

WEEKLY ABSTRACT OF SANITARY REPORTS.

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TREASURY DEPARTMENT,
OFFICE SUPERVISING SURGEON-GENERAL,
U. S. MARINE-HOSPITAL SERVICE,
Washington, D. C., May 24, 1889.

Abstract of Sanitary Reports received through the Department of State from foreign countries during the week ended May 24, 1889, and information received through other channels.

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

GREAT BRITAIN—*England and Wales.*—The deaths registered in 28 great towns of England and Wales during the week ended May 4, corresponded to an annual rate of 19.4 a thousand of the aggregate population, which is estimated at 9,555,406. The lowest rate was recorded in Leicester, viz., 13.2, and the highest in Blackburn, viz., 32.3 a thousand. Diphtheria caused 2 deaths in Liverpool, 3 in Manchester, 2 in Bolton, and 2 in Preston.

London.—One thousand three hundred and eighty-six deaths were registered during the week, including measles, 68; scarlet fever, 15; diphtheria, 21; whooping-cough, 55; enteric fever, 5; diarrhœa and dysentery, 12. The deaths from all causes corresponded to an annual rate of 16.6 a thousand. Diseases of the respiratory organs caused 242 deaths. In greater London 1,742 deaths were registered, corresponding to an annual rate of 16.1 a thousand of the population. In the "outer ring" the deaths included measles, 30; and whooping-cough, 5.

Scotland.—The deaths registered in 8 principal towns during the week ended May 4, corresponded to an annual rate of 22.3 a thousand of the population, which is estimated at 1,314,274. The lowest mortality was recorded in Leith, viz., 11.6, and the highest in Paisley, viz., 29.9 a thousand. The aggregate number of deaths registered from all causes was 570, including measles, 33; diphtheria, 6; whooping-cough, 47; fever, 2; and diarrhœa, 16.

Malta and Gozo.—One hundred and ninety-nine deaths were registered during the period from 1st to 15th April, 1889, including measles, 16; whooping-cough, 2; diphtheria, 2; and dysentery, 2.

FRANCE—*Marseilles*.—Nine hundred and fifty-five deaths were registered during the month of April, 1889, in a population of 375,378. The deaths included small-pox, 15; enteric fever, 16; diphtheria and croup, 36; measles, 52; whooping-cough, 4; and diarrhœa, 26. The public health is about average. Small-pox is confined to a small quarter of the city, and is under control.

GERMANY—*Bremen*.—The United States consul, in his despatch, under date of May 3, 1889, says:

I have the honor to inform the Department that the German steamship "Berlin," of the North German Lloyd Steamship Company's South American line, arriving here from the Brazils, had had yellow fever among the crew and passengers on board; of which three of the crew died. The newspaper report "that yellow-fever stricken patients have been landed in the hospitals here from on board the 'Berlin'" is without foundation. I personally investigated the matter thoroughly, but thought it prudent to require that none of the crew or cargo of said company's steamer "Berlin" be transferred to their steamships bound for ports in the United States. As I am informed that yellow fever is epidemic in Santos, Rio de Janeiro, and Bahia, Brazil, I deem it my duty to do all I can to prevent the possibility of contagious diseases being transferred from these South American line steamers (or any others) to the New York or Baltimore lines, and therefore beg to refer to my despatch No. 90, under date of June 5, 1888, regarding medical inspection of vessels, crew, cargo, and passengers.

[Extract from the New York Herald of May 2, 1889.]

Yellow Fever on a German Ship.—Bremerhaven, May 1.—The North German Lloyd steamer "Berlin" has arrived here from the Brazils. Three of the crew died of yellow fever during the voyage. Three officers and twenty-eight of the crew suffering from the same disease have been sent to the town hospital.

DUTCH GUIANA—*Paramaribo*.—Seventy-seven deaths were registered during the month of March, 1889, including consumption, 20; chronic diseases of digestive organs, 8; malignant fever, 1; anæmia, 1; dropsy, 2; heart disease, 4; liver diseases, 3; kidney diseases, 2; cancer, 3.

DEMERARA—*Georgetown*.—One hundred and sixty-eight deaths were registered during the month of March, 1889. The prevailing diseases were malarial, enteric, renal, and pulmonary.

CUBA—*Cardenas*.—May 16, 1889.—Warm weather, with occasional rains. Good health in town and harbor.

Havana.—Five deaths from yellow fever were registered during the week ended May 17, 1889.

BAHAMAS—*Nassau, N. P.*—May 11, 1889.—City is healthy.

PHILIPINE ISLANDS.—Unofficial advices, received by steamer from Hong Kong, April 10, 1889, arriving at San Francisco May 10, state that the epidemic of cholera at Zamboanga has come to an end, and a public

thanksgiving has been held in consequence. From the 26th of January to the 23d of March 2,136 cases occurred, of which 1,106 proved fatal. Some suspicious cases have occurred at Manila, but at a meeting of the board of health, held on the 2d of April, it was resolved that the state of affairs was not sufficiently alarming to require the suspension of the issue of clean bills of health to vessels leaving the port.

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.	Measles.	Whooping-cough.	
London.....	May 4.....	5,642,015	1,742				2	18	617				
Paris.....	May 4.....	2,260,945	984			3		7	1	43	31		7
Glasgow.....	May 4.....	545,678	290					2					
Warsaw.....	Apr. 27.....	445,770	195			3			2	4			
Calcutta.....	Apr. 6.....	433,219	201	30		4							
Amsterdam.....	May 4.....	399,051	187							2			
Copenhagen.....	Apr. 27.....	307,000	127						1	4			
Palermo.....	May 4.....	250,000	78						3				
Rotterdam.....	May 4.....	197,724	101									5	
Genoa.....	May 4.....	179,894	98			1			1	1			
Toronto.....	May 11.....	175,000	58							2			
Trieste.....	Apr. 20.....	154,500	81							1			
Trieste.....	Apr. 27.....	154,500	88					1		1			
Stuttgart.....	May 4.....	125,510	68						3	2			
Havre.....	May 4.....	112,074	66					4					
Barmen.....	Apr. 27.....	109,000	41							1	1		
Barmen.....	May 4.....	109,000	46								5		
Leghorn.....	May 5.....	102,893	41										
Mayence.....	Apr. 27.....	65,802	26				1			2			
Cadiz.....	May 4.....	65,028	39										
Vera Cruz.....	May 9.....	23,800	15										
Gibraltar.....	Apr. 28.....	23,681	18										
Gibraltar.....	May 5.....	23,681	10										
Kingston, Can.....	May 10.....	17,300	6										
Kingston, Can.....	May 17.....	17,300	4										

UNITED STATES.

Florida.—The following report is published as showing the efficient character of the work now being done in Florida under the auspices of the State board of health :

STATE BOARD OF HEALTH,
Jacksonville, Fla., May 21, 1889.

SIR: I inclose herewith for your information a copy of "Report of suspicious case of fever at Palmetto, Fla., and sanitary condition of villages of Braidentown and Manatee, Fla."

Yours truly,

JOSEPH Y. PORTER, M. D.,
Health Officer State of Florida.

Surgeon-General JOHN B. HAMILTON,
United States Marine-Hospital Service.

Report of suspicious case of fever at Palmetto, Fla., and sanitary conditions of villages of Braidentown and Manatee.

BRAIDENTOWN, FLA., *May 18, 1889.*

MY DEAR DOCTOR: Complying with your instructions to visit Palmetto, Fla., and investigate the "suspicious case of fever" reported by Doctor Harrison, of that place, by telegraph, on the 16th instant, I desire to inform you that I arrived here yesterday, the 17th instant, touching at Palmetto wharf, where I saw Doctor Harrison for a few minutes, and informed him I would be over from Braidentown later in the day. At 3 p. m. I crossed the river, met the doctor, and visited the patient, whom I found to be Miss Marie Cloud, 14 years of age, and the history of the case up to my arrival, as learned from the notes of three observers, I affix to this communication for your information. I carefully questioned the patient, her friends, and Doctor Harrison, besides making a minute examination of the case, which included an inspection and test of the urine, and the diagnosis arrived at was *not* one of yellow fever, but that of typho-malarial fever. At the time of my visit, 3.15 p. m., her temperature, taken with a Hicks self-registering minute clinical thermometer, was $102\frac{2}{5}$, and pulse 112 beats to the minute. She then had severe headache, much thirst, no nausea; eyes very slightly watery, but decidedly clear cornea; no injection; considerable enlargement of both liver and spleen, with great tenderness upon percussion; tongue clean but red, and with a tendency to dryness at tip and edges; gums firm, with no disposition to bleed, even upon firm pressure with the finger-nail; bowels constipated, and complained of pain and soreness over the abdomen. On my visit at 6 a. m. this date I found patient feeling better; had passed a quiet, restful night. Temperature at 6.30 a. m. $99\frac{1}{3}$, pulse 110 beats to the minute, kidneys acting freely, and urine lighter in color and of greater quantity. My diagnosis of yesterday is confirmed, and I so informed Doctor Harrison, who now agrees with me in opinion. The type of fever promises to be remittent. I learn that this is the first case of fever of any kind occurring in Palmetto since November 19, 1888. The number of cases of yellow fever in Palmetto in 1888, Doctor Harrison informs me to have been 85, with 11 deaths. I visited and inspected Manatee and Braidentown, in company with Judge E. M. Graham, president Manatee County board of health. Particular inspection was made of those houses reported on and against by Surgeon Murray, of the United States Marine-Hospital Service, who had charge of the Government relief measures at Manatee last summer. I am decidedly of the opinion that those houses would be a menace to the public health of any community at any time, and particularly so in this instance, as cases of yellow fever were treated in them in Manatee and Palmetto; accordingly, I will condemn them, and will order a valuation placed upon them, in accordance with the requirements of the statute. I will also condemn and order disused a public well in the town of Manatee, located just below the village cemetery, and on an incline from the same to the river. I am of the impression, from the facts that I can glean, that all the cases of fever of a low, continued type, occurring in the village of Manatee, are due to the use of the water from this well for drinking purposes, and those families who have been in the habit of using this water have been noticed to suffer quite severely from typhoid fever. I have approved of a regulation or order by the county

board of health, which states: "For precautionary reasons, no unacclimated person or persons, not having had yellow fever, shall this summer remain in the villages of Manatee or Palmetto over night." In conclusion, I desire to say that I am very favorably impressed with the desire and purpose of the county board of health, and the citizens as well, to leave nothing undone in the way of sanitation, to prevent a recurrence of the fever of last year.

Very truly yours,

JOSEPH Y. PORTER, M. D.,
State Health Officer.

DR. R. P. DANIEL,
President State Board of Health, Jacksonville, Fla.

SOUTH CAROLINA.—The following quarantine regulations of the South Carolina State board of health are published for the information of all concerned.

Sections VII and VIII will not be enforced unless specially ordered by the State board of health:

OFFICE OF STATE BOARD OF HEALTH OF SOUTH CAROLINA,
Charleston, S. C., January 15, 1884.

From and after this date the following charges and rules for the government of quarantine at the several ports of the State will be enforced:

[From general statutes of South Carolina, as amended December 24, 1883.]

SECTION 985. The following uniform schedule of charges is hereby adopted for quarantine dues for all ports of the State, the amount collected to be expended for the more effective enforcement of quarantine at each port, to-wit:

For every vessel boarded and inspected, \$3. For every vessel of 100 tons or less, fumigating and disinfecting, each process, \$10. For every vessel over 100 tons and less than 250 tons, fumigating and disinfecting, each process, \$14. For every vessel over 250 tons and less than 500 tons, fumigating and disinfecting, each process, \$20. For every vessel over 500 tons and less than 750 tons, fumigating and disinfecting, each process, \$28. For every vessel over 750 tons and less than 1,000 tons, fumigating and disinfecting, each process, \$34. For every vessel over 1,000 tons and less than 1,250 tons, \$40. For every vessel over 1,250 tons, fumigating and disinfecting, according to tonnage of vessel, each process, \$44 to \$68.

In all cases the quarantine officer will collect the charges made against vessels before giving permission to leave quarantine, either by captain's draft on consignee, or in currency, and shall return the same to the board charged with the administration of quarantine at such port, who shall be responsible for the disbursement of the same.

Quarantine Code.

I. On and after the opening each year of the national quarantine station (Sapelo Sound), all vessels from infected or suspected latitudes arriving with plague, cholera, small-pox, yellow or typhus fevers on board, or having had same during voyage, must be directed by the pilot to proceed to said national quarantine station.

II. Any vessel arriving at any port bearing the certificate of the national quarantine officer, must be brought to anchor at the quarantine station, and there remain until released by the order of the quarantine officer.

III. During the closure of said national quarantine station, all vessels such as above described must anchor at the port quarantine station, under personal direction of the quarantine officer.

IV. Vessels from any foreign port direct, or via American ports, with or without sickness on board, will, during the entire year, be compelled to anchor and remain at the quarantine station until released by written permit of the quarantine officer.

V. All vessels arriving at any port with sickness on board, or having had same during voyage, will, at all seasons of the year, no matter from what port, either American or foreign, anchor at the quarantine station, and there remain until released by order of the quarantine officer of the port.

VI. Vessels from infected or suspected latitudes will, during the entire year, be required to discharge any and all ballast at the quarantine station, or such other place as may be designated by the health authorities, to have bilges and limbers cleaned and sweetened. From November 1 to May 1 of each year, said vessels shall be subjected to at least one fumigation. From May 1 to November 1 of each year, said vessels shall be subjected to at least two fumigations, and such other disinfection as may be necessary, and be detained at least 10 days during said latter period.

VII. On and after May 1 and until November 1 of each year, and longer if the State board of health so determine, all coastwise vessels or steamers from latitudes south of Cape Hatteras, other than those by inland route, must anchor at the quarantine station. Steamers and vessels from non-infected or non-suspected ports will not be detained longer than necessary for the quarantine officer to satisfy himself of their perfect sanitary condition.

VIII. Coastwise steamers and vessels arriving at this port by inland route, from latitudes south of Cape Hatteras, between May 1 and November 1, and later if the State board of health so determine, must be inspected and given permits by the quarantine officer before the landing of either passengers or freight.

IX. From May 1 to November 1 of each year, no vessel from an infected or suspected latitude will be allowed to either lighter or bring cargo of fruit up from quarantine station.

X. Pilots must in each case before boarding make inquiry as to the sanitary condition of vessels; in no case must they board if the vessel has contagious or infectious sickness on board, or has had same during voyage; in such cases they must either direct to Sapelo quarantine station, lead the vessel in, or have their small boat hoisted alongside clear of the water, and in this way pilot the vessel in.

MISSISSIPPI.—

Rules and Regulations of the Mississippi State Quarantine at the Ports of Hancock and Harrison Counties.

1. The quarantine station for the counties of Hancock and Harrison shall be on Ship Island, and all vessels subject to quarantine shall anchor as near to said station as the water will permit, in accordance

with the instructions of the quarantine physician ; and it shall be the duty of pilots to anchor all vessels in accordance with these rules and regulations, and the instructions of the quarantine physician.

2. All vessels arriving from foreign ports, and all vessels having sickness on board, desiring to enter or load from any port in Hancock and Harrison Counties, shall immediately proceed to the boarding station, and shall be visited by the quarantine physician between sunrise and sunset as soon as possible after arrival.

3. No person on board of any vessel arriving at the boarding station, shall be allowed to communicate with any person on board another vessel, or with any other person, until such vessel has been visited by the quarantine physician, nor shall any person off of land or other vessel, be allowed to communicate with said vessel until a permit has been obtained from the quarantine physician.

4. The quarantine physician shall carefully inspect all vessels arriving at the boarding station, and require answers from the officer in command, and keep a record of such answers to the following questions :

Port of departure and date of departure.

Name of vessel, name of commander, sanitary condition and destination.

Number of days of passage.

Ports visited since leaving port of departure, with date and length of visit.

Cargo and where taken on ; kind and sanitary condition.

Bilge water, whether clean or unclean.

Ballast, kind and condition.

Number of officers, passengers, and crew, and their sanitary condition.

What sickness has occurred on board vessel during passage, or in port, and dates of sickness ?

Deaths during passage, or in port, with dates and causes, if known.

Names of vessels communicated with, in the course of passage, with dates of such communications and names of ports from which said vessels sailed, also whether there was any sickness on board said vessels, and the character of the sickness, if known.

5. All vessels, together with their cargoes, passengers, crews, and baggage, arriving at the boarding station from the inter-tropical American and West India Island ports, shall be subjected to thorough maritime sanitation, according to the following classification :

First Class.—Vessels arriving from non-infected ports shall be subject to thorough sanitation without detention longer than is necessary to place them in such condition.

Second Class.—Vessels arriving from suspected ports shall be subject to thorough sanitation with detention for a period of five (5) days from the time disinfection has been completed.

Third Class.—Vessels arriving from infected ports shall be taken to the refuge station of the United States Government, and placed in charge of the Marine-Hospital Service, to remain until securing a clean bill of health from the officer in charge.

Fourth Class.—Vessels arriving infected, without regard to port of departure ; that is, vessels which have yellow fever or other contagious or infectious diseases on board at time of arrival, or have had the same during the voyage, or while at port, shall be taken to the refuge station

of the United States Government and placed in charge of the Marine-Hospital Service, to remain until securing a clean bill of health from the officer in charge.

6. Supplies and mail intended for vessels in quarantine, or for the quarantine service, shall be delivered at some suitable point between the main land and the quarantine station, and after the departure of persons delivering such supplies and mail, the same may be obtained and delivered to the proper vessel or service under the direction of the quarantine physician.

7. All lighters and persons engaged in removing ballast from vessels in quarantine shall remain in quarantine for such a period as may be determined by the quarantine physician. But no such lighters or persons shall be released from quarantine within a less period than the vessel from which ballast is taken is required to remain.

8. No person on board any vessel in quarantine shall be allowed to communicate with another vessel or any person on board another vessel in quarantine, without the written permission of the quarantine physician.

9. No boat shall approach within one-half mile of any vessel coming into Ship Island Pass until such vessel shall have been visited by the quarantine physician, except authorized pilots, and they only for the purpose of piloting such vessels into port, and tow-boats under the direction of the quarantine physician. Nor shall pilots transact any other business except that necessary to their piloting business, and when waiting for a vessel they must always keep to windward when stress of weather does not prevent, and keep well off from incoming vessel until known to be safe.

10. All vessels when discharged from quarantine, shall remove at least one mile from quarantine limits (said limits to be designated by suitable buoys) and as directed by the quarantine physician.

11. No officer or person in charge of any vessel in quarantine shall allow any person, boat or craft, propelled by steam or otherwise, to come alongside or on board his vessel without the written permission of the quarantine physician.

12. The quarantine physician shall select a suitable point near the quarantine station to be designated as a boarding station, and shall cause suitable instructions to be issued to all pilots regarding the same.

13. The quarantine physician shall charge a fee of five dollars* for each vessel inspected, and a fee of ten dollars for each vessel disinfected, and the cost of materials used in such disinfection.

14. Any person violating these rules shall be subject to a fine of not exceeding three hundred dollars nor less than twenty-five dollars. And quarantine physician shall at once take necessary steps to prosecute all offenders either before State or United States district attorneys, as provided by law.

ALABAMA—*Mobile*.—Month of April, 1889. Population, 40,000. Total deaths, 69, including whooping-cough, 1; erysipelas, 1; and enteric fever, 2.

CALIFORNIA—*City and County of San Francisco*.—Month of April, 1889. Estimated population, 330,000. Total deaths, 478, including

croup, 3; diarrhœa, 1; diphtheria, 8; erysipelas, 3; enteric fever, 13; scarlatina, 2; and whooping-cough, 3.

Sacramento.—Reports to the State board of health from fifty-eight cities and towns, having an aggregate population of 701,950, show a total of 835 deaths from all causes during the month of April, 1889. The deaths included diarrhœa and dysentery, 8; diphtheria, 19; scarlet fever, 4; croup, 6; whooping-cough, 6; enteric fever, 23; and erysipelas, 4.

San Diego.—Month of March, 1889. Estimated population, 32,000. Total deaths, 13, including 1 from dysentery.

CONNECTICUT.—Month of April, 1889. Reports from one hundred and sixty-six cities and towns, having an aggregate population of 756,522, show a total mortality of 1,073, including measles, 12; scarlet fever, 11; diphtheria and croup, 71; whooping-cough, 8; erysipelas, 3; enteric fever, 10; and diarrhœa, 5. Cerebro-spinal fever, diphtheria, and enteric fever have been less fatal than in March, while measles and scarlet fever were somewhat more so. There were 127 deaths from pneumonia, against 138 in March; and 134 deaths from consumption, being 9 more than in March.

GEORGIA—*Savannah*.—Month of April, 1889. Population, 57,000. Total deaths, 90, including diarrhœa, 1; and dysentery, 2.

IOWA—*Dubuque*.—Month of April, 1889. Population, 35,000. Total deaths, 23, including dysentery, 1; and erysipelas, 1.

MICHIGAN.—Week ended May 11, 1889. Reports to the State board of health, Lansing, from fifty-seven observers, in different parts of the State, indicate that whooping-cough increased and pneumonia decreased in area of prevalence. Including reports by regular observers and others, diphtheria was reported present during the week ended May 11, and since, at eight places; scarlet fever at seventeen places; enteric fever, at five places; and measles, at four places.

Grand Rapids.—Month of April, 1889. Population, 70,000. Total deaths, 61, including scarlet fever, 1; pernicious fever 1; and enteric fever, 3.

NEW YORK—*Rochester*.—Month of April, 1889. Total deaths, 169, including membranous croup, 4; diphtheritic croup, 2; diarrhœa, 2; diphtheria, 11; erysipelas, 1; and whooping-cough, 8.

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.....	May 18.....	1,566,068	744							6	25	44	7	12
Philadelphia, Pa.....	May 18.....	1,040,245	420							17	5	5	6	7
Chicago, Ill.....	May 18.....	830,000	283							4	4	16	7	1
Brooklyn, N. Y.....	May 18.....	821,555	345								11	22	5	6
Baltimore, Md.....	May 18.....	500,343	144							1	1			
Cincinnati, Ohio.....	May 18.....	325,000	134							3		7	2	
San Francisco, Cal.....	May 10.....	330,000	109							1		2		3
New Orleans, La.....	May 11.....	254,000	135									3	1	1
Cleveland, Ohio.....	Apr. 20.....	235,000	85							1		8		2
Cleveland, Ohio.....	Apr. 27.....	235,000	91							5				1
Pittsburgh, Pa.....	May 18.....	230,000	66							3	1	2	3	
Detroit, Mich.....	May 11.....	230,000	68								3	2		
Louisville, Ky.....	May 11.....	227,000	78							2		1	4	2
Washington, D. C.....	May 18.....	225,000								2	2	1		1
Milwaukee, Wis.....	May 18.....	210,000	58											
Minneapolis, Minn.....	May 11.....	200,000	49								1	3		
Newark, N. J.....	May 14.....	182,457	80							1	2	9		
Kansas City, Mo.....	May 18.....	180,000	34			1				1				1
Rochester, N. Y.....	May 18.....	130,000	31									1		1
Providence, R. I.....	May 18.....	127,000	41								1	5	1	
Richmond, Va.....	May 18.....	100,000	26							1				1
Denver, Colo.....	May 17.....	100,000	33								1	3		
Nashville, Tenn.....	May 18.....	65,153	15											
Fall River, Mass.....	May 18.....	65,000	20								2			
Charleston, S. C.....	May 18.....	60,145	50											
Lynn, Mass.....	May 18.....	50,000	26							1		1		
Portland, Me.....	May 18.....	42,000	14								1			
Manchester, N. H.....	May 11.....	42,000	12											
Council Bluffs, Iowa.....	May 20.....	35,000	4											
Davenport, Iowa.....	May 18.....	33,715	8									3		
Binghamton, N. Y.....	May 20.....	30,000	9											
Altoona, Pa.....	May 18.....	30,000	5											
Auburn, N. Y.....	May 18.....	26,000	11											
Haverhill, Mass.....	May 18.....	25,000	7											
Newport, R. I.....	May 16.....	22,000	6											
Newton, Mass.....	May 18.....	21,553	4											
Keokuk, Iowa.....	May 18.....	16,000	4									1		

JOHN B. HAMILTON,

Supervising Surgeon-General, Marine-Hospital Service.