

MONTHLY BULLETIN

Indiana State Board of Health.

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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 MAY, 1902.

The total number of deaths reported for the month was 2,502, which is an annual rate per 1,000 of 11.7. In the preceding month there were 2,716 deaths, a rate of 13.1. In the corresponding month last year there were 2,556 deaths a rate of 11.9. We have, therefore, to record an improvement for May, 1902, as compared with the corresponding month last year and with the preceding month. The deaths by certain ages were: Under 1 year of age, 353; 1 to 5 years of age, 126; 5 to 10 years of age, 60; 10 to 15 years of age, 47; 65 years and over, 658. 28 per cent. of all the deaths were of old people over 65, and 15 per cent. were of infants under 1 year of age. Some important causes of death were as follows: Pulmonary tuberculosis, 344; other forms of tuberculosis, 49; typhoid fever, 32; diphtheria, 26; scarlet fever, 5; measles, 19; whooping cough, 14; pneumonia, 192; diarrhoeal diseases, 3; cerebro-spinal meningitis, 21; influenza, 14; puerperal septicaemia, 16; cancer, 104; violence, 140; smallpox, 1. In many of the pneumonia deaths smallpox was the primary cause.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, having a population of 839,835 and numbering 31 counties, reports 808 deaths, a rate of 11.3. Compared with the corresponding month last year this shows an increase of 8 deaths.

THE CENTRAL SANITARY SECTION, numbering 33 counties and having a population of 1,024,791, reports 1,090 deaths, an annual rate of 12.5. Compared with the corresponding month last year; this is a decrease of 22 deaths.

THE SOUTHERN SANITARY SECTION, numbering 28 counties and having a population of 851,836, reports 604 deaths, a rate of 10.9. Compared with the corresponding month last year this is a decrease of 40 deaths. The counties which had death rates above the average for the whole State were: Elkhart, 13.8; Fulton, 13.5; Grant,

17.2; Jasper, 12.3; Lake, 12.4; Laporte, 15; Miami, 12.4; Noble, 13.5; Porter, 12.3; St. Joseph, 12.8; Boone, 13.4; Clinton, 13.8; Decatur, 19.3; Fayette, 16.6; Fountain, 12.6; Franklin, 15.1; Henry, 16.4; Johnson, 15.7; Madison, 12.5; Marion, 13; Monroe, 12.4; Randolph, 12.7; Shelby, 12; Tippecanoe, 13.4; Union, 15.7; Vigo, 13.5; Wayne, 17.5; Dubois, 12.1; Floyd, 12.1; Jackson, 17.2; Jennings, 15.7; Knox, 13.3; Ohio, 12.4; Pike, 17.3; Ripley, 14.2; Switzerland, 13.9. The county showing the lowest death rate for the month was Lagrange, which had a death rate of 6.1 per 1,000.

CITIES: All the cities of the State, representing a population of 857,840, report 1,065 deaths, an annual rate of 14.6. Compared with the corresponding month last year this is an increase of 37 in number of deaths and an increase of .3 in the rate. The number of deaths under 1 year of age in the cities was 148, which is 14.9 per cent. of the total. Compared with the corresponding month last year this is an increase of 9 in the number of deaths and an increase of .7 in the rate. The number of deaths from 1 to 5 years of age was 59; from 5 to 10 years of age, 32; from 10 to 15 years of age, 30, and 65 and over, 237.

COMPARISON OF CITIES AND COUNTRY: The country deaths number 1,437, a rate of 10.2 and this is 4.4 less than the city rate. In the country 15 per cent. of the total deaths were of children under 1 year of age, and in the cities 14.9, while for 65 and over, the figures were respectively, country, 31; cities, 23.8. For consumption the rate per 100,000 was higher in the cities, namely, 171.9, and for the country, 155.8. The typhoid was also less in the cities than in the country, the rates being respectively, 12.3 and 16.3. The diphtheria rate was very much greater in the cities than in the country, being respectively, 27.5 and 4.2. Whooping cough prevailed to a greater extent in the country than in the cities, the rates being respectively, 7.5 and 5.5. Pneumonia was more prevalent in the cities than in the country, the rates being respectively, 126.5 and 71.1. This is true also of influenza, the rates being for the cities, 9.6, and for the country, 4.9. The cancer rates for the cities during the month was almost twice what it was in the country, the rates being respectively, 30.1 and 37.7. The death rate from violence was also greater for the country, being 85.2 in the cities and 85.4 in the country.

CITIES BY CLASSES: CITIES, CLASS A, having over 50,000 population, including Indianapolis and Evans-

ville, report 234 deaths, a rate of 12.1. The rate for Indianapolis was 12.6, and for Evansville 10.5. Compared with the corresponding month last year this is a decrease of 1.9 for Indianapolis, and 1.4 for Evansville.

CLASS B, having from 25,000 to 50,000 population, total population 116,787, report 154 deaths, a rate of 15.5. This is 3.9 greater than the average for the whole State, and is an increase of 1.1 in the rate as compared with the corresponding month last year. This class includes Fort Wayne, death rate 14.3; South Bend, rate 12.7; Terre Haute, rate 19.8.

CLASS C, having from 10,000 to 25,000 population, including 14 cities, population 218,823, report 290 deaths, an annual rate of 15.6. This is 3.9 greater rate than the average for the State and of .9 decrease as compared with the corresponding month last year.

CLASS D, having from 5,000 to 10,000 population, total population 161,751, and including 23 cities, report 229 deaths, a rate of 16.7. This is 5 greater than the average for the State, and compared with the corresponding month of last year is an increase of 3.3.

CLASS E, having under 5,000 population, total population 131,508 and including 40 cities, report 158 deaths, a rate of 14.1. This is 3 more than the average for the State, and is .5 more than for the corresponding month last year. The city in this class having the lowest death rate for the month was Bluffton, the figure being 2.6.

A chart showing deaths by sanitary sections will be found on page 57.

DISEASE PREVALENCE IN MAY: Smallpox was the most prevalent disease in May and rheumatism was second. Precisely this condition existed in March and in April. Pneumonia, which was fourth in area of prevalence in April, fell to sixth place in May. The exact order of disease prevalence in May was: Smallpox, rheumatism, tonsillitis, bronchitis, consumption, intermittent fever, pneumonia, measles, diarrhoea, pleuritis, influenza, erysipelas, scarlet fever, whooping cough, typhoid fever, cholera morbus, inflammation of bowels, diphtheria and croup, dysentery, puerperal fever, cholera infantum, cerebro-spinal meningitis.

* * *

SMALLPOX IN MAY: 692 cases of smallpox were reported for May from the entire State. There was one death from the disease in Sullivan County, and 60 counties in all were infected as follows: Adams, 50 cases; Allen, 12 cases; Blackford, 4; Brown, 2; Clark, 28; Clay, 21; Clinton, 1; Crawford, 2; Daviess, 2; Dearborn, 24; Decatur, 1; Delaware, 26; Elkhart, 3; Floyd, 1; Fountain, 5; Franklin, 1; Gibson, 8; Grant, 17; Greene, 14; Hamilton, 5; Harrison, 6; Hendricks, 1; Henry, 1; Huntington, 11; Jackson, 8; Jay, 3; Jefferson, 5; Jennings, 3; Johnson, 7; Knox, 53; Lagrange, 7; Laporte, 4; Madison, 6; Marion, 58; Miami, 1; Monroe, 2; Orange, 14; Parke, 3; Perry, 7; Pike, 20; Porter, 5; Pulaski, 1; Randolph, 3; Ripley, 10; Scott, 1; Shelby, 5; Spencer, 10; St. Joseph, 7; Sullivan, 15; Switzer-

land, 6; Tippecanoe, 45; Tipton, 10; Vanderburgh, 26; Vermillion, 2; Vigo, 13; Wabash, 9; Warrick, 19; Washington, 41; Wayne, 1 and Wells, 16.

Compared with the preceding month there was a decrease of 186 cases, or 21 per cent. There was, however, an increase in area of prevalence, for in April 55 counties were infected, and in May the number had increased to 60. The number of deaths decreased materially, there being 6 smallpox deaths in April and only 1 in May. We must continue to remark that all of the cases of smallpox are not reported. The State health officer rode overland through several counties, in all a distance of about 100 miles, and found many cases of smallpox which had not been reported. In Orange County on June 3d, both in the southern part and in the northeastern part, many people were found who were temporarily marked by the disease, and who gave a clear history of smallpox. Many of these persons had never had a physician, no quarantine had been observed, and they had circulated freely among their neighbors. At Campbellsburg, in Washington County, was found a family, all of whom were suffering with the disease, and which the local physicians were insisting was nothing but chickenpox. An eruptive disease in adults, ushered in with a distinct prodromal period of three days, and lasting from 12 to 15 days, can not be chickenpox. This was the exact history of the family at Campbellsburg. In Franklin and Adams Counties the conditions are almost deplorable. Especially is it so of Franklin. The deputy State health officer found many cases of severe smallpox in Franklin County. There was much suffering, but little alarm, and, as is all too frequent, local physicians were calling the disease chickenpox, impetigo, etc. The authorities of Adams, Franklin, Spencer, Perry and Sullivan counties were taking no action whatever. The health officers were as active as they could be without support from their boards and without money. This condition is now remedied, for the State Board of Health has had the hearty co-operation of the Governor, and the county boards are now supporting their health officers in every way. We had expected to show a greater decrease in smallpox in May as compared with April, and hope to be able to report a very marked decrease in June as compared with May.

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SOME HISTORY: The last number of the Bulletin gives a letter from the Kentucky State Board of Health which foreshadowed a quarantine against Indiana unless the health authorities should get into vigorous action. On May 27 the secretary went to Louisville and met with the Kentucky State Board of Health. It was argued by the Kentucky health authorities that Indiana was not making the proper exertions against smallpox, and principally for that reason a quarantine would be declared, to take effect at noon on Sunday, June 1. The secretary argued that Kentucky was in no more danger of Indiana than Indiana was of Kentucky. Dr. Robert Harris, health officer of Floyd County, and Dr. W. H. Sheets, health officer of Clark County, were present. Dr. Harris reported positively there was not a case of smallpox in his

county, and Dr. Sheets reported but two in Jeffersonville, under strict quarantine. It was to be acknowledged there were twenty-one cases in the Indiana Reformatory, but they were behind walls, under quarantine, and therefore no menace to the public. The health officer of Louisville admitted there were not less than seventy cases in his city. He contended that most of the people in Louisville and surrounding regions were protected either by having had the disease or by vaccination. The secretary of the Indiana board argued if this were the case Kentucky could not be in any danger from Indiana. The Kentucky board evidently had information concerning the smallpox conditions in various Indiana counties, but did not make public all that they knew. Despite the protest of the secretary of the Indiana board, the following proclamation was issued:

QUARANTINE PROCLAMATION OF KENTUCKY
AGAINST SMALLPOX IN INDIANA.

LOUISVILLE, KY., May 27, 1902.

WHEREAS, This board has reliable official information that smallpox exists in epidemic form in a majority of the ninety-two counties of the State of Indiana to the extent of some 800 or more cases, and that it exists particularly in the counties bordering on the Ohio river opposite Kentucky, and that persons with the disease, or who have been exposed to it in Indiana, are constantly coming into and spreading this loathsome disease in Kentucky; and

WHEREAS, We learn upon inquiry that the health authorities and medical profession of Indiana have been powerless to restrict the spread of the disease for months for lack of funds, and that the fiscal authorities have persistently refused and still refuse to recognize the danger to their own citizens, or to those of other States, or to permit the use of funds especially appropriated for the suppression of such epidemics; and

WHEREAS, In consequence of such divided authority and parsimony, such conditions prevail in Indiana as to constantly and seriously threaten the health, lives and business interests of the people of Kentucky, and to impose additional and wholly unnecessary burdens upon our taxpayers, without hope of present or even promise of future relief.

Now, therefore, be it known, That the State Board of Health of Kentucky, in the exercise of authority vested in it by law, and in the discharge of a solemn public duty, hereby declares and issues its proclamation of quarantine against the State of Indiana, and each of the inhabitants thereof, and establishes the low-water mark on the Indiana shore as the boundary line of such quarantine, and it hereby forbids any person from the State of Indiana to pass such quarantine line, or to enter the State of Kentucky in any other way, who does not procure and exhibit, before doing so, a certificate from some duly authorized health official of Indiana or Kentucky that such person has been successfully vaccinated within the past five years, or is otherwise immune from smallpox, and it forbids any railroad bridge, electric or other transportation company, or any steamboat, ferryboat or other public or private craft or conveyance, or any company or individual owning, operating, managing or controlling the same, or any one of them, to bring, or permit to be brought, as either passenger or employe, any person from any point or place in Indiana to any point or place in Kentucky, who does not hold the certificate hereinbefore required; provided that this regulation shall not apply to passengers on through trains who do not stop over at any point in Indiana.

The municipal and county health and civil officials of jurisdictions bordering on the Ohio river and its tributaries, or having other travel connections with Indiana, are hereby authorized and

instructed to enforce the quarantine regulations herein imposed, and such additional regulations as they may deem necessary for the protection of their respective jurisdictions; and the health and police and other peace officials of such municipalities and counties are hereby made health inspectors for the enforcement of these regulations.

This proclamation of quarantine shall take effect and be in force from and after noon of June 1, 1902, and until officially annulled by this board.

Done by order of the board.

J. M. MATHEWS, M. D., *President.*

J. N. McCORMACK, M. D., *Secretary.*

PLEASE POST UP.

On Friday, May 30, three members of the State Board of Health went to Louisville to meet the executive committee of the Kentucky State Board of Health and urge that the quarantine proclamation be annulled because Indiana was ready to take the field and energetically combat the spread of smallpox. The matter was duly argued and the Kentucky Board went into executive session. It finally agreed to postpone the date of the quarantine for ten days and if at the end of that time the Indiana Board could assure the Kentucky Board that prevention work was actively being pursued, then the quarantine would be annulled. Since that date the Secretary has visited Posey, Vanderburg, Warrick, Spencer, Dubois, Perry, Crawford, Harrison, Orange, and Washington Counties. Where found necessary, active operations were taken for the fighting of smallpox. A deputy of the State Board was sent to Dearborn, Ohio, Switzerland, Jefferson, Clark, Floyd and Adams Counties. Where found necessary active proceedings were instituted. On Saturday the 7th of June an official communication was sent to the Kentucky State Board of Health, giving assurances that great activity prevailed in Indiana in the line of disease prevention work, and asking that the quarantine be annulled according to arrangements. The Kentucky Board received the communication and postponed the quarantine until July 1. The only evidence the State Board of Health has of this postponement is the announcement in the newspapers for no official communication has been received at the office of the State Board of Health.

* * *

WANTS TO KNOW: A resident of Chicago writes to the State Board of Health, saying: "I wish to inquire if there is any penalty in your State, and if so what that penalty is, when a person knowingly and wilfully takes a smallpox patient on board a public conveyance among other passengers. Also, I would like to know if the punishment would be modified where the act is done under the orders of an employer of both parties, and if such employer would be held liable for any portion of the penalty?" This is an interesting inquiry, and we surmise that the writer is aware of an instance where a smallpox patient was taken aboard a public conveyance with the knowledge of the owner or manager of said conveyance. We have answered the correspondent that the act he described is illegal and the penalty is a fine of not less than ten nor more than one hundred dollars. We have also

nformed him that the offense is not in the slightest degree mitigated if an employer is to blame. This letter is valuable also from the fact it informs health officers that the laity are thinking upon the subject of the spread of infection and contagion, and therefore the medical profession and the health department are under inspection by the people.

* * *

MONTGOMERY COUNTY: Dr. Paul Barcus, health officer of Montgomery County, informs us that, "Since the commencement of the smallpox epidemic, January 1, the county and the city of Crawfordsville together have expended over \$7,000 in their effort to suppress the disease." This speaks well for the intelligence of the authorities of the places named, for it is certainly more practical to prevent disease than to have it. How much better it would have been, however, if the thirty thousand people in Montgomery County had each been vaccinated at an expense of not to exceed ten cents each. This would have cost \$3,000, and smallpox would have been extinguished absolutely. As it is, \$7,000 have already been expended and, almost without doubt, smallpox will invade the county again and attack the unprotected and thus bring more expense.

* * *

A LIVE PHYSICIAN AND CITIZEN: Dr. Chas. D. Pettigrew, of Houston, Ind., on June 2, gave us prompt information of the existence of smallpox at Elkinsville, Brown County. Although not a health officer, with most commendable interest he established quarantine and vaccinated all who would submit. It is very probable that Dr. Pettigrew will be severely criticised for striving to help his fellow man, but we are confident this will not dampen his ardor in the least, for he knows his duty as a man and a physician. Would that we had more like him.

* * *

A POLLUTED WELL: Dr. A. M. Benjamin, of Dunreith, Ind., sent to the office two samples of water for analysis, and gave full explanation as follows: "The well is about 200 feet from the house and about 3 feet lower surface, drainage mostly going toward the well. About 150 feet from well is a vault, drainage going from it toward the well. The well and vault have been thus located about two months. The family of five have had continuous sickness for the past ten months. They have suffered from various troubles of the bowels. Last week I thought I had a case of typhoid, but by treatment it is clearing up, so it may be doubtful. The people are intelligent, cleanly people, etc."

One of the samples of water was taken direct from the well and the other from a tank in the house. Our examination showed that both chemically and bacteriologically the waters were polluted. Both samples contain intestinal bacteria and also showed chlorine, nitrites and alluminoid ammonia in excess. Our analytical report was returned with the advice to immediately abandon this water and not to use it unless it was boiled. It should be noted that this family had for ten months been afflicted with obscure

bowel troubles, and this is frequently the story where typhoid fever breaks out. It is the hope of the State Board of Health that the people of Indiana will very soon learn to exercise great care in regard to the purity of the water which they use for drinking purposes. When this is done, a marked improvement in the health of the State will undoubtedly result.

* * *

A HEALTH ORDINANCE: The State Board of Health recommends all towns not already having a health ordinance to pass the one given below. The ordinance is general in character and covers the ground thoroughly. It will be noted that the duties and powers of the town health officers are ample and are plainly set forth. We are confident this ordinance will increase the health and happiness of the town which passes and enforces it.

AN ORDINANCE.

PROTECTING THE PUBLIC HEALTH, DEFINING THE DUTIES OF THE TOWN HEALTH OFFICERS AND TOWN MARSHAL, DIRECTING THE ABATEMENT OF NUISANCES AND PRESCRIBING PENALTIES.

SECTION 1. Be it ordained by the Board of Trustees of the town of....., State of Indiana, that it shall be unlawful for any person, persons, company or corporation to erect, construct, cause, permit, keep or maintain, within the limits of said town, anything whatsoever, which is injurious to health, or indecent or offensive to the senses of any of the inhabitants of said town, or any obstruction to the free use of property by any such inhabitant, and any person or persons maintaining any nuisance above referred to, is hereby declared to be the author and maintainer of a nuisance, and upon conviction shall be fined in any sum not less than ten nor more than one hundred dollars.

SEC. 2. It shall be unlawful for any person or persons, company or corporation to throw or deposit, or suffer to be thrown or deposited, or suffer or permit any servant, child member of the family or any other person under his, her, or their control, to throw, or deposit any manure, rubbish, slops, putrid or unsound animal or vegetable matter, or any filthy, noisome, or unwholesome liquid or slops, or any liquid or slops or substances that are liable to become unwholesome, in or into or upon any street, lane, alley, sidewalk, gutter, crossing, lot, cellar or common within said town, and all garbage shall be kept in galvanized iron garbage cans, and all garbage receptacles shall be tightly covered and emptied frequently enough to prevent fermentation and bad odors.

SEC. 3.—The Secretary of the Town Board of Health who is also town health officer, the town trustees or any member thereof, and the town marshal or their deputies, shall have full power and authority to enter into or upon any street, lot, alley, or ground, for the purpose of making a sanitary survey of the same, and if a nuisance or any unsanitary condition is found, it shall be the duty of the town health officer, when informed of the existence of the same, to immediately notify the person so offending in writing, giving five to ten days to abate the nuisance. If such person shall fail or refuse to abate the nuisance within the time specified, it shall be the duty of the health officer to cause the same to be abated, keeping an accurate account of the expense thereof, which shall be paid from the town treasury upon the sworn voucher of the health officer, and said expense shall be a lien on the property, and collected by the process of law, and turned into the town treasury.

SEC. 4. All cases of cholera, typhus fever, yellow fever, diphtheria, membranous croup, scarlet fever, measles, whooping cough, cerebro-spinal meningitis, typhoid fever, bubonic plague, leprosy or pulmonary tuberculosis, shall be immediately

reported to the town health officer by the attending physician, if any, otherwise by the householder, and it shall be the duty of the town health officer to at once impose quarantine by placarding the house where such disease exists, excepting typhoid fever and pulmonary tuberculosis, for they shall only be reported and not quarantined. The card shall be not less than twelve inches square, with the name of the disease thereon in letters not less than two inches in length. It shall be posted in a conspicuous place and shall remain there until ordered removed by the town health officer, and it shall be a misdemeanor to mutilate or remove said card, except by order of said town health officer, and all dwellers in the quarantined habitation shall obey the directions of the town health officer concerning the care they shall take against carrying infection to others.

SEC. 5. In case of smallpox, it shall be the duty of the town health officer to isolate the patient in the house in which he is found, or in case this is not practicable, in an isolation hospital, and where the patient is unable to compensate physician or attendant, or provide all necessary attendance and food, the expense thereof to be paid for as other town expenses, and those who have been exposed to smallpox shall be vaccinated, and at the end of ten days from first exposure shall be placed in quarantine until fifteen days from first exposure have elapsed.

SEC. 6. It shall be the duty of the town health officer to, as far as possible, use all approved sanitary methods to prevent the approach or spread of any and all diseases dangerous to the public health, and to enforce this ordinance.

SEC. 7. It shall be the duty of the town marshal to at all times aid the town health officer in the work of enforcing this ordinance upon demand of said town health officer.

SEC. 8. Any person or persons violating any of the provisions of this ordinance, upon conviction thereof, shall be fined for each offense, in any sum not to exceed ten dollars, and each day's violation shall be deemed a separate offense.

SEC. 9. It shall be the duty of the town trustees upon the death, resignation or removal of the town health officer to immediately meet and elect a successor.

SEC. 10. This ordinance shall be in effect after publication for two successive weeks in a weekly paper of general circulation.

The above ordinance was passed at a regular meeting of the Board of Trustees of the town of Southport, county of Marion, State of Indiana, Monday night, May 5, 1902, and will be in effect after May 16, 1902.

* * *

POLLUTED MILK AND TYPHOID FEVER:

The thirty-second annual report of the State Board of Health of Massachusetts contains some valuable records of several outbreaks of typhoid fever which were traced to the use of milk obtained from farms with polluted water supplies. As an instance of what some persons will do when left to themselves, a case is quoted in which a certain farmer, whose milk infected by polluted well-water had caused twenty cases of typhoid fever, continued to use the same water to "wash out the cans" in spite of strict injunctions to the contrary, with the result that a second outbreak occurred within a few months of the first. The thorough and successful character of the investigations recorded reflect much credit on those who carried them out, and they afford an excellent illustration of what may be expected to happen in the unfortunately common absence of those hygienic conditions which ought to be rigidly enforced in all places where milk is produced.

* * *

FOOD AND TUBERCULOSIS: The war against tuberculosis, which has been commenced under the aus-

pices of His Majesty the King, if energetically prosecuted, must in the end result in placing that dread disease under a control similar to that which, among the more enlightened nations, is being gradually but surely established over many of the preventable diseases which have been the scourges of the human race. The establishment of Sanatoria and the great extension of the more rational and scientific methods of treatment which the existence of such institutions will of necessity bring about, should lead to the saving of the lives of great numbers of sufferers who, under the old conditions, would have drifted inevitably to death. Cure is good, but prevention is better than cure, and it must be the thought that the war can be successfully carried on upon curative lines alone. It is not well that there is a special predilection or idiosyncrasy in those who are attacked by tuberculosis; and while relaxing no efforts to find and apply curative measures, attention to such enormously important factors as the nature and quality of the food supply and general hygienic conditions must be fully maintained. A far more effective control than that which at present exists must be established over the milk and meat supplies of the people, so that the ingestion of the poison by those who are specially susceptible may as far as possible be prevented. Particularly will it be necessary to ensure that the supplies of milk and other food to the Sanatoria which are to be established shall be uninfected, and that they shall also be pure and of good quality. At the present time those terms are certainly not generally applicable to the supplies of most of our hospitals and large institutions, and it should be one of the first duties of those who will be concerned in the management of the new Sanatoria to see that no exception can be taken to the food supplied to the inmates.—British Food Journal.

* * *

PERMANENT TENURE OF OFFICE FOR HEALTH OFFICERS: In the discussion of "Some Problems in Municipal Sanitation from an Executive Standpoint," W. C. Woodward, Health Officer of the District of Columbia, says that the difficulty in securing competent officers in the contagious disease service and competent chemists and bacteriologists to take care of the laboratories arises chiefly from the uncertain tenure of office and the inadequacy of compensation. The British Medical Association has been instrumental in securing the introduction in the House of Commons of a bill which seeks to amend the law relating to the tenure of office and medical officers of health and sanitary inspectors. In England, at present, the medical officer of health is appointed for one, three or five years, and the sanitary inspector for one year. The bill provides that properly educated and qualified men shall be appointed to these offices and shall be secure in their positions as long as they perform their services satisfactorily. The duties of officers of health are indicated by the teachings of modern science and can not vary with the whims of each new mayor or governor who happens to be elected to office. Matters of public sanitation have become so manifold that special education and experience are necessary for the proper administration of them. The public can only obtain the

best service when those who look after the public health are secure in their positions as long as their duties are properly performed, and when they are relieved of the distracting necessity of keeping on the right side of politicians in order to retain their places. The treatment of medical health officers in one of our western cities at the hands of lay authorities, who claim to determine the absence of plague by their individual feelings and desires, is most deplorable, and has subjected the rest of the country to a most unnecessary danger. The absolute separation of all matters of public health and hygiene from changeable politics is much to be desired and is to be constantly sought by the medical profession.—*Journal Am. Med. Ass'n.*

* * *

SMALLPOX IN GRANT COUNTY: Dr. Powell, Health Officer of Grant County, says: "We had seventeen cases of smallpox in May, and no deaths. The severity is greater than a few months ago, and on the increase. People wont vaccinate and, of course, they must have smallpox." Those who are so impractical as not to vaccinate, generally talk about other people being cranks and scold loudly about "the health officer being no good."

* * *

ADULTERATED FOODS: The Kentucky laboratory report on foods for the period, June 15, 1900, to January 31, 1902, states as follows:

Total number of food samples analyzed	748
Total number not adulterated	521
Total number adulterated	227

The adulterated samples were 30.3 per cent. of the total examined. The interesting problem for Indiana is: If in Kentucky, where active enforcement of the food law exists, it is found that 30.3 per cent. of all food samples examined are adulterated, what is the percentage of adulteration in Indiana, where there is no laboratory for making food analyses and where the Legislature has not provided for the enforcement of its excellent food law?

* * *

TOMATO CATSUP IN KENTUCKY: The Kentucky food commission reports on catsup as follows:

Number of samples analyzed	53
Number of samples found adulterated	50

It therefore appears that 94.3 per cent. of all samples examined were adulterated. The adulterations found were artificial coloring matters, saccharine, salicylic acid, benzoic acid and boric acid. The artificial coloring was necessary because of the inferiority of the products from which the catsups were made. One Louisville grocer stated that a quantity of catsup from which a sample was purchased had been on his shelf for eight years.

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THE BUSINESS MEN SPEAK: The following letter from the Merchants' Association of Indianapolis explains itself:

INDIANAPOLIS, May 13, 1902.

Indiana State Board of Health, Indianapolis:

GENTLEMEN—At a recent meeting of the Merchants' Association the following resolutions were drawn up with the belief that

you were doing everything possible to stop the spread of contagious diseases, which, when they become epidemic, are disastrous to business interests as well as public health and happiness.

WHEREAS, Epidemic diseases frequently interfere very seriously with business as well as public happiness, and

WHEREAS, Sanitary science, when intelligently applied, can always prevent epidemics, and can also stop them when started; therefore, be it

Resolved, by the Merchants' Association of Indianapolis, That the State Board of Health and all health authorities should be encouraged and upheld in their efforts to prevent and stay epidemics.

You are, therefore, earnestly and respectfully urged to continue in the good work, as we appreciate the great benefits to our commonwealth.

Very truly yours,

FRED. L. MAYER, President.

* * *

ONE MILLION DOLLARS: In consequence of King Edward's active interest in the crusade against consumption, a philanthropist, who wishes his name withheld, has placed \$1,000,000 at His Majesty's disposal for the construction of a sanatorium for consumptives.

* * *

EFFECT OF SANITATION UPON TUBERCULOSIS: Maj. N. C. Gorgas, chief sanitary officer of the city of Havana, in his report says: "Tuberculosis, which during the decade 1890 to 1899, had a mortality of 1,683 annually, or 7.5 to each 1,000 of the population, was reduced to 5.39 in 1899 and 3.40 per 1,000 in 1900." If there could be any doubt as to the effect of proper sanitation on the prevalence of this disease, the progressive reduction here produced ought to settle it, supporting as it does the facts given from other localities. Conditions favor contagion. The fatality of other disorders due to unsanitary conditions was also reduced, enteritis dropped from 1,163 deaths in 1899 to 560 in 1900, and typhoid fever from 240 to 90.

* * *

GIRLS. SCHOOLS: "Girls need health as much—nay, more—than boys. They can only obtain it as boys do, by running, tumbling, by all sorts of innocent vagrancy. At least once a day girls should have their halters taken off, the bars let down, and be turned loose like young colts."

The most useful thing that can be taught in our public schools is the elements of physiology and hygiene. Health is our most valuable possession, and the knowledge necessary to preserve it is worth more than even reading, writing and arithmetic.

* * *

MILK A DANGEROUS FOOD: An investigation by the Rockefeller Institute of the supply of milk furnished to New York City shows that the great bulk of that consumed is unwholesome or worse. No less than 330 outbreaks of epidemic diseases were traced to milk. Typhoid fever, scarlet fever and diphtheria are carried from dirty farms to be spread through New York City by the venders of milk. At one of the near-by summer resorts 73 persons were poisoned by the milk that came from one farm. In 1900, 6,055 infants in New York City died from the effects of impure milk.

ADVICE ABOUT MILK: Don't use any more milk in hot weather than you have to, unless you get it fresh and of undoubted purity. Men accustomed to milk from a country boyhood, keep on using it as it is sold in the city, several days old and doctored with chemicals to prevent its souring.—Exchange.

* * *

MONEY VALUE OF SANITATION: The money value of sanitation is thus illustrated in the case of Philadelphia, where the poor water supply has made typhoid fever prevalent. The number of deaths from typhoid fever was 449. Placing a valuation of \$5,000 on each life, we have a loss to the city of \$2,245,000. Other losses as follows: Burial expenses of 449 people, at \$40, \$17,960; 3,227 cases of typhoid fever requiring medical attention, at \$30 a case, \$96,810, and 83,340 days lost from employment, at \$2 a day, \$166,680, brings the grand total of \$2,021,160 loss from the ravages of one disease for a single year. If this sum were to be expended as interest on a sinking fund at five per cent. for thirty years, it would give to the people of this city a sum of \$131,300,000 to expend in preventing typhoid fever alone.

* * *

SHOULD PHYSICIANS FALSIFY CERTIFICATES OF DEATH? This may seem a curious question relative to a profession whose general reputation among the people is second to none, but it is, nevertheless, a subject deserving serious consideration. There are, of course, many deaths in which a satisfactory statement of the cause of death is difficult, or even impossible, without a complete post-mortem examination, which, for various reasons, it may be impracticable to perform. It is only desired, and it is believed that it is to be reasonably expected, that the physician shall make an *honest* statement from his own point of view, and not deliberately vitiate the vital records of the State by false statements. There are physicians who deliberately falsify certificates signed by them, sometimes to "shield the feelings" of somebody, sometimes to aid in swindling an insurance company or the Government in a pension case, sometimes, it may seem, out of deliberate carelessness or pleasure in prevarication. We shall call attention to some such cases, with specific examples of false statements, in a future issue.

The above is from the Michigan Monthly Bulletin of Vital Statistics, and we wish to add that the same conditions exist in Indiana. It has happened many times that physicians have wished to "correct" their death certificates months after they were issued, and in every instance the correction (?) was noticed to make the cause of death conform to pension requirements. It certainly is very wrong to deliberately falsify certificates in order to secure a pension.

* * *

STORY OF LIEBIG.

The following interesting story of Liebig, as told by his biographer, A. W. V. Hoffmann, is reprinted from the *Pharmaceutical Review*:

Many years ago (in 1853) Liebig was making an excursion among the mountains of the Tyrol; and I and two other of his friends had the happiness of being his companions on the tour.

In the course of our rambles one morning we overtook an old soldier who was traveling slowly along the road, much wasted by fatigue and obviously enfeebled by disease. As we came up with him he accosted us with a piteous tale and humbly implored our aid. Following Liebig's example, whose purse on such occasions was ever as freely open as his heart, we made up among us a little stock of florins, which the poor man evidently regarded as a small fortune dropped by Providence into his hand; then pushing forward we soon left him behind, and in half an hour's time reached a village inn at which we agreed to rest ourselves and dine.

While thus engaged we observed our poor wayfarer also enter the inn. It pleased us to reflect that, for this once at all events, he had the means of procuring a comfortable meal; and, having finished our own, we resolved to take a short siesta before setting out again on our journey. After some half an hour's doze I awoke and found two of my companions fast asleep in their chairs, whilst Liebig, to my surprise, had disappeared. I immediately got up, and, proceeding to the bar, inquired of the innkeeper where our friend, the elderly man of our party, had gone. The landlord replied that the gentleman had been inquiring, a little while ago, for a pharmacy; and that, upon learning that there was none in the village, not any nearer than in the next village over the hill, he had set out on foot in that direction. Not without some little anxiety at the temporary dispersion of our party, I at once proceeded on the road which Liebig had taken. After half an hour's walk I observed his figure on the brow of the hill and hurried forward to meet him, impatient to learn the object of his solitary promenade. He answered me simply that he had perceived in our poor soldier symptoms of low fever, such as quinine was certain to cure, and that he had been over to the nearest pharmacy to get some of this remedy. On his arrival, he added, the apothecary chanced to be absent; but his wife had given him (Liebig) the free run of the bottles, with permission to select therefrom any article he might desire, paying, at his own price, for whatever he might take. He went on to tell me that, fortunately, he had discovered the quinine bottle, and made up, with a portion of its contents, a boxful of powders, sufficient, he hoped, for our wanderer's perfect cure. After another half hour's walk the powders were delivered to the soldier, with instructions how often they were to be taken. Not a word was said of the long walk they had cost the kindly donor. After receiving the poor man's expressions of gratitude, and promise to obey the instructions given him, we immediately resumed our journey, and I observed that, though Liebig had been toiling over the hills while we slept, he was not, during the remainder of our walk, the least cheerful and buoyant of the party.

This is but one of the many touching pictures I could give of this great man's noble simplicity of character and genuine self-sacrificing kindness. We lads had given the

poor sufferer our coin apiece and then had gone to sleep, considering our duty done. The master had noted the wayfarer's illness, and resolved on striking at the root of his distress; to which human end he had generously sacrificed his own much needed hour of repose.

Is it to be wondered at if we, his former pupils and ever-devoted friends, in admiring the chemist also loved the man?

TO COUNTY HEALTH OFFICERS: Following is given an order which should be passed by every County Board of Health which has not already taken action. Remember, the County Board of Health has powers and duties which do not belong to the County Commissioners, although both boards are composed of the same men. It is therefore necessary that the Board of Health should sit as such, and the county secretary make all minutes, in order that the health acts be legal and have standing in court. Secretaries of County Boards of Health must have minute books and keep a record of all acts of their boards, and also in the same record their own reports as adopted by their boards. With the order given below, regularly passed by the County Board of Health, the County Health Officer will know where he stands and can proceed intelligently to fulfill his functions as a health officer. It is, of course, necessary for the County Board of Health to ask an appropriation of such a sum as seems necessary, of the County Council. This appropriation would be called the health fund.

ORDER BY THE COUNTY BOARD OF HEALTH.

WHEREAS, It is possible to suppress all infectious and contagious diseases, and as such diseases cost the people large sums of money and are the cause of much unhappiness and sorrow; and

WHEREAS, This body is constituted by the law a board of health and is commanded by the law to take prompt action to arrest the spread of infection and contagion; therefore, it is

ORDERED: 1. The Secretary of this Board, who is County Health Officer, shall energetically enforce the health statutes of the State, the rules of the State Board of Health and the health orders of the County Board of Health.

2. He shall promptly place in quarantine all cases of infectious diseases as are listed in Rule 1 of the State Board of Health when said cases are outside of the corporations of cities and towns. Within the corporations of cities and towns the authorities thereof shall promptly take like action.

3. With the consent of the Auditor, the County Health Officer may engage medical attendance, employ guards to maintain quarantines and purchase medicines and food supplies when the conditions demand. Not more than \$2.00 per visit may be paid for necessary medical attendance, and completely itemized bills checked and sworn to, shall be presented before payment will be made for guards, medicines and food supplies.

4. If at any time the work in the prevention of the spread of infectious and contagious diseases is more than can be expected of the County Health Officer, he may, with the consent of the Auditor, employ one or more intelligent men to act as deputies to establish quarantines and to conduct disinfections. Said deputies, and also quarantine guards, shall not be paid more than the statutory amount of 20 cents per hour actually served; and their expenses, such as necessary livery hire, car fare, bed and meals, will be paid upon presentation of fully itemized bills which are sworn to.

5. Whenever any case or cases of smallpox are placed under quarantine, all persons known or reasonably supposed to be exposed shall be vaccinated, and after thorough disinfection in body and in apparel will be permitted their liberty. If any person or persons known or reasonably supposed to be exposed to smallpox, will not submit to vaccination and disinfection in body and in apparel, then they shall be placed in quarantine until such time, in the opinion of the County Health Officer, as they may be safely allowed their liberty. The vaccine shall be supplied by the County Health Officer, it shall be pure and fresh, and for each person vaccinated the sum of forty cents will be allowed, provided a complete record of each vaccination be supplied giving—date, name, postoffice address, age, sex and previous history, if any, of vaccination.

6. When visiting persons known to be affected with smallpox, diphtheria and scarlet fever, all physicians and health officers shall protect their clothing and hair against infection, and shall thoroughly disinfect their hands before coming in contact with the public. To accomplish this, a linen or rubber coat with skull cap shall be worn by physicians and health officers when visiting patients afflicted with the diseases named, and said linen or rubber coat and skull cap shall be carried in a hand bag or other approved receptacle and kept well disinfected with formaldehyde. The hands shall be disinfected by washing with antiseptic soap, and applying an effective liquid antiseptic.

7. The County Health Officer shall purchase formaldehyde candles in amount not to exceed \$20.00, and as necessity requires, such purchase may be repeated with the consent of the Auditor. Said formaldehyde candles are to be used for disinfecting houses known or supposed to be infected. A complete record of all disinfections shall be kept, and made a part of the Health Officer's account of his health work, as required in 8.

8. The County Health Officer shall each Monday, or oftener, if he wishes, record in the minute book of the Board of Health a complete account of the health work done by him during the several days preceding, and said minute book shall be kept in the office of the County Auditor.

9. Any one violating the State health statutes, the rules of the State Board of Health or the rules or orders of the County Board of Health, shall be promptly prosecuted by the county attorney, and the County Health Officer shall actively aid in all such prosecutions.

Passed by the County Board of Health.

....., 1902.

Attest: , President.
..... , Secretary.

* * *

NO LONGER AN ANTIVAC: Mr. W. D. Radcliff, of Algiers, Pike County, has had experience lately with smallpox and while he once did not believe in vaccination now he sees and believes. In a letter dated at Algiers, Indiana, he says: "I have just recovered from an attack of smallpox which was very severe and which kept me from business twenty-two days. I said that I would rather have smallpox than be vaccinated, I got my wish. However, when I went down I permitted the doctor to vaccinate my wife, two children and the hired girl. All vaccinations took except on my oldest daughter. We waited a week and vaccinated her again, but it was too late, she had already taken smallpox, but the vaccination worked and she had smallpox very lightly. My wife and other child, and also the hired girl, lived in the house with us two smallpox patients, came in daily contact with us and went scot free. I now believe in vaccination, and I advise others not to be foolish as I was and prefer smallpox to vaccination."

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES IN MAY, 1902.

NORTHERN SANITARY SECTION.

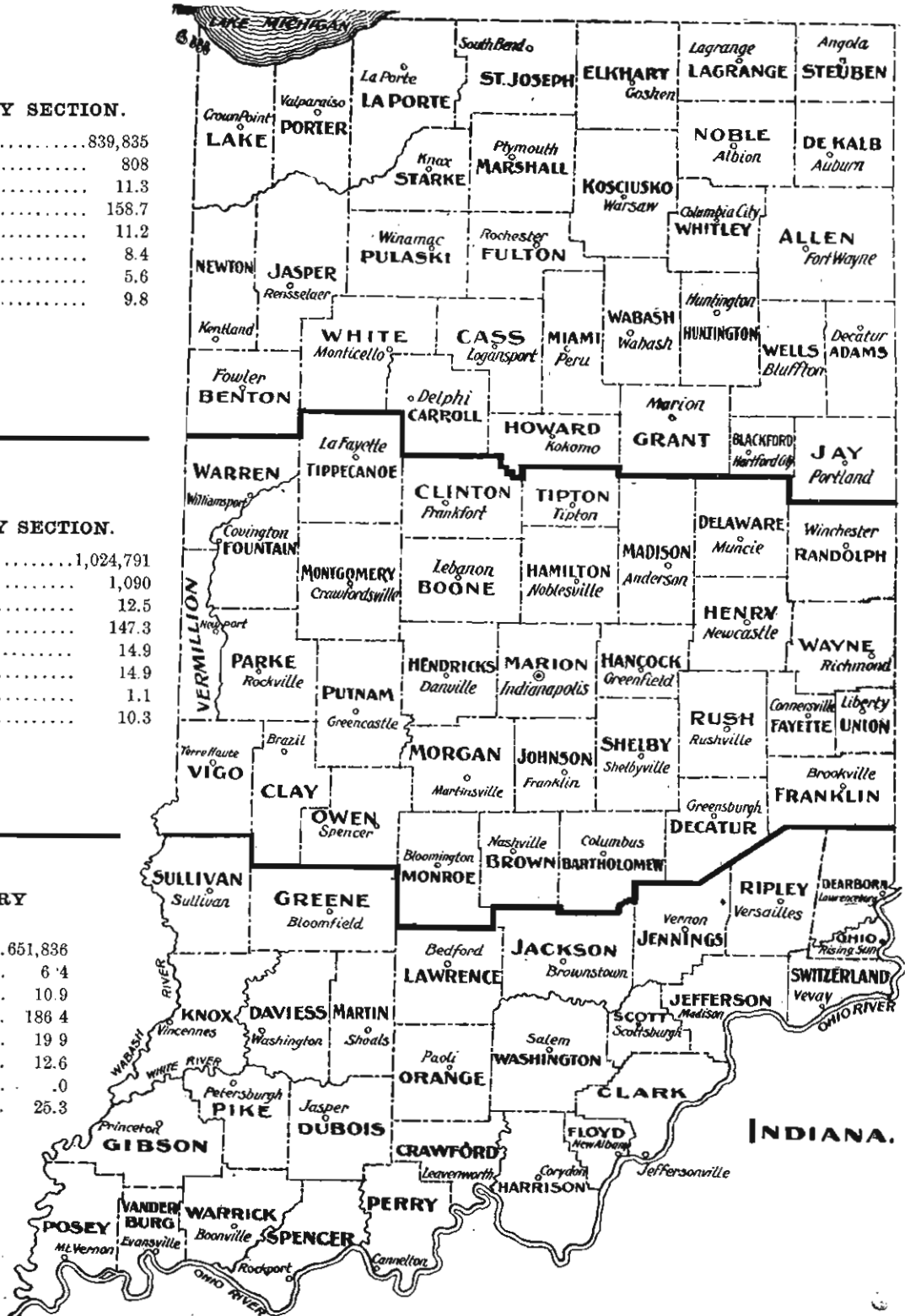
Total population	839,835
Total deaths	808
Death rate per 1,000	11.3
Consumption, rate per 100,000	158.7
Typhoid, rate per 100,000	11.2
Diphtheria, rate per 100,000	8.4
Scarlet fever, rate per 100,000	5.6
Diarrhoeal diseases, rate per 100,000	9.8

CENTRAL SANITARY SECTION.

Total population	1,024,791
Total deaths	1,090
Death rate per 1,000	12.5
Consumption, rate per 100,000	147.3
Typhoid, rate per 100,000	14.9
Diphtheria, rate per 100,000	14.9
Scarlet fever, rate per 100,000	1.1
Diarrhoeal diseases, rate per 100,000	10.3

SOUTHERN SANITARY SECTION.

Total population	651,836
Total deaths	674
Death rate per 1,000	10.9
Consumption, rate per 100,000	186.4
Typhoid, rate per 100,000	19.9
Diphtheria, rate per 100,000	12.6
Scarlet fever, rate per 100,000	.0
Diarrhoeal diseases, rate per 100,000	25.3



Mortality of Indiana for May, 1902.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Census 1900.	Total Deaths Reported for May, 1902.	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 5.		5 to 10.		10 to 15.		65 and Over		Consumption.		Other Forms Tuberculosis.		Typhoid Fever.		Diphtheria.	
					Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Per Cent.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State.....	2,516,462	2,502	11.7	153	353	15.0	126	5.3	60	2.5	47	2.0	658	28.0	344	161.3	49	22.9	32	15.0	26	12.1
Northern Co's....	839,835	808	11.3	48	116	15.2	34	4.4	23	3.0	12	1.5	223	29.3	113	158.7	17	23.8	8	11.2	6	8.4
Central Co's.....	1,024,791	1,090	12.5	65	160	15.6	56	5.4	23	2.2	25	2.4	295	28.7	128	147.3	20	23.0	13	14.9	13	14.9
Southern Co's....	651,836	604	10.9	40	77	13.6	36	6.3	14	2.4	10	1.7	140	24.8	103	186.4	12	21.7	11	19.9	7	12.6
All cities.....	857,840	1,065	14.6	72	148	14.9	59	5.9	32	3.2	30	3.0	237	23.8	125	171.9	23	31.6	9	12.3	20	27.5
Over 50,000.....	228,171	234	12.1	14	32	14.5	6	2.7	4	1.8	6	2.7	42	19.0	41	212.0	6	31.0	2	10.3	1	5.1
25,000 to 50,000.....	116,787	154	15.6	14	25	17.8	10	7.1	4	2.8	2	1.4	40	28.5	11	111.1	6	60.6	1	10.1	1	10.1
10,000 to 25,000.....	218,623	290	15.6	22	43	16.0	16	5.9	17	6.3	10	3.7	57	21.2	24	129.5	6	16.1	5	25.9	17	91.7
5,000 to 10,000.....	161,751	228	16.7	12	32	14.7	17	7.8	4	1.8	6	2.7	52	23.9	27	196.9	4	29.1	1	7.2	.....	.....
Under 5,000.....	131,598	158	14.1	10	16	10.8	10	6.7	3	2.0	6	4.0	46	31.0	22	197.4	4	35.8	.....	.....	1	8.9
Country.....	1,658,622	1,437	10.2	81	208	15.0	67	4.9	28	2.0	17	1.2	421	31.0	219	155.8	26	18.4	23	16.3	6	4.2

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Deaths and Annual Death Rates per 100,000 Population from Important Causes.																							
	Group.		Scarlet Fever.		Measles.		Whooping Cough.		Pneumonia.		Diarrhoeal Diseases, Under 5 Yrs.		Cerebro-Spinal Meningitis.		Influenza.		Puerperal Septicæmia.		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.	Number.	Death Rate.
State.....	4	1.8	5	2.3	19	8.9	14	6.5	192	90.0	30	14.0	21	9.8	14	6.5	16	7.5	104	48.7	140	65.6	1	.4
Northern Co's....	.....	.....	4	5.6	5	7.0	6	8.4	68	95.5	7	9.8	5	7.0	3	4.2	8	11.2	29	40.7	41	57.6	.....	.....
Central Co's.....	4	4.6	1	1.1	13	14.9	4	4.6	73	84.0	9	10.3	11	12.6	6	6.9	6	6.9	51	58.7	61	70.2	.....	.....
Southern Co's....	.....	.....	.....	.....	1	1.8	4	7.2	51	92.3	14	25.3	5	9.0	5	9.0	2	3.6	24	43.4	38	66.7	1	1.8
All cities.....	2	2.7	5	6.8	8	11.0	4	5.5	92	126.5	12	16.5	8	11.0	7	9.6	6	8.2	51	70.1	62	86.2	.....	.....
Over 50,000.....	1	5.1	.....	.....	.....	.....	1	5.1	16	82.7	6	31.0	.....	.....	.....	.....	.....	.....	14	72.4	13	67.2	.....	.....
25,000 to 50,000.....	.....	.....	1	10.1	2	20.2	3	30.3	18	181.8	1	10.1	1	10.1	2	10.1	.....	.....	3	30.3	12	121.2	.....	.....
10,000 to 25,000.....	1	5.3	3	16.1	4	21.5	.....	.....	19	102.5	2	10.7	1	5.3	1	10.7	3	16.1	13	70.1	21	113.3	.....	.....
5,000 to 10,000.....	.....	.....	.....	.....	2	14.5	.....	.....	24	175.0	2	14.5	3	21.8	3	21.8	2	14.5	13	94.8	7	51.0	.....	.....
Under 5,000.....	.....	.....	1	8.9	.....	.....	.....	.....	15	134.5	1	8.9	3	26.9	1	8.9	1	8.9	8	71.7	9	80.7	.....	.....
Country.....	2	1.4	.....	.....	11	7.8	10	7.1	100	71.1	18	12.8	13	9.2	7	4.9	10	7.1	53	37.7	78	55.4	1	.7

Meteorological Summary for May, 1902, Furnished by the Central Office, Indiana Section, Climate and Crop Service, U. S. Weather Bureau, Indianapolis, Ind., June 13, 1902.

W. T. BLYTHE, SECTION DIRECTOR.

SECTIONS.	TEMPERATURE.										PRECIPITATION.				CONDITION OF SKY.			Wind.
	Mean.	Departure from Normal.	Highest.				Lowest.				In Inches.				Number of Days.			
			Degree.	Date.	Place.	Degree.	Date.	Place.	Average.	Departure from Normal.	Snowfall Unmelted.	Days with .01 inch or more.	Clear.	Partly Cloudy.	Cloudy.			
																Prevaling Direction.		
Northern Section.....	62.9	+1.6	94	19-21	Syracuse..... Fairmount.....	31	28	Winamac.....	4.22	+0.27	0.0	10	12	12	7	SW.		
Central Section.....	66.4	+3.8	95	21	Hector.....	29	8	Connersville.	3.54	-0.10	0.0	9	11	14	6	SW.		
Southern Section.....	69.5	+4.8	98	18-20-22	Vincennes..... Washington.....	33	26	Greensburg..	5.20	+1.20	0.0	9	17	9	5	SW.		
State.....	66.3	+3.4	98	18-20-22	Vincennes..... Washington.....	29	8	Connersville.	4.32	+0.16	0.0	9	13	12	6	SW.		