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CURRENT PREVALENCE OF COMMUNICABLE DISEASES IN THE UNITED STATES¹

April 22–May 19, 1934

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."

Measles.—The measles incidence still maintained the highest level in recent years. For the 4-week period ended May 19 the number of cases reported was 124,923, which was 1.8 times the number reported for the corresponding period last year and 1.5 times that for the same period in the years 1932 and 1931. Each geographic area continued to report an excess over last year. In the East North Central section the number of cases (31,892) was 2.6 times that for the same period last year, and in the South Atlantic the number (29,684) was 4.3 times last year's figure. Increases in other areas ranged from 15 percent in the New England and Middle Atlantic to 70 percent in the West North Central States.

Poliomyelitis.—The number of cases of poliomyelitis rose from 91 for the preceding 4-week period to 146 for the current period. The incidence was the highest for this period in recent years. In 1933, 1932, and 1931, the numbers of cases for this period were 76, 71, and 87, respectively. States in the Mountain and Pacific areas were largely responsible for the current high incidence. In the Mountain group, Idaho reported 6 cases and Arizona 15, as against none last year, and California, in the Pacific area, reported 80 as against 6 last year. The East North Central and South Atlantic areas reported very appreciable decreases from last year's figures; other areas closely approximated last year's incidence.

Meningococcus meningitis.—For the country as a whole the incidence of meningococcus meningitis continued to be the lowest in

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, 48; poliomyelitis, 48; meningococcus meningitis, 48; smallpox, 48; measles, 47; diphtheria, 48; scarlet fever, 48; influenza, 43 States and New York City. The District of Columbia is counted as a State in these reports. These summaries include only the 8 important communicable diseases for which the Public Health Service receives regular weekly reports from the State health officers.

recent years. For the 4 weeks ended May 19 there were 220 cases reported, as compared with 230, 277, and 573 for the corresponding period in the years 1933, 1932, and 1931, respectively. A comparison of geographic areas shows that the current incidence closely approximated that of last year in all areas except the East North Central and East South Central. In the former area the number of cases (59) was only 65 percent of last year's figure and in the latter section the number (26) was almost double that of last year.

Typhoid fever.—The reported incidence of typhoid fever (843 cases) was the highest for this period in 5 years. States that were mostly responsible for the rather high incidence are in widely scattered geographic areas. Vermont, in the New England area, reported 57 cases as against none last year. The outbreak was reported as a water-borne epidemic from a broken sewer, but the specific locality was not stated. Missouri, in the West North Central area, reported 29 cases as against 10 last year; Louisiana, in the West South Central section, reported 71 as against 45; and the three States in the Pacific area reported 60 as against 35 last year. In other areas the incidence followed the level of recent years very closely.

Smallpox.—The number of cases (645) of smallpox reported for the 4 weeks ended May 19 approached very closely that for the corresponding period last year (676) cases, but it was considerably below the incidence in the preceding years. For this period in 1932, 1931, and 1930 the numbers of cases were 1,217, 3,423, and 5,512, respectively. The disease was most prevalent in the East and West North Central areas. Of the 139 cases reported from the East North Central area, Wisconsin reported 112 as compared with 12 last year; while in the West North Central area each State except Iowa contributed to the increase. Other areas compared very favorably with recent years.

Diphtheria.—The total number of cases of diphtheria reported for the 4 weeks ended May 19 was 2,190, as compared with 2,033, 2,903, and 3,475 for the corresponding period in the years 1933, 1932, and 1931, respectively. For the current period the New England States reported a 50 percent decrease from last year's figure, the West North Central group reported a 50 percent increase, and in other areas the current incidence was approximately the same as that last year.

Scarlet fever.—The incidence of scarlet fever continued to decline. For the 4 weeks ended May 19 the number of cases totaled 22,449, which figure compared very favorably with the average for recent years. The New England, Middle Atlantic, South Atlantic, and East South Central areas reported decreases from last year's figure, while the East North Central, West North Central, West South Central, and Mountain and Pacific areas reported slight increases.

Influenza.—The number of cases of influenza dropped about 50 percent during the current 4-week period from that reported during the preceding period. The number of cases (3,918) was, however, about 30 percent in excess of that reported for the corresponding period last year. For this period in the years 1932, 1931, and 1930 there were reported 7,076, 3,980, and 3,224 cases, respectively. With one exception, the West North Central, all geographic areas reported a very favorable influenza situation. In the West North Central section, Missouri, where the disease has been unusually prevalent for several preceding periods, reported 224 of the 258 cases reported for that area. Other States in that area reported only a normal incidence.

Mortality, all causes.—The average mortality in large cities reporting to the Bureau of the Census for the 4 weeks ended May 19 was 11.8 per thousand population, annual basis, as compared with 11.0 for the corresponding period last year. For this period in 1932 and 1931 the rates were 11.6 and 11.9, respectively.

SILICOSIS AMONG GRANITE QUARRIERS

By J. J. BLOOMFIELD, *Sanitary Engineer*, and WALDEMAR C. DREESSEN, *Passed Assistant Surgeon, United States Public Health Service*

It is the common belief that granite quarrying is not so dangerous an industry as granite cutting in enclosed sheds, since quarry work is conducted outdoors and hence may not be attended with very much dust exposure. It has been known, however, that certain quarry operations require the use of pneumatic tools which are associated with the formation of considerable amounts of dust. Since mortality statistics by specific occupations for quarriers were not available, it was thought that a study of the physical condition of workers employed in a typical granite quarry might cast some light on this problem. The present report deals with such a study made in a representative granite quarry in Vermont. In addition to a clinico-radiographic investigation, the dust exposure for the various occupations was determined.

NATURE OF GRANITE-QUARRY DUST

The mineralogical composition of the dust to which granite quarriers are exposed may be considered as similar to that given for granite cutters in a previous publication (1). Suffice it to say at this time that the quartz content of this dust is 35.2 percent. A study of the size of the dust particles to which quarry workers are exposed (2) showed that 75 percent of the particles were less than 2 microns in average diameter with only 10 percent of the dust less than 1 micron. The median size of the dust was found to be 1.5 microns, and no dust

particles larger than 6 microns were disclosed by these measurements. It is apparent, therefore, that the dust is of a potentially dangerous size and of a toxic nature.

**DESCRIPTION OF GRANITE QUARRYING AND OCCUPATIONAL
CLASSIFICATION**

A representative granite quarry, employing about 150 men, was selected for study. Table 1 presents a classification of the various occupations involved in quarrying, as well as the number of workers employed and examined in each occupation. The drillers are the only workers using pneumatic tools, devices known to produce considerable quantities of dust. These drillers constitute 38 percent of the quarry personnel.

TABLE 1.—*Classification of quarry occupations and number of workers employed and examined in each occupation*

Occupation	Number in quarry so employed	Number examined	Occupation	Number in quarry so employed	Number examined
Drillers:			Other quarry employees—		
Leyner.....	17	13	Continued.		
Plug and jack-hammer.....	37	24	Derrick-men.....	24	10
Other quarry employees:			Muckers.....	24	4
Superintendent.....	1	1	Blacksmiths.....	6	2
Foremen.....	7	3	Tool boys.....	2	—
Compressor engineer.....	1	—	Water boy.....	1	—
Hoisting engineers.....	12	5	Machinists.....	3	—
Locomotive engineer.....	1	—	Air line repairer.....	1	—
Locomotive fireman.....	1	—	Pipe fitters.....	2	1
Steam shovel man.....	1	—			
Crane operator.....	1	—	Total.....	142	63

Briefly, granite is quarried in the following manner: Channeling machines (Leyner drills) are used to drill a series of holes in the rock to be quarried. When a sufficient number of holes of the required depth have been cut, a groove about 1 inch in width is made by means of a broaching bar, which breaks the slender section of stone between the successive holes. As soon as the floor of the quarry has been lined with parallel grooves of the required depth, the channelers are run across at right angles to divide the granite into blocks. These blocks are then broken off at the bottom by drilling and wedging. The stone thus obtained is split to size either in the quarry hole or at the top of the quarry yard by drilling holes in the blocks with plug drills and driving in the necessary number of wedges to cause them to split. At times it is necessary to use jack-hammer drills for this purpose; however, this type of drill is employed only in the quarry hole by the same men who operate plug drills, so that actually there are only two kinds of drillers in a granite quarry, those who operate Leyner drills and those who use plug and jack-hammer drills. The

blocks of granite which have been prepared for removal are lifted out of the quarry by derricks. The other occupations listed in table 1 are explained by their designation.

OCCUPATIONAL DUST EXPOSURE

To determine the dust exposure associated with the various quarry occupations, 20 atmospheric dust samples were obtained with the impinger apparatus (3). The results of the dust determinations are summarized in table 2. It is apparent from these results that Leyner drillers and plug and jack-hammer drillers working in the quarry hole are exposed to high dust concentrations (144.4 and 112.1 million particles per cubic foot, respectively). Plug drillers in the yard are exposed to 36.9 million particles, whereas all other workers were found to be subjected to only 5.8 million particles of dust per cubic foot of air.

TABLE 2.—Occupational dust exposure of granite quarriers

Occupation	Number of workers	Dust counts in millions of particles per cubic foot of air		
		Average ¹	Minimum	Maximum
Leyner drillers.....	17	144.4	5.3	1,085.0
Plug and jack-hammer drillers (quarry hole).....	37	112.1	4.1	396.8
Plug drillers (yard).....	88	36.9	5.3	68.0
All other workers.....	88	5.8	4.1	10.7

¹ Weighted average. For method of obtaining this average see reference 4.

In the study of the health of granite cutters (1) it was concluded that those workers exposed to less than 10 million particles of dust per cubic foot did not develop a disabling silicosis, even after many years of work. It is apparent from the results of our present dust study on granite quarriers that 38 percent of the men employed are exposed to quantities of granite dust which would be expected to lead to definite lung injury.

CLINICO-RADIOGRAPHIC FINDINGS

Sixty-three quarrymen presented themselves voluntarily for examination after being approached through their local trade union. Of this number, 25 (40 percent) were French-Canadian; 19 (30 percent) old American; 12 (19 percent) Canadian, and 7 were Scotch, English, Italian, Finnish, and Spanish. The majority of the men were employed at the quarry where the dust determinations were made, but a few of those examined were employed in nearby quarries. Forty (63 percent) of the men examined had worked less than 10 years as granite quarriers. All the workers were given careful and

complete physical examinations, including X-rays of the chest obtained with a standard hospital X-ray unit. Three of the men were excluded from the analysis because of previous exposure to highly siliceous dust. The final diagnoses on the remaining 60 men are summarized in table 3.

TABLE 3.—*Clinical findings in relation to years of exposure*

Occupation	Diagnosis	Years of exposure				Total
		Less than 5	5 to 9	10 to 19	20 and more	
Drillers.....	Essentially negative.....	13	8	4	1	26
	Silicosis.....		4	2	3	9
	Silico-tuberculosis.....				1	1
All others.....	Essentially negative.....	5	10	2	7	24
Total.....		18	22	8	12	60

The basis for these diagnoses was essentially the same as that in the study on granite cutters working in sheds (1). For the sake of comparison drillers were considered separately from all other quarry workers. It is quite evident that pathological changes due to dust are limited to drillers, the only persons creating dust. Ten of the drillers showed signs of silicosis. Half of those with exposure of 5 to 19 years had silicosis, and 4 of the 5 men with more than 20 years of exposure showed this condition. If mortality statistics were available for quarry workers by specific occupations they might be expected to show as high a death rate from tuberculosis for quarry drillers as found among other pneumatic tool workers in granite-cutting sheds. In granite quarrying 38 percent of the workers (drillers) are exposed to dangerous concentrations of dust, while in granite-cutting sheds 74 percent of all the men are thus subjected. It is obvious that mortality statistics for the quarry industry as a whole (not by specific occupation) would tend to show a lower death rate from tuberculosis than would be found for granite cutters working in sheds.

DUST CONTROL

It seems quite logical that the only solution of the dust problem is the removal of the dust at its source. The present study shows that the only occupations in a granite quarry which are attended with a dangerous dust exposure are the various types of drilling operations. In a similar investigation made by one of the authors in another granite quarry, it was shown that the use of the wet method in Leyner drilling reduced the amount of dust at the worker's breathing level in one instance from 58 to 6 million particles per cubic foot of air. It is not always possible to resort to wet drilling methods,

and for this reason exhaust ventilation appears to be more promising as an effective means of reducing the dust exposure of drillers to a safe limit. Recent studies in the control of the silicosis hazard in the hard-rock industries (5, 6, 7) indicate a method for the effective removal of dust generated in the use of pneumatic rock drills. The device developed as a result of these studies is known as the "Kelley dust trap", with which it is possible to keep the dust at the worker's breathing level to an amount less than 5 million particles per cubic foot.

SUMMARY

The present report deals with a study of the effects of the inhalation of granite dust generated in granite quarrying. A clinicoradiographic study of 63 granite quarriers was made, in addition to determinations of the occupational dust exposure. The dust determinations showed that 38 percent of the workers (drillers) were exposed to many times the amount of dust considered safe at the present time. The clinical findings disclosed that drillers were the only persons showing pathologic lung changes. Half of these workers with an exposure of 5 to 19 years had silicosis, and 4 of the 5 men with more than 20 years of such trade life showed this condition. This study suggests that quarry drillers may experience as high a death rate from pulmonary tuberculosis as do other pneumatic-tool workers in granite-cutting sheds. Methods for the elimination of dust in quarry operations are also presented.

ACKNOWLEDGMENTS

The authors desire to express their appreciation and gratitude to Surg. Albert E. Russell, under whose direction this study was conducted, for his counsel and guidance throughout the investigation.

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COURT DECISION ON PUBLIC HEALTH

United States Public Health Service milk ordinance held valid.—(Reno County, Kans., District Court; *Billings et al. v. City of Hutchinson et al.*, decided May 1, 1934.) In 1933 the city of Hutchinson adopted the milk ordinance recommended for adoption by the United States Public Health Service. The enforcement of this ordinance was sought to be enjoined by the plaintiffs, who contended that the ordinance was invalid because (a) it was unreasonable, (b) it conflicted with State statutes, (c) the license fees provided were in excess of expenses, and (d) the milk inspector was clothed with arbitrary powers.

Before taking up in detail the various points raised against the ordinance the district court adverted to certain principles that had been laid down by the Kansas Supreme Court, namely (a) that, as regarded reasonableness, the question was whether or not, considering the entire situation and all the circumstances, an action taken by a city commission so far failed to measure up to what was fair, just, and reasonable as to make it clear that the action was arbitrary, capricious, and oppressive; and (b) that all presumptions were in favor of the validity of an ordinance, the court not substituting its judgment for that of the city's governing body upon a question of policy and only denying effect to an ordinance where its unreasonableness was so manifest as to show bad faith or such arbitrary conduct as to amount to practically the same thing.

The court then proceeded to consider separately the objections made to the ordinance under attack and disposed of them adversely to the plaintiffs, as shown by the following, quoted from the opinion:

The court can see nothing unreasonable in the requirement that an applicant be required to disclose the amount of milk distributed, the name of the producer or producers, and the amount purchased from each. Human nature being prone to evade regulation, licenses, taxes, etc., it might be advantageous to the city to know the amount of milk purchased in order to check against the amount distributed so that the opportunity of purchasing milk from an uninspected dairy would be reduced to a minimum. The inspector should know how many vehicles are engaged in distribution so that he will know when he has completed his inspection, and an unexpected vehicle carrying uninspected milk might thus be prevented from distributing milk. Besides, answering a few questions more or less works no hardship on anyone. The route of shipment would also furnish a means of inspecting uninspected milk.

Nor does the court see anything unreasonable in requiring that dairies be inspected. Milk is the one food that requires the greatest care in handling and the one food most susceptible to contamination. While surgical cleanliness in the handling of milk and its products is perhaps impossible to attain at present, that condition most nearly approaching it is certainly most desirable from the consumers' viewpoint. As the consumers far exceed the producers in numbers, their viewpoint should be entitled to some weight on the question of reasonableness. There are dairies, fortunately a great many of them, whose natural pride in their product will compel them to keep their premises in a perfect state of sanitation, but there are others about which the less said perhaps the better. The first class require no inspection yet welcome it; the others resent it. Unfortunately milk is milk in the public mind, and milk from a dirty dairy often looks and tastes the same as milk from a dairy where surgical cleanliness is maintained. It is to protect the public from its own negligence or ignorance, with the consequent sickness and disease, that milk ordinances are adopted and enforced.

There was considerable testimony in this case that a strict compliance with the requirements of the ordinance would entail considerable expense upon the milk producers. There was other evidence that, had the requirements of the prior milk ordinance been complied with, this one would entail little if any additional expense. It is unfortunate that money must be spent in making improvements and by those least able to afford it, but a few lives saved or a few cases of typhoid avoided will far offset, so far as the public is concerned, the additional expense the dairymen are put to.

It goes without saying that milk from a dark barn is apt to be dirtier than milk from a well-lighted barn, because the filth in the dark barn is not so easily seen nor can foreign objects, kittens for instance, be quite so readily detected falling into a milk pail. Common sense tells me that a dark, ill-ventilated, crowded barn is going to be more productive of dirty milk than is a well-lighted, well-ventilated, uncrowded barn; hence the requirements as to space, windows, and ventilation are not unreasonable.

Is the requirement of a capping machine unreasonable? Bottles capped by hand are in many cases clean, but are they always so? Is there less likelihood of bacteria reaching the milk by using a machine than by using the thumb of a human hand? A thumb, inadvertently moistened by its owner's tongue, run through its owner's hair, wiped through the sweat of its owner's brow, may carry some germs regardless of how clean it may have been when the capping was commenced. There is considerable argument in favor of the machine and at any rate its requirement is not unreasonable within the definition of unreasonableness.

The requirement that milk be cooled to a certain temperature within a very short time of its being milked is such a general requirement in milk ordinances and statutes that it hardly needs comment. Milk from a healthy cow is practically sterile; bacteria are carried into it largely by dirt. Warm milk is a fertile medium for their propagation. Chilling milk retards bacterial growth. Hence the sooner clean milk is chilled to a point below which bacteria will not grow, the less bacteria the milk should contain, other factors of cleanliness being equal.

Nor is it unreasonable to require that milk be transferred between containers under sanitary conditions. Bacteria are air and dust borne; dirty surroundings would contaminate the air, which in turn would contaminate the milk. The requirement is reasonable.

Considerable emphasis is put upon the bacteria count requisite of the ordinance, partly because the State law requires another test—the "Babcock test"—and partly because it was not shown that milk of a high bacteria count was any less healthy than milk of a low bacteria count, and also because some bacteria are harmful to human beings and others are not—milk containing only 4,000 typhoid

bacteria per cubic centimeter for instance being less fit for human consumption than milk containing 100,000 or more bacteria per cubic centimeter of harmless bacteria.

The court understands from the evidence and argument of counsel that low bacteria count is not the ultimate end to be achieved. The ordinance is designed to require that milk be produced under strictly sanitary conditions, and it is assumed, based on experience, that, if sanitary conditions do exist, milk will be sterile or nearly so. A high bacteria count then would be an indication that somewhere along the line conditions were not up to requirement. Both the conditions under which the milk is produced and the bacteria count must meet certain requirements before the milk can be sold, and it is graded in accordance with both. Of course, typhoid bacteria, even in small quantities, will do more harm than harmless bacteria in large quantities. But if any bacteria be present in any quantity it is evidence that dirt is getting into the milk somewhere in the process, the more dirt the more bacteria, and the more bacteria the higher the harmful bacteria count will be as a rule. Until a better test of cleanliness is devised, the bacteria count test must be used and is not in any way unreasonable.

It might not be amiss to call attention to the fact that the Babcock test is used to determine butter-fat content of milk and has no connection whatever with the amount of dirt the milk contains.

Is the classification into grades A, B, C, and D unreasonable?

Plaintiffs argue that there are but two kinds of milk, that fit for human consumption and that unfit for such use. There are just as many different kinds of milk as there are cows and methods of production and handling. Milk ranges in degrees of cleanliness from that which is practically sterile to that which is absolutely filthy. The city has seen fit to classify milk according to method of production and handling. Customers are afforded an opportunity to purchase milk of varying degrees of cleanliness, and such milk is labeled for their convenience in making their selection. This is no more unreasonable than the different qualities of canned goods, meats, eggs, and other food products; if one customer wants grade C milk, that is his privilege, but another customer who wants grade A milk should not be compelled to buy grade C milk, or worse, because there is no adequate inspection and classification. Again, it is the consumer who must be allowed a viewpoint as well as the producer. The ordinance does not prohibit the sale of grade C milk, nor fix a price. The producer can produce grade A milk if he wants to, or be satisfied in selling grade C. If grade A milk costs more to produce, then it will command a higher price and perhaps a more limited customer list than grades B and C. The ordinance is neither arbitrary nor unreasonable in establishing these classifications.

If there are other charges of unreasonableness they are not urged with sufficient degree of force to challenge the court's attention, and a very careful reading of the ordinance, perusal of the evidence and briefs discloses nothing that this court can hold unreasonable, as unreasonableness has been defined in Kansas.

Plaintiffs cite but a few instances in their brief of conflicts between the ordinance and the State statute, section 65-701 et seq., 1933 Supp., R.S. 1923.

The argument seems to be based chiefly on the proposition that, the State having enacted a statute covering the general subject of milk and milk products production and sale, no city can by ordinance regulate such products, or, if they do attempt such regulation, it must be in literal compliance with the State law. With this proposition this court cannot agree.

A reading of the statute and ordinance demonstrates that many details were omitted from the statute that have been covered by the ordinance, the ordinance being stricter than the statute in many particulars, but is not inconsistent or repugnant to the statute in any respect. A few of the differences are as follows:

Milk is required by statute to have $3\frac{1}{4}$ percent butterfat, and to this requirement the ordinance adds the additional requirement of $8\frac{1}{2}$ percent solids not fat. Cream is required by statute to have not less than 18 percent of butterfat. The ordinance adds to this requirement that the acidity shall not exceed 0.20 percent expressed as lactic acid. The statute provides for a "Babcock test." The ordinance adds bacterial count as an additional test. The statute does not grade milk while the ordinance does. The ordinance goes into detail regarding sanitary requirements while the statute is more general. Can it be said that an ordinance that imposes greater requirements in handling and sale of foodstuffs—is more strict than a statute—is void because it conflicts with that statute?

Our supreme court in the case of *Kansas City v. Henre*, 96 Kan. 794, has answered this question in the negative, although in that case it was rules of the State board of health that were enlarged upon by the ordinance. The principle is exactly the same. Before an ordinance can be held void in Kansas because it covers the same subject matter as a State statute it must be repugnant to that statute. Repugnant means making opposition, objecting, averse, contradictory, inconsistent. The ordinance in question cannot be said to come within this definition of repugnancy.

The court has no evidence before it whether or not the license fees will exceed the expense of operating the milk inspection department, and, the burden being upon plaintiffs to establish this fact, the presumption is that the ordinance was enacted and the fees established so that the fees and expenses would approximately equal each other.

The milk inspector is clothed with power. An inspector without power would be useless. True, he can revoke permits and do a great many other things under the ordinance. An appeal is provided to the city commission from his decision. Plaintiffs argue that this renders the ordinance void. Nowhere in the ordinance is the right of appeal to the courts taken from those aggrieved by the inspector's actions. He does not have arbitrary powers, because they are all subject to review, first by the commission and then by the courts. Should he attempt to exercise arbitrary powers, that matter can easily be taken care of when the time arrives.

The court held the ordinance valid and denied the injunction asked for.

DEATHS DURING WEEK ENDED MAY 19, 1934

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

	Week ended May 19, 1934	Correspond- ing week, 1933
Data from 86 large cities of the United States:		
Total deaths.....	8,082	7,579
Deaths per 1,000 population, annual basis.....	11.3	10.6
Deaths under 1 year of age.....	620	497
Deaths under 1 year of age per 1,000 estimated live births.....	68	41
Deaths per 1,000 population, annual basis, first 20 weeks of year.....	12.4	11.8
Data from industrial insurance companies:		
Policies in force.....	67,789,577	68,066,402
Number of death claims.....	13,559	12,658
Death claims per 1,000 policies in force, annual rate.....	10.4	9.7
Death claims per 1,000 policies, first 20 weeks of year, annual rate.....	11.0	10.8

¹ Data for 81 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 May 26, 1934, and May 27, 1933

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended May 26, 1934, and May 27, 1933

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933
New England States:								
Maine.....	7	3		5	13	6	0	1
New Hampshire.....		1			93	100	0	1
Vermont.....		1			28	2	0	0
Massachusetts.....	7	20			1,116	735	1	2
Rhode Island.....	2	1				2	0	0
Connecticut.....		2	1	2	173	226	3	1
Middle Atlantic States:								
New York.....	49	80	19	19	1,027	2,597	2	6
New Jersey.....	12	26	21	2	703	1,419	2	3
Pennsylvania.....	58	34			3,725	1,348	7	3
East North Central States:								
Ohio.....	9	9	6	8		469	3	0
Indiana.....	12	16	26	17	1,067	272	2	4
Illinois.....	32	26	10	27	2,291	802	7	14
Michigan.....	8	26	4	1	375	930	3	2
Wisconsin.....	5	2	13	17	2,228	332	1	1
West North Central States:								
Minnesota.....	5	3	1	2	174	588	1	0
Iowa.....	2	2	6		302	20	2	0
Missouri.....	21	20	11	1	540	305	5	3
North Dakota.....	6	3			131	113	1	0
South Dakota.....	5	2			214	17	2	0
Nebraska.....	5	3			185	171	0	1
Kansas.....	8	7	1	1	547	244	0	1
South Atlantic States:								
Delaware.....		2			136	15	0	0
Maryland ¹	7	7	9	5	1,895	63	0	0
District of Columbia.....	8		3		48	21	0	1
Virginia ²	7	13			1,131	241	1	0
West Virginia.....	6	7	21	1	187	136	1	1
North Carolina ³	12	8	10	21	1,332	600	1	0
South Carolina.....	6	9	117	130	217	214	0	0
Georgia ⁴	5	10			206	156	1	2
Florida.....	1	5	1	1	266	18	0	1

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended May 26, 1934, and May 27, 1933—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933
East South Central States:								
Kentucky.....	7	4	10	20	632	113	0	1
Tennessee.....	7	-----	9	9	333	150	0	1
Alabama.....	13	4	18	17	618	86	4	0
Mississippi.....	12	2	-----	-----	-----	-----	1	0
West South Central States:								
Arkansas.....	5	5	22	9	69	425	0	1
Louisiana.....	10	13	2	20	157	22	1	0
Oklahoma.....	5	5	31	12	167	110	2	0
Texas.....	20	43	85	56	479	684	4	0
Mountain States:								
Montana.....	3	-----	7	-----	107	50	0	0
Idaho.....	-----	-----	3	-----	24	12	1	0
Wyoming.....	-----	1	-----	-----	88	6	0	0
Colorado.....	6	5	-----	23	809	7	2	0
New Mexico.....	4	9	1	-----	74	12	2	0
Arizona.....	-----	3	5	-----	11	103	0	1
Utah.....	-----	-----	-----	2	46	31	0	0
Pacific States:								
Washington.....	4	8	-----	-----	-----	64	1	3
Oregon.....	1	-----	27	20	36	57	0	0
California.....	25	31	21	22	1,119	1,255	0	2
Total.....	446	481	520	460	25,122	15,351	64	57

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933
New England States:								
Maine.....	0	0	19	25	0	0	2	1
New Hampshire.....	0	0	8	14	0	0	0	0
Vermont.....	0	0	30	13	0	0	1	0
Massachusetts.....	2	4	237	406	0	0	0	4
Rhode Island.....	0	0	20	18	0	0	0	0
Connecticut.....	0	0	57	85	0	2	1	1
Middle Atlantic States:								
New York.....	2	2	765	651	0	0	13	5
New Jersey.....	2	1	197	212	0	0	3	12
Pennsylvania.....	1	0	646	711	0	0	7	6
East North Central States:								
Ohio.....	3	1	461	416	2	6	11	9
Indiana.....	1	0	98	92	1	1	5	17
Illinois.....	2	0	424	419	0	7	3	14
Michigan.....	0	1	635	356	1	0	1	1
Wisconsin.....	1	2	272	128	24	3	3	3
West North Central States:								
Minnesota.....	1	0	72	80	7	1	4	1
Iowa.....	0	0	41	24	1	54	0	2
Missouri.....	3	0	71	66	0	2	-----	10
North Dakota.....	0	0	27	6	0	3	1	1
South Dakota.....	0	1	8	8	5	0	0	3
Nebraska.....	0	0	24	24	4	3	0	2
Kansas.....	0	0	33	31	4	2	1	0
South Atlantic States:								
Delaware.....	0	0	7	15	0	0	2	2
Maryland.....	0	0	56	106	0	0	9	8
District of Columbia.....	0	0	12	10	0	2	0	0
Virginia.....	0	0	23	32	0	0	9	8
West Virginia.....	0	1	63	25	0	0	6	7
North Carolina.....	1	0	17	35	0	2	2	12
South Carolina.....	0	0	1	2	1	2	15	21
Georgia.....	0	0	2	1	1	1	26	16
Florida.....	0	1	-----	8	0	0	3	2

Footnote at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended May 26, 1934, and May 27, 1933—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933	Week ended May 26, 1934	Week ended May 27, 1933
East South Central States:								
Kentucky.....	0	1	32	60	0	4	4	26
Tennessee ¹	0	0	20	17	0	0	3	4
Alabama ⁴	1	0	5	5	0	0	8	12
Mississippi ²	0	0	6	3	0	0	8	7
West South Central States:								
Arkansas.....	0	0	—	1	2	0	2	8
Louisiana.....	0	0	8	7	0	1	12	21
Oklahoma ⁴	1	0	5	7	4	22	5	9
Texas ⁴	0	1	42	50	35	10	13	26
Mountain States:								
Montana ³	0	0	5	35	4	0	2	2
Idaho ³	1	0	1	0	0	5	0	1
Wyoming ³	0	0	1	9	5	0	0	0
Colorado ³	0	0	21	28	4	0	3	1
New Mexico.....	0	0	11	7	0	0	5	1
Arizona.....	2	0	13	6	0	0	19	1
Utah.....	0	0	2	4	0	0	0	0
Pacific States:								
Washington.....	0	1	73	44	0	2	1	1
Oregon ³	2	1	32	22	2	19	3	1
California.....	92	2	174	150	2	34	16	2
	118	20	4,769	4,469	109	188	232	292

¹ New York City only.

² Week ended earlier than Saturday.

³ Rocky Mountain spotted fever, week ended May 26, 1934, 22 cases, as follows: Maryland, 2; Virginia, 1; North Carolina, 1; Tennessee, 1; Montana, 3; Idaho, 1; Wyoming, 10; Colorado, 1; Oregon, 2.

⁴ Typhus fever, week ended May 26, 1934, 16 cases, as follows: Georgia, 4; Alabama, 4; Texas, 8.

⁵ Exclusive of Oklahoma City and Tulsa.

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- ensa	Ma- lar- ia	Mea- sles	Pel- lagra	Polio- mye- litis	Scarlet fever	Small- pox	Ty- phoid fever
<i>March 1934</i>										
South Dakota.....		25	26		2,520		0	87	26	2
Tennessee.....	18	51	681	66	6,487	9	2	144	16	19
<i>April 1934</i>										
Florida.....		36	4	24	3,132	7	2	14	2	14
Idaho.....	1	3	4		418		8	8	31	2
Kansas.....	2	28	19		2,121			266	24	9
Louisiana.....	2	76	40	66	1,438	7	0	83	16	57
Oklahoma ¹	7	21	218	26	1,405	8	1	61	18	17
Oregon.....		2	144		343	1	1	129	82	4
Tennessee.....	6	28	220	125	2,910	3	2	112	2	22
Texas.....	6	231	973	1,196	3,738	27	6	243	134	31
Washington.....	4	22	43	1	815		2	203	34	9
Wisconsin.....	3	10	167		7,781		4	899	131	6

¹ Exclusive of Oklahoma City and Tulsa.

March 1934		April 1934		April 1934	
Chicken pox:	Cases	Dysentery:	Cases	Rocky Mountain spotted fever:	Cases
South Dakota.....	76	Florida.....	2	Idaho.....	6
Tennessee.....	250	Kansas (amoebic).....	1	Oregon.....	14
Dysentery:		Louisiana.....	3	Scabies:	
South Dakota (amoebic).....	1	Oregon.....	2	Oklahoma ¹	5
Tennessee.....	3	Tennessee.....	3	Oregon.....	17
Tennessee (amoebic).....	2	Washington (amoebic).....	1	Tennessee.....	4
German measles:		German measles:		Washington.....	1
Tennessee.....	318	Kansas.....	368	Septic sore throat:	
Tennessee (amoebic).....	2	Tennessee.....	92	Idaho.....	3
Impetigo contagiosa:		Washington.....	42	Louisiana.....	1
South Dakota.....	8	Wisconsin.....	2,131	Oklahoma ¹	26
Tennessee.....	1	Hookworm disease:		Oregon.....	2
Lethargic encephalitis:		Louisiana.....	24	Tennessee.....	7
Tennessee.....	5	Impetigo contagiosa:		Washington.....	1
Mumps:		Kansas.....	1	Tetanus:	
South Dakota.....	154	Oregon.....	28	Kansas.....	2
Tennessee.....	337	Tennessee.....	5	Louisiana.....	3
Ophthalmia neonatorum:		Jaundice, epidemic:		Tennessee.....	3
Tennessee.....	2	Oregon.....	3	Trachoma:	
Puerperal septicemia:		Lethargic encephalitis:		Louisiana.....	1
South Dakota.....	1	Florida.....	1	Oklahoma ¹	9
Scabies:		Kansas.....	4	Tennessee.....	22
South Dakota.....	4	Louisiana.....	2	Wisconsin.....	4
Septic sore throat:		Oklahoma ¹	1	Tularaemia:	
South Dakota.....	2	Oregon.....	2	Idaho.....	1
Tennessee.....	15	Tennessee.....	1	Louisiana.....	3
Tetanus:		Texas.....	1	Tennessee.....	1
South Dakota.....	1	Washington.....	2	Wisconsin.....	1
Trachoma:		Wisconsin.....	1	Typhus fever:	
South Dakota.....	36	Mumps:		Florida.....	1
Tennessee.....	51	Florida.....	159	Undulant fever:	
Tularaemia:		Idaho.....	15	Florida.....	2
Tennessee.....	1	Kansas.....	652	Idaho.....	1
Vincent's infection:		Louisiana.....	4	Louisiana.....	8
Tennessee.....	3	Oklahoma ¹	79	Oklahoma ¹	1
Whooping cough:		Oregon.....	43	Washington.....	2
South Dakota.....	65	Tennessee.....	329	Wisconsin.....	4
Tennessee.....	211	Washington.....	685	Vincet's infection:	
Actinomycosis:		Wisconsin.....	207	Kansas.....	7
Kansas.....	1	Ophthalmia neonatorum:		Oklahoma ¹	1
Chicken pox:		Kansas.....	1	Oregon.....	4
Florida.....	238	Tennessee.....	2	Tennessee.....	10
Idaho.....	11	Wisconsin.....	2	Washington.....	1
Kansas.....	453	Paratyphoid fever:		Whooping cough:	
Louisiana.....	73	Idaho.....	1	Florida.....	87
Oklahoma ¹	60	Louisiana.....	2	Idaho.....	30
Oregon.....	169	Oregon.....	1	Kansas.....	973
Tennessee.....	102	Texas.....	1	Louisiana.....	39
Washington.....	406	Washington.....	3	Oklahoma ¹	125
Wisconsin.....	1,361	Wisconsin.....	3	Oregon.....	156
		Puerperal septicemia:		Tennessee.....	226
		Tennessee.....	1	Washington.....	314
		Rabies in animals:		Wisconsin.....	1,361
		Kansas.....	10		
		Louisiana.....	10		
		Washington.....	12		

¹ Exclusive of Oklahoma City and Tulsa.

PLAGUE-INFECTED GROUND SQUIRRELS IN KERN COUNTY, CALIF.

The director of public health of the State of California has reported that on May 19, 1934, three ground squirrels from Kern County, in the interior of California, were found to be plague infected.

WEEKLY REPORTS FROM CITIES

City reports for week ended May 19, 1934

[This table summarizes the reports received regularly from a selected list of 121 cities for the purpose of showing a cross section of the current urban incidence of the communicable diseases listed in the table. Weekly reports are received from about 700 cities, from which the data are tabulated and filed for reference.]

State and city	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
	Cases	Deaths								
Maine:										
Portland	1	0	0	2	6	0	1	3	14	22
New Hampshire:										
Concord	0	0	0	0	0	0	0	0	1	13
Nashua	0		28		0	0		0	0	
Vermont:										
Barre	0	0	4	0	3	0	0	0	1	6
Massachusetts:										
Burlington	3	0	188	14	65	0	10	2	52	203
Boston	0	0	3	1	5	0	1	0	1	26
Fall River	0	0	1	0	5	0	2	0	5	25
Springfield	0	0	0	5	18	0	1	0	17	40
Worcester	0	0	0	0	0	0	0	0	0	0
Rhode Island:										
Pawtucket	0	0	2	0	1	0	0	0	0	19
Providence	0	0	9	3	11	0	5	0	12	64
Connecticut:										
Bridgeport	0	1	0	1	2	11	0	1	0	36
Hartford	1	1	7	0	17	0	1	0	0	32
New Haven	0	0	1	3	1	0	0	0	3	45
New York:										
Buffalo	2	1	57	19	20	0	12	0	25	155
New York	45	6	319	123	354	0	93	1	138	1,445
Rochester	2	0	2	9	55	0	0	0	6	71
Syracuse	1	0	54	0	8	0	3	0	43	52
New Jersey:										
Camden	1	1	15	0	9	0	1	0	5	37
Newark	0	6	0	45	11	13	0	9	0	109
Trenton	0	0	83	1	15	0	0	0	6	28
Pennsylvania:										
Philadelphia	5	2	0	386	42	101	0	26	0	33
Pittsburgh	9	7	5	249	25	40	0	7	3	35
Reading	1	1	8	0	4	0	0	0	0	4
Scranton	0		0		0	0		0	7	22
Ohio:										
Cincinnati	3	0	6	17	33	0	12	0	13	139
Cleveland	7	11	0	252	18	159	0	10	0	80
Columbus	1	0	5	3	63	0	8	0	0	24
Toledo	1	2	1	212	9	58	0	3	0	80
Indiana:										
Fort Wayne	3	0	22	3	7	0	1	0	1	23
Indianapolis	1	0	485	17	12	0	4	0	27	
South Bend	0	0	4	3	5	0	1	0	0	20
Terre Haute	0	0	0	1	0	0	1	0	0	21
Illinois:										
Chicago	3	2	1	669	65	304	0	23	2	141
Cicero										690
Springfield										7
Michigan:										
Detroit	6	4	1	169	30	164	0	21	0	82
Flint	1	0	0	14	4	65	0	1	0	13
Grand Rapids	0	0	0	9	4	27	0	2	0	32
Wisconsin:										
Kenosha	0	0	1	1	3	0	1	0	0	8
Milwaukee	0	0	135	12	109	0	5	0	0	97
Racine	0	0	1	1	5	0	1	0	0	12
Superior	0	0	2	1	1	0	1	0	0	5
Minnesota:										
Duluth	0	0	1	0	4	0	0	0	1	20
Minneapolis	2	2	10	10	21	0	1	0	23	90
St. Paul	0	0	8	9	6	0	2	0	26	69
Iowa:										
Des Moines	1		0		16	0		0	0	26
Sioux City	0		131		1	0		0	3	
Waterloo	0				2	0		0	5	
Missouri:										
Kansas City	0	0	11	3	12	0	5	0	29	107
St. Joseph	1	0	7	1	0	0	3	0	1	48
St. Louis	12	0	16	10	14	0	11	1	40	209

City reports for week ended May 19, 1934.—Continued

State and city	Diph- theria cases	Influenza		Mea- sles cases	Pneu- monia deaths	Scar- let fever cases	Small- pox cases	Tuber- culosis deaths	Ty- phoid fever cases	Whoop- ing cough cases	Deaths, all causes
		Cases	Deaths								
North Dakota:											
Fargo.....	0		1	6	1	3	0	0	0	4	13
Grand Forks.....	0			0		1	0		0	0	
South Dakota:											
Aberdeen.....	0			69		0	0	0	0	27	
Sioux Falls.....	0			6		0	0	0	0	0	
Nebraska:											
Omaha.....	2		0	106	7	18	4	2	0	3	68
Kansas:											
Topeka.....	0		0	36	3	0	0	0	0	28	18
Wichita.....	1		0	30	5	0	0	2	0	11	38
Delaware:											
Wilmington.....	0			25		2	0		0	1	
Maryland:											
Baltimore.....	2	1	1	1,630	23	31	0	15	7	94	218
Cumberland.....	0		0	6	1	1	0	0	0	0	16
Frederick.....	0		0	3	0	0	0	0	0	0	4
District of Columbia:											
Washington.....	2	1	1	75	9	17	0	10	2	21	129
Virginia:											
Lynchburg.....	1		0	66	1	0	0	1	0	10	10
Norfolk.....	0		0	0	0	1	0	2	0	3	31
Richmond.....	1		0	195	3	2	0	4	1	1	43
Roanoke.....	0		0	11	0	0	0	0	0	0	14
West Virginia:											
Charleston.....	1		0	47	0	1	0	0	0	1	8
Huntington.....	0		0	1		8	0	0	0	0	
Wheeling.....	0		0	6	2	25	0	0	0	3	14
North Carolina:											
Raleigh.....	0		0	10	3	1	0	0	1	27	11
Wilmington.....	0		0	13	2	0	0	0	0	10	17
Winston-Salem.....	1	1	1	6	1	2	0	0	0	6	14
South Carolina:											
Charleston.....	0	2	0	17	2	1	0	1	0	2	16
Greenville.....	0		0	0	0	0	0	1	0	4	16
Georgia:											
Atlanta.....	0	7	1	38	3	0	0	5	12	4	64
Brunswick.....	0		0	5	1	0	0	0	0	0	4
Savannah.....	1	37	0	20	3	0	0	1	1	13	39
Florida:											
Miami.....	0		0	85	1	0	0	0	2	4	19
Tampa.....	2		0	70	0	0	0	0	0	0	16
Kentucky:											
Ashland.....	1			20		1	0		0	2	
Lexington.....	1		0	65	2	3	0	2	0	20	19
Tennessee:											
Memphis.....	2		2	31	8	4	0	5	0	18	62
Nashville.....	1		1	6	3	3	0	0	0	5	35
Alabama:											
Birmingham.....	0	2	2	116	4	3	0	4	1	2	69
Mobile.....	1		0	11	2	1	0	3	0	0	24
Montgomery.....	0			74		2	0		0	9	
Arkansas:											
Fort Smith.....	0			0		0	0		0	1	
Little Rock.....	3		0	0	3	1	0	3	0	4	6
Louisiana:											
New Orleans.....	10	5	4	50	8	7	1	18	2	0	143
Shreveport.....	1		0	4	3	0	0	1	0	3	31
Oklahoma:											
Oklahoma City.....	1	10	0	0	4	2	0	5	1	0	51
Tulsa.....	0			0		2	0		0	10	
Texas:											
Dallas.....	4	1	1		5	4	0	3	0	25	56
Fort Worth.....	1		0		3	1	0	3	0	5	31
Galveston.....	0		0	0	1	0	0	1	0	0	10
Houston.....	4		0	1	8	5	0	3	0	0	72
San Antonio.....	0		0	1	6	2	0	5	1	3	78
Montana:											
Billings.....	0		0	0	0	0	0	0	0	2	10
Great Falls.....	0		0	7	2	0	0	0	0	0	12
Helena.....	0		0	0	0	0	0	0	0	0	5
Missoula.....	0		0	0	0	0	0	0	0	0	4
Idaho:											
Boise.....											

City reports for week ended May 16, 1934—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Small-pox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Colorado:											
Denver.....	5	23	6	541	3	12	0	4	0	59	80
Pueblo.....	0		0	29	0	1	0	2	1	19	8
Utah:											
Salt Lake City.....	0		1	24	4	6	1	1	0	69	224
Nevada:											
Reno.....	0		0	31	0	1	0	0	0	3	
Washington:											
Seattle.....	0			12		26	0		0	57	
Spokane.....	0		0	3	3	0	0	0	0	31	30
Tacoma.....	0		0	74	2	3	0	0	0	13	24
Oregon:											
Portland.....	0		0	20	6	17	0	1	0	7	80
Salem.....	0			1		1	0		0	2	
California:											
Los Angeles.....	19	15	1	26	14	45	0	19	1	62	283
Sacramento.....	0		0	2	0	8	0	6	1	5	20
San Francisco.....	1	1	0	329	6	5	0	11	1	22	145

State and city	Meningococcus meningitis		Polio-myelitis cases	State and city	Meningococcus meningitis		Polio-myelitis cases
	Cases	Deaths			Cases	Deaths	
New York:				Wisconsin:			
New York.....	2	0	0	Milwaukee.....	1	0	6
Pennsylvania:				Iowa:			
Philadelphia.....	4	1	0	Des Moines.....	2	0	0
Pittsburgh.....	0	1	0	Missouri:			
Ohio:				Kansas City.....	0	1	6
Cincinnati.....	5	7	0	St. Joseph.....	1	1	0
Cleveland.....	0	0	1	Oklahoma:			
Illinois:				Oklahoma City.....	0	2	6
Chicago.....	4	0	0	California:			
				Los Angeles.....	0	1	9

Lethargic encephalitis.—Cases: New York, 2; Detroit, 1; St. Joseph, 1.

Pellagra.—Cases: Savannah, 6; New Orleans, 1; Dallas, 2; Denver, 1.

Rabies in man.—Houston, 1 death.

Typhus fever.—Cases: Savannah, 1; Fort Worth, 1.

1 Nonresident.

FOREIGN AND INSULAR

PUERTO RICO

Notifiable diseases—4 weeks ended May 19, 1934.—During the 4 weeks ended May 19, 1934, cases of certain notifiable diseases were reported in the municipalities of Puerto Rico as follows:

Disease	Cases	Disease	Cases
Chicken pox	99	Pellagra	17
Diphtheria	39	Puerperal fever	1
Dysentery	63	Ringworm	4
Erysipelas	4	Syphilis	5
Filariasis	3	Tetanus	7
Influenza	33	Tetanus, infantile	2
Leprosy	2	Trachoma	52
Malaria	1,543	Tuberculosis	482
Measles	117	Typhoid fever	34
Mumps	33	Whooping cough	163
Ophthalmia neonatorum	6		

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

(NOTE.—A table giving current information of the world prevalence of quarantinable diseases appeared in the PUBLIC HEALTH REPORTS for May 25, 1934, pp. 636-643. A similar cumulative table will appear in the PUBLIC HEALTH REPORTS to be issued June 29, 1934, and thereafter, at least for the time being, in the issue published on the last Friday of each month.)

Cholera

Philippine Islands.—No cholera was reported in the Philippine Islands for the week ended May 26, 1934.

Plague

United States.—A report of plague-infected ground squirrels in Kern County, in the interior of the State of California, appears on page 691 of this issue of Public Health Reports.

Yellow Fever

Brazil.—The case of yellow fever reported as having occurred in Mato Grosso State, Brazil, during the week ended April 28, 1934, occurred during the week ended May 5, in the locality of Coronel Ponce.