

ABSTRACT OF SANITARY REPORTS.

VOL. IX.

WASHINGTON, D. C., AUGUST 3, 1894.

No. 31.

TREASURY DEPARTMENT, *U. S. Marine-Hospital Service.*—Published in accordance with act of Congress approved February 15, 1893.

Notice with regard to nonreceipt of the Abstract of Sanitary Reports.

Any person whose name is on the mailing list of the ABSTRACT, failing at any time to receive the same, will confer a favor by immediately reporting the fact to the Bureau.

UNITED STATES.

Disposition to be made of infected vessels arriving at ports where there are no appliances for proper disinfection.

WASHINGTON, July 28, 1894.

SIR: I would respectfully inform you that the local quarantine at Rockland, Me., has been inspected by Passed Assistant Surgeon J. H. White, M. H. S., and report of said inspection made to the Supervising Surgeon-General, to the effect that there are no facilities for the disinfection of infected vessels which might arrive at that port, required under the Quarantine Regulations of the United States, approved April 26, 1894.

You are informed that infected vessels arriving at any port within your collection district requiring disinfection under the Quarantine Regulations of the United States will be remanded to some other port for disinfection, in accordance with section 6 of the act granting additional quarantine powers and imposing additional duties upon the Marine-Hospital Service, approved February 15, 1893.

You will report by telegraph to the Supervising Surgeon-General of the Marine-Hospital Service the arrival of any infected vessel within your collection district.

Your attention is also called to that part of section 5 of the National Quarantine Act, above referred to, regarding the health certificate to be furnished by the health officer, and to Article I (Inspection), Quarantine Regulations to be observed at ports and on the frontiers of the United States, dated April 26, 1894.

Respectfully, yours,

J. G. CARLISLE,
Secretary.

COLLECTOR OF CUSTOMS, *Jacksonville, Fla.*

[Reports to the Supervising Surgeon-General M. H. S.]

One case of yellow fever at Key West Quarantine.

KEY WEST QUARANTINE, July 22, 1894.—I have the honor to report that the American schooner *Henrietta J. Powell*, eighteen hours from Havana, bound for Pascagoula, Miss., arrived yesterday morning with 1 case of yellow fever aboard; sick about eight hours. Said vessel lay at Taliapiedra wharf in Havana, and lost 1 seaman, who died in hospital while there of yellow fever. The remainder of the crew, 6 all told, are and have been well. Vessel is clean and in good order; bilge sweet and clean. The sick man was immediately isolated, and vessel disinfected.—H. R. CARTER, *Surgeon, M. H. S.*

The epidemic of dengue at Key West—Report of sanitary Inspector John Guitéras.

KEY WEST, July 25, 1894.—I arrived in this city last evening, and have examined this morning into the epidemic of dengue fever that had been reported to me from this locality. The epidemic broke out in the U. S. Army post, consisting of two companies. The cases have been under the care of Dr. J. Y. Porter, health officer of the State of Florida. He has made a careful study of the epidemic, and his records will be of much value in the differential diagnosis with yellow fever. He has had about 80 patients. Most of them are now well; but I saw a few cases still sick, and two who were taken sick yesterday. The cases are all characteristic of a mild type of dengue fever.

The disease is beginning to spread to the city. In my opinion, it is not true that dengue fever is a premonitory sign of a yellow fever epidemic. The two diseases have nothing in common. I shall complete my statistical records of this city, and shall leave for Jacksonville by the next boat, on Saturday.—JOHN GUITÉRAS, M. D., *Sanitary Inspector, M. H. S.*

KEY WEST, July 28, 1894.—The report made in my letter of the 25th is fully confirmed by subsequent observation. There are no cases of yellow fever in Key West, and the epidemic prevailing is without possible doubt one of dengue. I leave for Jacksonville this evening.—JOHN GUITÉRAS, *Sanitary Inspector, M. H. S.*

*Smallpox in Michigan since January 1, 1894.*LANSING, MICH., *July 25, 1894.*

The following is a statement relative to all smallpox known in Michigan since January 1, 1894:

Counties.	City, village, or township.	Date of outbreak.	Cases.				Houses infected.	Houses now infected.
			Total.	Died.	Recovered.	Still sick.		
Allegan.....	Otsego (township)...	Jan. 8	2	1	1	0	2	0
Allegan.....	Otsego (village).....	Jan. 24	4	1	3	0	2	0
Menominee.....	Menominee.....	Jan. 27	6	3	3	0	4	0
Iron.....	Crystal Falls.....	Feb. 13	1	0	1	0	1	0
Marquette.....	Ishpeming.....	Mar. 13	2	0	2	0	1	0
Kalamazoo.....	Kalamazoo.....	Mar. 24	2	0	2	0	1	0
Jackson.....	Jackson.....	Apr. 27	4	2	2	0	2	0
Marquette.....	Marquette.....	May 2	1	0	1	0	1	0
Muskegon.....	Muskegon.....	May 6	3	1	2	0	1	0
Bay.....	Bay City.....	May 7	5	1	4	0	1	0
St. Joseph.....	Sturgis.....	May 11	5	4	1	0	1	0
Kent.....	Grand Rapids.....	May 16	1	0	1	0	1	1
Wayne.....	Detroit.....	May 28	2	0	0	2	1	1
Wayne.....	Detroit.....	May —	39	8	14	17	26	6
Kent.....	Grand Rapids.....	June 11	1	0	1	0	1	1
Monroe.....	Frenchtown (township).	June 16	3	1	1	1	2	2
Oakland.....	Farmington (township).	June 18	1	1	0	0	1	0
Oakland.....	Pontiac.....	June 19	2	0	1	1	1	1
Bay.....	Bay City.....	June 19	1	1	0	0	1	0
Monroe.....	Berlin (township)...	June 20	2	1	0	1	2	2
Washtena.....	Ypsilanti.....	June 20	1	0	1	0	1	0
Kent.....	Grand Rapids.....	June 20	1	0	0	1	1	1
Macomb.....	Macomb (towns'p)...	June 20	4	0	0	4	1	1
St. Joseph.....	Sturgis.....	June 21	4	0	1	3	2	2
Kent.....	Grand Rapids.....	June 22	1	0	0	1	1	1
Genesee.....	Clayton (township)...	June 28	2	0	2	0	1	0
State (26 outbreaks at 20 places)			100	25	44	31	60	19
Average.....			3·8	1	.....	.....	2·3	.....

In the 26 outbreaks there have been on the average to each outbreak only 3·8 cases and 1 death. In 11 of the 15 outbreaks, which are now over, the infection was restricted to the one house in which it first occurred.

Smallpox is still present in 7 places.

Very, respectfully,

HENRY B. BAKER,
Secretary State Board of Health.

Arrival of Russian emigrants at Boston.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION, July 29, 1894.—I am in receipt of letter, dated July 27, 1894, requesting me to add to the weekly reports to your Bureau the number of immigrants arriving at this port from Russia, also your request to be informed whether the baggage of Russian immigrants arriving at this station bears a yellow label with the word "Disinfected" thereon. In view of the foregoing, I have to report that on the steamship *Cephalonia*, which arrived July 28, 1894, the number of Russian immigrants who arrived by this vessel was 50, and that their baggage bore the yellow label with the word "Disinfected" printed thereon, as having been disinfected by the consul at Liverpool.—THOMAS F. DELHANTY, *Commissioner of Immigration.*

Report of immigration at Boston for the two weeks ended July 29, 1894.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION,
Port of Boston, Mass., July 29, 1894.

Number of alien immigrants who arrived at this port during the two weeks ended July 29, 1894; also names of vessels and ports from which they arrived.

Date.	Vessel.	Where from.	No. of immigrants.
1894.			
July 18	Steamship Prussian.....	Glasgow via Derry and Galway.....	76
22	Steamship Grimm.....	Hamburg, Germany.....	56
28	Steamship Cephalonia.....	Liverpool and Queenstown.....	171
	Total.....		303

THOMAS F. DELHANTY,
Commissioner of Immigration.

Report of immigration at New York for the week ended July 28, 1894.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION,
Port of New York, July 30, 1894.

Number of alien immigrants who arrived at this port during the week ended July 28, 1894; also names of vessels and ports from which they arrived.

Date.	Vessel.	Where from.	No. of immigrants from Russia.	No. of immigrants.
1894.				
July 22	Steamship Thingvalla.....	Copenhagen, etc.....		144
22	Steamship La Bourgogne.....	Havre.....	1	106
23	Steamship Aller.....	Bremen.....	7	96
23	Steamship Neckar.....	Naples.....		159
23	Steamship Edam.....	Rotterdam.....	5	58
24	Steamship Chateau Lafite.....	Bordeaux.....		30
25	Steamship Neustria.....	Naples.....		44
25	Steamship H. H. Meier.....	Bremen.....	34	59
25	Steamship Waesland.....	Antwerp.....		77
25	Steamship Circassia.....	Glasgow and Moville.....	39	145
26	Steamship Trave.....	Bremen.....	7	70
27	Steamship Britannic.....	Liverpool.....	4	158
27	Steamship Normannia.....	Hamburg.....		124
27	Steamship Elysia.....	Gibraltar.....		110
27	Steamship Persia.....	Hamburg.....	141	199
28	Steamship Veendam.....	Rotterdam.....	30	146
28	Steamship Taormina.....	Hamburg.....	65	115
28	Steamship Slavonia.....	Stettin.....		268
	Total.....		338	2,108

Dr. J. H. SENNER,
Commissioner of Immigration.

Report of immigration at Philadelphia for the week ended July 28, 1894.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION,
Port of Philadelphia, July 28, 1894.

Number of alien immigrants who arrived at this port during the week ended July 28, 1894; also name of vessel and port from which it arrived.

Date.	Vessel.	Where from.	No. of immigrants.
1894.			
July 24	Steamship British Princess.....	Liverpool.....	353

JNO. J. S. RODGERS,
Commissioner of Immigration.

Report of immigration at San Francisco for the week ended July 21, 1894.

OFFICE OF U. S. COMMISSIONER OF IMMIGRATION,
Port of San Francisco, July 21, 1894.

Number of alien immigrants who arrived at this port during the week ended July 21, 1894; also names of vessels and ports from which they arrived.

Date.	Vessel.	Where from.	No. of immigrants.
1894.			
July 19	Steamship San Juan.....	Panama and way ports.....	2
20	Steamship Umatilla.....	Victoria, B. C.....	17
20	Steamship Rio.....	Hongkong and Yokohama.....	12
	Total.....		31

WALTER P. STRADLEY,
Commissioner of Immigration.

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

BRUNSWICK QUARANTINE.

Week ended July 28, 1894.

Name of vessel.	Date of arrival.	Where from.	Destination.	Treatment of vessel and cargo.	Date of departure.
Am. schr. W. R. Chester.....	July 23	St. Lucia.....	Brunswick..	Held for disinfection.	.....
Am. schr. Harry B. Ritter.....	July 27	Matanzas.....	do.....	do.....	.....

CAPE CHARLES QUARANTINE.

Week ended July 28, 1894.

One vessel inspected and passed.

DELAWARE BREAKWATER QUARANTINE.

Week ended July 28, 1894.

Nine vessels inspected and passed.

KEY WEST QUARANTINE.

Week ended July 24, 1894.

Name of vessel.	Date of arrival.	Where from.	Destination.	Treatment of vessel and cargo.	Date of departure.
Am. schr. Levi Hart*.....	July 14	Sagua.....	Mobile.....	Disinfected.....	July 20
Am. schr. Helen Keller*.....	July 16	Caibarien....	Pascagoula.....	do.....	July 21
Am. schr. H. J. Powell†.....	July 21	Havana.....	do.....	Held for disinfection.	.....
Am. schr. Vila Y. Hermano.....	July 24	Cardenas.....	Mobile.....	do.....	.....

*Previously reported.

†One case of yellow fever on arrival.

PORT TOWNSEND QUARANTINE.

Week ended July 14, 1894.

Two vessels inspected and passed.

SAN DIEGO QUARANTINE.

Week ended July 25, 1894.

Two vessels inspected and passed.

Reports of States and yearly and monthly reports of cities.

ALABAMA—*Mobile*.—Month of June, 1894. Population, 31,076. Total deaths, 111, including phthisis pulmonalis, 13; enteric fever, 2; and whooping cough, 2.

CALIFORNIA.—Month of June, 1894. Reports to the State board of health from 60 cities, towns, and villages, having an aggregate population of 759,881, show a mortality of 827, including phthisis pulmonalis, 148; enteric fever, 15; scarlet fever, 2; diphtheria, 9; croup, 1; measles, 1; and whooping cough, 9.

FLORIDA.—Month of May, 1894. Reports to the State board of health from 45 counties, including the cities of Key West, Jacksonville, and Pensacola, having an aggregate population of 391,422, show a total of 325 deaths, including phthisis pulmonalis, 44; enteric fever, 10; croup, 1; and whooping cough, 1.

MICHIGAN.—Week ended July 21, 1894. Reports to the State board of health, Lansing, from 61 observers, indicate that dysentery, intermittent fever, remittent fever, and cholera infantum increased, and that tonsillitis decreased in area of prevalence. Phthisis pulmonalis was reported present during the week at 227 places, scarlet fever at 29, enteric fever at 23, measles at 20, diphtheria at 15, smallpox at 7, and typhus fever at 1 place.

NEW HAMPSHIRE—*Manchester*.—Month of June, 1894. Estimated population, 50,000. Total deaths, 66, including phthisis pulmonalis, 7; enteric fever, 1; croup, 2; and whooping cough, 2.

NEW YORK—*Hornellsville*.—Month of June, 1894. Population, 13,000. Total deaths, 14, including phthisis pulmonalis, 1, and enteric fever, 1.

UTAH—*Salt Lake City*.—Month of June, 1894. Estimated population, 70,000. Total deaths, 36, including phthisis pulmonalis, 5; scarlet fever, 1; diphtheria, 1; and whooping cough, 1.

VIRGINIA—*Petersburg*.—Month ended July 26, 1894. Estimated population, white, 12,000; colored, 13,000; total, 25,000. Deaths, white, 21; colored, 42; total, 63.

PUBLICATIONS RECEIVED.

Twelfth Annual Report of the State Board of Health of New Hampshire, fiscal year 1893.

Nineteenth Annual Report of the Secretary of the State Board of Health of Michigan, year ending June 30, 1891.

Proceedings and Addresses at a Sanitary Convention held at Menominee, Mich., April 5 and 6, 1894.

MORTALITY TABLE, CITIES OF THE UNITED STATES.

Cities.	Week ended.	Population, U. S. Census of 1890	Total deaths from all causes.	Deaths from—												
				Phthisis pulmonalis.	Yellow fever.	Smallpox.	Varicoid.	Cholera.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping cough.		
Allegheny, Pa.	July 28	105,287	46	3						1						
Altoona, Pa.	July 27	30,337	22							1						2
Amesbury, Mass.	July 28	9,798	3													
Ashtabula, Ohio.	July 30	8,338	1													1
Augusta, Ga.	July 27	10,527	13	1												
Baltimore, Md.	July 28	434,439	197	10						3		1	1			3
Baton Rouge, La.	July 21	10,478	3													
Beverly, Mass.	July 28	10,821	4													
Binghamton, N. Y.	July 28	35,005	14	2												
Boston, Mass.	July 28	448,477	313	27								1	11			2
Bristol, Conn.	July 14	7,382	2													
Bristol, Conn.	July 21	7,382	1													
Bristol, R. I.	July 21	6,553	1													
Bristol, R. I.	July 28	6,553	5													
Brockton, Mass.	July 21	27,294	13	2												
Brookline, Mass.	July 21	12,103	2													
Brooklyn, N. Y.	July 28	806,343	536	54	1							2	21	2		5
Bucyrus, Ohio.	July 21	5,974	2													
Bucyrus, Ohio.	July 28	5,974	2													
Butler, Pa.	July 28	8,734	4													
Butte, Mont.	July 22	10,723	8													
Cambridge, Mass.	July 28	70,028	40	4								2				1
Charleston, S. C.	July 21	*54,955	†30	3												
Chester, Pa.	July 28	20,226	8													
Cincinnati, Ohio.	July 27	296,908	66	10							2					
Cleveland, Ohio.	July 28	261,353	189	5						3		2	1			6
Columbus, Ind.	July 21	6,719	3	1												
Columbus, Ind.	July 28	6,719	2	1												
Columbus, Ohio.	July 28	88,150	33	4							1					1
Cumberland, Md.	July 21	12,729	6													
Cumberland, Md.	July 28	12,729	4								1					
Dedham, Mass.	July 21	7,123	4	1												
Dubuque, Iowa.	July 21	30,311	12	3												
Dubuque, Iowa.	July 28	30,311	17	3							1					
El Paso, Tex.	July 21	10,338	3													
Enfield, Conn.	July 22	7,199	5	1												
Evansville, Ind.	July 28	50,756	22	4							1					1
Fall River, Mass.	July 28	74,398	71	8							1					
Fitchburg, Mass.	July 21	22,037	10	1												
Flint, Mich.	July 21	9,803	4													
Flint, Mich.	July 28	9,803	2													
Fort Smith, Ark.	July 14	11,311	4													
Fort Smith, Ark.	July 21	11,311	1													
Fort Worth, Tex.	July 21	23,076	6													
Frederick, Md.	July 28	8,193	5	2							2					
Grand Rapids, Mich.	July 28	60,278	2	3												
Harrisburg, Pa.	July 28	39,385	3													
Haverhill, Mass.	July 28	27,412	9	1												
Hoboken, N. J.	July 21	43,648	35	2												
Hoboken, N. J.	July 28	43,648	31	2												
Houston, Tex.	July 21	27,557	13										1			
Ironton, Ohio.	July 28	10,939	3													
Jamestown, N. Y.	July 28	16,038	6													
Johnstown, N. Y.	July 21	7,768	2													
Johnstown, N. Y.	July 28	7,768	2													
Johnstown, Pa.	July 28	21,805	4	2												
Kalamazoo, Mich.	July 28	17,853	5													
Keokuk, Iowa.	July 26	14,101	3													
Knoxville, Tenn.	July 28	22,535	10	3												
Logansport, Ind.	July 23	13,328	5													
Lowell, Mass.	July 28	77,636	52	2								1				
Lynchburg, Va.	July 23	19,709	12	1							1					
Macon, Ga.	July 28	22,746	6													
Massillon, Ohio.	July 28	10,092	3	1												
Memphis, Tenn.	July 28	64,495	37	2							2			1		1
Middletown, N. Y.	July 28	11,977	5													
Milford, Mass.	July 30	8,780	6													
Milwaukee, Wis.	July 28	204,468	105	7	3							1	4			3
Mobile, Ala.	July 28	31,076	16	4							1					
Mount Vernon, N. Y.	July 28	10,830	6													
Nashville, Tenn.	July 28	76,168	29	1												1
Naugatuck, Conn.	July 28	6,218	1													

* Estimated population, 65,165. White, 28,370. Colored, 36,295. † White, 6. Colored 24.

Table of temperature and rainfall, week ended July 30, 1894.

[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.....	63	1		.92		.42
Portland, Me.....	67	7		.84	.66	
Northfield, Vt.....	65	6		.75		.51
Boston, Mass.....	71	7		.89	.81	
Block Island, R. I.....	71	1		.77		.67
New London, Conn.....	71	5		1.05		.95
Middle Atlantic States:						
Albany, N. Y.....	72	6		.89		.39
New York, N. Y.....	74	6		1.05		1.05
Philadelphia, Pa.....	76	6		1.12		.94
Atlantic City, N. J.....	72	0		.77		.77
Baltimore, Md.....	77	5		1.12		.72
Washington, D. C.....	76	6		1.05		.16
Lynchburg, Va.....	78	2		.84		.74
Norfolk, Va.....	78	4		1.37		1.07
South Atlantic States:						
Charlotte, N. C.....	79		1	1.36		.46
Wilmington, N. C.....	79	1		1.68		1.08
Charleston, S. C.....	82	0		1.75		1.15
Augusta, Ga.....	82		4	1.14		.04
Savannah, Ga.....	82		4	1.22	.98	
Jacksonville, Fla.....	82		2	1.47		.57
Titusville, Fla.....	82		2	1.33		.53
Jupiter, Fla.....	83		3	1.40		.30
Key West, Fla.....	85		3	1.00		.50
Gulf States:						
Atlanta, Ga.....	78		2	1.67	1.23	
Mobile, Ala.....	81		2	1.47		.07
Montgomery, Ala.....	82		4	.91		.51
Vicksburg, Miss.....	82		4	.91		.31
New Orleans, La.....	82		4	1.40	.10	
Shreveport, La.....	83		3	.61		.61
Fort Smith, Ark.....	81	1		.84		.64
Little Rock, Ark.....	81		1	.81		.81
Palestine, Tex.....	82		2	.56		.56
Galveston, Tex.....	84		4	.75	1.95	
San Antonio, Tex.....	83		1	.67		.47
Corpus Christi, Tex.....	82		2	.42	.68	
Ohio Valley and Tennessee:						
Memphis, Tenn.....	81		1	.77		.77
Nashville, Tenn.....	79		1	.98	.12	
Knoxville, Tenn.....	76	2		.98		.98
Louisville, Ky.....	78	2		.84		.54
Indianapolis, Ind.....	75	5		1.02		.92
Cincinnati, Ohio.....	77	3		.77		.77
Columbus, Ohio.....	75	3		.77		.77
Parkersburg, W. Va.....	75	5		.98		.48
Pittsburg, Pa.....	74	6		.98		.68
Lake Region:						
Oswego, N. Y.....	69	5		.64		.14
Buffalo, N. Y.....	69	5		.73		.53
Erie, Pa.....	71	5		.63		.13
Cleveland, Ohio.....	71	5		.80		.20
Toledo, Ohio.....	72	6		.70		.70
Detroit, Mich.....	72	6		.77		.67
Port Huron, Mich.....	69	7		.56		.46
Alpena.....	65	7		.75		.25
Marquette, Mich.....	65	3		.70		.00
Grand Haven, Mich.....	68	4		.63		.63
Milwaukee, Wis.....	70	6		.70		.60
Chicago, Ill.....	73	5		.79		.79
Duluth, Minn.....	66	2		.86		.06
Upper Mississippi Valley:						
St. Paul, Minn.....	71	9		.77		.77
La Crosse, Wis.....	72	8		.94		.94
Davenport, Iowa.....	74	6		.84		.84
Des Moines, Iowa.....	74	8		.75		.75
Keokuk, Iowa.....	76	6		.86		.46
Springfield, Ill.....	76	2		.35	.35	
Cairo, Ill.....	79		1	.70		.70
St. Louis, Mo.....	79	3		.68	.22	

*The figures in these columns represent the average daily departure.

Table of temperature and rainfall, week ended July 30, 1894—Continued.

Locality.	Temperature in degrees Fahrenheit.			Rainfall in inches and hundredths.		
	Normal.	*Excess.	*Defic'ncy.	Normal.	Excess.	Deficiency.
Missouri Valley:						
Springfield, Mo.	78		2	'98	'02	
Kansas City, Mo.	78	4		'89	'91	
Wichita, Kans.	79	5		'61		'61
Concordia, Kans.	77	6		'84		'84
Omaha, Nebr.	76	8		'96		'96
Valentine, Nebr.	72	6		'67		'07
Huron, S. Dak.	74	6		'84		'84
Pierre, S. Dak.	76	6		'49		'49
Moorehead, Minn.	69	3		'79		'19
St. Vincent, Minn.	66	2		'56		'36
Bismarck, N. Dak.	73	1		'56		'36
Williston, N. Dak.	72	0		'42		'42
Rocky Mountain Slope:						
Havre, Mont.	70		2	'49		'49
Helena, Mont.	68	0		'21		'21
Spokane, Wash.	71		3	'08		'08
Walla Walla, Wash.	76		4	'07		'07
Winnemucca, Nev.	72	0		'00		'00
Salt Lake City, Utah.	77		3	'07		'07
Cheyenne, Wyo.	68	2		'42		'42
North Platte, Nebr.	74	4		'63		'63
Denver, Colo.	73	1		'35		'25
Pueblo, Colo.	74	2		'49		'49
Dodge City, Kans.	78	6		'77		'77
Abilene, Tex.	83	1		'35		'35
Santa Fe, N. Mex.	69	3		'70		'60
El Paso, Tex.	83		3	'51		'51
Tucson, Ariz.	86		2	'77		'57
Pacific Coast:						
Port Angeles, Wash.	58	0		'14		'04
Portland, Oreg.	69		1	'14		'14
Roseburg, Oreg.	68		4	'07		'07
Red Bluff, Cal.	82		2	'00		'00
Sacramento, Cal.	74		2	'00		'00
San Francisco, Cal.	60		2	'00		'00
Fresna, Cal.	83		3	'00		'00
Los Angeles, Cal.	72		4	'02		'02
San Diego, Cal.	69		3	'00		'00
Yuma, Ariz.	93		1	'07		'07

*The figures in these columns represent the average daily departure.

FOREIGN.

[Reports received from the U. S. consuls through the Department of State and from other sources.]

*Cholera and yellow fever as reported to the Supervising Surgeon-General
M. H. S., May 15 to August 1, 1894.*

CHOLERA.

Arabia.—Mecca, cholera reported June 11.

Austria-Hungary.—Total to May 29 in all Galicia, 94 cases, 43 deaths; Borszczow (four communes), May 30 to June 5, 13 cases, 5 deaths; June 5 to 12, 15 cases, 7 deaths; June 19 to 26, 2 cases, 2 deaths; July 3 to 9, 7 cases, 2 deaths. Zaleszczyky, June 5 to 12, 2 deaths; June 26 to July 3, 9 cases, 4 deaths; July 3 to 9, 18 cases, 3 deaths. Bukowina, June 4 to 7, 5 cases, 2 deaths; June 19 to 26, 2 cases, 1 death; July 3 to 9, 3 cases. Borszczow, Husiatyn, Nisko, and Tarnoborzeg, June 12 to 19, 31 cases, 15 deaths; Husiatyn, June 19 to 26, 1 case, 1 death; July 3 to 9, 7 cases, 4 deaths.

Belgium.—To June 25, Jemappes, 50 cases; cholera also reported at Liege, Angleur, Seraing, Alost St. Nicholas, and Montegnee. Liege, June 9 to 16, 1 death; June 23, 4 cases, 2 deaths; June 23 to 30, 5 deaths; July 1 to 7, 13 deaths; July 9 to 19, 40 cases, 10 deaths. Seraing, June 15 to 30, 9 cases, 5 deaths; Jemappes, Tielluer, Grace-Buleur, Montegnee, Angleur, June 15 to 30, 90 cases, 49 deaths.

France.—Finistère department, April 22 to 29, 19 cases in 13 places; May 20 to 25, 7 cases, 1 death. Nantes, cholera reported July 7; Paris, May 27 to June 2, 4 deaths; Rheims, June 23 to 30, 2 cases; July 1 to 7, 1 death.

Germany.—Berlin, July 19, 1 case; Bohnsack, July 11 to 16, 1 case; Brahamunde, July 11 to 16, 1 case; Dantzig, cholera reported July 7; July 7 to 14, 2 deaths; Deutsch Eylau, June 28 to July 4, 2 cases; Direchau, July 11 to 16, 1 case; Fordon, July 11 to 16, 1 case; Grone Walz, July 11 to 16, 1 case; Knuzebrack, July 11 to 16, 1 case; Lubeck, 1 death on steamship *Helix*, en route from St. Petersburg to Lubeck, July 18; 1 death on steamship *Trave*, en route from St. Petersburg to Lubeck, July 30. Neusfahrwasser, July 11 to 16, 1 case; Plehnendorf, June 14, 3 cases; July 11 to 16, 8 cases. Schidlitz, July 11 to 16, 4 cases. Schilno, June 14, 1 case, 2 deaths in "country districts;" July 11 to 16, 1 case. Silesia, Myslowitz, May 25, 1 death; May 28, 1 death; June 6, 6 cases, 1 death. (Another report gives 5 deaths to June 4.) Department of Thorn, July 11 to 16, 3 cases.

Holland.—Elslo, 1 case; Maestricht, 1 case (reported July 18).

India.—Bombay, May 16 to 22, 12 deaths; May 23 to 29, 17 deaths; May 30 to June 5, 17 deaths; June 5 to 12, 10 deaths; June 13 to 19, 15 deaths; June 19 to 26, 14 deaths; Calcutta, May 6 to 12, 26 deaths; May 13 to 19, 19 deaths; May 20 to 26, 20 deaths; May 27 to June 2, 20 deaths; June 3 to 9, 22 deaths; June 9 to 16, 22 deaths; Madras, April 21 to 27, 1 death; April 28 to May 4, 1 death.

Italy.—Leghorn, June 17 to 23, 1 case.

Russia.—Courland, July 3, 5 cases, 1 death. Cronstadt, cholera reported July 2; June 20 to July 5, 12 cases, 6 deaths; July 1 to 7, 41 cases, 18 deaths; July 8 to 13, 57 cases, 15 deaths. Estland govern-

ment: July 1 to 7, 7 cases, 3 deaths. Grodno government: June 2 to 21, 32 cases, 18 deaths; June 21 to 24, 24 cases, 6 deaths; June 25 to 29, 10 cases, 7 deaths. Hangoe (Finland): July 11 to 18, 2 cases, 1 death. Kielce government: June 17 to 19, 14 cases, 9 deaths; June 21 to 28, 80 cases, 35 deaths; June 29 to July 4, 90 cases, 36 deaths. Kovno government: May 6 to 12, 4 cases, 3 deaths; May 6 to 19, 5 cases, 4 deaths; May 13 to 26, 7 cases, 3 deaths; May 27 to June 9, 1 death; June 17 to 23, 16 cases, 7 deaths; June 24 to 30, 88 cases, 10 deaths; July 1 to 7, 99 cases, 36 deaths. Olonetz: July 4 to 9, 3 cases, 2 deaths. Petrikov government: May 13 to 19, 5 cases, 4 deaths; May 20 to 26, 1 case, 1 death; May 25 to 29, 1 case, 1 death; May 31 to June 5, 4 cases, 2 deaths. Plock government: May 3 to 10, 34 cases, 24 deaths; May 6 to 12, 26 cases, 19 deaths; May 11 to 15, 12 cases, 7 deaths; May 16 to 25, 66 cases, 38 deaths; May 25 to 31, 31 cases, 21 deaths; June 1 to 7, 74 cases, 32 deaths; June 3 to 9, 99 cases, 50 deaths; June 9 to 13, 63 cases, 41 deaths (of these there occurred in the city of Ciechanow, June 1 to 13, 110 cases, 53 deaths); June 14 to 19, 53 cases, 29 deaths (Ciechanow, 47 cases, 21 deaths); June 20 to 27, 78 cases, 44 deaths; June 28 to July 4, 56 cases, 14 deaths. Mlava (city): May 28 to 29, 20 cases, 10 deaths. Podolia government: May 9 to 16, 9 cases, 4 deaths; May 16 to 23, 2 cases; June 3 to 9, 2 cases, 1 death. Radom government: May 6 to 19, 25 cases, 20 deaths; May 20 to 30, 13 cases, 8 deaths; June 3 to 9, 17 cases, 4 deaths; June 10 to 16, 17 cases, 4 deaths; June 13 to 20, 14 cases, 4 deaths; June 21 to 23, 8 cases, 6 deaths; June 24 to July 3, 33 cases, 19 deaths. St. Petersburg (city): Cholera reported July 18; July 1 to 7, 141 cases, 52 deaths; July 8 to 14, 875 cases, 294 deaths; July 14, 218 cases, 69 deaths; July 17, 206 cases, 82 deaths. St. Petersburg (government): July 1 to 7, 26 cases, 10 deaths. Serenetz: July 10, 11 cases, 5 deaths. Tula government: May 20 to June 10, 13 cases, 1 death; June 3 to 30, 20 cases, 1 death. Warsaw government: April 28 to May 6, 4 cases, 4 deaths; May 7 to 13, 10 cases, 5 deaths; May 14 to 16, 12 cases, 7 deaths; May 16 to 25, 21 cases, 10 deaths; May 26 to June 3, 60 cases, 32 deaths; June 5 to 9, 22 cases, 13 deaths; June 10 to 16, 38 cases, 19 deaths; June 15 to 21, 30 cases, 15 deaths; June 22 to 28, 44 cases, 22 deaths; June 28 to July 8, 22 cases, 8 deaths. Warsaw (city): May 6 to 12, 4 cases, 3 deaths; May 12 to 19, 19 cases, 9 or 13 deaths; May 19 to 26, 5 deaths; May 25 to June 5, 41 cases, 20 deaths; June 5 to 9, 22 cases, 10 deaths; week ended June 15, 13 cases, 7 deaths; June 16 to 23, 6 deaths; June 23 to 27, 10 cases, 6 deaths; June 29 to July 5, 34 cases, 22 deaths.

May 27.—Dispatch states that between May 5 and 19, in Warsaw and six Polish frontier provinces, there were 134 cases and 78 deaths.

Sweden.—One death on steamship en route from St. Petersburg to Stockholm July 4; 3 cases at Fejan Quarantine July 18, taken from vessel from St. Petersburg.

Turkey.—Akschehi, 3 cases, 1 death. Angora, May 31 to June 27, 146 cases. Avanas, June 8 to 26, 27 cases. Ben Bunar, May 10 to 21, 7 deaths. Bogazlian, June 3 to 19, 21 cases. Constantinople, April, 5 deaths. Cholera reported at Rodosto, Adrianople, and Milan. Divriki, May 24 to 26, 3 deaths; May 26 to June 22, 7 cases. Erbaa, June 5 to 24, 19 cases. Ezeroum, April 17 to 19, 53 cases, 46 deaths. Gumusch Hadji, June 26, 1 case. Iskilih, May 19 to June 1, 85 deaths. Jozgat, May 31 to June 1, 3 deaths. Kadikoi (near Sansoum), May 16, 3 deaths; May 16 to June 1, 15 deaths; May 17, 10 cases, 2 deaths; June 26, 3 cases. Kaisseci and vicinity, June 21 to 26, 359 cases. Kastamouni, May 5 to 14, 19 deaths; May 15 to 18, 24 deaths; May 5

to 30 (date of report), 103 deaths; June 1 to 21, 30 cases. Kaza von Zeila, May 16 to 31, 82 deaths; June 1 to 26, 63 deaths. Kirschehr, June 3 to 27, 130 cases. Kouia, May 13, 1 death; May 16, 5 cases, 3 deaths; June 1 to 3, 2 deaths; June 21 to 23, 8 cases. Maaden, June 26, 2 cases. Mahmurat el Aziz, 15 deaths. Marsewan, June 21 to 22, 4 cases. Milan, March 19, 27 cases, 17 deaths; April 9 to 16, 14 cases, 10 deaths. Neuschehr, June 30, 1 death. Niksar, May 27 to 30, 11 deaths. Sansoum, May 29, 12 cases, 6 deaths; May 16 to June 1, 10 deaths. Sivas, May 6 to 12, 170 cases, 81 deaths. "Suspicious cases in neighboring villages." May 7 to 13, 87 deaths; May 13 to 17, 41 deaths; May 13 to 19, 52 deaths; May 20 to 26, 14 cases, 14 deaths; May 27 to June 2, 1 case, 1 death. Tokat, May 17 to 31, 23 deaths; June 1 to 27, 67 cases. Trebizond, May 16, 10 deaths; May 31 to June 24, 37 deaths. Unia, June 18 to 19, 11 cases. Urgup, May 18 to 19, 1 case; June 23 to 26, 6 cases.

YELLOW FEVER.

Brazil.—Rio de Janeiro, April 29 to May 5, 81 deaths; May 6 to 12, 70 deaths; May 13 to 19, 66 deaths; May 20 to 26, 49 deaths; May 27 to June 2, 59 deaths; June 2 to 9, 44 deaths; June 9 to 16, 18 deaths; June 16 to 23, 13 deaths.

Cuba.—Cienfuegos, April 29 to May 5, 1 death; May 20 to 26, 6 cases; May 27 to June 3, 16 cases, 3 deaths; June 4 to 9, 2 deaths; June 10 to 16, 2 deaths; June 17 to 23, 10 cases, 4 deaths; June 24 to 30, 8 cases, 4 deaths; July 1 to 7, 3 deaths; July 7 to 14, 3 deaths; July 14 to 21, 4 deaths. Cardenas, July 1 to 7, 1 case; July 4 to 11, 6 cases, 2 deaths; July 14 to 21, 15 cases, 2 deaths; Havana, April 27 to May 3, 8 cases, 2 deaths; May 4 to 10, 16 cases, 5 deaths; May 11 to 17, 6 cases, 2 deaths; May 18 to 24, 10 cases, 1 death; May 25 to 31, 17 cases, 7 deaths; June 1 to 7, 12 cases, 3 deaths; June 8 to 14, 20 cases, 4 deaths; June 15 to 21, 26 cases, 11 deaths; June 22 to 28, 28 cases, 13 deaths; June 28 to July 5, 33 cases, 11 deaths; July 6 to 12, 45 cases, 15 deaths; July 12 to 19, 45 cases, 17 deaths; July 19 to 26, 50 cases, 16 deaths. Matanzas, June 20 to 27, 2 cases, 1 death; July 4 to 11, 30 cases, 6 deaths. Sagua la Grande, July 1 to 7, 1 death. Santiago de Cuba, April 26 to May 2, 1 death; May 2 to 15, 2 cases; July 9, 1 case. August 3, (cable) "yellow fever prevailing."

Ecuador.—Guayaquil, May 4 to 10, 3 deaths.

Honduras.—Nacaome, April 8 to 14, 2 deaths; April 22 to 28, 3 deaths.

Mexico.—Vera Cruz, April 27 to May 3, 6 deaths; May 4 to 10, 3 deaths; May 11 to 17, 12 deaths; May 18 to 24, 9 deaths; May 25 to 31, 14 deaths; June 1 to 7, 9 deaths; June 8 to 14, 12 deaths; June 15 to 21, 19 deaths; June 22 to 28, 13 deaths; June 28 to July 5, 7 deaths; July 5 to 12, 11 deaths; July 12 to 19, 9 deaths.

West Indies.—Antigua, April 29 to May 5, 1 case, 1 death. Puerto Rico, June 4 to 10, 4 deaths; June 11 to 17, 20 cases, 3 deaths; June 17 to 24, 21 cases, 2 deaths; June 24 to July 1, 20 cases, 4 deaths; July 1 to 8, 15 cases, 3 deaths.

Yucatan.—Merida, May 25 to 31, 1 death.

Status of cholera in Europe and Asia.

BERLIN, July 19, 1894.

SIR: I have the honor to offer the following report on the progress of cholera in Europe for the seven days ended July 18:

The disease has progressed materially since my last report, especially in St. Petersburg, where it has assumed alarming proportions. It continues at Cronstadt, and is even reported to be present in Finland, where it was never before seen. In Galicia there were many more cases than last week, and new cases have appeared in Germany and the Netherlands. In Belgium cholera still continues, especially in towns along the Meuse, which river is undoubtedly infected. On the whole, the outlook is rather alarming, far more so, indeed, than at this time last year.

Germany.—According to official reports since my last report, and up to July 16, there were in the territory of the Vistula 24 cases and 8 deaths, principally among raftsmen. The cases were distributed as follows: Department of Danzig: Plehnendorf, 8; Schidlitz, 4; Bohnsack, 1; department of Thorn, 3; department of Bremberg, Fordon, 1; Brahemünde, 1; department of Grandenz Grone-Walz, 1; department of Marienwerder: Schilno and Kunzebrack, each 1; Dirschau and Neusfahrwasser, 1 each.

Austria-Hungary.—In Galicia, from the 3d to the 9th of July, there were 32 cases and 9 deaths, distributed as follows: Department of Borszczow, two communities, 7 cases and 2 deaths; department of Husiatyn, 3 communities, 7 cases and 4 deaths; department of Zaleszczyki, 2 communities, 18 cases and 3 deaths; province of Bukowina, department of Kotzman, 3 cases. To recapitulate, there have been in Galicia since April 7, 199 cases and 102 deaths; in Bukowina, 11 cases and 3 deaths.

A press dispatch from Vienna, dated July 10, is as follows: "The district of Zaleszczyki, Galicia, where 28 cases of cholera, 11 of them fatal, have occurred in the last two days, has been declared to be a center of epidemic in the sense of the Dresden convention, and the necessary precautions have been taken to prevent communication with the infected districts."

Another telegram, dated July 14, informs me that all passengers coming from Galicia are subjected to sanitary supervision upon entering other parts of Austria.

Belgium.—As reported from Liege, there were, during the last ten days in that vicinity, 40 cases and 10 deaths of cholera. None of these cases were brought into Belgium, and there is no doubt that the disease has been endemic there for the last two years. It is officially stated that since the 10th of July Liege has been the principal center of infection in Belgium, cholera being found in the towns along the Meuse. On this river, between the 1st of June and 4th of July, 59 deaths occurred.

Netherlands.—Two cases of cholera have just been reported in Holland; 1 at Elslo, province of Lemberg, and the other at Maestricht, both said to have been poisoned with water from the river Meuse, or, as it is called in Holland, Maas. In Holland the province of Liege is regarded as infected and so treated.

Sweden.—In the quarantine at Fejan 22 passengers of the steamer *Von Döbeln* were retained as suspicious, and among 3 of them cholera supervened. Owing to this fact, the vessel will be retained for some time longer in quarantine.

France.—I have been unable to secure any reliable information as to the cholera in Finistère and Morbihan. It is of interest, however, at this time to invite attention to the great increase of the death rate in Paris. The death rate in this city for the twenty-seventh week of the current year is exceptionally high. The number of deaths registered is 994, which is 150 more than during the previous week and 73 above the average for the time of year. It is stated that typhus fever has appeared, and scarlet fever and diseases of the lungs markedly increased.

Russia.—From Poland cholera appears to have spread, with the advent of warm weather, to the northwestern part of the Empire, and a serious epidemic is now in progress in St. Petersburg and Cronstadt. First I shall give the official reports, which, though now of little use, may serve to show the rapid extension of the disease.

At St. Petersburg, from the 1st to 3d of July, there occurred 21 cases and 6 deaths; on the 3d and 4th of July there were 8 cases and 5 deaths. July 11, the following was reported in Berlin: Simultaneously with the news of the appearance of the cholera in Germany a report has come to hand which warrants the belief that the outbreak of cholera in St. Petersburg is much more serious than the official announcements indicate. The disease has taken hold of all the districts of the city with the single exception of that known as the admiralty quarter, and it has also spread to the suburbs. July 13, a telegram states that in the city of St. Petersburg and vicinity several hundred cases of cholera occur daily.

There have been 50 cases at the military camp at Krasno Zeloe. From the 8th to the 14th of July there were in the city 875 cases and 294 deaths. The following is under date of July 15: Cholera in this city shows a further increase. The total number of cases reported yesterday was 218, the deaths numbering 69. The prefect has ordered all wine shops in the city to be closed on Sundays and fête days during the prevalence of the epidemic. Not only the authorities and the public generally, but even members of the medical faculty are beginning to be seriously alarmed at the rapid spread of the disease.

The St. Petersburg board of health has caused public notices to be posted up in the streets giving directions as to the best measures to be taken to ward off disease. Several public buildings are to be utilized as temporary hospitals here and in the suburbs.

The correspondent of the London Times writes as follows, under date of July 15: "The cholera in St. Petersburg is assuming alarming proportions, being much more intense and fatal than during the outbreaks of the two previous years. Although it is thought that the epidemic must have been reintroduced from Poland into the capital, the first cases seem to have appeared in Cronstadt. At first there was considerable apathy, but now the authorities have been roused to energetic efforts. To-morrow the sanitary commission will begin to sit continuously to meet every emergency. Carbolic acid has been distributed throughout the city. The hospitals are all full, and one of the prisons has been prepared for receiving patients."

In spite of all that is being done, the press severely takes to task the municipal authorities for the horrible water, foul odors, and other defects of the town.

To-day I received the following dispatch from Mr. Andrew D. White, the minister of the United States at St. Petersburg: "St. Petersburg, July 18.—Yesterday, 206 cases, 82 deaths, 787 still sick, epidemic serious.—White."

There have been in all in this city since the 1st of July more than 1,500 cases.

To continue the official reports: At Hangoe, Finland, 2 cases and 1 death. On July 10 in Serenetz, district of Wesenberg, government of Estland, 11 cases and 5 deaths. City of Warsaw, June 28 to July 8, 22 cases and 8 deaths. Government of Warsaw, June 29 to July 5, 34 cases and 22 deaths. Government of Kielce, June 29 to July 4, 90 cases and 36 deaths. Radom, June 24 to July 3, 33 cases and 19 deaths. Plock, June 28 to July 4, 56 cases and 14 deaths. The following are for later dates, but are not official: Cronstadt, July 8 to 13, 57 cases and 15 deaths. City of Warsaw, July 1 to 7, 16 cases and 3 deaths. Government of Warsaw, same dates, 33 cases and 21 deaths. Kielce, 119 cases and 51 deaths. Estland, 7 cases and 3 deaths, the last being refugees from Cronstadt. Kovno, June 24 to July 7, 187 cases and 46 deaths. Plock, June 24 to 30, 66 cases and 36 deaths. In Olonez, July 4 to 9, 3 cases and 2 deaths.

The following is from the *Vossische Zeitung*, July 17: The precautions taken in St. Petersburg to ward off the spread of the epidemic are very slight, and consist principally in the posting of placards warning people not to drink unboiled water, to refrain from the use of liquor, and to call a physician as soon as symptoms of illness are felt. This appears to be of little use, inasmuch as the people are not provided with boiled water, nor are the addresses of physicians given. Vessels filled with boiled water and apparatus for distilling water are kept in certain localities, but they are few and far between. Even the policemen do not seem to know where the city physicians are to be found. The lack of wisdom of the municipal authorities begins to remind one of Hamburg. The sanitary condition of the capital, according to all authorities, is much worse than it was two years ago. Large and small canals within the city limits are stagnant in places, and of course infected. Adjoining the Kamenoi prospekt the conditions present an astounding aspect. Here the Karpowka canal receives the waste pipe from the Hospital of Peter and Paul, where are the cholera barracks; the water is stagnant, and emits the foulest odors. Fifteen yards away another waste pipe hangs over the canal by the windows of the patients. In the principal streets cesspools exist, and are cleaned in the old way with buckets, and the excreta carried away in open barrels, the contents being frequently spilled along the route. It seems as if some evil genius hovered over the city and prompted the authorities to allow another dreadful epidemic like that of Hamburg to occur, and the people themselves, by their habits, invite it, for never before have so many drunken men been seen here.

The Russian Government has come to an understanding with the Persian Government for the establishment of a sanitary inspection of caravans arriving in Persia from eastern Asia, in order that the plague may be kept out of Persia, whence it might easily extend to the Transcaspian province.

East Indies.—In Calcutta, from the 3d to the 9th of June, there were 22 deaths from cholera and 18 from smallpox.

Note.—As I close this report, I am informed that a case of cholera has occurred in Berlin, a woman who has just arrived from St. Petersburg.

Respectfully, yours,

FAIRFAX IRWIN,
Surgeon, M. H. S.

Emigration from infected Russian districts—Surgeon Fairfax Irwin ordered to investigate.

WASHINGTON, July 27, 1894.—Go to Rotterdam and cable concerning Russian emigrants.—WYMAN, *Supervising Surgeon-General M. H. S.*
To Surgeon FAIRFAX IRWIN, M. H. S., *Berlin.*

BELGIUM.

Sanitary measures relative to the importation and transit of certain merchandise.

LEGATION OF BELGIUM,
Newport, R. I., July 22, 1894.

In pursuance of the orders of the Government of the King, I have the honor to forward inclosed herewith to your excellency the text of a Royal decree, dated June 17, 1894, which prescribes sanitary measures relative to the importation and transit of certain merchandise in Belgium.

I should be very grateful if your excellency would kindly have this decree brought to the knowledge of the competent American authorities.

I avail, etc.,

BARON A. W. FALLON.

To the Hon. SECRETARY OF STATE.

[Ministry of Agriculture, Manufactures, and Public Works; Board of Health, Public Hygiene, and Public Roadways.]

Measures relative to the importation and transit of certain merchandise.

Leopold II, King of the Belgians, to all unto whom these presents shall come, greeting :

In consideration of the sanitary decree of July 18, 1831; in consideration of the Royal decree of July 30, 1893, relative to the circulation of wearing apparel, rags, etc., contaminated by persons attacked by cholera in the interior of the country; in consideration of the Royal decree of July 30, 1893, relative to the importation and transit of certain merchandise; considering that the cholera has prevailed either in epidemic or sporadic form in many foreign countries; considering that it is prudent to take at all times, whatever may be the origin, measures of precaution in regard to certain articles especially susceptible of transmitting not only cholera but other contagious diseases; considering the opinion of the superior council of public hygiene, on the proposition of our minister of agriculture, manufactures, and public works, we have decreed and do decree :

ARTICLE 1. The entry and transit by way of the frontiers of sea or land are forbidden to rags and drill, body linen, clothing, and worn garments (articles in use), and bedding having been used.

Exempted from this prohibition are :

1. Rags compressed by hydraulic force that are transported as wholesale merchandise, by bales bound with iron, and bearing marks and numbers of origin accepted by inspectors of customs.

2. Fresh waste, proceeding directly from spinning or weaving factories of construction or bleaching, artificial woolens (kunst-wolle, shoddy), and new paper parings, furnished with a certificate of origin authenticated by the local authority, or by the consul of Belgium at the place of shipment.

3. The merchandise and the articles designated in article 1, shipped in transit under the superintendence of the custom-house, when they are packed in such a way that they can not be manipulated en route.

4. The baggage of travelers and the articles transported in consequence of a change of domicile.

ART. 2. Our minister of agriculture, manufactures, and public works may authorize modifications in the foregoing regulations, on condition of a complete disinfection of the articles in question or under special conditions to be determined by him. In regard to the cholera, he will continue to prescribe, by virtue of the Royal decree of July 30, 1893, all measures that may be thought necessary on the frontiers of land or sea with respect to travelers, baggage, and articles transported in consequence of a change of domicile, within the limits decreed by the International Sanitary Commission of Dresden.

ART. 5. Our minister of agriculture, manufactures, and public works is intrusted with the execution of the present decree.

Given at Lacken, June 17, 1894.

LEOPOLD.

By the King:

LEON DE BRUYN,

Minister of Agriculture, Manufactures, and Public Works.

CANADA.

Smallpox in Ontario.

TORONTO, July 27, 1894.—I beg to make the following statement regarding the prevalence of smallpox in Ontario, at the present time: In Windsor, Essex County, July 24, 1 case; Chatham township, Kent County, July 25, 1 case, still sick; Dover township, Kent County, July 27, 1 case, still sick. Windsor case escaped to Detroit, and is in pest-house there; source of Chatham case, Detroit.—PETER H. BRYCE, *Secretary Provincial Board of Health.*

CUBA.

Yellow Fever at Santiago de Cuba.

SANTIAGO, August 3, 1894.—Yellow fever is prevailing in Santiago.—PULASKI F. HYATT, *U. S. Consul.*

To the Hon. SECRETARY OF STATE.

Sanitary report of Cienfuegos.

CIENFUEGOS, CUBA, *July 23, 1894.*

SIR: It becomes my duty to inform you that smallpox and diphtheria have made their appearance in this city. The origin of smallpox is unknown, but it is of a malignant character, and it is feared that it may become epidemic, as in 1887. The danger of the disease spreading is great on account of the nonisolation of the cases, and nondisinfection of the house; vaccination is not required, and everybody in the city is exposed. No measures are taken to prevent its spreading.

Borras fever increases amongst the children, and yellow fever continues in endemic form.

In the hospitals there are as follows: Civil Hospital, 154; St. Raphael, 21; National, 52; Dependientes, 25; Canarias, 20. Smallpox, 4 cases, 1 death; diphtheria, 4 cases, 1 death; yellow fever, 4 deaths; typhoid fever, 1 death.

I am, sir, very respectfully, your obedient servant,

MANUEL R. MORENO, M. D.,
Sanitary Inspector, M. H. S.

FRANCE.

Abstract of proceedings of the Second International Sanitary Conference, held at Paris, February 7-April 3, 1894.

The following abstract of the proceedings of the Second International Sanitary Conference, held at Paris, has been prepared in this Bureau from the official report of the conference. The delegates to this conference on behalf of the United States were, as stated in page 57, No. 5, Vol. IX, ABSTRACT OF SANITARY REPORTS, Dr. Stephen Smith, of New York; Dr. E. O. Shakespeare, of Philadelphia; and Surgeon Preston H. Bailhache, U. S. Marine-Hospital Service.

The Second International Conference of Paris was called to complete the work of the preceding conference of Venice and Dresden. The countries officially represented were Austria-Hungary, Belgium, France, Germany, Great Britain, Greece, Italy, Netherlands, Portugal, Russia, Spain, Sweden and Norway, Persia, Turkey, and the United States. The conference began its sessions February 7, 1894, under the presidency of M. Casimir-Perier.

The subjects proposed for consideration were:

I. Prophylaxis of the Pilgrimage of Mecca.

II. Protection of the Persian Gulf ports.

The programme of discussion was formulated as follows:

I.—Prophylaxis of the Pilgrimage to Mecca.

(A) Sanitary police in Indian ports.

1. Medical inspection of pilgrims.

2. Disinfection.

3. Refusal of embarkation of infected or suspected persons.

4. Refusal of embarkation to all pilgrims who shall fail to show that they possess means to defray the expense of the pilgrimage; five days' observation of other pilgrims.

5. Sanitary passport.

6. Disinfecting apparatus on each vessel.

7. Adequate supply of potable water protected from infection.

(B) Sanitary surveillance of pilgrims at the entrance of the Red Sea.

1. Choice of site for quarantine station.

2. If Camaran be chosen, improvements to be instituted.

3. Disinfecting apparatus.

4. Formation of board of management to be under the control of the sanitary council of Constantinople.

(C) Improvements to be instituted at Abou-Saad and Vasta.

(D) Supervision of land caravans of pilgrims to Mecca.

(E) Reorganization of the sanitary station of El Tor.

II.—Protection of the Persian Gulf ports.

(A) Establishment of sanitary posts at Fao, Bender-Abbas, Koweit, Bender-Bouchir, Bassorah, Mohammerah.

(B) Sanitary surveillance at Menama, in the Bahrem group of islands.

(C) Sanitary supervision at Mascate and Guadar, in Beloochistan.

(D) Constitution of a sanitary authority to have charge of carrying out quarantine measures.

For the facilitation of business the conference was divided into three committees, as follows: Red Sea commission, Persian Gulf commission, and committee of ways and means.

Before stating the results of the conference of Paris, it may be well to summarize the results of the conferences immediately preceding.

The first step toward international action in regard to public sanitation and maritime quarantine was taken by the French Government in 1847, in appointing medical sanitary agents in the East. The posts of observation thus created were at Constantinople, Smyrna, Beirut, Alexandria, Cairo, and Damascus. The information in regard to sanitary conditions in the East derived from these sources formed the basis for the conference of Paris, which was convened on invitation from the French Government in 1851. Twelve Powers were represented by delegates at this conference. The results obtained were a relaxation in the rigor of quarantine in Mediterranean ports and a scheme of rational maritime prophylaxis.

The succeeding conferences were more or less diplomatic and international in character. The conference of Venice in 1892 was called to consider the means of preventing direct communication between Europe and the infected regions of India, by way of Egypt and the Mediterranean. The conference succeeded, first, in regulating the duration and method of quarantine in the Suez Canal; second, in preventing the passage through the canal of infected vessels; third, in requiring disinfection of suspected vessels; fourth, in creating the council of Alexandria, with a preponderance of European influence.

The resolutions adopted by the conference were embodied in an agreement which was signed by the plenipotentiaries and afterward ratified by the Powers represented, and the Khedive directed that the provisions therein contained should go into effect November, 1893.

The eighth international sanitary conference met at Dresden March, 1893. The programme proposed for consideration the following subjects:

1. The duty of a Government when cholera is reported present within its territory.
2. The measures to be taken when cholera exists in a neighboring country.

The conference decided that the declaration of the presence of contagious disease is obligatory, and that every means should be taken to prevent its spread. It formulated a system of sanitary measures which afforded a maximum of protection for public health, with a minimum of restriction on travel and traffic, fixed the period of detention and isolation, defined the distinction between medical surveillance and observation, and permitted a person arriving from an infected port to proceed to his destination, keeping him, when arrived, under observation during the period of incubation.

The first session of the conference, February 7, 1894, was occupied with the organizing of committees and the formulation of the programme of the conference.

The second session, February 14, was opened by the discussion of the quarantine and sanitary measures proposed for the Red Sea and the Hedjaz by the Ottoman Government. The Ottoman delegates showed a disinclination to accept international intervention in regard to the pilgrimage to Mecca.

At the third session, February 20, Dr. Shakespeare, delegate from the United States,^{*} drew attention to the fact that the preceding conferences had failed to provide for the sanitary supervision of immigration from Europe to America. He showed that immigration created an intimate relation between the sanitary condition of Europe and that of the United States. More than 400,000 immigrants from Europe and Asia Minor arrive annually in United States ports. The importation of cholera from the East into Europe by means of infected articles indicates the bases for measures of prevention against the introduction of cholera into the United States. In reply to this statement, the delegates of France, Germany, Belgium, the Netherlands, Great Britain, Italy, and Austria-Hungary said that their respective governments would probably consider a plan of reciprocal action with the United States with regard to the sanitary supervision of immigration. The president of the conference inquired whether Dr. Shakespeare based his proposition on the acceptance by his Government of the principles adopted by the conferences of Venice and Dresden. To this Dr. Shakespeare replied that there were general analogies but differences of detail between the pilgrimage and immigration, and, furthermore, that his Government had not been represented at the conferences of Venice and Dresden, and had not formally accepted the principles adopted by those conferences.

PROTECTION OF THE PERSIAN GULF.

At its fourth session, February 28, 1894, the conference discussed the propositions submitted to it by the Persian Gulf committee. These propositions were prefaced by a brief description of the littoral of the Persian Gulf and of the conditions which render sanitary surveillance of the gulf ports essential to the protection of Europe against cholera. The ports named were Kuratchee, Gwadar, Mascate, Jastek, Bender-Abbas, Lingeh, Bender-Bouchir, Fao, Mohammerah, Koveit, and Bahrein. They may be described as follows:

Kuratchee, port of northwestern India and eastern Beloochistan, second in importance only to Bombay. It possesses a superb harbor. It is the site of a government sanatorium, and is a railway terminus.

Bender-Bouchir, the most important port in Persia, and the center of the maritime commerce of that country.

Koweit, the center for the trade in horses and cattle.

Bahrein, the principal island of an archipelago of 50,000 inhabitants. It is the central station of the pearl fisheries. In summer as many as 2,500 fishing boats, with a complement of men numbering 25,000, assemble there.

The other ports named are small, but they maintain an active trade and are in weekly communication with Bombay, with which port they are connected by a line of 6 steam vessels belonging to the British India Steam Navigation Company. There is not a single sanitary agent at any one of the ports named, and no sanitary surveillance of the coast line along its entire length.

The Ottoman Government proposes to establish a large lazaretto at Fao, on the west or Ottoman shore of the Chat-el-Arab, and a second lazaretto on the island of Salahigé, near Bassorah, and to create a post of sanitary observation in the bay of Koweit, but these defensive measures will prove inadequate unless similar measures are taken on the Persian littoral of the gulf. The Persian Gulf committee have determined that sanitary agents should be stationed at the ports of Bender-Abbas, Bender-Bouchir, and Mohammerah, and that sanitary surveillance is a necessity at the ports of Gevodar (Beloochistan), at Menama (capital of the Bahrein Islands), and at Muscate, on the coast of Oman.

The measures proposed by the committee were in detail as follows: (1) Sanitary regulations for vessels plying in the Persian Gulf; (2) sanitary posts. (See Annex 3.) These propositions were unanimously adopted by the conference, with the exception of the British delegates.

It may be noted here that the Persian Gulf committee was seriously divided in opinion as to the organization of the sanitary service for the Persian Gulf. The Ottoman delegates claimed that the council of health of Constantinople, aided by the Persian authorities, should be charged with the application of quarantine measures in the Persian Gulf. To this Dr. Pagliani (Italy) objected that the councils of health of Constantinople and Teheran were not so constituted as to afford the guaranties required by the conferences of Venice and Dresden.

M. de Giers (Russia) stated that there were serious objections to the connection of the sanitary service of the Persian Gulf with the council of Teheran. He stated that the existence of epidemic diseases in the ports of the Persian Gulf is now reported to the foreign legations by the council of health of Constantinople through its delegate at Teheran. He also drew attention to the absence of a protective system in Persia along the lines of land travel.

In this connection, Count Rufstein (Austria-Hungary) proposed the organization of an international sanitary service in Persia, providing for: (1) A central health bureau at Teheran; (2) an international sanitary council; (3) posts of observation, sanitary posts; (4) lazarettos. The total annual cost of this system he estimated at 500,000 francs, to be divided as follows: European powers, 200,000 francs; Persia, 300,000 francs, plus the original cost of erecting buildings, &c.

The indifference of the Persian authorities to the importation of cholera and the total neglect throughout Persia of all sanitary precautions in regard to disinfection, water supply, hygienic conditions in cities, and the disposal of the dead seem to show that international control of sanitation in Persia is necessary for the protection of Europe. The question of the creation of a competent authority for applying quarantine measures in the Persian Gulf and the adjustment of expenses was referred to the committee on ways and means.

The British Indian delegates objected to the quarantine system proposed for the Persian Gulf. They stated that 98 per cent of the trade of the gulf is carried in Anglo-Indian vessels; that very few pilgrims reach the Hedjaz by way of the Persian Gulf, and that the secretary of state of India has never received a report of an outbreak of cholera on a vessel from an Indian port trading in the Persian Gulf. They stated that their Government would consider the system proposed as a hindrance to traffic and would not consent to bear its part in the expense. They also objected to the location of a quarantine station at Fao on account of bad anchorage, insufficient water supply, insecure soil, and the presence of a form of pernicious fever, and claimed that reciprocal quarantine at Bassorah and Mohammerah would furnish ample protection against cholera for both the Ottoman and Persian coasts of the gulf.

Dr. Shakespeare (United States) introduced a resolution for the establishment of a large sanitary post, similar to that at Camaran, on one of the islands off Ras-Mesandown, to have supervision of all pilgrim vessels entering the Persian Gulf, and to be under international control and maintained at international expense.

Annex 1.—Text of the agreement in regard to maritime quarantine, signed by the delegates to the International Sanitary Conference of Paris, 1894.

(A) Sanitary police at the ports of departure of pilgrim vessels arriving from the Indian Ocean and Oceania.

1. Medical inspection of all persons taking passage on board a pilgrim vessel made individually, by daylight, on land, and by a physician appointed by the local sanitary authority.

2. Thorough disinfection made on land under the direction of the physician appointed by the sanitary authority of all infected or suspected articles.

3. Refusal of embarkation to any person attacked with cholera or cholericiform disorders.

4. When a case of cholera exists at the port, embarkation on board of pilgrim vessels shall not take place until the persons to be embarked have been segregated and subjected to observation for five days.

(This article is subject to local modifications.)

5. Pilgrims shall be required to show that they possess means sufficient to defray the expenses of the voyage going and returning, and for their maintenance at the holy places.

(B) Measures to be taken on board pilgrim vessels.

SECTION 1.—GENERAL REGULATIONS.

ARTICLE 1. These regulations apply to vessels transporting Musselman pilgrims to or from Mecca.

ART. 2. A vessel shall not be considered a pilgrim vessel which carries pilgrims of the better class, as passengers, in a proportion of less than 1 pilgrim to 100 tons burden.

ART. 3. All pilgrim vessels on entering or leaving the Red Sea shall comply with the regulations contained in the special regulations for the pilgrimage to the Hedjaz, to be published by the council of health of Constantinople in conformity with the principles laid down by the conference of Paris.

ART. 4. Steam vessels only shall carry pilgrims.

SECTION 2.—MEASURES TO BE TAKEN BEFORE DEPARTURE.

ART. 5. The captain of a pilgrim vessel is required to declare to the port authority, at least three days in advance, his intention of embarking pilgrims. He must also declare the date of intended departure and the port of destination.

ART. 6. The sanitary authority of the port shall then inspect and measure the vessel. The consul representing the flag carried by the ship may assist, if he so desires, at this inspection.

ART. 7. The port authority shall not permit the departure of a vessel until he is assured.

(a) That the vessel is clean and, if possible, disinfected.

(b) That it is in condition to undertake the voyage, and that the sanitary conditions are good.

(c) That the food and fuel provided for crew and passengers are sufficient in quantity and good in quality.

(d) That the water is good and obtained from a pure source; that it is sufficient in quantity, protected from contamination on board, and dispensed by faucets.

(e, f, g, h) That the vessel carries distilling apparatus capable of producing 5 liters of water a day per capita for all persons on board, passengers and crew; that it carries a disinfecting stove and has on board a physician and a ship's medicine chest, and that the deck is clear.

ART. 8. The captain shall post notices drawn up in the principal languages spoken by the pilgrims stating—

1. Destination of the ship.

2. Daily ration of food and water.

3. The price of provisions not included in the daily distribution.

ART. 9. The captain shall not be free to leave port until he holds—

1. A list of the pilgrims whom he is authorized to embark, viséd by the port sanitary authority.

2. A bill of health stating the name, nationality, and tonnage of the vessel, name of the captain and physician, the number of persons embarked, crew, passengers, and pilgrims, nature of the cargo, place of departure and destination, and condition of public health in the port of departure.

ART. 10. The port sanitary authority shall take effective measures to prevent the embarkation of suspected persons and articles.

SECTION 3.—PRECAUTIONS TO BE TAKEN DURING THE VOYAGE.

ART. 11. Every vessel embarking 100 or more pilgrims shall carry a physician commissioned by the government to which the vessel belongs. If the number of passengers exceeds 1,000 a second physician shall be engaged.

ART. 12. The physician should see that the rules of hygiene are observed on board, and that food and water are distributed according to agreement.

ART. 13. Pilgrims shall be lodged between decks.

ART. 14. The deck should remain clear. It should be placed at the disposal of the passengers.

ART. 15. Passengers shall be allowed to retain only such baggage as is strictly necessary.

ART. 17, 18, 19. The vessel shall be provided with latrines in the proportion of 1 to each 100 passengers. These shall not be located in the hold or between decks. They shall be cleaned three times daily and flushed with sea water.

ART. 20. Each person shall be gratuitously furnished with 5 liters of drinking water a day.

ART. 21. If there shall arise any doubt as to the condition of the drinking water it should be boiled and sterilized, and the captain is directed to empty it overboard and replenish at the first stopping place.

ART. 22. Two kitchens shall be provided for the use of the pilgrims. They shall not be allowed to cook elsewhere.

ART. 23. Medical care and attendance shall be furnished gratuitously to the pilgrims.

ART. 24. A regularly organized infirmary shall be provided for the sick. It shall be large enough to accommodate 5 per cent of the passengers, with a space of three square meters per capita.

ART. 25. The vessel shall be provided with the means of isolation in case of choleraic attack. All articles that have come in contact with the sick shall be promptly disinfected. Articles of no value should be thrown overboard if the vessel is at sea, or else burned if the vessel is at port.

ART. 26. In case of a death occurring on board during the voyage the captain shall note the fact with all particulars.

ART. 27, 28. The bill received at the port of departure shall not be altered in any way during the voyage. It shall be viséd in every port at which the vessel stops by the sanitary authority who shall note thereon:

1. The number of passengers landed or embarked.
2. Any facts touching the condition of the passengers and any incidents of the voyage.
3. The sanitary condition of the port at which the vessel is stopping.

ART. 29. The captain shall see that all prophylactic measures taken on board during the voyage are inscribed in the log.

ART. 30. The captain shall pay all sanitary taxes.

Section 4 relates to fines and penalties.

These regulations were adopted unanimously in committee except for the votes of the Ottoman and Greek delegations.

Annex 2.

SANITARY SUPERVISION OF THE PILGRIMAGE BY WAY OF THE RED SEA.

Pilgrim vessels arriving from the South, shall, before proceeding to the Hedjaz, touch at the sanitary station at Camaran and there be subject to the following treatment:

Vessels declared upon medical inspection to be clean shall be allowed free pratique after compliance with the following regulations: The pilgrims shall be disembarked; they shall take a spray bath or a bath in the sea; their soiled linen and such of their baggage and effects as may be suspected of infection shall be disinfected. The duration of this process, including landing and reembarkation, shall not exceed forty-eight hours. If during this period no case of cholera, diarrhea, or choleraform disorder shall develop, the pilgrims shall be at once reembarked and the vessel shall proceed to the Hedjaz.

Suspected vessels—that is to say, vessels on board of which cholera declared itself at the moment of departure, but on which no new case has occurred within seven days—shall be treated as follows: The pilgrims shall be disembarked; they shall take a spray bath, or else a bath in the sea; their soiled linen and such of their baggage and effects

as may be suspected of infection shall be disinfected, at the discretion of the medical officer. The duration of this process, including landing and reembarkation, shall not exceed forty-eight hours. If no case of cholera or choleric disorder shall develop during this period, the pilgrims shall be at once reembarked, and the vessel shall proceed to Djeddah, where a second medical inspection shall be made on board. If the result is favorable, on the written and certified declaration, under oath, that no case of cholera has occurred during the voyage from Camaran, the pilgrims shall be disembarked. If, on the contrary, cholera or choleric disorder shall have declared itself during the voyage, or at the moment of arrival, the vessel shall be remanded to Camaran, and there undergo a second time the treatment for infected vessels.

Infected vessels—that is to say, vessels on board of which cholera or choleric disorder shall have declared itself within seven days—shall be treated as follows: The persons attacked with cholera or choleric affections shall be disembarked and isolated in hospital. Thorough disinfection shall be performed. The other passengers shall be disembarked and isolated in groups, consisting each of as few persons as possible, in order that only a small front shall be exposed to choleric attack, should the disease develop. The soiled linen, utensils, and clothing of crew and passengers shall be disinfected; also the vessel itself.

The sanitary authorities shall decide whether the unloading of the larger baggage and the cargo is necessary, and whether the entire vessel or only a portion of it shall be disinfected.

The passengers shall remain five days at Camaran. If the cases of cholera date back for several days, the period of isolation may be curtailed. It shall vary according to the date of the last outbreak and in the discretion of the sanitary authority.

The vessel shall proceed to Djeddah, where thorough medical inspection shall be made on board. If the result is favorable the pilgrims shall be disembarked. If, on the contrary, cholera or choleric disorder shall have developed on board, either at the moment of arrival or during the voyage from Camaran, the vessel shall be remanded to Camaran, and shall there undergo for a second time the treatment for infected vessels.

IMPROVEMENTS TO BE MADE AT THE SANITARY STATION OF CAMARAN.

(A) Complete abandonment of the island by its inhabitants.

(B) Means of securing the safety and facilitating the movement of vessels in the Bay of Camaran.

1. Installation of buoys and lights in sufficient numbers.
2. Construction of a mole or quay for landing passengers.
3. Separate wharfs for the landing of pilgrims belonging to the several encampments.
4. Lighters in sufficient numbers, with a steam tug, to facilitate the landing of passengers.

(C) Installation of a sanitary station, which shall comprise—

1. A system of railways connecting the wharves with the executive and disinfection buildings and the camps.
2. Executive buildings and quarters for sanitary guards and others.
3. Buildings for the washing and disinfecting of nonportable and other articles.
4. Bath and dressing rooms for pilgrims.
5. Separate hospitals for the two sexes, completely isolated: (a) For the observation of suspects; (b) for cholera patients; (c) for contagious diseases other than cholera; (d) for ordinary diseases.
6. The camps shall be entirely separate and distinct from each other, and at as great a distance from each other as possible. The quarters for pilgrims shall be constructed under the best possible hygienic conditions, and shall not contain more than 25 persons each.
7. There shall be a cemetery reservation, well located, remote from habitations, not in contact with the subterranean water level, and drained at a depth of 50 centimeters below the level of the graves.

(D) Necessary sanitary appliances.

1. Steam stoves.
2. Sprayers and chemical disinfecting apparatus and agents.
3. Distilling machines for the sterilization of water by heat and for the manufacture of ice; for the distribution of potable water, a system of water-supply pipes and closed reservoirs, air tight and emptied by pumps or stopcocks.
4. Bacteriological laboratory.
5. Installation of movable receptacles for fecal matter. Such matter shall be spread on a portion of the island, remote from the camps.
6. Waste water shall be removed from the camps before it has time to stagnate.

(E) The sanitary authority shall see that each camp is furnished with shops for food and fuel.

The tariff of prices shall be fixed by a competent authority. The quantity and quality of the food supplied shall be inspected daily by the camp physician. Water is furnished gratuitously.

IMPROVEMENTS TO BE INSTITUTED AT THE SANITARY STATIONS OF ABOU-SAAD, VASTA, AND ABOU-ALI.

1. Establishment of 2 cholera hospitals, for men and women, at Abou-Ali.
2. Establishment of a hospital at Vasta for ordinary diseases.
3. Erection at Abou-Saad and Vasta, of stone buildings capable of accommodating 500 persons in the proportion of 25 each to a building.
4. Installation of 3 disinfecting stoves at Abou-Saad, Vasta, and Abou-Ali.
5. Erection of spray baths at Abou-Saad and Vasta.
6. Installation of distilling machines, capable of furnishing each 15 tons of water per day, at Abou-Saad and Vasta.
7. The regulations in regard to cemeteries, fecal matter, etc., shall be the same as those in force at Camaran.
8. Disinfecting stoves and appliances shall be installed at Djeddah and Yambo for the sanitation of pilgrims leaving the Hedjaz.

REORGANIZATION OF THE SANITARY STATION OF DJEBEL-TOR.

With regard to the station at El Tor, the contracting Powers leave it to the maritime council of Alexandria to carry out the plan agreed upon at the conference of Venice, observing only—

1. That it is necessary to have distilling machines at the station for sterilizing water.
2. That all provisions brought by pilgrims of Djeddah and Yambo, when cholera prevails in the Hedjaz, shall be disinfected, or completely destroyed when found to be unsanitary.
3. That measures should be taken to prevent pilgrims using leather water vessels; these water bottles to be replaced by vessels of terra cotta, or by metallic buckets.
4. That each section of the camps should be provided with a physician.
5. That a port captain should be appointed at El Tor to direct landings and reembarkations and to enforce the observance of the regulations by the ships' captains.

REGULATIONS FOR PILGRIMS ARRIVING FROM THE NORTH.

1. Outward bound.—If cholera is not reported present at the port of departure, and if no choleric disorder has declared itself during the voyage, the vessel shall be at once admitted to free pratique. If cholera is reported present at the port of departure or in its vicinity, or if a choleric disorder has developed during the voyage, the vessel shall undergo at El Tor the treatment prescribed for vessels arriving at Camaran from the South.

2. Homeward bound.—If cholera is not reported present in Hedjaz and has not been so reported during the pilgrimage, the vessel shall be subject at El Tor to the treatment prescribed for clean vessels at Camaran—that is to say, pilgrims shall be landed; they shall take a spray bath, or a bath in the sea; such of their baggage and effects as may be suspected of infection shall be disinfected, at the discretion of the sanitary authority, the duration of the whole process, including landing and reembarkation, not to exceed forty-eight hours. If cholera is reported present in the Hedjaz, or has been so reported during the pilgrimage, the vessel shall be subject at El Tor to the treatment prescribed for the treatment of infected vessels at Camaran—that is to say, the persons attacked with cholera or choleric disorder shall be landed and isolated in hospital. Thorough disinfection shall be performed. The other passengers shall be isolated in groups, consisting each of as few persons as possible in order to present a small front to choleric attack in case of an outbreak in any particular group. The soiled linen, clothing, and utensils of passengers and crew shall be disinfected, also the vessel itself. The local sanitary authority shall decide whether the unloading of the larger baggage and the cargo is necessary, also whether the entire vessel or only a portion of it shall be disinfected. All pilgrims shall be subjected to an observation of seven full days, dating from the termination of the process of disinfection. If a choleric disorder develops in any section, the period of seven days shall begin, for this section, from the day on which the last case was declared.

SANITARY MEASURES TO BE APPLIED TO PILGRIMS LEAVING THE HEDJAZ BY THE SEAPORTS.

The measures to be adopted for the departure of pilgrims going south from Djeddah and Yambo shall be the same as those in force for the departure from ports situated beyond the Straits of Bab-el-Mandeb, viz:

1. Medical inspection made individually, by daylight, on land and at the moment of departure, by a physician appointed by the local sanitary authority, of all persons taking passage on a pilgrim vessel.

2. Thorough disinfection made on land, under the superintendence of the physician appointed by the sanitary authority, of all infected or suspected articles, under provisions of article 5 of the first regulations inserted in Annex IV of the conference of Venice.

For all pilgrims embarking on vessels going north disinfection shall be performed at El Tor, except when cholera prevails in the Hedjaz. In this case the measures herein named shall be applied to these vessels at Djeddah and Yambo.

(Abou-Saad, Abou-Ali, and Vasta are small islands, situated near Djeddah, on which a lazaretto has been established.)

Annex 3.—Protection of the Persian Gulf.

REGULATIONS.

An infected vessel is one which has cholera on board, or on which new cases have occurred within seven days.

A suspected vessel is one which has had cholera on board, either at the time of departure or during the voyage, but on which no new case has occurred within seven days.

A clean vessel is one which, although it may arrive from an infected port, has had no case of cholera on board, either at the time of departure, during the voyage, or at the time of arrival.

Infected vessels shall be treated as follows:

1. The sick shall be promptly landed and isolated.

2. Other passengers shall be landed, if possible, and subjected to an observation, the duration of which shall depend on the sanitary condition of the vessel and the date of the last case on board, but which shall never exceed five days.

3. Soiled linen and effects of passengers and crew, when declared infected by the port sanitary authority, shall be disinfected, also the vessel itself or the part of the vessel contaminated.

Suspected vessels shall be subject to—

(1) Medical visit; (2) disinfection; (3) emptying of the bilge water and renewal of potable water supply.

Five days' observation of passengers and crew is recommended; also detention of crew on board except when the service of the vessel requires their presence on shore.

Clean vessels shall be at once admitted to free pratique. The port sanitary authority may apply to them the measures prescribed for suspected vessels, and may demand a certificate to the effect that there was no case of cholera on board at the time of departure. A vessel which shall decline compliance with the requirements of the port authority shall be free to put out to sea. It may land its cargo under the following conditions:

1. Isolation of the vessel, crew, and passengers.

2. Emptying of the bilge water after disinfection.

3. Renewal of potable water supply.

SANITARY POSTS.

1. At Fao, or its proximity, there should be a large lazaretto on terra firma, with complete sanitary service, having under its direction the sanitary posts of the Persian Gulf.

2. There should also be a small lazaretto on one of two Ottoman Islands, Salahiyé or Yilaniyé, situated near Bassorah, to have oversight of persons who may have escaped inspection at Fao.

3. Continuation of the sanitary post now in operation at Bassorah.

4. Establishment of sanitary post in the bay of Koweit, to have oversight of travel from Bahrein, and of the transportation of bodies conveyed by caravan for burial in the holy places of Kerbela.

5. Sanitary post at Menama, capital of the Bahrein Islands, to have oversight of the pearl fisheries.

6. Sanitary post at Bender-Abbas.

7. Sanitary post at Bouchir.

8. Sanitary post at Mohammerah.

9. Sanitary post at Gwodar, in Beloochistan.

10. Sanitary post at Mascate, on the coast of Oman.

Annex 4.

DIRECTION.

1. The application of the measures adopted by the conference in regard to the pilgrimages shall be intrusted to a committee chosen from among the members of the council of health of Constantinople. This committee shall be composed of three representatives of Turkey and of the several Powers who have accepted the sanitary agreement signed by the conferences of Venice and Dresden. The president of the committee shall be an Ottoman.

2. To secure effective service at the several sanitary stations competent corps of physicians, disinfectors, mechanics, and sanitary guards, recruited from among ex-officers, commissioned and noncommissioned, shall be created.

3. The expense of carrying out the system proposed by the conference shall be divided between the Ottoman Government and the council of Constantinople, according to the scale already fixed by the several Powers interested.

4. The sanitary authority at the Ottoman port of arrival or departure shall draw up a statement of any infraction of this agreement, to which the captain of the offending vessel shall attach any explanation he may have to make. A certified copy of this statement shall be transmitted to the consul representing the country to which the vessel belongs. The consul shall require the fine to be placed in his hands. In the absence of the consul the fine shall be deposited with the sanitary authority. The fine shall ultimately go to the council of Constantinople when the consular commission shall have declared it valid. A second certified copy of the statement shall be forwarded to the council of Constantinople, who shall refer it to the consular commission.

5. A consular commission shall be formed at Constantinople to have cognizance of disputed cases, and to act as judge between the sanitary agent and the ships' captains. It shall be elected every year.

6. The taxes and sanitary fines shall not be diverted to any objects but those relating to the sanitary councils.

QUARANTINE STATIONS.

The island of Camaran is 180 marine leagues distant from the straits of Bab-el-Mandeb, 45 from Hodeida, 18 from Loheya. Its length is 11 miles; breadth, $3\frac{1}{2}$; altitude, 50 feet. The soil of the island is sandy and pebbly. The water is generally brackish. The temperature does not exceed 44° C. There are 5 villages on the island. The retention of Camaran as a quarantine station for pilgrims was opposed in committee on the ground of unsanitary local conditions. It was objected to it that the soil was already infected from cholera excreta, and that in establishing a permanent quarantine station a fresh and perfectly healthy site should be selected. The objections made were overruled and Camaran was retained as a pilgrim quarantine station. The number of pilgrims to be received and treated at any one time was limited to 3,000.

LAZARETTO OF ABOU-SAAD AND VASTA.

This station is situated on two islands, bearing these names, in the vicinity of Djeddah. It is intended to receive pilgrims arriving from points north and south of the Red Sea, and is kept open throughout the year, whereas the station at Camaran is in operation only for six months, or during the pilgrimage. These islands are very narrow and can accommodate only 500 persons at any one time. The station was established in 1887.

Surgeon-General Cunningham (British India) made a detailed report in committee against quarantine at the entrance of the Red Sea. He asserted that detention at Camaran was unnecessary, the pilgrims having passed the whole period of the incubation of the disease on board ship and under medical observation. Camaran was made a quarantine station in 1881. Since that date all pilgrim vessels going to Mecca have been obliged to disembark their passengers on the island, even when the vessel had been in good sanitary condition from the time of its departure from India. He drew attention to the fact that detention at Camaran nullifies the precautions taken on board ship and at the port of departure. The careful medical examination before embarkation, the refusal to admit on board any suspected person or article of baggage, and the presence on board the vessel of a physician and a disinfecting store would seem to guarantee favorable sanitary conditions during the voyage. Pilgrims thus started on their journey, and protected during its course, arriving at Camaran after a voyage of twelve or fourteen days, in perfect sanitary condition, are landed on the island and detained under wretched conditions as to food and lodging and during a season of the year when the

heat is intolerable to pilgrims from the cooler latitude of northern India. It would be a miracle if cholera or other sickness did not break out among them. He spoke of the system of water supply and the lodging of pilgrims at Camaran as deplorably bad, and stated that quarantine at that point had notoriously failed hitherto to protect the Hedjaz from choleraic outbreak.

The British Indian delegates also formally objected to the five days' observation before embarkation at Indian ports. They stated that the situation of Bombay, which is the principal Indian pilgrim port, made it impossible to construct barracks large enough to accommodate, under hygienic conditions, the number of pilgrims that assemble there. These pilgrims come for the most part from northern India, where the climate is comparatively cool, and to herd them in unsuitable quarters, during the hot season, for five days would be a violation of hygienic principles. Moreover, many of the pilgrims arrive by railway as ordinary passengers, and present themselves for embarkation on the day of departure of the vessel. A complete system of railway passenger inspection and interrogation would be required to verify each pilgrim.

The consensus of opinion in the committee that considered these objections was in favor of the maintenance of a second line of defense against cholera at the entrance of the Red Sea. It could not be shown that the precautions taken before embarkation and during the voyage were absolutely efficacious, and the enormous increase of cholera in India (700,000 choleraic deaths having been reported in 1892) made it absolutely necessary to prevent any vessel carrying a latent germ of cholera to reach the seaports of the Hedjaz.

At the closing session of the conference, April 3, the delegates of the United States announced that they were prepared to accept the agreement based on the report of the Red Sea commission, with some reservations. They declined to accept the interpretation placed on paragraph 4, section A, annex 1, which allowed observation of pilgrims on board ship, provided the vessel were furnished with the suitable appliances for disinfection, instead of observation on shore and by groups. They also objected to the proposition to place the control of quarantine and sanitation in the Red Sea in the hands of a committee composed of representatives of the several Powers, but excluding therefrom representatives of Powers that have not accepted the agreements of the conferences of Venice and Dresden. They claimed that their Government, which was not represented at these conferences, was entitled to a voice in an international committee organized for the protection of the health of Europe and America.

The delegates of Great Britain signed the agreement, but withheld their acceptance of (1) paragraph 5, section A, annex 1; (2) article 13, annex 1, section B; (3) annex 3.

The first article relates to the obligation imposed on each pilgrim to show that he possesses the means of defraying the expenses of the pilgrimage. Surgeon-General Cunningham said that the British Government allowed complete religious liberty in all parts of the British possessions, so long as the law of the land was observed. He could, therefore, definitely state that the Government of India would never enact a law discriminating against any of its Mussulman subjects.

The second article objected to relates to the space between decks allotted to each pilgrim.

The third objection made was to the annex relating to the Persian Gulf.

The Italian delegates made the same reservations as the British delegates.

The delegate of Germany reserved for his Government all advantages that might result from the reservations made by the British delegates.

The delegates from Greece declared themselves as adopting only those provisions of the agreement which did not conflict with the regulations already in force in Greece.

The delegates of the low countries stated that they were prepared to sign with a reservation in regard to the space allotted each pilgrim, the space and surface fixed by Indo-Dutch regulations appearing to them ample.

The delegate of Norway and Sweden declared that his instructions permitted him to sign only *ad referendum*. He therefore withheld his signature.

The Turkish delegates stated that they signed with reservation of all provisions conflicting with Ottoman sanitary regulations.

The delegates of France, Austria-Hungary, Belgium, Denmark, Spain, Italy, Greece, Portugal, and Russia declared that they reserved for their respective governments all advantages resulting from the reservations made by Great Britain, and of which Germany had claimed the full benefit.

The president then expressed for the conference the following :

1. Supervision of the pilgrim caravans going by land to Mecca and Medina. It is the earnest wish of the conference that the measures taken along the routes of land travel in the East may be in accordance with the principles adopted by the conferences of Venice and Dresden, and that long land quarantines may be replaced by the modern methods of disinfection.

2. Protection of Persia. The conference earnestly hopes that sanitary measures conformed to those formulated by the conferences of Venice, Dresden, and Paris may be adopted on the Persian frontiers.

3. Acceptance of the agreements of the conferences of Venice and Dresden.

The delegates of Germany, Austria-Hungary, Belgium, France, Great Britain, Italy, the Netherlands, and Russia express the hope that the Powers that have not accepted the sanitary agreements signed at Venice and Dresden will hereafter accept the said agreements.

The conference was formally adjourned April 3, 1894.

GERMANY.

One cholera death on steamer en route from St. Petersburg to Lubeck.

HAMBURG, July 31, 1894.—Lubeck steamer *Trave*, arriving at Lubeck from St. Petersburg, reports the death of a fireman from Asiatic cholera.—W. H. ROBERTSON, *U. S. Consul*.

INDIA.

One case of the plague at Singapore Quarantine—Chinese immigration to the colony prohibited for the present.

SINGAPORE, *June 19, 1894.*

SIR: Referring to my dispatch, No. 49, of the 19th ultimo, I have the honor to report that a steamer which arrived off this port on the 14th instant, from Hongkong, with a suspicious case on board, was quarantined for a period of nine days, the crew and passengers being kept excluded from all communication with Singapore, on the quarantine island, where the suspicious case was isolated and placed under observation.

From the symptoms developed, the health officer informed me that he believed the case in question to be one of bubonic plague, though in a very mild form, as the patient, a Chinese fireman, was steadily improving.

Yesterday the legislative council met and passed measures prohibiting, for the time being, Chinese immigration into this colony. This, I consider, a very wise precaution.

As yet the disease has not appeared in Singapore.

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

E. SPENCER PRATT,

U. S. Consul-General.

To the Hon. ASSISTANT SECRETARY OF STATE.

RUSSIA.

Cholera in Russia.

ST. PETERSBURG, *July 9, 1894.*

SIR: When I informed the Department of State of the appearance of Asiatic cholera in Cronstadt, no cases of that disease had been officially admitted to exist in St. Petersburg. Since then bulletins have been published showing a daily increasing number of cases of cholera in this capital, although it has not yet reached any alarming proportions. According to the last report, 141 cholera patients have been treated in the hospitals of St. Petersburg, of which number 52 have died. In Cronstadt 41 cases are reported for the past week, and 18 deaths.

The other infected localities make the following report for the same week : City of Warsaw, 8 cases, 3 deaths ; province of Warsaw, 30 cases, 21 deaths ; province of Grodno, 20 cases, 8 deaths ; province of Kelets, 68 cases, 30 deaths ; province of Plotsk, 73 cases, 29 deaths ; province of Radom, 23 cases, 14 deaths ; province of Tula, 20 cases, 1 death.

The Russian Government is taking measures, jointly with the authorities of Persia, to prevent the introduction of the plague from the far East.

I am, sir, your obedient servant,

CHARLES JONAS,
U. S. Consul-General.

To the Hon. ASSISTANT SECRETARY OF STATE.

TURKEY.

Malignant and fatal fever near Bagdad.

BAGDAD, *June 20, 1894.*

SIR : I beg to report that since the flood (of which I wrote in dispatch No. 26, dated May 10) began to subside a malignant and very fatal fever has prevailed in the city and suburbs, more especially among the fellahs (tillers of the soil) down along the river, and these poor people are left to die without the aid of doctor or medicine. Having lost all their crops, I also fear the survivors of the fever will soon be starving. I learned only yesterday of this sad state of affairs, and this morning before sunrise I embarked in a kuffah (a circular boat made of wicker-work and coated with bitumen), armed with 2 ounces of quinine, some calomel, dovers-powder, and Epsom salts, for a reconnoitering tour among the huts of the fellahs, with which the banks of both sides of the river for 30 or 40 miles down are thickly dotted.

About 4 miles down I landed, and in the first courtyard I looked into I saw scattered all over and mixed up with donkeys, buffaloes, dogs, and chickens, heaps of filthy rags, around which millions of flies held carnival, and which when stirred disclosed each a human being. I salaamed and inquired about their health, and was told they were nearly all sick. I then said that I was a physician and had come to give them medicine, upon which they set up a cry of lamentation, saying they had no money with which to pay. Evidently the word "physician" was to them synonymous with highway robber or tax collector. On being told that I would treat them not for money but for Allah's sake, the sound of their voices changed to shouts of jubilation. Alas! that their momentary hopes and rejoicings should be so groundless. The fever, of paludal origin, as the surroundings fully showed, was mostly of a continued type, though in some cases intermittent. As soon as the purpose of my visit was known crowds began to gather from neighboring huts, begging me to come and see their sick, and I continued my visits, giving each adult 20 grains of quinine, with other remedies according to needs as long as my stock of drugs held out. From what I could gather the mortality during the past week had been very high, many dying after only one day's illness, others holding out from three to five days.

The misery I saw no one who has not practiced medicine in the Orient and among the poor during epidemics can have any conception of, and I was told that it was the same as far as the river bank was settled.

I walked home again, and everywhere were stagnant pools of green, slimy water, emitting a stench, which even I, who had been toughened

to such matters, could hardly stand. A caravan of Persian pilgrims bound for Kerbelah and Nedjef, holy shrines venerated by the Shiah sect of Mohammedans, was just arriving, and many of the mules were loaded with coffins containing corpses that had been dead for months, some perhaps for years. The immigration of defunct Persians having just been reopened, many thousand corpses will pass through Bagdad this summer for their final resting place. It is a source of both revenue and pestilence.

During the recent inundation most of the cemeteries, which completely surround Bagdad, were under water, and the dead had to be buried wherever a spot of elevated ground could be found outside the walls, and I am told that the graves were again opened at night by robbers for the sake of the clothes the corpses had on. The graves of the poor are always thus plundered. That this is a means of spreading contagion will be readily understood. But the fear of having the graves plundered led, more than at other times, to surreptitious interments in the cellars of the dwelling houses—a common practice during epidemics.

During the Feast of the Sacrifice, which began in the evening of the 13th instant (the 9th of the month of Zil-Hijjah, the last month of the Mohammedan year, which is eleven days shorter than ours) and ended on the 17th (13th Zil-Hijjah), probably not less than 20,000 sheep were sacrificed, besides buffaloes and camels. This wholesale slaughter, which is done with barbarous cruelty, will not improve the sanitary condition. Last year it was followed by an epidemic of homicides, which preceded the outbreak of the cholera.

Great floods, such as we have witnessed this year, are usually, so the health inspector as well as other old citizens inform me, followed by the plague, and a visitation of this dreaded scourge is expected next winter, if not sooner. * * *

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

JOHN C. SUNDBERG, *U. S. Consul.*

To the Hon. ASSISTANT SECRETARY OF STATE.

PROMULGATION OF FOREIGN QUARANTINE REGULATIONS.

Official notification has been received that the quarantine regulations made by the Secretary of the Treasury have been posted in the offices of the U. S. consuls at the following-named ports for ten days: Albert Town, Bahamas; Angers, Antigua, W. I.; Arendal, Bogota, Geneva, Girgenti, Green Turtle Cay, W. I.; Guatemala, Hilo, Hoegen, Honolulu, Jaffa, Jerusalem, Kahului, Laguna de Terminos, Lucerne, Manzanillo, Marsala, Monte Cristy, Nantes, Naples, Puerto Plata, San Pedro Sula, Turks Islands, Venice.

STATISTICAL REPORTS.

BAHAMAS—*Governors Harbor*.—Two weeks ended July 21, 1894. Population, 1,153. Total deaths, 3. No deaths from contagious diseases.

CUBA—*Havana*.—Under date of July 28, 1894, the U. S. sanitary inspector reports as follows:

There were 167 deaths in this city during the week ended July 26, 1894. Sixteen of those deaths were caused by yellow fever, with approximately 50 new cases; 2 were caused by enteric fever, 4 by so-called pernicious fever, 3 by paludal fever, 3 by diphtheria, 2 by smallpox, 19 by entero-colitis (chronic and acute), 20 by dysentery, and 5 by

pneumonia. All of the cases of yellow fever, including those who died from it, were from the military hospital and its immediate surroundings.

Santiago de Cuba.—Two weeks ended July 15, 1894. Population, 75,000. Total deaths, 51, including phthisis pulmonalis, 6.

FRANCE—*Nice.*—Month of June, 1894. Population, 97,720. Total deaths, 144, including phthisis pulmonalis, 10; enteric fever, 1; diphtheria and croup, 4; measles, 3; and whooping cough, 2.

GREAT BRITAIN—*England and Wales.*—The deaths registered in 33 great towns of England and Wales during the week ended July 14 corresponded to an annual rate of 15·9 a thousand of the aggregate population, which is estimated at 10,458,442. The lowest rate was recorded in Derby, viz, 9·5, and the highest in Liverpool, viz, 22·4 a thousand.

London.—One thousand three hundred and fifty-six deaths were registered during the week, including smallpox, 2; measles, 57; scarlet fever, 16; diphtheria, 45; whooping cough, 29; typhus fever, 1; enteric fever, 6; and diarrhea and dysentery, 94. The deaths from all causes corresponded to an annual rate of 15·9 a thousand. In greater London 1,695 deaths were registered, corresponding to an annual rate of 14·9 a thousand of the population. In the "outer ring" the deaths included smallpox, 1; diphtheria, 7; whooping cough, 15; and measles, 25.

Ireland.—The average annual death rate represented by the deaths registered during the week ended July 14 in the 16 principal town districts of Ireland was 18·1 a thousand of the population. The lowest rate was recorded in Sligo, viz, 0·0, and the highest in Galway, viz, 49·1 a thousand. In Dublin and suburbs 121 deaths were registered, including 3 death from whooping cough, and 2 from enteric fever.

Scotland.—The deaths registered in 8 principal towns during the week ended July 14 corresponded to an annual rate of 15·4 a thousand of the population, which is estimated at 1,447,500. The lowest mortality was recorded in Leith, viz, 11·6, and the highest in Dundee, viz, 19·0 a thousand. The aggregate number of deaths registered from all causes was 440, including smallpox, 2; measles, 13; scarlet fever, 6; diphtheria, 5; and whooping cough, 5.

GUIANA—*Paramaribo.*—Month of May, 1894. Population, 29,231. Total deaths, 79, including 2 from leprosy.

MALTA AND GOZO.—Two weeks ended June 15, 1894. Population, 168,736. Total deaths, 160, including 2 from enteric fever.

SPAIN—*Barcelona.*—Month of May, 1894. Population, 318,000. Total deaths, 554, including smallpox, 16; diphtheria, 23; and enteric fever, 20.

SWITZERLAND—*Zurich.*—Month of June, 1894. Population, 21,778. Total deaths, 32. No deaths reported from contagious diseases.

WEST INDIES—*Turks Islands.*—Three weeks ended June 30, 1894. Population, 4,744. Total deaths, 11. No deaths from contagious diseases.

MORTALITY TABLE, FOREIGN CITIES.

Cities.	Week ended.	Estimated popula- tion.	Total deaths from all causes.	Deaths from—										
				Cholera.	Yellow fever.	Smallpox.	Typhus fever.	Enteric fever.	Scarlet fever.	Diphtheria.	Measles.	Whooping cough.		
Acapulco	July 15	4,000	6					1						
Aix la Chapelle	July 7	108,906	50						2		3			
Alexandria	June 28	231,396	130			1					1			
Amherstburg	July 21	2,300	0											
Amsterdam	July 14	448,862	124					3			2	2	2	
Barmen	July 7	122,000	46								1			
Basle	July 7	80,000	35					2						4
Batoum	July 10	28,000	5											
Belfast	July 7	269,200	109						1		3	11	2	2
Belfast	July 14	269,200	90					1			1	10	2	2
Belleville	July 21	10,201	0											
Berlin	June 30	1,800,000	567					1	11	14	7			
Birmingham	July 14	492,301	158			1		2	2		6		6	
Bologna	July 14	146,068	86								3			
Bombay	June 26	830,000	518											
Bombay	July 3	830,000	555	14										
Bordeaux	July 14	252,415	96					2			1			
Bradford	July 14	221,610	60						3				1	1
Bremen	July 7	127,000	49								3	3		
Bristol	July 14	226,578	77								2	2		1
Brussels	July 7	483,081	166			1		3			1	1	1	1
Brussels	July 14	483,081	179								1			9
Cairo	June 28	374,838	363					3				2		4
Calcutta	June 16	681,560	308	26		10					1			
Calcutta	June 23	681,560	304	27		8		1			2	2		
Cardiff	July 14	155,250	29											2
Cardenas	July 21	23,517	16			2								
Catania	July 15	113,000	64							1				
Ceiba	July 8	5,000	2									2		
Ceiba	July 15	5,000	0											
Ceiba	July 22	5,000	0											
Chatham	July 21	10,000	4											
Chemnitz	June 30	150,000	67								1			
Christiania	July 14	167,588	75						2	1	7			3
Cienfuegos	July 21	23,000	27		4	1		1						
Cognac	July 16	17,500	2											
Cologne	July 7	309,400	181						3	4	12			5
Colombo	June 23	130,000	82					1						1
Copenhagen	July 7	341,000	161											
Crefeld	July 14	106,059	63							3	2			
Curacao	July 14	27,493	6											
Danzig	July 14	121,000	61	2							1	1		
Denia	July 14	14,000	8											
Dresden	June 30	312,770	114								9			2
Dresden	July 7	312,770	121					1	1	4				2
Dublin	July 14	350,000	121					1						
Dundee	July 14	158,719	58					2				5		
Flushing	July 14	15,250	4											
Frankfort on the Main	July 14	201,000	74								3			
Funchal	July 7	35,665	16					5						
Genoa	July 14	182,175	87								4			
Ghent	July 14	153,803	79											
Gibraltar	July 15	25,800	12											
Girgenti	July 7	23,847	8								2			
Glasgow	July 14	686,820	205						4	2	8			2
Gothenburg	July 7	108,000	37							3				1
Halifax	July 21	38,700	13											
Hanburg	July 14	598,372	243					1	1	3	13			
Hamilton	July 17	15,013	3					1						
Hamilton	July 24	15,013	0											
Hanover	June 30	197,000	50											
Hiogo	June 23	153,055	57					1						
Hongkong	June 16	232,662	*643											
Kehl	July 7	129,556	75				1							4
Kingston, Canada	July 7	17,348	4											
Königsberg	July 14	167,000	.....				1							
Leeds	July 14	388,761	102						1	1	1	1	1	1
Leghorn	July 14	102,956	26					1				1		
Licata	July 7	20,000	9					2						
Liege	July 15	155,898	76	4								3		
Liverpool	July 14	517,980	218				1	3	5	1	9			1
London, Canada	July 14	35,000	7											
London, Canada	July 21	35,000	3											

* Plague.

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.
Lyons	July 7	500,000	191						1	3	4	3
Madras	June 22	452,518	241									
Madrid	July 13	482,816	252			1		6			1	
Manchester	July 14	522,365	168			1			2	1	4	3
Mannheim	July 7	88,000	44									
Mannheim	July 14	88,000	44						1		1	
Marsala	July 7	40,131	24					1				
Matamoras	July 20	8,000	6									
Mayence	July 14	72,281	39								3	
Merida	July 7	45,749	41									
Merida	July 14	45,749	51									
Monte Cristy	July 20	3,000	1									
Moscow	July 7	800,000	643									
Moscow	July 7	800,000	643			3	1	3	15	14	22	6
Munich	July 7	390,000	163							2	1	
Naples	July 14	540,000	287					1		1		
Newcastle on Tyne	July 14	201,947	60							1	1	3
Odessa	July 25	324,500	161					2	1	2		
Palermo	July 7	273,000	127					1			2	1
Paris	June 30	2,424,703	994			3	1	7	2	15	30	3
Paris	July 7	2,424,703	994			2	6	5	7	13	37	12
Paris	July 14	2,424,703	924					8	7	19	20	3
Paso del Norte	July 21	7,000	8					1				
Plymouth	July 14	86,781	19								2	
Prague	July 7	190,135	139					3	1	2	1	
Prague	July 14	190,135	119					4	1	7	3	1
Puerto Cortez	July 17	1,500	0									
Queenstown	July 21	15,000	1									
Rheims	July 14	105,408	72							1	14	1
Rome	July 17	455,678	177					2		5	1	
Rotterdam	July 14	228,596	71			2						
Sagua la Grande	July 21	17,536	17								1	
St. Georges	July 9	15,013	2									
St. Georges	July 16	15,013	2									
St. Petersburg	June 23	1,100,000	72			4		8	16	10	34	
St. Petersburg	June 30	1,100,000	66					13	7	10	27	9
San Juan, Porto Rico	June 24	35,000			2	2						
San Juan, Porto Rico	July 1	35,000			4							
San Juan, Porto Rico	July 8	35,000			3	1						
San Pedro	July 14	2,200	2									
Schiedam	July 14	25,580	10									
Sheffield	July 14	338,859	87					1	1	1	1	3
Sonneberg	July 1	12,000	6									
Sonneberg	July 8	12,000	7									
Southampton	July 7	67,283	15									1
Southampton	July 14	67,283	12									
Stettin	July 7	125,000	102						3			
Stockholm	July 14	252,937	102							1		1
Stuttgart	July 12	139,659	47							1		
Sunderland	July 14	136,101	51						1		12	2
Swansea	July 14	95,370	23									1
Tegucigalpa	July 7	12,000	5									
Trapani	July 7	43,095	10					1			1	
Trieste	July 7	158,314	99						11	16	3	
Truxillo	July 7	5,000	1									
Truxillo	July 14	5,000	0									
Venice	June 30	160,282	69									1
Vera Cruz	July 19	25,500	34									
Vienna	July 7	1,465,537	652		9	2						
Warsaw	July 9	515,654	243		3			1	8	17	21	
Winnipeg	July 23	35,500	11						3	9	4	2
Zurich	July 7	119,706	38									

By authority of the Secretary of the Treasury :

WALTER WYMAN,
Supervising Surgeon-General Marine-Hospital Service.