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All expressions of opinions and all statements of supposed facts are published on the authority of the writer over whose signature they appear and are not to be regarded as expressing the views of the American Public Health Association, unless such statements or opinions have been formerly adopted by vote of the Association.

Dr. Walter Wyman.

Surgeon-General Walter Wyman of the Public Health and Marine-Hospital Service, died in the Providence Hospital, November 21, 1911, as a result of a carbuncle, brought about by a complication of diseases. General Wyman was born in St. Louis, August 17, 1848. He graduated from the City University of St. Louis in 1866, Amherst College in 1870, St. Louis Medical College in 1873, and received the honorary degree of Doctor of Laws from the University of Pennsylvania in 1897, from the University of Maryland in 1907, and from Amherst in 1911.

After the completion of a tour of duty in the St. Louis hospitals he entered the Marine Hospital Service in 1876, and was in charge successively of the stations at St. Louis, Cincinnati, Baltimore, and New York, and of the Quarantine and Purveying Divisions of the Bureau at Washington.

In 1892 General Wyman was made Supervising Surgeon-General, and Surgeon-General in 1902, which position he held until his death. During the intervening years there were passed at his instance a number of important laws for the protection of the public health, and the service of which he was the head was reorganized on broad lines, and developed to its present state of high efficiency. Among the notable movements with which he was connected were measures for the relief of deck hands on western rivers, the affording to consumptive sailors of the benefits of the high, dry climate

PUBLIC HEALTH NEWS AND NOTES.

B. L. ARMS, M. D.,
Boston, Mass.

New Officers of the American Public Health Association. The following officers for the year 1912 were elected at the 39th Annual Meeting of the American Public Health Association held in Havana, Cuba, December 4 to 9, 1911.

President, Dr. J. N. Hurty, Indianapolis, Ind.; First Vice-President, Dr. Federico Torralbas, Havana, Cuba; Second Vice-President, Dr. A. J. Douglas, Winnipeg, Canada; Third Vice-President, Dr. Carlos M. Garcia, Vera Cruz, Mexico; Secretary, Dr. William C. Woodward,* Washington, D. C.; Treasurer, Dr. Frank W. Wright,* New Haven, Conn.

Place of meeting for 1912, Washington, D. C.

COMMITTEE OF SEVEN for 1912: The President and Secretary, *ex-officio*. Dr. R. M. Simpson, Dr. W. R. Batt, Dr. H. D. Holton, Dr. P. H. Bryce, Dr. G. T. Swarts.

JOURNAL COMMITTEE for 1912: The Executive Committee made the following changes in the Committee on Journal for the year 1912: Dr. Henry D. Holton, for unexpired term (one year) of Dr. H. W. Hill (resigned) Dr. Peter H. Bryce, (3 years) in place of Dr. E. C. Levy, (term expired.) The membership of the new Committee on Journal now stands as follows: The President and Secretary, *ex-officio*, and Dr. P. H. Bryce, Dr. G. T. Swarts, Dr. H. D. Holton.

Proposed Central Office and Executive Official for the A. P. H. A.

Present Editor Retires: Mr. B. R. Rickards, whose term as Managing Editor of the Journal of the American Public Health Association expires with the present issue, has withdrawn his name unconditionally from further consideration for the position. The Committee on Journal, acting under instructions from the Executive Committee, proposes to combine the offices of Managing Editor, Secretary* and Treasurer*, and to open an office for the transaction of the business of the Association. A considerable saving in the expense of carrying on the work of the Association will undoubtedly be effected by the proposed consolidation. An adequate salary will be paid the officer selected.

*The present Secretary and Treasurer have both signified their desire to retire as soon as the new Editor-Secretary-Treasurer is appointed.

Report on the Investigation of Typhoid Cases at Walpole, Mass.

Doctors and boards of health have been prone to regard sporadic cases of typhoid fever as of little public concern, but the recognition of the facility with which the disease is spread by contact is modifying their attitude and thorough investigation of such cases is becoming more common. Recently the Board of Health of Walpole, through its secretary, Dr. F. H. Fuller, employed Horatio N. Parker to search out the cause of six cases of typhoid fever that appeared from August 10 to October 5, 1911, in the adjoining cities of Walpole and Norwood, Massachusetts. The former of these cities has a population of 4,900 and the latter 8,000; both support manufacturing establishments and have small congested areas, but in the main the citizens are well to do and live in the comfortable way characteristic of small suburban communities. Typhoid fever in the two cities is so unusual that the occurrence of six cases at about the same time caused considerable gossip.

The public water supply of Walpole is derived from wells and is known to be pure; that of Norwood comes from surface sources and is believed to be wholesome, though there is some dissatisfaction with it owing to its color and high temperature in the summer time.

Mr. Parker's report to the Board takes up the cases chronologically. The first case was that of a young man who, in all likelihood, contracted the disease at a seaside resort from a young woman to whom he was attentive, and who was nursing a patient through typhoid fever. The cause of the second case was not definitely ascertained, but the patient stated that only sixteen days before the first symptoms of illness appeared, she had returned to Norwood from a long visit to a neighboring state. The third case apparently contracted the disease at a shore resort where the patient, a child of ten, ate clams that were dug and steamed by her parents. This resort is at the mouth of a heavily polluted river and shell-fish taken thereabouts are known to be unsafe to eat. Within eleven days after this child took to her bed the other cases appeared on the route of the dairyman who served the family of the child.

The typhoid fever cases on this milk route were the only ones that had occurred in Walpole in 1911, and the patients had neither been out of the city nor had they come in contact with anyone having the disease. Suspicion thus fell on the milk. Inspection of the farms where the milk was produced and of the dairy showed no sickness of any sort. Inquiry elicited the facts that on this dairy route milk was left in bottles at all of those families where typhoid fever developed, and that at a large club house and at a popular restaurant where milk was left in cans, there were no cases of typhoid fever among the members and patrons, though milk was freely drunk at both places. It therefore seemed probable that the bottles of the dairyman had become infected from the first case on his route and that,

as the bottles were used over and over again without sterilization, they were carrying typhoid fever from customer to customer. The situation appeared similar to that which occurred in Montclair, N. J.* which was investigated and reported on by Mr. Parker. Accordingly the dairyman was instructed to sterilize all of his bottles in boiling water, which he did faithfully, and thereafter no new cases of typhoid fever appeared.

The Cholera Situation.† The number of cases of cholera reported in Italy and Russia has markedly decreased, as has also the number of localities from which the cases are reported.

Because of the improvement in the cholera situation abroad the following department circular has been issued, making the rule requiring the bacteriological examination of immigrants to determine the presence of cholera bacillus carriers apply only to immigrants arriving on cholera-infected vessels:

MODIFICATION OF DEPARTMENT CIRCULAR NO. 47.

TREASURY DEPT., OFFICE OF THE SECRETARY,

Washington, Nov. 16, 1911.

To National, State, and Local Quarantine Officers, Collectors of Customs, Shipowners and Agents, and others concerned:

Until further notice, Department Circular No. 47 of July 19, 1911, "Addition to Quarantine Regulations—Cholera Bacillus Carriers," is to apply only to infected vessels.

FRANKLIN MACVEAGH, *Secretary*.

Canada‡—Examinations for Cholera Carriers at Quarantine. The following circular in regard to the examination to be made at quarantine to detect the presence of cholera carriers among passengers coming from Italy has been issued by the Director General of the Public Health of Canada:

CIRCULAR TO QUARANTINE OFFICERS, THE COMMISSIONERS OF CUSTOMS, SHIPOWNERS AND AGENTS, AND OTHERS CONCERNED:

OFFICE OF THE DIRECTOR GENERAL OF PUBLIC HEALTH,

Ottawa, November 28, 1911.

SIR OR SIRs: In further reference to the subject of my circular letter of July 27 last, I am directed by the honorable the minister of agriculture to inform you that:

Until further notice, bacteriological examination of passengers from Italy suspected of being possible cholera carriers is to apply only to cholera-infected vessels.

The regulation stands that for all cholera contacts arriving on vessels upon which cholera has occurred, the period of detention under quarantine observation shall be 10 days, unless after 5 days' detention they are found not to be cholera-bacillus carriers.

I am, sir or sirs, your obedient servant,

F. MONTIZAMBERT, M. D.,
Director General of Public Health.

*Ninth Annual Report, Board of Health, Town of Montclair, N. J. 1903. Typhoid Fever: Whipple, p. 204. 1908.

†Public Health Reports, November 24, 1911.

‡Public Health Reports, December 8, 1911.

Pellagra.* A pellagra clinic was held November 2, at Columbia, S. C., under the auspices of the South Carolina State Board of Health. This makes the fourth annual clinic of this kind held at Columbia.

The following extracts are from a report on the clinic made by Past Assistant Surgeon, C. H. Lavinder:

"Among the papers presented, Dr. J. W. Babcock, in discussing the history of pellagra in South Carolina, read an abstract of a clinical report, and a case-history, taken from the records of the asylum for the year 1834. This case-record was in the handwriting of the superintendent of the asylum, Dr. Davis, and gave copious daily notes. After reading this case-history one could scarcely doubt that the physician was dealing with a case of pellagra. He himself spoke of the case as of scorbutic habit. Dr. Babcock was satisfied that the case could hardly have been anything else but pellagra, and expressed the opinion that a further search would undoubtedly show that pellagra had existed in the South Carolina State asylum since it was first opened in 1828.

"Mr. E. G. Watson, the South Carolina commissioner of agriculture, made a most interesting address on the spoiled corn problem in the South and especially in South Carolina. He has made an extensive study of the situation and he showed how very prevalent spoiled corn is in the markets of the South. He also expressed the opinion that spoiled corn is poisonous, and is unfit for consumption by either human beings or animals. This opinion was based upon careful laboratory work. He took the broad position that whatever be the cause of pellagra it was the duty of the State to protect its people against the sale of spoiled corn within its borders, since the use of such corn was a menace to public health. Under his energetic administration the State of South Carolina now has control of the sale of this product, and is vigorously enforcing the law against spoiled corn. South Carolina, he stated, is the only state in the Union which has such a control of the corn market."

Report of the Health Officer of the District of Columbia for 1910.

This report contains much material not usually included in health reports and is well worth careful perusal. The reports of the divisions of the department follow the report in the form of appendices and include contagious diseases, the report of the chemist, dairy inspection, vital statistics and over 150 pages of laws and regulations relating to public health.

All phases of the different subjects are taken up and show the progress along sanitary lines in the District.

*Public Health Reports, November 24, 1911.

A New Course in Sanitary Engineering. In 1911-12 the Graduate School of Applied Science of Harvard University offers courses in sanitary engineering.

This new department is in charge of Prof. George C. Whipple, Mr. J. W. M. Bunker and Mr. M. C. Whipple. A complete chemical and biological laboratory has been installed with special equipment for studying the principles of water purification, stream pollution and sewage disposal, the disposal of wastes, etc., and opportunities are given for research in the field and in plants in operation. The work is intended primarily for graduate students in civil engineering, but courses will be arranged for candidates for the degree of Doctor of Public Health and for students desiring to take up the subject of municipal sanitation.

Sanitary Officers' Association of New York State. At the annual meeting of this Association, held October 24, at the Hotel Astor, New York City, the following officers were elected:

Frank Overton, M. D., Patchogue, President.

Louis M. Brown, M. D., Purdy's Station, First Vice-President.

Daniel S. Been, M. D., Binghamton, Second Vice-President.

Louis B. Couch, M. D., Nyack, Third Vice-President.

O. J. Hallenbeck, M. D., Canandaigua, Fourth Vice-President.

Wm. Stanton, M. D., Webster, Treasurer.

Montgomery E. Leary, M. D., Rochester, Secretary.

Over one hundred members were present. The practical side of the work was taken up and a committee appointed to coöperate with the State Department of Health to the end that proper revision of the sanitary laws may be secured.

Discrepancies in Kansas City Milk Report. In the Monthly Report of the Hospital and Health Board of Kansas City, Mo., for October, 1911, in an article entitled Milk Supply Comparisons,* the following statement appears: "During the month of October, 1911, 204 samples were taken for bacterial count of which two were less than 10,000, eleven were 10,000, sixty-five were above the ordinance requirements and only two reached the 5,000,000 mark." On page 7 under the city chemists report we find "Bacteria counts on milk samples 242" and below this "number of milk samples showing a higher bacteria count than permitted by ordinance." The first statement is thirty-eight short of the number reported by the chemist while the latter's table seems incomprehensible in view of a 5,560,000 count.

* Page 4.