

A digest of the laws and regulations of the various states relating to the reporting of cases of sickness / by John W. Trask, Assistant Surgeon General ; prepared by direction of the Surgeon General.

Contributors

Trask, John W., 1877-1951.
United States. Public Health and Marine Hospital Service.

Publication/Creation

Washington : Government Printing Office, 1911.

Persistent URL

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TREASURY DEPARTMENT

Public Health and Marine-Hospital Service of the United States

PUBLIC HEALTH BULLETIN No. 45

JULY, 1911

A DIGEST OF THE LAWS AND REGULATIONS OF
THE VARIOUS STATES RELATING TO THE
REPORTING OF CASES OF SICKNESS

BY

JOHN W. TRASK

Assistant Surgeon General

PREPARED BY DIRECTION OF THE SURGEON GENERAL



WASHINGTON
GOVERNMENT PRINTING OFFICE
1911

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Presented by

The Surgeon General

May 1912.



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THE
Public Health and Marine Hospital Service of the United States
PUBLIC HEALTH BULLETIN No. 42

A DIGEST OF THE LAWS AND REGULATIONS OF
THE VARIOUS STATES RELATIVE TO THE
REPORTING OF CASES OF SMALLPOX

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A DIGEST OF THE LAWS AND REGULATIONS OF THE VARIOUS STATES RELATING TO THE REPORTING OF CASES OF SICKNESS.

By JOHN W. TRASK,

Assistant Surgeon General.

Reports of sickness are a necessity in public health work. Even a casual consideration of the subject will show that they are the foundation upon which public health work depends for its success. Accepting the function of the health officer as being the prevention of disease, a knowledge of the prevalence and geographic distribution of the preventable diseases within his jurisdiction is essential to his work. This knowledge is possible only in so far as cases of sickness are reported.

As our knowledge of pathology and epidemiology increases, additions are being constantly made to the diseases classed as preventable. It has long been recognized that certain of the more common contagious diseases, such as smallpox, scarlet fever, diphtheria, and measles should be reported, that proper restraint, isolation, or other indicated measures may be enforced for the protection of the community, or the public warned of possible danger. A community which has no means of knowing with what contagious diseases it is afflicted nor how many cases there are, nor where they are, is helpless to protect itself, and unnecessary sickness and deaths will result. Generally speaking, every case of an infectious disease is a focus from which other cases may directly or indirectly arise unless measures are taken to prevent them. Every typhoid-fever patient has potential possibilities for harm through the contamination of water and food supplies, which may be so far-reaching that it is but proper that cognizance be taken of each case. The same is true of tuberculosis, with the exception that its manner of spread is somewhat different. The majority of cases of this disease receive their infection from some existing human case. The disease is more or less chronic in character and the patient usually continues as a focus from which infection may be spread for months and sometimes years. If tuberculosis, which has so sorely affected mankind, is to be made a constantly diminishing factor as a cause of unnecessary sickness and premature death,

the location and activities of those affected must be known that they may be properly instructed how to conduct themselves that others may not be unduly endangered, that they may learn the ethical code to which the tuberculous should conform, and that its observance may be made as effective and easy as present knowledge can make it. Yellow fever is a disease of quite another type, spread in an entirely different way, but the importance of having each case reported at the earliest possible time has made a profound impression, and deservedly so, upon those living in infectible territory. And yet the ravages of this disease by sickness and death, while more striking perhaps, are no greater than those of some other diseases which are more constantly present and which very probably might be as effectively curtailed if as strenuously combated.

The above-named diseases serve as a few commonplace examples to illustrate the fundamental need for the reporting of the preventable diseases. The general statement may be made, it is believed, that in order to prevent the undue spread of the infectious diseases of man it is necessary that existing cases be reported to some authority with power and facilities to take such measures as are necessary to prevent the spread of the infection to others; also that the reporting of cases is the only generally reliable means a community has of knowing when unusual disease conditions or epidemics exist, and when, therefore, greater effort must be made for protection. The reporting of all cases of certain diseases occurring on water sheds is necessary for the proper protection of water supplies. The reporting of all cases of sickness possible of spread through milk when they occur at places where milk is produced, handled, or distributed, is essential to prevent epidemics of milk-borne disease.

Whenever it is desired to make a careful study of the cause of an epidemic, or of an unusual prevalence of a disease, the first step is to study the known cases to find the factors which have been operative in spreading the infection. Better results would undoubtedly be attained if, instead of unusual conditions being necessary as an incentive to epidemiological studies, every health authority had the means for constantly studying the movements of disease within his jurisdiction, the exacerbation and decline of sickness, the factors operative in the causation of disease, the best methods of prevention, and the times when special effort is necessary or most effective.

COLLECTION OF REPORTS.

The regulation of the reporting of sickness comes within the police powers of the individual States. As the sanitary condition of a State affects not only the inhabitants of the State itself, but, because of interstate commercial relations made easy by good roads and rapid transit, affects neighboring States, and even those more remote,

it would seem that it might reasonably be considered as having become the duty as well as the privilege of the individual States to meet the responsibility to such a degree at least as will guarantee a reasonable protection to other States. The minimum which would appear to serve this purpose would be that each State take measures to keep itself informed as to the prevalence and geographic distribution of the communicable diseases within its territory and make this information available at frequent intervals to those interested.

A State board or department of health, to be responsible for the local enforcement of State laws, must be represented locally by officials over which it has not only nominal but some actual supervision. This end has been accomplished in various ways. Some States (Massachusetts and Pennsylvania) have divided the State into health districts and placed a State representative in each. In Pennsylvania the county has practically been made the district. In Florida agents of the State board are employed in most of the counties. This gives the State board or department a representative, to a certain extent local in character. In Pennsylvania the actual local authority of the State has been carried still further, and all townships in which no township board of health has been organized are placed under employees of the State department of health, who act as local health officers. The State law requires incorporated municipalities and townships having a certain density of population (300 to the square mile) to organize local boards of health. All townships not so supplied, which in a way represent the strictly rural territory, are under the direct and immediate control of the State department of health.

In certain of the States a partial control over local boards has been obtained by the State authorities appointing a majority of the members of each local board. In Virginia the State board appoints three of the four members of each county and city board of health, and one of the three so appointed becomes the local health officer. In South Dakota the State board appoints two of the three members of each county board of health, but takes no part in the appointment of city boards. In West Virginia the State board appoints three of the five members of each county and city board of health; the three so appointed are nominated, however, by the county court in the case of counties and the council in cities. In Oklahoma the State commissioner of health appoints a county superintendent of health for each county. In Vermont the State board appoints a health officer for each town (township). In Wyoming the State board appoints the county health officers.

The health officer's knowledge of the prevalence or course of disease depends mainly upon reports made by physicians, the part played by the practicing physician being the most important factor

in securing reports of sickness. Physicians have not always been prompt in doing their part. It would seem, however, that if they are to avoid the unjust criticism of not being interested in prophylaxis, they must espouse the cause of preventive medicine and become, by virtue of their humanitarian calling, *ex officio* assistants of the health authorities. This idea appears to have been instrumental in shaping certain of the State laws. In Alabama the Medical Association of the State of Alabama constitutes the State board of health, and elects the State health officer. The county medical society constitutes a board of health for the county, and elects the county health officer and health officers for each incorporated municipality. In Mississippi the State medical association and all medical societies in affiliation with it constitute the State department of health, and any licensed practitioner of medicine may have his name enrolled as a member of the department. In North Carolina all registered physicians in each county constitute an auxiliary board of health for the county, the function of this board being to advise the county authorities on sanitary matters. In South Carolina the State board of health consists of the South Carolina Medical Association together with certain of the State officials.

Aside, however, from a consideration of the subject on a professional ethical basis, most physicians, because of their position as citizens, would without doubt desire to conform to the law once it had occurred to them that failure to do so placed them outside the class of law-abiding citizens. It would seem that where the State issues licenses, permitting the practice of medicine, one of the most reasonable penalties which it might be expected to impose upon physicians who did not comply with the laws, would be the suspension or revocation of the license. It is believed that a considerable percentage of those who do not now feel under moral obligation to carefully and accurately report all cases required by law would do so if it were made plain that the license was granted on condition that the recipient agreed to familiarize himself with State laws relating to the public health and to obey them, and that the license would be considered valid only so long as these conditions were fulfilled.

This has been enacted into law in Utah, where it is required that whenever any licensed practitioner of medicine is guilty of willful violation of the law in regard to the reporting of infectious diseases or the registration of births and deaths his license shall be revoked or canceled. (Utah Compiled Laws, 1907, sec. 1735-36 as amended by Acts of 1911, ch. 93.)

The question naturally arises as to which diseases should be made notifiable. Opinion in the past seems to have differed considerably. The number required to be reported varies from 33 in Pennsylvania to none at all in four States. There would seem to be decided

advantages in making notifiable all preventable diseases, and that these might be considered to include infectious diseases, certain parasitic diseases, occupation diseases, and certain diseases due to damaged or improper food.

The greatest need of reports of sickness, and their most important use, are for the immediate information of the health officer, that he may take such measures as are known to medical science to protect the family of the patient and the community from further and unnecessary infection or additional injury, or at least instruct them as to how this can be done. However, reports of sickness when compiled and classified become morbidity statistics which show the movement of disease, the progression, extension, recession, and periodicity of epidemics, and the effects upon disease of preventive measures and sanitary improvements.

The reporting of sickness is the foundation upon which the study of epidemiology necessarily rests, a study which will without doubt add much to existing knowledge of disease.

STATE LAWS AND REGULATIONS.

The laws and regulations of the various States relating to the reporting of sickness, and to the health authorities to and through whom the reports of cases are made, briefly abstracted and analyzed in tabular form, will be found on succeeding pages. It is desired to emphasize that these represent the requirements of State statutes and of regulations promulgated in accordance with the statutes, and are not to be understood as showing in all cases the work that is done, owing to the impossibility of enforcement of the provisions under existing conditions in some of the States. For some purposes it would have been better to have shown the measures being enforced and the extent of their enforcement, but for reasons which will be readily understood this was impossible.

There is considerable variation in the different States as to the authority to whom reports are made. The simplest and least common is where the physician makes the report direct to the State board or department of health. The most common is for the physician to report to the city health authority, if in a city, and to the township or county authority if outside of cities, and for the city and township or county authorities to report to the State department or board. In some States a third step is inserted and the local authorities report to the county health officer who in turn reports to the State. Various modifications of these schemes are also used, as will be seen by consulting the tables. The effort seems to have been made in most cases to have the physician report to the authority who would be benefited by the information and would take whatever action was necessary or possible.

The time when reports are to be made also varies. It is usually required that the physician make an immediate report; in some cases it is specified to be made within 12 or 24 hours, in others weekly, and in still others at the end of the month. Also varying requirements are made as to when the city, township, and county authorities shall report to the State. In some States these reports are made daily, in some weekly, in others semimonthly or monthly, in a few quarterly, annually, or not at all; in one or two weekly and also for the fraction of a week at the end of the month.

The variation in the laws and regulations of the States as to the manner and time of reporting, and the authorities to whom the reports are made, is such that the only method of satisfactorily showing the details seemed to be a tabular statement where the scheme adopted in each State could be shown. (See pp. 74 to 97, inclusive.)

The features peculiar to the various State laws have been noted by themselves as being of possible interest, and will be found on pages 66 to 68, inclusive.

A table showing the diseases required to be reported in each State will be found on pages 69 to 73.

ACKNOWLEDGMENT.

A copy of the proof of this publication was sent to the State health officer or secretary of the State board of health of each of the several States for criticism, and the indication of errors or omissions which might be noted. Replies containing helpful suggestions and in many instances corrections and additions were received from practically all. Many also went to great pains to forward copies of regulations and recently enacted laws.

It is a pleasure to acknowledge the assistance and cooperation of those who thus made possible a work which it is trusted will be found useful in making the various State requirements for the reporting of sickness easily accessible.

ABSTRACTS OF THE STATE AND TERRITORIAL LAWS AND
REGULATIONS RELATING TO THE REPORTING OF SICKNESS
AND THE HEALTH AUTHORITIES TO AND THROUGH WHOM
CASES ARE REPORTED.

ALABAMA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The Medical Association of the State of Alabama is the State board of health, and elects an executive officer, known as the State health officer. (Political Code of 1907, ch. 22, Art. I.)

Counties.—The county medical societies in affiliation with the Medical Association of the State of Alabama are boards of health for their respective counties, and for all incorporated towns and cities therein, and are under the general supervision of the State board of health. The county board of health is the only local board of health. Others are prohibited. The county board elects a county health officer, and a health officer for every incorporated city and town in the county. (Ibid.)

MORBIDITY REPORTS.

Notifiable diseases.—Leprosy, cholera, typhus fever, cerebro-spinal meningitis, yellow fever, scarlet fever, plague, hydrophobia, glanders, smallpox, diphtheria, pulmonary tuberculosis, typhoid fever, chagres fever, beriberi. (Ibid., sec. 716.)

Physicians, etc.—Physicians are required to report cases of the above-named diseases occurring in their practice to the local health officer. (Ibid., sec. 714.) Midwives and other persons are to report in like manner suspected cases. (Ibid., sec. 715.)

Municipal health officers.—Municipal health officers are required to keep a "Register of infectious diseases," in which are recorded the name, age, sex, color, race, occupation, and residence of persons attacked by the above-named diseases. The presence of any of these diseases is to be reported promptly to the committee of public health of the county board of health and to the State health officer. (Ibid., sec. 710.)

County health officers.—County health officers also keep a "Register of infectious diseases," in which are recorded cases reported to them. They are required to report to the State health officer the presence of any of the reportable diseases in their respective counties. (Ibid., sec. 706.)

ARIZONA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

Territory.—The governor appoints a superintendent of public health, who, together with the governor and the attorney general, constitutes the Territorial board of health. (Acts of 1903, ch. 65.)

Counties.—The board of supervisors of the county appoints a superintendent of public health, who, with the chairman of the board of supervisors and the district attorney of the county, constitutes a county board of health, having jurisdiction outside of cities possessing a board of health. (Ibid.)

Cities.—The mayor of each city appoints two members of the city council, who, together with the city engineer and the health officer, constitute the city board of health. (Ibid.)

MORBIDITY REPORTS.

Physicians, etc.—Physicians and other persons are required to report immediately to the local board of health all cases of contagious, epidemic, or infectious diseases coming to their knowledge. (Acts of 1903, ch. 65, sec. 24.)

Keepers of private houses, boarding houses, lodging houses, inns, or hotels are required to report within 24 hours to the local board of health cases of contagious, infectious, or epidemic disease which may occur in their houses, inns, or hotels. (Ibid., sec. 26.)

Local boards of health.—It is the duty of the local boards of health whenever it comes to their knowledge that a case of smallpox, scarlet fever, diphtheria, or other infectious or contagious disease exists within their jurisdiction, to report immediately to the Territorial board of health the existence and nature of such disease. (Ibid., sec. 31.)

The county superintendent of health is to report immediately to the Territorial superintendent of health whenever any case of contagious or infectious disease occurs in his county. (Ibid., sec. 7.)

ARKANSAS.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of six commissioners of health appointed by the governor. The majority of the board consists of physicians. (Digest of Statutes, 1904, Kirby, sec. 534.) The board elects from its personnel or otherwise a person to be secretary and executive officer. (Ibid., sec. 536.)

Counties.—The several county judges may appoint county boards of health for their respective counties, these boards to be composed of three physicians. (Ibid., sec. 546.)

Cities.—In cities of the first (population over 5,000) and second (population between 2,500 and 5,000) classes the city council has the power to establish a board of health with jurisdiction extending 1 mile beyond the city limits, and for quarantine purposes, in case of epidemic, 5 miles. (Ibid., sec. 5525.)

MORBIDITY REPORTS.

The law states that it shall be the duty of the State board of health to have general supervision of the State system of the registration of prevalent diseases, and that the board shall prepare the necessary methods and forms for obtaining and preserving such records and to insure the faithful registration of the same in the several counties. The secretary of the State board of health is the superintendent of registration of vital statistics of the State. (Ibid., sec. 540.)

CALIFORNIA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a board of health consisting of seven physicians appointed by the governor. (Political Code, 1909, Deering, sec. 2978.)

Counties.—The boards of supervisors in their respective counties appoint a health officer whose duty it is to enforce the orders of the board of supervisors and the State board of health. When public necessity requires, the board of supervisors may appoint a special health officer for any unincorporated town. (Ibid., sec. 4225.)

San Francisco: The board of health consists of the mayor of the city and county, and four physicians appointed by the governor. This board elects a health officer. (Ibid., secs. 3005, 3007.)

Sacramento: The board of trustees has established by ordinance a board of health, consisting of five physicians. (Ibid., sec. 3042.)

Cities of the first class: Cities having over 200,000 inhabitants are termed cities of the first class. Those having between 100,000 and 200,000 are cities of the first and a half class. These cities are entitled the city of ———, or the city and county of ———, as the case may be, and are required to have a board of health consisting of the mayor of the city, or the city and county, and five physicians appointed by the governor. (General Laws, California, 1910, Bender-Moss Co., Act No. 2348, sec. 165.)

Cities and towns: It is the duty of the board of trustees, council, or other corresponding board, of every incorporated town and city, to establish by ordinance a board of health for the town or city, consisting of five persons, one at least of whom shall be a physician, and one, if practicable, a civil engineer. (Political Code, 1909, Deering, sec. 3061.)

The board of supervisors for each county must appoint in each unincorporated city and town having 500 or more inhabitants, a health officer. (Ibid., sec. 3062.) The county board of supervisors may appoint a special health officer for unincorporated towns when public necessity requires. (Ibid., sec. 4225.)

MORBIDITY REPORTS.

Notifiable diseases.—Cholera, plague, yellow fever, leprosy, diphtheria, scarlet fever, smallpox, typhus fever, typhoid fever, anthrax, glanders, epidemic cerebro-spinal meningitis, tuberculosis, pneumonia, dysentery, erysipelas, uncinariasis (or hookworm), trachoma, dengue, tetanus, measles, German measles, chickenpox, whooping cough, mumps, pellagra, beriberi, syphilis, gonococcus infection,

rabies, poliomyelitis. (Ibid., sec. 2979a, as amended by sec. 1, ch. 250, Laws 1911.)

Physicians.—It is the duty of every attending or consulting physician, nurse or other person having charge of or caring for any person afflicted with any of the above-named diseases to report at once in writing to the local board of health or health officer the nature of the disease and name and residence of patient excepting that syphilis and gonococcus infection are to be reported by office number only. (Ibid.)

The public-health law of 1907 requires that physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure or other place where any person is ill of any infectious, contagious, or communicable disease, promptly report such fact to the city, city and county, or other local health board or health officer, giving the name of the person, if known, the place where such person is confined, and the nature of the disease. (Acts of 1907, ch. 492, sec. 16.)

Medical practitioners attending or called in to visit a patient, whom he believes to be suffering from poisoning by lead, phosphorus, arsenic, or mercury, or their compounds, or from anthrax, or from compressed-air illness, contracted as a result of the nature of the patient's employment, are required to send to the State board of health a notice stating the name, address, and place of employment of the patient and name of the disease, and for this report the practitioner is entitled to a fee of 50 cents. (The State board of health is to transmit the data thus obtained to the State commissioner of the bureau of labor statistics.) (Acts of 1911, ch. 485, secs. 1 and 3.)

Local health authorities.—It is the duty of every coroner, local health officer, and every member of the local boards of health, to report at once in writing cases of the above-named diseases and of any other contagious or infectious disease to the secretary of the State board of health. (Political Code, sec. 2979a, as amended by sec. 1, ch. 250, Acts of 1911.)

Every county health officer, and every city and county, city or town board of health, or chief executive health officer, is to report in writing to the State board of health on or before the 5th day of each month, and also whenever requested by the State board of health or its secretary all infectious, contagious, and communicable diseases in man or beast which come to his knowledge, the report to be made on blanks furnished by the State board of health. (Acts of 1907, ch. 492, sec. 11.)

Local boards of health or health officers are to report immediately by telegraph to the secretary of the State board of health every case of plague, Asiatic cholera, yellow fever, or typhus fever, and after investigation and within 24 hours are to further report the cause, source, and extent of the infection and the measures adopted in each case. (Acts of 1907, sec. 13, ch. 492, as amended by sec. 3, ch. 339, Acts of 1911.)

In addition to the diseases previously enumerated, cases of malaria are to be promptly reported to the State board of health. (Ibid.)

COLORADO.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of nine members, appointed by the governor. (Rev. Stat., 1908, ch. 115, sec. 5009.)

Counties.—The board of county commissioners of each county constitutes a board of health for the county with jurisdiction outside of cities, towns, and villages. The board appoints a health officer. (Ibid., sec. 5030.)

Incorporated cities and towns.—The mayor and council or trustees of each incorporated city and town constitute a board of health for the city or town. The board appoints a health officer. (Ibid., secs. 5031, 5032.)

MORBIDITY REPORTS.

Householders.—Whenever a householder knows that a person within his family is ill with smallpox or any other disease dangerous to the public health, he is required to report the case to the local (city or county) health officer immediately. (Ibid., sec. 5070.)

Physicians.—Physicians must report immediately to the local board of health all cases of smallpox, cholera, diphtheria, scarlet fever, or other disease dangerous to the public health occurring in their practice. They must also report the case to the householder, hotel keeper, keeper of a boarding house or tenant within whose house or rooms the sick person happens to be. The notice to the board of health must state the name of the disease, the age and sex of the person sick, the address of the patient, and the name of the physician giving the notice. (Ibid., sec. 5072.)

Local boards of health.—City and county health officers are required by law to keep the secretary of the State board of health constantly informed respecting every outbreak of a disease dangerous to the public health. (Ibid., sec. 5073.)

CONNECTICUT.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven members, six appointed by the governor, of whom three must be physicians, and one a lawyer, and a secretary chosen by the six so appointed. (General Statutes, 1902, sec. 2502.)

Counties.—The judges of the superior court appoint an attorney at law to be health officer for each county. (Ibid., sec. 2517.)

Towns (townships).—The county health officer appoints a person learned in medical and sanitary science to be health officer for each town, except in towns containing a city or borough whose limits are coterminous with the town limits. In towns containing a city or borough, whose limits are not coterminous with those of the town, the town health officer has jurisdiction in the town only outside of the limits of the contained city or borough. (Ibid., sec. 2521.)

Cities and boroughs.—The mayor of every city, and the warden of every borough is required to appoint a person learned in medical and sanitary science to be health officer for the city or borough, unless the charter of the city or borough makes other provision for the appointment of a health officer. (Public Acts, 1905, ch. 15.)

MORBIDITY REPORTS.

Physicians.—Physicians are required to report in writing every case of cholera, yellow fever, typhus fever, leprosy, smallpox, diphtheria, membranous croup, typhoid fever, scarlet fever, or of other contagious or infectious disease, except those of a venereal nature, occurring in their practice, to the health officer of the town, city, or borough in which the case occurs, within 12 hours after the nature of the disease has been recognized. (Connecticut General Statutes, 1902, title 15, ch. 150, sec. 2534.) Physicians are required to report in writing the name, age, sex, color, occupation, place where last employed, and address of all cases of tuberculosis in their practice to the health officer of the city, town, or borough within 24 hours. (Public Acts, 1909, ch. 79, sec. 1.)

The secretary of the State board of health states that, in addition to the State laws and regulations, uniform sanitary regulations have been adopted by all the towns (townships) in the State which require that physicians shall report in writing to the town health officer within 12 hours every case of cerebro-spinal fever, whooping cough, and measles, in addition to the diseases above named, and that when no physician is in attendance householders are to report cases occurring in their houses.

Hotel and lodging house keepers.—Hotel and lodging house keepers are required to report to the local board of health within 12 hours cases of malignant or contagious disease occurring in their houses. (General Statutes, 1902, sec. 2546.)

Midwives, nurses, etc.—The midwife, nurse, or attendant having charge of an infant under two weeks of age is to report in writing within six hours to the local health officer whenever the infant's eyes become reddened, inflamed, or swollen. (Ibid., sec. 2535.)

Institutions.—Officers in charge of hospitals, dispensaries, asylums, and other similar institutions, are required to report cases of tuberculosis coming under their care or observation to the local health officer within 24 hours in the same manner as practicing physicians. (Public Acts, 1909, ch. 79, sec. 1.)

Local health officers.—When in any town, city, or borough, a case of smallpox, cholera, or any epidemic of infectious disease is known to exist, the local health officer is required to immediately notify the secretary of the State board of health of the existence of the same. (General Statutes, 1902, sec. 2508.)

The health officer of every town, city, and borough is required to make a report to the State board of health on or before the 8th day of each month of all contagious diseases reported to him during the preceding month. (Ibid., sec. 2532.)

Local health officers report to the commissioner of domestic animals cases of rabies within 24 hours after receiving information of such cases. (Public Acts, 1907, ch. 170, sec. 1.)

DELAWARE.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven physicians appointed by the governor. They elect a secretary who may

be a member of the board. (Laws of Delaware, vol. 19, ch. 642, sec. 1; also Rev. Stat., 1893, p. 296.)

Counties.—The governor appoints three physicians in each county to be health officers of the county. (Rev. Stat., 1893, ch. 46, p. 362.)

Cities.—It is the duty of the common council of every city and the commissioners of every incorporated town to appoint a board of health for the city or town of not less than three nor more than seven members, of whom at least one shall be a physician. (Delaware Laws, vol. 16, ch. 345, sec. 1; also Rev. Stat., 1893, p. 298.)

MORBIDITY REPORTS.

Physicians, etc.—Physicians, dentists, veterinary surgeons, or others practicing medicine or surgery or any branch thereof are required to give prompt notice to the local or State board of health of any and all cases of contagious or infectious diseases that come under their professional notice. (Acts of 1899, ch. 240, sec. 4, and Acts of 1903, ch. 327, sec. 6.)

Any physician or other person having knowledge of a case of disease dangerous to the public health which the State board of health requires to be reported is required to report the name, age, sex, and color of the patient and the place where the patient may be found to the health authority nearest to his place of residence. (Acts of 1903, ch. 328, sec. 3.)

Local health authorities.—It is the duty of the local boards of health to report to the State board of health the existence of any case of infectious or contagious disease which may come under their observation. (Acts of 1903, ch. 327, sec. 6.)

DISTRICT OF COLUMBIA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

District.—The Commissioners of the District appoint a physician as health officer. (20 Stat. L., p. 107; 1 Sup. R. S., 2d ed., p. 179.)

MORBIDITY REPORTS.

Notifiable diseases.—(1) Asiatic cholera, (2) yellow fever, (3) typhus fever, (4) smallpox, (5) leprosy, (6) the plague, and (7) glanders (29 Stat. L., p. 635), (8) diphtheria, (9) scarlet fever, (10) measles, (11) whooping cough, (12) chicken pox, (13) epidemic cerebro-spinal meningitis, and (14) typhoid fever (34 Stat. L., p. 889), (15) tuberculosis (35 Stat. L., pt. 1, ch. 165, p. 126).

Physicians or persons in charge.—Physicians or persons in charge of cases shall report immediately to the health officer cases of the diseases (1 to 7) enumerated above, giving the name of the disease, name, age, sex, and color of the person suffering therefrom, and address where located. (29 Stat. L., p. 635.)

Physician, head of family, etc.—Every person in charge of any patient suffering from any of the diseases (8 to 14) enumerated above, is required to send to the health officer a signed certificate written in ink, stating the name of the disease, the name, age, sex,

and color of the person suffering therefrom, the school attended, and the address where the patient can be found. When the patient recovers or dies, the person in charge is required to send to the health officer as soon as possible an ink-written certificate of the fact.

The term "person in charge" is held to mean, first, each physician in attendance, and in the absence or default of the physician, then, second, the head of the family to which the patient belongs; third, the nearest relative present on the premises, and fourth, every person in attendance. (34 Stat. L., p. 889.)

Poliomyelitis is to be reported in the same manner as the above-named diseases 8 to 14, and, in addition, when the temperature of the patient returns to normal, or if it has not been above normal, the fact is to be reported. (Regulations, Commissioners of the District of Columbia, May 3, 1911.)

Officers having charge of hospitals, dispensaries, asylums, and similar institutions and physicians are required to report to the health officer cases of pulmonary or other communicable form of tuberculosis within one week after the disease is recognized. (35 Stat. L., pt. 1, p. 126.)

Midwives, nurses, etc.—Whenever any midwife, or any person other than a registered physician, is in attendance upon a case of childbirth, and the newly born child has inflammation of the eyes, attended by a discharge therefrom, said midwife or other person is required to report the fact in writing to the health officer, so that the report shall be received by the health officer within the six hours after the existence of the discharge becomes known. (Regulation, Aug. 25, 1911.)

FLORIDA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health of three members appointed by the governor. This board designates and employs a physician as State health officer, who is also the board's executive officer and secretary. (General Statutes, 1906, secs. 1109, 1112.)

Counties.—The State board of health is given power to make rules and regulations for the preservation of the public health (General Statutes, 1906, sec. 1120), and the supervision and regulation of municipal and county sanitation. (Laws of 1909, ch. 5931, sec. 1.) The State health officer is authorized to employ suitable persons to serve as county sanitary agents, or special agents, or in such other capacities as may be necessary to carry out the powers and duties of the State board of health. (Rule 34, Florida State board of health.) Up to June 12, 1911, there had been 41 agents appointed in 39 counties. (The State contains 47 counties.) Thirty-four counties had 1 agent each, 3 counties 2 agents each, and 1 agent served for 2 counties. (State health officer, June 12, 1911.)

NOTE.—Charters granted to cities by the legislature usually make provision for city health officers.

MORBIDITY REPORTS.

Physicians.—It is the duty of physicians to report immediately to the president of the State board of health by telegram, or in the most expeditious manner, every case of yellow fever, smallpox, or cholera

that comes within his practice, the telegram to be paid for by the State. (General Statutes, 1906, sec. 1114.) Immediate report to be made also to the city health officer or mayor or the county physician or chairman of the county commissioners. (Ibid., sec. 1146.)

It is also the duty of physicians to report immediately to the State health officer or to an agent of the State board of health, by first mail, every case of diphtheria, leprosy, or scarlet fever which he may be called to attend. Where there is no physician in attendance upon such a case, it is the duty of any person having charge of, or in attendance upon, or upon whose premises the case occurs, to report in the same manner as required of physicians. (Rules and regulations of State board of health, 1904, rule 28.)

The State board of health in annual session in February, 1911, revised the rules and regulations of the board, and it is believed that they will be approved finally and made effective in February, 1912.¹ Rule 1 relating to the reporting of cases of sickness, as revised, reads:

Rule 1. Reports of communicable diseases.—It shall be the duty of every physician in the State of Florida to report immediately to the State health officer or to a representative of the State board of health, by first mail, every case of scarlet fever, diphtheria, measles, cerebro-spinal meningitis, anterior poliomyelitis, bubonic plague, glanders, anthrax, rabies, or leprosy, which occurs within his practice or which he may be called to attend. (Yellow fever, smallpox, and cholera are to be reported by telegram, charges collect. See section 1114, General Statutes, 1906. All other diseases should be reported by first mail, or by paid telegram.) Where there is no physician in attendance upon any case of the diseases herein mentioned, it shall be the duty of any person having charge of or in attendance upon, or upon whose premises a case of such diseases is suspected to exist, to report the same in the manner herein provided.

GEORGIA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS

State.—The law makes provision for a State board of health of 12 members, 11 of whom shall be physicians, appointed by the governor, the twelfth being the secretary. (Acts of 1903, No. 453, sec. 1.)

Counties.—The authorities of each county are authorized and requested to establish a board of health, and appoint a health officer, the board to have jurisdiction outside of municipalities. (Regulations, State board of health, 1904, secs. 46, 50.)

Cities.—The council of each incorporated city and town is authorized and requested to establish a board of health and elect a health officer. (Regulations State board of health, 1904, secs. 46, 48.)

Unincorporated cities and towns are put under the supervision of the county boards of health. (Regulations, State board of health, 1904, sec. 46.)

In case a city or county fails to establish a board of health, the State board of health may appoint a health officer for the city or county. (Regulations, State board of health, 1904, sec. 46.)

¹ Letter of State health officer, Oct. 30, 1911.

MORBIDITY REPORTS.

Notifiable diseases.—The State board of health has declared the following-named diseases to be dangerous to the public health: Smallpox, Asiatic cholera, yellow fever, typhus fever, scarlet fever, diphtheria, and membranous croup. (Regulations, State board of health, 1904, sec. 9.)

Physicians, etc.—Physicians, householders, heads of families, county or municipal authorities aware of the existence of any of the above-named diseases are required to report them immediately to the local board of health or its proper officer. (Regulations, State board of health, 1904, sec. 9.)

Local boards of health.—It is the duty of local boards of health and of physicians in localities where there are no health authorities to report promptly to the State board of health the discovery of any of the following-named diseases: Asiatic cholera, yellow fever, scarlet fever, smallpox, diphtheria, typhus fever, typhoid fever, and such other contagious or infectious diseases, as the State board of health may from time to time specify. (Acts of 1903, No. 453, sec. 5.)

County and municipal health officers are required to keep a record of all cases of contagious or infectious diseases reported to them. (Regulations State board of health, 1904, sec. 49.)

HAWAII.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

Territory.—Provision is made for a Territorial board of health consisting of seven members appointed by the governor, four to be laymen, two physicians, and the seventh to be the attorney general. All the members serve without pay except the president of the board. (Revised Laws, 1905, sec. 988.)

The board of health may appoint suitable agents in such localities as it may deem necessary to carry into effect all regulations for the public health. (Ibid., sec. 990.)

MORBIDITY REPORTS.

Notifiable diseases.—Cerebro-spinal meningitis, Asiatic cholera, follicular conjunctivitis, diphtheria, amœbic dysentery, typhoid fever, paratyphoid fever, leprosy, measles, dengue, poliomyelitis, whooping cough, plague, scarlet fever, tetanus, trachoma, tuberculosis, typhus fever, chicken pox, smallpox, yellow fever, or any other infectious or communicable disease, or disease dangerous to the public health. (Ibid., secs. 1004, 1005, 1005A, as amended by laws of 1911, act 125.)

Physicians.—Physicians are required to report immediately to the board of health or its nearest agent in writing cases of the above-named notifiable diseases, or of any other infectious or communicable disease, or disease dangerous to the public health. In addition to the written report, cases of smallpox, scarlet fever, diphtheria, plague, cholera, yellow fever, typhus fever, cerebro-spinal meningitis, and amœbic dysentery are to be reported immediately by telephone or direct oral communication. The recovery of cases of tuber-

culosis is also to be reported. (Ibid., sec. 1004, as amended by laws of 1911, act 125. Also laws of 1911, act 118, secs. 7 and 15.)

Institutions.—Superintendents in charge of hospitals, dispensaries, asylums, or other similar private or public institutions are to report to the board of health or its nearest agent within 24 hours, giving the name, age, sex, nationality, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into their care or under their observation. (Laws of 1911, act 118, sec. 7.)

Householders, etc.—Householders, keepers of boarding and lodging houses, and masters of vessels are to report immediately to the board of health or its nearest agent any person in or about their respective houses or vessels whom they believe to be sick with a notifiable disease. Police officers are also to report immediately to the board of health or its nearest agent cases of the notifiable diseases coming under their observation. (Ibid., sec. 1005, as amended by laws of 1911, act 125, sec. 2.)

Every person.—It is the duty of every person to report to the board of health or its agent forthwith every case known or believed to be leprosy. (Ibid., sec. 1124 and acts of 1909, chap. 81, sec. 3.)

The board of health is required during the prevalence of any severe pestilence or epidemic to publish weekly a report of the public health. (Revised Laws, 1905, sec. 988.)

IDAHO.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of five members as follows: Two physicians appointed by the governor, the attorney general of the State, the State engineer, and a physician elected as secretary of the board by the other four members. (Revised Political Code, 1908, title 8, ch. 1, art. 1, p. 529.)

Counties.—The board of county commissioners and the county physician constitute a county board of health, the county physician being secretary and the executive officer of the board. (Ibid., art. 3, p. 534.)

Cities.—Rule VIII of the rules and regulations of the State board of health (May, 1909), requires that the county boards of health shall insist on the organization of municipal boards of health in incorporated towns and villages within their respective counties.

MORBIDITY REPORTS.

Notifiable diseases.—Rule X of the rules and regulations of the State board of health (May, 1909), declares the following-named diseases to be dangerous and contagious: Asiatic cholera, yellow fever, smallpox, chicken pox, typhus fever, leprosy, bubonic plague, diphtheria, scarlet fever, typhoid fever, measles (including rotheln), and whooping cough. Cerebro-spinal meningitis and "infantile paralysis" were added to this list by regulation of the State board of health October 6, 1910.

Physician, head of family, etc.—Physicians are required to report cases of the dangerous and contagious diseases in their practice in

writing within 24 hours to the board of health having jurisdiction, giving the name and residence of the sick person. If there is no attending physician it is then the duty of the owner or agent of the building in which the case occurs or of the head of the family to make the report. (Rule XIV, State board of health, 1909.)

Physicians or other persons called to attend cases of smallpox, cholera, plague, yellow fever, diphtheria, membranous croup, scarlet fever, typhoid fever, or any other disease dangerous to the public health, or required by the State board of health to be reported, are required to report said cases to the health officer having jurisdiction, giving the name, age, sex and color of the patient, and the place where the patient may be found. It is also the duty of the head of the family and of the owner or agent of the owner of the building in which cases occur to give immediate notice to the health officer. (Revised Political Code, 1908, sec. 1099.)

Midwives, nurses, etc.—It is the duty of midwives, nurses, or other persons having charge to report within six hours to the local health officer or to some physician when the eyes of an infant under two weeks of age become reddened or swollen or contain pus. (Ibid., sec. 1108.)

Municipal authorities.—All health reports of municipal boards of health must be transmitted to the county board of health quarterly. (Rule IX, State board of health, 1909.)

County authorities.—The county physician is required to make a quarterly report to the State board of health, containing a summary of contagious and infectious diseases. (Rule IV, State board of health, 1909.)

ILLINOIS.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven members appointed by the governor. (Rev. Stat., 1909, ch. 126A, sec. 1.)

Counties and townships.—The board of county commissioners in counties not under township organization and the supervisor, assessor, and town clerk of every township in counties under township organization, constitute a board of health with jurisdiction outside of the limits of incorporated cities and villages. These boards have the power to appoint physicians as health officers. (Ibid., ch. 34, sec. 116, 117.)

Cities and villages.—The city council or board of trustees have jurisdiction in and over all places within one-half mile of the city or village limits for the purpose of enforcing health and quarantine ordinances and regulations. (Ibid., ch. 24, sec. 44.)

The city council in cities and the president and board of trustees in villages have the power to appoint a board of health for the respective cities and villages except in cities incorporated under special acts making other provision. (Ibid., ch. 24, sec. 62, par. 76.)

MORBIDITY REPORTS.

Physicians.—The attending physician or the householder in whose dwelling the case occurs must immediately notify the local health authorities of existing cases of smallpox, scarlet fever, diph-

theria, Asiatic cholera, yellow fever, bubonic plague, glanders, anthrax, or leprosy. (Rules and regulations, State board of health, 1907, p. 83.)

Midwives and nurses.—Midwives and nurses having charge of infants under 2 weeks of age are to report in writing within six hours to the local health officer or to some physician whenever the eyes of an infant become inflamed or reddened. (Rev. Stat., 1909, ch. 38, sec. 510.)

Local health authorities.—The local health authorities are required to report immediately to the secretary of the State board of health the first case of smallpox, diphtheria, scarlet fever, Asiatic cholera, yellow fever, bubonic plague, glanders, anthrax, or leprosy occurring in any town, township, village, city, or county, and to report at least once a week the progress of outbreaks of these diseases. (Rules and regulations, State board of health, 1907, p. 83.)

Occupation diseases.—Every employer engaged in carrying on any process of manufacture or labor in which sugar of lead, white lead, lead chromate, litharge, red lead, arsenate of lead, or Paris green are employed, used, or handled, or in the manufacture of brass, or the smelting of lead or zinc, is required, as often as once every calendar month, to cause all employees who come into direct contact with the poisonous agencies or injurious processes to be examined by a competent physician for the purpose of ascertaining if there exists in any employee any industrial or occupational disease or illness, or any disease or illness due or incident to the character of the work in which the employee is engaged. Physicians making these examinations are to immediately report their findings to the State board of health. If any case of such disease is found, the report is to give the name, age, address, and sex of the employee affected, the nature of the disease or illness, and the probable extent and duration thereof, the name of the employer, and the last place of employment. If no case of such disease is found, the report shall so state. The secretary of the State board of health is to immediately forward copies of these reports received by the State board of health to the State department of factory inspection. (Act approved May 26, 1911.)

INDIANA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health of five members, of whom four are appointed by a board of appointment, consisting of the governor, secretary of State, and auditor of the State. The four so appointed elect a physician to be secretary. The secretary, by virtue of his election, is a member of the State board of health, executive officer of the board, and State health commissioner. (Burns Annotated Indiana Statutes, 1908, ch. 81, sec. 7589, Acts of 1909, ch. 144, sec. 1.)

Counties.—In every county the board of county commissioners elects a physician to be county health commissioner. The State board has the power to discharge any county health commissioner or health officer in the State. (Acts of 1909, ch. 144, secs. 3, 4.)

Cities.—In every incorporated city there is to be a department of health composed of a board of three commissioners, of whom two

must be physicians. This board is to be known as the city board of health and is appointed by the mayor. This board appoints a secretary who is executive officer of the board. (Ibid.)

In counties with a population of less than 30,000 the board of county commissioners may, upon agreement with the mayor or mayors of any or all the incorporated cities within the county, consolidate the boards of health of one city, or the boards of all cities with the office of county health commissioner, and appoint a single health officer known as the county health commissioner. (Ibid.)

Incorporated towns.—The board of town trustees constitutes the board of health and appoints a town health officer. (Ibid.)

MORBIDITY REPORTS.

Notifiable diseases.—The diseases required to be reported immediately to the local health officer are yellow fever, smallpox, cholera-diphtheria, membranous croup, scarlet fever, measles, typhus fever, bubonic plague, leprosy, pulmonary consumption, typhoid fever, chickenpox, and whooping cough. (Rule 10, Indiana State Board of Health.)

Physicians.—Physicians and midwives are required to report immediately to the secretary of the local board of health cases of contagious or infectious disease required by the State board of health to be reported. These reports are made on forms supplied by the State board of health. In cities and towns the reports are sent to the city or town health officer. Outside of cities and towns the reports are sent to the county health officer or his deputies. If no physician is in attendance the report is to be made by the householder or person having the case in charge. (Burns Annotated Statutes, 1908, sec. 7607.)

Parents, etc.—Whenever one or both eyes of an infant under 2 weeks of age become inflamed, swollen, or reddened, or show any unnatural discharge, and no legally qualified physician is in attendance, it is the duty of its parents or caretakers to report the fact in writing within six hours to the health officer having jurisdiction. (Acts of 1911, ch. 129, sec. 3.)

Town and city health officers.—Town and city health officers enter the record of cases of infectious disease reported to them in a record book and by the 2d of each month forward the original infectious disease reports received during the preceding month to the county health commissioner. (Rule 6, Indiana State Board of Health.)

County health commissioners.—County health commissioners make a special monthly report to the State board of health by the 8th of each month for the preceding month, giving the number of cases reported of typhoid fever, scarlet fever, smallpox, diphtheria, and membranous croup. They also make quarterly reports of contagious diseases on blanks furnished by the State board. All books and documents are kept at the county seat. (Rule 1, Indiana State Board of Health.)

IOWA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of the attorney general the State veterinary surgeon, one civil engineer, and seven physicians.

The board elects a secretary, who is not a member of the board. (Iowa Code, Ch. XVI, Title XII.)

Districts.—The State is divided into eight health districts. (Ibid.)

Townships.—The trustees of each township constitute a township board of health and appoint a physician as health officer. (Ibid.)

Cities.—The mayor and council of each town or city constitute a local board of health for the town or city and appoint a physician as health officer. (Ibid.)

MORBIDITY REPORTS.

Notifiable diseases.—Scarlet fever, diphtheria, smallpox, cholera, leprosy, epidemic cerebro-spinal meningitis, poliomyelitis, plague. (Regulations, State board of health, July 21, 1911, Rules I and III.)

Physician or householder.—All cases of the above-named diseases are required to be reported immediately to the mayor of the city or town, or the clerk of the township, if outside of a city or town, by the attending physician, or in his absence, by the householder of the premises wherein the disease exists, this immediate report to be followed within 24 hours by a written notice of the case. (Ibid.)

Midwives, nurses, etc.—Persons in charge of infants are to report to the local health officer or to a physician within six hours whenever the eyes of an infant become inflamed within two weeks after birth. (Acts of 1896, ch. 57, sec. 1. See footnote, p. 123.)

Local authorities.—It is the duty of the mayor of every town and city and the clerk of every township to report to the secretary of the State board of health within 24 hours every case of the above-named diseases reported to him. All reports are to be made on postal cards in accordance with forms adopted by the State board of health.

The mayors of incorporated cities and towns and the clerks of townships are required to keep a record of all cases of contagious or infectious diseases reported to them and to forward a copy of this record for the preceding calendar year to the secretary of the State board of health by the 1st of February. (Regulations, State board of health.)

KANSAS.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health consisting of nine physicians and one other person ("preferably an attorney") appointed by the governor. The board elects a secretary, who becomes the executive officer of the board, but not a member of it. (General Statutes, 1909, sec. 8027.)

Counties.—The county commissioners of the several counties act as local boards of health for their respective counties, and each board elects a physician, who becomes ex officio a member of the board and health officer of the county. (General Statutes, 1909, sec. 8033.)

MORBIDITY REPORTS.

Physicians.—Whenever a physician knows or has reason to believe that any person whom he is called to visit, or any person sick within

his knowledge without the care of a physician, is sick with or has died of cholera, smallpox, scarlet fever, diphtheria, epidemic cerebro-spinal meningitis, or any disease dangerous to the public health, he is required to give notice of the fact to the nearest board of health or health officer. (General Statutes, 1909, sec. 8074.)

Tuberculosis is declared to be an infectious and communicable disease, dangerous to the public health, and physicians are required to report cases of it to the county health officer, or in cities of the first class (cities having over 15,000 inhabitants) to the city health officer within 24 hours after he becomes aware of their existence, the report to be in writing and to give the name, age, sex, color, occupation, place where last employed, and address. Similar reports are to be made by the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution of cases coming under his observation. (General Statutes, 1909, sec. 8061.)

Householder.—Householders are required to give notice of cases of smallpox, cholera, scarlet fever, diphtheria, epidemic cerebro-spinal meningitis, or any disease dangerous to the public health occurring in their families. (General Statutes, 1909, sec. 8075.)

Local health officers.—Municipal and county boards of health and health officers having knowledge of any contagious or infectious disease, or of a death from such a disease, within their jurisdiction, are required to communicate without delay all information as to existing conditions to the State board of health. (General Statutes, 1909, sec. 8076.)

KENTUCKY.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of eight physicians, seven appointed by the governor, the eighth member is the secretary and executive officer and is elected by the board, of which he is ex officio a member. (Statutes, 1909, sec. 1757.)

Counties.—The State board of health appoints three physicians in each county, who, together with the county judge and one person elected by the fiscal court of each county, constitute a local board of health for the county. (Ibid., sec. 1743.)

Cities.—It is the duty of the council or board of trustees of every incorporated city and town of more than 2,500 inhabitants to appoint a board of health for such city or town, each of said boards to appoint a physician to be health officer of the city or town and executive officer and ex officio a member of the board. (Ibid., sec. 1769.)

MORBIDITY REPORTS.

Physicians and heads of families.—It is the duty of physicians to report cases in their practice, and of heads of families to report cases in their families, of cholera, smallpox, yellow fever, scarlet fever, diphtheria, and other epidemic and communicable diseases to the county board of health or to some member of the board within 24 hours. (Ibid., sec. 1743.)

County boards of health.—County boards of health are to report at least once in three months to the State board of health the nature and number of cases of the infectious, epidemic, and communicable diseases reported to them. (Ibid., sec. 1743.)

LOUISIANA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven physicians appointed by the governor. (Revised Laws, Wolff, 1904, vol. 2, p. 1440.)

Parishes (counties).—The police jury of each parish is required to appoint a parish board of health of three members, of whom one shall be a physician and two shall be members of the police jury, the physician to be the health officer and chairman of the board. (Ibid.)

Cities.—The legislative body of each incorporated municipal government is required to appoint five persons to be members of the town or city board of health. The chairman of the board is health officer. (Ibid.)

For the cities of Shreveport and Baton Rouge, the governor appoints three members and the council two members of the board of health. (Ibid.)

MORBIDITY REPORTS.

Physicians, etc.—Physicians are required to report within 24 hours to the local board of health all cases of contagious disease in their practice, stating the state of the disease, and the patient's place of dwelling and name, if known. (Louisiana Sanitary Code, 1909, Ch. III.)

The phrase "contagious disease" is declared to include diseases of an infectious, contagious, or pestilential nature. (Ibid.)

The following-named diseases are declared to be communicable and dangerous to the public health: Smallpox, cholera, diphtheria, typhoid fever, typhus fever, yellow fever, cerebro-spinal meningitis, relapsing fever, epidemic dysentery, rabies, glanders, charbon, tuberculosis, bubonic plague, leprosy, scarlet fever, measles, pneumonia, dengue.¹ (Ibid.)

Whenever a case of variola or varioloid breaks out in any community of the State, it is the duty of the attending physician, or in the absence of one, of the head of the household, or manager of the hotel, lodging house, or camp where the case may occur, to immediately notify the health officer having jurisdiction, and in the absence of such health officer, to notify the president of the State board of health. (Ibid.)

Physicians are to report cases of consumption in their practice immediately to the municipal or parish health officer on blank forms furnished by the State board of health. (Ibid.)

Cases of pneumonia are to be reported promptly to the local health officer by the attending physician, or in his absence by the head of

¹ The relationship of this list of diseases declared to be communicable, and dangerous to the public health to the preceding declaration that the phrase "contagious disease" shall be held to include diseases of an infectious, contagious, or pestilential nature is not clear.

the household. (Ibid.) Dengue and yellow fever are to be reported promptly by the attending physician. (Ibid, Ch. IX.)

Midwives, nurses, etc.—Persons other than physicians are to report cases of inflamed eyes in newborn children to the town or parish health officer within 12 hours. (Ibid., Ch. III.)

Local health authorities.—The parish health officer is to countersign the reports of cases of consumption received by him and forward them to the State board of health quarterly. (Ibid., Ch. III.)

Municipal and parish health officers are to immediately notify the president of the State board of health of cases of dengue, or yellow fever. (Ibid., Ch. IX.)

The local board of health is to report weekly to the State board, unless otherwise ordered, the progress of any of the quarantinable diseases which may be present in its jurisdiction. (Ibid, Ch. III.)

State board of health.—Whenever a quarantinable disease breaks out in any community of the State, it is the duty of the president of the State board of health to immediately notify the health authorities of surrounding States and the Surgeon General of the Public Health and Marine-Hospital Service. (Ibid., Ch. III.)

MAINE.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—Provision is made for a State board of health consisting of six members appointed by the governor, and a secretary elected by the six members so appointed. The secretary is a member of the board and its executive officer. (Rev. Stat., 1903, ch. 18, sec. 1.)

Towns (townships).—The law provides for a board of health of three members appointed by the town (township) authorities in each organized town (township). (Rev. Stat., ch. 18, sec. 24.)

Cities.—Provision is made for a board of health of three members appointed by the municipal authorities in each city. (Ibid.)

MORBIDITY REPORTS.

Physicians and householders.—Householders are required to report cases of the following diseases occurring within their families or households: Smallpox, diphtheria, scarlet fever, cholera, typhus fever, typhoid fever, cerebro-spinal meningitis, measles, membranous croup, and whooping cough. (Poliomyelitis was added January 10, 1911, Regulations State board of health.) Notice is to be given to the health officer of the town either at the office of the health officer or by mail within 24 hours. In the absence of a health officer the report is to be made to the secretary of the local board of health. Physicians are to report cases of the above-named diseases occurring in their practice within 24 hours to the same authority. (Rev. Stat., 1903, ch. 18, secs. 33, 36.)

Physicians are required to report in writing on forms furnished by the State board of health the name, age, sex, color, occupation, place where last employed, and address of every person known by them to have tuberculosis, to the secretary of the State board of health within 48 hours after such fact comes to their knowledge. (Laws 1909, ch. 78, sec. 2.)

Institutions.—It is also the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, sanatorium, or other similar private or public institution to report in like manner to that prescribed for physicians, every patient having tuberculosis who comes into his care, or under his observation, within 48 hours, and also to state the previous address of the patient and to notify the secretary of the State board of health of changes in address of tuberculous patients who are or have lately been under his care. (Laws 1909, ch. 78, sec. 2.)

Midwives, nurses, etc.—When one or both eyes of an infant under four weeks of age become reddened or inflamed it is the duty of the midwife, nurse, or person having charge to report the fact at once to a legally qualified practitioner of medicine. (Rev. Stat., 1903, ch. 18, sec. 90.)

Local health authorities.—Local boards of health are required to report promptly to the State board of health every case of smallpox, varioloid, diphtheria, scarlet fever, typhoid fever, cerebro-spinal meningitis, measles, membranous croup, whooping cough, and pulmonary tuberculosis occurring within their respective jurisdictions. (Rev. Stat., 1903, ch. 18, sec. 30.)

State.—The State board of health is to keep a register of persons affected with tuberculosis. (Laws 1909, ch. 78, sec. 1.)

MARYLAND.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven members, as follows: Four members, of whom one shall be a civil engineer, and three shall be physicians appointed by the governor, the attorney general of the state, and the commissioner of health of the city of Baltimore, the seventh member to be the secretary of the board. (Poe's Public General Laws, 1904, art. 43, p. 1192.) The State board of health and the bureaus under it are designated the State department of health. (Acts of 1910, ch. 560.)

Counties.—The board of county commissioners constitutes a local board of health in each county with jurisdiction throughout the county, except in cities and towns having charters inconsistent with such extension of jurisdiction. Each county board of health is to appoint a physician as county health officer, who thus becomes secretary and executive officer of the board. (Public General Laws, 1904, art. 43, secs. 22, 23.)

MORBIDITY REPORTS.

Physicians.—Physicians are to report immediately in writing to the board of health of the "city, town or county" in which the disease exists, cases of the following-named diseases occurring in their practice: Smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, yellow fever, measles, whooping cough, and any other contagious or infectious disease dangerous to the public health. (Ibid., sec. 51.)

Physicians are to report cases of pulmonary and laryngeal tuberculosis coming under their care to the secretary of the State board of

health within seven days, upon blanks furnished by said board, the report to give the name, age, sex, color, occupation, social condition, and residence of the person affected. (Ibid., sec. 58.)

Institutions.—The superintendent or other person in charge or control of any hospital, dispensary, school, reformatory, or other institution deriving the whole or any part of its support from the public funds of the State, or of any city, town, or county in the State, having in charge or custody or under care persons suffering with pulmonary or laryngeal tuberculosis is to make, or cause to be made, within 48 hours a record of the name, age, sex, color, occupation, social condition, and residence of the persons affected, these records to be forwarded to the State board of health on Monday of the week immediately following that in which the records are made. (Ibid., sec. 57.)

Householders.—Whenever a householder knows that a person within his family or house is sick with smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, measles, mumps, whooping cough, or any other infectious or contagious disease dangerous to the public health, he is to immediately give notice of the fact to the board of health of the "city or county" in which he dwells. (Ibid., sec. 50.)

Midwives, nurses, etc.—Midwives, nurses, or other persons in charge of infants under two weeks of age are required to report immediately to the local health officer or to a physician whenever one or both eyes of the infant become reddened or inflamed. (Ibid., art. 27, sec. 231.)

Hotel keepers, etc.—Hotel keepers, keepers of boarding houses and lodging houses, superintendents, managers, or directors of private or public institutions of any kind are to report any cases of known or suspected smallpox, cholera, yellow fever, typhus or typhoid fever, scarlet fever, leprosy, or any other infectious or contagious disease occurring on the premises under their management or control immediately in writing to the health officer of the city or town, or, in the absence of a local health officer, to the secretary of the State board of health. (Ibid., art. 43, sec. 67.)

Local health authorities.—The boards of health of "cities, towns, and counties" are to keep a record of the reports of disease made to them. (Ibid., art. 43, sec. 52.) When any board of health has had notice of the occurrence of a case of smallpox or any other contagious or infectious disease dangerous to the public health it is to notify the State board of health within 24 hours. (Ibid., art. 43, sec. 53.)

State.—The State board of health is to keep a register of all persons in the State known to be affected with tuberculosis. (Ibid., sec. 56.)

Pursuant to the preceding, local boards of health report once a month cases of smallpox, diphtheria, typhoid fever, scarlet fever, measles, whooping cough, mumps, and other diseases. (Secretary State board of health.)

Local health officers are also to promptly notify the secretary of the State board of health of the existence of any epidemic or any unusual sickness or mortality that may come to their knowledge within their respective jurisdictions or contiguous thereto. (Public General Laws, 1904, art. 43, sec. 29.)

MASSACHUSETTS.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health consisting of seven members appointed by the governor. (Revised Laws, 1902, ch. 75, sec. 1.)

Health districts.—The State board of health was required by an act passed in 1907 to divide the State into not more than 15 districts, to be known as health districts, and to appoint in each district a State inspector of health for the district. The State inspectors of health are under the general supervision of the State board of health. (Acts of 1907, ch. 537, secs. 1, 2, and 4, as amended by Acts 1910, ch. 523.) The State is divided into 14 health districts. (Secretary State board of health.)

Towns (townships).—Each town "may" elect a board of health of three members. If this is not done the selectmen act as a board of health. (Acts of 1907, ch. 560, sec. 366.)

Cities.—In each city except Boston the board of health is to consist of three persons appointed by the mayor, one of whom must be a doctor of medicine, and no one of whom is to be a member of the city council. (Revised Laws, 1902, ch. 75, p. 657.) This does not apply to cities whose charters make other provision for boards or departments of health.

MORBIDITY REPORTS.

Notifiable diseases.—The State board of health is directed to define what diseases shall be deemed to be "dangerous to the public health." (Acts of 1907, ch. 183, sec. 1.)

The State board therefore on August 1, 1907, declared the following diseases to be "dangerous to the public health" and therefore notifiable: Actinomycosis, Asiatic cholera, cerebro-spinal meningitis, diphtheria, glanders, leprosy, malignant pustule, measles, scarlet fever, smallpox, tetanus, trichinosis, tuberculosis, typhoid fever, typhus fever, varicella, whooping cough, yellow fever. Anterior poliomyelitis, ophthalmia neonatorum, and trachoma were added in 1909.

Householders.—A householder who knows that a person in his family or house is sick of smallpox, diphtheria, scarlet fever, or any other infectious or contagious disease declared by the State board of health to be dangerous to the public health is required to forthwith give notice thereof to the board of health of the city or town in which he dwells. (Acts of 1907, ch. 480, sec. 1.)

Nurses.—Whenever one or both eyes of an infant become inflamed, swollen and red, and show an unnatural discharge at any time within two weeks after its birth, it is the duty of the nurse, relative or other attendant having charge of the infant to report the fact in writing within 6 hours thereafter, to the board of health of the city or town in which the parents of the infant reside. (Ibid.)

Physicians.—Physicians are required to give immediate notice of cases of dangerous diseases to the local authorities. If a physician knows that a person whom he is called to visit is infected with smallpox, diphtheria, scarlet fever, or any other disease declared by the State board of health to be dangerous to the public health, or if one or both eyes of an infant whom or whose mother he is called to visit become inflamed, swollen and red, and show an unnatural discharge

within two weeks after the birth of such infant, he is required to immediately give notice of the fact in writing over his signature to the selectmen or board of health of the town. (Ibid, sec. 2.)

Local health authorities.—The boards of health of cities and towns are required to report to the State board of health within 24 hours all cases which are reported to them of the diseases declared by the State board to be dangerous to the public health, and to give the name and location of each patient. (Ibid, sec. 3.)

If a local board of health refuses or neglects to make these reports, the city or town forfeits its claim upon the Commonwealth for the payment of expenses for the care and management of cases of the diseases dangerous to the public health, as provided in section 1, chapter 213, acts of 1902. (Revised Laws, ch. 75, sec. 53.)

MICHIGAN.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health of seven members appointed by the governor. (Compiled Laws, 1897, sec. 4397, and Laws of 1905, Act 18, sec. 4.)

Townships.—The township board constitutes a board of health. The supervisor is president and the township clerk is clerk of the board. Every board of health appoints a health officer, a physician being appointed where practicable. (Compiled Laws, 1897, sec 4410, 4411.)

Cities and villages.—The mayor and aldermen of each incorporated city, and the president and council or trustees of each incorporated village, in which no board of health is organized under its charter, exercise all the powers and perform all the duties of a board of health within the limits of the city or village. (Ibid., sec. 4459.)

MORBIDITY REPORTS.

Notifiable diseases.—In compliance with section 1, Act 293, Public Acts 1909, authorizing the State board of health to designate what diseases are dangerous, communicable diseases, and what diseases are contagious diseases, and making it the duty of every local board of health and health officer to observe such rules in relation to the dangerous communicable and the contagious diseases as may be prescribed by the State board, the following-named diseases are by regulation declared dangerous, communicable diseases, contagious and infectious in character and dangerous to the public health: Pneumonia, tuberculosis, typhoid fever, meningitis, diphtheria, whooping cough, scarlet fever, measles, and smallpox. Cases of each of these diseases must be reported by the attending physician or householder to the local health officer, who in turn must report them to the State board of health.

The regulation also states that the following-named diseases shall be reported for statistical purposes: Tetanus, rabies, cancer, erysipelas, and leprosy.

Physicians.—Whenever a physician knows that any person whom he is called to visit or who is brought to him for examination, is infected with smallpox, cholera, diphtheria, scarlet fever, or any other disease dangerous to the public health, he is required to imme-

diately give notice thereof to the health officer of the township, city or village, and to the householder, hotel keeper, keeper of a boarding house or tenant within whose house or rooms the sick person may be. The report to the health officer must state the name of the disease and the name, age, and sex of the person sick, and must designate by street and number or otherwise, the house or room in which the person is sick. (Ibid., sec. 4453.)

For this report the physician is entitled to the sum of 10 cents. (Ibid., sec. 4454.)

Every physician attending or called upon to treat a patient whom he believes to be suffering from poisoning from lead, phosphorus, arsenic, or mercury, or their compounds, or from anthrax, or from compressed-air illness, contracted as a result of the nature of the patient's employment, is required to send to the State board of health, who is to transmit to the commissioner of labor, a notice stating the name, post-office address, and place of employment of the patient, the length of time of such employment, and the disease from which in the opinion of the physician the patient is suffering. (Laws of 1911, act 119, sec. 1.)

Householders, etc.—Whenever any householder, hotel keeper, keeper of a boarding house or tenant knows or is informed by a physician or has reason to believe that any person in his family, hotel, boarding house, or premises is taken sick with smallpox, cholera, diphtheria, scarlet fever, or any other disease dangerous to the public health, he is required to immediately report the case to the local health officer. (Ibid., sec. 4452.)

Midwives, nurses, etc.—Midwives, nurses, or other persons in charge of infants are required to report in writing within six hours after its discovery to the local health officer or some legally qualified practitioner of medicine whenever one or both eyes of an infant become inflamed or swollen or reddened, or whenever any pus or secretion forms in the eyes or upon the edge of the lids at any time within two weeks after birth. (Ibid., sec. 4475.)

Tuberculosis.—Tuberculosis is declared to be an infectious and communicable disease. Physicians are required to report to the local health officer within 24 hours, in writing, the name, nationality, age, sex, color, occupation, place where last employed, and address of every person known by the physician to have tuberculosis, also the occupation at the time the disease was contracted and the date thereof, as near as can be, the time thereafter continued at such occupation, and all subsequent occupations and the term of each up to the time of death or recovery of the patient. It is also made the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution to report in like manner, and in addition give the previous address of the cases of tuberculosis coming into his care or under his observation. (Laws of 1909, Act 27, secs. 1 and 12a, as amended by Act 317; Laws of 1909, and Act 80, Laws of 1911.)

It is the duty of the attending physician to report to the local health officer whenever a person having tuberculosis recovers therefrom. (Ibid., sec. 12.)

It is the duty of local health officers to record all reports of cases of tuberculosis, including the results of examinations showing the

presence of tubercle bacilli, in a register furnished by the State board of health and to forward to the State board of health a copy of this register quarterly. The registers are not open for inspection except to the health authorities. (Ibid., sec. 4.)

The State board of health shall, when it receives the full quarterly report, compile such report to show the number of cases and the location of each case, the number of deaths and the number of recoveries, the age, sex, and color, and the occupation at the time the person contracted the disease, and all subsequent occupations and the term of each up to death or recovery, and shall classify them to show the percentage of deaths in each trade or occupation from tuberculosis, these compilations to be published annually in the reports of the State board. (Ibid., sec. 12a.)

Local health officers.—Whenever the health officer of any township city, or village, receives notice or otherwise has good reason to believe that there is in his jurisdiction a case of smallpox, diphtheria, scarlet fever, or other communicable disease dangerous to the public health, it is his duty to keep the secretary of the State board of health constantly informed respecting the outbreak. (Compiled Laws, 1897, sec. 4460.)

MINNESOTA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS

State.—The State board of health consists of nine members appointed by the governor. The board elects a secretary who is the executive officer of the board and may or may not be one of its members. The board exercises general supervision over all health officers and boards. (Revised Laws, 1905, sec. 2127–2130.)

Counties.—The county board elects two of its members and a resident physician to constitute a board of health for each county with jurisdiction over all unorganized towns therein. At least one member of every local board must be a physician and act as local health officer and executive of the board. (Ibid., sec. 2134.)

Townships.—Every township board of supervisors constitutes a board of health for the township, and has jurisdiction over every village within its boundaries in which no organized board of health exists. The board of supervisors must appoint a physician to act as health officer. (Ibid., sec. 2134.)

Cities and villages.—Villages may and cities must provide by ordinance for the establishment of a board of health. In the absence of such provision in any city, the State board may appoint three persons to act as a board. One member of every local board must be a physician and act as health officer. (Ibid., sec. 2134.)

MORBIDITY REPORTS.

Physicians.—Physicians are to report immediately to the local health officer cases of the following diseases coming under their care: Smallpox, epidemic cerebro-spinal meningitis, epidemic anterior poliomyelitis, scarlet fever, diphtheria, measles. (Regulations, Minnesota State Board of Health, June 15, 1910.)

Cases of tuberculosis and typhoid fever are to be reported to the State board of health on blanks furnished for the purpose, within

one week after the patient comes under treatment, except that in cities and villages where physicians are required by ordinance or regulation to report such cases to the local board of health they are not required to also report them directly to the State board of health provided the local health officer makes returns of all such cases reported to him to the State board of health once a month on blanks furnished for the purpose. (Ibid.)

Midwives, nurses, etc.—Persons in charge of infants under 2 months of age are to report to the local health officer in writing within 12 hours whenever the eyes of such infant become inflamed. (Ibid.)

Local health officer.—Local health officers are to report immediately to the secretary of the State board of health cases of the following-named diseases occurring within their respective jurisdictions: Smallpox, scarlet fever, diphtheria, epidemic cerebro-spinal meningitis, anterior poliomyelitis, measles, typhoid fever and tuberculosis. (Ibid.)

MISSISSIPPI.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—Department of public health: The Mississippi State Medical Association, and all other State, district, and county medical societies and associations of the State in affiliation with the purposes of its organization are constituted the Mississippi Department of Public Health. Any licensed practitioner of medicine may on application have his name enrolled as a member of said department. (Mississippi Code, 1906, sec. 1640.)

Board of health.—The State board of health consists of 13 physicians appointed by the governor. (Ibid, sec. 2482.) The board elects a president and a secretary from its members. (Ibid., sec. 2484.) It may remove county health officers from office. (Ibid., sec. 2490.)

Counties.—It is the duty of the bureau of vital statistics of the State department to appoint a county board of health in each county, consisting of one physician from each supervisor's district, for the purpose of collecting vital, mortuary, and sanitary statistics. The county health officer is chairman of the board. The county board "may" keep books of register for births, deaths and infectious disease. (Ibid., sec. 1645.)

The State board of health appoints in each county a physician to be county health officer. If interior counties do not want a health officer, the State board of health need not appoint one. (Ibid., sec. 2491.)

Cities.—Any municipality "may" establish a board of health and pass sanitary laws not inconsistent with the rules and regulations of the State board of health. (Ibid., sec. 2505.)

MORBIDITY REPORTS.

Physicians.—Physicians are required to report immediately to the secretary of the State board of health every case of yellow fever, cholera, dengue, smallpox, or other virulent, epidemic, contagious disease occurring in their practice, unless the State board of health directs otherwise. (Ibid., sec. 2498.) Physicians are also to report to the secretary of the State board of health all cases of tuberculosis,

consumption, or other pulmonary diseases in their practice within 10 days. (Acts of 1910, ch. 130, sec. 1.)

MISSOURI.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of seven members, appointed by the governor. At least five of the members are required to be physicians. (Annotated Statutes 1906, secs. 7518, 7519.)

Counties.—There is a county board of health in each county, consisting of the judges of the county court, and a physician appointed by them. This board has jurisdiction outside of incorporated cities and towns. The county boards are subsidiary to the State board. (Ibid., sec. 7529A.)

Cities.—St. Louis: Provision is made for a health department controlled by a board of health and a health commissioner. The health commissioner is appointed by the mayor. The board of health consists of the mayor, the presiding officer of the council, a commissioner of police, the health commissioner, and two physicians. (City charter, Art. XII.)

Cities of the first class (population between 75,000 and 150,000): Provision is made for a health department in all cities of the first class, this department to be under the control of a board of health consisting of the mayor and three members appointed by him. One member, but not more than one member, of the board must be a medical practitioner. (Laws, 1909, secs. 291, 292.)

MORBIDITY REPORTS.

County health officer.—It is the duty of the county health officer to immediately report to the secretary of the State board of health cases of the following-named diseases, whenever they occur within his jurisdiction: Smallpox, diphtheria, membranous croup, scarlet fever, typhus fever, yellow fever, cholera, bubonic plague, and leprosy. (Regulations, State board of health, Rules I and II.)

It is the duty of the secretary of the county board of health to report quarterly to the secretary of the State board of health, "the number of contagious diseases and the results during the past quarter." These reports are to be made on the 1st of March, June, September, and December, and are to conform to the blanks furnished by the secretary of the State board of health. (Ibid, Rule 12.)

MONTANA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The governor appoints three physicians who, together with the governor, attorney general, and State veterinarian, constitute the State board of health. The board elects a physician as secretary, who becomes a member of the board, its executive officer, and the State health officer. (Revised Codes, 1907, sec. 1474.)

Counties.—The board of county commissioners and one physician whom they appoint, constitute the county board of health. The

physician so appointed becomes secretary of the board, and county health officer. (Ibid., sec. 1492.)

Cities and towns.—The municipal authorities of each incorporated city and town appoint a board of health of three members, one of whom must be a physician; except that incorporated towns of less than 5,000 inhabitants may place themselves under the care of the county board of health, in which case the jurisdiction of the county health officer includes the town. (Ibid., sec. 1484.)

MORBIDITY REPORTS.

Notifiable diseases.—The communicable diseases are designated as smallpox, diphtheria, scarlet fever, cholera, plague, yellow fever, "spotted" or "tick" fever, typhus fever, typhoid fever, cerebro-spinal meningitis, and measles. (Ibid., sec. 1500.)

Householders.—Householders are required to report immediately to the health officer of the town or city or county in which they reside cases of any of the communicable diseases within their families or households. (Ibid., sec. 1501.)

Physicians.—Physicians are required to report cases of the communicable diseases in their practice immediately to the health officer of the city or town, or if not in a city or town, then to the county health officer. (Ibid., sec. 1502.)

Local health officers.—Local and county health officers are required, on or before the 5th day of each month, to forward to the secretary of the State board of health, on blanks provided for the purpose, a report of all communicable diseases reported to them during the preceding calendar month. (Ibid., sec. 1495.)

NEBRASKA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of the governor, the attorney general, and the superintendent of public instruction. The governor appoints four physicians to be secretaries. (Compiled Statutes, 1909, secs. 4315, 4317.)

Counties.—The law provides that the county board of supervisors or commissioners in each county shall establish a board of health, one member of which shall be a physician, the board of health to have jurisdiction throughout the county except in cities and villages having power to establish boards of health. (Ibid., sec. 4401.)

Cities.—Cities of over 100,000 population have a health commissioner. Cities of less than 100,000 population have power to create a board of health. (Ibid., secs. 894, 1246.)

MORBIDITY REPORTS.

Physicians.—Physicians residing or practicing within the limits of any city, town, or township are required to report to the local board of health within 24 hours by the most expedient method cases of Asiatic cholera, yellow fever, smallpox (or varioloid), diphtheria (membranous croup), scarlet fever (scarlet rash or scarlatina), measles, typhus fever, ophthalmia neonatorum, typhoid fever, cerebro-spinal

meningitis, leprosy, whooping cough, chicken-pox, tuberculosis, puerperal fever, or any other disease contagious or dangerous to public health. Where no physician is in attendance the responsibility for reporting the case falls upon any person having charge, or the head of the family, or any person having the care or custody of any lodging rooms in which cases occur. School teachers are also to report to the local board of health cases of the above-named diseases. Where no local board of health is organized all the reports provided for above are to be made to the State board of health. (Rule 1, Regulations State board of health, promulgated in compliance with sec. 6, art. 7, ch. 55, Rev. Stat., 1903.)

Local boards.—Local boards of health are required during the prevalence of any of the diseases named in the preceding paragraph to make adequate report from time to time to the State board of health, giving the nature of the diseases and the number of cases. (Ibid., Rule 3.)

It is the duty of all boards of health to report to the State board of health promptly the existence of any one of the following diseases: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus fever, typhoid fever, and such other contagious and infectious diseases as the State board of health may from time to time specify. (Compiled Statutes, 1909, ch. 55, § 4404, sec. 8.)

NEVADA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of a president and a secretary appointed by the governor and a third member appointed by the governor and the president and secretary of the board. (Laws of 1911, ch. 199, sec. 1.)

Counties.—In each county there is a board of health consisting of the county physician, the sheriff, and the board of county commissioners. The county physician acts as chairman of the board. (Laws of 1905, ch. 42, sec. 1.)

Cities.—In incorporated cities and towns the city council has the power to create a board of health and prescribe its powers and duties. (Laws of 1907, Ch. CXXV.)

The boards of county commissioners have the power to establish and maintain a board of health in any town or city in their respective counties. (Laws of 1903, Ch. XXXVIII.)

MORBIDITY REPORTS.

There is no State law requiring the reporting of cases of sickness.

NEW HAMPSHIRE.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of the governor, the attorney general, three physicians, and a civil engineer, the last four named being appointed by the governor. The board appoints a physician as secretary and executive officer of the board. The secre-

tary may be a member of the board. (Public Statutes, 1891, ch. 107, secs. 1, 2.)

Towns (townships).—The selectmen of each town are required to appoint a board of health, consisting of three persons, of whom at least one shall, whenever practicable, be a physician in active practice in the town. (Acts of 1897, ch. 45, sec. 1 as amended by sec. 1, ch. 65, Laws of 1899.)

Cities.—All powers vested in the board of health of towns is in cities vested in the city council. (Public Statutes, 1891, ch. 50, sec. 9.)

MORBIDITY REPORTS.

Physicians.—It is the duty of every physician who attends upon any person infected with smallpox, malignant cholera, diphtheria, scarlet fever, or other malignant pestilential disease to immediately report the same to the health officers, or, in their absence, to the selectmen of the town. (Acts of 1901, ch. 13, sec. 1.) Similar report is to be made in the event of suspected cases of smallpox. (Acts of 1903, ch. 45, sec. 1.)

It is also the duty of every physician practicing medicine or surgery to report in writing to the State board of health, within one week after the disease is recognized, on forms provided by said board, the name, age, sex, color, occupation, and address of every person under his care who in his opinion is infected with pulmonary or other form of tuberculosis. It is also the duty of the officer having charge for the time being of each and every hospital, dispensary, asylum, or other public or private institution, to report in like manner, the name, age, sex, color, occupation, and last address of every person in his care or who has come under his observation, within one week of such time, who in his opinion is infected with pulmonary or other form of tuberculosis. Physicians are also to report the recovery of cases of tuberculosis to the State board of health. (Acts of 1911, ch. 6, secs. 1 and 5.)

Householders and others.—Whenever any person knows, or has reason to believe, that any member of his family or household (boarder, roomer, or visitor) has either smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, measles, or any other malignant communicable disease, he is required to give notice within 24 hours, if no physician is in attendance, to the local board of health of the town or city in which he resides. Such notice may be given either verbally or in writing. (Acts of 1901, ch. 16, sec. 2.)

Upon the appearance of smallpox, typhoid fever, or any other dangerous, communicable disease in any unincorporated locality in the State, it is made the duty of any person having knowledge thereof immediately to notify the State board of health of the appearance of such disease, provided there is no local board of health having jurisdiction in the locality. (Acts of 1911, ch. 17, sec. 1.)

Local board of health.—Upon the appearance of any of the diseases named in the preceding paragraph in any town or city, the board of health is required to make an immediate report to the State board of health, upon blanks furnished for the purpose, and to thereafter make a weekly report as long as the disease continues, stating the number of cases, the number of infected houses, the fatality, and such other facts as may be required by the State board. (Ibid., sec. 5.)

State board of health.—The State board of health is required to keep a register of all cases in which the tubercle bacilli has been found present. This register is not to be open to inspection in such manner as to reveal the identity of the patient, except to a health officer. The recovery of cases is also to be recorded in the register. (Acts of 1911, ch. 6, sec. 3-5.)

NEW JERSEY.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—Provision is made for a State board of health composed of six persons appointed by the governor, one of whom must be a physician, and becomes secretary of the board. (Act approved Mar. 31, 1887, sec. 1 as amended by sec. 1, ch. 299, Laws of 1908.)

Townships.—In each township the township committee, the township assessor, and one physician appointed by the township committee constitute a board of health for the township. (Laws of 1887, ch. 68, sec. 10.)

Cities.—Every city, borough, and town is required to have a local board of health. (Ibid., sec. 9.)

MORBIDITY REPORTS.

Physicians, etc.—Every physician is required to report within 12 hours to the local board of health having jurisdiction, or in the absence of such board to the assessor of the township, all cases of the following named diseases occurring in his practice: Cholera, yellow fever, typhus fever, leprosy, plague, trichinosis, smallpox, varioloid, typhoid fever, diphtheria, membranous croup, scarlet fever, malaria, tuberculosis in any of its manifestations, trachoma, rabies, glanders, anthrax, chickenpox, poliomyelitis, or any other contagious, infectious, or communicable disease which the State board of health may declare to be preventable and specially dangerous to the public health. The report is to be in writing, signed by the physician, and to include the name, age, and location of the person suffering from the disease. (Acts of 1911, ch. 381, sec. 1.)

When no physician is in attendance, the case is to be reported within 12 hours by the house owner or householder in whose dwelling or building it occurs. (Ibid.)

Physicians are to report in writing to the local board of health of the city, borough, town, or other municipality the name, age, sex, color, occupation, place where last employed, if known, and address of every person known by them to have tuberculosis. The report is to be signed and is to be made within 48 hours after the fact comes to the knowledge of the physician. Similar reports including the previous address are to be made within 48 hours by the chief officer having charge for the time being of any hospital, asylum, prison, or other private or public institution, of every patient having tuberculosis who comes under his care or observation. (Acts of 1910, ch. 169, sec. 1.)

Every physician who attends any person sick with typhoid fever, dysentery, scarlet fever, diphtheria, or tuberculosis on any dairy premises where milk is produced for sale or distribution, or in a household any member of which is employed at such a dairy, is

required to report the case within 12 hours after his first attendance, to the State board of health, giving the nature of the disease, the name of the person sick, and his place of residence. (Acts of 1911, ch. 380, secs. 1-2.)

Midwives, nurses, etc.—Ophthalmia neonatorum: When one or both eyes of an infant become inflamed, swollen, or reddened, or show any unnatural discharge at any time within two weeks after birth and no legally qualified practitioner of medicine is in attendance upon the infant at the time, it is the duty of the midwife, nurse, attendant, or relative having charge of the infant, to report the case in writing to the local board of health of the city, township, or other municipality within six hours. (Acts of 1895, Ch. CXVIII, sec. 1; also General Statutes, 1895, p. 1676, sec. 1.)

Local health authorities.—Reports of disease made by physicians in pursuance to section 1, chapter 381, Acts of 1911, cited above, are to be entered in a book kept for the purpose by the officer receiving them. This officer is also required to transmit by mail to the State board of health a transcript of the reports received by him at least once a week, and daily when required by the State board. (Acts of 1911, ch. 381, sec. 2.)

NEW MEXICO.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

Territory.—Provision is made for a board known as the New Mexico Board of Health and Medical Examiners, and composed of seven physicians appointed by the governor. This board elects one of its members secretary. (Acts of 1907, ch. 34, sec. 1, as amended by ch. 99, Acts of 1909.)

Counties.—The board of county commissioners in each county annually contracts in writing with some reputable physician to be county health officer. The health officer so appointed is subject to the orders of the board of county commissioners, and may with the board's consent appoint as many assistant health officers as the public health and safety require. (Acts of 1909, ch. 99, sec. 4.)

Cities.—The mayor and council, trustees or other governing bodies of incorporated cities and towns constitute a board of health for the city or town. (Laws of 1901, Ch. XVII, sec. 25.)

MORBIDITY REPORTS.

Physicians.—Whenever any physician or other person knows that any person is sick with smallpox or other contagious or infectious disease, dangerous to the public health, he is required to at once give notice thereof to the justice of the peace of the precinct in which the disease occurs if outside of an incorporated city, town, or village; if within the limits of a city, town, or village, then the notice is to be given to the health officer of the county. Whenever such notice is given to any justice of the peace, it is his duty to at once notify the health officer of the county. (Acts of 1903, ch. 103, sec. 19.)

Householders.—Whenever any householder knows that any person in his family is sick with smallpox or other contagious disease, dangerous to the public health, he is required to immediately give the same notice thereof as is required of physicians. (Ibid., sec. 20.)

NEW YORK.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—Provision is made for a State department of health at the head of which is a commissioner of health, appointed by the governor. The commissioner must be a physician. (Consolidated Laws, 1909, p. 4422, sec. 2.)

In the State department of health there is a bureau of vital statistics for the registration of births, marriages, deaths, and prevalent diseases. (Ibid., p. 4423, sec. 5.)

If any municipal corporation (town, city, or village) authorized by law to establish a local board of health, omits to do so, the State commissioner may, in such municipality, exercise the powers of a local board of health and appoint a health officer for the corporation, and fix his duties and compensation. (Ibid., p. 4426, sec. 11.)

Towns (townships).—The town (township) board and one other citizen appointed by the town board constitute a town board of health, and appoint a physician to be town health officer. (Ibid., p. 4428, sec. 20.)

A town board of health does not have jurisdiction over any city or incorporated village, or part of such city or village within the town, provided such city or village has an organized board of health. (Ibid., p. 4445, sec. 34.)

Cities of the first class (cities having a population of over 175,000).—The charters of cities of the first class provide for the appointment of a commissioner of health by the mayor.

Cities of the second class (cities with a population of between 50,000 and 175,000).—In cities of the second class the commissioner of public safety (appointed by the mayor) exercises all the powers and performs the functions of a local board of health. He appoints a physician to be health officer. (Consolidated Laws, 1909, p. 5318, secs. 130, 131; and p. 5324, secs. 145, 146.)

Cities of the third class (cities with a population of less than 50,000).—In cities of this class there is a board of health consisting of the mayor and at least six other persons, one of whom must be a physician, nominated by the mayor, and appointed by the common council. This board, unless the city charter provides otherwise, appoints a physician to be health officer of the city. (Ibid., p. 4428, sec. 20.)

Villages.—In villages the board of trustees appoints a board of health of not less than three persons, nor more than seven. This board appoints a physician to be health officer. (Ibid.)

MORBIDITY REPORTS.

Notifiable diseases.—The following named diseases are those designated by the State department of health to be reported: Anterior poliomyelitis, anthrax, bubonic plague, cancer, cerebro-spinal meningitis, cholera, diphtheria, hydrophobia, leprosy, measles, ophthalmia neonatorum, pellagra, pneumonia, scarlet fever, smallpox, tetanus, pulmonary or laryngeal tuberculosis, typhoid fever, typhus fever, whooping cough, yellow fever. (Monthly Bulletin, New York State Department of Health, November, 1910, p. 299.) (See also p. 156.)

Physicians, etc.—Every physician is required to immediately give notice of every case of infectious and contagious or communicable disease, required by the State department of health to be reported to it, to the health officer of the city, town (township), or village in which the case occurs. When no physician is in attendance on the case, it is the duty of the superintendent or other officer of an institution, hospital, or hotel or lodging-house keeper, or other person where the case occurs, to give such notice. The physician or other person giving the notice is entitled to the sum of 25 cents therefor. (Consolidated Laws, 1909, p. 4436, sec. 25.) (See also p. 156.)

Tuberculosis is declared to be an infectious and communicable disease, dangerous to the public health, and it is made the duty of every physician to report in writing the name, age, sex, color, occupation, place where last employed if known, and address of every person known by such physician to have tuberculosis, this report to be made to the health officer of the city, town (township), or village in which the case occurs within 24 hours after the fact comes to the knowledge of the physician. (Ibid., p. 4544, sec. 320.)

It is also the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar public or private institution, to report in like manner the name, age, sex, color, occupation, place where last employed if known, and previous address of every person having tuberculosis who comes into his care, or under his observation, this report to be made within 24 hours. (Ibid., p. 4544, sec. 320.)

Upon the recovery of any person having tuberculosis it is the duty of the attending physician to make a report of the fact to the local health officer. (Ibid., sec. 330.)

Local health authorities.—Local boards of health are required to report to the State department of health promptly the facts relating to infectious, contagious, or communicable diseases, and every case of smallpox or varioloid within the municipality (city, village, or town). Health officers of cities, villages, and towns (townships) are to report in writing once a month to the State department of health all cases of such infectious and contagious or communicable disease as may be required by the State department of health. Health officers of villages and towns are to be paid by the municipalities employing them a sum not to exceed 20 cents for each case so reported. (Ibid., p. 4436, sec. 25.)

The health officers, commissioners of health, or boards of health of cities of the first class, are required to report promptly to the State department of health all cases of smallpox, typhus fever, yellow fever, and cholera, and the facts relating thereto. (Ibid., p. 4436, sec. 25.)

NORTH CAROLINA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of five persons (one of whom is a sanitary engineer) appointed by the governor, and four members of the Medical Society of the State of North Carolina chosen by the medical society by ballot. The board of health elects a secretary-treasurer who is known as the State health officer. (Revisal of 1905, secs. 4435, 4440.)

Counties.—There are county boards of health consisting of the chairman of the board of county commissioners, the mayor of the county town (in the absence of a mayor the clerk of the superior court), the county superintendent of schools, and two physicians chosen by the three first named. These boards elect in each county a county superintendent of health. The chairman of the board of county commissioners appoints as county quarantine officer a candidate approved by the State board of health. (Acts of 1911, ch. 62, secs. 9, 16.)

Townships.—The county quarantine officer is empowered to appoint one deputy quarantine officer in each township of the county. (Ibid., sec. 19.)

Cities.—City and town authorities are authorized to elect municipal health officers. (Ibid., sec. 14.) The city or town authorities may assign the duties of the quarantine officer in the city or town to the municipal health officer. (Ibid., sec. 15.)

MORBIDITY REPORTS.

Notifiable diseases.—Smallpox, diphtheria, scarlet fever, measles, whooping cough, yellow fever, typhus fever, cholera, and bubonic plague. (Ibid., secs. 17, 18.)

Physicians.—If a physician suspects that a person whom he is called to visit is infected with any one of the above-named diseases he is required to immediately give notice to the quarantine officer, or the deputy quarantine officer. (Ibid., sec. 18.)

Householders.—If a householder knows that a person within his family is sick with any one of the above-named diseases he is to give immediate notice to the quarantine or deputy quarantine officer. (Ibid., sec. 17.)

Deputy quarantine officers (townships).—The deputy quarantine officer is required to at once notify the county quarantine officer whenever he receives notice of the existence of cases of any of the notifiable diseases. (Ibid., sec. 19.)

Quarantine officers (counties and cities).—The quarantine officer is to notify the secretary of the State board of health by telegram within 24 hours after receiving information of the presence of yellow fever, cholera, typhus fever, or bubonic plague, of the existence of every case. He is also to mail to the secretary of the State board of health not later than the 5th of each month the original records of all cases of the notifiable diseases for the preceding month. (Ibid., sec. 19.)

NORTH DAKOTA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of a president, a vice president, and a superintendent of health appointed by the governor. The State board of health superintends the several city, village, and county boards of health. (Revised Code, 1905, secs. 252, 255.)

Counties.—Provision is made for county boards of health composed of a president, a vice president, and a county superintendent of health appointed by the board of county commissioners. The county boards of health have jurisdiction within their respective counties, outside of the corporate limits of cities having a city board of health, and

subject to the supervisory control of the State board of health and the superintendent of public health. (Ibid., secs. 259, 262.)

Townships.—The supervisors of each township constitute a board of health for the township. (Ibid., sec. 3116.)

Cities.—In each incorporated city there is a board of health, and the mayor appoints a physician to be health officer. (Ibid., secs. 266, 267.)

The trustees of each incorporated village constitute a board of health for the village. (Ibid., sec. 3116.)

MORBIDITY REPORTS.

Physicians, etc.—Any physician attending a case of infectious or contagious disease is required by law to immediately notify the health officer within whose jurisdiction the case occurs, giving the name of the patient, place of residence, and character of the disease, and in addition to certify the facts to the clerk of the civil township in which the disease occurs, and in counties not organized into civil townships, to the county commissioner having jurisdiction. (Revised Code, 1905, sec. 290.)

The law also provides that whenever it comes to the knowledge of any physician or other person that a contagious, epidemic, or infectious disease exists within the jurisdiction of any local board, he shall immediately report to such board in writing the name and place of residence, if known, of every person afflicted with such disease, and if he is the attending physician of such person, he shall report not less than twice in each week the condition of each person so afflicted and the state of the disease. (Ibid., sec. 275.)

Each keeper of any private house, boarding house, lodging house, inn, or hotel is required to report in writing to the local board of health within whose jurisdiction the case may occur each case of contagious, infectious, or epidemic disease which may occur in his house, inn, or hotel, such report to be made within 24 hours after the existence of the disease becomes known, and to show the name of the patient and the nature of the disease. (Ibid., sec. 277.)

Also when no physician is employed, it is the duty of the parents to give, within 24 hours, notice to the proper office of the presence of contagious or infectious disease within their household. (Ibid., sec. 289.)

Also the oldest person next of kin, the keeper or other proper officer of every workhouse, poorhouse, reform school, jail, prison, hospital, asylum, or other public or charitable institution is to give like notice of any infectious or contagious disease occurring among the persons under his charge. (Ibid., sec. 289.)

Whenever one or both eyes of an infant become inflamed, swollen, or reddened, or show any unnatural discharge, or secretion at any time within two weeks after its birth, and no legally qualified physician is in attendance upon the infant at that time, it is the duty of its parents, or in their absence, whoever is caring for said infant, to report the fact in writing within six hours after discovery, to the health officer having jurisdiction. This report is not required to be made from recognized hospitals. (Acts of 1911, ch. 188, sec. 3.)

Local health authorities.—The health officer of each city, the clerk of each civil township, and in counties not organized into civil town-

ships the county commissioner for his district, and the superintendent of the county board of health of each county are required to obtain and register in the registry of infectious and contagious diseases the names of the persons affected; the sex, color, and age of such persons; the nature of the disease; and the date of record. (Ibid., sec. 288.)

It is the duty of the health officer of each city and the clerk of each organized civil township, and in counties not organized into civil townships the county commissioner for his district, to make and send a certified copy of the registry of infectious and contagious diseases for the preceding month to the superintendent of the county board of health, not later than the 10th of each month. (Ibid., sec. 291.)

It is the duty of each local board of health, whenever it comes to its knowledge that a case of smallpox, scarlet fever, diphtheria, or other infectious or contagious disease exists within its jurisdiction, to immediately notify the State board of health of the existence and nature of such disease. (Ibid., sec. 282.)

County boards of health.—The superintendent of the county board of health of each county is to make and send to the State superintendent of health, on or before the 15th day of each month, a copy of the records showing all the cases of infectious or contagious diseases reported to him for the preceding month. (Ibid., sec. 292.)

The county superintendent of health is to report the facts immediately to the superintendent of public health (State) whenever any contagious or infectious disease occurs in his county, either among persons or animals. (Ibid., sec. 260.)

State authorities.—The superintendent of public health is to make to the governor on the 1st day of December of each even-numbered year a full report showing the character and extent during the preceding two years of all contagious or infectious diseases which have been reported to him. (Ibid., 1905, sec. 257.)

OHIO.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—Ohio has a State board of health consisting of eight members. The attorney general is ex officio member of the board. The other seven members are appointed by the governor. (Ohio General Code, 1910, sec. 1232.) The board elects a secretary. (Ibid., sec. 1234.)

Townships.—The trustees of the township constitute a board of health for the township outside the limits of cities and villages. They appoint a health officer. (Ibid., sec. 3391.)

Cities and villages.—The law specifies that the council of each city and village shall establish a board of health of five members appointed by the mayor. (Ibid., sec. 4404.) The board of health appoints a health officer. (Ibid., sec. 4408.)

In villages the council may appoint a health officer instead of a board of health, such appointee to be approved by the State board of health. (Ibid., sec. 4404.) If any city, village, or township fails or refuses to establish a board of health, or appoint a health officer, the State board of health may appoint a health officer for such city, village (ibid., sec. 4405), or township (ibid., sec. 3393).

MORBIDITY REPORTS.

Notifiable diseases.—Smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, typhoid fever, and any other disease dangerous to the public health, or required by the State board of health to be reported. (Ibid., sec. 4427.)

The State board of health requires reports also of cases of cerebro-spinal meningitis, chickenpox, measles, whooping cough (Sept., 1910), infantile paralysis (Dec., 1910), and trachoma (Mar. 2, 1911).

Physicians.—Physicians or other persons attending cases of the above-named diseases, owners or agents of buildings in which cases reside, and heads of families in which cases exist are required to report the cases to the health officer within whose jurisdiction they occur, giving in such report the name, age, sex, and color of the patient and the house or place in which he may be found. (General Code, sec. 4427.)

Midwives, nurses, etc.—Midwives, nurses, or relatives in charge of infants less than 10 days old are to report within six hours in writing to the physician in attendance or to the local health officer whenever such infant's eyes become inflamed or swollen or show an unnatural discharge. (Ibid., sec. 12787.)

Boards of health.—Health authorities or officials, and physicians in localities where there are no health authorities or officials, are required to report promptly to the State board of health the existence of cases of Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, membranous croup, typhus or typhoid fever, and such other contagious or infectious diseases as the State board may specify. (Ibid., sec. 1243.)

The State board requires the boards of health of cities, villages, and townships to make semimonthly, on the 1st and 16th of each month, a report of the recorded cases of the following-named diseases: Asiatic cholera, bubonic plague, cerebro-spinal meningitis, chickenpox, diphtheria, measles, membranous croup, scarlet fever, smallpox, typhoid fever, typhus fever, whooping cough, and infantile paralysis. (Sept., 1910.)

OKLAHOMA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—Oklahoma has a State board of health in charge of one commissioner, known as the State commissioner of health, who is appointed by the governor and has power to make and enforce any and all needful rules and regulations for the prevention and cure and to prevent the spread of any contagious, infectious, or malarial disease among persons, and to superintend the several boards of health in the counties, cities, villages, towns, and townships. (Laws 1907-8, ch. 79, secs. 1, 2.)

Counties.—The law requires that the State commissioner of health shall appoint in every county of the State a county superintendent of public health, who shall be a practicing physician in good standing and a resident of the county. (Ibid., sec. 6.)

Townships.—In each township of each county the board of directors constitutes a township board of health, and in its capacity as such is under the supervision of the county superintendent of public

health, and is governed by rules and regulations prescribed by the State board of health. It is the duty of the township board to enforce, under the direction of the county superintendent of public health, rules and regulations of the State board pertaining to quarantine or contagious and infectious disease. (Ibid., sec. 7.)

Cities.—Incorporated towns (villages): The town board of directors constitutes a board of health and performs the same duties as the township board, and is under the same supervision of the county superintendent and the State board. (Ibid., sec. 8.)

Cities of the first class: In cities of the first class the mayor and common council constitute a board of health and are authorized to appoint a city superintendent of public health, who shall be a practicing physician and a resident of the city. It is the duty of the mayor and council to enforce all rules and regulations in regard to the public health. (Ibid., sec. 9.)

(All cities of over 2,000 population may become cities of the first class.)

MORBIDITY REPORTS.

Physicians.—Practicing physicians are required to report to the county superintendent of public health, upon forms prescribed and furnished by the State board of health, all cases of infectious and contagious diseases, these reports to be made by the physician as soon as the disease is discovered. (Ibid., sec. 10; also Compiled Laws, 1909, sec. 349.)

In cities of the first class physicians report to the city superintendent of public health, upon forms prescribed and furnished by the State board of health, all cases of infectious and contagious diseases as soon as discovered. (Ibid., sec. 11; also Compiled Laws, 1909, sec. 350.)

Practicing physicians are required to report the cases of contagious and infectious diseases which have occurred in their practices during the month to the county superintendent or the city superintendent of public health, as the case may be, on the last day of each month. (Rules and regulations promulgated by the State commissioner of health pursuant to sec. 2, ch. 79, Session Laws 1907-8, rule 16.)

Tuberculosis is declared to be an infectious and communicable disease, dangerous to the public health, and it is made the duty of every physician to report in writing to the health officer of the city, town, or village, within 24 hours, the name, age, sex, color, occupation, place where last employed if known, and address of every person known by said physician to have tuberculosis. (Ibid, rule 41.)

It is also made the duty of the chief officer having charge for the time being of any hospital, dispensary, or asylum, or other similar public or private institution, to report in like manner the name, age, sex, color, occupation, place where last employed if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, this report to be made within 24 hours. (Ibid., rule 41.)

Local health officers.—The city and county superintendents of health are required to make a report on the 10th day of each month to the State commissioner of health of all cases of contagious and infectious diseases reported to them for the preceding calendar month. (Ibid, rule 16.)

OREGON.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven members. The board elects a secretary, who becomes, by virtue of such election, a member of the board, and is known as the State health officer. (Oregon Acts, 1903, p. 82.)

Counties.—The county judge and county commissioners constitute ex officio a board of health for the county and elect a secretary, who becomes health officer.

Cities.—The mayor and common council of each incorporated city constitute a board of health for the city, except where boards of health are constituted by statute or city ordinance. Each board elects a secretary, who becomes health officer of the board. (Acts of 1905, ch. 170, as amended by ch. 82, Acts of 1907.)

MORBIDITY REPORTS.

Physician.—Every physician or other person having charge of a case of any infectious or epidemic disease must report the case immediately to the county or city health officer. (Acts of 1903, p. 82, sec. 12.)

It is the duty of every practicing physician to report to the county health officer, or to the health officer of the municipal corporation, within 24 hours, by the quickest means of communication, cases of diphtheria, membranous croup, scarlet fever, cholera, typhus fever, typhoid fever, smallpox, measles, cerebrospinal meningitis, ophthalmia neonatorum, infantile paralysis, bubonic plague, leprosy, barber's itch, and tuberculosis. (Rule 1, Oregon State Board of Health, 1911.)

It is the duty of the superintendent of any State institution or of any children's home, or other institution of a public nature, to report to the secretary of the State board of health any of the diseases enumerated in the preceding paragraph by the 10th day of each month for the preceding calendar month. (Rule 3, Oregon State Board of Health, 1911.)

It is also made the duty of every physician called to attend a person sick, or suspected of being sick, or in the absence of a physician, the householder, to report in writing within 24 hours, giving the name, and residence, all cases of cholera, yellow fever, smallpox, diphtheria, membranous croup, scarlet fever, typhus fever, typhoid fever, or "bubonic" (sic), or any other contagious disease, to the county health officer, or other health officer having jurisdiction. (Rule 17, Oregon State Board of Health, 1911.)

Local health authorities.—It is the duty of the county board of health to report to the secretary of the State board of health monthly, not later than the 10th day of the month, all cases of infectious disease which have been reported to the county board during the preceding month. Cities which keep their own records report direct to the State board of health in the same manner as the county boards. (Acts of 1903, p. 82, sec. 8.)

PENNSYLVANIA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a department of health, consisting of a commissioner of health and an advisory board. The commissioner is a physician, is the head of the department, and is appointed by the governor. (Laws of 1905, act 218, sec. 1.)

Districts.—In order to insure the management of the sanitary affairs and the registration of vital statistics in the different parts of the State, the commissioner of health is authorized to apportion the State into 10 districts and to appoint a physician in each district to be health officer and to have, under the direction of the commissioner, supervision and control of the sanitary affairs of the district and the registration of vital statistics. The commissioner of health may also appoint and employ such assistants to the health officers of the districts as he may deem necessary. (Laws of 1905, act 218, sec. 11.)

Pursuant to the above, a physician of five or more years' experience in the practice of medicine has been appointed in each county by the State department of health to act as a representative of the department. Townships in which there are no local boards of health have been grouped into about 700 districts, in each of which is a local health officer (not necessarily a physician) appointed and paid by the State department of health.

Townships of the first class (that is, townships with a population of at least 300 to the square mile).—It is the duty of the township commissioners to appoint a township board of health of five members, of whom one must be a physician. The board elects a health officer. (Laws of 1907, act 228, sec. 1.)

Cities.—*Cities of the first class:* In cities of the first class (cities with a population of over 1,000,000) there is a board of health of three members appointed by the mayor. One member is designated as the chief of the board of health, and is president of the board. The director of public health and charities is the chief executive officer of the board. (Purdon's Digest, p. 2925, secs. 786, 788; 1903 Public Laws, 157, sec. 4.)

Cities of the second class: In cities of the second class (cities with a population of between 100,000 and 1,000,000) there is a bureau of health, which is connected with and under the control of the department of public safety. The director of the department of public safety appoints a superintendent of the bureau of health, and such other employes as are necessary. (Purdon's Digest, p. 3024, sec. 107; 1895 Public Laws, 350, sec. 1.)

Cities of the third class: The council of any city of the third class (cities with less than 100,000 inhabitants) may by ordinance create a board of health, consisting of five members. (Laws of 1889, Art. XI, p. 306.)

Boroughs (incorporated villages with over 300 inhabitants).—It is the duty of the president of the town council or burgess, where he is the presiding officer, to appoint a board of health of five members. (Purdon's Digest, Vol. I, p. 532; 1893 Public Laws, 44.)

MORBIDITY REPORTS.

Physicians.—Every physician practicing in any portion of the State who treats or examines any person suffering from or afflicted with actinomycosis, anthrax, bubonic plague, cerebro-spinal meningitis (epidemic), cerebro-spinal fever (spotted fever), chickenpox, Asiatic cholera, diphtheria (diphtheritic croup, membranous croup, putrid sore throat), epidemic dysentery, erysipelas, German measles, glanders (farcy), rabies (hydrophobia), leprosy, malarial fever, measles, mumps, pneumonia (true), puerperal fever, relapsing fever, scarlet fever (scarlatina, scarlet rash), smallpox (variola, varioloid) tetanus, trachoma, trichiniasis, tuberculosis in any form, typhoid fever, typhus fever, whooping cough, uncinaria duodenalis (hook worm),¹ pellagra,¹ anterior poliomyelitis (infantile paralysis),¹ or yellow fever is required, if said case is located in a township of the first class, a borough, or a city, to forthwith make a report in writing to the health authorities of said township, city, or borough; and, if the case is located in a township of the second class, or a city, borough, or township of the first class not having a board of health or body acting as such, to the State department of health, upon blanks supplied for that purpose, in which report he shall, over his own signature, state the name of the disease, and the name, age, sex, color, nativity, and occupation, if any, of the person suffering therefrom, together with the street and house number of the premises in which said person may be located, or otherwise sufficiently designate the same, the date of the onset of the disease, the name and occupation of the householder in whose family the disease may have occurred, the number of children in said household attending school, and the name or names of the school or schools so attended, together with such other information relating to said case as may be required by said health authorities and the State department of health. (Laws, 1909, act 658, sec. 1.)

Local health authorities.—The health authorities of the several cities, boroughs, and townships of the first class are required at the end of each week, and for the fraction of each week occurring at the end of the month, to report to the State department of health, upon blanks supplied for that purpose, a list of all cases of communicable diseases mentioned in the preceding paragraph, which have been reported to them during said period; which report is to contain the name of each person suffering therefrom, respectively, and his or her age, sex, color, and nativity, together with the name of the disease and the date of the onset thereof; and in the event of no reports of any of said diseases having been received by the aforesaid health authorities, respectively, during any said period, that fact is required to be reported to the State department of health. All superintendents and other persons in charge of asylums, hospitals, or other institutions located in townships of the second class are required, at the end of each week, and portion of a week occurring at the end of each month, to report to the State department of health, on blanks supplied for that purpose, a list of the inmates of such institutions, respectively, who may have suffered from any of the diseases enumerated in the preceding paragraph, together with the above-mentioned data relative to each inmate, with the date of his or her admission to the insti-

¹ Added to list of reportable diseases by regulation adopted by the advisory board of the State department of health July 7, 1910, pursuant to act 218, approved Apr. 27, 1905.

tution, and the name of the city, borough, or township from which he or she was admitted. (Laws, 1909, act 658, sec. 23.)

Midwives and nurses.—Whenever one or both eyes of an infant become inflamed or swollen or reddened at any time within two weeks after birth, it is the duty of the midwife or nurse, or other person having care of the infant, to report the facts to the health officer or a legally qualified practitioner, in writing, within six hours after the discovery of the condition. (Public Laws, 1895, p. 373, sec. 1, Purdon's Digest, 13th ed., p. 1886, sec. 78.)

PORTO RICO.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

Island.—The governor appoints a member of the executive council to be director of health, charities, and corrections. (Laws of 1904, p. 89.) The director of health, charities, and corrections appoints an insular board of health and a director of sanitation. The director of sanitation is the chief sanitary officer of the island and the executive officer of the board of health. The chairman of the insular board of health is the chief of the bureau of vital statistics. (Laws of 1911, act 68, secs. 1-3.)

Sanitary districts.—For sanitary purposes the island is divided into four sanitary districts. Each district is in charge of a sanitary inspector appointed by the director of sanitation. (Ibid., sec. 17.)

Sanitary zones.—Each sanitary district is divided into sanitary zones. Each zone is in charge of a health officer under the immediate orders of, and appointed by, the director of sanitation. Each sanitary zone has a board of health of three members. (Ibid., secs. 22-23.)

Towns.—A sanitary police agent is appointed in each town having less than 10,000 inhabitants and at least two in towns having over 10,000 inhabitants. (Ibid.)

MORBIDITY REPORTS.

Notifiable diseases.—Exanthematic typhus, typhoid fever, smallpox, varioloid, scarlet fever, diphtheria, yellow fever, asiatic cholera, bubonic plague, beriberi, epidemic dysentery, cerebro-spinal meningitis, whooping cough, epidemic parotiditis, malaria, tuberculosis, glanders, leprosy, cutaneous syphilis, and hookworm disease, or uncinariasis. (Laws of 1911, act 68, sec. 25.)

Physicians.—Physicians are required to report cases of the above-named diseases to the nearest health officer, and all cases of infectious or contagious diseases treated by them to the local health officer. (Ibid., secs. 25-26.)

Local health officers.—Health officers are required to immediately report to the director of sanitation all cases of infectious or contagious diseases reported to them by physicians. (Ibid., sec. 26.)

RHODE ISLAND.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven members. The board elects a physician to be secretary, who becomes

ex officio a member of the board, the commissioner of public health, and State registrar. (General Laws of Rhode Island, 1909, ch. 115, p. 415.)

Towns (townships).—The town councils and boards of aldermen constitute ex officio boards of health in their respective towns. (Ibid., ch. 50, p. 232.)

The town council is required to appoint a health officer. (Ibid., ch. 107, sec. 5.) The cities of Providence and Newport and such other towns as may establish a board of health or elect a superintendent of health are exempt from these provisions. (Ibid., sec. 7.)

Cities.—The city council of any city may appoint a board of health for the city, which may have any or all the powers and duties of the board of aldermen as a board of health as the city council may determine. (Ibid., ch. 50, p. 232.)

MORBIDITY REPORTS.

Physician, householder, etc.—Every householder is required to immediately inform the town council of the town wherein he dwells of any person in the house or tenement occupied by him who has smallpox or any other contagious or infectious distemper, or is suspected of being so affected. Every physician, householder, or other person having knowledge of the existence of smallpox in any town is required to immediately notify the town clerk, or, in cities, the superintendent of health. (General Laws, Rhode Island, 1909, ch. 110, secs. 13, 19.)

Any physician who discovers a case of poliomyelitis, tuberculous meningitis, or cerebrospinal meningitis is required to immediately report the existence of each and every case to the secretary of the State board of health. (Laws 1911, ch. 728, sec. 1.)

Physicians are to report to the secretary of the State board of health within seven days, upon blanks provided by the State board for the purpose, the name, sex, age, color, occupation, social condition, and residence of persons under their care affected with pulmonary or laryngeal tuberculosis. (Acts of 1909, ch. 386, sec. 12.)

Institutions.—The superintendent or other person in charge or control of any hospital, school, reformatory, or other institution deriving the whole or any part of its support from the public funds of the State, having in charge or under his care and custody any person suffering with pulmonary or laryngeal tuberculosis, is to make or cause to be made, within 48 hours, a record of name, age, sex, color, occupation, social condition, and residence of the person affected, this information to be forwarded each week to the secretary of the State board of health. (Ibid., sec. 11.)

Midwives, nurses, etc.—Midwives or nurses in charge of infants under 2 weeks of age are to report to the health officer within 6 hours in writing or to a physician, whenever the eyes of such infant become inflamed. (General Laws, 1909, ch. 343, sec. 25.)

State.—It is the duty of the State board of health to keep a register of all persons known to be affected with laryngeal or pulmonary tuberculosis. (Acts of 1909, ch. 386, sec. 10.)

SOUTH CAROLINA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of the South Carolina Medical Association, together with the attorney and comptroller general of the State. The above-named medical association every seven years elects seven members to be recommended to the governor for appointment to cooperate with the State officers named to constitute an executive committee, having power to act in the intervals between sessions of the State board of health. Upon the recommendation of the executive committee the governor appoints a State health officer, who becomes secretary and executive officer of the State board of health. The executive committee is authorized to divide the State into health districts, and in districts in which there are no boards of health it is required to appoint subboards of health.

The State board of health is invested with authority to direct and supervise the action of local boards of health in cities, towns, and townships, and may remove members of the local boards of health for cause. (South Carolina Code, 1902, Title VIII, Ch. XXIII, and Act No. 433, 1908.)

Cities, towns, and villages.—It is the duty of the mayor or intendant of every incorporated city, town, or village to appoint a board of health, which shall elect a secretary and a health officer. (South Carolina Code, 1902, Title VIII, Ch. XXIII.)

The executive committee of the State board has power and it is its duty to appoint local boards of health in all unincorporated towns and villages of more than 100 population. (Act No. 82, 1906.)

MORBIDITY REPORTS.

Notifiable diseases.—The State board of health is authorized to name the diseases it considers contagious and infectious. (Act No. 395, 1910, sec. 4.) The executive committee of the board has named the following: Tuberculosis, typhoid fever, diphtheria, scarlet fever, smallpox, measles, whooping cough, epidemic cerebrospinal meningitis, leprosy, and poliomyelitis.

Physicians.—It is the duty of physicians in incorporated cities and towns to report to the secretary of the local board of health within 24 hours cases of contagious or infectious disease occurring within their practice. Physicians outside of incorporated cities and towns report within 24 hours direct to the secretary of the State board of health upon blanks furnished by the State board. (Act No. 395, 1910, secs. 1, 3.)

Midwives and nurses.—In cities having over 1,000 inhabitants midwives and nurses are to report at once to the local board of health whenever an infant under their charge has reddened or inflamed eyes. (Criminal Code, 1902, sec. 331.)

Local boards of health.—It is the duty of secretaries of local boards of health to report to the secretary of the State board of health, not later than the 5th day of each month, all cases of contagious and infectious disease reported to them during the preceding month, the report to be made upon blanks furnished by the State board. (Act No. 395, 1910, sec. 2.)

SOUTH DAKOTA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The State board of health consists of five physicians appointed by the governor. The board annually elects a superintendent, who is ex officio secretary of the board. (Political Code, 1903, secs. 238, 240, as amended by ch. 217, Laws of 1903.)

Counties.—Provision is made for a county board of health in each county, consisting of the State's attorney of the county, and two physicians appointed by the State board of health, one of whom shall be superintendent of the county board and ex officio its secretary; the other shall be vice president of the board. (Ibid., sec. 246.)

Cities.—City councils have the power to appoint a board of health for their respective cities and to prescribe its powers and duties. (Ibid., sec. 1229.)

MORBIDITY REPORTS.

Physicians.—Whenever any physician shall know or suspect that any person whom he is called to visit has smallpox, scarlet fever, diphtheria, measles, cholera, or any other disease dangerous to the public health, such physician shall give notice immediately, including the location and a full description of the case, to the superintendent of the county board of health within whose jurisdiction the case occurs. (Regulations State board of health, rule 5.)

All cases of poliomyelitis, or suspected cases are to be reported immediately by the attending physician, or head of the family, to the county board of health. (Regulations State board of health, Sept. 28, 1910.)

Householders.—Whenever any householder shall know or suspect that any person in his family or temporarily residing with him is sick with smallpox, scarlet fever, diphtheria, cholera, or any other disease dangerous to the public health he shall immediately give notice to the health officer having jurisdiction. (Ibid., rule 4.)

Municipal health officers.—City and town health officers are required to record the returns of all contagious and infectious diseases and to forward the returns monthly to the county superintendent of health. (Ibid., rule 15.)

County superintendents.—Superintendents of county boards of health are required to report immediately to the superintendent of the State board of health whenever any contagious or infectious disease occurs in their respective counties. (Political Code, 1903, sec. 248.)

TENNESSEE.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of three physicians, one live-stock breeder, and ex officio the State commissioner of agriculture. (Acts of 1897, ch. 46, sec. 1.)

Counties.—The county judge, court clerk, and health officer or jail physician constitute the county board of health, the last named being president of the board. (Law passed Apr. 4, 1885, sec. 1.)

It is the duty of county courts in counties having jails to appoint a jail physician or health officer. (Ibid., sec. 4.)

Cities.—Every municipality having 5,000 or more inhabitants is required to organize a board of health. (Laws of 1877.) Boards of health of cities and towns have jurisdiction and authority in the territory extending 1 mile from the corporation limits, provided such jurisdiction shall not extend beyond the limits of the county in which the municipality is situated, and provided that where two cities lie less than 2 miles apart the distance be divided between them. (Laws of 1877, ch. 28, sec. 7.)

MORBIDITY REPORTS.

Notifiable diseases.—Smallpox, yellow fever, cholera, bubonic plague, typhus fever, diphtheria, membranous croup, scarlet fever, or other communicable disease (except venereal diseases). (Acts of 1905, ch. 519, sec. 1.) The State board of health by resolution added poliomyelitis to the preceding list October 4, 1910.

The cards issued for the monthly report of contagious diseases contain, in addition to the above-named diseases, the following: Pulmonary tuberculosis, typhoid fever, cerebrospinal meningitis, measles, chicken pox, whooping cough, and pellagra.

Householders.—Whenever any one of the above-named diseases exists, or is suspected to exist in any household, it is the duty of the head of the household or any other person in the household having knowledge of the facts to immediately notify the municipal or county health authorities. (Ibid.)

Physicians.—It is also the duty of physicians to immediately report cases of the above-named diseases to the municipal or county health authorities. (Ibid., sec. 2.)

Nurses, midwives, etc.—Nurses, midwives, or other persons having care of infants under 2 weeks of age are to report immediately to the health officer or a legally qualified practitioner of medicine whenever one or both eyes of an infant become inflamed or reddened. (Acts of 1911, ch. 10, sec. 1.)

Local health authorities.—It is the duty of municipal and county boards of health upon receiving information of the existence or suspected existence of any case of smallpox, cholera, yellow fever, scarlet fever, diphtheria, or other disease dangerous to the public health to immediately notify the State board of health of the fact, and on the first of each month make a written report to the State board of health of all cases of communicable disease occurring in their respective jurisdictions during the preceding calendar month. (Acts of 1905, ch. 519, sec. 11.)

TEXAS.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health consisting of seven members appointed by the governor. Each member must be a legally qualified practicing physician, who has been in the actual practice of medicine in the State of Texas for at least 10 years. One member is designated by the governor as State health officer and is the president and executive officer of the board. (Laws of 1909, ch. 30, sec. 1.)

The president of the board appoints a registrar of vital statistics who is also the secretary of the board. (Ibid., sec. 4.)

The county and city health officers are under the general direction of the State board of health to which they are required to make such reports as the State board may require. (Ibid., secs. 25, 26, 28.)

Counties.—It is the duty of the commissioner's court of each organized county to appoint a competent physician to be county health officer. (Ibid., secs. 17, 18, 19.)

Cities.—It is the duty of the city council or the city commissioners, as the case may be, of each incorporated city and town within the State to elect a competent physician to the office of city health officer, except in cities where a different method of selecting city health physicians is provided for by charter, in which event the office of city health officer is to be filled as is provided for that of city physician. (Ibid., secs. 21, 22.)

MORBIDITY REPORTS.

Notifiable diseases.—The following-named diseases are classed as contagious: Asiatic cholera, bubonic plague, typhus fever, yellow fever, smallpox, scarlet fever, diphtheria, epidemic cerebrospinal meningitis, dengue, typhoid fever, epidemic dysentery, trachoma, tuberculosis, anthrax. (Acts of 1909, ch. 30, sec. 10, rule 3, as amended by acts of 1911, ch. 95, sec. 1.)

Physicians, etc.—Physicians are to report in writing or by telephone to the local health authority (city or county health officer, or local board of health) immediately each patient known to have or suspected of having a contagious disease. If the disease is pestilential in character the physician is to notify the president of the State board of health by telegraph or telephone at State expense. (Ibid., rule 1.)

Every hotel proprietor, keeper of a boarding house, or inn, or householder, or head of a family in a house wherein any case of reportable contagious disease occurs, is required to report such case to the local health authority within 12 hours unless previous notice has been given by the physician in attendance. (Ibid., rule 23.)

Midwives, nurses, etc.—Persons not practitioners of medicine are to report cases of inflammation of the eyes of infants under their care to the local health authority or to a reputable physician within 12 hours. (Ibid., 10, rule 22.)

Local health authorities.—City and county health authorities are required to keep a record of all cases of contagious disease reported to them including the name, age, sex, race, and location of the persons affected. They are also required to report these cases by the fifth of each month for the preceding calendar month to the president of the State board of health on blanks furnished by the State board. The reports on tuberculosis are to be considered confidential. (Ibid., rule 4.)

UTAH.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of seven members appointed by the governor. A majority of the members must be physicians and one a civil engineer. (Compiled Laws 1907, sec. 1096.)

Counties.—Each board of county commissioners is required to divide the county, outside of incorporated municipalities, into sani-

tary districts and to appoint a health officer for each district. The district health officers, together with the board of county commissioners, constitute the county board of health. (Ibid., sec. 1106.)

Cities.—It is the duty of the board of trustees or the city council of every incorporated town and city to establish by ordinance a board of health of three or more members, one of whom shall, when practicable, be a physician and the executive officer of the board and be known as the health officer. (Ibid., sec. 1105.)

MORBIDITY REPORTS.

Physicians, etc.—It is the duty of every physician or other person caring for the sick to report immediately to the local board of health cases of scarlet fever, diphtheria, whooping cough, smallpox, typhoid fever, measles, tuberculosis, cholera, rubella, chickenpox, typhus fever, plague, cerebrospinal meningitis, poliomyelitis, leprosy, or pneumonia coming under his charge. (Ibid., sec. 1113x11, as amended by laws of 1911, ch. 75, sec. 1.)

Every physician and every superintendent of a hospital or public institution is required to immediately report to the State board of health every case of tuberculosis which he is called upon to treat or which is in such hospital or public institution. (Ibid., sec. 1113x27.)

All physicians or other persons having knowledge of the existence of any contagious or infectious disease, or having reason to believe that any such disease exists, are required to report the fact immediately to the local board of health. (Ibid., sec. 1111.)

It is the duty of every physician and every superintendent or manager of a hospital or public institution to immediately report to the local board of health every case of venereal disease which he is called upon to treat, or which may be in such hospital or institution, and to make such reports as may be called for by the regulations of the State board of health. The name of the person affected is not to be included in the report. (Laws of 1911, ch. 90, sec. 1.)

It is the duty of physicians and midwives to report to the local board of health within six hours every case where a newly born child has inflammation of the eyes attended by a discharge. (Laws 1911, ch. 61, sec. 1.)

Local health authorities.—Local boards of health or health officers report to the secretary of the State board of health monthly on or before the 5th day of each month all cases of scarlet fever, smallpox, diphtheria, membranous croup, typhoid fever, whooping cough, measles, chickenpox, pneumonia, and tuberculosis which have occurred in their respective jurisdictions during the preceding month. (Compiled Laws, 1907, sec. 1108.)

Upon receipt of a notification of inflammation of the eyes of a newly born child, the local health officer is to report immediately by telephone or telegraph to the State board of health. (Regulations, State board of health, 1911.)

VERMONT.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of three members appointed by the governor. The board appoints a physician as secretary and may also appoint a sanitary engineer and inspector. (Public Statutes, 1906, secs. 5409 and 5411.)

Towns (townships).—The State board appoints a health officer for each town. The health officer, together with the selectmen of the town, or the board of aldermen of the city constitutes a local board of health for such town or city. (Ibid., secs. 5433 and 5434.)

MORBIDITY REPORTS.

Physicians, etc.—Physicians are required to report immediately to the local health officer cases of communicable disease dangerous to the public health giving the location of the cases, the name of the patient, and the degree of virulence, cause, and source of the disease. The head of a family in whose home there occurs a case of infectious or contagious disease dangerous to the public health is required to immediately notify the local health officers. (Public Statutes, 1906, sec. 5454.)

Physicians are required to report cases of tuberculosis to the secretary of the State board of health, giving the name and address of the person affected. (Ibid., sec. 5450.)

Nurses, etc.—It is made the duty of the nurse, relative, or other person having charge of an infant to report in writing within six hours thereafter to the local health officer of the town or city in which the parents of the infant reside, whenever one or both eyes of an infant become inflamed, swollen, or reddened, and have an unnatural discharge at any time within two weeks after its birth. (Regulation, State board of health.)

Local health authorities.—Upon receiving notice of a case of contagious or infectious disease dangerous to the public health, local health officers are to immediately report the facts of the case to the secretary of the State board of health. When a communicable disease prevails or becomes epidemic, the local health officer is to make weekly reports concerning the disease to the State board. (Ibid., sec. 5455.) Local health officers are to report to the secretary of the State board of health immediately every case of smallpox, varioloid, Asiatic cholera, typhus fever or yellow fever occurring within their respective jurisdictions. (Ibid., sec. 5453.)

VIRGINIA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health consisting of 12 members appointed by the governor, one from each congressional district and two additional from the city of Richmond. The governor also appoints a health commissioner who is the executive officer of the State board of health, although not a member of the board. (Pollard's Code, Biennial, 1908, sec. 1713d.)

Counties, towns, and cities.—The State board of health appoints annually three physicians of each county or corporation, who, with

the chairman of the supervisors or the mayor of the corporation, as the case may be, constitute a county, town, or city board of health. This does not apply to cities or towns whose charters provide for the creation of a board of health. Each board elects one of its medical members to be secretary and health officer.

MORBIDITY REPORTS.

Notifiable diseases.—The State board of health is authorized to prepare and promulgate from time to time a list of diseases considered as infectious, contagious, communicable, or dangerous, and of which cases are to be reported, and to prescribe the manner and time of the report. (Ibid., sec. 2.)

In compliance therewith the State board, in rule 30 (effective Nov. 1, 1910), requires every physician to report immediately to the secretary of the local board of health having jurisdiction, every case of the following-named diseases occurring in his practice: Smallpox, Asiatic cholera, bubonic plague, diphtheria, scarlet fever, and yellow fever. These diseases are termed reportable diseases, Class I. Rule 31 (effective Nov. 1, 1910) requires every physician to report to the secretary of the local board of health having jurisdiction, once each month, cases of the following-named diseases occurring in his practice: Typhoid fever, measles, chickenpox, tuberculosis, and hookworm disease. These are termed reportable diseases, Class II.¹

Physicians.—Every practicing physician who knows or suspects that any person whom he is called upon to visit, or who comes to him for examination or treatment, is suffering from any infectious, contagious, communicable, or dangerous disease is to report in writing, on blanks to be furnished for that purpose by the State board of health, to the executive officer of the board of health of the county, town, or city in which such person may be located, over his or her own signature, stating the name of the disease, and name, color, sex, and age of the person suffering therefrom, together with the street and number or such other sufficient designation of the house, room, or other place in which said person may be located, and giving such other information as may be deemed necessary by said health authorities. (Acts of 1910, ch. 307, sec. 1.)

Local health authorities.—It is the duty of the local authorities of the cities, towns, and counties of the State to report weekly to the State board of health all cases of infectious, contagious, communicable, or dangerous diseases which have occurred within their respective jurisdictions, except that it shall be their duty to report immediately any case or cases of smallpox, yellow fever, cholera, typhus fever, or bubonic plague that may occur. (Acts of 1910, ch. 340, sec. 7.)

WASHINGTON.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—There is a State board of health of five members appointed by the governor. (Ballinger's Code, ch. 10, sec. 2956.) These five so appointed elect a physician, who may or may not be a member of the board, to be State commissioner of health. The State commissioner of health is ex officio secretary and executive officer of the State board of health. (Acts of 1909, ch. 208, secs. 1, 2.)

¹ Poliomyelitis was made notifiable during the early part of 1911. (Letter, State Commissioner of Health, Oct. 31, 1911.)

The State board of health may remove from office any health officer who refuses or neglects to make prompt and accurate reports to the county health officer or to the State board of health, and any officer thus removed may not again be reappointed, except with the consent of the State board. (Acts of 1907, ch. 85, sec. 5.)

Counties.—The board of county commissioners in each county constitutes a county board of health having jurisdiction throughout the county, excepting in cities of the first class (cities having a population of over 20,000). This board appoints a physician as health officer, who becomes ex officio a member of the board and its executive officer. (Ibid, sec. 1.)

Cities.—The mayor of each incorporated city and town is required to appoint a physician as health officer of the city or town. This, however, does not apply to cities of the first class (cities with over 20,000 inhabitants). Nor does it apply to cities of the second class (cities with between 10,000 and 20,000 inhabitants) having a board of health, in which the health officer is appointed by the board of health. (Ibid, sec. 2.)

In cities of the first class, except in those having a board of health organized and a health officer appointed under the provisions of a special charter, the council organizes as a board of health, or appoints wholly or partially from its own members a suitable number of persons to act as such a board. This board appoints a health officer, who is ex officio a member of the board and its executive officer. (Ballinger's Code, 1897, sec. 1237.)

MORBIDITY REPORTS.

Notifiable diseases.—The State board of health is authorized to designate the diseases which shall be construed as dangerous, contagious, or infectious. (Remington and Ballinger's Annotated Codes and Statutes, 1910, sec. 5547.)

The State board of health has declared the following-named diseases to be contagious or infectious, and dangerous to the public health, and, as such, to be reported by physicians: Anterior poliomyelitis, Asiatic cholera, beriberi, chickenpox, diphtheria (or membranous croup), epidemic cerebro-spinal meningitis, favus, leprosy, measles, plague, pellagra, scarlet fever (scarlatina or scarlet rash), smallpox, pulmonary and abdominal tuberculosis, trachoma, typhoid fever, typhus fever, uncinariasis (or hookworm disease), whooping cough, yellow fever, and so-called cedar, Cuban, dobe, Egyptian, Japanese, kangaroo, Manila, or Philippine itch. (Rules and regulations State board of health, 1910, p. 6.)

(NOTE.—So-called cedar, Cuban, dobe, Egyptian, Japanese, kangaroo, or Manila itch are different names at times erroneously used for mild forms of smallpox.)

Smallpox is to be immediately reported by the attending physician, or in his absence by the head of the family or householder, to the local health officer. (Rules and regulations State board of health, 1910, p. 4.)

Physicians.—Physicians are required to report within 24 hours to the local health officer having jurisdiction (in cities to the city health officer; outside of cities, to the county health officer) cases of dangerous, contagious, or infectious diseases, or diseases required by the

State board of health to be reported. (Remington and Ballinger's Code, 1910, sec. 5545.)

Every physician is also to report immediately to the local health officer every case of obscure eruptive disease of the nature of which he is in doubt. (Rules and regulations State board of health, 1910, p. 6.)

Householders.—Whenever any householder knows that any person within his household is affected with an acute disease, accompanied with eruption of the skin, said householder shall immediately notify either the proper health officer or the family physician. (Rules and regulations State board of health, 1910, p. 6.)

City health officers.—All city health officers (except those of cities of the first class) are to report immediately in duplicate to the county health officer and to the State commissioner of health every new outbreak (that is, first case or cases) of any contagious or infectious disease within their respective jurisdictions, and thereafter are to report weekly all contagious and infectious diseases to the county health officer only. If no contagious or infectious disease is present within their jurisdictions, report of the fact is to be made to the county health officer not less than once each month. (Rules and regulations State board of health, 1910, p. 4.)

Health officers of cities of the first class (having a population of over 20,000) make the same reports, and are governed by the same rules as the county health officers, unless otherwise specified, and communicate directly with the State commissioner of health. (Rules and regulations, State board of health, 1910, p. 4.)

County health officers.—County health officers are to make monthly reports of all contagious or infectious diseases to the State commissioner of health, by the 5th day of the month for the preceding calendar month. Local health officers send the original reports received or filled out by them to the county health officer, who makes and keeps a record of each case, and who, in addition to his monthly report, forwards therewith to the State commissioner of health the original reports of individual cases of typhoid fever, tuberculosis, epidemic cerebro-spinal meningitis, anterior poliomyelitis, hookworm disease, and pellagra. If no infectious or contagious diseases occur during the month, such fact must be reported.

The county health officer makes his monthly report on blanks furnished by the State commissioner of health, and is to indicate thereon the geographic distribution of cases within his jurisdiction, the cities where no contagious or infectious diseases have occurred during the month, and cities which have neglected to make reports.

Immediately upon learning of the first case of Asiatic cholera, chicken pox in adults, diphtheria, plague, scarlet fever or scarlet rash, smallpox, yellow fever, or typhus fever, within their respective jurisdictions, county health officers must notify the State commissioner of health, and after investigation, send a report stating fully the source of infection and probable number of persons exposed from this or previously unknown cases, the danger of the disease spreading, and what measures have been taken for its control; and thereafter they are to make reports of the course of the disease, as long as cases remain, at such intervals as directed by the commissioner of health. (Rules and regulations, State board of health, 1910, p. 4.)

WEST VIRGINIA.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health consisting of two physicians from each of the five congressional districts of the State. (Code of 1906, ch. 150.)

Counties.—It is made the duty of the county court to nominate and the State board of health to appoint three persons in each county who, together with the president of the county court and the prosecuting attorney for the county, shall constitute the county board of health. One member of this board is to be a physician, who becomes the executive officer of the board and the county health officer. The county board is to enforce within the county, outside of municipalities, the rules and regulations of the State board of health. (Code of 1906, ch. 150.)

Cities.—It is made the duty of the council of every incorporated city, town, or village to nominate, and the State board of health to appoint, in each incorporated city, town, or village three persons, one of whom shall be a physician, who, together with the mayor and city solicitor, if there be a city solicitor, constitute a board of health for the municipality, the physician on the board to be health officer. The boards of health of incorporated cities, towns, and villages are independent of the county board, and are auxiliary to the State board of health.

MORBIDITY REPORTS.

Physicians.—It is the duty of physicians, where there is a local board of health, to report promptly cases of disease of the following character: Cholera, smallpox, scarlet fever, diphtheria, tuberculosis, and other endemic, epidemic, infectious, and contagious diseases. (Code of 1906, sec. 4383.)

City and county boards of health.—City and county boards of health are required to report at least once in every three months to the State board of health the character of all such infectious, contagious, and epidemic diseases (enumerated above), and the number of persons reported as infected, giving their names. (Ibid.)

WISCONSIN.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health and vital statistics of seven members. (Wisconsin Statutes, 1898, sec. 1404.) They elect a secretary, who may be a member of the board. If a person is elected who is not a member of the board, he becomes a member upon election as secretary. (Acts of 1905, ch. 433, sec. 1.)

Towns (townships).—The town board of every town is required to organize as a board of health, and appoint a health officer, who is ex officio a member of the board and its executive officer. (Acts of 1907, ch. 140, sec. 1411.)

Cities.—The village board or common council of every village and city is required to organize as a board of health, and to appoint a health officer, who is ex officio a member of the board and its executive officer. (Ibid.)

MORBIDITY REPORTS.

Dangerous and contagious diseases.—The State board of health has declared the following-named diseases to be "dangerous and contagious": Asiatic cholera (cholera), yellow fever, smallpox, typhus fever, leprosy, bubonic plague, diphtheria, scarlet fever (scarlatina), typhoid fever, measles (including rotheln), whooping cough, cerebro-spinal meningitis. (Rules Wisconsin State board of health, adopted Aug. 7, 1907), and anterior poliomyelitis. (Rules Wisconsin State Board of Health, adopted Jan. 28, 1910.)

Physicians, etc.—Whenever a physician knows or has good reason to believe that any person whom he is attending is sick with a "dangerous, contagious, or infectious" disease, he is required by law to immediately report the case in writing to the local board of health, giving the nature of the disease and the name, age, sex, and place of residence of the person sick. In the absence of an attending physician the report is to be made by the head of the family or the person in charge of the house or building. (Acts of 1909, ch. 85, sec. 1.)

Physicians are required to report to the local board of health the name, age, and address of persons having any of the above-mentioned diseases or tuberculosis, chicken pox, or erysipelas. It is the duty of every physician or person, or owner, agent, manager, principal, or superintendent of every public or private institution or dispensary, hotel, boarding or lodging house, to report to the local (town, city, or village) department of health in writing or to have such a report made by some competent person, giving the name, age, sex, occupation, and latest address of every person afflicted with tuberculosis, who is in his care, or who has come under his observation, within one week. (Acts of 1905, ch. 192.)

Nurses, etc.—When one or both eyes of an infant become inflamed, swollen, and red, and show an unnatural discharge at any time within two weeks after its birth, the nurse, parents, or other attendant having charge of the infant are required to report the case in writing within six hours to the local board of health. (Acts of 1909, ch. 59, sec. 1.)

Local health authorities.—It is the duty of every local health officer, upon the appearance of any dangerous or contagious disease within his jurisdiction, to immediately investigate all the circumstances attendant upon the appearance of the disease and make a full report to the State board of health. (Wisconsin Statutes, 1898, sec. 1412.)

WYOMING.

HEALTH ORGANIZATION FOR THE COLLECTION OF MORBIDITY REPORTS.

State.—The law provides for a State board of health of three members appointed by the governor, one member of the board to be a physician, and to constitute the secretary and executive officer of the board. (Acts of 1901, ch. 55, secs. 1, 2.)

Counties.—The State board of health appoints a practicing physician in each county to be county health officer. (Ibid., sec. 3.)

The county health officers are under the direction and supervision of the State board of health, and the State board has authority to make such rules and regulations for the government and direction of county health officers as in its judgment may be best suited to maintain the public health. (Ibid., sec. 18.)

The State board or the county health officer may appoint an assistant county health officer in any locality remote from the residence of the county health officer, whenever the State board of health or the county health officer deem it expedient. (Rules and regulations, State board of health, 1909.)

MORBIDITY REPORTS.

Householders.—Whenever any householder knows or has reason to believe that any person within his family or household has any communicable disease, he is required to immediately give notice thereof to the county health officer or assistant health officer of the county within which he resides, such notice to be given at the office of the health officer within the shortest possible time, and by the most direct means of communication. (Rules and regulations, State board of health, 1909.)

Physicians.—Every practicing and licensed physician is required to make an immediate report of every case of communicable disease occurring in his practice to the county health officer. (Rules and regulations, State board of health, promulgated pursuant to sec. 3, ch. 99, Laws of 1909.)

It is the duty of every practicing or licensed physician to report immediately to the secretary of the State board of health and county health officer by telegram or telephone or in the most expeditious manner, every case of smallpox, cholera, scarlet fever, diphtheria or contagious or infectious disease that is a menace to the public health, said telegram to be paid by the State board of health. (Compiled Statutes 1910, sec. 2942.)

County health officer.—Whenever in any county a case of smallpox, cholera, typhoid fever, scarlet fever, diphtheria, or other epidemic or contagious or infectious disease is known to exist, it is the duty of the county health officer to immediately notify the secretary of the State board of health. (Compiled Statutes, 1910, sec. 2936).

When typhoid fever appears on any premises from which milk is sold, the health officer shall at once report the same to the State board of health. (Rules and regulations, State board of health, 1909.)

County health officers are required to report all cases of communicable diseases reported to them to the State board of health. (Ibid.)

CERTAIN FEATURES PECULIAR TO THE VARIOUS STATE AND TERRITORIAL LAWS.

ALABAMA.

The Medical Association of the State of Alabama constitutes the State board of health and elects the State health officer.

The county medical societies in affiliation with the State association constitute boards of health for their respective counties and are the only local boards of health, others being prohibited. The county board in each county elects a county health officer, and a health officer for each incorporated city and town.

Beriberi and Chagres fever are among the notifiable diseases.

ARKANSAS.

The jurisdiction of boards of health of cities with over 2,500 inhabitants extends 1 mile beyond the city limits, except in the time of epidemic, when, for quarantine purposes, it extends 5 miles.

There appears to be no requirement for the reporting of sickness.

CALIFORNIA.

Syphilis and gonococcus infection are included among the diseases required by law to be reported by physicians to the local health authorities and by the local health authorities to the State board of health.

Physicians are required to report to the State board of health cases of poisoning by lead, phosphorus, arsenic, or mercury, or their compounds, cases of anthrax, and cases of compressed-air illness, contracted as a result of the nature of the patient's employment, and are entitled to a fee of 50 cents for each such report. (Acts of 1911, ch. 485, sec. 1.)

CONNECTICUT.

The county health officers are attorneys at law, appointed by the judges of the superior court.

DELAWARE.

The governor appoints three physicians in each county to be health officers of the county.

FLORIDA.

Physicians report cases of the notifiable diseases direct to the State health officer, or State board of health—cases of yellow fever, smallpox, and cholera being reported by telegram at State expense. No State provision is made for local health officers or boards, excepting that made in the charters of certain cities.

ILLINOIS.

The council and trustees of cities and villages have for sanitary purposes jurisdiction extending one-half mile beyond the corporation limits.

IOWA.

Cases of the notifiable diseases are in cities and towns reported to the mayor, outside of cities and towns to the clerk of the township.

KENTUCKY.

The law specifies that reports of cases of the notifiable diseases shall be made to the county board of health or some member of the board.

LOUISIANA.

The sanitary code specifies that whenever a quarantinable disease breaks out within the State the president of the State board of health is to immediately notify the health authorities of surrounding States and the Surgeon General of the Public Health and Marine-Hospital Service.

MASSACHUSETTS.

The State is divided into 14 health districts with a State inspector of health in each district.

MICHIGAN.

For each complete report of a notifiable disease made by a physician to the local health authorities the physician is entitled to receive the sum of 10 cents from the township, city, or village in which the notice was given.

For cases of tuberculosis physicians are required to report in addition to the name, age, sex, color, nativity, and address of the patient also the occupation engaged in at the time the disease was contracted and each subsequent occupation engaged in up to the time of recovery or death. When a patient recovers, the fact is also to be reported.

MISSISSIPPI.

Reports of cases of the notifiable diseases are to be made direct to the secretary of the State board of health.

MISSOURI.

There appears to be no State requirement for the reporting of sickness by physicians.

NEVADA.

There appears to be no requirement for the reporting of sickness.

NEW JERSEY.

Physicians attending cases of typhoid fever, dysentery, scarlet fever, diphtheria or tuberculosis on any dairy premises where milk is produced for sale or distribution. or in any household any member

of which is employed at such a dairy, are required to report the cases to the State board of health within 12 hours.

Physicians and householders are entitled to the sum of ten cents for each case of a notifiable disease reported by them. Local authorities are entitled to the same amount for each case reported by them to the state board of health.

NEW MEXICO.

Outside of incorporated cities and towns reports of cases of the notifiable diseases are made to the justice of the peace of the precinct.

NEW YORK.

The physician or other person who reports a case of a notifiable disease is entitled to the sum of 25 cents therefor.

Health officers of villages and towns are paid by their respective village or town a sum not to exceed 20 cents for each case of notifiable disease reported by them to the State department of health.

SOUTH CAROLINA.

Physicians outside of incorporated cities and towns report cases of the notifiable diseases direct to the secretary of the State board of health.

TENNESSEE.

Boards of health of cities have jurisdiction and authority in the territory extending for 1 mile beyond the corporation limits.

UTAH.

The laws of Utah make the penalty for the willful violation of the law in regard to the reporting of infectious diseases the cancellation or revocation of the practitioner's license. (Utah Compiled Laws 1907, sec. 1735-1736, as amended by acts of 1911, ch. 93.)

Physicians are required to report immediately to the local board of health cases of venereal disease.

Upon the notification of a case of inflammation of the eyes in a newly born child the local health officer is required to report immediately by telephone or telegraph to the State board of health.

WASHINGTON.

The State board of health may remove from office any health officer who refuses or neglects to make prompt and accurate report to the county health officer or to the State board of health.

Diseases notifiable in each of the States and Territories.

[The plus signs (+) indicate the notifiable diseases.]

States.	Actinomycosis.	Anthrax.	Beriberi.	Cancer.	Cerebro-spinal meningitis.	Chagas fever.	Chicken pox.	Cholera (Asiatic).	Dengue.	Diphtheria.	Dysentery.	Epidemic dysentery.	Erysipelas.	Favus.	German measles.	Glanders.	Gonococcus infection.	Leprosy.	Malaria.	Measles.	Mumps.	Ophthalmia neonatorum.	Pellagra.	Plague.	Pneumonia.	Poliomylitis.
1 Alabama.....																										
2 Alaska.....																										
3 Arizona.....																										
4 Arkansas.....																										
5 California ¹																										
6 Colorado.....																										
7 Connecticut ²																										
8 Delaware.....																										
9 District of Columbia.....																										
10 Florida.....																										
11 Georgia.....																										
12 Hawaii ⁴																										
13 Idaho.....																										
14 Illinois ⁵																										
15 Indiana.....																										
16 Iowa.....																										
17 Kansas.....																										
18 Kentucky.....																										
19 Louisiana.....																										
20 Maine.....																										
21 Maryland.....																										
22 Massachusetts.....																										
23 Michigan ⁶																										

¹ California.—Medical practitioners are also to report cases of certain occupation diseases, see page 14.

² Connecticut.—See also statement of the secretary of the State board of health, page 16.

³ When no physician is in attendance, cases of ophthalmia neonatorum are to be reported to the local health officer by the midwife, nurse, or other person in charge of the child.

Where a physician is in attendance the case is not reported.

⁴ Hawaii.—In addition follicular conjunctivitis, amoebic dysentery and paratyphoid fever are required to be reported.

⁵ Cases of ophthalmia neonatorum are to be reported either to a physician or to the local health officer by the nurse, or other person in charge of the child.

⁶ Illinois.—Requires certain occupation diseases to be reported also, see page 23.

⁷ Maine.—Cases of ophthalmia neonatorum are to be reported to a physician by the nurse or other attendant.

⁸ Michigan.—Physicians are also to report cases of certain occupation diseases, see page 33.

Diseases notifiable in each of the States and Territories—Continued.

States.	Actinomycosis.	Anthrax.	Beriberi.	Cancer.	Cerebro-spinal meningitis.	Chagres fever.	Chicken pox.	Cholera (Asiatic).	Dengue.	Diphtheria.	Dysentery.	Epidemic dysentery.	Erysipelas.	Favus.	German measles.	Glanders.	Gonococcus infection.	Leprosy.	Malaria.	Measles.	Mumps.	Ophthalmia neonatorum.	Pellagra.	Plague.	Pneumonia.	Poliomyelitis.
24 Minnesota.....					+			+	+	+											+	+			+	
25 Mississippi ¹									+	+																
26 Missouri.....																										
27 Montana.....					+		+	+		+								+			+					
28 Nebraska.....					+		+	+		+								+			+					
29 Nevada.....																										
30 New Hampshire ²							+	+		+																
31 New Jersey.....		+																								
32 New Mexico.....																										
33 New York ⁴		+		+	+		+	+		+								+		+	+	+			+	+
34 North Carolina.....																										
35 North Dakota.....																										
36 Ohio.....																										
37 Oklahoma.....					+		+	+		+																
38 Oregon ⁶					+																					
39 Pennsylvania.....	+	+			+		+	+		+								+	+	+	+	+			+	+
40 Porto Rico.....																										
41 Rhode Island ⁷																										
42 South Carolina.....					+					+								+	+	+	+	+				
43 South Dakota.....																										
44 Tennessee.....																										
45 Texas.....		+																								
46 Utah ⁸					+				+																	
47 Vermont.....																										
48 Virginia.....																										
49 Washington.....																										
50 West Virginia ⁹			+		+		+	+		+				+				+	+	+	+	+			+	+
51 Wisconsin.....																										
52 Wyoming.....																										
Number of States in which each disease is notifiable.....	2	7	4	1	24	1	14	37	5	39	1	3	3	1	3	8	1	21	3	24	4	10	4	22	6	21

- ¹ Mississippi.—In addition to the diseases enumerated it is specified that cases of other virulent epidemic contagious diseases shall be reported.
- ² New Hampshire.—In addition to the diseases enumerated malignant pestilential diseases and malignant communicable diseases are to be reported.
- ³ When no physician is in attendance, cases of ophthalmia neonatorum are to be reported to the local health officer by the midwife, nurse, or other person in charge of the child.
- ⁴ New York.—Physicians are also to report cases of certain occupation diseases, see page 156.
- ⁵ Cases of ophthalmia neonatorum are to be reported either to a physician or to the local health officer by the nurse or other person in charge of the child.
- ⁶ Oregon.—Barber's itch is also reportable.
- ⁷ Rhode Island.—Requires meningeal tuberculosis to be reported also.
- ⁸ Utah.—Requires also that venereal diseases shall be reported, see page 58.
- ⁹ West Virginia.—In addition other endemic, epidemic, infectious, or contagious diseases are to be reported.

Notifiable diseases and the health authorities to and through whom reported.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
1 Alabama.....	1, leprosy; 2, cholera; 3, typhus fever; 4, cerebro-spinal meningitis; 5, yellow fever; 6, scarlet fever; 7, plague; 8, hydrophobia; 9, glanders; 10, smallpox; 11, diphtheria; 12, tuberculosis (pulmonary); 13, typhoid fever; 14, chagres fever; 15, beriberi.	1, physicians; 2, midwives and other persons to report suspected cases.	Local health officer.....	As soon as can be done....	Municipal health officers are to report the presence of any of these diseases promptly to the committee of public health of the county board of health and to the State health officer. County health officers also are to report to the State health officer the presence of any of these diseases in their respective counties.
2 Alaska.....	.....	.....	.....	.....	.....
3 Arizona.....	1, contagious, epidemic, or infectious diseases.	Physicians or other persons....	Local board of health.....	Immediately.....	The attending physician is to report twice each week the status of the case.
		Keepers of private houses, boarding houses, lodging houses, inns, or hotels.	Local board of health.....	Within 24 hours.....	
	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, other infectious or contagious diseases.	Local boards of health (in cities, the city board; for the Territory outside of cities, the county board.)	Territorial board of health...	Immediately.....	
4 Arkansas.....	.....	.....	.....	.....	The law makes it the duty of the State board of health to have general supervision over the registration of prevalent diseases.
		Physicians, nurses, or other persons having charge of or caring for cases.	Local board of health, or health officer.	At once.....	
5 California.....	1, cholera; 2, plague; 3, yellow fever; 4, leprosy; 5, diphtheria; 6, scarlet fever; 7, smallpox; 8, typhus fever; 9, typhoid fever; 10, anthrax; 11, glanders; 12, epidemic cerebrospinal meningitis; 13, tuberculosis; 14, pneumonia; 15, dysentery; 16, erysipelas; 17, uncinariasis;	1, local health officers; 2, members of local boards of health; 3, coroners.	State board of health.....	At once.....	

18, trachoma; 19, dengue; 20, tetanus; 21, measles; 22, German measles; 23, chicken pox; 24, whooping cough; 25, mumps; 26, pellagra; 27, beriberi; 28, syphilis; 29, gonococcus infection; 30, rabies; 31, poliomyelitis.	Physicians, nurses, clergy-men, attendants, etc.	Local health officer or board of health.	Promptly.....	
1, Infectious, contagious, and communicable diseases.	1, boards of health of cities and towns, and the chief executive health officer where there is no municipal or town board of health; 2, county health officers.	State board of health.....	On or before the 5th day of each month.	
1, plague; 2, Asiatic cholera; 3, yellow fever; 4, typhus fever.	Local boards of health and health officers.	Secretary of the State board of health.	Immediately by telegraph.	
Poisoning by lead, phosphorus, arsenic, or mercury, or their compounds, anthrax and compressed-air illness when contracted as a result of the nature of the patient's employment.	Physicians.....	State board of health.....		
	State board of health.....	Commissioner of the bureau of labor statistics.		
1, smallpox; 2, or any other disease dangerous to the public health.	Householders.....	Local (city or county) health officer.	Immediately.....	City and county health officers are required to keep the secretary of the State board of health constantly informed respecting every outbreak of a disease dangerous to the public health.
1, smallpox; 2, cholera; 3, diphtheria; 4, scarlet fever; 5, or other diseases dangerous to the public health.	Physicians.....	1, local board of health; 2, householder, hotel keeper, keeper of a boarding house or tenant within whose house or rooms the sick person happens to be.	Immediately.....	
1, cholera; 2, yellow fever; 3, typhus fever; 4, leprosy; 5, smallpox; 6, diphtheria; 7, membranous croup; 8, typhoid fever; 9, scarlet fever; 10, or other contagious or infectious diseases, except those of a venereal nature.	Physicians	Health officer of the town (township), city, or borough.	Within 12 hours after the nature of the disease has been recognized.	
6 Colorado.....				
7 Connecticut.....				

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
7 Connecticut (con.)	1, tuberculosis.....	1, physicians; 2, officers in charge of hospitals, dispensaries, asylums, and other similar institutions.	Health officer of the town (township), city, or borough.	Within 24 hours.....	
	1, malignant or contagious diseases.	Hotel and lodging-house keepers.	Local board of health.....	Within 12 hours.....	
	Ophthalmia neonatorum.....	Midwife, nurse, or attendant..	Local health authority.....	Within 6 hours.....	
	1, smallpox; 2, cholera; 3, or any epidemic of infectious disease.	Local health officers.....	Secretary State board of health.	Immediately.....	
	Contagious diseases reported...	Health officers of towns (townships), cities, and boroughs.	State board of health.....	On or before the 8th day of each month for the preceding calendar month.	
	Rabies.....	Local health officers.....	Commissioner of domestic animals.	Within 24 hours.....	
	Contagious or infectious diseases.	Physicians, dentists, veterinary surgeons, or others practicing medicine.	Local or State board of health.	Promptly.....	
8 Delaware.....	Disease dangerous to the public health required by the State board of health to be reported.	Physician or other person having knowledge.	Nearest health authority .....	.....
	Contagious or infectious diseases.	Local health authorities.....	State board of health.....	.....
	1, Asiatic cholera; 2, yellow fever; 3, typhus fever; 4, smallpox; 5, leprosy; 6, plague; 7, glanders.	1, physician in attendance; or 2, the head of the family; or 3, the nearest relative present; or 4, any person in attendance.	Health officer.....	Immediately.....	
9 District of Columbia.	8, diphtheria; 9, scarlet fever; 10, measles; 11, whooping cough; 12, chicken pox; 13, cerebro-spinal meningitis;	1, physician in attendance; or 2, the head of the family; or 3, the nearest relative present; or 4, any person in attendance.	Health officer.....	.....	When the case terminates the person in charge is to report the fact to the health officer.

10	tendance.				
	14, typhoid fever; 15, poliomyelitis.			Health officer.....	Within 1 week after the disease is recognized.
	Tuberculosis (pulmonary) or other communicable forms.	1, physicians; 2, officers having charge of hospitals, dispensaries, asylums, and similar institutions.		Health officer.....	In writing so that the report shall be received within 6 hours by the health officer.
	Ophthalmia neonatorum.....	Midwife or other person in attendance at childbirth other than a registered physician.			Physicians are not required to report.
	1, yellow fever; 2, smallpox; 3, cholera.	Physicians.....		1, President of the State board of health; 2, city or county authorities.	The report to the State board is to be made by telegram at State expense or in the most expeditious manner.
	1, diphtheria; 2, leprosy; 3, scarlet fever.	1, physicians; or 2, any person having charge of or upon whose premises the case exists.		1, State health officer; or 2, an agent of the State board of health.	Immediately by first mail.
	1, smallpox; 2, Asiatic cholera; 3, yellow fever; 4, typhus fever; 5, scarlet fever; 6, diphtheria; 7, membranous croup.	1, physicians; 2, householders; 3, heads of families; 4, county or municipal authorities.		Local board of health, or its proper officer.	Immediately.....
	1, Asiatic cholera; 2, yellow fever; 3, scarlet fever; 4, smallpox; 5, diphtheria; 6, typhus fever; 7, typhoid fever; 8, such other contagious, or infectious diseases as the State board of health may from time to time specify.	1, local boards of health; 2, physicians in localities where there are no health authorities.		State board of health.....	Promptly.....
					The discovery of the presence of these diseases is to be reported and not the cases themselves.
11					
	Georgia.....				

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
12 Hawaii.....	1, cerebrospinal meningitis; 2, cholera; 3, follicular conjunctivitis; 4, diphtheria; 5, amoebic dysentery; 6, typhoid fever; 7, paratyphoid fever; 8, leprosy; 9, measles; 10, dengue; 11, poliomyelitis; 12, whooping cough; 13, plague; 14, scarlet fever; 15, tetanus; 16, trachoma; 17, tuberculosis; 18, typhus fever; 19, chickenpox; 20, smallpox; 21, yellow fever, or any other infectious or communicable disease or disease dangerous to the public health.	Physicians..... Householders, keepers of boarding or lodging houses, masters of vessels, police officers.	Board of health or its nearest agent. Board of health or its nearest agent.	Immediately, in writing..... Immediately.....	The recovery of cases of tuberculosis is also to be reported. Superintendents of institutions are to report cases of tuberculosis coming under their care within 24 hours.
	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, plague; 5, cholera; 6, yellow fever; 7, typhus fever; 8, cerebrospinal meningitis; 9, amoebic dysentery.	Physicians.....	Board of health or its nearest agent.	Immediately, by telephone or by direct oral communication.	This is in addition to the report in writing.
13 Idaho.....	Leprosy—known or suspected.	Any and every person.....	Board of health or its agent..	Forthwith.....	
	1, Asiatic cholera; 2, yellow fever; 3, smallpox; 4, chickenpox; 5, typhus fever; 6, leprosy; 7, bubonic plague; 8, diphtheria; 9, scarlet fever; 10, typhoid fever; 11, measles (including rotheln); 12, whooping cough; 13, cerebro-spinal meningitis; 14, infantile paralysis.	1, physicians; 2, in the absence of an attending physician, the owner or agent of the building in which the case occurs, or the head of the family is to report.	Local board of health.....	Within 24 hours.....	Health reports of municipal boards of health must be transmitted to the county board of health quarterly, and the secretary of the county board is to make a quarterly report to the State board of health, containing a summary of contagious and infectious diseases.
	Ophthalmia neonatorum.....	Midwife, nurse, or other person having charge.	Local health officer or physician.	Within 6 hours.....	

14	Illinois.....	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, Asiatic cholera; 5, yellow fever; 6, plague; 7, glanders; 8, anthrax; 9, leprosy.	Ophthalmia neonatorum.....	Disease or illness due or incident to occupation.	Local health authorities.....	1, attending physician; or 2, the householder in whose dwelling the case occurs. Local health authorities.....	Midwife or nurse having charge of infant. Physicians making physical examination of employees for occupation diseases. Secretary of State board of health.	Local health officer or physician. State board of health..... State department of factory inspection.	Immediately..... The first case immediately and the progress of outbreaks at least once a week. Within 6 hours..... Immediately..... Immediately.....	
15	Indiana.....	1, yellow fever; 2, smallpox; 3, cholera; 4, diphtheria; 5, membranous croup; 6, scarlet fever; 7, measles; 8, typhus fever; 9, plague; 10, leprosy; 11, tuberculosis (pulmonary); 12, typhoid fever; 13, chicken pox; 14, whooping cough.			1, in cities and towns to the city or town health officer; 2, outside of cities and towns to the county health officer or his deputies. County health commissioner.	Town and city health officers..	County health commissioners.	State board of health.....	By the 2d of each month forwards the original reports received during the preceding month. By the 8th day of each month for the preceding month.	County health commissioners also make a quarterly report of contagious diseases to the State board of health.
16	Iowa.....	1, scarlet fever; 2, diphtheria; 3, smallpox; 4, cholera; 5, leprosy; 6, cerebrospinal meningitis; 7, plague; 8, poliomyelitis.	Ophthalmia neonatorum when no physician is in attendance.		1, mayor of the city or town; 2, clerk of the township if outside of a municipality. Secretary of the State board of health.	Parents or persons in charge of infant. 1, attending physician; or 2, in his absence by the householder of the premises where in the disease exists. 1, mayors of municipalities; 2, clerks of townships.	Local health officer.....	Local health officer.....	Within 6 hours..... An immediate report to be made, followed within 24 hours by a written notice of the case. Within 24 hours, and by the 1st of February for the preceding calendar year.	

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
16 Iowa—(contd.) . . .	Ophthalmia neonatorum	Midwife, parent, guardian, nurse, or other person having charge of the infant.	Health officer or some legally qualified practitioner.	Within 6 hours	
17 Kansas	1, cholera; 2, smallpox; 3, scarlet fever; 4, diphtheria; 5, cerebrospinal meningitis; or 6, any disease dangerous to the public health.	1, physician; 2, householders to report cases in their families.	Nearest board of health or health officer.	.....	Municipal and county boards of health and health officers having knowledge of any contagious or infectious disease within their jurisdiction are required to communicate without delay the facts to the State board of health.
	Tuberculosis	1, physicians; 2, chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution.	1, county health officer; or 2, in cities of the first class to the city health officer.	Within 24 hours	
18 Kentucky	1, cholera; 2, smallpox; 3, yellow fever; 4, scarlet fever; 5, diphtheria; and 6, other epidemic and communicable diseases.	1, physicians to report cases in their practice; 2, heads of families to report cases in their families.	1, county board of health or to some member of the board.	Within 24 hours	
19 Louisiana		County boards of health	State board of health	At least once in 3 months . .	
	Diseases of an infectious, contagious, or pestilential nature.	Physicians	Local board of health	Within 24 hours	
	Smallpox	1, attending physician; or 2, the head of the household or manager of the hotel, lodging house, or camp where the case occurs, when no physician is in attendance.	Health officer having jurisdiction, or in the absence of such health officer, the president of the State board of health.	Immediately	
	Consumption	Physicians	Municipal or parish health officer.	Immediately	
		Parish health officer	State board of health	Quarterly	
	Ophthalmia neonatorum	Nurse, midwife, or other person not a legally qualified practitioner of medicine.	Town or parish health officer.	Within 12 hours	

20	Maine.....	Pneumonia.....	1, attending physician; or 2, in his absence by the head of the household.	Local health officer.....	Promptly.....	
		Dengue.....	Attending physician.....	Local health officer.....	Within 24 hours.....	
		Yellow fever.....	Municipal and parish health officers.	President State board of health.	Immediately.....	
		Quarantinable diseases.....	Local board of health.....	State board of health.....	Weekly.....	
			State board of health.....	1, health authorities of surrounding States; 2, Surgeon General of the Public Health and Marine-Hospital Service	Immediately.....	
		1, smallpox; 2, diphtheria; 3, scarlet fever; 4, cholera; 5, typhus fever; 6, typhoid fever; 7, cerebrospinal meningitis; 8, measles; 9, membranous croup; 10, whooping cough.	Householders.....	1, health officer of the town; or 2, the secretary of the local board of health.	Within 24 hours.....	
		Tuberculosis.....	1, physicians; 2, chief officer having charge for the time being of any hospital, dispensary, asylum, sanatorium, or other similar private or public institution.	Secretary State board of health.	Within 48 hours.....	The State board of health is to keep a register of persons affected with tuberculosis.
		1 smallpox; 2, diphtheria; 3, scarlet fever; 4, typhoid fever; 5, cerebrospinal meningitis; 6, measles; 7, membranous croup; 8, whooping cough; 9, tuberculosis (pulmonary).	Local boards of health.....	State board of health.....	Promptly.....	
		Ophthalmia neonatorum.....	Midwife, nurse, or person in charge.	Legally qualified practitioner of medicine.	At once.....	

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
21 Maryland.....	1, smallpox; 2, diphtheria; 3, membranous croup; 4, scarlet fever; 5, typhoid fever; 6, typhus fever; 7, yellow fever; 8, measles; 9, whooping cough; 10, any other contagious or infectious disease dangerous to the public health.	Physicians.....	Board of health of the city, town, or county.	Immediately.....	
	1, pulmonary or laryngeal tuberculosis.	Physicians.....	Secretary of the State board of health.	Within 7 days.....	
		The superintendent or other person in charge or control of any hospital, dispensary, school, reformatory, or other institution deriving the whole or any part of its support from the public funds of the State or of any city, town, or county.	State board of health.....	Weekly on Monday for the preceding week.	The State board of health is to keep a register of all persons known to be affected with tuberculosis.
	1, smallpox; 2, diphtheria; 3, membranous croup; 4, scarlet fever; 5, typhoid fever; 6, typhus fever; 7, measles; 8, mumps; 9, whooping cough; 10, any other infectious or contagious disease dangerous to the public health.	Householder.....	Board of health of the city or county.	Immediately.....	
	1, smallpox; 2, cholera; 3, yellow fever; 4, typhus fever; 5, typhoid fever; 6, scarlet fever; 7, leprosy; 8, any other infectious or contagious disease occurring on the premises under their management.	Hotel keepers, keepers of boarding houses and lodging houses, superintendents, managers, or directors of private or public institutions of any kind.	Health officer of the city or town or in the absence of such an officer to the secretary of the State board of health.	Immediately in writing....	
	1, smallpox; 2, any other contagious or infectious disease	Boards of health of cities, towns, and counties.	State board of health.....	Within 24 hours.....	In practice local boards of health report to the State

<p>health.</p>	<p>Ophthalmia neonatorum.....</p>	<p>Midwife, nurse, or other person in charge.</p>	<p>Local health officer or a physician.</p>	<p>Immediately.....</p>	<p>cases of smallpox, diphtheria, typhoid fever, scarlet fever, measles, whooping cough, and mumps, and other diseases irregularly. Local boards of health are also required to report promptly to the State board of health the existence of any epidemic or unusual sickness.</p>
<p>22 Massachusetts.....</p>	<p>1, actinomycosis; 2, anterior poliomyelitis; 3, Asiatic cholera; 4, cerebro-spinal meningitis; 5, diphtheria; 6, glanders; 7, leprosy; 8, malignant pustule; 9, measles; 10, ophthalmia neonatorum; 11, scarlet fever; 12, smallpox; 13, tetanus; 14, trachoma; 15, trichinosis; 16, tuberculosis; 17, typhoid fever; 18, typhus fever; 19, varicella; 20, whooping cough; 21, yellow fever.</p>	<p>Householder.....</p> <p>Physician.....</p> <p>Boards of health of cities and towns (townships).</p>	<p>Board of health of the city or town (township).</p> <p>Selectmen or board of health of the town (township).</p> <p>State board of health.....</p>	<p>Forthwith.....</p> <p>Immediately.....</p> <p>Within 24 hours.....</p>	
<p>23 Michigan.....</p>	<p>Inflamed eyes in infants under 2 weeks of age.</p> <p>1, pneumonia; 2, tuberculosis; 3, typhoid fever; 4, meningitis; 5, diphtheria; 6, whooping cough; 7, scarlet fever; 8, measles; 9, smallpox; 10, cholera. (See "Remarks.")</p>	<p>Nurses, relative, or other attendant.</p> <p>Physician.....</p>	<p>Board of health of the city or town (township).</p> <p>1, health officer of the township, city, or village; 2, householder, hotel keeper, keeper of a boarding house, or tenant within whose house or rooms the cases occur.</p> <p>Local health officer.....</p> <p>Secretary of the State board of health.</p> <p>Local health officer.....</p>	<p>Within 6 hours.....</p> <p>Immediately.....</p> <p>Immediately.....</p> <p>Constantly informed respecting the outbreak.</p> <p>Within 24 hours.....</p>	<p>By regulation the following-named diseases are to be reported for statistical purposes: Tetanus, rabies, cancer, erysipelas, and leprosy.</p>
	<p>Tuberculosis.....</p>	<p>Householder, hotel keeper, keeper of a boarding house, or tenant having cases in his family or on his premises.</p> <p>Health officers of cities, villages, and townships.</p> <p>1, physicians; 2, chief officer having charge for the time being of any asylum, hospital, dispensary, or other similar private or public institution.</p>			

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
23 Michigan (contd.).	Inflamed eyes of infants under 2 weeks of age.	Mid wives, nurses, or other persons in charge of the infant.	Local health officer or a physician.	Within 6 hours.....	
	1. Poisoning by lead, phosphorus, arsenic, or mercury, or their compounds.	Physicians.....	State board of health.....		
	2. Anthrax.....	State board of health.....	Commissioner of labor.....		
	3. Compressed-air illness when contracted as a result of the patient's employment.				
24 Minnesota.....	1, smallpox; 2, cerebro-spinal meningitis; 3, anterior poliomyelitis; 4, scarlet fever; 5, diphtheria; 6, measles.	Physicians.....	Local health officer.....	Immediately	
	Tuberculosis, typhoid fever...	Physicians.....	State board of health.....	Within 1 week.....	
	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, cerebrospinal meningitis; 5, anterior poliomyelitis; 6, measles; 7, typhoid fever; 8, tuberculosis.	Local health officer.....	Secretary of the State board of health.	Immediately	
	Ophthalmia neonatorum.....	Midwife, nurse, parent, or other person having charge of the infant.	Local health officer.....	Within 12 hours.....	
25 Mississippi.....	1, yellow fever; 2, cholera; 3, dengue; 4, smallpox; 5, or other virulent, epidemic, contagious disease.	Physicians.....	Secretary of State board of health.	Immediately	
	Tuberculosis, consumption, and other pulmonary diseases.	Physicians.....	Secretary of State board of health.	Within 10 days.....	
26 Missouri.....	1, smallpox; 2, diphtheria; 3, membranous croup; 4, scarlet fever; 5, typhus fever; 6, yellow fever; 7, cholera; 8, plague; 9, leprosy.	County health officer.....	Secretary of State board of health.	1, immediately; 2, quarterly.	

27	Montana.....	1, smallpox; 2, diphtheria; 3, scarlet fever; 4, cholera; 5, plague; 6, yellow fever; 7, Rocky Mountain, spotted, or tick fever; 8, typhus fever; 9, typhoid fever; 10, cerebro-spinal meningitis; 11, measles.	1, householders; 2, physicians.. City, town, and county health officers.	Health officer of the town, city, or county. Secretary of the State board of health.	Immediately..... On or before the 5th day of each month for the preceding calendar month.	
28	Nebraska.....	1, Asiatic cholera; 2, yellow fever; 3, smallpox; 4, diphtheria; 5, scarlet fever; 6, measles; 7, typhus fever; 8, ophthalmia neonatorum; 9, typhoid fever; 10, cerebro-spinal meningitis; 11, leprosy; 12, whooping cough; 13, chickenpox; 14, tuberculosis; 15, puerperal fever; 16, or any other disease contagious or dangerous to the public health.	1, physicians; 2, where no physician is in attendance the responsibility for the reporting of the case falls upon any person having charge, or the head of the family or any person having the care or custody of any lodging rooms in which cases occur; 3, school-teachers. Local board of health.....	1, local board of health; 2, where no local board of health is organized, the report is to be made to the State board of health. State board of health.....	Within 24 hours by the most expedient method.	
29	Nevada.....		Physicians.....	1, health officer of the town (township); 2, or in his absence to the selectmen of the town (township).	Immediately.....	
30	New Hampshire..	1, smallpox (diagnosed or suspected); 2, cholera; 3, diphtheria; 4, scarlet fever; 5, or other malignant pestilential disease. 1, smallpox; 2, diphtheria; 3, membranous croup; 4, scarlet fever; 5, typhoid fever; 6, measles; 7, or any other malignant communicable disease.	If no physician is in attendance, report to be made by any person who knows or has reason to believe that any member of his family or household (boarder, roomer, or visitor) is affected. Local board of health.....	Local board of health..... State board of health.....	Within 24 hours.....	
		Tuberculosis.....	Physicians, and officers in charge of hospitals and institutions.	State board of health.....	Within 1 week.....	The recovery of cases is also to be reported.

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
31 New Jersey	1, cholera; 2, yellow fever; 3, typhus fever; 4, leprosy; 5, plague; 6, trichinosis; 7, smallpox; 8, typhoid fever; 9, diphtheria; 10, membranous croup; 11, scarlet fever; 12, poliomyelitis; 13, trachoma; 14, rabies; 15, glanders; 16, anthrax; 17, chicken pox; 18, tuberculosis; 19, malaria.	1, physician; 2, when no physician is in attendance the report is to be made by the house owner or the holder.	Local board of health or, in the absence of such board, the assessor of the township.	Within 12 hours.....	
	Tuberculosis.....	Local board of health or, in the absence of such board, the assessor of the township.	State board of health.....	At least once a week and daily when required by the State board.	
		1, physicians; 2, chief officer having charge for the time being of any hospital, asylum, prison, or other private or public institution.	Local board of health.....	Within 48 hours.....	
	1, typhoid fever; 2, dysentery; 3, scarlet fever; 4, diphtheria; 5, tuberculosis.	Physicians are to report cases occurring on dairy premises where milk is produced for sale or distribution or in households of which any member is employed on any dairy premises.	State board of health.....	Within 12 hours.....	
	Inflamed eyes in infants under 2 weeks of age.	When no physician is in attendance, the midwife, nurse, attendant, or relative having charge of the infant.	Local board of health.....	Within 6 hours.....	
32 New Mexico.....	1, smallpox; 2, or other contagious or infectious disease dangerous to the public health.	1, physician; 2, householder or other person.	1, county health officer, if within a city, town, or village; 2, justice of the peace of the precinct, if outside of a city.	At once.....	
33 New York.....	1, poliomyelitis; 2, anthrax; 3, plague; 4, cancer; 5, cerebrospinal meningitis; 6, cholera; 7, diphtheria; 8, hydrophobia; 9, leprosy; 10, measles;	1, physician; 2, when no physician is in attendance, the report is to be made by the superintendent or other officer of an institution, hospital,	Health officer of the city, village, or town (township).	Immediately.....	The physician or other person making the report is entitled to the sum of 25 cents therefor.

34	North Carolina....	11, ophthalmia neonatorum; 12, pellagra; 13, pneumonia; 14, scarlet fever; 15, smallpox; 16, tetanus; 17, tuberculosis (pulmonary or laryngeal); 18, typhoid fever; 19, typhus fever; 20, whooping cough; 21, yellow fever.	or hotel or lodging-house keeper, or other person where the case occurs.	State department of health..	Once a month.....	Health officers of villages and towns (townships) are to be paid a sum not to exceed 20 cents for each case reported.
		Poisoning from lead, phosphorus, arsenic, or mercury, or their compounds, or from anthrax, or from compressed-air illness contracted as the result of the nature of the patient's employment.	Health officers of cities, villages, and towns (townships).	Commissioner of labor		
35	North Dakota.....	Smallpox	Physicians.....			
		1, smallpox; 2, typhus fever; 3, yellow fever; 4, cholera.	Local boards of health.....	State department of health..	Promptly	
		1, smallpox; 2, diphtheria; 3, scarlet fever; 4, typhus fever; 5, yellow fever; 6, cholera; 7, measles; 8, whooping cough; 9, plague.	Health officers, commissioners of health, or boards of health of cities of the first class (population over 175,000).	State department of health..	Promptly	
			1, physician; 2, householders..	Quarantine officer or his deputy.	Immediately	
			Deputy quarantine officer of township.	County quarantine officer....	At once.....	
		1, plague; 2, yellow fever; 3, typhus fever; 4, cholera.	Quarantine officers (county and city).	Secretary State board of health.	By 5th of month for preceding month.	
		Infectious or contagious diseases.	Quarantine officers.....	Secretary State board of health.	By telegram within 24 hours.	
35	North Dakota.....	Contagious, epidemic, or infectious diseases.	Physician.....	1, local health officer; 2, clerk of the civil township, or, in counties not under township organization, to the county commissioner.	Immediately	
			Physician or other person.....	Local board of health.....	Immediately	Physicians are to report to the local board of health not less than twice each week the condition of each person affected and the state of the disease.

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
35 North Dakota (continued).	Contagious, epidemic, or infectious diseases (continued).	1, each keeper of a private house, boarding house, lodging house, inn, or hotel to report cases on his premises; 2, in the absence of a physician it is the duty of parents to report cases occurring in their households; 3, also the oldest person next of kin, the keeper or other proper officer of every workhouse, poorhouse, reform school, jail, prison, hospital, asylum, or other public or charitable institution to report cases among persons under his charge.	Local board of health.....	Within 24 hours.....	
	Ophthalmia neonatorum.....	When no physician is in attendance cases are to be reported by the parents or persons having charge of the infant.	Health officer having jurisdiction.	Within 6 hours in writing.	Physicians and recognized hospitals are not required to report.
	Contagious and infectious diseases.	1, health officers of cities; 2, clerks of organized civil townships; 3, county commissioners in counties not under township organization.	County superintendent of health.	Not later than the 10th day of each month for the preceding month.	
		County superintendent of health.	State superintendent of health.	1, immediately; 2, on or before the 15th of each month for the preceding month.	
		State superintendent of health.	Governor of the State.....	Dec. 1 of each even-numbered year for preceding 2 years.	

36	Ohio.....	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, or other infectious or contagious diseases.	Local board of health.....	1, physician or other person attending cases; 2, owners or agents of buildings in which cases occur; 3, heads of families in which cases exist.	State board of health.....	Immediately.....	
		1, smallpox; 2, cholera; 3, plague; 4, yellow fever; 5, typhus fever; 6, diphtheria; 7, membranous croup; 8, scarlet fever; 9, typhoid fever; 10, cerebrospinal meningitis; 11, chicken pox; 12, measles; 13, whooping cough; 14, poliomyelitis; 15, any other disease dangerous to the public health; 16, trachoma.		Boards of health of cities, villages, and townships.	State board of health.....	Semimonthly on 1st and 16th of each month.	
		1, cholera; 2, plague; 3, cerebrospinal meningitis; 4, chicken pox; 5, diphtheria; 6, measles; 7, membranous croup; 8, scarlet fever; 9, smallpox; 10, typhoid fever; 11, typhus fever; 12, whooping cough; 13, poliomyelitis.		Midwives, nurses, or relatives..	Physician or local health officer.	Within 6 hours.....	
37	Oklahoma.....	Infectious and contagious diseases.	Physicians.....	1, county superintendent of public health if outside city of first class; 2, city superintendent of public health if in city of first class.	The law requires an immediate report. The regulations promulgated by the State commissioner of health require reports monthly on the last day of the month.		
		Tuberculosis.....	1, physician; 2, chief officer having charge for the time being of any hospital, dispensary, or asylum, or other similar public or private institution.	Health officer for the city, town, or village.	Within 24 hours.....		
		Infectious and contagious diseases.	City and county superintendents of health.	State commissioner of health.	On the 10th day of each month for the preceding calendar month.		

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
38 Oregon.....	1, diphtheria; 2, membranous croup; 3, scarlet fever; 4, cholera; 5, typhus fever; 6, typhoid fever; 7, smallpox; 8, measles; 9, cerebrospinal meningitis; 10, ophthalmia neonatorum; 11, infantile paralysis; 12, bubonic plague; 13, leprosy; 14, barber's itch; 15, tuberculous.	Physicians..... Superintendents of State institutions, children's homes, and other institutions of a public nature.	County or municipal health officer. Secretary State board of health.	Within 24 hours by the quickest means of communication. Not later than the 10th day of each month for the preceding month.	
	1, cholera; 2, yellow fever; 3, smallpox; 4, diphtheria; 5, membranous croup; 6, scarlet fever; 7, typhus fever; 8, typhoid fever; 9, "bubonic" (sic); 10, or any other contagious disease.	Physicians, or in the absence of a physician, the householder.	Health officer having jurisdiction.	In writing within 24 hours, giving the name and residence of the patient.	
	Infectious diseases.....	County boards of health and city health officers.	Secretary State board of health.	Not later than the 10th day of each month for the preceding month.	All cases of smallpox or other contagious disease of alarming proportions must be reported at once.
39 Pennsylvania.....	1, actinomycosis; 2, anthrax; 3, plague; 4, cerebrospinal meningitis; 5, chicken pox; 6, cholera; 7, diphtheria; 8, dysentery (epidemic); 9, erysipelas; 10, German measles; 11, glanders; 12, hookworm disease; 13, leprosy; 14, malarial fever; 15, measles; 16, mumps; 17, pellagra; 18, pneumonia; 19, poliomyelitis; 20, puerperal fever; 21, rabies; 22, relapsing fever; 23, scarlet fever; 24, smallpox; 25, tetanus; 26, trachoma; 27, trichiniasis; 28, tuberculous; 29, typhoid fever; 30, typhus fever; 31, whooping cough; 32, yellow fever.	Physicians..... 1, health authorities of cities, boroughs, and townships of the first class; 2, superintendent and other persons in charge of asylums, hospitals, or other institutions	1, if in a township of the first class, borough, or city, report is made to the health authorities of the township, borough, or city; 2, if in a township of the second class, or in a city, borough, or township of the first class not having a board of health or body acting as such, the report is made to the State department of health. State department of health...	..... At the end of each week and for the fraction of the week occurring at the end of each month.	

40	Porto Rico.....	located in townships of the second class.			Health officer or legally qualified practitioner.	Within 6 hours.....	
		Inflamed eyes in infants under 2 weeks of age.	Midwife, nurse, or other person having care of infant.	Physicians.....			
		1, typhus fever; 2, typhoid fever; 3, smallpox; 4, varioloid; 5, scarlet fever; 6, diphtheria; 7, yellow fever; 8, cholera; 9, plague; 10, beriberi; 11, epidemic dysentery; 12, cerebrospinal meningitis; 13, whooping cough; 14, mumps; 15, malaria; 16, tuberculosis; 17, glanders; 18, leprosy; 19, cutaneous syphilis; 20, uncinariasis.			Nearest health officer.....		
		Infectious or contagious diseases.	Physicians.....	Physicians.....	Local health officer.....		
			Health officers.....	Health officers.....	Director of sanitation.....	Immediately.....	
		1, smallpox; 2, or any other contagious or infectious disease.	Householder to report cases in his house.	Householder to report cases in his house.	Town council.....	Immediately.....	
		Smallpox.....	Physicians, householders, or other persons to report any cases known.	Physicians, householders, or other persons to report any cases known.	1, town clerk; 2, if in cities, the superintendent of health.	Immediately.....	
		Tuberculosis (pulmonary or laryngeal).	Physicians.....	Physicians.....	Secretary of the State board of health.	Within 7 days.....	The State board of health is to keep a register of all persons known to be affected with pulmonary or laryngeal tuberculosis.
			Superintendent or other person in charge or control of any hospital, school, reformatory, or other institution deriving the whole or any part of its support from the public funds of the State.	Superintendent or other person in charge or control of any hospital, school, reformatory, or other institution deriving the whole or any part of its support from the public funds of the State.	Secretary of the State board of health.	Cases to be reported each week.	
		1, Poliomyelitis; 2, tuberculous meningitis; 3, cerebrospinal meningitis.	Physicians.....	Physicians.....	Secretary State board of health.	Immediately.....	
		Ophthalmia neonatorum.....	Midwife, nurse, or person having charge of the infant.	Midwife, nurse, or person having charge of the infant.	Health officer or some qualified practitioner of medicine.	Within 6 hours.....	
41	Rhode Island.....						

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
42 South Carolina.....	1, tuberculosis; 2, typhoid fever; 3, diphtheria; 4, scarlet fever; 5, smallpox; 6, measles; 7, whooping cough; 8, cerebrospinal meningitis; 9, leprosy; 10, poliomyelitis.	Physicians.....	1, secretary of local board of health in incorporated cities and towns; 2, secretary State board of health if outside of an incorporated city or town.	Within 24 hours.....	
		Secretaries of local boards of health.	Secretary State board of health.	Not later than 5th day of each month for the preceding month.	
	Ophthalmia neonatorum.....	Nurses, midwives, or persons in charge.	Local board of health.....	At once.....	This applies only to towns and cities having over 1,000 inhabitants.
43 South Dakota.....	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, measles; 5, cholera; 6, or any other disease dangerous to the public health.	Physician.....	Superintendent of county board of health.	Immediately.....	
	Poliomyelitis.....	Physician or head of family...	County board of health.....	Immediately.....	
	1, smallpox; 2, scarlet fever; 3, diphtheria; 4, cholera; 5, or any other disease dangerous to the public health.	Householder to report cases in his family or in persons temporarily residing with him.	Health officer having jurisdiction.	Immediately.....	
	Contagious and infectious diseases.	City and town health officers..	County superintendent of health.	Monthly.....	
	Contagious or infectious diseases.	Superintendents of county boards of health.	Superintendent of State board of health.	Immediately.....	
44 Tennessee.....	1, smallpox; 2, yellow fever; 3, cholera; 4, plague; 5, typhus fever; 6, diphtheria; 7, membranous croup; 8, scarlet fever; 9, or other communicable disease (except venereal disease); 10, poliomyelitis.	1, head of the household or other person in the household; 2, physicians.	Municipal or county health authorities.	Immediately.....	

45	Texas.....	Ophthalmia neonatorum.....	Midwife, nurse, or other person having care of infant.	Health officer or physician..	Immediately.....	
		1, smallpox; 2, cholera; 3, yellow fever; 4, scarlet fever; 5, diphtheria; 6, or other disease dangerous to the public health.	Municipal and county boards of health.	State board of health.....	Immediately.....	
		All communicable diseases.....	Municipal and county boards of health.	State board of health.....	On the 1st of each month for the preceding calendar month.	
		1, Asiatic cholera; 2, plague; 3, typhus fever; 4, yellow fever; 5, smallpox; 6, scarlet fever; 7, diphtheria; 8, cerebrospinal meningitis; 9, dengue; 10, typhoid fever; 11, epidemic dysentery; 12, trachoma; 13, tuberculosis; 14, anthrax.	Physicians..... Hotel proprietors, keepers of boarding houses or inns, householders, and heads of families whenever notice has not been given by the physician in attendance.	Local health authority..... Local health authority.....	Immediately in writing or by telephone. Within 12 hours.....	
		Disease pestilential in character.	City and county health authorities.	President State board of health.	By the 5th of each month for the preceding calendar month.	
46	Utah.....	Ophthalmia neonatorum.....	Physicians.....	President State board of health.	By telegraph or telephone at State expense.	
		1, scarlet fever; 2, diphtheria; 3, whooping cough; 4, smallpox; 5, typhoid fever; 6, measles; 7, tuberculosis; 8, cholera; 9, rubella; 10, chickenpox; 11, typhus fever; 12, plague; 13, cerebrospinal meningitis; 14, poliomyelitis; 15, leprosy; 16, pneumonia.	Nurse, midwife, or other person not a legally qualified practitioner of medicine.	Local health authority, or in his absence to any reputable physician.	Within 12 hours.....	
			Physicians and other persons caring for the sick.	Local board of health.....	Immediately.....	

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
46 Utah (cont'd)	Any contagious or infectious disease.	Physicians or other persons having knowledge of actual or suspected cases.	Local board of health.....	Immediately.....	
	Veneral diseases.....	Physicians and superintendents or managers of hospitals or public institutions.	Local board of health.....	Immediately.....	Name of person affected not to be included in the report.
	Ophthalmia neonatorum.....	Physicians and midwives.....	Local board of health.....	Within 6 hours.....	
		Local health officer.....	State board of health.....	Immediately by telephone or telegraph.	
	1, scarlet fever; 2, smallpox; 3, diphtheria; 4, membranous croup; 5, typhoid fever; 6, whooping cough; 7, measles; 8, chicken pox; 9, pneumonia; 10, tuberculosis.	Local boards of health or health officers.	State board of health.....	On or before the 5th day of each month for the preceding month.	
47 Vermont.....	Communicable diseases dangerous to the public health.	Physicians.....	Local health officer.....	Immediately.....	
	Infectious or contagious disease dangerous to the public health.	Head of family to report cases in his home.	Local health officer.....	Immediately.....	
	Tuberculosis.....	Physicians.....	Secretary State board of health.	.....
	Ophthalmia neonatorum.	Nurse, relative, or other person having charge of infant.	Local health officer.....	Within 6 hours in writing.	
	1, smallpox; 2, Asiatic cholera; 3, typhus fever; 4, yellow fever; 5, and contagious or infectious diseases dangerous to the public health.	Local health officer.....	Secretary of the State board of health.	Immediately.....	When a communicable disease prevails or becomes epidemic, the local health officer is to make weekly reports to the State board.

48	Virginia.....	1, smallpox; 2, Asiatic cholera; 3, plague; 4, diphtheria; 5, scarlet fever; 6, yellow fever.	Physician.....	Secretary of the local board of health.	Immediately.....	The State commissioner of health advised Oct. 31, 1911, that poliomyelitis had been made notifiable during the early part of 1911.
		1, typhoid fever; 2, measles; 3, chicken pox; 4, tuberculosis; 5, hookworm disease.	Physician.....	Secretary of the local board of health.	Once each month.....	
		Any infectious, contagious communicable, or dangerous disease.	Physician.....	Executive officer of the board of health of the county, town, or city.	.....
		1, smallpox; 2, yellow fever; 3, cholera; 4, typhus fever; 5, plague.	Local health authorities of the cities, towns, and counties.	State board of health.....	Weekly.....	
		1, anterior poliomyelitis; 2, Asiatic cholera; 3, beriberi; 4, chicken pox; 5, diphtheria (or membranous croup); 6, epidemic cerebrospinal meningitis; 7, favus; 8, leprosy; 9, measles; 10, pellagra; 11, plague; 12, scarlet fever; 13, smallpox; 14, trachoma; 15, tuberculosis (pulmonary and abdominal); 16, typhoid fever; 17, typhus fever; 18, uncinariasis; 19, whooping cough; 20, yellow fever; 21, so-called cedar, Cuban, dove, Egyptian, Japanese, kangaroo, Manila, or Philippine itch.	Local health authorities of the cities, towns, and counties.	State board of health.....	Immediately.....	
49	Washington.....	1, anterior poliomyelitis; 2, Asiatic cholera; 3, beriberi; 4, chicken pox; 5, diphtheria (or membranous croup); 6, epidemic cerebrospinal meningitis; 7, favus; 8, leprosy; 9, measles; 10, pellagra; 11, plague; 12, scarlet fever; 13, smallpox; 14, trachoma; 15, tuberculosis (pulmonary and abdominal); 16, typhoid fever; 17, typhus fever; 18, uncinariasis; 19, whooping cough; 20, yellow fever; 21, so-called cedar, Cuban, dove, Egyptian, Japanese, kangaroo, Manila, or Philippine itch.	Physicians.....	Local health officer.....	Within 24 hours.....	
		1, county health officers; 2, health officer of cities of the first class.	City health officers, except those of cities of the first class (cities having over 20,000 inhabitants).	Every new outbreak to the county health officer and to the State commissioner of health.	Immediately.....	
		1, Smallpox.....	1, county health officers; 2, health officer of cities of the first class.	County health officer.....	Weekly.....	
		Obscure, eruptive disease of the nature of which he is in doubt.	Physicians, or in their absence heads of families or householders.	State commissioner of health.	Monthly by the 5th day of the month for the preceding month.	
		1. Acute disease accompanied by an eruption of the skin.	Physicians.....	Local health officer.....	Immediately.....	
			Householder.....	Local health officer or the family physician.	Immediately.....	

Notifiable diseases and the health authorities to and through which reported—Continued.

States.	Notifiable diseases.	By whom reported.	To whom reported.	When reported.	Remarks.
49 Washington (con.).	1, Asiatic cholera; 2, chicken pox in adults; 3, diphtheria; 4, plague; 5, scarlet fever; 6, smallpox; 7, yellow fever; 8, typhus fever.	1, county health officer; 2, health officers of cities of the first class.	State commissioner of health.	1, first case immediately; 2, after investigation report fully regarding outbreak.	
50 West Virginia.....	1, cholera; 2, smallpox; 3, scarlet fever; 4, diphtheria; 5, tuberculosis; 6, and other endemic, epidemic, infectious, or contagious diseases.	Physicians (where there is a local board of health). City and county board of health.	..... State board of health.....	Promptly At least once in every 3 months.	
51 Wisconsin.....	1, Asiatic cholera; 2, yellow fever; 3, smallpox; 4, typhus fever; 5, leprosy; 6, plague; 7, diphtheria; 8, scarlet fever; 9, typhoid fever; 10, measles; 11, whooping cough; 12, cerebro-spinal meningitis; 13, poliomyelitis.	1, physicians; 2, in absence of an attending physician the report is to be made by the head of the family or the person in charge of the house or building. Local health officer.....	Local board of health..... State board of health.....	Immediately..... To make report upon the appearance of any of the enumerated diseases.	
	1, chicken pox; 2, erysipelas..... Tuberculosis.....	Physicians..... Physicians or person or owner, or agent, manager, principal, or superintendent of every public or private institution, or dispensary, hotel, boarding or lodging house.	Local board of health..... Local department of health (town, city, or village).	..... Within 1 week	
	Inflamed eyes of infants under 2 weeks of age.	Nurse, parents, or other attendant.	Local board of health.....	Within 6 hours.....	
52 Wyoming.....	Communicable diseases.....	1, physician; 2, householder to report cases in his family or household.	Local board of health or health officer.	Immediately.....	

	Physician.....	1, secretary State board of health; 2, county health officer.	Immediately by telegram or telephone, or in the most expeditious manner, the telegram to be paid for by the State.	
1, smallpox; 2, cholera; 3, scarlet fever; 4, diphtheria; 5, or contagious or infectious disease a menace to the public health.	County health officer.....	Secretary of State board of health.	Immediately.....	
1, smallpox; 2, cholera; 3, typhoid fever; 4, scarlet fever; 5, diphtheria; 6, or other epidemic or contagious or infectious disease.	State health officer.....	State board of health.....	At once.....	
Typhoid fever on premises from which milk is sold.				

Provisions made for health authorities by State and Territorial laws and regulations.

Name of State.	State organization.	Counties.	Townships.	Cities.	Remarks.
1 Alabama.....	The State medical association is the State board of health. It elects a State health officer.	The county medical society constitutes a board of health for the county and for all municipalities therein. It elects a health officer for the county.	.....	Health officer elected by county board of health for each incorporated city and town.	
2 Alaska.....	.....	.....	.....	.....
3 Arizona.....	Board of health and superintendent of public health.	Board of health and superintendent of public health with jurisdiction outside of cities possessing a board of health.	.....	Board of health and health officer in incorporated cities.	
4 Arkansas.....	Board of health.....	The county judges may appoint boards of health for their respective counties.	.....	In cities of the first and second class the city council may establish a board of health with jurisdiction extending 1 mile beyond the city limits.	
5 California.....	Board of health.....	In each county the board of supervisors appoints a health officer.	.....	It is the duty of the board of trustees or council of every incorporated town and city to establish a board of health. Unincorporated towns having 500 or more inhabitants have health officers appointed by the county board of supervisors.	
6 Colorado.....	Board of health.....	The board of county commissioners constitutes a board of health with jurisdiction outside of municipalities. This board appoints a health officer.	.....	The mayor and council or trustees of each incorporated city and town constitute a board of health for the city or town and appoint a health officer.	
7 Connecticut.....	Board of health.....	The judges of the superior court appoint an attorney at law to be health officer for each county. He is not a local health officer, how-	The county health officer appoints a health officer for each town (township), except in towns containing a municipality,	The mayor of every city and the warden of every borough appoints a health officer for the city or borough, except in cities the char-	

8	Delaware.....	Board of health	over, as each town (township) has a local health officer.	the limits of which are co-terminous with the town limits. In towns containing a city or borough, the limits of which are not coterminous with those of the town, the town health officer has jurisdiction only outside of the limits of the city or borough.	ters of which make other provision for such appointment.	
9	District of Columbia.....	Health officer appointed by the District Commissioners.	The governor appoints 3 physicians in each county to be health officers of the county.	.....	It is the duty of the common council in cities and of the commissioners in incorporated towns to appoint a board of health for the city or town.	
10	Florida.....	1, State board of health; 2, State health officer.	The State health officer had appointed 41 agents in 39 counties (June 12, 1911).	.....	Charters granted to cities by the legislature usually make provision for city health officers.	
11	Georgia.....	State board of health.....	The authorities of each county are authorized to establish a board of health and appoint a health officer, the board to have jurisdiction outside of incorporated municipalities.	.....	The council of each incorporated city and town is authorized to establish a board of health and appoint a health officer.	
12	Hawaii.....	Territorial board of health.....	Board of health.....	.....	.....	Board may appoint agents in such localities as it may deem necessary.
13	Idaho.....	State board of health.....	Board of health.....	.....	The county boards of health are to insist on the organization of municipal boards of health in the incorporated towns and villages.	

Provisions made for health authorities by State and Territorial laws and regulations—Continued.

	Name of State.	State organization.	Counties.	Townships.	Cities.	Remarks.
14	Illinois.....	State board of health.....	The board of county commissioners in counties not under township organization constitute a board of health, with jurisdiction outside the limits of incorporated municipalities and with power to appoint a health officer for the county.	In counties under township organization the supervisor, assessor, and town clerk of each township constitute a board of health for the township, with jurisdiction outside the limits of incorporated municipalities and with power to appoint a health officer.	The city council in cities and the president and board of trustees in villages have power to appoint a board of health for their respective cities and villages, except in cities incorporated under special acts making other provision.	The city councils and boards of trustees in cities and villages have jurisdiction extending for one-half mile beyond the city or village limits for the purpose of enforcing health and quarantine ordinances and regulations.
15	Indiana.....	1, State board of health; 2, State health commissioner.	County health commissioner....	.....	Board of health in all incorporated cities, except that in counties having a population of less than 30,000 the county health commissioner may by agreement act also as city health officer in lieu of a city board of health. In incorporated towns the board of town trustees appoints a health officer.	
16	Iowa.....	State board of health.....	.....	The trustees of each township constitute a board of health.	The mayor and council of each municipality constitute a board of health. They appoint a health officer.	The State is divided into 8 health districts.
17	Kansas.....	State board of health.....	The county commissioners in each county constitute a county board of health and elect a health officer.	.....	.....
18	Kentucky.....	State board of health.....	Board of health.....	.....	Cities having a population of over 2,500 have a board of health and a health officer.	
19	Louisiana.....	State board of health.....	The police jury of each parish is required to appoint a parish board of health and health officer.	.....	Board of health	

20	Maine.....	State board of health.....	.....	Board of health in each organized town (township).	Board of health.....	
21	Maryland.....	State board of health.....	The board of county commissioners constitutes a local board of health in each county, with jurisdiction throughout the county, except in cities having charters inconsistent with such extension of jurisdiction. The county board appoints a county health officer.	.....	.....
22	Massachusetts.....	State board of health.....	.....	Board of health.....	Board of health unless other provision is made in the city charter.	The State is divided into 14 health districts, with a State inspector of health in each district.
23	Michigan.....	State board of health.....	.....	The township board constitutes a board of health and appoints a health officer.	The mayor and aldermen of each incorporated city and the president and council or trustees of each incorporated village in which no board of health is organized under its charter constitute a board of health for the city or village.	
24	Minnesota.....	State board of health.....	Board of health, with jurisdiction over all unorganized towns.	Every township board of supervisors constitutes a board of health for the township and has jurisdiction outside of cities and villages provided with an organized board of health. The board appoints a health officer.	Villages may and cities must provide for the establishment of a board of health and the appointment of a health officer.	
25	Mississippi.....	1, State board of health; 2, the State medical association and all other societies and associations of the State in affiliation with the purposes of its organization are constituted the Mississippi Department of Public Health. Any licensed practitioner may, on application, become a member of the department.	1, The State board of health appoints a health officer in each county, except in interior counties not wanting a health officer; 2, it is the duty of the bureau of vital statistics of the State department to appoint a county board of health in each county.	.....	Cities may establish a board of health.	

Provisions made for health authorities by State and Territorial laws and regulations—Continued.

Name of States.	State organization.	Counties.	Townships.	Cities.	Remarks.
26 Missouri.....	State board of health.....	County board of health, with jurisdiction outside of incorporated cities and towns.	.....	St. Louis: Board of health and health commissioner. Cities of first class—board of health and health department. (Cities of the first class are those having a population of from 75,000 to 150,000.)	
27 Montana.....	1, State board of health; 2, State health officer.	1, county board of health; 2, County health officer.	.....	1, incorporated cities and towns have a board of health; 2, towns having less than 5,000 inhabitants may place themselves under the county board of health.	
28 Nebraska.....	State board of health.....	County board of health, with jurisdiction throughout the county, except in cities and villages having power to establish boards of health.	.....	1, cities having a population of over 100,000 have a health commissioner; 2, other cities have power to create a board of health.	
29 Nevada.....	State board of health.....	County board of health, consisting of the county physician, sheriff, and the board of county commissioners.	.....	In incorporated cities and towns the city council has power to create a board of health. The board of county commissioners has the power to establish and maintain a board of health in any town or city.	
30 New Hampshire..	State board of health.....	.....	Board of health.....	The city council constitutes a board of health in cities.	
31 New Jersey.....	State board of health.....	.....	Board of health.....	Every city, borough, and town is required to have a board of health.	
32 New Mexico.....	Territorial board of health....	County health officer.....	.....	The mayor and council, trustees, or other governing bodies of incorporated cities and towns constitute a board of health.	

33	New York.....	State department of health, at the head of which is a commissioner of health.	.....	Board of health and health officer, with jurisdiction outside the limits of incorporated cities and villages having organized boards of health.	1, cities of the first class (population over 175,000) have a commissioner of health; 2, cities of the second class (population between 50,000 and 175,000), the commissioner of public safety appoints a health officer; 3, cities of the third class (population less than 50,000), board of health and health officer; 4, villages have a board of health and a health officer.	
34	North Carolina....	State board of health and State health officer.	1, board of health; 2, superintendent of health; 3, quarantine officer.	The county quarantine officer may appoint a deputy quarantine officer in each township.	City and town authorities may elect municipal health officers.	
35	North Dakota.....	State board of health.....	1, county superintendent of health; 2, county board of health with jurisdiction outside the limits of cities having a city board of health. The county board is under the supervisory control of the State board.	The supervisors of each township constitute a board of health.	1, board of health and health officer in each incorporated city; 2, the trustees of each incorporated village constitute a board of health for the village.	
36	Ohio.....	State board of health.....	.....	The trustees of each township constitute a board of health with jurisdiction outside the limits of cities. They appoint a health officer.	1, cities have a board of health and health officer; 2, villages may have a board of health and health officer or only health officer.	
37	Oklahoma.....	State board of health "in charge of * * * the State commissioner of health."	The State commissioner of health appoints in each county, a county superintendent of public health.	The board of directors of each township constitute a board of health, under the supervision of the county superintendent of public health.	1, in incorporated towns the town board of directors constitutes a town board of health, under the supervision of the county superintendent; 2, in cities of the first class (over 2,000 population) the mayor and common council constitute a board of health and are authorized to appoint a city superintendent of public health.	

Provisions made for health authorities by State and Territorial laws and regulations—Continued.

Name of State.	State organization.	Counties.	Townships.	Cities.	Remarks.
38 Oregon.....	State board of health and State health officer.	Board of health and health officer.	.....	Board of health and health officer.	
39 Pennsylvania.....	Department of health consisting of a commissioner of health and an advisory board.	The State department of health has appointed a physician in each county to act as a representative of the department.	1, in townships of the first class (population of at least 300 to the square mile) the township commissioners appoint a board of health which elects a health officer; 2, in townships in which there is no organized board of health the State department appoints a local health officer and pays his salary.	1, cities of the first class (population over 1,000,000) have a board of health, the executive officer of which is the director of public health and charities; 2, cities of the second class (population 100,000 to 1,000,000) have a bureau of health under the control of the department of public safety; 3, cities of the third class (population under 100,000) may by ordinance create a board of health; 4, boroughs (incorporated villages with over 300 inhabitants) have a board of health.	The commissioner of health is authorized to apportion the State into 10 districts and to appoint a physician in each district to be health officer and to appoint such assistants to the district health officers as may be necessary.
40 Porto Rico.....	1, director of health, charities, and corrections; 2, insular board of health; 3, director of sanitation.	.....	.....	.....	The island is divided into four sanitary districts with an inspector in charge of each. Each sanitary district is divided into sanitary zones. Each zone has a board of health and is in charge of a health officer.
41 Rhode Island.....	State board of health and commissioner of public health.	.....	In each town (township) the town council or board of aldermen constitutes a board of health and appoints a health officer.	City councils may appoint boards of health.	
42 South Carolina.....	1, State board of health, consisting of the State medical association and the attorney and comptroller generals; 2, executive committee recommended by State medical	.....	.....	It is the duty of the mayor orintendent of every incorporated city, town, or village to appoint a board of health. The board of health elects a health officer. It is	The executive committee is authorized to divide the State into health districts, and in districts in which there are no boards of health to ap-

	association and appointed by the governor; 3, State health officer appointed by the governor.			the duty of the State board to appoint boards of health in all unincorporated towns and villages with a popula- tion of more than 100.	point health.
43	South Dakota.....	State board of health.....	Board of health consisting of the State's attorney of the county and 2 physicians ap- pointed by the State board of health, one of whom is superintendent of the county board and the other vice president.	.....
44	Tennessee.....	State board of health.....	The county judge, court clerk, and health officer or jail physician constitute a coun- ty board of health. It is the duty of the county court in counties having jails to appoint a jail physician or health officer.	Municipalities having 5,000 or more inhabitants are re- quired to organize boards of health.	Boards of health of cities and towns have jurisdic- tion extending to 1 mile beyond the corporation limits.
45	Texas.....	State board of health and State health officer. The latter is president and executive officer of the board.	County health officer ap- pointed by the commis- sioner's court.	It is the duty of the authori- ties of each incorporated city and town to elect a city health officer.	
46	Utah.....	State board of health.....	The county outside of incor- porated municipalities is divided into sanitary dis- tricts with a health officer in each. The district health officers, together with the county commissioners con- stitute a county board of health.	It is the duty of the city au- thorities of every incor- porated city and town to establish a board of health.	
47	Vermont.....	State board of health.....	.....	The State board of health appoints a health officer for each town (township). The health officer with the selectmen of the town or board of aldermen of the city constitutes a local board of health.	Board of aldermen and health officer constitute board of health.

Provisions made for health authorities by State and Territorial laws and regulations—Continued.

	Name of State.	State organization.	Counties.	Townships.	Cities.	Remarks
48	Virginia.....	1, State board of health; 2, health commissioner.	The State board of health appoints 3 physicians in each county, who with the chairman of the board of supervisors constitute a county board of health.	.....	The State board of health appoints 3 physicians in each incorporated city and town who with the mayor constitute a city or town board of health (except in cities having charters providing for the creation of a board of health). Each board elects one of its medical members health officer.	
49	Washington.....	1, State board of health; 2, State commissioner of health.	The board of county commissioners constitutes a county board of health and appoints a health officer. The board has jurisdiction outside of cities of the first class (cities having over 20,000 inhabitants).	.....	Health officers in all incorporated cities and towns.	
50	West Virginia.....	State board of health.....	1, county board of health (of which 3 of the 5 members are appointed by the State board of health); 2, county health officer with jurisdiction outside of incorporated cities and towns.	.....	Incorporated cities, towns, and villages have boards of health and health officers independent of the county board and auxiliary to the State board. Of the above local boards of health the State board appoints 3 of the 5 members.	
51	Wisconsin.....	State board of health.....	.....	The town (township) board constitutes a board of health and elects a health officer.	The village board or common council constitute a board of health in cities and villages and appoint a health officer.	
52	Wyoming.....	State board of health.....	The State board of health appoints a physician in each county to be county health officer.	.....	.....

STATE AND TERRITORIAL LAWS WHICH REQUIRE THE REPORTING OF CASES OF SICKNESS.

Compiled from the statutes of the several States and Territories, or found in the Law Library of Congress, and from copies of recent laws transmitted by special request by the respective State health authorities.

APPENDIX.
(Continued.)

APPENDIX.

(107)

Sec. 712. It shall be the duty of the health officer of a municipality:
(a) To keep under review and supervised by the local board of health, to which he shall report, as he is required to do, the names, addresses, and other particulars, together with such other details as may be required by such authorities, of all persons who may be affected by any of the diseases enumerated in the laws relating to contagious and infectious diseases.

(b) To make to the mayor and council of the municipality, to the committee on public health of the county board of health, and to the State health officer, periodic reports of the prevalence in the municipality of any of the diseases enumerated in the laws relating to contagious and infectious diseases, furnishing such information, and at such intervals and authorities may require.

Sec. 714. Every physician who is called to a case of any of the diseases named in the laws relating to contagious and infectious diseases, shall, as soon as practicable, make a report thereof to the county, city, or town health officer or other person or persons authorized, specifying the name of the patient, the location of the residence, the character of the disease, the age and sex of the patient, and such other information as the authorities may require.

(108)

STATE AND TERRITORIAL LAWS WHICH REQUIRE THE REPORTING OF CASES OF SICKNESS.

Compiled in the bureau from the statutes of the several States and Territories, as found in the Law Library of Congress, and from copies of recent laws transmitted by special request by the respective State health authorities.

ALABAMA.

[Code of 1907.]

SEC. 703. It shall be the duty of county boards of health:

(a) To * * * enforce the law for the collection of vital and mortuary statistics.
* * * * *

SEC. 706. It shall be the duty of the health officer of a county:

(a) To keep * * * also, a book to be styled "The Register of Infectious Diseases," in which book he shall register, so far as reported to him, the name, age, sex, color, race, occupation, and place of residence, together with such other details as may be required by said regulations, of all persons who may be attacked by any of the diseases enumerated in section seven hundred and sixteen of this code; * * *
* * * * *

(h) To make to the State health officer prompt report of the presence in the county, so far as reported to him, or has come to his knowledge, of any of the diseases enumerated in section seven hundred and sixteen of this code, furnishing such information and at such intervals as the State health officer may require.
* * * * *

SEC. 710. It shall be the duty of the health officer of a municipality:

(a) To keep, under regulations prescribed by the State board of health * * * a book to be styled "The Register of Infectious Diseases," in which he shall register, so far as reported to him, the name, age, sex, color, race, occupation, and place of residence, together with such other details as may be required by said regulations, of all persons who may be attacked by any of the diseases enumerated in section seven hundred and sixteen of this code; * * *
* * * * *

(g) To make to the mayor and council of the municipality, to the committee of public health of the county board of health, and to the State health officer prompt reports of the presence in the municipality of any of the diseases enumerated in section seven hundred and sixteen of this code, furnishing such information and at such intervals as said authorities may require; * * *
* * * * *

SEC. 714. Every physician who is called to a case of any of the diseases named in section seven hundred and sixteen of the code shall, as soon thereafter as can be done, make a report thereof to the county, city, or town health officer in whose jurisdiction the case is located, specifying the name of the patient, the locality of the patient, the character of the disease, together with such other details as will furnish adequate information of the conditions and surroundings.

SEC. 715. Whenever a disease appears in a county, incorporated city, or town, suspected by any physician, or midwife, or by any person on whose premises such sick person is, of being one of those enumerated in the next succeeding section, such physician, or midwife, or such person, shall report his or her suspicion to the health officer having jurisdiction over the locality where such case appears, * * *.

SEC. 716. Should the disease prove to be leprosy, cholera, typhus fever, cerebrospinal meningitis, or spotted fever, yellow fever, scarlet fever, bubonic plague, hydrophobia, glanders, smallpox, diphtheria, pulmonary tuberculosis, typhoid fever, Chagres fever, beriberi, or of other nature believed to be grave and at the same time contagious, infectious, or pestilential in character, or if the disease be known to be either one of those just enumerated and be so reported, the health officer of the county, city, or town shall promptly notify in writing the probate judge and commissioners or board of revenue of the county, the mayor or intendant, and the council of the city or town, according to the location of the disease, of the presence and extent of prevalence of the disease, * * *.

* * * * *

SEC. 7049 (as amended by ch. 446, Acts of 1911). Any head of a family, or other person, upon whose premises a case of infectious or pestilential disease occurs, which is not under the charge of a physician, who refuses or willfully fails to report the same as promptly as can be done, to the health officer, county or municipal, in whose jurisdiction the case is must, on conviction, be fined not less than five nor more than twenty-five dollars.

* * * * *

SEC. 7052. (as amended by ch. 446, Acts of 1911.) Any physician being called upon to treat a case of infectious or pestilential disease or to whose knowledge the existence of such case comes, who refuses or willfully fails to make to the health officer, county or municipal, in whose jurisdiction the case is located, a full and prompt report thereof, specifying the character of the disease, the name and locality of the patient, together with such other details as may be required by the state board of health, must, on conviction, be fined not less than ten nor more than fifty dollars.

ARIZONA.

[Acts of 1903, ch. 65.]

SEC. 7. * * * The county superintendent of health shall keep a record of all the proceedings of the board and of his official acts, and he shall, at the end of every month, make a full report in writing to the superintendent of public health of the proceedings of the county board of health and of his official acts, and shall, whenever the health of persons is in danger, and when any contagious and infectious disease occurs in his county among persons, immediately report the same to the superintendent of public health.

* * * * *

SEC. 24. Whenever it shall come to the knowledge of any physician or other person that a contagious, epidemic, or infectious disease exists within the jurisdiction of any local board he shall immediately report to such board in writing the name and place of residence, if known, of every person afflicted with such disease, and if he is the attending physician of such person he shall report not less than twice in each week the condition of each person so afflicted and the state of such disease.

* * * * *

SEC. 26. Each keeper of any private house, boarding house, lodging house, inn or hotel shall report, in writing, to the local board of health within whose jurisdiction the same may occur, each case of contagious, infectious, or epidemic disease which may occur in his house, inn, or hotel. Such report shall be made within twenty-four hours after the existence of such disease shall have become known to such person and shall state the name of each person afflicted with such disease and the nature thereof.

* * * * *

SEC. 31. It shall be the duty of each local board of health when it shall come to its knowledge that a case of smallpox, scarlet fever, diphtheria, or other infectious or contagious disease exists within its jurisdiction immediately to examine into the facts of the case * * * and shall immediately notify the Territorial board of health of the existence and nature of such disease and of the measures adopted by it with reference thereto.

ARKANSAS.

[Digest of Statutes, 1904. (Kirby.)]

SEC. 540. It shall be the duty of the State board of health to have general supervision of the State system of * * * the registration of prevalent diseases, said board shall prepare the necessary methods and forms for obtaining and preserving such records and to insure the faithful registration of the same in the several counties. * * * The secretary of said State board of health shall be the superintendent of registration of vital statistics of the State. * * *

CALIFORNIA.

[Political Code, 1909. (Deering.)]

SEC. 2979a (as amended by sec. 1, ch. 250, Laws of 1911). It is the duty of each coroner and of every county, city and county, city or town health officer, and every member of the local board of health knowing or having reason to believe that any case of cholera, plague, yellow fever, leprosy, diphtheria, scarlet fever, smallpox, typhus fever, typhoid fever, anthrax, glanders, epidemic cerebro-spinal meningitis, tuberculosis, pneumonia, dysentery, erysipelas, uncinariasis or hookworm, trachoma, dengue, tetanus, measles, German measles, chickenpox, whooping cough, mumps, pellagra, beriberi, syphilis, gonococcus infection, rabies, poliomyelitis, or any other contagious or infectious disease exists, or has recently existed, within the city, county, city and county, town or township of which he is such officer, * * * to report at once in writing such cases to the secretary of the State board of health at Sacramento.

It is also the duty of every attending or consulting physician, nurse, or other person having charge of or caring for any person afflicted with any of said contagious diseases to report at once in writing to the local board of health or local health officer the nature of the disease, the name of the person afflicted, and the place of his or her confinement; provided, however, that syphilis and gonococcus infection shall be reported by office number only.

* * * * *

SEC. 2984. * * * It shall be the duty of such board of health or chief executive health officer to report in writing to the State board of health on or before the fifth day of each month all infectious, contagious, and communicable diseases in man or beast which shall come to their or his knowledge upon blanks furnished by the State board of health. Said board of health or chief executive health officer, where there is no board of health, in cases of local epidemic of disease shall report to the State board of health all facts concerning the disease. * * *

* * * * *

SEC. 3061. * * * Every local board of health established in this State must:

* * * * *

Second. Report to the secretary of the State board of health, at Sacramento, at such times as the State board of health may require:

* * * * *

(c) The presence of epidemic or other dangerous, contagious, or infectious disease. * * *

[Acts of 1907, ch. 492.]

SEC. 11. It shall be the duty of every county, city and county, municipal, town, or other health officer or inspector to enforce diligently within the county, city and

county municipality, town or district of which he is such health officer all State laws pertaining to health and sanitary matters; and all orders, rules, and regulations concerning health, * * * prescribed or directed by the State board of health, and all local ordinances, resolutions, orders, and regulations concerning health of the board of supervisors, which shall not be in conflict with the general laws or the orders, rules, and regulations of the State board of health.

Said health officers shall report to the State board of health all violations of the State health laws and all violations of the State laws relating to registration of births, marriages, and deaths which shall come to their knowledge.

Every county health officer and every city and county, city, or town board of health, or chief executive health officer thereof, shall report in writing to the State board of health regularly on or before the fifth day of each month, and also whenever requested by the State board of health or its secretary, all infectious, contagious, and communicable diseases in man or beast which shall come to his knowledge upon blanks furnished by the State board of health; and he shall, in cases of local epidemic of disease, report at such times as shall be requested by the State board of health, or its secretary, all facts concerning the disease. * * *

* * * * *

SEC. 13 (as amended by sec. 3, ch. 339, Laws of 1911). The following rules and requirements shall be strictly observed in all cases of quarantine, subject, however, to such changes and modifications as the State board of health or its secretary may otherwise require and direct.

Rule 1.— * * * Said health boards or officers must, within twenty-four hours after quarantine, report fully, in writing, to the secretary of the State board of health all of such cases quarantined: *Provided, however,* That said health officers shall immediately report by telegraph to said secretary of the State board of health every case discovered or known of plague, Asiatic cholera, yellow fever, or typhus fever, and after investigation and within twenty-four hours shall report the cause, source, and extent of contagion and infection, and all acts done and measures adopted in each case, and shall make such further reports as the secretary of the State board of health may require.

Rule 2.—In addition to the list of quarantinable diseases given in rule 1 of this section the following is a partial list of contagious, infectious, and communicable diseases, all of which, though not required to be quarantined, must be promptly reported in writing to the State board of health or its secretary by the said local health boards or chief executive health officers, viz: Chicken-pox, erysipelas, pneumonia, uncinariasis or hookworm, epidemic cerebro-spinal meningitis, trachoma, whooping-cough, mumps, dengue, dysentery, tuberculosis, typhoid fever, tetanus, malaria, leprosy, measles, German measles, glanders, and anthrax affecting human beings, rabies, pellagra, beriberi, syphilis, gonococcus infection, and poliomyelitis, and any disease which appears to have become epidemic. * * * This list can be changed at any time by the State board of health or its secretary.

* * * * *

SEC. 16. All physicians, nurses, clergymen, attendants, owners, proprietors, managers, employees, and persons living in or visiting any sick person in any hotel, lodging house, house, building, office, structure, or other place where any person shall be ill of any infectious, contagious, or communicable disease, shall promptly report such fact to the county, city and county, city, or other local health board or health officer, together with the name of the person, if known, and place where such person is confined and nature of the disease, if known.

* * * * *

SEC. 21 (as amended by sec. 4, ch. 339, Laws of 1911). Any person violating any of the provisions of this act, whether acting for himself or as the agent or servant of another person, or of a firm, company, or corporation, or as an officer, agent, employee, or rep-

representative of any municipal corporation, or of the State shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine of not less than twenty-five nor more than five hundred dollars, or by imprisonment for a term of not more than ninety days, or by both such fine and imprisonment. Each day that in violation of any provision of this act shall continue, and each day that any thing forbidden by the terms hereof to be erected, constructed, maintained, operated, or permitted, shall continue to exist, or be maintained, operated, or permitted, shall constitute a separate offense.

[Acts of 1911, Ch. 485.]

SECTION 1. Every medical practitioner attending on or called in to visit a patient whom he believes to be suffering from lead, phosphorus, arsenic or mercury or their compounds, or from anthrax, or from compressed air illness, contracted as a result of the nature of the patient's employment shall send to the State board of health a notice stating the name and full postal address and place of employment of the patient and the disease from which, in the opinion of the medical practitioner, the patient is suffering, and shall be entitled in respect of every bona fide notice sent in pursuance of this section to a fee of fifty cents, to be paid as part of the expense incurred by the State board of health in the execution of this act.

SEC. 2. If any medical practitioner, when required by this act to send a notice, wilfully fails forthwith to send the same, as provided by this act, he shall be guilty of a misdemeanor, and upon conviction of the same shall be fined not more than ten dollars.

SEC. 3. It shall be the duty of the State board of health to enforce the provisions of this act, and it may call upon local boards of health and health officers for assistance and it shall be the duty of all boards and officers so called upon for such assistance to render the same. It shall furthermore be the duty of said State board of health to transmit such data to the commissioner of the bureau of labor statistics.

COLORADO.

[Revised Statutes, 1908.]

SEC. 5025. If a conductor of any railroad discovers on his train a person suffering from cholera, smallpox, diphtheria, scarlet fever, or any other contagious disease, he shall at once communicate, either by telegraph or telephone, with a local railroad official located nearest the point at which the case is discovered, giving the number of his train, the number of the car, the name of the patient, and the nature of the disease suspected. The railroad official so informed must at once give the same intelligence to the nearest member of the State board of health or to the local health officer of his own town or city.

* * * * *

SEC. 5070. Whenever any householder shall know that any person within his family is taken sick with smallpox or any other disease dangerous to the public health, he shall immediately give notice thereof to the board of health or health officer of the town, city, or county in which he resides; and if he shall refuse or neglect to give such notice he shall upon conviction be fined in a sum not exceeding one hundred dollars.

* * * * *

SEC. 5072. Whenever any physician shall know that any person whom he is called to visit, or who is brought to him for examination, is infected with smallpox, cholera, diphtheria, scarlet fever, or any other disease dangerous to public health, he shall immediately give notice thereof to the health officer, the president or the clerk of the board of health of the county, town, or village in which the sick person may be, and to the householder, hotel keeper, keeper of a boarding house, or tenant within whose house or rooms the sick person may be. The notice to the officer of the board of

health shall state the name of the disease, the name, age, and sex of the person sick, also the name of the physician giving the notice, and shall, by street and number or otherwise, sufficiently designate the house or room in which said sick person may be; and every physician, and person acting as a physician, who shall refuse or neglect immediately to give such notice, shall for each offense, upon conviction, be fined in a sum not less than five nor more than one hundred dollars: *Provided*, That this penalty shall not be enforced against a physician if another physician in attendance has given to the health officer hereinbefore mentioned an immediate notice of such sick person, and the true name of the disease, in accordance with the requirements of this section.

SEC. 5073. Whenever the health officer of any county, city, or village in this State shall receive reliable notice, or shall otherwise have good reason to believe that there is within the county, city, or village of which he is the health officer, a case of smallpox, diphtheria, scarlet fever, or other communicable disease dangerous to the public health, it shall be the duty of the health officer, unless he is or shall have been instructed by the board of health, of which he is an executive officer, to do otherwise; * * * to promptly notify teachers or superintendents of schools concerning families in which are contagious diseases; * * * to keep the president of his own board of health and the secretary of the State board of health constantly informed respecting every outbreak of a disease dangerous to the public health, and of the facts, so far as the same shall come to his knowledge, respecting sources of danger of any such diseased person or infected article being brought into or taken out of the county, city, or village of which he is the health officer.

CONNECTICUT.

[General Statutes, 1902.]

SEC. 2508. When in any town, city, or borough, a case of smallpox, cholera, or any epidemic of infectious disease is known to exist, the local health officer of such town, city, or borough shall immediately notify the secretary of the State board of health of the existence of the same, with such facts as to its cause and continuance as may be known. Every person violating this section shall be fined not more than twenty-five dollars.

* * * SEC. 2532. * * * The health officer of every town, city, and borough shall, on or before the eighth day of each month, make a report to the State board of health of all contagious diseases reported to him during the month preceding.

* * * SEC. 2534. Every physician shall report in writing every case of cholera, yellow fever, typhus fever, leprosy, smallpox, diphtheria, membranous croup, typhoid fever, scarlet fever, or other contagious or infectious disease, except those of a venereal nature, occurring in his practice, to the health officer of the town, city, or borough in which such case occurs, within twelve hours after his recognition of the disease. Every person who shall violate any provision of this section shall be fined not more than twenty-five dollars.

SEC. 2535. Should one or both eyes of an infant become inflamed or swollen, or reddened at any time within two weeks after its birth, the midwife, nurse, or attendant having charge of such infant, shall report in writing, within six hours, to the health officer or board of health of the city, town, or borough in which the parents of the infant reside, the fact that such inflammation, swelling, or redness of the eyes exists. Every person violating the provisions of this section shall be fined not more than two hundred dollars.

SEC. 2546. Every hotel or lodging-house keeper, in whose house any lodger becomes sick of any malignant or contagious disease, shall within twelve hours after such lodger becomes sick report in writing to the board of health or health officer the name of such person if known and the nature of his disease.

[Acts of 1907, ch. 170.]

SEC. 1. The health officer or board of health of any town, city, or borough shall, within twenty-four hours after having received information of the existence or supposed existence within such town, city, or borough of the infectious disease known as rabies, give notice thereof to the commissioner on domestic animals. * * *

[Acts of 1909, ch. 79.]

SEC. 1. Tuberculosis is hereby declared to be an infectious and communicable disease dangerous to the public health. It shall be the duty of every physician to report in writing the name, age, sex, color, occupation, place where last employed, if known, and address of every person under his care known by such physician to have tuberculosis, to the health officer of the city, town, or borough in which such person resides, within twenty-four hours after such fact comes to the knowledge of such physician, and it shall be the duty of the officer in charge of any hospital, dispensary, asylum, or other similar institution to report in like manner concerning every patient having tuberculosis who comes under care or observation of such officer, within twenty-four hours thereafter.

DELAWARE.

[Acts of 1899, ch. 240.]

SEC. 4. All physicians, dentists, veterinary surgeons, or others practicing medicine or surgery or any branch thereof under the laws of this State shall be required to give prompt notice to the local or State board of health of any and all cases of contagious or infectious diseases that may come under their professional notice. * * *

[Acts of 1893, ch. 642.]

SEC. 11. (Added by sec. 6, ch. 327, Acts of 1903.) It shall be the duty of the boards of health authorities, and of physicians in rural districts or other localities where there are no health officials, to report to the board of health of the State of Delaware the existence of any case of contagious or infectious diseases which may come under their observation. * * *

[Acts of 1879-81, ch. 345.]

SEC. 17. (Added by sec. 3, ch. 328, Acts of 1903.) Every physician or other person having knowledge of any person who is suffering any disease dangerous to the public health, which the State board of health may require to be reported, shall report the same to the health board or official nearest his place of residence, giving the name, age, sex, and color of the patient and the house or place where he or she may be found. * * *

DISTRICT OF COLUMBIA.

[29 Stat. L., p. 635.]

For the purposes of this act the term "contagious disease" shall be held to mean Asiatic cholera, yellow fever, typhus fever, smallpox (including varioloid), leprosy, the plague, and glanders, or any of these diseases by whatever name it may be designated; the term "case of contagious disease" shall be held to mean any person suffering from any such disease. Any person shall be held to be suffering from a contagious disease who is so infected by such disease as to be capable of transmitting it to others. The presence of the ordinary clinical symptoms of any contagious disease shall be prima facie evidence that such case is or was such a disease; and the presence in such case of the specific bacteria of such disease shall be conclusive evidence that such case is or was such disease. The provisions of this act shall apply to every ship, vessel, steamer, boat, or craft lying or being in the rivers, harbors, or other waters within the

jurisdiction of said District, and to every tent, van, hovel, barn, outhouse, cabin, or other place in said District. The term "person in charge of a case of contagious disease" shall be held to mean, first, the head of the family in which such case belongs; second, in his absence or disability or in case he be the person sick, the nearest relative or relatives of such case present on the premises where such case is, and being in attendance on him; third, in the absence of such relatives everyone in attendance on such person; fourth, in the absence of anyone so in attendance, everyone in charge of the premises where such person is.

SEC. 2. Every physician attending on or called in to visit, or examining any case of contagious disease in the District of Columbia, shall * * * at once send to the health officer of said District a certificate signed by him, which said certificate shall state the name of the disease and the name, age, sex, and color of the person suffering therefrom and shall set forth by street and number, or otherwise sufficiently designate the house, room, or other place in which said person may be located, together with such other reasonable information relating thereto as may be required by said health officer. * * *

SEC. 4. Whenever any person in said District is suffering from any contagious disease, or suspected of being suffering from such disease, and no physician is in attendance on or called in to visit, or examine such person, it shall be the duty of the person in charge of such case * * * to send to said health officer certificates relative thereto, in the same manner as is required by this act of physicians attending on or called in to visit, or examining like cases.

[34 Stat. L., p. 889.]

Every person in charge of any patient in the District of Columbia who is suffering from diphtheria, scarlet fever, measles, whooping cough, chicken pox, epidemic cerebro-spinal meningitis, or typhoid fever, immediately after becoming aware of the existence of such disease, shall send to the health officer of said District a certificate written in ink, signed by such person, stating the name of the disease, the name, age, sex, and color of the person suffering therefrom, and the school, which he or she has attended, if any, and setting forth by street and number, or by other sufficient designation, the location of the house, room, or other place in which said patient can be found. When said patient recovers, or dies, said person in charge, as soon as possible thereafter, shall send to the health officer of said District a certificate, written in ink, certifying to that fact. But no person shall certify knowingly or negligently that any person has recovered from any disease aforesaid until such patient is in such condition as to be free from danger of communicating the disease from which he is suffering to other persons.

SEC. 2. The term "person in charge of any patient," as used in this act, shall be held to mean, first, each physician in attendance on, called in to visit, or examining a patient, unless called in to visit or examining the patient solely as a consultant to a physician already in attendance; second, in the absence or disability of any physician aforesaid, or in event of default on the part of such physician, the head of the family to which the patient belongs; third, in the absence or disability of such person, or in event of default on the part of the physician aforesaid, the nearest relative or relatives of such patient present on the premises and in attendance on such patient; fourth, in the absence or disability of all persons aforesaid, or in event of default on the part of the physician aforesaid, every person in attendance on such patient. And in the cases of physicians and of persons acting in the capacity of physicians, attending, visiting, or examining any patient suffering from any disease aforesaid, shall be prima facie evidence that any person so doing was aware of the nature of such disease.

[35 Stat. L., p. 126.]

It shall be the duty of every physician in the District of Columbia to report in writing to the health officer of said District, within one week after the disease is recognized, on forms to be provided by said health officer, the name, age, sex, color, occupation, and address of every person under his care in said District, who, in his opinion, is afflicted with pulmonary or other communicable form of tuberculosis. It shall also be the duty of the officer having charge for the time being of each and every hospital, dispensary, asylum, or other similar public or private institution in said District to report in like manner the name, age, sex, color, occupation, and last address of every person who is in his care or who has come under his observation within one week of such time who, in his opinion, is afflicted with pulmonary or other communicable form of tuberculosis.

FLORIDA.

[General Statutes, 1906.]

SEC. 1114. It shall be the duty of every practicing or licensed physician in the State of Florida to report immediately to the president of the board of health, by telegram or in the most expeditious manner, every case of yellow fever, smallpox, or cholera that comes within his practice, such telegram to be paid for out of the funds provided for the expenses of said board of health.

* * * * *

SEC. 1146. Whenever a physician or other person shall report a suspicious case of disease to the State board of health as required by the provisions of section 3619 of the General Statutes of Florida, he shall also immediately give notice thereof to the city health officer, if there be any health officer, and if not to the mayor of the incorporated city or town in which the sick person may be; or if the sick person resides or be found outside of the limits of a city or town, to the county health physician or his representative, if there be any, and if not, to the chairman of the county commissioners of the county within which the sick person may be.

* * * * *

SEC. 3619. Whoever, being a licensed or practicing physician, fails to report immediately to the president of the State board of health by telegram (to be paid for out of the funds to be provided for the expenses of the said board of health), or in the most expeditious manner, every case of yellow fever, smallpox, or cholera that comes within his practice, shall be punished by imprisonment not exceeding six months, or by fine not exceeding one thousand dollars.

SEC. 3620. Any physician, city health officer, mayor, county health physician, or chairman of the board of county commissioners, who shall neglect or fail to comply with the provisions of sections eleven hundred and forty-six to eleven hundred and forty-eight, shall, upon conviction, be liable to a fine of one hundred dollars or imprisonment for thirty days.

GEORGIA.

[Penal Code of 1895.]

SEC. 499. Any physician or other person who shall conceal a case of smallpox, or varioloid, or any modification of the same, within any incorporated city, town, or in any county, by not giving immediate notice thereof to the mayor, intendant, or health officer, or ordinary, shall be punished as for a misdemeanor.

* * * * *

[Political Code of 1895.]

SEC. 1468. Any physician or other person who shall conceal a case of smallpox, or varioloid, or any modification of the same, within any incorporated city, town, or in any county in this State, by not giving immediate notice thereof to the mayor, intendant, or health officer, or ordinary, may be indicted.

[Acts of 1903, ch. 453.]

SEC. 5. It shall be the duty of the local boards of health and of physicians in localities where there are no health authorities, to report to the State board of health promptly upon the discovery thereof, the existence of any of the following diseases, to wit: Asiatic cholera, yellow fever, scarlet fever, smallpox, diphtheria, typhus or typhoid fever, and of such other contagious or infectious diseases as the State board of health from time to time may specify. * * *

HAWAII.

[Revised Laws, 1905.]

SEC. 988. * * * Said board (Territorial board of health) shall also, during the prevalence of any severe pestilence, or epidemic, publish a weekly report of the public health.

* * * SEC. 1004. (As amended by Laws of 1911, act 125, sec. 1.) Physicians to report. It shall be the duty of every physician having a patient infected with cerebro-spinal meningitis, cholera asiatic, conjunctivitis follicular, diphtheria, dysentery amœbic, enteric (or typhoid) fever, fever para-typhoid, leprosy, measles, dengue, paralysis infantile, pertussis, plague, scarlet fever (or scarlatina), tetanus, trachoma, tuberculosis, typhus fever, varicella, variola, varioloid, yellow fever, or any other infectious or communicable or other disease dangerous to the public health to give immediate notice thereof to the board of health or its nearest agent, in writing, and in like manner to report to said board or its agent every case of death which takes place in his practice from any such disease; provided, however, that whenever a physician has a patient infected with variola, varioloid, scarlet fever, diphtheria, plague, cholera, yellow fever, typhus fever, cerebro-spinal meningitis or amœbic dysentery, such physician, in addition to the notice in writing required to be given as above, shall immediately notify the board of health or its nearest agent either by telephone or by direct oral communication. Every physician who shall refuse or neglect to give such notice or to make such report shall be fined for each offense a sum not less than ten nor more than one hundred dollars.

SEC. 1005. (As amended by Laws of 1911, act 125, sec. 2.) Others to report. It shall be the duty of every householder, keeper of a boarding or lodging house, or master of a vessel to report immediately to the board of health or its nearest agent any person in or about his house or vessel whom they shall have reason to believe to be sick or to have died of any infectious, communicable, or other diseases dangerous to the public health; and all police officers who are aware of any person suffering from any infectious, communicable, or other disease dangerous to the public health shall immediately report the same to the board of health or its nearest agent. Any such householder, keeper of a boarding or lodging house, master of a vessel, or police officer who shall refuse or neglect to so report immediately to the board of health or its nearest agent shall be guilty of a misdemeanor and upon conviction shall be fined not more than one hundred dollars for each offense.

SEC. 1005A. (Added by Laws of 1911, act 125, sec. 3.) Diseases declared infectious and communicable: Cerebro-spinal meningitis, cholera asiatic, conjunctivitis follicular, diphtheria, dysentery amœbic, enteric (or typhoid) fever, fever para-typhoid, leprosy, measles, dengue, paralysis infantile, pertussis, plague, scarlet fever (or scarlatina), tetanus, trachoma, tuberculosis, typhus fever, varicella, variola, varioloid, yellow fever are hereby declared to be infectious and communicable diseases dangerous to the public health, but this enumeration shall not be held to exclude any other disease that is infectious, communicable, or dangerous to the public health, though not specifically named herein.

* * * * *

SEC. 1124. It shall be the duty of every police officer or deputy sheriff having reason to believe that any person within his district is afflicted with leprosy, to report the same forthwith to the agent of the board of health in such district, if any, otherwise, to the nearest agent of the board of health.

SEC. 1125. Any police officer or deputy sheriff who shall wilfully fail to comply with the provisions of section eleven hundred and twenty-four shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined in a sum not less than ten dollars, nor more than two hundred dollars, and shall be dismissed from office.

[Laws of 1909, Act 81.]

SEC. 3. Every person who knows, or has reason to believe, that he, or any other person, not already under the care or control of the board of health, is a leper, shall, forthwith report to the board (of health) or its authorized agent, that fact and such other information relating thereto as he may have and the board may require.

[Laws of 1911, Act 118.]

SEC. 7. Reports by physicians and others. It shall be the duty of every physician in the Territory to report in writing the name, age, sex, nationality, occupation, place where last employed, if known, and address of every person known by said physician to have tuberculosis to the board of health or its nearest agent within twenty-four hours after such fact comes to the knowledge of said physician. It shall also be the duty of the superintendent in charge of any hospital, dispensary, asylum, or other similar private or public institution, to report in like manner the name, age, sex, nationality, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into his care or under his observation within twenty-four hours thereafter.

* * * * *

SEC. 15. Reporting recovery of patient. Upon the recovery of any person having tuberculosis it shall be the duty of the attending physician to make a report of this fact to the board of health or its agent, who shall record the same, and shall relieve said person from further liability to any requirement imposed by this act.

IDAHO.

[Revised Codes, 1908.]

SEC. 663. The owner, or agent of the owner, of a house in which a person resides who has the smallpox, diphtheria, scarlet fever, or any other contagious or infectious disease, dangerous to the public health, and the physician called to attend the person or persons so affected shall, within twenty-four hours after becoming cognizant of the fact, give notice thereof to the clerk of the board of trustees of the school district in which said person so afflicted resides. * * *

* * * * *

SEC. 1108. Should one or both eyes of an infant become inflamed or swollen or reddened, or should any pus or secretion form in the eyes or upon the edge of the lid, at any time within two weeks after birth, it shall be the duty of any midwife, nurse, or other person having charge of such infant to report, within six hours after discovery of such inflammation, redness, or formation of pus or secretion, to the local health officers, or to some legally qualified practitioner of medicine in the district in which such case shall occur, the fact that such inflammation, swelling, or redness or accumulation in the eye exists. Any failure to comply with the provisions of this section shall be punished by a fine of not to exceed one hundred dollars, or imprisonment not to exceed ninety days, or by both fine and imprisonment, in the discretion of the court.

* * * * *

SEC. 1099. Every physician or other person called to attend any person who is suffering from smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, typhoid fever, or any other disease dangerous to the public health or required by the State board of health to be reported, shall report the same to the health officers within whose jurisdiction such person is found, giving in such report the name, age, sex, and color of the patient, and the house or place in which such person may be found. * * * In like manner it shall be the duty of the head of the family and of the owner or the agent of the owner of the building in which a person resides who has any of the diseases herein named or provided against, or in which are the remains of a person having died of any such disease, immediately after becoming aware of the fact to give notice thereof to the health officer.

SEC. 1111. It is the duty of every practicing physician to report promptly to the county physician of the county in which he resides, all or any dangerous disease of an infectious or contagious nature under treatment by him. * * * Any person violating the provisions of this chapter * * * is guilty of a misdemeanor.

ILLINOIS.

[Rev. Stat., 1909, ch. 34.]

SEC. 117. The said (county and township) boards of health shall have the following powers:

* * * * *

Fifth. To require reports of dangerously communicable diseases.

[Rev. Stat., 1909, ch. 38.]

SEC. 510. Should any midwife or nurse having charge of an infant in this State notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse having charge of such infant to report the fact in writing within six hours to the health officer or some legally qualified practitioner of medicine of the city, town, or district in which the parents of the infant reside.

SEC. 511. Any failure to comply with the provisions of this act shall be punishable by a fine not to exceed one hundred dollars or imprisonment not to exceed six months, or both.

[Rev. Stat., 1909, ch. 126a.]

SEC. 2. The State board of health * * * shall have authority to make such rules and regulations and such sanitary investigations as they may from time to time deem necessary for the preservation and improvement of the public health. * * * It shall be the duty of all local boards of health, health authorities, and officers, police officers, sheriffs, constables, and all other officers and employees of the State, or any county, village, city, or township thereof to enforce the rules and regulations that may be adopted by the State board of health.

SEC. 3. The board of health shall * * * make up such forms and recommend such legislation as shall be deemed necessary for the thorough registration of vital and mortuary statistics throughout the State. * * *

SEC. 12. It shall be the duty of the board of health to make an annual report, through their secretary, or otherwise in writing to the governor of this State, on or before the first day of January of each year, and such report shall include * * * such information concerning vital statistics, such knowledge respecting diseases * * * as may be thought useful by the board for dissemination among the people. * * *

SEC. 2. Every employer in this State engaged in the carrying on of any process of manufacture or labor in which sugar of lead, white lead, lead chromate, litharge, red lead, arsenate of lead, or Paris green are employed, used, or handled, or the manufacture of brass or the smelting of lead or zinc, which processes and employments are hereby declared to be especially dangerous to the health of the employees engaged in any process of manufacture or labor in which poisonous chemicals, minerals, or other substances are used or handled by the employees therein in harmful quantities or under harmful conditions, shall provide for and place at the disposal of the employees engaged in any such process or manufacture, and shall maintain in good condition and without cost to the employees, proper working clothing to be kept and used exclusively for such employees while at work, and all employees therein shall be required at all times while they are at work to use and wear such clothing; and in all processes of manufacture or labor referred to in this section which are unnecessarily productive of noxious or poisonous dusts, adequate and approved respirators shall be furnished and maintained by the employer in good condition and without cost to the employees, and such employees shall use such respirators at all times while engaged in any work necessarily productive of noxious or poisonous dusts.

SEC. 3. Every employer engaged in carrying on any process or manufacture referred to in section 2 of this act shall, as often as once every calendar month, cause all employees who come into direct contact with the poisonous agencies or injurious processes referred to in section 2 of this act, to be examined by a competent licensed physician for the purpose of ascertaining if there exists in any employee any industrial or occupational disease or illness or any disease or illness due or incident to the character of the work in which the employee is engaged.

SEC. 4. It is hereby made the duty of any licensed physician who shall make the physical examination of the employees under the provisions of section 3 of this act, to make an immediate report thereof to the State board of health of the State of Illinois upon blanks to be furnished by said board upon request, and if no such disease or illness is found, the physician shall so report, and if any such disease is found, the report shall state the name, address, sex, and age of such employee and the name of such employer, and the nature of the disease or illness with which the employee is afflicted, and the probable extent and duration thereof, and the last place of employment: *Provided*, That the failure of any such physician to receive the blanks of the State board of health for the making of such report, shall not excuse such physician from making the report as herein provided.

SEC. 5. The secretary of the State board of health shall, immediately upon receipt of any report from any physician in accordance with the provisions of section 4 of this act, transmit a copy thereof to the Illinois department of factory inspection.

SEC. 14. Any person, firm, or corporation who shall, personally or through any agent, violate any of the provisions of this act, or who omits or fails to comply with any of its requirements * * * shall be deemed guilty of a misdemeanor, and on conviction thereof shall be punished for the first offense by a fine of not less than ten dollars (\$10) or more than one hundred dollars (\$100), and upon conviction of the second or subsequent offenses shall be fined not less than fifty dollars (\$50) or more than two hundred dollars (\$200), and in each case shall stand committed until such fine and costs are paid, unless otherwise discharged by due process of law.

INDIANA.

[Burns' Annotated Statutes, 1908.]

SEC. 7596. It shall be the duty of the State board of health to collect and tabulate the vital statistics, to study them and endeavor to make intelligent and profitable use of the same for sanitary purposes and the benefit of the people. They shall have

supervision of the system of registration of * * * infectious and contagious diseases, and they shall make up from time to time such blank forms as they may deem necessary for the collection, registration, and report of vital and sanitary statistics throughout the State. * * *

* * * * *

SEC. 7607. It shall be the duty of all physicians and midwives in the State to report upon blank forms supplied by the State board of health * * * all cases of contagious and infectious diseases which may occur under their supervision and which are listed as reportable in the rules of the State board of health. The reports of * * * cases of infectious diseases shall be made immediately. * * * Reports of * * * cases of such infectious and contagious diseases as are listed in the rules of the State board of health, which occur in cities and towns, shall be made to health officers of said cities and towns, and when they occur in the country outside of cities and towns they shall be reported to the county health officer or his deputies. * * * When any * * * case of listed infectious or contagious disease may occur with no physician or midwife in attendance, then said * * * case of infectious or contagious disease shall be reported by the householder or other person having said * * * case of infectious or contagious disease in charge to the nearest health officer or his deputy, and the officer to whom the report is made shall make inquiry and inspection * * * and all reports of * * * contagious or infectious diseases as herein commanded shall be made upon blanks furnished by the State board of health. * * * All records of * * * cases of contagious and infectious diseases shall be kept by health officers in record books, the forms of which shall be supplied by the State board of health. Any physician or midwife refusing or neglecting to make * * * infectious or contagious disease reports as herein provided shall, upon conviction, be fined for the first offense in any sum not less than ten or more than fifty dollars, and any physician or midwife who is convicted the second time for the violation of any of the above provisions shall be fined not less than fifty or more than one hundred dollars, and any physician or midwife who is convicted the third time for the violation of any of the above provisions shall be fined one hundred dollars. Householdors and others made responsible in this act and failing to report as herein provided shall, upon conviction, be fined not less than ten nor more than fifty dollars for each offense. * * *

* * * * *

SEC. 7612. Any physician called upon to attend a sick person and who finds the cause of such sickness to be of a contagious or infectious character, or if the disease is ordered to be reported in the rules of the State board of health, such physician shall immediately report the facts to the secretary of the board of health having jurisdiction.

SEC. 7613. Whenever any person knows or has reason to believe that any member of his or her family or household (boarder, roomer, or visitor) has either smallpox, diphtheria, membranous croup, scarlet fever, measles, or any other communicable disease listed in the rules of the State board of health, he or she shall immediately, from the time the existence of the disease is known, if no physician is in attendance, give notice thereof to the local health officer of the town or city in which the disease occurs, or the health officer if the case is without the corporation of cities or towns, and such notice shall be given either verbally or by written communication, mailed or delivered to such health officer or board.

[Acts of 1911, ch. 129.]

SEC. 3. Should one or both eyes of an infant become inflamed, swollen, or reddened, or show any unnatural discharge or secretion at any time within two weeks after its birth, and no legally qualified physician is in attendance upon the infant at that time, it shall be the duty of its parents, or, in their absence, whoever is caring for said infant,

to report the fact in writing, within six hours after discovery, to the health officer having jurisdiction: provided, said report to said health officer need not be made from recognized hospitals.

SEC. 5. Any violation of the provisions of this act shall be punished by a fine of not less than ten dollars and not more than fifty dollars.

IOWA.

[Code of 1897.]

SEC. 1027. It shall be the duty of such clerk and physician [to the board of health in cities under special charters] to report at least once a year to the State board of health * * * such other facts as may be required in blanks in accordance with instructions received from the State board. They shall also make special reports whenever required so to do by the State board.

SEC. 1028. The local board of health [in cities under special charters] shall make such rules and regulations and orders respecting * * * the prompt report of contagious or infectious diseases; * * * causes of sickness within their jurisdiction, and on all boats in its ports and harbors, or railroad cars passing through such city; * * * and shall, from time to time, report to the city council ordinances for carrying such rules, regulations, and provisions into effect. * * *

SEC. 2565. The board (State board of health) shall have * * * authority to make such rules and regulations and sanitary investigations as it from time to time may find necessary for the preservation and improvement of the public health, which when made shall be enforced by local boards of health and peace officers of the State. It shall * * * by its secretary make biennial reports to the governor, which shall include * * * such information concerning vital statistics, such knowledge respecting diseases * * * as may be thought useful for dissemination among the people. * * *

SEC. 2568. * * * The quarantine authorized by this section in case of infectious or contagious diseases may be declared or terminated by the mayor of any city or town, or the township clerk outside of such city or town, in cases required by regulations of the State board of health, upon written notice given by any practicing physician of the existence of such disease, or termination of the cause for quarantine, as the case may be.

[Acts of 1896, ch. 57. ¹]

SECTION 1. Should one or both eyes of an infant become inflamed, or swollen, or reddened at any time within two weeks after its birth, it shall be the duty of the midwife, parent, guardian, or nurse, or other person having charge of such infant, to report within six (6) hours after the discovery thereof by such person in charge of such infant to the health officer or some legally qualified practitioner of the city, town, or district in which the parents of the infant reside, that such inflammation, or swelling, or redness of the eyes exists.

SECTION 3. Any failure to comply with the provisions of this act shall be punished by a fine of not less than twenty-five dollars or more than one hundred dollars or imprisonment in the county jail not to exceed thirty days, or both.

¹ Omitted from code of 1897. Sec. 27, ch. 20, acts of 1897, declares that the code is "the authoritative publication of the existing laws of the State."

KANSAS.

[General Statutes, 1909.]

SEC. 8031. The State board of health shall supervise * * * the registration of forms of disease prevalent in the State, and the secretary of said board shall superintend the registration of the vital statistics of the State. * * *

SEC. 8061. Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of Kansas to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed if known, and address of every person known by said physician to have tuberculosis, to the county health officer; or in cities of the first class, to the city health officer, in which said person resides, within twenty-four hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution in said State of Kansas to report in like manner the name, age, sex, color, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

SEC. 8074. Whenever any physician shall know or have reason to believe that any person whom he is called to visit, or any person sick within his knowledge without the care of a physician, is sick with or has died of cholera, smallpox, scarlet fever, diphtheria, epidemic cerebrospinal meningitis, or any disease dangerous to the public health, he shall immediately give notice thereof to the nearest board of health or health officer. * * *

SEC. 8075. Whenever any householder shall know that any of his family is sick with or has died of smallpox, cholera, scarlet fever, diphtheria, epidemic cerebrospinal meningitis, or any disease dangerous to the public health, he shall immediately give notice thereof to the nearest board of health or health officer. * * *

SEC. 8076. Any municipal or county board of health or health officer having knowledge of any infectious or contagious disease, or of a death from such disease, within their jurisdiction, shall immediately exercise and maintain a supervision over such case or cases during their continuance. * * * The local board of health or health officer shall communicate without delay all information as to existing conditions to the State board of health.

KENTUCKY.

[Russell's Statutes, 1909.]

SEC. 1743. * * * and it shall be the duty of physicians practicing their profession in any county in which a local board is organized to report all or any of the above-mentioned diseases [cholera, smallpox, yellow fever, scarlet fever, diphtheria, and other epidemic and communicable diseases] under their special treatment to such local board, and it shall likewise be the duty of heads of families to report any of said diseases, when known by them to exist in their respective families, to such local board, or to some member thereof, within twenty-four hours from his or her knowledge of the existence of such disease, and such local board shall make report to the State board of health at least once in every three months.

First. Of the character of the infectious, epidemic, and communicable diseases prevailing in their county.

Second. The number reported as afflicted with such disease.

* * * * *

SEC. 1764 (as amended by ch. 11, Acts of 1910). The sum of thirty thousand dollars per annum * * * is appropriated for the following purposes * * *:

* * * * *

(c) To establish and maintain a bureau of vital statistics, that the causes of sickness and mortality may be known and utilized.

SEC. 1770. * * * Any physician or head of a family who shall fail or refuse to report to the local board of health cases of cholera, smallpox, yellow fever, scarlet fever, diphtheria, and other epidemic diseases, as provided for in section two thousand and fifty-five of the act mentioned in the title of this act, shall be fined not less than five dollars for each day he neglects or refuses to report.

* * * * *

[Acts of 1910, ch. 37.]

SEC. 18. The State board of health shall prepare, print, and supply to all registrars suitable blanks and forms used in registering, recording, and preserving the returns or in otherwise carrying out the purposes of this act; and shall prepare and issue such detailed instructions as may be required to secure the uniform observance of its provisions and the maintenance of a perfect system of registration. And no other blanks shall be used than those supplied by the State board of health. The State registrar shall carefully examine the certificates received monthly from the local registrars, and if any such are incomplete or unsatisfactory, he shall require such further information to be furnished as may be necessary to make the record complete and satisfactory. And all physicians, midwives, or undertakers, connected with any case, are hereby required to furnish such information as they may possess regarding any birth, sickness or death, upon demand of the State registrar in person, by mail, or through the local registrar. He shall further arrange, bind, and permanently preserve the certificates in a systematic manner, and shall prepare and maintain a comprehensive and continuous card index of all births, sickness, and deaths registered, the cards to show the name of child, deceased, place and date of birth, sickness or death, number of certificate, and the volume in which it is contained. He shall inform all registrars what diseases are to be considered as infectious, contagious, or communicable and dangerous to the public health, as decided by the State board of health, in order that when sickness and deaths occur from such diseases proper precautions may be taken to prevent the spreading of dangerous diseases.

LOUISIANA.

[Act No. 192, 1898.]

SEC. 3 (as amended by Act 150, 1902). * * * It [the State board of health] shall prepare or cause to be prepared a sanitary code for the State of Louisiana, * * * said code shall cover and provide for * * * the reporting * * * of cases of infectious and contagious diseases. * * *

SEC. 8. In the event that any case shall be reported to or come to the knowledge of any local board, which is either deemed to be a case of contagious or infectious disease, or suspected of so being, the local board shall immediately * * * communicate the fact by the most expeditious means at hand to the State board of health. * * *

[Sanitary Code, 1909.]

62. (a) Whenever in any community of this State, any nurse, midwife, or other person not a legally qualified practitioner of medicine shall notice inflammation of the eyes or redness of the lids in a newborn child under his or her care, it shall be the duty of such person to report the same to the town or parish health officer within twelve hours of the time the disease is first noticed.

* * * * *

SEC. 30. * * * It [the local board of health] shall report to the State board of health promptly facts which relate to infectious and epidemic diseases, and every case of smallpox, varioloid, diphtheria, scarlet fever, typhoid fever, cerebrospinal meningitis, measles, membranous croup so called, whooping cough, and pulmonary tuberculosis or consumption, as it is commonly termed, occurring within the limits of its jurisdiction, and such notification shall be in accordance with the requirements of the blanks furnished by the said State board. * * *

* * * * *

SEC. 33 (as amended by ch. 78, Acts of 1909). Whenever any householder knows or has reason to believe that any person within his family or household has smallpox, diphtheria, scarlet fever, cholera, typhus or typhoid fever, cerebrospinal meningitis, measles, membranous croup so called, or whooping cough, he shall within twenty-four hours give notice thereof to the health officer of the town in which he resides, and such notice shall be given either at the office of the health officer or by a communication addressed to him and duly mailed within the time above specified, and in case there is no health officer to the secretary of the local board of health, either at his office or by communication, as aforesaid.

* * * * *

SEC. 36. Whenever any physician knows or has reason to believe that any person whom he is called upon to visit is infected with any of the diseases mentioned in section thirty-three, such physician shall, within twenty-four hours, give notice thereof to the secretary of the local board of health or the health officer of the town in which such person lives.

* * * * *

SEC. 90. If one or both eyes of an infant become reddened or inflamed at any time within four weeks after birth, the midwife, nurse, or person having charge of said infant shall report the condition of the eyes at once to some legally qualified practitioner of medicine of the city, town, or district in which the parents (of the infant) reside. Any failure to comply with the provisions of this section shall be punishable by a fine not to exceed one hundred dollars or imprisonment not to exceed six months.

[Acts of 1909, ch. 78.]

SEC. 1. The State board of health of Maine shall keep a register of all persons in this State who are known to be affected with tuberculosis. The State board of health shall have sole and exclusive control of said register and shall not permit inspection thereof nor disclose any of its personal particulars except to its own agents or to local officials when in the interest of the public health and safety it is deemed necessary to do so.

SEC. 2. Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of Maine to report in writing, on forms to be furnished by the State board of health, the name, age, sex, color, occupation, place where last employed if known, and address of every person known by said physician to have tuberculosis to the secretary of the State board of health within forty-eight hours after such fact comes to the knowledge of said physician. The name of the householder where the tuberculous person lives or boards and such other facts as may be called for on the blank reports issued from the office of the State board of health shall also be included in the report. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, sanatorium, or other similar private or public institution in the State of Maine to report to the State board of health in like manner the name, age, sex, color, occupation, place where last employed if known, and previous address

of every patient having tuberculosis who comes into his care or under his observation within forty-eight hours thereafter. It shall also be the duty of said physician or chief officer to give notice to the secretary of the State board of health of the change of address of any tuberculous patient who is or has lately been under his care if he is able to give such information.

MARYLAND.

[Code of 1904, art. 27.]

SEC. 231. If at any time within two weeks after the birth of any infant one or both of its eyes, or the eyelids, be reddened, inflamed, swollen, or discharging pus, the midwife, nurse, or person other than a legally qualified physician, in charge of such infant, shall refrain from the application of any remedy for the same, and shall immediately report such condition to the health commissioner or to some legally qualified physician in the city, county, or town wherein the infant is cared for. Any person or persons violating the provisions of this section shall, on conviction, be punished by a fine not to exceed one hundred dollars, or by imprisonment in jail not to exceed six months, or by both fine and imprisonment.

[Code of 1904, art. 43.]

SEC. 21 B (created by ch. 560, acts of 1910). The bureau of communicable diseases of the State board of health shall secure accurate and complete returns of communicable diseases in Maryland. * * *

* * * * *

SEC. 29. * * * He [any local or county health officer] shall promptly notify the secretary of the State board of health of the existence of any epidemic or unusual sickness or mortality that may come to his knowledge within his own sanitary jurisdiction or contiguous thereto. * * *

* * * * *

SEC. 50. Whenever any householder knows that a person within his family or house is sick of smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, measles, mumps, whooping cough, or any other infectious or contagious disease dangerous to the public health, he shall immediately give notice thereof to the board of health of the city or county in which he dwells. * * *

* * * * *

SEC. 51. Whenever any physician knows that any person whom he is called to visit is infected with smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, typhus fever, yellow fever, measles, whooping cough, or any other contagious or infectious disease dangerous to public health, he shall immediately give notice hereof in writing over his own signature, to the board of health of the city or town or county in which such disease exists; and if he refuses or neglects to give such notice he shall be fined not less than fifty nor more than two hundred dollars.

SEC. 52. The boards of health in the several cities, towns, and counties shall cause a record to be kept of all reports received in pursuance of sections fifty and fifty-one and such record shall contain the names of all persons who are sick with infectious or contagious diseases, the localities in which they live, the disease with which they are affected, together with the date and names of the persons reporting any such cases, and the record of quarantine, isolation, disinfection, and other preventive measures. * * *

SEC. 53. When any board of health has had notice of the occurrence, within its sanitary jurisdiction, of a case of smallpox, or any other contagious or infectious disease dangerous to public health, such board of health shall, within twenty-four hours after the receipt of such notice, notify the State board of health of the same.

* * * * *

SEC. 56. The State board of health of Maryland shall keep a register of all persons in this State who are known to be affected with tuberculosis. The State board of health shall have sole and exclusive control of said register, and shall not permit inspection thereof nor disclose any of its personal particulars except to officials authorized under the laws of Maryland to receive such information.

SEC. 57. The superintendent or other person in charge or control of any hospital, dispensary, school, reformatory, or other institution deriving the whole or any part of its support from the public funds of the State of Maryland or any city, town, or county in the State of Maryland, having in charge or under care or custody any person or persons suffering with pulmonary or laryngeal tuberculosis shall within forty-eight hours after recognition of such disease make or cause to be made in the manner and form prescribed by the State board of health a record of the name, age, sex, color, occupation, social condition, and residence of the person or persons so affected, together with such other information as may seem necessary or important. And all such records shall be delivered under seal to the State board of health on Monday of the week immediately following that in which the records were made. * * *

SEC. 58. Whenever any physician knows that any person under his professional care is affected with pulmonary or laryngeal tuberculosis he shall transmit to the secretary of the State board of health within seven days and upon blanks provided by the State board of health for that purpose the name, age, sex, color, occupation, social condition, and residence of such person, and any physician failing or refusing to comply with the requirements of this section shall be deemed guilty of a misdemeanor and on conviction thereof shall be subject to a fine of ten dollars.

* * * * *

SEC. 67. Whenever any hotel keeper, keeper of a boarding or lodging house, superintendent, manager, or director of a private or public institution of any kind, shall know or be informed by a physician, or shall have reason to believe that any guest, inmate, or other person in the hotel, boarding house, lodging house, or institution over which he or she may have control or supervision, or on the premises thereof, is sick with or convalescing from smallpox, cholera, yellow fever, typhus or typhoid fever, scarlet fever, leprosy, or any other contagious or infectious disease, the said owner, proprietor, manager, or other person having charge shall immediately give notice thereof in writing to the health officer of the city or town in which the infected house or premises is located, or to the secretary of the State board of health if there is no local health officer who can efficiently deal with the case; said notice shall state the name and place of residence of the person sick, the name of the disease, the name of the owner, proprietor, or manager of the house, and the locality of said house. * * *

SEC. 68. Any person or persons who shall neglect or refuse to comply with the provisions of the two foregoing sections shall be deemed guilty of a misdemeanor, and shall, upon conviction thereof in a court of competent jurisdiction, be fined not more than fifty dollars for every such offense.

MASSACHUSETTS.

[Revised Laws, 1902, ch. 75.]

SEC. 49 (as amended by Acts of 1910, ch. 269). A householder who knows that a person in his family or house is sick of smallpox, diphtheria, scarlet fever, or any other infectious or contagious disease declared by the State board of health to be dangerous to the public health shall forthwith give notice thereof to the board of health of the city or town in which he dwells. * * * Should one or both eyes of an infant become inflamed, swollen, and red, and show an unnatural discharge at any time within two weeks after its birth it shall be the duty of the nurse, relative, or other attendant having charge of such infant to report in writing within six hours thereafter to the board of health of the city or town in which the parents of the infant reside the fact that such inflammation, swelling, and redness of the eyes and unnatural discharge exist. * * *

SEC. 50 (as amended by Acts of 1907, ch. 480). If a physician knows that a person whom he is called to visit is infected with smallpox, diphtheria, scarlet fever, or any other disease declared by the State board of health to be dangerous to the public health, or if one or both eyes of an infant whom or whose mother he is called to visit become inflamed, swollen, and red, and show an unnatural discharge within two weeks after the birth of such infant, he shall immediately give notice thereof in writing over his own signature to the selectmen or board of health of the town; and if he refuses or neglects to give such notice he shall forfeit not less than fifty nor more than two hundred dollars for each offense.

SEC. 51. The board of health shall keep a record, in blank books to be provided by the secretary of the Commonwealth, of all reports received pursuant to the two preceding sections, which shall contain the name and location of all persons who are sick, their disease, the name of the person who reports the case, and the date of such report. Said board shall give immediate information to the school committee of all contagious diseases so reported to them.

SEC. 52 (amended by Acts of 1907, ch. 480). If the board of health of a city or town has had notice of a case of smallpox, diphtheria, scarlet fever, or of any other disease declared by the State board of health to be dangerous to the public health therein, it shall within twenty-four hours thereafter give notice thereof to the State board of health stating the name and location of the patient so afflicted, and the secretary thereof shall forthwith transmit a copy of such notice to the State board of charity.

SEC. 53 (amended by Acts of 1902, ch. 213). If such board refuses or neglects to give such notice, the city or town shall forfeit its claim upon the Commonwealth for the payment of expenses as provided in section one of chapter two hundred and thirteen of the acts of the year nineteen hundred and two.

[Acts of 1907, ch. 183.]

SEC. 1. The State board of health is hereby authorized and directed to define what diseases shall be deemed to be "dangerous to the public health," as the term is used in chapter two hundred and thirteen of the acts of the year nineteen hundred and two.

MICHIGAN.

[Compiled Laws of 1897.]

SEC. 4452. Whenever any householder, hotel keeper, keeper of a boarding house, or tenant shall know, or shall be informed by a physician, or shall have reason to believe that any person in his family, hotel, boarding house, or premises is taken sick with smallpox, cholera, diphtheria, scarlet fever, or any other disease dangerous to the public health, he shall immediately give notice, in writing, thereof to the health officer of the township, city, or village in which he resides. Said notice shall state the name of the person sick, the name of the disease, if known, the name of the householder, hotel keeper, keeper of boarding house, or tenant giving the notice, and shall, by street and number, or otherwise, sufficiently designate the house in which he resides or the room in which the sick person may be; and if he shall refuse or wilfully neglect immediately to give such notice, he shall be deemed guilty of a misdemeanor, and upon conviction thereof he shall be punished by a fine of not exceeding one hundred dollars and costs of prosecution; or in default of payment thereof, by imprisonment not exceeding ninety days in the county jail, in the discretion of the court * * *.

SEC. 4453. Whenever any physician shall know that any person whom he is called to visit, or who is brought to him for examination, is infected with smallpox, cholera, diphtheria, scarlet fever, or any other disease dangerous to the public health, he shall immediately give notice thereof to the health officer of the township, city, or village in which the sick person may be; and to the householder, hotel keeper, keeper of a

boarding house, or tenant within whose house or rooms the sick person may be. The notice to the officer of the board of health shall state the name of the disease, the name, age, and sex of the person sick, also the name of the physician giving the notice; and shall, by street and number, or otherwise, sufficiently designate the house or room in which said person sick may be. * * *

SEC. 4454. For each complete notice in writing to an officer of the board of health, in full compliance with the preceding section, requiring from physicians, or other person, notices of diseases dangerous to the public health, the physician who gave the notice shall be entitled, on duly certifying that each notice was correct, and when the bill has been duly audited by the board of health, to receive from the township, city, or village, in which the notice was given, the sum of ten cents.

* * * * *

SEC. 4460. Whenever the health officer of any township, city, or village in this State shall receive reliable notice or shall otherwise have good reason to believe that there is within the township, city, or village of which he is the health officer, a case of small-pox, diphtheria, scarlet fever, or other communicable disease dangerous to the public health, it shall be the duty of said health officer, * * * to keep the president of his own board of health, and the secretary of the State board of health constantly informed respecting every outbreak of a disease dangerous to the public health, and of the facts so far as the same shall come to his knowledge, respecting sources of danger of any such diseased person or infected article being brought into or taken out of the township, city, or village of which he is the health officer.

* * * * *

SEC. 4475. Should one or both eyes of an infant become inflamed or swollen, or reddened, or should any pus or secretion form in the eyes or upon the edge of the lids, at any time within two weeks after birth, it shall be the duty of any midwife, nurse, or other person having charge of such infant to report in writing within six hours after discovery of such inflammation, redness, or formation of pus or secretion, to the local health officer or some legally qualified practitioner of medicine in the city, town, or district in which such case shall occur, the fact that such inflammation, swelling, or redness, or accumulation in the eyes exists.

[Public acts of 1909, No. 27, as amended by Act 317, 1909, and Act 80, 1911.]

SEC. 1. Tuberculosis is hereby declared to be an infectious and communicable disease. It shall be the duty of every physician in the State of Michigan to report in writing on a form to be furnished as hereinafter provided, the name, nativity, age, sex, color, occupation, place where last employed if known, and address, of every person known by said physician to have tuberculosis, to the health officer of the township, city, or village in which said person resides, within twenty-four hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution in said State of Michigan, to report in like manner the name, nativity, age, sex, color, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

SEC. 2. This report shall be upon a blank form furnished by the State board of health, and such blank, in addition to the name, color, age, sex, nativity, occupation, place where last employed, and present address, as stated above, shall give also the evidence upon which the diagnosis of tuberculosis has been made, the part of the body affected, and the stage of the disease. * * *

"SEC. 4. *Protection of records.*—It shall be the duty of every health officer of a township, city, or village to cause all reports made in accordance with the provisions of the first section of this act, and also all results of examinations showing the presence

of the bacilli of tuberculosis made in accordance with the provisions of the third section of this act, to be recorded in a register to be furnished by the State board of health, of which he shall be the custodian, and a copy of which he shall transmit quarterly to the State board of health. Such register shall not be open to inspection by any person other than the health authorities of the State and of the said township, city, or village, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this act. The cost of all blanks, vouchers, and registers by this act required to be furnished or issued by the State board of health shall be paid for by the board of State auditors out of the general fund in the State treasury, on presentation of vouchers approved by the secretary of the State board of health.

"SEC. 11. *Penalty for failure of physician to perform duties or for making false reports.*—Any physician or person practicing as a physician who shall fail to report any case of tuberculosis or who shall knowingly report as affected with tuberculosis any person who is not so affected, or who shall wilfully make any false statement concerning the name, nativity, age, sex, color, occupation, place where last employed, if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

"SEC. 12. *Reporting recovery of patient.*—Upon the recovery of any person having tuberculosis, it shall be the duty of the attending physician to make a report of this fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this act.

"SEC. 12a. In addition to the requirements of the reports hereinbefore provided, such reports shall comprehend the occupation at the time disease was contracted and the date thereof, as near as can be, the time thereafter continued at such occupation and all subsequent occupations and term of each to the time of the death or recovery of any person having tuberculosis, and it shall be the duty of every health officer of township or village or city to cause all reports to be made in accordance with the first section of this act, and this section and record copy transmitted as required by section four, and upon the receipt of the full quarterly report by the State board of health, said State board of health shall compile such report to show the number and location of each case, the number of deaths and number of recoveries, the age, sex, color, occupation at time person contracted, the disease, the time continued in the occupation when disease was contracted and all subsequent occupations and term of each up to death or recovery of such person, and so classify same, showing percentage of deaths in each trade or occupation from tuberculosis, as compared with the whole number of deaths in such trade or occupation as shown by the latest reports of local physicians to the local health boards as reported to the State board of health: *Provided*, That such compilation shall be published once every year in the reports of said State board of health; that such reports so made up shall be at all times open to the inspection of the public: *Provided further*, That the names of the persons so diseased shall not be published.

"SEC. 13. *General penalty.*—Any person violating any of the provisions of this act shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punished, except as herein otherwise provided, by a fine of not less than five dollars nor more than fifty dollars.

"SEC. 14. *Repealing all acts, et cetera.*—All acts and parts of acts contrary to or inconsistent with the provisions of this act are hereby repealed."

[Public Acts of 1909, No. 293.]

SEC. 1. * * * The said State board of health is hereby expressly authorized to designate what diseases are dangerous communicable diseases and what diseases are contagious diseases, and it shall be the duty of every local board of health and health officer to observe such rules in relation to dangerous communicable diseases and contagious diseases as may be prescribed by the said State board of health.

[Laws of 1911, act 119.]

SECTION 1. Every physician attending or called upon to treat a patient whom he believes to be suffering from poisoning from lead, phosphorus, arsenic, or mercury, or their compounds, or from anthrax, or from compressed air illness, contracted as a result of the nature of the patient's employment, shall send to the State board of health, who shall transmit to the commissioner of labor a notice stating the name, post-office address, and place of employment of the patient, the length of time of such employment, and the disease from which, in the opinion of the physician, the patient is suffering.

SEC. 2. Any physician who shall fail to make any report required by the preceding section, or who shall wilfully make any false statement in such report, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be punished by a fine of not more than fifty dollars.

SEC. 3. It shall be the duty of the commissioner of labor and of the prosecuting attorney of the county where anyone violating the provisions of this act may reside, to prosecute all violations of the provisions of this act which shall come to the knowledge of them or either of them.

MINNESOTA.

[Revised Laws of 1905.]

SEC. 2130. The board [State board of health] shall * * * gather and diffuse proper information upon all subjects to which its duties relate. It shall gather, collate, and publish medical and vital statistics of general value * * *

SEC. 2131. The board [State board of health] may adopt, alter, and enforce reasonable regulations of permanent application throughout the whole or any portion of the State, or for specified periods in parts thereof, for the preservation of the public health. Upon the approval of the attorney general, and the due publication thereof, such regulations shall have the force of law, except in so far as they may conflict with a statute or with the charter or ordinances of a city of the first class upon the same subject. In and by the same the board may control * * * any of the following matters:

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| * | * | * | * | * | * | * |
| 7. | * | * | * | the reporting of sicknesses and deaths therefrom. | | |
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SEC. 2135. All local boards of health and health officers shall make such * * * reports, and obey such directions concerning communicable diseases, as the State board may require or give. * * *

MISSISSIPPI.

[Code of 1906, ch. 34.]

1645. The duties of the bureau on vital statistics of the department shall be (1) to appoint a county board of health in each county of the State, consisting of one physician of skill from each supervisor's district, for the purpose of collecting vital, mortuary, and sanitary statistics, of which board the county health officer shall be chairman; and said board may keep books of register for * * * infectious diseases, in which may be kept a register of all the * * * infectious diseases that may occur in the county.

(2) To carry out the rules and regulations as to the collection of vital, mortuary, and sanitary statistics in the State that shall be adopted by the State board of health.

* * * * *

2498. Every practicing or licensed physician shall report immediately to the secretary of the State board of health every case of yellow fever, cholera, dengue, smallpox or other virulent epidemic contagious diseases that occurs within his practice, unless the State board of health shall otherwise direct. * * *

2505. Any municipality may * * * enforce the collection and registration of * * * health and mortuary statistics; but the same shall be subject to and not inconsistent with the rules and regulations of the State board of health touching the health interests of the county in which such city, town, or village is situated.

[Acts of 1910, ch. 130.]

SEC. 1. It shall be the duty of all practicing physicians in this State to report to the secretary of the State board of health any and all cases of tuberculosis, consumption or other pulmonary diseases, which they shall be called on to examine or treat, within ten days after receiving knowledge of such cases. * * *

SEC. 3. Any practicing physician who shall fail to make the reports provided for in section 1 of this act, shall be guilty of a misdemeanor, and, upon conviction, shall be fined not less than ten dollars nor more than fifty dollars.

MISSOURI.

[Annotated Codes of 1906.]

SEC. 7520. The State board of health shall * * * recommend to the municipal authorities of any city, or to the county courts of any county, the adoption of any rules that they may deem wise or expedient for the protection and preservation of the health of the citizens thereof.

SEC. 7528. It shall be the duty of the board of health to make annual report, through its secretary or otherwise, in writing, to the governor of this State, on or before the first day of January of each year, and such report shall include * * * such information concerning vital and mortuary statistics, such knowledge respecting diseases * * * as may be thought useful by the board for dissemination among the people. * * *

MONTANA.

[Revised Codes, 1907.]

SEC. 1486. * * * He [the secretary of the local board of health] shall keep accurate records of all communicable diseases reported to him, and for this purpose each local board of health shall provide, at the expense of the city or town, a book printed in proper blank form for the notation of such facts and data as may be prescribed by the regulations of the State board of health. * * *

* * * * *

SEC. 1495. * * * He [the local and county health officer] shall on or before the fifth day of each month, transmit to the secretary of the State board of health, on blanks provided therefor, a complete report of all communicable diseases reported to him during the previous month, giving all the details regarding each case as indicated by the blank forms provided by the State board of health. * * *

* * * * *

SEC. 1500. The term "communicable disease" as used in this act, shall be understood to include the following diseases: Smallpox, diphtheria, membranous croup, so-called scarlet fever, sometimes called scarlet rash or scarlatina, cholera, bubonic plague, yellow fever, "spotted" or "tick" fever, typhus fever, enteric or typhoid fever, cerebro spinal meningitis and measles.

SEC. 1501. Whenever any householder knows or has reason to believe that any person within his family or household has any communicable disease, he shall immedi-

ately give notice thereof to the health officer of the town or city in which he resides, if within the corporate limits of a town or city, or to the county health officer if without the corporate limits of a town or city, and such notice shall be given at the office of the local or county health officer within the shortest possible time and by the most direct means of communication.

SEC. 1502. Whenever any physician knows that any person whom he is called upon to visit is infected with any communicable disease, such physician shall immediately give notice of such disease to the local health officer, if within the corporate limits of a town or city, or to the county health officer if without the corporate limits of a town or city.

NEBRASKA.

[Compiled Statutes, 1881, 14th ed., 1909.]

SEC. 4403. The State board of health * * * shall collect and preserve such information as may be useful in the discharge of its duties, and for dissemination among the people.

SEC. 4404. It shall be the duty of all boards of health now in existence or that may hereafter be created, and of physicians in localities where there are no health authorities, or where such health authorities fail to act, to report to the State board of health promptly upon the discovery thereof, the existence of any one of the following diseases, viz, Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus and typhoid fever and such other contagious and infectious diseases as the State board of health may from time to time specify; and each and every member of any such board of health, or other officer or physician, who knowing of the existence of any such disease shall fail promptly to report the same in accordance with the provisions of this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in any sum not less than ten dollars nor more than one hundred dollars for each and every such offense.

NEW HAMPSHIRE.

[Public Statutes, 1891, ch. 110.]

SEC. 3 (as amended by Acts of 1901, ch. 13). It shall be the duty of every physician who attends upon any person infected with the smallpox, the malignant cholera, diphtheria, scarlet fever, or other malignant pestilential disease, immediately to report the same to the health officers, or in their absence to the selectmen of the town. If any physician shall neglect so to do, he shall be fined one hundred dollars, or be imprisoned not exceeding ninety days, or both.

[Acts of 1901, ch. 16.]

SEC. 2. Whenever any person knows or has reason to believe that any member of his family or household (boarder, roomer, or visitor) has either smallpox, diphtheria, membranous croup, scarlet fever, typhoid fever, measles, or any other malignant communicable disease, he shall, within twenty-four hours, if no physician is in attendance, give notice thereof to the local board of health of the town or city in which he resides, and such notice shall be given either verbally to one of the health officers, or by a communication addressed to the board of health and duly mailed within the time specified.

* * * * *

SEC. 5. Upon the appearance of either of the diseases named in section 2 in any town or city in the State, the board of health shall make an immediate report to the State board of health upon blanks furnished for that purpose, and shall thereafter make a weekly report as long as the disease continues, stating number of cases, number of infected houses, fatality, and such other facts as may be required by the State board of health.

[Acts of 1903, ch. 45.]

SEC. 1. It shall be the duty of every physician who attends upon any person whom he suspects is infected with smallpox to immediately report the same to the health officers of the town in which said person then resides, or if there be no health officers, then to the selectmen of the town. * * *

[Acts of 1911, ch. 6.]

SEC. 1. It shall be the duty of every physician practicing medicine or surgery in the State of New Hampshire to report in writing to the State board of health, within one week after the disease is recognized, on forms to be provided by the said board, the name, age, sex, color, occupation, and address of every person under his care in this State who in his opinion is infected with pulmonary or other form of tuberculosis. It shall also be the duty of the officer having charge for the time being of each and every hospital, dispensary, asylum, or other public or private institution in the State to report in like manner the name, age, sex, color, occupation, and last address of every person in his care, or who has come under his observation within one week of such time, who in his opinion is infected with pulmonary or other form of tuberculosis.

* * * * *

SEC. 3. The State board of health shall cause all cases showing the presence of tubercle bacilli to be recorded in a register, of which the board shall be the custodian and which shall not be open to inspection, nor shall the board permit any such record to be divulged in any manner to disclose the identity of the person to whom it relates except to a health officer, if deemed necessary, to carry out the provisions of this act.

* * * * *

SEC. 5. Upon the recovery of any person who has been found to be infected with tuberculosis a report to that effect shall be made to the State board of health by the attending physician and shall be recorded in the register aforesaid, and shall relieve the said person from further liability to any requirement imposed by this act.

* * * * *

SEC. 7. Any person violating the provisions of this act shall, upon conviction thereof, be deemed guilty of a misdemeanor and shall be punished by a fine of ten dollars, or imprisonment for thirty days, or both.

[Acts of 1911, ch. 17.]

SEC. 1. Upon the appearance of smallpox, typhoid fever, or any other dangerous communicable disease in any unincorporated locality in this State it shall be the duty of any person having knowledge thereof immediately to notify the State board of health of the appearance of such disease, provided there is no local board of health having jurisdiction in the locality.

* * * * *

SEC. 3. Any person violating the provisions of this act or any regulation established thereunder, shall be fined ten dollars for each offense.

NEW JERSEY.

[General Statutes, 1895, p. 1676.]

SEC. 1. Should one or both eyes of an infant become inflamed, swollen, or reddened, or show any unnatural discharge at any time within two weeks after its birth and no legally qualified practitioner of medicine be in attendance upon the infant at the time, it shall be the duty of the midwife, nurse, attendant, or relative having charge of such infant to report the fact in writing, within 6 hours, to the local board of health of the city, township, or other municipality in which the parents of the infant reside.

[Acts of 1911, ch. 380.]

A supplement to an act entitled "An act for the protection of the public health," approved March twenty-second, one thousand eight hundred and ninety-five.

SEC. 1. Every physician who shall attend any person sick with typhoid fever, dysentery, scarlet fever, diphtheria, or tuberculosis, on any dairy premises where milk is produced for sale or distribution, shall report to the secretary of the State board of health within twelve hours after he first ascertained that any such person is sick with any of said diseases, which report shall be in writing, and shall state the nature of the disease, the name of the person who is ill with said disease, and the location of the place where such person is ill as aforesaid, and the name of the owner or manager of said dairy premises if the same can be ascertained.

SEC. 2. Every physician who shall attend any person sick with any of the diseases mentioned in section one, who shall have knowledge of the fact that any member of the family of such person ill as aforesaid, or any person living in the same family, is employed on any dairy premises where milk is produced for sale or distribution, shall report to the secretary of the State board of health in writing, within twelve hours after he first ascertained that any such person is sick as aforesaid, or within twelve hours after gaining the information above mentioned as aforesaid, which report shall state the name of the person who is ill with said disease, the nature of the disease, and the location of the place where such person is sick as aforesaid, and shall further specify the name of the member of the family of such person or of the person living in the same family as the person ill as aforesaid who is employed on dairy premises as aforesaid, and the name of the owner or manager thereof if the same can be ascertained, and the location of the dairy premises where said person is employed.

SEC. 3. Every person who shall fail to make the report provided for by sections one and two of this act in the manner and within the time therein mentioned, shall, for every such failure, forfeit the sum of fifty dollars, to be recovered in the manner provided for the recovery of penalties in the act to which this act is a supplement.

[Acts of 1911, ch. 381.]

An act to amend an act entitled "An act for the protection of the public health," approved March twenty-second, one thousand eight hundred and ninety-five.

SEC. 1. Section one of the act to which this act is amendatory be, and the same hereby is, amended so that it shall read as follows:

"SEC. 1. Every physician shall, within twelve hours after his first professional attendance upon any person who is suffering from cholera, yellow fever, typhus fever, leprosy, plague, trichinosis, smallpox, varioloid, enteric or typhoid fever, diphtheria, membranous croup, scarlet fever, malaria, tuberculosis in any of its manifestations, trachoma, hydrophobia, glanders, anthrax, chicken-pox, anterior poliomyelitis or infantile paralysis, or any other contagious, infectious, or communicable disease which may hereafter be publicly declared by the State board of health to be preventable and specially dangerous to the public health, report such sickness to the assessor of the township in which such sickness may be; if such sickness be within the limits of the jurisdiction of any local board of health other than the local board of health of any township, then such physician shall report such sickness to the secretary of the local board of health having jurisdiction over the territory within which such sickness may be, if such board has a secretary; if such board has no secretary, then to the clerk of such board; provided, however, that any local board of health may designate some officer of such board, other than the clerk, secretary, or township assessor, to receive such reports, in which case all such reports shall be made to such officer; such report shall be in writing, signed by such physician, and shall set forth the name, age, and precise location of the person suffering from such disease; and every house owner or householder who has reason to believe that any person living, dwelling, or being in any building under his control is affected by any of the contagious, infectious, or

communicable diseases hereinabove specified or referred to, shall, when no physician has professionally attended such sick person, within twelve hours after discovering the same, report the fact in writing to the same person and in the same manner as any physician attending such sick person would be required to do as hereinabove set forth; and on the thirtieth day of June and the thirty-first day of December in each and every year every physician, house owner, and householder making any report or reports, as in this section required, shall be entitled to receive from the officer to whom such report or reports shall have been made during the preceding six months, a certificate in writing under the hand of such officer, setting forth the number of names of persons reported to have been affected with any of the diseases hereinabove specifically named or referred to, which certificate when presented by such physician, house owner, or householder to the proper disbursing officer of the city, borough, town, or other local municipal government or township within which such affected person may have been, shall entitle such physician, house owner, or householder to receive from such disbursing officer the sum of ten cents for each and every name by such certificate certified to have been reported, unless such notification shall be found to have been erroneous; and any physician, house owner, or householder who shall fail to perform the above-mentioned duty at the time and in the manner above provided shall be liable to a penalty of fifty dollars for each such failure."

SEC. 2. Section two of the act of which this act is amendatory be, and the same hereby is, amended so that it shall read as follows:

"SEC. 2. That the facts contained in every report filed pursuant to the provisions of the first section of this act shall be entered by the officer to whom the same shall be delivered in a book kept exclusively for that purpose, which book shall be subject to the inspection of the local board of health and its proper officers and to the State board of health and its officers only; the officer to whom such report shall be delivered, and whose duty it is to make record of same, as in this section above set forth, shall also, at least once in each week, and daily when required by the State board of health, transmit the facts stated therein by mail to the secretary of the board of health of the State of New Jersey, at Trenton, and shall upon request by the said State board of health or any of its officers give full information concerning the measures which are employed by the local board of health to prevent the spread of the disease in such reports mentioned, which facts and information shall be conveyed to the secretary of the said State board of health in writing; any officer whose duty it is to make any report to said State board of health or the secretary thereof, as in this section above provided, and who fails to perform such duty at the time and in the manner above provided, shall be liable to a penalty of fifty dollars for each and every such failure of duty. Proof that the secretary of said State board of health has not received the report of such facts or such information from any such officer shall be prima facie evidence that such facts and information have not been transmitted to said secretary by such officer. Every officer whose duty it is to receive the reports mentioned in section one of this act shall, during the month of October in each year, upon presentation of a certificate signed by the secretary of the State board of health stating the whole number of such cases reported as aforesaid from each municipality or township by such officer to the State board of health during the preceding year, be entitled to receive, from the proper disbursing officer of the township, city, borough, town, or other local municipal government within the limits of which the sickness so reported occurred, the sum of ten cents for each case reported, as aforesaid, to the secretary of the State board of health: *Provided, however,* That such officer shall not be entitled to any payment for or on account of any such case unless report of such case was received by the secretary of the said State board of health within ten days after the date such said case was reported to the officer transmitting the same, and no such case shall be included in such certificate unless so received. Such certificates shall be sent to the officers above mentioned during the month of October of each year."

SEC. 3. This act shall take effect immediately.

[Acts of 1910, ch. 169.]

SEC. 1. Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of New Jersey to report in writing, signed by him, the name, age, sex, color, occupation, place where last employed, if known, and address of every person known by said physician to have tuberculosis to the local board of health of the city, borough, town, or other municipality in this State in which said person resides, within forty-eight hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, asylum, prison, or other private or public institution in said State of New Jersey to report in like manner the name, age, sex, color, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into his care or under his observation within forty-eight hours thereafter.

NEW MEXICO.

[Acts of 1903, ch. 103.]

SEC. 19. Whenever any physician or other person shall know that any person is sick with smallpox or other contagious or infectious disease * * * dangerous to the public health, he shall at once give notice thereof, if within the limits of any incorporated city, town, or village, to the health officer for the county in which such city, town, or village is situated; and if not within such city, town, or village, then to the justice of the peace in the precinct in which such disease * * * exists. Whenever such notice is given to any justice of the peace it shall be his duty to at once notify the health officer of the county. Any physician, justice of the peace, or other person failing, neglecting, or refusing to perform any duty imposed upon him by this section shall be guilty of a misdemeanor * * *.

SEC. 20. Whenever any householder shall know that any person in his family is sick with smallpox or other contagious disease dangerous to the public health he shall immediately give notice thereof required by the last preceding section, and upon failure to give such notice shall be deemed guilty of a misdemeanor, and punished upon conviction as in said section provided.

* * * * *

NEW YORK.^a

[Consolidated Laws, 1909, ch. 45.]

SEC. 5. There shall be in the State department of health a bureau of vital statistics for the registration of births, marriages, deaths, and prevalent diseases, which shall be under the general charge and supervision of the commissioner of health. He shall prescribe and prepare the necessary methods and forms for obtaining and preserving such statistics and to insure the prompt and faithful registration of the same in the several municipalities and in the State bureau. * * * If defects exist in any registration under the supervision of a local board of health the commissioner shall notify the local board that such defects must be amended and prevented within 10 days from the date of the notice. If such defects are not so amended or prevented, the commissioner shall take control of such registration and record thereof and enforce the rules and regulations in regard thereto, and secure a complete registration in such municipality, and such control shall continue until the local board satisfies the commissioner that it will make such record and registry complete, as required by law.

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^a See also page 156.

SEC. 12. The commissioner of health shall annually on or before the first Monday in February make a written report to the governor upon the vital statistics and sanitary conditions * * * of the State. * * *

* * * SEC. 25. * * * Every physician shall immediately give notice of every case of infectious and contagious or communicable disease required by the State department of health to be reported to it, to the health officer of the city, town, or village where such disease occurs; and no physician being in attendance on such case it shall be the duty of the superintendent or other officer of an institution, householder, hotel, or lodging-house keeper, or other person where such case occurs, to give such notice. The physician or other person giving such notice shall be entitled to the sum of twenty-five cents therefor. * * * Every such local board of health shall report to the State department of health, promptly, the facts relating to infectious and contagious or communicable diseases, and every case of smallpox or varioloid within the municipality. Health officers of cities, villages, and towns shall report in writing once a month to the State department of health all cases of such infectious and contagious or communicable diseases as may be required by the State department of health, and for such reporting the health officer of a village or town shall be paid by the municipality employing him * * * a sum not to exceed twenty cents for each case so reported. The reports of cases of tuberculosis made pursuant to the provisions of this section shall not be divulged or made public, so as to disclose the identity of the persons to whom they relate, by any person; except insofar as may be necessary to carry out the provisions of this section. * * * The health officer, commissioner of health, or boards of health of the cities of the first class shall report promptly to the State department of health all cases of smallpox, typhus and yellow fever, and cholera and the facts relating thereto.

* * * SEC. 127. The health officer shall keep the department of health of the city of New York informed of the number of cases of quarantinable diseases and the character of the same held at quarantine, and he may receive any vessel or merchandise sent to him by the health authorities of New York which in his opinion is dangerous to the public health.

SEC. 129. The quarantinable diseases are yellow fever, plague, cholera, typhus or ship fever, and smallpox, and any other infectious disease which has been or may be determined to be quarantinable by the health officer. * * *

SEC. 320. Tuberculosis is hereby declared to be an infectious and communicable disease, dangerous to the public health. It shall be the duty of every physician in the State of New York to report in writing, on a form to be furnished as hereinafter provided, the name, age, sex, color, occupation, place where last employed, if known, and address, of every person known by said physician to have tuberculosis, to the health officer of the city, town, or village in which said person resides, within twenty-four hours after such fact comes to the knowledge of said physician. It shall also be the duty of the chief officer having charge for the time being of any hospital, dispensary, asylum, or other similar private or public institution in said State of New York to report in like manner the name, age, sex, color, occupation, place where last employed, if known, and previous address of every patient having tuberculosis who comes into his care or under his observation, within twenty-four hours thereafter.

* * * § 322. *Protection of records.*—It shall be the duty of every health officer of a city, town, or village to cause all reports made in accordance with the provisions of section three hundred and twenty, and also all results of examinations showing the presence of the bacilli of tuberculosis, made in accordance with the provisions of section three

hundred and twenty-one, to be recorded in a register, of which he shall be the custodian. Such register shall not be open to inspection by any person other than the health authorities of the State and of the said city, town, or village, and said health authorities shall not permit any such report or record to be divulged so as to disclose the identity of the person to whom it relates, except as may be necessary to carry into effect the provisions of this article.

§ 329. *Penalty for failure of physician to perform duties or for making false reports.*—Any physician or person practicing as a physician who shall knowingly report as affected with tuberculosis any person who is not so affected, or who shall wilfully make any false statement concerning the name, age, sex, color, occupation, place where last employed if known, or address of any person reported as affected with tuberculosis, or who shall certify falsely as to any of the precautions taken to prevent the spread of infection, shall be deemed guilty of a misdemeanor, and on conviction thereof shall be subject to a fine of not more than one hundred dollars.

§ 330. *Reporting recovery of patient.*—Upon the recovery of any person having tuberculosis, it shall be the duty of the attending physician to make a report of this fact to the local health officer, who shall record the same in the records of his office, and shall relieve said person from further liability to any requirements imposed by this article.

§ 331. *General penalty.*—Any person violating any of the provisions of sections three hundred and twenty to three hundred and thirty, both inclusive, of this article, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished, except as in this article otherwise provided, by a fine of not less than five dollars nor more than fifty dollars.

§ 332. *Application of provisions.*—No portion of sections three hundred and twenty and three hundred and thirty-one, both inclusive, shall apply to the city of New York, nor shall the passage of said sections modify or repeal any of the provisions of the charter of the city of New York, or any rule or regulation issued by the department of health of said New York City.

NORTH CAROLINA.

[Revisal of 1905.]

SEC. 4439. Bulletins of the outbreak of disease dangerous to the public health shall be issued by the State board whenever necessary, and such advice freely disseminated to prevent and check the invasion of disease into any part of the State.
* * *

[Acts of 1911, ch. 62.]

SEC. 16. All laws pertaining to the reporting, recording * * * of the diseases mentioned in section eighteen, * * * shall be faithfully enforced by the quarantine officer. * * *

SEC. 17. If a householder knows that a person within his family is sick with smallpox, diphtheria, scarlet fever, measles, whooping cough, yellow fever, typhus fever, cholera, or bubonic plague he shall immediately give notice thereof to the quarantine officer or the deputy quarantine officer.

SEC. 18. If a physician suspects that a person whom he is called to visit is infected with smallpox, diphtheria, measles, whooping cough, scarlet fever, typhus fever, yellow fever, cholera, or bubonic plague * * * he shall immediately give notice thereof to the quarantine officer or deputy quarantine officer.

SEC. 19. The quarantine officer shall record on duplicate forms supplied by the State board of health and in accordance with instructions furnished therewith, all diseases reported in pursuance of sections eighteen and nineteen. The said officer receiving notice of the diseases named in sections eighteen and nineteen shall make the following report: First, the quarantine officer shall notify the secretary of the State board of health, by telegram, within twenty-four hours after receiving information

of the presence of yellow fever, cholera, typhus fever, or bubonic plague, of the existence of every case of the aforesaid diseases; second, the quarantine officer shall notify the teacher or principle in the school attended by members of the family of the sick child, on blank forms furnished by the State board of health, within twenty-four hours after receiving information of the presence of yellow fever, cholera, typhus fever, bubonic plague, diphtheria, scarlet fever, measles, or whooping cough, of the existence of every case of the said diseases; third, the quarantine officer shall mail to the secretary of the State board of health, not later than the fifth day of the following month, the original record of all cases of yellow fever, smallpox, measles, cholera, typhus fever, bubonic plague, diphtheria, scarlet fever, and whooping cough, for the preceding month: *Provided*, That the quarantine officers are hereby empowered to appoint, if they desire, one deputy quarantine officer in each township of the county; the tenure of office of such deputy shall be terminable at the pleasure of the quarantine officer. The deputy quarantine officer, upon receiving notice of the existence of any of the diseases mentioned in sections eighteen and nineteen, shall at once notify the quarantine officer, upon suitable blank forms supplied him for this purpose. * * * The quarantine officer shall be liable for the neglect or refusal of his deputy to carry out the provisions of this act. Any householder, physician, quarantine officer, or any other person who violates the provisions of this section shall be guilty of a misdemeanor, and upon conviction thereof shall be liable to a fine of not less than ten dollars nor more than fifty dollars, or imprisonment for not less than ten nor more than thirty days, and shall be liable to a penalty of twenty-five dollars in favor of any person who shall sue for the same. The chairman of the board of county commissioners shall be responsible for the enforcement of sections eighteen, nineteen, * * * of this act in his jurisdiction. Failure on his part to enforce its provisions shall be a misdemeanor, and he shall be liable to a fine of not less than ten dollars nor more than fifty dollars. * * *

SEC. 21. The county, town, or city treasurer, as the case may be, shall pay twenty-five cents each, or more if necessary, for the execution of this act, to the quarantine officer upon presentation of a certified statement from the secretary of the State board of health of the number of cases of the diseases mentioned in section nineteen reported to the said secretary for the preceding month. * * *

NORTH DAKOTA.

[Revised Codes of 1905.]

SEC. 257. The superintendent of public health shall on the first day of December of each even numbered year make a full report to the governor, which report shall show * * * the character and extension during such time of all contagious and infectious diseases that have been reported to him * * *

* * * * *

SEC. 260. * * * The county superintendent of health shall * * * whenever any contagious or infectious disease occurs in his county, either among persons or domestic animals, immediately report the same to the superintendent of public health.

* * * * *

SEC. 275. Whenever it shall come to the knowledge of any physician or other person that a contagious, epidemic, or infectious disease exists within the jurisdiction of any local board, he shall immediately report to such board in writing the name and place of residence, if known, of every person afflicted with such disease, and if he is the attending physician of such person he shall report not less than twice in each week the condition of each person so afflicted and the state of such disease.

* * * * *

SEC. 277. Each keeper of any private house, boarding house, lodging house, inn, or hotel shall report in writing to the local board of health within whose jurisdiction the same may occur each case of contagious, infectious, or epidemic disease which may

occur in his house, inn, or hotel; such report shall be made within twenty-four hours after the existence of such disease shall become known to such person, and shall state the name of each person afflicted with such disease and the nature thereof.

* * * * *

SEC. 282. * * * Whenever it shall come to its knowledge that a case of smallpox, scarlet fever, diphtheria, or other infectious or contagious disease exists within its jurisdiction, * * * the local board of health shall * * * immediately notify the State board of health of the existence and nature of such disease. * * *

SEC. 288. The health officer of each city, the clerk of each civil township, and in counties not organized into civil townships, the county commissioner of such county for the district for which he was elected, and the superintendent of the county board of health of each county in the State, shall obtain and register the following facts concerning the * * * contagious and infectious diseases occurring therein, separately numbering and recording the same in the order in which he obtains them, designating in separate columns, viz, * * *; in the registry of infectious and contagious diseases, the name of the person affected, the sex, color, and age of the person, the nature of the disease, and the date of record. The county auditor of each county shall furnish each officer within his county, charged with the duties herein provided, at the expense of the county, a book in which to register the facts concerning * * * infectious and contagious diseases as herein provided. The superintendent of each county board of health shall keep his records in the office of the county judge of said county.

SEC. 289. Where no physician is employed, it shall be the duty of the parents to give notice to the proper office within whose jurisdiction they reside, * * * of the presence of any infectious or contagious disease occurring within their household, within twenty-four hours, * * * and the oldest person next of kin, the keeper or other proper officer of every workhouse, poorhouse, reform school, jail, prison, hospital, asylum, or other public or charitable institution, shall give like notice of any * * * infectious or contagious disease occurring among the persons under his charge. * * *

SEC. 290. * * * Any physician attending a case of infectious or contagious disease shall immediately notify the health officer within whose jurisdiction such disease exists, giving the name of patient, place of residence, and the character of the disease, and shall in addition thereto, for the purpose of keeping the record of vital statistics complete, certify the facts to the clerk of the civil township within whose district such disease occurred, or in counties not organized into civil townships then to the county commissioner having the proper jurisdiction, giving the name of the patient, place of residence, and character of the disease. * * *

SEC. 291. It shall be the duty of the health officer of each city and the clerk of each organized civil township of each county in this State, and in counties not organized into civil townships, the county commissioner of such county for the district for which he was elected, to make and send a copy of the registry of * * * infectious and contagious diseases to the superintendent of the county board of health of each county in the State not later than the 10th of each month a certified copy of the registry of * * * infectious or contagious diseases occurring within the preceding month; and the superintendent of the county board of health of each county in this State shall make and send to the State superintendent of health on or before the fifteenth day of each month a copy of the records showing all * * * infectious or contagious diseases reported to him for the preceding month within his county. * * *

SEC. 292. The superintendent of each county board of health shall, on or before the fifteenth day of each month, transmit to the superintendent of the State board of health, upon blanks furnished him by the State board of health, a certified copy of the registry of * * * infectious and contagious diseases which have occurred in said county within the calendar month immediately preceding, as reported to him

by the officers charged with the collection of vital statistics within his county. For obtaining, registering, and returning the facts herein required the county superintendent of health shall receive a sum of ten cents for each separate record of * * * infectious and contagious diseases so made and reported, to be paid out of the general fund of such county in the same manner as other bills and accounts against said county are allowed and paid. For neglect to perform such duties as are herein required the county superintendent of health shall forfeit a sum not exceeding fifty dollars for each offense, to be collected as other fines are collected by law.

[Acts of 1911, ch. 188.]

SEC. 3. Should one or both eyes of an infant become inflamed, swollen, or reddened or show any unnatural discharge or secretion at any time within two weeks after its birth, and no legally qualified physician is in attendance upon the infant at that time, it shall be the duty of its parents or, in their absence, whoever is caring for said infant, to report the fact in writing within six hours after discovery to the health officer having jurisdiction: *Provided*, Said report to said health officer need not be made from recognized hospitals.

* * * * *

SEC. 5. Penalty.—Any violation of the provisions of this act shall be punished by a fine of not less than ten dollars nor more than fifty dollars.

* * * * *

OHIO.

[General Code, 1910.]

SEC. 1243. Boards of health, health authorities or officials, and physicians in localities where there are no health authorities or officials shall report to the State board of health promptly upon the discovery thereof the existence of any one of the following diseases: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, membranous croup, typhus or typhoid fever, and such other contagious or infectious diseases as the State board specifies.

* * * * *

SEC. 4427. Each physician or other person called to attend a person suffering from smallpox, cholera, plague, yellow fever, typhus fever, diphtheria, membranous croup, scarlet fever, or typhoid fever, or any other disease dangerous to the public health, or required by the State board of health to be reported, shall report to the health officer within whose jurisdiction such person is found, the name, age, sex, and color of the patient, and the house and place in which such person may be found. In like manner, the owner or agent of the owner of a building in which a person resides who has any of the diseases herein named or provided against, or in which are the remains of a person having died of any such disease, and the head of the family, immediately after becoming aware of the fact, shall give notice thereof to the health officer.

SEC. 4428. When complaint is made or a reasonable belief exists that an infectious or contagious disease prevails in a house or other locality which has not been so reported the board shall cause such house or locality to be inspected by its health officer, * * *

SEC. 12787. Whoever, being a midwife, nurse, or relative in charge of an infant less than ten days old, fails within six hours after the appearance thereof to report in writing to the physician in attendance upon the family, or if there be no such physician to a health officer of the city, village, or township in which such infant is living, or, in case there be no such officer, to a practitioner of medicine legally qualified to practice, that such infant's eye is inflamed or swollen or shows an unnatural discharge, if that be the fact, shall be fined not less than five dollars nor more than one hundred dollars or imprisoned not less than thirty days nor more than six months, or both.

OKLAHOMA.

[Snyder's Compiled Laws, 1909.]

SEC. 349. It shall be the duty of all practicing physicians in each county to make a report to the county superintendent of public health for said county, upon forms as prescribed and furnished by the State board of health, of all the cases of infectious and contagious diseases. Such report shall be made by said physician as soon as the disease is discovered, and upon failure on the part of the physician to so report said disease as herein provided, he shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined in a sum not less than ten dollars and not more than twenty-five dollars. * * *

SEC. 350. It shall be the duty of any practicing physician in cities of the first class, in counties of this State, to make a report to the city superintendent of public health, upon forms prescribed and furnished by the State board of health, of all cases of infectious and contagious diseases, as soon as discovered by him or coming to his knowledge. Any failure upon the part of said physician to report said disease as herein provided, shall be deemed guilty of misdemeanor, and upon conviction thereof, shall be fined in the sum of not less than twenty-five dollars nor more than one hundred dollars. * * * It shall be the duty of said city superintendent of public health to make a full report from time to time to the State board of health as to all cases of contagious and infectious diseases existing within said city at such times and under such rules and regulations that said State board of health may require. * * *

OREGON.

[Acts of 1903, p. 82.]

SEC. 8. * * * It shall be the duty of the county board of health * * * to report to the secretary of the State board of health monthly, not later than the tenth day, all infectious diseases, * * * that may have been reported to said board of health during the preceding month, excepting cities wherein vital statistics are collected, and in such cases the health officer, or other persons whose duty it is to collect said statistics, must send to the secretary of the State board of health, not later than the tenth day of the month, a transcript of his monthly records of deaths * * * and all infectious diseases reported to him.

* * * * *

SEC. 12. * * * Every physician, or other person, under whose charge any infectious or epidemic disease occurs, must report the same to the county or city health officer immediately. * * *

PENNSYLVANIA.

[Purdon's Digest, 13th ed., p. 1886.]

78. Should one or both eyes of an infant become inflamed, or swollen and reddened, at any time within two weeks after birth, it shall be the duty of the midwife or nurse or other person having the care of such infant, to report in writing within six hours after the discovery thereof to the health officer, or legally qualified practitioner of the city, town, or district in which the mother of the child resides, the fact that such inflammation, or swelling, or redness exists.

[Acts of 1909, ch. 658.]

SEC. 1. Every physician, practicing in any portion of this Commonwealth, who shall treat or examine any person suffering from, or afflicted with, actinomycosis, anthrax, bubonic plague, cerebrospinal meningitis (epidemic), (cerebrospinal fever, spotted fever), chicken pox, Asiatic cholera, diphtheria (diphtheritic croup, membranous croup, putrid sore throat), epidemic dysentery, erysipelas, German measles, glanders (farcy), rabies (hydrophobia), leprosy, malarial fever, measles, mumps,

pneumonia (true), puerperal fever, relapsing fever, scarlet fever (scarlatina, scarlet rash), smallpox (variola, varioloid), tetanus, trachoma, trichiniasis, tuberculosis in any form, typhoid fever, typhus fever, whooping cough, or yellow fever, shall, if said case shall be located in a township of the first class, a borough, or a city, forthwith make a report in writing to the health authorities of said township, city, or borough; and, if said case shall be located in a township of the second class, or a city, borough, or township of the first class not having a board of health or body acting as such, to the State department of health, upon blanks supplied for that purpose; in which report he shall, over his or her own signature, state the name of the disease, and the name, age, sex, color, nativity, and occupation, if any, of the person suffering therefrom, together with the street and house number of the premises in which said person may be located, or otherwise sufficiently designate the same, the date of the onset of the disease, the name and occupation of the householder in whose family the disease may have occurred, the number of children in said household attending school, and the name or names of the school or schools so attended, together with such other information relating so said case as may be required by said health authorities and the State department of health.

* * * * *

SEC. 9. Blanks whereon to make the reports * * * required by this act shall be supplied in cities, boroughs, and townships of the first class by the health authorities thereof, respectively; and in townships of the second class, and in cities, boroughs, and townships of the first class not having boards of health or bodies acting as such, by the State department of health.

SEC. 10. It shall be the duty of the health authorities of cities, boroughs, and townships of the first class, respectively, to furnish daily, by mail or otherwise, to principals, superintendents, teachers, and other persons in charge of public, private, parochial, Sunday, and other schools, a printed or written bulletin containing the name, location, and disease of all persons suffering from any of the diseases mentioned in sections three, four, five, six, and seven of this act, upon receipt by them of reports of such cases from physicians, as required by section one of this act; and such bulletin shall be daily furnished to such persons in charge of such schools in townships of the second class, and in cities, boroughs, and townships of the first class, not having boards of health or bodies acting as such, by the State department of health.

* * * * *

SEC. 23. The health authorities of the several cities, boroughs, and townships of the first class shall, at the end of each week and for the fraction of each week occurring at the end of each month, report to the State department of health, upon blanks supplied for that purpose, a list of all cases of communicable diseases mentioned in section one of this act which have been reported to them during said period, which report shall contain the name of each person suffering therefrom, respectively, and his or her age, sex, color, and nativity, together with the name of the disease and the date of the onset thereof; and in the event of no reports of any of said diseases having been received by the aforesaid health authorities, respectively, during any said period, that fact shall be reported to the State department of health. All superintendents and other persons in charge of asylums, hospitals, or other institutions located in townships of the second class shall at the end of each week and portion of a week occurring at the end of each month report to the State Department of health on blanks to be supplied for that purpose, a list of the inmates of such institutions, respectively, who may have suffered from any of the diseases enumerated in section one of this act, together with the above-mentioned data relative to each inmate, with the date of his or her admission to the institution, and the name of the city, borough, or township from which he or she was admitted.

* * * * *

SEC. 24. * * * Any physician, * * * or any other person or persons, who shall fail, neglect, or refuse to comply with, or who shall violate any of the provisions of this act shall, for every such offense, upon conviction thereof in a summary proceeding before any magistrate or justice of the peace of the county wherein said offense was committed, be sentenced to pay a fine of not less than twenty (\$20) dollars or more than one hundred (\$100) dollars, to be paid to the use of said county, or to be imprisoned in the county jail for a period of not less than ten nor more than thirty days, or both, at the discretion of the court.

PORTO RICO.

[Laws of 1911, act 68.]

SEC. 25. * * * Physicians shall report to the nearest health officer any of the following diseases: Exanthematic typhus, typhoid fever, smallpox, varioloid, scarlet fever, diphtheria, yellow fever, Asiatic cholera, bubonic plague, beriberi, epidemic dysentery, cerebro-spinal meningitis, whooping cough, epidemic parotiditis, malaria, tuberculosis, glanders, leprosy, cutaneous syphilis, and hookworm disease, or uncinariasis.

SEC. 26. It shall be the duty of practicing physicians to report to the local health officer all cases of infectious or contagious diseases treated by them, and it shall be the duty of health officers to immediately report all such cases to the director of sanitation. It shall be likewise the duty of veterinarians to report to the director of sanitation any disease of the animals under their care, such as bacteroid carbuncle, tuberculosis, actinomycosis, gangrenous septicaemia, glanders, or any other epidemic disease.

RHODE ISLAND.

[General Laws, 1909, ch. 96.]

SEC. 10 (added by acts of 1909-10, ch. 386). It shall be the duty of the State board of health to keep a register of all persons in this State who are known to be affected with laryngeal or pulmonary tuberculosis. The State board of health shall have sole exclusive control of said register and shall not permit the inspection thereof nor disclose any of its personal particulars except to officials authorized under the laws of this State to receive such information.

SEC. 11 (added by acts of 1909-10, ch. 386). The superintendent, or other person, in charge or control of any hospital, school, reformatory, or other institution, deriving the whole or any part of its support from the public funds of the State of Rhode Island, having in charge or under his care and custody any person or persons suffering with pulmonary or laryngeal tuberculosis, shall, within forty-eight hours after recognition of such disease, make, or cause to be made, in the manner and form prescribed by the State board of health, a record of the name, age, sex, color, occupation, social condition, and residence of the person or persons so affected, together with such other information as may be determined by the State board of health. Said information to be furnished on blanks supplied by the State board of health, and said information shall be forwarded each week to the office of the secretary of the State board of health on said blanks. * * *

SEC. 12 (added by acts of 1909-10, ch. 386). Whenever any physician knows that any person under his professional care is affected with pulmonary or laryngeal tuberculosis, he shall transmit to the secretary of the said State board of health within seven days, and upon blanks provided by the State board of health for that purpose, the name, sex, age, color, occupation, social condition, and residence of such person. * * *

[General Laws, 1909, ch. 110.]

SEC. 13. Every householder or person shall immediately inform the town council of the town wherein he dwells, of any person in the house or tenement occupied by him, who has been taken sick of the smallpox, or any other contagious or infectious distemper, or suspected to be so.

* * * * *

SEC. 19. Every physician, householder, or other person, having knowledge of the existence of smallpox in any town, shall immediately give information thereof to the town clerk of the town in which the person is sick with the smallpox, and in cities shall give like information to the superintendent of health.

SEC. 20. Whenever the town clerk of any town shall have knowledge or shall have received information as provided in the preceding section of the existence of smallpox in his town, he shall forthwith give or cause notice thereof to be given to the town council of such town, at the expense of the town, to be audited and allowed by the town council.

[General Laws of 1909 (ch. 343).]

SEC. 25. Should any midwife or nurse, or person acting as nurse, having charge of an infant in this State, notice that one or both eyes of such infant are inflamed or reddened at any time within two weeks after its birth, it shall be the duty of such midwife or nurse, or person acting as nurse, so having charge of such infant, to report the fact in writing within six hours to the health officer, or some qualified practitioner of medicine, of the city or town in which the parents of the infant reside.

* * * * *

SEC. 27. Every person who shall fail to comply with the provisions of the two sections next preceding shall be fined not exceeding one hundred dollars, or imprisoned not exceeding six months, or both.

[Acts of 1911, ch. 728.]

SECTION 1. Any physician who may discover a case or cases of anterior poliomyelitis, tubercular meningitis, or cerebrospinal meningitis shall immediately report the existence of each and every case of said diseases to the secretary of the State board of health, together with such information as said secretary may require.

SOUTH CAROLINA.

[Criminal Code, 1902.]

SEC. 331. Should one or both eyes of an infant become reddened or inflamed at any time after birth, it shall be the duty of the midwife or nurse or person having charge of said infant to report the condition of the eyes at once to the local board of health of the city or town in which the parents of the infant reside.

Any failure to comply with the provisions of this section shall be punishable by a fine not to exceed twenty-five dollars or imprisonment not to exceed one month, or both.

This section shall not apply to towns or cities of less than one thousand inhabitants.

[Act No. 395, 1910.]

SEC. 1. In all cases of known or suspected contagious or infectious diseases occurring within any incorporated city or town of this State, it shall be the duty of the attending physician to report such disease to the secretary of the board of health of each city or town within twenty-four hours, stating the name and address of the patient, and the nature of the disease.

SEC. 2. It shall be the duty of the secretary of each local board of health to report to the secretary of the State board of health all such cases of infectious and contagious

diseases as have been reported to him during the preceding months, such reports to be made upon blanks furnished by the State board of health, and not later than the fifth day of each month.

SEC. 3. It shall be the duty of the attending physician in all cases of known or suspected contagious or infectious diseases outside of incorporated cities and towns, to report such cases to the secretary of the State board of health within twenty-four hours after they have come under his observation, said reports to be made upon blanks furnished by the State board of health.

SEC. 4. The State board of health is hereby authorized to name the diseases it considers contagious and infectious.

SEC. 5. Any physician or secretary of a local board of health, failing to comply with the provisions of this act, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in a sum not less than five dollars nor more than twenty-five dollars, or be imprisoned in the county jail for a period not exceeding thirty days.

SOUTH DAKOTA.

[Political Code, 1903.]

SEC. 248. * * * The superintendent of the county board of health shall be ex-officio secretary of the board of health of his county, * * * and shall at the end of every month make a full report in writing to the superintendent of the State board of health * * * of the condition of the public health, and whenever any contagious or infectious disease occurs in his county shall immediately report the same to the superintendent of the State board of health.

* * * * *
SEC. 253. * * * Any practicing physician or other person who shall fail to report to the superintendent of the county board of health the existence of any contagious or infectious disease, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of not more than one hundred dollars, or by imprisonment in the county jail for not more than six months, or by both such fine and imprisonment, in the discretion of the court.

TENNESSEE.

[Acts of 1905, ch. 519.]

SEC. 1. Whenever any case of smallpox, yellow fever, cholera, bubonic plague, typhus fever, diphtheria, membranous croup, scarlet fever, or other communicable diseases exist (except it shall not embrace any venereal disease, such as gonorrhea or syphilis), or is even suspected to exist in any household, it shall be the duty of the head of said household, or any other person in such household possessing knowledge of said facts, to immediately notify the municipal or county health authorities of the town or county wherein such disease or diseases exist or may be supposed to exist.

SEC. 2. Whenever any physician, surgeon, or practitioner of medicine shall know or suspect that any person or persons, whom they have been called to visit, or who has been brought to them for examination, or any other suspicious information received relative thereto, is or are infected, or even suspected, with any of the aforementioned diseases, he shall, and it shall be his duty to, immediately notify the health authorities of the town or county in which said diseased person or persons are found.

* * * * *
SEC. 11. It shall be the duty of each and every municipal or county board of health in this State, upon receiving information of the existence or suspected existence in their respective jurisdiction of any case of smallpox, cholera, yellow fever, scarlet fever, diphtheria, or other disease dangerous to the public health, to immediately notify the State board of health of the fact, and, in addition, on the first of each and every month make a written report and forward the same without delay to said board

of all communicable diseases occurring in their respective jurisdictions for the last month preceding, setting forth in said report in separate columns the age, color, and sex of the individual, name of each disease, number of cases, number of deaths, together with such other information as said State board of health may desire.

[Acts of 1911, ch. 10.]

SECTION 1. Be it enacted by the General Assembly of the State of Tennessee, that a person who, being a midwife, nurse, or other person having the care of an infant within the age of 2 weeks, neglects or omits to report immediately to the health officers or to a legally qualified practitioner of medicine of the city, town, or place where such child is being cared for, the fact that one or both eyes of such infant are inflamed or reddened whenever such shall be the case, or who applies any remedy therefor without the advice or except by the direction of such officer or physician, or neglects, refuses, or omits to comply with the above requirements shall be guilty of a misdemeanor.

TEXAS.

[Acts of 1911, ch. 95.]

Rule 1.—Every physician in the State of Texas shall report in writing or by an acknowledged telephone communication to the local health authority immediately after his or her first professional visit, each patient he or she shall have or suspect of suffering with any contagious disease, and if such disease is of a pestilential nature he shall notify the president of the State board of health at Austin by telegraph or telephone at State expense. * * *

Rule 2.—For the purpose of these regulations the phrase "local health authority" shall be held to designate the city or county health officer, or local board of health, within their respective jurisdictions.

Rule 3.—The phrase "contagious disease" as used in these regulations shall be held to include the following diseases, whether contagious or infectious, and as such shall be reported to all local health authorities and by said authorities reported in turn to the president of the State board of health: Asiatic cholera, bubonic plague, typhus fever, yellow fever, smallpox, scarlet fever (scarlatina), diphtheria (membranous croup), epidemic cerebrospinal meningitis, dengue, typhoid fever, epidemic dysentery, trachoma, tuberculosis, and anthrax.

Rule 4.—City and county health authorities shall keep a careful and accurate record of all cases of contagious diseases as reported to them, with the date, name, age, sex, race, location, and such other necessary data as may be prescribed by the State board of health. And they shall also make a monthly report of all contagious diseases, of which they may be cognizant, to the president of the State board of health before the fifth of the following month upon blank forms provided by the State board of health. The reports on tuberculosis are to be privately kept and are to be considered in the light of a confidential communication, not for the purpose of isolation, but with the object of education in sanitary precautions and to supply literature of the State board of health.

* * * * *

Rule 22. Whenever any nurse, midwife, or other person not a legally qualified practitioner of medicine shall notice inflammation of the eyes or redness of the lids in a newborn child under his or her care, it shall be the duty of such person to report the same to the local health authority, or in his absence any reputable physician, within twelve hours of the time the disease is first noticed.

Rule 23.—Every hotel proprietor, keeper of a boarding house, or inn, and householder or head of family in a house wherein any case of reportable contagious disease (including tuberculosis) may occur shall report the same to the local health authority

within twelve hours of the time of his or her first knowledge of the nature of such disease unless previous notice has been given by the physician in attendance. * * *

* * * * *

Any person who shall violate any of the rules, regulations, or provisions of the sanitary code of Texas, as herein set forth, shall be deemed guilty of a misdemeanor, and upon conviction shall be fined in any sum not less than ten dollars and not more than one thousand dollars.

UTAH.

[Compiled Laws, 1907.]

SEC. 1108. Every local board of health or health officer shall report to the secretary of the State board of health at such times as the State board may require. * * * It shall be the duty of the local health officer to make a monthly report to the State board of health, on or before the fifth day of each month, of all cases of scarlet fever, smallpox, diphtheria, membranous croup, typhoid fever, whooping cough, measles, chicken pox, pneumonia, and tuberculosis which have occurred within his jurisdiction during the previous month; and upon receipt of the notification of the existence of any case of either of said diseases in any family, a member of which is in attendance upon any public or private school, he must at once report the existence of such disease to the principal of the school so attended. * * *

* * * * *

SEC. 1111. All physicians or other persons having knowledge of the existence of any contagious or infectious disease, or having reason to believe that any such disease exists, are hereby required to report the same forthwith to the local board of health.

* * * * *

1113x11 (as amended by laws of 1911, ch. 75, sec. 1). It shall be the duty of every physician or other person caring for the sick in the State of Utah, to make a report to the local board of health immediately after such person becomes aware of the existence of any case of scarlet fever, diphtheria, membranous croup, whooping cough, smallpox, typhoid fever, measles, tuberculosis, Asiatic cholera, rubella (rotheln), chicken pox, typhus fever, plague, cerebro spinal meningitis, infantile paralysis, leprosy, or pneumonia, in his or her charge, and it shall be the duty of every person, owner, agent, manager, principal, or superintendent of any public or private institution, or dispensary, hotel, boarding house, or lodging house to make a report in like manner of any inmate, occupant, or boarder, suffering from any of the said infectious or contagious diseases; and in case such physician or other person shall fail to report in twenty-four hours, said person shall be deemed guilty of a misdemeanor.

SEC. 1113x27. It shall be the duty of every physician in the State, every superintendent of hospital or public institution in the State, to immediately report to the State board of health every case of tuberculosis which he is called upon to treat or which is in such hospital or public institution; each and every physician or superintendent shall make such reports as may be called for by the rules and regulations of the State board of health, and must comply with all rules and regulations made by said board to prevent the spread of such disease.

Any person violating any provision of this act shall be guilty of a misdemeanor.

[Acts of 1911, ch. 61.]

SECTION 1. It shall be the duty of every physician and every midwife attending a case of childbirth to report to the local board of health every case where the newly born child has inflammation of the eyes attended by a discharge therefrom. Such report to be made within six hours after the appearance of such disease. It shall be the duty of such physician or midwife to treat the eyes of the child so affected in accordance with the rules of the State board of health. Every physician and midwife failing to comply with the provisions of this act shall be guilty of a misdemeanor.

SECTION 1. *Physicians and superintendents of hospitals to report cases.*—It shall be the duty of every physician in this State, every superintendent or manager of a hospital or public institution in this State, to immediately report to the local board of health, every case of venereal disease, which he is called upon to treat or which is in such hospital or public institution, and each and every physician, superintendent or manager of such hospital or institution shall make such reports as may be called for by the rules and regulations of the State boards of health of this State and must comply with all the rules and regulations made by said boards to prevent the spread of venereal diseases: *Provided*, That the report of such venereal disease shall not include the name of the person affected.

SEC. 2. *Rules and regulations.*—It shall be the duty of all boards of health to enact and enforce rules and regulations necessary to prevent the spread of venereal diseases.

SEC. 3. *Penalty.*—Any person violating any of the provisions of this act shall be guilty of a misdemeanor.

VERMONT.

[Public Statutes, 1906.]

SEC. 5446. The State board of health shall have power to designate a health officer of a town adjoining an unorganized town or gore as the health officer of such unorganized town or gore; and said health officer shall report to the secretary of said board every case of contagious disease mentioned in this chapter of which he has information or knowledge as existing in such unorganized town or gore. * * *

SEC. 5447. The head of a family in such unorganized town or gore in whose home there occurs a case of infectious or contagious disease dangerous to the public health shall immediately give notice to said health officer. A physician who knows or suspects that a person in such unorganized town or gore whom he has been called to attend is sick or has died of a communicable disease dangerous to the public health shall at once quarantine and report to said health officer the place where such cause exists, the name, degree of virulence, and cause or source of the disease. * * * The head of a family or a physician who fails to give reasonable notice to said health officer of the existence of such a disease shall be fined not more than fifty dollars nor less than ten dollars, with costs of prosecution.

* * * * *

SEC. 5450. A physician who is consulted by a person subject to tuberculosis shall submit the name and address of such person to the secretary of the State board of health upon such blanks as it may furnish. * * *

* * * * *

SEC. 5453. Each health officer shall report to the secretary of the State board of health, immediately after receiving information or knowledge thereof, every case of smallpox, varioloid, Asiatic cholera, typhus fever, or yellow fever within the jurisdiction of such local board. * * *

SEC. 5454. The head of a family in whose home there occurs a case of infectious or contagious disease dangerous to the public health shall immediately give notice thereof to the local health officer of the town in which he lives. A physician who knows or suspects that a person whom he has been called to attend is sick or has died of a communicable disease dangerous to the public health shall immediately quarantine and report to the health officer the place where such case exists, and the name, degree of virulence, and cause or source of the disease. * * *

SEC. 5455 (as amended by acts of 1910-11, ch. 217). A health officer shall, upon receiving notice of a case of infectious or contagious disease dangerous to the public health, investigate and ascertain, if possible, the source or cause of the disease, * * * and immediately report the facts to the secretary of the State board of health. When

a communicable disease prevails or becomes epidemic, said health officer shall make weekly reports concerning such disease or diseases to the secretary of the State board of health. * * *

VIRGINIA.

[Pollard's Code of 1904.]

SEC. 1713d. * * *

11. The State board of health may require any local board of health to furnish periodically to said State board such facts connected with vital statistics in its city, county, or town as said State board of health may prescribe.

12. The State board of health shall annually, on or before the first day of January in each year, make a written report to the governor upon the vital statistics and sanitary conditions and prospects of the State. * * *

[Acts, 1910, ch. 307.]

1. Every physician practicing in this Commonwealth who shall know or suspect that any person whom he or she is called upon to visit, or who comes to him or her for examination or treatment, is suffering from any infectious, contagious, communicable or dangerous disease shall make report in writing, on blanks to be furnished for that purpose by the State board of health, to the executive officer of the board of health of the county, town, or city in which such person may be located, over his or her own signature, stating the name of the disease, and the name, color, sex, and age of the person suffering therefrom, together with the street and number or such other sufficient designation of the house, room, or other place in which said person may be located, and such other information as may be deemed necessary by said health authorities.

2. The State board of health is hereby authorized to prepare and promulgate from time to time a list of diseases considered as infectious, contagious, communicable, or dangerous within the meaning of this act, and to prescribe the manner and time of the report called for by the preceding section.

3. For failure to comply with the provisions of this act the physician so failing shall be fined not less than one nor more than five dollars for each offense.

[Acts of 1910, ch. 340.]

SEC. 7. It shall be the duty of the local authorities of the cities, towns, and counties of the State to report weekly to the State board of health all cases of infectious, contagious, communicable, or dangerous diseases which have occurred under their jurisdiction, except that it shall be their duty to report immediately any case or cases of smallpox, yellow fever, cholera, typhus fever, or bubonic plague that may occur within their jurisdiction. * * *

WASHINGTON.

[Remington & Ballinger's Annotated Codes and Statutes, 1910.]

SEC. 5407. It shall be the duty of the local board of health, health authorities, or officials, and of physicians in localities where there are no local health authorities or officials, to report to the State board of health, promptly upon discovery thereof, the existence of any one of the following diseases which may come under their observation, to wit: Asiatic cholera, yellow fever, smallpox, scarlet fever, diphtheria, typhus, typhoid fever, bubonic plague or leprosy, and of such other contagious or infectious diseases as the State board may from time to time specify. * * *

SEC. 5536. It shall be the duty of every health officer appointed under the provisions of this chapter, or by the provisions of special charters, upon the appearance of smallpox, diphtheria, scarlet fever, Asiatic cholera, or dangerous contagious disease

in the town or city under his supervision, * * * to make full report thereof to the board of health of which he is an executive officer, and also to the State board of health. * * * The term "dangerous contagious disease" as used in this chapter shall be construed and understood to mean such diseases as the State board of health shall designate as contagious and dangerous to the public health. * * *

SEC. 5540. It shall be the duty of every health officer appointed under the provisions of this chapter * * * to report to the State board of health any information he may receive of any case of smallpox, cholera, yellow fever, or typhus fever within three days after receiving any notification or information of the existence of such disease; and any health officer * * * who shall fail or neglect to comply with the provisions of this section shall be liable to a penalty of not less than ten dollars nor more than one hundred dollars for each day of such neglect or refusal to comply with the provisions of this section.

SEC. 5544. * * * All city health officers except those of cities of the first class shall report immediately to the State board of health every new outbreak of any contagious or infectious disease and shall make weekly reports to the county health officer of all contagious or infectious diseases occurring within the city.

It shall be the duty of all health officers, upon the appearance of any dangerous, contagious, or infectious diseases within their jurisdiction, * * * to make a full report thereof, as required above. * * *

SEC. 5545. Whenever any physician shall attend any person sick with any dangerous, contagious, or infectious disease, or with any diseases required by the State board of health to be reported, he shall, within twenty-four hours, give notice thereof to the health officer within whose jurisdiction such sick person may then be.

* * * * *

SEC. 5547. The term "dangerous, contagious, or infectious disease," as used in this chapter shall be construed and understood to mean such disease or diseases as the State board of health shall designate as contagious or infectious and dangerous to the public health.

SEC. 5548. Any health officer who shall refuse or neglect * * * to make prompt and accurate reports to the county health officer or to the State board of health may be removed as health officer by the State board of health, and shall not again be reappointed except with the consent of the State board of health.

* * * Any physician who shall refuse or neglect to report to the proper health officer within twelve hours after first attending any case of contagious or infectious disease or any disease required by the State board of health to be reported, or any case suspicious of being one of such diseases, shall be guilty of a misdemeanor, and upon conviction shall be fined not less than ten dollars nor more than two hundred dollars for each case that is not reported.

* * * * *

SEC. 5550. All practicing physicians in cities of the first and second class in said State are hereby required to report to the local boards of health of such cities, in writing, the name, age, sex, occupation, and residence of every person having tuberculosis who has been attended by, or who has come under the observation of such physician for the first time, within five days of such time.

SEC. 5551. All local boards of health of cities of the first and second class in this State are hereby required to receive and keep a permanent record of the reports required by section five thousand five hundred and fifty to be made to them; such records shall not be open to public inspection, but shall be submitted to the proper inspection of other local and State boards of health alone, and such records shall not be published nor made public.

* * * * *

SEC. 5553. Any practicing physician who shall wilfully fail to comply with the provisions of section five thousand five hundred and fifty shall be guilty of a misdemeanor,

and on conviction thereof may be fined for the first offense not exceeding five dollars and for any subsequent offense not exceeding one hundred dollars.

WEST VIRGINIA.

[Supplement to Code, 1909.]

SEC. 4383. * * * The said local board of health shall make and establish for their county, or for any district, or place therein, such sanitary regulations or rules as they may deem proper to prevent the outbreak and spread of cholera, smallpox, scarlet fever, diphtheria, tuberculosis, and other endemic, epidemic, infectious, and contagious diseases, * * *. It shall be the duty of every practicing physician in any county in which there is such local board of health to report promptly all or any diseases of the above-named character under treatment by him, and said local board shall once at least in every three months report to the State board of health the character of all such infectious, contagious, and epidemic diseases, the number of persons reported as infected with such diseases, naming the same, the action taken by the local board to arrest the progress of every such disease and the visible effects, if any, of such action.

* * * * *

WISCONSIN.

[Annotated Statutes, 1898.]

SEC. 925—111b. It shall be the duty of every physician practicing in any city which has adopted this chapter (cities under general law) to report in writing to the commissioner of public health every patient he shall have who is sick with smallpox, scarlet fever, diphtheria, typhoid fever, Asiatic cholera, or any other dangerous contagious disease, within twenty-four hours after he shall ascertain or suspect the nature of such disease. The reports shall be in such form as may be prescribed by the State board of health, and shall state the name, sex, age, and place of residence of the person whose sickness is reported, the nature of the disease and such additional facts as said board may prescribe. Any practicing physician who shall refuse or neglect to perform the duties required of him by this section, or who shall make a false return of the facts required, shall be punished by a fine not less than twenty-five dollars nor more than one hundred dollars for each offense, or by imprisonment in the county jail for a period not exceeding sixty days, or by both fine and imprisonment.

* * * * *

SEC. 1409a-2. (Added by acts of 1909, ch. 59.) * * * Should one or both eyes of an infant become inflamed, swollen, and red, and show an unnatural discharge at any time within two weeks after its birth, nurse, parents, or other attendant having charge of such infant shall report in writing, within six hours thereafter, to the board of health of the city, incorporated village, or town in which the parents of the infant reside the fact that such inflammation, swelling, redness, or unnatural discharge exists.

* * * * *

SEC. 1412. It shall be the duty of every health officer, chosen under the provisions of the preceding section, or under any village or city charter, upon the appearance of any dangerous contagious disease in the territory within the jurisdiction of the board of which he is a member, to immediately investigate all the circumstances attendant upon the appearance of such disease, make a full report to such board, and also to the State board of health. * * *

SEC. 1412a (as amended by Acts of 1909, ch. 85). Whenever any physician practicing in this State shall know or have good reason to believe that any person whom he treats or visits is sick with a dangerous, contagious, or infectious disease, he shall, immediately after obtaining such knowledge or forming such belief, give notice thereof in writing, stating the name, sex, age, and place of residence of person whose sickness is

reported, the nature of the disease and such additional facts as said board may prescribe to the board of health of the town, city, or village in which such sick person shall then be, and if he shall fail to so do for a period of twenty-four hours thereafter, he shall forfeit not less than five nor more than twenty-five dollars for each day of such failure after the expiration of said twenty-four hours, provided such notice may be sent by mail, or, except in cities, may be given to, or left at the residence of, any member of the board of health. When any person is sick with any such disease, and no physician is in attendance upon such person, the provisions of this section shall apply to the responsible head of the family of which he is a member, or if the sick person is not a member of the family occupying the house or building in which he may be, the person in charge thereof. * * *

* * * * *

SEC. 1416—1 (Acts of 1905, ch. 192, as amended by Acts of 1907, ch. 93). It shall be the duty of every physician to report to the department of health in every town, incorporated village, or city, in writing, the full name, age, and address of every person suffering from any one of the infectious or contagious diseases following, to wit: Measles, smallpox, diphtheria (membranous croup), scarlet fever (scarlatina), typhoid fever, tuberculosis (of any organ), rubella (rotheln), chicken pox, typhus fever, plague, erysipelas, Asiatic cholera, whooping cough, cerebro-spinal meningitis, yellow fever; and it shall be the duty of every person, owner, agent, manager, principal, or superintendent of any public or private institution or dispensary, hotel, boarding or lodging house, in any such town, incorporated village, or city to make a report in like manner and form of any inmate, occupant, or boarder suffering from any of the said infectious or contagious diseases.

* * * * *

SEC. 1416—3 (amended by Acts of 1907, ch. 93). It shall be the duty of every person having knowledge of the existence of any person afflicted with any one of the following infectious or contagious diseases, to wit: Measles, diphtheria (membranous croup), scarlet fever, typhoid fever, tuberculosis, smallpox, Asiatic cholera, typhus fever, rubella (rotheln), plague, and whooping cough, or has reason to believe that any person is so afflicted, to at once report to the health department of such town, incorporated village, or city all facts in regard to the case. * * *

SEC. 1416—4 (amended by Acts of 1907, ch. 93). It shall be the duty of every physician, or person, or owner, agent, manager, principal, or superintendent of each and every public or private institution or dispensary, hotel, boarding or lodging house, in any such city to report to the department of health thereof, in writing, or to cause such report to be made by some proper and competent person, the name, age, sex, occupation, and latest address of every person afflicted with tuberculosis, who is in their care, or who has come under their observation, within one week of such time.

WYOMING.

[Compiled statutes, 1910.]

SEC. 2934. * * * It shall be their [State board of health] duty to investigate regarding all contagious and infectious diseases that are a menace to public safety, and they shall collect such information in respect to these matters as may be useful in the discharge of their duties and contribute to the promotion of health and security of life in this State.

* * * * *

SEC. 2936. * * * When in any county a case of smallpox, cholera, typhoid fever, scarlet fever, diphtheria, or other epidemic or contagious or infectious disease is known to exist, it shall be the duty of the county health officer of such county to immediately notify the secretary of the State board of health of the existence of the same, with such facts as to its cause and continuance as may then be known.

* * * * *

SEC. 2942. It shall be the duty of every practicing or licensed physician in the State of Wyoming to report immediately to the secretary of the State board of health and county health officer, by telegram or telephone, or in the most expeditious manner, every case of smallpox, cholera, scarlet fever, diphtheria, or contagious or infectious disease that is a menace to public health, and such telegram shall be paid for out of the funds provided for the expenses of said State board of health.

SEC. 2943. Any practicing or licensed physician who shall fail to report to said secretary any such case in the manner provided in the preceding section, or shall willfully make any false report regarding any such case, shall be guilty of a misdemeanor, and upon conviction thereof shall be fined in the sum of not less than one hundred dollars and not more than one thousand dollars, or imprisoned in the county jail not less than six months nor more than one year.

NEW YORK.

[Laws of 1911, ch. 258.]^a

SEC. 1. Article four of the labor law, entitled "An act relating to labor, constituting chapter thirty-one of the consolidated laws," is amended by the addition of a new section numbered fifty-eight, to read as follows:

§ 58. *Industrial poisonings to be reported.*—1. Every medical practitioner attending on or called in to visit a patient whom he believes to be suffering from poisoning from lead, phosphorus, arsenic or mercury or their compounds, or from anthrax, or from compressed air illness, contracted as the result of the nature of the patient's employment, shall send to the commissioner of labor a notice stating the name and full postal address and place of employment of the patient and the disease from which, in the opinion of the medical practitioner, the patient is suffering, with such other and further information as may be required by the said commissioner.

2. If any medical practitioner, when required by this section to send a notice, fails forthwith to send the same, he shall be liable to a fine not exceeding ten dollars.

3. It shall be the duty of the commissioner of labor to enforce the provisions of this section, and he may call upon the State and local boards of health for assistance.

SEC. 2. This act shall take effect September first, nineteen hundred and eleven.

^a Copy of law received too late for insertion in proper order.

SOME COURT DECISIONS HAVING A BEARING ON THE NOTIFICATION OF DISEASE.¹

IOWA.

* * * * *

2. The statute requires the collection of statistics pertaining to the population of the State and the health of the people which may impart information useful in the enactment of laws and valuable to science and the medical profession, to whom the people look for remedies for disease and for means tending to preserve health. The objects of the statutes are within the authority of the State, and may be attained in the exercise of its police power. Similar objects are contemplated by statutes requiring a census to be periodically taken, the constitutionality of which we have never heard questioned.

3. We need not inquire whether the requirements of the statute are unjust or oppressive. These are matters for the consideration of the legislative part of the Government. We may observe that it is difficult to discover oppression or injustice in requiring the medical profession to make known to the world statistics which may promote and are promoting the public health.

4. One ground of the demurrer is that defendant, under the statute, is required to do that which it is impossible for him to perform. The law requires of no man impossibilities. If the information sought from defendant could not have been obtained by him in the bona fide exercise of reasonable diligence, the law will not punish him for not imparting it. A physician should honestly endeavor to obtain and report all information required by the regulations of the statute and the board of health. This is his duty as a surgeon and is imposed as an obligation by the ethics of the useful and honorable profession of which he is a member. * * * (Robinson, Clerk, etc., v. Hamilton, 14 N. W. Rep., 202; 60 Iowa, 134.)

MICHIGAN.

* * * It is true that the evidence showed that a week or ten days after these children had been pronounced by the defendant as suffering from diphtheria, he stated to the health officer, Mr. John, as the health officer testifies, that "they had diphtheria at Lotharias' and Heft's," and that immediately after the board of health took steps to prevent its spread. Yet this was not the notice required by the statute, which is to be in writing, giving the name, place of residence, and nature of the disease. Upon this branch of the case the court directed the jury that it was a question for them to determine whether the defendant failed to report the cases within a reasonable time after he discovered the existence of the disease, and that in cases like diphtheria, where the disease is virulent and rapid in its action, eight days were not a reasonable time. There was no error in this charge, and we think the court would have been justified in saying that no notice was given at all, as required by the statute. * * * (People v. Brady, 51 N. W. Rep., 537; 90 Mich., 459.)

¹ No attempt has been made to compile all court decisions on the subject, but those at hand have been inserted because of their possible interest.

CONNECTICUT.

The ordinance of the city of Bridgeport requiring every physician having any patient within the city limits sick with smallpox or varioloid, or other contagious or pestilential disease, to report the fact to the mayor or to the clerk of the board of health, together with the name of the patient and the street and number of the house where treated, under a penalty not exceeding \$50 for each violation of the ordinance was held to be valid and not conflicting with the constitutional rights of the citizens, the legislature having power to authorize its enactment by the common council.

"The inequality of burden of which the defendant complains is only in seeming. Persons offering their services to the public as healers of disease and requiring pecuniary compensation therefor thereby assert their ability to detect the presence of it when the great mass of the people can not. The people accede to the truth of their assertion, and in the matter of life surrender themselves to their keeping. Of course an ordinance in the interest of life must detect the presence of a fatal contagious disease at the earliest possible moment. Therefore with impartial action it compels that member of the community who is the first to have sight and knowledge of it to give note of warning to others from whom its presence is hidden. It would be idle to require, indeed there would be danger in accepting, this service from those who can not see or do not know. The burden is made to rest upon every member of the only class which is in a condition to contribute anything to the accomplishment of the purpose of the ordinance." (State v. Wordin, 14 Atl. Rep., 801; 56 Conn., 216.)

LIST OF PUBLIC HEALTH BULLETINS.

The following is a list of the Public Health Bulletins that have been issued:

- *1. Report on Trichinæ and Trichinosis. By W. C. W. Glazier. 1881. 212 pages. 87 il. 1 map. Paper. Senate Executive Document No. 9, Forty-sixth Congress, third session. Out of print.
- *2. Report on the Etiology and Prevention of Yellow Fever. By George M. Sternberg. 1890. 271 pages. 21 pl. 20 il. Cloth. Out of print.
3. Mortality Statistics in the United States for the year ending December 31, 1897. From Annual Report Marine-Hospital Service, 1898. 24 pages. Paper.
4. Yellow Fever: Its Nature, Diagnosis, Treatment, and Prophylaxis and Quarantine Regulations Relating thereto. By officers of the Marine-Hospital Service. Reprint from Annual Report Marine-Hospital Service, 1898. 176 pages. 1 il. Paper.
- *5. Shipment of Merchandise from a Town Infected with Yellow Fever. By H. R. Carter. 1899. 15 pages. Paper. Out of print.
6. Report of Commission of Medical Officers Detailed by Authority of the President to Investigate the Cause of Yellow Fever. By Eugene Wasdin and H. D. Geddings. July, 1899. 98 pages. 26 charts. 2 il. Paper.
- *7. The Bubonic Plague. By Walter Wyman. January, 1900. 50 pages. Paper. Superintendent of Documents, 5 cents.
- *8. Report of Commission Appointed by the Secretary of the Treasury for the Investigation of Plague in San Francisco. By Prof. Simon Flexner, Prof. F. G. Novy, and Prof. L. F. Barker. January 23, 1901. 23 pages. 1 map. Paper. Out of print.
- 9*. Report Relating to the Origin and Prevalence of Leprosy in the United States. By a Commission of Medical Officers of the U. S. Marine-Hospital Service. 1902. 119 pages. 25 il. Paper. Senate Document No. 269, Fifty-seventh Congress, first session. Superintendent of Documents. Cloth, \$1.00.
- *10. Plague Conference. Containing a copy of the address of the chairman, and resolutions passed by a conference called in accordance with requests from a number of State Boards of Health, and under authority of section 7, act of Congress approved July 1, 1902, to consider the plague situation. Reprint from P. H. R. No. 4, Vol. XVIII, January 23, 1903. 9 pages. And February 6, 1903. 41 pages. Paper. Out of print.
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