

WEEKLY ABSTRACT OF SANITARY REPORTS.

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TREASURY DEPARTMENT,
OFFICE SUPERVISING SURGEON-GENERAL,
U. S. MARINE-HOSPITAL SERVICE,
Washington, D. C., December 13, 1889.

Abstract of Domestic and Foreign Sanitary Reports received during the week ended December 13, 1889, published in accordance with section 4, Act of Congress, approved April 29, 1878.

UNITED STATES.

Scarlet fever, diphtheria, and croup.

Prevention of the spread of scarlet fever and diphtheria in the District of Columbia.—At a meeting of the Medical Society of the District of Columbia, December 11, 1889, at which the subject was the special order, it was, after full discussion, decided to recommend to Congress the passage of the following act:

AN ACT to prevent the spread of scarlet fever and diphtheria in the District of Columbia.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That, from and after the passage of this act, it shall be the duty of every registered practicing physician [or other person prescribing for the sick] in the District of Columbia to make report to the health officer, on forms to be furnished by that officer, immediately such practitioner becomes aware of the existence of any case of scarlet fever or diphtheria, in his charge, and in case such person shall fail to so report within twenty-four hours he shall be subject to a penalty of not less than one nor more than twenty dollars, or in lieu thereof, shall suffer imprisonment for not less than one nor more than ten days. In case no physician shall be in charge of such patient, the householder where such case occurred, or person in charge thereof, the parent, guardian, nurse, or other person in attendance upon the sick person, shall make the report above mentioned, and in case of failure to report shall suffer the same penalties as provided for physicians in this act.

SEC. 2. It shall be the duty of the health officer co-operating with the attending physician to cause a suitable placard, flag, or warning sign, to be displayed from the front of the premises or apartment where any case of scarlet fever or diphtheria is present. It shall be unlawful for any person to remove such placard, sign, or warning flag, when so placed, without permission of the health officer, and it shall be the duty of the said health officer, in conjunction with the attending physician, to cause the premises to be properly disinfected, and to issue the necessary instructions for the isolation of the patient.

SEC. 3. No adult or minor shall visit or attend any public or private school, or place of public assemblage, or appear on the public streets,

or in the parks while affected with scarlet fever or diphtheria, and any adult person, parent or guardian of a minor, convicted of having knowingly violated the provisions of this act shall, upon conviction, forfeit and pay a sum not less than one nor more than twenty dollars, or in lieu thereof shall suffer imprisonment for not less than one nor more than ten days, and it shall be the duty of physicians, while in attendance upon cases of scarlet fever or diphtheria, to exercise such reasonable precautions to prevent the spread of the said diseases as may be prescribed by the health officer of the District of Columbia in regulations.

SEC. 4. No person, adult or minor, who has convalesced from diphtheria or scarlet fever, shall be allowed to attend any public or private school, seminary, or college until the attending physician shall have furnished a certificate that said patient has completely recovered, and that there is no danger of infection to other persons. All persons who shall, after convalescing from diphtheria or scarlet fever, visit schools, seminaries, or colleges, without providing themselves with such certificates, shall suffer the penalties provided for in section 1 of this act.

SEC. 5. The provisions of this act shall apply to every ship, vessel, steamer, boat, or craft lying or being in the rivers, harbors, or other waters within the jurisdiction of said District, and to every tent, van, shed, hovel, barn, out-house, cabin, or other like place, as if the same were an ordinary dwelling.

SEC. 6. The word "regulations," as herein used, shall be held to mean also rules, orders, circulars, and amendments. The words "person in charge thereof" shall be held to mean the owner, his agent or factor; the tenant, his clerk or representative; the nurse, or any one or more persons who by reason of their position are charged with the management or care of the premises, or interested in the person afflicted. The words "practitioner of medicine," or "practitioner," shall be held to include all persons who undertake to treat persons afflicted, either gratuitously or for pay.

SEC. 7. Any person who shall knowingly make, sign, or deliver any false report or certificate herein provided for, upon conviction thereof in the Police Court of said District, shall be fined not less than one nor more than twenty dollars, and, in default of payment thereof, be committed to jail for not less than one nor more than twenty days.

SEC. 8. The expenses necessarily incurred in the execution of the provisions of this act shall be borne from the general appropriation for the maintenance of the Health Department of the District of Columbia, and the jurisdiction of civil and criminal procedure in the enforcement of this act is hereby vested in the Police Court of the said District, with the same right of appeal as in other civil and criminal trials in said District.

Diphtheria and scarlet fever in Iowa.

The secretary of the State board of health has addressed an open letter to the press of the city of Des Moines, dated November 24, 1889, and containing such timely notes of warning that the following quotations are made:

Within the last ten days there has been a large increase in the number of cases, and they have also become more malignant in form. Unless the *utmost* vigilance is practiced by the local board of health, with the

hearty concurrence of the people generally, there will be a wide-spread epidemic. There has been a culpable laxity in the enforcement of the rules and regulations of the local board of health, and physicians in cases reported to this office have neglected to properly report to the local board cases in their practice. One of the most fruitful sources of danger is the *public funeral*. Within the last two or three days there has been a public funeral in a case of death from scarlet fever, and in two or three cases of diphtheria.

Every case of contagious disease, whether diphtheria, membranous croup, or scarlet fever, should be reported at once to the local board of health, and should be by it rigidly and faithfully quarantined without reference to the condition or circumstances of the parties. Better have a few families inconvenienced, and if need be bear their grief alone, than have, through a mistaken and misdirected sympathy, a general epidemic. What I wish to impress indelibly upon the minds of the public is the fact that diphtheria and membranous croup, which is but another name for the most fatal form of diphtheria, and scarlet fever, are diseases to be dreaded a hundred-fold more than small-pox. The last-named disease can be prevented by vaccination, but there is no known protection against the former, except by non-exposure. What is most needed is a hearty and efficient co-operation between the local board of health and the health officer; a prompt report of *all* suspected or assured cases of infectious diseases; a vigorous and impartial enforcement of the rules of quarantine, including disinfection; and an absolute prevention of public funerals, together with the arrest and severe punishment of any physician or family who shall conspire against the public welfare by efforts to secrete the disease.

Unfortunately Des Moines is not the only sufferer from the scourge of diphtheria. It is present in a large number of localities in Iowa. I have received this morning from a prominent and reliable citizen of Creston a letter in which he makes the following statements, which show a criminal negligence on the part of the local board of health, and the evil, though inevitable, results of public funerals:

* * * * *

Diphtheria of a malignant type is raging here, and unless there is something done to prevent public funerals, the town will become depopulated of children. Yesterday a family lost a child, and two others in the family are in a dangerous condition. *All during the day the little house was crowded, and about twenty-five carriages accompanied the remains to the cemetery.* A week or so ago a business man's child died and there was a large funeral. A brother-in-law lost a child a few days afterward, and the minister who officiated buried his own child a few days ago. The law ought to be enforced and these public funerals stopped. Our local authorities seem reluctant to take hold of the matter, probably from fear of giving pain to the afflicted, or from some other cause. If you can do anything to brace them up and stop these public funerals, I hope you will do it. * * *

Dr. Reynolds is investigating the matter at Creston.

We have received intelligence of the presence of diphtheria in the family of a physician residing in Traer, Tama County. Three of his children have died, and others are very low with the disease. The mayor appealed to the State board of health for help. Dr. Shrader has gone up there, and I find that the local health board was not properly organized until after Dr. Shrader's arrival.

The identity of membranous croup and diphtheria.

The following is extracted from the monthly bulletin of the Iowa State board of health for November, 1889 :

So-called membranous croup, except where traumatic, is identical with diphtheria. Some doctors still call diphtheria membranous croup when it affects the larynx and trachea and is not visible in the throat. Terrible mischief may be done when the wrong name leads to the supposition that the disease is not contagious. Death frequently steps in to break the dangerous obstinacy of practitioners and people on this point.—O. W. Wight, A. M., M. D., (late) Health Officer, Detroit.

Blindness from babies' sore-eyes.

At a meeting of the Medical Society of the District of Columbia held December 4, 1889, Dr. Swan M. Burnett read a paper under the above title, in which he makes the statement that among the 50,000 totally blind persons in the United States, according to the last census, at least 30 per cent. or about 15,000 have lost their sight from *ophthalmia neonatorum*. Reports of examinations into the causation of blindness in Europe and Great Britain are unanimous in according this percentage to neglected sore-eyes of the new born. The total loss to the common wealth of this country from this cause he estimates to be not less than \$7,500,000 annually. The disease is well nigh absolutely preventable if the method adopted and brought forward by Prof. Credé, of Leipsic, is carried out. This consists in dropping into the conjunctival sac of the infant as soon as it is born and washed a 2 per cent. solution of nitrate of silver. This may seem to some to be too heroic, and, ordinarily, probably is so, but if the eyes are cleansed with a milder antiseptic, or even with pure water, and watched carefully for the first appearance of the disease, many eyes will be saved which would otherwise be lost. He thinks the text books on obstetrics do not insist with sufficient force upon the prevention and early treatment of the disease, and also thinks steps should be taken to inform the public in general by means of cards, notices, etc., of the great danger of the neglect of such cases. A large number of children are delivered by midwives, and it is from among these that the majority of the cases come. At his clinic at the Central Dispensary Dr. Burnett saw in one month three infants whose eyes were totally destroyed by *ophthalmia neonatorum*.

DELAWARE BREAKWATER QUARANTINE STATION.—Acting Assistant Surgeon William P. Orr, Marine-Hospital Service, reports that the Norwegian ship "Germanic," from Cebu, Phillipine Islands, arrived at the breakwater December 2, 1889: "The captain reported the death of one man shortly after leaving Cebu. From the history of the case, as given by the captain and crew, I think he had the cholera.

At least, I regarded it as a suspicious case, and detained and disinfected the vessel. The captain said this was the only case of sickness on the vessel.''

SAN FRANCISCO QUARANTINE STATION.—Authority was given, under date of the 5th instant, to Surgeon P. H. Bailhache, in command of the Marine-Hospital Service at San Francisco, Cal., to advertise for sealed proposals to build a wharf, boat-house, officers' quarters, hospital, lazaretto, etc., for the United States quarantine station at Angel Island, near San Francisco, Cal.

Reports of States, and Yearly and Monthly Reports of Cities.

COLORADO.—*Denver*.—Month of November, 1889. Population, 100,000. Total deaths, 177, including diphtheria, 16; erysipelas, 13; and enteric fever, 22.

ILLINOIS.—*Chicago*.—Month of November, 1889. Population, 1,100,000. Total deaths, 1504, including croup, 62; diarrhœa, 13; dysentery, 5; diphtheria, 125; scarlet fever, 11; enteric fever, 68; and whooping cough, 4.

IOWA.—The monthly bulletin of the State board of health for November, 1889, contains the semi-annual report of the secretary, Dr. J. F. Kennedy, which, besides other pertinent topics, contains the following regarding legislation :

A late decision of the Attorney-General, declaring that the State board of health has jurisdiction in matters relating to quarantine all over the State, greatly strengthens the hands of the board and leaves much less to be asked for in the way of additional legislation.

If like jurisdiction were granted the board in the way of abating nuisances, it would leave but little to ask for.

If the law requiring the registration of all physicians and midwives practicing within the State with the county clerk were so modified as to inflict a suitable penalty for a failure or neglect to so register, and providing further that a certificate showing a legal right to practice in the State was one of the necessary requisites for such registration, I believe the lives and health of the people of the State could be as fully protected, and a registration of vital statistics would be secured that would be as nearly perfect as could by any means be effected by legal enactments.

The board has adopted the rules and regulations promulgated by the National Railway Baggage Association to take effect January 1, 1890. A new rule has been made regarding the readmission to school of children who have had a contagious disease. A certificate must be procured from the local health board through its health officer, instead of from the attending physician, as heretofore.

IOWA—*Dubuque*.—Month of November, 1889. Population, 35,000. Total deaths, 30, including diphtheria, 2; membranous croup, 5; and dysentery, 1.

MICHIGAN.—Month of November, 1889. Reports to the State board of health, Lansing, indicate that compared with the preceding month tonsillitis, erysipelas, measles, membranous croup, and small-pox increased; and that diarrhoea, remittent fever, typho-malarial fever, typhoid fever, whooping-cough, dysentery, puerperal fever, cholera morbus, and cholera infantum decreased in prevalence.

Compared with the average for the month of November in the three years 1886–1888, inflammation of bowels, measles, and puerperal fever were more prevalent, and cerebro-spinal meningitis, cholera infantum, cholera morbus, and typho-malarial fever were less prevalent in November, 1889.

Including reports by regular observers and others, diphtheria was reported present in Michigan during the month at 69 places; scarlet fever at 71 places; typhoid fever at 83 places; measles at 18 places; and small-pox at 2 places.

Reports from all sources show diphtheria reported at 9 places more, scarlet fever at 17 places more, typhoid fever at 30 places less, measles at 3 places more, and small-pox at 2 places more in the month of November, 1889, than in the preceding month.

For the week ended November 30, 1889, reports from 58 observers indicate that erysipelas, remittent fever, typho-malarial fever, influenza, inflammation of kidney, pleuritis, pneumonia, scarlet fever, and small-pox increased, and that inflammation of brain, cerebro-spinal meningitis, membranous croup, diphtheria, typhoid fever, and whooping-cough decreased in area of prevalence.

Diphtheria was reported present during the week at 32 places; scarlet fever at 35 places; enteric fever decreased by 42 per cent., and was reported at 30 places; measles at 8 places, and small-pox at 2 places, Muskegon and Calvin township.

MINNESOTA.—Month of October, 1889. From "Public Health," the official publication of the State board of health, for November, 1889, the following is extracted:

Distribution and mortality from specified diseases in Minnesota for the month of October, 1889, reported up to November 20.—(Population, 1889, estimated, cities over 2,000 inhabitants, 539,000; towns and villages, 1,047,860.) Total number of deaths, 832, against 913 last month; 450 males, 382 females; 43.27 occurred in towns, 46.73 in cities over 2,000 population. Ages, under 1 year, 27.76 per cent.; 1 to 5 years, 12.02 per cent.; 5 to 15 years, 9.73 per cent.; 15 to 30 years, 13.22 per cent.; 30 to 50 years, 12.62 per cent.; 50 to 70 years, 13.82 per cent.; over 70 years, 8.41 per cent.

Measles.—Only 2 deaths from this cause reported—one in a township, the other in a city. From this and other reports it is evident that there is little of this disease in the State at the present time.

Scarlatina.—Eight deaths (1 male, 7 females), in 4 localities, 4 counties; 62.50 per cent. occurred in cities. Ages, 6 under 5 years, 2 between 5 and 10 years. Mortality and distribution less than last month, but the same as the corresponding month last year. This disease has probably reached its minimum, coming down from its wide-spread distribution during the late spring and early summer. Very little of it is reported from other sources.

Diphtheria.—Eighty-three deaths (49 males, 34 females), in 24 localities, 23 counties; 53.01 occurred in cities of over 2,000 inhabitants. Ages, under 5 years, 50 per cent.; between 5 and 15 years, 50 per cent. A decided increase in mortality and distribution compared with last month, but less than for the same month last year. As happened in 1887 and 1888, this disease begins its ascent during the fall and reaches its climax in the early winter. This climax occurred in December of 1887 and January of 1888. Reports from other sources show this disease to be on the increase.

Croup.—Twenty-five deaths (14 males, 11 females), in 10 localities, 10 counties; 76 per cent. occurred in cities of over 2,000 inhabitants. Ages, under 5 years, 76 per cent.; between 5 and 15 years, 24 per cent. Corresponding with diphtheria this disease has made a decided increase since last month, when there were only 9 deaths reported from this cause, but the mortality is less than for same month last year.

Typhoid fever.—Sixty-two deaths (43 males, 19 females), in 30 localities, 27 counties; 63 per cent. occurred in cities. Ages, between 5 and 15 years, 9 per cent.; 15 to 30 years, 47 per cent.; 30 to 50 years, 30 per cent.; 50 to 60 years, 8 per cent. A slight increase compared with last month, but less than one-half compared with same month last year. During this month of 1887 and 1888, this disease reached its climax, and as the number of deaths in the same month of 1889 is much less than for either of the other years, it is evident that the mortality has not been as great.

Diarrhœal diseases of children.—Sixty-three deaths (27 males, 36 females), in 29 localities, 23 counties; 52 per cent. occurred in cities. Ages, under 1 year, 86 per cent.; between 1 and 3 years, 14 per cent. Less than half the mortality compared with last month, and not as great as for the corresponding month of 1888.

Bronchitis.—Twelve deaths (7 males, 5 females), in 6 localities, 6 counties; 66 per cent. occurred in cities. Ages, under 5 years, 75 per cent.; between 5 and 70 years, 25 per cent. A slight decrease in mortality compared with last month.

Pneumonia.—Twenty-nine deaths (16 males, 13 females) in 14 localities, 14 counties; 65 per cent. occurred in cities. Ages, under 1 year, 34 per cent.; between 5 and 70 years, 34 per cent. An increase compared with last month, but much less than for same month last year.

MISSOURI—*St. Louis*.—Month of November, 1889. Population, 450,000. Total deaths, 593, including scarlet fever, 15; diphtheria, 29; croup, 4; whooping-cough, 2; and enteric fever, 13.

NEW YORK.—Month of October, 1889. Reports to the State board of health, Albany, from eight districts, including New York, Brooklyn, and 126 other cities and towns, show a total of 8,050 deaths, including enteric fever, 261; scarlet fever, 57; measles, 7; erysipelas, 13; whoop-

ing-cough, 70; croup and diphtheria, 570; and diarrhœal diseases, 339. The Monthly Bulletin of Health, of New York, says:

Remarks.—Of the 8,050 deaths in this month, 6,546 occurred in the cities and towns specified, the population of which is 4,015,000, giving an annual death rate for them per 1,000 of 19.20. The remaining 1,504 deaths are reported from about 500 rural towns. Of the former (urban) class, 31.67 per cent., and of the latter (rural) class, 14.33 per cent. of the deaths occurred under the age of five years; 18.56 per cent. of the former and 14 per cent. of the latter class were from zymotic diseases. The mortality from diphtheria has increased earlier than last year, but is yet much lower than in the winter months; numerous epidemics have occurred, and the number of localities is much increased; 7.89 per cent. of the *urban* mortality and 3.52 per cent. of the *rural* were from this cause. Typhoid fever varies little; it caused 2.80 per cent. of the *urban* and 5.18 per cent. of the strictly *rural* mortality. Consumption caused 126.20 per 1,000 of the deaths; 176.32 per 1,000 above the age of five years.

Brooklyn.—Month ending November 30, 1889. Population, 843,602. Total deaths, 1,273, including 225 from zymotic diseases. The chief causes of death were phthisis, 167; pneumonia, 158; diphtheria, 97; and bronchitis, 63.

Rochester.—Month of November, 1889. Population, 130,000. Total deaths, 140, including diphtheria, 1; and enteric fever, 3.

NORTH CAROLINA.—The bulletin of the North Carolina board of health for November, 1889, states that the board will do all in its power to aid the officers of the law and the State medical society in carrying out the provisions of the act regulating the practice of medicine, which it is the intention to have strictly enforced after January 1, 1890. Copies of the law will be furnished upon application to the board. The review of diseases reported for October, 1889, shows that diphtheria prevailed in 17 counties, and typhoid fever in 37. Of the 93 counties of the State enumerated in the report, 20 are recorded as having no board of health, and from 7 others no report was received.

OHIO.—*Cincinnati.*—Month of November, 1889. Population, 325,000. Total deaths, 462, including diarrhœa, 8; dysentery, 4; diphtheria, 39; measles, 1; scarlet fever, 4; enteric fever, 12; and whooping-cough, 4.

Dayton.—Month of November, 1889. Population, 60,000. Total deaths, 65, including diphtheritic and membranous croup, 7; and diphtheria, 5.

PENNSYLVANIA.—*Williamsport.*—Month of November, 1889. Population, 35,271. Total deaths, 27, including enteric fever, 1.

RHODE ISLAND.—*Newport.*—Month of November, 1889. Population, 22,000. Total deaths, 24, including none from contagious diseases. Two cases of enteric fever were reported during the month.

TEXAS.—*San Antonio*.—Month of November, 1889. Population, 50,000. Total deaths, 16, including enteric fever, 2.

Brownsville—Small-pox.—Acting Assistant Surgeon J. M. Main, United States Marine-Hospital Service, reports as follows, under date of December 4, 1889 :

Variola has made its appearance here, five cases appearing simultaneously ; form very mild. These cases are all carefully quarantined, and no sanitary regulation neglected. Compulsory vaccination will be enforced as soon as virus can be obtained.

VIRGINIA.—*Lynchburg*.—Month of November, 1889. Population, 25,000. Total deaths, 28, none from contagious diseases.

MORTALITY TABLE, CITIES OF THE UNITED STATES.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—										
				Cholera.	Yellow fever.	Small-pox.	Varicoid.	Varicella.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping-cough.
New York, N. Y.	Dec. 7	1,591,955	661							7	6	19	5	11
Chicago, Ill.	Oct. 5	1,100,000	356							9	1	26		2
Chicago, Ill.	Oct. 12	1,100,000	334							10	3	24		1
Chicago, Ill.	Oct. 19	1,100,000	309							14	3	28	1	2
Chicago, Ill.	Oct. 26	1,100,000	300							21	3	24		2
Chicago, Ill.	Nov. 2	1,100,000	284							14	3	30		1
Chicago, Ill.	Nov. 9	1,100,000	340							24	3	27		
Chicago, Ill.	Nov. 16	1,100,000	286							16	4	22		
Chicago, Ill.	Nov. 23	1,100,000								10	1	26		1
Chicago, Ill.	Nov. 30	1,100,000	256							4	3	20		
Chicago, Ill.	Dec. 7	1,100,000	325							8	4	30	1	2
Philadelphia, Pa.	Dec. 7	1,040,245	352							14	5	20	3	2
Brooklyn, N. Y.	Dec. 7	843,602	310							3	4	28	1	4
Baltimore, Md.	Dec. 7	500,343	182							7	1	4		3
St. Louis, Mo.	Nov. 30	450,000	118							3	4	3		
St. Louis, Mo.	Dec. 7	450,000	130							8	4	8		
Cincinnati, Ohio.	Dec. 7	325,000	110							8		6	2	1
San Francisco, Cal.	Dec. 1	300,000	117							3		1		
New Orleans, La.	Nov. 30	254,000	121							3		2		
Detroit, Mich.	Nov. 30	250,000	73							2	1	7	1	
Pittsburgh, Pa.	Dec. 7	230,000	66							2	2	6		
Louisville, Ky.	Nov. 30	227,000	50							2	1	1		
Kansas City, Mo.	Dec. 7	180,000	20									3		
Denver, Colo.	Nov. 29	135,000	43							3		2		
Denver, Colo.	Dec. 6	135,000	33							4	1	1		
Providence, R. I.	Dec. 7	127,000	55							2		2		
Indianapolis, Ind.	Dec. 6	124,450	25							1		5		
Richmond, Va.	Dec. 2	100,000	31											
Richmond, Va.	Dec. 9	100,000	30							2		2		
Toledo, Ohio.	Dec. 6	89,000	23							1		5		
Fall River, Mass.	Dec. 7	69,000	30							1				1
Nashville, Tenn.	Dec. 7	68,531	25							1				
Charleston, S. C.	Dec. 7	60,145	27											
Lynn, Mass.	Dec. 7	53,000	12											
Manchester, N. H.	Dec. 7	42,000	10							1		1		
Portland, Me.	Dec. 7	42,000	16							1		1		
Galveston, Tex.	Nov. 22	40,000	16							1				
San Diego, Cal.	Nov. 27	32,000	5											
Yonkers, N. Y.	Dec. 6	31,000	5											
Altoona, Pa.	Nov. 30	30,000	3											
Altoona, Pa.	Dec. 7	30,000	4							1				
Binghamton, N. Y.	Dec. 7	30,000	3											
Canton, Ohio.	Nov. 29	30,000	4											
Auburn, N. Y.	Dec. 7	28,000	15										2	
Newport, R. I.	Dec. 5	22,000	2											
Newton, Mass.	Dec. 7	21,553	7							1				
Rock Island, Ill.	Dec. 1	16,000	2											
Rock Island, Ill.	Dec. 8	16,000	3										1	
Pensacola, Fla.	Dec. 7	15,000	6										1	

FOREIGN.

(Reports received through the Department of State and other channels.)

GREAT BRITAIN—*England and Wales.*—The deaths registered in 28 great towns of England and Wales during the week ended November 23 corresponded to an annual rate of 18.2 a thousand of the aggregate population, which is estimated at 9,555,406. The lowest rate was recorded in Brighton, viz, 8.6, and the highest in Plymouth, viz, 30.7 a thousand. Diphtheria caused 5 deaths in Salford, 2 in Manchester, 2 in Plymouth, 2 in Halifax, 2 in Sheffield, and 2 in New Castle-upon-Tyne.

London.—One thousand three hundred and seventy-six deaths were registered during the week, including measles, 33; scarlet fever, 17; diphtheria, 30; whooping-cough, 31; enteric fever, 22; and diarrhoea and dysentery, 17. The deaths from all causes corresponded to an annual rate of 16.5 a thousand. Diseases of the respiratory organs caused 328 deaths. In greater London 1,737 deaths were registered, corresponding to an annual rate of 16.1 a thousand of the population. In the "outer ring" the deaths included measles, 4; scarlet fever, 8; diphtheria, 5; and whooping-cough, 8.

Ireland.—The average annual death rate, represented by the deaths registered during the week ended November 23, in the 16 principal town districts of Ireland, was 24.2 a thousand of the population. The lowest rate was recorded in Kilkenny, viz, 4.2, and the highest in Lurgan, viz, 41.0 a thousand. In Dublin and suburbs 164 deaths were registered, including enteric fever, 6; whooping-cough, 2; and diarrhoea, 1.

During the quarter ended September 30, 1889, there were 17,929 deaths registered, corresponding to an annual rate of 15.2 a thousand of the estimated population. The deaths included measles, 81; scarlet fever, 96; typhus, 104; whooping-cough, 348; diphtheria, 85; simple, continued, and ill-defined fevers, 61; enteric fever, 202; diarrhoea, 708; and simple cholera, 20.

Scotland.—The deaths registered in eight principal towns during the week ended November 23, 1889, corresponded to an annual rate of 20.6 a thousand of the population, which is estimated at 1,314,274. The lowest mortality was recorded in Dundee, viz, 14.6, and the highest in Glasgow, viz, 23.9 a thousand. The aggregate number of deaths registered from all causes was 527, including measles, 7; scarlet fever, 8; diphtheria, 8; whooping-cough, 7; fever, 8; and diarrhoea, 15.

CUBA—*Havana.*—Five deaths from yellow fever were registered during the week ended November 28, 1889.

The United States sanitary inspector reports, under date of December 4, that there were 471 deaths during the month of November, including yellow fever, 28; enteric fever, 7; bilious fever, 1; so-called pernicious fever, 9; intermittent and remittent fever, 2; diphtheria and croup, 6; and glanders, 2. Six of the deaths from yellow fever were among persons in the army and navy, in the military hospital, while the remaining 22 occurred among private persons in different parts of the city. Changeable weather and northerly winds are prevailing, and cases of invasion by yellow fever have very much diminished.

No foreign reports have been received from the Department of State this week up to the time of going to press.

JOHN B. HAMILTON,
Supervising Surgeon-General, Marine-Hospital Service.