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CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES ¹

November 6-December 3, 1932

The prevalence of certain important communicable diseases, as indicated by weekly telegraphic reports from State health departments to the United States Public Health Service, is summarized in this report. The underlying statistical data are published weekly in the Public Health Reports, under the section entitled "Prevalence of Disease."

Influenza.—In the area compared, consisting of 38 States, the District of Columbia, and New York City, 24,659 cases of influenza were reported during the four weeks ended December 3, as compared with 4,651 and 2,593 for the two preceding 4-week periods. During corresponding 4-week periods of 1931, 1930, and 1929, 3,584, 4,010, and 4,930 cases respectively, were reported.

The rather sharp rise in cases of influenza is best shown by weekly reports, which are given in the accompanying table and carried one week later than the period included in the above. In this last week (ended December 10) 24,953 cases were reported, or slightly more than the number reported during all four preceding weeks. The table shows comparative data for the 38 States, District of Columbia, and New York City for three former years and for each geographic area for one preceding year.

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¹ From the Office of Statistical Investigations, U. S. Public Health Service. The numbers of States included for the various diseases are as follows: Typhoid fever, 47; poliomyelitis, 48; meningococcus meningitis, 48; smallpox, 48; measles, 45; diphtheria, 47; scarlet fever, 47; influenza, 39 States and New York City. The District of Columbia is counted as a State in these reports.

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38 States, District of Columbia, and New York City: 1982	Geographic area and years	Dec. 10	Dec. 3	Nov. 26	Nov. 19	Nov. 12	Nov. 5	Oct. 29	Oct. 22	Oct. 15	Oct. 8	Oct. 1	Sept. 24	Sept. 17
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1391 179 102 00 100 0 00 00 00 00 39 100 89 39 39 39	1932	2, 027	1, 993	1, 854	365	040	390	200	500	100	307	104	208	100
	1991	125	102	00	100	<i>'</i> 0	00	00	- 09	100	80	33	30	28

Number of cases of influenza reported by weeks, 1932 and preceding years

The sharpest rises and the largest numbers of cases reported are in the South and West. In the South Atlantic group, South Carolina and Georgia show the greatest rises. Every State in the East and West South Central and in the Pacific groups shows large numbers of cases and sharp rises over preceding weeks and over corresponding weeks of 1931. The East and West North Central States both show some rise, but the numbers reported are small except in Ohio, Indiana, and Illinois. Up to December 10 there is little indication of any rise in the Middle Atlantic States and no suggestion of a rise in the New England States.

In all geographic groups, except the Mountain and Pacific, more cases were reported in the week ended December 10 than in any prior week this year. In each of the Mountain and Pacific States (except Montana, Wyoming, and Oregon) fewer cases were reported for the week ended December 10 than for the preceding week, indicating that in the Central and Southern tier of these Western States the peak of the epidemic may have already been passed, at least so far as cases are concerned.

The only available mortality data are from the weekly health index of the Bureau of the Census, which indicates exceptionally higher death rates for Denver, New Orleans, and Pittsburgh, and slightly higher rates for many cities. For the 85 cities as a whole, the death rate from all causes for the week ended December 10 was 12.3 per 1,000, as compared to 11.2 11.8 and 13.3 in 1931, 1930, and 1929, respectively. Although this figure is below the mortality for the corresponding week of 1929 and not materially above that of 1930, the rates for the weeks ended December 3 and December 10 (12.0 and 12.3) represent a definite increase over the low level of mortality that has prevailed during 1932.

Measles.—The number of cases of measles (8,598) reported for the country as a whole for the current 4-week period very closely approximated the figure for the same period last year. It was about 850 more than occurred in the corresponding period in 1930 and 850 less than were reported in 1929.

A comparison of geographic areas shows that fewer cases were reported from the States along the Atlantic Coast and in the South Central areas than occurred during the same period last year, but in the East North Central section the number for the current period was 2.3 times the number last year; in the West North Central States the reported number of cases was 1.7 times the number last year, and in the Mountain and Pacific areas the number for the current period was three times that for last year.

Poliomyelitis.—The total number of cases of poliomyelitis reported for the four weeks ended December 3 was 177. This number is only about 28 per cent of that reported for the corresponding period of last year and 24 per cent of the number in 1930. The current incidence represented a 13 per cent decrease from the figure for the same period in the more normal year of 1929. Each geographic area shared in this favorable situation except the East South Central. In that section there were only 19 cases, but that represented a 33 per cent excess over the number reported for this period last year.

Smallpox.—In relation to recent years the smallpox situation during the current 4-week period was very favorable. The number of cases totaled 430, as against 1,124, 1,467, and 3,717 for the corresponding period in the years 1931, 1930, and 1929, respectively. Each geographic area reported a decrease from last year's figure for the same period. The decreases ranged from 22 per cent in the West South Central area to 75 per cent in the West North Central area.

Meningococcus meningitis.—The number of cases of meningococcus meningitis rose from 146 for the preceding 4-week period to 221 for the current period. For the country as a whole and in all geographic areas except the East North Central, the incidence was the lowest for this period in the last four years. In the East North Central States, Illinois seemed to be responsible for the excess over last year. The number of reported cases in Illinois rose from 19 for the preceding 4-week period to 46 for the current period. Typhoid fever.-The incidence of typhoid fever dropped about 50 per cent during the four weeks ended December 3. In relation to recent years the number of cases (1,125) was the lowest for this period in the last four years. A comparison of geographic areas shows that the situation in each area except the South Atlantic was similar to to that described for the country as a whole. In the South Atlantic States the incidence was only about 70 per cent of the incidence for the same period in each of the years 1931 and 1930, and was about 10 per cent in excess of 1929.

Scarlet fever.—The reported incidence (16,938 cases) of scarlet fever for the current period was about 10 per cent in excess of that for the corresponding period last year and approximately 11 per cent above the figures for 1930 and 1929. Significant increases over last year were reported from the Middle Atlantic States and the areas around the Great Lakes. In other areas the number of cases either approximated that of last year or fell slightly below.

Diphtheria.—The incidence of diphtheria continued to be the lowest in recent years. For the four weeks ended December 3 the number of cases totaled 6,770 as against 9,357, 7,031, and 9,405 for the corresponding period in the years 1931, 1930, and 1929. Each geographic area shared in the favorable situation. In the East and West South Central and the Mountain and Pacific areas, where the incidence during the current year has been considerably in excess of that of last year, the number of cases averaged about 72 per cent of last year's figure for the same period.

Mortality, all causes.—Deaths from all causes in large cities, as reported by the Bureau of the Census, rose from 10.3 for the preceding 4-week period to 11.1 for the four weeks ended December 3. For the first time during the current year the death rate exceeded that for a corresponding period last year. For this period in 1931, 1930, and 1929 the rate was 10.6, 12.3, and 11.7, respectively.

PUBLIC HEALTH ORGANIZATION AND ADMINISTRATION IN NAPLES, ITALY

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GENERAL AND METEOROLOGICAL

The city of Naples, the seat of the Province of Naples, Italy, is situated on the Bay of Naples in north latitude 40° 51' 45.7", and west longitude 2.58' 6". It is elliptical in shape, extending partly around the bay, and is bounded inland by high hills.

The census of January, 1930, credited the city of Naples with 975,603 persons, and the census of December, 1928, gave 2,197,818

to the Province of Naples. It has been estimated that the Province increases in population about 100,000 every 2 years.

The climate is mild throughout the year, with an even mean temperature of about 60° F. The thermometer seldom reaches the freezing point, and the warmer stage rarely exceeds 86° F. The average relative humidity is about 75.2 per cent. Prevailing winds are southerly and southeasterly from October to March. These winds, sometimes known as "scirocco," blowing from Africa, bring rain and a high humidity. From April to September, however, the dominating winds are southeasterly and northerly. The rainfall is more predominant during the fall and winter months. The average monthly precipitation is about 80 millimeters, varying from about 125 millimeters in October to 19 millimeters in July. During an average year there are about 113 rainy days. The average barometer altitude varies from 26.8 to 28.6 millimeters. These meteorological observations have been gathered from statistics which have been kept in this location since 1841, and are more or less constant from year to year. Due to its location and the favorable meteorological conditions, the climate of Naples is excellent and a decided factor in the promotion of public health.

EARLY PUBLIC-HEALTH MEASURES

Comparatively little is known of public-health activities from the Greek-Roman period ((?) B. C.-476 A. D.) to the end of the rule of the "Ducatus" (1140 A. D.), when the Neapolitan rulers were elected by the people. It is probable that the old Roman laws were followed. These laws were general in character, having to do with the collection of refuse, the cleansing of the streets, supervision of the water supply, providing for a proper disposal of sewage, control of food supplies with reference to quantity, quality, and price, and the hygiene of the home.

Following the Norman conquests (1140 A. D.), measures were first taken actually to promote public health through responsible local boards. Two boards were elected by the people in each section of the city, with functions as follows:

1. "Tribunal of walls, water, streets, and sewers," having to do with fortifications, water supplies, the paving of streets, and the maintenance of sewers.

2. "Tribunal of health." This body, consisting of 33 members, including three physicians, besides the supervisor of the board appointed by the King, did what at that time was thought best in preventing the introduction of diseases (especially plague) into the Kingdom, and exercised general supervision over the port; for it was realized that in some way plague was connected with shipping. Grains and cereals were not thought to be carriers of the infection; but wools, silks, fabrics, etc., were so considered and were washed or exposed to the sun or fumigated by smoke from burning herbs. Occasionally sulphur was burned to render them harmless. Certificates of health (Cartella di Sanita), which indicated the sanitary conditions existing at the port of departure, were given to all ships clearing from any ports in the Province to other ports. Apparently this board had little delegated authority; for all control measures were recommended to the King, who ordered the necessary action taken.

These two tribunals existed through the reigns of the various rulers and through the first Bourbon period (1734-1798) to the time of the Neapolitan era, when Ferdinand IV of Bourbon abolished them in 1800. The tribunal of health, however, was changed to the "tribunal of general health" by the Spanish king during the reign of the Vicerovs in 1656, when Naples was visited by a terrible epidemic of bubonic plague, causing almost 250,000 deaths in a population of 500,000. At that time the jurisdiction of the Tribunal was extended to include all Provinces of the Kingdom as well as the ports; and the medical faculty of the School of Naples was requested to act in an advisory capacity. The ever-prevailing fear of plague was responsible for the first quarantine law in 1751, when all previous sanitary edicts were unified and provision was made for strict supervision over the loading of goods and clinical observation of passengers and crews, with actual quarantine of 40 days (or more) in real or suspected cases of plague. The law of 1751 greatly simplified procedures and amplified the authority of the health tribunal. In 1771 this law was again published and emphasized, but with no substantial changes.

From the time of the Normans to the Bourbons, the ruling monarchs, through their executive powers, were in reality the guardians of the public health, as the literature shows. All the early kings of Naples had their own court physician (proto medicus regni), who was also the chairman of the board of medical examiners for graduates desiring to practice medicine, and who exercised some control over the sale of drugs by pharmacies. Undoubtedly this physician advised the King in matters of public health.

One of the most important advances in public health and medical thought of that period was the establishment by Frederic II, in 1224, of the "School of Naples," with a medical curriculum. The School of Salerno had been established 400 years previously. The medical course required five years of study, with three years of premedical study in the "logic sciences" (philosophy). Degrees were confirmed after examination before a medical board appointed by the King; but the graduate was not allowed to practice until after he had served one year under the guidance of an expert physician. Fees were prescribed, which provided for free treatment of the poor. A high ethical code was provided by royal decree. It is to the credit of Charles I and Charles II of Anjou that they supported the university to the extent of paying large salaries to attract the best teachers, and increased the facilities for training.

A royal decree issued by Charles I of Anjou (1268) as a public health measure is quoted here:

CLEANSING AND PURIFICATION OF THE AQUEDUCTS OF BOLLA

(Mundatio et Purgatio aquæ ductus Bullæ. Reg.; Ang-1268-On-Fol. 69-1)

It is ordered that a tax of two hundred ounces be imposed among the inhabitants of Naples and its Casali [towns in the suburb] for the purgation of the aqueducts which go to the Fonte [reservoir] of Formello, and afterwards in the fountains and in the wells of this territory, which [aqueducts and wells] are filled with filthiness, lote, and muddiness, because of which this said water becomes not suitable to the use of men, and not free of perils; and more also because of the dwelling of the King, our lord, and of his family; also for the soundness [health] of all inhabitants, citizens as well as students, and of foreigners who from all countries come here. And this money will be paid to John Siginolfo and Serge Pinto from Naples [Neapolitans], who will purge and clean the said aqueducts; and if some parts [of them] are ruined, or uncovered, they are to be well repaired and covered, in such manner that the water, which at present is almost fetid as not to be good for drinking, will be purified and render itself good, limpid, and agreeable to the taste, because it is necessary that this element be pure, limpid, light, and purified.

Charles II of Anjou instigated malaria-control measures by the following order in 1309:

On the Flow of the Water of the Palude Near the Neapolitan Territory

(De fluxus aquæ Paludis prope Neapolitanum territorium. Registro Angioine A-1309-Fol. 35.7)

Considering that the fluviatile [spring and rain water] of the Palude [an extension of land used for the cultivation of green vegetables, green gardens] which is between S. Brancacium and Porclanum, on account of some obstacles [which exist] along their channels, scarcely flows, and very often stops, in consequence of which not only in these channels but also in the surrounding places the air corrupts itself, and, moreover, the camps situated on both sides, at present existing can not be cultivated with benefit, we order that this water be collected and flow through a single channel, and that the entire source of the channel from its origin to its end, be enlarged and drained, so that the collection of water [pools] shall never be possible, and the camps in such a way freed, will permit the circulation of the men [laborers] in the Palude, and that above this water, for the public utility grain mills be built.

Many other decrees, such as the removal of tanneries from the city limits, disposal of the dead, burning of homes of sufferers from tuberculosis, isolation of lepers, and draining of swamps as an antimalaria measure, are on record.

Previous to 1561 no vital statistics are available, but on January 3 of that year an order from the Pope was issued to all parishes whereby record books were established for the registering of all births. Later there followed the registration of deaths. Of signal interest is the decree of Ferdinand IV, issued January 20, 1778, making protection against smallpox compulsory by scab inoculation through the nose. This was 20 years before Jenner's original publication.

In 1800, following the end of the first Bourbon period (1734-1798). a political upheaval took place, and by royal decree of Ferdinand IV all provincial tribunals were abolished, including those dealing with the public health, and for a time only occasional orders were issued by the King to meet public health emergencies as they arose. In 1815 the Bourbon line again came into power, and in 1819 a really constructive health law was promulgated whereby the King appointed a "Sopraintendenza Generale di Salute" (general superintendent of public health), with an advisory council comprising the faculty of the medical school of Naples. This organization had much latitude in public health control, and was existent through the Bourbon period and to 1861, after Italy had become a united Kingdom divided into five districts, with a director of public health in each district. The division of the health work into districts was accomplished following the International Sanitary Conference at Paris (June 30, 1861), when the various nations met in council for mutual protection against plague and cholera. The Province of Naples, however, maintained its own health organization as heretofore.

The year 1888 marks the beginning of public-health control in Naples, as well as in the whole Kingdom of Italy as we see it to-day. Legislation provided for a director general of public health for the Kingdom and decentralized control in the Provinces and cities. In that year communicable diseases for the first time were made reportable.

THE PRESENT PUBLIC-HEALTH ORGANIZATION

In a discussion of the present public-health administration in the city and Province of Naples, Italy, it is necessary to mention briefly the health organization of the entire Kingdom, as each local unit of administration is an integral part of the national organization.

The present national health service operates under the law of August 1, 1907, and the royal decree of December 30, 1923, through the Minister of the Interior, with a director general of public health, a layman, in immediate charge. The director general exercises general control, but depends upon a vice director (the chief inspector general), who is a physician, for the immediate supervision of the public-health activities. This national organization consists of veterinary, general inspection, and laboratory services.

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NATIONAL ORGANIZATION

The chief veterinarian in Rome is in charge of the "Zooiatric service." He supervises all the provincial veterinarians for Italy relative to meat inspections, investigation of diseases of animals, condition of stables, and quarantine against the importation of animals with infectious diseases. This quarantine is in effect at all seaports and at certain posts or land ports along the frontiers. There are 15 veterinarians assigned to this work. In addition, there are two general inspector veterinarians at large, who inspect the work in the field, reporting to the chief inspector general, and the chief of the zooiatric service. There are also 79 provincial veterinarians who are sent to various Provinces by the chief inspector general, through the chief veterinarian.

In the inspection service there are seven inspectors general at large. One spends all his time in various countries to study new methods and make observation to improve the home service. The other six make general inspections throughout the Kingdom to investigate general outbreaks of disease, and to cooperate with the provincial and municipal health authorities.

In addition, the central health organization supports bacteriological and chemical laboratories with a corps of competent bacteriologists, chemists, and technical assistants. Two general pharmacist inspectors study new drugs which are placed on the market and from time to time assist in revising the official pharmacopœia.

The National Government controls the entire health organization of the Kingdom and the colonies, even to the smallest municipality. The service offers a career, and all scientific appointments are made by competitive examination. First appointments are known as third class, and promotions are made to second and first class, respectively, and finally to general inspectors at Rome, depending on merit.

All stations (provincial and municipal) with populations of 150,000 or over have an officer of the first class. Provincial health officers can be transferred to new posts as the good of the service demands. After 20 years of service all employees are entitled to request retirement, and those reaching 65 years must be retired for age. Those retired receive a pension, the amount depending upon the salary. Various public health bodies such as the Central Superior Sanitary Council (Consiglio Superiore di Sanita), composed of leading health authorities, and the Consultative Commission for School Hygiene (Commissione Consultiva per l'Igiene Scolastica), act in an advisory capacity to the director general of public health.

PROVINCIAL ORGANIZATION

Italy is divided into 123 Provinces, each Province (of which the Province of Naples is an example) having a health organization under the provincial health officer or "medico provinciale." This medical officer is under the direct supervision of the chief inspector general in Rome, but works in the closest liaison with the civil commissioner in administrative charge of the Province (alto commissario), who is appointed by the Minister of the Interior. The title "alto commissario" is used only in the Province of Naples. In other Provinces the civil commissioners are called "prefects." The provincial health officer is detailed by the central health organization in Rome. and is answerable directly to that organization, but keeps the civil commissioner informed at all times as to his activities. The provincial health organization is a distinct entity, although operating under the general supervision of the chief inspector general in Rome. The activities of the provincial health organization may be divided into quarantine and general.

The quarantine work is under the jurisdiction of the port sanitary medical officer, who is assigned to the Province by the chief inspector general. He is assisted by 2 medical officers, 1 bacteriologist, 2 chief sanitary guards, and 14 sanitary guards. His duties, in brief, are to enforce the port quarantine laws, which are in keeping with the national law, to inspect passengers for quarantinable diseases, to fumigate all ships, and to supervise the laboratory work of the port. The sanitary guards are nonmedical employees, but are skilled in matters of quarantine and sanitation. They assist in the fumigation of ships in company with the doctor of the port. They also take samples of water from ships for examination and make sanitary inspections. All these activities are in conformity with the international convention of Paris of June 21, 1926.

Two veterinarians are detailed by the director general of public health to the Province of Naples, in connection with the quarantine inspection of animals, animal skins, and skin products. In each firstclass port a provincial veterinarian is detailed for the sanitary inspection of animals coming into or going out of the port, and for the sanitary inspection of meat and meat products. Inspection is also made of fruits and vegetables coming from the countries actually infected, or suspected to be infected, with "Filloxera."

Three medical officers assist the provincial health officer in the Province of Naples in the carrying out of his duties. Each assistant supervises one-third of the Province and observes the working and practical health administration of the various municipalities in his jurisdiction.



MUNICIPAL ORGANIZATION

The municipal organization is in harmony with the general law of the Kingdom, but operates under definite regulations approved March 15, 1928, by the "Giunta Provinciale," a board appointed by the Government in Rome, which operates in each Province for the purpose of setting forth general regulations of governmental operations and checking the fiscal affairs. The municipal health officer is known as the "ufficiale sanitario." This officer receives his appointment through competitive examination. The examination is given by a board composed of the provincial health officer and three professors of the faculty of medicine in the University of Naples, one of whom must be a professor of hygiene. The successful candidate is recommended to the civil commissioner, who makes the appointment advising the director general in Rome.

This same procedure of competitive examination holds true for all subordinate doctors and other scientific personnel. They receive their appointment, however, from the "podesta," or mayor of the city (an appointee of the Minister of the Interior), instead of from the civil commissioner. Their services can be discontinued by the mayor. The tenure of office of the municipal health officer is permanent, and he can not be discharged by the mayor. He can be dismissed only by the director of public health in Rome.

In brief, the personnel under the jurisdiction of the municipal health officer comprises bacteriologists, chemists, and technical assistants for the laboratories, veterinarians, sanitary engineers, and a medical staff.

The physicians employed in this health work may be divided into two general classes:

1. Municipal physicians, part time (medici condotti). These physicians do relief work and make some sanitary inspections.

2. Physicians, or hygienist physicians (medici igienisti). These are full-time officials, with a public health degree, employed in the various divisions of the health department. A vital statistician and a corps of administrative personnel, including clerks, complete the organization.

The numerous sections under the direction of the municipal health officer, covering activities wide in scope, may be discussed briefly as follows:

I. PROPHYLACTIC SECTION

A physician is in charge of this section, with the following responsibilities:

1. Bacteriological laboratory. This laboratory is utilized in connection with the diagnosis of infectious diseases and clinical investigations in cases of charity patients. Examinations of the drinking water of the municipality are made by this laboratory three times daily, the water being taken from three separate sources for each examination.

2. Investigation of infectious diseases when reported, the quarantine of patients and their hospitalization when necessary, disinfections and fumigations.

3. The proper disposal of bodies of those dead from infectious disease.

4. Direction of the disinfecting plant, where all bedding, clothes, linen, etc., are treated with dry steam under pressure when necessary, following infectious diseases.

5. In cooperation with the veterinary service, assists in the prevention of disease from animal infection.

6. Compiles statistics of reported cases.

II. SECTION OF PUBLIC ASSISTANCE

This section also has a physician in charge, and has to do mainly with general relief work. The duties of this officer are, in brief—

1. To grant hospital permits to charity patients, and to investigate the period of hospitalization. Charity patients are those persons who can not afford to pay for medical relief and who are so listed after official certifications to that effect, including police approval, are obtained.

2. To act as president of the board of examiners for examinations elsewhere described.

3. To supervise vaccinations. The vaccination law is very complete and provides for compulsory vaccination for all infants within six months after birth, the physical condition permitting. Revaccination is required at 8 years of age. Notices to vaccinate are sent to the parents three months after the birth of a child. If not complied with, the parents are fined by the court and the child is vaccinated by the city authorities. If smallpox appears in a house, all persons in that house must be vaccinated. Persons residing in the immediately adjoining houses and in the houses across the street must also be vaccinated. All children must be vaccinated before entering public and private schools, or show certificates of a recent vaccination. This rule also applies to factory workers. Free vaccine is supplied by the Government in unlimited amounts.

4. To keep the files of the persons listed as needing charity medical aid.

5. To direct the post-mortem service and perform necropsies when indicated.

6. To supervise the hygiene of morgues.

7. To employ specialists in certain cases.

8. To supervise all municipal physicians.

The municipality of Naples, including four villages and eight aggregated communities, is divided into 24 sectors, 12 belonging to Naples proper (quartieri). Two quartieri comprise a section, making six sections in the municipality, and in each section are four municipal physicians, except in the villages and communities, in which there is only one. The municipal physicians are on part-time basis. When they are not on duty in the local sectional office, they may be communicated with in their homes.

All birth reports, marriage reports, death reports, and vaccination reports are submitted by the local practitioner to the sectional office applicable, and these records are kept in the local office, but are sent each day to the statistical section, city health department.

The municipal physicians must live within the sections of the city which they serve officially, and some one must be at their residence at all times in order to receive calls and give advice. Their private offices must also be suitably placarded. Their duties are numerous and may be summarized as follows:

1. To give free medical, surgical, and obstetrical treatment to the city poor at the sectional office or, if necessary, answer calls to the homes of patients. They hospitalize, if necessary, in approved hospitals, the municipality paying all expenses. They must provide their own instruments, but may prescribe medicines through prescriptions. They are expected to keep themselves informed as to the activities of the pharmacies in their jurisdiction authorized to fill such prescriptions, and to see that the practice is not abused. There are 12 such pharmacies open day and night.

2. To vaccinate all people on request, irrespective of means; to vaccinate school children and the personnel of official organizations, such as the police and the fire departments.

3. To keep records of all patients and to submit reports.

4. To visit all cases of infectious diseases, taking the first steps in prophylactic measures, and informing the prophylactic section for further "follow-up" work; to make any visit on request of the prophylactic section; and to visit persons in quarantine.

5. To render first aid in public disasters or accidents.

6. To perform autopsies and inspection of bodies before burial.

7. To submit quarterly reports to the municipal health officer as to diseases treated, and also to report to him all nuisances and unsanitary conditions found in their section, and any suspicious or known infectious diseases.

8. To supervise the services of midwives (levatrici condotti) and to take charge of a case when necessary.

9. Additional duties of the municipal physicians are the general examination of all employees of the municipality before employment, such as employees of the health department and policemen and firemen. They also examine all applicants for chauffeur's license, and for retirement from the municipal service. In this service they There is a supplementary group of physicians who are within call, to be used as replacements when the regular municipal physician is out of the city or ill.

In each sectional office there is a clerk and one municipal guard. The clerk is engaged in taking care of the clerical work and the registration of births and deaths. Vaccination records of infants are kept, or the certificates of physicians to the effect that the condition of health prevents vaccination, and a list of persons who have not complied with the vaccination law. The guard is a lay inspector with police authority.

10. The chief of this section also has charge of midwives, who are appointed by competitive examination, and act only in cases which appear on the "poor list." These midwives are under the direct supervision of the municipal obstetrician and the municipal physician. Their duties, in brief, are as follows:

To attend to all obstetrical cases on the request of the municipal physician; to request assistance in abnormal cases; and to stay with the mother eight days after the child is born. The midwife must transmit reports about her activities and fill out the birth certificate for the report of the municipal physician. This report goes to the sectional office in which section the birth occurred.

Communicable diseases.—Under the general law, it is compulsory for each practitioner of medicine to report to the municipal sectional office all cases of the reportable diseases listed herewith. When the report is received, the municipal physician on duty visits the home and instigates such prophylactic measures as are necessary. He advises the municipal health officer, who in turn notifies the prophylactic division for further observation and "follow-up" work.

The municipal health officer sends a daily consolidated report to the provincial health officer, who in turn reports to the director general of public health in Rome. In the event of smallpox, cholera, bubonic plague, or yellow fever, reports are submitted immediately to the provincial health officer and the director general. The list of human diseases, compulsorily reportable but not placardable, are as follows:

Measles. Scarlet fever. Chicken pox. Typhoid fever. Paratyphoid infections. Mediterranean or undulant fever. Leishmaniasis (kala-azar). Bacillary dysentery. Amœbic dysentery. Diphtheria and croup. Whooping cough. Hookworm disease. Typhus fever. Leprosy. Malleus. Epidemic parotitis (mumps). Pulmonary tuberculosis. Epidemic influenza.

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Cerebrospinal meningitis.	Trachoma, and other contagious con-
Poliomyelitis.	junctivitis.
Lethargic encephalitis.	Gonorrheal ophthalmia of the newly
Puerperal fever.	born.
Malaria.	Rabies.
Pellagra.	Malignant pustule.

The only quarantinable diseases are smallpox, cholera, plague, typhus, and yellow fever; and these are not placardable.

The hospital "Cotugno," of 250 beds, operated and controlled by the city health department, is maintained solely for communicable diseases. Patients who can not be given proper care in the home are hospitalized there free of charge. Rooms are available to pay patients, and patients from other cities in the Province are admitted at the expense of their respective municipalities.

When quarantinable diseases occur, hospitalization must be furnished only at the "Cotugno" hospital. The benefits of this hospital extend to all living within the Province of Naples.

All sewage from the hospital passes through three tanks of hypochlorite, remaining 18 hours in each tank, before being discharged into the city mains.

During the calendar year 1930, cases of the following diseases were hospitalized, the majority coming from the Province outside the city of Naples:

Measles	161	Scarlet fever	30
Diphtheria	482	Typhoid fever	167
Chicken pox	46	Cerebrospinal meningitis	12

Venereal disease control.—Venereal diseases are not required to be reported under the law, but provision is made for out-patient treatment and hospitalization of patients at the venereal disease hospital "Pace," supervised by the city health department. In this hospital all applicants are treated, irrespective of nationality, including all foreign seamen. Treatment is free, but a charge for salvarsan is made when the patient is able to pay.

Subsidiary to the hospital are six out-patient dispensaries located throughout the city, with a part-time physician in charge and attending personnel. The hospital receives patients through these dispensaries.

The houses of prostitution are inspected by Government medical officers from Rome. Each house is obliged by law to have a visiting physician (approved by the provincial health officer), who once a week examines all prostitutes living there. If healthy they are given certificates of health; if diseased they are taken to the hospital "Pace" and the house is closed for a time.

It is of historical interest that mercurial ointment, or "Neapolitan ointment," as it was then designated, was first made in Naples at the "Ospedale Incurabile." What is said to be the original mortar and pestle used in making the first ointment can be seen at that hospital to-day.

III. CHEMICAL LABORATORY

The Chemical Laboratory is a very important branch of the health department. There is a doctor of chemistry in charge, with the following duties:

1. In charge of food and drink inspections and the chemical examinations of all foods, meats, and drinks, and of the water supply. A doctor of hygiene, a veterinarian, and a public guard make periodical inspections; and when any food is suspected of being impure or adulterated, samples are taken to the laboratory for chemical analysis. When food is found to be adulterated, the municipal health officer is immediately notified and the food is confiscated. The proprietor of the shop may be subject to a fine by the court.

2. Supervision of the general sanitary conditions surrounding the public markets and places where food and drinks are sold.

3. Chemical analysis for private concerns or individuals, for which charges are made. The money so received is returned to the budget of the health department.

The chief of the laboratory has under his immediate direction a variable number of assistants, such as technicians, sanitarians, doctors of hygiene, veterinarians, and municipal guards.

IV. SECTION OF INDUSTRIAL HYGIENE

This very important branch of the health department is in charge of a physician with the following duties:

1. To enforce the sanitary laws and regulations with regard to industries in the municipality.

2. To report relative to the advisability of granting licenses for new industries after a careful examination of the general construction of the plant, the situation of the workrooms, and the general technique of the work which has been proposed, and to recommend the discontinuance of industries which fail to meet the requirements.

3. To make periodical hygienic inspections to see that the health of the workers is at all times protected.

4. In the largest factories, especially where many women are employed, certain rooms are set aside for children of such mothers. These children are cared for while the mother is working, and may be nursed by the mother at certain times of the day. This children's room, the first-aid dispensary, and the pharmacy are subject to hygienic inspection by this division.

5. To promote physical exercise among the workers through teaching and propaganda.

6. To prevent the spread of infectious diseases in factories and industrial plants.

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7. To make medical examinations for employment of women of all ages and boys up to 15 years of age. After the examination they are granted a document known as "Libretto di Lavoro," necessary permission to accept labor.

8. To vaccinate all workers in industries.

V. SECTION OF SOCIAL SERVICE AND SCHOOL HYGIENE

The head of this section is a physician, who has the following duties:

1. To supervise the work of infant feeding in the various district offices (same offices as those of the municipal physicians) where milk for infant feeding is distributed if permits are obtained from the Association for the Protection of Maternity and Infancy.

2. To supervise the general hygiene and work of the twenty kindergartens, located in each section of the city, where kindergarten training is provided for children from 3 to 5 years of age.

3. To supervise the physical examination of all children entering the municipal public schools. Trachomatous children are sent to special classes. All children with infectious diseases are sent home and the family doctor is notified. Remedial conditions such as adenoids, tonsillitis, and the like, are treated free of charge by the specialists employed by the health department. These specialists work under the supervision of the head of this division.

4. To advise as to new school projects and make periodic inspections of conditions of both private and public schools, suggesting improvements when necessary.

5. To distribute hygienic propaganda among teachers and pupils by lectures.

6. To have general supervision of the hygiene of open-air schools and camps.

7. To have charge of the prevention of tuberculosis and other infectious diseases in schools. Periodical inspections are made to prevent the spread of the infectious diseases. If a child is absent without a known cause, the municipal physician in the section visits the home, ascertains the cause of the absence, and takes proper steps in the premises.

VI. VETERINARIAN SERVICE

As mentioned previously, the provincial veterinarian is detailed by the inspector general at Rome. All municipal veterinarians are appointed by the mayor after competitive examination. There is a chief veterinarian in charge of this division, with 17 assistant veterinarians, of which a variable number are attached to other branches of the health department for special work in veterinary science. Their duties are as follows: 2343

1. To make sanitary inspection of all municipal stables, keeping advised as to the health of the animals (horses, mules, etc.) and see to the proper disposal of manure to prevent the breeding of flies.

2. To have hygienic supervision of stables and animals used in the public cab service. This service is operated by private companies.

3. To inspect horses and other animals before being sold in the public market.

4. To inspect diseased animals and submit reports to the municipal health officer and the chief provincial veterinarian, when the following reportable diseases are found:

Bovine	Horses and donkeys
Foot-and-mouth disease. Hematic carbuncle. Borbone (of the buffaloes): Bovine tuberculosis. Bovine pest (tick fever). Pleuro-pneumonia. Epizootic abortus. Diarrhea of calves.	Malleus. Infectious pleuro-pneumonia. Itch. Sheep and goals Itch (acarus). Poultry Cholera. Hæmorragic septicemia.
Llass	

Hogs

Pest (hog cholera). Septicemia. Epizootic pneumonia.

5. To inspect before slaughter all animals used for food and to inspect all abbatoirs. When meat is passed, it is officially stamped, otherwise it is destroyed; or certain meats may be sold only after cooking. The quarantine of animals entering the port of Naples is under the supervision of the provincial veterinarian detailed to the provincial quarantine office, the municipal veterinarian having no jurisdiction in these matters.

VII. SECTION OF HYGIENE, SOIL, AND HABITATIONS

The activities of this section, under the supervision of a medical officer, with two sanitary engineers, may be discussed under five groups:

1. General.—Before any house can be built in the municipality, plans must be submitted to this division for approval relative to—

a. Elevation.

- b. Water supply.
- c. Bathing facilities.
- d. Sewage disposal.
- e. General fitness.

All restaurants, dairies, cafés, barber shops, and places where food or drinks are dispensed are required to obtain a permit from the chief of this section, which is issued after compliance with the sanitary regulations. Licenses may be revoked if necessary.

2. Disposal of the dead.—Under the present health laws of Naples a rather strict supervision is exercised over the disposal of the dead, and this responsibility is a part of the activities of the section of hygiene.

In ancient times, under the Roman rule, it was forbidden to bury the dead within the city limits. This regulation continued in force until 800 A. D., when Charles the Great permitted the burial of the dead in the grounds of the churches. Naples was one of the first cities to adopt this practice; and, in time, each church had its own burial ground. Those dying in hospitals were buried in the churches attached to the hospital. The devastating epidemics of plague which visited Naples from time to time with such appalling mortality made it necessary to change the location of these cemeteries. A new cemetery outside the city limits was created by Ferdinand IV of Bourbon, in 1762, for the "Ospedale Incurabile", and by 1817 it was decreed that all dead should be buried outside the city limits, a regulation at present in force. A special cemetery was established in 1836 on account of cholera.

When a death occurs it is immediately reported to the local registrar; the health officer is notified, and he sends a municipal physician to the house, who inspects the body and grants the burial permission. When the body arrives at the cemetery, a doctor of public health who is the director of cemeteries (attached to this section) inspects each body to determine whether all the sanitary rules pertaining to the disposal of the dead are complied with.

Two systems of burial are in vogue: (1) A permanent burial, which necessitates special permission from the chief health officer. By this method the body is permanently sealed in a crypt in the cemetery outside the city limits. (2) A temporary burial, where the body is placed in the ground, and after a variable time, depending on age, the body is exhumed and then placed in a crypt. When death occurs from a communicable disease, the body is not exhumed until two years have elapsed. This method of exhumation is followed on account of the limited amount of land available for cemetery plots. The entire procedure is reported from the time of death until he time of burial, and is supervised by the section of hygiene.

3. Milk supply.—The regulations governing the sale of milk in Naples are promulgated by the section of hygiene. Prior to 1928 there was practically no supervisory control over the sale of milk. Cows were kept in courtyards and in grossly insanitary stables within the city limits, and were driven from house to house and milked in the presence of the milk purchasers. Adulteration of milk, as well as watering, was common. An idea of the quality of the milk may be had when it is stated that in 1924, out of 2,972 samples of milk examined, not less than 1,806, or 64 per cent, were found to be adulterated; in 1925, out of 2,722 samples of milk, 1,781, or 64 per cent, were found to be unfit for use; in 1927, 35 per cent of the milk offered for sale was found to be unfit for use.

Under the present system all stables for cows must be at least 600 meters from the city limits; no cows may be housed within the city limits. In event of a prospective dairyman wishing to sell milk within the city of Naples, he must first apply for an inspection to the municipal veterinarian, and have all his cows tuberculin tested. These tests are made at his expense and may be accomplished by any reputable veterinarian. The inspection preliminary to receiving the permit must show clean hygienic stables, the accepted standard in the process of milking, proper sterilization of cans and bottles, a proper content of butterfat, and no adulteration. At any time after the permit is granted, samples may be seized and examined at the city laboratory.

Pasteurizing plant: The opening of the pasteurizing plant in Naples in February, 1928, was a most important step in the safe-guarding of the milk supply. This plant, although operated by a private company, is really controlled by the municipality of Naples to the extent that it may operate the plant as a concessionaire under the following terms:

(a) The duration of the concession is 30 years, but after 10 years the municipality has a right to take over the administration of the plant.

(b) The treatment of the milk from the time it reaches the plant until its distribution is under the constant sanitary control of the municipality, a chemical municipal laboratory being maintained at the plant for the necessary analysis and general hygienic supervision.

(c) Milk prices are fixed by the municipality, which receives two centimes (about one-tenth of a cent) on each liter of milk sold by the concessionaire, and all milk used for analyses goes to the municipality, which is likewise entitled to the proceeds of the sale of the confiscated milk.

(d) The concessionaire undertakes to develop the milk station to render it capable of treating a maximum of 135,000 liters of milk per working day of eight hours, and to build a separate plant for the production of by-products out of milk unsuited for pasteurization.

(e) The concessionaire is to maintain motor conveyances in order that milk may be available at the plant in all seasons of the year, at a temperature of not less than 15° C.

(f) Three distributing centers are also to be established and operated by the concessionaire in the city of Naples. At the pasteurization plant the present procedure is, in brief, as follows:

The milk is received at the plant in large cans brought from dairy farms (these cans being the property of the pasteurizing plant and of standard size). Samples are taken from each batch of milk and examined for butter content. Each sample must show at least 3 per cent of butterfat or it is confiscated by the municipality. At the present time no standard is fixed for temperature, but it is anticipated that soon no milk will be received with a temperature of more than 15° C. Tests are also made for acidity and specific gravity. Only milk with a specific gravity between 1,029 and 1,034 is accepted. Total solids must not be less than 9 per cent. After being accepted, the milk is poured into a large container, where it is weighed. and then pumped into large holding vats, where it is gently agitated. From these vats it flows into centrifugal cleaners. These cleaners extract about 10 pounds of dirt per thousand gallons of milk. From the cleaners it flows into what is known as "preheaters" and is given a temperature of 65° C.; after this it goes into pasteurizers, equipped with recording thermometers, where it is heated to 65° C., and is continuously agitated for 30 minutes. From the pasteurizers it flows over a series of freezing pipes and is rapidly chilled almost to freezing. In this state it is automatically bottled or canned, sealed. and conveyed to refrigerating rooms on running platforms, where it awaits delivery. This milk is distributed twice a day by a fleet of motor trucks.

All cans and bottles are washed by machinery in hot soda and rinsed; cans are steamed. This plant is capable of treating from 35,000 to 37,000 liters per day. The milk that flows through this plant comes from approximately 500 farms within an area of 60 miles of Naples.

It is to the credit of Naples that it was the first city of Italy to place milk-distributing services on a sanitary and efficient basis, although now such plants are found in other cities of Italy.

4. Sewer system.—Naples has had a sewer system since the early Greek period, as excavations have proved the existence of sewers of stone and mortar emptying into the sea dating back to those early times. Then a public officer exercised supervision over all the sewers as well as over the water supply.

During the Greek-Roman era the system enlarged as the city grew, provisions being made for rain water to drain into the sewer pipes, thence to the sea—a natural drainage for Naples. The city expanded faster than the sewer system, for we find during the reign of Charles of Anjou in 1266, the "pozzi neri," or black pits (cesspools), at many homes where sewer connections were not possible. In 1881 there were 8,000 such pits in the city. Much was done to extend the system from 1532 to 1553, during Spanish rule, an important step being the connection of cesspools with the sewers and more adequate flushing by diverting rain water through the sewer mains.

Just as a plague stimulated better quarantine laws, so the devastating epidemic of cholera in Naples in 1884, vividly remembered by one of the authors (E. B.), actuated serious attempts to give Naples a sewer system that was safe, with an effluent far removed from the city. At that time (1884) there were 54 large sewer outlets draining from the hill and plain sections of the city into the Bay of Naples. Extensive surveys were made and plans formulated, but it was not until June 2, 1889, that the project now in use was approved by the Government at a cost of 23,163,194 lire (about \$1,219,115).

The present sewer system is very extensive, and it is compulsory for all buildings situated within the zone of the system to be connected with it. Where this is not possible in outlying districts a water-tight ventilated pit privy is required. Periodic inspections are made by health officers and municipal guards assigned to the section or division of hygiene in enforcing the sanitary code. Sanitary engineers are also attached to the division to supervise the operation of the sewer system.

The sewage of Naples eventually flows into one of three mains, or "collectors," as they are called. These collectors, known as high, middle, and low, are situated, as implied, one above the other at different levels.

The high collector drains the mixed sewage and rain water; the other two collectors are each divided into two parts—one for sewage, the other for rain water. The rain water from these two collectors drains into a main conduit, emptying into the sea at Capo Posillipo, 5 kilometers away. The water from the low collector has another outlet to the Sebeto River, near Naples.

The sewage flowing through the lower collector is pumped by six pumps to the middle collector, and is then repumped, together with the sewage from the middle collector, to the large receiving basin at Piedigrotta (within the city), which receives also sewage and rain water from the high collector. Before reaching the pumps the sewage from the middle and low collectors is strained and the solid material is burned.

From the large receiving basin, all the sewage of Naples flows through a large main and discharges in the Gulf of Gaeta at the site of the ancient city of Cumae, about 10 miles from Naples. The declivity of this main is about 4 feet in each mile, with a rate of flow of a little less than 2 miles an hour. Each day nearly 5,000,000 gallons of sewage discharges into the sea about 160 feet from the shore line. The Naples sewer system, with its 150 miles of piping in the city, is growing to meet the new demands of city expansion and is worthy of comment in providing for a safe disposal 10 miles away, so that the Bay of Naples is free from gross pollution.

5. Water supply.—Naples under the early Greeks enjoyed an abundant water supply, more as a military necessity, in case of siege, than as a public health expedient. In those days the source of the supply was the "Springs of Bolla," three in number, then about 7 miles away, now 4 miles, whence the water flowed through a large brick aqueduct to a reservoir in the city. The age of this aqueduct is not definitely known, except that it existed many years before Christ; and it is used to-day to help provide modern Naples with water other than for drinking purposes.

From the reservoir the water was delivered to various parts of the city through an elaborate subterranean aqueduct system to fountains and to the baths, both public and private. Many homes were also provided with reservoirs filled from the public supply. The overflow from the main reservoir was used as power to operate grain mills.

As the city grew toward the hills and high places, wells and rain water were depended upon, as apparently gravity alone was utilized in promoting the flow.

During the reign of the Roman Emperor Claudius (41-54 A. D.) an immense aqueduct was built from the Springs of Serino (some 40 miles from Naples) to the "Piscina Mirabilis," near Baia. This huge reservoir, still in a perfect state of preservation, furnished the Roman galleys with their water supply. The Claudian aqueduct passes through Naples, and during the reign of the Spanish Vicerov Don Pedro de Toledo (1532-1553) it was suggested by Lettieri, a prominent engineer, that the aqueduct be restored and the additional supply from Serino be brought to Naples to meet the expansion of the city, which by that time had outgrown the Bolla supply. At that time the cost (80,000 ducats) seemed prohibitive, and the work was not authorized by the Spanish Government. Subsequently the Bolla supply proved inadequate to meet the demands of city expansion along the southern flank of the hills and as water power to operate the growing number of grain mills, and various projects were advanced, to be rejected, until May 7, 1627. Then, after 11 years of discussion, the plans of Carmignano and Ciminelli, two Neapolitans, were approved by the Supreme Council of the Spanish Viceroy Don Antonio Alvarez de Toledo.

These plans provided for an additional supply from the springs which form the river Faenza, about 16 miles from Naples.

A new aqueduct, which up to the time of its abolition was called the "Aqueduct of Carmignano," was built and new laterals were constructed, separated from the Bolla system. This additional supply seemed to prove adequate, besides furnishing power to 30 stone grinders in four grain mills. It was forbidden to use this water for any purpose other than for drinking and mill power, while severe penalties were decreed for any damage to the aqueduct. Death was the penalty for intentional pollution of the supply.

This system, finished May 29, 1629, supplied Naples with an additional 12,000,000 gallons of water daily. It is interesting to note that the contractors financed the construction of the Carmignano aqueduct and the city the lateral aqueducts within the municipality.

The year 1629, then, found Naples with two distinct water supplies, with an output totaling 150,000,000 gallons daily, and supplying 6,000 private reservoirs besides 200 fountains and baths and furnishing power in the operation of mills and granaries.

According to records, Naples enjoyed this water supply without interruption for over 200 years, when Felix Abate, in 1842, suggested the old plan of Lettieri, advanced years before, to bring the Serino supply to the city through the old Claudian aqueduct. It was again rejected and the whole subject lay dormant until 1868, when the possibility of disease was suggested through the pollution of the common supply from the close intermingling of the water and sewer mains. Finally, the plan of Mendia, an engineer, to utilize the Serino supply was advanced in 1869, and approved in 1877 by the Government at Rome.

The completion of the Serino system, with new aqueducts, gave to Naples one of the finest water supplies in the world, reaching to all parts of the city and at all times abundant.

The sources are the springs of Serino, consisting of two groups the Pelosi group, with a minimum daily output of 8,000,000 gallons and situated 1,220 feet above sea level, and the Orciuoli group, 1,080 feet above sea level, with a minimum daily flow of 27,000,000 gallons. If necessary, the Acquaro group of springs can be tapped, which would give 6,000,000 or more additional gallons of water.

From the springs of Serino the water flows by gravity to a small collecting reservoir, and then, passing through a conduit 37 miles long, through hills and over valleys, to the large storage basin on the hill of Cancello, 797 feet above sea level and about 14 miles from Naples.

Under pressure, through large aqueducts it is carried to the two reservoirs in the city of Naples—the Scudillo reservoir, 600 feet above sea level, with a capacity of 5,500,000 gallons, for the high sections of the city, and the Capodimonte reservoir, 300 feet above sea level, with a capacity of 22,000,000 gallons, for the remaining sections of the city. An elaborate piping system, 200 miles in length, provides the final distribution within the city. From the Cancello basin a separate aqueduct carries the supply to the outlying towns in the Province of Naples.

Since the source of this supply lies within the Province of Avellino and is distributed throughout the Province of Naples, the system falls under the supervision of the provincial health officer, although the city health department makes general sanitary inspections of the system within the city and performs the laboratory and chemical tests.

The springs and reservoirs are periodically inspected by officers from both the provincial and municipal governments.

The Serino water supply is absolutely untreated and is delivered to the home in the same state as received from the springs. Every day samples are taken from the city reservoirs, and from taps in various parts of the city for bacteriological examination. For the past 20 years this Serino water has given the following average counts:

Reservoirs

From October to April: 2 bacteria per c c. From May to September: 4 bacteria per c c.

Private taps

From October to April: 6 bacteria per c c. From May to September: 9 bacteria per c c.

The chemical analysis is constant and is as follows:

Quantity, 1 liter

	Grams
Dry residue, at 110° C	0. 2420
Dry residue, at 180° C	. 2373
Calcinated residue	. 2273
Volatile material, at 180° C	. 0098

Chemical analysis of the residue

Grome

	Claus
Silicic anhydryde	0. 0167
Carbonic anhydryde	. 0663
Sulphuric anhydryde	. 0167
Nitric anhydryde	. 0073
Chlorine anhydryde	None.
Oxide of iron and aluminium	. 0030
Oxide of lime	. 0708
Oxide of magnesium	. 0162
Oxygen necessary for the oxidation of the organic material	. 00009
No traces of ammonia or nitric acid.	• • • • • • •

Upon the completion of the Serino system, the Bolla supply was utilized solely for industrial purposes and for street sprinkling. To supplement this need, water from five artesian wells, city owned, are also used. In 1928 the Bolla supply was chlorinated, although at the time of this report it was not used for drinking purposes. The old Carmignano water system was diverted into the sewer system.

To-day finds modern Naples enjoying the same water supply which served the Roman galleys nearly 2,000 years ago.

VIII. SECTION OF VITAL STATISTICS

This section is in charge of a physician known as the "Medico demografo." His duties in general are to collect daily reports from all sections and subsections of the health department as to births, deaths, marriages, morbidity, and vaccinations. He also collects periodical reports for compilation of the monthly bulletin, and the preparation of all statistical reports dealing with the activities of the department.

IX. SECTION OF GENERAL ADMINISTRATION

This section is in charge of a chief clerk, and has to do, as its name implies, with the general clerical administrative work of the department, such as keeping the records, files, licenses, and notices, and doing whatever clerical work may be necessary as requested by the health officer.

DISPOSAL OF GARBAGE

This activity is not a part of the public health administration, but is mentioned as an item of interest. All garbage is periodically collected by the municipality and sold as fertilizer. A part is fermented under the Beccarri system, iron sulphate taking up the noxious gases. The products of this fermentation sell for a higher price than the raw garbage. This system appears to be operating satisfactorily.

MORBIDITY AND MORTALITY RATES

The city death rate averages yearly 11.41 per 1,000.

The infant mortality rate (deaths in infants 1 year and under) averages yearly 100 per 1,000 live births.

The tuberculosis death rate per 100,000 for the past five years has been as follows: 102 in 1926, 93 in 1927, 89 in 1928, 96 in 1929, and 111 in 1930.

During the calendar year 1930 among the communicable diseases reported are the following: Measles, 940 cases; diphtheria, 373; scarlet fever, 116; typhoid fever, 424. No smallpox was reported.

The reported number of cases of typhoid fever, 424, seems relatively high at first glance; but before the present sewer and water supply systems were in use, on the average from three to four thousand cases were to be expected each summer. In those days the majority of cases occurred in June, July, and August, while during the winter months Naples was almost free from typhoid. Now the typhoid rate is highest during October, November, and December, with few cases reported during the summer months, the case incidence being higher among the wealthy or "well-to-do" class.

During the summer months approximately 100,000 people living in Naples leave for vacation trips and resorts, returning the latter part of October. According to reports from the city health department, they bring their typhoid back with them, which accounts for the high incidence among that class and the unusual seasonal prevalence. Cases also occur among those living in the outskirts of the municipality beyond the range of sewers, and where the institution of sanitary reforms seems difficult.

It is significant that no smallpox cases were reported. The public health authorities are strict in requiring the prompt reporting of the quarantinable diseases, and smallpox would have been on record if it had occurred. In all Italy during 1930 only six cases are on record. This is just another instance of the absence of smallpox in a population that is continuously and completely vaccinated.

PERSONNEL

The scientific and technical personnel of the city health department includes the following:

Chief health officer	1
Heads of medical divisions	5
Head of chemical laboratory	1
Chief veterinarian	1
Assistant veterinarians	17
Medici condotti (part time)	24
Medici condotti (relief)	2
Hygienists (medici igienisti)	41
Directors venereal disease clinics	6
Directors relief venereal disease clinics	1
Specialists (part time)	2
Director of hospital "Cotugno" and "Pace" and assistant	
doctors	8
Bacteriologist for "Cotugno"	1
Midwives	17
Director of cemetery	1
Assistant various laboratories	11
Statistician	1
Chief clerk	1
Total	141

Secretaries, clerks, stenographers, laborers, and miscellaneous workers make up the remainder of the personnel.

2353

BUDGET

The total yearly cost of maintaining the health department of the city of Naples, including the maintenance of the two hospitals, averages 15,536,897 lire, or about \$817,731. This represents nearly \$1 per capita.

These funds are raised only from local taxes.

SUMMARY

The public health organization in Italy presents an interesting study, in that there is supervisory control direct from the central public health service in Rome over all the Provinces, colonies, and municipalities.

All public health doctors in administrative authority are career officers, receiving their appointment after competitive examination and retiring for age on a pension.

The public health administrators in the Provinces and cities are responsible only to the central authority in Rome, and are not under the official orders of the local authorities. This removes public health from the realm of local politics, although of course the closest cooperation between the civil and medical authorities exists. Public health administrators in the Provinces may be transferred to other localities as the occasion demands.

Maritime and border quarantine is conducted only by the central government, medical and veterinary officers being detailed to various localities for that purpose.

An efficient and elaborate veterinary service is maintained by the Government health service. Fifteen veterinarians are detailed to sea and land ports of entry and 79 to the various Provinces for general work.

In the city of Naples 18 veterinarians (including the chief of service) are part of the municipal health organization.

Charity relief, including medical, surgical, and obstetrical service, is furnished free to the city poor by the city health department. This is accomplished by part-time municipal physicians.

According to a report of the preparatory committee of the European Conference on Rural Hygiene recently published by the League of Nations, "Of a total of 20,000 physicians in Italy, 9,521 are municipal physicians."

Licensed midwives appointed by examination assist in the obstetrical service.

No public health nurses are connected with the public health service, national, provincial, or municipal.

Communicable diseases are reportable but not placardable. The quarantinable diseases are as follows: Smallpox, cholera, plague, yellow fever, and typhus fever. Adequate vaccination laws are strictly enforced, and as a result smallpox is a most rare disease in Naples and throughout the Kingdom.

The disposal of garbage is not administered by the city health department.

Supervisory control is maintained over the disposal of the dead.

The city water supply is unique in that over 1,000,000 people, including the city of Naples and part of the Province, enjoy an untreated water supply from springs 40 miles away. This untreated water is practically sterile, as shown by bacteriological counts over the past 20 years. A separate chlorinated supply is utilized by the various industries and for street cleaning. A third supply is part of the sewer system.

The disposal of sewage is efficient in that it extends to all parts of the city and is carried, after partial screening, to the sea about 10 miles from Naples.

ACKNOWLEDGMENTS

We are indebted to Professor Doctor Orsi, ufficiale sanitario of Naples, for reading through the manuscript with us, and to the Duca di Bovino, Podesta, and the Vice-Podesta Maresca for approval of this article for publication.

DEATHS DURING WEEK ENDED DECEMBER 3, 1932

[From the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce]

	Week ended Dec. 3, 1932	Correspond- ing week, 1931
Data from 85 large cities of the United States: Total deaths. Deaths per 1,000 population, annual basis. Deaths under 1 year of age per 1,000 estimated live births 1. Deaths under 1 year of age per 1,000 estimated live births 1. Deaths per 1,000 population, annual basis, first 48 weeks of year. Data from industrial insurance companies: Policies in force. Number of death claims. Death claims per 1,000 policies, first 48 weeks of year, annual rate. Death claims per 1,000 policies, first 48 weeks of year, annual rate.	8, 440 12, 0 628 51 11. 0 69, 717, 605 13, 247 9, 9 9, 5	7, 476 10. 8 566 44 11. 8 74, 178, 223 12, 885 9. 1 9. 6

1 1932, 81 cities; 1931, 77 cities.

PREVALENCE OF DISEASE

No health department, State or local, can effectively prevent or control disease without knowledge of when, where, and under what conditions cases are occurring

UNITED STATES

CURRENT WEEKLY STATE REPORTS

These reports are preliminary, and the figures are subject to change when later returns are received by the State health officers

Reports for Weeks Ended December 10, 1932, and December 12, 1931

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended December 10, 1932, and December 12, 1931

	Diph	theria	Influ	ienza	Me	sles	Mening	ngitis
Division and State	Week ended Dec. 10, 1932	Week ended Dec. 12, 1931						
New England States: Maine New Hampshire	2	777			2	264 5	0	0
Vermont Massachusetts Rhode Island	2 36 	66 7 5	8	533	132 	87 180 338 53	0 1 0	· 2 0
Middle Atlantic States: New York New Jersey	70 36	124 44	¹ 30 20	111 11	515 169	401 34	5 5	8
Pennsylvania East North Central States: Ohio	92 56	120 118	256	22	250 284	625 124	3 2	10 2
Indiana. Illinois. Michigan. Wisconsin	77 66 32 16	72 161 52 23	440 119 21 65	22 73 11 19	17 87 344 215	30 34 87 57	4 7 0 1	6 5 4 1
West North Central States: Minnesota Iowa	16 14	26 21	3	1	168	11 2	0	01
Missouri North Dakota South Dakota Nebraska	48 8 18 7	90 30 8 17	123 1 6		31 78 4 1	16 125 22	0 1 0	0 0 0
Kansas South Atlantic States: Delaware Marriand 1	29 4 17	73 14 70	37 6 57		4	24 2 6	1	1 0 0
District of Columbia Virginia. West Virginia.	10 47 41	15 53	13 	2 5	2 187 116	2 286	0 0 1	1 1 1
North Carolina South Carolina Georgia ¹ Florida	48 13 23 20	87 13 32 16	68 1, 092 2, 079 22	32 406 67 2	96 9 11 1	19 13 2 2	2 0 0 0	3 0 1 1
East South Central States: Kentucky Tennessee	48 46 52	94 66 84	683 1, 881 6, 687	37 21			1 1 2	4 3 3
Mississippi West South Central States: Arkansas	23 20	51 30	1, 090		1	13	2 0	0
Louisiana Oklahoma 4 Teras 4 Mountain States	26 44 207	37 104 266	7, 149 469 530	27 47 14	1 3 59	1 3	0	02
Montana Idaho Wyoming	3	1 1 7	371 4 30	1	216 	177	0 1 0	0 0 0
Colorado New Mexico Arizona Utah ²	7 12 7 3	2 14 14 2	463 11 238 14	 7 3	9 5	3 3 4 4	0 0 0 1	1 0 2 1
Pacific States: Washington Oregon California	2 67	5 1 81	5 457 1, 565	18 105	3 51 42	57 12 146	1 2 1	1 0 8
Total	1, 426	2, 232	26, 144	1,009	3, 157	3, 306	45	82

See footnotes at end of table.

December 23, 1932

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Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended December 10, 1933, and December 12, 1931—Continued

	Polio	nyelitis	Scark	et fever	Sma	llpor	Typho	oid fover
Division and State	Week ended Dec. 10 1932	Week ended Dec. 12 1931	Week ended Dec. 10 1932	Week ended Dec. 12 I (£1	Week ended Dec. 10, 1932	Week ended Dec. 12, 1931	Week ended Dec. 10, 1932	Week ended Dec. 12, 1931
New England States								
Maine	. 0	0	29	44	0	0	13	3
New Hampshire	. 0	0	22	15	Ó	Ó	2	Ō
Vermont	. 0	2	11	8	0	7	0	0
Massachuseus		7	378	500	0	0	3	3
Connecticut	i ă		100	48	Ň	15	1	
Middle Atlantic States:		· ·		.10		10	-	•
New York	6	11	623	432	3	40	14	25
New Jersey	2	3	229	111	0	0	6	4
Pennsylvania	3	7	601	414	0	1	17	26
East North Central States:	9		406	516	16	12	14	10
Indiana	Ĩ	ĩ	116	143	10	8	2	12
Illinois	3	13	434	367	4	19	20	19
Michigan	1	3	300	188	2	14	6	5
Wisconsin	0	5	104	89	3	10	1	1
West North Central States:			e9	40				
Iowa	i i	3	32	40	96	41	2	1
Missouri	ŏ	2	94	74	1 0	8	2	
North Dakota	Ŏ	Ō	21	22	4	2	ī	i
South Dakota	1	0	13	16	3	10	2	ī
Nebraska	0	0	20	27	1	6	0	- 2
Kansas	0	1	84	68	1	5	1	3
Deleware	0	0	10	7				,
Maryland 2	ı i	i	130	102	ŏ	ŏ	11	â
District of Columbia	Ō	ō	26	21	ŏ	ŏ	Ō	. ĭ
Virginia	0		100		Ó		15	
West Virginia	0	0	65	46	2	4	15	21
North Carolina		0	102	85	0	0	10	· 6
	Ő	1	10	10	Ň	9	12	14
Florida	ň	ō	14	9	ŏ	2	2	3
East South Central States:	-	, i		-	•	-	-	
Kentucky	1	2	- 44	78	0	0	6	16
Tennessee	0	0	62	53	0	3	8	14
Alabama J.	2	8 N	48	60	0	0	8	25
West South Central States		v	20	41	4	•		0
Arkansas	0	0	19	23	4	7	3	14
Louisiana	1	0	12	22	5	3	17	33
Oklahoma 4	1	3	45	38	0	4	7	12
Texas 3	0	0	170	n_1	6	7]	14	20
Montana States:	0	3	18	47				•
Idaho	ŏ	ŏ	10	5	4	ő	1	ň
Wyoming	ĭ	ŏ	2	11 l	ōl	ŏl	il	ŏ
Colorado	0	0	25	40	2	0	Ō	2
New Mexico	0	0	16	9	0	0	2	9
Arizona		N N	53	5	N N	0	0	Ő
Pacific States		U I	23	12	U	U I	U	0
Washington	2	3	28	66	2	15	او	7
Oregon	ō	ŏ	17	18	5	6	il	6
California	2	3	130	163	16	5	6	10
ŀ	32	07	4 041	4 050	199		000	200
		31	7, 321	2,009	i wi	200	200	908

New York City only.
Week ended Friday.
Typhus fever, week ended December 10, 1932, 14 cases: 11 cases in Georgia, 2 cases in Alabama, and 1 case in Texas.
Figures for 1932 are exclusive of Oklahoma City and Tulsa and for 1931 are exclusive of Tulsa only.

Cases

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	Menin- gococ- cus menin- gitis	Diph- theria	Influ- enza	Ma- laria	Mea- sles	Pel- lagra	Polio- myelitis	Scarlet fever	Small- pox	Ty- phoid fever
October, 1932 Colorado November, 1932	2	36	3	1	25		2	161	1	24 :
Arizona District of Columbia Indiana Maine Missouri New York North Carolina North Dakota Vermont. Wyoming	$2 \\ 1 \\ 12 \\ 1 \\ 4 \\ 22 \\ 3 \\ 1 \\ 1$	20 32 347 16 340 248 291 12 9	1, 320 12 194 9 5 	 1 	9 4 25 7 50 1, 435 271 355 5 17	1 70	0 2 4 3 1 17 3 0 2 0	33 55 479 51 480 1, 754 404 33 38 35	0 0 11 0 2 34 0 23 0 0	6 9 25 15 20 63 30 30 1

Cases 1

October , 1932		1	Cases	1	Cases
	10000	New York	67	Trichinosis:	
Colorado:	ases	North Carolina	8	New York	8
Chicken pox	198	Glanders:		Tularaemia:	
Impetigo contagiosa	36	Indiana	. 1	Indiana	1
Lethargic encephalitis.	2	Lethargic encephalitis:		Missouri	4
Mumps	34	Indiana	2	North Carolina	2
Paratyphoid fever	1	New York	6	Typhus fever:	
Septic sore throat	5	North Dakota	2	District of Columbia	2
Trachoma	1	Mumps:		New York	3
Undulant fever	1	Arizona	70	North Carolina	2
Vincent's angina	1	Indiana	32	Undulant fever:	-
Whooping cough	54	Maine	9	Indiana	3
		Missouri	68	Maine	ï
November, 1932		Vermont	106	Missouri	- 11
,		Wyoming		New York	23
Anthrax:		Onhthelmie neonstorum:		North Carolina	ĩ
New York	2	Now York	3	North Dakota	î
Botulism:	-	Paratyphoid fovor:		Vincent's angina	•
New York	1	Now Vork	A	Indiana	1
Chicken pox:	-	New 101K	1	Maina	ā
Arizona	31	Daitteoorig	1	New York 1	106
District of Columbia	72	FSILlacosis:	9	Vincent's infection:	100
Indiana	474	New I OFK	4	North Dekote	0
Maina	210	Rables in animals:	1	Wheeping cough:	
Miggouri	272	MISSOURI	1	A minoping cough.	10
Now York	1 240	New 1 Ork '	1	District of Columbia	- 10
New IOR	419	Scabies:		District of Columbia	29
North Dabata	410	North Dakota	5	Inglana	07
North Dakota	100	Septic sore throat:		Maine	21
vermont	199	Missouri	13	Missouri	20
w yoming	33	New York	23	New York	1,572
Conjunctivitis:		North Carolina	13	North Carolina	276
w yoming	1	Wyoming	12	North Dakota	9
Dysentery:		m / joining		Wyoming	- 33
Arizona	1	Tetanus:			
New York	16	New York	4		
German measles:		Trachoma:			
Indiana	2	Arizona	18		
Maine	3	Indiana	1		

¹Exclusive of New York City.

October, 1932

147065°-32----3

Kansas: Topeka

Delaware: Wilmington.

Wichita.....

O

WEEKLY REPORTS FROM CITIES

Ty-Whoop Influenza Diph-Mea-Pneu-Scarlet Small-Tut er-Deaths, phoid ing State and city sles theria monia fever pox culosis ิลปไ fever cough Cases Cases cases deaths deaths CASES causes Cases | Deaths C8566 cases Maine: Portland. New Hampshire: Concord..... A n Nashua Ô A Vermont: Barre Ô Burlington. Ô õ õ Õ Ô Massachusetts: Boston n Fall River ... A O Springfield ... Ö A A Worcester. Rhode Island: Pawtucket ß O A Providence Õ Ó i Connecticut: Bridgeport Hartford. Ō Ó New Haven.. Ó Õ New York: Buffalo n New York..... 1. Rochester Ō Õ n Syracuse ... Õ ī õ New Jersey: Camden. Newark 1 5 Trenton Õ Õ Õ Pennsylvania: Philadelphia. Pittsburgh n ŏ Reading Õ Ohio: Cincinnati... 93 n Cleveland Columbus..... ž Ô Toledo Ð Indiana: Fort Wayne. ---Indianapolis... ----South Bend n ō ŝ Ō Ō Õ ---Terre Haute... Õ Ō Õ õ Illinois: Chicago. CO Springfield Õ ē Michigan Detroit Flint ō Grand Rapids... Ŷ. Õ ō Ó Wisconsin: Kenosha. Madison..... A Milwaukee.... Racine..... Õ A A A Superior . Ð Ō Minnesota: Duluth n A Minneapolis.... St. Paul Ö Iowa Des Moines. Sioux City..... Õ Ô Waterloo Ō 1Õ Missouri: Kansas City_ g St. Joseph..... Ō 236 n St. Louis. 1Ĩ Ó North Dakota: Fargo. O n A Grand Forks. Ó õ ō Ô South Dakota: n A A n Ó n A Nebraska: Omaha

City reports for week ended December 3, 1932

City reports for week ended December 3, 1932-Continued

Charles and the state of the st	1	1		1	T				(m	18876	
	Diph	- Inf	Influenza		Pneu	Scarlet	Small	-Tuber-	TY-	whoop	Deaths.
Stite and city	theri	8	1	sles	monia	fever	DOX	culosis	phona	ing	all
	Cases	Gases	Deaths	cases	death	s cases	cases	deaths	lever	cougn	causes
Manual and	-				•				cases	Cases	
Maryland:	1 .		1 .		m	1		1			1
Baitimore		/ II		3	23	43	0	13	0	14	241
Cumperland	1 2		-		1	1	0	0	0	0	12
F rederick		/	- 0	0	0	0	0	0	0	0	4
Dist. of Columbia:	Ι.	. .		Ι.							
wasnington		נן א	2	5	9	10	0	12	0	2	150
virginia:	1	. 1	1 .							-	
Lynchourg		2	- 1	0	1	4	0	0	0	7	13
Noriolk			. 0	0	3	3	0	1	0	4	1
Richmond			. 1	0	6	3	. 0	0	0	0	50
Roanoke	1 1		. 0	0	2	4	0	0	0	0	18
West Virginia:											
Charleston	11	2	0	0	0	3	0	1	0	0	7
Huntington	3			20		. 2	0		0	0	
Wheeling			. 0	75	2	2	0	2	0	15	17
North Carolina:	I .										
Raleigh	1		. 0	0	2	2	0	2	0	1	20
Wilmington	0		. 0	0	3	0	0	0	0	0	15
Winston-Salem_	4		. 0	0	1	1	0	1	1	0	18
South Carolina:			1								
Charleston	1	30	1 1	0	1	1	0	3	0	0	16
Columbia	4		0	1	0	5	Ó	Ő	i	1	
Georgia:		1			1	1 1					
Atlanta	11	134	0	0	i 5	9	0	4	1	6	76
Brunswick	0		0	0	0	0	Ó	1	ō	Ó	3
Savannah	6	12	0	0	1	1	Ō	2	i	Ō	25
Florida:						-	-	-	- 1	-	
Miami	1		0	0	0	2	0	0	12	0	26
Tampa	3		ŏ	ŏ	Å Å	ī	ŏ	ĭ	10	ŏ	23
Kentucky:	-	1	, i	Ť	Ĵ	- 1	v	· •	v l	v	
Covington											
Lexington	0	5	0	2	1	3	0		0	0	20
Louisville	10	43	Ň	ō	14	10	ĭ	Ē.	ň	v a	07
Tennessee:			, v	v		10	-	° I	•	Ű	31
Memphis	7		2	4	11	8	0	5	4	1	63
Nashville	5		a l	i	5	i i	ň	ő		â	55
A labema	0			-	J	-	v	v I	•	v	30
Rizmingham	4	400	, I	0	4	7	0		1	1	60
Mobile	1	100	+	Ň	Ĩ		0			1	00
Montgomery	1	213		ň	т	ี ถึ	Å	v		Ň	20
Montgomery	1	210		v			v		0	U	
Arkausas.	,			•							
Fort Sinith	1			V V		U V	0		0	0	
LIUIE ROCK	1	1 1	0	0	2	0	0	1	0	3	3
Louisiana:											
New Orleans.	10	435	41	0	36	8	0	13	1	1	233
Shreveport	2		0	0	4	11	0	2	0	0	29
Oklahoma:											
Tulsa	4			0		4	0		0	1	
Texas:											
Dallas	22	6	2	3	7	10	0	2	0	0	56
Fort Worth	6		1	1	3	20	0	2	0	0	34
Galveston	1		0	0	2	0	0	1	0	0	12
Houston	12		1	0	14	5	0	2	0	0	88
San Antonio	7	1	1	2	10	1	0	8	0	0	71
Montana:				1						1	
Billings	0		0	1	0	0	0	0	0	0	8
Great Falls	0		1	293	1	3	0	0	0	0	5
Helena	0		0	1	0	0	0	0	0	0	3
Missoula	0		0		0	0	0	0	0	0	8
Idaho:						1			1		
Boise	0		0	4	0	0	13	1	0	0	5
Colorado:			1			1	- 1		ļ	i	
Denver	6		6	8	14	14	0	6	1	0 1	87
Pueblo	0		0	0	1	0	2	01	0	0	6
New Mexico:				-	-	-	-		-	-	-
Albuquerque	0		0	0	0	0	0	2	0	3	4
Arizona:	•		-	· ·		-	-	-!	· 1	Ť	-
Phoenix	0	1	7	0	14	0	0	11	01	0	
Utah:			• 1	۳I	[~ I	۳I		۳I	Ĩ,	
Salt Lake City	2	7	7	6	3	3	0	0	0	6	31
Nevada:	~	· · !		~		"	v I	۳I	"	×	
Reno	0	n i	ni	<u></u>	0	0	0	<u>_</u>	ni	•	4
Washington	v	v I						v I	v l		
Seattle								1	•	2	
Spokene			••••••	Ňŀ.		3	Ň.		×1	3	
Terome	X			N.		1 L	<u>v</u>].		21	ÿ -	
Oregon	v		U		v	Э	U	z	U U	v į	24
Portland	i				أمر	~					
Forusild	, Y		U	2	3	8	4	1	0 i	Ň	74
California	U	17		3 .		0	0 -		0	0	
		!			-		_		.		
Los Angeles	33	414	12	14	25	41	0	39	1	27	340
Sacramento	1	22	0	2	13	4	0	1	0	6	49
San Francisco		!			h	<u></u>	<u> .</u>	<u></u>	<u> </u>		

¹ Nonresident.

2360

State and city	Mening meni	goeoccus ngitis	Polio- mye-	State and city	Menin meni	Polio- mye-	
	Cases	Deaths	cases		Cases	Deaths	cases
New York: New York	5	3	0	Minnesota: St. Paul	1	0	(
New Jersey: Camden	1	0	0	Maryland:	,		1
Pennsylvania: Philadelphia	1	0	4	District of Columbia: Washington	1	0	
Ohio: Cleveland	1	o	0	Georgia: Atlanta	1	0	C
Columbus Illinois: Chicago	1	1	0	Washington: Seattle	0	0	1
Michigan: Detroit	2	1	0	California: Los Angeles	0	0	-

City reports for week ended December 3, 1952-Continued

Lethargic encephalitis.—Cases: New York, 1; Pittsburgh, 1; Detroit, 1; Dallas, 1; Portland, Oreg., 1. Pellagra.—Cases: Baltimore, 1; Atlanta, 2; Savannah, 1; Montgomery, 3; Sacramento, 1. Typhus fever.—Cases: New York, 1; Baltimore, 1; Charleston, S. C., 1; Savannah, 2.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—Week ended November 26, 1932.—The Department of Pensions and National Health of Canada reports cases of certain communicable diseases for the week ended November 26, 1932, as follows:

Disease	Prince Edward Island	Nova Scotia	New Bruns- wick	Quebec	Onta- rio	Mani- toba	Sas- katch- ewan	Alberta	British Colum- bia	Total
Chicken pox Diphtheria		2	2 10	124 42	289 19	86 7	25 4	7	48	583 82
Influenza Measles Mumps		8 4	 7 2	2 33	27 222 96	1 7 17	1	17	2, 498 8 2	2, 535 299 117
Pneumonia Poliomyelitis Scarlet fever		6	1 7	9 70	8 1 60	19	18	2 3 1	7 1 14	15 14 197
Tuberculosis Typhoid fever Undulant fever	1		14 1	48 24	23 2	9 7	3 3	7	18 1	123 39 1
Whooping cough		2		88	86	46	4	2	10	238

Quebec Province—Communicable diseases—Four weeks ended December 3, 1932.—The Bureau of Health of the Province of Quebec, Canada, reports cases of certain communicable diseases for the four weeks ended December 3, 1932, as follows:

		Week	ended	
Disease	Nov. 12	Nov. 19	Nov. 26	Dec. 3
Cerebrospinal meningitis	1	1		1
Chieken pox	71	132	124	129
Diphtheria	38	31	42	31
Erysipelas	5	3	3	1
German measles	1	7	5	2
Influenza			2	1
Measles	117	67	28	99
Onhthalmia neonatorum	1	1		
Poliomvelitis	5		9	4
Scarlet fever	76	47	70	46
Tubermlocie	73	34	48	52
Typhoid favor	45	Ğ	24	12
Whooping cough	134	120	88	123
noohing oongn	101	120		120

(2361)

2362

ITALY

Communicable diseases—Four weeks ended August 21, 1932.—During the four weeks ended August 21, 1932, cases of certain communicable diseases were reported in Italy as follows:

	July	25-31	Aug	. 1-7	Aug	. 8–14	Aug. 15-21	
Disease	Cases	Com- munes affect- ed	Cases	Com- munes affect- ed	Cases	Com- munes affect- ted	Cases	Com- munes affect- ed
Anthrax Cerebrospinal meningitis Diphtheria and croup Dysentery Lethargic encephalitis Measles. Poliomyelitis Scarlet fever Typhoid fever	20 11 67 233 32 3 610 43 227 725	19 10 43 136 23 3 192 31 103 368	37 8 65 287 35 35 3 638 36 231 871	32 8 43 146 20 3 195 28 102 420	50 55 255 51 2 497 28 253 1,045	44 5 42 158 19 2 198 25 106 520	61 12 34 275 31 430 32 282 1,062	43 11 29 156 19 30 117 509

JAMAICA

Communicable diseases—Four weeks ended December 3, 1932.— During the four weeks ended December 3, 1932, cases of certain communicable diseases were reported in Kingston, Jamaica, and in the island of Jamaica outside of Kingston, as follows:

Diseasə	Kings- ton	Other locali- ties	Disease	Kings- ton	Other locali- ties
Chicken pox Diphtheria Dysentery. Erysipelas	2 3	2 2 2 1	Puerperal lever Tuberculosis Typhoid lever		4 64 78

MEXICO

Vera Cruz-Reportable diseases-September-November, 1932. — During the three months ended November 30, 1932, the following diseases were reported in Vera Cruz, Mexico:

Disease	Septe 19	mber, 32	Octa 19	ober, 132	November, 1932	
	Cases	Deaths	Cases	Deaths	Cases	Deaths
Bronchitis		6 4		36	1	4
Conjunctivitis, infectious Diphtheria Dysentery Ervsinelas	7	9 1	1 2 5	2	2 5	1
Gastro-enteritis Hookworm diseass Leprosy		59 3	2	49 5 1		40 6
Malaria	279 15	14 2 12	557 25	8 4 13	394 5 	19 13
Puerperal fever		2		1	 4	1
Sýphilis, hereditary Tetanus Tuberculosis	 20	10 3 17	1 26	9 	31	7
Typhoid and paratyphoid fever Whooping cough	8	9 2		2	9 	

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

(Nore.—A table giving current information of the world prevalence of the quarantinable diseases appeared in the Public Health Reports for November 25, 1932, pp. 2231-2244. A similar cumulative table will appear in the Public Health Reports to be issued December 30, 1932, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

Plague

Azores. —Two cases of plague were reported in rural districts in the Azores Islands in October, 1932.

Smallpox

Brazil.—Under date of December 2, 1932, several cases of smallpox were reported at Recife, State of Pernambuco, and in the State of Parshyba, Brazil.

Typhus Fever

Irish Free State—County Kerry.—On December 1, 1932, 19 cases of typhus fever were reported in the Killarney rural district of County Kerry, Irish Free State.

Yellow Fever

French Sudan-Kayes.—A fatal case of yellow fever was reported December 4, 1932, at Kayes, French Sudan.

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