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SERVICE OF STATE TO LOCAL HEALTH DEPARTMENTS[1]

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Whether in business, military operations, or public health work, there has always been, and perhaps always will be, some conflict between executive organization and field forces. It is impossible that either can continuously be conscious of the problems and perspective of the other. Although each acknowledges its dependence upon the other and there is a common objective and a generally agreed upon method of approach, there is not complete agreement as to details of strategy, distribution of service, and the relative importance of various phases of local operations.

In the relationship of the State department of health to county departments of health, the matter is still more complex, because in most instances the State authority is rather indirect, tacitly assumed or waived, and based to a certain extent upon funds contributed by the State to a local cooperative project. The usual relationship in the South is somewhat as follows:

(1) In ordinary circumstances full authority for local health procedures rests with the local political unit, the county. Usually, however, the State has the right to review and may assume control in the smaller political unit on the breakdown of local machinery.

(2) In certain instances, as in the operation of a vital statistics law, the direct responsibility for enforcement rests with the State department of health.

(3) Through financial commitment to local budgets the State assumes partnership interest and prerogatives in the conduct of full-time local health work.

It is through the last of these relationships that the State department of health receives its greatest opportunity for service; and unless such an arrangement exists, it seems highly improbable that the fullest and soundest development will take place in local health service, or that the State department of health will capitalize to a maximum its potentialities for aid in this field. That the State department of

[1] Read in section on public health, Southern Medical Association, twenty-fifth annual meeting, New Orleans, La., Nov. 18-20, 1931. From the Tennessee Department of Public Health.

health will so function presupposes facilities, proper type of organization, and sound policies in the central office. Thus, as a requisite, the State department of health must have at its disposal funds for assistance of county health departments. It must be organized so that administrative channels are deeply grooved and smooth, with policies clearly defined and easily understood. These things are necessary if the county health officer is to know what service he may expect, and how, when, and through whom he may obtain it; and they are necessary things, too, if the State department of health is to be in position to act as stimulator, stabilizer, and adviser.

In rendering service the State department of health has the opportunity to function along the following general lines:

(1) Through financial assistance.
(2) Through establishment of standards for personnel.
(3) Through administrative guidance.
(4) Through technical service.

(1) *Financial assistance.*—Though it is generally agreed that the State is obligated to assist financially in the development and maintenance of county health work, and though most extra-State agencies route through the State department of health their aid to counties there is no consensus of opinion as to what constitutes adequate local health service, nor as to the degree in which the State should participate financially. Except in very rare instances permanent progress has not been made in developing local health work without financial aid and technical assistance from extra-county sources. Many schemes have been tried, a number of others have been proposed. At the two extremes of those methods in operation are (1) that system which allocates a flat amount of State funds to every county regardless of population, health problems, ability, or lack of ability of the particular county to pay for health service; (2) the system where the amount of State commitment is made, not according to any previously considered standard or formula, but rather in light of apparent needs of the local situation and to some extent on the basis of bargaining. Sibley and Mountin [2] have reviewed quite thoroughly the various factors that might be taken into consideration in State aid in county health work. The difficulties which immediately appear are that the fewer the factors taken into consideration the less likely is State aid to be granted upon an equitable basis, and the greater the number of factors taken into consideration the more complex does the equalization formula become—so complex, in fact, that one doubts that it would be understood by the average rural appropriating body. It would seem that whatever plan for State aid is adopted, it must be easily understandable and readily applicable. Perhaps the two

[2] Public Health Reports, Jan. 3, 1930.

elements most concerned would be the assessed valuation and unit of population to be served.

Financial commitment to a county should be made on the basis of a contract between the State department of health and the responsible local authorities. Where the terms of the contract are not committed to writing and not signed by both parties, it is almost inevitable that there arise some misunderstanding and cross-currents. One of the most unfortunate of these is that the State department of health loses its partnership rights and fails to develop reasonable standardization in county health work, as in records, procedures, and definition of terms. Thus the central office finds itself in a position where, because of pressure of one sort or another, it is forced to continue to contribute to a local department of health even though a very poor grade of work is being done. To meet this situation the Tennessee State Department of Health inserts the following paragraph in all budgets for State aid to county health work:

> It is understood and agreed that this financial commitment by the State Department of Public Health is made contingent upon efficient operation of the health unit concerned, that such health unit will be operated in accordance with the last issued revision of the Manual for Conduct of County Health Departments and the Record Manual of the State Department of Public Health, and that in order to determine the efficiency of the unit concerned and to improve the service, the State Department of Public Health will from time to time detail staff members to said unit for advisory service and appraisal purposes.

(2) *Standards for Personnel.*—No argument is needed to establish the fact that a high grade of service demands a high grade of personnel. Other things being equal, training and experience, or the lack of training or experience, will determine whether a program will be successful of unsuccessful. Inasmuch as the demand for qualified personnel is in excess of the supply, it is necessary that the State department of health require instruction, training, and experience of local health personnel as a requisite to State participation in a local health project. It is our opinion that such instruction (whether to physicians, nurses, or inspectors) should be in the nature of graduate work of university standard, undertaken under the auspices of a university, perhaps with selected members of the staff of departments of health participating in the course, and with special facilities available for field experience. Unless there is such a university affiliation, teaching methods and standards are not likely to be of a high grade, nor is the student likely to undertake his work as seriously as is desirable; and unless there are specially provided field facilities the small health unit used for field observation may be faced with the alternative of neglecting its day's work in order to serve in a teaching capacity or of neglecting its teaching responsibility in order to do the day's work. Unfortunately, but few universities are at present quali-

fied to give these courses. In the emergency, field training courses under experienced leadership have served a very useful purpose.

While it is not the purpose of this presentation to tabulate the details of service phases in the various States, it is interesting to note that the following situation exists in five fairly typical Southern States:

In Alabama the average age of 54 full-time county health officers is 44½ years. Thirty-four have had public-health training of from 1 to 7 weeks at a field training station.

In Georgia the average age of 34 full-time county health officers is 42 years. Twelve have had special public-health courses, 8 of the 12 having been at the training station at Indianola, Miss.

In Kentucky the average age of 78 full-time county health officers is 41. Four of these have had courses at Johns Hopkins University, University of Michigan, or Vanderbilt University; 33 at field training stations; and 34 had special training in Kentucky health departments. With three who had special training in pediatrics, Kentucky has a total of 74 county health officers with training of one sort or another.

In Mississippi the average age of full-time county health officers is 43. Seventy-five per cent of these had public health training prior to assuming duties.

In Tennessee, in 37 full-time health units with 44 medical officers, the average age is 40. Of these 44, 30 have received postgraduate instruction at Vanderbilt University, 6 at Johns Hopkins University, 1 at both Vanderbilt and Johns Hopkins, and 1 at Harvard University. Two others have been to field training stations. The remaining 5, all older men in point of service, have received no special training.

An important feature of predetermined standards for personnel is that those applicants who rely only upon political backing very obviously fail to qualify, and this tends to relieve the State health officer of many embarrassing situations.

(3) *Administrative guidance.*—If the State department of health is to give administrative guidance to local health units, both the State and local departments must be so organized and the relationship between the two must be such that the flow of service and the reception of service is quick, consistent, and through definite channels. Leadership may best be given by a relatively small, highly trained, efficient State health department. There is no greater impediment to a flow of service than the conception that the local department of health is the State department of health in miniature and that various personnel in the local units are responsible, respectively, to the different divisions of the State department of health for specialized activities. The most dangerous person to visit a county health department is one who sees only a single element of service and is willing to wreck balance of program to obtain development of his

or her particular project. Ultimately only two persons are responsible for official State and local health work; these are, respectively, the State health officer and the county health officer. The State health officer delegates authority to certain persons on his staff; the county health officer delegates authority to certain persons on his staff. It, therefore, stands out as a clear principle in administration that the State department of health should deal with local problems only through the county health officer and that there should be only one person in the State department of health to whom is delegated administrative authority in dealing with the county health officer. Some States have met this requirement by creating either within central administration, or closely allied to it, a section or division of county or local health work. It is to the director, or chief, of this service that the county health officer owes allegiance and to whom he is primarily responsible. Because this director has in many instances inducted the county health officer into office, and usually because the director of county health work is a man of broad experience and good judgment, and finally, because if local work is not done satisfactorily State financial aid may be withdrawn, the relationship between the local health officer and the director of county health work is such that the latter's judgment and directions are of sufficient weight to correct or prevent unsound practices in the local unit.

If the director of county health work representing the State health officer is to be the only person who possesses supervisory authority in dealing with full-time county health officers, it follows that heads of other divisions do not possess such authority. Of course, should the epidemiologist, for instance, feel that a poor grade of work is being done in certain counties, he would always have the opportunity of obtaining action through the director of county health work. Should he fail in this, which would seldom be the case, he would still be able to present his problem to the State health officer. Thus, while the director of a technical division would have administrative authority in his own division, his service, so far as local units are concerned, is technical in nature and his relationship is that of a consultant.

Supplementing this orderly organization, there should be in existence some type of manual of procedure. Such a manual may be general in nature, or it may go extensively into detail. It may include only a skeleton of administrative procedure or present the step-by-step routine in handling a communicable disease or in filing records. In any event, as procedures become rather well defined, they should be committed to writing and placed in the hands of each county health officer for his guidance. If some such formal lines of procedure have not been laid down and committed to writing, and if there are no

definitions of terms covering services common to all rural health departments, there may result considerable confusion, and procedures may be on a basis of tradition and precedent. Traditions are not interpreted to mean the same thing by different individuals nor are they interpreted consistently by the same individual at different times. Obviously, here is danger to be avoided.

A last item of utmost importance in maintaining the proper administrative relationship is this: Only one person in the county health department should report upon the work of the department. That person is the full-time county health officer, and he should make his reports to only one person—the director of county health work, who represents the State health officer.

(4) *Technical service.*—This type of service is to be sharply differentiated from administrative guidance; the latter is largely supervisory, the former is entirely advisory.

Technical service may be rendered from State to local departments of health through two sources; viz., (1) the office of the director of county health work, and (2) technical divisions of the department. The former, the office of the director of county health work, renders field technical service on schedule to all county health departments, and is therefore routine. Technical divisions of the State department of health, as sanitary engineering, preventable diseases, vital statistics, render not routine field service, but aid in special problems too detailed or too comprehensive to be handled by the technical personnel under the immediate direction of the director of county health work. Therefore, while these other divisions render a technical service, it is consultant rather than of routine nature. And none of these technical divisions nor the technical workers responsible to the director of county health work exercise any supervisory control over local health units.

We believe that in the office of the director of county health work there should be a group of persons capable of rendering technical advisory service to all classes of personnel in a county health department. Expressed in another way, there should be medical assistance, nursing assistance, clerical assistance, and assistance in sanitation.

So far as the county health officer is concerned, these people all report to him and become an integral part of his unit during their stay in his county. They serve in an advisory capacity to him. Any authority that they may possess with other local subordinate personnel is as a result of authority so delegated by the county health officer and not by virtue of any authority inherent in their position as staff members of the State department of health. This is extremely important. If the local health officer does not approve of any of their suggestions for raising the level of some particular service, he does not have to accept this advice from them. How, then, it may be

asked, does this technical personnel get its advice across with a stubborn, nonprogressive local health officer? Assuming that there is such a person, the procedure is quite simple. Each technical worker, on completion of a service in a given county, renders a detailed report to the director of county health work and may confer with him on certain problems. If the problems involved with the assumedly recalcitrant local health officer are of a minor nature, the director of county health work holds the matter in abeyance, hoping that at the next visit of that technical worker persuasion will yield the desired results. If the question under consideration is a serious one, the director of county health work has the opportunity of assuming a supervisory rôle and in this capacity corrects the situation.

The members of the staff rendering this technical service do not make casual visits of a day or two, but spend from one week to a month in each county. They remain long enough to demonstrate to local health officer, nurses, inspectors, and clerks the advantages of better technique and smoother procedures; and by having county personnel perform according to new and improved methods, a habit for the better is begun. This can not be accomplished completely in one period of service, and provisions must be made for follow-up visits. Two other features of this technical service should be emphasized: First, personnel should not be used merely as substitutes or to assist in some high-pressure campaign. If the office of county health work must provide substitutes in local areas for one reason or another, it should be done without interrupting this technical field service. Second, county health departments should not be overvisited by technical workers. This is not likely to happen if service is apportioned over the State as a whole, for personnel is seldom sufficient to meet demands and needs. In scheduling, however, the precaution should be taken to avoid having two persons, say medical assistant and nursing assistant, working in the same county at the same time. This is usually too much for the local health officer to countenance, and more than he should be asked to bear.

SUMMARY

(1) A State department of health should be prepared to assist county health departments through financial assistance, establishment of standards for personnel, administrative guidance, and technical service.

(2) There is urgently needed some simple system of State equalization in the development of county health work.

(3) The quality of county health work may be greatly improved by employment of only those persons who meet reasonably high and definite standards.

(4) Administrative relationships to full-time county health departments should be clear-cut, definite, and limited to one section or division of the State department of health.

(5) Technical service in all its phases must be available to county health departments. This should be rendered routinely by high grade personnel working out of the office of the director of county health work, and where consultation service is needed, specialists in other divisions should serve as consultants.

(6) In rendering service, the State department of health should avoid overvisiting of counties, and should not risk unbalance of county programs through subjecting the local health officer to high-pressure persuasion of State staff members interested in one phase of public-health work.

DEATH RATES IN A GROUP OF INSURED PERSONS

RATES FOR PRINCIPAL CAUSES OF DEATH FOR MAY, 1932

The accompanying table is taken from the Statistical Bulletin for June, 1932, issued by the Metropolitan Life Insurance Co., and presents the mortality record of many millions of insured persons of the industrial insurance department of the company for May, 1932, as compared with that for the preceding month and for May, 1931. It also presents a comparison of the cumulative death rates for January–May for the two years. The annual general death rate for this group in the past few years has averaged about 72 per cent of the death rate for the registration area of the United States.

The Bulletin states:

Health conditions up to the end of May have continued to be better than ever before during the like period of the year. This is shown by the unprecedentedly low death rate of 9.2 per 1,000 among the many millions of industrial policyholders of the company in the United States and Canada. The previous low point for the January to May period was 9.5—recorded in 1930; last year's figure was 9.8. Among these insured persons living in the Pacific Coast and Mountain States, the death rate so far this year is 3 per cent below the previous minimum; in the remainder of the United States it is 2.5 per cent lower than ever before; and among about 1,200,000 insured Canadians, 4 per cent lower.

For the month of May there was registered the lowest death rate (8.5 per 1,000), with a single exception, ever recorded for that month of the year. The exception was May, 1931, when the rate was 8.4.

Large drops in the rates for three important causes of death have been the chief factors in making 1932, to date, the best of all health years. The record for tuberculosis is the most noteworthy item. The mortality for all forms of tuberculous disease, at the end of May, was more than 10 per cent below the 1931 figure for the like part of the year; in two years the reduction has amounted to 14.6 per cent. Inasmuch as that part of the year in which the highest mortality from tuberculosis always occurs is now past, it is quite safe to predict that not only will a new low point be reached this year in the death rate, but that the reduction will be a large one. The mortality from pneumonia is also lower than it has ever

been during the winter and spring seasons. The decline, as compared with the first five months of 1931, is 20.6 per cent. A still greater drop (27 per cent) is in evidence for influenza. The death rate for accidents is 5.7 per cent below that for the like part of last year, and the figure for automobile fatalities is 4.9 per cent lower. Diseases of pregnancy and childbirth are now causing fewer deaths than ever before.

No important diseases except cancer and diabetes have registered noteworthy increases during 1932. The mortality from cancer is much higher than ever before, with a rise of nearly 8 per cent since 1931, and of nearly 17 per cent in two years. The rise in the diabetes death rate to date amounts to 5.2 per cent.

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

[Industrial department, Metropolitan Life Insurance Co.]

Cause of death	Annual rate per 100,000 lives exposed [1]				
	May, 1932	April, 1932	May, 1931	Cumulative January to May	
				1932	1931
Total, all causes	848.0	957.8	843.6	924.0	975.3
Typhoid fever	1.0	.6	1.6	1.1	1.2
Measles	3.2	2.4	5.9	2.8	4.7
Scarlet fever	4.3	4.7	3.9	4.1	4.1
Whooping cough	3.0	4.9	3.4	3.8	3.7
Diphtheria	3.0	4.5	4.2	4.9	5.0
Influenza	18.7	37.1	16.9	28.2	33.6
Tuberculosis (all forms)	71.4	78.7	79.7	73.8	82.1
Tuberculosis of respiratory system	63.4	68.9	70.1	65.6	72.8
Cancer	86.5	90.1	77.6	89.3	82.9
Diabetes mellitus	22.6	25.2	18.9	24.3	23.1
Cerebral hemorrhage	62.3	66.2	60.5	67.0	66.7
Organic diseases of heart	157.4	169.3	145.6	167.4	166.9
Pneumonia (all forms)	69.6	97.6	72.0	91.6	115.3
Other respiratory diseases	9.3	10.3	10.3	11.0	13.2
Diarrhea and enteritis	7.4	8.5	8.8	8.1	9.9
Bright's disease (chronic nephritis)	65.5	73.5	64.5	72.5	72.8
Puerperal state	9.8	10.3	10.4	10.8	11.9
Suicides	11.4	11.7	9.6	10.6	9.6
Homicides	5.3	5.9	7.3	6.1	6.6
Other external causes (excluding suicides and homicides)	47.7	49.8	51.9	49.7	52.7
Traumatism by automobiles	16.2	16.0	18.2	17.5	18.4
All other causes	188.6	206.2	190.6	197.2	204.2

[1] All figures in this table include insured infants under 1 year of age. The rates for 1932 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

COURT DECISION RELATING TO PUBLIC HEALTH

City license, in addition to State license, may be required for sale of soda-water beverages.—(Wisconsin Supreme Court; Kugler *v.* City of Milwaukee et al., 242 N. W. 481; decided May 10, 1932.) Section 98.12 of the State statutes provided for the licensing by the State dairy and food commissioner of persons selling soda-water beverages. Section 165.31 of the statutes was a part of the prohibition enforcement act and required a municipal license to sell nonintoxicating liquors. Soda water contains a trace of alcohol, stated as 1 to 1,791 by volume. By chapter 96 of the Laws of 1929, subsection 10 was added to section 98.12. This subsection provided that no license

under section 165.31 should be necessary for any person, firm, or corporation licensed under section 98.12. Chapter 129 of the Laws of 1929 repealed the prohibition enforcement act (of which section 165.31 was a part) but created section 66.05 (9) (a) which conferred on municipalities precisely the same power to license vendors of non-intoxicating liquors that had existed under section 165.31. With the statute law thus, the supreme court rendered two decisions, one relating to wholesale dealers in soda-water beverages and the other relating to retail dealers. These decisions were to the effect that, inasmuch as section 66.05 (9) (a) contained the same provision as was contained in repealed section 165.31, under subsection 10 of section 98.12 no municipal license was required of a person already licensed under section 98.12. In 1931, the legislature, by section 18 of chapter 79, expressly repealed said subsection 10.

An ordinance of Milwaukee required that a person selling non-intoxicating liquor procure a license, and the plaintiff, a grocer licensed under section 98.12 to sell soda-water beverages, sought to enjoin the enforcement of such ordinance. Chapter 79 of the Laws of 1931, which repealed subsection 10 of section 98.12, was a revisor's bill for the purpose of correcting errors, reconciling conflicts, supplying omissions, and repealing obsolete and unconstitutional provisions. The claim of the plaintiff was that the enactment of the revisor's bill did not operate to repeal subsection 10 because it went on the erroneous assumption that said subsection had become obsolete because it was repealed with the rest of the prohibition act, whereas the supreme court had held in the decisions above mentioned that it was not so repealed but was continued in force by section 2 of the repealing statute. The supreme court, however, while stating that revisors' bills stand on a different footing from ordinary legislative acts, took the view contended for by the defendants, namely, that, as the legislature in so many words had declared subsection 10 repealed, it was repealed, regardless of the misapprehension under which the declaration was made. The court said:

> * * * When enactment of a revisor's bill leaves the law ambiguous, no doubt full force should be given to the idea that, as no change in the law was intended, no change in the law was effected. But where, as here, there is no ambiguity but a plain declaration of repeal, we can not avoid giving that declaration effect.

Other points raised by the plaintiff were decided adversely to him, and the finding of the lower court in favor of the city was affirmed.

DEATHS DURING WEEK ENDED JULY 9, 1932

Summary of information received by telegraph from industrial insurance companies for the week ended July 9, 1932, and corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

	Week ended July 9, 1932	Corresponding week, 1931
Policies in force	72, 162, 038	75, 105, 915
Number of death claims	9, 124	12, 426
Death claims per 1,000 policies in force, annual rate	6. 6	8. 6
Death claims per 1,000 policies, first 27 weeks of year, annual rate	10. 1	10. 4

Deaths [1] from all causes in certain large cities of the United States during the week ended July 9, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931. (From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce)

[The rates published in this summary are based upon mid-year population estimates derived from the 1930 census]

City	Week ended July 9, 1932				Corresponding week, 1931		Death rate [2] for the first 27 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [2]	Death rate [2]	Deaths under 1 year	1932	1931
Total (85 cities)	6, 795	9. 7	552	[4] 45	10. 8	663	11. 9	12. 8
Akron	47	9. 2	3	37	6. 9	3	7. 6	8. 1
Albany [3]	27	10. 8	3	61	12. 5	3	14. 4	14. 7
Atlanta [3]	59	10. 9	5	49	18. 6	12	13. 7	15. 9
White	22	6. 1	3	44	12. 7	5	10. 7	12. 6
Colored	37	20. 2	2	57	30. 2	7	19. 7	22. 5
Baltimore [3] [5]	149	9. 5	8	28	11. 0	14	13. 8	15. 5
White	108	8. 4	4	18	9. 5	12	12. 9	14. 1
Colored	41	14. 3	4	64	18. 1	2	18. 2	21. 7
Birmingham [3]	54	10. 2	5	52	16. 3	9	11. 6	14. 6
White	23	7. 0	3	49	11. 3	3	9. 0	11. 2
Colored	31	15. 4	2	54	24. 4	6	15. 9	20. 2
Boston	177	11. 7	19	57	12. 9	27	14. 9	15. 0
Bridgeport	24	8. 5	1	18	10. 6	1	11. 2	12. 0
Buffalo	121	10. 8	15	72	14. 4	18	13. 3	14. 1
Cambridge	21	9. 6	3	62	5. 9	1	13. 3	12. 9
Camden	22	9. 7	2	35	10. 1	3	15. 2	15. 1
Canton	23	11. 1	2	50	6. 8	4	9. 8	10. 9
Chicago [3]	593	8. 8	33	33	10. 4	50	10. 3	11. 6
Cincinnati	122	13. 3	13	84	18. 4	19	15. 4	16. 9
Cleveland	162	9. 2	11	36	10. 4	21	11. 5	11. 9
Columbus	63	11. 0	3	30	13. 9	6	13. 9	14. 6
Dallas [3]	61	11. 3	12	-------	13. 6	7	10. 9	12. 0
White	51	11. 4	11	-------	12. 2	3	10. 0	10. 6
Colored	10	10. 7	1	-------	19. 8	4	15. 0	18. 9
Dayton	29	7. 3	4	57	8. 9	1	12. 2	12. 9
Denver	60	10. 6	7	69	14. 7	5	15. 0	14. 7
Des Moines	22	7. 9	4	69	7. 9	1	11. 7	11. 8
Detroit	217	6. 6	16	29	7. 7	24	8. 2	9. 0
Duluth	21	10. 8	0	0	10. 8	3	11. 1	11. 0
El Paso	23	11. 2	7	-------	17. 9	8	14. 1	16. 8
Erie	34	14. 9	2	42	8. 0	3	12. 1	11. 1
Evansville	26	12. 8	0	0	13. 0	2	10. 3	12. 2
Fall River [3] [7]	27	12. 2	1	27	9. 0	2	12. 5	12. 6
Flint	20	6. 1	6	88	7. 0	0	8. 0	7. 7
Fort Wayne	23	9. 9	1	26	10. 1	1	10. 5	11. 2
Fort Worth [3]	42	12. 9	4	-------	5. 9	5	10. 3	11. 4
White	26	9. 4	2	-------	5. 6	5	9. 8	11. 0
Colored	16	31. 3	2	-------	7. 7	0	13. 2	13. 6
Grand Rapids	19	5. 7	1	17	5. 2	1	9. 1	9. 7
Hartford	30	9. 2	1	13	-------	-------	-------	-------
Houston [3]	66	10. 6	5	-------	14. 5	8	11. 1	11. 6
White	48	10. 5	3	-------	12. 9	6	10. 3	10. 8
Colored	18	11. 0	2	-------	18. 8	2	13. 2	13. 8

See footnotes at end of table.

Deaths [1] from all causes in certain large cities of the United States during the week ended July 9, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931—Continued

City	Week ended July 9, 1932				Corresponding week, 1931		Death rate [2] for the first 27 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Indianapolis [6]	77	10.8	4	32	14.5	7	13.1	14.5
White	61	9.7	3	28	14.5	5	12.7	14.0
Colored	16	18.1	1	69	15.0	2	15.7	17.9
Jersey City	69	11.2	11	91	8.7	4	11.7	12.5
Kansas City, Kans. [6]	34	14.4	2	44	9.3	0	12.8	14.1
White	25	13.1	2	54	8.4	0	12.4	13.0
Colored	9	19.9	0	0	13.3	0	14.4	18.4
Kansas City, Mo	73	9.2	7	79	10.8	4	12.5	14.2
Knoxville [6]	23	10.7	5	126	11.9	4	12.1	13.5
White	18	10.1	4	112	10.3	3	11.1	12.4
Colored	5	14.3	1	270	20.5	1	17.4	19.2
Long Beach	27	8.8	1	26	8.6	0	9.1	10.1
Los Angeles	241	9.1	7	21	11.8	19	10.8	11.1
Louisville [6]	93	15.8	9	82	13.4	8	13.6	15.3
White	69	13.8	9	94	13.6	8	12.3	13.7
Colored	24	26.3	0	0	12.0	0	20.9	24.0
Lowell [7]	14	7.3	0	0	16.6	5	14.2	13.6
Lynn	19	9.6	1	28	6.6	0	11.4	10.5
Memphis [6]	101	20.0	15	163	13.7	4	16.7	17.0
White	45	14.5	10	171	10.4	2	13.0	13.9
Colored	56	29.1	5	151	19.0	2	22.6	21.9
Miami [6]	21	9.6	1	28	10.7	0	11.8	12.5
White	14	8.3	1	39	7.2	0	10.6	11.4
Colored	7	14.5	0	0	22.7	0	16.0	16.5
Milwaukee	77	6.7	6	29	8.4	11	9.1	10.1
Minneapolis	73	7.9	5	33	11.9	8	10.7	12.0
Nashville [6]	56	18.7	10	149	17.8	4	15.3	17.5
White	40	18.3	10	196	13.9	2	14.0	15.1
Colored	16	19.5	0	0	28.0	2	18.9	24.0
New Bedford [7]	14	6.5	2	58	12.0	5	11.9	13.2
New Haven	22	7.1	1	20	12.8	3	12.7	12.6
New Orleans [6]	142	15.6	16	91	17.7	21	15.7	17.7
White	79	12.3	8	70	14.1	12	13.2	14.3
Colored	63	24.0	8	131	26.7	9	21.6	26.0
New York	1,210	8.8	104	46	9.4	112	11.2	12.1
Bronx Borough	175	6.6	19	55	7.2	14	8.3	8.9
Brooklyn Borough	421	8.2	38	42	8.6	48	10.5	11.2
Manhattan Borough	444	13.1	35	50	14.3	40	17.2	18.4
Queens Borough	122	5.3	7	29	5.2	8	7.2	7.8
Richmond Borough	48	15.0	5	98	15.6	2	14.3	14.2
Newark, N. J	65	7.6	5	27	11.7	11	11.2	12.6
Oakland	62	10.8	3	38	9.6	3	10.7	10.8
Oklahoma City	28	7.1	3	41	7.2	1	10.2	11.7
Omaha	37	8.8	3	34	11.1	6	13.4	14.5
Paterson	31	11.7	1	18	10.9	1	13.2	14.6
Peoria	14	6.6	3	83	12.0	4	11.3	13.5
Philadelphia	398	10.5	28	43	10.0	39	13.2	14.4
Pittsburgh	121	9.3	12	55	11.9	19	13.4	15.9
Portland, Oreg	47	7.9	1	13	9.3	3	11.4	12.1
Providence	44	9.0	1	10	8.0	7	13.9	13.8
Richmond	60	16.9	5	75	15.3	9	14.2	16.5
White	39	15.4	4	90	13.1	2	11.7	14.0
Colored	21	20.8	1	46	20.7	7	20.4	22.9
Rochester	62	9.7	4	38	8.3	4	12.6	12.8
St. Louis	152	9.5	15	54	11.8	8	13.9	16.8
St. Paul	38	7.1	1	11	11.5	1	10.5	11.6
Salt Lake City	17	6.1	2	31	13.1	2	10.9	12.5
San Antonio	68	14.4	8	-------	12.8	10	14.1	15.9
San Diego	41	13.1	3	65	13.3	2	14.6	14.3
San Francisco	117	9.2	2	14	11.2	9	12.8	13.3
Schenectady	16	8.7	0	0	7.0	2	10.7	10.8
Seattle	59	8.2	2	20	11.8	0	12.0	12.0
Somerville	17	8.4	1	40	5.5	2	9.7	10.2
South Bend	22	10.3	2	58	4.3	1	7.9	8.7
Spokane	28	12.5	0	0	9.9	1	12.4	12.7
Springfield, Mass	32	10.8	4	67	8.6	1	11.7	12.7
Syracuse	43	10.4	3	39	8.6	2	12.2	12.3
Tacoma	21	10.1	0	0	12.6	0	12.5	12.8
Tampa [6]	18	8.7	0	0	11.4	1	12.0	12.7
White	13	8.0	0	0	11.3	1	11.3	11.7
Colored	5	11.5	0	0	11.7	0	14.4	16.2

See footdote at end of table.

Deaths [1] from all causes in certain large cities of the United States during the week ended July 9, 1932, infant mortality, annual death rate, and comparison with corresponding week of 1931—Continued

City	Week ended July 9, 1932				Corresponding week, 1931		Death rate [2] for the first 27 weeks	
	Total deaths	Death rate [2]	Deaths under 1 year	Infant mortality rate [3]	Death rate [2]	Deaths under 1 year	1932	1931
Toledo	69	12.0	6	65	12.3	4	12.2	12.7
Trenton	35	14.7	5	99	14.7	5	16.5	17.6
Utica	27	13.7	2	57	9.2	1	16.2	15.0
Washington, D. C. [6]	142	15.0	17	95	14.2	14	17.1	16.8
White	98	14.3	10	82	12.7	10	15.2	14.4
Colored	44	16.8	7	125	18.2	4	21.9	23.0
Waterbury	20	10.3	1	33	9.8	1	9.8	10.2
Wilmington, Del. [7]	27	13.2	2	45	10.3	1	15.8	15.1
Worcester	34	8.9	2	28	8.5	1	12.8	13.3
Yonkers	14	5.1	0	0	6.4	0	8.1	9.3
Youngstown	29	8.6	2	32	13.0	6	10.0	11.0

[1] Deaths of nonresidents are included. Stillbirths are excluded.

[2] These rates represent annual rates per 1,000 population, as estimated for 1932 and 1931 by the arithmetical method.

[3] Deaths under 1 year of age per 1,000 estimated live births. Cities left blank are not in the registration area for births.

[4] Data for 81 cities.

[5] Deaths for week ended Friday.

[6] For the cities for which deaths are shown by color, the percentages of colored population in 1930 were as follows: Atlanta, 33; Baltimore, 18; Birmingham, 38; Dallas, 17; Fort Worth, 16; Houston, 27; Indianapolis, 12; Kansas City, Kans., 19; Knoxville, 16; Louisville, 15; Memphis, 38; Miami, 23; Nashville, 28; New Orleans, 29; Richmond, 29; Tampa, 21; and Washington, D. C., 27.

[7] Population Apr. 1, 1930; decreased 1920 to 1930, no estimate made.

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 July 16, 1932, and July 18, 1931

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended July 16, 1932, and July 18, 1931

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931
New England States:								
Maine	3	2	----	----	21	10	0	0
New Hampshire	----	----	----	----	14	1	0	0
Vermont	----	----	----	----	33	----	0	0
Massachusetts	33	33	2	3	341	228	0	1
Rhode Island	4	2	----	----	8	61	0	0
Connecticut	1	8	5	1	66	133	0	0
Middle Atlantic States:								
New York	62	81	[1] 1	[1] 1	1,048	842	5	8
New Jersey	18	24	3	1	282	202	2	2
Pennsylvania	30	60	----	----	263	587	3	0
East North Central States:								
Ohio	30	11	10	8	393	126	3	0
Indiana	14	12	12	----	16	26	4	4
Illinois	37	69	18	45	181	358	2	4
Michigan	17	26	16	----	835	134	3	4
Wisconsin	9	5	22	8	273	216	2	1
West North Central States:								
Minnesota	4	4	2	1	12	26	0	0
Iowa	24	1	----	----	8	20	0	2
Missouri	23	14	----	----	24	15	2	4
North Dakota	9	10	----	----	8	1	0	0
South Dakota	3	5	----	----	3	3	0	0
Nebraska	5	3	----	----	6	1	1	0
Kansas	6	12	----	----	42	4	1	1
South Atlantic States:								
Delaware	----	----	----	----	----	17	0	0
Maryland [2] [3]	7	8	3	2	17	66	0	5
District of Columbia	8	7	----	----	2	8	0	0
Virginia	4	----	----	----	29	----	1	----
West Virginia	3	4	----	4	39	102	0	0
North Carolina	17	16	----	----	142	101	1	0
South Carolina	2	3	111	48	43	25	0	0
Georgia [3]	9	2	39	3	12	7	1	0
Florida [3]	14	5	----	----	----	12	0	0

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended July 16, 1932, and July 18, 1931—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931
East South Central States:								
Kentucky	8	2			18	8	0	0
Tennessee [2]	6	3	8	1	1	4	2	2
Alabama [3]	12	11	12	5		21	2	3
Mississippi	10	10					0	0
West South Central States:								
Arkansas	2	1	1		3	4	0	0
Louisiana	12	12	4	3	3	2	1	2
Oklahoma [4]	4	6	8	5	8	6	0	0
Texas [5]	46	26	23	1	9	19	0	1
Mountain States:								
Montana					6	10	0	0
Idaho		3			1	6	0	3
Wyoming					9	4	0	0
Colorado	5	8			14	9	0	0
New Mexico	6	1				7	1	0
Arizona					1		0	0
Utah [3]				6	2	6	0	0
Pacific States:								
Washington	2	5			45	9	0	1
Oregon	2	3	8	8	24	23	0	0
California	38	51	29	8	84	159	4	1
Total	549	569	337	162	4,389	3,629	41	49

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931
New England States:								
Maine	0	0	9	8	0	0	4	2
New Hampshire	0	1	11	0	0	0	0	2
Vermont	0	1	4	8	0	0	0	0
Massachusetts	0	16	138	106	0	11	7	12
Rhode Island	0	0	21	2	0	0	0	0
Connecticut	0	5	25	16	0	0	2	4
Middle Atlantic States:								
New York	9	57	234	154	14	4	10	16
New Jersey	5	1	64	65	0	0	11	4
Pennsylvania	4	1	127	142	0	1	17	23
East North Central States:								
Ohio	3	1	107	51	3	34	34	5
Indiana	1	0	17	29	1	27	26	7
Illinois	4	3	104	122	4	9	45	18
Michigan	0	7	163	119	2	5	7	7
Wisconsin	0	6	22	37	0	9	2	5
West North Central States:								
Minnesota	1	1	21	11	0	1	2	1
Iowa	0	0	13	24	8	33	3	0
Missouri	1	0	30	15	0	2	15	17
North Dakota	1	0	4	2	1	1	1	0
South Dakota	0	1	6	6	0	3	0	2
Nebraska	1	0	10	4	3	7	1	2
Kansas	1	1	12	16	2	15	6	8
South Atlantic States:								
Delaware	0	0	5	1	0	0	1	14
Maryland [2] [3]	1	0	12	16	0	0	9	7
District of Columbia	0	0	4	5	0	0	1	0
Virginia	2		27		0		43	
West Virginia	0	0	2	6	0	0	25	17
North Carolina	1	1	18	15	0	0	39	59
South Carolina	0	2	1	6	0	0	67	101
Georgia [3]	0	0	4	12	0	0	59	93
Florida [3]	0	0	4	2	1	0	7	6

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended July 16, 1932, and July 18, 1931—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931	Week ended July 16, 1932	Week ended July 18, 1931
East South Central States:								
Kentucky	1	0	14	12	2	0	146	22
Tennessee [3]	0	1	8	9	0	1	110	39
Alabama [3]	1	1	11	6	14	1	25	29
Mississippi	1	2	1	3	1	5	45	41
West South Central States:								
Arkansas	0	0	1	1	0	1	26	28
Louisiana	0	0	7	6	0	2	59	49
Oklahoma [4]	1	1	6	8	7	8	34	44
Texas [3]	2	2	37	32	11	3	32	40
Mountain States:								
Montana	0	0	7	2	5	3	2	4
Idaho	0	0	1	7	0	0	1	5
Wyoming	0	0	0	4	0	0	0	1
Colorado	0	0	4	10	0	0	3	1
New Mexico	0	0	3	1	0	0	1	3
Arizona	0	0	3	1	0	0	2	2
Utah [3]	0	0	2	2	0	0	0	1
Pacific States:								
Washington	3	1	14	6	15	18	2	2
Oregon	0	0	5	2	2	6	4	5
California	2	3	46	32	6	7	16	13
Total	46	116	1,389	1,144	102	217	952	761

[1] New York City only.
[3] Week ended Friday.
[5] Typhus fever, week ended July 16, 1932, 16 cases: 1 case in Maryland, 1 case in Georgia, 1 case in Florida, 1 case in Tennessee, 2 cases in Alabama, and 10 cases in Texas.
[4] Figures for 1932 are exclusive of Oklahoma City and Tulsa and for 1931 are exclusive of Tulsa only.

SUMMARY OF MONTHLY REPORTS FROM STATES

The following summary of cases reported monthly by States 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
May, 1932										
North Carolina	13	55	582	-------	3,458	209	2	150	9	32
Puerto Rico	-------	63	18	2,255	215	4	0	-------	0	33
June, 1932										
Alabama	4	42	98	188	34	108	0	31	42	53
District of Columbia	1	21	1	-------	74	-------	2	39	0	3
Georgia	3	26	168	188	241	166	0	21	-------	113
Nebraska	-------	30	-------	-------	22	-------	1	47	43	0
New Jersey	4	113	22	2	2,960	-------	2	793	0	12
New Mexico	-------	24	-------	13	100	-------	0	22	1	16
North Carolina	3	40	42	-------	1,991	318	8	107	11	124
North Dakota	3	7	1	-------	134	-------	1	26	7	11
Vermont	-------	7	-------	-------	1,159	-------	0	48	21	0
Wyoming	2	2	-------	-------	229	-------	0	27	0	3

May, 1932

	Cases
Beriberi:	
Puerto Rico	1
Chicken pox:	
North Carolina	311
Puerto Rico	50
Dysentery:	
Puerto Rico	23
Filariasis:	
Puerto Rico	4
German measles:	
North Carolina	58
Leprosy:	
Puerto Rico	4
Mumps:	
Puerto Rico	8
Ophthalmia neonatorum:	
North Carolina	3
Puerto Rico	6
Puerperal septicemia:	
Puerto Rico	10
Septic sore throat:	
North Carolina	2
Tetanus:	
North Carolina	1
Puerto Rico	4
Tetanus, infantile:	
Puerto Rico	31
Trachoma:	
Puerto Rico	5
Whooping cough:	
North Carolina	1,675
Puerto Rico	118

June, 1932

Chicken pox:	
Alabama	44
District of Columbia	136
Georgia	63
Nebraska	46
New Jersey	749
New Mexico	19
North Carolina	173
North Dakota	83
Vermont	71
Wyoming	8
Dysentery:	
Georgia	102
New Mexico	3
North Carolina (bacillary)	1
German measles:	
New Jersey	60
New Mexico	1
North Carolina	24
Impetigo contagiosa:	
North Dakota	3
Lead poisoning:	
New Jersey	1
Lethargic encephalitis:	
Alabama	2
District of Columbia	2
New Jersey	1
North Dakota	4
Mumps:	
Alabama	51
Georgia	55
Nebraska	56
New Jersey	1,359
New Mexico	9
North Dakota	3
Vermont	335
Wyoming	31
Ophthalmia neonatorum:	
North Carolina	1
Paratyphoid fever:	
Georgia	1
North Carolina	2
Puerperal septicemia:	
New Mexico	1
Rabies in animals:	
New Jersey	44
Rocky Mountain spotted or tick fever:	
District of Columbia	1
New Jersey	2
New Mexico	1
Wyoming	23
Septic sore throat:	
Georgia	34
Nebraska	1
North Carolina	4
Wyoming	2
Tetanus:	
New Jersey	1
Trachoma:	
New Jersey	42
New Mexico	1
Tularaemia:	
Alabama	2
Georgia	2
Wyoming	1
Typhus fever:	
Alabama	29
Georgia	24
North Carolina	2
Undulant fever:	
Alabama	1
Georgia	5
Nebraska	1
New Jersey	5
New Mexico	1
North Carolina	1
Vincent's angina:	
North Dakota	36
Whooping cough:	
Alabama	176
District of Columbia	67
Georgia	111
Nebraska	50
New Jersey	726
New Mexico	16
North Carolina	1,696
North Dakota	62
Vermont	86
Wyoming	75

RECIPROCAL NOTIFICATIONS

Notifications regarding communicable diseases sent during the month of June, 1932, by departments of health of States named to other State health departments

Disease	California	Connecticut	Illinois	Massachusetts	Minnesota	New York	Oregon	Washington
Epidemic meningitis					1			
Mumps				1				
Paratyphoid fever		1						1
Pellagra	1							
Rocky Mountain spotted fever								1
Scarlet fever			1			1		
Syphilis					6			
Tetanus				1		1		
Tuberculosis	7		3		22		1	
Typhoid fever		1	3	1		2		

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 33,310,000. The estimated population of the 88 cities reporting deaths is more than 31,750,000. The estimated expectancy is based on the experience of the last nine years, excluding epidemics.

Weeks ended July 9, 1932, and July 11, 1931

	1932	1931	Estimated expectancy
Cases reported			
Diphtheria:			
46 States	479	601	
95 cities	198	270	486
Measles:			
45 States	5,525	6,123	
95 cities	1,538	2,000	
Meningococcus meningitis:			
46 States	34	64	
95 cities	10	34	
Poliomyelitis:			
46 States	44	90	
Scarlet fever:			
46 States	1,523	1,389	
95 cities	534	497	508
Smallpox:			
46 States	88	419	
95 cities	9	14	22
Typhoid fever:			
46 States	746	700	
95 cities	78	91	68
Deaths reported			
Influenza and pneumonia:			
88 cities	313	375	
Smallpox:			
88 cities	0	0	

City reports for week ended July 9, 1932

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

If the reports have not been received for the full nine years, data are used for as many years as possible but no year earlier than 1923 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	0	0	0		0	0	0	1
New Hampshire:								
Concord	0	0	0		0	0	0	1
Manchester	0	0	0		0	0	0	0
Nashua	0	0	0		0	0	0	0
Vermont:								
Barre		0						
Burlington	0	0	0		0	0	0	0
Massachusetts:								
Boston	25	21	17		0	119	34	12
Fall River	2	2	0		0	10	2	1
Springfield	9	1	0		0	25	1	1
Worcester	4	0	0		0	30	0	1
Rhode Island:								
Pawtucket	0	0	0		0	0	0	0
Providence	5	3	1		0	13	4	2
Connecticut:								
Bridgeport	0	3	0		0	34	0	1
Hartford	0	2	1		0	2	0	2
New Haven	2	0	0		0	0	5	0
MIDDLE ATLANTIC								
New York:								
Buffalo	12	7	0		0	17	1	2
New York	109	156	55	3	2	285	135	99
Rochester	4	4	0		0	1	1	2
Syracuse	27	0	0		0	45	3	1
New Jersey:								
Camden	1	4	0		0	0	0	1
Newark	14	10	2		0	59	44	4
Trenton	0	0	1		0	1	0	1
Pennsylvania:								
Philadelphia	36	35	5	2	0	5	31	22
Pittsburgh	0	12	0		2	0	0	9
Reading	4	1	0		0	11	0	1
EAST NORTH CENTRAL								
Ohio:								
Cincinnati	1	3	1		0	0	0	5
Cleveland	22	15	3	1	0	31	11	7
Columbus	0	2	1	2	2	21	0	1
Indiana:								
Fort Wayne	0	1	2		0	0	0	1
Indianapolis	2	1	1		0	3	19	6
South Bend	0	0	0		0	0	0	2
Terre Haute	0	0	0		0	6	0	2
Illinois:								
Chicago	42	66	16	2	1	91	3	12
Springfield	2	1	0		0	0	0	1
Michigan:								
Detroit	21	30	12	1	2	383	9	12
Flint	1	1	1		0	6	10	1
Grand Rapids	2	1	0		0	5	5	1

City reports for week ended July 9, 1932—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								
Wisconsin:								
Kenosha	0	0	0		0	74	0	0
Madison	2	0	0			6	0	
Milwaukee	32	8	2		0	64	7	3
Racine	5	0	0		0	2	3	0
Superior	2	0	0		0	0	0	0
WEST NORTH CENTRAL								
Minnesota:								
Duluth	7	0	0		0	3	5	0
Minneapolis	5	8	5		0	3	2	3
St. Paul	6	3	0		0	1	7	1
Iowa:								
Des Moines	0	0	0			0	0	
Sioux City	1	0	0			0	0	
Waterloo	1	0	0			0	0	
Missouri:								
Kansas City	1	2	0		0	5	4	2
St. Joseph	0	0	0		0	0	0	1
St. Louis	1	19	11	1		1	2	
North Dakota:								
Fargo	1	0	0		0	1	0	0
Grand Forks	0	0	0			5	0	
South Dakota:								
Aberdeen	4	0	0			0	0	
Sioux Falls	0	0	0			0	0	
Nebraska:								
Omaha	1	2	5		0	1	0	3
Kansas:								
Topeka	8	0	0	1	0	21	6	0
Wichita	1	0	0		0	3	0	2
SOUTH ATLANTIC								
Delaware:								
Wilmington	0	1	0		0	0	0	1
Maryland:								
Baltimore	11	10	3		0	1	52	7
Cumberland	0	0	0		0	1	0	0
Frederick	0	0	0		0	0	0	0
District of Columbia:								
Washington	5	5	9		0	5	0	4
Virginia:								
Lynchburg	2	0	0		0	0	0	0
Richmond	0	1	1		0	0	0	4
Roanoke	0	0	0		0	0	0	0
West Virginia:								
Charleston	0	0	0		0	0	0	[1] 2
Huntington	0	0	2		0	1	0	0
Wheeling	0	0	0		0	18	0	0
North Carolina:								
Raleigh	1	0	0		0	1	0	0
Wilmington	3	0	1		0	1	0	3
Winston-Salem	3	0	0		0	15	1	3
South Carolina:								
Charleston	3	0	0	7	0	0	0	1
Columbia	1	0	0		0	2	0	0
Greenville	0	0	0		0	0	0	0
Georgia:								
Atlanta	0	1	1	4	0	0	0	5
Brunswick	0	0	0		0	0	0	1
Savannah	0	0	0	12	0	9	0	3
Florida:								
Miami	0	0	1		0	1	0	1
Tampa	0	0	1		0	0	0	0

[1] Nonresident.

City reports for week ended July 9, 1932—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						
Tennessee:								
Memphis	5	0	0		1		0	0
Nashville	0	0	0		0	0	0	0
Alabama:								
Birmingham	3	1	1		0	0	0	1
Mobile	0	0	0		0	0	0	3
Montgomery	0	0	0			0	0	
WEST SOUTH CENTRAL								
Arkansas:								
Fort Smith	1	0	0			0	0	
Little Rock	0	0	0		0	0	0	0
Louisiana:								
New Orleans	0	5	7	1	1	0	0	3
Shreveport	0	0	0		0	1	2	0
Oklahoma:								
Oklahoma City	0	0	0	7		0	0	1
Texas:								
Dallas	0	2	20		0	3	0	4
Fort Worth	2	1	1		1	0	0	1
Galveston	0	0	0		0	0	0	3
Houston	0	2	5		0	6	0	4
San Antonio	0	1	0		0	0	0	3
MOUNTAIN								
Montana:								
Billings	0	0	0		0	0	0	0
Great Falls	0	0	0		0	1	0	0
Helena	0	0	0		0	0	0	0
Missoula	0	0	0		0	0	0	0
Idaho:								
Boise	0	0	0		0	0	0	0
Colorado:								
Denver	14	5	2		0	27	12	4
Pueblo	6	0	0		0	0	0	0
New Mexico:								
Albuquerque	0	0	0		0	0	1	0
Utah:								
Salt Lake City	22	2	0		1	3	9	1
Nevada:								
Reno	0	0	0		0	0	0	0
PACIFIC								
Washington:								
Seattle	24	1	0			4	1	
Spokane	10	1	0			18	0	
Tacoma	2	2	0	0	0	15	0	3
Oregon:								
Portland	2	3	0		0	15	0	1
Salem	0	0	0		0	1	0	0
California:								
Los Angeles	49	20	3	21	0	23	16	8
Sacramento	1	2	2		0	2	0	0
San Francisco		6						

City reports for week ended July 9, 1932—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	1	2	0	0	0	0	1	0	0	6	15
New Hampshire:											
Concord	0	0	0	0	0	0	0	0	0	0	12
Manchester	0	1	0	0	0	0	0	0	0	0	9
Nashua	0	0	0	0	0	0	0	0	0	0	----
Vermont:											
Barre	0	----	0	----	----	----	0	----	----	----	----
Burlington	0	0	0	0	0	0	0	0	0	3	8
Massachusetts:											
Boston	32	62	0	0	0	8	1	[1]2	0	35	177
Fall River	2	4	0	0	0	1	0	0	0	1	27
Springfield	2	1	0	0	0	1	0	0	0	5	32
Worcester	4	4	0	0	0	2	0	0	0	10	34
Rhode Island:											
Pawtucket	0	0	0	0	0	0	0	0	0	0	8
Providence	5	6	0	0	0	1	0	0	0	13	44
Connecticut:											
Bridgeport	2	2	0	0	0	2	0	0	0	5	24
Hartford	2	1	0	0	0	1	0	0	0	6	29
New Haven	1	2	0	0	0	1	0	0	0	12	22
MIDDLE ATLANTIC											
New York:											
Buffalo	11	16	0	0	0	6	0	0	0	23	115
New York	81	84	0	0	0	75	12	8	1	93	1,210
Rochester	5	28	0	0	0	2	0	0	0	3	58
Syracuse	3	7	0	0	0	0	0	0	0	47	43
New Jersey:											
Camden	2	6	0	0	0	0	0	0	0	3	22
Newark	10	8	0	0	0	6	1	1	0	13	69
Trenton	1	2	0	0	0	3	0	0	0	0	35
Pennsylvania:											
Philadelphia	40	32	0	0	0	26	2	3	0	54	398
Pittsburgh	17	0	0	0	0	5	1	0	0	0	121
Reading	2	3	0	0	0	2	0	0	0	20	21
EAST NORTH CENTRAL											
Ohio:											
Cincinnati	8	13	0	0	0	9	1	0	0	0	122
Cleveland	17	14	1	0	0	19	1	1	0	34	162
Columbus	3	0	0	0	0	2	0	1	0	3	63
Indiana:											
Fort Wayne	1	1	0	0	0	0	0	0	0	1	23
Indianapolis	4	0	4	0	0	4	0	0	0	20	----
South Bend	1	0	0	0	0	0	0	0	0	1	22
Terre Haute	0	0	0	0	0	0	0	0	0	0	20
Illinois:											
Chicago	68	66	2	0	0	49	3	6	2	43	593
Springfield	0	2	0	0	0	0	0	1	0	2	13
Michigan:											
Detroit	50	80	1	0	0	16	2	6	1	105	217
Flint	7	1	0	0	0	3	0	0	0	4	20
Grand Rapids	5	0	0	0	0	0	0	0	0	16	19
Wisconsin:											
Kenosha	0	1	0	0	0	0	0	1	0	5	----
Madison	4	0	0	0	----	----	0	0	----	13	----
Milwaukee	12	7	0	0	0	7	0	1	0	34	77
Racine	2	0	0	0	0	1	0	0	0	0	14
Superior	1	0	0	0	0	0	0	0	0	2	4
WEST NORTH CENTRAL											
Minnesota:											
Duluth	4	1	0	0	0	0	0	0	0	0	23
Minneapolis	14	11	0	0	0	2	0	1	0	2	71
St. Paul	8	5	0	0	0	0	1	0	0	28	39

[1] Nonresidents.

City reports for week ended July 9, 1932—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—continued											
Iowa:											
Des Moines	2	0	1	0	-------	-------	0	0	-------	0	22
Sioux City	1	0	0	1	-------	-------	0	0	-------	2	-------
Waterloo	0	0	1	0	-------	-------	0	0	-------	2	-------
Missouri:											
Kansas City	4	2	1	0	0	3	1	2	0	4	73
St. Joseph	0	0	0	0	0	1	0	0	0	1	29
St. Louis	15	4	0	0	0	3	3	3	0	15	152
North Dakota:											
Fargo	0	0	0	0	0	0	0	0	0	0	5
Grand Forks	0	0	1	0	-------	-------	0	0	-------	0	-------
South Dakota:											
Aberdeen	0	0	0	0	-------	-------	0	0	-------	1	-------
Sioux Falls	0	0	0	0	-------	-------	0	0	-------	0	8
Nebraska:											
Omaha	1	1	1	0	0	0	0	0	0	5	37
Kansas:											
Topeka	1	0	0	0	0	0	0	0	0	38	7
Wichita	1	0	0	0	0	1	1	0	0	6	32
SOUTH ATLANTIC											
Delaware:											
Wilmington	1	0	0	0	0	0	0	0	0	4	27
Maryland:											
Baltimore	13	14	0	0	0	9	3	2	0	42	149
Cumberland	0	0	0	0	0	0	0	0	0	0	9
Frederick	0	0	0	0	0	0	0	0	0	0	2
District of Col.:											
Washington	8	4	0	0	0	10	0	3	0	13	142
Virginia:											
Lynchburg	0	0	0	0	0	0	0	0	0	44	10
Richmond	1	1	0	0	0	3	1	1	0	0	56
Roanoke	0	0	0	0	0	3	0	0	0	0	16
West Virginia:											
Charleston	0	0	0	0	0	0	0	0	0	0	21
Huntington	-------	0	-------	0	0	4	-------	2	0	0	-------
Wheeling	1	1	0	0	0	0	1	0	0	7	6
North Carolina:											
Raleigh	0	0	0	0	0	0	0	0	0	7	17
Wilmington	0	0	0	0	0	0	0	1	0	0	9
Winston-Salem	0	0	0	0	0	0	1	0	0	12	14
South Carolina:											
Charleston	0	2	0	0	0	0	1	2	1	0	32
Columbia	0	0	0	0	0	0	1	0	0	0	-------
Greenville	0	0	0	0	0	0	0	0	0	0	-------
Georgia:											
Atlanta	2	0	1	0	0	3	3	1	0	5	59
Brunswick	0	0	0	0	0	1	1	0	0	6	6
Savannah	0	0	0	0	0	2	2	1	0	4	39
Florida:											
Miami	0	0	0	0	0	1	1	0	0	0	21
Tampa	0	0	0	0	0	0	1	1	0	0	20
EAST SOUTH CENTRAL											
Kentucky:											
Covington	0	-------	0	-------	-------	-------	0	-------	-------	-------	-------
Tennessee:											
Memphis	2	0	0	0	0	8	5	8	0	3	101
Nashville	0	0	0	0	0	5	3	2	0	7	56
Alabama:											
Birmingham	1	0	0	0	0	6	2	0	0	2	54
Mobile	0	0	0	1	0	1	1	1	0	0	26
Montgomery	0	0	0	0	-------	-------	1	0	-------	0	-------

City reports for week ended July 9, 1932—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	0	0	0	0	-------	-------	0	1	-------	0	-------
Little Rock	0	1	0	0	0	1	1	1	[1] 1	0	2
Louisiana:											
New Orleans	3	1	0	0	0	9	3	1	0	1	142
Shreveport	0	0	0	0	0	2	1	2	0	1	15
Oklahoma:											
Oklahoma City	1	4	0	0	0	3	2	3	0	6	28
Texas:											
Dallas	2	1	0	0	0	3	2	3	0	16	61
Fort Worth	2	2	0	0	0	5	2	0	0	0	43
Galveston	0	0	0	0	0	2	0	1	0	0	16
Houston	1	0	0	0	0	6	1	4	0	0	66
San Antonio	1	0	0	0	0	5	0	1	0	0	68
MOUNTAIN											
Montana:											
Billings	0	0	0	0	0	0	0	0	0	0	5
Great Falls	0	0	0	0	0	1	0	0	0	0	8
Helena	1	0	0	0	0	0	0	0	0	0	6
Missoula	0	0	0	0	0	0	0	0	0	0	7
Idaho:											
Boise	0	0	0	5	0	0	0	0	0	0	6
Colorado:											
Denver	5	9	0	0	0	3	0	2	0	15	61
Pueblo	0	0	0	0	0	1	0	0	0	0	14
New Mexico:											
Albuquerque	0	0	0	0	0	2	0	0	0	4	8
Utah:											
Salt Lake City	1	1	0	0	0	0	0	0	0	8	17
Nevada:											
Reno	0	0	0	0	0	0	0	0	0	0	3
PACIFIC											
Washington:											
Seattle	4	2	1	0	-------	-------	0	1	-------	4	-------
Spokane	1	1	3	1	-------	-------	0	0	-------	2	-------
Tacoma	1	3	2	1	0	1	0	0	0	0	21
Oregon:											
Portland	1	0	6	0	0	1	0	0	0	0	47
Salem	0	0	0	0	0	0	0	0	0	4	-------
California:											
Los Angeles	15	14	3	0	0	21	1	1	1	69	241
Sacramento	1	0	1	0	0	1	1	0	0	6	24
San Francisco	8	-------	0	-------	-------	-------	0	-------	-------	-------	-------

[1] Nonresident.

City reports for week ended July 9, 1932—Continued

Division, State, and city	Meningococcus meningitis		Lethargic encephalitis		Pellagra		Poliomyelitis (infantile paralysis)		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases, estimated expectancy	Cases	Deaths
MIDDLE ATLANTIC									
New York:									
New York	6	1	0	0	0	0	4	1	0
New Jersey:									
Camden	0	0	0	0	0	0	0	3	0
Pennsylvania:									
Philadelphia	0	1	0	0	0	0	0	2	0
EAST NORTH CENTRAL									
Ohio:									
Cleveland	1	0	0	0	0	1	0	1	0
Columbus	0	0	0	0	0	0	0	1	1
Indiana:									
Indianapolis	1	0	0	0	0	0	0	0	0
Illinois:									
Chicago	0	0	0	0	0	0	1	1	0
Michigan:									
Detroit	1	0	0	0	0	0	0	0	0
SOUTH ATLANTIC [1]									
North Carolina:									
Raleigh	0	0	0	0	0	1	0	0	0
South Carolina:									
Charleston	0	0	1	0	0	3	0	1	0
Georgia:									
Atlanta	0	0	0	0	3	2	0	0	0
Savannah [1]	0	0	0	0	5	1	0	0	0
EAST SOUTH CENTRAL									
Tennessee:									
Memphis	0	0	0	0	1	0	0	0	0
Nashville	1	0	0	0	1	0	0	0	0
Alabama:									
Birmingham	0	1	0	0	0	0	0	1	0
Mobile [1]	0	0	0	0	0	2	0	0	0
WEST SOUTH CENTRAL [1]									
Louisiana:									
Shreveport	0	0	0	0	0	1	0	0	0
Oklahoma:									
Oklahoma City	0	0	0	0	0	0	0	1	0
PACIFIC									
Oregon:									
Portland	1	1	0	0	0	0	0	0	0
California:									
Los Angeles	0	0	0	0	0	0	2	1	0

[1] Typhus fever, 4 cases: 1 case at Savannah, Ga.; 1 case at Miami, Fla.; 1 case at Mobile, Ala.; and 1 case at Fort Worth, Tex.

The following table gives the rates per 100,000 population for 98 cities for the 5-week period ended July 9, 1932, compared with those for a like period ended July 11, 1931. The population figures used in computing the rates are estimated mid-year populations for 1931 and 1932, respectively, derived from the 1930 census. The 98 cities reporting cases have an estimated aggregate population of more than 34,000,000. The 91 cities reporting deaths have more than 32,400,000 estimated population.

Summary of weekly reports from cities, June 5 to July 9, 1932—Annual rates per 100,000 population, compared with rates for the corresponding period of 1931 [1]

DIPHTHERIA CASE RATES

	Week ended—									
	June 11, 1932	June 13, 1931	June 18, 1932	June 20, 1931	June 25, 1932	June 27, 1931	July 2, 1932	July 4, 1931	July 9, 1932	July 11, 1931
98 cities	[2] 42	54	47	66	[3] 36	54	[4] 44	[5] 47	[6] 31	43
New England	84	41	62	41	[7] 31	67	204	96	[8] 46	60
Middle Atlantic	31	55	50	65	38	47	27	53	28	50
East North Central	[2] 34	64	34	89	30	72	[9] 24	49	23	41
West North Central	59	61	64	52	[10] 63	42	59	33	40	31
South Atlantic	27	49	22	44	27	45	[11] 28	[11] 12	31	18
East South Central	6	18	6	6	[12] 25	23	12	12	[12] 6	23
West South Central	89	27	76	85	[13] 73	68	89	27	106	61
Mountain	43	35	26	26	17	9	26	[14] 9	17	17
Pacific	59	53	67	71	[15] 11	51	34	51	[16] 13	41

MEASLES CASE RATES

98 cities	[2] 853	876	617	719	[3] 540	568	[4] 372	[5] 384	[6] 241	316
New England	1,177	601	1,059	635	[7] 1,001	438	630	402	[8] 561	351
Middle Atlantic	525	839	363	664	376	511	345	284	188	311
East North Central	[2] 1,868	1,303	1,298	1,159	972	920	[9] 650	768	409	527
West North Central	176	448	136	331	[10] 109	297	57	140	74	103
South Atlantic	512	1,104	392	768	294	591	[11] 154	[11] 311	104	259
East South Central	23	828	35	852	[12] 12	593	0	352	[12] 0	117
West South Central	73	149	59	88	[13] 101	47	53	24	33	27
Mountain	465	705	612	609	543	479	431	[14] 215	267	122
Pacific	611	580	394	302	[15] 613	363	227	149	[16] 156	182

SCARLET FEVER CASE RATES

98 cities	[2] 278	269	252	222	[3] 176	168	[4] 137	[5] 105	[6] 84	79
New England	410	291	417	272	[7] 343	238	280	188	[8] 202	142
Middle Atlantic	377	318	321	280	211	195	168	135	82	89
East North Central	[2] 354	386	344	310	208	240	[9] 168	122	110	90
West North Central	102	168	44	132	[10] 63	78	63	31	45	44
South Atlantic	120	123	102	77	90	93	[11] 58	[11] 55	43	49
East South Central	46	170	12	94	[12] 19	65	29	47	[12] 0	53
West South Central	23	88	13	30	[13] 56	30	36	41	10	34
Mountain	190	96	164	78	155	96	52	[14] 36	86	52
Pacific	80	80	126	57	[15] 42	57	53	47	[16] 50	49

SMALLPOX CASE RATES

98 cities	[2] 3	10	3	7	[3] 2	8	[4] 2	[5] 6	[6] 1	2
New England	0	0	0	5	[7] 0	0	0	0	[8] 0	2
Middle Atlantic	0	1	0	0	0	1	0	0	0	0
East North Central	[2] 1	12	1	5	1	5	[9] 1	8	0	1
West North Central	19	36	9	29	[10] 6	19	2	10	2	4
South Atlantic	0	0	0	14	0	12	[11] 0	[11] 0	0	4
East South Central	6	23	12	12	[12] 12	18	6	23	[12] 6	6
West South Central	3	24	0	20	[13] 0	30	3	24	0	10
Mountain	0	17	0	0	0	70	17	[14] 0	43	0
Pacific	11	25	17	16	[15] 23	6	10	14	[16] 5	8

See footnotes at end of table.

Summary of weekly reports from cities, June 5 to July 9, 1932—Annual rates per 100,000 population, compared with rates for the corresponding period of 1931—Continued

TYPHOID FEVER CASE RATES

	Week ended—									
	June 11, 1932	June 13, 1931	June 18, 1932	June 20, 1931	June 25, 1932	June 27, 1931	July 2, 1932	July 4, 1931	July 9, 1932	July 11, 1931
98 cities	[2] 7	7	10	9	[3] 10	10	[4] 13	[5] 10	[6] 12	14
New England	7	0	5	10	[7] 18	0	5	10	[8] 5	2
Middle Atlantic	4	7	7	12	4	4	4	5	5	8
East North Central	[2] 1	4	4	4	5	6	[9] 10	3	10	5
West North Central	6	4	6	6	[10] 12	10	6	10	11	19
South Atlantic	27	14	29	14	37	16	[11] 42	[11] 10	24	28
East South Central	12	17	35	12	[12] 44	35	75	41	[12] 69	59
West South Central	10	24	16	14	[13] 21	54	56	71	46	81
Mountain	0	9	0	0	9	52	9	[14] 36	17	35
Pacific	15	12	15	10	[15] 8	14	4	4	[16] 5	6

INFLUENZA DEATH RATES

91 cities	[2] 4	4	5	7	[3] 6	4	[4] 3	[5] 3	[6] 2	3
New England	0	0	5	7	[7] 3	2	0	0	[8] 0	2
Middle Atlantic	7	4	5	8	7	2	4	1	2	4
East North Central	[2] 0	4	4	5	3	6	[9] 4	1	3	2
West North Central	3	6	6	6	[10] 9	0	0	9	0	0
South Atlantic	12	6	8	4	6	6	[11] 2	[11] 4	0	4
East South Central	6	13	0	0	[12] 7	6	13	19	[12] 7	6
West South Central	0	3	13	14	[13] 14	7	0	10	3	7
Mountain	0	0	0	9	9	0	0	[14] 9	9	0
Pacific	2	5	2	5	[15] 6	2	2	5	[16] 0	0

PNEUMONIA DEATH RATES

91 cities	[2] 73	75	62	70	[3] 57	67	[4] 53	[5] 64	[6] 50	59
New England	89	60	79	65	[7] 65	60	62	36	[8] 53	79
Middle Atlantic	92	88	75	72	61	76	61	67	63	59
East North Central	[2] 46	60	42	60	43	51	[9] 34	61	32	47
West North Central	70	71	52	106	[10] 53	38	64	77	35	88
South Atlantic	96	83	76	89	73	103	[11] 52	[11] 67	67	71
East South Central	31	146	13	83	[12] 55	140	31	83	[12] 27	51
West South Central	94	79	81	76	[13] 61	90	91	90	57	86
Mountain	52	70	52	78	60	35	60	[14] 72	43	61
Pacific	44	43	53	34	[15] 54	41	44	46	[16] 36	31

[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, 1932 and 1931, respectively.
[2] Springfield, Ill., not included.
[3] Hartford, Conn., Wichita, Kans., Covington, Ky., Little Rock, Ark., and Los Angeles, Calif., not included.
[4] Fort Wayne, Ind., and Columbia, S. C., not included.
[5] Columbia, S. C., and Billings, Mont., not included.
[6] Barre, Vt., Covington, Ky., and San Francisco, Calif., not included.
[7] Hartford, Conn., not included.
[8] Barre, Vt., not included.
[9] Fort Wayne, Ind., not included.
[10] Wichita, Kans., not included.
[11] Columbia, S. C., not included.
[12] Covington, Ky., not included.
[13] Little Rock, Ark., not included.
[14] Billings, Mont., not included.
[15] Los Angeles, Calif., not included.
[16] San Francisco, Calif., not included.

FOREIGN AND INSULAR

CANADA

Ontario—Communicable diseases—Comparative—Four weeks ended June 25, 1932.—The Department of Health of the Province of Ontario, Canada, reports certain communicable diseases for the four weeks ended June 25, 1932, and the corresponding period of 1931, as follows:

Disease	Four weeks, 1932		Four weeks, 1931	
	Cases	Deaths	Cases	Deaths
Cerebrospinal meningitis	2	1	10	5
Chicken pox	970		812	
Conjunctivitis			2	
Diphtheria	94	7	110	9
Dysentery				1
German measles	15		96	
Gonorrhea	213		121	
Influenza		2	3	2
Lethargic encephalitis	3	2		
Measles	3,753		770	1
Mumps	979	1	291	
Paratyphoid fever	7		9	
Pneumonia		77		90
Poliomyelitis	2	1	3	2
Puerperal septicemia		1		
Scarlet fever	217		449	5
Septic sore throat	6	1	1	1
Smallpox			21	
Syphilis	189	2	86	2
Tetanus	1			1
Trench mouth	2			
Tuberculosis	203	2	156	38
Tularaemia	4			
Typhoid fever	36		43	
Undulant fever	4		10	
Whooping cough	455	2	271	

Quebec Province—Communicable diseases—Week ended July 2, 1932.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the week ended July 2, 1932, as follows:

Disease	Cases	Disease	Cases
Cerebrospinal meningitis	1	Poliomyelitis	2
Chicken pox	40	Puerperal fever	2
Diphtheria	19	Scarlet fever	46
Erysipelas	4	Tuberculosis	62
Lethargic encephalitis	1	Typhoid fever	50
Measles	33	Whooping cough	26

GERMANY

Vital statistics—1930.—During the year 1930, births, deaths, infant mortality, and marriages were reported in Germany as follows:

Births	1,126,829
Birth rate per 1,000 population	17.5
Deaths	710,905
Death rate per 1,000 population	11.1
Infant mortality rate per 1,000 live births	84
Marriages	562,491

Death rates per 10,000 population from certain causes in communes of more than 15,000 inhabitants for the year 1930 are given in the following table:

Disease	Death rate per 10,000 population	Disease	Death rate per 10,000 population
Apoplexy	7.8	Pneumonia	7.0
Cancer and other growths	13.1	Other respiratory diseases	2.9
Diphtheria	1.1	Scarlet fever	.2
Grippe	.8	Tuberculosis	7.8
Heart disease	13.7	Whooping cough	.3
Measles	.2		

HAWAII TERRITORY

Influenza.—According to information dated July 18, 1932, there was a marked decline in the number of cases of influenza occurring in Honolulu, Hawaii Territory. Two hundred and ninety-three cases were reported for the week ended July 16, as compared with 570 for the preceding week. The island of Kauai showed an increase, with 377 cases reported for the week ended July 16, as compared with 211 for the preceding week. There was a slight increase on the island of Hawaii, 55 cases being reported for the week. Maui and Molokai were said to be only slightly affected. The disease continued to be of a mild type, with very few fatalities.

VIRGIN ISLANDS

Notifiable diseases—June, 1932.—During the month of June, 1932, cases of certain diseases were reported in the Virgin Islands as follows:

Disease	Cases	Disease	Cases
St. Thomas and St. John:		St. Croix—Continued.	
Gonorrhea	1	Gonorrhea	2
Sprue	1	Malaria	9
Syphilis	5	Pellagra	2
Tuberculosis	2	Syphilis	1
St. Croix:		Tuberculosis	2
Chancroid	1		
Chicken pox	2		

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		Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Mar. 6–Apr. 2, 1932	Week ended—													
					April, 1932				May, 1932				June, 1932				July, 1932	
					9	16	23	30	7	14	21	28	4	11	18	25	2	9
China:																		
Amoy	C														3		15	
	D														2		11	
Canton	C			2			1				1	1	2	49	330	298	203	
	D										1		1	22	152	90	73	
Hankow	C	1	1				3			8					6	10		
	D						1			3								
Hong Kong	C															9	45	33
	D															9	18	33
Kwantung	C																P	
Nanking	C														123	131	104	
	D														45	34	22	
Newchwang	C															1	5	
	D																4	
Shanghai	C								11	11	8	40	92	90	130	276	314	
	D									1	1	1	10	9	23	11	20	
Swatow	C										1			1		49	48	
	D															3	3	
Tientsin	C													3	16	22		
	D														5	3		
India	C	10,001	5,826	4,952	1,519	1,432	1,709	1,635	1,497	1,126	923							
	D	5,267	2,788	2,358	780	719	863	832	731	592	400							
Bombay	C		1															1
	D		1															1
Calcutta	C	133	1,118	162	53	114	53	130	174	228	141	106	79	63	106	132	143	
	D	70	54	73	25	56	25	42	58	125	79	59	38	27	51	70	60	
Chittagong	C	6	1	2														
	D	1	22	1														
Madras	C		3	6														
	D		3	3														
Rangoon	C										1				1	2		
	D										1				1	1		

India (French):																			
Chandernagor	C									11		3	5						
	D									5		2	5						
Karikal	C	35	2																
	D	17																	
Pondicherry Territory	C	15		2															
	D	15		2															
Pondicherry	C			1															
	D			1															
Indo-China (see also table below):																			
Pnompenh	C	2			1							1		1		1	1		
	D	2			1							1		1		1	1		
Saigon and Cholon	C	1	1	1			1	1	1	1		2	2	2	2	1	1	1	
	D						1	1	1	1		2	2	1	1	1	1	1	
Japan:																			
Kobe	C														1				
Tokyo	C														1	2			
Persia: Kouh Bezman	C							[1] 1											
Philippine Islands: Capiz Province	C	22	23																
	D	20	20																
Siam	C	1		1	1	1						8		8					
	D	1		2	1							7		4					
Bangkok	C	1		2	1														
	D	1		1															
On vessels:																			
S. S. Angora at Rangoon from Calcutta	C			1															
S. S. Narbada at Rangoon from Calcutta	C				1														
	D				1														
S. S. Shanghai Maru at Kobe from Shanghai	C													1					
S. S. President Wilson enroute to Manila from Honolulu via Shanghai and Hong Kong	C																2		
	D																1		

Place		November, 1931	December, 1931	January, 1932	February, 1932			March, 1932			April, 1932			May, 1932		
					1-10	11-20	21-29	1-10	11-20	21-31	1-10	11-20	21-30	1-10	11-20	21-31
Indo-China (French) (see also table above):																
Annam [2]	C				4									93	20	21
	D				4									7	2	6
Cambodia [2]	C	4	3	12	3	2		6	1	3	4	1	20	12	6	
	D		2	6	2	2		3	1	1	3		8	2	1	
Cochin-China [2]	C	6	14	5	7		P	3	2	4	3	6	18	11	30	
	D	4	7	4	5			2	1	2	2	3	13	8	21	
Laos [2]	C										7					
	D										3					

[1] A suspected case.

[2] Reports incomplete.

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

PLAGUE[1]

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

Place		Jan. 10–Feb. 6, 1932	Feb. 7–Mar 5, 1932	Mar. 6–Apr. 2, 1932	Week ended— April, 1932				May, 1932				June, 1932				July, 1932	
					9	16	23	30	7	14	21	28	4	11	18	25	2	9
Argentina:																		
Cordoba Province[2]	C	1				2												
Rosario	D											1						
San Luis Province	C													1	1			
Belgian Congo	C											2						
British East Africa (see also table below):																		
Tanganyika	C	10		2														
	D	10																
Uganda	C	31	8	4	1	7	13	18	11	9	6	11						
	D	26	6	4	1	6	11	18	7	8	6	10						
Canary Islands: Palma Islands—Los Lanos	C	8								1								
	D	8																
Ceylon: Colombo	C	5	4	3		1		1	1	3		2	5	3	3	2	5	
	D	3	3	3		1		1	1	1		2	5	3	3	2	5	
Plague-infected rats		1		1				1	5	2	2		4					
China:																		
Kwang Chow Wan	C			8														
	D			8														
Shensi Province	C		P															
Dutch East Indies:																		
Java—																		
Surabaya	C	2																
	D	2																
Tegal	C		1															
Java and Madura	D	499	459	362	98	75	95	97	70	62	76	71						
West Java	C	201	141	213	68	52	64	55			41	44						
	D	200	139	213	68	52	63	54			41	43						
Ecuador (see table below).																		
Egypt:																		
Alexandria	C	2		2					1	2	1	8	1	2		1	3	1
	D									2		1	2	1	1		1	1
Assiout	C	1																
	D	1																
Beheira	C	11						1	2				1	1				
	D	2						1	3				1					
Beni Suef	C						4	33	2									
	D							8	3									

Gharbieh	C												2		1			
	D													1				
Minieh	C	1		3														
	D	1		3														
Tanta	C	1																
	D	1																
Hawaii Territory:																		
Hawaii Island—																		
Hamakua—																		
Honokaa	C		2															
	D		2															
Plague-infected rats			1															
Kukaiau—Plague-infected rats												1	1					
Maui Island—																		
Makawao	C		1															
	D		1															
Plague-infected rats			4															
India	C	7,892	8,593	9,724	1,804	1,400	1,279	714	684	474	256							
	D	3,971	4,970	5,543	1,065	852	859	443	505	360	203							
Bassein	C	1	4	9	4			1	2					2		1		
	D		4	7	3		1		2					2		1		
Bombay	C		5	8	6	3	5	5	2	2	1		1					
	D		5	6	5	3	5	2	1	2	1		1					
Plague-infected rats		57	109	117	30	23	35	34	25	21	1	11	3		9	11		
Madras	C						[2] 1											
	D						1											
Madras Presidency	C	2,951	70	158	42	16	11		18	5	6	11						
	D	155	47	86	14	6	4		4	4	1	2						
Rangoon	C		9	4	4	1	1	1				1				1	2	
	D	1	8	4	4	1		1									2	
Plague-infected rats			2	8	4			1		2		1		1		2	2	
Indo-China (see table below).																		
Iraq: Baghdad	C	5	3													1		
	D		1															
Peru (see table below).																		
Senegal (see table below).																		
Siam	C	1	1	7														
	D	1		3														
Southwest Africa.[4]																		
Syria: Beirut	C				1			1							1		2	
Union of South Africa: Orange Free State	C	P	P	P														
	D			10														
United States: California—Los Angeles—																		
Plague-infected rats					1				2					1				
On vessel:																		
Steamship Columbia, at Naples, from Barcelona—Plague-infected rats																1		

[1] Including plague in the United States and its possessions.
[2] 10 cases of bubonic plague were reported in Cordoba Province, Argentina, in January, 1932. They were distant from railroad and 500 kilometers from ports.
[3] An imported case.
[4] 80 cases of plague with 15 deaths were reported in Ovamboland, Southwest Africa, up to Apr. 30, 1932. Antiplague measures have been taken.

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

PLAGUE—Continued

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

Place		January, 1932	February, 1932	March, 1932	April, 1932	May, 1932	June, 1932
British East Africa: (see also table above) Kenya	C	17	33	22	18	11	-------
Ecuador:							
Province—							
Chimborazo	C	8	13	-------	6	10	2
Loja	C	11	-------	-------	-------	-------	-------
Indo-China	C	17	P	P	9	2	-------
	D	9	-------	-------	6	1	-------
Madagascar:							
Province—							
Ambatolampy	C	28	40	25	-------	-------	-------
	D	23	38	25	-------	-------	-------
Ambositra	C	166	90	81	19	-------	-------
	D	152	81	67	17	-------	-------
Antisirabe	C	53	45	54	21	-------	-------
	D	51	45	53	21	-------	-------
Meavatanana	C	-------	-------	4	-------	-------	-------
	D	-------	-------	4	-------	-------	-------
Miarinarivo	C	15	13	9	6	-------	-------
	D	15	12	9	6	-------	-------
Moramanga	C	13	9	3	-------	-------	-------
	D	13	9	3	-------	-------	-------
Tananarive	C	203	148	71	42	-------	-------
	D	196	140	70	40	-------	-------
Peru	C	11	2	-------	-------	-------	-------
	D	8	2	-------	-------	-------	-------
Department—							
Canete	C	3	-------	-------	-------	-------	-------
Lambayeque	C	-------	-------	-------	-------	-------	2
Libertad	C	1	-------	-------	28	33	-------
Otuzco	C	-------	-------	-------	-------	1	-------
Lima	C	6	-------	1	-------	-------	-------
Lima	C	-------	1	1	1	1	-------
	D	-------	1	-------	-------	-------	-------
Piura	C	1	-------	-------	-------	-------	-------
Senegal:							
Dakar [1]	C	-------	-------	10	-------	-------	-------
	D	-------	-------	5	-------	-------	-------
Louga [1]	C	-------	-------	-------	-------	3	-------
	D	-------	-------	-------	-------	2	-------
Rufisque [1]	C	-------	-------	-------	-------	3	6
	D	-------	-------	-------	-------	3	6
Yombel [1]	C	-------	-------	9	-------	-------	-------
	D	-------	-------	5	-------	-------	-------

[1] Reports incomplete.

SMALLPOX

Place		Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Mar. 6–Apr. 2, 1932	Week ended— April, 1932				May, 1932				June, 1932				July, 1932	
					9	16	23	30	7	14	21	28	4	11	18	25	2	9
Aden	C	2		1														
Algeria:																		
Algiers	C													1	1			
Constantine Department	C					1		1	1		1							
Philippeville	C							1										
Southern Territories	C		2															
Brazil:																		
Porto Alegre (alastrim)	C	34	19	5	2	1	2	3	2	2								
	D			1														
Santos	C	2																
British East Africa: Tanganyika	C	24	5	P					79	11								
	D	7	2															
British South Africa:																		
Northern Rhodesia	C	5																
Southern Rhodesia	C			4	1	6												
Canada:																		
British Columbia	C	25	17	9												1		
	D	4	9	3														
Manitoba	C	10				1												
Nova Scotia	C		1															
Ontario	C	6	21	4		2	4		1			23				1		
North Bay	C	1																
Quebec	C	1	8													2		
Saskatchewan	C	35	30	6		1	5	2	3	1	3	6		1		2		
China:																		
Amoy	C	183	121	45	7	5	4	1	3		2	3						
	D	91	44	25	4	3	3	1	2		2	2						
Canton	C	27	44	79	24	18	22	17	19	9	5	9	1	3	3	1		
	D		1	7			1		1									
Foochow	C	P	P	P		P		P		P		P		P				
Hankow	C	59	4	5	1		1	1	1	1	3							
	D	5	1															
Hong Kong	C	11	51	45	12	13	21	9	7	9	7	1	4	5	2	1	1	
	D	6	23	28	2	6	6	6	7	6	2	2	4	6	1	1	1	
Manchuria—Dairen	C	1	1	16	7		1		1		1				3			
Shanghai	C	163	167	102	22	24	22	22	16	6	5	6	3	3				
	D	62	67	45	7	10	8	10	6	5		2	1	2				

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

SMALLPOX—Continued

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

Place		Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Mar. 6–Apr. 2, 1932	Week ended— April, 1932				May, 1932				June, 1932				July, 1932	
					9	16	23	30	7	14	21	28	4	11	18	25	2	9
China—Continued.																		
Swatow	C		1															
Tientsin	C	1	2	8	1	1			1				2					
	D		1	1														
Chosen (see table below).																		
Dahomey	C			6	3			2	2					15		9		
	D			1	1									6		1		
Dutch East Indies: Batavia	C	1																
	D	1																
Egypt:																		
Alexandria	C			1						1	1				1			
Cairo	C	1																
Suez	C		2	20	1	1	2		1									
	D			3														
Finland	C											1						
France (see table below).																		
Germany: Aix-la-Chapelle	C	1																
Gold Coast (see table below).																		
Great Britain:																		
England and Wales	C	227	258	273	70	87	96	62	68	76	56	68	49	36	25	30	22	
London	C	100	136	129	30	25	48	34	41	39	25	29	49	18	15	18	19	
London and Great Towns	C	188	203	236	57	63	86	51	59	60	47	52	37	31	37	23	21	
Greece (see table below).																		
Guatemala (see table below).																		
Honduras.[1]																		
Ceiba	D		1	2	1			1										
Puerto Castilla	C	1	4					4			1	P			2			
Tegucigalpa	C		5															
Tela	C			2	2							1						
Trujillo	C		35															
	D		5															

India	C	4,576	9,709	12,040	4,093	3,431	3,083	3,120	4,230	3,388	2,771							
	CD	970	1,896	2,234	783	705	665	742	996	796	676							
Bassein	C	3			1													
	D				1													
Bombay	C	6	23	27	7	7	8	3	10	12	2	12	7	4	5	6	5	
	D	2	10	12	2	3	5		2	4	1	5	4	2	3	4	3	
Calcutta	C	27	102	159	38	19	40	36	17	35	22	19	15	16	21	12	12	
	D	15	54	115	30	11	22	36	12	29	16	10	17	14	8	8	9	
Chittagong	C			2						2								
	D			1						1								
Cochin	C	1	9	3	1													
Karachi	C	18	23	19	6	4	10	9	4	5	3	4	7	5	3	5	1	
	D	6	8	8	2		2	5		2	1	3	1	1	1	1		
Madras	C	9	15	51	15	20	13	10	17	10	10	10	3	8	5	6	8	
	D	3	4	16	4	2	2	3	2	4	2	3		3	2	3	2	
Moulmein	C	4	4	7	1									5				
Negapatam	C		1	1							1	2						
	D	1									1							
Rangoon	C	147	418	606	116	71	32	41	18	26	13	9	6	10	5	8	8	
	D	40	127	179	32	28	12	16	9	11	6	2	4	4	1	2	2	
Tuticorin	C	28	36	14		3		2	4						1			
	D	2	8	9		1		2	5						1			
Vizagapatam	C		3	2													1	
India (French):																		
Karikal	C	1	4	19	3	15	1	2	2	4	1	4		2				
	D	1	4	9	3	6	1	2	2	2	1	2		1				
Pondicherry Territory	C	32	20	29	3	10	6	3	3	5	28	11		4	2	1	3	
	D	27	20	26	2	8	6	3	3	5	28	11		4	2	1	3	
Indo-China (see also table below):																		
Pnompenh	C	1	2	1														
Saigon and Cholon	C	117	145	212	33	35	32	13	12	8	8	5	3	3	3	9	2	
	D	92	85	174	30	32	27	12	11	7	7	5	3	3	2	9	2	
Iraq:																		
Baghdad	C	10	4	20		5	10	12	4	7	10		14	9	3	1		
	CD	13	4	10		2	5	6	2	3	3		6	4	2			
Basra	C	2	2	11	1	1	1	1	1	1	4	2	2	4	2			4
	D					1	2	1		1	1	1	1		1			1
Ivory Coast (see table below).																		
Japan:																		
Kobe	C		1	2		1				1	7	2						
	D			1								1						
Nagasaki	C								1	4	4	4	1	1	1			
Osaka Prefecture [2]	C						3	90	34	48								
Osaka	C									1								
Taiwan	C	35	58	1			1											
Yokohama	C	2																

[1] 590 cases of smallpox with 15 deaths were reported in Honduras from July, 1931, to Feb. 16, 1932.
[2] Two hundred and sixty-four cases of smallpox were reported in Osaka Prefecture, Japan, from Mar. 1 to May 28, 1932.

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

SMALLPOX—Continued.

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

Place		Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Mar. 6–Apr. 2, 1932	Week ended— April, 1932				May, 1932				June, 1932				July, 1932	
					9	16	23	30	7	14	21	28	4	11	18	25	2	9
Mexico (see also table below):																		
Chihuahua	D		3	1	1						1			5				
Durango	D				1													
Jalisco (State)—Guadalajara	D	3		1			1	1		1	1		1	1				
Mexico City and surrounding territory	C	14	33	6	2	5	6	3	3	2	3	9	4	7				
	D		1				1	1		1								
Monterrey	C	1	8	1		1	1		1			1						
Saltillo	D										1	2	2				2	1
San Luis Potosi	D	5	2	3		1	1		1			1		1				
Torreon	C	6	2	2	1			2		1	1	1	1	1	1			
	D	2	3	2	1			2		3			1			1		
Morocco (see table below).																		
Nigeria	C	217	46	750			82	34		939								
	D	120	2	111			6	13		316								
Palestine	C									1								
Poland	C									1			1					
Portugal:																		
Lisbon	C	98	50	38	5	11	4	6	10	5	8	6	2	5	6	12	1	
Oporto	C	3	14	14	10	6		5	3	5	8	8	4	9	8	2	8	
Salvador	C		85	10														
Siam	C	1		2								1	8	1				
Sierra Leone	D												4	1				
Straits Settlements	C	4	6	1														
	D	1		2														
Sudan (Anglo-Egyptian)	C	3	8	4		1		2						1	1	1		
	D	1	1															
Sweden: Malmo	C	9																
Syria (see table below).																		
Tunisia: Tunis	C			1														
Turkey (see also table below): Istanbul	C		1			1				1								
Union of South Africa:																		
Cape Province	C				P	P	P	P	P	P	P	P						
Orange Free State	C					P	P	P										
Transvaal	C			P				P	P		P	P						

On vessels:																		
S. S. Cressington Court at Yokohama from Shanghai	C	1																
S. S. Bollington Court at Yokohama from Shanghai	C	1																
S. S. Victoria City at Brisbane from Shanghai	C	1																
S. S. Frauenfels at Suez from Calcutta	C			1														
S. S. Uwajima Maru at Osaka from Shanghai	C	1																
S. S. Hong Kheng at Singapore from Amoy, via Swatow and Hong Kong	C	1																
S. S. Hai Ning and S. S. Solviken at Hong Kong	C	P																
S. S. Merkara at Aden from Colombo	C	2																
S. S. Tjisadane at Hong Kong from Shanghai and Amoy	C	P																
S. S. Poafung at Shanghai	C	1																
S. S. Rajula at Penang from Negapatam	C	P																
S. S. MacGillivary at Suez from Rangoon	C			[1]														
S. S. Tainui at Southampton from New Zealand	C			[1]														
S. S. Glenbank at Suez from Aden	C			1														
S. S. Tuscania at Suez from Bombay	C											1						

Place		December, 1931	January, 1932	February, 1932	March, 1932	April, 1932			May, 1932			June 1-10, 1932
						1-10	11-20	21-30	1-10	11-20	21-31	
Gold Coast	C		2									
	D		1									
Indo-China (see also table above)	C	509	309	660	727	175	247	146	211	78		
	D	93	148	231	342	80	97	64	46	37		
Ivory Coast	C											19
	D											1
Syria: Beirut	C		5			1		1				

[1] From Mar. 6 to Apr. 30, 1932, 551 cases of smallpox with 6 deaths, were reported in Sierra Leone.
[1] A suspected case.

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

SMALLPOX—Continued

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

Place		November, 1931	December, 1931	January, 1932	February, 1932	March, 1932	April, 1932	May, 1932
Chosen	C	2	1	1	6	30	55	.....
	D	.....	.....	.....	3	9	5	.....
France	C	6	1	.....	.....	.....	.....	.....
Greece	C	.....	.....	.....	.....	1	8	.....
Guatemala	C	.....	.....	5	.....	.....	.....	.....
	D	.....	.....	1	.....	.....	.....	.....
Mexico (see also table above)	D	419	423	.....	.....	.....	.....	.....
Morocco	C	152	279	488	368	308	101	101
Turkey (see also table above)	C	.....	.....	31	22	2	.....	.....
	D	.....	.....	1	1	.....	.....	.....

TYPHUS FEVER

Place		Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Mar. 6–Apr. 2, 1932	Week ended— April, 1932: 9	16	23	30	May, 1932: 7	14	21	28	June, 1932: 4	11	18	25	July 2, 1932
Algeria:																	
Algiers	C	1	3	7	.....	8	9	23	7	23	31	.....	8	5	5	12	33
Constantine Department	C	7	.....	7	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....
Geryville	C	7	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Oran	C	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	4	10	.....	.....	.....	.....
Bulgaria	C	44	66	44	15	6	15	9	10	7	16	5	4	5	3	.....	.....
	D	6	6	2	.....	3	4	2	.....	2	1	.....	1	.....	1	.....	.....
Chile:																	
Antofagasta	C	1	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....
Iquique	C	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....
Santiago	C	.....	.....	1	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
China:																	
Hankow	C	.....	.....	5	.....	.....	.....	.....	.....	1	.....	1	.....	.....	.....	.....	.....
Swatow	C	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Tientsin	C	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....	.....	.....	.....	.....	.....
Chosen (see table below).																	
Colombia: Cali	D	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Czechoslovakia (see table below).																	
Egypt:																	
Alexandria	C		1		5	2	7					1	5	2		1	
Behelra	C		70	46				5									
	D		16					1									
Dakahlia	C										69						
Gharbieh	C		12					5									
	D							2									
Port Said	C												1				
Provinces	C	43	333	676	112	49	41	20	27	38	38	60	139				
	D	3	25	49	18	9	12	4	6	1	1		10				
Greece (see table below).																	
Irish Free State:																	
Roscommon County—																	
Leitrim	C										1						
	D										1						
Roscommon	C												1				
Latvia (see table below).																	
Lithuania (see table below).																	
Mexico:																	
Mexico City, including municipalities in Federal District	C	25	20	7	3	2	3	3	2		5	1	2	4			
	D	9	12	4	1		2					2		1			
San Luis Potosi	D		1	1													
Morocco	C	6	59	29	9	7	3	15	3	7	7	2	13	5	4	4	
	D		6	6	1									3			
Palestine	C	3	1						1				2	1		1	
Paraguay: Asuncion	D		1														
Persia	C											123	69				
	D											4	5				
Poland	C	235	215	255	85	95	119	115	70	106	106	98	83	77	21	23	38
	D	10	21	22	5	10	11	13	7	4	5	9	3	4	1	6	3
Portugal:																	
Lisbon	C												2	5			
Oporto	C	1	1		10				3				4				
Rumania	C	264	296	270	89	62	55	46	61	60	53	60					
	D	13	28	31	8	6	5	2	8	8		7					
Tunisia: Tunis	C	1	24	81	32	6	20	19	26	15	13	1	13	9	6		
	D		3	8	4												
Turkey (see table below).																	
Union of South Africa:																	
Cape Province	C	P	P	P	P	P	P	P	P	P	P						
Natal	C		P				P	P	P								
Orange Free State	C	P	P	P	P	P	P	P	P	P	P						
Transvaal	C	P	P														
Venezuela: Caracas (see table below).																	
Yugoslavia (see table below).																	

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

TYPHUS FEVER—Continued

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

Place		December, 1931	January, 1932	February, 1932	March, 1932	April, 1932	May, 1932
Chosen: Seoul	C			5	4		
	D			1			
Czechoslovakia	C	10	1			1	
	D	3					
Greece	C	6	4	4	7	1	
	D	1					
Latvia	C	12					
Lithuania	C	20	21	10	32	25	13
	D	1	3	3	3	5	1
Turkey	C	21	14	22	6	1	
	D	2	3	1	3		
Venezuela: Caracas	D	1	2				
Yugoslavia	C	14	11	26	5	29	34
	D	1		2	1		6

YELLOW FEVER

Place		Jan. 10–Feb. 6, 1932	Feb. 7–Mar. 5, 1932	Mar. 6–Apr. 2, 1932	Week ended— April, 1932: 9	16	23	30	May, 1932: 7	14	21	28	June, 1932: 4	11	18	25	July 2, 1932
Brazil:																	
Bahia State—Esplanada	C								P								
Ceara State	C							1									
	D							1									
Espirito Santo State	C			2	1	P	P	P									
	D			2	1												
Santa Teresa (about 56 miles from Victoria)	D		1														
Parahyba State	C															1	
	D															1	
Pernambuco State	D				1												1
Dahomey: Porto Novo	C			1													
	D			1													
Gold Coast:																	
Avudua	C			1	1												
Cape Coast	C			P													
Tamale	C			1													
Yapei	C		1														
Nigeria	C											1					

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