

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 SEPTEMBER, 1903.

The total number of deaths reported for the month was 2,766, which is an annual rate of 13.4. In the corresponding month last year 2,812 deaths were reported, a rate of 13.6. In the preceding month there were 2,933 deaths, a rate of 13.7. The deaths by important ages were: Under 1 year of age, 519; from 1 to 5 years, 245; 5 to 10 years, 65; 10 to 15 years, 66; 65 years and over, 557. The number of deaths under 1 year of age was 19.7 per cent. of the total number of deaths and the deaths of 65 and over was 21.1 per cent. In the corresponding month last year, 20 per cent. of the deaths were under 1 year of age and 22.9 per cent., 65 and over. Some important causes of death were as follows: Pulmonary tuberculosis 307, other forms of tuberculosis 40, typhoid fever 166, diphtheria 35, croup 3, scarlet fever 15, measles 6, whooping cough 5, pneumonia 110, diarrhoeal diseases 265, cerebro-spinal meningitis 32, influenza 3, puerperal fever 12, cancer 92, violence 184, smallpox 2. There is a decided improvement in typhoid fever as compared with the corresponding month last year, when the number of deaths was 232, a rate of 112.7 per 100,000, while this month the deaths numbered 166, a rate of 80.4. Pneumonia has increased as compared with the preceding month and diarrhoeal diseases decreased. The smallpox deaths numbered 12 in August, while this month they numbered but two. Cancer also shows a decrease. Last month the number of deaths were 124 from this cause and this month they are 92.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, having a population of 839,835 and numbering 31 counties, reports 905 deaths, a rate of 13.1. In the corresponding month last year this section reported 876 deaths, a rate of 12.7.

THE CENTRAL SANITARY SECTION, having a population of 1,024,729 and numbering 33 counties, reports

1,188 deaths, a rate of 14.1. In the corresponding month last year this section reported 1,173 deaths, a rate of 13.9.

THE SOUTHERN SANITARY SECTION, having a population of 851,836 and numbering 28 counties, reports 673 deaths, a rate of 12.5. In the corresponding month last year this section reported 763 deaths, a rate of 14.2.

COUNTIES: The counties which had death rates above the average for the whole State, namely 13.4, were: Benton 16.7, Cass 13.7, Fulton 17.4, Grant 15.1, Howard 14.9, Huntington 15.6, Lagrange 16.7, Lake 16.4, Laporte 15.2, Marshall 19.4, Noble 15.0, Pulaski 17.3, St. Joseph 15.5, Bartholomew 14.8, Decatur 16.8, Delaware 14.0, Franklin 14.8, Hancock 18.4, Hendricks 16.0, Henry 14.1, Johnson 17.4, Madison 14.1, Marion 17.1, Monroe 15.7, Randolph 14.0, Shelby 14.7, Tipton 15.9, Union 14.4, Vigo 16.5, Warren 14.1, Wayne 14.4, Clark 14.1, Floyd 14.9, Greene 21.3, Jackson 13.7, Jefferson 13.8, Lawrence 17.0, Ohio 18.0, Pike 20.2, Scott 14.6, Sullivan 14.5, Vanderburgh 14.7. The county having the highest death rate was Greene, 21.3, and the county having the lowest death rate was Starke, the rate being 7.0.

CITIES: All the cities of the State, representing a population of 857,840, report 1,158 deaths, a rate of 16.4. In the corresponding month last year the cities reported 1,114 deaths, a rate of 15.8. The number of deaths under one year of age in the cities was 224 or 20.5 per cent. of the total. This is .8 higher than the average for the whole State.

The cities show a higher death rate as compared with the average for the whole State in the following diseases: Pulmonary tuberculosis, typhoid fever, diphtheria, pneumonia, diarrhoeal diseases, cerebro-spinal meningitis, puerperal fever, cancer, smallpox. Only in violence was the city death rate less than the average for the whole State.

COUNTRY: The deaths reported in the country numbered 1,608, a rate of 11.8. The deaths under 1 year of age in the country showed a rate of 1.4 less than in the cities, and the death rate of those who were 65 and over is 1.2 less. Compared with the cities, the country shows a lower death rate during the month in tuberculosis, typhoid fever, diphtheria, pneumonia, diarrhoeal diseases, cerebro-spinal meningitis, puerperal fever and cancer. The death rate from violence in the country this month was very much greater than in the city, the figures being 63.9 for the country and 13.7 for the city in each 100,000 inhabitants.

CITIES BY CLASSES: CLASS A, cities having over 50,000 population, total population of 228,171, including Indianapolis and Evansville, reports 308 deaths, a rate of 16.4. In the corresponding month last year this class reported 270 deaths, a rate of 14.4. The rate in Indianapolis for the month was 17, and in Evansville 14.8. Last year in the same month the rates were respectively 14.4 and 14.4.

CLASS B, having from 25,000 to 50,000 population, a total population of 117,787, reports 156 deaths, a rate of 16.1. In the corresponding month last year this class reported 146 deaths, a rate of 15.1. This class includes Ft. Wayne, rate 14; South Bend, 17.2; Terre Haute, 17.6.

CLASS C, having from 10,000 to 25,000 population, a total population of 218,623, including fourteen cities, reports 308 deaths, a rate of 17.1. In the corresponding month last year this class reported 317 deaths, a rate of 17.6.

CLASS D, having from 5,000 to 10,000 population, a total population of 161,751, and including twenty-three cities, reports 205 deaths, a rate of 15.4. In the corresponding month last year this class reported 222 deaths, a rate of 16.7.

CLASS E, having under 5,000 population, a total population of 131,508, and including forty cities, reports 181 deaths, a rate of 16.7. In the corresponding month last year this class reported 159 deaths, a rate of 14.7.

The chart showing deaths by sanitary sections will be found on page 105.

THE MONTHLY STATISTICS FURNISH THE FOLLOWING SUMMARIES FOR SEPTEMBER.

DISEASE PREVALENCE: Typhoid fever stood first in area of prevalence, as was the case also in the preceding month. All but two counties out of the ninety-two report the disease present. These two were Franklin and Lagrange. Probably the truth is that cases occurred also in these counties. Deaths occurred in 66 counties. Diarrhœa was second in area of prevalence, as was the case last month also. Tonsillitis was more prevalent also bronchitis, than they were in the preceding month.

The order of prevalence was: Typhoid, diarrhœa, tonsillitis, rheumatism, bronchitis, intermittent fever, dysentery, cholera morbus, scarlet fever, cholera infantum, pneumonia, inflammation of bowels, diphtheria, measles, pleuritis, influenza, erysipelas, whooping cough, puerperal fever, meningitis.

SMALLPOX: Sixty-eight cases and 2 deaths in 16 counties were reported in September. This is a decided drop as compared with the preceding month. In the same month last year there were 219 cases, with 3 deaths, in 39 counties. It is most probable that all the cases were not reported, because in the first week following September there were found several cases in Brazil, where, on account of previous experience, the disease should have been correctly diagnosed.

TUBERCULOSIS: The deaths from pulmonary tuberculosis in September numbered 307. In the same month last year the number was 282. By ages the deaths from this cause were: 15 to 20, 4 deaths; 20 to 30, 23; 30 to 40, 10; 40 to 50, 4; 50 to 60, 2; 60 to 70, 2. Of the total deaths from consumption 129 were males and 176 females. Of the males 58 were fathers of 111 children under 12 years of age, and of the females 70 were mothers of 157 children under 12 years. There were thus produced by consumption in one month 268 orphans under 12 years and 128 homes were rendered either fatherless or motherless. How many of these orphans will find their way into orphan asylums to be an expense upon the state and how many of the 70 widows will fall under the charity care of township trustees can not be told, but certainly some will.

TYPHOID FEVER: This fever was reported present in all except two of the 92 counties in the state. There were 166 deaths from this cause, being 66 fewer than in the corresponding month last year, when the deaths numbered 232. In Marion county, of which Indianapolis is the capital, there were 160 cases and 25 deaths.

PNEUMONIA: The pneumonia deaths numbered 111, only 1 less than in the corresponding month last year. By sex the pneumonia deaths were almost equal, there being 54 males and 57 females. Twenty-two of the females and 15 of the males were married, and therefore pneumonia deaths invaded 37 homes.

VIOLENCE: The deaths from violence numbered 184. In the same month last year the number was 105. Of these violent deaths, 6 were murders, 20 suicides and the rest accidental. Seven of the suicides were females and 13 males. The methods of self destruction chosen by the females were: Arsenic 2, carbolic acid 2, gunshots 2, drowning 1. The male suicides chose morphine 2, arsenic 1, carbolic acid 2, gunshot 6, drowning 2. The accidental deaths numbered 159, 34 being females and 125 males. 46 were killed by steam cars, 4 by trolley cars, 21 were burned to death, 9 were drowned, 5 died in mine accidents, 9 from gun shots, 5 from lightning, 4 from asphyxiation, 2 from arsenic, 2 from electricity, and 3 were smothered in gravel pits.

GLADLY RELINQUISHES: A letter from Hagerstown informed the State Board that Mrs. Phoebe Cheeseman owned a cancer-jawed cow; that she sold the milk and butter from this cow and also sold a new-born calf for food. This was not pleasing to people in that neighborhood and the facts were therefore transmitted to the health authorities. Hagerstown is in Wayne county, and the duty of looking after this matter fell upon Dr. Grant, the health officer. After investigation he writes: "Mrs. Cheeseman moved all of her effects, cow included, to a 25-acre tract, situated 1½ miles north of Indianapolis, on October 5th. She is out of this jurisdiction and the calf of the diseased cow was slaughtered in the country and brought to the butcher already cut up, he knowing nothing of the condition of the cow. In the future he will

make his purchases of calves and cows on the hoof. I gladly relinquish the care of Mrs. Cheeseman and her cow to Marion county."

* * *

THE WHIPPING-POST NEEDED: Dr. E. D. Wilson, health officer of Argos, Ind., tells in a recent report of "a man (?) partly drunk, who went into a house which was quarantined for smallpox. He rubbed his hands over a patient and then came up town. I at once arrested him and the justice imposed a fine of \$10.00, which he could not pay. The sheriff would not receive him, so he is now in a vacant building under guard. I do not know how long we will be able to keep him. He has made several attempts to escape. After coming from the case and after he had rubbed his hands on persons with smallpox, he said he wished he had brought some of the scabs in an envelope to somebody."

We have to say that the whipping-post would have been just the thing for this man. He evidently prefers to be fined and put in jail, and then he will have a bed and plenty to eat.

* * *

ARGOS STAMPS OUT SCARLET FEVER: From the middle of last winter until July, scarlet fever existed in and around Argos. Most of the cases were very mild and were not seen by the physicians and so not reported. Such were not known until other cases were traced to them. The Town Board of Health thought the best way to extinguish the disease would be to keep the children apart for six weeks, and accordingly a special ordinance was passed, a copy of which is given below. The said ordinance is rather extraordinary, for it places the children under ten years of age under quarantine, no matter whether they are sick or not. The effect of the ordinance was to promptly stop the spread of the disease.

Following is the ordinance in question:

ORDINANCE No. 92.

WHEREAS, A highly contagious disease, commonly known as scarlet fever, prevails to an alarming extent within the corporate limits of the town of Argos, Marshall county, Indiana, and a large number of the youth and young children of said town are now and have been afflicted with said disease, and several deaths have resulted therefrom, and there is grave danger that said disease will spread and become prevalent throughout the entire territorial limits of said town, unless prompt measures be taken to prevent the youth and children of said town from leaving their homes and habitations, and mingling freely with one another, and with persons who have been exposed to said disease.

Now, therefore, Be it ordained by the Board of Trustees of the town of Argos, Marshall county, Indiana:

SECTION 1. That it shall be unlawful for the parent, guardian, or any person having the actual custody and control of any child or young person ten years of age or under the age of ten years to suffer or permit such child or young person to leave the premises occupied by such parent, guardian, or persons having the custody of such child or young person for a period of six weeks from the time of the passage of this ordinance, or until the proclamation of a resolution of the Town Board, raising the quarantine herein declared.

SEC. 2. That it shall be unlawful for any child or young person between the ages of ten and 15 years to leave the premises

constituting their home and place of residence for a period of six weeks from the time of the passage of this ordinance, or until public proclamation be made by the Town Board of the town of Argos, that the quarantine herein provided has been raised.

SEC. 3. Any parent, guardian, or person having the custody and control of any child ten years of age, or under the age of ten years, or any child or young person between the ages of ten and fifteen years, who shall violate any of the provisions of this ordinance, shall be liable to pay a penalty of ten dollars for each and every violation thereof, together with the costs of prosecution, to be recovered in an action in the name of the said town of Argos, before any Justice of the Peace of said town.

SEC. 4. Whereas, an emergency exists for the immediate taking effect of this ordinance, the same shall be in force and effect from and after its passage and publication.

* * *

NO TYPHOID AT WORTHINGTON: Dr. G. B. Gray, health officer at Worthington, in a report says: "If there is a case of typhoid in Worthington, I can't find it. I am doing everything I can to teach the people how not to have this filth disease. The general health of Worthington, and that in the surrounding country, was extra good in September."

HEALTH LAWS AND ADMINISTRATIVE HYGIENE IN PARIS, FRANCE.

In answer to our inquiry concerning the administration of health laws in Paris, United States Consul Gowdy writes as follows: "There is a National Bureau of Public Hygiene at the office of the Minister of the Interior (7 Rue Cambaceres), of which M. Henri Monod is head. The chef de bureau is M. Roux.

"In Paris questions concerning public health are considered and reported on by the Council of Hygiene, which is composed of twenty-four members chosen from among the professors of hygiene, the municipal engineers and architects, etc., with six supplementary members named by the Prefect of Police, who is the President. The Council meets once a fortnight and hears reports as to the sanitation of dwelling houses, workshops, schools, hospitals, etc.; measures to be taken against epidemic diseases; public vaccination, quality of foods, drinks, spices and drugs; the erection of schools, prisons, markets, fountains, etc., and the demolition or improvement of dangerous and unsanitary buildings; the inspection of meat and various other duties. In some respects—as the cleansing of the streets, rapid removal of persons suffering from infectious diseases, disinfection of apartments, purification of bedding pledged at the Mont de Piete, public vaccination, etc.—the arrangements are excellent; but, on the other hand, very few houses have any proper system of drainage, the water supply is never abundant, and in the summer often inadequate. There are no public baths belonging to the city or State. The sanitary condition of Paris is, however, superior to that of most other towns in France. If the sanitary condition of Paris is inferior to that of well-regulated cities in the United States or Great Britain, it should be borne in mind that the narrow streets, the old houses, the want of proper sewage system, the

circumscribed limits of the city, the over-population of certain quarters, and the inadequate water supply, all make the application of effective hygiene measures difficult indeed."

MOSES THE MASTER SANITARIAN: Moses stands unique in history as the master sanitarian of the ages, and the originator of state medicine. His achievement for the physical welfare of the seed of Abraham still bears fruit in the continued strong vitality and the marked immunity to disease of the Hebrew people, even under the most adverse and trying conditions.

Broad and comprehensive, Moses saw the whole needs of a down-trodden, degraded race, and with marvelous skill and wisdom taught and trained the Israelitish host to become the greatest sanitary nation of the world.

The sanitary code of Moses, a recognized model even to the present day, included minute instruction about diet, cleanliness, clothing, domestic sanitation, disinfection, quarantine and marriage. This wholesome and enforced hygiene regime, the training in morality and religious principles, the out-of-door life, the marching and counter-marching under the wisest and greatest drill-master the world has ever produced, led this semi-barbarous people up to the level of a Godly race, when there was not a feeble one among them.—Dr. N. J. Fairfield, in Central States Medical Magazine.

* * *

LILEO POLITIS: A death return at this office gives "lileo politis" as the cause of death. We think the reporting doctor regarded this as both the chief and immediate cause. The child who had the disease was two years old. Another certificate assigns "gentero colitis" as the cause of death of a child eight months old. So far as we know these diseases are confined to Indiana.

* * *

SCHOOL SANITATION: Wilson Blackburn, of the Mt. Vernon (Ind.) School Board, read a paper on "School Sanitation." He declared that a great deal of attention must be paid to the location of schoolhouses. The best and most attractive sites ought to be selected, paying great attention to the soil, proximity to other buildings and, above all, there must be plenty of sunlight. And he bore heavily upon the proposition that the question of cheapness ought not to be considered in the building of schoolhouses. The lighting of schoolrooms is an all-important matter. If the schoolroom is poorly lighted it brings disorder and inattention among the pupils. It also injures the eyes, and the object should be to bring light, and not the oculist. The schoolroom which can not be properly heated, the speaker said, fostered conditions injurious to the pupils.

Ventilation, Mr. Blackburn said, was the most important thing in school work after the selection of teachers. It is the duty, he said, of every member of a school board to secure pure air by proper ventilation, and an architect who does not construct a building that gives the pupils

plenty of pure air is guilty of a crime. Cleanliness in the schoolroom is of great consideration. An ill-kept schoolroom, he said, has an effect, more or less, on the morals of the child, and at least once a week the floors should be scrubbed and every day the furniture ought to be dusted.¹⁷ Pupils should be encouraged to supply themselves with private drinking cups and the water should come from faucets. Under no consideration, he said, ought the drinking cups be dipped into an open bucket or tank.

* * *

ILL HEALTH: The seeds of ill health are undoubtedly frequently sown in early life. Unhygienic living or infectious diseases are potent causes of ill health. Measles, whooping cough, diphtheria, scarlet fever, etc., are responsible for not a little of the ill health which may attend adult life.

* * *

STARVING FOR FRESH AIR.

E. B. RUSSELL, M. D.

Starving to death are the children,
Starving, the aged and gray;
Starving to death the people all
Who live in the cities today.
There may be bread for the children;
Bread for the white-haired sire,
Meat and bread for all to dine,
Yet their blood is lacking fire.
Their brains grow dull and weary,
Their nerves are drawn with pain;
They struggle and strive for something,
Something they never gain.
Have they gold, uncounted millions?
Such starve for air that's pure;
As they loll in hives of crystal
Degen'racy cometh sure.
Oh, flee from the house and palace;
Live in the open air;
Throw wide the windows of your room,
And learn the cold to dare.
Feast, feast on the food of heaven,
Fresh, and sweet and good.
The air that is pure will save you,
Thou starving multitude.
Into your veins that are shrunken,
Take oxygen anew;
Strive for it as you strive for wealth,
To nature's laws be true;
More noble shall your thoughts become,
More sweet your nightly rest,
The vital flame again will burn
More warmly in your breast.

—Med. Talk.

THE TECHNIC OF VACCINATION AND THE AFTERCARE.

The failure to obtain typical vaccinations quite frequently depends upon four untoward factors: 1. Ignorance of method; 2. Carelessness of the operator; 3. Neglect of the wound; 4. Unreliable virus. It should be unnecessary to indicate that the hands of the operator and his instru-

ments must be scrupulously clean; while the arm of the patient must be equally so, not only at the time of the operation, but kept so until the wound has healed.

It seems very strange indeed that physicians frequently complain of untoward results, not only in reference to the absence of a typical vaccination, but also of septic wounds when they themselves do not adopt the necessary precautions nor compel the patient to inaugurate a regime of cleanliness.

When the arm is scraped by a dull scalpel, permitting a slight exudation of serum, it is made especially favorable to thoroughly apply the virus by brisk rubbing with the ivory point, or, if the glycerinated point is used, the back of the scalpel. No form of dressing should be used until the wound is dry; however, if it seems desirable, a shield may be used for a short period, but it should not remain continuously for a long period, especially if it be one that will not permit ventilation and shows a tendency to keep the wound moist. An error is often made by instructing the patient to apply a shield and pay no attention to it for a week unless there is some exudation or swelling accompanied by pain; as a consequence the lint from the clothing may pass through the shield in sufficient quantity to cover the wound and here may be found the nidus for infection.

I believe it is proper to examine the arm of the patient upon the third day after vaccination, and at reasonable intervals thereafter until the final stage is completed. In the majority of cases the antiseptic applications need be made upon the red surface of the arm only, exclusive of the vaccination, except in cases where there is a purulent discharge. Antiseptic lotions which contain menthol are the most soothing. Boric acid dry or in solution is harmless and yet efficient. If for any reason an occasional case shows a chronicity, astringent applications may be needed, followed by an ointment consisting of ichthyol, eucalyptol and benzoated oxide of zinc ointment.

Since December about 800 cases of smallpox have been in Indianapolis and there were 110 deaths. Universal vaccination was requisite in order to check the epidemic; consequently the majority of physicians were busy with this character of work. With this opportunity at hand, I kept a record of my cases and made a rule to inspect the arm of each patient each few days and, with the method which I have above indicated, my results were better than during any previous year. I attributed my success to the details and the careful attention given each case. I believe it is a duty to charge a sufficient fee to cover necessary service and thus give as careful attention to the operation and after treatment as in any other form of surgery. As a result there will be few bad arms and the physician will not be censured. Furthermore we will be able to overcome much of the prejudice against vaccination.

The virus which I used was made by Parke, Davis & Co.; in form, the dry ivory points.

In looking over the record of several hundred cases, I note that of each hundred about sixty were secondary vaccinations and fifteen were unsuccessful; the remaining forty were primary, and all were successful and typical.

I had no failures in primary cases. A few severe cases were noted in individuals who were afflicted with a constitutional disease, but on account of the fatality of the latter part of the epidemic I deemed it necessary to vaccinate them.

The following vaccinating creed is a valuable guide:

1. The hands of the operator and his instruments should be scrupulously clean.
2. Wash the arm at the insertion of the deltoid. Antiseptics are generally unnecessary.
3. Cause a small quantity of serum to exude by scarification or scraping with dull scalpel to the extent of one-eighth inch. An excess of blood should be avoided.
4. Rub the virus in thoroughly and do not apply shield or dressing until dry.
5. Bear in mind that the operation is of sufficient importance to do it well and not to neglect the after-treatment.
6. Inspect the arm each day until it is well.—By Samuel E. Earp, M. S., M. D., Indianapolis, Ind., in The Medical Council.

SANITARY WORK IN WHITLEY COUNTY:

Dr. W. F. King, health officer of Whitley county, is a thorough and safe worker in the cause of the public health. In reply to the circular letter of the State Board of Health, urging county officers to look after the sanitary condition of schoolhouses before the opening of the schools, Dr. King says:

"Every schoolhouse in this county is being thoroughly cleaned and placed in good repair. The work was started some time ago. Most of the trustees are having the floors oiled, and the work of disinfection will be thorough in every schoolhouse. Most of our schoolhouses are provided with bored wells, and this almost certainly assures a pure supply of drinking water. I shall make a round of inspection after the schools have opened, and will inspect the children where it seems necessary. I am preparing a circular to send to teachers and school officers, which treats of ventilation and the general sanitation of schoolhouses. I have experienced no trouble in securing the co-operation of the school authorities and the people. In most instances the trustees I have approached have all heartily agreed in the sanitary measures recommended. Next year the trustees of this county will make a special levy of taxes to meet the expenses incident to securing the best sanitary conditions. This year the work will cost, in the entire county, probably not less than \$800. We hear a great deal about educating the people in sanitary matters, but in my experience it is not so much education of the people that is needed, as action on the part of the health officers and health authorities."

Dr. King also tells of a curious condition existing at Columbia City. He says:

"During a number of years past, a farm owned by private individuals was used by the city for the dumping ground for city refuse. Recently the owner prohibited the further use of his property for this purpose, so now the city is left without any place where refuse may be disposed of. Dr. Williams, secretary of the City Board of Health, brought the matter before the Council recently, and on advice of the city attorney, they decided they could not be compelled to provide a place for such purpose. The lack of dumping ground has brought about the accumulation of refuse all over the city. When I go to the proprietors of the places of business where trash has accumulated,

they say: 'I am only too anxious to keep my place clean, but what can I do with it? The city will not permit me to burn it, and there is no place provided for its disposal.' Perhaps the State Board of Health will be able to make suggestions to relieve these conditions. How will we be able to make people cut weeds? There is a vacant lot less than a square from the main business street that just now is a mat of rank growth of weeds. The owner of the lot is perhaps the wealthiest man in the city, and he refuses to cut the weeds and have them removed."

We have suggested to Dr. King that he bring to the attention of the City Council the health ordinance which has been prepared by the attorney-general and the State Board of Health, and a copy of said ordinance has been sent to him. This ordinance provides that, upon the order of the health officer, weeds shall be cut and garbage and trash and other waste removed. The penalty for disobeying a written notice which contains a time limit will be a fine of not less than ten dollars, and, in addition, the street commissioner or marshal can employ some one to do the work and charge it up against the property, and said expense to be collected as taxes are collected. It will be impossible to compel the City Council to buy ground for the city dump, but it certainly will not be difficult for the business men to secure such action from the City Council.

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CRUELTY TO SCHOOL CHILDREN: A letter from Stanford, Indiana, a small place in Monroe County, gives us the following statement: "District No. 3, Indian Creek Township, Monroe County, has no water for its school. The present schoolhouse has been located on present site for more than twenty years and in all of that time no drinking water has been provided for the pupils. They are expected and have carried water from 80 to 120 rods, except in the wet part of winter time, when they sometimes dig a small hole in the ground and allow it to get full of surface water and drink that. These conditions are certainly antagonistic to the health, comfort and progress of the school children. Can anything be done? I think a drilled well should be put down."

This is truly an interesting situation. The Indiana University is situated at Bloomington, Monroe County, and here, almost under the shadows of this great institution, is found a district school that is not supplied with drinking water. We wonder why the people in this district have not long ago taken hold of this matter and demanded that an abundance of pure drinking water be furnished. It seems a building, and desks and teacher are provided, but very probably the air is carefully shut out so as to produce coughs, colds, catarrhs, dullness, sleepiness and the like. Certainly water has been denied, and great is the pity. Ten to one it will be found that the Advisory Board, and likely some citizens in the neighborhood, will claim they can not afford to waste the people's money by supplying school children with drinking water. At least equally absurd economical pleas are heard everywhere. We think the pupils of District No. 3, Indian Creek Township, Monroe County, Indiana, will soon be supplied with good drinking water. Anyhow, if not soon done, the school will be closed by the Health Board.

FED THE CARCASS OF A DISEASED HORSE TO HOGS: Dr. E. R. Tevis, health officer of Brooksbury, Ind., writes us of an unsanitary condition as follows: "A very wealthy stock owner had a horse that died last Sunday morning. The hide was removed and the carcass dragged into the hog lot for his hogs to feed upon. This hog lot is adjacent to the Brooksbury and Madison Pike and about one-eighth of a mile from Brooksbury. Many people are offended by the odors arising from the decaying carcass and also by the sight of hogs feeding upon the same. This stock owner has for years fed his hogs on animals that have died of diseases, so this is no new offense on his part. One poor laboring man whose house is within 300 yards of the hog pen said: 'If I had put that old dead horse so near the road and so near other people's houses, I would have been in jail in three hours.' Please let us know how this nuisance may be abated."

In our letter to Dr. Tevis, his attention was called to the fact that a nuisance is the subject of an action, and the poor man to whom he refers could swear out a warrant before a justice of the peace, and if he could prove that a nuisance really existed, the court would issue a mandate for its abatement. If the said poor man could prove that he or any member of his family was damaged in health or in property, he could secure damages. Another procedure would be for the town health officer, if the nuisance was within the corporation of the town, otherwise the county officer, to make a report of the conditions to the proper health board with recommendations. It would then become the duty of the health board to issue such orders as might seem proper and necessary. Violation or failure to obey these orders would be punishable with a fine of not less than ten nor more than one hundred dollars.

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NO HEALTH OFFICER AT CROWN POINT: Dr. Oberlin health officer of Lake County, informs the central office that no health officer exists at Crown Point at the present time. He also states: "No physician can be found who will accept the position on account of the small salary. The town board has endeavored to get a man but have failed. What course, if any, shall I pursue?"

The state law requires every county, city or town to appoint a health officer, who shall be a physician and who shall be a graduate of a medical college recognized by the State Board of Medical Registration and Examination. The law also prescribes that the salary shall be not less than 1½ cents per capita per annum, and a proviso exists which secures at least ten dollars a year to all health officers, when population and per capita rate does not amount to that sum. We know of no instance where health officers are properly paid for their services. The people and the authorities all understand that an "ounce of prevention is worth a pound of cure," but when it comes to practically applying this precept, they fall down. It is to be regretted that no member of the noble profession of medicine can be found in Crown Point who is willing to undertake to serve his community in the important matter of disease prevention. At the present time health officers

must not expect to be properly compensated, but must work in the cause and consider that their highest compensation is the consciousness of public duty well performed.

* * *

MURDER, SUICIDE, OR ACCIDENT? Every month there are in Indiana not less than one hundred deaths by violence. The death returns frequently say "cause of death, gunshot wound." The report should be more specific and say whether or not it was accident, murder or suicide. It makes a great deal of difference which it is, and it is a matter of surprise that physicians, health officers and coroners so frequently overlook this important point. Health officers, when issuing burial permits, must very carefully scan the death certificate and see if it is a straightforward, plain statement of the death.

* * *

A HYGIENE SERMON AT A FUNERAL: Recently Dr. Cox, health officer of Owen County, was riding through his jurisdiction and attended the funeral of a baby that had died of cholera infantum. He was called upon to give a talk on the prevention of this fatal and dangerous disease. His sermon on the gospel of good health was delivered over the corpse of the little one, and it no doubt was of equal worth to the sermon delivered by the clergyman. Circulars on summer complaint and typhoid fever were distributed among the people attending the funeral.

Dr. Cox says: "I find the people are anxious and hungry for more light on preventive medicine."

* * *

TYPHOID FROM LEMONADE: Dr. McCain, health officer of Newton County, feels confident he has traced thirteen cases of typhoid fever to circus lemonade made out of water taken from an old well. He says: "I have seventeen cases of typhoid fever. Thirteen of them visited Wallace's show and drank lemonade the water in which was taken from an old well that had not been used for several years. If this was not the source of the infection then I am badly deceived."

EXAMINATION OF THE EYES OF SCHOOL CHILDREN.

Sometimes, indeed frequently, school children make slow progress in their lessons and are rendered dyspeptic and nervous because they have abnormal vision. Such afflicted children are frequently scolded, put back in their classes, sent home with notes to their parents, and otherwise outrageously treated. It is not impatience and scolding which will bring relief. Only correction by glasses or otherwise of the deficiency will be of any avail. Every school child's eyes should be examined. This may be done by the teacher, for the process is simple. All the teacher will do is to determine whether or not the eyes are abnormal and inform the parents of the fact, recommending that the child be taken to an oculist.

This is nothing new. Indiana is behind other States in the work. In Boston school children's eyes have been examined for several years, and in Chicago also. About 30 per cent. of all examined have more or less imperfect vision. These, of course, are handicapped in their studies. It is economy to remove the handicap. Health officers will do well to talk this matter up in their respective jurisdictions.

THE PLAN OF EXAMINATION.

The plan of examination proposed consists of a brief and simple examination of each child's eyes and ears, once a year by the school teachers.

The examinations, while practical in character, are made in the simplest manner possible, and are thoroughly unobjectionable in every way.

The teacher simply asks ten questions, which disclose the existence of important eye or ear diseases. The examination is so simple that the teacher can easily examine a child in five minutes.

The teacher will, of course, be unable to specify the character of the child's affliction, but she will learn that a defect exists, which is sufficient. The remainder of the investigation must be entrusted to a physician. If the questions and answers disclose the existence of some eye or ear defect in the pupil, the parent is notified by a card of warning. This card merely states that an eye or ear defect is believed to exist, and the parent is earnestly requested that the matter be attended to, as the existence of such defects necessarily retards school progress, and militates against the well being of the child.

Action by parents is not compulsory, but no parent is apt to disregard this advice. If medical advice is necessary, the parents are, of course, at perfect liberty to consult any physician whose services they desire.

It is believed by the State Board of Health that if this plan is adopted throughout the State it will necessarily be of immeasurable benefit to school children, as eye and ear diseases will be disclosed, that may be benefited by proper treatment, and children will therefore be placed in better condition to commence the battle of life and acquire a desirable education.

This plan is now in use quite generally throughout the United States, and in the Government schools of Southern India, and is giving satisfaction wherever used. In Connecticut the examination is required by law.

The State Board of Health, therefore, trusts that health officers will try to further this practical, simple, inexpensive, unobjectionable and efficient method of caring for the eyes and ears of school children throughout the State.

The necessary material simply consists in the testing charts, which may be inexpensively obtained of dealers in optical supplies, and the warning cards for parents, which will be later described, and which should be printed in your own city.

The testing charts, which can be procured of Almer Coe, 74 State street, Chicago, are made of thick cardboard, partially broken at about the lower third. Above the partially broken line are printed various letters of different

sizes, which should be seen by a normal eye at certain stated distances. For instance, the large, top letter should be seen at 200 feet, the line marked 50 at 50 feet, the line marked 20 at 20 feet, etc. The line marked 20 is the one usually employed in testing eyes, therefore during the test the pupil should sit 20 feet from the card.

The teacher should completely break the card, at the partially broken line, the upper part should be hung on the wall during the tests; the lower part contains the teacher's instructions for testing, etc., which are as follows:

"Do not expose the card except when in use, as familiarity with its face leads children to learn the letters 'by heart.'"

First grade children need not be examined.

The examination should be made privately and singly, in a room apart from the general school session.

Children already wearing glasses should be treated with such glasses properly adjusted on the face.

Ascertain if the pupil habitually suffers from inflamed lids or eyes.

Place the testing card on the wall in a good light; do not allow the face of the card to be covered with glass.

The line marked xx (20) should be seen at twenty feet, therefore place the pupil twenty feet from the card.

Each eye should be examined separately.

Hold a card over one eye while the other is being examined. Do not press upon the covered eye, as the pressure might induce an incorrect examination.

Have the pupil begin at the top of the test card and read aloud as far as he can, first with one eye and then with the other.

If the pupil does not habitually suffer from inflamed lids or eyes, or can read a MAJORITY of the xx (20) test type with each eye, and does not, upon inquiry, complain of HABITUALLY tired, painful eyes and headache after study, his eyes may be considered satisfactory. But if he habitually suffers from inflamed lids or eyes, or can not read a MAJORITY of the xx (20) test type with both eyes, or habitually complains of tired or painful eyes or headache after study, a card of information should be sent to the parent or guardian.

FACTS TO BE ASCERTAINED.

1. Does the pupil habitually suffer from inflamed lids or eyes?
2. Does the pupil fail to read a majority of the letters in the number xx (20) line of the Snellen's test types, with either eye?
3. Do the eyes and head habitually grow weary and painful after study?
4. Is the pupil probably cross-eyed?
5. Does the pupil complain of earache in either ear?
6. Does matter (pus) or a foul odor proceed from either ear?
7. Does the pupil fail to hear an ordinary voice, at twenty feet in a quiet room?
8. Does the pupil fail to hear the tick of a good sized watch at three feet, with either ear in a quiet room?
9. Does the pupil fail to breathe properly through either nostril?

10. Is the pupil an habitual "mouth-breather?"

If an affirmative answer is found to ANY of these questions, the pupil should be given a card or letter of warning to be handed to the parent, which should read something like this:

DEAR SIR:

After due consideration, it is believed that your child has some Eye-Ear disease, for which your family physician or a physician who makes a specialty of diseases of the eye or ear should be consulted.

It is earnestly requested that this matter be not neglected, as children with Eye-Ear diseases can not attain the best results in school.

Respectfully,

Principal..... School.

Either the word "Eye" or "Ear" may here be crossed out, as may be appropriate for the case, if the pupil has presumably both an Eye and Ear disease, BOTH words may be left and the space between the words "Eye" and "Ear" should be filled in with the word "and."

It will be observed that these cards are non-obligatory in their nature. They do not require anything of the parent, who is at perfect liberty to take notice of the warning card or not, as he sees fit. They simply warn the parent that a probable Eye or Ear disease exists, thus placing the responsibility upon the parent.

The "Facts to be Ascertained" have been so worded that an affirmative answer to any of them will indicate that the pupil needs a warning card to take to the parent.

One important matter should be remembered in these tests, viz.: They are not conducted solely for the purpose of detecting ocular conditions *requiring the use of glasses*. Many seem to have the idea that they simply detect errors of refraction, but such is not the case, as they will, if properly carried out, detect the existence of almost all serious ocular diseases. Of course, the teacher does not know what disease may be found under an oculist's examination, but she will know that *something is wrong*, which is sufficient. The sole idea of the tests is to separate those children having good eyes and ears from those having defective eyes and ears. Those passing the tests successfully are returned to school and not re-examined for one year, when they should undergo another examination, as morbid conditions may have developed meanwhile. Those having defective eyes and ears are simply given a card of warning, which they hand to the parent. This card merely states that some eye or ear disease is believed to exist, and the consulting of a physician, therefore, is advised. The matter is not compulsory, as the parent may do as he thinks best; he may consult any physician or dispensary he chooses. In this way the duty is thrown upon the shoulders of the parent, where it belongs, but if compliance with the advice is observed the teacher may from time to time urge the matter with tact and delicacy, but nothing should be said to make parents regard the request as an arbitrary command.

It is urged that records of the tests should be kept on file in the various schools, and that the tests should be made of *all pupils every October*.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES IN SEPTEMBER, 1903.

NORTHERN SANITARY SECTION.

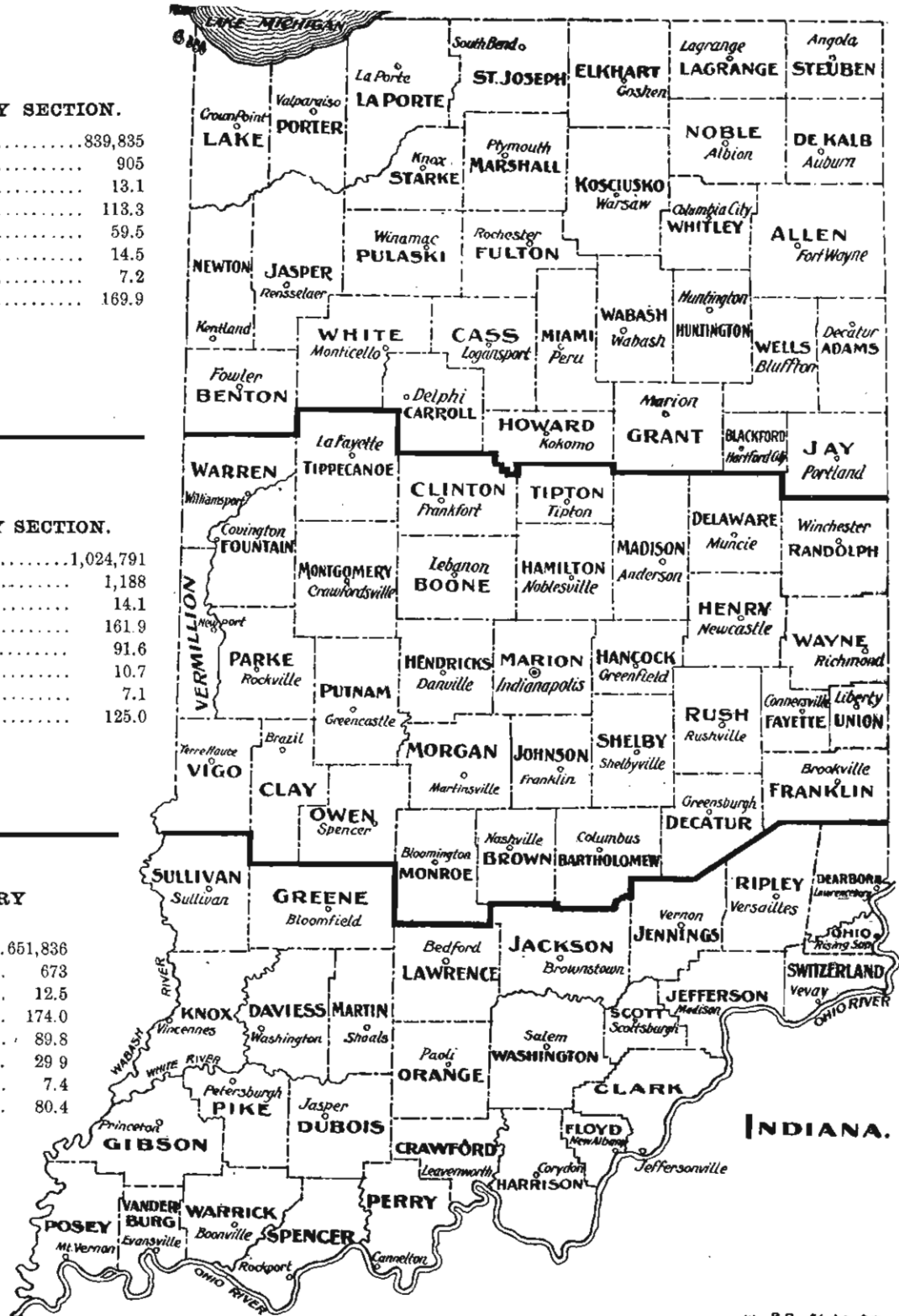
Total population	839,835
Total deaths	905
Death rate per 1,000	13.1
Consumption, rate per 100,000	113.3
Typhoid, rate per 100,000	59.5
Diphtheria, rate per 100,000	14.5
Scarlet fever, rate per 100,000	7.2
Diarrheal diseases, rate per 100,000	169.9

CENTRAL SANITARY SECTION.

Total population	1,024,791
Total deaths	1,188
Death rate per 1,000	14.1
Consumption, rate per 100,000	161.9
Typhoid, rate per 100,000	91.6
Diphtheria, rate per 100,000	10.7
Scarlet fever, rate per 100,000	7.1
Diarrheal diseases, rate per 100,000	125.0

SOUTHERN SANITARY SECTION.

Total population	651,836
Total deaths	673
Death rate per 1,000	12.5
Consumption, rate per 100,000	174.0
Typhoid, rate per 100,000	89.8
Diphtheria, rate per 100,000	29.9
Scarlet fever, rate per 100,000	7.4
Diarrheal diseases, rate per 100,000	80.4



Wm. B. Burford, Ind. J. H.

TABLE No. 1. Deaths in Indiana by Counties, During the Month of September, 1903.

STATE AND COUNTIES.	Population based on Census 1900.	Total Deaths Reported for September, 1903.	Annual Death Rate per 1,000 Population.	Stillbirths.	IMPORTANT AGES.					DEATHS FROM IMPORTANT CAUSES.																
					Under 1 Year.	1 to 4, inclusive.	5 to 9, inclusive.	10 to 15, 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 Septicæmia.	Cancer.	Violence.	Deaths in Institutions.	Smallpox.
State of Indiana.	2,516,462	2,766	13.4	136	519	245	65	66	557	307	40	166	35	3	15	6	5	110	265	32	3	12	92	184	128	2
Northern Co's.	839,835	905	13.1	41	182	101	20	27	234	78	14	41	10		5	2	3	32	117	10	3	4	26	59	48	
Adams	22,232	17	9.3				2		7	1	1								9	1			1	3	1	
Allen	77,270	74	11.6	5	11	9	1	5	21	4	1								1	1			1	1	2	3
Benton	13,123	18	16.7	2	3	1			6	1									1	1			1	1	2	3
Blackford	17,213	12	8.5						1										1	1			1	1	1	1
Carroll	19,953	20	12.2	3	4	3			1										1	1			1	1	10	
Cass	34,545	39	13.7	2	4	1			13	4									1	1			1	1	1	
Dekalb	25,711	20	9.4			1			8										1	1			2	1	1	
Elkhart	45,052	47	12.7		11	5			9	6									11	3			1	2	3	1
Fulton	17,453	25	17.4			2			7	1									1	1			1	1	1	
Grant	54,693	68	15.1	3	7	2			19	2									1	1			1	2	1	15
Howard	28,575	35	14.9		8	5			1	1									1	1			1	1	1	1
Huntington	28,901	37	15.6	2	7	2			10	6									1	1			1	1	1	1
Jasper	14,292	15	12.8	1	4	1			2	1									1	1			1	1	1	1
Jay	26,814	22	10.0	4	4				9	4									2	2			1	1	4	1
Kosciusko	29,109	26	10.8	2	3	8			7	1									4	4			1	1	1	1
Lagrange	15,284	21	16.7		4	1			9	1									1	1			1	1	1	1
Lake	37,892	51	16.4	3	14	2			3	3									4	4			1	1	1	1
Laporte	38,286	48	15.2		12	8			11	1									4	4			1	1	1	1
Marshall	25,119	40	19.4	1	12	3			12	2									4	4			1	1	1	1
Miami	28,344	22	9.4	2	1	8			6	1									7	7			1	1	1	1
Newton	10,448	11	12.8	1	1	1			2	2									2	2			1	1	1	1
Noble	23,533	29	15.0	3	5	7			1	1									6	6			1	1	1	1
Porter	19,175	19	12.0		3	1			8	1									3	3			1	1	1	1
Pulaski	14,033	20	17.3		7	2			8	1									3	3			1	1	1	1
Starke	10,431	6	7.0		2	1			1	1									1	1			1	1	1	1
Steuben	15,219	13	10.4	1	1	3			5	1									2	2			2	1	1	1
St. Joseph	58,881	75	15.5	3	20	11			6	2									4	4			1	1	1	1
Wabash	28,235	20	8.6		1	1			13	1									2	2			1	1	1	1
Wells	23,449	23	11.9	3	7	2			3	3									4	4			2	1	1	1
White	19,138	16	10.1	1	1	1			5	3									1	1			1	1	1	1
Whitley	17,228	16	11.3	2	5	4			1	1									4	4			1	1	1	1
Central Co's.	1,024,791	1,188	14.1	61	227	91	28	16	171	136	14	77	9	1	6	4	1	58	105	12		2	44	84	55	
Bartholomew	24,594	30	14.3	1	7			1	6	5		2							1	2				1	1	1
Boone	26,321	28	12.9	3	7	4		1	7	2		1							1	1			1	1	1	1
Brown	9,727	10	12.5	2	4				1	1									1	1			1	1	1	1
Clay	34,285	28	9.9		9	1		2	1	3		1							2	2			2	2	2	2
Clinton	28,202	19	8.2		6	2			8	1		2							5	5			2	2	2	2
Decatur	19,518	27	16.8	1	2	2		1	9	1		1							1	1			2	1	1	1
Delaware	49,624	57	14.0	3	15	2			6	8		1							5	5			1	1	1	1
Fayette	13,495	13	11.7		1	1			4	4		2							1	1			1	1	1	1
Fountain	21,446	22	12.5		4	4			4	4		2							1	1			1	1	1	1
Franklin	16,388	20	14.8	1	1	2		1	2	6		3							1	1			1	1	1	1
Hamilton	29,914	30	12.2	1	5	6			6	6		3							1	1			1	1	1	1
Hancock	19,189	29	18.4		10	1			7	5		2							3	3			1	1	1	1
Hendricks	21,292	28	16.0	2	6				7	5		1							1	1			1	1	1	1
Henry	25,088	29	14.1	1	5	5		1	8	2		1							1	1			1	1	1	1
Johnson	20,223	29	17.4	1	2	5		1	8	2		2							1	1			1	1	1	1
Madison	70,470	82	14.1	6	23	7		2	16	5		6							3	3			1	1	1	1
Marion	197,227	278	17.1	16	44	25		8	51	40		25							18	18			11	4	22	39
Monroe	20,873	27	15.7	1	6	1			8	4		3							2	2			2	2	2	2
Montgomery	29,388	31	12.3		11	2			8	4		2							1	1			1	1	1	1
Morgan	20,457	17	10.1		4	4			2	3		2							2	2			1	1	1	1
Owen	15,149	10	8.0	1	2	1			4	4		1							1	1			1	1	1	1
Parke	23,000	25	13.2	2	2	2			9	1		1							2	2			2	2	2	2
Putnam	21,478	8	4.5	1	1	1			1	2		1							1	1			1	1	1	1
Randolph	28,653	33	14.0	1	2	6			5	7		1							7	7			1	1	1	1
Rush	20,148	15	9.0		1	1			7	1		2							1	1			1	1	1	1
Shelby	26,491	32	14.7	1	9	1			13	3		1							4	4			3	3	3	3
Tiptecanoe	38,659	36	11.3	1	5	1			12	1		1							3	3			1	1	1	1
Tipton	19,116	25	15.9		2	4			6	1		4														

TABLE No. II. Deaths in Indiana by Cities During the Month of September, 1903.

CITIES.	Population, based on Census, 1900.	Total Deaths Reported for September, 1903.	Annual Death Rate per 1,000 Population.	Stillbirths.	IMPORTANT AGES.					DEATHS FROM IMPORTANT CAUSES.													
					Under 1 Year.	1 to 4, inclusive.	5 to 9, inclusive.	10 to 15, inclusive.	65 Years and Over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping Cough.	Pneumonia.	Diarrhoeal Diseases, Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Deaths in Institutions.	Smallpox.
Cities over 50,000 Population	228,171	308	16.4	32	52	26	8	10	59	40	3	23	3	1		22	19	4	1	12	26	37	
Indianapolis	169,164	236	17.0	13	41	23	5	8	40	28	2	21	3	1		20	15	3	1	9	32	26	
Evansville	59,007	72	14.8	9	11	3	3	2	19	12	1	2				2	4			3	4	11	
Cities from 25,000 to 50,000 Population	117,787	156	16.1	12	32	17	6	3	25	10	2	8	4	3		8	14	3	1	3	11	7	
Ft. Wayne	45,115	52	14.0	5	6	6	1	1	18	5	1	5				3	4	1	1	3	3	4	
South Bend	35,999	51	17.2	2	15	10	6	1	3	3		3				3	5	2		1	2	2	
Terre Haute	36,673	53	17.6	5	11	1			6	5		3				3	5	5		2	6	1	
Cities from 10,000 to 25,000 Population	218,623	308	17.1	14	66	22	11	3	56	29	5	16	10	1		10	28	5	1	8	28	10	
Anderson	20,178	22	13.3	6	6	2	1		5	1		2				2	1			1	2		
Elkhart	15,184	20	16.0	3	3	3			5	3		1				1	4		1	1	1		
Elwood	12,950	17	16.0	1	4	1	1		3	2		2				1	1			1	4		
Hammond	12,376	18	17.7	1	6				1	2		2				1	1		1	1	2	2	
Jeffersonville	10,774	16	18.1	4	4			2	2	2		2				1	1			1	2	2	
Kokomo	10,609	13	14.9	4	2	1			2	1		1				1	5		1	1	1	1	
Lafayette	18,116	26	17.5	3	1				9	2		1				1	1			1	3	3	
Logansport	16,204	18	13.5	1	4				6	3		1				1	1			1			
Marion	17,337	27	19.0	3	4		1		6	2		1				1	6			1	5		
Michigan City	14,850	21	17.2	1	8	5			2	1		1				1	3			1			
Muncie	20,942	35	20.3	3	9	4	2		2	4		1	1			1	3			1	3		
New Albany	20,628	26	21.2	2	6	4	4		4	4		3	1			2	1			1	1	4	
Richmond	18,226	24	16.0	3	4	1			7	2		3				1	2			2	2		
Vincennes	10,249	15	17.8	1	4	1			3	2		2	3			1	1			1	1		
Cities from 5,000 to 10,000 Population	161,751	205	15.4	8	40	14	2	7	66	18	4	4	2		1	4	16	4	3	8	14	1	
Alexandria	7,221	12	20.2	1	3	3			2	1		1				1	3		1	1	1		
Bedford	6,115	9	17.9			1			4	2		1				1	2		1	1	1		
Bloomington	6,460	13	24.5	1	5				2	1	1	1				1	2			1	1		
Brazil	7,786	9	14.1		2	1			4	2		1				1	2			1	1		
Columbus	8,130	13	19.5		4				4	2		1				1	2			1	1		
Connersville	6,836	6	10.7						4	1		1					1			1			
Crawfordsville	6,649	8	14.6		3	1			3	1		1					1			1			
Frankfort	7,100	7	12.0		1	1			4	1		1					1	1		1	1		
Goshen	7,810	8	12.4		4			1	1	1		1					3	1		2	1		
Greensburg	5,033	14	33.9	1	1				7	1		1					1			2	1		
Hartford City	5,912	3	6.1		2															1	1		
Huntington	9,491	15	19.2		2	1		1	6	3		1				1	1			1	1		
Laporte	7,113	9	15.4		1			2	3								1	1		1	1		
Madison	7,835	7	10.9		2	1			3			1					1			1	2		
Mishawaka	5,560	7	15.3	1	3				1	1		1					1			1	2		
Mt. Vernon	5,132	3	7.1						2	1							1			1	2		
Peru	8,463	7	10.0	2		1			3	1							1			1	1		
Princeton	6,041	5	10.0		1	1			1	1							1			1	2		
Seymour	6,445	9	17.0	1	3			1	2	1						1	1			1	1		
Shelbyville	7,169	14	23.8		3				6	3		1				1	1			1	2		
Valparaiso	6,280	7	13.6						3	1		1					1			1	1		
Wabash	8,618	5	7.0		1	1			3	1		1					1			1	1		
Washington	8,551	15	21.4	1	2	1			1	1		1					1			1	1		
Cities under 5,000 Population	131,508	181	16.7	10	34	16	2	5	33	17	2	5		1	1	1	7	24	2	2	8	18	
Attica	3,005	5	20.3			1			1	1							1			1	1		
Auburn	3,396	4	14.3			2			2	1							1			1	1		
Aurora	3,645	4	13.3		1			1	2	1		1					1			1	1		
Bluffton	4,479	7	19.0	1	2				2	1							1			1	1		
Cannelton	2,188	3	16.7						3	1							1			1	1		
Clinton	2,918	3	12.5	1	2				3	1							2			1	1		
Columbia City	2,975	2	8.2		1				3	1							1			1	1		
Covington	2,213	3	16.5		1				1	1		1					1			1	1		
Decatur	4,142	1	2.9						1	1		1					1			1	1		
Delphi	2,135	5	28.5	1		1			1	1		1					1			1	1		
Dunkirk	3,187	5	19.1	1					3	1							2			1	2		
East Chicago	3,411	8	28.6		3		2		1	1							1			1	1		
Franklin	4,005	7	21.3			2			1	1							2			1	1		
Garrett	3,910	4	12.4		1				1	1							1			1	1		
Gas City	3,622	1	3.3						1	1							1			1	1		
Greencastle	3,661	No Deaths.																					
Greenfield	4,489	8	21.7		2				3	1							1			1	1		
Huntingburg	2,527	1	4.8						1	1							1			1	1		
Kendallville	3,354	3	10.9						1	1							1			1	1		
Lawrenceburg	4,326	4	11.2	1					1	1							1			1	1		
Lebanon	4,465	6	16.3		1	1			1	1							1			1	1		
Ligonier	2,231	4	21.8			2			1	1							1			1	1		
Linton	3,071	14	55.6	2	4			1	1	1							1			2	2		
Martinsville	4,038																						

Mortality of Indiana for September, 1903.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Census 1900.	Total Deaths Reported for September, 1903.	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	2,766	13.4	136	519	19.7	245	9.3	65	2.4	66	2.5	557	21.1	307	148.8	40	19.3	166	80.4	35	16.9
Northern Co's	839,835	905	13.1	41	182	21.0	101	11.6	20	2.3	27	3.1	234	27.0	78	113.3	14	20.3	41	59.5	10	14.5
Central Co's	1,024,791	1,189	14.1	61	227	20.1	91	8.0	23	2.4	16	14.1	171	15.1	136	181.9	14	16.6	77	91.6	9	10.7
Southern Co's	651,836	673	12.5	34	110	17.2	53	8.2	17	2.6	23	3.6	152	23.7	93	174.0	12	22.4	48	89.8	16	29.9
All cities	857,840	1,158	16.4	66	224	20.5	95	8.7	29	2.6	28	2.5	239	21.8	114	162.1	16	22.7	59	83.9	19	27.0
Over 50,000	228,171	308	16.4	22	52	18.8	26	9.4	8	2.9	10	3.6	59	21.3	40	213.8	3	16.0	23	122.9	3	16.0
25,000 to 50,000	117,787	156	16.1	12	32	22.2	17	11.6	6	4.1	3	2.0	25	17.3	10	103.5	2	20.7	8	82.8	4	41.4
10,000 to 25,000	218,623	308	17.1	14	66	22.4	22	7.4	11	3.7	3	1.0	56	19.0	29	161.8	5	27.9	16	89.2	10	55.8
5,000 to 10,000	161,751	205	15.4	8	40	20.3	14	7.1	2	1.0	7	3.5	66	33.5	18	135.7	4	30.1	4	30.1	2	15.0
Under 5,000	131,508	181	16.7	10	34	19.8	16	9.3	2	1.1	5	2.9	33	19.8	17	157.7	2	18.5	8	74.2	.....	.....
Country	1,658,622	1,608	11.8	70	295	19.1	150	9.7	36	2.3	38	2.4	318	20.6	193	141.9	24	17.6	107	78.7	16	11.7

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Deaths and Annual Death Rates per 100,000 Population from Important Causes.																							
	Croup.		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	3	1.4	15	7.2	6	2.9	5	2.4	110	52.3	265	128.4	32	15.5	3	1.4	12	5.8	92	44.6	184	89.2	2	.9
Northern Co's .....	.....	.....	5	7.2	2	2.9	3	4.3	32	46.4	117	169.9	10	14.5	3	4.3	4	5.8	26	37.7	59	85.7	.....	.....
Central Co's	1	1.1	6	7.1	4	4.7	1	1.1	58	69.0	105	125.0	12	14.2	.....	.....	2	2.3	44	52.3	84	100.0	.....	.....
Southern Co's	2	3.7	4	7.4	.....	.....	1	1.8	20	37.4	43	80.4	10	18.7	.....	.....	6	11.2	22	41.1	41	76.7	2	3.7
All cities	2	2.8	5	7.1	.....	.....	3	4.2	51	72.5	101	143.6	18	25.5	1	1.4	7	9.9	39	55.4	97	13.7	1	1.4
Over 50,000 .....	.....	.....	1	5.3	.....	.....	.....	.....	22	117.6	19	101.5	4	21.3	.....	.....	1	5.3	12	64.1	26	139.0	.....	.....
25,000 to 50,000 .....	.....	.....	3	31.0	.....	.....	.....	.....	8	82.8	14	145.0	3	31.0	.....	.....	1	10.3	3	31.0	11	113.9	.....	.....
10,000 to 25,000	1	5.5	.....	.....	.....	.....	.....	.....	10	55.8	28	156.2	5	27.9	1	5.5	.....	.....	8	44.6	23	156.2	.....	.....
5,000 to 10,000 .....	.....	.....	.....	.....	.....	.....	.....	.....	4	30.1	16	120.6	4	30.1	.....	.....	3	22.6	8	60.3	14	105.5	1	7.5
Under 5,000	1	9.2	1	9.2	.....	.....	.....	.....	7	64.9	24	222.6	2	18.5	.....	.....	2	18.5	8	74.2	18	166.9	.....	.....
Country	1	.7	10	7.3	6	4.4	2	1.4	59	49.3	164	120.6	14	10.2	2	1.4	5	3.6	53	38.9	87	63.9	1	.7

Meteorological Summary for September, 1903. Furnished by the Central Office, Indiana Section, Climate and Crop Service, U. S. Weather Bureau, Indianapolis, Ind.

W. T. BLYTHE, SECTION DIRECTOR.

SECTIONS.	TEMPERATURE.										PRECIPITATION.				CONDITION OF SKY.			Wind. Prevailing Direction.		
	Mean.	Departure from Normal.	Highest.					Lowest.					In Inches.				Number of Days.			
			Degree.	Date.	Place.	Degree.	Date.	Place.	Average.	Departure from Normal.	Snowfall Un-melted.	Days with .01 inch or more.	Clear.	Partly Cloudy.	Cloudy.					
																Clear.	Partly Cloudy.		Cloudy.	
Northern Section	64.6	-0.4	94	15	Marion	32	18	Winamac	2.52	-0.34	0	7	16	8	6	SW.				
Central Section	66.2	0.0	94	14	Marion	33	25, 28	Camb'ge City	1.74	-1.26	0	6	18	7	5	SW.				
			15	Richmond	18, 28		Northfield													
Southern Section	68.7	-0.4	99	14	Salem	32	18	Salem	1.31	-1.19	0	5	19	7	4	SW.				
State	66.5	-0.3	99	14	Salem	32	18	Winamac	1.86	-0.93	0	6	18	7	5	SW.				