

MONTHLY BULLETIN

Indiana State Board of Health.

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INDIANAPOLIS, MAY, 1900.

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The MONTHLY BULLETIN will be sent to all health officers and deputies in the State. Health officers and deputies shall carefully read and file each copy for future reference. This is very important, for we expect to print instructions, rules and general information, which it will be necessary for officers to preserve.

ANALYSIS OF MORTALITY STATISTICS FOR MAY.

The total number of deaths in Indiana in May was 2,558, which is 423 less than in April. The annual rate for May is 11.4 and that for April 13.7. The deaths from preventable diseases were as follows: Tuberculosis, 353; typhoid fever, 38; diphtheria, 12; scarlet fever, 11; measles, 27; whooping cough, 27; pneumonia, 224; diarrheal diseases, 30; cerebro-spinal meningitis, 71; influenza, 34; puerperal fever, 16. It is to be noticed that measles destroyed more persons than scarlet fever and diphtheria combined. The same remark applies to whooping cough. The cancer deaths (105) is an increase over April deaths, from the same cause, of 24. The two smallpox deaths were in Clay and Blackford counties. One was a man 48 years old, the other a man of 55 years.

SANITARY SECTIONS: The northern sanitary section, 31 counties, having a population of 887,525, had 763 deaths, an annual per one thousand rate of 10.1. The middle sanitary section, 33 counties, population 1,019,903, had 1,133 deaths, an annual rate of 13.1. The southern sanitary section, 28 counties, population 731,055, reports 662 deaths, an annual rate of 10.

COUNTIES: In April four counties showed an annual death rate of over 20, but this month (May) there are only two in this class, namely, Fayette, which has a rate of 23.9, and Ohio, which has a rate of 20.8. In April Fayette's rate was only 9. The counties which fell below the average for the month were 50 in number. Those going above the average were: Blackford, 15.1; Dekalb, 12; Elkhart, 12.9; Fulton, 12.9; Grant, 12.1; Howard, 14.2; Marshall, 12.7; Noble, 12.8; Porter, 12; Bartholomew, 13.6; Boone, 11.5; Brown, 14.4; Decatur, 12.9; Delaware, 15.4; Fayette, 23.9; Fountain, 13.2; Hamilton, 13.3; Hancock, 15.1;

Johnson, 15.5; Madison, 13.6; Marion, 19.4; Tippecanoe, 13.8; Union, 13.7; Vigo, 13.1; Wayne, 15.8; Dearborn, 11.6; Floyd, 15.5; Jackson, 15.1; Jefferson, 14.8; Jennings, 13.3; Martin, 12; Ohio, 20.8; Ripley, 12.3; Switzerland, 14.7; Vanderburgh, 13.7; Warrick, 12. Pulaski and Starke counties have at once the same and the lowest rate, 4.8. In April their rates were respectively 5.7 and 1.9.

CITIES: All of the cities of the State, representing a total of 809,965 persons, report 1,038 deaths, a rate of 15.1. The cities showing a rate of 20 and over were: Indianapolis, Kokomo, Lafayette, Alexandria, Connersville, Aurora, Clinton, Columbia City, Franklin, Ligonier, North Vernon, Rensselaer, Rising Sun, Vevay.

Cities of Class A, those having over 50,000 population, and representing 195,273 souls, report 306 deaths, a rate of 18.4. This class includes Indianapolis, rate 20.1, and Evansville, rate 14.2.

Cities of Class B, those having from 25,000 to 50,000, representing 120,604 population, report 131 deaths, a rate of 12.8. This class includes Fort Wayne, rate 12.2; South Bend, 10.4; Terre Haute, 15.6.

Cities of Class C, those having from 10,000 to 25,000 population, representing a total of 220,548, report 283 deaths, a rate of 15.1. This class includes Anderson, 12.7; Elkhart, 17.1; Elwood, 13.5; Hammond, 8.3; Jeffersonville, 13.7; Kokomo, 20.4; Lafayette, 21.7; Logansport, 11.6; Marion, 14.1; Michigan City, 8; Muncie, 18.6; New Albany, 18.9; Richmond, 17.8; Vincennes, 12.

Cities of Class D, twenty cities, population 5,000 to 10,000, representing a total of 139,245, report 163 deaths, a rate of 13.8.

Cities of Class E, thirty-nine cities, all under 5,000 population, representing 134,295, report 155 deaths, a rate of 15.6.

The number of deaths under one year in the cities was 169, which is 16.9 per cent. of all city deaths. The one year deaths in the country was 239, or 16.4 per cent. of the total number of country deaths. The rates per 100,000 per annum, from certain causes, in cities and country, were as follows: Tuberculosis of lungs, cities, 160.2; country, 103.1. Typhoid fever, cities, 21.8; country, 14.8. Diphtheria, cities, 8.7; country, 3.8. Scarlet fever, cities, 7.2; country, 3.8. Whooping cough, cities, 7.2; country, 14.1. Influenza, cities, 23.3; country, 11.6. Diarrheal diseases, cities, 23.3; country, 9.

SMALLPOX DURING MAY.

We had hoped to be able to state in May Bulletin that smallpox had disappeared from the State. But it is with regret we have to announce two deaths from the disease and eighty-eight cases, as follows:

May 2.	Brazil.....	2 cases.
May 2.	Knightsville.....	1 case.
May 2.	Near Brazil.....	2 cases.
May 2.	Elwood.....	4 cases.
May 2.	Anderson.....	12 cases.
May 5.	Evansville.....	1 case.
May 7.	Muncie.....	1 case.
May 7.	Plainfield.....	1 case.
May 9.	Fountain County.....	1 case.
May 9.	Montpelier.....	1 case.
May 11.	Kokomo.....	3 cases.
May 11.	Fort Ritner.....	1 case.
May 12.	Wells County.....	2 cases.
May 12.	Evansville.....	1 case.
May 13.	Elwood.....	1 case.
May 14.	Oakland City.....	1 case.
May 14.	Williamsport.....	1 case.
May 14.	Perrysville.....	1 case.
May 14.	Howard County.....	1 case.
May 15.	Silver Island.....	1 case.
May 17.	Kosciusko County.....	1 case.
May 17.	Jeffersonville.....	6 cases.
May 18.	Tipton.....	1 case.
May 19.	Sullivan.....	1 case.
May 21.	Plainfield.....	2 cases.
May 22.	Near Bedford.....	4 cases.
May 24.	Middletown.....	3 cases.
May 25.	Anderson.....	6 cases.
May 27.	Tunnelton.....	2 cases.
May 28.	Merom.....	3 cases.
May 30.	Lawrenceburg.....	3 cases.
May 30.	Indianapolis.....	17 cases.

Wherever smallpox appears there are found doctors who deny its existence and ridicule the correct diagnosis. There are also frequently found newspapers and citizens who confidently deny that it exists. Exactly how all of these persons know without seeing the cases, and without being skilled in the diagnosis of variola, we will leave the reader to conjecture. We again wish to say that quarantine can only be depended upon to prevent the spread of smallpox from the quarantined cases, but the infection is now so widespread that it is quite certain the epidemic will not abate until the unvaccinated and the unattacked are affected. It is most strange, but even practitioners (we will not say scientific physicians), are found who oppose vaccination. The opponents of the demonstrated fact that the world moves are now reduced to one.

CONFERENCE OF STATE AND PROVINCIAL BOARDS OF HEALTH OF NORTH AMERICA.

The fifteenth annual meeting of the above conference was held at Atlantic City, N. J., June 1 and 2. Thirty-two States were represented. The association was welcomed by the mayor, and response made by Dr. Probst, of Ohio, vice-president. President Wingate, of Wisconsin,

presided. The program included a symposium on school hygiene. Almost every phase of the subject was discussed. The symposium was opened by a paper on school house construction, by Mr. J. H. Cook, architect of the Philadelphia School Board. This paper was most comprehensive and complete, and the State Board regrets it has not the money with which to publish and distribute it in Indiana. It was the general consensus of the conference that we are killing annually far too many children in our unsanitary school houses, and that a practical people should speedily stop the destruction by properly constructing their school buildings. Every fall when the schools open diphtheria, scarlet fever and other diseases break out and children die or are injured for life. Medical inspection, as has been demonstrated, would greatly lessen the evils. Where an abundance of fresh, pure air is denied, as is most frequently the case in school houses, acute diseases of the air passages are engendered, nutrition interfered with, nervous troubles induced, and the foundations laid for consumption, pneumonia, catarrh, etc., in after life.

The conference discussed smallpox, and it developed that wherever this disease had appeared opposition to efforts to extinguish it appeared.

All the speakers told of abuse and misrepresentation which had followed their endeavors to save the people. The St. Louis method of formaldehyde disinfection was illustrated and explained. This method consists in diluting the formaldehyde with three or four times its bulk of water, and by the heat of a wood alcohol lamp vaporizing the mixture in the room to be disinfected. Boiling water is also present in a second kettle. Ten ounces of formaldehyde were recommended for each 1,000 cubic feet of space. The experiments with this method proved that diphtheria bacilli were always killed.

The officers elected for next year were: President, Dr. Chas. O. Probst, Ohio; Secretary, Dr. G. T. Swarts, Rhode Island; Treasurer, Dr. J. A. Egan, Illinois. The 1901 meeting will be held two days prior to the meeting of the American Public Health Association wherever it may decide to go.

PLEASE NOTIFY: County secretaries will please not fail to notify the central office of any changes of city or town health officers or of deputies which may occur within their respective jurisdictions. This is an important matter and must not be neglected.

* * *

SAME OLD STORY: An adult lived in a boarding-house in Elwood, where there were eleven in the family. On Thursday evening, April 26, he went to visit his sister at Kokomo. Friday he consulted Dr. Martin at Kokomo, who told him he had chickenpox. He went back to Elwood on Saturday, and that day was down town and in the stores. Saturday night he called in a physician who had started to the country, and the physician told him he would come back later. Two physicians, Ringo and Suttner, pronounced it smallpox at 11 o'clock Saturday night, and the house was immediately put under strict quarantine. His wife, who had been with him up until

Saturday night, was smuggled out and went to Logansport. Sunday they vaccinated eleven in the house. April 30, at 12 o'clock, they discovered another case in another house.—Report of Dr. Ginn, health officer of Elwood.

* * *

DR. GASTINEAU: The deputy health officer of Lewis Township, Clay County, is Dr. Henry Gastineau. He is a live man and desires to do good to his fellow-man. He reports: "Smallpox attacked Wilson Terhune. The case was exceedingly mild. He had been successfully vaccinated twenty years ago. His wife and baby, neither vaccinated, acquired the disease and had it quite severely. The five older children were promptly vaccinated, and, although in direct contact with the infection, escaped having the disease. I report a case of diphtheria in a family which recently moved into an old, dilapidated school-house. Three other children in family, who, of course, are in danger."

* * *

THE BENEFITED OBJECT: The average American citizen is very willing to be protected from the contagion of his neighbor, but when it comes to protecting the neighbor from his contagion, that is an entirely different matter, and he is very loath to have his children excluded from the public schools even for a short period, and the physician who enforces this quarantine is not apt to increase his popularity thereby. In mild cases of diphtheria, scarlatina and variola, diseases which are very frequently called by other names by the attending physician at the commencement of epidemics, also when the attendant chooses to regard membranous croup as noncontagious, there is usually ample opportunity for the spread of these diseases among the susceptible.

A case illustrating the aversion of the average American citizen to being inconvenienced for the benefit of others is well impressed upon my mind.

A first case of diphtheria occurring in a certain season proved fatal. It was very easy to quarantine that family, and secure an efficient disinfection of the premises, as there were other children in the same family, and they escaped.

The next case was very mild and was a man, the father of a large family of young children. He was confined to the bed only a few days. I promptly excluded his children from the school, and when fully recovered directed him how to disinfect his house. He thought that unnecessary and neglected to do so.

Soon after the children of this family were allowed to return to school, they began dropping out one at a time for a few days each, and then returning to school, showing evidences of having been sick, until it had gone through the whole family.

About this time my own little girl was taken with diphtheria and came very near dying. My boy, a few years younger, was taken with the same disease, but had it in a very mild form.

During the illness of my daughter this man came to me, frankly admitting that his children had all been having

sore throats, with the same white patches (his wife said) as were in his throat when I had attended him.

He had not consulted me about his children, for he well knew I would exclude them all from school; in fact, they had had no physician, but fearing my daughter would die, his conscience reproached him and he came to express regret for not having heeded my advice.

I think it will stand as a fact that the chief difficulty in the way of enforcing all health regulations is the opposition of the people who are to be benefited thereby.—Dr. Chapman, Illinois Medical Journal.

* * *

THE ANTI-SPITTING LAW: Indianapolis is to be congratulated upon the passage of the anti-spitting bill. Several cities have made an effort in this direction, and only a few have been successful. It is a worthy measure when considered in the light of cleanliness, if nothing more. It has, however, a still more important significance. As a means of preventing the spread of contagion it is praiseworthy indeed. Every one should consider it an individual obligation to render all possible assistance in the fulfillment of its requirements. The ignorant and filthy may obey only when under the watchful eye of a police officer, but all good citizens will certainly interest themselves in eradicating this disease-breeding habit.

The ordinance provides a fine of \$2.00 for spitting on any sidewalk, steps or floors of street cars or of public buildings.

The Woman's Local Council prepared the bill and have been energetic and untiring in their efforts to guide it to a successful termination. The superintendent of police endorsed it, and has notified his officers to arrest all violators.—The Medical and Surgical Monitor.

* * *

SALOL IN SMALLPOX: My experience is that salol absolutely abolished all sense of irritation and the desire to scratch, and prevented the stage of maturation except in a few vesicles which went on the usual course. The last confluent case I treated had only two vesicles, one in either arm, which suppurated; all the rest aborted, the lymph contents of the vesicles drying up and disappearing.

The importance of being able to control the irritation and to prevent suppuration need not be enlarged on to any one who has seen anything of this disease, and I trust a full trial will be made of the drug and the results made known. I did not find it necessary to exceed 3 j a day given in 15-grain doses every four hours, nor did I notice any bad results from long continued use of the drug.

Salol is a most useful drug in many diseases, but in none are its results more striking in my experience than in smallpox.—Beggs in New York Lancet.

* * *

DR. KERTH: The people will uphold Dr. Kerth in his effort to secure pure milk for the city. Now that summer is coming the milk supply is a matter of vital importance. With hundreds of small children it is a matter of life and death that the milk should be pure.

To sell impure milk is criminal. It is unfair for honest dealers that men without scruple should be allowed to vend their poison side by side with them. Dr. Kerth will be upheld in every step he takes to safeguard the health of the citizens.—Evansville Courier.

* * *

EVANSVILLE: Milk and Food Inspector Kerth has filed an affidavit against Behme & Son, the dairymen, charging them with selling adulterated milk. They will be prosecuted in the police court. If found guilty the penalty is a fine not to exceed \$50.

Wednesday Dr. Kerth examined a sample of milk from Behme's dairy, and found it to contain only 1.8 per cent. of butter fat, while the standard is 3 per cent. The specific gravity of the sample was also much below standard. Three times previously Dr. Kerth has found Behme's milk below the standard, and has given notice, but without effect, and so determined to prosecute. Dr. Kerth says from the low specific gravity of the sample, as well as the low per cent. of butter fats, it is evident the milk has been adulterated, probably by the addition of water.

A sample of milk taken from a store was found to show only 2.2 per cent. of butter fats, but the specific gravity was high, showing that probably the milk had been poured out of the can without stirring and it had not been adulterated. As this was the first offense of this store a written notice was given it.

Dr. Kerth examined five dairies during the past week. The only one he found in poor condition was that of Behme & Son, where the stock was not in good shape. This was reported to the Board of Health Thursday.

Sanitary Officer Casey's report showed three cases of typhoid fever, two of diphtheria, one of scarlet fever, fifty-seven of measles and three of smallpox during the past week. Five fumigations were made and three quarantines removed. Forty-one orders to clean premises were given. The police are assisting in this work and delivering notices to property owners.—Evansville Courier.

* * *

INDIVIDUAL RESPONSIBILITY: The Evansville Courier, in a fine editorial on "Public Cleanliness," says: "What is needed is not higher taxes, nor greater meddling on the part of the city officials in private affairs, but a higher sense of public cleanliness on the part of the property owners." In other words, there is no substitute for individual righteousness.

* * *

HORN POX: Dr. Hunter, health officer of Lawrence County, reports as follows: "I report four cases of smallpox in a family of eight near Bedford. The father had an eruption about sixteen days ago, which I looked upon with suspicion and sent him to another physician. He, too, was perplexed. I ordered the man to stay in for further developments. The eruption subsided without crusting, but rather contracted to size of pin head, leaving no macula. About six days ago the children of the family began to get sick, and erupted finally with smallpox."

The description is that of "horn pox," an abortive form of smallpox. When the papules abort, forming small hard bodies, resembling little horns, then the name "horn pox" is applied. If the disease aborts in the vesicular stage, and wart-like pimples appear, the name "wart pox" is given. The writer has many times seen these forms of smallpox during the present epidemic.

* * *

MORGAN COUNTY: Dr. Tournier, health officer of Morgan County, reports May 19 as follows: "An alarming disease prevails among cattle and horses in vicinity of Clear Creek, three and one-half miles south of Bloomington. Cattle attacked refuse to eat or drink, and the milk dries up in cows which have the disease. From the onset of attack to death is usually three days. The farmers are very much excited on account of these conditions."

In regard to this matter, Dr. Tournier was informed the Sanitary Live Stock Commission could give him no help because their appropriation was exhausted. It remained, therefore, for the County Board of Health, which has full power in the matter, to take proper steps to suppress the disease. When acting in such cases, the county commissioners must be formally called to order as a Board of Health and pass proper orders governing the circumstances. County commissioners are not endowed with power in health matters. It is the County Board of Health which is so endowed. If the County Board of Health were to formally order Dr. Tournier to take what steps were necessary to suppress this plague, he could then proceed legally to execute the order. Any expense incurred would be a legal claim against the county and would be allowed by the county council.

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FORMALDEHYDE DISINFECTION: It has been going the rounds of medical magazines that disinfection by formaldehyde will soon be abandoned in Chicago. The statement is based upon a report that disinfectors regularly engaged in the work at Chicago had received permanent injury from formaldehyde. A letter from Dr. Reynolds, Commissioner of Health of Chicago, to the Indiana State Board of Health, says: "We have no intention of giving up the use of formaldehyde, nor is it dangerous to the health of our men."

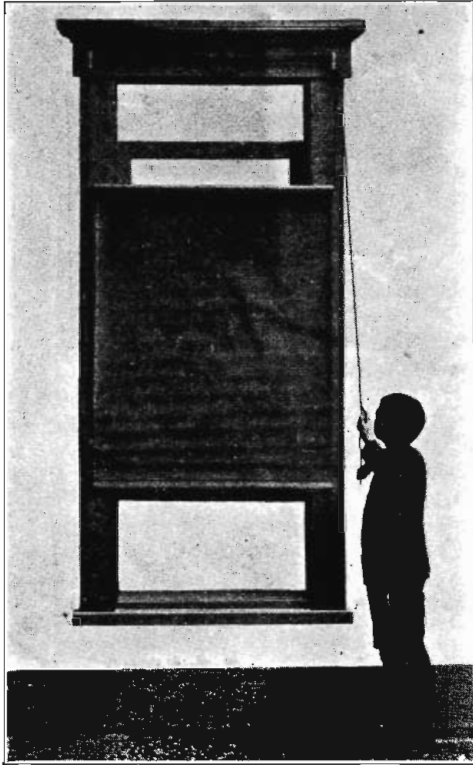
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DR. LOOMIS: The health officer of Vermillion County, Dr. Loomis, sums up the smallpox outbreak in his county as follows: "There were in all eighteen cases. Fifteen were never vaccinated. Three cases, two men and one woman, all sixty years of age or over, were vaccinated in youth. The oldest man, 65 years old, had a sharp attack; the other two had mild attacks. Everywhere the evidence is overwhelming of the protective value of vaccination against smallpox. Evidence and fact, however, can not remove the hallucinations of anti-vaccinationists."

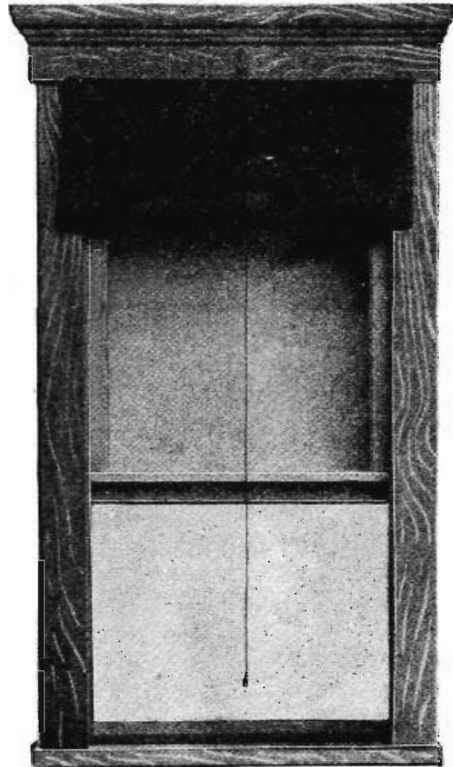
A HOOSIER SANITARY INVENTION: The accompanying engravings partially illustrate the merits of the Frampton Shade, which enables one to lower or raise the shade as a whole, so that perfect ventilation and proper tempering of light may be secured from either top or bot-

tom. The desired position of blind is controlled by a single cord, and so arranged that the shade is always square on window; and both sides are uniformly raised and lowered without the possibility of either side dropping below the other.

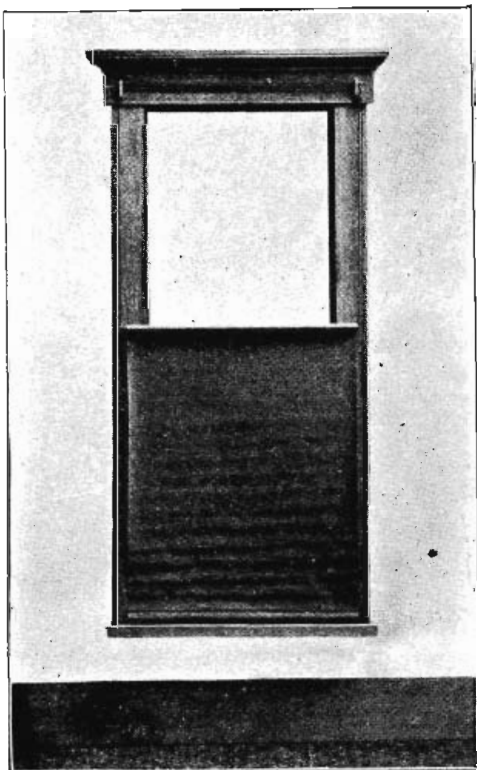
The comfort and convenience to be derived from the various adjustments makes it almost indispensable for school, lodge, business, bath and sleeping rooms. The



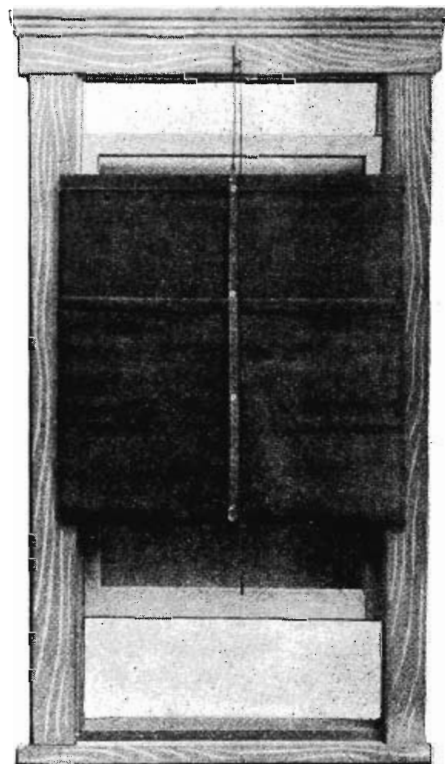
No. 1.



No. 3.



No. 2.



No. 4.

shade may be lowered to cover lower sash, securing light, ventilation and privacy at the same time, and always in such position that the wind or draft can not strike it and the usual blowing and beating is avoided.

Mr. Frampton has also invented a cheaper shade than the one above illustrated, which is shown by cuts Nos. 3 and 4.

This shade is supported by a single cord, which runs through a catch pulley, and it may be quickly and securely placed at any part of the window. Mr. George M. Frampton, the inventor of these ingenious and useful devices, lives at Pendleton, Ind. The Putnam County school-houses have been provided with these shades.

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AN ILLINOIS DOCTOR: Complaint of citizens comes from Lake County that an Illinois doctor who sometimes crosses the line and practices in Indiana fails to give notice of contagious diseases. Recently this man treated four cases of scarlet fever in Lake County, failed to notify the county health officer, no quarantine was established and the disease spread, but no deaths resulted. This man now has a warrant issued against him, and the next time he crosses the border he will have to face our good Indiana law.

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WILL REAP BUSINESS DEPRESSION: The town or city that tries persistently to deny the presence of an infectious disease and refuses to adopt and enforce proper preventive and restrictive measures is sure sooner or later to reap a whirlwind of indignation and business depression that is not enviable.—Report of Iowa Board of Health.

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ANDERSON: The following notice appeared in the Anderson Herald of June 5:

Owing to the fact that some cases of acute eruptive diseases have passed unrecognized, and some have been diagnosed as chickenpox that were not chickenpox, all practicing physicians of Anderson will be required from this time on, until otherwise notified, to report all cases of chickenpox as soon as recognized to the secretary of the city board of health; and any householder harboring any eruptive disease that is not under the care of a regularly licensed physician is required under the present health regulations to report such case immediately to the secretary of the city board of health.

M. M. DUNLAP,
Pres. City Board of Health.

W. J. FAIRFIELD, Sec.

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PRESIDENT ELIOT ON ANTIVIVISECTION LEGISLATION: We are permitted to reproduce the following letter of President C. W. Eliot, of Harvard, to Hon. James McMillan, chairman of the Committee on the District of Columbia, in connection with the recent hearing on the Antivivisection Bill. The opinion of a great educator upon this subject, about which so much popular misunderstanding and misinformation exists, is of great indirect value, but so succinctly and accurately has President Eliot stated the essence of the professional objections to the objectors that we wish his letter might be published in every lay journal of the land.

Harvard University, Cambridge, March 19, 1900.

Dear Sir—I observe that a new bill on the subject of vivisection has been introduced into the Senate, Bill No. 34. This bill is a slight improvement on its predecessor, but is still very objectionable. I beg leave to state very briefly the objection to all such legislation.

1. To interfere with or retard the progress of medical discovery is an inhuman thing. Within fifteen years medical research has made rapid progress, almost exclusively through the use of the lower animals, and what such research has done for the diagnosis and treatment of diphtheria it can probably do in time for tuberculosis, erysipelas, cerebro-spinal meningitis, and cancer, to name only four horrible scourges of mankind, which are known to be of germ origin.

2. The human race makes use of animals without the smallest compunctions as articles of food and as laborers. It kills them, confines them, gelds them, and interferes in all manner of ways with their natural lives. The liberty we take with the animal creation, in using utterly insignificant members of them for scientific researches, is infinitesimal compared with the other liberties we take with animals, and it is that use of animals from which the human race has most to hope.

3. The few medical investigators can not, probably, be supervised, or inspected, or controlled by any of the ordinary processes of government supervision. Neither can they properly be licensed, because there is no competent supervising or licensing body. The government may properly license a plumber, because it can provide the proper examination boards for plumbers; it can properly license young men to practice medicine, because it can provide the proper examination boards for that profession, and these boards can not provide any board of officials competent to testify to the fitness of the medical investigator.

4. The advocates of antivivisection laws consider themselves more humane and merciful than the opponents of such laws. To my thinking these unthinking advocates are really cruel to their own race. How many cats or guinea-pigs would you or I sacrifice to save the life of our child, or to win a chance of saving the life of our child? The diphtheria-antitoxin has already saved the lives of many thousands of human beings, yet it is produced through a moderate amount of inconvenience and suffering inflicted on horses, and through the sacrifice of a moderate number of guinea-pigs. Who are the merciful people—the few physicians who superintend the making of the antitoxin, and make sure of its quality, or the people who cry out against the infliction of any suffering on animals on behalf of mankind? It is, of course, possible to legislate against an improper use of vivisection: For instance, it should not be allowed in secondary schools, or before college classes for purposes of demonstration only; but any attempt to interfere with the necessary processes of medical investigation is, in my judgment, in the highest degree inexpedient, and is fundamentally inhuman.

Yours very truly,

C. W. ELIOT.

HON. JAMES McMILLAN.

—The Philadelphia Medical Journal.

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THE PLAGUE AND COMMERCIAL INTERESTS: The San Francisco Board of Health started out right when the bubonic plague first developed in that city, and courageously did its duty in spite of bitter opposition. But in the more recent developments it has certainly laid itself open to censure. Two weeks ago we noticed the discovery of another case of plague in San Francisco's Chinese quarter, the account being sent to us by telegraph by our regular correspondent. Shortly after his telegram was received, another came in which we were requested

not to publish the matter, as the merchants' association there desired it kept out of the papers. Developments show that the merchants succeeded, and that while they kept a knowledge of the conditions out of the general newspapers—a report of the case appearing exclusively in the Journal—the disease spread. Secrecy in this instance meant half measures in fighting the disease, whereas the most energetic steps, those which could only be carried out openly, were demanded. The penny-wise policy has proved to be a pound-foolish one for the business men of San Francisco. We have frequently asserted that there is no danger of the plague spreading in this country, even though it come to our shores, but if secret, half-hearted measures are to be adopted in deference to commercial interests, then a different story may have to be told. The San Francisco Board of Health has been abused by the newspapers and will be in the future, probably, but none the less its duty is to protect the people against the spread of the disease, even if commerce should temporarily suffer by the publication of the actual conditions.—Journal American Medical Association.

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CONVENTION SMALLPOX: The Attica Ledger says William Marlatt, of Williamsport, caught the smallpox while attending the Republican State Convention at Indianapolis.

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BRAZIL: Dr. Glasgo resigned as city health officer of Brazil in May, and Dr. Williams was selected as his successor.

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MEASLES: Two cases of measles at Purdue University terminated fatally within the last few days. Measles, which are commonly supposed to be of a trivial nature, sometimes prove very malignant and dangerous. In this disease patients are supposed to show a steady improvement after about the seventh day. If there is no improvement after this period there is said to be danger of serious symptoms developing.—Lafayette Courier.

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IS PNEUMONIA CONTAGIOUS? Dr. J. T. McNally, Carbondale, considered this question, and the following conclusions and inferences were drawn:

1. Pneumonia is an acute specific and mildly contagious disease, produced by the micrococcus lanceolatus, involving the vesicular structure of the lungs in an exudate of greater or less extent, and is attended by the severe and often dangerous constitutional symptoms due to the toxins produced by the infecting micro-organisms.

2. Isolation should always be recommended, and no two patients should occupy the same room at the same time. The aged and children, owing to the great mortality among them, and to the enfeebled powers of resistance of the former, should be excluded from the sick room.

3. The room should be large and should be kept well ventilated, as pure air is very essential for a pneumonia patient. The danger of vitiated air should be constantly borne in mind, for it is a point to be doubly guarded be-

cause of its harmful effects on the patient, and of its dangers to the attendants.

4. The prompt and thorough disposal of all pneumonic sputa is important, for while it may be harmless to-day it may be dangerous to-morrow. Prophylaxis is clearly one of the most important points to be considered. Since the true nature of pneumonia has been demonstrated by the bacteriologist, we may the more readily appreciate its dangers and guard against the septic possibilities resulting from pneumococcic invasions.

5. The rapid increase in our knowledge of bacteriology and the introduction of specific remedies afford ground for the hope that soon we may discover a treatment for this disease as certain and effective as that of antitoxin for diphtheria or quinine for malaria.—Journal American Medical Association.

* * *

A PLEASANT SMALLPOX EXPERIENCE: Dr. Geo. Rowland, health officer of Fountain County, writes as follows:

I went down to Silver Island yesterday, fourteen miles, and found a young man sick, aged twenty-one. I first thought he had measles, and ordinarily, in a measles epidemic, on casual examination, any physician would pronounce it measles. I made a very careful examination, and from the eruption of thirty hours' duration, taking that symptom alone, I could hardly pronounce it smallpox. But taking the history and collateral facts I decided differently. The young man's name is Charles Grubbs, lives within one-fourth mile of Whitford family, where there are nine cases of smallpox in one family (entire family). He is a stout young man, a farmer, and lives with his parents in a very nice home; had been vaccinated when a boy, and states he had a bad arm; it is not a good scar; I would not call it successful vaccination; the scar is one inch long by one-third inch, smooth, slick and shiny. Twelve days previous to taking sick Charley and the first Whitford boy rode together in a wagon one mile distant. The Whitford boy was then covered with scales and scabs of smallpox. Charley Grubbs on yesterday had passed through all the numerous symptoms belonging to smallpox, and had suffered much from pains of body, back and head.

The eruption was upon him and very much resembled measles; now and then a small vesicle could be seen, but I could not find the usual indentation or umbilical vesicle, and very strange and what surprised me most he had a temperature of 100°, and to use his language, "I feel first rate now."

I have given you hastily a faithful picture of what I saw in Charley Grubbs. I soon saw it was a mild case, not dangerous, and then decided to pronounce it a mild case of varioloid, and told the family so. They are intelligent people, law-abiding, and very desirous of complying with all the rules and regulations of the State Board of Health. I told the family we had better act as if it was a violent case of smallpox, and they cheerfully submitted to my judgment. I told them I very much disliked to deprive them of their liberty and put them in quarantine, but that if I made any mistake it would be on the side of safety. Without a dissenting voice they all cheerfully submitted, and Mr. Grubbs went out himself and tacked on the big smallpox card on his front gate.

I am going down again on Friday to see the Whitfords and then fix a date to take them out of quarantine, wash their bodies and put on new clothing, and burn the household effects. The trustee, the village merchant, the family of Whitfords, the guard, Mr. Grubbs' family, and entire community have all cheerfully aided me and obeyed all instructions. There has not been a word of hard feeling excepting the man we can find anywhere who persists in saying, "I don't believe it is smallpox."

SMALLPOX IN POSEY COUNTY.

(A Report to the Conference of State Health Officers.)

In October, 1899, a negro boy, sixteen years old, was discovered sick in Black's Grove, Posey County, in the northern part of town. His face showed ten or twelve papules. Upon investigation it was found that he had been in the city only a few days. He had come from Uniontown, Ky. He was at once returned to the house from which he had come, a double house containing three families, and put under quarantine with eight other people. I telephoned Dr. Chapman, Uniontown, Ky., and asked him whether or not he had any smallpox. He said, "No, but we have many cases of chickenpox." The negro did not go to bed, as he was not very sick after two days. Having had no practical experience with smallpox I was a little slow to call it such. The only characteristic symptom was the "shotty feel" of the eruption. While the case was not a typical one, every precaution was taken. He was kept eighteen days. No other case developed in the families. Some had been vaccinated and some had not. The patient had never been vaccinated. Saturday, the day quarantine was raised, another negro with the disease appeared on the streets, when the town was full of people. He was also from Uniontown, Ky. He was put under quarantine. When we turned this negro loose, three other cases had developed a square away. A vaccination proclamation was issued. This caused considerable stir, especially among the country people. They had no smallpox and thought it a hardship. It was said by some that many deaths had been caused by vaccination. Some claimed it was the wrong time of the year. I claimed the right time was when threatened with smallpox, or a little before. Some said they did not care for having John Henry and Sallie Ann vaccinated, but Mary Jane was weakly and her blood was out of order, and we are "afared" to risk it. Some said they had heard of several who had lost their arms. I told them I had practiced medicine fourteen years and, during this epidemic only, I had vaccinated about 700, and had not seen one case where an arm was lost. Some claimed vaccination did no good. I cited two instances: First, in a family of five, father, mother, and three children. I vaccinated the two schoolboys. The father contracted the disease, then the mother, then the baby. The boys failed to contract the disease, yet they were kept under strict quarantine with the family. Second, in another family I vaccinated one schoolboy, thirteen years old. The father contracted the disease, even so did two sons and a daughter. The schoolboy failed to contract the disease.

To any rational person this should be conclusive, that a successful vaccination is a great safeguard. One great trouble we encountered in trying to control the disease was, some families rather than report and have their house flagged, or be removed to the pest house, would keep the patient in hiding. In some instances the disease would attack one after another member of the family until the entire family had contracted the disease. When they got well they appeared on the streets with no change of clothing, nor had the house been disinfected. So the disease

continued to spread. Prompt and thorough action was taken when a case was located. During the latter part of the epidemic the people began to realize that it was their duty to assist in the matter. The city officers, city schools and county commissioners gave valuable assistance. We can not hope to entirely escape next season, because of the fact as before stated, many had not disinfected their clothing and houses. We disinfected several houses after we found that smallpox had existed in them, yet we are confident some were missed. This being the case, the germs will lie dormant until a certain time, when they will spring up and again start another epidemic. Our greatest fear is it may assume a more virulent form and many deaths may result. We had two deaths for which smallpox was given credit. One a babe a few weeks old, who was cyanotic since birth. A few days after confinement the mother contracted the disease from the father. In a short time, while the child was yet cyanotic, it contracted the disease, and died in about ten days. The other case was one of the smuggled character. I was sent for to see the woman, who had been sick ten or twelve days. I asked the runner if she was very sick. He said, "No, she's dead." I told him I did not think my services were needed. He said, "Yes; they want you to come and see whether or not she died of smallpox." I sent the superintendent of the pest house. He said she was thickly broken out. Not having any history of the case, we did not know the actual cause of the death. The cause, however, was given as smallpox.

In disinfecting clothing and houses, we used formaldehyde, sulphur, bichloride of mercury, hot water and soap. I wish to state further in regard to vaccination that I took eight suspects, all of whom had recently had the disease; I vaccinated them. Not one of the eight had a sore arm. For fear that the virus might be at fault, I revaccinated three of them, but could get no sore arm.

R. L. HARDWICK, Secretary.

Mt. Vernon, Ind.

OPTIONAL VACCINATION USELESS: Germany has concluded long ago that optional vaccination is useless, and so universal vaccination is enforced by a system of penalties. She has concluded also that a single vaccination in infancy will not prevent the occurrence of severe epidemics of smallpox, though very much diminishing their severity, and so a rigid system of revaccination has been instituted for all children in schools. The result is before the world. Smallpox epidemics are unknown in Germany, and deaths from smallpox in isolated cases are becoming rare events.—British Medical Journal.

* * *

IMPOSSIBLE: Indiana has a good pure food and drug law. This law charges the State Board of Health with its enforcement; but as the State Board is not provided with a laboratory and money for enforcement it is impossible to enforce. Suppose a railroad company were to supply a locomotive to an engineer, command him to run it, and not supply coal?

SIDEWALK SPITTING. The spitting ordinance is being enforced, and the police say they are having little or no trouble about it. The publicity given the matter prepared the expectorating citizen for the new order of things, and now when he desires to unload the result of his maxillary grind he steps briskly to the curb and lets fly at the gutter, no matter how urgent his business elsewhere. At

the west entrance of the court house, however, where a certain class of statesmen are wont to assemble and chew the rag from early morn till dewy eve, the law is fractured to an extent that calls for splints and judicial surgery. Can't the County Commissioners stop it if the police do not?—Indianapolis Independent.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES.

NORTHERN SANITARY SECTION.

Total population	887,525
Total deaths	763
Death rate per 1,000	10.1
Consumption, rate per 100,000	99.7
Typhoid, rate per 100,000	17.2
Diphtheria, rate per 100,000	5.3
Scarlet fever, rate per 100,000	3.9
Diarrheal diseases, rate per 100,000	13.2

CENTRAL SANITARY SECTION.

Total population	1,019,903
Total deaths	1,133
Death rate per 1,000	13.1
Consumption, rate per 100,000	129.5
Typhoid, rate per 100,000	15.0
Diphtheria, rate per 100,000	3.4
Scarlet fever, rate per 100,000	8.0
Diarrheal diseases, rate per 100,000	15.0

SOUTHERN SANITARY SECTION.

Total population	731,055
Total deaths	662
Death rate per 1,000	10.0
Consumption, rate per 100,000	133.9
Typhoid, rate per 100,000	19.3
Diphtheria, rate per 100,000	8.0
Scarlet fever, rate per 100,000	1.6
Diarrheal diseases, rate per 100,000	11.2



TABLE No. I. Deaths in Indiana by Geographical Sections and Counties During the Month of May, 1900.

STATE AND COUNTIES.	Population Based on School Census, 1900, Multiplied by 3/4.	Total Deaths Reported for May, 1900.	Annual Death Rate per 1,000 Population.	Stillbirths.	IMPORTANT AGES.			DEATHS FROM IMPORTANT CAUSES.																
					Under 1 Year.	1 to 5, Inclusive.	65 Years and Over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Pneumonia.	Diarrheal Diseases, Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Deaths in Institutions.	Smallpox.
State of Indiana..	2,638,483	2,558	11.4	108	408	174	642	270	83	38	12	3	11	27	27	224	30	71	34	16	105	105	89	2
Northern Co's....	887,525	763	10.1	28	124	44	214	75	18	13	4	2	3	8	9	64	10	21	13	3	38	34	23	1
Adams.....	26,806	19	8.3		6	3	3	3								3		2						
Allen.....	83,069	73	10.3	8	10	5	19	6	3	1						5	1	1	1	4		2		
Benton.....	14,035	6	5.0	1			2																	
Blackford.....	17,864	23	15.1	1	2		6	4	1							4		1		1	1		1	
Carroll.....	21,756	17	9.2				6	1	1															
Cass.....	35,840	34	11.1	2	4	2	9	5	5			1				5	1	1	1		1	1	9	
Dekalb.....	25,410	26	12.0		1	2	1	1	1				1				1	1	1		1	1		
Elkhart.....	44,506	49	12.9		6	5	12	6		3				4		2	1	2	1	1	1	2		
Fulton.....	19,127	21	12.9		2	2	8	3							1			1	1		3	4		7
Grant.....	55,135	57	12.1		5	3	18	12	1							5		3	2			1	1	
Howard.....	29,862	36	14.2		5	3	18	6		2	1					2					1	1	5	
Huntington.....	30,261	20	7.7	1	2		5	3		1							1		1			2		
Jasper.....	16,303	11	7.9	1	2		7														1			
Jay.....	29,526	25	9.9		1		6	3	2	1						4			1					
Kosciusko.....	31,006	24	9.1	1	2	1	8	4								1		1		1	1			
Lagrange.....	16,086	12	8.8	2		1	2	1	1															
Lake.....	39,112	29	8.7		9	2	2	2							3	3	1	1	3		3	2	3	
Laporte.....	39,837	28	8.2	1	4	2	15	1	2	1						2				1	3			
Marshall.....	28,672	31	12.7		5	2	8	2	2		1					1				1	3	1		
Miami.....	29,116	22	8.9	1	4		4	1	2	1						1		1						
Newton.....	11,280	8	8.3	1	3		1									1		1						
Noble.....	23,016	25	12.8	1	5	3	9	3	1					2		2	1	1		1		1		
Porter.....	19,540	20	12.0		4		6	1	2							3		1	2			2		
Pulaski.....	17,190	7	4.8		2	1	1					1												
Starke.....	12,078	5	4.8	1			1																	
Steuben.....	14,892	10	7.9		1	1	12	1		1						1								
St. Joseph.....	58,873	57	11.4	3	15	5	23	3	1	1	2					5	2	1	1	1	8	1		
Wabash.....	31,496	27	10.1	1	3	2	13							1		2								
Wells.....	25,921	12	5.4	1	4		3									1								
White.....	20,751	12	6.8	1	2		4	1								2				2		1		
Whitley.....	19,159	17	10.4		3		3	3							1	2				1	3	1		
Central Co's.....	1,019,903	1,133	13.1	48	192	66	281	112	44	13	3	1	7	11	11	105	13	25	19	6	45	44	51	1
Bartholomew.....	25,032	29	13.6	1	9	2	9	4							2	4	1	1	2	1	1			
Boone.....	27,527	27	11.5	1	2	3	7	2								6	1	1						
Brown.....	11,403	14	14.4	1	2		3	4	1							1								
Clay.....	39,970	22	6.4	1	5	1	8	2		3												1		1
Clinton.....	29,403	27	10.8	1	3	1	11	2	3	1								2			1	4	1	
Decatur.....	20,118	22	12.9	2	2		9	3								2					2	1		
Delaware.....	49,738	65	15.4	4	13	5	14	4	5				1		1	5	1	2	1	1		1		
Fayette.....	12,309	25	23.9	1	3	1	6	3	1		1					1								
Fountain.....	23,145	26	13.2	1			10	4	1							3	1					1		
Franklin.....	17,710	17	11.3		5	2	4	2										1	2		1	1		
Hamilton.....	31,881	36	13.3	1	7	2	10	4	3					1	2	1		1		1	1	2		
Hancock.....	20,296	26	15.1		4	2	7	5		1						1						1		
Hendricks.....	21,987	15	8.0		3	1	5	2		1						1								
Henry.....	23,873	19	9.3	2	1		6		1			1				1			2	1		1		
Johnson.....	21,227	28	15.5	2	2	1	11	6										2			3			
Madison.....	72,485	84	13.6	3	16	12	16	6	3	1					4	3	12	2			3	6	3	
Marion.....	166,481	274	19.4	14	45	12	57	20	11	3	1		1	1		33	3	8	5	2	12	9	35	
Monroe.....	22,403	15	7.9	1	3	1	3									1								
Montgomery.....	29,235	24	9.6	1	4		4		1	1											3	1		
Morgan.....	21,112	15	8.3	1	3	1	3	2								1	2				3	1	1	
Owen.....	17,454	10	6.7		3		3	1													1	1		
Parke.....	24,220	20	9.7	1	4	2	5		1							1					1	1		
Putnam.....	21,419	14	7.7		3		4									1	2	1			1	2		
Randolph.....	29,639	25	9.9	1	6	3	4	2		3						4		1	1		1	1		
Rush.....	18,868	19	11.8	1	2	2	7	1	2							1					3	2	1	
Shelby.....	27,156	21	9.1		3		5	5							2		1		1		2	1		
Tippecanoe.....	41,811	49	13.8		10	2	13	6		2				1		2	1	1	1		1		4	
Tipton.....	21,430	20	11.0	2	4	1	2	2								2					1	2		
Union.....	6,002	7	13.7				3												1			1		
Vermillion.....	15,501	15	11.4	1			2	3		2						2						2		
Vigo.....	61,874	69	13.1	2	16	7	13	9		1	1		3	2		6	1	1		1	2	1	5	
Warren.....	11,382	6	6.2		1	1	1		1							1</								

TABLE No. II. Deaths in Indiana by Cities During the Month of May, 1900.

CITIES.	Population based on School Census, 1900, Multiplied by 3/5.	Total Deaths Reported for May, 1900.	Annual Death Rate per 1,000 Population.	Stillbirths.	IMPORTANT AGES.			DEATHS FROM IMPORTANT CAUSES.																
					Under 1 Year.	1 to 5, Inclusive.	5 Years and Over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Pneumonia.	Diarrheal Dis- eases, Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Deaths in In- stitutions.	Smallpox.
Cities over 50,000 Popu- lation	195,273	306	18.4	15	56	16	63	27	12	3	1		1	2		33	4	10	5	2	16	9	27	
Indianapolis	139,116	238	20.1	11	42	11	47	18	9		1		1	1		30	3	8			11	8	19	
Evansville	56,157	68	14.2	4	14	5	16	9	3	1						3	1	2			5	1	8	
Cities from 25,000 to 50,000 Population...	120,604	131	12.8	10	25	12	23	10	4	3	2		1	2		13	4	2	1	1	5	6	6	
Ft. Wayne	46,204	48	12.2	6	7	2	10	3	1	1						3	1	2	1	1	3	1	1	
South Bend	36,036	32	10.4	2	9	4	5	1	1							4	1	1			5	1	1	
Terre Haute	38,364	51	15.6	2	9	4	8	7	1	1						6	2	1		2	1	5	5	
Cities from 10,000 to 25,000 Population...	220,548	283	15.1	7	46	25	67	32	10	4	1	1	3	4	3	28	5	10	4	2	8	8	3	
Anderson	21,280	23	12.7		4	3	6	1	2							4		1						
Elkhart	13,083	19	17.1		3	4	4	1	2		2					2	1	1			1			
Elwood	12,152	14	13.5	1	5	2	1	2	1						1	2	2	1			1			
Hammond	12,673	9	8.3		4	2	2								2	1	1	1			1			
Jeffersonville	11,193	13	13.7		3	3	2		1							3	1	1				1	1	
Kokomo	9,803	17	20.4		1	1	4					1				2	1	1			1		1	
Lafayette	20,597	38	21.7		8	1	9	5						1		1	1	1			1		1	
Logansport	16,226	16	11.6	1	3	2	3	3				1	1			2		1			1		1	
Marion	19,138	23	14.1		1	1	7	4								2		1			1			
Michigan City	14,598	10	8.0	1	4		4									1		1			1			
Muncie	19,624	31	18.6	2	6	2	4	2	4						4		1	1			1			
New Albany	19,974	32	18.9		2	3	8			1							1	1			1			
Richmond	16,492	25	17.8		1	10	2	1		1						3		3	1		1			
Vincennes	12,715	13	12.0	2	1	2	3	2	2							1					1			
Cities from 5,000 to 10,000 Population...	139,245	163	13.8	5	17	9	48	27	5	3	1			3	2	14	1	3	4	2	8	6	1	
Alexandria	6,478	12	21.3	1	2	4	1	2								2								
Bedford	5,645	3	6.2		1		1																	
Bloomington	6,086	4	7.7	1				2																
Brazil	8,281	2	2.8				2									2								
Columbus	7,381	6	9.5		1		2	2	1							1		1						
Connersville	5,869	13	26.1		1		3	2			1										2			
Crawfordsville	5,694	8	16.5				2																	
Frankfort	6,412	8	14.7			6	1	2													1			
Goshen	7,052	8	13.3			3			1												1			
Hartford City	5,957	6	11.3			1	2									1					1			
Huntington	9,240	14	17.3		2	4	4			1							1				1		1	
Laporte	6,734	9	15.7			4	4			1									2		1		1	
Madison	8,305	12	17.0		1	3	3			3						1				1	1			
Mt. Vernon	6,181	9	17.1	1	3	3	3			3														
Peru	8,393	7	9.8	1	1	1	1	1		1					1			1						
Princeton	5,756	8	16.4	1	2	1	3									1		1			2	1		
Seymour	6,058	6	11.6		1	3	3									2								
Shelbyville	6,450	10	18.2		2	2	3									1		1			1			
Wabash	8,739	11	14.3		2	6										1				1				
Washington	8,540	7	9.6		1	1	2									2					1			
Cities under 5,000 Popu- lation	134,295	155	13.6	5	25	5	47	14	5	2	1					14	2	2	2		7	8	1	
Attica	2,614	2	9.0			2										1								
Aurora	3,517	7	23.4		1			2			1													
Bluffton	4,245	7	19.4	1	1			1								1								
Cannelton	2,520	1	4.3																					
Clinton	2,317	4	20.3			1		1	1							1								
Columbia City	2,940	5	20.0			1		1												1	2			
Covington	2,814	4	16.7		1	1		1									1							
Decatur	4,487	4	10.5		1			1								1								
Delphi	1,967	No deaths.																						
Dunkirk	4,014	4	11.7		3							1												
East Chicago	3,066	1	3.8		1																			
Franklin	4,007	7	20.6			4																		
Garrett	3,696	2	6.3			1		4													1			
Gas City	4,256	1	2.7																					
Greencastle	3,325	5	17.7		3	2																		
Greenfield	4,522	7	18.2		1	2		3								1								
Greensburg	4,900	5	12.0	1		2	1																	
Huntingburg	3,115	1	3.7		1																			
Kendallville	2,952	4	15.9			2			1															
Lawrenceburg	4,578	7	18.0		2	2		1		1						1		1						
Lebanon	4,291	2	5.4																					
Ligonier	2,068	4	22.8		1	1	2																	
Martinsville	3,710	4	12.7	1	2																1			
Montpelier	3,097	4	15.2		1																		1	
Mishawaka	4,928	7	16.7		1	1	2																	
Noblesville	4,613	6	15.3					1								1				1				
North Vernon	2,444	6	28.9	2		3																		
Plymouth	3,668	4	12.8			2															1			
Portland	4,767	6	14.8		3	2										1								
Rensselaer	2,439	5	24.1		1	3																		
Rising Sun	1,428	3	24.7					1													1			
Rushville	4,032	1	2.9			1																		
Tell City	3,356	3	10.5		1	1																		
Tipton	3,650	6	19.3			1		1	2															
Union City	2,415	2	9.7													1								
Valparaiso	4,718	5	12.5			3			1													2		
Vevay	1,494	5	39.4			3										2								
Warsaw	3,731	2	6.3			1																		
Winchester	3,594	2	6.5			1																		
Total Urban Popu- lation	809,965	1,038	15.1	42	169	67	248	110	36	15	6	1	5	11	5	102	16	25	16	6	44	37	37	
Total Rural Popu- lation	1,830,518	1,620	9.7	66	239	107	394	160	47	23	6	2	6	16	22	122	14	46	18	10	61	68	52	

Mortality of Indiana for May, 1900.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population Based on School Census of 1900, Multiplied by 3½.	Total Deaths Reported for May, 1900.	Annual Death Rate per 1,000 Population.	Stillbirths.	Important Ages.						Deaths and Annual Death Rates per 100,000 Population from Important Causes.									
					Under 1.		1 to 4.		65 and Over.		Consumption.		Other Forms Tuberculosis.		Typhoid Fever.		Diphtheria.		Croup.	
					Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State	2,638,483	2,558	11.4	108	408	16.6	174	7.1	642	26.2	270	120.7	83	37.1	38	16.9	12	5.3	3	1.3
Northern Co's	887,525	763	10.1	28	124	16.8	44	5.9	214	29.1	75	99.7	18	23.9	13	17.2	4	5.3	2	2.6
Central Co's	1,019,903	1,133	13.1	48	192	17.6	66	6.0	281	25.8	112	129.5	44	50.9	13	16.0	6	3.4	1	1.1
Southern Co's	731,055	662	10.0	32	92	14.6	64	10.1	147	23.3	83	133.9	21	33.8	12	19.3	6	8.0	.....	.....
All cities	809,965	1,038	15.1	42	169	16.9	67	6.7	248	24.8	110	160.2	36	52.4	15	21.8	6	8.7	1	1.4
Over 50,000	195,273	306	18.4	15	56	19.2	16	5.4	63	21.6	27	163.1	12	72.5	3	18.1	1	6.0	.....	.....
25,000 to 50,000	120,604	131	12.8	10	25	20.6	12	9.9	23	19.0	10	97.8	4	39.1	3	29.3	2	19.5	.....	.....
10,000 to 25,000	220,548	283	15.1	7	46	16.6	25	9.0	67	24.2	32	171.2	10	53.5	4	21.4	1	5.3	1	5.3
5,000 to 10,000	139,245	163	13.8	5	17	10.7	9	5.6	48	30.3	27	228.8	5	42.3	3	25.4	1	8.4	.....	.....
Under 5,000	134,295	155	13.6	5	25	10.6	5	3.3	47	31.3	14	123.0	5	43.9	2	17.5	1	8.7	.....	.....
Country	1,830,518	1,520	9.7	66	239	16.4	107	7.3	394	27.0	160	103.1	47	30.2	23	14.8	6	3.3	2	1.2

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Deaths and Annual Death Rates per 100,000 Population from Important Causes.																					
	Scarlet Fever.		Measles.		Whooping Cough.		Pneu- monia.		Diarrheal Diseases, Under 5 Yrs		Cerebro- Spinal Meningitis.		Influenza.		Puerperal Septi- cemia.		Cancer.		Violence.		Small- pox.	
	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State.....	11	4.9	27	12.0	27	12.0	224	100.1	30	13.4	71	31.7	34	15.2	16	7.1	105	46.9	105	46.9	2	.8
Northern Co's....	3	3.9	8	10.6	9	11.9	64	85.0	10	13.2	21	27.9	13	17.2	3	3.9	38	50.5	34	45.2	1	1.3
Central Co's.....	7	8.0	11	12.7	11	12.7	105	121.4	13	15.0	25	28.9	19	21.9	6	6.9	45	52.0	44	50.9	1	1.1
Southern Co's....	1	1.6	8	12.9	7	11.2	55	88.7	7	11.2	25	40.3	2	3.2	7	11.2	22	35.5	27	43.5	.....	.....
All cities	5	7.2	11	16.0	5	7.2	102	148.5	16	23.3	25	36.4	16	23.3	6	8.7	44	64.1	37	53.9	1	1.4
Over 50,000.....	1	6.0	2	12.0	.....	.....	33	199.4	4	24.1	10	60.4	5	30.2	2	12.0	16	96.6	9	54.3	.....	.....
25,000 to 50,000 ..	1	9.7	2	19.5	.....	.....	13	127.1	4	39.1	2	19.5	1	9.7	1	9.7	5	48.9	6	58.7	.....	.....
10,000 to 25,000 ..	3	16.0	4	21.4	3	16.0	28	149.8	5	26.7	10	53.5	4	21.4	2	10.7	8	42.8	8	42.8	.....	.....
5,000 to 10,000 ..	.....	.....	3	25.4	2	16.9	14	118.6	1	8.4	3	25.4	4	33.8	2	16.9	8	67.7	6	50.8	.....	.....
Under 5,000.....	.....	.....	.....	.....	.....	.....	14	123.0	2	17.5	2	17.5	2	17.5	.....	.....	7	61.5	8	70.2	1	8.7
Country.....	6	3.8	16	10.3	22	14.1	122	78.6	14	9.0	46	29.6	18	11.6	10	6.4	61	39.3	68	43.8	1	.6

Indiana Climatic Data for May, 1900, Furnished by U. S. Department of Agriculture.

C. F. R. WAPPENHANS, LOCAL FORECAST OFFICIAL AND SECTION DIRECTOR.

SECTIONS.	Temperature—Degrees Fahrenheit.				Precipitation in Inches.				Sky.			Prevailing Direction of the Wind.
	Monthly—Mean.	Departure from the Normal.	Mean—Maximum.	Mean—Minimum.	Average—Monthly.	Departure from the Normal.	Total Snowfall. (Unmelted.)	No. of Days with Precipitation.	No. of Clear Days.	No. of Partly Cloudy Days.	No. of Cloudy Days.	
Northern Counties—												
Normal.....	60.6				4.43							
Average.....	63.5	+2.9	91	32	3.71	—0.72		10	12	11	8	S. W.
Central Counties—												
Normal.....	62.1				4.05							
Average.....	64.5	+2.4	91	32	5.56	+1.51		10	13	10	8	S. W.
Southern Counties—												
Normal.....	61.4				4.06							
Average.....	66.3	+1.9	91	36	4.62	+0.56		11	16	7	8	S. W.
Averages for the State—												
Normal.....	62.2				4.21							
Average.....	64.8	+2.6	91	33	4.96	+0.75		10	14	9	8	S. W.