

MONTHLY BULLETIN

Indiana State Board of Health.

[Entered as second-class matter at the Indianapolis Postoffice.]

VOLUME III.

INDIANAPOLIS, MARCH, 1901.

NUMBER 3.
25 Cents a Year.

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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.

ABSTRACT OF MORTALITY STATISTICS FOR MARCH, 1901.

The total number of deaths reported for the month was 3,272, and the death rate was 15.3. For the corresponding month of last year, the deaths numbered 3,217, a rate of 14.3. The number of deaths under 1 year of age was 566, which is 17.2 per cent. of the total. The number of deaths from 1 to 5, inclusive, was 230, and 65 years and over was 847. The number of deaths among the aged was 25 per cent. of the whole number. The important causes of death were as follows: Pulmonary tuberculosis, 373; other forms of tuberculosis, 40; pneumonia, 603; influenza, 174; violence, 114; cancer, 81. While diphtheria and scarlet fever caused 29 and 24 deaths, respectively, measles and whooping cough caused 43 and 26, respectively. We have to record 5 deaths from smallpox as follows:

Allen county, 1; Dekalb, 1; Marion, 1; Vermillion, 1, and Daviess, 1. The total number of cases of this disease reported for the month was 472

For the preceding month there were 8 deaths from diarrhoeal diseases, while this month we have to record 15. There will, of course, be a gradual increase of deaths from this disease as the warm weather comes on.

SANITARY SECTIONS: The Northern Sanitary Section, having a population of 839,835, and numbering 31 counties, reports 936 deaths, which is a rate of 13.8. Compared with the corresponding month last year, this shows an increase of 81 deaths. The Central Sanitary Section, 33 counties with 1,024,791 inhabitants, reports 1,375 deaths, which is a rate of 15.8. Compared with the corresponding month last year, this is a decrease of 5 deaths, and corresponding decrease in the rate. The rate for this section for the month is .5 higher than the average for the State. The Southern Sanitary Section, 28 counties, 651,836 inhabitants, reports 911 deaths, which is a rate of 16.4. For the corresponding month of last year,

this shows a decrease in this section of 21. The counties in March which had death rates above the average (15.3) for the whole State were:

Adam, 22.2; Blackford, 15.7; Cass, 18.1; Dekalb, 16.0; Jay, 16.7; Miami, 15.8; Newton, 16.9; Noble, 16.5; Pulaski, 15.9; Brown, 18.1; Clinton, 16.7; Fayette, 20.1; Fountain, 18.7; Hamilton, 16.1; Hancock, 18.4; Henry, 15.5; Madison, 17.2; Marion, 16.5; Montgomery, 17.6; Owen, 17.1; Rush, 21.0; Tippecanoe, 20.4; Vermillion, 20.1; Warren, 19.7; Wayne, 21.8; Clark, 18.1; Daviess, 21.3; Dearborn, 19.1; Dubois, 17.3; Floyd, 18.8; Harrison, 16.3; Jackson, 16.3; Jefferson, 19.0; Knox, 19.0; Martin, 17.6; Posey, 25.3; Perry, 18.8; Ripley, 19.5; Scott, 15.6; Sullivan, 19.0; Washington, 17.6.

CITIES: The cities of the State, showing a population of 847,302, report 1,164 deaths, a rate of 16.2, which is 1.1 lower than for the corresponding month last year. The number of deaths under 1 year of age in the cities was 178, for the preceding month the figure was 207. The number of deaths 65 years and over was 263. The figure for the preceding month was 276.

COMPARISONS OF CITIES AND COUNTRY: The country deaths numbered 2,108, which is a rate of 14.9, and this is 1.3 less than the city rate. The per cent. of the whole number of deaths under 1 year for the whole State was 18.1, for cities 16.3, and for the country 19.1. The per cent. of the whole number of deaths of 65 and over for the whole State was 27.1, for the cities 24.1, for the country 28.8. The pulmonary tuberculosis death rate of the cities was 169.9 per 100,000 and in the country the rate was 177.4. The typhoid rate was 25.0 per 100,000 for the cities, and 18.3 for the country. Diphtheria was, cities 16.7, country 12.0. Measles, cities 8.3, country 26.1; whooping-cough, cities 8.3, country 14.1; influenza, cities 75.2, country 84.4; pneumonia, cities 288.2, country 279.9; violence, cities 72.4, country 43.8.

CITIES, BY CLASSES: Cities, Class A, having over 50,000 population, including Indianapolis and Evansville, report 310 deaths, a rate of 16.0. The rate is 1.6 less than for the preceding month, and 4.7 less than for the corresponding month last year.

Cities, Class B, having from 25,000 to 50,000 population, report 159 deaths, which is a rate of 15.9. This class includes Ft. Wayne, South Bend and Terre Haute. As compared with the preceding month, this is a decrease of 3.3 in the rate, and as compared with the corresponding month last year it is an increase of .2.

Cities, Class C, having from 10,000 to 25,000 population, report 324 deaths, which is a rate of 17.4. This

class includes 14 cities. As compared with the preceding month this shows a decrease of 1.2 in the rate, and as compared with the corresponding month last year it was an increase of 1.2.

Cities, Class D, having from 5,000 to 10,000 population, numbering 23 cities, report 213 deaths, a rate of 15.5. Compared with the preceding month this is a decrease of 1.5 in the rate, and as compared with the corresponding month last year is a decrease of .1.

Cities, Class E, having a population under 5,000, report 158 deaths, a rate of 15.4. As compared with the preceding month, this is a decrease of 5.1 in the rate, and as compared with the corresponding month last year the rate is exactly the same.

The comparison of sanitary districts is given with the chart on page 33.

SICKNESS IN INDIANA DURING MARCH.

The usual morbidity reports show a decrease in sickness in March as compared with the preceding month. The deaths, also, were fewer. The diseases which increased in area of prevalence were: Influenza, rheumatism, measles, pleuritis, intermittent fever, diphtheria, diarrhoea, whooping-cough, cerebro spinal meningitis and cholera morbus. The diseases which decreased in area of prevalence were: Bronchitis, pneumonia, tonsillitis, typhoid fever, inflammation of bowels, puerperal fever and dysentery.

SMALLPOX IN MARCH.

There were 472 cases of smallpox and five deaths from the disease reported in March: one in Allen, 1 in Dekalb, 1 in Marion, 1 in Vermillion and 1 in Daviess counties.

The counties visited by the disease were Marion, 22 cases; Steuben, 1; Pike, 4; Fulton, 12; Tipton, 6; Vanderburgh, 1; Lake, 12; Posey, 6; Lawrence, 101; Vermillion, 16; Dekalb, 5; Howard, 8; Perry, 1; Dearborn, 4; Wabash, 1; Ohio, 74; Switzerland, 200; Wayne, 1; Noble, 2. The cases are generally mild, yet there are not a few severe cases. In the localities infected by this smallpox, there are always found some uninformed doctors who deny that the disease is smallpox, and they, of course, have more or less of a following. This makes it difficult to maintain quarantine and secure vaccination. Frequently the people are not aroused to a proper appreciation of the situation until death occurs. In Vermillion county was the last instance of this kind. There some doctors ridiculed the idea that the prevailing eruptive disease was smallpox. Certain newspapers made fun of it and many careless and thoughtless people follow these leaders. On Thursday, March 28, John White, living at Summit Grove, died of this disease. The neighborhood then became more serious.

GOVERNOR MOUNT AND PUBLIC HEALTH AFFAIRS.

Governor Mount in his last message said: "The State Board of Health, with commendable zeal, has studied sanitary conditions and promptly combated the first appearance of infectious and contagious diseases. Many valuable suggestions are presented in their annual report. The State should sacredly guard the public health.

"'Health is the soul that animates all the enjoyments of life, which fade and are tasteless, if not dead, without it.' Without health a man starves at the best and greatest tables, is poor and wretched in the midst of the greatest treasures and fortunes. The pollution of our streams and lakes through the sewage of cities and towns and the waste of factories and packing establishments, seriously menaces the public health, and presents serious sanitary problems that must be met if we expect immunity from infectious and contagious diseases." — Extract from Governor's Message.

THE SMALLPOX SCARE: Under this heading, *THE CLINTONTIAN*, a live paper published at Clinton, Vermillion county, Indiana, says:

Summit Grove, or rather the neighborhood just north of that place, is enjoying the luxury of an exciting smallpox scare. A critter by the name of John White, who formerly lived in Clinton, is the man who has furnished all the fun. He and his family are quarantined, and also some of his neighbors.

The people who knew John when he lived on North Main street, in this city, have grave doubts about the matter, unless he has changed since he lived here.

However, it has been officially decided that he has a well-developed case of the disease, and the most regrettable feature of the case, so far as he is concerned, is that modern, "reformed" smallpox hardly ever proves fatal.

* * *

PREVENTION ADVANCING: In view of the prevalence of smallpox in various parts of the State there are many people who are disposed to believe that State Health Officer Hurty was not such a fool as he looked when he sounded a note of warning more than a year ago. —Kokomo News.

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SMALLPOX AT ANGOLA: Angola is experiencing the unpleasantness of a smallpox scare. Some who deplore the fact that it may keep many people away from town for a time, and thus reduce trade somewhat, cry down the scare as a fake, and say there is no smallpox here, while the more conservative and level-headed make the best of the situation and favor being over-cautious rather than reckless, in view of what it will be if the disease becomes epidemic. While a compliance with the advice and directions of the proper health officers may involve considerable inconvenience, and possibly slight financial loss in some cases, it is but trifling compared with what it will be if there is any material spread of the disease. The Magnet believes that a strict compliance with every order, or even suggestion, of the proper health officers, is the wise thing to do. —Angola Magnet, March 29.

SMALLPOX IN VERMILLION COUNTY: Dr. Loomis, health officer of Vermillion county, writes: "Our first death from smallpox occurred at Summit Grove, March 28. Decedent's name was John White. Dr. Lyons and I prepared the corpse for burial. Undertaker Redmond, of Dana, sent a casket which he placed against a telephone post near the house, but he would not handle the body. Some uninformed doctors insist this epidemic eruptive disease is not smallpox, and certain newspapers make fun of the matter, and in consequence many thoughtless people follow. I hope this one death will be sufficient to awaken a proper public appreciation of the matter.

* * *

TERRE HAUTE MILK: Some of the milk offered for sale at Terre Haute is adulterated, as shown by the following analysis of a sample from that city, sent to us by C. V. Elliott, city sanitary inspector.

Milk solids.....	9.69 per cent.
Fat.....	1.80 per cent.
Water.....	89.51 per cent.
Formaldehyde present.	

The Indiana legal standard for milk is: Fat, not less than 3 per cent.; solids, not less than 12 per cent.; water, not to exceed 88 per cent. This milk has been partially skimmed and is preserved with a poisonous antiseptic.

WHITLEY COUNTY POORHOUSE.

Dr. O. V. Schuman, Health Officer of Whitley county, sends the following excellent sanitary survey of the county poorhouse. The thoroughness and clearness of the report plainly indicate the kind of man who directs health affairs in Whitley county:

Secretary State Board of Health:

In regard to the Whitley county poorhouse: The main building is brick, two stories, built in 1863. Repair is good. Woodwork repainted in fall of 1900. Warmed by stoves. Ventilation by windows, transoms and doors. Openings, as windows, doors, transoms, open easily and close easily, shutting well. There are no basement rooms used as bedrooms, or places for patients to occupy. The site is high and dry and has beautiful surroundings. Soil is sandy, grounds are very dry, plenty of trees for summer shade. Barn is at least ten rods from the house. Just below where the buildings are located, is a small stream. Sewage from the buildings is deposited in this stream. Good, clean outhouses are provided, 300 feet from the main building. Waste water is disposed of by drawing into a sink which is laid with brick and which leads into a sewer that empties 500 feet from building. Water supply is from tubular wells, pumped by a windmill into a reservoir. The water is undoubtedly pure and wholesome. There is also a large cistern which is filled with water gathered from the roof in the usual way. In 1899 there was constructed what is known as the county hospital. It is made of brick, two stories high, stands about 100 feet from the main building. It contains sixteen well ventilated, well lighted rooms. It has an eight-foot hall running through the center, with windows at each end. Each inside door has a transom. There is a bathroom on each floor in which are two porcelain bathtubs, also closets and washstands. This building is pretty well up-to-date. Hot and cold water are to be had at

all times. Hospital is heated by hot air furnace in the basement. Said furnace is ample in size to keep proper temperature at all times. The sick are kept in this building and hence are always isolated from the well. The present medical attendant is Dr. C. S. Williams. He is active and efficient. Dr. Williams has been the physician in the poorhouse for twenty-five years. Newly admitted patients are bathed, hair trimmed or washed, and if males, are cleanly shaved, and fresh clothes are provided. The institution is provided with two bathtubs upon wheels which can be placed anywhere in the building. These are used for the decrepit patients. The poorhouse has not been visited by communicable diseases in the past twenty years with the exception of consumption. There is an isolation room in the upper story of the hospital where contagious diseases may be cared for. At the present time there are three patients at the hospital and no contagious disease. The food is clean and certainly ample in supply and well prepared. The bill of fare includes meat, under which term we include beef, pork, veal, mutton, etc. The bread is well-baked and made from good flour. Potatoes and beans and vegetables of all kinds are used abundantly. The farm consists of 200 acres upon which they raise everything produced on a farm in this climate. The superintendent is a practical man. At present there are thirty-two inmates, some have been there for thirty years. The grand jury inspects this institution every two months. The county board of health inspects the place several times a year. There is a telephone in the institution which brings it in close touch with the town and with the authorities. I do not wish it understood that this institution is perfect in every way, but I do insist that it is in fair sanitary condition and is well kept and managed.

Columbia City, March 5, 1901.

POSEY COUNTY: Dr. Hardwick, health officer of Posey county, has issued the following circular to the physicians of his county:

WHAT AND WHEN PHYSICIANS SHALL REPORT TO THE SECRETARY OF BOARD OF HEALTH.

1. Deaths—Report at once.
2. Births—Report within fifteen days after occurrence.
3. Diseases—Report at once: Typhoid fever, yellow fever, smallpox, cholera, diphtheria, membranous croup, scarlet fever, measles, typhus fever, whooping-cough, cerebro-spinal meningitis, bubonic plague, leprosy, pulmonary tuberculosis, pneumonia, cholera infantum, and puerperal fever. (Pulmonary tuberculosis, typhoid fever, pneumonia, cholera infantum, and puerperal fever shall not be quarantined.)

Do not remove flags from houses or buildings that have been quarantined.

Any failure to comply promptly with these rules of the State Board of Health will be dealt with according to law.

R. L. HARDWICK, M. D.,
Secretary County Board of Health.

J. E. DOERE, M. D.,
Secretary City Board of Health.

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SCHOOL INSPECTION: "All who are familiar with the schools in our small cities, towns and villages realize the great amount of harm epidemics do every year. In some of our larger cities a medical inspection is made of the pupils each morning by a physician. The inauguration of this system has promise of being a vast blessing, and the sooner the system becomes general the better it will be for our people. But if the instructors in our institutions of learning had a working knowledge of medicine

they could recognize many of the communicable diseases, and take the proper steps to suppress them, as did one public instructor in this State during an epidemic of small-pox, and by so doing he brought great credit upon himself and the institution he was connected with. If the instructors are so informed they save the expense of a "medical inspector."—Dr. Horn, Health Officer Wells County, in Cincinnati Clinic.

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HYGIENE IN THE SCHOOLS: Boards of health and street cleaning departments, no matter how efficient they may be, can never attain high aims in their work until the people give them positive support. Nothing but sporadic reform in the cleaning of streets, in the construction of tenement houses, and in the general care of the public health need be expected until public sentiment backs the work. When conditions get sufficiently bad in a community, it is comparatively easy to arouse the voters and roll in a reform administration by large majorities. But, alas! we soon tire of our attempts at public virtue; we reverse our votes at the next election, and sink back into easy toleration of filth and its resulting disease. We must teach hygiene in the schools in order to make it possible to apply sanitation continuously. The instructed on coming generation will conform to the law.* Old dogs cannot be taught new tricks. The adult, having survived the perils of childhood, is quite apt in his conceit to think that disease prevention is a myth. "I have survived," he says, "I am here, I guess others will live." A member of the late Legislature said in a speech: "This so-called health work is all foolishness." A certain senator remarked to the State health officer: "Oh, you are certainly visionary." This reply was made after the officer had explained how diphtheria and other contagious diseases had been cut down over 25 per cent. in Boston by medical inspection of school children. So it is that actual demonstration cannot reach some people. Had our senator been a practical man, or had he been taught hygiene in school, as he was taught physics, he would have been impressed by the account of an actual demonstration in hygiene. The bill prepared by State school and health authorities, directing that the school houses hereafter constructed should conform to the laws of health, received but nine votes in the House.* One tobacco eating member, whose desk was an island in a sea of tobacco juice, argued against school children being surrounded with healthful conditions by making all manner of foolish references to microbes. If men knew that microbes were little plants they would not think them any more funny than are the large plants. It is our ignorance which leads us into foolishness.

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AN ENEMY TO THE STOMACH: "One of the most powerful enemies of the American stomach in the present day is the soda water which is sold in such enormous quantities in all drug stores."—Osler.

* * *

WE EAT TOO MUCH: "People habitually eat too much, and it is probably true that a greater number of

maladies arise from excess in eating than from excess in drinking. Particularly is this the case in America, where the average man is abstemious in the matter of alcohol, but imprudent to a degree in all matters relating to food. Moreover, people have not had time to learn the art of cooking, and much of the indigestion, particularly in the country districts, may be charged to the barbarous methods of preparing the food."—Osler.

* * *

HOG CHOLERA: The animal loss caused by hog cholera in the United States is about \$100,000,000. Hog cholera is a zymotic or bacterial disease. It is to the hog what typhoid fever is to the human. The two diseases and the germs which cause them are very closely related. Both diseases are transmitted by infected food or drinking water. Dr. Biting has shown that in Indiana 80 per cent. of the hog cholera is along the water courses. The germs are carried in the water. The bacterium which causes hog cholera is able to live in water and moist soil for eight or ten months. Science has discovered a vaccine—anti-toxic hog cholera serum—which will prevent hog cholera and also cure it.

Anti-toxic hog cholera serum is prepared by injecting into the arteries of healthy cows or horses a virulent culture of the hog cholera germ—*Bacillus cholerae suis*. Cows and horses do not contract the disease. The injection is repeated several times at intervals of a few days. In a month or so the blood of the injected animals attains its anti-toxic quality. A little of this blood—sixteen to thirty-two drops— injected under the skin of a pig, will render that pig immune against future attacks of hog cholera. There is no danger attending the inoculation of the pig. The anti-toxic blood does not contain the hog cholera germ, but an enzyme, or ferment.

At present the anti-hog cholera blood serum is being prepared in large quantities by the United States Department of Agriculture. Small trial quantities are sent free of charge to those who wish to treat the serum on their hogs. It is not sent to physicians or those who charge for inoculating animals. The serum can also be bought of druggists. Enough to inoculate two pigs costs about thirty cents. A hypodermic syringe, such as is used in making injections of morphine, is used to inject the anti-cholera serum. This syringe can be bought for about 50 cents. Any one who can inject morphine can inject the serum.

This method of preventing loss by hog cholera should be tried by every swine grower in the State. By its use four-fifths of the present animal loss by cholera can be prevented.

In Kansas, in 1900, the following experiment was made by the Jensen Creamery Company, at Beloit, Kans: Twelve shoats were inoculated with anti-toxic hog cholera serum. They were then turned into a pen where a hog had just died of cholera and whose carcass still remained. The inoculated hogs showed not the least sign of disease. They thrived as well as any hogs could, and after being kept in the infected pen for 93 days, under the most favorable circumstances for contracting the disease, they were sold

for pork. The hogs had gained an average of 196 pounds each, showing that their health was of the best during the entire period.

The above experiment is published and vouched for by the Kansas Agricultural Experiment Station.

It must be understood, however, that the anti-toxine treatment can not be expected to act favorably in every case. No medicine or method will do this. But experiments in different States shows that the anti-hog cholera toxine renders inoculated hogs immune in about eighty to ninety per cent. of treated cases. When well hogs are inoculated they never afterwards contract hog cholera. But if a pig which has contracted the disease is inoculated as soon as the first symptoms appear, in above sixty per cent. of such cases the pig will be cured and will not again contract the disease. The anti-toxine is both a preventive and a curative.

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OCCURRENCE OF TAPEWORM: Statistics obtained a few years ago from postmortem examinations made in Berlin showed that one out of every thirty-one persons was infected with this parasite. By a careful system of meat inspection, the number of cases of tapeworm infection has been reduced in Berlin to one in two hundred and eighty. Its frequency is unquestionably increasing at a rapid rate in all countries. In France, carefully kept statistics show that tapeworm increased in frequency seventy-five times in twenty-five years. Every city and town should have efficient meat inspection.

DR. SPALDING ON VACCINATION.

There is basis for the claim that Dr. Herman Spalding, chief of the division of contagious diseases of the Chicago Board of Health, that the records for the year should convince the most skeptical of the efficacy of vaccination as a preventive of smallpox. Since May, 1899, there have been forty-nine cases of the disease sent to the Chicago Isolation Hospital. Of these patients not one had been vaccinated. Nearly one-half of the sufferers came to Chicago from neighboring States, having contracted the disease before reaching this city. Many persons were exposed to the contagion, but careful investigation at outside points has shown that no properly vaccinated person contracted smallpox from the exposure, and that elsewhere, as in Chicago, the sufferers were all those who could show no mark on the arm.

Another feature of the records is that which shows that there was not a single case of smallpox among even the unvaccinated persons who were exposed but who received vaccination within a reasonable time after exposure. Every policeman in Chicago has been successfully vaccinated, and though the smallpox patients are apt, when weakness overtakes them, to go at once to the police stations, not an officer has contracted the disease. Since the year 1894, there have been only four cases of smallpox among the school children of Chicago. The pupils are obliged to present certificates of successful vaccination

before being admitted to school. Dr. Spalding says that the four children patients had such certificates, but in each instance the certificates were found to be false. The physician further declares, and it is certain that the carefully kept records bear him out, that the experience of the last twelve months clinches the fact that proper vaccination is an absolute preventive of the disease.—Chicago Tribune.

ABOUT HEALTH OFFICERS: The health officers selected under State or municipal law are too frequently subject to political change. An experience of one term of service is generally necessary to sufficiently acquaint the health officer with the duties of his office, and while political changes in other offices may be made possibly without injury to the public service, the same cannot be said with regard to an officer of the public health. He should be selected, also, solely on account of his ability or special adaptability for the position, and while every American citizen may be expected to be a politician, in a certain sense, the health officer should be one who is not devoted to politics. And here is where the great body of the medical profession can exercise a salutary influence, by taking an active interest in these appointments, insisting that men of character, of education and reputation should receive them, for it is the duty of the profession to uphold the health officer in the performance of his public obligations. The health officer and the boards of health should command the respect and receive the support of the practitioners of medicine, whose influence in this direction is all-powerful.—Gen. Wyman.

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HARRINGTON'S PRACTICAL HYGIENE: This work, very lately from the press of Lea Bros. & Co., Philadelphia, is by Prof. Charles Harrington, M. D., Assistant Professor of Hygiene in Harvard Medical School, Boston. It is in one handsome octavo volume of 718 pages, with 105 engravings and 12 full-page plates in colors and monochrome. Cloth, \$4.25, net. The text is very clear, and this single volume furnishes a connected body of knowledge, serving the practical needs, not only of the student, but of the physician and sanitaria.

Dr. Harrington brings to the preparation of his book a teaching experience and a fund of knowledge gained from original research and experiment which well equips him for the task.

Those physicians and health officers of Indiana, who are not already supplied with an up-to-date work on hygiene, would do wisely to purchase this book.

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SANITORIA FOR CONSUMPTIVES: Dr. Alford Meyer of New York city writes to the Indiana Board of Health as follows: "Please inform me as to the present status in Indiana concerning the care of incipient, hopeless and indigent consumptives. I wish to use the data in an address at the dedication of the Bedford Sanatorium of the Montefiore Home. This home for consumptives will accommodate 150 free patients." We were compelled

to inform Dr. Meyer that our proposition that the state should take proper care of our indigent consumptives in a sanatorium, was laughed at and loudly ridiculed. Of course, this condition will pass with general enlightenment upon the subject. We now care for our indigent consumptives in poor houses and by out door township relief. This method is more expensive than a sanatorium, is not humane, and favors the propagation of the disease. The only scientific, practicable and economic way to care for these unfortunates, is in a home specially constructed and officered.

THE LOUTTIT AMENDMENT.

This amendment to the compulsory school attendance act we herewith give again, but this time with comments received from various health officers. "Provided further, That no child in good mental or physical condition shall for any cause, any rule or law to the contrary, be precluded from attending school when such school is in session." In regard to this Dr. Cox, health officer of Owen county, says:

"My notion is that the people generally will see the great harm that will result from the recent 'Act,' and will demand that schools and communities be protected from any such foolish and stupid legislation. Law is said to be founded on good, common sense, and the enforcement of a statute that endangers the lives of the people can not be enforced. I have always felt that law should be upheld and vigorously applied, but in this case the results of application would be attended with such disastrous results that the plain, good sense of the majority of the people would revolt against obeying it. The courts, I believe, would not uphold this Louttit law, for it is against public policy and the general good. The main object in law is to protect the people in life and property. This sacrifices life and property. Life is greatly menaced by allowing persons from infected houses to attend public gatherings of any description—either schools or churches, or funerals.

"Property is sacrificed in the loss of time of whole communities being stricken with contagious diseases—for sickness is a very expensive thing. A corrupt legislature or any other body of men selected by the people to enact wholesome laws, can not pass laws to turn out, to roam at will, persons who have been exposed to smallpox, diphtheria, scarlet fever, measles or any of the diseases dangerous to life. The old, old story of our Savior while on the earth, has never lost its potency and force, no matter what a legislature may say or do, and that is this: I came to save life, not to destroy it. This still holds good and will as long as the world stands and men live on it. A few misguided and ignorant people may retard it and try to prevent its enforcement, but as sure as God lives and reigns and the education of the people goes on, the lives of the people are going to be guarded and protected. It will never do to permit pupils from infected homes to attend school and menace the lives of a whole town and community. The good, common sense of the plain, common people will revolt at it and demand protection from any such stupid and dangerous legislation.

"I shall go on in the future, as I have in the past, trying to save life, prevent suffering and save money for my people and, outside of a small minority of perverse and ignorant people, I think I shall be abundantly supported in the endeavor."—Nathaniel D. Cox.

Dr. Proegler, health officer of Allen county, says:

"I have ordered every health officer in my county to pay no attention to this abominable Louttit amendment. I shall not, even if the law commands, do those things which might bring disease and death to school children."

Dr. Clark, health officer of Indianapolis, says:

"It would be a fundamental wrong, a disgrace to civilization, to do any thing likely to disseminate disease and bring death to school children. The city health authorities will continue to vaccinate to prevent smallpox and will quarantine and detain from school children from houses infected with any of the listed communicable diseases."

Dr. Hardwick, health officer of Posey county, announces in a circular:

"The county board of health of Posey county will act under the old laws in reference to contagious diseases and the enforcement of vaccination. All pupils of the public schools coming from houses where any listed communicable disease exists shall be excluded from school until danger of communication has passed. Pupils who have recently had or come from houses where the following communicable diseases exist are required to present health certificates signed by attending physicians and countersigned by the proper health officers. The diseases are as follows: Smallpox, diphtheria, membranous croup, scarlet fever, measles, whooping-cough and meningitis."

* * *

FOOD ADULTERATION: A Detroit attorney for a food product syndicate writes the State Board of Health as follows:

"I notice that your board is charged with the enforcement of the Indiana general food law and is authorized to establish minimum standards of purity for all foods. Will you kindly inform me what action you have taken in establishing standards and how active your board is able to be in the enforcement of the law?

"Do you require baking powder to be labelled a mixture or compound, or do you assume that it is a matter of common knowledge that they are such mixtures or compounds and no separate label to that effect required? Do you allow any product to be mixed with another and sold as compound honey?"

Our reply is given herewith:

Dear Sir.—Enclosed please find copy of the rules of the State Board of Health, establishing standards and specifying adulteration. Neither the legislature of 1899, which passed the pure food law, nor that of 1901, which adjourned early in March, would give an appropriation for enforcement. This, we believe, answers all your questions.

* * *

ADULTERATE COFFEE: The following letter from Louis H. Hall, 1017 Chestnut street, Philadelphia, copied verbatim, makes plain how even grain coffee is adulterated. Please notice the skillful wording:

"Dear Sir.—I send on by this mail a sample of imitation coffee. This is a manufactured bean and is composed of flour. You can easily mix fifteen per cent. of this substitute in with genuine coffee that ranges in price from 20 to 22½ cents and it will improve the flavor of the same, it granulates the same as coffee. If you deal with us it will be in the most strict confidence. The S. S. coffee (superior substitute) is packed in barrels, weight about 170 pounds to barrel. By the use of our

bean you can increase your profits to 1½ cents per pound, net 10 days. No attention paid to postal cards.—Yours, L. H. Hall, Sale Agent.

"P. S.—I would not show samples even to employees. Send shipping directions."

The food law of 1899 forbids such swindles as this, but neither the legislature of 1899 nor that of 1901 would make enforcement possible. Laws will not enforce themselves. The people of Indiana are swindled by food adulterations annually to the extent of four to five million dollars.

* * *

THE TUBERCULIN TEST: Some Short-horn breeders held a meeting in Kansas City and passed resolutions against the tuberculin test. An editorial in the *Journal of Comparative Medicine and Veterinary Archives* says in regard to the matter:

"Do the resolutions mean that the Short-horn breeders are afraid to have their cattle tested? If so, does not this mean that their herds are tubercular? Then, does it mean that they wish to have the unrestrained privilege of spreading disease and infecting other herds?"

"These questions have been asked by a sincere admirer of Short-horn cattle. They are reproduced here with a full knowledge of the enormous benefit Short-horns have been to this country and with the most profound regret that a vast number of breeders of these grand cattle have been placed in a false light by a few of their representatives at the meeting in Kansas City.

"Short-horn breeders should approach the tuberculosis problem with a full sense of its importance. Their experience with this disease should cause them to have a feeling of deep responsibility in discussing it. They should adopt a judicial attitude and listen carefully to both sides of the question. They should not forget that there is the side of the man who wishes to sell tubercular cattle and the side of the man who wishes to buy sound cattle. There is the side of the Central Short-horn Breeders in convention assembled and the side of the other 74,000,000 Americans who have determined that the ravages of tuberculosis shall be checked.

"If the public looks askance at the Short-horn Breeders' resolution they will have many facts of history to support them, of which the following are a few:

"Tuberculosis was taken to the Argentine Republic by Short-horn cattle, and is now spreading at an alarming rate.

"Tuberculosis is reported to have been taken to Japan by Short-horn cattle.

"Tuberculosis is believed by those who have investigated the subject most carefully to have been started among the cattle of Denmark by Short-horn cattle.

"Extensively tubercular herds of Short-horns have been found and reported in France, Germany and Austria.

"Both Bang and Nocard have reported extensively infected Short-horn herds in their countries.

"The percentage of tuberculosis among the cattle of England is higher among Short-horns than among cattle of any other breed.

"The first extensively tubercular herd in New York State—a herd that was finally wiped out by this disease—was a famous herd of Short-horns. These cattle scattered disease widely.

"The worst infected herd that has been examined by the Agricultural Department of Pennsylvania was a herd of pure-bred and grade Short-horns. Of 164 cattle in this herd 156 were condemned.

"A large herd of Short-horn cattle in Ohio has recently been found to be tubercular and has been killed by the owner, voluntarily and without indemnity.

"Numerous tubercular herds of Short-horns, pure-bred and grade, have been reported from Iowa, Illinois, Michigan and Indiana.

"Tubercular Short-horn steers are found by meat inspectors in abattoirs all over the United States.

"Tubercular Short-horns from England have been landed in Canada and have died of this disease within a short time after arrival.

"We regret having to give publicity to these facts and do so only to aid our readers to truly interpret and understand the animus of the resolution."

* * *

CONSUMPTION: To combat consumption successfully requires the combined action of a wise government, well trained physicians, and an intelligent people.—Dr. Knopf.

* * *

HEALTH MATTERS.

THE CITY HEALTH OFFICER ON CONTAGIOUS DISEASES AND THEIR TREATMENT.

In speaking of contagious diseases the health officer, Dr. Davis, states that he has no fear of their spreading if physicians, as they have always heretofore done, report promptly to the health officer. The only fear he has is from those who now employ Christian Scientists and mental healers who do not recognize the existence of disease and therefore would fail to report it. It appears to the health officer as though these healers and Christian Scientists, enjoying as they do the protection of the state in their lives and property, should be law-abiding, and whatever their particular views or beliefs may be as regards the matter of disease, inasmuch as the laws require that all contagious diseases of an eruptive character be at once reported to the health office, they should, irrespective of their opinions, obey the law in this respect. The health officer is determined, however, if any disease occurs and is not reported by them, to proceed to the extreme in order that the penalties for such violations may be visited upon all derelictions. Public safety and protection of public health is the prime purpose in a health officer's action, and while he has no objection to any one being treated by any method they prefer, either at home or in a contagious disease hospital, he is determined that the public at least who deserve it shall receive protection.—Richmond Palladium.

THE FROG A HEALTH OFFICER.

Persons living near the low lands, or swamps and stagnant pools of water, have anathematized in no measured tones the harsh croakings of frogs disturbing their rest during the night, and have doubted if the delicate meat of the legs, so palatable to the epicurean taste, was a sufficient return for their making night hideous. We are discovering that the frog may, in the economy of Nature, be intrusted with other and more important work—that of in some way preventing the development and spread of a large class of fevers, of the remittent type, which have generally been attributed to malaria, until, at a recent date, the mosquito has helped us to a more correct diagnosis. Dr. J. Robie Wood many years ago called attention to the possible benefit of frogs in malarious districts. Not that very serious fevers may exist in the neighborhood of swamps where frogs are abundant, but remittent fever of the most pernicious type would render the country surrounding them uninhabitable if every frog was destroyed in such swamps.

Being almost constantly in the field during the Civil War, Dr. Wood had ample opportunity for studying swamp-fevers in those days, when the pestiferous mosquito was never dreamed of as the carrier of the deadly poison. The opportunities were utilized to the fullest extent by a mind trained in analytical thought and practical scientific investigation to trace the etiology of the fevers, which were filling the hospitals under his charge with victims and decimating the ranks of the army, as is the case in every army, more than the bullet of the army.

A peculiar circumstance called Dr. Wood's attention to the possible destruction by frogs of the mosquitoes before their maturity, except in outlying, isolated pools of water, near the main swamp, in which no frogs were found.

In a village near a small swamp, abounding in frogs, no malarial fever had appeared until a resident found it profitable to sell them to fishermen, consequently within a few years he had exterminated whole colonies of young and old frogs, whereupon intermittent fever appeared in this immediate neighborhood. This was by no means an isolated case, the same results having been repeatedly noticed from this destruction of frogs in swamps. The crawfish seems to have some such influence in neighborhoods where they are abundant, more especially in wells and springs of water, where typhoid germs were possible. Dr. Wood does not present these facts as an incontestable proof of a theory, but he thinks them of sufficient influence to attract the attention of scientists to that line of study which has heretofore been so rich in practical results and which may possibly disclose the etiology and point out the prevention of a class of fevers more generally prevalent and more pernicious than any other acute class of disease. When we become better acquainted with the frog he may be promoted from a disturbing element to a health officer, doing more efficient work than has ever been accomplished before —N. Y. Medical Times.

PREGNANCY VS. INFECTION: A doctor at Greentown told the citizens, and even had the effrontery to in-

sist upon the point before educated physicians that, "it is a *law of medicine* that pregnancy furnishes immunity against infection." This was his ground for declaring the eruptive disease resembling smallpox (which was certainly typical smallpox) was not smallpox. The case was that of a pregnant patient.

* * *

FAIRMONT: Dr. Henley, Health Officer at Fairmount, Grant County, learned that Mrs. Deshon of his town was in frequent receipt of letters from her husband who had smallpox and was in quarantine at East Enterprise, Switzerland County. The doctor informed the State board and the Health Officer of Switzerland County, was directed to look after the matter. The so called sporadic cases of infectious diseases, are evidently, not sporadic. Indeed they do not exist. It is a mistake to use the term sporadic except as a confession that method of transmission is unknown.

* * *

GLUCOSE IN FOODS: All are well aware that glucose is an abundant ingredient in jams, jellies, canned fruits, preserves, butters and like preparations on the market. Some cheap "bucket jellies" are simply second grade glucose colored red and labeled raspberry or strawberry jelly. When colored a light yellow it is labeled quince, apple or pear jelly. This is, of course, a fraud. Mr. Otto Hehner, the eminent English food chemist, who is Public Analyst for The Isle of Wight, has written the Indiana State Board of Health concerning glucose in food products in this State. Mr. Hehner contends that all articles of food containing glucose should be labeled in accord with the fact so people would know what they were buying. Also that only the highest and best grade of glucose should be allowed by law. The food rules of the State Board of Health, passed under the food law of 1899, require as Mr. Hehner advocates. He says, "The whole of the English jam trade contend against labeling their products according to content so far as glucose is concerned." We suppose the jam trade would be very willing to put on their labels the information that pure cane sugar was used.

* * *

ASTONISHING: "It is astonishing that the public will patronize and have confidence in physicians who take no pains against carrying contagion." These are the written words of an attorney, who is mayor of one of Indiana's thriving cities. Continuing, he says: "One of the children of a doctor here acquired scarlet fever, presumably from its father, who took no care against carrying the disease. The child, a bright boy of ten years, died." A resolution was passed by the Common Council requiring all physicians to procure and use the protection suits recommended by the state board, but it does not meet with favor by the doctors. One said he objected because he thought "it would scare his patients." Think of that! This doctor was willing to run the risk of transmitting disease, because he *thought* it would scare patients. Do rubber coats or linen dusters and skull caps scare people? It is a sad comment on medicine that it must look to the people to learn a plain duty.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES.

NORTHERN SANITARY SECTION.

Total population	839,835
Total deaths	986
Death rate per 1,000	13.8
Consumption, rate per 100,000	137.6
Typhoid, rate per 100,000	19.6
Diphtheria, rate per 100,000	12.6
Scarlet fever, rate per 100,000	9.8
Diarrheal diseases, rate per 100,000	8.4

CENTRAL SANITARY SECTION.

Total population	1,024,791
Total deaths	1,375
Death rate per 1,000	15.8
Consumption, rate per 100,000	186.5
Typhoid, rate per 100,000	19.5
Diphtheria, rate per 100,000	13.8
Scarlet fever, rate per 100,000	16.1
Diarrheal diseases, rate per 100,000	3.4

SOUTHERN SANITARY SECTION.

Total population	651,836
Total deaths	911
Death rate per 1,000	16.4
Consumption, rate per 100,000	204.5
Typhoid, rate per 100,000	23.5
Diphtheria, rate per 100,000	14.4
Scarlet fever, rate per 100,000	5.4
Diarrheal diseases, rate per 100,000	10.8

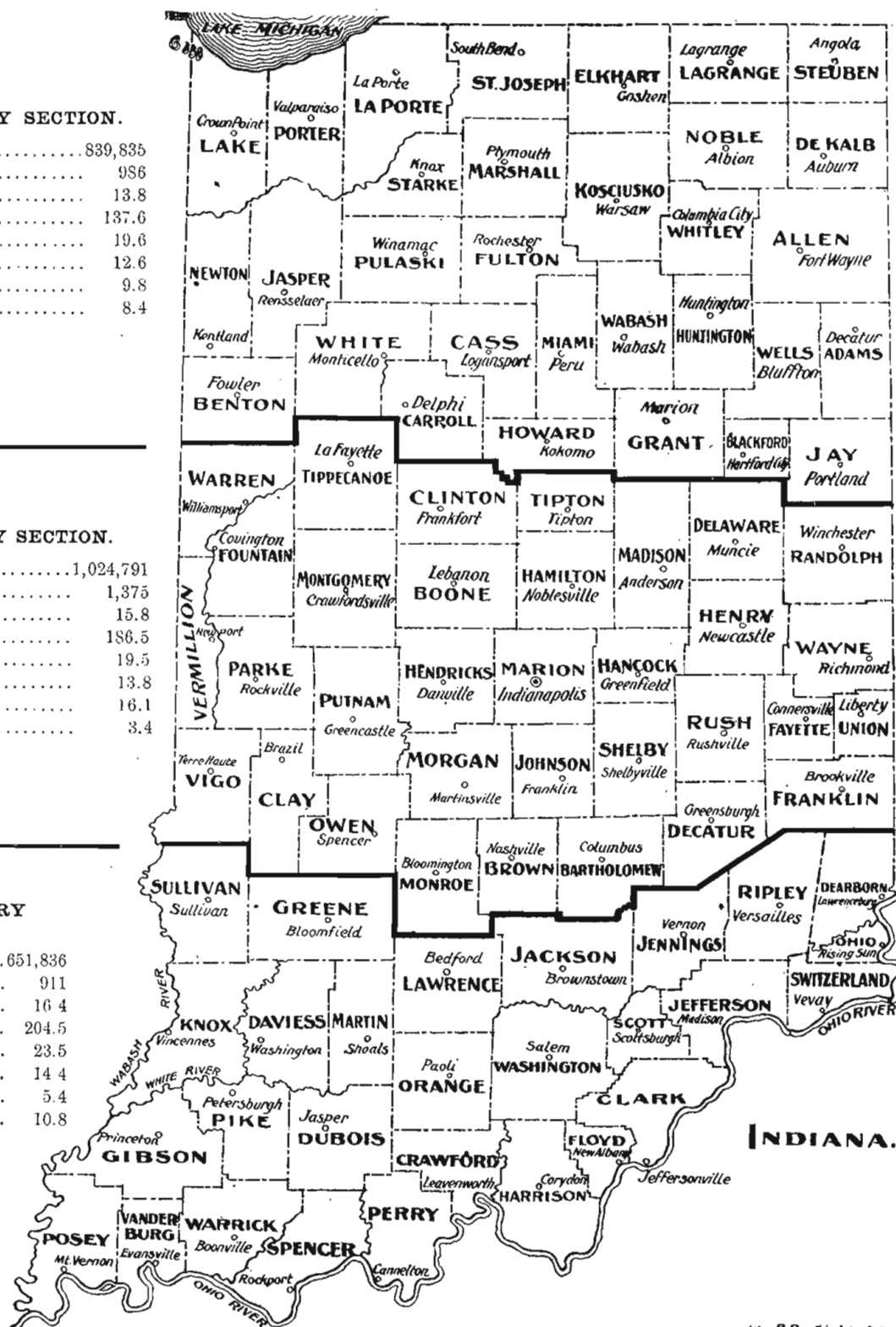


TABLE No. 1. Deaths in Indiana by Geographical Sections and Counties During the Month of March, 1901.

STATE AND COUNTIES.	Population, Census 1900.	Total Deaths Reported for March, 1901.	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..	2,516,462	3,372	15.3	154	566	230	847	373	40	44	29	7	24	43	26	603	15	39	174	16	81	114	117	5		
Northern Co's....	839,835	986	13.8	48	218	69	266	98	10	14	9	3	7	4	4	166	6	6	54	4	18	41	41	2		
Adams.....	22,232	42	22.2	1	15	4	6	4								9			2		2	2				
Allen.....	77,270	85	12.9	4	16	3	24	13	1							15	1		4		2	4	6	1		
Benton.....	13,123	15	13.4				3	5								2										
Blackford.....	17,213	23	15.7	4	6	1	4	5						1		4	1	1	1		1	1				
Carroll.....	19,953	17	10.0		4	2	5	3								6			2							
Cass.....	34,545	53	18.1	1	9	2	14	8								1			1		1	3	8	1		
Dekalb.....	25,711	35	16.0	1	9	4	8	4		1					1	6			5							
Elkhart.....	45,062	48	12.5	1	6	3	14	4								1			3		2					
Fulton.....	17,453	22	14.8		1	1	4	1			1				1	2			1				12			
Grant.....	54,693	63	13.5	5	12	5	14	10								12			2		9					
Howard.....	28,575	25	10.3	1	2	3	5	5							1	3			1		3					
Huntington.....	28,901	25	10.2	1	2	1	6	5			2					3										
Jasper.....	14,292	16	13.2	1	1	1	5	3								3										
Jay.....	26,818	38	16.7	1	11	5	10	1		1	1					11			1		2					
Kosciusko.....	29,109	38	15.4	1	8	4	11	4		1					1	6			1		1	3	1			
Lagrange.....	15,284	16	12.3		4	1	5	1								2			2							
Lake.....	37,892	35	10.8	2	9	3	7	1			1					2			1		1					
Laporte.....	38,386	50	15.3	6	13	3	14	2		1						8			1		1					
Marshall.....	25,719	27	12.6		12	1	8	2								8			1		3					
Miami.....	28,344	38	15.8	2	5	4	9	3		1	1	1				7		1				1				
Newton.....	10,448	15	16.9	1	3	4	4	4								2			5		2					
Noble.....	23,533	33	16.5	2	4	5	6	3		1						5					1					
Porter.....	19,175	18	11.0	1	1	1	10	2						1		1					1					
Pulaski.....	14,033	19	15.9		4	4	2	2			1					4					1					
Starke.....	10,431	7	7.9	1	3	2	2	1								5							2			
Steuben.....	15,219	17	13.1		4		9	1			1					1			2		1					
St. Joseph.....	58,881	65	13.0	6	13	6	18	8			1				1	12			1		1		8			
Wabash.....	28,235	35	14.6	1	7	1	14	1		1	1					10			2		1					
Wells.....	23,449	30	15.0		10	2	10	1			1					10			2		2					
White.....	19,138	16	9.8	1	2	1	6	1			1					4			1		1					
Whitley.....	17,328	20	13.6	1	5	1	9									4			2		1					
Central Co's.....	1,024,791	1,375	15.8	68	196	94	372	162	17	17	12	2	14	23	9	253	3	13	70	3	42	49	60	2		
Bartholomew.....	24,594	31	14.8	2	1	2	7	7			1					7			1		1		1			
Boone.....	26,321	26	11.6	1	1	1	11	4			1					3			2		1		1			
Brown.....	9,727	15	18.1	1	1	1	4	7								5			1		1					
Clay.....	34,285	30	10.3	1	1	7	3	2			1					5			2							
Clinton.....	28,202	40	16.7	6	7	2	7	8		1	1				1	4			3		2	3				
Decatur.....	19,518	23	13.9	1	3	1	9	2								5			3		1					
Delaware.....	49,624	54	12.8	4	12	5	9	6			1					7			1		4					
Fayette.....	13,495	23	20.1	1	7	3	5	2							1	12			5		1					
Fountain.....	21,446	34	18.7		8	1	6	1		1						5										
Franklin.....	16,388	19	13.6		2	2	6	2								2			1		1					
Hamilton.....	29,914	41	16.1	3	9	3	7	4		2						12			1		3					
Hancock.....	19,189	30	18.4	2	6	2	3	4			2			2		3			1		1					
Hendricks.....	21,292	25	13.8	1	5	2	10	3								6			1		2					
Henry.....	25,088	33	15.5	1	1	2	9	8							3	4					2					
Johnson.....	20,223	26	15.1	1	1		9	5								5			1		2					
Madison.....	70,470	103	17.2	10	14	12	15	9		2	2		3			13			3		4					
Marion.....	197,227	277	16.5	15	37	13	60	20		6	2	4	3	1	1	48			13		7	10	36	1		
Monroe.....	20,873	23	13.0	1	5	3	7	3					1			6			1		1					
Montgomery.....	29,388	44	17.6		8	4	17	6		1			2	1		10			1		1					
Morgan.....	20,457	25	14.4	1	2	4	5	3			1					1										
Owen.....	15,149	22	17.1		1	1	10	5								6			1		2					
Parke.....	23,000	21	10.7		1	2	10	3								2			2		1					
Putnam.....	21,478	20	10.9	2	3	2	7	2								3			2		2					
Randolph.....	28,653	34	14.0		8	4	9	3		1					3	12			1		1					
Rush.....	20,148	36	21.0	1	4	4	13	2		1						4		2	1		1					
Shelby.....	26,491	35	15.5	1	4		12	4								6			2		2					
Tippecanoe.....	38,659	67	20.4	4	9	22	6	2				1		2	2	11			1		3		8			
Tipton.....	19,116	25	15.4	2	6	1	6	3					1			1		1	2		1					
Union.....	6,748	7	12.2			3	1	1								1			2		1					
Vermillion.....	15,252	26	20.1	1	8		8	7			1					3			6		3			1		
Vigo.....	62,035	69	13.1	2	5	4	22	12			6			2		18		2	2		3		6			
Warren.....	11,371	19	19.7	1	1	7	1	1			2					8			1		1					
Wayne.....	38,970	72	21.8	2	11	3	25	9		1				1		15			8		2					
Southern Co's....	651,836	911	16.4	38	152	67	209	113	13	13	8	2	3	16	13	184	6	20	50	9	21	24	16	1		
Clark.....	31,835	49	18.1	3	4	5	15	2		1	1					9			5		3		3			
Crawford.....	13,476	17	14.8		2	7	7	3							1	4			2		1					
Daviess.....	29,914	54	21.3	4	12	8	6	8			1				1	13			3		2			1		
Dearborn.....	22,194	36	19.1		8	3	7	4								9			2		2					
Dubois.....	20,357	30	17.3	1	5	3	5	3							2	11			1							
Floyd.....	30,118	48	18.8	4	7	2	17	6		1						9			3		3		1			
Gibson.....	30,009	37	14.5		6	1	7	3								2			1							
Greene.....	28,530	31	12.8	1	5	3	6	5							4	7			2		1		2			
Harrison.....	21,702	30	16.3	2	7	5	3	3								6			2		1		4			
Jackson.....	26,633	37	16.3	1	4	2	14	4			1			1		9			1		1					
Jefferson.....	22,913	37	19.0		4	2	15	7		1	1					6			1		3					
Jennings.....	15,757	14	10.4		2	5	2	4								2			2							
Knox.....	32,746	53	19.0	1	10	4	6	4		1	2		2			12			1		1		2			
Lawrence.....	25,729	21	9.6		3	5	3	3		1			1			5			2							
Martin.....	14,711	22	17.6	2	7	2	4	1				2				3			1				1			
Ohio.....	4,724	4	9.9				4	1								1										

TABLE No. II. Deaths in Indiana by Cities During the Month of March, 1901.

CITIES.	Population, Census 1900.	Total Deaths Reported for March, 1901.	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 Dis- ease, Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Deaths in In- stitutions.
Cities over 50,000 Popu- lation	228,171	310	16.0	22	43	17	5	28	8	3	4	3	1	1	48	3	14	1	10	12	26		
*Indianapolis	169,164	236	16.4	14	31	13	47	18	5	2	4	3	1	1	38	3	13	1	6	9	21		
Evansville	59,207	74	14.7	8	12	4	11	10	3	1	4	3	1	1	10	3	3	1	4	3	5		
Cities from 25,000 to 50,000 Population	117,787	159	15.9	10	24	10	37	19	6	6	2	1	1	2	30	1	2	5	3	6	9		
Ft. Wayne	45,115	57	14.9	4	11	2	14	6	1	1	1	1	2	1	11	1	3	3	3	2	3		
South Bend	35,999	44	14.4	4	9	5	10	6	1	1	1	1	1	2	8	2	2	1	1	1	3		
Terre Haute	35,673	58	19.1	2	4	3	13	7	6	1	1	1	2	1	11	2	2	2	2	2	4		
Cities from 10,000 to 25,000 Population	218,623	324	17.4	23	43	22	82	32	5	2	4	1	1	3	48	3	14	2	10	17	6		
Anderson	20,178	39	22.8	1	7	3	7	3	1	1	1	1	1	1	4	2	2	1	3	3	1		
Elkhart	15,184	17	13.2	1	1	1	6	2	1	1	1	1	1	1	2	3	1	1	1	1	1		
Elwood	12,950	14	12.7	1	2	3	2	1	1	1	1	1	1	1	3	3	1	1	1	1	1		
Hammond	12,376	16	15.2	4	4	1	1	1	1	1	1	1	1	1	3	3	1	1	1	1	1		
Jeffersonville	10,774	24	26.2	3	3	9	9	1	1	1	1	1	1	1	4	4	3	3	2	3	1		
Kokomo	10,609	7	7.7	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Lafayette	18,116	30	19.5	2	6	7	7	3	1	1	1	1	1	1	4	4	4	4	3	3	1		
Logansport	16,204	17	12.3	1	2	4	2	2	1	1	1	1	1	1	5	5	1	1	2	2	1		
Marion	17,337	19	12.9	3	3	1	6	3	1	1	1	1	1	1	4	4	2	2	1	2	1		
Michigan City	14,850	25	19.8	4	6	8	8	1	1	1	1	1	1	1	2	2	1	1	1	1	1		
Muncie	20,942	26	14.6	2	4	2	4	3	1	1	1	1	1	3	3	3	3	1	1	2	1		
New Albany	20,628	35	20.0	4	4	1	11	5	1	1	1	1	1	1	7	7	1	1	1	3	1		
Richmond	18,226	35	22.6	2	5	2	12	4	1	1	1	1	1	1	4	4	4	4	2	3	1		
Vincennes	10,249	20	23.0	3	1	3	3	3	1	1	1	1	1	1	5	5	1	1	1	1	1		
Cities from 5,000 to 10,000 Population	161,751	213	15.5	9	33	13	55	26	2	4	1	1	1	2	48	1	4	14	3	10	1		
Alexandria	7,221	14	22.8	1	2	1	1	1	1	1	1	1	1	1	3	3	1	1	1	2	1		
Bedford	6,115	2	3.8	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Bloomington	6,460	8	14.6	4	4	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
Brazil	7,786	5	7.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Columbus	8,130	9	13.0	1	1	1	4	4	1	1	1	1	1	1	4	4	1	4	1	1	1		
Connersville	6,836	13	22.4	1	4	2	2	1	1	1	1	1	1	1	9	9	1	4	1	1	1		
Crawfordsville	6,649	17	30.1	3	3	1	8	1	1	1	1	1	1	1	4	4	1	4	1	1	1		
Frankfort	7,100	10	16.6	1	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
Greensburg	5,034	9	21.0	1	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
Goshen	7,810	10	15.1	4	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Hartford City	5,912	6	11.9	1	1	2	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1		
Huntington	9,491	9	11.1	3	3	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
Laporte	7,113	8	13.2	1	2	3	3	1	1	1	1	1	1	1	2	2	1	1	1	1	1		
Madison	7,835	12	18.0	1	1	7	7	1	1	1	1	1	1	1	2	2	1	1	2	1	1		
Mishawaka	5,560	4	8.4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Mt. Vernon	5,132	12	27.5	1	1	2	2	2	1	1	1	1	1	1	3	3	1	1	2	1	1		
Peru	8,463	16	22.3	1	1	3	2	2	1	1	1	1	1	1	2	2	2	2	2	2	1		
Princeton	6,041	9	17.5	1	1	4	4	1	1	1	1	1	1	1	4	4	2	2	2	2	1		
Seymour	6,445	6	10.9	1	1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Shelbyville	7,169	12	19.7	1	1	5	5	1	1	1	1	1	1	1	2	2	1	1	1	1	1		
Valparaiso	6,280	3	5.6	2	2	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Wabash	8,618	5	6.8	2	2	3	3	2	1	1	1	1	1	1	1	1	1	1	1	1	1		
Washington	8,551	17	23.4	5	5	2	8	2	1	1	1	1	1	1	5	5	1	2	1	1	1		
Cities under 5,000 Popu- lation	120,970	158	15.4	9	35	17	31	17	2	3	1	1	1	1	33	4	2	7	5	7			
Attica	3,005	5	19.6	1	1	3	3	1	1	1	1	1	1	1	2	2	1	2	1	1	1		
Aurora	3,645	6	19.4	2	1	1	1	1	1	1	1	1	1	1	3	3	1	1	1	1	1		
Bluffton	4,479	5	13.1	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Cannelton	2,188	2	10.7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
†Clinton	2,918	2	7.9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Columbia City	2,975	2	10.6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Covington	2,213	2	19.9	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Decatur	4,142	7	19.9	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Delphi	2,135	1	5.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Dunkirk	3,187	7	25.9	3	1	1	1	1	1	1	1	1	1	1	2	2	1	1	1	1	1		
East Chicago	3,411	7	20.6	1	1	1	2	2	1	1	1	1	1	1	3	3	1	1	1	1	1		
Franklin	4,005	3	9.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Garrett	3,910	3	16.2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Gas City	3,622	5	6.4																				

Mortality of Indiana for March, 1901.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Census 1900.	Total Deaths Reported for March, 1901.	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	2,516,462	3,272	15.3	154	566	18.1	230	7.3	847	27.1	373	174.9	40	18.7	44	20.6	29	13.5	7	3.2
Northern Co's	839,835	986	13.8	48	218	23.2	69	7.3	266	28.3	98	137.6	10	14.0	14	19.6	9	12.6	3	4.2
Central Co's	1,024,791	1,375	15.8	68	196	14.9	91	7.1	372	28.4	162	186.5	17	19.5	17	19.5	12	13.8	2	2.3
Southern Co's	651,836	911	16.4	38	152	17.1	67	7.6	209	23.1	113	204.5	13	23.5	13	23.5	8	14.4	2	3.6
All cities	847,302	1,164	16.2	73	178	16.3	79	7.2	263	24.1	122	169.9	17	23.6	18	25.0	12	16.7	2	2.7
Over 50,000	228,171	310	16.0	22	43	14.9	17	5.9	58	20.1	28	144.8	8	41.3	3	15.5	4	20.6	.....	.....
25,000 to 50,000	117,787	159	15.9	10	24	16.1	10	6.0	37	24.8	19	190.3	.....	.....	6	60.1	2	20.0	.....	.....
10,000 to 25,000	218,623	324	17.4	23	43	14.2	22	7.3	82	27.2	32	172.7	.....	.....	2	10.7	4	21.5	.....	.....
5,000 to 10,000	161,751	213	15.5	9	33	16.1	13	6.3	55	26.9	26	189.6	.....	.....	4	29.1	1	.....	.....	.....
Under 5,000	120,470	158	15.4	9	35	23.4	17	11.4	31	20.8	17	165.8	.....	.....	3	29.2	1	.....	.....	.....
Country	1,669,160	2,108	14.9	81	388	19.1	151	7.4	584	28.8	251	177.4	23	16.2	26	18.3	17	12.0	5	3.5

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	24	11.2	43	20.1	26	12.1	603	282.7	15	7.0	39	18.2	174	81.5	16	7.5	81	37.9	114	53.4	5	2.3
Northern Co's...	7	9.8	4	5.6	4	5.6	166	233.2	6	8.4	6	8.4	54	75.8	4	5.6	18	25.2	41	57.6	.....	.....
Central Co's...	14	16.1	23	26.4	9	10.3	253	291.3	3	3.4	13	14.9	70	80.6	3	3.4	42	48.3	49	56.4	.....	.....
Southern Co's...	3	5.4	16	28.9	13	23.5	184	323.0	6	10.8	20	36.2	50	90.5	9	16.2	21	38.0	24	43.4	.....	.....
All cities	6	8.3	6	8.3	6	8.3	207	288.2	6	8.3	14	19.4	54	75.2	3	4.1	31	43.1	52	72.4	1	....
Over 50,000.....	3	15.5	1	.....	1	.....	48	248.2	.....	.....	3	15.5	14	72.4	1	.....	10	51.7	12	62.0	1	....
25,000 to 50,000.....	1	.....	2	20.0	1	.....	30	300.5	1	.....	2	20.0	5	50.0	.....	.....	3	30.0	6	60.1	.....	.....
10,000 to 25,000.....	1	.....	3	16.1	1	.....	48	259.0	.....	.....	3	16.1	14	75.5	2	10.7	10	53.9	17	91.7	.....	.....
5,000 to 10,000.....	.....	.....	.....	.....	2	14.5	48	350.1	1	.....	4	29.1	14	102.1	.....	.....	3	21.8	10	72.9	.....	.....
Under 5,000.....	1	.....	.....	.....	1	.....	33	321.8	4	39.0	2	19.5	7	68.2	.....	.....	5	48.7	7	68.2	.....	.....
Country.....	18	12.7	37	26.1	20	14.1	396	279.9	9	6.3	25	17.6	120	84.8	13	9.1	50	35.3	62	43.8	4	2.8

Indiana Climatic Data for March, 1901, 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.	Average Snowfall, (Unmelted.)	No. of Days with Precipitation.	No. of Clear Days.	No. of Partly Cloudy Days.	No. of Cloudy Days.	
Northern Counties—												
Normal	36.6	.....	.....	.....	3.16	.....	.....	.....	.....	.....	.....	.....
Average	37.1	+0.5	70	2	3.50	+0.34	3.8	13	6	8	17	S. W.
Central Counties—												
Normal	39.1	.....	.....	.....	3.89	.....	.....	.....	.....	.....	.....	.....
Average	40.3	+1.2	72	4	3.34	-0.55	2.0	10	6	7	18	S. W.
Southern Counties—												
Normal	42.2	.....	.....	.....	4.49	.....	.....	.....	.....	.....	.....	.....
Average	43.7	+1.5	75	7	3.36	-1.13	0.8	9	8	7	16	S. W.
Averages for the State—												
Normal	39.2	.....	.....	.....	3.90	.....	.....	.....	.....	.....	.....	.....
Average	40.4	+1.2	72	4	3.40	-0.50	2.2	11	7	7	17	S. W.