WEEKLY ABSTRACT OF SANITARY REPORTS.

Vol. III. Abstract No. 23. TREASURY DEPARTMENT,
OFFICE SUPERVISING SURGEON-GENERAL,
U. S. MARINE-HOSPITAL SERVICE,
Washington, D. C., June 8, 1888.

Abstract of Sanitary Reports received through the Department of State from foreign countries during the week ended June 8, 1888, and information received through other channels.

(Published in accordance with section 4, act approved April 29, 1878.)

England and Wales.—The deaths registered in 28 great towns of England and Wales during the week ended May 19 corresponded to an annual rate of 18.9 a thousand of the aggregate population, which is estimated at 9,398,273. The lowest rate was recorded in Leicester, viz., 15.3, and the highest in Blackburn, viz., 25.4 a thousand. Small-pox caused 8 deaths in Sheffield and 1 in Bristol.

London.—One thousand four hundred and sixty-nine deaths were regtered during the week, including measles, 18; scarlet fever, 13; diphtheria, 29; whooping-cough, 64; enteric fever, 12; diarrhœa and dysentery, 15. The deaths from all causes corresponded to an annual rate of 17.9 a thousand. Diseases of the respiratory organs caused 296 deaths; different forms of violence, 63; and 13 suicides were registered. In greater London 1,779 deaths were registered, corresponding to an annual rate of 16.8 a thousand of the population. In the "outer ring" 23 deaths from whooping-cough and 5 from diphtheria were registered.

Ireland.—The average annual death rate represented by the deaths registered during the week ended May 19 in the 16 principal town districts of Ireland was 22.8 a thousand of the population. The lowest rate was recorded in Newry, viz., 7.0, and the highest in Lurgan, viz., 46.2 a thousand. In Dublin 160 deaths were registered, including 7 from whooping-cough; enteric fever, 6; scarlet fever, 1; and diarrhea, 4.

Scotland.—The deaths registered in 8 principal towns during the week ended May 19 corresponded to an annual rate of 19.3 a thousand of the population, which is estimated at 1,299,000. The lowest mortality

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was recorded in Paisley, viz., 10.1, and the highest in Glasgow, viz., 22.1 a thousand. The aggregate number of deaths registered from all causes was 488, including measles, 13; scarlet fever, 1; diphtheria, 3; whooping-cough, 14; and diarrhea, 10.

Netherlands.—The deaths registered in twelve principal cities of the Netherlands, having an aggregate estimated population of 1,129,676, during the month of March, 1888, corresponded to an annual rate of 27.1 a thousand. The lowest rate was recorded in Leyden, viz., 23 a thousand; and the highest in Utrecht, viz, 31.8 a thousand.

Martinique.—The United States consul, in his dispatch dated May 17, 1888, states that "since my last report the condition of the health of this island is greatly ameliorated in regard to small-pox. From the 1st to the 15th of May there were in the city of St. Pierre 59 cases and 12 deaths out of a population of 25,000 persons. In the village of Precheur, four miles distant, 21 cases and 21 deaths; in the village of Carbet, three miles distant, 5 cases and 2 deaths; and at Port de France, where the epidemic commenced, there are at present no cases."

Havana.—Five deaths from yellow fever and 5 from small-pox were reported for the week ended May 26, 1888.

Santiago de Cuba.—There were no contagious diseases registered during the week ended May 26, 1888.

MORTALITY TABLE, FOREIGN CITIES.

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UNITED STATES.

The Secretary of the Treasury has issued the following circular, under date of June 4, 1888:

In order to assist local authorities in the maintenance of quarantine against the introduction of infectious diseases, as provided in section 4792, Revised Statutes, the act of April 29, 1878, and appropriation acts authorizing the President to maintain quarantine at points of danger, the President has determined to establish, by means of the vessels of the Revenue Marine, a national patrol of the coast of the United States, so far as it may be practicable under existing law and consistent with the performance of the other duties confided to that Service.

You are accordingly directed to cruise, actively, with the revenue steamer ———, under your command, upon the outer lines of your cruising-grounds, and to exercise special vigilance in speaking all vessels arriving from foreign ports, or from infected ports of the United States, directing your inquiries, first, as to the port from which the vessel sailed, and, secondly, as to the health of those on board at the time of departure, during passage, and at the time of hailing; and should the information gained indicate a condition of contagion or infection in the vessel or crew, or that the vessel has left a port at which contagious or infectious diseases were prevailing, her master will be directed to proceed for examination to the outer quarantine station provided for her port of destination.

The following regulations will be observed relative to the inspection

of vessels:

If a vessel be found with sickness on board, or in a foul condition, she will be directed to proceed to the quarantine station hereinbefore indicated, and the Revenue-Marine officer will immediately notify the proper quarantine officer. In such case no person will be permitted to board the vessel until the medical officers in charge of the quarantine shall have given the usual permit.

Should the pilot or master of a vessel, when hailed, report cases of recent or present sickness on board, the revenue officer will not board,

but will send her immediately to quarantine.

Quarantine officers will be recognized as follows, viz:

Medical officers or acting assistant surgeons of the Marine-Hospital Service in charge of Gulf, South Atlantic, Cape Charles, or Delaware Breakwater Quarantines, or any officer of said Service on duty at any port on the interior rivers, the Great Lakes, or Pacific coast, and all quarantine officers acting under proper State or local authority.

Special regulations to aid local quarantine authorities will be pro-

mulgated hereafter should occasion require.

Dr. Jerome Cochran, of the State Board of Health of Alabama, in a recent report has stated that the late epidemic of yellow fever in Florida was not introduced into the State by the usual trade channels, but by smugglers. This confirms unofficial statements received at this Bureau some weeks since. Dr. Cochran states that the last case was discharged May 11, and the last death occurred May 8, and that there have been active precautions taken to prevent the reappearance of the disease.

JOHN B. HAMILTON,