

# WEEKLY ABSTRACT OF SANITARY REPORTS.

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TREASURY DEPARTMENT,  
OFFICE SUPERVISING SURGEON-GENERAL,  
U. S. MARINE-HOSPITAL SERVICE,  
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*Abstract of Sanitary Reports received through the Department of State from foreign countries during the week ended October 14, 1887, and information received through other channels.*

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*England and Wales.*—The deaths registered in 28 great towns of England and Wales during the week ended September 24 corresponded to an annual rate of 16.2 a thousand of the aggregate population, which is estimated at 9,244,099. The lowest rate was recorded in Derby, viz., 10.0, and the highest in Blackburn, viz., 26.4 a thousand. Small-pox caused 4 deaths in Sheffield.

*London.*—One thousand one hundred and sixty-four deaths were registered during the week ended September 24, including 11 from measles, 38 from scarlet fever, 21 from diphtheria, 36 from whooping-cough, 14 from enteric fever, 45 from diarrhœa and dysentery, and 1 from choleraic diarrhœa. There were 160 deaths from diseases of the respiratory organs. Different forms of violence caused 49 deaths, and 7 suicides were registered. The deaths from all causes corresponded to an annual rate of 14.4 a thousand. In greater London 1,468 deaths were registered, corresponding to an annual rate of 14.1 a thousand of the population. In the "outer ring" 17 deaths from diarrhœa, 6 from whooping-cough, 4 from scarlet fever, and 6 from "fever" were registered.

*Ireland.*—The average annual death rate represented by the deaths registered during the week ended September 24 in the 16 principal town districts of Ireland was 22.8 a thousand of the population. The lowest rate was recorded in Newry, viz., 3.5, and the highest in Dublin, viz., 29.8 a thousand.

*Dublin.*—Two hundred and seven deaths were registered during the week ended September 24, including 8 from measles, 1 from whooping-cough, 4 from scarlet fever, 1 from typhus, 1 from diphtheria, 32 from diarrhœa, and 5 from dysentery. Diseases of the respiratory organs caused 22 deaths. One accidental death was reg-

istered, and in 35 instances the causes of death were uncertified. The deaths from all causes corresponded to an annual rate of 30.6 a thousand.

*Scotland.*—The deaths registered in 8 principal towns during the week ended September 24 corresponded to an annual rate of 18.3 a thousand of the population, which is estimated at 1,299,000. The lowest mortality was recorded in Perth, viz., 9.7, and the highest in Paisley, viz., 25.6 a thousand. The aggregate number of deaths registered from all causes was 457, including 1 from measles, 11 from scarlet fever, 5 from diphtheria, 22 from whooping-cough, 11 from fever, and 28 from diarrhoea.

*Germany.*—The deaths registered in 52 cities of Germany, having an aggregate population of 6,821,222, during the week ended September 17 corresponded to an annual rate of 23.1 a thousand. The lowest rate was recorded in Kassel, viz., 5.5, and the highest in Frankfort-on-Oder, viz., 35.0.

During the preceding week the lowest rate was recorded in Lubeck, viz., 11.9, and the highest in Chemnitz, 39.1.

*Calcutta.*—Seven hundred and fifty-nine deaths were registered during the month of July, 1887, including 79 from cholera.

*Buenos Ayres.*—One thousand one hundred and ninety-two deaths were registered during the month of July, 1887—212 from small-pox, 14 from enteric fever, 7 from scarlet fever, and 63 from diphtheria.

*Martinique.*—From a dispatch of the United States consul, dated September 21, 1887, it is learned that small-pox exists in that place, and that the first 4 cases were brought there in French steamers from Colon; that the sanitary authorities have seen fit to impose a period of observation of vessels coming from Colon of 4 days only, which, with the 7 or 8 days consumed in the passage, would amount to a quarantine of 11 or 12 days at most. The consul also reports the existence of yellow fever in Guadeloupe, and that a quarantine of 23 days has been instituted for all vessels coming from that island.

*Livingston, Central America.*—Several cases of yellow fever were reported under date of August 27, 1887.

*Ning-Po, China.*—The United States consul, in his dispatch dated September 7, encloses a report from the port physician that “the majority of those attacked by cholera are of the laboring class, and most of them rapidly succumb in from 6 to 12 hours. It is roughly estimated that in the city of Ning-Po, in the surrounding villages, and in the foreign settlement, on an average about 200 die every day. Up to the present date only two foreigners have been attacked, both of whom recovered. The fatal character and continuance of this epidemic I attribute to the present existing sanitary conditions, which at this time of the year are

especially most dangerous, not only on account of the great heat, but, owing to there being no demand for night-soil, there is an enormous accumulation of decomposing night-soil in all the streets, alleys, and court-yards, the stench from which is overpowering and the germs produced most dangerous to health. The poorer class of natives are also very liable to be attacked, owing to the exposure of their bodies to night air without covering, to the eating of rotten and stinking cabbage, fish, and pork."

*Marseilles*.—The United States consul encloses in a dispatch dated September 10, 1887, a table showing the number of cases and deaths which occurred in Marseilles during each month of 1886. Three hundred and eighty-two deaths occurred from small-pox in the month of March, and only 17 in the month of December. The total number of deaths from small-pox for the year was 2,052. Only 5 deaths from cholera occurred during the year, viz., 1 in July, 1 in August, and 3 in September. The preceding year there were 1,258 deaths from cholera.

*Singapore*.—The United States consul, in his dispatch dated August 26, transmits a copy of regulations for the Straits Settlements, made by the governor in council, under the quarantine and prevention of disease ordinance of 1886, passed July 1, 1887. The regulations contain 59 paragraphs, paragraphs 2 and 3 requiring that—

"2. Whenever information is received that cholera, small-pox, fever, or other contagious or infectious disease of a dangerous nature has broken out or exists at any other settlement, or at any port or place without the colony, it shall be lawful for the governor to declare, by notification in the *Government Gazette*, that such settlement, port, or place is infected, whereupon all vessels arriving from such settlement, port, or place shall be put in quarantine and there detained until released by the chief medical officer of the settlement or his deputy, which officers are hereinafter included in the term 'health officer.'

"3. The master or person in charge of any vessel arriving at or being at any of the settlements, having on board or having had on board within fourteen days previous to arrival cases of cholera, small-pox, fever, or other contagious or infectious disease of a dangerous nature, shall, if arriving at any of the settlements, fly the quarantine flag and remain outside the limits of the port of such settlement, or, if already within the port, forthwith fly the quarantine flag and remove his vessel to the quarantine anchorage of the port."

*Rome*.—The United States minister, in his dispatch dated September 14, 1887, encloses a copy of a circular recently issued by the Italian Minister of the Interior to prefects, on measures to be taken in the communes of the country to prevent the diffusion of cholera. The circular contains 12 paragraphs. Nos. 1 and 2 are as follows:

"1. Whenever, in any commune of the kingdom, a sanitary officer recognizes individuals affected with cholera, he must make immediate

denunciation of it to the mayor of the place, accompanied, in the first instance, with written declarations specifying the symptoms on which his judgment is founded. The mayor will then transmit the denunciation to the prefect, and whenever, in the first instances, there appears doubt as to the true nature of the disease, a sanitary officer skilled in bacteriological research shall be called to decide.

"2. In the mean time, on the declaration of the sanitary officer regarding the choleraic nature of the disease, the communal authorities shall immediately take the steps here below indicated to prevent infection to others, at the same time giving to the sick all necessary care according to the gravity of their condition. Such steps shall consist essentially in isolation of the sick, measures of precaution for persons attending them, destruction or thorough disinfection of dejections, vomits, linen, clothing, bedding, and other articles subject to contamination.

"A. Isolation of the sick may be obtained by keeping them at home, (sending away all healthy persons not strictly necessary for their assistance,) or carrying them to a special place of isolation previously prepared by the commune. In the second instance, transportation of the sick must be by special carriages or stretchers, which shall be thoroughly disinfected after each use by abundant washing and solutions hereinafter indicated.

"B. As a precautionary measure for persons assisting cholera patients, first of all they should be informed that there is no danger of infection by contact, or by living in the same room with the sick, provided their hands and clothing are not soiled by fecal matter and vomits. They will be advised, however, to wash their hands frequently in disinfecting solutions, especially before taking food, and to subject their clothing to the same washing whenever they may have reason to fear it may be contaminated. To this end, the patients' rooms will be furnished with a sufficient quantity of corrosive-sublimate dissolved in water in proportion of 2 per 1,000, kept in non-metallic receptacles. To avoid danger of mistakes, this corrosive-sublimate mixture will be lightly tinged with aniline or vegetable color. When corrosive sublimate cannot be obtained, solutions of phenic acid, in proportion of 5 per 100, or sulphuric or chloridic acid, of 5 per 1,000, or other liquid acids, may be used.

"C. The dejections of the sick shall be contained in basins having an abundance of disinfecting solution. If possible, this latter should be composed of corrosive sublimate, as above. In no case shall these dejections be thrown into streets, courts, or upon dung-hills; they shall be deposited in places apart, or in water-closets, where it is certain they cannot contaminate water. Basins which have contained dejections shall be washed with the above-named solutions. Wherever dejections may be deposited, there shall be thrown abundant quantities of these disinfectants, or chloride of lime, in proportion of 5 per 100.

"D. Linen, woollen, clothing, shoes and stockings, and bedding used by the sick, or in any way soiled by dejections or vomits, should be destroyed by fire in preference to any other means of disinfection, above all, in first cases, even when not followed by death. Whenever, for economical reasons, this may be impossible, and where no apparatus exists for disinfection by steam, disinfection is to be preferred by immersion from 10 to 15 minutes in a solution of corrosive sublimate in proportion of 2 per 1,000. In case this latter cannot be done, the articles

should be for 1½ hours immersed in water kept boiling. All articles and effects, even after disinfection, shall be washed again, separately from those belonging to the healthy, and, if possible, in separate laundries. Articles used by cholera patients should be disinfected singly, and as they become contaminated, the accumulation of such soiled articles being very dangerous.

“E. After the death or recovery of a patient, a rigorous disinfection of the room and articles contained will be made immediately, and before occupation by healthy persons. Therefore, the articles in question shall be washed with the same solution, corrosive sublimate, as well as the floor and walls, to the height of 2½ metres, (8 feet,) the white-wash to be removed and renewed. Beds and mattresses will, in general, be burned; but where it is desirable to preserve them, they shall be taken apart and the ticking and filling be separately disinfected with a solution of corrosive sublimate, as before indicated, at 2 per 1,000.

“F. When the death of a cholera patient has been verified by the examining physician, the remains shall be transferred as soon as possible to the mortuary chamber, there to be kept under observation for the period fixed by the sanitary regulations. This transfer shall be made in a coffin of wood, the remains being wrapped in cloth saturated with the usual solution of corrosive sublimate. Frequent opportunities for washing in the above-mentioned disinfecting solution shall be given to persons employed in sepulture.

“G. The burial or cremation of remains of cholera patients shall be under the usual precautions pertaining to other infectious diseases. It is unnecessary, except for reasons of space, to establish separate cemeteries, and there is no objection to such remains being interred in private plots and tombs. Nevertheless, burial in the so-called common pits (*fosse commune*) is rigidly prohibited.”

*Berlin.*—The vice-consul-general, under date of August 20, encloses a copy of the German act, approved July 5, 1887, relative to the use of colors detrimental to health in the preparation of articles of food, and providing that such colors shall not be used for such purpose. The colors to which particular attention is directed, and the use of which is regulated by the circular, are those containing antimony, arsenic, barium, lead, cadmium, chrome, copper, quicksilver, uranium, zinc, tin, gummi guttæ, coralline, and picric acid.

*Havana.*—The sanitary inspector, Dr. D. M. Burgess, reports for the month of September, 1887, 802 deaths, including 41 from yellow fever, 246 from small-pox, 16 from enteric fever, 3 from bilious fever, 2 from intermittent fever, 29 from so-called pernicious fever, 6 from diphtheria, and 2 from croup. Small-pox still holds its own, and during the week ended October 2 there were 63 deaths from it.

## MORTALITY TABLE, FOREIGN CITIES.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—						
				Cholera.	Yellow fever.	Small-pox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.
Paris.....	September 24..	2,260,045	787	.....	.....	3	.....	31	4	15
Glasgow.....	September 24..	545,678	178	.....	.....	.....	.....	6	5	3
Warsaw.....	September 17..	439,174	279	.....	.....	24	.....	.....	.....	.....
Calcutta.....	August 27.....	433,219	173	6	.....	.....	.....	.....	.....	.....
Amsterdam.....	September 24..	378,686	140	.....	.....	.....	.....	2	.....	.....
Rome.....	July 30.....	372,779	187	.....	.....	7	.....	4	2	2
Rio de Janeiro.....	September 10..	300,000	374	.....	.....	143	.....	2	.....	4
Munich.....	September 17..	269,000	144	.....	.....	.....	.....	.....	.....	1
Palermo.....	September 25..	250,000	109	24	.....	.....	1	1	4	.....
Belfast.....	September 24..	224,422	79	.....	.....	.....	.....	4	2	.....
Havana.....	September 29..	208,000	177	.....	6	57	.....	.....	.....	.....
Leipsic.....	September 24..	170,000	70	.....	.....	.....	.....	.....	.....	4
Trieste.....	September 17..	150,157	89	.....	.....	14	.....	.....	3	3
Stuttgart.....	September 24..	125,510	33	.....	.....	.....	.....	.....	1	.....
Havre.....	September 24..	112,074	75	.....	.....	.....	.....	26	.....	.....
Pernambuco.....	September 6...	111,000	55	.....	.....	.....	2	.....	.....	.....
Rheims.....	September 24..	97,903	47	.....	.....	.....	.....	1	.....	4
Merida.....	September 29..	50,000	56	.....	1	.....	.....	.....	.....	.....
Cienfuegos.....	October 4.....	35,464	26	.....	1	3	.....	3	.....	.....
Gibraltar.....	September 13..	23,631	8	.....	.....	.....	.....	.....	.....	1

## UNITED STATES.

*New York—Cholera.*—The health officer's telegraphic report of the 14th instant is as follows:

"Eight cases cholera taken from 'Alesia' on arrival. Twenty-six cases developed at quarantine of observation; none since night of 7th. Eighteen deaths from cholera at hospital, 2 from other causes. Watchmen guard the quarantine of observation day and night."

*Key West, Fla.—Yellow fever.*—No new cases since last report.

*Tampa, Fla.*—In regard to the question as to whether the disease now prevailing is yellow fever, Dr. J. P. Wall, president of the board of health, telegraphed, under date of the 10th instant, as follows: "It is unquestionably yellow fever, though popular sentiment of those remaining here is against me."

Forty cases and 8 deaths have been reported to the 13th instant. Upon the request of the local authorities, cots and disinfectants have been directed to be supplied from the Marine-Hospital stores. The Post-Office Department has authorized the employment of extra help to fumigate the mails.

Dr. J. Y. Porter, president of the board of health, Key West, Fla., arrived at Tampa on the 13th instant. He reports that the disease is undoubtedly yellow fever, presenting the characteristic tests of albumen, irritable stomach, and black vomit.

*Sanford, Fla.*—Dr. King Wylly, president of the Florida Health Protective Association, reports, under date of the 13th instant: "Have had rigid quarantine one week. Fear nothing from Tampa."

*Palatka, Fla.*—Health Officer P. H. Strausse telegraphs, under date of the 13th instant, as follows:

"At a special meeting of the board of trade held to-day, Health Officer Strausse, by request of the board, made the following report of a sporadic case of yellow fever: 'Refugee, six days from Tampa, died here this a. m. of yellow fever. Premises under strict quarantine. Everything in room and belonging to him burned. Nothing to fear from spread of disease.'"

Dr. John G. Ames, secretary board of health of Putnam County, telegraphs, under date of October 14: "Refugee, six days from Tampa, died at Interlachen, 18 miles west of Palatka, yesterday. I made an autopsy, and the microscope confirmed diagnosis of yellow fever. Refugee, six days from Tampa, who died in Palatka yesterday, and reported by city health officers as yellow fever, was not reported to the county board of health until after patient was buried. No autopsy." The governor of Florida has requested aid.

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