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SICKNESS AMONG MALE INDUSTRIAL EMPLOYEES DURING THE THIRD QUARTER AND THE FIRST 9 MONTHS OF 1934 [1]

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In the third quarter of 1934 the frequency of sickness and nonindustrial accidents causing disability for more than 1 week among approximately 170,000 male industrial employees was greater than in the third quarter of 1933, but less than the average frequency in the same quarter of the years 1929 to 1933, inclusive. Considering the first 9 months as a whole, the incidence of illness was about 9 percent below the rate for the corresponding period of 1933. For the past 2 years the morbidity experience of employees of identical companies, 34 in number, is under comparison, while the rates for the third quarter of the years 1929 to 1933 include 20 of these 34 companies. The 20 companies employed 87 percent of the number of men on which the 5-year average sickness incidence rates are based; hence the rates appear to be fairly comparable for the different time periods shown in the table.

There will probably be a few delayed reports of cases having their onset in the recent quarter; but after allowing for some increase on this account, it seems reasonably safe to predict that the frequency of 8-day or longer cases for which sick-benefits are paid will be about the same this year as in 1933. This is somewhat remarkable in view of the fact that 1933 was a record year for low-sickness incidence in the sample of the industrial population under consideration. Previous to 1933 the record year was 1921, the year in which the collection of industrial morbidity statistics was instituted.

[1] The report for the second quarter and the first half of 1934 was published in the Public Health Reports for Oct. 19, 1934, vol. 49, no. 42.

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TABLE 1.—*Frequency of disability lasting 8 calendar days or longer in the third quarter and in the first 9 months of 1934, compared with the corresponding periods of 1933. (Male morbidity experience of industrial companies which reported their cases to the United States Public Health Service.)* [1]

Diseases and disease groups which caused disability. (Numbers in parentheses are disease title numbers from the International List of the Causes of Death, fourth revision, Paris, 1929.)	Annual number of disabilities per 1,000 men				
	Third quarter of—			First 9 months of—	
	1934	1933	5 years, 1929–33	1934	1933
Sickness and nonindustrial injuries [2]	71.1	66.3	78.3	76.7	84.4
Nonindustrial injuries	14.3	11.5	13.2	11.9	10.4
Sickness [2]	56.8	54.8	65.1	64.8	74.0
Respiratory diseases	15.3	14.0	17.9	23.1	29.5
Bronchitis, acute and chronic (106)	2.0	2.3	2.7	2.9	2.7
Diseases of the pharynx and tonsils (115a)	3.8	2.5	4.2	4.4	3.9
Influenza and grippe (11)	4.1	4.3	4.9	9.2	16.6
Pneumonia, all forms (107–109)	.9	.8	1.0	1.8	1.7
Tuberculosis of the respiratory system (23)	.7	1.0	1.1	.7	.9
Other respiratory diseases (104, 105, 110–114)	3.8	3.1	4.0	4.1	3.7
Nonrespiratory diseases	41.5	40.8	47.2	41.7	44.5
Diseases of the stomach, cancer excepted (117–118)	3.2	3.2	4.3	3.2	3.4
Diarrhea and enteritis (120)	1.5	1.3	1.8	1.2	1.1
Appendicitis (121)	4.4	3.6	3.8	4.0	3.3
Hernia (122a)	1.6	1.3	1.8	1.4	1.4
Other digestive diseases (115b, 116, 122b–129)	3.0	2.9	3.1	2.9	3.3
Rheumatic group, total	7.8	8.1	9.5	8.7	10.3
Rheumatism, acute and chronic (56, 57)	3.8	3.5	4.2	4.3	5.4
Diseases of the organs of locomotion (156b)	2.6	2.6	3.1	2.7	2.7
Neuralgia, neuritis, sciatica (87a)	1.4	2.0	2.2	1.7	2.2
Neurasthenia and the like (part of 87b)	1.0	.8	1.3	.8	.8
Other diseases of the nervous system (78–85, part of 87b)	1.1	1.4	1.3	1.3	1.5
Diseases of the heart and arteries, and nephritis (90–99, 102, 130–132)	3.0	2.7	3.3	3.1	3.8
Other genito-urinary diseases (133–138)	2.3	2.5	2.4	2.4	2.3
Diseases of the skin (151–153)	3.2	3.5	3.9	2.6	2.7
Epidemic and endemic diseases except influenza (1–10, 12–18, 33, 37, 38, part of 39 and 44)	1.9	1.4	1.3	2.7	2.2
Ill-defined and unknown causes (200)	1.5	2.8	2.5	1.7	2.2
All other diseases (19–22, 24–32, 36, part of 39 and 44, 40–43, 45–55, 58–77, 88, 89, 100, 101, 103, 154–156a, 157, 162)	6.0	5.3	6.9	5.7	6.2
Average number of males covered in the record	169,919	149,657	152,391	163,739	139,294
Number of companies included	34	34	23–34	34	34

[1] In 1933 and 1934 the same companies are included. The rates for the third quarter of the years 1929 to 1933 include 20 of these companies, which employed an average of 133,428 men during these months, or 87 percent of the 152,391 men representing the sample population for the 5-year average.
[2] Exclusive of disability from venereal diseases.

Unfortunately, not all of the important causes of illness exhibit the favorable trend depicted by the rates for all causes of illness combined. The frequency of nonindustrial accidents was greater in the third quarter of 1934 than in the same quarter of 1933, and above the 5-year average. During the first 9 months of 1934 the rate was about 15 percent greater than that recorded for the corresponding period of 1933.

Similarly, the frequency of appendicitis was greater in the third quarter of 1934 than in the corresponding period of 1933 or in the third quarter of the years 1929 to 1933. For the year as a whole the appendicitis incidence rate probably will considerably exceed its frequency in 1933.

An unfavorable rate will also be shown this year for the epidemic and endemic group of diseases (exclusive of influenza), but the increase

is not of broad significance, since it was due largely to a local outbreak of amoebic dysentery.

On account of their numerical importance the respiratory diseases are of special interest. There was a slight increase in the frequency of these diseases during the third quarter as compared with the same months of 1933, but the rate was below the 5-year average for the third quarter. During the first 9 months as a whole the frequency of respiratory diseases was definitely below the rate for the same period of 1933, due largely to a marked decrease in the incidence of influenza. The rate was 40 percent below the frequency of this disease in the first 9 months of 1933. Even more gratifying is the reduction in the number of new cases of respiratory tuberculosis per 1,000 men covered in the record. A diminished incidence was shown in the third quarter as compared with the same quarter of 1933. The latter rate was slightly below the average frequency of new cases of tuberculosis during the third quarter of the years 1929 to 1933, inclusive. During the first 9 months of 1934 the rate was lower than that recorded for the same period of 1933. For the full year 1934 the tuberculosis incidence rate will probably be less than half the rate shown for the year 1921 or for 1922. The trend in new cases of tuberculosis is paralleling the trend in the death rate from this disease, auguring continuation of the decrease in tuberculosis mortality which has been uninterrupted for years.

With the exception of influenza and pulmonary tuberculosis, no improvement is apparent in the respiratory morbidity picture. The frequency of pneumonia (all forms) was the same in the third quarter of 1934 as in the corresponding period of the preceding year. For the 9 months as a whole pneumonia occurred at about the same frequency as in these months of 1933. Acute infections of the upper respiratory tract caused more 8-day or longer disabilities among the 163,000 men under consideration in the first 9 months of 1934 than in the same period of 1933. The frequency of "other respiratory diseases" was also greater in the January to October period of 1934 than in the same part of 1933.

Rather small, inconsequential differences are revealed in the occurrence of diseases of the stomach, diarrhea and enteritis, hernia, and "other digestive diseases." The rates for the rheumatic group of diseases indicate some improvement this year as compared with last year. Very little change occurred in the frequency of diseases of the nervous system, the genito-urinary diseases, and diseases of the skin. However, a lower frequency rate is indicated for one very important group, namely, diseases of the heart and arteries, and nephritis, the rate for which was 3.1 cases per year per 1,000 men during the first 9 months of 1934, as compared with 3.8 in the corresponding period of 1933.

As pointed out in previous communications, the sickness rates presented above apply to men employed either on a full-time or on a part-time basis, but not to men who have been unemployed for any appreciable period. The reporting companies employ men in all parts of the United States, but most of them are located in the North Central, North Atlantic, and New England States.

THE PLACE OF PSYCHIATRY IN A COORDINATED CORRECTIONAL PROGRAM[1]

By F. Lovell Bixby, Ph. D., *Assistant Director, Bureau of Prisons, Department of Justice*

The place of psychiatry in a coordinated correctional program has already been indicated in the several discussions which have pointed out its relationship to social service, discipline, the border-line mental cases, and general administration. I am going to take the liberty, therefore, of altering my subject slightly and talk to you about what might be called the "mechanics of coordination" under which psychiatry and the other special disciplines assume their proper place in a correctional institution.

The recent history of penology has as its distinguishing characteristic the appearance, on the roster of institutional officials, of psychiatrists, psychologists, social workers, and other specialists from fields dealing with the understanding and control of human conduct. Too often, however, we find that these specialists have been superimposed upon the existing prison organization without actually being assimilated in it. It is not uncommon to find the professional staff sitting lightly upon the institution organization like the foam upon a glass of beer, adding considerably to its appearance but quickly blown aside whenever there is serious work to be done.

The Bureau of Prisons has no intention of being content with lip service to the value of psychiatry and its allied fields. We believe that there is a great advantage to be gained in the way of more effective rehabilitation and in the way of more efficient administration from the practical application of psychiatric principles and methods. For that reason we are giving a great deal of thought and study to this question of the mechanics of coordination.

One of the major functions of a penal institution is to hold in safe custody the inmates committed to it until such time as it is proper to release them legally. For many years this was considered the sole purpose of a prison, and the traditional personnel organization was developed to fulfill this purpose. Within the last few years the more

[1] Presented at the Conference on Medical and Psychiatric Services of the Federal Penal and Correctional System, held at Springfield, Mo., Sept. 13-15, 1934.

practical of those who have to do with penal affairs have realized that the safekeeping of prisoners is not enough, and that prisons are equally bound to exert every effort to rehabilitate and reform inmates. It is the recognition of this second obligation which has led to the introduction of psychiatric and other professional services into the penal field. Unfortunately, there has been a tendency to separate these two functions rather than to see them both as two aspects of the same basic problem, namely, the protection of society. In extreme cases this has led to establishing two separate personnel forces; one, frankly called custodial, and the other, rehabilitative or correctional. Even where the bifurcation is not thus officially recognized, there is a tacit division of the personnel which is none the less real because it is not official. Custodial and disciplinary officers often concern themselves little or not at all with the questions of rehabilitation. On the other hand, the professional staff is likely to ignore, or at least to take very lightly the custodial responsibility of the institution. This difference in point of view frequently results in mutual distrust and suspicion.

In the Federal service we have been fortunate in having splendid cooperation between custodial and professional personnel. Nevertheless, we must work constantly to make that cooperation even more effective and more complete.

Other papers have briefly sketched for you the modus operandi of the institution classification committee, which is the administrative device that the Bureau of Prisons adopted in 1932 as the best method of coordinating professional services in the solution of administrative problems. The Bureau is now making a special study of committee techniques and methods with a view to developing them to maximum efficiency, and I should like to have an opportunity to analyze the revised procedure with you in detail, but it is obviously impossible to do so under the present circumstances. I shall, however, ask you to bear with me a few minutes longer in order that I may try to point out four advantages of the committee technique as opposed to other proposed methods of coordination and four of the essential requirements for efficient committee work.

The first advantage comes from the fact that calling the professional and executive officers at the institution together under the chairmanship of the warden or superintendent, for the purpose of arriving at the solution of practical problems, permits an exchange of ideas and interaction of points of view which sooner or later reduces to negligible proportions any friction between the two groups of officers.

A second advantage of the classification committee is the education of its members in general penological administration. It is not enough that the prison doctor be a good physician, or the prison psychiatrist a good psychiatrist, or the prison educator a good educator. The entire professional staff must, of course, be competent in

the various specialties; but if they are to contribute the full measure of their service, they must also be well versed in all phases of prison administration. Through the regular meetings of the classification committee the chief executive officer builds up a group of professional consultants who are not only capable of counseling with him in specialized scientific matters, but who are also able to aid and assist him in determining matters of general policy.

The third advantage is the rather obvious one that group judgments under good leadership are less likely to be snap judgments and more likely to be sound than are the judgments of a single individual.

The fourth and final advantage which I shall mention lies in the fact that when the decisions as to inmates' programs are matters of committee action, it is difficult for an inmate to fix his resentment and fancied injustice on a single individual. This alone, in the opinion of many wardens, is of sufficient importance in institution discipline and morale to warrant the adoption of the committee plan. The judgments of a committee are more likely to be taken impersonally than those of a single individual, and even the psychopathic individual finds it difficult to believe that every member of the committee has a personal grudge to satisfy.

And now for a brief presentation of the four essential requirements. In order to be fully effective, the classification committee must operate under the chairmanship of the chief executive officer of the institution. In the last analysis the success or failure of the plan depends upon the leadership which he alone can give it.

The second requirement concerns the preparation of the case material. The committee meeting to which the various members bring long reports to read orally one after another wastes the time and energy of the members. Brief abstracts of the findings of the various examiners and interviewers and clear-cut recommendations must be carefully prepared in advance and brought together in a compact form which can be quickly read and easily comprehended at the time of the committee meeting.

Third, the committee must consider each case systematically. I have attended classification meetings at which the committee had no program but called the inmate in for a desultory conversation which, in many cases, did more harm than good. The committee meeting should never be used as an occasion for further examination of the inmate or for recapitulation of his past criminal career. The emphasis should be upon the proposed program and should look toward the future rather than toward the past. Likewise, every case should be considered under the same comprehensive headings to insure that cases are handled expeditiously but thoroughly.

Finally, the committee members must recognize that as members of the committee it is their first job to decide upon the best possible

program for each inmate and that they are not there to defend the recommendations they have made in advance of the meeting. In this connection, it is perhaps well to say that the deciding principle in each case should be neither the best interests of the prisoner as an individual nor the smooth running of the institution, but always the ultimate best interests of society.

YELLOW FEVER AND THE RECENT DECREE ON "VISCEROTOMY" IN COLOMBIA

In a discussion of the recent decree of the President of Colombia, making "viscerotomy" [1] compulsory in certain cases, Dr. George Bevier [2] states that the purpose of this service is to clear up the situation with regards to rumors of yellow fever outbreaks from time to time.

In 1923 there was an outbreak in Bucaramanga, and the diagnosis of yellow fever was not definitely established until sometime later by means of the protection test. In 1929 Socorro experienced a serious epidemic identified as yellow fever, and there was another at Guadalupe, Department of Santander, but the nature of the latter remained uncertain. In 1930 and 1931 sporadic cases of fever associated with jaundice were observed in the vicinity of Santa Marta, but were found not to be yellow fever.

In 1932 the results of protection tests in many persons from various parts of Santander, north of Santander and Boyaca, suggested that yellow fever was endemic in some of these areas, or that it had been present in recent years, while other areas appeared to have been free from the disease.

The attention of both the authorities and the public has been drawn several times toward Muzo, in view of suspicious outbreaks in that locality. In January 1934 there occurred several cases; in March there were five cases, four of which were fatal, and pathologic examination of one of them confirmed the diagnosis of yellow fever. The blood of a patient who had recovered gave a positive protection test. Another small outbreak occurred in June, and diagnosis was confirmed by several positive protection tests and two necropsies. There was a small epidemic in the town of Caparrapi in January and February 1933 and another one in June. At the beginning of 1934 several deaths occurred there, which were suggestive of yellow fever.

[1] Viscerotomy is the operation by which, without making autopsies, by means of the "viscerotome" the necessary quantity of liver for anatomo-pathological study is extracted, through a small hole from 1 to 2 cm in size made in the costal area of the hepatic region, without mutilating the body and with a minimum of time. On withdrawing the cannula of the instrument, the hole in the skin closes of itself, without it being necessary to take any stitches or apply adhesive plaster.

[2] Fiebre amarilla y el nuevo decreto sobre "viscerotomia"—El problema en Colombia. Revista de Higiene (Bogota), October 1934, pp. 369-373.

Judging from the above, the disease has been gradually spreading westward, and it is to be feared that it may reach Puerto Lievano, Guaduas, Utica, or Villeta, the populations of which are probably nonimmune. An epidemic with suspicious signs has developed in the vicinity of Restrepo (Meta), and four physicians from the National Department of Health are now studying it, and the town of Villavicencio has detailed several sanitary inspectors to control it.

Yellow fever is evidently still a problem in Colombia, and perhaps, a menace, and its true significance is neither known by public health officials nor fully understood by the public. The National Department of Health is now organizing a special unit to study the disease, which will function under the division of rural sanitation.

INTERNATIONAL CONVENTION FOR MUTUAL PROTECTION AGAINST DENGUE FEVER

An international convention of regional interest for the purpose of preventing the introduction and controlling the spread of dengue fever was drawn up at Athens on July 25, 1934, by representatives of the following-named countries: Albania, Bulgaria, Egypt, France, the German Reich, Great Britain, Greece, Italy, Rumania, Soviet Russia, Spain, Turkey, and Yugoslavia.

The convention provides for (1) the reciprocal notification of the appearance of dengue in epidemic form; (2) keeping the Office International d'Hygiene Publique informed of the progress of the epidemic; (3) appropriate action by vessels in infected ports or districts; (4) the protection from mosquitoes of patients on board vessels; (5) measures for vessels arriving from infected ports; and (6) measures applicable to passengers at borders (passengers to be held under observation for a period not exceeding 8 days from date of exposure, and the isolation of suspected cases of illness, protected from mosquitoes, for 5 days from the date of onset of illness).

The ratifications are to be deposited with the Greek Government. Other countries may adhere to the convention. The convention is to become effective 1 month after the Greek Government shall have received the ratifications or accessions of two Governments.

MORTALITY SUMMARY FOR LARGE CITIES, 1934

Number of deaths, death rates, and infant mortality for a group of 86 large cities in the United States for the 52-week period Dec. 31, 1933, to Dec. 29, 1934, and comparison with 1933

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

City	Total deaths [1]	Death rate [2] (per 1,000 estimated population)	Deaths under 1 year [1]	Provisional infant mortality rate, 1934 [2 3]	Infant mortality rate, 1933	Actual mortality in calendar year 1933		
						Total deaths	Death rate [4] (per 1,000 estimated population)	Deaths under 1 year
Total 86 cities	423,989	11.4	30,552	54	55	411,348	11.0	30,586
Akron	2,164	8.1	174	42	47	1,984	7.4	174
Albany	1,900	14.4	130	54	47	1,863	14.1	109
Atlanta	4,391	15.2	445	88	83	3,948	13.6	419
White	2,314	12.1	251	80	64	2,026	10.6	203
Colored	2,077	21.2	194	101	113	1,922	19.6	216
Baltimore	11,096	13.4	874	65	61	10,796	13.0	824
White	8,391	12.5	599	58	53	8,245	12.2	546
Colored	2,705	17.7	275	88	87	2,551	16.6	278
Birmingham	3,352	11.8	352	76	71	3,112	10.9	320
White	1,643	9.3	158	59	56	1,550	8.8	143
Colored	1,709	15.8	194	98	88	1,562	14.4	177
Boston	11,255	14.3	864	55	59	11,085	14.0	959
Bridgeport	1,617	11.0	119	48	43	1,598	10.8	102
Buffalo	7,152	12.1	566	55	68	7,087	11.9	666
Cambridge	1,347	11.8	101	45	48	1,407	12.2	105
Camden	1,652	13.9	168	58	57	1,536	12.9	160
Canton	1,099	10.0	102	58	39	926	8.4	59
Chicago	36,190	10.1	2,291	48	49	34,798	9.7	2,271
Cincinnati	7,176	15.4	473	64	57	6,548	14.0	409
Cleveland	9,833	10.6	624	44	44	9,143	9.8	608
Columbus	4,359	14.4	241	52	69	4,017	13.2	322
Dallas	3,162	10.9	355	74	86	3,173	10.9	417
White	2,427	9.8	285	76	79	2,274	9.2	296
Colored	735	17.0	70	66	114	899	20.8	121
Dayton	2,638	12.6	147	44	51	2,456	11.7	157
Denver	4,080	13.7	298	59	55	3,971	13.3	255
Des Moines	1,575	10.7	124	42	45	1,657	11.2	121
Detroit	13,007	7.3	1,221	51	51	12,441	7.0	1,189
Duluth	1,105	10.8	64	38	47	1,061	10.4	77
El Paso	1,594	14.7	280	104	126	1,447	13.3	315
Erie	1,156	9.6	65	29	47	1,307	10.8	96
Evansville	1,335	12.4	93	61	65	1,151	10.7	92
Fall River [5]	1,452	12.6	84	40	63	1,569	13.6	124
Flint	1,402	8.0	194	57	59	1,320	7.5	184
Fort Wayne	1,291	10.4	75	41	34	1,166	9.4	60
Fort Worth	1,864	10.7	177	67	76	1,804	10.4	194
White	1,502	10.0	143	63	60	1,367	9.1	128
Colored	362	15.6	34	95	171	437	18.8	66
Grand Rapids	1,634	9.3	126	47	53	1,597	9.0	139
Hartford	2,103	12.3	211	62	56	2,059	12.0	204
Houston	3,700	10.9	377	75	61	3,532	10.4	309
White	2,576	9.7	266	73	45	2,248	8.4	164
Colored	1,124	15.6	111	81	105	1,284	17.8	145
Indianapolis	5,227	13.8	338	58	61	4,872	12.9	334
White	4,391	13.3	279	55	58	4,107	12.4	275
Colored	836	17.8	59	84	79	765	16.3	59
Jersey City	3,548	11.0	299	44	41	3,466	10.7	282
Kansas City, Kans.	1,685	13.5	129	59	59	1,593	12.8	128
White	1,327	12.9	99	55	55	1,259	12.2	99
Colored	358	16.7	30	83	80	334	15.5	29
Kansas City, Mo	5,643	13.4	330	60	52	5,150	12.2	289
Knoxville	1,464	12.8	168	78	71	1,303	11.4	144
White	1,146	12.0	141	75	61	1,032	10.8	111
Colored	318	16.8	27	105	149	271	14.3	33
Long Beach	1,363	8.1	60	29	35	1,494	8.8	75
Los Angeles	14,957	10.3	913	53	57	14,772	10.2	911

See footnotes at end of table.

Number of deaths, death rates, and infant mortality for a group of 86 large cities in the United States for the 52-week period Dec. 31, 1933, to Dec. 29, 1934, and comparison with 1933—Continued

City	Total deaths	Death rate (per 1,000 estimated population)	Deaths under 1 year	Provisional infant mortality rate, 1934	Infant mortality rate, 1933	Actual mortality in calendar year 1933		
						Total deaths	Death rate (per 1,000 estimated population)	Deaths under 1 year
Louisville	3,982	12.9	149	27	66	4,184	13.5	330
White	3,041	11.7	128	27	60	3,202	12.3	257
Colored	941	19.7	21	28	98	982	20.5	73
Lowell [5]	1,330	13.3	105	62	61	1,337	13.3	106
Lynn	1,079	10.5	45	28	49	1,032	10.0	72
Memphis	4,562	17.1	497	111	111	4,356	16.2	466
White	2,311	14.0	244	91	93	2,155	13.0	237
Colored	2,251	22.0	253	140	140	2,201	21.5	229
Miami	1,513	13.7	95	62	58	1,240	11.2	98
White	1,104	12.9	57	52	45	859	10.0	55
Colored	409	16.9	38	88	94	381	15.7	43
Milwaukee	4,878	8.0	397	43	47	4,909	8.0	392
Minneapolis	5,035	10.3	321	44	49	5,059	10.3	350
Nashville	2,603	16.5	267	83	85	2,388	15.1	263
White	1,647	14.3	195	84	80	1,553	13.5	180
Colored	956	22.3	72	81	100	835	19.5	83
New Bedford [5]	1,249	11.1	110	63	56	1,333	11.8	94
New Haven	2,011	12.4	67	34	44	2,093	12.9	132
New Orleans	7,725	16.1	782	89	81	7,519	15.6	688
White	4,589	13.5	370	67	64	4,466	13.1	341
Colored	3,136	22.5	412	125	109	3,053	21.9	347
New York	75,416	10.3	5,261	52	53	75,322	10.3	5,478
Bronx Borough	11,217	7.8	704	44	44	11,053	7.7	707
Brooklyn Borough	25,439	9.3	1,947	48	50	25,862	9.5	2,079
Manhattan Borough	28,234	16.3	1,951	62	65	27,984	16.1	2,075
Queens Borough	8,215	6.5	536	49	44	8,053	6.3	482
Richmond Borough	2,311	13.5	123	50	53	2,370	13.8	135
Newark, N. J	4,731	10.5	325	43	43	4,921	10.9	343
Oakland	3,170	10.4	165	41	38	3,099	10.1	147
Oklahoma City	2,326	10.8	264	69	62	2,060	9.6	217
Omaha	2,947	13.4	175	42	47	2,631	11.9	187
Paterson	1,636	11.8	122	45	46	1,720	12.3	122
Peoria	1,337	11.8	106	58	49	1,165	10.2	78
Philadelphia	24,871	12.5	1,606	54	49	23,906	12.0	1,456
Pittsburgh	8,141	11.9	652	55	53	7,441	10.8	628
Portland, Oreg	3,651	11.6	140	34	38	3,521	11.2	144
Providence	3,047	11.8	239	48	55	3,156	12.2	272
Richmond	2,777	14.9	223	75	64	2,544	13.6	202
White	1,636	12.3	107	57	53	1,538	11.5	103
Colored	1,141	21.7	116	107	83	1,006	19.1	99
Rochester	3,558	10.6	204	41	51	3,781	11.2	250
St. Louis	11,703	14.0	720	58	45	10,548	12.6	544
St. Paul	3,100	11.0	175	38	46	2,897	10.2	206
Salt Lake City	1,724	11.7	160	51	50	1,528	10.4	158
San Antonio	3,273	12.9	571	101	113	3,477	13.7	569
San Diego	2,124	12.5	125	49	50	2,233	13.1	132
San Francisco	7,949	11.8	226	32	40	8,232	12.2	276
Schenectady	1,079	11.2	61	43	48	1,043	10.8	68
Seattle	4,481	11.8	175	34	38	4,170	10.9	175
Somerville	911	8.5	57	52	51	988	9.2	62
South Bend	868	7.6	51	34	41	840	7.3	60
Spokane	1,520	13.0	101	49	38	1,386	11.8	75
Springfield, Mass	1,731	11.1	119	50	52	1,719	11.0	128
Syracuse	2,495	11.4	174	48	40	2,411	11.0	140
Tacoma	1,455	13.3	80	41	34	1,418	13.0	60
Tampa	1,263	11.4	95	60	58	1,223	11.0	92
White	903	10.3	66	51	51	851	9.7	66
Colored	360	15.5	29	101	90	372	16.0	26
Toledo	3,699	12.2	224	51	59	3,456	11.3	239
Trenton	1,832	14.7	151	64	50	1,649	13.2	119
Utica	1,482	14.4	88	50	54	1,440	13.9	94

See footnotes at end of table.

Number of deaths, death rates, and infant mortality for a group of 86 large cities in the United States for the 52-week period Dec. 31, 1933, to Dec. 29, 1934, and comparison with 1933—Continued

City	Total deaths	Death rate [2] (per 1,000 estimated population)	Deaths under 1 year	Provisional infant mortality rate, 1934	Infant mortality rate, 1933	Actual mortality in calendar year 1933		
						Total deaths	Death rate [4] (per 1,000 estimated population)	Deaths under 1 year
Washington, D. C.	8,227	16.7	661	66	67	7,872	15.9	669
White	5,078	14.2	286	43	49	4,750	13.3	322
Colored	3,149	23.0	375	110	101	3,122	22.8	347
Waterbury	893	8.7	68	51	56	1,037	10.1	98
Wilmington, Del. [5]	1,722	16.2	109	50	55	1,570	14.7	115
Worcester	2,503	12.5	191	72	55	2,491	12.4	171
Yonkers	1,130	7.8	81	44	52	1,209	8.3	90
Youngstown	1,677	9.5	120	44	51	1,585	8.9	130

[1] Based upon telegraphic reports received each week from city health officers.
[2] Allowance has been made for the extra day which must be added to the 52 weeks to give a period of 365 days.
[3] Infant mortality rate is based upon deaths under 1 year as returned each week, and estimated live births, 1934.
[4] Based upon deaths which occurred within the calendar year.
[5] Mortality rates based upon population Apr. 1, 1930; decreased 1920 to 1930; no estimate made.

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

DEATHS DURING WEEK ENDED JAN. 5, 1935

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

	Week ended Jan. 5, 1935	Corresponding week 1934
Data from 86 large cities of the United States:		
Total deaths	9,702	9,332
Deaths per 1,000 population, annual basis	13.5	13.0
Deaths under 1 year of age	605	630
Deaths under 1 year of age per 1,000 estimated live births	56	59
Data from industrial insurance companies:		
Policies in force	67,105,928	67,833,275
Number of death claims	10,739	10,178
Death claims per 1,000 policies in force, annual rate	8.3	7.8

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 Jan. 12, 1935, and Jan. 13, 1934

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Jan. 12, 1935, and Jan. 13, 1934

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934
New England States:								
Maine	2	1	3	9	12	5	0	0
New Hampshire	----	1	----	----	24	85	0	0
Vermont	----	3	----	----	4	33	0	0
Massachusetts	12	20	----	----	287	1,209	0	2
Rhode Island	6	1	5	----	13	2	0	1
Connecticut	4	7	239	12	429	10	0	0
Middle Atlantic States:								
New York	64	54	[1] 52	[1] 16	1,110	652	2	5
New Jersey	27	27	323	26	66	110	0	1
Pennsylvania	73	84	----	----	1,799	946	3	4
East North Central States:								
Ohio	67	75	990	100	586	239	10	1
Indiana	52	41	137	75	499	170	1	1
Illinois	45	60	227	19	1,760	147	3	10
Michigan	12	14	52	7	252	46	2	0
Wisconsin	6	9	30	49	626	157	2	2
West North Central States:								
Minnesota	7	11	----	1	1,199	97	2	0
Iowa	14	13	50	15	1,483	63	1	0
Missouri	39	73	364	7	193	433	1	1
North Dakota	1	----	7	5	203	134	0	0
South Dakota	3	5	----	1	58	340	0	1
Nebraska	4	12	----	----	172	17	4	0
Kansas	18	20	21	1	468	29	0	2
South Atlantic States:								
Delaware	----	5	11	3	----	12	0	0
Maryland [2]	10	16	389	26	139	51	3	0
District of Columbia	6	13	22	5	9	101	0	0
Virginia	32	43	----	----	312	309	7	4
West Virginia	32	23	158	39	479	17	1	0
North Carolina [3]	30	51	491	49	689	1,382	3	0
South Carolina	5	15	1,832	684	7	334	0	0
Georgia [3 4]	10	12	1,944	----	----	849	1	0
Florida	9	14	14	3	31	11	0	0

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Jan. 12, 1935, and Jan. 13, 1934—Continued

Division and State	Diphtheria		Influenza		Measles		Meningococcus meningitis	
	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934
East South Central States:								
Kentucky	38	20	316	7	650	7	4	2
Tennessee [3]	28	26	387	70	42	437	5	2
Alabama [3]	20	33	521	50	143	137	3	2
Mississippi [3]	15	14	----	----	----	----	0	0
West South Central States:								
Arkansas	20	9	161	65	26	681	0	0
Louisiana	49	21	16	16	56	22	1	3
Oklahoma [3]	17	39	120	72	23	232	3	2
Texas [3]	77	232	338	1,262	51	1,135	3	4
Mountain States:								
Montana	4	1	482	4	108	4	1	0
Idaho	----	----	4	3	11	24	0	0
Wyoming	----	----	----	----	12	41	0	0
Colorado	12	5	----	----	624	11	1	0
New Mexico	11	8	9	3	41	124	1	0
Arizona	1	2	67	21	8	16	0	4
Utah [3]	----	1	----	----	6	606	0	0
Pacific States:								
Washington	5	3	3	----	58	400	0	0
Oregon	1	2	96	31	40	27	0	0
California	49	48	142	48	144	635	2	3
Total	937	1,187	10,023	2,804	14,952	12,529	70	57

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934
New England States:								
Maine	0	2	22	19	0	0	1	1
New Hampshire	0	0	6	35	0	0	0	0
Vermont	0	0	27	12	0	0	0	0
Massachusetts	0	1	169	260	0	0	0	3
Rhode Island	0	0	14	23	0	0	0	0
Connecticut	0	0	61	62	0	0	3	0
Middle Atlantic States:								
New York	2	2	627	687	0	0	9	7
New Jersey	0	0	128	165	0	0	4	5
Pennsylvania	1	0	660	709	0	0	3	13
East North Central States:								
Ohio	3	0	805	554	2	0	4	2
Indiana	0	0	----	188	5	2	2	0
Illinois	0	0	748	528	0	3	5	7
Michigan	0	2	304	335	1	1	8	1
Wisconsin	0	0	585	137	21	18	0	0
West North Central States:								
Minnesota	0	1	147	66	3	1	0	1
Iowa	0	0	88	72	2	2	1	0
Missouri	0	1	81	147	5	2	7	3
North Dakota	0	0	78	10	0	1	0	2
South Dakota	0	0	18	18	14	1	1	2
Nebraska	0	0	67	39	39	2	0	0
Kansas	0	0	131	121	1	4	2	3
South Atlantic States:								
Delaware	0	1	13	12	0	0	1	1
Maryland [2]	0	0	100	110	0	0	4	5
District of Columbia	0	0	27	16	0	0	0	1
Virginia	0	0	72	123	0	0	5	5
West Virginia	1	1	136	67	1	0	7	5
North Carolina [3]	0	0	60	115	0	0	7	2
South Carolina	0	3	9	9	0	0	1	6
Georgia [3 4]	0	0	20	14	0	0	4	7
Florida	1	0	16	8	0	0	0	2

See footnotes at end of table.

Cases of certain communicable diseases reported by telegraph by State health officers for weeks ended Jan. 12, 1935, and Jan. 13, 1934—Continued

Division and State	Poliomyelitis		Scarlet fever		Smallpox		Typhoid fever	
	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12, 1935	Week ended Jan. 13, 1934	Week ended Jan. 12 1935	Week ended Jan. 13, 1934
East South Central States:								
Kentucky	0	0	92	66	0	1	12	2
Tennessee [3]	0	0	61	72	1	0	4	9
Alabama [3]	0	1	24	24	0	1	1	3
Mississippi [3]	0	1	24	13	1	0	1	0
West South Central States:								
Arkansas	0	0	11	13	4	2	7	5
Louisiana	1	0	48	28	1	5	12	9
Oklahoma [5]	1	0	60	24	1	0	7	2
Texas [3]	3	0	53	249	4	6	46	21
Mountain States:								
Montana	1	0	23	16	0	0	1	0
Idaho	0	0	3	6	0	0	1	2
Wyoming	0	0	6	18	8	2	0	1
Colorado	0	0	269	14	4	3	0	0
New Mexico	0	0	23	34	0	0	3	4
Arizona	0	2	23	22	0	0	0	0
Utah [2]	0	0	26	10	0	1	0	0
Pacific States:								
Washington	3	5	48	36	109	8	1	0
Oregon	1	0	95	60	3	8	0	0
California	13	8	247	343	10	6	4	11
Total	31	31	6,364	5,709	240	80	179	153

[1] New York City only.
[2] Week ended earlier than Saturday.
[3] Typhus fever, week ended Jan. 12, 1935, 12 cases, as follows: North Carolina, 3; Georgia, 2; Tennessee, 2; Alabama, 2; Texas, 3.
[4] Dengue, week ended Jan. 12, 1935, Georgia, 26 cases.
[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	Meningococcus meningitis	Diphtheria	Influenza	Malaria	Measles	Pellagra	Poliomyelitis	Scarlet fever	Smallpox	Typhoid fever
October 1934										
New Hampshire	-------	1	-------	-------	-------	-------	0	33	0	2
November 1934										
Colorado	-------	42	-------	-------	577	-------	2	717	16	19
Mississippi	3	118	2,355	4,191	111	205	2	180	0	28
New Hampshire	-------	1	-------	-------	-------	-------	1	51	0	2
Puerto Rico	-------	58	107	1,763	54	-------	0	-------	0	15
December 1934										
California	13	210	175	12	558	5	72	916	32	33
Connecticut	2	8	98	-------	1,269	-------	0	171	0	3
District of Columbia	1	39	22	-------	15	-------	1	117	0	1
Florida	1	54	4	54	23	45	2	37	1	13
Georgia	4	74	1,652	127	52	13	1	53	1	30
Indiana	2	207	189	-------	975	-------	10	957	9	19
Maine	3	9	11	-------	97	-------	3	127	0	27
Massachusetts	10	69	-------	2	650	-------	1	648	0	11
New Hampshire	-------	3	1	-------	-------	-------	0	72	0	2
New Jersey	3	127	969	2	191	-------	3	522	0	11
North Carolina	11	190	307	-------	1,944	7	3	351	0	27

November 1934

	Cases
Anthrax:	
Puerto Rico	1
Chicken pox:	
Colorado	375
Mississippi	469
Puerto Rico	19
Dengue:	
Mississippi	21
Dysentery:	
Colorado	1
Mississippi (amoebic)	90
Puerto Rico	58
Hookworm disease:	
Mississippi	186
Impetigo contagiosa:	
Colorado	12
Mumps:	
Colorado	33
Mississippi	169
Puerto Rico	20
Ophthalmia neonatorum:	
Puerto Rico	7
Paratyphoid fever:	
Colorado	2
Puerperal septicemia:	
Mississippi	18
Puerto Rico	5
Rabies in animals:	
Mississippi	2
Tetanus:	
Puerto Rico	6
Tetanus, infantile:	
Puerto Rico	7
Trachoma:	
Mississippi	1
Puerto Rico	2
Tularaemia:	
Colorado	1
Vincent's infection:	
Colorado	4
Whooping cough:	
Colorado	83
Mississippi	627
Puerto Rico	165
Yaws:	
Puerto Rico	1

December 1934

	Cases
Botulism:	
California	1
Chicken pox:	
California	1,285
Connecticut	847
District of Columbia	241
Florida	65
Georgia	116
Indiana	663
Maine	354
Massachusetts	1,781
New Jersey	1,484
North Carolina	614

December 1934

	Cases
Conjunctivitis:	
Georgia	4
Maine	4
Dengue:	
Florida	7
Georgia	195
Dysentery:	
California (amoebic)	10
California (bacillary)	7
Connecticut (bacillary)	3
Florida (bacillary)	1
Georgia (amoebic)	6
Georgia (bacillary)	8
Massachusetts (amoebic)	1
Massachusetts (bacillary)	1
Food poisoning:	
California	5
German measles:	
California	77
Connecticut	28
Maine	97
Massachusetts	328
New Jersey	48
North Carolina	4
Granuloma, coccidioidal:	
California	4
Hookworm disease:	
California	1
Georgia	1,049
Lead poisoning:	
Massachusetts	1
New Jersey	1
Leprosy:	
California	2
Lethargic encephalitis:	
Connecticut	1
Indiana	2
Massachusetts	4
New Jersey	5
Mumps:	
California	435
Connecticut	132
Florida	32
Georgia	49
Indiana	12
Maine	35
Massachusetts	242
New Jersey	256
Ophthalmia neonatorum:	
California	3
Connecticut	1
Massachusetts	89
New Jersey	2
Paratyphoid fever:	
California	4
North Carolina	2

December 1934

	Cases
Rabies in animals:	
California	64
Connecticut	1
Indiana	42
Massachusetts	30
New Jersey	16
Rabies in man:	
Georgia	1
Rocky Mountain spotted fever:	
North Carolina	1
Septic sore throat:	
California	10
Connecticut	15
Georgia	50
Indiana	4
Maine	5
Massachusetts	5
North Carolina	2
Tetanus:	
California	4
Connecticut	1
Massachusetts	3
New Jersey	1
Trachoma:	
California	10
Massachusetts	2
Trichinosis:	
California	3
Connecticut	6
Massachusetts	13
New Jersey	4
Tularaemia:	
Indiana	1
North Carolina	2
Typhus fever:	
Florida	1
Georgia	28
North Carolina	5
Undulant fever:	
California	16
Connecticut	7
District of Columbia	1
Georgia	5
Indiana	1
Maine	1
New Jersey	2
North Carolina	2
Vincent's infection:	
Maine	2
Whooping cough:	
California	273
Connecticut	280
District of Columbia	22
Florida	22
Georgia	59
Indiana	197
Maine	271
Massachusetts	651
New Jersey	1,088
North Carolina	872

WEEKLY REPORTS FROM CITIES

City reports for week ended Jan. 5, 1935

[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	Diphtheria cases	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	0	-----	0	1	3	5	0	0	0	9	18
New Hampshire:											
Concord	0	-----	0	0	1	0	0	0	0	0	11
Nashua	2	-----	-----	0	-----	1	0	-----	0	5	-----
Vermont:											
Barre	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----
Burlington	0	-----	0	0	0	12	0	0	0	0	7
Massachusetts:											
Boston	4	-----	1	6	30	39	0	7	0	22	237
Fall River	1	-----	1	128	3	1	0	3	0	12	32
Springfield	0	-----	0	15	5	5	0	2	0	3	45
Worcester	0	-----	1	2	14	6	0	1	0	5	71
Rhode Island:											
Pawtucket	0	-----	0	0	0	2	0	0	0	0	11
Providence	1	1	1	2	8	3	0	3	0	2	67
Connecticut:											
Bridgeport	0	6	0	0	3	7	0	0	0	4	32
Hartford	0	-----	0	80	1	7	0	0	0	6	35
New Haven	3	4	1	13	5	2	0	1	0	1	32
New York											
Buffalo	0	-----	3	17	35	52	0	3	0	44	152
New York	34	47	19	66	227	176	0	91	6	227	1,730
Rochester	0	2	0	94	5	14	0	2	0	22	75
Syracuse	0	-----	0	1	5	3	0	0	0	7	37
New Jersey:											
Camden	0	8	4	1	1	4	0	1	0	4	34
Newark	0	60	5	0	12	9	0	12	0	57	129
Trenton	2	14	4	4	8	12	0	4	0	1	50
Pennsylvania:											
Philadelphia	10	25	11	2	59	70	0	20	0	119	544
Pittsburgh	12	19	9	50	24	37	0	7	1	25	194
Reading	0	-----	2	2	5	2	0	1	0	4	37
Scranton	0	-----	-----	9	-----	4	0	-----	0	3	-----
Ohio:											
Cincinnati	20	-----	2	2	26	25	0	12	0	2	201
Cleveland	7	451	8	37	44	35	0	11	1	26	235
Columbus	11	-----	0	36	6	73	0	1	0	1	90
Toledo	1	1	0	57	4	20	0	1	0	7	80
Indiana:											
Fort Wayne	5	-----	0	0	2	3	0	2	0	0	24
Indianapolis	4	-----	2	1	42	27	1	0	0	13	-----
South Bend	0	1	1	60	7	1	0	0	0	4	28
Terre Haute	0	-----	-----	0	-----	0	0	-----	0	0	-----
Illinois:											
Chicago	13	38	18	99	105	253	0	47	0	39	854
Springfield	0	-----	0	3	5	5	0	1	0	8	26
Michigan:											
Detroit	8	52	8	61	51	69	0	12	1	47	310
Flint	3	-----	0	8	5	11	0	0	1	2	24
Grand Rapids	0	-----	1	17	2	8	0	1	0	1	33
Wisconsin:											
Kenosha	0	-----	0	11	0	6	0	0	0	11	5
Madison	0	-----	1	9	0	4	0	0	0	3	9
Milwaukee	1	4	2	96	12	209	0	3	0	50	112
Racine	0	-----	0	1	2	5	0	0	0	2	12
Superior	0	-----	1	7	1	0	0	0	0	0	10
Minnesota:											
Duluth	0	-----	0	241	3	2	0	0	0	0	19
Minneapolis	3	-----	1	42	6	29	0	2	1	2	116
St. Paul	0	-----	0	17	18	10	0	1	0	15	67
Iowa:											
Davenport	0	-----	-----	42	-----	1	0	-----	0	0	-----
Des Moines	0	1	-----	9	-----	3	0	-----	0	0	38
Sioux City	1	-----	0	8	0	0	0	0	0	2	-----
Waterloo	4	-----	-----	217	-----	2	0	-----	0	0	-----

City reports for week ended Jan. 5, 1935—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Missouri:											
Kansas City	0	1	1	3	22	11	0	4	0	3	127
St. Joseph											
St. Louis	12	5	2	4	20	14	0	7	1	6	234
North Dakota:											
Fargo	0		1	0	2	1	0	0	0	2	9
Grand Forks	0			0		1	0		0	2	
South Dakota:											
Aberdeen	0			15		0	0		0	2	
Nebraska:											
Omaha	4		0	5	8	15	1	1	0	0	61
Kansas:											
Topeka	0		0	3	2	0	0	0	0	2	21
Wichita	2		1	11	8	5	0	1	0	0	35
Delaware:											
Wilmington											
Maryland:											
Baltimore	3	176	5	1	45	48	0	7	1	22	231
Cumberland	0	3	2	2	2	1	0	0	0	2	10
Frederick	1		0	0	0	1	0	0	0	0	4
District of Columbia:											
Washington	3	25	4	10	33	26	0	14	1	9	215
Virginia:											
Lynchburg	0		0	14	2	6	0	0	0	1	15
Norfolk	0	715	0	1	7	3	0	0	0	5	39
Richmond	2		4	27	7	4	0	3	0	1	65
Roanoke	1		0	4	1	9	0	0	0	0	24
West Virginia:											
Charleston	2	1	0	29	5	2	0	1	0	3	22
Huntington	2			2		6	0		0	0	
Wheeling	1		0	1	5	20	0	2	0	11	27
North Carolina:											
Raleigh											
Wilmington	0		0	0	0	0	0	1	0	0	4
Winston-Salem	1	3	0	0	1	4	0	3	0	39	14
South Carolina:											
Charleston	0	150	1	0	5	3	0	3	0	0	26
Columbia	0		0	0	4	0	0	0	0	0	15
Greenville	0		0	0	3	0	0	0	0	3	18
Georgia:											
Atlanta	0	245	12	0	21	5	0	6	0	4	129
Brunswick	0		0	0	1	0	0	0	0	0	7
Savannah	0	125	6	0	3	0	0	1	0	2	33
Florida:											
Miami	0	3	0	1	3	0	0	1	0	0	37
Tampa	1		0	0	0	1	0	0	0	0	24
Kentucky:											
Ashland	0	3	0	0	0	0	0	0	1	3	0
Lexington	0	7	0	3	7	3	0	1	0	1	23
Louisville	1	66	1	16	22	14	0	1	1	12	119
Tennessee:											
Memphis	2		7	0	24	5	0	9	0	3	125
Nashville	4		1	1	9	4	0	6	0	5	82
Alabama:											
Birmingham	3	35	3	3	10	1	0	2	0	0	65
Mobile	2	1	0	0	2	0	0	0	0	0	15
Montgomery	2	2		2		0	0		0	0	
Arkansas:											
Fort Smith											
Little Rock	0		1	0	6	0	0	2	0	0	9
Louisiana:											
New Orleans	23	4	1	6	19	10	0	15	5	0	164
Shreveport	1		0	7	7	5	0	4	0	0	50
Oklahoma:											
Oklahoma City	0	19	2	0	10	2	0	1	1	0	32
Tulsa	0			1		6	0		1	3	
Texas:											
Dallas	11		0	0	10	4	0	1	1	0	72
Fort Worth	4		1	0	6	8	0	1	0	0	39
Galveston	1		0	0	4	1	0	1	0	0	19
Houston	5		0	0	11	0	0	2	0	0	69
San Antonio	2		5	3	11	0	0	3	0	0	60

City reports for week ended Jan. 5, 1935—Continued

State and city	Diphtheria cases	Influenza		Measles cases	Pneumonia deaths	Scarlet fever cases	Smallpox cases	Tuberculosis deaths	Typhoid fever cases	Whooping cough cases	Deaths, all causes
		Cases	Deaths								
Montana:											
Billings	1		0	12	0	1	0	0	0	0	2
Great Falls	0		0	82	3	1	0	2	0	0	9
Helena	0		0	27	0	0	0	0	0	0	5
Missoula	0		0	0	0	0	0	0	0	0	2
Idaho:											
Boise	0		0	0	1	0	0	0	0	0	7
Colorado:											
Denver	3	49	4	301	15	127	1	4	0	3	99
Pueblo	0		0	2	1	8	0	0	0	0	12
New Mexico:											
Albuquerque	0		1	1	2	1	0	8	0	0	18
Utah:											
Salt Lake City	0		1	3	7	44	1	1	0	33	35
Nevada:											
Reno	0		0	0	0	1	0	0	0	0	3
Washington:											
Seattle	0		1	0	6	5	1	1	0	0	83
Spokane	0	2	2	36	5	4	0	1	0	0	38
Tacoma	0		0	4	0	1	11	0	0	0	33
Oregon:											
Portland	1	1	1	2	15	11	0	2	0	0	105
Salem	0			0		1	0		0	0	
California:											
Los Angeles	23	57	0	5	17	47	16	19	0	12	305
Sacramento	1	2	0	0	7	5	0	6	0	3	42
San Francisco	2	3	0	4	29	12	0	11	0	9	190

State and city	Meningococcus meningitis		Poliomyelitis cases	State and city	Meningococcus meningitis		Poliomyelitis cases
	Cases	Deaths			Cases	Deaths	
Connecticut:				Wisconsin:			
New Haven	1	0	0	Milwaukee	1	0	0
New York:				Minnesota:			
New York	4	3	1	St. Paul	1	0	0
Rochester	0	1	0	Missouri:			
Pennsylvania:				Kansas City	2	0	0
Philadelphia	0	1	0	Georgia:			
Ohio:				Atlanta	1	0	0
Cincinnati	6	0	0	Tennessee:			
Cleveland	1	0	0	Memphis	1	1	0
Toledo	1	0	0	Oklahoma:			
Illinois:				Oklahoma City	0	1	0
Chicago	9	8	0	Colorado:			
Michigan:				Denver	1	1	0
Detroit	1	1	0	New Mexico:			
				Albuquerque	1	1	0

Dengue.—Cases: Savannah, 25.
Lethargic encephalitis.—Cases: New York, 1; Chicago, 1; St. Paul, 1.
Pellagra.—Cases: Savannah, 3.
Typhus.—Cases: Atlanta, 1; Montgomery, 3.
Rabies in man.—Deaths: Los Angeles, 1.

FOREIGN AND INSULAR

CANADA

Provinces—Communicable diseases—2 weeks ended December 29, 1934.—During the 2 weeks ended December 29, 1934, cases of certain communicable diseases were reported by the Department of Pensions and National Health of Canada, as follows:

Disease	Prince Edward Island	Nova Scotia	New Brunswick	Quebec	Ontario	Manitoba	Saskatchewan	Alberta	British Columbia	Total
Cerebrospinal meningitis				3	1				1	5
Chicken pox		31	7	389	610	89	199	23	119	1,467
Diphtheria		4	3	34	8	14	2	4	2	71
Dysentery				5	2					7
Erysipelas		1		6	5	3		1	3	19
Influenza		12		4	28				15	59
Measles		324	7	711	359	686	566	15	17	2,685
Mumps					195	8	2	30	49	284
Pneumonia		6			15				8	29
Poliomyelitis		1		2	1					4
Scarlet fever		9	28	268	263	51	23	29	68	739
Trachoma						1				1
Tuberculosis	1		14	63	43	4	6	4	28	163
Typhoid fever			3	13	8	1		2	2	29
Undulant fever					2		2			4
Whooping cough		8	6	189	228	9	20	5	33	498

CEYLON

Malaria.—According to information dated December 29, 1934, the epidemic of malaria in Ceylon was invading new regions, but its spread was becoming less rapid. In the district of Kegalla, which was one of those most severely affected, the epidemic was thought to have reached its peak and conditions were said to be improving. The disease is principally of the subtertian type, and the mortality has been low. Treatment centers had been established in all parts of the affected regions. A previous note in regard to the epidemic was published on page 34 of PUBLIC HEALTH REPORTS for January 4, 1935.

EGYPT

Vital statistics—1932—Comparative.—The following vital statistics for Egypt in all localities having a health bureau are taken from the Annual Return of Births, Deaths, and Infectious Diseases. In 1932, there were 41.1 live births per 1,000 population compared with 43.2 in 1931. Deaths under 1 year of age per 1,000 live births were

174 in 1932, and 160 in 1931. The following table shows the deaths per 100,000 population from certain causes for 1932 and 1931:

Cause	Deaths per 100,000 population		Cause	Deaths per 100,000 population	
	1932	1931		1932	1931
Cancer	21.80	19.19	Nephritis (acute)	18.25	16.48
Broncho-pneumonia	185.11	154.56	Nephritis (chronic)	58.00	58.08
Cerebral hemorrhage	21.41	24.25	Paratyphoid fever	.61	.78
Cerebrospinal meningitis	35.79	10.15	Pellagra	8.24	7.16
Chicken pox	.30	.28	Pneumonia (lobar)	7.96	7.21
Diarrhea and enteritis (under 2 years)	795.03	795.62	Poliomyelitis	.05	.17
Diphtheria	16.04	17.04	Rabies	.42	.40
Dysentery (amoebic)	.65	.69	Scarlet fever	.12	.09
Dysentery (bacillary)	.23	.38	Smallpox	3.16	
Erysipelas	8.05	7.40	Syphilis	10.02	8.41
Influenza	4.19	3.91	Tetanus	3.84	4.36
Lethargic encephalitis	.07	.17	Tuberculosis (all forms)	51.79	49.58
Malaria	.26	.36	Typhoid fever	14.31	13.13
Measles	45.36	37.65	Typhus fever	2.09	.45
Mumps	.30	.47	Undulant fever	.05	.02
			Whooping cough	2.51	1.42

IRISH FREE STATE

Vital statistics—Third quarter 1934.—The following statistics for the Irish Free State for the quarter ended September 30, 1934, are taken from the Quarterly Return of Marriages, Births, and Deaths, issued by the Registrar General, and are provisional:

	Number	Rates per 1,000 population		Number	Rates per 1,000 population
Population	3,013,000		Deaths from—Continued		
Marriages	3,937	5.20	Influenza	67	0.09
Births	14,704	19.50	Measles	8	
Total deaths	8,243	10.90	Puerperal sepsis	17	[2] 1.16
Deaths under 1 year	818	[1]	Scarlet fever	14	
Deaths from—			Tuberculosis (all forms)	741	.98
Cancer	762	1.01	Typhoid fever	16	
Diarrhea and enteritis (under 2 years)	153		Typhus fever	1	
Diphtheria	60		Whooping cough	65	

[1] Deaths under one year per 1,000 live births, 56. [2] Per 1,000 births.

PUERTO RICO

Notifiable diseases—4 weeks ended December 29, 1934.—During the 4 weeks ended December 29, 1934, cases of certain notifiable diseases were reported in the municipalities of Puerto Rico, as follows:

Disease	Cases	Disease	Cases
Chicken pox	34	Pink eye	1
Diphtheria	29	Poliomyelitis	1
Dysentery	18	Ringworm	11
Erysipelas	3	Scarlet fever	1
Filariasis	1	Syphilis	35
Influenza	107	Tetanus	1
Malaria	1,822	Trachoma	3
Measles	29	Tuberculosis	698
Mumps	39	Typhoid fever	8
Opthalmia neonatorum	1	Whooping cough	265
Pellagra	1		

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

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

CHOLERA

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

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Aug. 26–Sept. 29, 1934	Week ended— October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15	22	29
Ceylon: Colombo	C	1																
China:																		
Amoy	C		[1] 1															
Canton	C	1																
Fort Bayard	C	1																
Hankow	C		2															
Shanghai	C		2	1														
Tientsin	C	1																
India	C	22,932	39,308	58,347	53,096	5,377	4,628	3,809	5,346	3,233	3,563	4,724	4,656					
	D	12,315	21,179	29,499	26,643	2,543	2,245	1,969	2,767	1,627	1,943	2,494	2,495					
Assam	C							5	38	39	17	56	215	105	243			
	D								22	18	8	21	86	64	83			
Bassein	C													1	1	4	5	4
	D															2	4	3
Bombay Presidency	C	830	2,985	11,364	5,974	591	621	341	420	270	129	256			181			
	D	393	1,005	4,125	2,355	246	306	182	191	105	66	115			88			
Bombay	C	3	1	1	2													
Calcutta	C	476	294	182	183	27	22	27	34	28	15	18	17	25	10	46	36	49
Chittagong	C	6	9	2	1				1				1	1	3	3	1	4
Madras Presidency	C	1,410	2,463	6,883	3,647	378	239	270	211	300	418	511	672					
	D	729	1,093	3,184	1,695	169	134	123	100	134	203	255	303					
Madras	C	25	5	145	60	3	3		1	16	27	14	2	3	3	8	5	8
	D	15	3	55	29	3	2			3	14	13	2	1		3	4	4
Negapatam	C									[2] 1								
Punjab	C				35													
	D				25													
Rangoon	C				1									1				
Vizagapatam	C			4	6													

[1] Suspected.

[2] Imported.

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

CHOLERA—Continued

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Aug. 26–Sept. 29, 1934	Week ended— October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15	22	29
India (French):																		
Chandernagor	D	2	6		1				1									
Karikal	C		1	16	47	2	3					2						
Pondichery	C		6	106	59					10								
Indo-China (see also table below):																		
Baclieu	D	2																
Pnom-Penh	C			2												1	1	
	D		1															
Poulo Condor Island	C	3																
Philippine Islands: Rizal Province—Manila	C	1																
Siam	C	1	1															
On vessels:																		
S. S. *Cape Ortegal* at Calcutta from Bombay	C	1																
S. S. *Jaladurga* at Calcutta from Rangoon	C	2																
S. S. *Khostan* at Calcutta from Karachi	C		1															
S. S. *Erinpura* at Port Swettenham	C			1														
S. S. *Aronda* at Rangoon from Calcutta	C				1													

Place		July 1934 1–10	11–20	21–31	August 1934 1–10	11–20	21–31	September 1934 1–10	11–20	21–30	October 1934 1–10	11–20	21–31	November 1934 1–10	11–20
Indo-China (French) (see also table above):															
Cambodia [3]	C	1	1		2						1			3	
	D	1	1		1						1			3	
Cochin-China [3]	C	4	2	6	1		2			1				1	2
	D	4	2	4	1		1			1				1	2

[3] Reports incomplete.

PLAGUE[1]

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Aug. 26–Sept. 29, 1934	Week ended— October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15	22	29
Argentina (see also table below): Santiago de Estero Province—Frias	C														1			
Azores. (See table below.)																		
Belgian Congo	C	6	8								8	2	4					
Brazil:																		
Alagoas State	C															5		
	D															2		
Ceara State	C														2			
British East Africa (see also table below):																		
Kenya	C	9	1	5	13	1				1	2	2		1				
Uganda	C	215	131	101	70	18	23	22	26	18	16	23	22	33	13			
	D	208	122	101	69	18	22	22	23	16	16	21	22	34				
Ceylon: Colombo	C		1		1							1	1					1
	D	1	1									1	1	1				
Plague-infected rats					1					3								
China (see also table below):																		
Fort Bayard.[2]																		
Manchuria[3]	D		22	8														
Tanghai Island	C	7																
Dutch East Indies:																		
Java—Batavia	C					[4] 2	3											
	D					2	3											
West Java	C	1,273	1,148	1,721	2,201	468	418	427	371									
	D	1,273	1,144	1,720	2,201	468	418	427	371									
Ecuador.[5] (See table below.)																		
Egypt:																		
Alexandria—Plague-infected rats		P	P	P	P		P		P		P		P		P			
Asyut	C	6											2					
Beni-Suef	C									1								
Gharbiya	C	6	22															
	D	2	6															
Minufiya	C	8																
Minya	C	8																

[1] Including plague in the United States and its possessions.
[2] During the week ended June 2, 1934, suspected cases of plague were reported in Fort Bayard, Kwangchowan Territory, China.
[3] A report dated Oct. 30, 1934, states that from June to Oct. 25, 1934, deaths from plague had been reported in Manchuria, China, as follows: Fengtien Province, Liaoyuan, 30, Shuangshan, 21, Tungliao 41; Kirin Province, Changling, 12, Chienan, 26, Fuyu, 32, Hsinking City, 1, Nungan, 168.
[4] Imported.
[5] A report dated Jan. 8, 1935, states that 1 case of plague was reported at Amaluza, Province of Loja, Ecuador.

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

PLAGUE—Continued

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

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Aug. 26–Sept. 29, 1934	Week ended— October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15	22	29
Hawaii Territory:																		
Hawaii Island—Hamakua district—																		
Kalopa—Plague-infected rats									1	1			2					
Kukaiau—Plague-infected rats		1																
Pauuhau	C									1								
	D									1								
Plague-infected rats		1						1										
Paaulio	C	1																
Pohakea—Plague-infected rats									1									
Maui Island—Makawao district—																		
Kahului (9 miles from)—Plague-infected rats							2											
Paia—Plague-infected rats							1											
India	C	774	921	3,032	6,640	1,586	1,567	1,318	1,171	1,117	826	1,043	1,181					
	D	657	578	1,777	3,981	867	847	737	663	607	509	613	695					
Bassein	C	7	5	8	1	1		1			2	1						1
Plague-infected rats		1	1	3	3		1						1					
Bombay Presidency	C	218	379	1,464	2,929	731	765	650	613	471	406	485			300			
	D	143	220	842	1,760	405	434	404	383	278	235	286			176			
Bombay	C	1	1		1													
Plague-infected rats		2			2		1											
Madras Presidency	C	42	194	333	553	96	84	74	55	45	19	55	111					
	D	15	98	165	296	44	57	47	35	19	10	21	42					
Moulmein	C			1														
	D			1														
Punjab	C					P		18	11	13	8	29	3	10	17	8	11	
	D							10	7	8	6	20	1	8	13	7	6	
Rangoon	C	5	1	1	3													
Plague-infected rats		3		1										1				
Indo-China (see also table below):																		
Bentre	C			1														
Longxuyen	C	1																
Pnom-Penh	C	1		1	3			2					1			1	1	
Sadec	C	1																
Saigon and Cholon	C	4	1	1	1						1	1						
Vinhlong	C	1																

Iraq: Baghdad	C	3	1															
Libya	C	5																
	D	1																
Madagascar. (See table below.)																		
Morocco: Tangier	C									4	3							
Peru (see also table below): Salaverry—Plague-infected rats		1																
Senegal. (See table below.)																		
Siam	C	2																
Prachin—Nagara Nayok	C																	4
Rajpuri.[6]																		
South-West Africa.[7]																		
Tunisia: Tunis—Plague-infected rats		4																
Union of South Africa: Orange Free State	C							2	1			2	1					
United States: California:																		
Human plague—Tulare County	C	1																
Plague-infected ground squirrels:																		
Modoc County		[8] 36	2															
Tulare County		6																
On vessel: S. S. *Barjora* at Rangoon from Moulmein	C				1													
	D				1													

Place		June 1934	July 1934	August 1934	September 1934	October 1934	November 1934
Argentina (see also table above)	C	2	2	6	11		
Azores	C	3	5	5	2		
British East Africa (see also table above):							
Kenya	C	6		13	5	1	
Uganda	C			103	54		
China: Kwangchowan	C	21	10	3			3
	D	12	4	3			3
Ecuador	C	7					
Indo-China (see also table above):							
Cambodia	D	4	2	3	3	4	2
Cochin-China	C	9	8	2	1		2
Madagascar (central region)	C	71	97	160	291	444	431
	D	71	96	158	283	422	410

Place		June 1934	July 1934	August 1934	September 1934	October 1934	November 1934
Peru (see also table above)	C	1		1			2
Lima department	C				2	3	1
Senegal:							
Dakar [9]	C	33	55	52	17	13	4
	D	27	47	47	19	11	3
Diourbel [9]	C			5	1		
	D			3	1		
Louga [9]	C	2					
	D	2					
Rufisque [9]	C	18	33	42	18	8	4
Theis [9]	C	64	50	39	6	6	
Tivaouane [9]	C	32	27	82	26	21	3

[6] During the week ended Jan. 5, 1935, 1 case of plague was reported at Rajpuri, Siam.
[7] From January to June 30, 1934, 20 cases of plague were reportedin Ovamboland, South-West Africa.
[8] Includes 1 plague-infected wood rat.
[9] Reports incomplete.

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

SMALLPOX

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

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Aug. 26–Sept. 29, 1934	Week ended— October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15	22	29
Algeria:																		
Algiers Department	C	1	1						1									
Constantine Department	C	2			1				1									
Oran Department	C	3																
Angola. (See table below.)																		
Belgian Congo [1] (see also table below)	C		1	2	5													
Bolivia. (See table below.)																		
Brazil:																		
Porto Alegre (alastrim)	C	2	2	5	2		1											
Sergipe State	C										P							
British East Africa:																		
Kenya	C	13	93	169	116			25	5	11	1	4	1	5	5			
Tanganyika	C	40	2	6	43	2		1	15		12	2		20				
British Somaliland	C		16		7	1	2		4	2			3					
British South Africa:																		
Northern Rhodesia	C	28			16													
Southern Rhodesia	C			2	1		2											
Cameroun (French). (See table below.)																		
Canada:																		
Alberta	C											1	1	1				
British Columbia	C			[2] 1														
Manitoba	C				[2] 1			[2] 1										
Saskatchewan	C					[2] 1		[2] 1		[2] 1								
Canary Islands: Santa Cruz de Tenerife	C													2	1			
Ceylon: Colombo	C				17	2	1			2	1	3	5		10	1		
China:																		
Amoy	C	22	6	3						1								
Canton	C	1									1		2		2	3		
Dairen	C	45	6		2													
Foochow	C	P	P	P	P	P		P		P		P		P				
Hangchow	C		2															
Hankow	C	1			1		1						1	1	1			
Hong Kong	C	10			1					1		[2] 1						
Kwantung Leased Territory	C	24																

Macao	D	1								1		1	1				15	10	
Shanghai	C	25	8	3	1			1	1				1		2	3	1	2	
South Manchuria Railway Zone	C	18																	
Swatow	C	7		1															
Tientsin	C	1	2					2			2		1	1					
Tsingtao	C			1				1				2	1						
Chosen. (See table below.)																			
Dahomey. (See table below.)																			
Dominican Republic: Santo Domingo	C	1																	
Ecuador. (See table below.)																			
Egypt:																			
Alexandria	C			2															
Aswan	C	3	4																
Asyut	C	2																	
Cairo	C	3	1	4	1														
Dakahliya	C																		
Damietta	C	1																	
Faiyum	C	55	2		1														
Gharbiya	C	4																	
Girga	C	7	4																
Minya	C	8	15	3	2														
Qena	C	4																	
Sharkiya	C							41	33										
Provinces	C	89	39	31	13	3	1	42		3									
Eritrea	C			1															
Finland. (See table below.)																			
France. (See table below.)																			
Gold Coast. (See table below.)																			
Great Britain:																			
England and Wales	C	10	3		1		1				1								
London	C	7					1												
London and Great Towns	C	8			1		1												
Greece: Salonika	C	9	7	8			1	1	1										
Guatemala. (See table below.)																			
Honduras:																			
Belize	D	1																	
Tegucigalpa	C	P		4	2														
Tela	C															5	1	1	
India	C	29,379	16,344	12,684	8,838	998	1,270	960	1,193	1,365	1,555	856	2,387						
	D	7,028	3,966	3,269	2,108	198	227	204	217	261	318	370	482						
Bussein	C	5	1	1															
	D	1	1	1															
Bombay Presidency	C	2,803	1,000	1,134	1,102	141	170	135	182	267	130	346			473				
	D	555	249	237	200	36	36	26	34	34	12	72			113				
Bombay	C	13	5	4	14	1	1	6		1	1	3			4	1	8	9	
	D	9	2	3	6	3	1	1		1	1	2			2		3	6	
Calcutta	C	73	23	7	16	1	2					4			5	10	22	14	
	D	60	18	8	9							1			3	5	15	9	

[1] A report dated Oct. 23, 1934, states that 142 cases of smallpox with 10 deaths have been reported in Belgian Congo.
[2] For 2 weeks.
[3] Imported.

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

SMALLPOX—Continued

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

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Aug. 26–Sept. 29, 1934	Week ended— October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15	22	29
India—Continued.																		
Cochin	C	1																
Karachi	C	7	13	6	3												4	
Madras Presidency	C	6,223	3,576	3,397	2,920	579	769	683	677	658	739	685	671					
	D	1,162	588	616	515	93	97	125	99	96	94	123	133					
Madras	C	35	34	19	22	7	8		1		2	1	2		7	8	2	2
Negapatam	C	8	7	4	3	1	4		3		1	1	1		2	10	2	10
Punjab	C								5	11	20	16	13	21	80	38	86	
Rangoon	C	10	6	3	2		2	1			2	1			1			2
Tuticorin	C		6		3	1		1							2	1		
Vizagapatam	C	4	3	8	1							5	11		11	8	5	
India (French):																		
Chandernagor	D	2	1	2	1													
Karikal	C				1	1						1		2				
Pondichery	C	134	131	170	236	40	33		26	35		36	18	34				
	D	72	78	103	147	38	19		24	10		19	16	22				
India (Portuguese)	C			27														
Indo-China (see also table below):																		
Haiphong	C	7			1													
Phnom-Penh	D			1														
Tourane	C	24	17	9	3	3			1		3			1			1	3
Iraq	C	88	13	5	11	2	1						1	10				
Arbil	C		15		6	2								1				
Baghdad	C	1		2	[3]1	1												
Basra	C														1		5	
Italy:																		
Genoa	C			8	2													
Milan	C				2													
Ivory Coast. (See table below.)																		
Japan	C	7	6									1						
Aomori Prefecture	C		3															
Kobe	C		1															
Osaka	C	2																

Liberia.[4]																		
Mexico:																		
Allende.[5]																		
Chihuahua	C		1		1						2			1	2	2	7	5
Mazatlan.[6]																		
Mexico, D. F.	C	12	5	6	8	5	1											
Monterrey	C			1														
San Luis Potosi	D		1											1				
Teitipac.[6]																		
Torreon	D	1																
Morocco. (See table below.)																		
Mozambique. (See table below.)																		
Nigeria	C	136		230	215	17	82	24	36		115							
Lagos	C	9	2	3	5													
Nyasaland. (See table below.)																		
Palestine	C	7												1				
Persia	C		2	3	2	2	4	1		1	3			1				
Teheran	C		7	1							1	1		1				
	D	1			1				1	1								
Peru. (See table below.)																		
Poland	C		1		1			1				1						
Portugal (see also table below):																		
Lisbon	C	6	4			1			1	1	1							
Oporto	C				1					1						1		
Portuguese East Africa. (See table below.)																		
Salvador	C	35	[2] 21	30	12	[7] 13				9			1			[7] 27		
Siam	C	96	6		32	2	1		1	13							20	
Sierra Leone	C	226	67	80	385		[2] 89		[2] 125		[2] 00				[2] 129			
Spain	C	131	54	47	29	3	5	6	8	36	.54	8	7	7	29	15		
Straits Settlements: Singapore	C							1	1									
Sudan (Anglo-Egyptian)	C	7	3	4	1			1					1			1		11
Syria:																		
Beirut	C			2														
Damascus	C											26	7	26	19		4	
Provinces	C	31	50	32	78	13	14	11	13	15	35	39	27	49	30		18	
Trans-Jordan	C	2	1								[3] 1							
Turkey. (See table below.)																		
Union of South Africa	C		P	P	P													
Union of Soviet Socialist Republics. (See table below.)																		

[2] For 2 weeks.
[3] Imported.
[4] A report states that from February to Sept. 10, 1934, 233 cases of smallpox with 79 deaths had been reported in Sanoyea, Liberia. All sanitary measures have been taken.
[5] A report dated Dec. 28, 1934, states that about 48 cases of smallpox with 5 or 6 deaths had been reported at Allende, Mexico.
[6] A report dated Aug. 27, 1934, states that smallpox has appeared in the suburbs of Mazatlan, Sinaloa, Mexico; the report also states that 104 deaths from smallpox have occurred in Teitipac, Oaxaca, Mexico.
[7] For 3 weeks.

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

SMALLPOX—Continued

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

On vessels:

S. S. *Britannia* at Port Said from Liverpool	1 case	May	31, 1934
S. S. *Rohna* at Penang from Madras	1 case	June	14, 1934
S. S. *Rajula* at Penang	1 case	June	28, 1934
S. S. *Rohna* at Penang from Madras	1 case	July	12, 1934
S. S. *Tacoma* at Moji from Dairen	1 case	July	28, 1934
S. S. *Ethiopa* at Rangoon from Madras	1 case	Sept.	3, 1934

On vessels—Continued.

S. S. *Ussuri Maru* at Kobe from Dairen	1 case	Sept.	24, 1934
S. S. *Rohna* at Penang from Madras	1 case	Oct.	4, 1934
S. S. *Erinpura* at Rangoon from Madras	1 case	Oct.	8, 1934
S. S. *Kuang-Si* at Jibuti	1 case	Nov.	24, 1934
S. S. *Varela* at Basra	1 case	Dec.	8, 1934

Place		June 1934	July 1934	August 1934	September 1934	October 1934	November 1934
Angola	C	------	72	65	------	------	------
Belgian Congo (see also table above)	C	110	360	204	183	------	------
Bolivia	C	------	82	136	70	------	------
Cameroun (French)	C	------	1	------	------	------	------
Chosen	C	25	18	5	15	40	------
Dahomey	C	------	83	31	10	6	------
Ecuador	C	------	1	------	------	------	------
Finland	C	------	1	------	------	------	------
France	C	------	------	3	2	3	53
Guatemala	C	------	------	1	------	2	1
Indo-China (see also table above)	C	215	192	150	87	202	258
	D	39	29	39	18	39	22
Ivory Coast	C	4	2	------	------	------	------
Morocco	C	2	5	2	8	------	7
Mozambique	C	------	3	4	6	1	36
Nyasaland	C	63	31	16	29	17	29
Peru	C	29	24	100	12	------	------
Portugal (see also table above)	C	40	70	60	36	------	------
	D	5	4	6	2	------	------
Portuguese East Africa	C	5	3	4	6	1	------
Turkey	C	2	17	4	16	2	------
Union of Soviet Socialist Republics	C	403	------	------	------	------	------

TYPHUS FEVER

Place		May 27-June 30, 1934	July 1-28, 1934	July 29-Aug. 25, 1934	Week ended—														
					September 1934					October 1934				November 1934				December 1934		
					1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15
Algeria:																				
Algiers Department	C	18	1	1						1			3	2	1	1				
Constantine Department	C	91	32	12	3	1	1			1			3					1		
Bone	C			1	1															
Constantine	C												2				2	1		
Oran Department	C	5	2	10														1	1	
Basutoland	C								20											
Belgian Congo	C	208	135	108	13	19	13	12	5	4	7	6	3	4	4	1	3		2	
Bolivia. (See table below.)																				
British East Africa: Uganda	C	6		1										10						
Bulgaria	C	19	2									2	5			5	2		4	3
Chile	C	1,044	1,180	1,188	365	338														
Concepcion	C		13		10	4														
Iquique	C									[1] 4										
Santiago	C	321	365	185	152	102														
Tarapaca Province.[2]																				
Tocopilla	C						1													
Valparaiso	C	22	30	21	3	8	6	2	2		0	3	8	10	9	6	8	16	15	15
China:																				
Hangchow	C	1																		
Hankow	C	1								1										
Harbin	C	3																		
Nanking	C	3																		
Shanghai	C	3				1														
South Manchuria Railway Zone	C	3																		
Tientsin	C	2																		
Chosen. (See table below.)																				
Czechoslovakia. (See table below.)																				
Egypt:																				
Alexandria	C	9	2	1								1								1
Aswan	C																2	2	1	
Asyut	C	4	1																	
Beheira	C	263	52	31		1												3		2
Cairo	C	1	2														1			
Dakahliya	C	67	17	7													1			
Damietta	C	2	1								1									1

[1] Imported.

[2] A report dated July 13, 1934, states that 41 cases of typhus fever with 7 deaths have been reported in the villages of Usmagama and Pachica, Tarapaca Province, Chile.

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

TYPHUS FEVER—Continued

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

Place		May 27-June 30, 1934	July 1-28, 1934	July 29-Aug. 25, 1934	Week ended—														
					September 1934					October 1934				November 1934				December 1934		
					1	8	15	22	29	6	13	20	27	3	10	17	24	1	8	15
Egypt—Continued.																				
Faiyum	C	2									1									
Gharbiya	C	193	71	22		1		2			1						6		1	
Girga	C	1		1																
Minufiya	C	87	26	5												4	11	4	2	3
Minya	C			1																
Port Said	C	4													1		1			
Qena	C	13	1	6							1	2					1		2	2
Sharkiya	C	22	15	3		1													1	
Provinces	C	605	176	98	13	4	10	2	6	2	3	3	2	2		5	22	9	7	9
Estonia	C			1																
Greece (see also table below): Salonika	C			6				1	1	1	1		1	1	1	1	1	1	1	1
Guatemala. (See table below.)																				
Hungary	C							1										6		1
Iraq	C	65																		
Baghdad	C	[3] 4		3	1					1									1	
Kirkuk liwa	C	59																		
Mosul liwa	C		14	3			3													
Irish Free State:																				
Cork County—Castletown	C		5																	
Waterford County—Lismore	C					1				1										
Wicklow County—Altidore	C		7																	
Italy:																				
Leghorn	C			2		2	1	1					1							
Palermo	C		1																	
Japan:																				
Aomori Prefecture	C			3																
Kobe	C									1										
Nagasaki	D							1												
Latvia. (See table below.)																				
Lithuania	C	4	17	7				2			2		1		1			1	8	4

Place		1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Mexico:																				
Guadalajara	D					1														
Mexico, D. F	C	108	38	34	4	11	6	5		8	6									
Saltillo	D						2				1									
San Luis Potosi	D	1	1							1		1								
Torreon	C		1	1							1		4			1				
Morocco	C	45	18	43	1									1				7	2	6
Palestine	C	4	5	1	2		1			1	1	2								
Haifa	C		[1] 1	1	1					1	[1] 1	[1] 1	[1] 1			[1] 2	[1] 2		2	
Persia	C	217	112	49	17	5	6	10	9	4	8		7	10	5		3	5	10	
Teheran	C	22	25	7	2		2	3	3	1										
Peru. (See table below.)																				
Poland	C	284	148	77	10	13	9	8	13	13	9	13	13	14	12	16	19	27	12	
	D	23	12	6			1			3	1		1	2	1	3	3	4	3	
Portugal [4] (see also table below): Oporto	C		1			1													2	
Rumania. (See table below.)																				
Spain: Catalonia	C	27																		
Straits Settlements: Singapore	C		2																	
Syria: Beirut	C			1																
Trans-Jordan	C	16	4	4																
Tunisia:																				
Tunis	C	22	1	1							1			1			3			
Provinces	C	99	46	14		1	2		15	2		4	16	18	1	14	2	10	1	8
Turkey. (See table below.)																				
Union of South Africa. (See table below.)																				
Union of Soviet Socialist Republics. (See table below.)																				
Yugoslavia. (See table below.)																				

Place		June 1934	July 1934	August 1934	September 1934	October 1934	November 1934
Bolivia	C	46	39	91	33		
Chosen	C	6	41	23	7	22	
Czechoslovakia	C	20	3				
Greece	C		9	10	7	6	
Guatemala	C	18	24	36	31	18	18
Latvia	C					3	
Peru	C	59	43	24	63		
Portugal	C	21		4	7		
Rumania	C	73	16	24	16	48	30
Turkey	C	15	9	22	10	16	20
Union of South Africa:							
Cape Province	C	250	289	272	437	407	
Natal	C	10	26	15	6	29	
Orange Free State	C	884	709	510	492	403	
Transvaal	C	38	24	12	105	32	
Union of Soviet Socialist Republics	C	1,889					
Yugoslavia	C	118	58	27	12	31	3

[1] Imported.
[3] Includes 1 imported case.
[4] A report dated Jan. 11, 1935, states that 26 cases of typhus fever have been reported near Tarouca, Vizeu Department, Portugal. All sanitary measures have been taken.

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

YELLOW FEVER

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

Place		May 27–June 30, 1934	July 1–28, 1934	July 29–Aug. 25, 1934	Week ended— September 1934 1	8	15	22	29	October 1934 6	13	20	27	November 1934 3	10	17	24	December 1934 1	8	15
Brazil:																				
Amazonas State—Fonte Boa	C		1																	
Bahia State: Victoria Bank	C	1																		
Ceara State:																				
Carius	C	1																		
Iguatu	D		1	1																
Novo Oriente	C		1																	
Santa Quiteria	C	1																		
Mato Grosso State: Coronel Ponce.[1]																				
Colombia: Intendencia of Meta—Restrepo	D												1							
French West Africa—Guinea—Kindia	C						1													
Gambia:																				
Bathurst [2]	C															1				
St. Mary's Island	C															[2] 2				
Gold Coast:																				
Kokobee	C																1			
N'Kaw Kaw	C		1																	
Ivory Coast:																				
Abidjan	C	3							1											
	D	2	1						1											
Agboville	C						1													
Bingerville	C			1																
Bobo-Diolasso	D											[3] 1								
Dibro	C																		3	
	D																		1	
Diekekro	C																			1
Tirailleur	C												1							
Toumodi [4]	C																		15	
	D																		10	
Zuenoula	C																		1	
Nigeria: Kano	C																			2

Niger Territory:																					
Maradi	C					1															
Zinder	C		1	5								1									
	D		1	4								1									
Sudan (Anglo-Egyptian): Wau	C	1																			

[1] During the month of October 1934, 1 case of yellow fever was reported in Coronel Ponce, Mato Grosso State, Brazil.
[2] For the week ended Dec. 22, 1934, 2 cases of yellow fever with 2 deaths were reported at Bathurst, Gambia.
[3] Suspected.
[4] For the period Dec. 21–31, 1934, 1 case of yellow fever was reported at Toumodi, Ivory Coast.

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