ABSTRACT OF SANITARY REPORTS.

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UNITED STATES.

Interstate quarantine act.

The following is the text of the act providing for interstate quarantine in case of epidemic, and for the punishment of violations of United States quarantine laws. This act is the outgrowth of the necessities of the Service in the administration of interstate quarantine during the last epidemic of yellow fever. It was prepared in this Bureau last year, and transmitted, after amendment, by the Secretary of the Treasury to the chairman of the Committee on Epidemic Diseases of the Senate. It was further amended by the committee and reported. Owing to the lateness of the season no further action was taken. Shortly after the opening of the present Congress the Chairman, Hon. Isham G. Harris, reintroduced it, and in due course secured its passage through the Senate. It was again amended in the Commerce Committee of the House of Representatives, which amendments being concurred in by the Senate, it finally passed.

AN ACT to prevent the introduction of contagious diseases from one State to another and for the punishment of certain offenses.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That whenever it shall be made to appear to the satisfaction of the President that cholera, yellow fever, small-pox, or plague exists in any State or Territory, or in the District of Columbia, and that there is danger of the spread of such disease into other States, Territories, or the District of Columbia, he is hereby authorized to cause the Secretary of the Treasury to promulgate such rules and regulations as in his judgment may be necessary to prevent the spread of such disease from one State or Territory into another, or from any State or Territory into the District of Columbia, or from the District of Columbia into any State or Territory, and to employ such inspectors and other persons as may be necessary to execute such regulations to prevent the spread of such disease. The said rules and regulations shall be prepared by the Supervising Surgeon-General of the Marine-Hospital Service, under the direction of the Secretary of the Treasury. And any person who shall willfully violate any rule or regulation so made and promulgated shall be deemed guilty of a misdemeanor, and upon conviction

shall be punished by a fine of not more than five hundred dollars, or imprisonment for not more than two years, or both, in the discretion of the court.

SEC. 2. That any officer, or person acting as an officer, or agent of the United States at any quarantine station, or other person employed to aid in preventing the spread of such disease, who shall willfully violate any of the quarantine laws of the United States, or any of the rules and regulations made and promulgated by the Secretary of the Treasury as provided for in section one of this act, or any lawful order of his superior officer or officers, shall be deemed guilty of a misdemeanor, and upon conviction shall be punished by a fine of not more than three hundred dollars or imprisonment for not more than one year, or both, in the discretion of the court.

SEC. 3. That when any common carrier or officer, agent, or employé of any common carrier shall willfully violate any of the quarantine laws of the United States, or the rules and regulations made and promulgated as provided for in section one of this act, such common carrier, officer, agent, or employé shall be deemed guilty of a misdemeanor, and shall, on conviction, be punished by a fine of not more than five hundred dollars, or imprisonment for not more than two years or both, in the discretion of the court.

Approved March 28, 1890.

Reports of States, and yearly and monthly reports of cities.

CALIFORNIA—*Sacramento.*—Month of February, 1890. Population, 35,000. Total deaths, 36, including phthisis pulmonalis 3 and croup 1.

CONNECTICUT—*New Haven.*—Month of February, 1890. Population, 85,000. Total deaths, 137, including phthisis pulmonalis, 26; whooping-cough, 6; and diphtheria and croup, 6.

INDIANA—*Evansville.*—Month of January, 1890. Population, 50,000. Total deaths, 58, including phthisis pulmonalis 10 and diphtheria 4.

Month of February, 1890. Total deaths, 50, including phthisis pulmonalis 11 and enteric fever 2.

IOWA.—The *Monthly Bulletin* for March, 1890, says:

Since the last number of the *Bulletin* the following diseases have been reported:

Diphtheria.—Mechanicsville, Ackley.

Scarlet fever.—Dodge township, Guthrie county.

Measles.—Madison township, Clarke county; Washington township, Clarke county.

MICHIGAN.—Week ended March 22, 1890. Reports to the State board of health, Lansing, from 48 observers, indicate that cholera morbus, cholera infantum, inflammation of bowels, pleuritis, membranous croup, scarlet fever, dysentery, erysipelas, and measles increased, and that inflammation of brain, puerperal fever, and cerebro-spinal meningitis decreased in area of prevalence.

Diphtheria was reported present during the week, and since, at 30 places, scarlet fever at 40 places, and measles at 55 places. Enteric fever decreased by 30 per cent., and was reported at 7 places.

NEW YORK.—Month of February, 1890. Reports to the State board of health from 8 districts, which include New York City, Brooklyn, and 132 other cities and towns, show a total of 8,578 deaths, including phthisis pulmonalis, 1,255; enteric fever, 84; scarlet fever, 96; measles, 50; whooping-cough, 92; and croup and diphtheria, 509.

The *Monthly Bulletin* says:

The mortality for February is about 1,000 in excess of the average for that month for the past five years, and about 400 greater than that of February, 1889. The proportion of zymotic diseases (as in January) is far below the average, there being about 50 less deaths from these causes per 1,000 deaths than a year ago. Scarlet fever and measles were then much more prevalent, these diseases being now below the average. Deaths from other zymotic diseases vary but little from the average. Deaths from all local diseases continue, as in January, much above the average, from the continued prevalence of epidemic influenza. The number of deaths reported as directly due to this disease is small, but it is frequently certified to as contributory, and chiefly to diseases of the respiratory and digestive organs. There are 500 more deaths from acute respiratory diseases, 300 from consumption, and 75 from digestive diseases, than in February, 1889. The death rate of 134 cities and large villages is 21.24 per 1,000 population annually, that of last month being 29.05, and of February, 1889, 21.32.

Publications received.

From the Illinois State board of health, annual reports for 1879 and 1885.

From the Indiana State board of health, annual reports for 1883, 1887, and 1888.

From the Massachusetts State board of health, annual reports for 1871 and 1872.

From the New Hampshire State board of health, annual reports for 1884, 1885, and 1886.

From the Tennessee State board of health, annual reports from 1877 to 1884, inclusive.

From the South Carolina State board of health, tenth annual report for the year ended October 31, 1889.

From the Michigan State board of health, annual reports for 1873, 1877, 1880, 1883, 1884, to 1888, inclusive.

Proceedings of and addresses at sanitary conventions in Michigan from 1884 to 1889, inclusive.

From the health department of Cleveland, Ohio, the seventeenth annual report, 1889.

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	Mar. 29	1,606,323	783	.....	.....	1	.....	.....	.....	2	9	24	14	16
Chicago, Ill	Mar. 29	1,100,000	419	.....	.....	.....	.....	.....	.....	20	6	17	1	2
Philadelphia, Pa	Mar. 22	1,064,277	446	.....	.....	.....	.....	.....	.....	14	2	8	7	2
Brooklyn, N. Y	Mar. 29	852,467	338	.....	.....	.....	.....	.....	.....	.....	3	22	.....	.....
Baltimore, Md	Mar. 29	500,343	214	.....	.....	.....	.....	.....	.....	3	1	3	13	2
St. Louis, Mo	Mar. 22	450,000	155	.....	.....	.....	.....	.....	.....	4	.....	1	.....	.....
Boston, Mass	Mar. 29	420,000	202	.....	.....	.....	.....	.....	.....	1	2	10	.....	1
Cincinnati, Ohio	Mar. 29	325,000	129	.....	.....	.....	....	.....	.....	4	.....	9	2	.....
San Francisco, Cal	Mar. 21	300,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	4	1	.....
New Orleans, La	Mar. 22	254,000	110	.....	.....	.....	.....	.....	.....	.....	3	1	.....	.....
Detroit, Mich	Mar. 22	250,000	97	.....	.....	.....	.....	.....	.....	.....	2	5	1	.....
Washington, D. C	Mar. 29	250,000	110	.....	.....	.....	....	.....	.....	4	.....	2	.....	.....
Pittsburgh, Pa	Mar. 31	240,000	95	.....	.....	.....	.....	.....	.....	4	.....	7	7	1
Louisville, Ky	Mar. 29	227,000	70	.....	.....	.....	.....	.....	.....	5	1	1	.....	.....
Milwaukee, Wis	Mar. 22	210,000	70	.....	.....	.....	.....	.....	.....	1	.....	3	.....	1
Milwaukee, Wis	Mar. 29	210,000	57	.....	.....	.....	.....	.....	.....	1	.....	5	.....	.....
Minneapolis, Minn	Mar. 22	200,000	37	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Newark, N. J	Mar. 29	193,500	110	.....	.....	.....	.....	.....	.....	2	2	2	.....	.....
Denver, Colo	Mar. 28	150,000	41	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Rochester, N. Y	Mar. 22	130,000	50	.....	.....	.....	.....	.....	.....	2	.....	.....	2	.....
Providence, R. I	Mar. 29	130,000	58	.....	.....	.....	.....	.....	.....	1	1	3	1	.....
Indianapolis, Ind	Mar. 28	129,346	48	.....	.....	.....	.....	.....	.....	.....	3	.....	.....	.....
Richmond, Va	Mar. 22	100,000	53	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Toledo, Ohio	Mar. 28	92,000	20	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	1
Toledo, Ohio	Mar. 28	92,000	29	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	1
Fall River, Mass	Mar. 29	69,000	29	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Nashville, Tenn	Mar. 22	68,531	31	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....
Charleston, S. C	Mar. 29	60,145	37	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Manchester, N. H	Mar. 29	43,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Portland, Me	Mar. 29	42,000	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Galveston, Tex	Mar. 14	40,000	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Galveston, Tex	Mar. 21	40,000	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Yonkers, N. Y	Mar. 28	31,000	10	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Binghamton N. Y	Mar. 29	30,000	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Altoona, Pa	Mar. 22	30,000	6	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Auburn, N. Y	Mar. 22	26,000	22	.....	.....	.....	.....	.....	.....	.....	1	1	.....	1
Auburn, N. Y	Mar. 29	26,000	25	.....	.....	.....	.....	.....	.....	1	1	1	4	.....
Newport, R. I	Mar. 27	23,000	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Newton, Mass	Mar. 22	22,011	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Newton, Mass	Mar. 29	22,011	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Keokuk, Iowa	Mar. 22	16,000	5	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Keokuk, Iowa	Mar. 30	16,000	6	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Rock Island, Ill	Mar. 23	16,000	4	.....	.....	.....	.....	.....	.....	.....	.....	2	.....	.....
Pensacola, Fla	Mar. 22	15,000	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

With the next number of the abstract there will be begun the publication of weekly maps showing the rainfall and temperature throughout the United States. At the end of each quarter a seasonal map will be published in addition. These maps are kindly furnished on request, by Brig.-Gen. A. W. Greely, Chief Signal Officer, United States Army, and are specially prepared under his direction by Capt. H. H. C. Dunwoody, Signal Officer, United States Army.

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 March 15 corresponded to an annual rate of 23.6 a thousand of the aggregate population, which is estimated at 9,715,559. The lowest rate was recorded in Birkenhead, viz, 14.4, and the highest in Bolton, viz, 37.8 a thousand. Diphtheria caused 3 deaths in Liverpool, 3 in Sheffield, and 2 in Manchester.

London.—One thousand seven hundred and seventy-one deaths were registered during the week, including measles, 35; scarlet fever, 18; diphtheria, 25; whooping-cough, 86; enteric fever, 3; and diarrhœa and dysentery, 14. The deaths from all causes corresponded to an annual rate of 20.9 a thousand. Diseases of the respiratory organs caused 447 deaths. In greater London 2,242 deaths were registered, corresponding to an annual rate of 20.3 a thousand of the population. In the "outer ring" the deaths included measles, 13; diphtheria, 7; whooping-cough, 10.

Scotland.—The deaths registered in eight principal towns during the week ended March 15 corresponded to an annual rate of 28.7 a thousand of the population, which is estimated at 1,345,563. The lowest mortality was recorded in Perth, viz, 18.8, and the highest in Paisley, viz, 34.4 a thousand. The aggregate number of deaths registered from all causes was 742, including measles, 34; scarlet fever, 6; diphtheria, 8; whooping-cough, 29; fever, 8; and diarrhœa, 10.

BRAZIL—*Rio de Janeiro.*—Week ended March 1, 1890. Population, 450,000. Total deaths, 328, including yellow fever, 34; small-pox, 6; typhus fever, 18; and enteric fever, 1. The United States consul states that the sanitary condition of the city is good. "There is some increase in yellow fever, but it is not epidemic. Recent heavy rains have cooled the atmosphere and cleansed the city. Old residents think there will not be any considerable increase of cases of yellow fever. Pulmonary diseases prevail."

Ceara.—Month of January, 1890. Population, 33,000. Total deaths, 129, including yellow fever, 2; typhus fever, 1; and beri beri, 3.

CUBA—*Havana.*—During the week ended March 20, 1890, one death from yellow fever was reported.

DEMERARA—*Georgetown.*—Month of January, 1890. Total deaths, 252, including phthisis pulmonalis, 38. None from zymotic diseases.

AZORES—*St Michaels—Small Pox.*—The United States consul at Fayal writes, under date of March 11, 1890:

In my dispatch, No. 561, of January 30, I mentioned that small-pox had broken out as an epidemic at the island of San Miguel (St. Michaels), but beyond the fact that it is running its course in the city of Ponta Delgada, I know but little, having received no definite information.

Leprosy in Norway—Measures adopted by the Government for preventing its spread.

The United States consul at Christiania furnishes the following, under date of March 6, 1890, showing the decrease of the disease owing to the public measures taken:

In the last number of the Norwegian periodical *Naturen* (Nature), Dr. Armaner Hansen, a well known dermatologist, gives an interesting sketch of the spread of leprosy, concluding as follows:

Leprosy is found all over the world, but it is only on the Sandwich Islands and in Norway that serious measures have been taken to arrest the spread of the disease, and in both places by isolation of the sufferers. From what I have been able to learn the isolation is very imperfect on the Sandwich Islands, as they do not seem to know all the lepers.

Dr. Arning, a German, who spent several years there to study the disease, relates that he came across lepers on his journeys of whom nothing was known. There, as here, the sick seem to conceal their disease as long as possible. The first measures taken by the Government to arrest the progress of leprosy were at the suggestion of Doctors Danielsen and Boeck, who called attention to the alarming inroads the disease was making. There was then only one asylum for its reception, St. Iörgen's Hospital in Bergen, supported by donations, and very limited in its accommodations. A large hospital was first built for scientific study of the disease, and different methods of treatment, and other asylums for lepers were subsequently opened, one at Bergen in 1856 and two at Moldi and at Drontheim in 1861. Here they could be received and nursed for their life-time at the public expense, and for some years after 1860 all these institutions were crowded, the number of patients being from 750 to 800. The beneficial result of isolation was soon manifest, as the number of lepers has steadily decreased ever since the hospitals were opened. In 1856 they numbered about 3,000 in this country, and are now 1,000 at the most. Admission to the asylums has always been voluntary. It is only recently that parishes have been forbidden to nurse their poorer patients, and obliged to send them to the hospitals.

A new law was at last enacted in 1885, providing that the boards of health or communal authorities should enjoin on all lepers who prefer to live at home the use of a separate bed and as little intercourse as possible with other inmates of the house or farm. If the lepers can not or will not follow the instructions given, the community may order them sent to one of the Government asylums. Married people, however, are not to be separated against their will, unless judged necessary by the community, with the sanction of the parish clergyman and the governor of the province. The object of this law is to leave each

community free to keep or send away its lepers. It is not forced to take any steps, but at liberty to do what it finds advisable. The provision is a very democratic one, as it leaves each community to look after the disease while the expenses are defrayed by the Government. In this way sections of the country which are free from leprosy pay their share toward the extinction of the plague. Leprosy, on the whole, has been a heavy charge on the country, and several times during the last few years propositions have been laid before the legislature that, in view of the great decrease in the disease, one or more of the hospitals might be closed and the expenditure thereby reduced.

I believe this would be a poor policy. Nothing in this world costs so much as sickness, on account of the withdrawal of labor power as well as the direct outlay it involves. Leprosy has, without doubt, been one of the heaviest drains on the nation from the large number of individuals it has rendered incapable of work. It is difficult, if not impossible, to make any accurate estimate of loss and gain in such a matter, but it seems clear that the expense incurred by the State in establishing and supporting hospitals has been more than balanced by the labor power they have restored to the community.

Should any of these asylums be closed, there is a great probability that the disease will again increase. Our country has hitherto stood alone in its provision for lepers; the measures adopted have been humane and effective; it would be a step backwards to withdraw or diminish them. Now that so much is written of the dreadful renewal of the disease, let us show the world that it can be overcome by humane measures without driving away the poor sufferers like victims of the plague, as was the custom in the middle ages. Above all, let us bear in mind that all the pecuniary outlay for arresting disease is an economical gain.

Relative mortality in certain cities as influenced by influenza.

[Translated for this Bureau from the *Berliner Klinische Wochenschrift*, March 17, 1890.]

A study of the table of total number of deaths in Berlin, Vienna, Amsterdam, and Paris in December, 1889, and January, 1890, admits of important conclusions as to the proportion of the influenza epidemic in the four cities, the increase of mortality having been conditioned upon the complications and consecutive diseases of influenza. It is shown that the disease was mildest in Berlin, stronger in Vienna, very violent in Amsterdam, and most intense in Paris.

The following table exhibits the number of deaths in each thousand of the inhabitants of the four cities during the months of December, 1889, and January, 1890:

	Berlin.	Vienna.	Amsterdam.	Paris.
December 1–7, 1889	19.9	23.5	18.97	25.09
December 8–14, 1889	26.2	26.3	21.16	28.32
December 15–21, 1889	31.6	29.5	25.94	31.19
December 22–28, 1889	36.5	45.6	24.52	54.60
December 29, 1889, to January 4, 1890	31.2	42.6	26.97	62.47
December 5–11, 1889, to January 4, 1890	26.1	34.6	46.71	47.79
December 13–18, 1889, to January 4, 1890	22.8	26.3	61.54	34.34
December 19–25, 1889, to January 4, 1890	22.9	27.6	38.97	26.38
January 26 to February 1, 1890			30.45	24.06
February 2–8, 1890			22.84	24.54

Consulting Commission of the Bureau of Hygiene, Havre, France—Monthly report of the meeting of February 19, 1890.

Many naval surgeons have expressed the opinion, somewhat guardedly in view of other assertions on the subject, that the prevailing epidemic of grippe is dengue modified by climate. We are not far from sharing their opinion.

In the two diseases, the general symptoms, as described, are the same. The abdominal, nervous form, with eruption, is dominant in warm countries; in temperate climates, especially during the cold season, the thoracic form.

Dr. Frémont agrees with the director of the bureau of hygiene relative to the propagation of the disease by contagion. In support of this opinion he cites the case of the barracks at Strasbourg, where a great number of soldiers were taken ill. Four attending physicians successively contracted the disease in an environment so favorable to contagion.

Tuberculosis.

[Translated for this Bureau from *Le Bulletin Hebdomodaire de Statistique Démographique et Médicale*, Havre, France, March 28, 1890.]

The discussion of tuberculosis and the measures of defense against it which took place recently in the French Academy of Medicine has caused a certain agitation in public opinion, especially among the enlightened classes. There is reason to hope that this will not be fruitless and that the measures already prescribed by the Minister of War will not be the only barrier opposed to this devastating disease, which each year numbers more victims than the most fatal epidemics occurring at long intervals.

[The measures referred to are directed to the elimination from the army, of men predisposed to phthisis.]

International treaty between Germany and Belgium to make international notification of infectious diseases.

[Translated for this Bureau from *La Revista Internationale d' Igiene*, Naples, March, 1890.]

The Governments of Germany and Belgium have concluded a treaty for the interchange between the proper authorities of the provinces and districts on the frontiers of the two countries of information relative to the existence of epidemics.

The substance of the treaty is as follows:

1. The diseases of which notice shall be given are Asiatic cholera, typhus and typhoid fever, small-pox, scarlatina, membranous angina, measles, dysentery, contagious granular ophthalmia, puerperal fever, and, in general, all epidemic or transmissible diseases, and the epizootic.

2. Information shall be given in the case of cholera on its first appearance. In the case of the other diseases, so soon as the disease shall

have assumed an epidemic character. Dysentery will be reported on its presenting a malignant character.

3. Information will be given so soon as the aforesaid diseases, characterized as stated, shall exist in any locality whatever of the province or district, no matter what the distance of the said locality from the frontier.

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	Mar. 8	5,758,500	2,357	.....	.....	.....	.....	4	12	26	43	.....
Paris	Mar. 8	2,260,945	1,320	.....	.....	1	.....	15	6	38	35	14
Glasgow	Mar. 15	545,678	286	.....	.....	1	.....	4	2	3	12	18
Warsaw	Mar. 1	445,770	275	.....	.....	18	.....	.....	.....	8	.....	.....
Calcutta	Feb. 8	433,219	348	109	.....	17	.....	.....	.....	.....	1	.....
Amsterdam	Mar. 8	406,402	194	.....	.....	.....	.....	1	.....	1	.....	.....
Amsterdam	Mar. 15	406,402	178	.....	.....	.....	.....	.....	.....	10	.....	.....
Copenhagen	Mar. 8	307,000	155	.....	.....	.....	.....	.....	3	12	.....	.....
Edinburgh	Feb 15	271,135	121	.....	.....	.....	.....	.....	1	4	21	5
Edinburgh	Feb. 22	271,135	125	.....	.....	.....	.....	3	2	1	10	8
Bristol	Mar. 8	232,248	118	.....	.....	.....	.....	1	.....	.....	.....	.....
Bristol	Mar. 15	232,248	116	.....	.....	.....	.....	3	1	.....	.....	.....
Belfast	Mar. 8	232,222	198	.....	.....	.....	.....	4	1	2	.....	.....
Rotterdam	Mar. 15	203,486	108	.....	.....	.....	.....	.....	.....	.....	.....	.....
Trieste	Mar. 8	158,084	137	.....	.....	.....	.....	1	1	4	.....	.....
Stuttgart	Mar. 15	125,510	51	.....	.....	.....	.....	.....	.....	5	.....	.....
Barmen	Mar. 8	109,000	35	.....	.....	.....	.....	.....	.....	1	.....	.....
Barmen	Mar. 15	109,000	49	.....	.....	.....	.....	.....	1	3	.....	.....
Leith	Feb. 15	78,538	34	.....	.....	.....	1	.....	2	.....	.....	.....
Leith	Feb. 22	78,538	35	.....	.....	.....	.....	.....	.....	1	.....	.....
Leith	Mar. 1	78,538	34	.....	.....	.....	.....	2	2	2	.....	.....
Mayence	Mar. 8	65,802	34	.....	.....	.....	1	.....	.....	1	.....	.....
Cadiz	Mar. 8	57,157	65	.....	.....	.....	.....	.....	.....	.....	.....	.....
Vera Cruz	Mar. 20	23,800	23	.....	.....	.....	.....	.....	.....	.....	.....	.....
Gibraltar	Mar. 9	23,681	10	.....	.....	.....	.....	.....	.....	.....	.....	.....
Kingston, Can	Mar. 21	18,284	6	.....	.....	.....	.....	.....	.....	.....	.....	.....
Flushing, Neth	Mar. 15	12,793	9	.....	.....	.....	.....	.....	.....	.....	.....	.....
La Guayra	Mar. 15	7,428	5	.....	.....	.....	.....	.....	.....	.....	.....	.....

JOHN B. HAMILTON,

Supervising Surgeon-General, Marine-Hospital Service.