ABSTRACT OF SANITARY REPORTS.

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UNITED STATES.

SPECIAL REPORTS.

Influenza—Notice to health officers.

The Academy of Medicine, Paris, has sent out the following inquiries on influenza (la grippe). State and other health officers in the United States desiring to contribute to this inquiry may send replies through this Bureau if they so desire. The following is a translation of the questions to which answers are desired:

INQUIRY ON INFLUENZA.

Date of the beginning of the epidemic.

A. In the great cities.
B. In the small cities.
C. In the country.

Date of the beginning of the increase of the mortality (complications).

A. In the great cities.
B. In the small cities.
C. In the country.

Week in which the mortality was at its maximum.

A. In the great cities.
B. In the small cities.
C. In the country.

Date on which the epidemic was considered to have terminated.

A. In the great cities.
B. In the small cities.
C. In the country.

Facts demonstrating its transmission.

A. Prisons.
B. Assemblages.
C. Boats.

Give proper notice in this study of the channels of communication, whether by railway, steamboat, or otherwise.

Forms of the disease.

What was its form at its beginning.
At what time did the pulmonary complications appear.
The part or role of these complications in the mortality.

The role of these complications in the transmission.
Relapses.
Cases of prolonged grippe.

Influence of previous morbid states on the mortality.
(Diseases of the heart, phthisis.)
(Diseases of the brain and spinal cord.)

Micro-biological researches.
Special observations.

Yellow fever at Gulf quarantine station.

Passed Assistant Surgeon H. R. Carter, in command of the United States quarantine at North Chandeleur Island, Louisiana, reports, under date of May 30, 1890, the arrival of the British ship *Avon*, of Windsor, Nova Scotia, at that station, forty days from Rio de Janeiro, in ballast, with one seaman sick, probably with yellow fever. Owing to the severe storm then prevailing, the patient could not be taken to the hospital.

Florida State board of health—First annual report of the State health officer—Key West as a sanitary problem.

Under date of May 5, 1890, Dr. Joseph Y. Porter, secretary of the State board of health of Florida and State health officer, has rendered a report showing the work of the board during the past year. After referring to the legislation establishing the board and describing the organization, he gives a detailed account of the investigation of suspicious cases of yellow fever which were reported early in the year. A large portion of the report is devoted to a discussion of the situation at Key West, where yellow fever was reported as early as October, and investigation revealed that cases were actually occurring and continued to occur at long and irregular intervals until January of the present year. The peculiar situation of Key West, and its undeniably unsanitary condition, is dwelt upon in the report, and, referring to the objections made to the health officer's measures for preventing the spread of yellow fever, Doctor Porter says:

I regret the municipal authorities of Key West did not view the situation in a more practical light, and were inclined to consider the measures that were enforced for the public safety of their own city, and also for that of the rest of the State, as unjust and tyrannical.

Doctor Porter further says:

The legislature of Florida at its last session granted a municipal commission to Key West, vesting in the governor authority to appoint suitable citizens thereon, because it was urged by a representative of

the board of trade and by the Merchants' Protective Association of Key West in attendance on the legislature that the sanitary condition of Key West was in such a deplorable state, and the needs for reform therein so urgent, that to longer leave the selection of the city officials to the suffrage of the people by popular election would seriously impair the health and lives of the citizens, and also endanger, as a sequence, the business interests of the island.

The report goes on to state that this commission has done very little to better the sanitary condition of the island, although it has under consideration two systems for the sewerage of the city, and the contemplated improvement is deferred by reason of dissensions between the adherents of these systems. Concerning the Key West problem, as it is called, Doctor Porter states that he agrees in the main with a citizen of Key West, noted for his sanitary service, in his statement that "in the peculiar and geographical situation of Key West, her isolated condition, her interests, which are certainly separate and distinct from the rest of the State to which she belongs, the problem of conserving her health and the rest of the State and harmonizing both with the monetary interests of her commerce is a most difficult matter to handle." Doctor Porter thinks this sanitarian has fallen into error by assuming that the maritime regulations of the State board of health in regard to vessels lying over night in the harbor of Havana have created unnecessary hardship as shutting out the Morgan line of steamers, which refuses to comply with the rules, and thereby has caused much prejudice and opposition to the board at Key West. The Key West people do not consider it any more dangerous for a little vessel to lie over night in the harbor of Havana than that merchandise on lighters remaining alongside of infected docks over night should be shipped the next day on the Plant line of steamers for Florida ports. Doctor Porter states that the error is in assuming for facts what does not occur. In regard to the Morgan and Plant lines of steamers the vessels of the former lie over night in the harbor of Havana, and therefore are not permitted to touch at Florida ports on their return to New Orleans without undergoing the necessary detention. The vessels of the latter enter the harbor after sunrise and leave the port before sunset of the same day. The freight taken by these latter steamers consists of fruit taken on board on the day of sailing and tobacco taken from lighters loaded the day previous, but not, as Mr. Crain says, moored over night at infected wharves, but from lighters moored at the Santa Catalina sugar warehouses at the Reglas. These storehouses are on piers jutted into the open bay on the healthy side of the harbor, have no sewers emptying under them, and on or about which no one lives at present. With regard to the requirements forbidding vessels remaining in the harbor of

Havana over night, Doctor Porter further says that experience has demonstrated that the night air in places continuously under the endemic or epidemic influences of yellow fever is pernicious and calculated to produce an attack of the disease. It is a moist atmosphere charged with poison, hanging like a pall over and around, and the unacclimated exposed in this wise very rarely escape sickness, whereas, on the other hand, they can almost with impunity visit an infected city during sunlight; therefore, the exactions of the board of health against vessels remaining over night in the harbor of Havana, and requiring them to have acclimated crews, is a precaution against the possible infection of ships plying between Havana and Florida ports, which is based on ample experience and sound judgment.

For further information with regard to the sanitary condition of Key West attention is called to the report of Dr. J. L. Posey, sanitary inspector of the U. S. Marine-Hospital Service, in the Abstract of March 14, 1890.

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

CALIFORNIA—*City and county of San Francisco.*—Month of April, 1890. Population, 30,000. Total deaths, 562, including phthisis pulmonalis, 85; croup, 8; diphtheria, 13; enteric fever, 6; measles, 13; whooping-cough, 1; and scarlet fever, 3.

CONNECTICUT—*New Haven.*—Month of April, 1890. Population, 85,000. Total deaths, 133, including enteric fever, 2; whooping-cough, 1; diphtheria and croup, 9; and phthisis pulmonalis, 13.

FLORIDA—*Pensacola.*—Month of May, 1890. Population, 15,000. Total deaths, 16, including phthisis pulmonalis 1 and enteric fever 1.

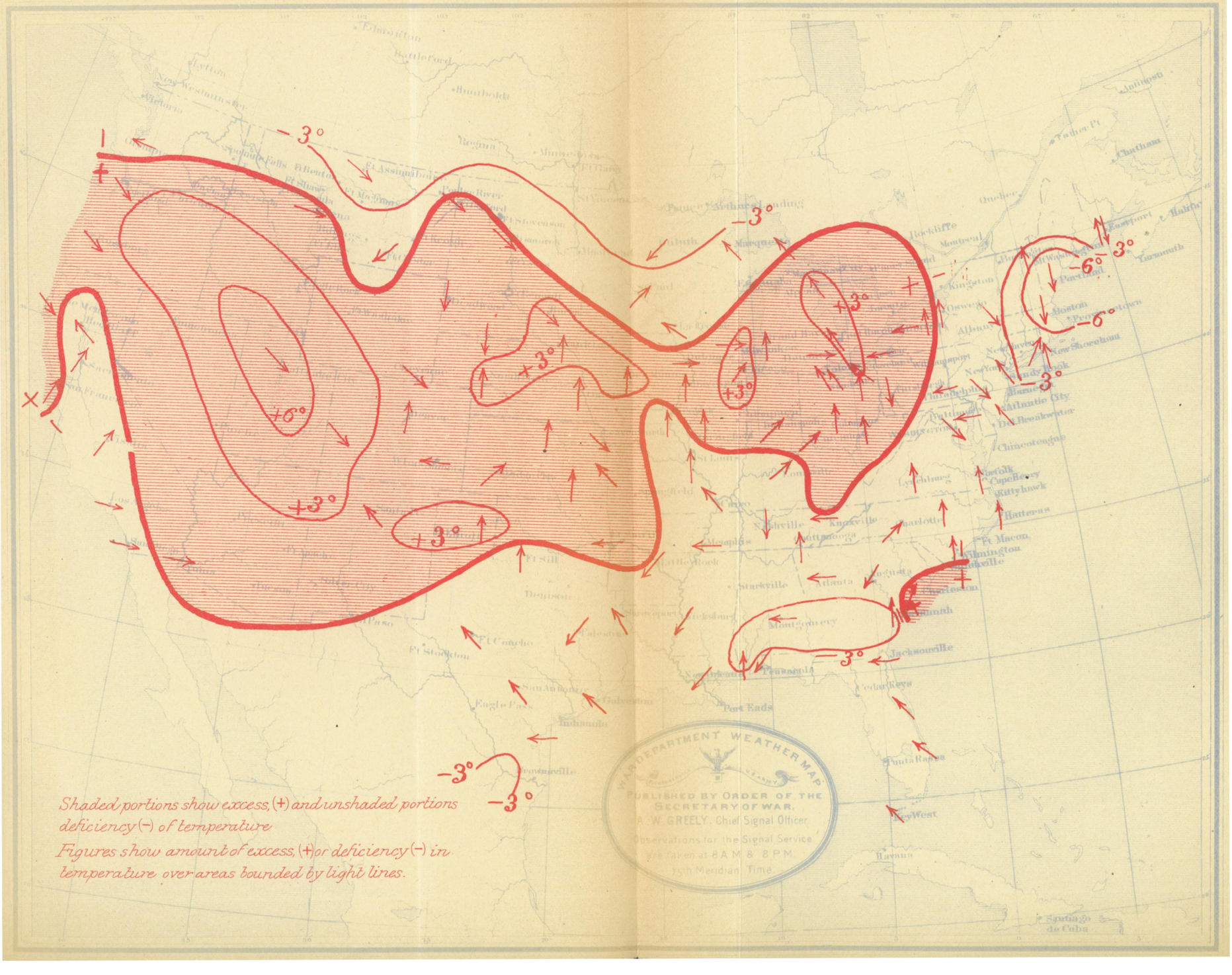
MASSACHUSETTS—*Newton.*—Month of April, 1890. Population, 22,011. Total deaths, 29, including phthisis pulmonalis, 1; diphtheria, 3; and enteric fever, 1.

MICHIGAN—Week ended May 24, 1890. Reports to the State board of health, Lansing, from 60 observers, indicate that cholera infantum, cholera morbus, membranous croup, remittent fever, dysentery, erysipelas, intermittent fever, puerperal fever, and pleuritis increased, and that typhoid fever, diphtheria, scarlet fever, inflammation of brain, and cerebro-spinal meningitis decreased in area of prevalence.

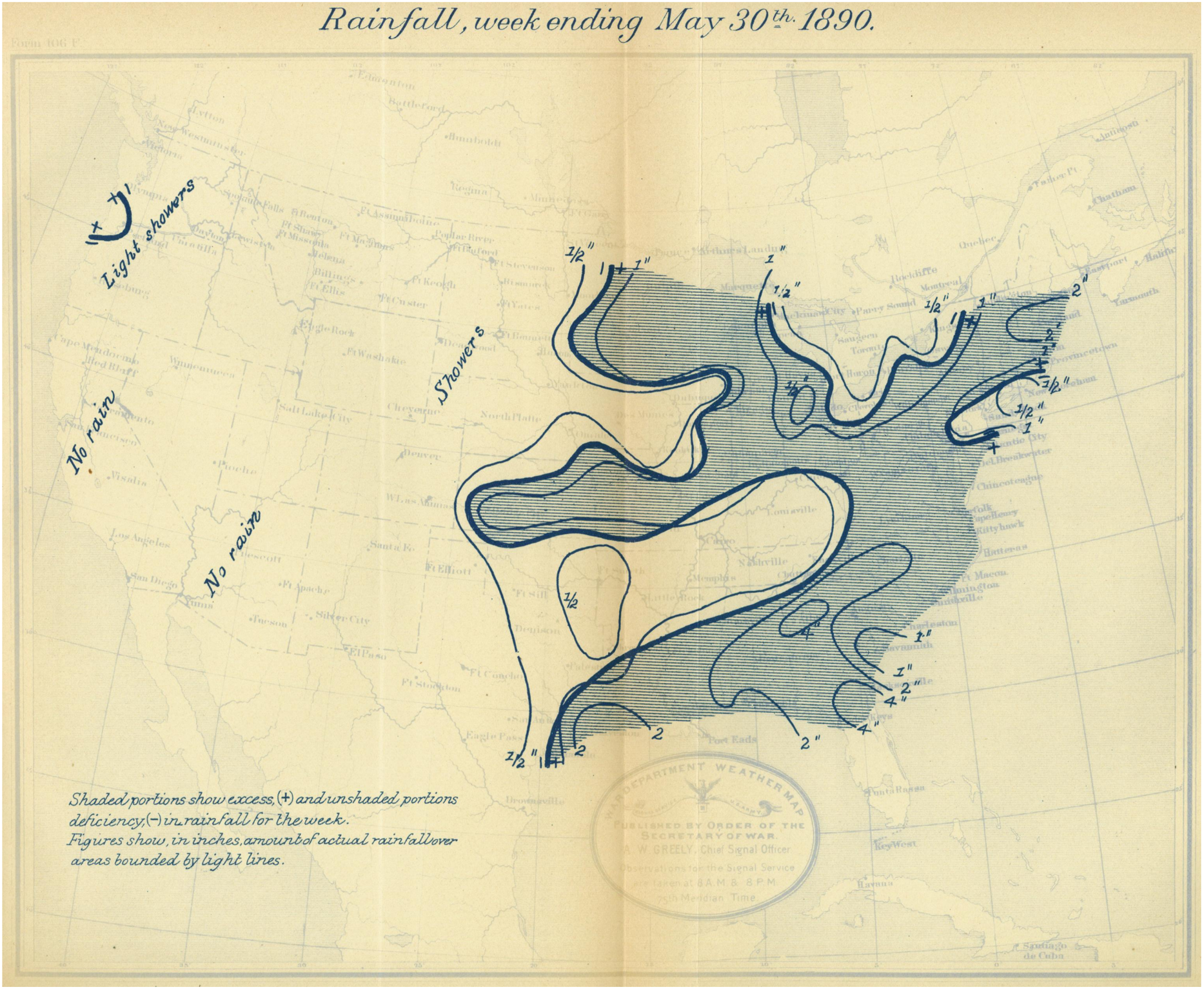
Diphtheria was reported present during the week at 28 places; scarlet fever at 19 places; enteric fever, which increased by 63 per cent., at 13 places; and measles at 49 places.

NEW YORK.—Month of April, 1890. Reports to the State board of health from 136 cities and towns, including New York and Brooklyn,

Temperature and Prevailing Direction of Wind, week ending May 30th. 1890.



Rainfall, week ending May 30th. 1890.



Shaded portions show excess, (+) and unshaded portions deficiency, (−) in rainfall for the week.
Figures show, in inches, amount of actual rainfall over areas bounded by light lines.

show a total of 8,890 deaths, including phthisis pulmonalis, 1,102; enteric fever, 72; small-pox, 1; scarlet fever, 78; measles, 186; whooping-cough, 77; and croup and diphtheria, 432.

Publication received.

Conseil Superieur de l'Assistance Publique, Fascicules Nos. 26, 27, and 28.

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 31	1,614,405	656	.....	.....	.....	.....	.....	.....	1	6	32	24	5
Chicago, Ill.	May 31	1,100,000	411	.....	.....	.....	.....	.....	.....	21	2	9	.....	5
Philadelphia, Pa.	May 24	1,064,277	337	.....	.....	.....	.....	.....	.....	8	1	10	1	4
Brooklyn, N. Y.	May 31	859,612	312	.....	.....	.....	.....	.....	.....	.....	1	14	5	3
Baltimore, Md.	May 31	500,343	229	.....	.....	.....	.....	.....	.....	2	.....	.....	2	1
St. Louis, Mo.	May 31	450,000	163	.....	.....	.....	.....	.....	.....	3	1	6	.....	.....
Boston, Mass.	May 31	420,000	154	.....	.....	.....	.....	.....	.....	1	3	8	.....	.....
Cincinnati, Ohio.	May 30	325,000	118	.....	.....	.....	.....	.....	.....	2	1	8	.....	1
New Orleans, La.	May 17	254,000	135	.....	.....	.....	.....	.....	.....	2	.....	4	1	.....
Detroit, Mich.	May 24	250,000	65	.....	.....	.....	.....	.....	.....	.....	.....	4	2	.....
Washington, D. C.	May 24	250,000	103	.....	.....	.....	.....	.....	.....	4	.....	1	1	1
Milwaukee, Wis.	May 31	240,000	72	.....	.....	.....	.....	.....	.....	1	2	1	.....	1
Pittsburgh, Pa.	May 24	240,000	112	.....	.....	.....	.....	.....	.....	4	1	6	5	.....
Louisville, Ky.	May 24	227,000	50	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....
Louisville, Ky.	May 31	227,000	68	.....	.....	.....	.....	.....	.....	1	.....	1	.....	1
Minneapolis, Minn.	May 31	200,000	53	.....	.....	.....	.....	.....	.....	.....	.....	3	2	.....
Kansas City, Mo.	May 31	180,000	31	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	1
Rochester, N. Y.	May 24	130,000	46	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....
Providence, R. I.	May 31	130,000	53	.....	.....	.....	.....	.....	.....	.....	.....	4	1	.....
Indianapolis, Ind.	May 30	129,346	30	.....	.....	.....	.....	.....	.....	1	1	1	.....	.....
Richmond, Va.	May 31	100,000	53	.....	.....	.....	.....	.....	.....	.....	.....	.....	1	4
Toledo, Ohio.	May 30	92,000	22	.....	.....	.....	.....	.....	.....	.....	.....	1	1	.....
Fall River, Mass.	May 31	69,000	26	.....	.....	.....	.....	.....	.....	2	.....	.....	.....	.....
Nashville, Tenn.	May 31	68,531	16	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Charleston, S. C.	May 31	60,145	35	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Manchester, N. H.	May 31	43,000	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Portland, Me.	May 31	42,000	15	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Council Bluffs, Iowa.	May 17	40,000	13	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Council Bluffs, Iowa.	May 24	40,000	6	.....	.....	.....	.....	.....	.....	.....	.....	3	.....	.....
Galveston, Tex.	May 15	40,000	9	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Binghamton, N. Y.	May 31	35,000	12	.....	.....	.....	.....	.....	.....	.....	.....	.....	2	.....
Yonkers, N. Y.	May 23	31,000	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Auburn, N. Y.	May 31	26,000	8	.....	.....	.....	.....	.....	.....	.....	.....	1	.....	.....
Rock Island, Ill.	May 25	16,000	4	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Temperature and precipitation, week ending May 31, 1890.

[Received from the Signal Office, War Department.]

TEMPERATURE.

The past week has been slightly cooler than usual in the southern and the middle Atlantic States, and near Lake Superior, and decidedly cooler on the New England coast, where the daily temperature was about 6° below the average of the week as determined from previous years. The week was slightly warmer than usual in the Ohio Valley

and the lower lake region, and from the Missouri Valley westward to the plateau region, the greatest excess in temperature being to the west of the Rocky Mountains.

The temperature for the season, from January 1 to May 31, has been above the normal, except in the Northwest, on the Pacific coast, and in northern New England. The greatest seasonal excess in temperature is reported from the middle Atlantic coast, where the daily average for the entire period has been about 5° above the normal. Over the Southern States, the Ohio Valley, and the lower lake region, the daily excess ranges from 2° to 4°, while in the central Mississippi valley it amounts to less than 2°. Generally in the region where the seasonal temperature has been below the normal, the daily deficiency amounts to less than 2°, except in Montana, where it is 6°.

PRECIPITATION.

The rain-fall conditions during the past week are similar to those of the past two weeks. Excessive rains continue over the greater portion of the country east of the Mississippi, and during the past week the excessive rains have extended over the Missouri Valley, Kansas, and Louisiana. The heaviest rain-falls occurred over the Gulf and south Atlantic States, where great deficiency in seasonal rain-fall exists. Heavy rains also occurred over eastern and southern Minnesota, and numerous showers were reported in Nebraska and the Dakotas. Although the rain-fall was deficient in Kentucky, Tennessee, and Arkansas, the rain-fall in those States generally exceeded five-tenths of an inch. Light showers occurred on the north Pacific coast and in southern California, but no rain was reported in northern California. The rain-fall for the season continues in excess in the Northern States east of the Mississippi, in Tennessee, Kentucky, Arkansas, and Texas. In the belt of country extending from western Pennsylvania southwestward to Indian Territory there has been about one-half more rain than usual. The recent rains in the Southern States have greatly reduced the deficiency in that section, and at the close of the week a large portion of this area had received about 75 per cent. of the seasonal rain-fall, although along the east Gulf coast, and near Savannah, the seasonal rain-fall amounted to less than one-half the normal. The drought continues in portions of North Dakota and in northwest Minnesota between Moorhead and Bismarck, where the deficiency in rain-fall for the season amounts to about five inches, or where only about 35 per cent. of the usual amount of rain has occurred.

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 May 17 corresponded to an annual rate of 19.9 a thousand of the aggregate population, which is estimated at 9,715,559. The lowest rate was recorded in Birkenhead, viz, 11.9, and the highest in Manchester, viz, 35.0 a thousand. Diphtheria caused 3 deaths in Manchester, 8 in Salford, and 2 in Liverpool.

London.—One thousand four hundred and sixty-six deaths were registered during the week, including measles, 70; scarlet fever, 17; diphtheria, 21; whooping-cough, 88; enteric fever, 8; and diarrhœa and dysentery, 17. The deaths from all causes corresponded to an annual rate of 17.3 a thousand. Diseases of the respiratory organs caused 300 deaths. In greater London 1,823 deaths were registered, corresponding to an annual rate of 16.5 a thousand of the population. In the "outer ring" the deaths included measles, 21; diphtheria, 8; and whooping-cough, 23.

Ireland.—The average annual death rate, represented by the deaths registered during the week ended May 17, in the 16 principal town districts of Ireland, was 21.8 a thousand of the population. The lowest rate was recorded in Sligo, viz, 4.8, and the highest in Wexford, viz, 38.5 a thousand. In Dublin and suburbs 152 deaths were registered, including measles, 3; enteric fever, 3; whooping-cough, 2; typhus, 1; and scarlet fever, 1.

Scotland.—The deaths registered in eight principal towns during the week ended May 17 corresponded to an annual rate of 20.6 a thousand of the population, which is estimated at 1,345,563. The lowest mortality was recorded in Perth, viz, 14.1, and the highest in Glasgow, viz, 23.6 a thousand. The aggregate number of deaths registered from all causes was 534, including measles, 32; scarlet fever, 6; diphtheria, 5; whooping-cough, 23; fever, 1; and diarrhœa, 9.

Malta and Gozo.—Month of April, 1890. Total deaths, 134, including diphtheria, 3; dysentery, 2; and whooping-cough, 1.

BRAZIL—*Rio de Janeiro.*—Week ended April 26, 1890. Population, 450,000. Total deaths, 252, including yellow fever, 34; small-pox, 4; enteric fever, 9; typhus, 8; pernicious fever, 4; and phthisis pulmonalis, 9. The sanitary condition of the city was reported as fair.

Pernambuco.—Month of April, 1890. Population, 120,000. Sixty-nine cases of small-pox were reported, and three deaths from beri-beri.

BRITISH WEST INDIES—*Trinidad.*—December 21, 1889, to March 29, 1890. Population of island, 183,486. Population of city of Port-of-Spain, 40,000. Total deaths in the city during the above-named period, 479. None from contagious diseases. The prevailing diseases were debility, phthisis, apoplexy, fevers, etc.

DANISH WEST INDIES—*St. Thomas.*—April 18 to May 16, 1890, inclusive. Population, 13,500. Total deaths, 45, including phthisis pulmonalis 5 and measles 7.

During the first quarter of 1890 the following-named diseases and deaths were reported: Measles, 163 cases, 35 deaths; diphtheria, 2 cases; enteric fever, 1 case; dysentery, 50 cases, 11 deaths.

BAHAMAS—*Nassau, N. P.*—Week ended May 24, 1890. Population, 12,000. City healthy. Weather hot, with some rain.

CUBA—*Havana.*—Week ended May 22, 1890. Seven deaths from yellow fever and one from small-pox were reported.

The contagiousness of pulmonary phthisis.

[Translated for this Bureau from *Le Journal d'Hygiène*, Paris, May 15, 1890.]

The Paris Academy of Medicine recently held an earnest debate, in which some of its most distinguished members took part, on the subject of the contagiousness of pulmonary phthisis. The resolutions offered by Doctor Villemin were overruled, and resolutions less clear and defined adopted in their stead. In a remarkable study on the subject, published by Doctor Cimbali, of Rome, the following conclusions were reached:

1. Phthisis is a contagious disease, contact being the usual means of propagation.
2. The vehicles of contagion of phthisis are the milk of tuberculous cows and the sputum of phthisical persons, and infection may be communicated by the gastro-enteric or the respiratory mucus.
3. The transmission of phthisis, as a specific disease, is rare, but the predisposition to contract it is frequent.
4. All persons exposed to the action of the germs of phthisis are not liable, in consequence, to contract the disease. Those only who have a predisposition to it will be attacked by it.
5. The most favorable conditions for contracting phthisis are: Youth, a cachectic condition, constitutional or acquired debility, catarrhal affections of the respiratory organs, and the presence of phthisis in father or mother.

Prophylactic measures should have a double object:

1. To prevent the germs of phthisis from spreading freely and infecting healthy persons.
2. To increase the resistance of organisms predisposed to phthisis, and to recommend the avoidance, as far as possible, of association with persons affected with tuberculosis.

Phthisis being usually a chronic affection and very general in some countries; the majority of persons affected by it being able to go about their usual avocations, often for a long period, without suspecting their

condition; the progress of the disease, which is often mistaken for a simple bronchial catarrh, being very insidious, it is difficult, while fully recognizing the contagious character of the disease, to insist upon the isolation of phthisical persons. Society would not permit the isolation of from one-quarter to one-seventh of its members, nor would science venture to advise so stringent a measure, which, beside being an attempt against individual liberty, would be of difficult execution. Isolation is practicable only in hospitals.

Disinfection or destruction of the medium containing the germs of phthisis and constituting the vehicle of contagion is strongly recommended. Every phthisical person should expectorate into a cuspidor. This cuspidor should contain water or a disinfecting liquid, and should be furnished with a cover. The sputum should be destroyed by heat, and the vessel cleansed with boiling water. There are other preventive measures which are important, but of difficult execution. These are:

The disinfection of all articles that have belonged to a phthisical person before they are used by a healthy person. Houses in which phthisical subjects have lived should be rigorously disinfected before occupation by healthy persons. Milk from cows known to be tuberculous should not be used as food before being boiled. If these means were employed the agents of phthisis would be less widely disseminated and the disease would consequently be less frequent.

All persons predisposed to phthisis should as far as possible avoid places in which the disease may be contracted (colleges, barracks, workshops, etc.). The children of phthisical persons should not live in the house with their parents.

As most persons predisposed to phthisis offer feeble resistance, and a vigorous, robust organism is a soil little adapted to the growth of the bacilli of phthisis, all possible precautions should be recommended and hygienic and therapeutic rules, the object of which is the improvement of nutrition and the building up of physical strength, should be carefully indicated.

Phthisical subjects, if young and descended from phthisical parents, should have occupations which permit them to pass the greater part of the day in the open air. A simple and regular life, plain and substantial food, a country life, hydrotheraphy, gymnastic exercises, excursions in the mountains, etc., are to be recommended for building up the strength of consumptives. It is indisputable that if the measures, general and individual, recommended as preventive of the disease were adopted, the number of persons attacked by phthisis would be greatly diminished. Unfortunately phthisical persons live the ordinary life and disseminate the germs contained in their sputum. Physicians should strongly recommend the prophylactic measures suggested by science and experience, and insist upon the dangers of their non-observance.

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 10	5,758,500	1,870	....	....	....	....	3	14	29	75	....
Paris	May 10	2,260,945	1,076	....	....	3	....	16	5	43	30	9
Glasgow	May 17	545,678	241	....	....	....	....	1	2	1	20	8
Warsaw	May 3	455,852	213	....	....	15	....	....	3	7	....	....
Warsaw	May 10	455,852	234	....	....	12	....	....	1	14	....	....
Calcutta	Apr. 5	433,219	323	24	....	47	....	....	....	....	1	....
Calcutta	Apr. 12	433,219	336	26	....	31	....	....	....	....	1	....
Calcutta	Apr. 19	433,219	345	27	....	33	....	....	....	....	1	....
Rome	Apr. 19	418,217	164	....	....	....	....	....	....	....	....	....
Amsterdam	May 17	406,402	157	....	....	....	....	1	....	5	....	....
Copenhagen	May 10	312,387	138	....	....	....	....	....	3	6	....	....
Munich	May 3	298,000	164	....	....	....	....	1	....	5	....	....
Munich	May 10	298,000	161	....	....	....	....	....	2	3	....	....
Palermo	May 10	250,000	100	....	....	....	....	....	3	2	....	....
Bristol	May 17	232,248	85	....	....	....	....	1	....	....	....	....
Rotterdam	May 17	203,472	89	....	....	....	....	....	....	....	....	....
Genoa	May 10	180,257	84	....	....	8	2	....	1	2	....	....
Stuttgart	May 17	125,510	54	....	....	....	....	....	....	4	....	....
Pernambuco	Apr. 22	120,000	93	....	....	....	2	1	....	....	....	....
Pernambuco	Apr. 29	120,000	127	....	....	22	....	....	....	....	....	....
Havre	May 10	112,074	90	....	....	1	....	3	....	....	14	....
Catania	May 12	109,000	59	....	....	....	....	1	....	1	1	....
Catania	May 19	109,000	65	....	....	....	....	1	2	....	1	....
Mayence	May 10	65,802	38	....	....	....	....	....	....	2	....	....
Cadiz	May 11	63,277	36	....	....	....	....	....	....	....	....	....
Schiedam	May 18	25,600	17	....	....	....	....	....	....	....	....	....
Cardenas	May 25	24,000	12	....	....	....	....	1	....	1	....	....
Gibraltar	May 10	23,681	12	....	....	....	....	....	....	....	....	....
Kingston, Can	May 30	18,284	6	....	....	....	....	....	....	....	....	....
Flushing, Neth	May 17	12,793	7	....	....	....	....	....	....	....	....	....
Sagua la Grande	May 17	15,605	6	....	....	....	....	....	....	....	....	....

JOHN B. HAMILTON,

Supervising Surgeon-General, Marine-Hospital Service.