

WEEKLY ABSTRACT OF SANITARY REPORTS.

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TREASURY DEPARTMENT,
OFFICE SUPERVISING SURGEON-GENERAL,
U. S. MARINE-HOSPITAL SERVICE,
Washington, D. C., September 21, 1888.

Abstract of Sanitary Reports received through the Department of State from foreign countries during the week ended September 21, 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 September 1 corresponded to an annual rate of 17.5 a thousand of the aggregate population, which is estimated at 9,398,273. The lowest rate was recorded in Bristol, viz., 11.5, and the highest in Leeds, viz., 25.3 a thousand. Small-pox caused 2 deaths in Preston. Diphtheria caused 3 deaths in Manchester, 2 in Portsmouth, and 2 in Newcastle-upon-Tyne.

London.—One thousand three hundred and forty-two deaths were registered during the week, including measles, 39; scarlet fever, 15; diphtheria, 23; whooping-cough, 24; enteric fever, 10; diarrhœa and dysentery, 144; simple cholera and choleraic diarrhœa, 2. Diseases of the respiratory organs caused 130 deaths; different forms of violence, 53; and 4 suicides were registered. The deaths from all causes corresponded to an annual rate of 16.4 a thousand. In greater London 1,644 deaths were registered, corresponding to an annual rate of 15.5 a thousand of the population. In the "outer ring" the deaths included diarrhœa, 40; whooping-cough, 7; and scarlet fever, 5.

Ireland.—The average annual death rate represented by the deaths registered during the week ended September 1 in the 16 principal town districts of Ireland was 17.1 a thousand of the population. The lowest rate was recorded in Waterford, viz., 2.3, and the highest in Wexford, viz., 21.4 a thousand. In Dublin 138 deaths were registered, including enteric fever, 6; scarlet fever, 2; diarrhœa, 7; typhus, 1; whooping-cough, 2.

Scotland.—The deaths registered in 8 principal towns during the week ended September 1 corresponded to an annual rate of 16.1 a thousand of the population, which is estimated at 1,314,274. The lowest mortality was recorded in Greenock, viz., 12.2, and the highest in Paisley, viz., 27.8 a thousand. The aggregate number of deaths registered from all

causes was 407, including measles, 5; scarlet fever, 5; diphtheria, 2; whooping-cough, 3; fever, 4; and diarrhœa, 25.

Marseilles, France.—The United States consul reports, under date of August 31, that “the health of the city continues to be excellent for the season. No epidemic of any kind is known to exist.” Seven hundred and one deaths were registered during the month of August, 1888, including small-pox, 9; enteric fever, 57; and diphtheria and croup, 24.

Cardenas, Cuba.—The United States consular report dated September 7, 1888, states that “in town and harbor good health prevails.”

Maceio, Brazil.—Thirty-two deaths were registered during the month of July, 1888, including 1 from small-pox.

Nassau, N. P.—The United States consular report dated September 8, 1888, states that "city healthy. Weather very sultry, with much rain. Strict quarantine against Florida ports."

Acapulco, Mexico.—One death from small-pox and 1 from enteric fever were registered during the month of August, 1888.

Havana, Cuba.—Seventeen deaths from yellow fever and 2 from small-pox were reported during the week ended September 6, 1888.

MORTALITY TABLE, FOREIGN CITIES.

[illegible]

Fernandina, Fla..—The following report has been received under date of September 10:

I thought best to write you of the situation here as regards the fever. I feel positive we have the fever here, and that it has been here since the 1st of August. On the 14th of August we had the first post-mortem, on the body of one Mrs. Buck. All the physicians were in attendance (five in number). I was told in the morning of that day by Dr. Starbuck that Mrs. B. died with all the symptoms of yellow fever and black-vomit.

The post-mortem was at 10 a. m., Dr. Horsey operating. I will give you a brief account of what we found. The woman was about 60 years of age, light hair and skin, blue eyes, short and rather fat. The woman lay just as she had died a few hours before, with a large quantity of black-vomit, just as she had thrown it off, by the side of her head on the pillow and bedding. On making the incision the adipose tissue was found to be very yellow. Stomach empty, except a little mucus. Liver enlarged, very dark, and heavily congested. Gall bladder nearly filled with gall-stones. Spleen very dark and softened, indicating a high degree of inflammatory action. The liver, the doctors said, did not have the box-wood color, and on that they seemed to hinge their opinion that it was not yellow fever. The left lobe of liver externally was much changed in color, faded out—the liver color was gone.

Now to the stomach. Was this black-vomit true black-vomit, or from some other source, and not from the stomach? On very casual examination of the stomach, the hæmorrhagic points were most plain to be seen. There was no mistaking them, making the case, to my mind, very clearly one of genuine yellow fever. I went direct to my office and consulted the authorities, and could only come more firmly convinced of my former opinion that this was a genuine case, and so reported to the board of health. Their report (the doctors') was impaction of gall-stones. I was then asked if I would not hold my opinion, as I was one against four. I promised the president of the board that I would do so until further developments. The fever commenced to spread from that point of infection until many have been sick, and deaths are very frequent for our little healthy town.

At that post-mortem I contracted the fever, as having not been among it before, giving me a most excellent opportunity to diagnose the case. My case was quite light, though the symptoms were well marked—primary and secondary fever, much disturbance at the stomach. It is now eleven days, and I am not well yet. I felt much as I did after having variola. * * * In the Tourists' Hotel, 7 cases were down at once, all in the house but the colored servants.

Two cases of this fever went from the hotel aboard the last Mallory steamer leaving the port, and why has the Mallory Line withdrawn but for the well-grounded suspicion or actual knowledge of this scourge.

From the hotel I spoke of, our postmaster died, under most suspicious circumstances—only out of the office for three or four days. The local paper says he died of hæmorrhage of the stomach. This case, from what I hear, I have no doubt was a genuine case of fever, from my personal acquaintance with the man and circumstances. I being sick at the time Dr. Wise was here, did not get to see him. I see his report was simply on the sanitary condition of the town, which was very good.

I believe very sincerely, Doctor, that we have the fever here, and could not refrain from stating the case to you as I view it. I find many who coincide with my views, one nurse who was here in 1877 in the epidemic.

Just recently from a labor riot, the State troops from Orlando, Gainesville, Ocala, and Starke are here from those healthy interior towns, and are now or soon will disband and go to their homes, and, as I feel sure, will carry death and destruction with them.

Live Oak, Fla..—Dr. J. L. Posey, sanitary inspector, reported under date of September 13 as follows:

LIVE OAK, FLA.

In pursuance with your order of the 20th of August, I made a thorough sanitary investigation of the town of Live Oak, Fla. This town is situated in the northern part of the State, and is the county seat of Suwanee County, and is the junction of the F., S. and W. and F., R. and N. Co.'s railroads. Its general sanitary state is not very good, as the local health officers had only adopted partial measures to improve its condition. The soil is a sandy loam, somewhat hilly, and the surrounding forests composed of pine and oak. Its area covers $1\frac{1}{2}$ miles square, and the dwellings at an ample distance from each other. The removal of garbage and fecal matter has been partly practiced, and the usual disinfectants employed. The quarantine methods are effective, and are rigidly enforced, and the authorities fully impressed that its establishment and continuance are the best means of excluding the contagion of yellow fever. This point is also guarded by the Government quarantine officer in charge of the fumigating station, which has been recently removed there from Du Pont, Ga. The health of the community was good at the period of my inspection, although the existence of several ponds of stagnant water in the central part of the town should occasion a miasmatic condition of the atmosphere and the prevalence of intermittent and remittent fevers. The local practitioners of medicine whom I met informed me that they found all forms of malarial fevers yield readily to treatment, and were only called on casually, to treat cases of hæmaturia. In 1876, two cases of yellow fever were imported from Savannah, Ga., both of which resulted in death, without the occurrence of any other cases. There has not been since its incorporation any epidemic of cholera, small-pox, or other contagious and infectious diseases.

In closing, I beg leave to submit the following notes obtained from the mayor of the town: Name of mayor and health officer, Dr. W. J. Carroll; water-supply, cisterns; disposal of sewage, surface drainage; burial-permits, none issued; distance of cemetery from business center, 4 miles; number of deaths from May 1 to October 1, 1887, 20; population (estimated), 1,100.

No accurate record of vital statistics is kept in any of the smaller towns, and the information obtained is not very reliable. The undertaker is the only source whence the mortuary tables are to be obtained.

LAKE CITY JUNCTION, FLA.

I have inspected Fort White, known as Lake City Junction, situated on the line of the Savannah, Florida and Western Railroad, in

the northern section of the State of Florida. This is a newly-incorporated town, sparsely settled, and built on a dry, sandy soil, with a substratum of clay, the forest-trees being pine and oak. The local health authorities have been very active in placing their town in a good sanitary condition. The garbage has been removed from streets and premises outside the town limits, and after saturation with pine-tar destroyed by fire. The excreta from open closets have been taken a mile from the corporation and placed in a large trench, the contents being thoroughly limed and deodorized with sulphate of iron. The open closets have been thoroughly disinfected with a similar saturated solution of copperas and crude carbolic acid. There is no system of sewerage, but a naturally good surface drainage owing to the undulating character of the soil, and this has been somewhat improved by cleaning out the street-drains emptying into small creeks adjoining the town. The water-supply for drinking and domestic purposes is obtained from wells and cisterns. An indifferent quality of water is procured from wells at a depth of from 20 to 30 feet, but a purer and better water is obtained from bored wells at a depth of 100 feet or more. I have been unable to obtain any accurate data of the average temperature and rain-fall as no record is kept. The quarantine regulations established by the county and municipal health boards have been in force since the announcement of the epidemic at Jacksonville, and against all other infected points. The system of train-inspection is efficient, and every passenger is required to show a satisfactory health-certificate from his point of departure before he is permitted to leave the train. The general health at the time of my inspection and previous thereto was and has been good, and from interviews with resident physicians I learned that only a few cases of the milder forms of malarial fever were prevalent. There is no history of the existence of yellow fever in former years, or of any other contagious diseases, and from the statement given by the mayor, Doctor Vincent, the death rate is very low.

The following data were given me by Doctor Vincent: Mayor and health officer, Dr. G. M. Vincent; water-supply, cisterns and wells; disposal of sewage, surface drainage; burial-permits, issued by mayor; distance of cemetery from business center, $\frac{1}{2}$ mile; number of deaths from May 1 to October 1, 1887, 3; population (white and colored), 300.

Refugee train from Jacksonville and Camp Perry, Fla., to Hendersonville, N. C.—Removal of people from infected places to mountainous regions—Extensive permanent quarters with standing garrison of acclimated persons and specially fitted trains necessary.

Passed Assistant Surgeon John Guitéras, of the Marine-Hospital Service, reports to Surgeon-General Hamilton as follows:

CAMP PERRY, FLA., *September 16, 1888.*

SIR: I have the honor to report as follows concerning the excursion train of refugees from Jacksonville and Camp Perry to Hendersonville, N. C.:

The train left Jacksonville on the morning of the 11th instant, and was joined by myself and the Camp Perry contingent at Folkston, Ga., making, in all, a total of 291 souls.

It was found that no keys had been furnished to lock the cars, and this evil it was found impossible to correct by applying to the railroad authorities, on account of the variety of cars furnished.

Unfortunately the trip was prolonged beyond the time anticipated, on account of several accidents on the road. These perhaps might have been provided for with greater promptitude by the railroad authorities had they fully recognized the gravity of the situation.

The evils resulting from this delay were twofold. First, the running short of rations. This was provided for to a great extent, sometimes by the generosity and others by the cupidity of the towns along the road. Some parties at Atlanta and Macon generously furnished relishes, while others charged exorbitant prices. I must mention, however, the most conspicuous example of generosity. This was shown by the town of Easley, S. C., which provided, without any charges, and late in the night, the most abundant assortment of supplies.

The second and most important consequence of delay was the development of cases of yellow fever on the train. Only two cases developed in the first twenty-four hours, and three in the course of the second day. Of course it was to be expected that this would happen in an aggregation of people leaving Jacksonville; but it is very probable that the accumulation of people, clothes, and baggage for so long a time in hot cars, which could not be kept in a sanitary condition, created a secondary center of infection that will show itself in the development of cases after the arrival in Hendersonville.

The appearance of yellow fever among the refugees had a very unfavorable effect upon the *morale* of the party. They were truly panic-stricken. One car quarantined strictly against the other, and efforts to escape were frequently made, and, unfortunately, in a few instances with success.

One lady was taken with labor-pains in the train, and, with the consent of a local physician, she was allowed to remain at White Sulphur Springs, near Gainesville, Ga.

A marked contrast was apparent between the two cars occupied by the refugees from Camp Perry and the rest of the train. Among the former no cases of yellow fever occurred, and the *morale* was excellent. These two cars were strictly quarantined against the rest. No complaint was heard, no fear expressed. In the other cars the spectacle was pitiful. The isolation of the sick in one car I discovered would have increased the excitement by bringing together and crowding still more people from the different cars who were suspicious of each other.

Great credit is due to that portion of the refugees who gave me their support throughout the journey. It was owing to their kind firmness that we had no decided breach of discipline.

We arrived at Hendersonville on the 13th, at 2 o'clock a. m. The hospitality of that generous people became at once apparent. They had been up all night preparing a building for the reception of the sick. Fires were built around the station, adding warmth and cheerfulness to the cordiality of the reception. With the assistance of Dr. Few, of Hendersonville, the patients were removed to the hospital. The refugees found accommodation at very reasonable rates.

On the morning of the arrival a sixth case of yellow fever developed. The comparatively large proportion of cases has caused much excitement, and it is probable that some of the refugees will break their parol.

It is apparent from the above facts that the experiment of excursions insisted upon by the people of Jacksonville is not a success. There is, of course, a possibility that Hendersonville may become a center of infection, but I do not expect this to happen. The large proportion

of cases taken sick during the journey renders the measure one of questionable advantage to the people of Jacksonville, let alone the hardships of the journey.

The removal of a large portion of an infected population to high altitudes, where yellow fever spreads with difficulty, is a desirable object, and appears perfectly practicable if the health department of the nation was endowed with the same liberality as the Army and Navy. Such action would necessitate the existence of extensive permanent quarters in the mountainous regions, with a standing garrison of acclimated people; the fitting out of special trains exclusively under the control of the Government, and constructed specially for that purpose. These encampments and deposits of sanitary stores should be ever ready for action, in the same manner that the strategic points are maintained in readiness at great expense by military authorities. Provision should be made also for the constant training of a standing sanitary corps, by setting the machinery in motion during seasons when there are no epidemics, as is done in military and naval reviews and exercises.

I have the honor to submit the above report for your consideration.

Very respectfully, your obedient servant.

JOHN GUITÉRAS,

Passed Assistant Surgeon, M.-H. S.

CAMP PERRY, FLA., *September 16, 1888.*

The foregoing report is approved.

JOHN B. HAMILTON,

Supervising Surgeon-General, M.-H. S.

San Rafael, Ariz.—Deputy Collector Chalmers, in his report through Collector Magoffin, dated September 11, states that “there is a malignant type of small-pox at this port, which is rapidly spreading on the American side of the line. It is known as the black small-pox, and about one-half of the cases so far have been fatal. The disease is fast spreading, and will most likely reach Harshaw and Crittenden soon. The Tucson authorities have taken the matter in hand and have asked for a quarantine. The disease has now spread a great way, and is in every house in town with the exception of the residence of Mr. Harrison and the custom-house.”

Tampa, Fla.—Dr. J. P. Wall, president of the board of health, in his report dated September 7, stated that “we are still having some cases of yellow fever, generally of a mild type. Not so much of the dengue now. No deaths since 14th of August. There has been no sickness in Plant City for some time—since I last reported any there.”

St. Mark's, Fla.—Inspector W. W. Cottrell, in his report through the collector of customs, dated September 8, states that “at St. Mark's they have a very rigid quarantine against all ports south of here, and will allow none to land without proper certificates from health officers.”

Camp Perry, Fla.—The Secretary of the Treasury has received the following telegrams from Supervising Surgeon-General Hamilton :

September 13. "Morning report: Present—officers, 5; guards, 7; employés, including carpenters, 53; refugees, 99. Discharged, 6; arrived, 13; in fever camp, 5. Camp greatly improved. Will be able to discharge a number of employés in a day or two. Town of Macclenny, in Baker County, had to have medicine sent from Savannah. None in the place. Physician sent by Savannah."

September 14: "Morning report: Present—officers, 5; guards, 7; employés, including carpenters, 52; refugees, 98. In fever camp, 5. All well here. Medical supplies sent to Macclenny from Savannah yesterday."

September 15: "Morning report: Present—officers, 5; guards, 9; employés, 45; refugees, 105. Discharged, 16; in fever camp, 2. Sanitary-Inspector Posey taken sick last night."

September 17: "Morning report: Present—officers, 7; guards, 10; employés, 49; refugees, 118. Discharged, 3; in fever camp, 3. Dr. Posey has yellow fever, contracted at Macclenny. Three cases are reported at Gainesville, and there are rumors of cases at Wellborn and Fernandina. Have sent Wise to investigate. Dr. Guitéras returned Saturday night. Refugees had great hardships on special train, and the whole sea-board is alarmed on account of these refugees breaking their parol at Hendersonville. I do not think it advisable to send any more special trains. Camp in excellent condition, but needs enlargement. This is being done as rapidly as possible. Those here are comfortable, and reasonably happy."

September 18: "Morning report: Present—officers, 7; guards, 10; employés, including carpenters, 51; refugees, 145; in fever camp, 3."

September 19: "Morning report: Present—officers, 6; guards, 10; employés, 52, including carpenters; refugees, 165. Discharged, 5. Dr. Posey reported better. In camp, 4. I am satisfied there is fever in Fernandina."

Surgeon Hutton telegraphed as follows:

September 20: "Morning report: Present—officers, 6; guards, 10; employés, including carpenters, 51; in fever camp, 4. Refugees arrived, 21; discharged, 4; remaining, 176.

September 21: "Morning report: Present—officers, 6; guards, 10; employés, 51. Refugees arrived, 21; discharged, 8; remaining, 189. In fever camp, 5. Posey recovered."

Galveston, Tex.—Passed Assistant Surgeon W. J. Pettus, Marine-Hospital Service, telegraphed as follows:

September 20: "There is no yellow fever in Galveston. The report was without foundation."

Louisville, Ky.—Surgeon John Godfrey, in charge of the Marine-Hospital Service, telegraphed as follows:

September 20: "Man died yesterday of yellow fever; refugee from Decatur. Precautions taken. No danger apprehended."

Mobile, Ala.—Dr. Rhett Goode telegraphed as follows:

September 20: "Reliable reports of 3 cases at Jackson, Miss.; 10 at Decatur, Ala.; 1 at Louisville, Ky."

Jacksonville, Fla., September 21: Total number of cases reported to date, 1,582; total, deaths, 196.

No official daily bulletins have been received from Jacksonville since September 13.

MORTALITY TABLE, CITIES OF THE UNITED STATES.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—										
				Cholera.	Yellow fever.	Small-pox.	Varioloid.	Varicella.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping-cough.
New York, N. Y.	Sept. 15.	1,535,548	736		1					19	17	12	8	13
Philadelphia, Pa.	Sept. 8.	1,016,758	365							27	2	1	2	2
Baltimore, Md.	Sept. 15.	431,879	152							7		1		
Boston, Mass.	Sept. 15.	390,595	212							3		5		4
San Francisco, Cal.	Sept. 7.	330,000	103			2				2		1		
Cincinnati, Ohio.	Sept. 15.	255,139	90							4		4		2
Pittsburgh, Pa.	Sept. 15.	230,000	67							5	2	6		
New Orleans, La.	Sept. 8.	248,000	123							1		8		4
Washington, D. C.	Sept. 17.	225,000	108							11	1	4		4
Louisville, Ky.	Sept. 15.	200,000	49							4				
Milwaukee, Wis.	Sept. 15.	195,600	72							1	1			1
Minneapolis, Minn.	Sept. 15.	180,000	75							6		3		
Kansas City, Mo.	Sept. 15.	180,000	32							4		1		
Rochester, N. Y.	Sept. 15.	120,000	50							3				
Detroit, Mich.	Sept. 15.	116,340	101							3		6		2
Richmond, Va.	Aug. 25.	100,000	39							1				
Richmond, Va.	Sept. 1.	100,000	36							3		1		
Denver, Colo.	Sept. 14.	96,000	42							1		5		
Columbus, Ohio.	Sept. 14.	93,000	25						3					1
New Haven, Conn.	Sept. 15.	82,000	36							3				
Toledo, Ohio.	Sept. 15.	80,000	18							1				
Nashville, Tenn.	Sept. 15.	65,153	27									1		
Fall River, Mass.	Sept. 15.	65,000	43							1	2	1	1	
Charleston, S. C.	Sept. 15.	60,145	32							2		1		1
Evansville, Ind.	Sept. 15.	53,000	21							1				
Savannah, Ga.	Sept. 14.	52,827	19										1	1
Lynn, Mass.	Sept. 15.	50,000	14											
Council Bluffs, Iowa.	Sept. 15.	45,000	5											1
Mobile, Ala.	Sept. 15.	40,000	19											
Galveston, Tex.	Sept. 7.	40,000	15											
East Saginaw, Mich.	Sept. 15.	33,000	14											
Burlington, Iowa.	Sept. 12.	30,166	5									1		
Altoona, Pa.	Sept. 8.	29,546	6											
Salem, Mass.	Sept. 15.	29,000	10											
New Albany, Ind.	Sept. 15.	28,689	8						1	1		1		
New Bedford, Mass.	Sept. 15.	26,845	14							2				
Auburn, N. Y.	Sept. 18.	26,000	5											
Haverhill, Mass.	Sept. 15.	25,009	10											
Jackson, Mich.	Sept. 15.	22,500	9											
Poughkeepsie, N. Y.	Sept. 14.	22,000	10								2			
Newton, Mass.	Sept. 15.	21,105	7							1				

By order of the Supervising Surgeon-General:

GEO. W. STONER,

Surgeon, Marine-Hospital Service.