)	(5)	5	2	----------
Indianapolis	117	16.0	13.5	4	4	30
White	102			3	3	26
Colored	15	(5)	(5)	1	1	54
Jersey City	83	13.3	12.0	15	5	130
Kansas City, Kans	21	9.3	12.8	0	1	0
White	18			0	0	0
Colored	3	(5)	(5)	0	1	0

(Footnotes at bottom of table)

Deaths from all causes in certain large cities of the United States during the week ended April 12, 1930, infant mortality, annual death rate, and comparison with corresponding week of 1929. (From the Weekly Health Index, April 16, 1930, issued by the Bureau of the Census, Department of Commerce)—Continued

City	Week ended Apr. 12, 1930		Annual death rate per 1,000, corresponding week, 1929	Deaths under 1 year		Infant mortality rate, week ended Apr. 12, 1930
	Total deaths	Death rate		Week ended Apr. 12, 1930	Corresponding week, 1929	
Kansas City, Mo	125	16.7	11.9	9	7	70
Knoxville	22	10.9	22.3	3	4	70
White	17			3	4	78
Colored	5	(5)	(5)	0	0	0
Los Angeles	282			31	21	94
Louisville	101	16.0	16.1	3	3	26
White	65			3	3	30
Colored	36	(5)	(5)	0	0	0
Lowell	22			2	5	47
Lynn	32	15.8	13.8	3	3	76
Memphis	79	21.7	22.8	9	8	107
White	43			7	3	129
Colored	36	(5)	(5)	2	5	67
Milwaukee	125	12.0	12.7	20	24	101
Minneapolis	83	9.5	12.2	9	7	58
Nashville	44	16.4	19.0	5	4	77
White	24			2	2	41
Colored	20	(5)	(5)	3	2	190
New Bedford	27			3	3	77
New Haven	28	7.8	10.5	2	2	39
New Orleans	181	22.0	16.4	16	11	93
White	105			8	7	71
Colored	76	(5)	(5)	8	4	135
New York	1,692	14.7	13.5	169	156	71
Bronx Borough	222	12.2	10.6	21	20	49
Brooklyn Borough	581	13.1	12.4	70	67	74
Manhattan Borough	672	20.0	19.4	63	59	103
Queens Borough	172	10.5	7.3	13	7	38
Richmond Borough	45	15.6	16.6	2	3	37
Newark, N. J	121	13.3	12.8	21	14	110
Oakland	68	12.9	10.5	1	4	12
Oklahoma City	39			2	1	39
Omaha	56	13.1	13.8	8	3	91
Paterson	28	10.1	10.1	6	4	104
Philadelphia	511	12.9	14.4	41	43	61
Pittsburgh	217	16.8	11.2	22	15	81
Portland, Oreg	70			3	1	37
Providence	84	15.3	12.0	4	9	37
Richmond	68	18.2	15.0	7	9	104
White	40			3	2	67
Colored	28	(5)	(5)	4	7	175
Rochester	86	13.7	13.2	1	9	9
St. Louis	252	15.5	14.0	15	15	49
St. Paul	53			2	4	20
Salt Lake City [4]	47	17.8	12.8	4	5	63
San Antonio	56	13.4	18.6	8	11	
San Diego	47			3	1	63
San Francisco	138	12.3	15.0	8	8	55
Schenectady	29	16.2	7.8	0	1	0
Seattle	91	12.4	9.8	5	6	50
Somerville	21	10.7	13.7	5	5	163
Spokane	38	18.2	8.6	5	2	130
Springfield, Mass	41	14.3	12.9	5	5	79
Syracuse	62	16.2	12.8	6	3	74
Tacoma	31	14.6	18.4	1	2	26
Toledo	68	11.3	13.5	8	4	73
Trenton	39	14.6	12.8	3	1	56
Utica	35	17.5	17.5	1	1	28
Washington, D. C	155	14.6	14.2	13	4	75
White	98			5	3	42
Colored	57	(5)	(5)	8	1	142
Waterbury	18			2	0	51
Wilmington, Del	41	16.6	10.6	4	3	90
Worcester	60	15.8	15.8	6	2	78
Yonkers	20	8.6	7.7	1	1	24
Youngstown	42	12.6	9.9	9	3	141

[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 April 12, 1930, and April 13, 1929

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended April 12, 1930, and April 13, 1929

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929
New England States:								
Maine	1	9	7	1	40	257	0	0
New Hampshire	1	1	2	8		78	0	0
Vermont					13	3	0	0
Massachusetts	40	98	8	22	1,294	423	2	6
Rhode Island	7	12			4	97	0	0
Connecticut	11	15	5	10	20	620	2	3
Middle Atlantic States:								
New York	157	280	[1] 32	[1] 23	1,448	1,095	33	36
New Jersey	90	92	24	6	1,219	286	5	5
Pennsylvania	107	154			1,389	1,939	26	12
East North Central States:								
Ohio	53	89	47	65	665	2,691	9	20
Indiana	22	5			107	616	11	0
Illinois	133	183	16	128	923	1,922	16	20
Michigan	78	81	3	11	1,998	891	41	77
Wisconsin	13	14	108	19	899	1,293	3	5
West North Central States:								
Minnesota	4	20	3	1	304	529	2	3
Iowa	7	9			362	83	5	0
Missouri	34	32	11	5	63	368	20	17
North Dakota	8	4			50	125	3	4
South Dakota	5	10	2		164	17	1	7
Nebraska	20	9			529	72	1	2
Kansas	6	9	5	13	744	471	4	1
South Atlantic States:								
Delaware	3	1			6	18	0	0
Maryland [2]	17	25	44	23	42	68	1	1
District of Columbia	9	8		1	12	24	1	0
Virginia								2
West Virginia	14	11	28	25	137	376	2	0
North Carolina	40	31	71		41	42	9	0
South Carolina	14	11	603	344		10	0	0
Georgia	9	6	77	31	192	39	1	2
Florida	10	5	3	3	529	58	2	0
East South Central States:								
Kentucky					46		11	2
Tennessee	9	6	57	55	216	38	30	1
Alabama	13	11	95	46	172	200	2	1
Mississippi	5	8					15	1
West South Central States:								
Arkansas	1	1	83	19	61	25	4	18
Louisiana	18	17	10	23	78	57	5	2
Oklahoma [3]	14	9	64	72	214	69	1	10
Texas	28	47	41	84	180	333	0	1
Mountain States:								
Montana	2	6		1	41	87	2	4
Idaho		1		6	31	4	0	3
Wyoming	1	3		1	13	27	0	2
Colorado	5	4		4	950	18	3	8
New Mexico	9	7		29	81		6	1
Arizona	5	6	9	27	38	7	5	8
Utah [2]	1	2	3	3	297	9	12	7
Pacific States:								
Washington	2	5	4	11	281	192	6	15
Oregon	4	9	39	58	159	242	1	2
California	58	51	23	74	2,524	54	10	27

[1] New York City only.
[2] Week ended Friday.
[3] Figures for 1930 are exclusive of Oklahoma City and Tulsa.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended April 12, 1930, and April 13, 1929—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929	Week ended Apr. 12, 1930	Week ended Apr. 13, 1929
New England States:								
Maine	0	1	56	44	0	3	1	9
New Hampshire	0	0	20	16	0	0	0	0
Vermont	0	0	8	9	2	5	0	0
Massachusetts	1	0	292	308	0	1	6	7
Rhode Island	0	0	25	22	0	0	0	1
Connecticut	0	0	101	67	0	1	1	2
Middle Atlantic States:								
New York	1	2	589	483	14	1	6	20
New Jersey	1	0	267	180	0	0	4	0
Pennsylvania	1	0	519	378	1	0	6	9
East North Central States:								
Ohio	0	5	440	285	156	52	5	9
Indiana	0	0	212	180	167	48	5	12
Illinois	0	1	554	401	130	75	7	10
Michigan	0	1	389	585	62	63	8	4
Wisconsin	0	1	185	130	16	6	2	0
West North Central States:								
Minnesota	0	0	137	90	7	2	4	8
Iowa	0	4	105	120	122	46	0	4
Missouri	0	0	137	96	58	26	1	4
North Dakota	0	0	36	51	19	17	1	1
South Dakota	0	0	14	7	51	18	0	0
Nebraska	0	0	110	117	105	50	0	0
Kansas	0	0	170	181	135	64	1	2
South Atlantic States:								
Delaware	0	0	5	2	0	0	0	0
Maryland [2]	1	0	131	63	0	0	6	6
District of Columbia	0	0	23	12	0	0	0	0
Virginia	1				1			
West Virginia	0	2	44	9	0	22	6	7
North Carolina	1	0	32	47	17	17	3	2
South Carolina	1	0	1	14	0	6	5	12
Georgia	0	0	20	16	0	0	7	11
Florida	0	4	9	5	0	1	2	8
East South Central States:								
Kentucky	1	0	55	212	26	52	5	4
Tennessee	9	0	57	28	8	5	7	9
Alabama	0	1	9	16	8	11	1	11
Mississippi	1	0	10	8	15	2	9	4
West South Central States:								
Arkansas	0	0	18	10	6	3	0	10
Louisiana	0	0	18	47	9	5	16	11
Oklahoma [3]	0	0	20	29	74	85	4	8
Texas	0	0	42	75	67	144	9	1
Mountain States:								
Montana	0	0	35	29	20	14	1	6
Idaho	0	0	2	21	9	15	0	0
Wyoming	0	1	1	35	5	10	0	1
Colorado	0	0	40	53	15	18	0	3
New Mexico	0	0	13	20	4	1	0	0
Arizona	0	0	19	11	31	8	0	0
Utah [2]	0	0	13	11	0	9	0	0
Pacific States:								
Washington	0	0	51	34	97	37	2	3
Oregon	0	0	17	41	16	28	1	0
California	3	0	163	476	105	36	5	1

[2] Week ended Friday.

[3] Figures for 1930 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
February, 1930										
Florida	5	45	20	27	445	2	0	45	8	14
March, 1930										
District of Columbia	2	64	12	-------	40	1	1	71	0	-------
Florida	1	30	17	22	1,388	4	2	31	1	7
Georgia	34	44	595	170	1,018	33	3	103	7	20
Indiana	89	106	72	-------	493	-------	0	961	781	12
Michigan	147	288	25	-------	4,231	1	4	1,472	320	10
Nebraska	11	79	22	-------	2,036	-------	3	354	163	-------
New Hampshire	1	17	36	-------	-------	-------	1	77	-------	1
New Jersey	26	523	92	1	3,209	-------	2	1,195	0	15
New York	91	607	-------	7	3,683	-------	6	2,589	41	71
North Dakota	11	14	33	-------	134	-------	-------	124	71	11
Pennsylvania	48	601	-------	-------	4,865	-------	2	2,123	7	47

February, 1930

Florida:	Cases
Chicken pox	329
Dysentery	2
Mumps	378
Typhus fever	14
Whooping cough	43

March, 1930

	Cases
Anthrax:	
New Jersey	1
New York	1
Pennsylvania	1
Chicken pox:	
District of Columbia	114
Florida	384
Georgia	330
Indiana	460
Michigan	1,129
Nebraska	201
New Jersey	1,337
New York	2,940
North Dakota	117
Pennsylvania	2,812
Conjunctivitis:	
Georgia	3
Dysentery:	
Florida	3
Georgia	29
New York	8
German measles:	
New Jersey	1,442
New York	1,318
Hookworm disease:	
Georgia	31
Lead poisoning:	
New Jersey	3
Pennsylvania	2
Lethargic encephalitis:	
District of Columbia	1
Michigan	3
New York	14
North Dakota	4
Pennsylvania	8
Mumps:	
Florida	492
Georgia	324
Indiana	49
Michigan	841
Nebraska	156
New York	2,852
North Dakota	292
Pennsylvania	1,712
Ophthalmia neonatorum:	
New Jersey	5
New York	4
Paratyphoid fever:	
Georgia	3
New York	16
Puerperal fever:	
New York	12
Rabies in animals:	
New York	22
Rabies in man:	
Michigan	1
New Jersey	1
Scabies:	
North Dakota	8
Septic sore throat:	
Georgia	16
Michigan	24
Nebraska	37
New York	15
Tetanus:	
Georgia	1
New York	2

	Cases
Trachoma:	
New York	2
Tularaemia:	
Georgia	2
Typhus fever:	
Florida	2
Georgia	11
New York	1
Undulant fever:	
Michigan	1
Nebraska	1
New York	8
Pennsylvania	5
Vincent's angina:	
New York [1]	113
North Dakota	30
Whooping cough:	
District of Columbia	37
Florida	79
Georgia	175
Indiana	205
Michigan	546
Nebraska	103
New Jersey	624
New York	1,990
North Dakota	97
Pennsylvania	1,458

[1] Exclusive of New York City.

Cases of Certain Communicable Diseases Reported for the Month of January, 1930, by State Health Officers

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid and paratyphoid fever	Whooping cough
Maine	271	13	8	297	221	0	30	11	153
New Hampshire		18			97	0		0	
Vermont	272	9	82	27	75	53	17	0	69
Massachusetts	1,697	563	1,153	1,005	1,496	0	584	24	1,710
Rhode Island	128	75	7	3	147	0	50	2	105
Connecticut	756	108	199	197	502	0	132	1	292
New York	3,515	649	1,893	2,103	2,075	58	1,730	71	2,171
New Jersey	1,632	529	932		1,138	0	454	14	789
Pennsylvania	4,065	874	2,664	1,305	2,077	8	598	59	1,726
Ohio	2,475	306	2,992	582	1,350	1,068	580	33	969
Indiana	484	125	312	8	772	889	137	8	169
Illinois	2,180	858	1,616	655	2,442	625	940	46	1,096
Michigan	1,609	418	1,264	514	1,617	381	221	11	820
Wisconsin	2,033	108	4,130	609	722	263	138	14	1,271
Minnesota	758	110	930		581	35	156	21	174
Iowa		55			378	551		5	
Missouri	306	174	219	91	416	210	147	17	140
North Dakota	136	38	116	329	257	130	25	1	54
South Dakota	144	10	295	35	128	257	8	1	36
Nebraska	271	67	1,716	125	382	324	15	3	109
Kansas	666	84	970	392	619	273	149	7	271
Delaware	96	27	5	3	90	0	[1] 15	2	31
Maryland	452	117	45	84	378	0	193	22	146
District of Columbia	119	70	12		83	0	90	1	30
Virginia	699	201	894		315	53	107	26	1,075
West Virginia	216	60	325	8	148	92	29	26	290
North Carolina	1,088	259	71		319	151		5	1,198
South Carolina	309	185	38	131	95	8	131	32	468
Georgia	172	71	278	85	98	6	64	20	90
Florida	207	51	116	266	81	4	45	12	39
Kentucky [2]									
Tennessee	152	65	467	46	154	54	124	28	98
Alabama	331	132	80	42	156	51	230	25	231
Mississippi	1,052	89	398	416	113	2	239	15	929
Arkansas	251	32	21	80	95	79	[1] 18	14	35
Louisiana	67	161	172	12	89	27	113	44	21
Oklahoma [3]	71	136	307	84	166	281	33	27	49
Texas [2]									
Montana	65	9	99	515	181	44	29	1	13
Idaho	109	13	448	64	80	123	6	7	49
Wyoming	47	6	47	42	29	49		1	8
Colorado	361	24	235	185	144	120	93	7	66
New Mexico	114	49	368	132	45	12	76	7	20
Arizona	167	44	13	293	71	146	256	7	51
Utah [2]									
Nevada			33	1	22		[1] 10		
Washington	620	44	551	436	319	450	119	14	174
Oregon	270	47	81	156	212	103	73	5	83
California	2,414	425	2,797	2,586	1,669	614	958	26	578

[1] Pulmonary. [2] Reports received weekly. [3] Exclusive of Oklahoma City and Tulsa.

Case Rates Per 1,000 Population (Annual Basis) for the Month of January, 1930

[The rates here given have been calculated by use of populations as of July 1, 1930, approximated, authoritative estimates not being available, and may prove to be inaccurate when the results of the fifteenth census are known]

State	Chicken pox	Diphtheria	Measles	Mumps	Scarlet fever	Smallpox	Tuberculosis	Typhoid and paratyphoid fever	Whooping cough
Maine	3.99	0.19	0.12	4.38	3.26	0.00	0.44	0.16	2.25
New Hampshire	-------	.46	-------	-------	2.49	.00	-------	.00	-------
Vermont	9.09	.30	2.74	.90	2.51	1.77	.57	.00	2.31
Massachusetts	4.55	1.51	3.09	2.70	4.02	.00	1.57	.06	4.59
Rhode Island	2.04	1.19	.11	.05	2.34	.00	.80	.03	1.67
Connecticut	5.15	.74	1.36	1.34	3.42	.00	.90	.01	1.99
New York	3.50	.65	1.89	2.10	2.07	.06	1.72	.07	2.16
New Jersey	4.85	1.57	2.77	-------	3.38	.00	1.35	.04	2.34
Pennsylvania	4.74	1.02	3.11	1.52	2.42	.01	.70	.07	2.01
Ohio	4.13	.51	4.99	.97	2.25	1.78	.97	.06	1.62
Indiana	1.77	.46	1.14	.03	2.82	3.24	.50	.03	.62
Illinois	3.38	1.33	2.50	1.02	3.79	.97	1.46	.07	1.70
Michigan	3.95	1.03	3.11	1.26	3.97	.94	.54	.03	2.01
Wisconsin	7.92	.42	16.09	2.37	2.81	1.02	.54	.05	4.95
Minnesota	3.19	.46	3.92	-------	2.45	.15	.66	.09	.73
Iowa	-------	.27	-------	-------	1.83	2.67	-------	.02	-------
Missouri	1.02	.58	.73	.30	1.38	.70	.49	.06	.46
North Dakota	2.50	.70	2.13	6.04	4.72	2.39	.46	.02	.99
South Dakota	2.35	.16	4.82	.57	2.09	4.20	.13	.02	.59
Nebraska	2.23	.55	14.11	1.03	3.14	2.66	.12	.02	.90
Kansas	4.24	.53	6.18	2.50	3.94	1.74	.95	.04	1.73
Delaware	4.59	1.29	.24	.14	4.31	.00	[1].72	.10	1.48
Maryland	3.22	.83	.32	.60	2.69	.00	1.37	.16	1.04
District of Columbia	2.41	1.42	.24	-------	1.68	.00	1.82	.02	.61
Virginia	3.13	.90	4.00	-------	1.41	.24	.48	.12	4.81
West Virginia	1.43	.40	2.15	.05	.98	.61	.19	.17	1.92
North Carolina	4.24	1.01	.28	-------	1.24	.59	-------	.02	4.67
South Carolina	1.91	1.15	.24	.81	.59	.05	.81	.20	2.90
Georgia	.62	.26	1.00	.31	.35	.02	.23	.07	.32
Florida	1.62	.40	.91	2.08	.63	.03	.35	.09	.30
Kentucky [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Tennessee	.71	.30	2.17	.21	.72	.25	.58	.13	.46
Alabama	1.49	.59	.36	.19	.70	.23	1.03	.11	1.04
Mississippi	6.92	.59	2.62	2.74	.74	.01	1.57	.10	6.11
Arkansas	1.49	.19	.12	.47	.56	.47	[1].11	.08	.21
Louisiana	.40	.96	1.02	.07	.53	.16	.67	.26	.12
Oklahoma [3]	.38	.73	1.64	.45	.89	1.50	.18	.14	.26
Texas [3]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Montana	1.39	.19	2.12	11.05	3.88	.94	.62	.02	.28
Idaho	2.25	.27	9.25	1.32	1.65	2.54	.12	.14	1.01
Wyoming	2.14	.27	2.14	1.91	1.32	2.23	-------	.05	.36
Colorado	3.79	.25	2.47	1.94	1.51	1.26	.98	.07	.69
New Mexico	3.32	1.43	10.72	3.85	1.31	.35	2.21	.20	.58
Arizona	3.90	1.03	.30	6.84	1.66	3.41	5.98	.16	1.19
Utah [2]	-------	-------	-------	-------	-------	-------	-------	-------	-------
Nevada	-------	-------	.50	.02	.33	-------	[1].15	-------	-------
Washington	4.46	.32	3.96	3.14	2.29	3.24	.86	.10	1.25
Oregon	3.43	.60	1.03	1.98	2.70	1.31	.93	.06	1.06
California	5.92	1.04	6.86	6.34	4.09	1.51	2.35	.06	1.42

[1] Pulmonary. [2] Reports received weekly. [3] Exclusive of Oklahoma City and Tulsa.

PATIENTS IN INSTITUTIONS FOR THE FEEBLE-MINDED, APRIL TO JUNE, 1929

Reports for the second quarter of the year 1929 have been received by the Public Health Service from 27 institutions located in 23 States, including 1 institution for females only with more than 1,200 patients. The total number of patients in these institutions on June 30, 1929, including those on temporary leave or otherwise absent but still on books, was 32,062.

The first admissions were as follows:

Month	Male	Female	Total
April	182	212	394
May	160	173	333
June	156	170	326
Total	498	555	1,053

Of the first admissions during the three months, 47.3 per cent were males and 52.7 per cent were females, the ratio being 90 males per 100 females. On June 30, 1929, there were 16,190 male and 15,872 female patients on the books. During the three months 316 patients were discharged, and 150 male patients and 97 female patients died.

The annual death rates, based on the estimated number of patients on the books of the institutions the middle of May, were: Males, 37.4 per 1,000; females, 24.7 per 1,000; persons, 31.2 per 1,000.

The following table shows the number of patients in the institutions and on temporary leave on April 1, and atthe end of each month, and the percentage of the total patients who were on leave:

	Apr. 1, 1929	Apr. 30, 1929	May 31, 1929	June 30, 1929
Patients in institutions:				
Male	13,714	13,808	13,808	13,547
Female	13,734	13,876	13,915	13,753
Total	27,448	27,684	27,723	27,300
Patients on temporary leave:				
Male	2,304	2,211	2,309	2,643
Female	1,806	1,791	1,863	2,119
Total	4,110	4,002	4,172	4,762
Total patients on books:				
Male	16,018	16,019	16,117	16,190
Female	15,540	15,667	15,778	15,872
Total	31,558	31,686	31,895	32,062
Per cent of total patients on temporary leave:				
Male	14.4	13.8	14.3	16.3
Female	11.6	11.4	11.8	13.4
Total	13.0	12.6	13.1	14.9

GENERAL CURRENT SUMMARY AND WEEKLY REPORTS FROM CITIES

The 95 cities reporting cases used in the following table are situated in all parts of the country and have an estimated aggregate population of more than 31,705,000. The estimated population of the 88 cities reporting deaths is more than 30,110,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Week ended April 5, 1930, and April 6, 1929

	1930	1929	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	1,181	1,379	----------
95 cities	492	791	877
Measles:			
45 States	16,844	13,877	----------
95 cities	6,328	5,053	----------
Meningococcus meningitis:			
46 States	275	319	----------
95 cities	150	131	----------
Poliomyelitis:			
47 States	21	15	----------
Scarlet fever:			
46 States	4,855	5,431	----------
95 cities	1,870	1,757	1,470
Smallpox:			
46 States	1,673	1,069	----------
95 cities	146	65	66
Typhoid fever:			
46 States	156	182	----------
95 cities	28	28	34
Deaths reported			
Influenza and pneumonia:			
88 cities	1,021	967	----------
Smallpox:			
88 cities	0	2	----------
Boston, Mass	0	1	----------
Fort Worth, Tex	0	1	----------

City reports for week ended April 5, 1930

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 reportod 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 1921 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	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	17	1	0	1	0	3	22	2
New Hampshire:								
Concord	0	0	0	----	0	0	0	0
Manchester	0	1	0	----	0	5	0	4
Nashua	0	0	1	----	0	4	0	0
Vermont:								
Barre	3	0	0	----	0	4	2	2
Burlington	0	1	0	----	0	0	0	0
Massachusetts:								
Boston	51	35	15	6	0	486	50	34
Fall River	7	3	3	2	2	0	2	4
Springfield	17	3	2	----	0	3	8	2
Worcester	11	4	2	----	0	99	1	3
Rhode Island:								
Pawtucket	1	0	2	----	0	0	0	3
Providence	11	8	2	----	0	0	1	9
Connecticut:								
Bridgeport	2	5	0	1	1	0	0	3
Hartford	6	5	2	----	0	3	0	6
New Haven	----	1	----	----	----	----	----	----
MIDDLE ATLANTIC								
New York:								
Buffalo	22	12	7	----	0	16	14	19
New York	265	254	96	58	15	864	226	236
Rochester	17	8	2	----	0	16	3	5
Syracuse	55	6	1	----	1	0	74	4
New Jersey:								
Camden	11	7	4	1	2	0	0	3
Newark	52	14	26	12	1	473	22	15
Trenton	4	3	5	----	0	19	0	2
Pennsylvania:								
Philadelphia	105	66	11	12	7	165	94	85
Pittsburgh	20	15	10	----	5	184	7	33
Reading	3	2	2	----	0	3	3	4
Scranton	2	3	0	----	0	4	2	----
EAST NORTH CENTRAL								
Ohio:								
Cincinnati	5	8	4	----	1	30	3	11
Cleveland	103	27	9	10	4	8	30	23
Columbus	8	3	2	----	0	87	12	5
Toledo	30	4	3	----	0	133	9	12
Indiana:								
Fort Wayne	1	2	1	----	0	0	0	5
Indianapolis	21	4	1	----	1	8	1	23
South Bend	1	1	0	----	0	1	0	3
Terre Haute	0	1	0	----	0	0	0	1
Illinois:								
Chicago	113	93	107	11	5	66	94	93
Springfield	10	1	0	3	1	3	0	0

City reports for week ended April 5, 1930—Continued

Division, State, and city	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	84	45	46	3	1	1,047	87	47
Flint	15	3	0	---	0	11	1	5
Grand Rapids	2	1	0	---	2	1	0	8
Wisconsin:								
Kenosha	15	0	0	---	0	2	1	0
Madison	2	0	2	---	0	80	0	4
Milwaukee	173	14	2	---	1	11	80	12
Racine	0	2	0	---	0	9	0	0
Superior	2	0	0	---	0	4	0	0
WEST NORTH CENTRAL								
Minnesota:								
Duluth	6	0	0	---	0	56	0	0
Minneapolis	58	13	1	---	1	31	67	7
St. Paul	43	9	2	---	0	5	38	5
Iowa:								
Davenport	0	1	0	---	---	3	3	---
Des Moines	3	1	0	---	---	27	5	---
Sioux City	2	1	1	---	---	84	9	---
Waterloo	24	0	0	---	---	19	0	---
Missouri:								
Kansas City	14	4	2	---	0	7	4	11
St. Joseph	5	1	1	---	0	0	0	3
St. Louis	40	39	13	1	1	9	18	---
North Dakota:								
Fargo	3	0	0	---	0	0	17	0
Grand Forks	0	0	0	---	---	0	0	---
South Dakota:								
Aberdeen	27	0	0	---	---	1	3	---
Sioux Falls	0	1	0	---	---	18	0	---
Nebraska:								
Omaha	15	2	5	---	0	70	1	9
Kansas:								
Topeka	12	1	0	1	1	128	11	2
Wichita	8	2	2	---	0	35	1	2
SOUTH ATLANTIC								
Delaware:								
Wilmington	3	2	1	---	0	4	0	5
Maryland:								
Baltimore	194	25	10	6	0	11	11	37
Cumberland	1	0	0	---	0	0	0	3
Frederick	1	0	0	---	0	0	0	1
District of Columbia:								
Washington	31	11	8	1	0	8	0	19
Virginia:								
Lynchburg	7	1	0	---	0	91	14	3
Norfolk	11	0	0	---	0	0	52	2
Richmond	0	1	0	---	0	27	3	0
Roanoke	0	1	1	---	2	193	0	3
West Virginia:								
Charleston	14	0	1	1	0	6	2	0
Wheeling	7	0	0	---	0	2	0	1
North Carolina:								
Raleigh	0	0	0	---	0	0	0	2
Wilmington	6	0	1	---	0	0	0	5
Winston-Salem	45	0	2	---	0	0	17	1
South Carolina:								
Charleston	9	0	2	47	0	0	3	3
Columbia	2	0	0	---	0	0	5	4
Georgia:								
Atlanta	8	3	1	22	2	40	21	9
Brunswick	0	0	0	---	0	0	1	0
Savannah	3	0	1	5	0	2	0	1
Florida:								
Miami	19	3	3	---	0	1	0	3
St. Petersburg	---	0	---	---	0	---	---	0
Tampa	13	1	4	---	0	49	22	1

City reports for week ended April 5, 1930—Continued

Division, State, and city	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	0	1	0	----	0	0	0	1
Tennessee:								
Memphis	20	3	3	----	1	2	32	6
Nashville	0	1	1	----	1	2	0	11
Alabama:								
Birmingham	9	2	0	5	2	7	1	5
Mobile	1	1	0	2	2	10	0	1
Montgomery	4	0	1	3	----	67	0	----
WEST SOUTH CENTRAL								
Arkansas:								
Fort Smith	1	0	0	----	----	22	0	----
Little Rock	8	0	0	----	0	9	3	2
Louisiana:								
New Orleans	6	9	17	3	5	37	0	17
Shreveport	17	0	2	----	0	1	7	4
Oklahoma:								
Oklahoma City	4	1	0	10	0	84	5	8
Texas:								
Dallas	9	4	6	----	2	138	3	6
Fort Worth	9	1	1	----	0	22	1	3
Galveston	0	0	0	----	0	0	0	0
Houston	3	3	11	----	0	2	1	5
San Antonio	----	3	----	----	----	----	----	----
MOUNTAIN								
Montana:								
Billings	0	1	0	----	0	0	5	2
Great Falls	----	0	----	----	----	----	----	----
Helena	0	0	0	----	0	0	1	0
Missoula	0	0	0	----	0	1	1	1
Idaho:								
Boise	0	0	0	----	0	0	0	0
Colorado:								
Denver	48	8	2	----	2	385	38	10
Pueblo	6	1	0	----	0	6	83	1
New Mexico:								
Albuquerque	17	0	1	----	0	14	8	2
Arizona:								
Phoenix	3	1	0	----	0	16	1	4
Utah:								
Salt Lake City	11	3	1	----	1	144	9	7
Nevada:								
Reno	0	0	0	----	0	0	0	0
PACIFIC								
Washington:								
Seattle	41	3	1	----	----	245	109	----
Spokane	24	2	0	----	----	1	0	----
Tacoma	6	1	2	----	0	56	0	3
Oregon:								
Portland	21	8	7	----	0	15	13	7
Salem	13	0	1	----	0	2	7	0
California:								
Los Angeles	128	39	17	13	0	375	58	13
Sacramento	8	2	1	----	0	20	36	3
San Francisco	50	19	4	2	0	295	106	6

City reports for week ended April 5, 1930—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	3	3	0	0	0	1	0	0	0	1	25
New Hampshire:											
Concord	1	1	0	0	0	2	0	0	0	0	15
Manchester	3	0	0	0	0	0	0	2	0	0	25
Nashua	1	0	0	0	0	0	0	0	0	0	----
Vermont:											
Barre	0	0	0	0	0	0	0	0	0	0	5
Burlington	1	0	0	0	0	0	0	0	0	0	11
Massachusetts:											
Boston	78	90	0	0	0	15	1	1	0	48	250
Fall River	5	2	0	0	0	1	0	0	0	2	28
Springfield	9	15	0	0	0	2	0	0	0	7	38
Worcester	9	18	0	0	0	2	0	1	0	26	65
Rhode Island:											
Pawtucket	2	3	0	0	0	0	0	0	0	7	32
Providence	11	14	0	0	0	3	0	0	0	14	81
Connecticut:											
Bridgeport	11	22	0	0	0	4	1	0	0	0	34
Hartford	5	5	0	0	0	1	0	0	0	2	38
New Haven	10	----	0	----	----	----	0	----	----	----	----
MIDDLE ATLANTIC											
New York:											
Buffalo	28	26	0	0	0	11	0	0	0	19	169
New York	355	363	0	0	0	135	9	7	2	50	1,731
Rochester	14	12	0	0	0	5	0	0	0	0	82
Syracuse	11	27	0	0	0	0	0	0	0	38	51
New Jersey:											
Camden	6	1	0	0	0	2	0	0	0	0	42
Newark	36	32	0	0	0	6	0	0	0	28	112
Trenton	5	7	0	0	0	2	1	0	0	3	34
Pennsylvania:											
Philadelphia	105	158	0	0	0	38	2	0	0	18	563
Pittsburgh	30	16	0	0	0	11	0	0	0	20	195
Reading	6	3	0	0	0	0	0	0	0	13	32
Scranton	3	7	0	0	----	----	0	0	----	2	----
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	17	25	1	12	0	13	0	0	0	1	165
Cleveland	35	61	0	1	0	17	0	1	1	58	201
Columbus	9	14	1	5	0	2	0	0	0	19	91
Toledo	12	19	1	5	0	3	1	0	0	3	89
Indiana:											
Fort Wayne	6	4	1	4	0	0	0	0	0	1	27
Indianapolis	9	11	8	3	0	4	1	0	0	5	----
South Bend	4	10	0	0	0	1	0	0	0	0	24
Terre Haute	2	7	0	0	0	1	0	0	0	0	29
Illinois:											
Chicago	127	280	2	6	0	55	1	0	0	60	819
Springfield	4	2	0	0	0	1	0	0	0	4	19
Michigan:											
Detroit	111	145	1	16	0	38	1	1	0	73	346
Flint	11	9	2	1	0	2	0	0	0	15	25
Grand Rapids	9	4	0	0	0	0	1	0	0	6	57
Wisconsin:											
Kenosha	2	1	0	0	0	0	0	0	0	13	8
Madison	4	3	0	1	0	0	0	0	0	20	30
Milwaukee	30	29	0	0	0	6	1	1	0	47	111
Racine	4	5	0	0	0	0	0	0	0	7	20
Superior	4	1	0	0	0	0	0	----	0	0	7
WEST NORTH CENTRAL											
Minnesota:											
Duluth	8	1	0	0	0	2	0	0	0	10	18
Minneapolis	50	17	3	1	0	1	0	0	0	5	94
St. Paul	33	15	0	0	0	6	0	0	0	30	60

City reports for week ended April 5, 1930—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—con.											
Iowa:											
Davenport	2	1	0	4			0	0		0	
Des Moines	8	14	2	7			0	0		0	33
Sioux City	2	2	1	2			0	0		6	
Waterloo	3	0	0	19			0	0		0	
Missouri:											
Kansas City	20	40	2	1	0	8	0	0	0	10	112
St. Joseph	2	4	0	0	0	1	0	0	0	0	18
St. Louis	38	33	2	5	0	14	1	1	0	12	255
North Dakota:											
Fargo	1	0	0	0	0	0	0	0	0	5	7
Grand Forks	1	2	0	2			0	0		1	
South Dakota:											
Aberdeen	0	0	0	1			0	0		0	
Sioux Falls	2	0	0	3			0	0		0	9
Nebraska:											
Omaha	3	4	3	15	0	6	0	0	0	3	60
Kansas:											
Topeka	4	1	0	0	0	0	0	0	0	15	20
Wichita	4	23	2	2	0	0	0	0	0	0	32
SOUTH ATLANTIC											
Delaware:											
Wilmington	5	4	0	0	0	3	0	0	0	1	34
Maryland:											
Baltimore	32	84	0	0	0	25	2	0	0	27	249
Cumberland	0	0	0	0	0	1	0	0	0	0	15
Frederick	0	0	0	0	0	0	0	0	0	0	5
District of Col.:											
Washington	25	17	1	0	0	12	0	0	0	9	156
Virginia:											
Lynchburg	0	0	0	0	0	1	0	0	0	16	13
Norfolk	2	0	0	0	0	1	0	0	0	1	
Richmond	2	7	0	0	0	3	0	0	0	1	58
Roanoke	1	1	0	0	0	1	0	0	0	9	17
West Virginia:											
Charleston	1	0	0	0	0	0	0	1	0	13	23
Wheeling	2	1	0	0	0	1	0	0	0	3	23
North Carolina:											
Raleigh	0	0	0	1	0	0	0	0	0	1	13
Wilmington	0	0	0	0	0	1	0	0	0	8	17
Winston-Salem	1	1	2	0	0	2	0	0	0	2	21
South Carolina:											
Charleston	0	0	0	0	0	2	0	1	1	2	33
Columbia	0	0	1	0	0	2	0	0	0	9	24
Georgia:											
Atlanta	4	20	3	0	0	1	1	0	0	9	74
Brunswick	0	0	0	0	0	0	0	0	0	0	3
Savannah	0	3	0	0	0	1	1	0	0	1	29
Florida:											
Miami	1	0	0	0	0	2	1	0	0	1	43
St. Petersburg	0		0		0	0	0		0		17
Tampa	0	0	0	0	0	4	1	0	0	0	23
EAST SOUTH CENTRAL											
Kentucky:											
Covington	2	2	0	0	0	2	0	0	0	0	20
Tennessee:											
Memphis	8	11	2	0	0	4	0	4	0	12	98
Nashville	3	5	1	0	0	5	0	0	0	0	82
Alabama:											
Birmingham	2	4	5	0	0	5	0	1	1	3	67
Mobile	1	2	0	0	0	0	1	0	1	0	24
Montgomery	0	0	1	0			0	0		1	

City reports for week ended April 5, 1930—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											
Arkansas:											
Fort Smith	1	2	0	0			0	0		2	
Little Rock	1	5	0	3	0	1	0	0	0	0	
Louisiana:											
New Orleans	6	16	0	0	0	13	2	3	0	2	159
Shreveport	0	2	0	0	0	1	0	0	0	2	35
Oklahoma:											
Oklahoma City	3	19	3	20	0	4	0	0	0	0	39
Texas:											
Dallas	4	12	2	2	0	3	1	0	0	0	57
Fort Worth	2	5	6	7	0	0	0	0	0	0	36
Galveston	0	0	0	0	0	2	0	0	0	0	14
Houston	1	5	1	0	0	1	1	0	0	0	64
San Antonio	0		1				1				
MOUNTAIN											
Montana:											
Billings	0	0	0	0	0	1	0	0	0	0	11
Great Falls	1		0				0				
Helena	0	1	0	0	0	0	0	0	0	2	4
Missoula	1	0	0	0	0	1	0	0	0	0	7
Idaho:											
Boise	0	3	0	1	0	0	0	0	0	0	5
Colorado:											
Denver	12	9	0	1	0	7	0	0	0	54	102
Pueblo	2	0	0	7	0	0	0	0	0	0	8
New Mexico:											
Albuquerque	1	1	0	0	0	4	0	0	0	0	11
Arizona:											
Phoenix	0	4	0	5	0	5	0	0	0	1	19
Utah:											
Salt Lake City	2	4	1	0	0	0	0	2	0	17	53
Nevada:											
Reno	0	0	0	3	0	0	0	0	0	0	1
PACIFIC											
Washington:											
Seattle	8	20	3	6			1	0		13	
Spokane	6	0	9	11			0	0		25	
Tacoma	3	4	3	6	0	1	0	0	0	6	29
Oregon:											
Portland	5	4	10	13	0	3	0	1	0	9	62
Salem	0	0	1	0	0	0	0	0	0	5	
California:											
Los Angeles	32	34	2	3	0	35	1	2	0	33	259
Sacramento	2	2	0	8	0	5	1	0	0	1	32
San Francisco	20	23	1	1	0	19	1	1	0	2	159

City reports for week ended April 5, 1930—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
NEW ENGLAND									
Massachusetts:									
Boston	3	3	0	0	0	0	0	0	0
Fall River	1	1	0	0	0	0	0	0	0
Worcester	1	0	0	0	0	0	0	0	0
Connecticut:									
Hartford	1	0	0	0	0	0	0	0	0
MIDDLE ATLANTIC									
New York:									
New York [1]	18	7	2	1	0	0	1	0	0
Pennsylvania:									
Philadelphia	2	2	0	0	0	0	0	0	0
Pittsburgh	3	2	0	0	0	0	0	0	0
Reading	0	0	0	0	0	0	0	1	1
EAST NORTH CENTRAL									
Ohio:									
Cleveland	5	2	0	0	0	0	1	0	0
Toledo	1	1	0	0	0	0	0	0	0
Indiana:									
Fort Wayne	2	1	0	0	0	0	0	0	0
Indianapolis	8	5	0	0	0	0	0	0	0
Terre Haute	0	1	0	0	0	0	0	0	0
Illinois:									
Chicago	10	3	1	0	0	0	0	0	0
Springfield	0	1	0	0	0	0	0	0	0
Michigan:									
Detroit	25	10	0	0	0	0	0	0	1
Flint	1	1	0	0	0	0	0	0	0
WEST NORTH CENTRAL									
Minnesota:									
Minneapolis	0	1	0	0	0	0	0	0	0
St. Paul	[2] 1	0	0	0	0	0	0	0	0
Iowa:									
Sioux City	[2] 2	0	0	0	0	0	0	0	0
Waterloo	3	1	0	0	0	0	0	0	0
Missouri:									
Kansas City	8	1	0	0	0	0	0	0	0
St. Louis	7	5	0	0	0	0	0	0	0
SOUTH ATLANTIC									
Maryland:									
Baltimore	1	0	0	2	0	0	0	1	0
North Carolina:									
Wilmington	2	0	0	0	0	0	0	0	0
Winston-Salem	0	0	0	0	0	1	0	0	0
South Carolina:									
Charleston	0	0	0	0	2	0	0	0	0
Columbia	0	1	0	0	0	0	0	0	0
Georgia:									
Atlanta	1	0	0	0	0	0	0	0	0
Savannah	0	0	0	0	1	1	0	0	0
Florida:									
Tampa	0	0	0	0	0	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	14	11	0	0	0	0	0	0	0
Nashville	0	2	0	0	0	2	0	0	0
Alabama:									
Birmingham	1	0	0	0	0	0	0	0	0
Mobile	1	0	0	0	0	0	0	0	0

[1] Typhus fever: 1 case and 1 death at New York City.
[2] Delayed report.
[3] Nonresident.

City reports for week ended April 5, 1930—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
WEST SOUTH CENTRAL									
Arkansas:									
Fort Smith	1	0	0	0	0	0	0	0	0
Louisiana:									
New Orleans	0	0	1	0	0	0	0	0	0
Shreveport	0	0	0	0	0	1	0	0	0
Oklahoma:									
Oklahoma City	0	0	0	0	0	1	0	0	0
Texas:									
Dallas	0	0	0	0	1	0	0	0	0
Fort Worth	0	0	0	0	0	1	0	0	0
MOUNTAIN									
Montana:									
Helena	1	0	0	0	0	0	0	0	0
Utah:									
Salt Lake City	17	6	0	0	0	0	0	0	0
PACIFIC									
Washington:									
Seattle	4	0	0	0	0	0	0	0	0
Spokane	1	0	0	0	0	0	0	0	0
Tacoma	1	1	0	0	0	0	0	0	0
California:									
Los Angeles	2	1	0	1	0	0	0	2	0
San Francisco	1	0	0	0	0	0	0	0	0

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended April 5, 1930, compared with those for a like period ended April 6, 1929. 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 32,000,000. The 91 cities reporting deaths have more than 30,500,000 estimated population.

Summary of weekly reports from cities, March 2 to April 5, 1930—Annual rates per 100,000 population, compared with rates for the corresponding period of 1929 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	Mar. 8, 1930	Mar. 9, 1929	Mar. 15, 1930	Mar. 16, 1929	Mar. 22, 1930	Mar. 23, 1929	Mar. 29, 1930	Mar. 30, 1929	Apr. 5, 1930	Apr. 6, 1929
98 cities	90	133	[2] 104	126	100	135	[3] 84	128	[4] 81	131
New England	84	108	84	135	60	119	[5] 53	101	[6] 68	135
Middle Atlantic	89	185	99	159	102	180	84	187	78	190
East North Central	95	130	135	121	133	142	115	119	108	125
West North Central	116	144	108	152	72	131	[7] 65	139	51	75
South Atlantic	71	67	[2] 99	84	82	60	64	66	59	82
East South Central	40	68	27	55	40	41	54	41	34	27
West South Central	153	114	120	95	146	118	134	118	[8] 161	114
Mountain	86	61	26	44	86	35	43	44	[9] 27	44
Pacific	45	36	73	65	52	68	40	29	59	58

MEASLES CASE RATES

98 cities	634	537	[2] 662	679	793	757	[3] 891	716	[4] 1,041	839
New England	543	424	680	617	944	563	[5] 1,108	467	[6] 1,443	521
Middle Atlantic	440	162	418	135	568	179	644	154	832	174
East North Central	447	983	476	1,387	543	1,595	661	1,592	807	1,836
West North Central	918	1,699	765	1,967	973	1,882	[7] 737	1,784	842	1,963
South Atlantic	489	234	[2] 449	380	564	451	637	414	793	650
East South Central	810	62	715	41	1,457	137	1,093	89	594	89
West South Central	542	103	661	141	587	190	841	95	[8] 936	248
Mountain	2,051	818	2,386	636	2,815	766	3,424	409	[9] 4,883	618
Pacific	1,845	142	2,194	133	2,100	239	2,549	232	2,343	273

SCARLET FEVER CASE RATES

98 cities	329	298	[2] 346	324	323	345	[3] 315	318	[4] 308	290
New England	394	308	390	368	341	364	[5] 334	391	[6] 418	341
Middle Atlantic	296	228	345	266	310	308	315	264	308	244
East North Central	452	411	466	418	422	495	386	453	381	426
West North Central	338	356	302	368	328	292	[7] 297	310	266	275
South Atlantic	189	155	[2] 200	146	262	159	249	167	253	94
East South Central	196	198	108	232	202	308	263	267	162	212
West South Central	149	270	179	366	116	270	120	274	[8] 188	270
Mountain	292	157	369	157	343	113	446	78	[9] 155	104
Pacific	281	410	267	444	236	367	239	311	196	314

SMALLPOX CASE RATES

98 cities	25	12	[2] 25	12	25	11	[3] 22	16	[4] 24	11
New England	2	0	0	4	0	7	[5] 2	11	[6] 0	2
Middle Atlantic	0	0	0	0	0	0	0	0	0	0
East North Central	24	18	30	20	20	12	18	17	30	15
West North Central	78	6	68	31	95	12	[7] 94	25	85	17
South Atlantic	2	6	[2] 4	6	2	0	7	13	2	4
East South Central	20	7	27	7	7	7	20	41	0	7
West South Central	67	95	26	42	52	99	49	91	[8] 22	76
Mountain	9	44	9	17	34	44	26	44	[9] 109	26
Pacific	123	17	135	22	120	14	83	22	83	17

[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, 1930, and 1929, respectively.
[2] Charleston, W. Va., and Savannah, Ga., not included.
[3] Hartford, Conn., and Sioux City, Iowa, not included.
[4] New Haven, Conn., San Antonio, Tex., and Great Falls, Mont., not included.
[5] Hartford, Conn., not included.
[6] New Haven, Conn., not included.
[7] Sioux City, Iowa, not included.
[8] San Antonio, Tex., not included.
[9] Great Falls, Mont., not included.

Summary of weekly reports from cities, March 2 to April 5, 1930—Annual rates per 100,000 population, compared with rates for the corresponding period of 1929—Continued.

TYPHOID FEVER CASE RATES

	Week ended—									
	Mar. 8, 1930	Mar. 9, 1929	Mar. 15, 1930	Mar. 16, 1929	Mar. 22, 1930	Mar. 23, 1929	Mar. 29, 1930	Mar. 30, 1929	Apr. 5, 1930	Apr. 6, 1929
98 cities	8	5	[2] 6	5	8	7	[2] 8	10	[4] 5	5
New England	2	4	4	2	0	7	[5] 2	4	[6] 5	4
Middle Atlantic	4	4	5	4	7	6	15	5	3	2
East North Central	3	3	1	2	1	4	3	17	2	7
West North Central	8	4	4	2	9	6	[7] 4	8	2	4
South Atlantic	37	6	[3] 2	7	13	6	5	13	4	4
East South Central	13	7	27	7	94	27	34	27	34	7
West South Central	34	19	7	11	11	8	7	19	[8] 13	8
Mountain	0	0	51	26	17	9	0	0	[9] 18	0
Pacific	7	17	12	10	12	19	2	0	7	7

INFLUENZA DEATH RATES

91 cities	17	34	[2] 14	33	16	27	[5] 15	18	[4] 13	20
New England	18	16	2	25	2	4	[5] 10	4	[6] 7	11
Middle Atlantic	13	25	12	31	14	23	11	12	15	16
East North Central	13	31	9	23	9	20	11	16	10	18
West North Central	3	21	6	27	12	30	6	18	9	27
South Atlantic	33	47	[3] 18	37	26	30	15	22	7	17
East South Central	66	75	96	119	88	90	110	90	44	75
West South Central	34	117	46	102	27	74	34	35	[8] 32	47
Mountain	34	61	17	35	60	78	51	52	[9] 27	44
Pacific	3	22	3	16	9	31	3	16	0	19

PNEUMONIA DEATH RATES

91 cities	170	203	[2] 164	184	165	168	[5] 167	157	[4] 164	149
New England	202	218	155	200	199	186	[5] 194	171	[6] 164	101
Middle Atlantic	191	233	204	197	168	190	197	190	194	178
East North Central	142	160	128	155	150	141	118	132	146	135
West North Central	127	195	142	180	121	189	133	150	115	147
South Atlantic	203	234	[3] 183	198	203	185	194	159	179	144
East South Central	243	239	265	201	214	172	258	172	177	142
West South Central	172	226	153	230	214	78	176	125	[8] 157	137
Mountain	146	183	120	252	189	165	172	131	[9] 191	122
Pacific	92	138	80	135	95	163	114	151	77	126

[2] Charleston, W. Va., and Savannah, Ga., not included.
[4] New Haven, Conn., San Antonio, Tex., and Great Falls, Mont., not included.
[5] Hartford, Conn., not included.
[6] New Haven, Conn, not included.
[8] San Antonio, Tex., not included.
[9] Great Falls, Mont., not included.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—Week ended March 29, 1930.—The Department of Pensions and National Health reports cases of certain communicable diseases in Canada for the week ended March 29, 1930, as follows:

Province	Cerebro-spinal fever	Influenza	Lethargic encephalitis	Smallpox	Typhoid fever
Prince Edward Island [1]					
Nova Scotia		3			2
New Brunswick					1
Quebec					17
Ontario	4	33		26	19
Manitoba	1		1	1	
Saskatchewan	2			15	4
Alberta	1			2	5
British Columbia			1	3	1
Total	8	36	2	47	49

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

ITALY

Communicable diseases—Four weeks ended January 19, 1930.—During the four weeks ended January 19, 1930, certain communicable diseases were reported in Italy as follows:

Disease	Dec. 23–29, 1929		Dec. 30, 1929–Jan. 5, 1930		Jan. 6–12, 1930		Jan. 13–19, 1930	
	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected	Cases	Communes affected
Anthrax	23	21	16	16	19	18	35	26
Cerebrospinal meningitis	2	2	12	10	6	6	11	8
Chicken pox	349	109	324	122	405	135	476	130
Diphtheria and croup	693	341	507	280	715	379	806	379
Dysentery	6	6						
Lethargic encephalitis	1	1			2	2	6	6
Measles	1,856	292	1,765	263	1,955	303	2,307	317
Poliomyelitis	9	8	7	7	7	6	7	7
Rabies	1	1					1	1
Scarlet fever	436	156	303	134	382	149	559	167
Typhoid fever	493	267	295	194	346	194	553	224

JAMAICA

Communicable diseases—Four weeks ended March 29, 1930.—During the four weeks ended March 29, 1930, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island of Jamaica outside of Kingston, as follows:

Disease	Kingston	Other localities	Disease	Kingston	Other localities
Chicken pox	2	41	Puerperal fever		3
Diphtheria		1	Scarlet fever		1
Dysentery	4	6	Tuberculosis	26	67
Erysipelas		1	Typhoid fever	12	56
Leprosy		3			

MEXICO

Mexico City—Smallpox—January-March, 1930.—During the first three months of 1930 smallpox cases were reported in Mexico City, Mexico, as follows: January, 29 cases; February, 40 cases; March, 74 cases. The following additional cases were reported in outlying districts of the capital: January, 3 cases; February, 6 cases; March, 26 cases. Somewhat alarming reports have appeared in the press of Mexico City, but the health department is reported to be taking the necessary precautions. While the prevalence of the disease has increased, it has not reached epidemic proportions, and to date the situation is reported not to be alarming.

Tampico—Communicable diseases—March, 1930.—During the month of March, 1930, certain communicable diseases were reported in Tampico, Mexico, as follows:

Disease	Cases	Deaths	Disease	Cases	Deaths
Chicken pox	5		Puerperal fever		1
Diphtheria	2		Smallpox	2	3
Enteritis (various)		36	Tetanus	1	
Influenza	39	1	Tuberculosis	64	24
Malaria	83	12	Typhoid fever	5	5
Measles	6		Whooping cough	7	2

PANAMA CANAL ZONE

Communicable diseases—January-February, 1930.—During the months of January and February, 1930, certain communicable diseases, including imported cases, were reported in the Panama Canal Zone and terminal cities as follows:

Disease	January		February	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis		1	1	1
Chicken pox	32		71	
Diphtheria	38		19	1
Dysentery (amebic)	2	2		
Dysentery (bacillary)	1	1	137	
Leprosy			1	1
Malaria	109	4	67	1
Measles	20		8	
Mumps	6		3	
Pneumonia		19		22
Scarlet fever			1	
Tuberculosis		25		26
Whooping cough	17		12	

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		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930		February, 1930				March, 1930					Apr. 5, 1930
						18	25	1	8	15	22	1	8	15	22	29	
China:																	
Canton	C			2													
Hankow	C	4	2														
Manchuria—Dairen	C												1				
Nanking	C		P														
Shanghai	C	35															
	D	11															
Swatow	D	22	12	2													
Tientsin	C	P															
India	C	16,354	17,340	19,582	12,350	1,972	1,659	1,242	1,598								
	D	10,051	10,680	10,903	6,507	1,122	948	718	818								
Bombay	C	1															4
Calcutta	C	160	252	265	138	44	41	33	84	65	46	53	105	97	53	110	
	D	70	129	114	90	28	21	23	38	45	27	25	56	73	25	51	
Madras	C		3	2													
	D		2	2													
Negapatam	C		2		1			12									
	D				1	2		2									
Rangoon	C	1	2	1	6	2			1		1	1	1	1	1		
	D	1	2	1	5	2			1		1			1	1		
Tuticorin	C	18	5	23	35	3											
	D	11	3	6	9	1											
India (French):																	
Chandernagor	C	1	5	14	1							1		1			
	D		5	12	1							1	1				
Karikal	C				1												
Pondicherry Province	C	3		4													
	D	3		3													
India (Portuguese)	C	1															
Indo-China (see also table below):																	
Pnompenh	C	61	43	4	3	2	3	3	3		2	5	2				
	D	53	37	3	3	2	2	2	2	1	2	3	1	1	2	1	

Saigon and Cholon	C		1	2	1	2							5	1	6	1	
	D				1	1		1					4	1	5		
Japan	C	34															
Kobe	C	3															
Osaka	C	14															
Siam	C	9		7	11	2		1		1	3						
	D	4		3	2						1						
Ayudhaya	C	2															
Bangkok	C	4		5	9	2		1		1	1				1		
	D	2		1	1												
Dhannapuri	C	2															
	D	2															
Nagara Pathom	C												1				
	D												1				
Nagara Rajsima	C	2															
	D	2															
On vessel:																	
S. S. at Suva, Fiji Islands	C											1					
S. S. Sutley, at Batavia, from Calcutta	C									1							

Place		September, 1929	October, 1929	November, 1929	December, 1929			January, 1930			February, 1930	
					1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20
Indo-China (French) (see also table above):												
Annam [1]	C	1		2				1			2	2
Cambodia [1]	C	38	221	43		41		71		76	41	3
Cochin-China [1]	C	45	3	15		46		67		110	64	39
Laos	C	12										

[1] Reports incomplete.

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

PLAGUE

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

Place		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930		February, 1930				March, 1930					April, 1930	
						18	25	1	8	15	22	1	8	15	22	29	5	12
Argentina:																		
Andalgala.[1]																		
Rosario	C		2						P									
Plague-infected rats			3															
Santa Fe	C		1					6										
Tucuman	C		1															
Villa Lia	D											2						
Azores: Ponta Delgada	C				P													
Belgian Congo: Djugu	D			2														
Brazil:																		
Rio de Janeiro	C							1										
	D							1										
Sao Paulo.[2]																		
British East Africa (see also table below): Uganda	C	405	336	281	127	35	25	22										
	D	343	310	262	112	29	21	20										
Ceylon:																		
Colombo	C	3		5	2	3			1	2			1		1			
	D	1		4	1	3			1	2			1		1			
Plague-infected rats				1					1	1		1	1		2			
Galle	C	1																
Chile: Antofagasta	C					1				1								
	D																2	
China: Foochow	C	P																
Dutch East Indies:																		
Batavia and West Java	C	131	266	340	286	35	43	46	43	31		38	46					
	D	128	262	335	280	35	43	44	42	30		37	46					
Plague-infected rats			1	8		2		1			2	1			2			
Celebes—Makassar	C			1			1											
	D						1											
Plague-infected rodents				1	4													
East Java and Madura	C	60	41	29	2													
	D	60	43	29	2													
Java and Madura	D	275	475	537	458	71	92	80	74	64	69							
Surabaya	C	4		4														
	D	2		4														

Ecuador (see table below).																		
Egypt:																		
Alexandria	C	13	11	6	2			1	3			1		1	1	1	1	
	D	3	4	3	3				1						1			
Assiout	C	1		1	4													
	D			1	2													
Assuan	C				2													
Behaira	C			1		2								3	1			
Beni Suef	C		2											3		1		
Dakahlieh	C			1	1					3	2	1	2	4		1		2
	D				1									1				
Gharbieh	C	5	6	3	2	1												
	D	4		2	1													
Girga	C																	1
Port Said	C	2																
	D	1																
France: Paris	C	1																
Greece (see also table below):																		
Messenia	C		2															
Patras	C	3	2												P	1		
Piraeus	C			1			1											
Pyrgos	C		6	2														
Hawaii: Hamakua—Kukuihaele—Plague-infected rats		3																
India	C	8,334	8,265	6,016	4,713	1,169	1,420	1,172	1,053									
	D	4,395	4,374	3,457	3,093	837	874	855	742									
Bassein	C								1					2	1			
	D								1					1				
Bombay	C	1							1			1			2			
	D	1							1			1			2			
Plague-infected rats		32	31	36	29	7	10		11		13	5	13	21	7	33		
Madras Presidency	C	139	152	236	336		8	8	11	11	13	19	30	18		14		
	D	64	130	108	174		4	5	4	10	10	17	20	14				
Rangoon	C	5	2	1	3	1			2	1	3	1	2		1	26		
	D	6	2	1	4				2		3	1	2		1	2		
Plague-infected rats		6	6	2					1		5	1	1			2		
Indo-China (see also table below):																		
Pnompenh	C	1	2	5			1											
	D	1	2	5			1		1	1	7		5	7	2	2		
Saigon and Cholon	C	2			1	1		1								P		
	D	2			1	1		1								1		
Iraq:																		
Baghdad	C	3	4	3	2		2	2	2		2	2	2	2	1	1		
	D	1	2	1	1			1	1				1	1				
Basra	C				1													
Naudham	C		1		1													
Italy: Naples Province	C	2																
	D	1																
Plague-infected rats		3																
Japan: Osaka (vicinity of)—Plague-infected rats					1				7		1	3	2	2		1		
Kwang-Chow-Wan	C						6	5										

[1] On Mar. 11, 3 deaths from bubonic plague were reported in Andalgala, Catamarca Province, Argentina, since Feb. 5, 1930.
[2] 21 cases of plague with 8 deaths were reported Jan. 29, 1930, in the State of Sao Paulo, Brazil; 15 of these cases were in the city of Sao Paulo.

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

PLAGUE—Continued

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

Place		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930		February, 1930				March, 1930					April, 1930	
						18	25	1	8	15	22	1	8	15	22	29	5	12
Madagascar (see also table below):																		
Tamatave	C	5	3		4													
	D	10	3		3													
Morocco	C		3	9	12	2			2	19	6	14	9	8	5	26		
Nigeria: Lagos	C	37	58	10	15		2		4	3	1	2	1	4	1	7		
	D	35	49	10	15		2		4	3	1	2	1	4				
Plague-infected rats		89	33	21	18	4	16	14	10	15	8							
Peru (see table below).																		
Senegal (see table below).																		
Siam	C	3	1	3	11	2	1	2	3	4	5	5						
	D	3	1	3	9	2	1	1	2	4	4	3						
Bangkok	C				1								1	1	1	2		
	D				1								1	1	1	2		
Nagara Pathom	C			1	6	1	1	2	3	3	1		1					
	D			1	5	2	2	1	2	4	1		1					
Nagara Rajsima	C				2	1	1			1	1							
	D				1													
Syria: Beirut	C			1														
Tunisia:																		
Sfax district	C	13	34	20	14	3	1	11	3	19		3						
Tunis	C	25	41		42	1			5			1		1				
	D				21													
Union of Socialist Soviet Republics:																		
Kasaks	C				P													
Ural–Kirghis	C	1																
Union of South Africa:																		
Cape Province	C	17	13	4					1		2							
	D	13	5		7						1							
Orange Free State	C		7	6	3	1	6	5	3	4	2	3						
	D		4	3	1	1	3	2	3	1	1							
Transvaal	C					1	3	2	2		1	1						
	D					1	2											
On vessel:																		
Steamship at Porto Novo, from Lagos	C	1																
At Rio de Janeiro, Brazil, from Argentina	C							1										

Place		September, 1929	October, 1929	November, 1929	December, 1929	January, 1930	February, 1930
British East Africa (see also table above):							
Kenya	C	28	146	157	54	34	------
Uganda	C	511	384	179	216	87	------
	D	451	351	164	199	75	------
Ecuador: Guayaquil	C	7	12	14	17	8	2
	D	3	4	3	6	4	2
Plague-infected rats		8	------	9	13	4	2
Greece (see also table above)	C	5	5	2	1	------	------
	D	2	2	1	------	------	------
Indo-China (see also table above)	C	------	------	------	10	10	27
Madagascar (see also table above)	C	195	203	182	------	282	------
	D	182	193	163	------	258	------
Ambositra Province	C	9	2	42	111	------	------
	D	9	2	33	96	------	------
Antisirabe Province	C	13	17	5	16	------	------
	D	13	17	5	16	------	------
Itasy Province	C	5	------	10	19	------	------
	D	5	------	10	16	------	------
Miarinarivo	C	11	12	5	3	------	------
	D	11	11	5	3	------	------
Moramanga Province	C	5	27	4	12	------	------
	D	4	27	3	12	------	------
Madagascar—Continued.							
Tamatave Province	C	7	5	------	2	------	------
	D	1	4	------	2	------	------
Tananarive Province	C	141	141	103	97	------	------
	D	135	132	93	98	------	------
Peru	C	------	1	------	------	------	------
Senegal:							
Baol [1]	C	42	45	23	5	------	------
	D	24	13	16	2	------	------
Dakar [1]	C	26	3	17	8	------	------
	D	17	2	5	1	------	------
Louga [1]	C	108	41	------	------	------	2
	D	64	24	1	------	------	------
Rufisque [1]	C	1	------	------	------	------	------
	D	1	------	------	------	------	------
Thies [1]	C	34	3	------	------	3	------
	D	28	3	------	------	------	------
Tivaouane [1]	C	119	41	8	------	1	------
	D	55	21	4	------	------	------

[1] Incomplete reports.

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

SMALLPOX

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

Place		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930		February, 1930				March, 1930					Apr. 5, 1930
						18	25	1	8	15	22	1	8	15	22	29	
Algeria:																	
Algiers	C	1	2	3			4	1	1			1		2	2	1	
Constantine	C								1								
Oran	C			3			4	1						1			
Arabia: Aden	C	3	2	4	1				1	1		1			1		
	D			1													
Bolivia: La Paz (see table below).																	
Brazil:																	
Porto Alegre	C	2	5														
Rio de Janeiro	C				1												
British Borneo: Sarawak	C								4	2	15	2					
British East Africa (see also table below):																	
Tanganyika	C	3	41	50	27	5						13					
	D		4	10	5							1					
British South Africa:																	
Northern Rhodesia	C		907	54													
Southern Rhodesia	C	5	6	58	33				1	6							
	D			4	6												
Canada:																	
Alberta	C	1	12	22	16	4	2	8	8		1	3		2	5	2	
Calgary	C	1															
Edmonton	C	3	12	11	15	4	1	8	6		1			1		1	
British Columbia—Vancouver	C	15	9	14	17	3	6	4	3	5	4	1	6	1	7	3	
Manitoba	C		2	6	8	1	1	1	3	2				2	1	1	
New Brunswick	C	1															
Ontario	C	7	17	68	51	19	13	19	12		28	8	50	38	27	26	
Fort William	C								4								
London	C		4														
Niagara Falls	C		1														
North Bay	C	7	5	2			1	1				1					
Ottawa	C		1	4	7	5	1	3	1	1	2	2	6	9		6	4
Sarnia	C		1														
Toronto	C	1	2			2											
Windsor	C		2														

Quebec	C	7	22	10	3	4	1	6									
Montreal	C						1										
Saskatchewan	C		11	40	61	12	33	19	22	2	64		10	9	11	15	
Regina	C				31												
Saskatoon	C	13	13														
Ceylon:																	
Angoda, Western Province	C										10						
	D										1						
Colombo	C				1		1			2	1						
	D									2							
China:																	
Canton	C			4	5	4	1		2	4	4	1	2	1	1	4	
	D					1	1			2	1				1		
Chungking	C	P	P	P	P	P	P	P	P	P		P					
Foochow	C	P	P	P	P	P		P		P		P					
Hong Kong	C	3	15	62	102	25	19	37	37	18	18	16	10	12	10	5	
	D	3	13	55	73	28	7	37	37	15	15	11	10	6	10	4	
Manchuria—																	
Harbin	C	1	1	2	1	1	1	1									
Kwantung—Dairen	C		1		1	1		3	2		4		1				
Nanking	C		P		P	P			P	P				P			
Shanghai—																	
Foreigners only	C	2	4	5	7	2	1	1	1				2	1			
Including natives	D		1	2	6	5	1		2	1	3	2	1	4	1	3	
Swatow	D				2		1	1	1	3	1	2			3		
Tientsin	C	3	1	4	2		1				1						
Chosen (see table below).																	
Colombia:																	
Barranquilla	C				1					100	1	1					
Buenaventura	C	15	50	56	13					1				1	1		
	D			1													
Costa Rica: San Jose	C															10	7
Curacao (alastrim)	C													10	3		
Dutch East Indies:																	
Belawan Deli	C		4	1	1												
Borneo—Samarinda	C	11	8														
	D	3															
Celebes—Makassar	C	156															
	D	1															
Java—																	
Batavia and West Java	C	31	11	37	17	11	2	1		2	3	4	3			1	
	D	6	7	8	10	5	2			1	1	2	3				
East Java and Madura	C		13	13													
	D		10														
Sanggi Islands	C			105	17		25			12							
	D			6	3												
Sumatra	C		4	1	1		2							48			
Egypt:																	
Alexandria	C	1		5													
Port Said	C							2									

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

SMALLPOX—Continued

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

Place		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930		February, 1930				March, 1930					Apr. 5, 1930
						18	25	1	8	15	22	1	8	15	22	29	
Great Britain:																	
England and Wales	C	490	643	994	1,005	414	313	354	374	322	376	439	393	433	361	449	
Ashton under Lyne	C	2	1	6	3	2		1	1	3	8	7	11	5	4	2	
Bradford	C	6	13	20	8		1		4	2							
Cardiff	C	1	1	1												2	
Leeds	C					3	1	1	1	2	1		8	6	3	4	
London	C	156	174	321	480	158	127	157	156	138	193	183	185	210	124	195	
London and Great Towns	C	332	442	783	799	298	239	281	283	255	312	292	297	323	243	350	
	D			1		1	1			1		4		1			
Newcastle-on-Tyne	C	1		1													
Stoke-on-Trent	C	7	9	1	12	3	6		3	2	10	20	9	18	23	40	
Greece: Patras	C				1												
Hedjas	C	5	7	6	11	11											
	D	1	6	1	7	1											
Honduras: Cholutoca	C	2															
India	C	3,111	3,337	7,644	12,789	4,765	6,461	7,562	7,736								
	D	661	730	1,963	3,730	1,255	1,339	1,751	1,841								
Bombay	C	16	12	42	119	85	74	86	97	112	155	173	198	233	187		
	D	11	8	14	57	33	25	50	56	57	74	95	117	123	114		
Calcutta	C	12	6	54	88	41	35	54	55	96	73	70	160	106	155		
	D	11	4	39	62	28	28	40	34	63	52	56	116	77	138		
Cochin	C	13	96	387	234	58	61	58	57	62	17	31	74	87	71	72	
	D		11	72	20	6	5	11	5	8	5	8	8	14	11	3	
Karachi	C	10	2	7	17	7	6	11	6	5	11		22	14	13	12	
	D	3	1	2	11	2	2	3	2	4	4		8	5	3	3	
Madras	C	79	58	64	85	10	22	34	39	39	47	25	48	38	53	43	
	D	8	11	11	16	3	3	4	6	5	4	12	8	8	9	12	
Moulmein	C	3	3	6	18	3	15	18	29	26	37	51	29	39	43	40	
	D		2	3	9	2	8	2	6	10	7	11	12	15	9	8	
Negapatam	C	1	1	1						1							
Rangoon	C	1		1	2		2	3	2	1	1	4	1	5	1	3	
	D					1	1	1	1	1	1			2	1	2	
Tuticorin	C						3										

Vizagapatam	C				2	2		2	1	5	2		2	4	8	53	
	D									1				1	1	14	
India (French):																	
Chandernagor	C							1	2	5		2	4				
	D									2	2		1				
Karikal	C	2	4	1			3			4		4	4				
	D		2	1			3			2		4	2				
Pondicherry Province	C	5	19	7	20		13	5	4	9	17	12	14				
	D	3	16	7	19		10	5	4	9	14	11	5				
India (Portuguese)	C	1		1		4	7	5		10	12	17	11				
	D										2	1	3				
Indo-China (see also table below):																	
Pnompenh	C	1	2														
	D					1											
Saigon and Cholon	C				4	1	1	1		2	1	1			2		
	D				2	1	1	1		1		1			1		
Iraq:																	
Baghdad	C		9	20	16	3	1	3		2	1						
	D		3	10	5		1	1	1	1							
Basra	C			5							1						
Diyalah Liwa	C		63	46													
	D		18	7													
Kirkuk Liwa	C	16	90	70													
	D		26	19													
Mossoul	C	24	152	48	80	26					8	4					
	D	6	99	17	3	7					1	1					
Ivory Coast (see table below).																	
Macao	D												2	1	2		
Mexico (see also table below):																	
Aguascallentes	D	8	1														
Coahuila	D		1														
Jalisco (State): Guadalajara	D	4	1	6	9	2	3	4		1	3	6	4	3	7	5	
Juarez	C	10	6	11	3			2				3					
	D	1	2	2	2			1				1					
Mexico City and surrounding territory	C	8	9	19	25	10	9	9	2	16	13	9					
	D	8	4	9	4	1	3	1	2	5	2	14					
Morelos State.[1]																	
San Luis Potosi	C											1					
	D											1					
Morocco (see table below).																	
Netherlands: Rotterdam	C	39	18	5	1												
	D	5	1	1													
Nigeria: Lagos	C	1			2	1	2	1	1	2							
	D				1		1	1									
Panama	C	154	11														
Persia (see table below).																	
Philippine Islands: Sarangani and Balut Islands [2]	D				40	18				3							
Poland	C	1	2	4	2					2							

[1] Newspaper reports of Feb. 4 show an epidemic of smallpox in Ionacatepec, Morelos State, Mexico, and vicinity, giving 600 deaths in preceding 2 weeks.
[2] On Feb. 1, 1930, 317 cases of smallpox with 102 deaths were reported to that date in the Sarangani and Balut Islands.

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

SMALLPOX—Continued

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

Place		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930		February, 1930				March, 1930					Apr. 5, 1930
						18	25	1	8	15	22	1	8	15	22	29	
Portugal:																	
Lisbon	C		2	3	6		1		3	7					4		
Oporto	C			1													
Rumania	C	2						1									
Siam	C	33	7	3	42												
	D	2	2	1	9		1										
Somaliland, British: Boales	C	3	25	24	5	2	14	14	5		12	7			2		
	D	4	16	9	9	1	1	1	5		2			2	3		
Straits Settlements	C					1		1								2	3
	D					1										1	
Sudan (Anglo-Egyptian)	C	250	91	254	290	14	21	171	24	19	1	59		8	5	22	25
	D	16	12	45	65	1	8	20	5	2		4			2		3
Sudan (French) (see table below).																	
Syria (see table below).																	
Tunisia: Tunis	C	6	23	47	20	1	4	1	1			3					
Turkey (see table below).																	
Union of South Africa:																	
Cape Province	C	P	P	P	P	P	P	P	P	P	P	P	P				
Natal	C			P													
Transvaal	C	P	P	P	P				P	P	P	P	P				
Upper Volta	C	1								17			9	1			
Zanzibar	C													9	2		
On vessel:																	
S. S. Tairoa, at Liverpool, from London	C											1					
S. S. Karagola, at Zanzibar, from India	C								4								
S. S. Karoa, at Zanzibar	C		1														
S. S. Taipikn, at Manila, from Australia	C		1														
S. S. Umvuma, at Cape Town, from London	C	5															

Place		August, 1929	September, 1929	October, 1929	November, 1929	December, 1929			January, 1930			February, 1930			March, 1930	
						1-10	11-20	21-31	1-10	11-20	21-31	1-10	11-20	21-28	1-10	11-20
Belgian Congo	C	-------	725	-------	42	41	33	-------	-------	-------	-------	-------	-------	-------	-------	-------
	D	-------	19	-------	2	4	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
Dahomey	C	-------	-------	4	19	19	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------
Indo-China (see also table above)	C	263	64	128	245	-------	142	-------	136	140	184	148	286	-------	-------	-------
Ivory Coast	C	2	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	7
Sudan (French)	C	-------	2	-------	P	-------	17	-------	-------	4	225	12	P	201	-------	258
Syria: Beirut	C	29	37	28	60	10	9	6	18	6	46	4	7	7	-------	-------
	D	-------	-------	1	6	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

Place		September, 1929	October, 1929	November, 1929	December, 1929	January, 1930	February, 1930
Bolivia: La Paz	C	-------	120	92	-------	-------	-------
British East Africa (see also table above):							
Kenya	C	66	-------	278	168	12	-------
Chosen	C	-------	-------	2	-------	1	-------
Mexico: Durango (see also table above)	D	2	2	2	4	12	6
Morocco	C	8	12	41	84	29	74
Nigeria	C	189	233	228	293	-------	-------
	D	34	47	45	70	-------	-------
Persia	C	62	57	-------	P	-------	-------
	D	-------	158	37	-------	-------	-------
Turkey	C	41	100	136	883	215	114
	D	9	29	12	457	66	42

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

TYPHUS FEVER

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

Place		Sept. 22–Oct. 19, 1929	Oct. 20–Nov. 16, 1929	Nov. 17–Dec. 14, 1929	Dec. 15, 1929–Jan. 11, 1930	Week ended— January, 1930 18	January, 1930 25	February, 1930 1	February, 1930 8	February, 1930 15	February, 1930 22	March, 1930 1	March, 1930 8	March, 1930 15	March, 1930 22	March, 1930 29	Apr. 5, 1930
Algeria:																	
Algiers	C	10	2	1	14			2	1	3		1		2	1		
Constantine Department	C		1	3	2	1	2		1	3	2			2	3		
Oran	C			1		1	1										
Bolivia: La Paz	C		13	14													
Brazil: Sao Paulo.[1]																	
Bulgaria	C			9	41								13				
	D			1	2								1				
Sofia	C		1						1								
	D		1														
Chile:																	
Talcahuano	D							1									
Valparaiso	C					1											
China: Tientsin	C				1			1									
Chosen (see table below).																	
Czechoslovakia (see table below).																	
Egypt:																	
Alexandria	C	2															
Assuan	C				9												
	D				1												
Behéira Province	C	16	2		7	6	8			5	13						
	D	4	1								5						
Cairo	C			1							5						
	D			1													
Dakahlieh	C				11												
	D				2												
Port Said	C						1		1			1					
Suez	C	1	1														
Greece (see table below).																	
Iraq: Baghdad Liwa	C				1												2
	D				1												
Ireland:																	
Irish Free State	C				1												
Northern Ireland—Cookstown	C												3				
Latvia (see table below).																	

Lithuania (see table below).																	
Mexico: Mexico City, including municipalities in Federal district	C	9	3	5	6	3	3	2	4	4	2	3					
	D		1		2	2	1	1									
Morocco	C	5	4	2	6	7	2	7	7		2	8	11	4	7	14	
Palestine	C	3	2	1	1						1			1	1	2	2
Peru: Arequipa (see table below).																	
Poland	C	31	62	74	61	67	96	52	81		72	55	56	69	54	43	
	D	3		10	4	5	7	8	1		3	2	3	5	2	2	
Portugal: Oporto	C	1	3	3								1			2		
Rumania	C	25	19	103	82	41	48	96	56	88	58	54					
	D	5	2	10	5	8	2	7	8	11	2	5					
Tunisia	C	1	1	3	2						3						
Turkey (see table below).																	
Union of South Africa:																	
Cape Province	C	P	P	P	P	P	P		P	P	P	P					
Natal	C	2	P	P	P	P		1		P			1				
Orange Free State	C	P	P	P	P	P	P	P	P	P	P	P					
Transvaal	C	P	P														
Yugoslavia (see table below).																	

[1] Press reports show that 10 deaths from typhus fever occurred in Sao Paulo, Brazil, from Nov. 3 to 30, 1929.

Place		September, 1929	October, 1929	November, 1929	December, 1929	January, 1930	February, 1930
Chosen: Seoul	C	1			1		17
Czechoslovakia	C	1		3		10	
France	C	1			1		
Greece: Athens	C	3	7		6	12	6
Latvia	C				2		
Lithuania	C	3	6	4	5	2	70
	D		1	1	1		5

Place		September, 1929	October, 1929	November, 1929	December, 1929	January, 1930	February, 1930
Peru: Arequipa	D	1	1				
Turkey	C	4	10	2	4	2	3
	D	1					
Yugoslavia	C		1		6	26	33
	D				1	3	5

YELLOW FEVER

During the month of September, 1929, cases of yellow fever were reported as follows: Nictheroy, Brazil, 1 case; Rio de Janeiro, Brazil, 2 cases; Monrovia, Liberia, 1 case.