

Indiana State Board of Health

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ABSTRACT OF MORTALITY STATISTICS FOR FEBRUARY, 1906.

Total number of deaths, 2,811; rate, 13.7. In the corresponding month last year, 3,723 deaths; rate, 18.2. In the preceding month, 2,098 deaths; rate, 13.3. Deaths by important ages were: Under 1, 377, or 14.2 per cent. of the total deaths; 1 to 5, 129; 5 to 10, 47; 10 to 15, 43; 15 to 20, 84; 65 and over, 819, or 30.9 per cent. Some important causes of death were: Pulmonary tuberculosis, 325; other forms of tuberculosis, 47; typhoid fever, 29; diphtheria and croup, 20; scarlet fever, 8; measles, 3; whooping cough, 12; pneumonia, 403; diarrhoeal diseases, 22; cerebro-spinal meningitis, 40; influenza, 45; puerperal fever, 14; cancer, 45; violence, 109.

The MONTHLY BULLETIN will be sent to all health officers and deputies in the State. Health officers and deputies should 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.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 887,832, reports 868 deaths; rate, 12.7. In the preceding month, 885 deaths; rate, 11.7. In the corresponding month last year, 1,115 deaths; rate, 16.3.

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THE CENTRAL SANITARY SECTION, population 1,087,620, reports 1,201 deaths; rate, 14.3. In the preceding month, 1,306 deaths; rate, 14.1. In the corresponding month last year, 1,568 deaths; rate, 18.7.

THE SOUTHERN SANITARY SECTION, population 673,097, reports 742 deaths; rate, 14.3. In the preceding month, 807 deaths; rate, 14.1. In the corresponding month last year, 1,040 deaths; rate, 20.

REVIEW OF SECTIONS: The Central and Southern Sections present the same death rate, and, as usual, the Northern presents the lowest rate. The Northern Section also shows the lowest death rate for tuberculosis, diphtheria, pneumonia and influenza.

A FEATHER RENOVATOR: Mr. Thomas Hobbs of Austin, Scott County, writes us: "There is a man in this part of the county who is operating a feather renovator, who represents he is working under the instructions of the State Board of Health. Have you a representative engaged as above?"

We have written Mr. Hobbs that the man is an imposter, and if he will give us his name and address we will try to apprehend him. We have also notified the newspapers of Scott County concerning the description. We wish the people to know that all deputies of the State Board of Health carry commissions, which must be shown upon demand.

CITIES: All cities, total population 977,812, report 1,296 deaths; rate, 17.2. It will be noticed this is 3.5 higher than the rate for the whole State. In the preceding month, 1,357 deaths; rate, 16.5. In the corresponding month last year, 1,512 deaths; rate, 20.3. The cities show a higher rate than the country in the following diseases: Tuberculosis, typhoid fever, pneumonia, diarrhoeal diseases, cerebro-spinal meningitis, violence.

COUNTRY: Population, 1,670,737, reports 1,615 deaths; rate, 11.7. In the preceding month, 1,641 deaths; rate, 11.6. In the corresponding month last year, 2,211 deaths; rate, 17.1. The country showed a higher death rate than the cities for diphtheria and influenza.

SUMMARY OF MORBIDITY AND MORTALITY IN FEBRUARY.

The most prevalent malady was pneumonia; 78 per cent. of the regular observers testified to this effect. Pneumonia was fourth in area of prevalence in the preceding month. In the corresponding month last year, pneumonia was second in area of prevalence. The order of prevalence was as follows: Pneumonia, tonsillitis, bronchitis, rheumatism, influenza, scarlet fever, pleuritis, typhoid fever (enteric), diphtheria and membranous croup, whooping cough, intermittent and remittent fever, diarrhoea, erysipelas, measles, inflammation of bowels, smallpox, dysentery, puerperal fever, typho-malaria fever, cholera morbus, cerebro-spinal meningitis, cholera infantum.

SMALLPOX: One hundred and fifty-two cases of smallpox were reported in 15 counties, with no deaths. In the corresponding month last year, 381 cases in 35 counties, with eight deaths. In the preceding month, 80 cases in 10 counties, with no deaths. The disease was epidemic at Fort Wayne in Allen County—62 cases in all. It was also epidemic in one locality in Cass County, 5 cases; epidemic in Clark, 17 cases; epidemic in Crawford, 16 cases; epidemic in Floyd, 14 cases; in Fulton, 8 cases, somewhat distributed; Howard, 5 cases, somewhat distributed; Jackson, 3 cases in one locality; Jay, 1 case; Miami, 5; Perry, 2; Putnam, 1; Switzerland, 5; Tippecanoe, 1; Wells, 1.

TUBERCULOSIS: The total number of deaths from tuberculosis was 372, and of these 325 were of the pulmonary form. Of the total number, 196 were females and 176 males. Of the males, 30 were fathers in the age period of 18 to 40, and left 67 orphans under 12 years of age. Of the females, 77 were mothers in the age period of 18 to 40, and left 161 orphans under 12 years of age. Number of homes visited by the disease, 354. Total number of orphans produced, 168. Thirty-three of the deaths were under 15 years of age; 274 in the age period of 15 to 50, and the remainder were above 50.

TYPHOID FEVER: Thirty-eight counties reported 117 cases, with 29 deaths. In the corresponding month last year 42 counties reported 202 cases, with 32 deaths. In the preceding month 52 counties reported 175 cases, with 33 deaths.

PNEUMONIA: Pneumonia caused 403 deaths: rate, 197.8. In the corresponding month last year, 741 deaths: rate, 362.2. In the preceding month, 415 deaths: rate, 184.8 per 100,000. There were 12 fewer in February than occurred in January. Of the total pneumonia deaths, 187 were males and 216 females. It is quite unusual for females to lead in this disease. Of the total number, 142 were under 15 years of age, 84 between 15 and 50, and the re-

mainder were over 50. The right comparison is by the corresponding month last year, when there were 741 deaths, being a difference in favor of February of this year of 334.

DEATHS BY VIOLENCE: The deaths by violence numbered 109—84 males and 25 females. There were 5 murders, 20 suicides and 89 accidental deaths. Of the 5 murders, 3 were males and 2 were females. Two of these were by gunshots, one by knife wound, one by homicide and one by blow on the head. Of the suicides, 14 were males and 6 females. The methods chosen were: 7 males, gunshots; 2 males, hanging; by opium and its compounds, 2 males and 4 females; chloral, 1 female; carbolic acid, 2 males and 1 female; not named, 1 male. Of the accidental deaths, 20 were caused by railroads, 2 by interurban trolley cars, 12 by crushing injuries, 19 by burns and scalds, 5 by gunshots, horses and vehicles, 1; explosions, 7; falling trees, 2; strangulation, 3; frozen to death, 1; dog bite, 1; poison by drugs, 3; not named, 8.

NOTE.—It will be observed that death rates this month in comparison with the preceding month are higher, although the number of deaths were fewer. This is because there were three more days in January than in February.

THE INDIANA TUBERCULOSIS EXHIBITION, UNDER THE AUSPICES OF THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS

AND

THE COMMERCIAL CLUB OF INDIANAPOLIS,

WAS HELD IN

Tomlinson Hall, Indianapolis, the Week Beginning March 5.

The exhibition was essentially the same that was presented at New York, Philadelphia, Boston and Newark. It came direct from Newark to Indianapolis and from there it went to Chicago. The exhibit was under the direction of the Indianapolis Board of Health and the Indiana State Board of Health, and was open every day and evening for one week. The program was as follows:

EVENING PROGRAM.

Opening Exercises Monday, March 5th, 8 p. m.

GOV. J. FRANK HANLY, Presiding.

The Exhibition was formally opened by

HON. CHAS. A. BOOKWALTER, Mayor of Indianapolis.
Address—MR. CHAS. R. WILLIAMS, Editor of The Indianapolis News.

Tuesday, March 6th, 8 p. m.

MR. JOHN H. HOLLIDAY, Presiding.

Address—"Sociological Importance of Tuberculosis."

DR. GEO. W. MCCASKEY, Ft. Wayne.

Wednesday, March 7th, 8 p. m.

HON. JOHN W. KERN, Presiding.

Address—"The Hospital and the Sanatorium a Necessity in the Combat Against Tuberculosis."

DR. HUGH A. COWING, Muncie, Ind.

Thursday, March 8th, 8 p. m.

MR. ANDREW M. SWEENEY, President State Life Insurance Company.

Address—"The Open Air Treatment of Consumption."

DR. J. W. PETTIT, Ottawa, Ill.,
Director of the Ottawa Tent Colony.

Friday, March 9th, 8 p. m.

HON. CHAS. HENRY, Presiding.

Address—"What Well People Should Know About Tuberculosis."

DR. GEO. T. MCCOY, Columbus, Ind.

Saturday, March 10th, 8 p. m.

HON. HUGH T. MILLER, Lieutenant-Governor, Presiding.

Addresses—"Municipal Control of Tuberculosis."

DR. ARNOLD KLEBS, Chicago.

"The Promise of Victory Over Tuberculosis."

DR. ROBERT BABCOCK, Chicago.

AFTERNOON PROGRAM.

TWENTY MINUTE TALKS.

Monday, March 5th, 4 p. m.

"What is Tuberculosis?"

DR. FRANK B. WYNN, Indianapolis.

Tuesday, March 6th, 4 p. m.

"How to Make the Home Safe Against Tuberculosis."

DR. J. C. BLOSSON, Mt. Summit, Ind.

Wednesday, March 7th, 4 p. m.

"Tuberculosis a House Disease: It is Infectious, but Not Contagious."

DR. R. H. RITTER, Indianapolis.

Thursday, March 8th, 4 p. m.

"What I Saw at a Tuberculosis Sanatorium."

DR. WM. GEORGE, Indianapolis.

Friday, March 9th, 4 p. m.

"The Sanatorium Treatment of Beginning Tuberculosis."

DR. THEO. POTTER, Indianapolis.

Saturday, March 10th, 4 p. m.

"Tuberculosis Work of the Charity Organization."

MR. C. S. GROUT, Secretary, Indianapolis.

The total attendance was 5,128. All lectures were well attended. On Saturday night, when Drs. Klebs and Babcock spoke and Lieut.-Gov. Miller presided, it was necessary to move some of the exhibit and place additional chairs to seat those in attendance. Ten thousand circulars concerning the prevention of tuberculosis were distributed. During the week the Indianapolis News printed two editorials upon the subject of preventing tuberculosis, and gave daily illustrated accounts of the exhibit. Other papers gave good descriptions and abstracts of the addresses.

Through the influence of Mayor Bookwalter, whose heart and actions are in all good works, the City Hall was secured without rent. The forces of the city and State boards of health unpacked and displayed the exhibit, a work which engaged ten men for twenty hours. The printing was given

without charge by two large printing concerns, and the expenses—freight, hauling, frames, burlap, expenses of speakers, etc., amounting in all to \$225—were paid from subscribed funds.

The pathological exhibit from the Medical College of Indiana, the medical department of Purdue University, attracted wide attention.

THE LOOMIS SANATORIUM FOR TREATMENT OF TUBERCULOSIS FROM THE STANDPOINT OF A PATIENT.

DESCRIPTIVE.

About two and one-half miles west of the village of Liberty, N. Y., in the southwestern foothills of the Catskill Mountains, lies the "little community" known as the Loomis Sanatorium.

A more ideal location could scarcely be imagined. The main sanatorium is located on the southern slope of a range of hills 2,300 feet above sea level, or 600 feet higher than Liberty, while the Annex is a little lower down and about three-fourths of a mile distant from it, on what is known as the lower road to the village.

The Sanatorium is arranged on the cottage plan, with central administration building and infirmary, fifteen cottages (the fifteenth now in process of construction), a chapel, library and casino, while on the outskirts are to be found its own livery and laundry.

All the buildings face the south and command a beautiful view of mountains, hills, valleys and lakes, both far and near. High cliffs well covered with trees rise at the northeast and break the force of winds from that direction. To the east and southeast stand Chunk Hill and Walnut Mountain, and between them lies the lower road to Liberty. An upper road leading out along the base of the cliffs and skirting Chunk Hill on the north joins the lower road northeast of the hill. On the west there is an abrupt descent through beautiful woods to the valley below and farther north and west another open space affords an uninterrupted view for miles around.

The buildings are arranged somewhat amphitheater style, on four different elevations, the greatest number of buildings, however, being on the lowest level and the chief outlook to the south. High up on the side of the cliffs and alone stands the Irvin cottage. It is the residence of the physician-in-chief, Dr. King, and is said to be the highest private dwelling east of the Rockies.

The present administration building, gift of J. Pierpont Morgan, occupies a central position, with the chapel almost opposite the north entrance and the library opposite the south entrance to its main

reception room. The casino stands a little to the west of the main building and the infirmary joins the latter on the east.

Fifty or more stone steps lead down from the upper road near the chapel to the road at the rear of the administration building. Two short flights of similar steps connect the walk in front of this building with the lowest road just north of the library.

The cottages are grouped advantageously about these buildings and many of them are gifts of those whose names they bear. To this class belong the Proudfit, Babbitt, Kellogg, Sloane, Marcey-Lester, Watson-Walker, Winthrop and Kimber. In addition to these, on the upper road and east of the chapel stand the Orchard, Hillside and Sunrise, while on the west is the new cottage, and farthest west the Sunset. The Woodside cottage, appropriately named, being near the woods, is at present occupied entirely by employes.

Five of the cottages are of two stories and four, at least, of these contain about twenty rooms each. The Proudfit is by far the most pretentious, with its wide veranda and \$35-a-week accommodations. The Hillside was formerly a country home and its second story is occupied by the nurses. The other two-story buildings are the Babbitt, Woodside and Kimber. The latter with its open shack for sleeping out, is reserved for self-supporting persons or those who are unable to pay more than \$10 a week.

Rooms in the other cottages range from \$15 to \$35 a week, according to desirability, and rates at the infirmary are from \$25 to \$35 a week. The Sunrise, Sunset and Orchard cottages are private houses, with kitchen and every convenience for keeping house. They are occupied by patients with their families or congenial parties who hire their own servants and live somewhat independently.

At the beautiful little Episcopal chapel (gift of Mrs. A. L. Loomis) services are conducted regularly by either a resident rector or one from the village.

The casino is a building intended chiefly as an amusement hall. It has a large fireplace at one end with a tower on the right and alcove on the left and is nicely furnished with rugs and chairs, a piano, and pool and billiard table. A little gallery extends along the south side from the tower, and there is a fine large veranda looking southward. In fact, every building on the grounds has a veranda, large or small, on its southern side. Hallowe'en, Thanksgiving, Christmas or Valentine parties are often held at the casino and are entered into with much zest by the patients. Music is furnished there each evening in the summer and frequently in the winter.

The little library, with its central reading room, stack room (containing at least 4,000 volumes), cloak and well equipped writing rooms and delightful

sun gallery on the south, is said to be one of the finest buildings for its size in America.

Miss Struss, the librarian, who has been at the Loomis for seven years, takes a very great interest in the care, equipment and proper use of both the library and chapel.

The administration building is four stories high. On the first floor is a large reception room, with a large fireplace on one side and the desk on the other. The latter is a busy place just before meals, as mail arrives and is distributed from there three times a day. At the desk, too, one may secure stationery and stamps, write an order for almost any article desired from the village (to be secured by John the driver on his next trip), give orders for a livery rig at a certain hour or ask the mail rig to call for you on its way to the village. It is expected, however, that patients receive permission of a physician before venturing on such outings.

Aside from the reception room, on the main floor, are the private waiting room and offices of physicians, the drug, box and cloak rooms and a corridor leading to the superintendent's office, nurses and main dining rooms and the kitchen.

On the second floor is another reception room, with corridor leading to telegraph office, laboratory throat, electrical and hydrotherapeutic rooms. Suites of rooms occupied by the assistant physicians, head nurse, secretary and rector, besides many single rooms of employes, and several guest rooms, comprise the rest of the second floor and the third and fourth as well.

Many of the employes (who altogether number nearly seventy), both in the higher and lower offices, are or have been victims of tuberculosis.

Between the main building and infirmary and just west of the main kitchen is the little diet kitchen, where meals for infirmary patients are prepared. A small waiting room is connected with it on the south and here the patients (who are able) go at 10:30 a. m. and 3:30 p. m. to swallow their raw eggs and milk as the doctors prescribe. The "diet boy" carries these delicacies to any who may not be "on exercise."

At the infirmary there is a central reception room and office of head nurse, thirteen bedrooms and an operating room. Patients here lie on their beds or reclining chairs rolled out on the veranda practically all the time. Cottage patients and friends are allowed to visit at infirmary from 10 to 12 a. m. and 2 to 4 p. m.

Nearly all the cottages are arranged on the same general plan—a central reception room, in which there is usually an open fireplace, and corridors on either side leading to the bed and bath rooms. All the buildings have steam heat in addition to the fireplaces, and are lighted by electricity. A local tele-

phone system connects all with the main building and that in turn is connected with the outside world both by telephone and telegraph.

The sanatorium proper has a capacity for 100 patients. In addition to this there is the Annex, the philanthropic part of the institution. It consists of the annex proper and the Chapman cottage. The latter is open only from April to November and is intended for children under 15 years, with a capacity for thirteen patients.

The Annex is for incipient cases and only those who are unable to pay over \$5 a week are admitted. Its winter capacity is 32. Two large shacks, one each for men and women, with central reception and dressing rooms and beds arranged in rows on either side, exposed entirely on the south, furnish the sleeping quarters at the Annex, while the offices, dining rooms and kitchen are at the main building.

Each year some free beds are supported at these two Annex houses by friends of the institution.

EXPERIENCE.

One cold afternoon in early January, after a very pleasant four-hours' ride (having been advised by the Teachers' College physician to make a hurried exit from New York), I arrived at Liberty.

A sleigh ride over some rather steep but picturesque snowed country brought me to the door of the main building, at the Loomis Sanatorium.

It was about 5 o'clock in the evening, and as my intended arrival had been announced both by letter and telegram, I promptly sought the clerk and inquired at once for Dr. King, physician-in-chief. He ushered me into the private waiting room from which the physicians' offices open.

Miss Ryan, the secretary, in white nurse's costume, came forward and welcomed me cordially. She is of a naturally genial disposition and makes one feel at home and contented almost immediately.

In a short time Dr. King appeared. He is of a commanding attitude, but exhibits an exceedingly kindly interest in his patients. Dr. Hurty of Indianapolis, Dr. J. G. Smith of New York and my own father had written, so I felt pretty well introduced.

A few pleasantries were exchanged and before long Miss Burgess, the head nurse of the institution, also in white costume, made her appearance. She presented me with a list of printed "rules and regulations," also a tin box with attached cover and about the size of a three-inch cube with paper lining (removable) inside.

Many rebel at carrying this trophy around with them everywhere, but I must say it struck me in the light of a convenience rather than anything objectionable. It was now time for supper, which is served between 6 and 7 o'clock. Miss Burgess

first showed me the "box room," where all boxes are deposited by patients before going in to meals and to which all who find it necessary to cough during meals repair. It is west of the north entrance, while the cloak hall occupies a similar position on the east.

I was then shown through the corridor to a seat at a table with two ladies, both young and lively, who looked anything but sick. The dining tables seat four and an attempt is made to make new patients (or N. P.'s, as we call them), lose their strangeness as soon as possible. Frequently visitors entering the dining room for the first time inquire where the sick people are. It is expected that all, except infirmity patients, come over to meals (the "patients' rig" calling for those who can not walk, and the excellent air with help of eggs and milk, besides the regular meals, soon brings the color and plumpness into the cheeks. There is little or no coughing in the dining room, so it is no wonder people look around at first for the patients.

The two assistant physicians, Drs. Hammer and Neagle, occupy one table in the main dining room. The nurses have their own separate dining room.

After supper the clerk asked for my signature in the register. This granted, I returned to the doctor's office, where Miss Burgess informed me that she would take my history—namely, the history of my health from infancy to that present time. Among other things one is expected to bring all evidence possible to bear on the question, "How may I have become possessed of tubercle bacilli?" I fell in love with the head nurse during this interview and shall never cease to regard her highly.

It was now at least 8:30 o'clock and a "bell boy" took my suit case in hand and conducted me through the snow to my room—No. 43 at the Kellogg cottage. This is a one-story cottage for young women, with eight bed rooms—four and a bath on each corridor.

The patients at Kellogg, who numbered only three when I went, had all retired, so, being quite ready for it, I followed suit almost immediately. All patients are expected to be in bed by 9:30 o'clock. At that time the electric lights "blink"—that is, are turned off and on three times in rapid succession, and then turned on again to remain all night. At least from five to ten burn in each cottage during the whole night.

The next day was a busy one as "San." life goes—breakfast at 8 o'clock, throat examination by Dr. King at 9, followed by the blood test by Dr. Neagle, next weighed at the infirmary operating room, and finally examined by Dr. King at 12 o'clock.

Throat treatment is given daily between 9 and 10 o'clock to those who need it. The first and final examinations of patients are always by Dr. King

and are quite lengthy. The examinations occur once a month, and patients are examined in turn by each of the three physicians.

Dr. Hammer calls daily at each cottage, usually soon after breakfast. If patients are confined to their beds Dr. King comes after making rounds at the infirmary and Dr. Neagle calls in the evening as well. This applies, of course, to patients at the cottages. In case of continued unfavorable symptoms patients are removed to the infirmary or a private nurse is secured at reasonable extra rates.

Infirmary patients as a rule are not able to leave their beds or chairs except for a short time and are under somewhat different regulations.

Woe betide the unfortunate individuals who are caught sitting inside by any of the physicians on their rounds, but particularly if Dr. King finds the culprits. Sometimes such are reasoned or remonstrated with, but more likely severely reprimanded for their disobedience to the rule of being outdoors ten hours daily.

The infirmary and all the nurses are under the direct supervision of the head nurse, who is conscientious about her work almost to a fault.

Dr. King makes rounds at the infirmary each morning at about 11 o'clock, accompanied by Miss Burgess, who furnishes him with any needed information about the past history of a case.

I may state here that each patient's history, with records of different examinations as they occur, also a sheet showing what medicines are prescribed, form a folder which is appropriately marked and filed away in alphabetical order for frequent reference by the physicians. This work as well as the taking of the histories is regularly done by Miss Ryan, the secretary.

So far I have only related the first half day's experience. I was quite ready for dinner at 1 o'clock, then returned to "our cottage" to write letters and rest, as my Kenwood rug and horse blanket for "sitting out" had to be ordered and it took several days to obtain them.

I continued to ride to meals for about a week, as my "rules" bade me take no exercise till prescribed for by a physician. Three times daily about a half hour before meals a nurse called at the cottage and took our temperature and pulse. Old patients delight in warning the N. P.'s against reading their thermometers or peeping at the nurse's record.

After about ten days since I had no fever Dr. Hammer put me "on half hour exercise," to be taken a half hour before temperature taking time in the morning and again in the afternoon. This continued for several days, and as no fever was aroused I was allowed to exercise daily and was urged to take two short walks a day regularly, besides walking to meals—a distance of perhaps a

dozen rods. Then I was taken "off temperature" except on Monday (general temperature day) when we all smoked our pipes, as we called them, together.

The reason for no exercise being allowed at first is the desire to accustom one gradually to the high altitude and also to see whether the patients have fever every day. If so, exercise is at a premium.

A day or two after my arrival I was informed by a slip, handed me at the desk, to "report" at 12:30. This meant an interview with Dr. King, and unless we were of the "complaining species" we were always glad of this opportunity to receive advice and sympathy from our respected physician-in-chief.

Once each week patients receive these report slips but, as in examinations, reports are usually by turn to each physician—8:30 means report to Dr. Neagle and 5:30 to Dr. Hammer. Of course, in case one needs to see a physician, at other times, he may call at office hours of any of the three or telephone for them to come to the cottage.

When a patient reports Miss Ryan accompanies him into the doctor's office, at the same time handing the doctor the folder containing the record of the case. The increase or decrease of appetite and weight is carefully noted and diet prescribed accordingly. Every two weeks patients are weighed, so an accurate knowledge of progress is obtained.

Frequent inquiry, too, is made concerning the cough, and if patients are kept awake or otherwise irritated by it, codeine or some other medicine is prescribed.

Three times a month the sputum of each patient is examined and twice daily, morning and evening, the box linings are changed or silver flasks used by many in daytime are cleaned by a nurse, all this work being done in the box room, where a 5 per cent. solution of carbolic acid is used without stint.

"The treatment," in words of Dr. King, "is threefold—climatic, hygienic and dietetic. Great stress is laid upon the continuous outdoor life, or 'taking the cure.' Patients are out practically all the time, except while dressing, bathing or eating."

In the extreme winter weather "sleeping out" (at the cottages) is not compulsory, as all the verandas do not afford sufficient shelter. Windows must be left wide open, however, and at other seasons it is expected that all who can be accommodated on the verandas sleep out.

Five daily half-hour rests, to be taken immediately before and after meals, are prescribed for all. It is expected that patients take these rests lying on their beds, and they must not at these times read, write, talk, or even think.

Medicines, special massage and electrical treatments are made use of as symptoms demand. Quoting from Dr. King's report: "No attempt was made

during the past year to introduce specific serum treatment, electro-therapeutics or actino therapeutics. In a few instances of doubtful diagnosis, tuberculin has been employed in diagnosis, and the X-ray has similarly been employed as an aid in clearing up doubtful points. In discussing the effects of actinic or X-ray treatment, he said to a patient, "There is absolutely no short cut to recovery."

It is a matter of interest to many to know how we spent our time at the sanatorium. An old number of "Outdoor Life" expresses quite accurately our chief employment thus:

"TAKING THE CURE.

We sit and sit in the morning,
We sit and sit at noon,
We sit in the day's declining light,
We sit by the light of the moon.
From early morn till dewy eve,
At night, when the stars are lit,
We fold our hands across our laps
And sit and sit and Srr."

It would be unfair, however, to leave the impression that we never had any more variety than that, for we could walk, read, do fancy work, play games, listen to music, attend church, call on our friends, etc. In the spring and summer there is an excellent opportunity to make a special study of birds and the numerous beautiful wild flowers which abound in that vicinity. During my stay I saw and classified by common name at least eighty varieties of wild flowers.

Far is it from most patients to exhibit a spirit of gloom except temporarily. In fact, I think the levity with which we spoke of having the "Con." or "T. B." (tubercle bacilli) or of being "Lungers," had a tendency to shock strangers hearing the terms for the first time.

After three months' residence at the Loomis I was pronounced "an arrested case." Now it sounds a little strange that we should boast of such an occurrence, but you will not think so long. "Activity arrested," in the phraseology of the patients, means "the bugs have stopped their active work of destruction": "renewed activity," that they have gotten busy again. "An apparent cure" is one in whose sputum no bacilli are found for three months. "Even in incipient cases, one is rarely pronounced a cure under six months."

It was my hope to reach that mark before starting home, but although I spent six months (from January to July, 1905), at the "San." and two months longer, with my mother, in the vicinity, continuing the cure, it did not seem that the bacilli were ready to take their departure, so I decided (with the consent but not direct advice of Dr. King) to return to Hoosierdom, without becoming "an apparent cure." My gains were not a few, however—increase of

weight about 12 pounds, anaemic condition relieved (red cells increased from — to —), and per cent. of hemoglobin from 80 to 90. Besides this, there was the disappearance of positive signs from the left lung and evident clearing up of the right.

I take delight in expressing my appreciation of the benefits of the Loomis Sanatorium and the kindly interest of those in charge. Everything it is possible to furnish for the comfort and welfare of the patients seems to be anticipated and provided for by the management.

It is true that all there are not satisfied, but "Some people will not be satisfied with Heaven, if they ever reach there," we fear. If one has eyes to see he can not fail to notice that no pains has been spared to make the place both comfortable and attractive, and the physicians, nurses and many patients are kindness itself to those who for from a few months to several years sojourn in the land of the Loomis Sanatorium.

LACKING SENSE OF PROPORTION: The Bulletin of the Department of Health of Chicago for the week ending February 3, 1906, calls attention to an interesting instance in which the Chicago powers that be show a lack of sense of proportion. It says:

The promotion of preventive medicine is directly within the province of the health department, one of its most important functions; and yet the modest estimates of the commissioner for the maintenance of the department during the current year are scaled down more than one-half. It is even strongly intimated that the request for \$25,000 with which to fight tuberculosis must be refused under the pressing necessity for another million dollars for the police department.

Consumption carried off 3,203 of Chicago's inhabitants last year, nine-tenths of whom might have been saved by the enforcement of well-understood measures of cure and prevention.

An increase of the police force is undoubtedly necessary; but there seems to be lacking a sense of proportion in refusing \$25,000 to save 2,000 to 2,500 lives annually from the assaults of a positively preventable disease while granting \$1,000,000 to fight thugs and murderers, whose total harvest of death last year was 187 victims.

Give the police department all it asks—if that can be done.

Give the health department what it actually needs.

Now, how would it be possible to more clearly state a case? Here are 3,203 deaths in one city in one year, 90 per cent. of which it was possible to prevent, yet nothing is done, because a million dollars is required for more police. If the 3,203 dead could vote, what would the Council do? Is it not sad, very sad, that the self-confessed practical men who go to legislatures and councils can not see the economy and the inestimable other advantages which would flow from a little money spent in disease prevention work?

MAPLEWOOD FARM: Maplewood Farm is in Fountain County, Ind. Mrs. Benjamin Brown is the wife of the proprietor of said farm. Mrs. Brown is interested in disease prevention work. She feels that it is far better to prevent disease than to surround one's self with the conditions which provoke disease and then employ doctors for the purposes of cure. In other words, Mrs. Brown thinks it wise to not simply believe that an ounce of prevention is worth a pound of cure, but that it will be equally wise to actually practice the ounce of prevention. An envelope package of the State Board of Health containing various pamphlets on the prevention of certain diseases was received by Mrs. Brown and she immediately acknowledged the same, expressing her opinion, from which we quote:

Your circulars are splendid "ounces of prevention." They are very valuable. I sent my copies to our township teachers' institute, where they were read and appreciated. Our farmers' institute meets at Veedersburg February 21st and 22d, and we shall be glad for a supply of the circulars for distribution among the members. It occurs to me that some apostle of cleanliness, armed with your contagious disease circulars and possessed of at least the fundamental facts of bacteriology, could do a mighty missionary work among the farmers. I think it will be a long time before the average housekeeper has even a fair knowledge of disease germs and where they come from and how to prevent them. Especially is this true of the isolated country districts. It is well to teach the farmer how to increase his corn crop, to make hogs and cattle profitable, etc., and the government does a great work in this line; but I think the government would do a better work if it taught the people how to prevent their children from dying with preventable diseases. The present-day housekeepers need to be taught to scrub less for visible dirt and to scald more for the invisible microbe.

* * *

TO BE EXCLUDED FROM SCHOOL: A sad and pathetic case has been found in the schools at Newton, Ind. A bright little boy with tuberculosis of the hip joint and who suffers from a running abscess, is wheeled to school every day by his mother. The disease has completely destroyed the joint and with his own fingers the child has picked out the head of the thigh bone. This condition has been in process for years. Offensive odors proceed from the abscess and of course are offensive to the teacher and the other children. The odor is perceptible as soon as one enters the school room. The teacher says this boy is the brightest student in the room, and now says the health officer, "What shall we do about it?"

This is indeed a very pathetic case, but the duty of the health officer is plain. The law says that parents and guardians shall not send sick children to school, and especially shall they not be sent if they are afflicted with a communicable disease, or are offensive in their persons. Teachers are commanded by the law to exclude all such persons. The penalty

against parents or guardians for sending a child afflicted with a communicable disease to school is a fine of not less than \$10 nor more than \$100. The same penalty lies against the teacher for not excluding any such case. It is also the duty of the health officer, when he in any way receives information of such cases, to exclude same from the schools. This child and his family have our fullest sympathies, and if necessary we would be glad to make a contribution for the benefit of the child, but it is plain that his diseased condition is an offense to others and it interferes materially with the school. The health officer has been instructed to exclude this child from the school.

* * *

THE SCHOOL HOUSE AT HAMMOND: The central office received complaint from citizens at Hammond in regard to the schoolhouse. The complaint said that the building was not properly warmed. That the school children suffered from cold feet and could not study. Dr. T. W. Oberlin was asked to make a sanitary survey of the schoolhouse and report same to the State Board. In his report Dr. Oberlin says:

"I inspected Franklin School, Hammond, January 26, 1906. The building is brick, two stories and basement. Erected in 1902. It is of the square type, four rooms on each floor. The rooms are about 27x33, with ceilings 16 feet high. The heating is furnished by 3 Kruse & Dewenter furnaces, with a large fan operated by a motor to afford circulation. The hot air registers are near the ceilings. The foul air ducts open at the floor almost directly beneath the hot air ducts. The registers for introducing hot air are opposite the tall windows, and it is my judgment this is the reason why uniform warming is not secured. The building is unprotected, and it is almost impossible to drive the warm air towards the windows. The children complain of cold feet all the time, and the principal has noted a difference of 25 degrees between the floor and 5½ feet above the floor. The furnace is situated in the center of the building in the basement, and the general surroundings are such that I believe if a fire should break out the children would be compelled to jump out of the windows. There are no fire-escapes nor fire drills. The total enrollment is 212, and the average attendance falls slightly below this figure. The general health of the pupils is good, although there are numerous cases of catarrh. The sanitary arrangements are in good condition."

It seems that ventilating engineers should know that heating and ventilating can not be successfully accomplished under such conditions as Dr. Oberlin describes. We have written Dr. Oberlin to meet with the school authorities and see what can be done to immediately warm and ventilate the schoolhouse properly. It obviously is not economy and it surely is not humanity, to surround school children with conditions which render them uncomfortable and which prevent them from progressing in their studies as they should.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES FOR FEBRUARY, 1906.

NORTHERN SANITARY SECTION.

Total population	887,832
Total deaths	868
Death rate per 1,000	12.7
Consumption, rate per 100,000	118.6
Typhoid, rate per 100,000	11.7
Diphtheria, rate per 100,000	4.3
Scarlet fever, rate per 100,000	4.3
Diarrheal diseases, rate per 100,000	17.5

CENTRAL SANITARY SECTION.

Total population	1,087,620
Total deaths	1,201
Death rate per 1,000	14.3
Consumption, rate per 100,000	181.6
Typhoid, rate per 100,000	13.1
Diphtheria, rate per 100,000	9.5
Scarlet fever, rate per 100,000	4.7
Diarrheal diseases, rate per 100,000	8.3

SOUTHERN SANITARY SECTION.

Total population	873,097
Total deaths	742
Death rate per 1,000	14.3
Consumption, rate per 100,000	177.6
Typhoid, rate per 100,000	19.3
Diphtheria, rate per 100,000	13.5
Scarlet fever, rate per 100,000	1.9
Diarrheal diseases, rate per 100,000	5.7

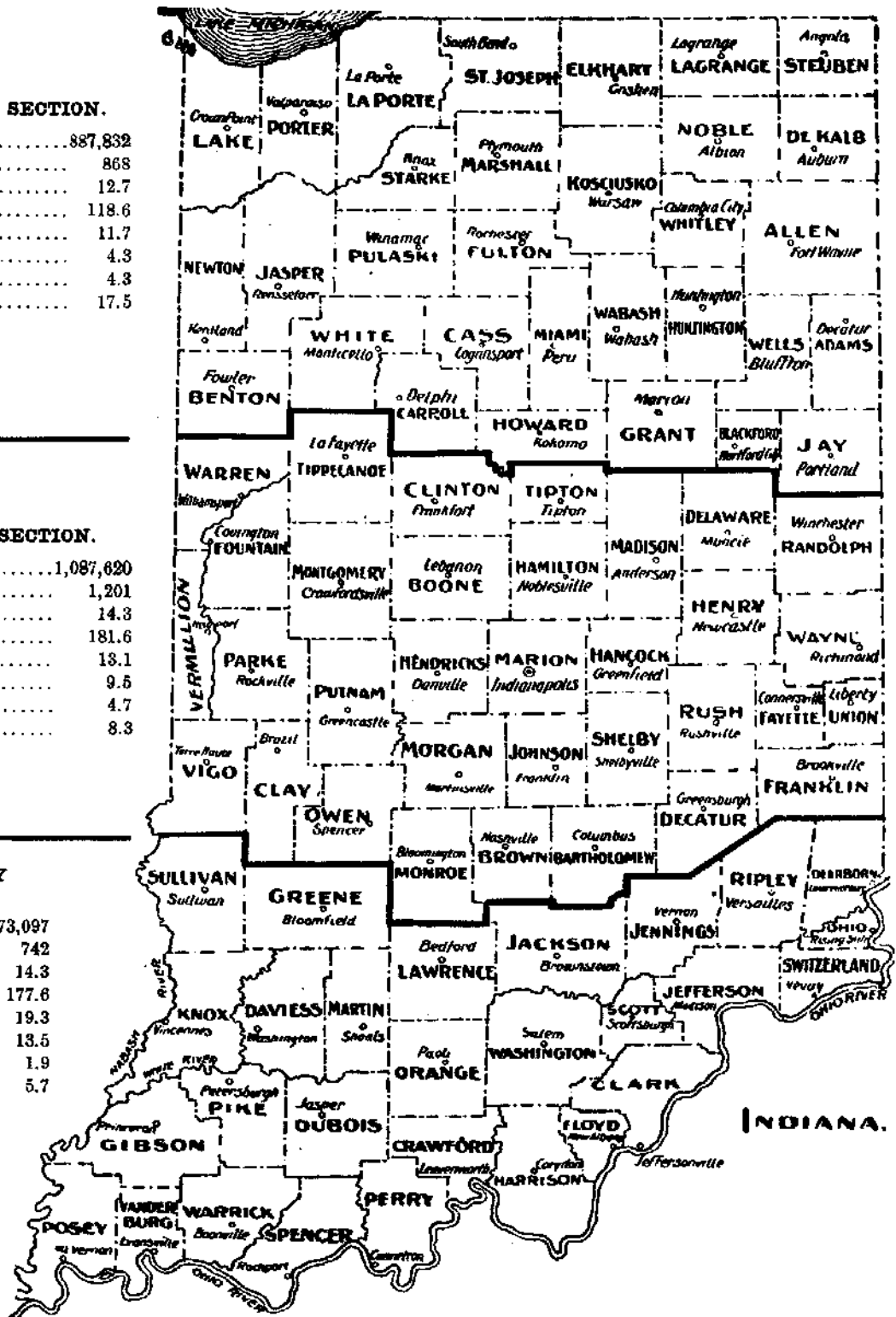


TABLE No. 1. Deaths in Indiana by Counties During the Month of February, 1906.

STATE AND COUNTIES.	Population Estimated According to U. S. Census Bureau.	Total Deaths Reported for February, 1906.	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 14, inclusive.	15 to 19, inclusive.	25 Years and over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping-Cough.	Pneumonia.	Diarrheal Dis-eases, under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Smallpox.	Deaths in Inan-titions.	
State of Indiana	2,648,549	2,811	13.7	162	377	129	17	43	84	819	325	17	29	18	2	8	3	12	403	22	40	45	13	95	109	...	126	
Northern Co's	887,832	868	12.7	48	142	33	10	14	18	261	81	14	8	3	...	3	3	4	119	12	13	8	4	34	35	...	40	
Adams	23,062	22	12.4	1	1	1	1	1	1	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Allen	81,502	97	15.4	7	15	5	3	2	2	16	3	2	2	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1
Benton	13,611	13	13.4	2	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Blackford	19,914	16	9.7	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Carroll	19,953	20	13.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Cass	35,902	48	15.5	3	6	1	1	1	1	15	3	2	2	1	2	2	2	1	1	1	1	1	1	1	1	1	1	1
Dekalb	26,272	11	5.4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Elkhart	47,392	42	11.5	4	4	2	1	1	1	13	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Fulton	17,736	22	16.1	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Grant	63,973	43	8.7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Howard	29,531	20	13.2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Huntington	29,404	29	12.8	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jasper	15,535	12	10.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Jay	28,154	24	11.0	3	6	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Kosciusko	29,295	28	12.4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Lagrange	15,284	23	19.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Lake	43,494	51	15.2	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Laporte	39,962	48	15.6	11	11	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Marshall	25,639	23	11.6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Miami	29,352	30	13.2	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Newton	11,105	6	7.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Noble	23,603	28	14.3	3	3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Porter	16,624	14	9.3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Pulaski	15,153	5	4.2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Starke	11,668	13	14.4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Stauben	15,515	18	15.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
St. Joseph	65,451	56	17.0	10	10	2	3	3	3	10	2	2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Wabash	26,679	20	9.0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Wells	24,223	18	9.6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
White	26,525	15	9.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Whitley	17,328	14	10.5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Central Co's	1,087,620	1,201	14.3	71	145	55	21	20	37	372	152	20	11	8	1	4	5	185	7	14	20	3	46	56	...	60		
Bartholomew	24,885	29	15.1	5	3	3	1	1	1	6	1	1	1	1	1	1	1	6	3	1	1	1	1	1	1	1	1	1
Boone	26,321	26	12.8	4	3	3	2	2	2	1	1	1	1	1	1	1	1	3	4	1	1	1	1	1	1	1	1	1
Brown	47,727	18	21.0	2	3	3	2	2	2	7	1	1	1	1	1	1	1	4	4	1	1	1	1	1	1	1	1	1
Clay	35,785	3	12.3	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Clinton	25,535	29	13.3	1	1	1	1	1	1	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Deatur	19,614	11	7.2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Delaware	57,421	56	7.2	3	10	1	1	1	1	15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Fayette	13,841	21	12.6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Fountain	22,201	25	19.7	1	1	1	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Franklin	16,388	19	14.6	1	1	1	1	1	1	11	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hamilton	31,430	29	11.9	2	4	4	1	1	1	6	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hancock	19,755	18	11.8	1	1	1	1	1	1	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Hendricks	21,292	25	11.8	4	4	5	1	1	1	9	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Henry	25,572	19	15.2	3	3	3	1	1	1	4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Johnson	20,478	19	9.6	1	1	1	1	1	1	7	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Madison	34,963	61	10.7	1	1	1	1	1	1	16	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Marion	218,655	308	18.2	17	3	12	5	8	10	74	4	3	1	1	1	1	1	44	1	3	3	1	10	13	...	44		
Monroe	25,153	36	17.0	2	3	3	1	1	1	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Montgomery	25,533	30	13.0	1	1	1	1	1	1	10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Morgan	21,183	16	11																									

TABLE No. II. Deaths in Indiana by Cities During the Month of February, 1906.

CITIES.	Population, Estimated According to U. S. Census Bureau.	Total Deaths Reported for February, 1906.	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 14, inclusive.	15 to 19, inclusive.	25 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.	Smallpox.	Deaths in Institutions.													
																												60	61	62	63	64	65	66	67	68	69	70	71	72
Cities over 50,000 Population	260,046	318	16.8	22	43	15	7	2	11	73	39	6	9	2	1		51	2	4	2	12	16	55																	
Indianapolis	196,914	269	17.7	17	34	10	5	8	8	89	35	5	3	1	1		39	1	2	2	10	13	39																	
Evansville	63,132	89	14.2	5	9	5	2	4	3	14	4	1	1				12	1	2	2	2	3	16																	
Cities from 25,000 to 50,000 Population	159,349	214	17.4	17	31	7	3	4	4	48	27	5	2	1	2	1	25	2	3	4	14	13	13																	
Ft. Wayne	49,975	75	19.5	5	14	5	2	4	2	10	5	2	2	1	2	1	16	2	3	2	4	7	7																	
Muncie	26,310	35	17.2	2	5	1	1	1	1	8	4	1	1				6	1	1	1	2	6	2																	
South Bend	43,163	53	15.9	9	1	1	1	1	1	15	9	1	1				4	1	1	1	1	2	4																	
Terre Haute	39,901	51	16.6	1	7	1	1	1	3	15	9	1	1				4	1	1	1	1	2	4																	
Cities from 10,000 to 25,000 Population	231,707	296	16.6	18	42	9	6	4	5	83	37	5	6	1	2	1	37	6	6	2	13	7	10																	
Anderson	24,398	35	18.2	2	2	1	1	1	1	11	7	1	1				4	1	1	1	4	1	1																	
Elkhart	17,034	17	12.9	1	2	1	1	1	1	5	1	1	1				1	1	1	1	1	1	1																	
Elwood	15,529	10	8.3	1	2	1	1	1	1	2	2	1	1				3	1	1	1	1	1	2																	
Hammond	15,648	22	18.2	3	3	1	1	1	1	1	3	1	2				3	1	1	1	1	1	2																	
Huntington	10,356	14	17.5	5	5	1	1	1	1	1	3	1	1				1	1	1	1	1	1	1																	
Jeffersonville	10,828	14	16.8	3	3	1	2	1	1	3	1	1	1				3	1	1	1	1	1	1																	
Kokomo	11,782	13	14.3	1	1	1	1	1	1	5	1	1	1				1	1	1	1	2	1	1																	
Lafayette	19,041	39	23.6	1	2	1	1	1	1	21	4	1	1				5	1	1	1	2	1	3																	
Logansport	17,642	20	14.7	1	4	1	1	1	1	4	1	1	1				4	1	1	1	2	2	1																	
Marion	21,620	27	16.2	1	4	1	1	1	1	5	3	4	1				6	1	1	1	2	2	1																	
Michigan City	16,885	16	12.3	1	4	1	1	1	1	5	1	3	1				5	1	1	1	1	1	1																	
New Albany	20,403	23	14.6	3	2	1	1	1	1	7	1	1	1				3	1	1	1	1	1	3																	
Richmond	19,034	27	18.4	2	3	1	1	1	1	12	1	1	1				2	1	1	1	1	1	1																	
Vincennes	10,949	19	22.5	3	2	1	1	1	1	3	1	1	1				4	1	1	1	1	1	1																	
Cities under 5,000 to 10,000 Population	196,779	284	18.7	17	38	19	7	2	16	75	35	7	6	2	1	2	3	14	1	4	3	11	17																	
Alexandria	8,223	Too late.									3	1					3																							
Bedford	7,221	2	12.6		2						1						3																							
Bloomington	7,437	19	33.2		1	3	2			4	4						7						1																	
Brazil	8,538	8	12.1		1					3	2						3						1																	
Columbus	8,694	14	20.9	3	1	2				3	2	2	1				3						1																	
Connersville	7,751	16	25.8		2	1				2	2						2						1																	
Crawfordsville	6,873	11	20.8		1	1				4	3						1						1																	
East Chicago	7,500	9	15.6	1	5					1							1						1																	
Frankfort	7,572	11	18.8		2	1	1			2	1						3						1																	
Goshen	8,521	9	13.7	2	1					3	1						3						1																	
Greensburg	5,609	7	16.2		1					5	1						3						1																	
Hartford City	7,362	9	15.8		1					2	2						3						1																	
Laporte	7,136	17	30.9		2					6	2	1					3						1																	
Linton	9,767	16	21.2		2					3	3						1						1																	
Madison	8,936	12	17.4	1	2					3	3						5						1																	
Mishawaka	6,436	12	24.2	1	2	1				4	1						3						2																	
Mt. Vernon	5,303	14	34.3	4	1	1				1	3	2					2						3																	
Peru	8,997	13	18.7	1	1	1				5	1						1						1																	
Portland	5,507	6	14.1	1	1	1				1	1						2						1																	
Princeton	7,227	12	21.5	2	1	2	1			2	3						2						1																	
Seymour	6,888	11	20.7	2	1	1				3	2						1						1																	
Shelbyville	7,856	8	13.2	1	1					2	2						2						1																	
Valparaiso	6,756	7	13.4		1					4	1						1						1																	
Wabash	9,023	10	14.4	1	1					3	3						3						1																	
Washington	9,546	21	23.5	2	2	2				5	4						1						1																	
Whiting	5,500	5	11.8	1	1					2	2						1						1																	
Cities under 5,000 Population	129,931	164	24.1	9	21	2	6	3	56	15	3	1	1	2	1	2	20	2	5	3	5	5																		
Attica	3,279	4	15.8		1					1							1						1																	
Auburn	3,788	Too late.																																						
Aurora	3,929	5	16.5		1					2	1												1																	
Bluffton	4,835	17	18.8	1	2					1	1						1						1																	
Cannelton	2,267	3	17.2		1					3	3						1						1																	
Cannelton	3,539	8	29.3		1					2	2						1						2																	
Citron	3,027	8	34.3	1						3	3						1						1																	
Columbia City	2,342	2	11.1		1					1	1						1						1																	
Covington	4,542	7	20.0		1					2	1						1						1																	
Decatur	2,220	3	17.5		1					1	1						1						1																	
Delphi	2,220	3	17.5		1					1	1						1						1																	
Dunkirk	4,052	2	6.4	2	1					3																														
Franklin	4,095	1	22.2	1	1					1	1																													
Garrettsville	4,367	1	2.9							1	1																													
Gas City	4,232	8	24.6		2	1				2	2						2																							
Greencastle	3,661	5	17.7		4																																			

Mortality of Indiana for February, 1906.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Estimated by U. S. Method.	Total Deaths Reported for February, 1906.	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.		15 to 20.		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.	Per Cent.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State	2,618,549	2,811	13.7	162	377	14.2	129	4.8	47	1.7	43	1.6	84	3.1	819	30.9	325	159.5	47	23.6	20	14.2	18	8.8
Northern Co's	887,832	868	12.7	48	132	14.8	33	4.0	10	1.2	14	1.7	18	2.1	261	31.8	81	118.6	14	20.4	8	11.7	3	4.3
Central Co's	1,087,620	1,201	14.3	71	145	12.8	58	5.1	21	1.8	20	1.7	37	3.2	372	32.9	152	181.6	20	23.9	11	13.1	8	9.5
Southern Co's	673,097	742	14.3	43	110	15.7	38	5.4	16	2.2	9	1.2	29	4.1	186	26.6	92	177.8	13	25.1	10	19.3	7	13.5
All cities	977,812	1,296	17.2	83	175	14.4	52	4.2	23	1.8	24	1.9	43	3.5	335	27.6	153	203.4	26	34.6	17	22.6	6	7.9
Over 50,000	260,046	338	16.8	22	43	13.6	15	4.7	7	2.2	8	2.5	11	3.4	73	23.1	39	194.9	6	29.9	3	14.9	2	9.9
25,000 to 50,000	159,349	214	17.4	17	31	15.7	10	3.5	5	1.5	4	2.0	5	4.0	48	24.3	27	220.2	5	40.7	2	16.3	1	5.1
10,000 to 25,000	231,707	286	16.5	18	42	15.1	12	3.2	5	2.1	4	1.4	8	1.7	39	29.8	37	207.5	5	28.0	3	33.6	1	5.6
5,000 to 10,000	196,779	284	13.7	17	38	14.2	19	7.1	7	2.6	7	3.7	16	5.9	75	28.0	35	221.5	6	46.2	6	39.6	2	13.2
Under 5,000	129,931	164	24.1	9	21	13.5	8	1.2	3	1.6	5	3.8	3	1.9	56	36.1	35	160.6	3	30.0	2	9.3	1	9.3
Country	1,670,737	1,515	11.7	79	202	14.0	77	5.3	24	1.6	19	1.3	41	2.8	404	28.1	172	133.8	21	16.5	12	9.3	12	9.3

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.		Diarrheal Diseases, Under 5 Yrs.		Cerebro-Spinal Meningitis.		Influenza.		Puerperal Septicemia.		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	2	.9	8	3.0	3	1.4	12	5.8	403	197.8	22	10.7	40	19.6	45	22.0	13	6.3	95	46.6	109	53.5		
Northern Co's			3	4.3	3	4.3	4	5.8	119	174.2	12	17.5	13	19.0	8	11.7	4	5.8	34	49.7	35	51.2		
Central Co's	1	1.1	4	4.7			5	5.9	165	197.2	7	8.3	14	16.7	29	24.9	3	3.5	46	54.9	56	66.9		
Southern Co's	1	1.9	1	1.9			3	5.7	119	228.8	3	5.7	13	25.1	17	32.8	6	11.5	15	28.9	18	34.7		
All cities			6	7.9	3	3.9	5	6.6	177	235.3	9	11.9	17	22.6	14	18.6	5	6.6	43	57.1	59	78.4		
Over 50,000			1	4.9	1	8.1		16.3	51	254.9			2	9.9	4	19.9	2	9.9	12	59.9	16	79.9		
25,000 to 50,000			2	16.3	1	8.1		16.3	25	203.9			3	24.4			4	32.6	4	32.6	14	114.2		
10,000 to 25,000			1	11.2				11.2	37	207.5	6	16.3	6	33.6	2	11.2	2	11.2	13	72.9	7	39.2		
5,000 to 10,000			1	6.6	2	13.2	3	19.6	44	250.6	1	6.6	4	26.4	1	19.8	1	6.6	11	72.6	17	112.3		
Under 5,000									20	200.1			2	30.0	5	50.0			5	30.0	5	50.0		
Country	2	1.5	2	1.5			7	8.4	226	175.8	13	10.1	23	17.8	31	24.1	8	6.2	52	40.4	50	38.9		

Meteorological Summary for February, 1906. Furnished by the Central Office, Indiana Section, Climatological 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.			
			Degrees.	Date.	Place.	Degrees.	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	28.4	+1.5	64	20	Kokomo	-19	7.8	Bluffton	1.13	-1.01	3.1	6	13	6	9	SW.				
Central Section	28.2	-1.6	67	23	Shelbyville	-18	7	Northfield	1.15	-1.84	6.7	7	15	6	7	SW.				
Southern Section	31.5	-1.5	72	23	Mt. Vernon	-17	7	Marengo	1.70	-1.81	10.7	6	17	5	6	SW.				
State	28.7	-0.5	72	23	Mt. Vernon	-19	7.8	Bluffton	1.33	-1.55	6.8	6	15	6	7	SW.				