

ABSTRACT OF SANITARY REPORTS.

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UNITED STATES.

VESSELS REMAINING, ARRIVING AT, AND DEPARTING FROM UNITED STATES QUARANTINE STATIONS.

CAPE CHARLES QUARANTINE.

Week ended October 29, 1892.

Name of vessel.	Date of arrival.	Where from.	Destina- tion.	Treatment of vessel and cargo.	Date of dep'ture.
German ss. Paula.....	Oct. 25	Altona.....	Baltimore...	Disinfected.....	Oct. 26
German ss. Stulebenhuk.....	Oct. 27	Hamburg.....	.....do.....	.....do.....	Oct. 30

Twenty-five vessels inspected and passed.

DELAWARE BREAKWATER QUARANTINE.

Week ended October 29, 1892.

Barge Willie and Bennie a.....	Sept. 25	Phila.....		Detained.....	
Phila. Trans. and Light. Co. barge No. 15 a.....	Sept. 25	.....do.....		.....do.....	
British ss. Longherst.....	Oct. 23	Liverpool...	Waiting or- ders.	Pumped out and refilled.	Oct. 23
British ss. Astrakhan.....	Oct. 25	Amsterdam	Phila.....	.....do.....	Oct. 25
British ss. Southery.....	Oct. 25	Swansea.....	.....do.....	.....do.....	Oct. 26
British ss. Astral.....	Oct. 27	Newcastle...	.....do.....	.....do.....	Oct. 27
British ss. Enskar.....	Oct. 29	Rotterdam.....	.....do.....	Arrived at night.....	
British ss. Maryland.....	Oct. 29	London.....	.....do.....	.....do.....	

a Previously reported.

Twenty-three vessels inspected and passed.

GULF QUARANTINE.

Week ended October 27, 1892.

British bark London a.....	Oct. 15	Rio Janeiro.	Pensacola...	Disinfected.....	
American schooner Palos a.....	Oct. 16	Havana.....	Shieldsboro, Miss.	.....do.....	Oct. 22
British bark Edmonton a.....	Oct. 17	Santos.....	Ship Island, Miss.	.....do.....	Oct. 26

a Previously reported.

PORT TOWNSEND QUARANTINE.

Week ended October 22, 1892.

Five vessels inspected and passed.

VESSELS REMAINING, ARRIVING AT, AND DEPARTING FROM UNITED STATES QUARANTINE STATIONS—Continued.

SAN DIEGO QUARANTINE.

Week ended October 26, 1892.

Three vessels inspected and passed.

SOUTH ATLANTIC QUARANTINE.

Week ended October 22, 1892.

Name of vessel.	Date of arrival.	Where from.	Destina-tion.	Treatment of vessel and cargo.	Date of dep'ture.
Norwegian bk. Winifred.....	Oct. 22	London.....	Sapelo.....	Held for disinfection.	
Norwegian bk. Excelsior.....	Oct. 22	.....do.....	.....do.....	.....do.....	

MICHIGAN.—Week ended October 22, 1892. Reports to the State board of health, Lansing, from 71 observers, indicate that measles, typhomalarial fever, dysentery, pneumonia, scarlet fever, and diphtheria increased, and that cholera infantum, inflammation of bowels, cholera morbus, and whooping-cough decreased in area of prevalence.

Diphtheria was reported present during the week at 38 places, scarlet fever at 36, enteric fever at 59, and measles at 4 places.

IOWA.—

Cholera and its prevention.

STATE BOARD OF HEALTH,
Office of the Secretary, Des Moines, September 26, 1892.

By direction of the Iowa State board of health the following circular was ordered printed and sent out with the September number of the Bulletin, as a supplement. The appointment of the sanitary inspectors at the places designated will be made later and officially announced. The board also adopted the subjoined rules for the prevention of cholera. They are those promulgated by the health department of New York City, slightly modified. They are strongly and heartily commended to all our local boards of health; and the press of the State is earnestly solicited to aid in giving the widest possible circulation to this "Supplement."

J. F. KENNEDY, M. D.,
Editor Monthly Bulletin and Secretary State Board of Health.

At an emergency meeting of the Iowa State board of health, held in Des Moines September 22, 1892, Drs. Shrader, Guilbert, and Carter were appointed a committee to submit adequate regulations with regard to quarantine against Asiatic cholera and smallpox. That committee, in due season, made the following report, which was unanimously adopted. These regulations are now in force, and are published by order of the board for the information of the Iowa public:

First. The considerate action of the conference of State boards of health, Chicago, September 14, at which conference Iowa was repre-

sented by Dr. J. C. Shrader, is hereby formally approved, and the general rules there promulgated are made part of the policy of this board.

Those general rules are as follows :

“RULE 1. That this conference recommends that every immigrant passenger, before being allowed to land at any port of, or to cross the borders into, the United States, shall obtain a certificate from the health officer of the port or point of entry, or from a sanitary inspector of the United States Marine-Hospital Service (where that service has charge of quarantine and disinfection) or from the quarantine officer at Gross Isle, setting forth the name of such immigrant, whence emigrated, name and port of clearance of vessel, and the date of arrival at port of entry, the fact of the existence or nonexistence of any infectious disease on said ship, the period of detention therefor at quarantine, local destination of the immigrant in any State or Territory of the United States, and further certifying that he or she is free from any danger of conveying the contagion of Asiatic cholera or smallpox in person or effects, and that his or her effects and belongings have been subjected to approved processes of disinfection before being allowed to enter into the United States.

“RULE 2. That a certificate of disinfection, as required in Rule 1, signed by the official under whose charge the work of inspection and disinfection has been performed, and giving name of owner and date of issue, shall be conspicuously attached to each piece of baggage of such immigrant.

“RULE 3. That any railway or transportation company accepting, for transportation through the territory represented by this conference, immigrants not provided with certificates described in Rule 1, or whose baggage does not bear the certificate provided for in Rule 2, shall be subject to the quarantine rules of the States represented in this conference, and to any detention at the border, or within the territory of such State, for such thoroughness of inspection as the authorities of each State may deem necessary.

“RULE 4. That immigrant passengers, if not conveyed on separate trains exclusively devoted to such service, shall be transported, when practicable, in separate cars, to which access shall be denied to other passengers, and the disinfected baggage of such immigrants, other than the hand-luggage carried by them, shall not be accessible to them until they have arrived at their respective points of destination ; and similar precautions shall be observed in the transportation of immigrant passengers by water.

“RULE 5. That railroad or other transportation companies carrying such immigrants shall telegraph to the secretaries of the State boards of health and to the designated health authorities at the distributing points, advising of the hour of arrival of such immigrants, and in time sufficient to allow of the train being met by inspectors, and shall also telegraph notice to said authorities of any sickness occurring among such immigrants.

“RULE 6. That the requirements set forth in Rules 1 and 2 shall apply to passengers of any class arriving on a vessel infected with Asiatic cholera or smallpox.

“RULE 7. That these rules shall take effect on and after the 20th day of September, instant.”

Second. In order to give effect to these rules, so far as Iowa is concerned, it is hereby ordered that the subjoined regulations now enacted

be also declared to be in force; and on the secretary of this board is devolved the duty of promulgating this legislation, through the press of the State and the media of circulars.

Item: It is ordered that the places named below, be and are hereby declared to be *distributing points*, to wit: Des Moines, Keokuk, Fort Madison, Burlington, New Boston, Davenport, Clinton, Sabula, Dubuque, McGregor, Sioux City, Council Bluffs, Davis City, Coatesville, Hamburg, Blanchard, Braddyville, State Line, Blockton, Bethany Junction, Lineville, Buda, Cincinnati, and Dean.

Item: It is ordered that sanitary inspectors shall be appointed at these distributing points by the secretary of the State board of health.

Item: It is ordered that these sanitary inspectors shall have authority to stop all incoming railway trains or steamers known or suspected to contain immigrants or other persons infected with cholera or smallpox. They shall have power to establish quarantine at the border or within the State. They shall cause to be made at such stations, when necessary, thorough disinfection of all inspected persons and their luggage, and shall not allow the said immigrants or other infected persons to proceed on their journey until such thorough disinfection *has* been made. They shall hold in quarantine all such immigrants or other infected persons until sufficient time has elapsed to demonstrate their immunity from these prescribed diseases.

Item: During the performance of their duties the said sanitary inspectors shall make daily detailed reports to the State board of health on blanks prepared and furnished by the secretary thereof.

Item: The said sanitary inspectors, when on duty, shall wear an official badge, to be prescribed and furnished by the State board of health.

Item: The said sanitary inspectors shall be duly sworn to the faithful performance of their duties.

Third. It is hereby ordered that all railways or other passenger transportation companies having in charge immigrants or other persons hailing from foreign infected ports, or coming from infected ships or from infected places in our own country (or persons suddenly infected in transit), shall, before entering Iowa, be required to notify the secretary of the State board of health and the sanitary inspector at the point of intended entrance into the State, succinctly stating the names and destination of the immigrants or other infected persons. Such notification shall be by telegram, and shall be sent to the Iowa sanitary officers sufficiently long enough in advance to enable a sanitary inspector to reach and examine these emigrants or other affected persons previous to their arrival at the Iowa distributing point.

Fourth. Should cases of cholera or smallpox develop on any railway train or river steamer between distributing points, the officials in charge of such public conveyances shall at once telegraph the secretary of the State board of health and the sanitary inspector at the nearest distributing point on such line of travel, stating succinctly the name and destination of the infected person or persons, so that proper sanitary reception may be provided at the said nearest distributing point.

Fifth. In case the said attacks have developed in travelers whose destination is at a place intervening between the point of attack and the nearest distributing point, the officials in charge of such public conveyances shall cause telegraphic notification to be sent to the local health officer at the place of destination, as well as to the secretary of the State board of health.

Sixth. Each sanitary inspector shall have power to appoint some competent medical practitioner as his deputy, causing him to be duly sworn. The said deputy shall act as sanitary inspector only during the sickness or temporary absence of his chief, or as his assistant when required by him.

Seventh. The State board of health earnestly urges upon the authorities of all distributing points heretofore named, as well as cities and towns not named as distributing points, the importance of the immediate organization of local boards of health, endowed with ample power to quarantine infected persons, transient or resident, and with adequate appliances for intelligent disinfection. A committee of the State board of health has in charge the preparation of a model code of by-laws for such local boards, which will be promulgated after the regular meeting of the board November 3 ensuing.

J. C. SHRADER, M. D.
E. A. GUILBERT, M. D.
E. H. CARTER, M. D.

TENNESSEE.—Month of September, 1892. Reports to the State board of health indicate that the principal diseases during the month, named in the order of their greater prevalence were malarial fever, typhoid fever, diphtheria, dysentery, scarlet fever, consumption, whooping cough, meningitis, diarrhea, and tonsillitis.

Reports from 7 cities and towns, having an aggregate population of 158,677, show a total of 376 deaths, including phthisis pulmonalis, 63; enteric fever, 16; scarlet fever, 1; and whooping cough, 1.

Publications received.

Seventh annual report of the State board of health of Maine, 1891.

Table of temperature and rainfall, week ended October 24, 1892.

[Received from Department of Agriculture, Weather Bureau.]

Locality.	Temperature in degrees Fahrenheit.			Rainfall in inches and hundredths.		
	Normal.	*Excess.	*Defic'ncy.	Normal.	Excess.	Deficiency.
New England States:						
Eastport, Me.....	45	1		1.05		.96
Portland, Me.....	45	3		.91		.89
Boston, Mass.....	50	4		.98		.98
Block Island, R. I.....	53	1		1.02		1.02
Middle Atlantic States:						
Albany, N. Y.....	49	3		.77		.68
New York, N. Y.....	55	2		.77		.74
Philadelphia, Pa.....	55	3		.66		.66
Atlantic City, N. J.....	55	2		.73		.62
Baltimore, Md.....	56	1		.69		.69
Washington, D. C.....	55	2		.70		.69
Lynchburg, Va.....	56	4		.71		.71
Norfolk, Va.....	60	1		.87		.87
South Atlantic States:						
Charlotte, N. C.....	59	4		.84		.84
Wilmington, N. C.....	63	3		.81		.69
Charleston, S. C.....	66	3		.93		.57
Augusta, Ga.....	64	4		.56		.50
Savannah, Ga.....	66	3		.83		.15
Jacksonville, Fla.....	70	1		1.10	.98	
Key West, Fla.....	78			1.10		.45
Gulf States:						
Atlanta, Ga.....	60	8		.58		.58
Mobile, Ala.....	67	4		.70	1.91	
Montgomery, Ala.....	65	6		.59		.21
Vicksburg, Miss.....	65	6		.70		.70
New Orleans, La.....	69	3		.77	1.11	
Shreveport, La.....	65	3		.84		.34
Fort Smith, Ark.....	61		1	.77	2.69	
Little Rock, Ark.....	62	3		.87	.27	
Palestine, Tex.....	65	4		.84		.19
Galveston, Tex.....	71	4		1.12		1.12
San Antonio, Tex.....	68	6		.38		.09
Corpus Christi, Tex.....	72	6		.70		.60
Ohio Valley and Tennessee:						
Memphis, Tenn.....	61	4		.77		.77
Nashville, Tenn.....	59	5		.58		.50
Chattanooga, Tenn.....	60	7		.75		.75
Knoxville, Tenn.....	58	7		.70		.68
Louisville, Ky.....	57	2		.73	.03	
Indianapolis, Ind.....	52	2		.70		.48
Cincinnati, Ohio.....	55			.64		.41
Columbus, Ohio.....	52	1		.68		.17
Pittsburg, Pa.....	53	1		.63		.43
Lake Region:						
Oswego, N. Y.....	47	3		.77		.64
Rochester, N. Y.....	47	4		.77		.68
Buffalo, N. Y.....	48	3		.91		.47
Erie, Pa.....	50	3		.98		.55
Cleveland, Ohio.....	51	2		.63		.26
Sandusky, Ohio.....	51	3		.63		.02
Toledo, Ohio.....	50	2		.61		.48
Detroit, Mich.....	50	1		.62		.46
Port Huron, Mich.....	47	2		.68	.01	
Alpena, Mich.....	43	4		.94		.89
Marquette, Mich.....	43	3		.70		.02
Grand Haven, Mich.....	47	4		.81		.73
Milwaukee, Wis.....	47	2		.56		.52
Chicago, Ill.....	50	1		.77	.02	
Duluth, Minn.....	43	2		.55		.55
Upper Mississippi Valley:						
St. Paul, Minn.....	45		1	.39		.37
La Crosse, Wis.....	48		2	.49	1.23	
Dubuque, Iowa.....	49		1	.65		.36
Davenport, Iowa.....	50		2	.70		.61
Des Moines, Iowa.....	50		3	.80	1.21	
Keokuk, Iowa.....	52		1	.70		.46

*The figures in these columns represent the average daily departure. To obtain the average weekly departure these should be multiplied by seven.

Table of temperature and rainfall, week ended October 24, 1892—Continued.

Locality.	Temperature in degrees Fahrenheit.			Rainfall in inches and hundredths.		
	Normal.	*Excess.	*Defic'ncy.	Normal.	Excess.	Deficiency.
Upper Mississippi Valley—Cont'd.						
Springfield, Ill.....	53		1	.77		.45
St. Louis, Mo.....	56		1	.60	.28	
Missouri Valley:						
Springfield, Mo.....	57		4	.77	2.23	
Kansas City, Mo.....	55		4	.80	.24	
Concordia, Kans.....	53		4	.35		.24
Omaha, Nebr.....	51		3	.56		.36
Yankton, S. Dak.....	48		2	.28		.28
Valentine, Nebr.....	47		4	.28		.28
Huron, S. Dak.....	44		1	.28		.28
Pierre, S. Dak.....	47		2	.14		.14
Extreme Northwest:						
St. Vincent, Minn.....	37	1		.38		.38
Bismarck, N. Dak.....	42			.23		.23
Fort Buford, N. Dak.....	41	1		.21		.21
Rocky Mountain Slope:						
Havre, Mont.....	42			.11		.07
Helena, Mont.....	43	2		.19		.19
Spokane, Wash.....	45	1		.44		.44
Salt Lake City, Utah.....	49		4	.41		.41
Winnemucca, Nev.....	48		5	.14		.14
Cheyenne, Wyo.....	44		6	.19		.19
North Platte, Nebr.....	48		4	.26		.26
Denver, Colo.....	49		7	.21		.21
Montrose, Colo.....	48		7	.21		.21
Pueblo, Colo.....	50		5	.07	.49	
Dodge City, Kans.....	54		8	.26	.39	
Abilene, Tex.....	64		7	.70	4.96	
El Paso, Tex.....	62		4	.26		.16
Santa Fe, N. Mex.....	48		6	.21	.43	
Tucson, Ariz.....	67		9	.07		.07
Pacific Coast:						
Roseburg, Oregon.....	53		2	.68		.68
Red Bluff, Cal.....	61	2		.38		.38
Sacramento, Cal.....	60			.28		.28
San Francisco, Cal.....	59		2	.35		.35
Los Angeles, Cal.....	63		3	.21		.21
San Diego, Cal.....	62		4	.14		.14
Yuma, Ariz.....	70		5	.07		.07

*The figures in these columns represent the average daily departure. To obtain the average weekly departure these should be multiplied by seven.

FOREIGN.

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

CHOLERA.

No cholera in Hamburg.

WASHINGTON, D. C., November 2, 1892.

The following telegram has just been received from the consul at Hamburg: "Official reports show no Asiatic cholera here since October 26."

JOHN W. FOSTER,
Secretary of State.

To the Hon. SECRETARY OF THE TREASURY.

Report of cases of cholera at Grangemouth, a port 30 miles west from Leith.

UNITED STATES CONSULATE FOR LEITH,
Edinburg, Scotland, October 14, 1892.

Two cases of choleraic diarrhea have occurred in Grangemouth on arrival there of two vessels, named respectively *Gerda* and *Atka*, from Rafso in Finland. The cases were two seamen. The seaman on board the *Gerda* died the day after he was taken ill. By the certificate of death the case was certified as one of choleraic diarrhea. The seaman belonging to the *Atka* had similar symptoms as the other man, and was removed to the hospital, but rapidly recovered and was discharged yesterday. There has been no further instance of choleraic diarrhea or cholera in Grangemouth.

HUGH C. PEACOCK,
Vice and Deputy Consul.

Cholera in Belgrade, Servia.

WASHINGTON, D. C., October 31, 1892.

Vice-consul general at Belgrade, Servia, cables that cholera has appeared there.

JOHN W. FOSTER,
Secretary of State.

To the Hon. SECRETARY OF THE TREASURY.

Cholera in Marseilles.

UNITED STATES CONSULATE,
Marseilles, October 10, 1892.

SIR: Confirming my cable of this morning "A few cases suspected cholera since October 1; not considered epidemic; no statistics obtainable;" I have to add that the rumor of cholera that was current in Marseilles yesterday was substantiated this morning by a statement given to the press by the mayor, a translation of which is herewith inclosed. From this it appears that the suspected cases began October 1, that measures are being taken to prevent the spread of the disease,

and that the board of health will subject all vessels leaving this port to a medical inspection and prevent the taking on board of soiled clothing or other goods susceptible of contamination.

The mayor has denied up to to-day the existence of any cases.

I visited the mairie this morning. The mayor was not there. His secretary declined the responsibility of giving me any information, adding that from to-day an official bulletin would be published daily in the newspapers. At the office of the board of health the health officer told me that from to-day the bill of health issued by him would announce the fact that there were suspected cases here; that there had been about 30 cases, 12 of them fatal.

My family physician tells me there were no new cases yesterday.

It only remains to add that no passengers leave here by the steamer lines for the States, that the general health of the city is excellent, and that the lateness of the season leads us to hope that the disease will not take an epidemic form.

Shippers are advised to discontinue shipments for the present, or to have goods disinfected. The difficulty lies in the fact that such a large proportion of the goods are transshipped at Liverpool, London, Antwerp and Hull.

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

CHARLES B. TRAIL.

To Hon. WILLIAM F. WHARTON,
Assistant Secretary of State.

[Inclosure.]

The following official communication was received last night from the mayor:

“A few suspicious cases of diarrhea having been noticed in the old quarters of the town since the beginning of this month, MM. Proust, Brouardel, and Thoinot, the ministerial deputies, decided to ascertain by personal inspection the actual state of health of the families inhabiting the houses where the cases occurred. In none of them was any epidemic center observable. The delegates will continue their investigations to-morrow.

“During their visit to the Hospital of the Conception made by the delegates, who were wishing to examine its organization, 7 cases were seen—6 men and 1 woman—nearly all of whom were weakened by previous ill-health.

“Energetic measures have been taken from the beginning to prevent the development and propagation of the complaint.

“A strictly accurate official bulletin will be published daily by the corporation, stating the total number of deaths, together with the number attributed to suspected cholera. The average number of deaths during the same period in past years will also be annexed.

“The sanitary board has decided to adopt the following measures:

“(1) Medical inspection of all vessels leaving Marseilles.

“(2) Prohibition of shipment of all unclean linen or any other object likely to be a vehicle of contamination.

“We may add that it is at the request of the mayor and of Mr Brü d’Esquille, acting *ad interim* as prefect, that Messrs. Brouardel, Proust, and Thoinot have come to Marseilles. We accompanied them in their visits of inspection, and we are in a position to state positively that

there is nothing alarming in the sanitary condition of our town. There is no cause for anxiety, and the public will do well to consider as exaggerations the idle tales that are being too rashly circulated.

“Such is the opinion of M. Brouardel and his colleagues, which they have, moreover, clearly stated to Deputies Peytral, Bouge, and Boyer, who came to the Hospital of the Conception during the visit paid to it by the delegates. MM. Brü d’Esquille, Flaissières, Carcassonne, Marroin (chief health officer), Dr. Mazade (inspector of the children’s home), the central police superintendent, and M. Dubois, mayor’s chief secretary, accompanied the illustrious visitors.”

OCTOBER 12, 1892.

SIR: Referring to my No. 141, of the 10th instant, I have now to add that the mayor, this morning, announces the number of deaths yesterday as 32, 4 of which were “suspects” or cholera.

It appears that the first case occurred September 23, and that up to to-day there have been only 20. Many of the cases are reported to have been “*foudroyants*,” i. e., where death occurred within a few hours after the first symptoms.

On the other hand, the slow progress, or really almost stationary condition of the disease, is a most favorable feature, and leads one to hope that with a change in the weather it will disappear in a week or two.

The real cholera visitations that Marseilles has experienced in the past have always come much earlier than this one, and by the month of October had begun to die out. Thus, in 1835 the cholera began on July 3, in 1837 on July 9, in 1849 on August 8, in 1854 on June 20, in 1855 on August 25, in 1866 on July 5, in 1884 on June 26, and in 1885 on July 14.

Certain quarantine measures affecting France are herewith inclosed. They are not translated as my desire was to report the sanitary condition at once, and the translation would have caused a delay of a day.

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

CHARLES B. TRAIL.

To Hon. WILLIAM F. WHARTON,
Assistant Secretary of State.

No cholera in Saxony.

UNITED STATES CONSULATE-GENERAL,
Dresden, October 8, 1892.

SIR: I have the honor to report to the Department that the Saxon minister of the interior has officially informed me that during the recent cholera epidemic but one case ending fatally occurred in Saxony, and that was in Leipzig in August, the patient coming from Hamburg.

Saxony is entirely free from infection, and the general health is, as usual, very good.

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

AULICK PALMER,
United States Consul-General.

To Hon. WILLIAM F. WHARTON,
Assistant Secretary of State.

Cholera in Buda-Pesth and Cracow, none in Venice.

Under date of October 8, 1892, the United States consul-general at Vienna reports as follows:

No cholera in Vienna. One hundred and seventy-seven cases and 41 deaths therefrom in Buda-Pesth, and 38 cases and 17 deaths in Cracow and vicinity.

Cholera in Stettin, Germany.

UNITED STATES CONSULATE,
Stettin, October 12, 1892.

Report of contagious diseases and deaths for the week ended October 8, 1892: Cholera, 4 cases, 3 deaths; diphtheria, 5 cases, 2 deaths; total, 9 cases, 5 deaths. Total deaths from all causes during the week reported, 37. Present officially estimated population, 117,500. Prevaling diseases: inflammatory diseases.

To the above report I beg to add that a stoker, called Jonas, who had been employed on board the steamship *Italia*, Capt. Reuter, was sent ashore at the port of entry of Swinemünde on the 4th instant by the ship's physician, Dr. Bonness, on account of catarrh of the stomach (alcoholism), but after the steamer has left Swinemünde for New York this man died on the 9th instant, the cause of death having been Asiatic cholera, according to official information received at this consulate from the authorities of Swinemünde.

PAUL GRISCHOW,
United States Vice-Consul.

Cholera in Odessa, Russia.

UNITED STATES CONSULATE,
ODESSA, RUSSIA, NOW AT TASHKENT, TURKESTAN,
September 9, 1892. (Received October 31, 1892.)

SIR: Since my dispatch of August 19 the general situation throughout Russian Turkestan has slightly improved. In the city of Tashkent, and in the country surrounding, cholera has almost entirely disappeared. The great heat has passed away, and the temperature is both mild and pleasant. On Sunday last a *Te deum* was held in the Russian Church of this city to celebrate the end of the epidemic. A similar celebration occurred at Ashabad about three weeks ago, which, unfortunately, was rather premature, as 800 persons died within twenty-four hours after the celebration. A second attempt at insurrection was made here a short time ago on the occasion of a religious holiday among the native or sart population, but it was speedily suppressed. In the province of Ferjhana the cholera still exists, but with a lessened mortality. At Bokhara and along the line of the Transcaspian Railway the disease continues with unabated violence.

Between Tashkent and Samarcand a malady exists which the authorities call fever, but as the disease carries off as many people as did the cholera, according to official reports, I am much afraid it more closely resembles the plague than cholera or an ordinary fever. From Baku or Ashabad it is impossible to obtain reliable information. I received a telegram from the consular agent at Rostoff-on-Don informing me

that the vice-consul at Odessa, on the authority of the consul general at St. Petersburg, had instructed him to sign all invoices which were accompanied by certificates of disinfection. I answered to accept Odessa instructions. I answered thus because I assumed that the consul-general had received instructions from Washington. I still entertain the belief that wools, etc., from central Asia and Russia should not be permitted to enter the United States, and having warned the Department of the great danger both from plague and cholera, and of the existence of both diseases in an epidemic form in the section of country from whence these commodities are derived, my duty and responsibility ends. The Department knows something of Russian shippers and their American principles, and I am not ignorant of Russian methods. I would no more accept a certificate of disinfection from such a source under existing circumstances than I would accept a shipper's statement as to the value of his wools when the question of high duty was involved. I shall leave here next week en route for Samarcand and perhaps Odessa.

I have received from the governor-general a special permit to pass all quarantine stations without delay, and I am, as may be imagined, very grateful to Baron Vrevsky. In no country in the world would such a permission be given except in Russia, and it is only to an American that it would be granted. I have known generals and high officials in civil life to be kept ten days at Uzun-Ada and none of them thought of complaining. I have decided not to visit Ferjhana, as the cholera still exists there in a more or less severe form. I have obtained sufficient data and have traveled enough of the country here to be able to estimate its resources at a fair valuation, and I believe that the Department will be satisfied with my report. The Russian authorities do not admit that the frightful mortality at Ashabad, Baku, and other places was caused by the plague. They admit that the cattle plague exists at Ashabad, and they call the disease which exists among the population "dry cholera," whatever that may be. At Chinaz, a town on the Syr Daria, about 60 miles from Tashkent, and also at Jizzak, a town on the road to Samarcand about a day's journey from Tashkent, a malady has appeared which is causing frightful mortality.

As I have previously stated, the Russian authorities designate this disease under the general and not very comprehensive term of "fever." The native population, however, have a term for it which translates "black pest." I shall pass through both of the towns above named next week on my way to Samarcand, and may possibly be able to pick up some little information on this subject by personal observation. It may interest the Department to learn that the Russians and Chinese are fighting each other in the Pamir. The Russians have also fought with the Afghans, and in both instances were successful. The Russians do not propose to allow either Afghans, English, or Chinese to occupy "The Roof of the World." This will probably be the last dispatch that I shall write from central Asia, as I shall be traveling steadily for one month at least in order to reach Odessa.

I am, sir, your obedient servant,

THOMAS E. HEENAN,

Consul.

To Hon. WILLIAM F. WHARTON,
Assistant Secretary of State.

OCTOBER 11, 1892.

SIR: Referring to my dispatch from Tashkent, central Asia, dated September 9, 1892, I have the honor to report that Asiatic cholera is epidemic from Tashkent to Odessa. The Mussulman population refuse all aid or assistance from Russian sources, declining to use either disinfectants or to accept the services of Russian physicians. The policy of the authorities has been to let the people alone. Proclamations have been issued warning the natives against overeating and the use of other than boiled water for drinking purposes, and also advising the adoption of certain sanitary measures. In no case, however, have the natives been forced to comply with these instructions. The result has been a frightful mortality among the native population. Outside of the large cities of Turkestan there are no European physicians except the military doctors stationed at the garrisons. For hundreds of miles the entire population are without remedies or physicians, and the sanitary condition of the numerous villages and towns is simply deplorable. At Chinaz, on the Syr Daria, where the Russian population is very numerous, there is not even a drug store, and the only assistance the people have in case of need is the services of a felseher. Cholera still existed there, but the mortality was very light. I saw two cases of the disease mentioned in my dispatch of September 9, which the Russians call "fever," and found the disease to be a combination of typhus and malarial fever.

At Jizzak, a town which has had the reputation for years of being the most unhealthy place in central Asia, I found the cholera, typhus fever, and a disease which the natives informed me had appeared for the first time this year, to which they gave the name of yellow fever on account of the peculiar yellow color which spread over the bodies of those persons who were suffering with the disease. The mortality from this disease was very great, and it was believed to be both infectious and contagious. The disorder appeared to me to be a bilious fever of a typhoid character, and it was confined to Jizzak and the low swampy section of country surrounding the town. At Samarcand cholera had almost disappeared, but there was considerable typhus in the town. The so-called "dry cholera," which I mentioned in one of my previous dispatches, is a form of the disorder in which the patient dies before the characteristic symptoms of the disease have manifested themselves, death being caused by paralysis of the nerve centers. In these cases vomiting and purging often takes place several hours after death. It was this form of cholera which gave rise to the belief among the lower classes in many places that the patient had been buried alive, because a certain amount of muscular contraction attended the discharges from the stomach and bowels long after the medical men had pronounced the person to be dead.

A young Russian doctor, named Draneetsin, at Samarcand, was very successful in his employment of the Italian method of treating cholera by injecting salt and warm water into the veins. He employed this method in 24 cases, of which number he saved 18. Dr. Draneetsin informed me that each one of the 6 persons who died were suffering from some organic disease.

He also stated that he never ventured on this method of treatment until the last stage of the disease had set in and the patient had collapsed. My inquiries at various places elicited the information that there was no specific for cholera. Various methods of treatment were

pursued, under all of which both death and recovery occurred. The usual remedies for stomach and bowel troubles were employed, such as opium, tannin, bismuth (subnitrate), ipecacuanha, Dover's powder, chlorodine, Hoffmann's anodyne, Bodkin's drops, and numerous other well-known sedative remedies. The use of external remedies was very general and gave much relief. Death occurred as early as one hour and as late as five days from the commencement of the attack. Strict attention to cleanliness and the immediate destruction of all discharges from the patient served to prevent the spread of the disease among the intelligent portion of the community.

The use of hydrochloric acid (one drop in a glassful of water) was in general use among the Russian population, with very satisfactory results. This acid more closely resembles the acid found in the gastric juices of the stomach than any other, and the theory advanced was that in cholera the discharges from the stomach did not show an acid reaction, or at least did not contain this acid which resembled muriatic acid, and the belief was general that as long as it was possible to maintain a slightly acid condition in the stomach the chances of being attacked by the cholera germ were very slight. Boiled water both for drinking and bathing purposes was in general use among the Russians. That the cholera germs were taken into the system through drinking impure water my experience and personal observation confirm. At Samarcand three regiments of infantry were encamped side by side on a level plain close beside a stream of water. The colonel of one of these regiments took the most extraordinary pains to prevent his men from being attacked with the cholera, and he succeeded. In the first place he caused every article in camp to be thoroughly cleansed with hot water and then disinfected. He compelled his men to bathe every day in water that had been boiled, and a guard was constantly maintained whose duty it was to keep the soldiers from drinking the river water and to carry out the colonel's instructions. The result was that not a single case of cholera occurred in the regiment, while the other two regiments which were camped alongside lost over 100 men from cholera.

In these regiments the ordinary precautions were taken, but no such measures were adopted as I have mentioned above. At Ashabad the cholera had almost disappeared early in August, and the event was celebrated with much rejoicing on the anniversary of the Emperor's name day, which occurs in that month.

The governor-general gave a dinner to which he invited a numerous company, and the various regiments were granted extra rations, that they might rejoice on the occasion. The day, which began so auspiciously amidst general rejoicing, was destined to have an ending which has no parallel in history. Of the numerous guests who attended that dinner, one-half died within twenty-four hours. A military band of about 50 men who played during that fatal dinner lost 40 of their number with cholera, and only 10 of the men reached camp that night. One regiment lost half its men and 9 officers ere the sun rose the following morning, and within forty-eight hours 1,300 people died with cholera. The cause of this outbreak was clearly traced to a small stream of water which supplied the town. Four days previous the authorities were informed that cholera had broken out at a small Turkoman village situated on the banks of this stream about 4 miles from Ashabad. The inhabitants of this village were ordered to move their kilrtkas (tents)

several miles back on the hills, which they did. On the day previous to the reappearance of the cholera at Ashabad a very heavy rainstorm occurred which washed the banks of the river and swept refuse and other matter from the abandoned village into the stream, and this matter was carried by the water into the city and distributed to all parts of the town by the numerous open canals through which the inhabitants were supplied with water. It was this contaminated water which caused the reappearance of the epidemic and the frightful mortality which followed. The population of Ashabad was not more than 13,000, of which 10 per cent died within forty-eight hours.

The Department may remember that in my previous dispatches I showed considerable alarm on account of the terrible condition of things at Ashabad. The best information I could obtain caused me to believe that the great mortality at that place was caused not by cholera but by another and a more dreadful scourge viz, the plague, and I so reported to the Department on my return journey through Ashabad. I investigated the matter with the result given above. At Uzun-Ada a quarantine existed to which I was not subjected, although the officer in charge gave me to understand that I must enter the pen into which all of the other passengers from Samarcand were driven. I politely declined to do so and was permitted to pass. I was obliged, however, to remain two days in the town before I could find a steamer in which to cross the Caspian to Baku. In the old city of Bokhara cholera was raging fiercely and with a heavy mortality. At Baku cholera existed but with a slight and daily diminishing mortality. The population was reduced from 120,000 to 9,000 during the scare, in the early days of the epidemic, the inhabitants leaving the city *en masse*. The place had resumed its normal appearance, and I found it a busy bustling city when I passed through. From Baku to Batoum and throughout the Caucasus generally cholera existed and continues to exist with a very high rate of mortality. It is a curious coincidence and one well worthy of attention that cholera raged more fiercely and the mortality was greater at all points where there was direct communication either by water or land with Persia. Between Persia and the following named places there is direct communication, viz: Bokhara, Ashabad, Uzun-Ada, Baku, Astrakan, and to all parts of the Caucasus, and it was at these places that the highest mortality was found. At Tiflis a farce of being disinfected was gone through both for passengers and baggage. Out of curiosity I entered the room where this process was in operation, but my curiosity was soon satisfied and I left without undergoing the process. At Bataroma few cases of cholera existed, and at several ports on the Black sea, between Batoum and Odessa, I found cholera. On September 30 the disease was officially declared to exist in the city of Odessa. The mortality is very slight, and the cases very few. The disease is epidemic at numerous places along the rivers Dnieper and Dniester and in the interior.

As Odessa receives its supply of water from the Dniester it is greatly to be feared that the mortality will be augmented. The sanitary condition of this city is excellent and the authorities have spared no expense in the adoption of precautionary measures. The governor of the town is a retired admiral of great energy and temper, he treats the town as if it were his flagship and the inhabitants sailors. Cholera was known to have existed here previous to the recent official announcement, but our admiral-governor who is also a lieutenant-general, flew

into such a rage when such a thing was suggested that no official announcement was made; with all this, however, he is just the man for the emergency, and the inhabitants have every reason to be grateful to him. Under date of September 28, 1892, the United States consular agent at Rostoff-on-Don writes to say that cholera has been officially declared as no longer existing in the town of Rostoff-on-Don. This is indeed good news, and augurs well for the rest of the country, as this Cossack town of Rostoff-on-Don is, in my opinion, the filthiest place in the Odessa consular district, and that is saying a great deal. With the advent of cold weather we may expect that cholera will gradually disappear, but the insanitary condition of Russia generally does not encourage the belief that this disappearance will be final.

I am, sir, your obedient servant,

THOMAS E. HEENAN,
Consul.

To HON. WILLIAM F. WHARTON,
Assistant Secretary of State.

Vessels arriving at Cairo from European Mediterranean ports subject to medical inspection.

UNITED STATES AGENCY AND CONSULATE-GENERAL,
Cairo, September 26, 1892.

SIR: I have to report that, according to a decision of the sanitary and quarantine board at Alexandria on the 22d instant, all vessels arriving from European ports of the Mediterranean (except those from Turkey and Greece) will be subject to a medical visit.

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

LOUIS B. GRANT,
Acting Consul-General.

To HON. WILLIAM F. WHARTON,
Assistant Secretary of State.

San Juan del Norte quarantines against all vessels entering her harbor.

UNITED STATES CONSULATE,
San Juan del Norte, October 5, 1892.

SIR: I have the honor to report that the Government of Nicaragua has from the 1st of October, 1892, placed a quarantine of twenty-four hours on all ships entering the harbor of San Juan del Norte.

The city and surrounding country is unusually healthy.

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

SIGMUND C. BRAIDA,
United States Consul.

To Hon. W. F. WHARTON,
Assistant Secretary of State.

Special quarantine regulations against cholera in the Hawaiian Islands.

AN ACT to prevent the infection of cholera in the Hawaiian Islands.

Be it enacted by the Queen and the Legislature of the Hawaiian Kingdom:

SECTION 1. The minister of finance, upon being thereto requested by the board of health, shall order that all ports of entry in this Kingdom,

except the port of Honolulu, be closed, and shall publish notice of such closing of said ports by publication in newspapers published in Honolulu.

SEC. 2. From the time of making said order, no vessel arriving from foreign ports shall be allowed to enter any port in this Kingdom except the port of Honolulu, unless driven into a port by stress of weather, nor shall such vessel under any circumstances be allowed to land any mails, cargo, passengers, officers or crew during the time while such order of the minister of finance is in force, except as provided in section 3 of this act.

SEC. 3. After any vessel from foreign port shall have entered the port of Honolulu, the board of health may issue a permit to such vessel to proceed to and enter its port of destination, if such port be any other than that of Honolulu.

SEC. 4. The minister of finance when thereto advised by the said board of health may revoke such order and give notice of such revocation by like publication, and thereupon the ports of entry established in the Kingdom shall be reopened for the entry of vessels arriving from foreign ports.

SEC. 5. Any officer of any vessel arriving from foreign ports or any passenger thereon or any member of her crew who shall willfully violate the prohibition established by the minister of finance under this act shall be guilty of a misdemeanor, and upon conviction thereof in any police or district court shall be punished by imprisonment not less than six months nor more than two years and by fine of not less than \$1,000 nor more than \$10,000.

SEC. 6. This act shall go into effect immediately.

Approved this 27th day of September, A. D. 1892.

LILIUOKALANI, R.

By the Queen :

CHAS. T. GULICK,

Minister of the Interior.

PROCLAMATION.

By virtue of authority given by an act of the Legislative Assembly, entitled, "An act to prevent the infection of cholera in Hawaiian Islands," approved on the 27th day of September, 1892, and upon the recommendation of the board of health, I do hereby declare all ports of entry in the Kingdom, excepting Honolulu, closed to shipping other than coasting until further notice.

E. C. MACFARLANE,

Minister of Finance.

HONOLULU, October 1, 1892.

SPECIAL QUARANTINE REGULATIONS AGAINST CHOLERA.

At a special meeting of the board of health, held the 30th day of September, A. D. 1892, the following special rules and quarantine regulations for preventing the introduction of cholera infection into the Kingdom were adopted :

(1) Owing to the presence of cholera in the United States and other foreign countries no vessel from a foreign country shall be allowed to enter, anchor, or have any communication with the shore at any port of entry in the Hawaiian Kingdom except Honolulu.

(2) No pilot or any other person shall board any vessel from a foreign country except by permission of the health authorities. When a vessel from a foreign country shall call at a port of entry of the Hawaiian Kingdom, except Honolulu, the pilot shall hand to the master of such vessel a copy of the act and these regulations with instructions to proceed to Honolulu.

PORT OF HONOLULU.

(3) No pilot shall board any vessel, steamer, or sailing vessel from any foreign country until permitted to do so by the port physician.

(4) Every vessel is to be spoken to by the port physician who may, in accordance with the following regulations, allow the pilot on board or not. Any pilot disregarding this order will be quarantined as long as the board of health thinks proper. It shall be the duty of the pilots to communicate at once with the port physician when a vessel is signaled. No pilot shall go alongside the vessel until the port physician has spoken her, and no vessel, under any circumstances whatever, except stress of weather, shall be spoken to at night.

(5) No custom-house officer or guard shall be allowed on board until the vessel shall have been allowed free pratique and shall have entered the harbor, except by permission of the board of health.

DUTIES OF THE PORT PHYSICIAN.

(6) As soon as possible after being informed that a vessel is signaled, the port physician shall communicate with the pilot on duty and put off to the vessel. On coming alongside, and without making fast to her, the port physician shall, by means of a pole, get the bill of health from the vessel, disinfect it with a 1 in 500 solution of corrosive sublimate in alcohol, read it, and return it to the master.

STEAMERS FOR HONOLULU.

(7) If a steamer arrives from a noninfected port with a clean bill of health, the American coast and Japan excepted, the port physician may, after a careful examination of the passengers and the crew, allow the pilot on board, and the steamer will be allowed free pratique.

(8) If the steamer arrives from the American coast, or ports of Japan, with a clean bill of health, the port physician shall act as follows:

If the vessel is less than ten full days from the date and hour of leaving the coast, neither the port physician nor the pilot shall board her. The pilot, without leaving his boat, shall give full and plain instructions to the master in regard to the anchorage.

(9) The port physician shall order the vessel in quarantine for a period of not less than ten full days from the date and hour of leaving the port, and have the yellow flag hoisted. He shall report in writing to the board of health, who, in the mean time, will have sent proper guards in boats to prevent any communication with the vessel.

(10) At the expiration of ten full days the port physician shall, on the written assurance from the captain that there is no contagious disease on board, examine the crew and passengers, and if the examination is satisfactory, allow the pilot on board, and instruct him to anchor the vessel as close as possible to the quarantine wharf.

(11) The passengers and their luggage, without exception, will be landed as quickly as possible at the quarantine station for thorough

fumigation and disinfection, after which they will be released and submitted to a daily medical examination for ten full days afterwards. The expense of such examination is to be borne by the person examined.

The captain and crew will remain on board, and the crew, under the supervision of an officer of the board and the ship's doctor, will proceed to the thorough fumigation and disinfection of the ship and the ship's furniture, the hold to be fumigated as soon as the hatches are opened. This done, the crew themselves will be disinfected and the vessel afterwards allowed free pratique. The ship's doctor will be requested to make a daily examination of the crew while in port, and report immediately to the board of health every suspicious case of diarrhea.

MAIL.

(12) The mail will be landed at once by a quarantine boat, disinfected and delivered to the post-office authorities.

THROUGH STEAMERS.

(13) Through steamers from America or Japan shall not be boarded either by the pilot or the port physician, but must anchor outside under the yellow flag and in quarantine, and must remain so until the tenth day after leaving the last port. This being complied with, such steamers may enter Honolulu Harbor under the same regulations as provided for steamers bound for Honolulu.

If the master is unwilling to submit to those regulations he may be allowed to land the Honolulu passengers in quarantine with luggage and freight, but the scows and men employed in such work must go into quarantine for ten days from date of such exposure. The scows must be disinfected before being used again.

The freight might safely be put loosely in the holds of some vessels chartered for that purpose, and thoroughly fumigated, a yellow flag to be permanently hoisted in daytime on board such vessel, and a red light at night. The mail will be landed in the ship's boats, or sent for from the quarantine, or by a quarantined boat and crew, be fumigated and delivered to the post-office authorities on the wharf. Steamers from the coast, bound for the colonies, if in need of coal, may enter the harbor at once under strict quarantine if the board is satisfied that they can not be coaled outside.

(14) Through steamers from the colonies or any other noninfected port (always excepting the American coast or Japan) if more than ten days out from the last port, and having a clean bill of health, will be allowed free pratique.

(15) Steamers from Asiatic ports shall be treated as provided in these and other existing regulations.

(16) Sailing vessels from the American coast with a clean bill of health and no sickness shall be subjected to the same regulations as provided for steamers bound for Honolulu. If from a noninfected port, always excepting the American coast or Japan, such vessel shall be allowed free pratique.

If they have live stock on board, they will proceed to the cattle wharf to land at once said stock, which shall be done by the crew only, after which they will be towed back to a point as near as possible to the quarantine wharf to submit to Rule No. 11.

IN CASE OF CHOLERA.

If any vessel arrives in the roadstead of Honolulu with cholera on board, or having had on the passage a case of cholera, the port physician shall report the facts at once to the board of health, who will issue full and definite instructions for such cases.

(18) Any vessel with an unsatisfactory bill of health will be anchored outside and the physician shall report the above fact to the board of health.

(19) These regulations will be published in a Honolulu newspaper, and copies sent to the coast and to the Hawaiian consul for distribution amongst the various shipowners, also copies printed for the port physician to hand over to masters of vessel on arrival.

(20) In every case the board of health will demand bonds from the owners or agents of every vessel, and all the expenses entailed by the enforcing of these regulations will be charged against such bond. In no case will the vessel enter the harbor or land passengers or freight unless such bonds have been furnished and approved.

(21) From and after date the physicians of Honolulu are requested to report to the board of health in writing every suspicious case of diarrhea occurring within their practice or coming to their knowledge. They are requested to give the name, sex, age, and address of the patient.

By order of the board of health :

Attest :

CHAS. WILCOX,
Secretary Board of Health.

DAVID DAYTON,
President Board of Health.

CHINA—*Hongkong*.—Month of August, 1892. Total deaths, 403, including phthisis pulmonalis, 53.

CUBA—*Havana*.—The following report, dated October 22, 1892, has been received from the United States sanitary inspector :

There were 111 deaths in this city during the week ending October 20, 1892.

Eleven of those deaths were caused by yellow fever (with approximately 50 new cases), 5 were caused by enteric fever, 3 by so-called pernicious fever, 1 by paludal fever, and 1 by diphtheria.

Up to the present time there is no suspicion that Asiatic cholera exists at any of the ports or in any part of the island.

GREAT BRITAIN—*England and Wales*.—The deaths registered in 33 great towns of England and Wales during the week ended October 15 corresponded to an annual rate of 17.3 a thousand of the aggregate population, which is estimated at 10,188,449. The lowest rate was recorded in Croydon, viz, 8.4, and the highest in Preston, viz, 30.6 a thousand.

London.—One thousand three hundred and ninety-five deaths were registered during the week, including measles, 20; scarlet fever, 24; diphtheria, 46; whooping cough, 5; enteric fever, 12; diarrhea and dysentery, 32. The deaths from all causes corresponded to an annual rate of 17.1 a thousand. Diseases of the respiratory organs

caused 241 deaths. In greater London 1,726 deaths were registered, corresponding to an annual rate of 15.7 a thousand of the population.

In the "outer ring" the deaths included diphtheria, 9; measles, 10; and scarlet fever, 9.

Ireland.—The average annual death rate represented by the deaths registered during the week ended October 15, in the 16 principal town districts of Ireland, was 19.2 a thousand of the population. The lowest rate was recorded in Kilkenny, viz, 4.7, and the highest in Newry, viz, 28.2 a thousand. In Dublin and suburbs 139 deaths were registered, including enteric fever, 4.

Scotland.—The deaths registered in 8 principal towns during the week ended October 15 corresponded to an annual rate of 18.0 a thousand of the population, which is estimated at 1,447,500. The lowest mortality was recorded in Leith, viz, 12.6, and the highest in Greenock, viz, 21.5 a thousand. The aggregate number of deaths registered from all causes was 500, including measles, 33; scarlet fever, 16; diphtheria, 2; whooping cough, 8; fever, 3; and diarrhea, 13.

INDIA—*Singapore.*—Month of August, 1892. Total deaths, 473, including 137 from "fevers" and 42 from beri-beri.

Straits Settlements.—Year of 1891. Total deaths, 17,570, including cholera, 217; smallpox, 55; beri-beri, 582; and "fevers," 6,741.

SWITZERLAND—*Lucerne.*—Month of September, 1892. Population, 22,000. Total deaths, 29, including scarlet fever, 1; and diphtheria, 2.

Zurich.—Month of September, 1892. Population, 91,323. Total deaths, 120, including phthisis pulmonalis, 12; typhus fever, 2; diphtheria and croup, 3; and whooping cough, 1.

Status of the cholera epidemic.

[Translated for this Bureau from the Deutsche Medicinische Wochenschrift, Berlin, October 13, 1892.]

The number of choleraic cases and deaths at Hamburg is steadily increasing, 7 cases and 5 deaths being reported for October 10. In Altona the decrease is slow. On October 7 there was 4 cases and 2 deaths.

The numerous cases of cholera observed throughout upper Germany, have occurred, for the most part, along the water courses. In Berlin, during the past week, there were 2 cases of cholera, 1 of which was fatal. For the week ended October 1 the following cases and deaths are reported:

Schleswig-Holstein, 73 cases, 56 deaths; Altona, 65 cases, 53 deaths; Hanover, 10 cases, 7 deaths; Brandenburg, 12 cases, 7 deaths; Pomerania, 24 cases, 19 deaths; Rhine province, 3 cases, 1 death; Mecklenburg, 11 cases, 2 deaths.

In the Oder and Rhine provinces the inspection service is thoroughly organized. In the former there are in all 8 inspection stations; at Schwedt, Küstrin, Frankfurt, and Fürstenberg for the Oder, and in

Küstrin and Landsberg for the Warthe: in Uckermünde for the Ucker-
münde Canal. On the Rhine there are 8 inspection stations, namely: Emmerich, Ruhrort, Duisburg, Düsseldorf, Cologne, Coblenz, St. Goar, and Mayence. For the Elbe province 3 stations have been established, for the Elde at Eldenschluss, at Stralau, near Berlin, and at Pichelsdorf, near Spandau. There are 12 inspection stations on the Weichsel.

In Holland and Belgium conditions remain unaltered.

In Paris and environs cases and deaths are reported as follows: October 3, 24 cases, 12 deaths; October 4, 25 cases, 10 deaths; October 5, 28 cases, 8 deaths; October 6, 18 cases, 11 deaths; October 7, 20 cases, 7 deaths; October 8, 20 cases, 5 deaths.

Some isolated cases are reported from Havre. A number of suspicious cases have lately occurred in Marseilles, and on October 10 the number of deaths rose as high as 30. One death occurred at Metz.

In the British seaports 30 cases of cholera have occurred. They were importations from Hamburg. The farther spread of the disease has been prevented.

At Cracow and its vicinity, where there had been no recurrence of cholera for a week, there were 19 cases during the week ended October 3. Most of the infected towns are on the Weichsel.

At Budapest cholera has made rapid progress. The number of cases and deaths reported is as follows: October 2, 18 cases, 6 deaths; October 3, 31 cases, 7 deaths; October 4, 47 cases, 19 deaths; October 5, 51 cases, 19 deaths; October 6, 53 cases, 19 deaths; October 9, 36 cases, 13 deaths.

In Vienna, according to the medical press, there had been, up to October 7, 259 cases and 104 deaths. The same journal states the outbreak of cholera at Budapest to be more violent than that of 1886. All quarters of the city are attacked. Many complaints are made against the municipal government. The means of transportation are insufficient and the hospital service is unsatisfactory. Cholera has made its appearance in other cities in Hungary.

In Russian Poland the disease is spreading. On September 30, 2 deaths were reported at Warsaw, and in the government of Grodno, from September 24-30, 5 cases and 2 deaths. Cholera has also appeared in Volhynia.

Notes on the progress of the cholera epidemic.

[Translated for this Bureau from the Veröffentlichungen des Kaiserlichen Gesundheitsamtes. Berlin, October 12, 1892.]

France.—Two cases and 1 death were reported from Dunkirk September 20 and 24. At St. Omer and the fishing village of Le Portel, near Boulogne sur Mer, cholera has been present in a pronounced form since the third week in September.

Netherlands.—According to official information for the week ended September 24, 1 choleraic death had occurred in each of the following-named places: Ablasterdam, Bergenbacht, Gravendeel, Hertogenbusch, Mill, Millingen, Kruiningen, Veere, Loppersum, Brenkelen-Nijenrode, Utrecht, and Zuilen; 2 deaths each in Bleskengraf-Hofwegen and Zwi-jndrecht; 7 in Rotterdam; in all, 23 deaths.

At Harlingen, on September 24, 1 choleraic case occurred. Its cause was traced to Hamburg. On October 27 there was 1 case at the Hague. Isolated cases are reported from 24 other places.

Russia.—Cholera has made its appearance in several localities in Polish Russia, and is officially reported at Odessa. The outbreak at the garrison at Odessa was traced to the return of some troops engaged in the military maneuvers in the infected district of Nikolajews.

The disease continues to decline in St. Petersburg. From August 28 to September 3 there were 396 deaths; from September 4 to 10, 285 deaths; from September 11 to 17, 147 deaths. In the government of Lublin the daily number of cases reported is on the increase.

The following statement shows the progress of the epidemic. It is based on official information received up to date :

Place.	Date in September.	Cases.	Deaths.
Baku (city free from cholera).....	15-22	5	6
Jeliszawetpol.....	17-24	73	44
Eriwan.....	14-21	206	108
Kutais.....	16-23	40	13
Dagestan.....	19	5	3
Kuban province.....	24	138	76
Stawropol.....	18	151	82
Saratow (city).....	23-24	9	.....
Saratow (government).....	23-24	456	225
Samara.....	23	360	183
Simbirsk.....	19	412	204
Kasan.....	21	163	76
Nishni-Novgorod (city).....	19	5	3
Nishni-Novgorod.....	19	13	4
Wjatka (city).....	18-25	2	.....
Wjatka.....	18-25	62	33
Perm (city).....	16-22	5	1
Perm (government).....	16-22	299	161
Ufa (city).....	16-20	14	9
Ufa (government).....	16-20	139	79
Orenburg (city).....	16-23	10	8
Orenburg (government).....	16-23	89	49
Turgai province.....	11-22	31	13
Turkestan.....	16-20	.....	25
Omsk (city).....	17-24	47	17
Akmolinsk.....	17-24	47	17
Semipalatinsk.....	17-24	46	33
Tobolsk (city).....	17-24	2	1
Tobolsk (government).....	17-24	25	12
Don province.....	21-22	407	147
Jekaterinislaw.....	21-22	91	63
Kertsch (city).....	21	22	11
Taurien.....	20	15	3
Cherson (city).....	23	53	31
Cherson (government).....	23	51	21
Odessa (city).....	23-28	10	4
Bessarabia.....	21-22	23	11
Kiew (city).....	24	27	12
Kiew (government).....	24	37	6
Poltawa.....	18	17	9
Charkow (city).....	19-20	46	19
Woronesch (city).....	19-22	4	2
Woronesch (government).....	19-22	210	121
Kursk.....	21	332	140
Tschernigow (city).....	19-22	57	11
Tschernigow (government).....	16-19	56	10
Tambow.....	25	161	84
Pensa (city).....	16-22	6	2
Pensa (government).....	16-22	113	54
Tula.....	11-18	92	39
Kostroma.....	16-23	40	24
Jaroslaw.....	18-19	27	13
Novgorod (city).....	13-20	4	1
Mohilew.....	18-25	24	10
Moscow (city).....	26-27	9	4
Moscow (government).....	1-26	155	64
St. Petersburg.....	26-27	18	3
Cronstadt.....	18-25	12	7
St. Petersburg (government).....	26	4	.....
Riga (city).....	25-30	72	38
Volhynia.....	22	11	5
Lublin (city).....	20-26	409	168
Lublin (government).....	20-26	362	143
Kielce.....	25-30	17	7
Siedlec.....	23-30	133	61
Warsaw (city).....	29	.....	2

The Charkow Government Gazette estimates the total number of choleraic deaths throughout the Russian Empire, up to September 13, at 172,363. The following statement shows the number of deaths in the several provinces:

Caucasus, 57,967; Don Cossack province, 16,367; Saratow government, 13,293; Samara government, 11,142; Tobolsk government, 10,798; Transcaspian government, 10,078; Astrakhan government, 7,629; Woronesch government, 6,184; Simbirsk government, 4,590; Tambow government, 4,278; Wjatka government, 3,770; Orenburg government, 3,409; Kasan government, 2,450; Charkow government, 2,346; Ural province, 2,222; Tomsk government, 1,925.

Less than 100 deaths each were reported up to September 13, for the provinces of Kastroma (99), Tschernigow, Olonez, Twér (13) Bessarabia, Novgorod, Vologda, Mohilew, and the Turgai.

Asia Minor.—At the lazaretto of Sinope, September 21, 1 fatal cholera case occurred among the passengers of the steamer *Pars*, from Trapezunt, which had undergone an eight days' quarantine and been admitted to free pratique. Another case occurred a few hours later. A choleraic death occurred at Trapezunt September 13. The lazaretto of Platana was closed September 14.

In the vilayet of Ezeroum, according to information of September 12, some isolated cases occurred in the villages of Kiotek, Zirín, Ketchesur, and Djanik. September 14 there were 3 choleraic deaths at Kherter among travelers from Russia; September 20, 1 death in Ezeroum; September 26, 3 deaths in Kherter.

Persia.—Choleraic deaths are reported as follows: September 1 to 12: Mesched, 73; Kutschan, 19; Bujunrd, 13; Asterabad, 387; Rescht, 320; Ardebil, 84; Tebriz, 620; Teheran and suburbs, 563; Hamadan, 300; Ispahan, 40. Teheran, from September 12 to 19, 100 cases and 60 deaths; Tebriz, 60 cases, 25 deaths; Hamadan, 900 cases, 380 deaths; Ispahan, 180 cases, 70 deaths. Teheran, September 19 to 26, 60 cases, 20 deaths; Tebriz, 30 cases, 10 deaths; Hamadan, 400 cases, 150 deaths. September 17, at Soutsch Bulak, 120 cases, 60 deaths; September 22, at Tuch, 120 cases, 60 deaths; in the Guerruz district, 300 cases, 150 deaths; September 22 to 26, 150 cases, 80 deaths; at Burnjurd, 300 cases, 200 deaths. In Veramin, from September 16 to 26, there were 1,000 cases and 300 deaths. In Desaschub, up to September, 136 persons, or one-fourth of the entire population, died of cholera.

Arabia.—In Hodeida and Zeidie, according to information received, cholera has prevailed since September 15 among the population and troops. From September 15 to 21, there were 544 cases and 129 deaths at Hodeida; at Zeidie, 270 cases and 78 deaths; at Beit-el-Fakih, 20 cases and 5 deaths; at Marawa, 3 cases and 2 deaths. On September 24 the presence of cholera at Badjeh was reported. Among 40 soldiers and 1,400 Kedifs disembarked at Hodeida from the steamer *Hassan Pascha*, there were 150 cases. By the evening of September 24 there were 60 deaths.

Cholera at Havre.

[Translated for this Bureau from the Hygienische Rundschau, Berlin, October 15, 1892.]

At a meeting of the Academy of Medicine at Paris, September 27, Dr. Gibert, of Havre, made a statement in regard to the present status of the cholera epidemic at Havre. He declared the epidemic now pre-

MORTALITY TABLE, FOREIGN CITIES—Continued.

Cities.	Week ended.	Estimated population.	Total deaths from all causes.	Deaths from—								
				Cholera.	Yellow fever.	Smallpox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping cough.
Georgetown, Demerara.....	July 16.....	53, 176	42									
Georgetown, Demerara.....	Aug. 13.....	53, 176	47									
Georgetown, Demerara.....	Aug. 20.....	53, 176	46									
Georgetown, Demerara.....	Aug. 27.....	53, 176	52									
Georgetown, Demarara.....	Sept. 3.....	53, 176	75									
Georgetown, Demarara.....	Sept. 10.....	53, 176	35									
Marsala.....	Oct. 8.....	40, 131	13					2				
St. Pierre.....	Oct. 5.....	35, 000	10									
Gibraltar.....	Oct. 9.....	25, 755	9							1		
Vera Cruz.....	Oct. 14.....	25, 000	36		6							
Girgenti.....	Oct. 8.....	23, 847	10									
Kingston, Can.....	Oct. 21.....	19, 264	6									
Antigua, W. I.....	Sept. 24.....	16, 664	16									
Antigua, W. I.....	Oct. 1.....	16, 664	14									
Antigua, W. I.....	Oct. 8.....	16, 664	20									
Flushing.....	Oct. 8.....	14, 000	4									
Matamoras.....	Oct. 21.....	12, 000	7									
Sonneberg.....	Oct. 9.....	12, 000	3									
Guelph.....	Oct. 22.....	10, 539	1									
Queenstown.....	Oct. 15.....	10, 340	4									
Tuxpan.....	Oct. 1.....	10, 280	5									
Tuxpan.....	Oct. 8.....	10, 280	10									
Clifton.....	Oct. 22.....	3, 249	1									

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