

Indiana State Board of Health

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

VOLUME IX.

INDIANAPOLIS, JANUARY, 1907.

NUMBER 1.
25 Cents a Year.

T. HENRY DAVIS, M. D., PRESIDENT Richmond.
GEO. T. MCCOY, M. D., VICE-PRESIDENT Columbus.
W. N. WISHARD, M. D. Indianapolis.
F. A. TUCKER, M. D. Noblesville.
J. N. HURTY, M. D., PHAR. D., SECRETARY Indianapolis.

J. L. ANDERSON CHIEF CLERK OF VITAL STATISTICS.
J. B. RUCKER, JR., M. D. PATHOLOGIST AND BACTERIOLOGIST.
HELENE E. H. KNABE, M. D. ASSISTANT PATHOLOGIST AND BACTERIOLOGIST.
E. E. BARNARD, B. S. CHEMIST.
B. E. BISHOP, B. S. ASSISTANT CHEMIST.

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.

CONTENTS.

	PAGE
Administer Antitoxin Early.....	1
Abstract of Mortality Statistics.....	1
Summary of Morbidity and Mortality for January.....	2
The Cry of the Children.....	2
The Minotaur Still Lives.....	3
Resolution Which Speaks for Itself.....	3
A State Institution for the Care and Treatment of Tuberculous Poor.....	4
How Decatur Was Cleaned Up.....	4
Decrease in Death Rates in Last Seven Years.....	5
An Active Health Board.....	6
A Model Report by Dr. E. H. Brubaker.....	6
Dr. J. O. Malsbury Fined at Peru.....	7
The Tubercular Camp at Indianapolis.....	8
"The Dollar Sign the Standard".....	8
Dr. Dryer, Health Officer of Lagrange County.....	8
Prevention of Tuberculosis.....	8
Chart Showing Geographical Distribution of Deaths.....	9
Table of Deaths by Counties.....	10
Table of Deaths by Cities.....	11
Table of Deaths by Geographical Sections.....	12
Meteorological Summary for January.....	12

ADMINISTER ANTITOXIN EARLY.—The child will not die of diphtheria if a proper dose of antitoxin is administered on the first day of the disease. Out of 1,000 diphtheria patients only sixteen die when antitoxin is administered the second day, but 110 and 210 out of every thousand, respectively, do die to whom the remedy is not given until the third day or later. To throw a rope to a drowning child is simple humanity. To neglect or refuse to do it is criminal. For the public to supply antitoxin to families too poor to buy it is simple humanity. It is economy also. For the public not to furnish it is a sad neglect. Lives of children are worth saving.

ABSTRACT OF MORTALITY STATISTICS FOR JANUARY, 1907.

Total number of deaths, 2,938; rate, 13.0. In the corresponding month last year, 2,998; rate, 13.3. In the preceding month, 2,956; rate, 13.1. The deaths by important ages were: Under one year, 497, or 16.8 per cent. of the total; 1 to 5, 149; 5 to 10, 62; 10 to 15, 47; 15 to 20, 86; and 65 and over, 864, or 31 per cent. of the total. Some important causes of death were: Consumption, 349; typhoid fever, 65; diphtheria, 31; scarlet fever, 6; measles, 5; whooping cough, 7; pneumonia, 427; diarrhoeal diseases, 31; cerebro-spinal meningitis, 20; influenza, 62; puerperal fever, 19; cancer, 114; violence, 140; smallpox, 3.

SANITARY SECTIONS: THE NORTHERN SANITARY SECTION, population 887,832, reports 959 deaths; rate, 12.7. In the preceding month, 948 deaths; rate, 12.4. In the corresponding month last year, 885 deaths; rate, 11.7.

THE CENTRAL SANITARY SECTION, population 1,087,620, reports 1,307 deaths; rate, 14.1. In the preceding month, 1,264 deaths; rate, 13.7. In the corresponding month last year, 1,306 deaths; rate, 14.1.

THE SOUTHERN SANITARY SECTION, population 673,097, reports 672 deaths; rate, 11.7. In the preceding month, 744 deaths; rate, 13.0. In the corresponding month last year, 807 deaths; rate, 14.1.

REVIEW OF SECTIONS: The lowest death rate is in the Southern Section, a rather unusual occurrence. The highest death rate is in the Central Section. Only the Central Section has a death rate higher than the average for the whole State. The highest death rate appears in the Southern Sanitary Section for tuberculosis, typhoid fever, diarrhoeal diseases. The Central Sanitary Section shows the highest death rate for pneumonia, influenza, puerperal fever and violence.

CITIES: All cities, total population 982,966, report 1,410 deaths, a rate of 16.9. This is 3.9 higher than the average rate for the whole State. In the preceding month 1,309 deaths; rate, 15.7; corresponding month last year, 1,357 deaths; rate, 16.5. The cities show a higher death rate than the average for the whole State in the following diseases: Consumption, typhoid fever, diphtheria, scarlet fever,

measles, pneumonia, diarrhoeal diseases, cerebro-spinal meningitis, influenza, puerperal fever, cancer, violence and smallpox.

COUNTRY: The country, population 1,666,283, reports 1,528 deaths; rate, 10.8. In the preceding month, 647 deaths; rate, 11.6. In the corresponding month last year, 1,641 deaths; rate, 11.5. The death rates of the six largest cities were: Indianapolis, 17.7; Evansville, 15.3; Ft. Wayne, 16.8; Muncie, 18.6; South Bend, 17.8; Terre Haute, 21.3.

SUMMARY OF MORBIDITY AND MORTALITY FOR JANUARY, 1907.

Bronchitis was reported as the most prevalent disease, and tonsillitis, which was reported as most prevalent in November and December, falls to third place. Pneumonia is fourth in area of prevalence. The order of prevalence is as follows: Bronchitis, influenza, tonsillitis, pneumonia, rheumatism, scarlet fever, diphtheria and membranous croup, typhoid fever (enteric), measles, pleuritis, erysipelas, diarrhoea, smallpox, intermittent and remittent fever, typho-malaria fever, whooping cough, inflammation of bowels, cerebro-spinal meningitis, puerperal fever, cholera morbus, dysentery, cholera infantum.

SMALLPOX: There were 232 cases reported from 15 counties, with 3 deaths. In the corresponding month last year, 80 cases in 10 counties, and no deaths. The following counties reported the disease as present: Clark, 1 case; Elkhart, 2 cases; Grant, 17; Hendricks, 1; Howard, 1; Jefferson, 40; Jennings, 2; Marion, 35, and 2 deaths; Marshall, 6 cases; Miami, 81 cases, 1 death; Monroe, 2 cases; Pulaski, 2; St. Joseph, 21; Vigo, 1; Wells, 1.

TUBERCULOSIS: The total number of deaths from all forms, 349. Of this number 303 were pulmonary tuberculosis. The male deaths numbered 160 and the female 189. Of the males, 30 were married, in the age period of 18 to 40, and left 67 orphans under 12 years of age. Of the females, 68 were married, in the age period of 18 to 40, and left 136 orphans under 12 years of age. Total number of orphans made by the disease this month, 203. How many of these will be taken care of in orphan asylums can not be told, but it can be said with truth, that knowing as we do, that tuberculosis is preventable, the making of these orphans is a sin chargeable against the State. Number of homes invaded during the month by tuberculosis, 298. By age periods the tuberculosis deaths were: Under 5 years, 26; 5 to 15, 7; 15 to 20, 33; 20 to 30, 85; 30 to 40, 70; 40 to 45, 40; above 50, 88. Two deaths are reported of persons over 80 years of age.

PNEUMONIA: The disease existed in every county in the State. No special epidemic was re-

ported. The total number of deaths was 427. In the corresponding month last year, 415 deaths. Of the total number of pneumonia deaths, 221 were males and 206 females. By certain ages the deaths were: Under 1 year, 106; 1 to 5, 56; 5 to 20, 25; 20 to 30, 24; 30 to 40, 19; 40 to 50, 30; 50 to 60, 29; 60 to 70, 48; 70 to 80, 51; 80 to 90, 37; 90 and over, 2.

TYPHOID FEVER: Six hundred and eighty-eight cases were reported from 50 counties, with 65 deaths. In the corresponding month last year, 350 cases, from 52 counties, with 33 deaths. The disease was epidemic in the following counties: Boone, Clark, Daviess, Dearborn, Dekalb, Hamilton, Marion, Miami, Putnam, St. Joseph, Switzerland, Vanderburgh. It still remains true that typhoid, like sin, is a reproach to any community.

DIPHThERIA: Two hundred and twenty-seven cases were reported from 37 counties, with 27 deaths. There were 25 diphtheria deaths in the corresponding month last year. The disease was epidemic in the following counties: Allen, Clark, Grant, Madison, Marion, Miami, Monroe, Rush, St. Joseph, Vanderburgh, Vigo.

VIOLENCE: The deaths by violence numbered 140. In the corresponding month last year, 122. The cases were as follows: Murder, 2; suicide, 20; accidental, 118. Of the murders, 1 was by gunshot, and one struck with an axe. Of the suicides, 4 chose shooting, 4 hanging, 1 cutting throat, 5 carbolic acid, 2 morphine, 3 arsenic, 1 asphyxiation with artificial gas. Of the accidental deaths, steam railroads killed 30; interurban cars, 3; fracture of skull and other bones, 14; mining accidents, 16; burns and scalds, 16; powder explosions, 9; falls, 5; gunshots, 4; electricity, 2; suffocation, 5; burning, 4; poison and other causes the remainder.

THE CRY OF THE CHILDREN.

A careful reading of the report of County Health Officer Kimball to the Board of County Commissioners is evidence that important reforms might be inaugurated in the administration of the Departments of Public Health in city and county; what is true in this respect in Grant County is doubtless true of many of the counties of Indiana, where the public health system everywhere lacks a good deal of being organized with a view to securing the best possible results.

The thing that impresses most readers in looking over the figures incorporated in this report is the number of cases of contagious disease which have as their prey the children, diphtheria and scarlet fever especially. The number of deaths annually from these causes is appalling. The worst of it is

that most of these deaths would be preventable with a better system of public health organization and administration.

The State gives a good deal of attention to the doing of some things in behalf of the citizen. If every child in the State of Indiana does not secure a good common school education it is the fault of the child or of its parents. But if the dissemination of learning is important, how much more important is the protection of life itself—particularly of the child life of this great State?

Dr. Kimball points out some facts of special importance with reference to diphtheria. The children of well-to-do parents, who are able to call a physician at the first sign of that dread disease, and adopt the preventative measures which render cure almost certain, are reasonably safe. But the children of the poor are not so well guarded. Parents delay action; the disease develops; the child moves about among its playmates in some cases almost to the hour of death. But the most pathetic aspect of this disease is that in many cases the administration of that wonderful curative agent, anti-toxin, is neglected or delayed because of the expense attached to its use. Think of the life of a little child going out for the lack of a few dollars; a life with possibilities wrapped in it we know not of what import; for in this republic there are unlimited possibilities in every cradle. It is true that scores of lives are saved by the unselfish devotion of physicians, who in many cases of this kind proceed at their own expense without the hope of compensation. There is no profession in which there is more of the spirit of altruism than in that of medicine. The Chronicle has knowledge of a case in which the life of a child was saved through the administration of twenty dollars' worth of anti-toxin, provided by two physicians who had no possible hope of recovery of their money. But there are limitations to individual resources even in the matter of saving life.

It seems to The Chronicle that in the conditions revealed by the report of Dr. Kimball there is an appeal for the sympathy and support of the officials and the public. In presenting the facts to the Board of Commissioners and to the public Dr. Kimball has performed a service, and it is to be hoped that his recommendations will at least inaugurate a movement for better organization and consequently more satisfactory results in what might well be called the life-saving service of the city and county.—Marion Chronicle.

THE MINOTAUR STILL LIVES.

All remember the Minotaur kept by King Minos of Cyprus. A horrid beast, half man and half bull, hideous and loathsome, daily feasting upon human

beings. And we remember Talus, the Man of Brass, the giant who guarded the shores of the kingdom over which Minos held sway. Then there was the wonderful labyrinth of Daedalus, the beautiful Ariadne, and the handsome, valiant Theseus. But do not forget the craven King Aegeus of Athens, who annually paid a tribute of youths and maidens to Minos to be fed to the Minotaur. It was only once a year that the young lives were counted, and the wailings soon ceased and the sorrow subsided. Year followed year, and the youths and maidens were tolled off to the monster, but no one in Athens thought of destroying him, and so the waste of precious lives went on. Doubtless, some of Athens' citizens thought they could not bear the expense of slaying the Minotaur, not realizing that the tribute paid was far greater than the cost in lives and happiness they annually endured on account of him. Surely the politician-economist was one time in Athens, and prevented advance along true economic lines.

How fortunate it was that the strong young Theseus came to Athens when he did, finally toppled over the Man of Brass, invaded the labyrinth of Daedalus and slew the Minotaur.

The tribute paid by Indiana—a sleeping, not craven Aegeus—to the Minotaur Consumption, is almost five thousand human lives annually. They are tolled off to the monster at the rate of about thirteen each day. Some day a young and virtuous Theseus will come to Indiana. He will smite the Men of Brass who retard progress, and will slay the Minotaur Consumption.

A RESOLUTION WHICH SPEAKS FOR ITSELF.

The Northern Tri-State Medical Association, in convention assembled, learns with astonishment and regret that certain physicians of the State of Indiana are opposing the organization by the State of a hospital for the treatment of tuberculosis, alleging among other things that tuberculosis is a hereditary disease and not contagious.

Therefore, Be it Resolved, That it is the sense of this association that pulmonary tuberculosis or consumption is an infectious and contagious disease, and is caused by certain germs known as tubercle bacilli, contained in the sputum of those sick from the disease; that sanitary measures for the destruction of such disease germs are imperatively demanded in the interests of public health, and that among the poorer classes such measures can be more safely carried out in a well-equipped hospital especially designed for such diseases than elsewhere; and that tuberculosis cannot possibly exist without the presence of these disease germs.

It is also the sense of this association that the highest interests of the public health will be subserved by the establishment of such a hospital by and under the supervision of the State, and that such action should meet with the unanimous approval and enthusiastic support of the medical profession everywhere.

Passed by unanimous vote of the Society, January 8, 1907, at Elkhart, Indiana.

President, CHARLES D. AARON, M. D.

Secretary, W. F. SHUMAKER, M. D.

A STATE INSTITUTION FOR THE CARE AND TREATMENT OF TUBERCULOUS POOR.

For several years some of the more progressive physicians of the State have been advocating the establishment of a properly located and well equipped institution under State control for the treatment and care of the tuberculous poor of Indiana. An effort is now on foot to have the State legislature, now in session, bring the matter to a successful issue by making an appropriation for carrying out the project.

We are considerably surprised and regret to learn that some of the members of the medical profession, notably at Columbus, Indiana, where an open letter has been addressed to the people of the State, have opposed the movement and as a basis for the opposition given the impression that they consider tuberculosis hereditary and the climate of Indiana unsuitable for the successful treatment of the disease. These misguided medical men of Columbus ought to wake up and keep in touch with the progress of medical science even though they have no respect for the humanitarian side of such a question as the one upon which they have placed their seal of disapproval.

Medical authorities are agreed that tuberculosis is not hereditary but that the disease is acquired. Persons of tuberculous parents are very apt to have a low resisting power to the invasion of tubercle bacilli, and are more prone to have tuberculosis as a result of this lowered resisting power. But if they have the disease it is acquired in the same manner that a person who is not of tuberculous antecedents acquires the disease.

It has been clearly established that the only way to fight tuberculosis is to raise the resisting power of the individual, and it has been clearly and unmistakably proven by competent observers and clinicians that persons suffering from tuberculous lesions have been cured by such attention to dietary, hygienic and medicinal requirements as have a tendency to improve the general health and increase the resisting power to disease. That this can be ac-

complished in some climates better than others is perhaps a fact, but it is unquestionably true that such results have been accomplished in unfavorable climates such as we have in many of the large cities, and accomplished to a very large extent in the villages and towns of Indiana.

There are a great many tuberculous poor in the State of Indiana who have not the means nor the inclination to seek a more favorable climate. Many of these people are a positive burden to the State through inability to support themselves, and are a menace to the community in which they live because of a lack of appreciation of the necessity for rendering themselves less liable to convey the disease to others. Many of these unfortunates under proper care and treatment, such as would be given in a State sanatorium, could be cured and restored to their families as self-supporting individuals, to say nothing of being relieved of suffering and placed beyond the probability of infecting those around them. In a properly regulated State sanatorium these patients would follow such rules of treatment as pertain to diet, exercise, fresh air and medicine as experience has taught to be most effective in bringing about satisfactory results in the management of this class of cases. If the institution is properly financed by the State, and divorced from politics as it should be so that the most competent management can be secured, it ought to prove one of the greatest blessings to the suffering tuberculous poor of the State who are unable to seek a more favorable climate or to even secure the best treatment in their own homes, and it would also prove an economic saving to the State through the lessened cost of supporting this class of patients.

By all means let us have a State institution for the care of the tuberculous poor, and let no medical man worthy of the name offer objections to such a humanitarian and economic project.—The Fort Wayne Medical Journal-Magazine.

HOW DECATUR WAS CLEANED UP.

Decatur, a fine little city of Adams County, Indiana, needed a cleaning. How it got it, is related as follows by Mrs. L. G. Ellingham. May other places go and do likewise.

"The Ladies' Shakespeare Club decided that the town needed cleaning and beautifying. They called a meeting of the citizens at the Commercial Club rooms. It was a very stormy night, but about sixty people came. The ministers, Mayor, physicians, councilmen and other prominent men were asked to address those present. They responded very well, and the various committees on nomination, etc., were appointed. At the next meeting Dr. Boyers was elected president; Mrs. Ellingham, vice-president;

Mr. Adams, secretary; Mr. Voglewede, treasurer. A constitution was adopted and standing committees appointed as follows: Streets, alleys and sidewalks; sub-committee, garbage depositories, etc.; tree planting and street parking; public parks and lawn sanitation; school; entertainment; factories; culture of vacant lots; membership.

"Dr. Boyers had much to do with cleaning up the town. He set a cleaning-up day. He then solicited a team for one day from people who could or would furnish either teams or money to hire them. A great many responded, and what other people did not pay for, Dr. Boyers paid himself. He looked after sending the teams to various parts of town, and in two instances I know of with the help of others he helped clean up vacant lots himself. Mr. D. M. Hensley has been an untiring worker on the garbage committee. To him is due the street cans for the reception of trash. He raised the money to buy them by giving a fat men's baseball game. I will send you one of the bulletins which were placed in every house in town a few days before the day set to begin hauling out rubbish. There were two hundred and seventy-five loads taken out; some of the hauled out stuff, I am told, had been accumulating for thirty years. We have a Junior Society among the children. We distributed four hundred packages of flower seeds in the spring, and at the county fair fifteen dollars in prizes will be distributed for the best flowers grown. The children are to give a beautiful cantata in a tent on the fair ground, at which time the money will be given to the successful ones in the flower contest. I will send you one of our badges. We have a spit ordinance to our credit, forty street cans for receiving waste paper refuse, and the weeds have been more generally cut than usual this year. We need a stricter health officer, and some day will get him. The court house lawn has been put in good condition, also a fine flower bed placed there by the society. I believe the seed has been sown for more general cleanliness. The council will buy a street sweeper as soon as the new brick streets are finished, and will consider the gathering of garbage from private houses by means of a wagon which shall call three times a week. It would take volumes to tell you all we hope to accomplish. There are many older and more successful societies than ours in the State. The great national organization has headquarters in Philadelphia."

A DECREASE IN DEATH RATES IN THE LAST SEVEN YEARS.

It has now been seven years since accurate death statistics have been collected in Indiana. The registration law was passed in 1899, but work did not begin until 1900. Very little difficulty was experi-

enced in putting the law into operation. Only occasionally has friction appeared. At first, a certain class of practitioners contended they should be paid for the service of reporting deaths. In answer to this the Attorney-General ruled that the medical profession in Indiana was licensed, that it enjoyed certain privileges not accorded to all citizens, that it was daily in possession of facts of the utmost interest and importance to the people and also to the medical profession itself, and therefore, it was the duty of the members of the medical profession to make reports of births, deaths and contagious diseases, which come under their notice. The ruling further said: "It could not be strictly contended that the service was being given to the people for nothing, any more than would appear when a man, seeing a theft committed, should raise the alarm or give information to the proper authorities. In such instance a public duty is discharged, and self is served. As it is to the direct interests of practitioners to report information beneficial to the people which may be in their possession, therefore they should consent to report. When ten years have passed by, the death statistics of the State will have become extra valuable. The seven years already recorded yield interesting and valuable information."

Herewith we give a table which records the death rates per 100,000 population in Indiana from typhoid fever, diphtheria and scarlet fever for the last seven years.

DEATH RATE PER 100,000 POPULATION IN INDIANA FROM TYPHOID FEVER, DIPHTHERIA AND SCARLET FEVER.

	Annual Rate Per 1,000.	Typhoid Fever Rate Per 100,000.	Diphtheria Rate Per 100,000.	Scarlet Fever Rate Per 100,000.
1900.....	14.1	52.8	19.1	5.6
1901.....	14.5	47.6	19.3	5.9
1902.....	13.5	48.3	15.2	5.9
1903.....	13.4	40.2	17.0	6.5
1904.....	14.0	38.1	10.6	7.2
1905.....	13.7	35.0	12.3	5.0
1906.....	13.0	31.9	12.8	3.6

It will be noticed that the general death rate has fallen from 14.1 to 13. The typhoid rate from 52.8 per 100,000 to 31.9. The diphtheria rate has fallen from 19.1 to 12.8, and the scarlet fever rate from 5.6 to 3.6. These figures represent a very considerable saving of lives, with the consequent increase of happiness and saving of money. The State Board of Health does not claim that this reduction in death rates is due entirely to its work nor yet entirely to the work of the whole State Health Department. The general increase in intelligence has been disseminated in the public press, and especially in agricultural and magazine publications; also the instruction of the medical profession has done much to bring about this result. However, the State Board of Health has fought these diseases directly. Whenever the statistics have shown the existence of in-

fectious diseases, circulars have been sent to the community and to the families affected, also letters and very frequently personal visits. Lectures have been delivered by members of the State Board of Health before high schools, teachers' institutes and farmers' institutes, accompanied with distribution of disease prevention circulars. All of this work, it is believed, has had some effect in obtaining the good results recorded.

AN ACTIVE HEALTH BOARD.

The Indiana State Board of Health is doing yeoman work in the interest of pure food and drugs, as shown by the monthly bulletin issued by the organization. Hundreds of analyses of foods and drugs have been made and the results tabulated, giving (what is most essential) the names of the various manufacturers, the brands and the degree, if any, of adulteration. The campaign has already borne fruit and sophistication is much less frequent than formerly. The board also prints in its bulletin an abstract of mortality statistics, with a summary of the morbidity and the mortality for the month. The division of bacteriology reports the number of microscopic examinations made for pathogenic bacteria, the number of Widal tests, etc. Altogether, the State of Indiana is to be congratulated on its energetic and efficient health board.—The Journal of the American Medical Association, February 9, 1907.

A MODEL REPORT BY DR. E. H. BRUBAKER.

To the County Board of Health of Henry County:

As secretary of your board, I beg leave to submit the following report for the year ending December 31, 1906:

After assuming the duties of the office I appointed deputies in all of the unincorporated towns in the county. Those deputies, together with the secretary of the local Boards of Health throughout the county, have made an efficient organization to gather the vital statistics and to deal with the various conditions pertaining to a better sanitary condition and to battle with the dread contagious diseases.

We have had but little trouble in getting the reports from the physicians throughout the county so far as deaths and births are concerned. All contagious diseases have been reported with fair promptness with the exception of typhoid fever and tuberculosis, especially the latter. While these two diseases are not reported for the purpose of quarantine, it is for the purpose of getting the statistics, and this is required by law the same as the report of other diseases of a contagious nature. Tuberculosis is recognized at this time as a contagious disease and as one that is preventable. It is also known that it is the cause of more deaths than any other

disease to which the human family is heir. To accomplish anything along the line of prevention these statistics must be known and the laity must be made to understand the magnitude of this octopus, and they must also be educated as to how they may prevent this dread destroyer, and this can be more readily done if we know the number of cases. Thus we can more readily see the importance of doing everything possible to overcome this menace to human life and happiness. I have taken advantage of every opportunity of urging the physicians to make a full report on all cases of tuberculosis.

In May the town of New Castle was threatened with an outbreak of smallpox. One case in the family of Wm. Patrick developed, but by stringent quarantine, vaccination and the vigilance of the Health Officers there was no spread of the dread disease. We were further blessed in this case in securing the services of Dr. R. A. Smith of Knightstown, who came and treated and nursed the case, staying in the infected house continuously until the case was convalescent and he was compelled to go home on account of sickness, due partly to his arduous task. On June 14 the quarantine was raised and all fear of further spread of the disease subsided.

There have been but few cases of other contagious diseases in the county during the year except scarlet fever, which prevailed in epidemic form in Straughns and surrounding country during the months of October, November and December. This disease was in a mild form and was mistaken for other diseases of a non-contagious nature at first. This condition continued for two or three weeks, those suffering from the malady being allowed to go to school. Finally the disease became so prevalent that it was reported to me. I immediately went to Straughns and found scarlet fever existing in epidemic form, although of a mild nature. School was dismissed at Straughns, the Salem district and the Hopewell district, and an effort made to quarantine those afflicted. I fortunately secured the services of Mr. Earl R. Shepard, who I appointed as deputy, and through his ready and untiring assistance the epidemic was overcome. There were no deaths due directly to the disease but one was caused indirectly by the infection. There were 62 cases reported in all. On account of the mildness of the disease we had considerable trouble in maintaining quarantine, but the epidemic was finally suppressed and all schools opened on December 29.

While on this subject, I will say that as a measure looking to the prevention of the spread of such diseases I have urged all teachers, who are the guardians of the schools, to send all pupils home who have a sore throat or are having fever. I believe that it is right to take the benefit of the doubt and keep such pupils out of school, as scarlet fever, diphtheria

and other dangerous diseases of a contagious nature, start many times in this way. By taking this precaution an epidemic may be avoided and human life saved.

In June your secretary was present at the School of Instruction for Health Officers. There were many valuable papers read pertaining to the prevention, spread, and treatment of the various contagious diseases. These meetings are of great benefit and the Health Officer who is interested in the people whom he serves and would be efficient in the position to which he has been chosen, will attend these meetings and give them his support.

In June I visited the County Infirmary, Court House, Jail and Orphans' Home at Spiceland, a report of which I submitted to you at the July meeting of your Board. It is unnecessary to say anything further on this subject except to say that I again visited the County Infirmary on November 15, and found everything in a sanitary condition.

Before school was opened in the fall a circular letter was sent out instructing the trustees to put the school properties in a good sanitary condition before school opened. This was done in every instance so far as I was able to ascertain. A new school building is being constructed at Kennard, the old one having been condemned. The school building at Spiceland has undergone considerable repairs but has been condemned for school purposes after this term.

Your secretary has laid considerable stress upon the necessity of providing a sanitary building and surroundings for the school children, as I believe the school room is where the seed of tuberculosis and many other diseases are sown, and every precaution possible should be taken for its prevention. I have visited a number of the schools, and others will be, to see that they are kept in a sanitary condition.

During the year I have been in all but two or three of the towns of the county, having been called to several of them to assist local Health Officers to abate some form of nuisance. These requirements were readily complied with, and no one has caused any serious trouble. I feel that I have had the cooperation of the local Health Officers, my co-laborers, as well as the people, in the effort to improve our sanitary condition, for all of which I am duly grateful, and ask their continued support.

The vital statistics of the county for the year of 1906 are as follows:

Births—Whole number . . .	551	Males . . .	290	Females . . .	271
White	596	Males . . .	273	Females . . .	263
Colored	15	Males . . .	7	Females . . .	8
Still births	15	Males . . .	12	Females . . .	3
Plurality births . . .	4	Males . . .	12	Females . . .	8
Oldest father	60	Youngest father	17		
Oldest mother	47	Youngest mother	15		

Marriages—Whole number	261
White	255
Colored	6
Oldest groom 79	Youngest groom 18
Oldest bride 70	Youngest bride 16
Contagious Diseases—Scarlet fever	75
Diphtheria	1
Measles	17
Whooping cough	1
Smallpox	1
Cerebro spinal fever	1
Typhoid fever	17
Tuberculosis	5
Total	118

Deaths—From October 1, 1905, to October 1, 1906. The report for the year of 1905 gave deaths up to October 1, 1905, and as the report for the last quarter of 1906 has not arrived as yet, this report will be to October 1, 1906.

Whole number . . . 302 Males . . . 142 Females . . . 160

The predominating diseases causing death were tuberculosis, pneumonia, cancer, paralysis, heart disease, typhoid fever and cholera infantum.

DR. J. O. MALSBURY FINED AT PERU—Smallpox has prevailed for three months or more at Peru, and as usual there was much difficulty in securing reports from some doctors. On Monday, Nov. 26, 1906, Dr. J. O. Malsbury was called to attend Mr. Chas. Raestteter. The young man had had a chill, suffered from nausea, pain in lumbar regions and limbs, and intense headache. There was also sore throat. The doctor's diagnosis was pharyngitis. He saw him again in three days and the patient had the unmistakable papular eruption of smallpox. The doctor's diagnosis was aene. On Nov. 28th the patient was in the vesicular stage and the doctor still called it aene, although the patient himself declared he believed it was smallpox, having read about the disease in the encyclopedia. Dr. Malsbury told him he could go to work, although his face, arms and in fact his entire person was covered with blisters. On December 1st, while in the pustular stage, the patient called on Dr. Higgins, county health officer. Dr. Higgins said the diagnosis would have been an easy matter for a first-year student in medicine. The young man had no doubt that he was suffering from smallpox. He told Dr. Higgins that Dr. Malsbury told him "that he had what the quacks and blockheads were calling smallpox and for the patient to go home and not tell any one that he, the doctor, had seen him that day." Dr. A. W. Brayton of Indianapolis saw the case Dec. 2nd. He pronounced it smallpox without doubt, and it was not a mild case either. Dr. J. O. Malsbury was arraigned before the court for failure to report a case of smallpox, and he asked for a trial by jury. He was promptly found guilty and

lined \$10.00 and costs, the total amounting to \$92.00. How much he paid his lawyer is not known. Dr. Higgins, who has given us the above information, says: "I feel that this conviction will help us to stamp out the disease here." As for the State Board of Health, it hopes that Dr. J. O. Malsbury has learned something from his experience and will hereafter obey the law.

* * *

THE TUBERCULAR CAMP AT INDIANAPOLIS.

The Tubercular Camp is conducted by the Summer Mission for Sick Children and is located about 600 yards from the Mission proper. It is maintained almost entirely by subscription, for very few of the patients are able to pay.

The camp consists of a group of tents 10 ft. x 12 ft., some having shingle roofs with canvas curtains hanging on the sides, which can be drawn back to let the patient have the benefit of the fresh air. The furnishings are simple, consisting of a sanitary bed, washstand, chairs and a small table on which the patient's meals are served.

The clothing in each tent is placed on frames where it can be permeated by the air, and the bed clothing is placed in the sun during the day. There is also a small building for fumigating purposes.

The use of nourishing food is relied on as an important part of the treatment. In addition to three full meals, each patient is given a glass of hot milk a half hour before rising, and light lunches are served at regular intervals during the day, consisting principally of eggs and milk.

One hour in both morning and evening is set apart for absolute rest and quiet. During this period the patients are requested to refrain from speaking to their neighbors or nurse.

Instructions are given to the patients that they may care for themselves in such a way as to prevent the spread of the disease in the homes to which they return.

The value of open-air treatment has been clearly demonstrated by the beneficial results observed upon the patients.

Information concerning the Flower Mission Incurable Hospital will be furnished by Mrs. J. H. Lowes, Treasurer Flower Mission, 847 Park Ave.

"THE DOLLAR SIGN THE STANDARD."—Marshall O. Leighton, Hydrographer of the United States Geographical Survey, in a splendid article entitled "River Pollution" in "Water and Gas Review," says: It needs only a cursory glance over the history of health legislation and sanitary enforcement to show how barren of results has been the plea for improvement founded upon

consideration of sickness and death. Such a plea makes no impression upon the average legislator, and it moves him to action only when the accumulation of dead bodies and the loss of wages due to sickness result to a reduction of trade or an injury to some business interest. It was necessary for Pittsburg to become the foulest incubator of typhoid fever in the United States before a decent water supply could be secured. Philadelphia, Washington, Chicago, Louisville, Cincinnati, and many other places have found it necessary to become disreputable before they were permitted to become penitent. Therefore, the author believes that if we would abolish the wanton pollution of streams, we must enter upon a campaign with a dollar sign for the standard. We must disregard the suffering, leave behind the graves, and be quite mercenary.

* * *

DR. DRYER: The administration of the county health affairs of Lagrange County is in the hands of Dr. D. W. Dryer. The citizens of Lagrange County are to be congratulated that such an excellent gentleman and skilled physician will serve them. If the people do not now appreciate his services, they will some day, but whether they do or not, Dr. Dryer will continue to do good work just for good work's sake.

The Lagrange Standard speaks a timely word about Dr. Dryer and his work, and may the people hear. It says:

OUR COUNTY HEALTH OFFICER CONSIDERS LIFE AND DEATH.

Dr. W. D. Dryer, secretary of the county board of health, has compiled his annual report, and the same is presented through the Standard this week. Dr. Dryer has included the list of the county dead for 1906 in his report, he refers to the activities of the stork, he touches upon the marriage question and he indulges in philosophy concerning the problem of divorce. For a document of its kind, dealing with life and death and their intermediates, it is unusually interesting, and the report of Dr. Dryer is entitled to a full reading by every man and woman in the county. Moreover, it is probable that the annual report of Dr. Dryer is inclusive of more essential and pertinent details than will be found in any other similar statement filed in Indiana this year. Perhaps we have been thoughtless in our relations with the health office, and it is possible that we have not fully appreciated its importance to the county, but a reading of the statement from Dr. Dryer will suggest to us that, after all, the matter of health measures up to and beyond the importance of wealth.

* * *

PREVENTION OF TUBERCULOSIS.

Dr. Thompson of New South Wales proposes the following measures for the prevention of tuberculosis: (1) Notification and registration of phthisis, such registration to be confidential; (2) free examination of sputa; (3) disinfection of rooms obligatory after death or removal of consumptive patients; (4) local registrars to notify every death from phthisis to the health authority as soon as received by them; (5) enforcement of good building laws.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES FOR JANUARY, 1907.

NORTHERN SANITARY SECTION

Total population	887,832
Total deaths	959
Death rate per 1,000	12.7
Consumption, rate per 100,000	108.9
Typhoid, rate per 100,000	25.2
Diphtheria, rate per 100,000	13.2
Scarlet fever, rate per 100,000	5.3
Diarrheal diseases, rate per 100,000	14.6

CENTRAL SANITARY SECTION.

Total population	1,087,620
Total deaths	1,307
Death rate per 1,000	14.1
Consumption, rate per 100,000	139.9
Typhoid, rate per 100,000	27.1
Diphtheria, rate per 100,000	10.8
Scarlet fever, rate per 100,000	2.1
Diarrheal diseases, rate per 100,000	11.9

SOUTHERN SANITARY SECTION.

Total population	673,097
Total deaths	672
Death rate per 1,000	11.7
Consumption, rate per 100,000	163.0
Typhoid, rate per 100,000	35.0
Diphtheria, rate per 100,000	12.2
Scarlet fever, rate per 100,000	.0
Diarrheal diseases, rate per 100,000	15.7

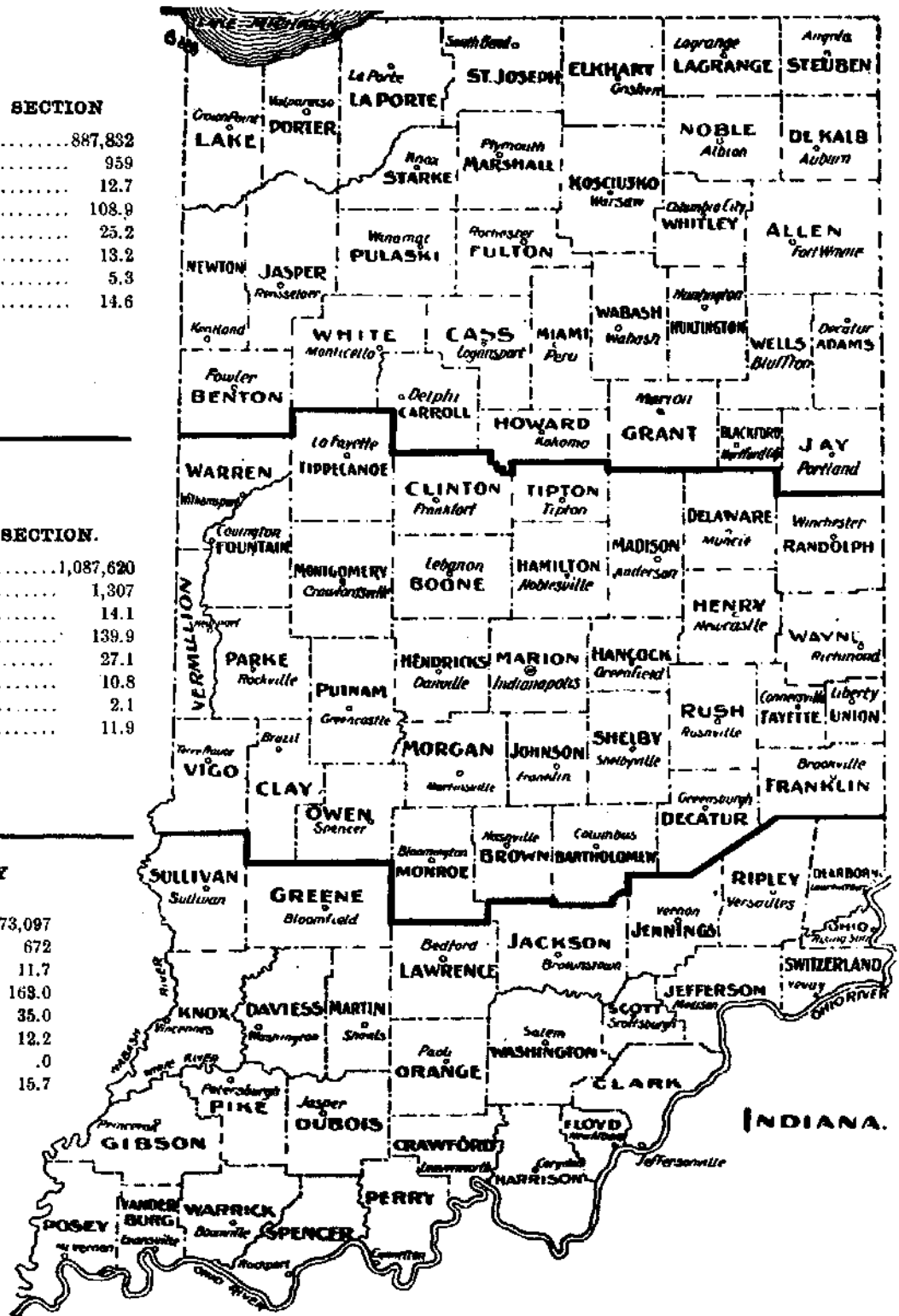


TABLE No. 1. Deaths in Indiana by Counties During the Month of January, 1907.

STATE AND COUNTIES.	Population Estimated According to U. S. Census Bureau.	Total Deaths Reported for January, 1907.	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.	65 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.	Scallipor.	Deaths in Insti- tutions.	
																												149
State of Indiana.	2,648,549	2,938	13.0	154	469	149	62	47	86	864	303	46	65	27	4	6	5	7	427	31	20	62	19	114	140	3	140	
Northern Co's	887,832	950	12.7	50	175	53	21	14	21	288	82	16	19	10	4	4	3	3	137	11	4	17	1	41	38	1	32	
Adams	23,052	20	10.2	1	4					5	1								2									
Allen	81,502	90	13.0	2	17	2	1	1		31	6	1	3	1					11					1	6	7	10	
Benton	13,611	18	15.6							4									1									
Blackford	19,914	14	8.2		4	1				5	1	2							2									
Carroll	19,953	28	16.5	1						11									2									
Cass	35,902	47	15.4	2	6	6	1			13	2	2	3						6									3
DeKalb	26,272	30	13.4	1	4	1	2			9	2	2	2						5									
Elkhart	47,392	61	15.1	1	14	2	2			20	2	2	1						10									
Fulton	17,736	13	8.6	1	1					2									3									
Grant	68,973	47	8.5	5	7	2				12	6	4	3						4									11
Howard	29,531	27	10.7	1	4	4	2			6	4	4	3						2									
Huntington	29,404	35	14.0	1	9	1				13	5	1	1						5									
Jasper	15,535	13	9.8		2					5									2									
Jay	28,154	35	14.6	3	3	2	3			9	9	2	1						1									
Kosciusko	29,295	26	10.4		4					1	5	7	5						2									
Lagrange	15,284	13	10.0		2	2				4	4	2	1						3									
Lake	43,494	45	12.2	3	7	5	1	1		3	2	2	1						7									3
Laporte	39,982	60	17.7	20	20	4	2			19	2	2	1						12									
Marshall	25,639	18	8.2	2	2	4				12	2	2							1									
Miami	29,352	46	18.4	6	4	3				13	2	2	2						4									
Newton	11,106	3	3.1							2									1									
Noble	23,603	34	16.9	4	7					14	8								7									
Porter	19,624	19	11.4		4	1				8									1									
Pulaski	15,153	20	15.5	3	3	1				7	2								2									
Starke	11,688	9	9.1		1	1				2									2									
Steuben	15,515	17	12.9		2					7									2									
St. Joseph	65,451	94	16.9	11	19	5	1	1		29	14	1							17									4
Wabash	28,679	25	10.2	1	3	1	2			6	4	1	2						4									
Wells	24,223	25	12.1		6	1	4			2	3	1	2						5									
White	20,525	16	9.1			2				7									3									
Whitley	17,328	11	7.4	1	1					3			1						3									
Central Co's	1,087,620	1,307	14.1	65	176	57	24	22	45	395	128	17	26	10		2	1	2	203	11	10	34	13	47	85	2	79	
Bartholomew	24,885	27	12.8	1	5	3		1	2	8	1	1							3									
Boone	26,321	26	11.6	2	4	2	1	1	2	7	2		2						6									
Brown	9,727	9	10.9		2					4									4									
Clay	35,785	45	14.8	3	5	7	1			10	6		1						4									
Clinton	29,535	34	14.0		2	5	1	1		10	2		1						6									
Decatur	19,614	27	16.2	3	3	3	1			13	2		1						4									
Delaware	57,421	58	11.9	2	13	2	1	2	3	11	4	1	1						7									
Fayette	13,841	16	13.6	2	5	1				4									1									
Fontaine	22,201	24	12.7		5	3				9	2								6									
Franklin	16,388	24	17.2		2	2		1		10	3								2									
Hamilton	31,430	15	9.7	3	2					11	2								2									
Hancock	19,755	13	7.7		4				2	6	2								3									
Hendricks	21,292	22	12.1		3	3		1		10	1								1									
Henry	25,572	21	9.6	1	2					10	2		2						1									
Johnson	20,488	22	12.6		3	1			2	9	2								3									
Madison	84,083	68	9.5	4	14	3	3	2	2	12	7	3	1						19									
Marion	219,655	342	18.3	21	42	6	9	3	10	95	41	7	8	3					57									46
Monroe	22,783	23	14.9	4	6	2	1			6			1						7									
Montgomery	29,933	35	13.7	2	3	3	1			12	6	3	1						4									
Morgan	21,183	29	16.1	2	5	1	1			9			1						4									
Owen	15,193	13	10.0							7	2								5									
Parks	24,082	24	11.7		5	2		2		11	5								2									
Patnam	21,478	23	12.6	2	5				2	5	2								3									
Randolph	28,880	27	11.0		6	1	1			8									1									
Rush	20,594	22	12.6		3	1	1			8	3		2						2									
Shelby	26,906	31	13.5	2	3	1	1			14	4								3									
Tippecanoe	40,091	44	12.9		2	2				17	2				</													

TABLE No. 2. Deaths in Indiana by Cities During the Month of January, 1907.

CITIES.	Population, Estimated According to U. S. Census Bureau.	Total Deaths Reported for January, 1907.	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.	65 Years and Over.	Pulmonary Consumption.	Other Forms of Tuberculosis.	Typhoid Fever.	Diphtheria.	Croup.	Scarlet Fever.	Measles.	Whooping-Cough.	Pneumonia.	Diarrheal Diseases, Under 5.	Cerebro-spinal Meningitis.	Influenza.	Puerperal Septicemia.	Cancer.	Violence.	Smallpox.	Deaths in Institutions.
Cities over 50,000 Population	266,929	388	17.1	26	56	8	10	2	14	98	44	9	10	4				1	65	2	2	7	7	18	22	2	47
Indianapolis	204,622	307	17.7	19	40	6	8	2	10	85	36	7	8	3				1	52	2	1	7	13	13	19	2	31
Evansville	62,307	81	13.3	7	16				4	11	8	2	1						13			1	5	5	3	2	16
Cities from 25,000 to 50,000 Population	155,297	244	18.5	16	12	9	2	2	10	51	20	3	3	1	1	2	1		31	2	5	3		11	19		19
Ft. Wayne	49,003	70	16.8	15	15	2	1	2	10	19	9	1	1						6	1	3			5	5		10
Muncie	25,309	40	16.6	2	2	2	1	1	3	7	2	1							5	1				5	5		4
South Bend	41,728	63	17.8	11	11	1	1	1	6	13	4	1							10					1	3		6
Terre Haute	39,257	71	21.3	5	8	2			6	12	3	2							10					1	8		4
Cities from 10,000 to 25,000 Population	241,848	343	16.7	13	48	25	11	5	12	90	31	11	13	5	1	1	1		52	6	1	4		20	17	1	21
Anderson	23,451	34	11.8	4	1	1	1	1	1	4	2	1							5	4	1	4		4	1	1	1
Elkhart	16,712	25	17.6							2	2								4	3				1	1		1
Elwood	17,138	20	13.7	2	2	3				4	2	1	1						4	3				1	1		3
Hammond	14,486	19	15.0	1	1	1			1	1	2	1							3	3				1	3		1
Huntington	10,225	13	14.5							3	2								3	3				1	1		1
Jeffersonville	10,213	25	27.2							3	1	2							3	1				1	3		5
Kokomo	11,549	16	15.3	1	1	1			1	1	1								1	1				1	1		1
Lafayette	13,864	22	17.7	1	1	1			1	1	1								1	1				2	2		9
Logansport	17,550	29	19.7	1	1	1			1	1	1								5	1				1	1		1
Marion	22,082	35	17.8	1	1	1			1	1	1								1	1				2	2		1
Michigan City	16,478	35	25.0	1	1	1			1	1	1								1	1				1	1		1
New Albany	20,628	33	18.8	4	4	2			2	6	2	2							10	2				1	1		2
Peru	11,162	31	32.7	1	1	1			1	1	1								2	2				1	1		1
Richmond	18,374	29	18.1	1	1	1			1	1	1								2	2				1	1		1
Vincennes	11,012	16	17.1	2	3	1			1	6	3	1							2	2				2	4		1
Cities from 5,000 to 10,000 Population	188,261	246	15.4	18	43	20	7	6	4	61	26	2	2	2	1	1	1		32	3	2	4	2	3	8	1	1
Alexandria	3,423	5	6.5	1	1	1				1	1								1	1				1	1		1
Badford	7,221	13	21.2	1	1	1				3	1								1	1				1	1		1
Bloomington	7,437	16	25.3	1	1	1				1	1								5	1				1	1		1
Brazil	8,538	16	22.1	1	1	1				2	1								1	1				1	1		1
Columbus	3,694	10	13.5	1	1	1			1	1	1								1	1				2	1		1
Connersville	7,751	10	15.2	1	1	1				3	1								2	2				1	1		1
Crawfordsville	8,873	13	22.8	1	1	1				2	2								2	2				1	1		1
East Chicago	7,500	10	15.7	1	3	1			1	5	1								2	2				1	1		1
Frankfort	7,572	11	17.1		1	1				1	1								1	1				1	1		1
Goshen	8,521	17	23.5		1	1			1	7	1								1	1				1	1		1
Greensburg	5,609	11	23.1	1	1	1				1	1								1	1				1	1		1
Hartford City	7,362	5	8.0		1	1				1	1								1	1				1	1		1
Laporte	7,186	9	14.8		1	1				5	1								1	1				1	1		1
Linton	9,767	7	8.4		1	1				1	1								1	1				1	1		1
Madison	8,986	13	17.1	3	1	1				2	2								1	1				1	1		1
Mishawaka	6,436	13	23.8	4	1	1				3	2								1	1				1	1		1
Mt. Vernon	5,303	7	15.5		1	1			1	2	1								1	1				1	1		1
Portland	5,507	6	12.8		1	1			1	4	1								1	1				1	1		1
Princeton	7,227	2	3.2		1	1				5	1								1	1				1	1		1
Seymour	6,838	12	20.5		3	1			2	4	1								1	1				1	1		1
Shelbyville	7,856	13	19.5	1	1	1			1	1	1								1	1				1	1		3
Valparaiso	6,756	9	15.7	1	1	1			1	2	2								1	1				1	1		1
Wabash	9,502	7	8.6		1	1			2	4	1								1	1				1	1		1
Washington	9,546	8	9.8	2	2	1			1	1	1								1	1				1	1		2
Whiting	5,500	3	6.4		2	2				1	1								1	1				1	1		1
Cities under 5,000 Population	120,931	169	17.1	9	30	7	4	5	60	16	2	5	3	1	3	3	1		21	4	7	2	10	7	1	1	
Attica	3,279	No deaths																									
Auburn	3,788	7	21.5		1	1				3	1								2	2				1	1		1
Aurora	3,929	9	27.0		2	2			1	4	1								1	1				1	1		1
Bluffton	4,838	9	21.9		2	2			1	4	2	1							1	1				1	1		1
Cannelton	2,267	1	6.3		1	1				1	1								1	1				1	1		1
Clinton	3,539	14	45.6		3	2			1	2	2								1	1				1	1		5
Columbia City	3,027	1	27.2		1	1				1	1								1	1				1	1		1
Covington	2,342	3	15.1		1	1				1	1								1	1				1	1		1
Decatur	4,542	4	10.3		1	1				1	1								1	1				1	1		1
Deiphi	2,220	7	37.2																								

Mortality of Indiana for January, 1907.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population, Estimated According to U. S. Census Method.	Total Deaths Reported for January, 1907.	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	2,938	13.0	154	469	16.8	149	5.3	62	2.2	47	1.6	86	3.0	864	31.0	303	135.4	48	20.4	65	28.5	27	12.0
Northern Co's	887,832	959	12.7	50	175	19.2	53	5.8	21	2.3	14	1.5	21	2.3	288	31.6	82	108.9	16	21.2	19	26.2	10	18.2
Central Co's	1,087,620	1,307	14.1	65	176	14.1	57	4.5	24	1.9	22	1.7	45	3.6	395	31.8	128	139.9	17	18.4	25	27.1	10	10.8
Southern Co's	673,097	672	11.7	39	118	18.6	39	6.1	17	2.5	11	1.7	20	3.1	181	28.6	93	163.0	13	22.7	20	35.0	7	12.2
All cities	982,266	1,410	16.9	82	220	16.5	69	5.2	34	2.5	15	1.1	45	3.8	348	26.2	139	166.9	27	32.4	33	39.6	15	18.0
Over 50,000	265,929	388	17.1	26	56	15.4	8	2.2	10	2.7	2	0.5	14	3.6	36	26.5	44	194.5	9	39.7	10	44.2	4	17.6
25,000 to 50,000	159,297	244	18.5	18	43	19.0	3	3.9	2	3.9	2	1.0	10	4.3	51	22.3	20	151.9	3	22.7	3	22.7	1	7.5
10,000 to 25,000	241,348	343	16.7	13	46	14.5	25	7.5	11	3.5	2	0.5	12	3.6	80	24.2	31	151.2	17	53.6	13	63.4	5	24.3
5,000 to 10,000	189,261	246	15.4	15	43	19.0	20	8.7	7	3.0	6	2.6	4	1.7	61	27.0	28	175.5	12	12.5	2	12.5	2	12.5
Under 5,000	129,931	189	17.1	9	30	16.5	7	4.0	4	2.2	2	0.8	5	2.8	60	33.3	26	145.3	3	18.1	5	45.4	3	27.2
Country	1,666,285	1,528	10.8	72	249	17.1	80	5.4	28	1.9	32	2.1	41	2.8	516	35.4	161	116.8	19	13.4	32	21.9	12	8.4

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 Septicæmia.		Cancer.		Violence.		Small-pox.	
	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.	Number.	Death Rate.
State	4	1.7	6	2.6	5	2.2	7	3.1	427	190.2	31	13.8	20	8.9	62	27.6	19	8.4	114	50.7	140	62.3	3	1.3
Northern Co's	4	5.3	4	5.3	3	3.9	3	3.9	137	182.0	11	14.6	4	5.3	17	22.5	1	1.3	41	54.4	38	51.6	1	1.3
Central Co's	2	2.1	1	1.0	1	1.7	2	3.5	203	220.0	11	11.9	6	10.8	34	36.8	13	14.1	47	50.9	85	82.2	2	2.1
Southern Co's	2	2.4	4	4.8	1	1.7	3	3.6	87	151.5	9	15.7	10	10.5	11	19.2	5	8.7	26	45.5	17	29.8	2	2.1
All cities	2	2.4	4	4.8	4	4.8	3	3.6	201	241.4	17	20.4	10	12.0	25	30.0	11	13.2	62	74.4	73	87.6	3	3.6
Over 50,000	1	7.5	2	15.1	1	7.5	1	4.4	65	257.3	2	8.8	2	8.8	7	30.9	7	30.9	15	79.5	22	97.2	2	8.8
25,000 to 50,000	1	7.5	2	15.1	1	7.5	1	4.4	31	235.5	2	15.1	3	37.9	3	22.7	11	81.5	11	81.5	19	144.3	2	8.8
10,000 to 25,000	1	7.5	2	15.1	1	7.5	1	4.4	32	237.7	2	15.1	4	43.8	4	19.5	20	97.5	20	97.5	17	82.9	1	4.6
5,000 to 10,000	1	9.0	1	6.2	3	34.4	1	6.2	32	200.5	2	18.8	3	12.5	4	25.0	12	12.5	10	90.0	10	90.0	1	4.6
Under 5,000	1	1.4	2	1.4	1	1.4	4	2.8	226	160.0	14	9.9	10	7.0	37	26.2	8	5.8	52	33.8	67	47.4	2	1.3

Meteorological Summary for January, 1907. Furnished by the Central Office, Indiana Section, Climatological Service, U. S. Weather Bureau, Indianapolis, Ind., February 1, 1907.

W. T. BLYTHE, SECTION DIRECTOR.

SECTIONS.	TEMPERATURE.								PRECIPITATION.				CONDITION OF SKY.			Wind.		
	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.		Prevailing Direction.	
			Degrees.	Date.	Place.	Degrees.	Date.	Place.	Degrees.	Date.	Place.	Degrees.	Date.	Place.	Degrees.		Date.	Place.
Northern Section	29.1	+4.8	67	19	Kokomo	-7	23	Ansburn	4.79	+2.93	8.4	14	5	4	22	SW.		
Central Section	34.2	+7.4	77	19	Farmersburg	-4	26	Northfield, Maury	6.87	+4.04	3.8	16	4	5	22	SE.		
Southern Section	38.8	+7.3	75	19	Jacksonville	-6	28	Salem	9.21	+5.83	3.0	16	6	4	21	S.		
State	34.0	+6.7	77	19	Farmersburg	-7	23	Ansburn	6.96	+4.27	6.1	15	5	4	22	SW.		