two years from the time when filled, and must be readily accessible to the inspecting officers above referred to.

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ART. 12. Under the authority conferred by section 1 of the act named, for the issuing of regulations necessary for carrying the provisions of the act into effect, physicians and surgeons writing any such prescriptions are hereby required to sign their name in full to the same, to state therein their registry number and the location of their office, and the name and address of the person for whom such prescriptions are written. Druggists and apothecaries must refuse to fill any such prescription unless signed as herein required; nor must prescriptions for such drugs be filled by any druggist or apothecary, if he has reason to suspect that it was fraudulently issued or obtained.

The dispensing of such drugs by druggists or apothecaries, except on physician's original prescriptions, or on original orders issued to persons who have duly registered, will be in violation of the act. Refilling of prescriptions or orders is therefore prohibited.

By section 6 of the act preparations containing only a small quantity of the drugs are excepted.

The penalty for violation or failure to comply with any of the provisions of the act is a fine of not more than $2,000 or imprisonment for not more than five years or both such fine and imprisonment.

AGE DISTRIBUTION OF TYPHOID FEVER.

The ages at which typhoid fever is most common, as indicated by the cases reported in the States of Minnesota, Michigan, and Pennsylvania, are shown in the accompanying table. The Michigan and Pennsylvania cases are for the year 1913, while the Minnesota reports cover the years 1912, 1913, and 1914. The data for the table were furnished by the departments of health for these States. The table shows for each five-year age group the number of cases reported.

Age distribution of typhoid fever in cases reported in Pennsylvania, Michigan, and Minnesota.

Ages of patients in years.	Number of cases reported.					
	Minnesota.			Pennsylvania, 1913.	Michigan, 1913.	Minnesota, Pennsylvania, and Michigan, 1913.
	1912	1913	1914			
Under 5	23	46	62	481	93	620
5 to 9	79	119	115	1,524	264	1,907
10 to 14	92	94	110	1,483	249	1,826
15 to 19	84	169	170	1,698	286	2,153
20 to 24	132	255	232	1,668	368	2,291
25 to 29	89	185	182	1,069	279	1,533
30 to 34	57	145	114	749	194	1,088
35 to 39	38	94	102	546	137	777
40 to 44	29	61	64	400	116	577
45 to 49	28	37	31	270	79	386
50 to 54	19	29	43	207	58	294
55 to 59	13	12	23	119	42	173
60 to 64	6	8	13	147	20	211
65 to 70	6	2	15		17	
Over 70	2	1	7		16	
Total	697	1,257	1,283	10,361	2,218	13,836
Age not stated	24	47	116	159	32	238
Total cases	721	1,304	1,399	10,520	2,250	14,074

Chart 1 shows for each State, for the year 1913, the percentage of the total reported cases occurring in each 5-year age group. It will be noted that the percentage of cases in the age group "5 to 9 years" is larger than the percentage reported in the age groups "under 5 years" and "10 to 14 years." The percentage of cases then rises in the succeeding age group, "15 to 19 years." In Michigan and Minnesota the percentage of cases continued to increase and was highest in the age group "20 to 24 years," while in Pennsylvania the percentage was highest in the age group "15 to 19 years." In the succeeding age groups the percentage fell rapidly.

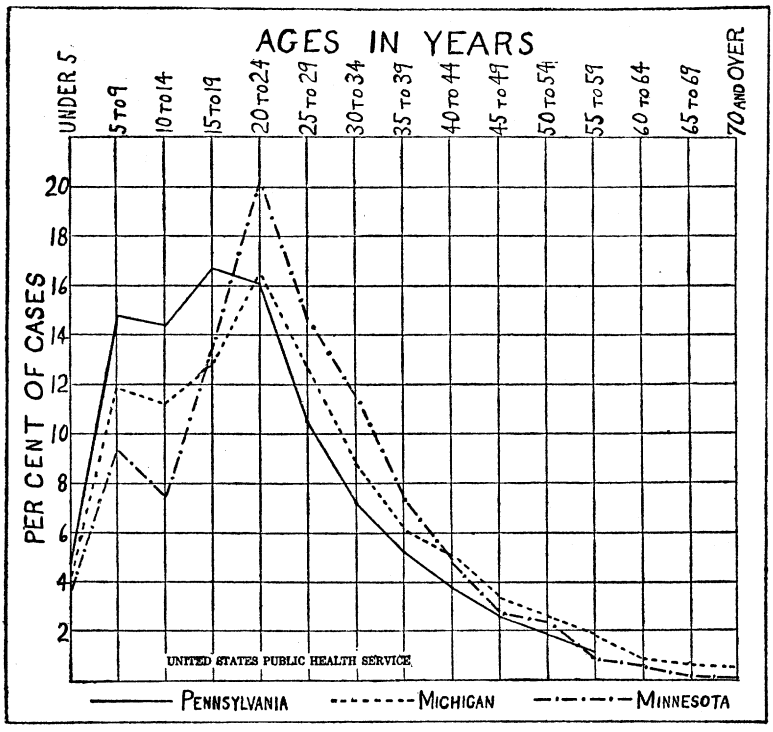

CHART 1.—Age distribution of typhoid fever in cases reported in Pennsylvania, Michigan, and Minnesota during the calendar year 1913

In order to ascertain the age susceptibility and incidence, the ratio of reported cases to the number of individuals in each of the 5-year age groups was approximated for the year 1913 for the combined reported cases in the three States, assuming that the aggregate population of these States had an age distribution similar to the standard million of the States originally in the registration area for deaths, according to the census of April 15, 1910. The standard million was obtained from the Bureau of the Census.

Chart 2 shows the comparative ratio of incidence of the disease in the several age groups. The essential difference between this chart and chart 1 is the absence of the distinct peak which appears in the curves for Michigan and Minnesota at the age group "20 to 24 years."

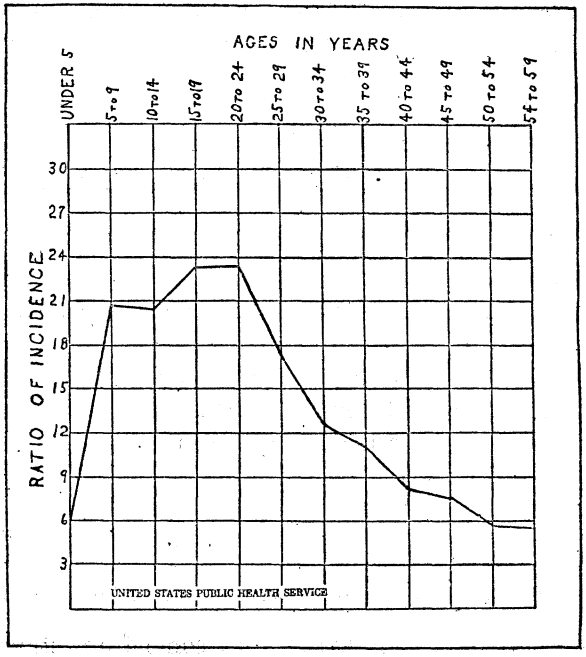

CHART 2.—Ratio of reported cases to population in each 5-year age group.

It is to be borne in mind that the figures and charts are based upon reported cases and that the distribution of such cases may vary to some extent from the distribution of the disease itself. It may be that typhoid fever is more generally recognized (possibly more readily so) between the ages of 5 and 25. It is within the bounds of possibility that the disease may exist to a greater extent than is indicated by the figures here given in other age groups, but not be so frequently recognized. If the disease is overlooked in this way, however, the probabilities are that it is in the age group under 5 years.

MALARIA CONTROL.

DRAINAGE AS AN ANTIMALARIAL MEASURE.

By J. A. A. LE PRINCE, Sanitary Engineer, United States Public Health Service.

Satisfactory drainage as applied to mosquito control is quite different from the usual meaning of the term "drainage." Lands drained for agricultural purposes not infrequently produce mosquito-breeding places.