

ABSTRACT OF SANITARY REPORTS.

VOL. V.

WASHINGTON, D. C., OCTOBER 10, 1890.

No. 41.

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UNITED STATES.

SPECIAL REPORTS.

Vessels arriving without bills of health.

HEALTH DEPARTMENT,
Baltimore, October 7, 1890.

SIR: In reply to your letter of 6th instant, I have to state that in all cases in which a vessel arrives at this port without a bill of health from the proper authorities at the port of last departure, a thorough inspection is made by the quarantine officer, who, in addition to a careful inspection of the ship, musters the crew (and passengers, if any), examines the ship's papers and log, and in all possible ways satisfies himself of the sanitary condition of the vessel before giving pratique.

Very respectfully, your obedient servant,

GEORGE H. ROHÉ,
Commissioner of Health.

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

FLORIDA.—Month of August, 1890. Reports to the State board of health, Jacksonville, from 21 counties, including 105 cities and towns, show a total of 201 deaths, including phthisis pulmonalis, 22; croup, 3; enteric fever, 12; measles, 1; and whooping-cough, 1. Twenty-five counties were not reported.

Pensacola.—Month of September, 1890. Population, 15,000. Total deaths, 22, including diphtheria, 1; enteric fever, 2; and phthisis pulmonalis, 3.

IOWA—*Keokuk.*—Month of September, 1890. Population, 19,825. Total deaths, 16, including phthisis pulmonalis, 1; scarlet fever, 1; and enteric fever, 1.

MICHIGAN.—Month of September, 1890. Reports to the State board of health, Lansing, indicate that as compared with the preceding month puerperal fever, influenza, membranous croup, erysipelas, and diphtheria increased, and measles, inflammation of brain, cholera morbus, cerebro-spinal meningitis, and cholera infantum decreased in prevalence.

Compared with the month of September in the four years 1886–1889, pleuritis, influenza, and scarlet fever were more prevalent, and small-pox, puerperal fever, typho-malarial fever, inflammation of brain, whooping-cough, cerebro-spinal meningitis, typhoid fever, and measles were less prevalent in September, 1890.

Including reports by regular observers and others, diphtheria was reported present in Michigan in the month of September, 1890, at 57 places, scarlet fever at 54 places, typhoid fever at 73 places, and measles at 18 places.

Reports from all sources show diphtheria reported at 8 places more, scarlet fever at 6 places more, typhoid fever at 12 places more, and measles at 6 places less in the month of September, 1890, than in the preceding month.

For the week ending September 27, 1890, the reports indicate that whooping-cough and tonsillitis increased, and that cholera infantum, erysipelas, typho-malarial fever, cholera morbus, inflammation of bowels, and inflammation of brain decreased in area of prevalence.

Compared with the average for the month of September in the four years 1886–1889, pleuritis, influenza, and scarlet fever were more prevalent, and small-pox, puerperal fever, typho-malarial fever, inflammation of brain, whooping-cough, cerebro-spinal meningitis, and measles were less prevalent in September, 1890.

Diphtheria was reported present at 26 places, scarlet fever at 22 places, typhoid fever at 34 places, and measles at 7 places.

Grand Rapids.—Month of September, 1890. Population, 70,000. Total deaths, 97, including phthisis pulmonalis, 10; diphtheria, 6; enteric fever, 6; scarlet fever, 1; and croup, 1.

OHIO—*Cincinnati.*—Month of September, 1890. Population, 325,000. Total deaths, 436, including phthisis pulmonalis, 36; diphtheria, 34; enteric fever, 21; and scarlet fever, 1.

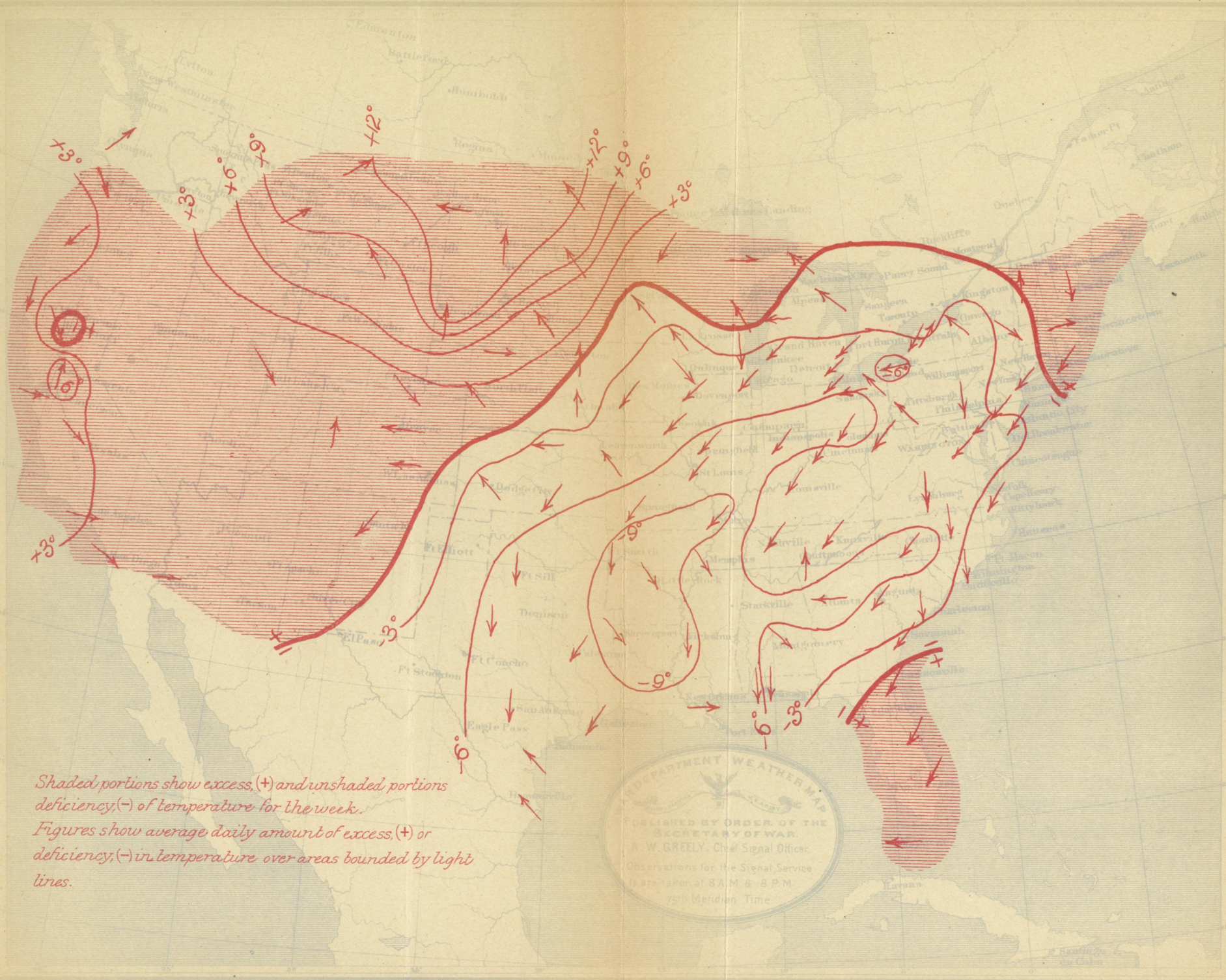
VIRGINIA—*Lynchburg.*—Month of September, 1890. Population, 25,000. Total deaths, 44, including enteric fever 3.

Table of temperature and rain-fall, week ended October 3, 1890.

[Received from War Department, Signal Office.]

Locality.	Mean temperature in degrees, Fahrenheit.			Rain-fall in inches and hundredths.		
	Normal.	Excess.	Deficiency.	Normal.	Excess.	Deficiency.
New England States:						
Eastport, Me.....	53	17		.92		.60
Portland, Me.....	54	20		.78		.66
Boston, Mass.....	59	1		.81		.49
Block Island, R. I.....	60	17		.86		.79
Middle Atlantic States:						
Albany, N. Y.....	59		19	.75		.68
New York, N. Y.....	62		3	.78	.60	
Philadelphia, Pa.....	63		18	.71	.36	
Atlantic City, N. J.....	64		24	.74	1.93	
Baltimore, Md.....	64		23	.79	.27	
Washington, D. C.....	64		28	.82		.30
Lynchburg, Va.....	67		26	.73	.42	
Norfolk, Va.....	67		9	.98	3.40	
South Atlantic States:						
Charlotte, N. C.....	70		65	.87		.50
Wilmington, N. C.....	70		19	1.34		.33
Charleston, S. C.....	72		27	1.30		.85
Augusta, Ga.....	70		32	.71	1.11	
Savannah, Ga.....	72		22	1.09		.14
Jacksonville, Fla.....	75	8		1.62	3.75	
Key West, Fla.....	82		4	1.40	1.98	
Gulf States:						
Atlanta, Ga.....	70		54	.62	.47	
Pensacola, Fla.....	74		36	1.11		1.09
Mobile, Ala.....	73		49	1.04		1.02
Montgomery, Ala.....	72		32	.59		.45
Vicksburg, Miss.....	72		68	.91		.42
New Orleans, La.....	75		54	.95		.68
Shreveport, La.....	72		65	.95		.95
Fort Smith, Ark.....	69		63	.74		.46
Little Rock, Ark.....	70		63	.73		.58
Palestine, Tex.....	74		60	.85		.85
Galveston, Tex.....	77		46	1.57		1.57
San Antonio, Tex.....	77		49	.81		.61
Corpus Christi, Tex.....	78		63	1.28		1.28
Brownsville, Tex.....	78					
Rio Grande, Tex.....	81					
Ohio Valley and Tennessee:						
Memphis, Tenn.....	69		55	.76		.08
Nashville, Tenn.....	67		39	.75		.06
Chattanooga, Tenn.....	69		35	.81	.93	
Knoxville, Tenn.....	64		1	.68	.25	
Louisville, Ky.....	65		26	.89	.08	
Indianapolis, Ind.....	63		43	.68	.01	
Cincinnati, Ohio.....	65		39	.59		.40
Columbus, Ohio.....	65		56	.66		.24
Pittsburgh, Pa.....	62		34	.59	.86	
Lake Region:						
Oswego, N. Y.....	58		27	.68		.30
Rochester, N. Y.....	58		19	.61		.24
Buffalo, N. Y.....	58		23	.81	.07	
Erie, Pa.....	61		44	.98		.44
Cleveland, Ohio.....	61		30	.78		.50
Sandusky, Ohio.....	65		52	.74		.02
Toledo, Ohio.....	61		31	.62		.33
Detroit, Mich.....	59		24	.61		.58
Port Huron, Mich.....	58		22	.63		.54
Alpena, Mich.....	52		9	.95		.65
Marquette, Mich.....	51	16		.99		.99
Green Bay, Mich.....	53					
Grand Haven, Mich.....	58		35	.92		.85
Milwaukee, Wis.....	57		20	.67		.60
Chicago, Ill.....	60		31	.77		.72
Duluth, Minn.....	51	10		.90		.90
Upper Mississippi Valley:						
St. Paul, Minn.....	54		7	.66		.61
La Crosse, Wis.....	57		28	.90		.90
Dubuque, Iowa.....	59		27	.94		.65
Davenport, Iowa.....	60		24	.74	.10	
Des Moines, Iowa.....	61		32	.95		.92
Keokuk, Iowa.....	63		36	.83		.82
Springfield, Ill.....	66		60	.92		.59
Cairo, Ill.....	67		64	.66	.25	
St. Louis, Mo.....	65		46	.76		.44
Springfield, Mo.....	63					

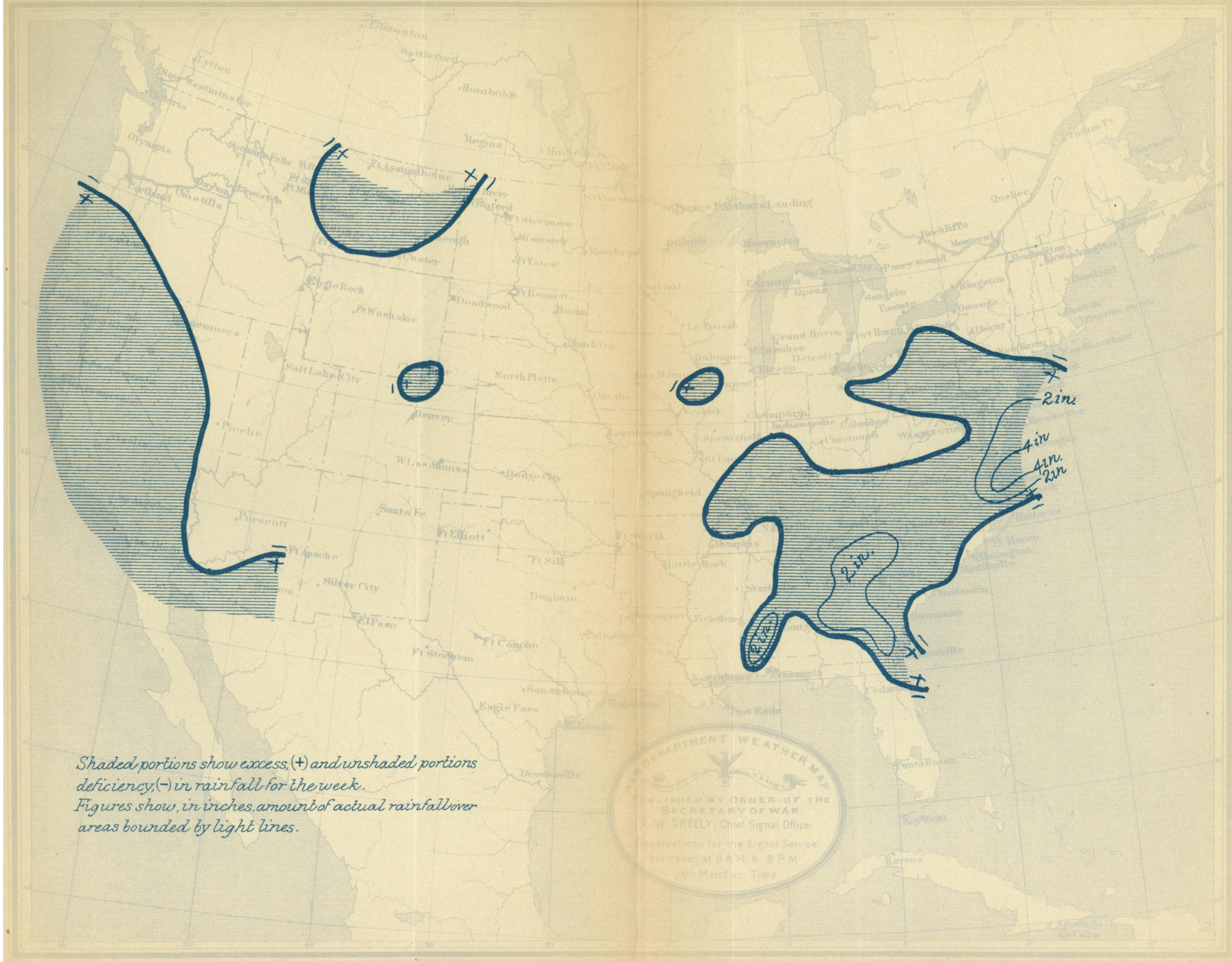
*Temperature and Prevailing Direction of Wind, week ending
October 3rd 1890.*



*Shaded portions show excess (+) and unshaded portions
deficiency (-) of temperature for the week.
Figures show average daily amount of excess (+) or
deficiency (-) in temperature over areas bounded by light
lines.*

Rainfall, week ending October 3rd 1890.

Form 106 F



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.

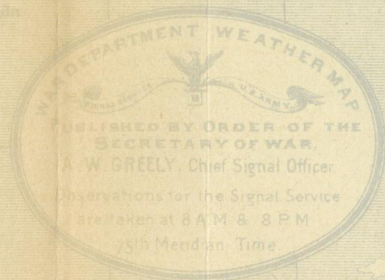


Table of temperature and rain-fall, week ended October 3, 1890—Continued.

Locality.	Mean temperature in degrees, Fahrenheit.			Rain-fall in inches and hundredths.		
	Normal.	Excess.	Deficiency.	Normal.	Excess.	Deficiency.
Missouri Valley:						
Kansas City, Mo.....	63		39	.81		.78
Concordia, Kan.....	61		34	.65		.64
Omaha, Nebr.....	60		18	.77		.77
Yankton, Dak.....	56	19		.55		.55
Valentine, Nebr.....	56	37		.29		.29
Huron, Dak.....	53	39		.32		.32
Extreme Northwest:						
Moorhead, Minn.....	49	66		.52		.50
St. Vincent, Minn.....	45	102		.42		.42
Bismarck, Dak.....	50	89		.29		.29
Buford, Fort, Dak.....	48	95		.18	.46	
Rocky Mountain Slope:						
Assiniboine, Fort, Mont.....	48	83		.22	.26	
Helena, Mont.....	49	83		.29		.03
Custer, Fort, Mont.....	51	59		.19	.31	
Rapid City, Dak.....	48	92		.13		.12
Salt Lake City, Utah.....	60	0	0	.30		.14
Cheyenne, Wyo.....	51	10		.19		.05
North Platte, Nebr.....	59	11		.29		.29
Denver, Colo.....	58	7		.20		.20
Dodge City, Kans.....	64		36	.30		.30
Elliott, Fort, Tex.....	64					
Sill, Fort, Ind, T.....	70		55	.65		.65
Santa Fé, N. Mex.....	56	11		.30		.04
Pacific Coast:						
Olympia, Wash.....	52			.90		.76
Portland, Oreg.....	57	8		.68		.18
Roseburg, Oreg.....	55	26		.39	.36	
Red Bluff, Cal.....	70		3	.21	1.35	
Sacramento, Cal.....	64	42		.12	.66	
San Francisco, Cal.....	59	23		.14	.19	
Los Angeles, Cal.....	65	21		.07		.05
San Diego, Cal.....	65	17		.05	.47	
Yuma, Ariz.....	78	14		.02	0	0

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 September 20 corresponded to an annual rate of 19.1 a thousand of the aggregate population, which is estimated at 9,715,559. The lowest rate was recorded in Derby, viz, 12.9, and the highest in Preston, viz, 35.9 a thousand. Diphtheria caused 8 deaths in Salford, 4 in Manchester, 2 in Liverpool, 4 in Cardiff, and 3 in Newcastle-upon-Tyne. One death from small-pox was reported in Huddersfield.

London.—One thousand three hundred and seventy-five deaths were registered during the week, including measles, 33; scarlet fever, 14; diphtheria, 35; whooping-cough, 38; enteric fever, 21; and diarrhœa and dysentery, 94. The deaths from all causes corresponded to an annual rate of 15.5 a thousand. Diseases of the respiratory organs caused 187 deaths. In greater London 1,719 deaths were registered, corresponding to an annual rate of 15.5 a thousand of the population. In the "outer ring" the deaths included whooping-cough, 11; fever, 9; diphtheria, 6; and diarrhœa, 30.

Ireland.—The average annual death rate, represented by the deaths registered during the week ended September 20, in the 16 principal town districts of Ireland, was 18.4 a thousand of the population. The lowest rate was recorded in Lisburn, viz, 0.0, and the highest in Belfast, viz, 25.8 a thousand. In Dublin and suburbs 152 deaths were registered, including measles, 2; whooping-cough, 2; diphtheria, 1; enteric fever, 3; and typhus, 1.

Scotland.—The deaths registered in eight principal towns during the week ended September 13 corresponded to an annual rate of 17.8 a thousand of the population, which is estimated at 1,345,563. The lowest mortality was recorded in Greenock, viz, 7.9, and the highest in Glasgow, viz, 21.2 a thousand. The aggregate number of deaths registered from all causes was 463, including measles, 8; scarlet fever, 5; diphtheria, 8; whooping-cough, 25; fever, 8; diarrhœa, 26; and croup and laryngitis, 6.

GIBRALTAR.—The following notices are published :

NOTICE.

GIBRALTAR, *September 13, 1890.*

The board of health has this day decided to extend the quarantine of 21 days imposed by their order of the 26th June last on arrivals

from ports between Cape Palos and the mouths of the Ebro to arrivals from the eastern coast of Spain up to Tarragona.

By order :

JOHN C. KING,
Secretary to the Board of Health.

GIBRALTAR, *September 20, 1890.*

The board of health has decided that from this date all arrivals from ports in Syria be subjected to a quarantine of 8 days.

By order :

JOHN C. KING,
Secretary to the Board of Health.

FRANCE—*Nice*.—Month of August, 1890. Population, 78,482. Total deaths, 155, including enteric fever, 9 ; small-pox, 1 ; measles, 5, diphtheria, 1 ; phthisis pulmonalis, 7.

St. Nazaire.—Month of August, 1890. Population, 24,330. Total deaths, 115. None from contagious diseases.

Rouen.—Month of August, 1890. Number of deaths, 288, including phthisis pulmonalis, 32 ; enteric fever, 12 ; measles, 4 ; whooping-cough, 3 ; scarlet fever, 3 ; and small-pox, 1.

TURKEY—*Constantinople*.—Month of August, 1890. Population, 700,000. Total deaths, 814, including small-pox 17.

ITALY—*Milan*.—Month of August, 1890. Population, 399,081. Total deaths, 804, including enteric fever, 37 ; scarlet fever, 2 ; and diphtheria, 31.

• BAHAMAS—*Nassau, N. P.*—September 20, 1890. Population, 12,000. City very healthy. Weather wet, sultry, and oppressive.

TENERIFFE—September 13, 1890. The United States vice-consul reports that no infectious or contagious disease has appeared at this port.

MEXICO—*Paso del Norte*.—Month of September, 1890. Total deaths, 21, including scarlet fever 3.

SPAIN—*Barcelona*.—The United States consul furnishes the following :

Cholera report.—From September 9 to 16, inclusive, 246 cases, 118 deaths, in the city of Valencia. In the province of Valencia—

	<i>Cases.</i>	<i>Deaths.</i>
September 9.....	17	10
10.....	17	9
11.....	12	4
12.....	6	6
13.....	24	12
14.....	23	11
15.....	34	11
16.....	23	16
Total.....	402	197
Grand total.....	3, 157	1, 157

I visited the house in Barcelona in which it was said that some travelers from Valencia were stricken down with the cholera. The house is in the center of the city, in a very narrow, dark street. The occupants and neighbors professed to believe that the story was without foundation. The newspapers, however, declared that the story was true, and that the board of health had burned all the furniture and bedding used by said travelers, and had ordered the sewers cleaned and disinfected in the neighborhood.

The president of the board of health, in answer to the question as to whether there is any cholera here, answered: "There are two or three suspicious cases." As a matter of fact, a boy seventeen years old died yesterday of cholera in the quarter of the city where all the suspicious cases have been.

Health report of agencies connected with the Barcelona consulate.

Grao.—Week ended September 16, 1890. Population, 168,000. Cholera, 246 cases and 118 deaths.

Tarragona.—Week ended September 14, 1890. Population, 27,225. No contagious diseases. Six deaths.

Palma.—Week ended September 14, 1890. Population, 60,000. Total deaths, 22. One case of diphtheria.

Port Mahon.—Week ended September 14, 1890. Population, 19,000. No contagious diseases. Five deaths.

San Felin Guixol.—Week ended September 14, 1890. Population, 8,971. No contagious diseases. Three deaths.

Torreviaja.—Week ended September 14, 1890. Population, 7,800. No contagious diseases. Five deaths.

PUERTO CABELLO.—The United States consul reports as follows, under date of August 16 :

Good health has prevailed in this town and the adjacent country during the week ended this day, without any suspicion of plague, cholera, yellow fever, small-pox, or other contagious distemper.

Some cases of yellow fever are said to have occurred in Valencia, within this district, but there has been none in this port.

CUBA—*Santiago de Cuba.*—The United States consul writes as follows, under date of September 23, 1890 :

I have the honor to transmit to you herewith health returns for last half of August and first half of September.

By these statistics you will observe that the health of this city and environs continues excellent, and warrants me in dispatching clean bills of health to vessels leaving this port for the United States.

The five cases of yellow fever occurred at the military hospital, outside of the city limits, and in no communication with the port.

Sanitary report from August 15 to August 31, 1890.

Diseases.	White.	Colored.	Troop.	Total.
Yellow fever			5	5
Pernicious fever	1			1
Remittent fever		1		1
Diphtheria		1		1
Croup	1			1
Pulmonary consumption	4	1		5

Sanitary report from September 1 to September 15, 1890.

Diseases.	White.	Colored.	Troop.	Total.
Yellow fever	2			2
Pernicious fever	3	2		5
Remittent fever	1	1		2
Diphtheria	1			1
Tuberculosis pulmonalis	3	5		8

MARTINIQUE—*St. Pierre.*—Month of August, 1890. Population, 35,000. Total deaths, 111. Sanitary condition of city and suburbs very good, both as to cleanliness and drainage.

JAPAN—*Kanagawa*—*Cholera.*—The following has been received from the United States vice-consul, under date of August 29, 1890 :

I have the honor to submit the following report regarding the progress of cholera at this port :

From the outbreak of the epidemic on July 13, 1890, to August 17, 1890, inclusive, there were 137 cases and 89 deaths in the town of Yokohama, and 130 cases and 78 deaths in adjacent districts.

The following table shows the number of cases and deaths since August 18, 1890 :

Date.	Yokohama.		Adjacent districts.	
	Cases.	Deaths.	Cases.	Deaths.
1890.				
August 18	14	12	20	22
August 19	17	9	14	8
August 20	16	14	24	16
August 21	21	13	24	18
August 22	18	11	27	19
August 23	19	19	23	17
August 24	18	15	9	9
August 25	13	10	13	10
August 26	18	12	23	23
August 27	17	7	22	14
August 28	14	14	23	17

A telegram dated September 28 has been received at the Department of State from the consul-general at Kanagawa, reporting that the cholera was decreasing, and that there was no danger.

ITALIAN QUARANTINE AGAINST CHOLERA IN AFRICA.—The following communication has been received from the United States consulate at Rome, under date of September 18, 1890 :

The Italian Government has to-day officially announced that some cases of cholera have occurred at Massowah (or Massouh) and its

vicinity, in the Italian possessions on the Red Sea (Africa), and that all vessels arriving therefrom in the ports of Italy will now be obliged to proceed to the Asinara Lazaretto for disinfection and quarantine.

Since 1885 the lazaretto of Asinara has taken the place of the lazaretto stations of Nisida near Naples, and Varignano near Spezia, for quarantine for cholera, plague, yellow fever, etc. This lazaretto is on the Island of Asinara laying off the northwest coast of Sardinia, and is distant from the Italian main-land about 120 nautical miles.

SOUTH AFRICA—Cape Town—Cholera.—The United States consul writes as follows, under date of August 27, 1890:

Yesterday, the 26th, I cabled the appearance of cholera in Natal.

The disease was introduced by the coolie immigrants in the steamship *Congella*, and was active on the ship before its arrival in port, but was pronounced to be dysentery, caused by the eating of stale fish. The immigrants were immediately isolated on landing, and though the rumor of the disease being cholera got abroad, it was stoutly denied by the authorities.

On the 24th instant the following finding of the court of inquiry was published: "That the disease was Asiatic cholera. The health officers erred in judgment and the surgeon superintendent erred in diagnosis."

The morning wire from D' Urban says: "One patient died last night, the remaining sick being able to bury the corpse."

Natal has been proclaimed infected by the governor of this colony. It would hardly seem possible for Cape Town to escape a visitation of the disease should it get a lodgment in Natal, and the sanitary conditions are such, coupled with the filthy habits of a large section of the inhabitants, that once introduced its progress would be rapid.

I will keep the Department promptly informed of the progress of the disease, and shall remain at my post.

COREA—Seoul.—The United States consul, under date of August 9, informs the Department of State as follows:

A few weeks ago I was informed by the president of the foreign office that, in consequence of the existence of cholera at Nagaseti, vessels coming from that port would be subjected to sanitary regulations, and preparations were made at Chemalpo for quarantine; but no case has occurred in Corea that I am aware of, and I believe the disease has become less violent in Japan.

Cholera regulations issued by the British Government.

DEPARTMENT OF STATE,
Washington, September 29, 1890.

SIR: I have the honor to transmit to you herewith, for your information, a copy of the regulations recently issued by the British Government, with a view to the prevention of the introduction of cholera into Great Britain by vessels coming from abroad.

I have the honor to be, sir, your obedient servant,

JAMES G. BLAINE.

THE HON. SECRETARY OF THE TREASURY.

[Inclosure.]

MAGNOLIA, MASS., *September 22, 1890.*

SIR: In compliance with instructions which I have received from the Marquis of Salisbury, I have the honor to transmit herewith copies of regulations which the local government board have deemed it expedient to issue, with a view to the prevention of the introduction of cholera into Great Britain by vessels coming from abroad.

I have the honor, etc.,

JULIAN PAUNCEFOTE.

CHOLERA REGULATIONS: PORTS. (GENERAL.)

To all port sanitary authorities, to all other sanitary authorities as herein defined, to the Queen's harbor masters of dockyard ports, to all officers of customs, to all medical officers of health of the sanitary authorities aforesaid, to all masters of ships, to all pilots, and to all others whom it may concern.

Whereas we, the local government board, are empowered by section 130 of the public health act, 1875, from time to time, to make, alter, and revoke such regulations as to us may seem fit, with a view to the treatment of persons affected with cholera, and preventing the spread of cholera, as well on the seas, rivers, and waters of the United Kingdom, and on the high seas within three miles of the coasts thereof, as on land; and may declare by what authority or authorities such regulations shall be enforced and executed;

And, whereas, by section 2 of the public health act, 1889, it is enacted that regulations of the local government board made in relation to cholera and choleraic diarrhœa, in pursuance of section 130 of the public health act, 1875, may provide for such regulations being enforced and executed by the officers of customs, as well as by other authorities and officers, and without prejudice to the generality of the powers conferred by the said section, may provide for the detention of vessels and of persons on board vessels, and for the duties to be performed by pilots, masters of vessels, and other persons on board vessels; provided that the regulations, so far as they apply to the officers of customs, shall be subject to the consent of the commissioners of her majesty's customs;

And, whereas, by certain orders dated the 12th day of July, 1883, and an order dated the 21st day of April, 1884, we prescribed rules and regulations with a view to the treatment of persons affected with cholera, and for preventing the spread of the disease, and it is expedient that such orders should be revoked, and that further regulations should be prescribed as hereinafter mentioned, to which the commissioners of her majesty's customs have signified their consent so far as such regulations apply to the officers of customs:

Now, therefore, we, the local government board, do hereby revoke the aforesaid orders, except in so far as they may apply to any proceedings now pending, and we do, by this, our order, and in exercise of the power conferred on us by the public health act, 1875, as amended and extended by the public health act, 1889, and every other power enabling us in that behalf, make the following regulations, and declare that they shall be enforced and executed by the authorities hereinafter named:

Definitions.

ART. 1. In this order: The term "ship" includes vessel or boat; the term "officer of customs" includes any person acting under the authority of the commissioners of her majesty's customs; the term "master" includes the officer, pilot, or other person for the time being in charge or command of the ship; the term "cholera" includes choleraic diarrhœa; the term "sanitary authority" means every port sanitary authority and every urban or rural sanitary authority whose district includes or abuts on any part of a customs port, which part is not within the jurisdiction of a port sanitary authority; the term "medical officer of health" includes any duly qualified medical practitioner appointed by a sanitary authority to act in the execution of this order.

For the purposes of this order, (1) so much of a customs port abutting on an urban or rural sanitary district as is nearer to such district than to any other, and is not included within the jurisdiction of any port sanitary authority, shall be deemed to be within such district; (2) every ship shall be deemed infected with cholera in which there is or has been during the voyage or during the stay of such ship in a port in the course of such voyage any case of cholera.

I.—Regulations as to detention by officers of customs.

ART. 2. If any officer of customs on the arrival of any ship ascertain from the master of such ship or otherwise, or have reason to suspect that the ship is infected with cholera, he shall detain such ship and order the master forthwith to moor or anchor the same in such position as such officer of customs shall direct; and thereupon the master shall forthwith moor or anchor the ship accordingly.

ART. 3. Whilst such ship shall be so detained no person shall leave the same.

ART. 4. The officer of customs detaining any ship as aforesaid shall forthwith give notice thereof, and of the cause of such detention, to the sanitary authority of the place to which the ship shall be bound or where the ship shall be about to call.

ART. 5. Such detention by the officer of customs shall cease as soon as the ship shall have been duly visited and examined by the medical officer of health; or, if the ship shall, upon such examination, be found to be infected with cholera, as soon as the same shall be moored or anchored in pursuance of article 10 of this order. Provided, that if the examination be not commenced within twelve hours after notice given as aforesaid, the ship shall, on the expiration of the said twelve hours, be released from detention.

II.—Regulations as to sanitary authorities.

ART. 6. Every port sanitary authority and every other sanitary authority within whose district persons are likely to be landed from any ship coming foreign shall, as speedily as practicable with the approval of the chief officer of customs of the port, fix some place where any ship may be moored or anchored, for the purpose of article 10; and shall make provision for the reception of cholera patients and persons suffering from illness removed under articles 13 and 14. The place to be fixed as aforesaid, where any ship may be moored or anchored, for the

purpose of article 10, shall be some place within the jurisdiction or district of the sanitary authority, unless the local government board otherwise consent ; in which case the place so fixed shall, for the purposes of this order, be deemed to be within such jurisdiction or district. Provided, that in the case of any dock-yard port for which a queen's harbor master has been appointed the place where any ship shall be moored or anchored, for the purpose of this article, shall from time to time be fixed by the port sanitary authority, with the approval of the queen's harbor master instead of with that of the chief officer of customs of the port. Provided also, that where, in pursuance of any of the above-cited orders, places have been duly fixed for the mooring or anchoring of ships for the like purpose, such places shall be deemed to have been so fixed in pursuance of this order.

ART. 7. The sanitary authority, on notice being given to them by an officer of customs, under this order, shall forthwith cause the ship, in regard to which such notice shall have been given, to be visited and examined by their medical officer of health for the purpose of ascertaining whether she is infected with cholera.

ART. 8. The medical officer of health, if he have reason to believe that any ship coming or being within the jurisdiction or district of the sanitary authority, whether examined by the officer of customs or not, is infected with cholera, shall, or if she have come from a place infected with cholera, may, visit and examine such ship, for the purpose of ascertaining whether she is so infected ; and the master of such ship shall permit the same to be so visited and examined.

ART. 9. If the medical officer of health, on making such examination as aforesaid (whether under article 7 or under article 8) shall be of opinion that the ship is infected, he shall forthwith give a certificate in duplicate in the following form, or to the like effect, and shall deliver one copy to the master and retain the other copy or transmit it to the sanitary authority. He shall also give to the local government board information as to the arrival of the ship, and such other particulars as that board may require.

Certificate.

_____ day of _____, 189 .

_____ SANITARY AUTHORITY OF _____.

I hereby certify that I have examined the ship _____, of _____, now lying in the port of _____ [or detained at _____], and that I find that she is infected with cholera.

Medical Officer of Health [or Medical Practitioner appointed by the Sanitary Authority.]

ART. 10. The master of any ship so certified to be infected with cholera shall thereupon moor or anchor her at the place fixed for that purpose under article 6, and she shall remain there until the requirements of this order have been duly fulfilled.

ART. 11. No person shall leave any such ship until the examination hereinafter mentioned shall have been made.

ART. 12. The medical officer of health shall, as soon as possible after any such ship has been certified to be infected with cholera, examine every person on board the same, and in the case of any person suffering from cholera or from any illness which the medical officer of health

suspects may prove to be cholera, shall certify accordingly; and any person who shall not be so certified by him shall be permitted to land immediately on giving to the medical officer of health his name and place of destination, stating, where practicable, his address at such place.

The name and address of any such person shall forthwith be given by the medical officer of health to the clerk to the sanitary authority, and such clerk shall thereupon transmit the same to the local authority of the district in which the place of destination of such person is situated.

In this article the term "local authority" means any urban or rural sanitary authority; and in the administrative county of London the commissioners of sewers, the vestry under the metropolis management act, 1855, of a parish in Schedule A, and the district board of a district in Schedule B to that act, as amended by the metropolis management amendment act 1885, and the metropolis management (Battersea and Westminster) act 1887, and the Woolwich local board of health.

ART. 13. Every person certified by the medical officer of health to be suffering from cholera shall be removed, if his condition admit of it, to some hospital or other suitable place appointed for that purpose by the sanitary authority; and no person so removed shall leave such hospital or place until the medical officer of health shall have certified that such person is free from the said disease.

If any person suffering from cholera can not be removed the ship shall remain subject, for the purposes of this order, to the control of the medical officer of health; and the infected person shall not be removed from or leave the ship except with the consent in writing of the medical officer of health.

ART. 14. Any person certified by the medical officer of health to be suffering from any illness which such officer suspects may prove to be cholera, may either be detained on board the ship for any period not exceeding two days, or be taken to some hospital or other suitable place appointed for that purpose by the sanitary authority, and detained there for a like period, in order that it may be ascertained whether the illness is or is not cholera.

Any such person who, while so detained, shall be certified by the medical officer of health to be suffering from cholera shall be dealt with as provided by article 13 of this order.

ART. 15. The medical officer of health shall, in the case of every ship certified to be infected, give directions, and take such steps as may appear to him to be necessary, for preventing the spread of infection, and the master of the said ship shall forthwith carry into execution such directions as shall be so given to him.

ART. 16. In the event of any death from cholera taking place on board such ship while detained under article 10, the master shall, as directed by the sanitary authority or the medical officer of health, either cause the dead body to be taken out to sea and committed to the deep, properly loaded to prevent its rising, or shall deliver it into the charge of the said authority for interment; and the authority shall thereupon have the same interred.

ART. 17. The master shall cause any articles that may have been soiled with cholera discharges to be destroyed, and the clothing and bedding and other articles of personal use likely to retain infection which have been used by any person who may have suffered from cholera on board such ship, or who, having left such ship, shall have

suffered from cholera during the stay of such ship in any port, to be disinfected or (if necessary) destroyed; and if the master shall have neglected to do so before the ship arrives in port, he shall forthwith, upon the direction of the sanitary authority or the medical officer of health, cause the same to be disinfected or destroyed, as the case may require; and if the said master neglect to comply with such direction within a reasonable time, the authority shall cause the same to be carried into execution.

ART. 18. The master shall cause the ship to be disinfected, and every article therein, other than those last described, which may probably be infected with cholera, to be disinfected or destroyed, according to the directions of the medical officer of health.

III.—*Flag to be hoisted by ships infected with cholera.*

ART. 19. The master of every ship infected with cholera, shall when within three miles of the coast of any part of England or Wales, cause to be hoisted the commercial code signal Q, being a yellow flag, under the national ensign, and shall keep the same displayed during the whole of the time between sunrise and sunset.

Given under the seal of office of the local government board, this twenty-eighth day of August, in the year one thousand eight hundred and ninety.

[L. S.]

HUGH OWEN, *Secretary.*

CHAS. T. RITCHIE, *President.*

NOTICE.—The public health act, 1875, provides by section 130 that any person willfully neglecting, or refusing to obey or carry out, or obstructing the execution of any regulation made under that section, shall be liable to a penalty not exceeding fifty pounds.

Date of publication in the *London Gazette*, 29th August, 1890.

Geographical pathology—Diseases prevalent in the several countries—West Indies, Central and North America.

[Translated for this Bureau from *La Rivista Internazionale d'Igiene*, Naples, July, 1890.]

BERMUDA ISLANDS.—The climate is stated to be on the whole healthy, but rheumatism, diarrhœa, dysentery, and bronchitis, due to sudden changes of temperature, are frequent, as is also typhus. Malaria is absent. Phthisis is rare. Yellow fever and dengue are frequent.

ANTILLES.—The three chief features of the pathology of the Antilles are malaria, yellow fever, and dysentery. Yellow fever is considered endemic. It attains its maximum among the French population rather than among the English, Dutch, and Spanish. Anæmia, dyspepsia, different forms of rheumatism, scabies, scleroderma, yaws, tropical phagedæna (often induced by *pulex penetrans*), dracontiasis and other entozoic diseases complete the pathologic chart of the Antilles. The diseases peculiar to the negro, tropical hypoemia, or chlorosis and sleep disease, and the relative immunity of the race from yellow fever and malaria, have attracted the attention of pathologists.

CENTRAL AMERICA.—Little is to be said of the pathology of this region. Malarial influences are felt much more on the eastern than the Pacific coast. Malaria is not observed on the table-lands. A species of intermittent fever called "abilen fever," which presents some peculiar features, has been lately described. It takes its origin in Texas.

Acute inflammatory disorders of the respiratory organs and phthisis are rare, especially on the higher levels. Diarrhœa and dysentery are widely prevalent. Typhus is light in form. Cutaneous diseases are common. Scabies and scleroderma attack the Indians, and yaws the other colored races. Cholera and yellow fever, which have frequently appeared on the eastern coast, have never been diffused along the western slope.

NORTH AMERICA—MEXICO.—The predominant diseases are yellow fever, malarial fevers, dysentery, and hepatitis approximating to the typhus form. On the Atlantic coast yellow fever predominates; on the Pacific coast, malaria. Negroes and mulattoes offer a certain resistance. On the table-lands of Mexico, where cities are built at an elevation unequalled in Europe, so-called mountain diseases, attributable to the rarefaction of the atmosphere (anoxyaemia), prevail, but, to judge from recent reports, not to the extent formerly accepted. The great frequency of exanthematic typhus in this region is worthy of note. Phthisis is very rare, and although the connection between this fact and the peculiar conditions of mountain climate is not proved beyond dispute, still the inhabitants of the low country have recourse to the table-lands as to a sanitarium. Exanthematic fevers, and especially small-pox, are equally diffused on the low and high levels. Yellow fever occurs with extraordinary frequency and intensity in the seaports of the Gulf of Mexico. It is arrested by the mountains and seldom reaches the Pacific coast.

UNITED STATES.—The mouth of the Mississippi offers the route of invasion to yellow fever, which fastens upon New Orleans, and diffuses itself through Louisiana, Alabama, Texas, Florida, and South Carolina. In the general pathology of the United States malaria, phthisis, and cholera infantum predominate. The first prevails along the great rivers. During the months of July and August cholera infantum gives a high death rate in the great cities. Phthisis is enormously diffused in the Northern States. Southern negroes enjoy, in this respect, a certain immunity. It is noticeable, contrary to usual observation, that women are much more liable than men to contract phthisis. Tetanus of the new-born is noticeably infrequent, except among negro children. Alcoholism, delirium tremens, and mental disorders are very frequent in the Northern States. Disturbances of the digestive organs and inflammations of the respiratory passages are more frequent in the South. Rheumatism and scrofulosis appear to be uniformly distributed. Typhus and exanthematic diseases, marked by great severity, appear in all parts of the United States, while febris recurrens has never been observed. There has been no general cholera epidemic within the limits of the two oceans.

CANADA.—Diseases of the thorax, caused by the severe and unequal cold, are strongly predominant in the pathology of Canada. Diseases of the digestive system are of secondary importance. Typhus, especially of the exanthematic form, is much diffused. Malaria seems confined to the coast. Yellow fever has been sometimes imported. Syphilis and scrofulosis are very rare. Scabies is endemic within very narrow limits in New Brunswick.

In concluding this synthetic exposition of Wernich's study of geographical pathology, it may be observed that a knowledge of the genesis and succession of disease in the several countries and of the climatic and social conditions of these countries furnishes a basis for the practical application of the science of hygiene.

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.....	Sept. 13.....	5,758,500	1,741				1	18	22	25	46	
Paris.....	Sept. 20.....	2,260,945	865					13	1	33		11
Liverpool.....	Sept. 13.....	613,463	268				3	2	14	1		
Brussels.....	Sept. 22.....	469,459	180			1		6	1			
Warsaw.....	Aug. 30.....	455,852	272				9	2	8	12		
Warsaw.....	Sept. 6.....	455,852	289				7	6	7	10		
Warsaw.....	Sept. 13.....	455,852	269			7		5	7	18		
Hamburg.....	Sept. 6.....	455,000	216				1	1		6		
Rio de Janeiro.....	Sept. 7.....	450,000	272		6	6	4	3				
Calcutta.....	July 26.....	433,290	180	3		2						
Rome.....	Aug. 16.....	417,392	161					3		1	3	1
Rome.....	Aug. 23.....	417,392	185					8		2		
Amsterdam.....	Sept. 13.....	406,402	132					2		5		
Cairo.....	Aug. 28.....	353,188	378							2	13	1
Odessa.....	Sept. 6.....	276,300	154					6	2	4	3	2
Odessa.....	Sept. 13.....	276,300	160					4	11	4	1	1
Barcelona.....	Sept. 18.....	272,000	167			1		14		1		
Edinburgh.....	Sept. 6.....	271,135	84						2			4
Edinburgh.....	Sept. 13.....	271,135	91					1	2	3	1	
Dresden.....	Sept. 13.....	269,000	99									
Palermo.....	Sept. 13.....	250,000	69				2		2			
Bristol.....	Sept. 20.....	232,248	63						1			
Antwerp.....	Sept. 13.....	232,418	109					1	1	1		
Antwerp.....	Sept. 20.....	232,418	117						1	1		
Belfast.....	Sept. 13.....	232,222	109					3				
Rotterdam.....	Sept. 13.....	203,472	81									
Rotterdam.....	Sept. 20.....	203,472	69							1		
Havana.....	Sept. 18.....	200,448	128		5			1				
Havana.....	Sept. 25.....	200,448			10	1		2				
Florence.....	Sept. 20.....	181,767										
Alexandria.....	Aug. 28.....	181,703	192								2	2
Genoa.....	Sept. 20.....	180,398	89							1		
Frankfort-on-the-Main.....	Sept. 20.....	170,733	59			3	3			3		
Königsberg.....	Sept. 14.....	160,600	4					1		3		
Ghent.....	Sept. 13.....	152,395	7						2			1
Christiania.....	Sept. 6.....	143,300	49						1	1		
Christiania.....	Sept. 13.....	143,300	54					1	3	7		
Funchal.....	Sept. 13.....	133,250	19			1				1		
Elberfeld.....	Sept. 13.....	123,000	43									
Pernambuco.....	Sept. 2.....	120,000	177			108						
Cardiff.....	Sept. 13.....	117,012	44						1			
Cardiff.....	Sept. 20.....	117,012	54							4		
Dantzic.....	Sept. 13.....	115,140	43									
Barmen.....	Sept. 13.....	113,000	41						1	1		
Barmen.....	Sept. 20.....	113,000	43							3		
Crefeld.....	Sept. 20.....	108,000	46									
Stettin.....	Sept. 13.....	105,122	43							1		
Rheims.....	Aug. 30.....	97,903	54							3	1	1
Rheims.....	Sept. 6.....	97,903	63					1				1
Rheims.....	Sept. 13.....	97,903	44					1				
Zurich.....	Sept. 13.....	91,323	18							3		2
Messina.....	Sept. 22.....	79,971	37							2		
Leith.....	Sept. 6.....	78,538	16									
Leith.....	Sept. 13.....	78,538	24						1	1		
Mannheim.....	Sept. 13.....	70,000	37				1		2			
Newcastle, N. S. W.....	Aug. 30.....	67,435	16									
Mayence.....	Aug. 30.....	65,802	31							1		
Mayence.....	Sept. 6.....	65,802	36					1		2		
Mayence.....	Sept. 13.....	65,802	23					1				
Mayence.....	Sept. 20.....	65,802	16							2		
Jerez de la Frontera.....	Aug. 30.....	61,708	32			6						
Cadiz.....	Aug. 30.....	57,157	27					2		1	2	
Cadiz.....	Sept. 6.....	57,157	34						1	1	1	
Damietta.....	Aug. 28.....	43,502	18					1		1		1
Trapani.....	Sept. 13.....	43,095	10									
Cienfuegos.....	Sept. 21.....	40,665	14			3						
Marsala.....	Sept. 13.....	40,131	13							1		
Castellammare.....	Aug. 10.....	32,000										
Schiedam.....	Sept. 20.....	25,600	3									
Cardenas.....	Sept. 21.....	25,000	10									
Vera Cruz.....	Sept. 25.....	23,800	18									
Gibraltar.....	Sept. 14.....	23,681	10									

MORTALITY TABLE—FOREIGN CITIES—CONTINUED.

Cities.	Week ended.	Estimated popula- tion.	Total deaths from all causes.	Deaths from—									
				Cholera.	Yellow fever.	Small-pox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping- cough.	
Girgenti.....	Sept. 13.....	23,547	9				1						
Licata.....	Sept. 6.....	19,000	17					3		6			
Licata.....	Sept. 13.....	19,000	12					2		2			
Victoria, B. C.....	Sept. 20.....	18,000	11										
Hamilton, Bermuda.....	Sept. 30.....	15,743	1										
St. Thomas.....	Sept. 12.....	13,500	9										
Flushing, Neth.....	Sept. 13.....	13,200	7										
Flushing, Neth.....	Sept. 20.....	13,200	5										
Port Stanley and St. Thomas.....	Sept. 26.....	11,000	3										
Guelph.....	Sept. 27.....	10,173	3										
Sherbrooke, P. Q.....	Aug. 30.....	9,915	26										
Tampico.....	Sept. 15.....	9,000	12										
Tampico.....	Sept. 22.....	9,000	10										
Tuxpam, Mex.....	Sept. 6.....	9,000	6										
Tuxpam, Mex.....	Sept. 13.....	9,000	8										
Colon.....	Sept. 25.....	8,000	8										
Port Sarnia.....	Sept. 27.....	6,200											
Coaticook, Can.....	Sept. 29.....	3,800	1										
Livingstone, C. A.....	Sept. 23.....	3,000	1										
Waubashene, Ont.....	Sept. 27.....	1,000											

JOHN B. HAMILTON,

Supervising Surgeon-General, Marine-Hospital Service