

Indiana State Board of Health

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

VOLUME XIII.

INDIANAPOLIS, FEBRUARY, 1910.

NUMBER 2
25 Cents a Year

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

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JANUARY BIRTHS.

Birth reports are always a month late because the law gives twenty days in which doctors and midwives may report.

Total births, 4,525; males 2,213, females 2,174.
Birth rate, 19.3. Excess over death rate, 7.

Whites—Total 4,303; males 2,168, females 2,135.

Highest birth rate was in St. Joseph county, 35.6; lowest in Pulaski, 9.6.

In January, 1909: Total births, 4,555; males 2,390, females 2,165. Rate, 19.6. Excess over death rate, 5.6.

ABSTRACT OF MORTALITY STATISTICS FOR FEBRUARY, 1910.

Total number of deaths, 2,856; rate, 13.4. In the same month last year, 2,955; rate, 14. In the preceding month, 2,883; rate, 12.3. Deaths by important ages were: Under 1, 394, or 13.7 per cent of the total; 1-5, 163; 5-10, 49; 10-15, 48; 15-20, 71; 65 and over, 953, or 33.3 per cent of total.

SANITARY SECTIONS: The Northern Sanitary Section, population 931,435, reports 896 deaths; rate, 12.5. In the same month last year, 880 deaths; rate, 12.3. In the preceding month, 933 deaths; rate, 11.8.

THE CENTRAL SANITARY SECTION, population 1,110,947, reports 1,230 deaths; rate, 14.3. In the same month last year, 1,404 deaths; rate 16.7. In the preceding month, 1,202 deaths; rate, 12.7.

THE SOUTHERN SANITARY SECTION, population 722,147, reports 730 deaths; rate, 13.1. In the same month last year, 671 deaths; rate, 12. In the preceding month, 748 deaths; rate, 12.7.

REVIEW OF SECTIONS: The Central Sanitary Section shows the highest death rate. Both the other sections show a death rate lower than the average for the whole State, which average is 13.4. The Northern Section showed the highest death rate for typhoid fever, scarlet fever and puerperal fever. The Central Section showed the highest death rate for measles, cancer and violence. The Southern Section shows the highest death rate for tuberculosis, diphtheria, whoopingcough, pneumonia and influenza.

CITIES: Total population, 1,074,289, report 1,242 deaths; rate, 15. In the corresponding month last year, 1,262 deaths; rate, 15.6. In the preceding month, 1,426 deaths; rate, 15.6.

The following are the death rates of certain cities: Indianapolis, 15.4; Evansville, 17.9; Ft. Wayne, 14.5; Terre Haute, 15.2; South Bend, 16.9.

COUNTRY: Population 1,690,240, reports 1,614 deaths; rate, 12.4. This is 1 less than the death rate for the whole State. Nevertheless, the country shows a higher death rate than the cities for diphtheria, measles, whoopingcough, pneumonia and influenza.

SUMMARY OF MORTALITY AND MORBIDITY FOR FEBRUARY, 1910.

There were 99 fewer deaths in February, 1910, than in the corresponding month last year. There was also less sickness. Influenza was the most prevalent disease, pneumonia was fifth in area of prevalence, and in February of last year it was third. The following is the order of disease prevalence: Influenza, tonsillitis, measles, bronchitis, pneumonia, rheumatism, scarlet fever, pleuritis, diphtheria and membranous croup, chickenpox, whoopingcough, typhoid fever, diarrhoea, smallpox, intermittent and remittent fever, erysipelas, cerebro-spinal meningitis, inflammation of bowels, cholera morbus, puerperal fever, dysentery, typho-malaria fever, cholera infantum.

SMALLPOX: Smallpox, 83 cases reported from 23 counties, with 1 death. In the corresponding month last year, 38 cases in 22 counties, with no deaths. In the preceding month, 189 cases in 25 counties, with no deaths. The counties reporting smallpox were: Adams 2, Allen 7, Boone 3, Clinton 3, Crawford 1, Daviess 2, Decatur 1, Dekalb 1, Franklin 8, Grant 7, with 1 death; Jefferson 2 cases, Madison 1, Marion 1, Marshall 2, Miami 1, Randolph 1, Shelby 16, St. Joseph 3, Tippecanoe 1, Vigo 1, Wabash 1, Warrick 7.

TUBERCULOSIS: Total deaths 387, of which 322 were pulmonary. Of the tuberculosis deaths 187 were males, 200 females. Of the males 25 were married in the age period of 18-40 and left 50 orphans under 12 years of age. Of the females, 67 were married in the same period and left 134 orphans. Total orphans, 184. Total homes invaded, 179.

PNEUMONIA: The disease existed in every county and deaths occurred in all but ten. The total deaths were 413, of which 211 were males, and 202 were females. In the same month last year, 423. In the preceding month, 400 deaths.

TYPHOID FEVER: 110 cases in 36 counties with 34 deaths. In the same month last year, 68 cases in 30 counties with 19 deaths. In the preceding month 131 cases reported from 40 counties with 47 deaths.

DIPHTHERIA: 168 cases in 44 counties with 17 deaths. In the same month last year, 93 cases in 33 counties with 18 deaths.

VIOLENCE: Violence caused 139 deaths, 70 of them occurring in the cities. Eight were murders, 24 suicides, and the remainder accidental. Of the murders, 6 were males and 2 females. Of the suicides, 16 were males and 8 females. The methods chosen were: Gunshot 7, hanging 7, cutting throat 1, carbolic acid 7, drowning 1, poison 1. Of the accidental deaths, steam railroads caused 24, interurbans and street cars 3, crushing injuries 11, machinery 4, min-

ing 3, falls 20, drowning 6, gunshots 1, burns and scalds 10, horses and vehicles 3, suffocation and asphyxiation 9. The remainder by various other causes.

REPORT OF BACTERIOLOGICAL LABORATORY FOR FEBRUARY, 1910.

J. P. SIMONDS, M. D., SUPT.

Sputum for tubercle bacilli, positive 82, negative 237; throat cultures for diphtheria bacilli, positive 26, negative 105; blood for Widal reaction, positive 1, negative 65; blood for malaria, negative 5; pus for gonococci, males, positive 8, negative 10, females, positive 4, negative 5, no sex given, negative 2; for rabies, dogs' heads, positive 4, negative 3; cats' heads, positive 1 (guinea pig test), negative 1; pathological tissues: cancers 4, sarcoma 1, tuberculous beef 2, miscellaneous 7; feces, 5; pus, 17; milk, 7; water, 1; gall stones, 1; cultures for identification of bacteria, 2; cerebro-spinal fluid, 4 (2 contained tubercle bacilli); blood, 13; stomach contents, 2; pleural exudate, 4; urine, 37 (1 contained tubercle bacilli). Total, 671.

Outfits sent out: Sputum 407, diphtheria 280, Widal 123, special 92, malaria 53. Total, 955.

Three items in the above report are of more than casual interest. One sample of urine was found to contain tubercle bacilli in great numbers. Two months ago the same physician sent a similar specimen from a case in the same community. This is a mere coincidence, no doubt, but it suggests that the urine may be a source of the spread of tuberculosis more frequently than it is supposed to be. The greatest danger in such cases, is, of course, to the immediate family who handle pads, clothing and dressings saturated with the discharges.

Two samples of beef taken at slaughter houses in small towns were found to contain tubercle bacilli. The number of positive specimens of this kind will depend largely upon the activity of the local health officers in inspecting the abattoirs in their jurisdiction. In the two specimens received this month, tubercle bacilli were quite numerous and were easily found in the stained smears from the caseous material.

Two of the four samples of cerebro-spinal fluid contained tubercle bacilli. In one case they were very numerous. This patient was a bright little three-year old girl who had been a favorite of an uncle who died of consumption a few months before. In the two specimens in which the bacilli were not found, the vast majority of the cells were lymphocytes, a fact which strongly suggests that these two cases were also tuberculous. Three of the patients were children under three years old; the other a grown young lady. All four cases were fatal.

TO BE CLEAN IS TO MAINTAIN SUCH A CONDITION OF PREMISES AND PERSON AS TO BE OF NO DANGER OR OFFENCE TO ONE'S NEIGHBORS OR ONESELF. —*Richards.*

QUARANTINE IN DIPHTHERIA.

J. P. SIMONDS, M. D., SUPT. BACTERIOLOGICAL LABORATORY.

There seems to be much confusion among many physicians and health officers of the State in regard to the means of determining when a diphtheria patient may be released from quarantine. This fact has been learned not only by inquiry among physicians and public health officers, but by a tabulation of examination of throat cultures made at the State Laboratory from November to February inclusive.

During these four months 294 positive cultures were found. This represents 260 cases of true diphtheria, 34 of the positive cultures being subsequent ones from cases previously diagnosed bacteriologically. From only 130 of these 260 cases were subsequent cultures received to determine the advisability of release from quarantine. But in 18 cases the last release cultures were positive, hence only 112, or 48 per cent. of these diphtheria patients were known to be free from the germs of the disease when allowed freedom from quarantine. Certain other facts, however, render this showing poorer than is at first apparent. During these four months 65 positive cultures, representing 56 different cases, were received from Madison county alone. Forty-two of these Madison county cases were released after subsequent cultures proved negative, three were released after one or more subsequent cultures had been taken, but before the bacilli had disappeared from the throats, and 11 were dismissed without any bacteriological examination other than the one for diagnosis. Hence, of the 260 positive cases, 204 occurred in the State outside of Madison County, and of the 112 patients dismissed after being proved free from diphtheria bacilli, only 70 lived outside Madison County. Nearly two-thirds of the cases proved to be diphtheria by bacteriological examination, in the remainder of the State, were, therefore, dismissed without having been proved not dangerous to the community.

It is important to note also that a single negative subsequent culture does not always mean that the patient's throat is free from diphtheria bacilli. This did not occur very frequently at this laboratory, because in only one or two instances were other cultures sent after one had proved negative. At the Boston City Laboratory, in 1908, out of 564 positive cases, "during the taking of cultures for release, 102 (18 per cent), yielded a negative culture followed by a positive." That is to say, "if release had been grant-

ed on one negative culture only, 18 per cent. of the total positive cases released by the Laboratory would still carry the bacilli after such release." These facts may assist local health officers in explaining the persistence of diphtheria in a community even when cases are released from quarantine after one negative culture has been obtained.

During the past four months the morbidity and mortality statistics show that there have been 1,104 cases of diphtheria reported in the State. Only 260 of these diagnoses were verified by bacteriological examination. An analysis of the cultures examined during the last fiscal year shows that when the physician made a definite diagnosis of diphtheria, the bacilli were found in only 53 per cent of the cultures. On this basis, out of the 844 diagnosed diphtheria without bacteriological verification, 447 were probably not diphtheria and the patients need not have been quarantined.

In view of these facts the duty of health officers is clear. When a case of diphtheria is reported to them on clinical diagnosis, they should place the patient under quarantine and require the attending physician to take a culture to be sent to the State Laboratory. If the report is negative the quarantine can be raised at once and the patient and family need not be put to any further inconvenience. When the result of the examination is positive, another culture should be taken at the end of a week and then at intervals of three to seven days until a negative report is obtained. No case should be released from quarantine until at least one negative result is had. The health of the public will be better protected if two consecutive negative cultures are required. An arbitrary time limit of quarantine in diphtheria is not justifiable. There is only one basis on which the time of release can be determined, namely, by subsequent cultures taken from the patient's throat after the disappearance of the membrane.

INSPECTORS' REPORTS FOR THE MONTH OF FEBRUARY, 1910.

The inspectors report 631 investigations of the sanitary conditions of food producing establishments during the month of February. Of this number but three places visited were found to be in bad condition, one dairy, one slaughter house and one manufacturing company producing different prepared

foods, being placed in that class. Twenty-one inspections were reported as excellent, 376 good, 202 fair and 29 poor. Of the 227 grocery stores visited, 13 were in excellent condition and 145 were classed as good, 61 were graded as fair and 8 poor. Eighty-nine of the 154 meat markets visited were in good condition, 51 were fair, 8 poor and 6 were classed as excellent. Not a single hotel or restaurant could be classed as excellent. Thirty-four were in good condition, 37 fair and 3 were poor. Of the 73 bakeries and confectioneries inspected 1 was in excellent condition, 35 good, 34 fair and 3 poor.

Twenty-one prosecutions were brought during the month. In one case brought in a mayor's court the defendant was found "not guilty" of the sale of tincture of iodine which upon analysis was shown to be but little more than half as strong as required under the law. Four cases were brought against dealers who sold oleomargarine for butter. One dairyman was fined for keeping an unsanitary dairy, one for selling adulterated milk, and two for selling cream below standard. Four restaurant keepers were fined for displaying food stuffs not properly protected from

dust and dirt. Three hucksters paid a similar fine for selling dressed rabbits from uncovered wagons and stands. One dealer was convicted for selling cider preserved with benzoate of soda, and two druggists plead guilty to selling paregoric which was not properly labelled to show the opium content.

The total fines and costs levied during the month amounted to \$342.85.

SUMMARY OF INSPECTIONS DURING THE MONTH OF FEBRUARY, 1910.

INSPECTIONS.	No. Inspected.	No. Excellent.	No. Good.	No. Fair.	No. Poor.	No. Bad.
Dairies.....	11	0	2	5	3	1
Grocery stores.....	227	13	145	61	8	0
Meat markets.....	154	6	89	51	8	0
Drug stores.....	68	0	59	8	1	0
Bakeries and confectioneries.....	73	1	35	34	3	0
Hotels and restaurants.....	74	0	34	37	3	0
Slaughter houses.....	5	0	2	1	1	1
Creameries.....	3	0	3	0	0	0
Poultry houses.....	5	0	1	3	1	0
Fish markets.....	6	1	3	2	0	0
Tea and butter stores.....	1	0	1	0	0	0
Egg and poultry company.....	1	0	0	0	1	0
Pharmaceutical companies.....	2	0	2	0	0	0
Food manufacturing company.....	1	0	0	0	0	1
Total number inspections made.....	631	21	376	202	29	3

LIST OF PROSECUTIONS DURING MONTH OF FEBRUARY, 1910.

COUNTY.	Lab. No.	Name and Address of Defendant.	Why Prosecuted.	Date of Trial.	Final Disposition.
Cass.....	17003	Consumer's Butter Co., Logansport.	Selling oleomargarine for butter.	2- 2-10	Fined \$5 and costs.
Cass.....	17005	Consumer's Butter Co., Logansport.	Selling oleomargarine for butter.	2- 2-10	Fined \$5 and costs.
Cass.....	17114	E. C. Schneider, Logansport.	Selling oleomargarine for butter.	2- 2-10	Fined \$5 and costs.
Cass.....	17126	E. C. Schneider, Logansport.	Selling oleomargarine for butter.	2- 2-10	Fined \$5 and costs.
Fayette.....	16643	S. O. McKennan, Connersville.	Selling tincture of iodine below standard.	2- 9-10	Not guilty.
Lake.....	17371	John Pohlplats, Hammond.	Selling cream below standard.	2-15-10	Fined \$10 and costs.
Lake.....	17373	J. Jamieson, Hammond.	Selling milk below standard.	2-15-10	Fined \$10 and costs.
Lake.....		James Morell, Hammond.	Unprotected food stuff.	2- 9-10	Fined \$10 and costs.
Lake.....		N. Berolis, Hammond.	Unprotected food stuff.	2- 9-10	Fined \$10 and costs.
Marion.....	17165	Geo. W. Worth, Indianapolis.	Selling mince meat containing benzoate.	2-15-10	Guilty. Fine suspended.
Marion.....	17166	Oscar B. Barthel, Indianapolis.	Selling mince meat containing benzoate.	2-15-10	Guilty. Fine suspended.
Marion.....		Frank Guyette, Thompson's Dairy Lunch, City.	Unprotected food stuff.	2- 3-10	Fined \$10 and costs.
Marion.....		James Solenburg, Vienna Dairy Lunch, City.	Unprotected food stuff.	2- 3-10	Fined \$10 and costs.
Marion.....		Geo. C. Aaimis, Indianapolis.	Unprotected rabbits.	2-11-10	Fined \$10 and costs.
Marion.....		Oscar Beeler, Indianapolis.	Unprotected rabbits.	2-11-10	Fined \$10 and costs.
Marion.....		Oscar Adams, Indianapolis.	Unprotected rabbits.	2-11-10	Fined \$10 and costs.
Miami.....	16354	A. J. Kays, Peru.	Selling cider containing benzoate.	2- 4-10	Fined \$10 and costs.
Mooresville.....		F. T. Larns, Bloomington.	Unsanitary dairy.	2- 7-10	Fined \$10 and costs.
Orange.....	16280	C. F. Johnson, Paoli.	Selling cream below standard.	2-10-10	Fined \$10 and costs.
Union.....	16674	Scott Mullin, Liberty.	Selling paregoric bearing no label.	2- 9-10	Fined \$10 and costs.
Union.....	16679	H. C. Richardson, Liberty.	Selling paregoric bearing no label.	2- 9-10	Fined \$10 and costs.

A MODEL HEALTH OFFICER.

Every Health Officer is made a food inspector by both the Pure Food and the Sanitary Laws, and is given the same powers in the enforcement of his duties as are held by the regular inspectors of the food department of the State Board of Health. He has power at all times to enter any building or room which is occupied or used for the production, storage or sale of food, and to inspect the premises and all utensils and machinery used therein. If upon inspection he finds that any establishment, employer, operative, driver or any other person connected with the business is violating any of the provisions of the Acts, or that food is being prepared or distributed in such a way as to injure its character or quality he shall furnish evidence of the violation of the law to the prosecuting attorney of their county. If in his

opinion it seems advisable not to prosecute for a first offense the inspector may under the law report the unsanitary conditions and violations to the State Food and Drug Commissioner, who will issue an order to the person in authority at the establishment, to abate the condition and make such improvements as may be necessary.

While many health officers have made good use of the food law is regulating the food supply of their community, the good they may do under the sanitary law is as yet appreciated by but few officers. As an illustration of what may be accomplished by this means the report of John T. Willett, Sanitary and Food Inspector of the Board of Health of South Bend, Indiana, is here quoted in part:

During the month of February I have inspected 231 business houses, which include drug stores, grocery stores, meat

markets, hotels, restaurants, bakeries and confectionery stores, the complete reports of which are on file at the health office.

In many places the store could be classed as excellent if more attention had been given to its sanitary condition, and if more attention were given to those sections of the Pure Food laws in regard to unprotected food stuffs. The Pure Food and Sanitary Law were explained during these inspections.

Some stores were found in a very dirty and unsanitary condition and notices have been mailed to these merchants to give their stores a good cleaning.

REPORT.

Number of grocery stores inspected for the month.....	101
Excellent	0
Good	42
Fair	51
Poor	7
Bad	1
Number of meat markets inspected for the month.....	43
Excellent	1
Good	26
Fair	13
Poor	2
Bad	1
Number of drug stores inspected during the month.....	28
Excellent	5
Good	20
Fair	3
Poor	0
Bad	0
Number of confectionery stores inspected for the month.....	29
Excellent	0
Good	4
Fair	20
Poor	4
Bad	1
Number of bakery stores and shops inspected for the month.....	13
Excellent	0
Good	1
Fair	8
Poor	2
Bad	2
Number of restaurants inspected for the month.....	12
Excellent	0
Good	6
Fair	6
Poor	0
Bad	0
Number of hotels inspected for the month.....	4
Excellent	0
Good	2
Fair	2
Poor	0
Bad	0
Houses quarantined for the month.....	7
Complaints attended to.....	5
Arrest made for selling a calf under four months old....	1
Conviction for selling a calf under four months old....	1
Fined \$10 and costs amounting to \$20.	

Respectfully submitted,
 JOHN T. WILLETT,
 Sanitary and Food Inspector.

When the 700 County, City and Town Health Officers who are legal sanitary and food inspectors of the State Board of Health, in the interest of good business and good health, are able either themselves or by their deputies, to do as much for their community as this inspector is able to do for his city, we will know that the Sanitary and Food Laws are accomplishing their purpose. But when the only attempt at the enforcement of these laws is that made by the four inspectors of the State Board of Health, each one of whom has twenty-three counties to care for and some seven hundred thousand citizens to educate and protect, the effect of their work in each community must be temporary. We urge every health officer to make consistent use of our splendid laws in regulating the condition of the food supply, and to report as fully as possible the results of his inspections and prosecutions.

BAKESHOPS VS. CLEANLINESS.

The official regulation of sanitary conditions at the bakeshop may perhaps be disputed as an unwarranted interference with the right of the individual to conduct his business according to the dictates of his own conscience. But the absolute dependence of the majority of our population upon others for their food supply makes it necessary, in their protection, to exercise a rigid control not only over the character of food, but as well over the sanitary conditions which surround its manufacture and sale. Fortunately and naturally, most men who engage in the production and distribution of food are careful to use good raw material and to handle it in a sanitary way, but the occasional manufacturer or dealer who is ignorant, filthy in his habits and badly equipped for his work must be regulated, and it is toward him that legislation is directed.

A recent inspection of bakeries in Indianapolis, revealed conditions so unsanitary and seemingly impossible that a description of the shops may well be used in illustrating the necessity for sanitary laws and their most rigid enforcement.

The first bakery visited occupied a brick building in fair condition. The front shop was used chiefly for the sale of bread and other bakery goods over the counter. Its equipment was fair. Suitable show cases, bins and wall cases were available for use, but for some reason instead of being clean and filled with bread and pastries, they were dirty and full of trash, old papers and bags, and the bread which they should have held was piled on the counters. The floor was dirty and unwashed and under the counters had evidently not been washed since it was laid. Back of the salesroom the family of the baker had their kitchen and dining room. A side hall led from the salesroom to the bakeshop in the rear of the building. This

bakeshop occupied a large room some 50x30 feet. Light was furnished in fair abundance by windows along one side and by a skylight. The floors were of board laid on stringers imbedded in earth. In the center of the room stood a dismantled pump which evidently was set in an abandoned well or cistern. The floor was not tight and any water thrown on the floor around the pump would readily run through to the excavation below. The ovens occupied the far end of the room and were in fair condition. The floor in front of and to each side of the ovens was covered with accumulated ashes, coal and wood. In the other end of the room the flour was stored in sacks which lay either on the floor in the dirt or on rough board platforms under which rubbish had accumulated for months. Under the windows ran the dough troughs. These troughs were coated with portions of the first dough that had ever been put in them and with additional amounts from every other batch they had contained. The covers were black with dirt, broken and worthless. The closet in which the bread was placed after being drawn from the oven was equally filthy. The racks, sides, floor and door bore a thick layer of dough, flour, ashes and mud, ground into a slimy, homogeneous mass. This condition, according to the statements of the baker, was due to the winter weather which made it impossible either to wash or sweep the floor. The doors at either end of the room opened on a narrow walk-way. Throughout the winter the ashes from the ovens were carried out one door and dumped along the walk from which they were soon tracked in and distributed on the bakeshop floor. This walk was evidently paved with brick, though the accumulated dirt made it impossible to determine the exact facts. In the rear of the bakeshop was the stable, wagon shed, fuel piles, doughnut kettles and bread basket, each apparently striving to assert its right to the space.

It was impossible to determine where the bakeshop left off and the stable began.

The bakery contained no toilet facilities except an iron sink on one side of the room. The only water available was cold, and no soap or towel were visible. The bakeshop and its surroundings could hardly have been more unsanitary or less fitted for the production of bread.

The second bakeshop inspected revealed quite as unsanitary conditions. The front shop was cleaner, but the rest of the building was far less well adapted for bakery purposes. The bakeshop proper was located in a pit about 3 feet below the surface of the ground. The floor, walls, ceilings, dough troughs, closets, tables and every other part of the room of furniture was thick with accumulated dough, dirt and smoke. The tightly closed windows were almost useless so far as their original purpose of letting in light was concerned. In one corner of the room stood an in-

describably filthy sink. On the opposite side of the room a black and much used towel hung on the same nail with a dirty jumper and overalls. The oven had recently been installed in a rough shed made of boards and scantling. Opening from it and practically in the same room, was an area devoted to the storage of all kinds of material, such as coal and wood. Leading off from this room was the stable, in which the bakeshop wagons and horses were kept. The floor around the wagons and leading into the bake room proper was thick with mud and manure from the stable. The storage room for flour was in the stable. The room itself was well built. An open transom over the door was within three feet of an occupied horse stall, and two windows in the rear opened into a yard in which, not 15 feet from them, was an unsanitary outhouse. The stable odor permeated the entire bakeshop.

Such descriptions as these could be given indefinitely, for the inspectors report no food manufacturing establishments as more unsanitary than the bakeshops. Their experience is but the experience of food inspectors everywhere. It is especially to be desired that the bakeshop should be a most sanitary place, since the foods there prepared come most intimately in contact with whatever of dirt or filth may be present. The bakeshop should be and under our law must be well lighted and well arranged. Its floors must be made of such impervious material that they may be thoroughly cleaned at the end of each day. Nothing but the implements of the business may be kept in the bake room proper. Fuel and ashes have no place in the bake room, neither have the clothing of employes or toilets. All flour in barrels or sacks should be kept in a separate room, rat proof, well ventilated and so situated as not to receive objectionable odors. If a stable must be maintained on the premises, it should be so isolated from the bakeshop that no odors are noticeable and that filth cannot be carried through the rooms on the feet of employes.

It is impossible to formulate a set of rules governing the construction and operation of bakeshops, but in general it may be said that unless they are thoroughly clean, and the employes who work there likewise cleanly and intelligent, the food there produced will not be made in a sanitary way or be hygienically fit for food.

NORTH GROVE SCHOOL HOUSE.

It is not at all surprising that infant mortality is so high, but on the contrary it is surprising that it is not higher when we consider how infants are treated. It is not surprising that the mortality of school children is high, but on the contrary it is surprising that it is not higher when we consider how they are treated. Here is the way our correspondent at North Grove, Indiana, describes the schoolhouse at that place.

"Our schoolhouse is very unsanitary. The rooms are over-crowded and the ventilation is miserable. At the beginning of this school term, the trustee had a partition built through two rooms to accommodate the grades, and then twice as many children were crowded into these rooms as they should contain. The heating is by stoves, and of course, is abominable and extravagant. Occasionally the rooms are overheated, and then again they are cold and chilly. The schoolhouse is also a firetrap and if it would ever catch on fire, we would have a number of charred bodies to solemnly bury with deep regret. The walls of the building are cracked and not safe and the whole structure shakes when the wind is high. It is also possible to shake the building by a man standing in the center of any room and jumping up and down."

It seems to be a fair assumption that people love their children, but when we know that such conditions as here described exist everywhere in the State, then we wonder what kind of love it is. In our experience it is rare to find parents who visit the schools to see how their children are cared for. In instances they seem to be glad to get rid of them so that they will be cared for in the schools and be off their minds. Out of one hundred inquiries made of business men in different towns, of which accurate record was kept, only four acknowledged that they had visited the schools to see how their children were getting along and what conditions surrounded them.

WHEN IS A SYPHILITIC NOT DANGEROUS? It goes without saying that the patient with an open lesion is infectious. The virulence and the possibilities of contagion lessen with time and treatment. It is a safe rule to regard all cases as dangerous during the first two years. After the third year, if there are no active lesions, the patient is practically (note, practically) non-dangerous. If symptoms persist after the third year, the patient *cannot be given a clear bill of health.*—E. O. Smith.

WHEN MAY THE SYPHILITIC MARRY? In answer to this question Dr. E. O. Smith in the Lancet-Clinic says: "We are reasonably safe in saying that, when an average case of syphilis has been treated for three years, and when another year without treatment or without symptoms has elapsed, this individual can be permitted to marry."—E. O. Smith.

PRECAUTIONS TO INSURE HEALTHY OFFSPRING FROM PAST SYPHILITICS: When pregnancy occurs, it is wise to administer to the expectant mother, mercury and iodine during the last four months of her pregnancy. In persons who contract the disease after marriage, the treatment should be a vigorous intramuscular injection one, rather than the milder treatment *per ovam.*—E. O. Smith.

Once you are syphilitic, you will always live syphilitic, you will die syphilitic and on the day of judgment, your ghost will be syphilitic.—Zeisse.

OUR BEAUTIFUL LITTLE TOWN: The health officer of a certain town in Indiana writes: "The people of our beautiful little town have been accustomed to emptying and washing spittoons upon the sidewalks and in the gutters in front of places of business. Also all manner of slops are emptied upon the streets, often within a rod of the town wells. Decayed fruits and vegetables are often thrown on the streets from groceries. Manure around the hitchracks is allowed to remain for weeks. How is this to be stopped?"

It seems to us that the business men would destroy some of the beauty of the beautiful little town when they make sewers of the public streets. How strange it is that people who have churches in their midst will do as this health officer reports, and not only do it, but defend it, and call him a "crank" who suggests that it is not the thing to do. We wrote the gentleman who desires to improve his town that—"It was a nasty bird that befouls its own nest" and of course, the business men who emptied their spittoons in the street and threw their rotten fruits and vegetables in the same, and permitted manure to accumulate were simply nasty persons and probably in this instance it would be found necessary to follow the scriptural saying—"He that is filthy, let him be filthy still."

WAS THIS ACT A CRIMINAL ONE? A certain health officer in the State of Indiana recently died of tuberculosis. His successor in relating the circumstances says:

"Dr. X was a very good friend of mine and I consider him to be a gentleman, but for the last two years of his life he was exceedingly careless of his expectorations. I never saw such profuse expectorations as came from him. He spat on his office floor, upon the sidewalks, in his buggy, and wherever he went. He seemed not to have the slightest thought to care for his sputum and thus protect other people. His books are probably infected and the question is: How shall they be treated so that I may know they are not infected?"

This poor doctor who died of consumption was not a gentleman. A gentleman does not spit on the floor, nor on the sidewalk under any circumstances, much less when he is afflicted with such an awful disease as consumption, and what irony it was that a man of this character should have been a doctor and a health officer. Here was an appointed conservator of the public health who was not ignorantly, but with criminal carelessness, spreading the infection of the most terrible disease we have to contend with. We hope he is the last of his kind in Indiana.

SAMBO SCHOOL No. 7.

Any one sojourning either temporarily or permanently in Brownsburg, Hendricks County, should ride three miles north and visit Sambo School No. 7. This school is described by one of the patrons in the following language:

"There is water running under the schoolhouse and we believe it isn't healthful for the pupils, and also the chimney is about to fall down. It is very dangerous. It would be a great benefit to the pupils' health in all the schools in Brown township if they were all condemned. The children in Sambo school are sick a very great deal. They not only have infectious and contagious diseases, but they have coughs and colds and suffer from constipation. The out-houses are perfectly horrible. Can't you come very soon and condemn this miserable schoolhouse?"

Not long since one of our great dailies printed an editorial squib in which the Secretary of the State Board of Health was criticised for calling the attention of the people to the unsanitary and vile conditions of many schoolhouses in the State. We wonder if this criticism would be uttered again if the State Board were to try to secure more wholesome and better conditions for the little children who go to Sambo School No. 7? Or will the great daily sneer at the mother who gave the above testimony and desires better conditions for her children?

COMMERCIAL SORDIDNESS: Princeton is a fair little city of 6,500 inhabitants and the capital of Gibson County, Indiana. Two open branches flow through the town. Into these is conducted the sewage from the county buildings and from the high-school. A large number of private dwellings also discharge their sewage into these branches. In the summer-time, especially if the weather is dry, first-class unsanitary conditions prevail. The town stinks. A number of good progressive citizens tried to get matters bettered. A long agitation was carried on. Who do you suppose opposed the cleaning up of the town and the construction of sewers? It was the school board and the town officials. Impossible! No, it's the actual truth.

Upon summons of the State Board of Health to the city authorities to show cause why the Board should not order an abatement of the unsanitary conditions which were so detrimental to the best interests of Princeton, two lawyers appeared. One represented the civil city and one represented the school city. They were armed with several varieties of legal documents of the kind intended to cause delay. They vehemently denied that unsanitary conditions of the kind stated in the complaint and affirmed by the survey of the State Board, existed. They said the City Health Officer making the complaint was not legally ap-

pointed; that the city was poverty stricken and was losing inhabitants and getting poorer; that the people would not stand the taxation necessary to build sewers; that the best people didn't want sewers; that the law giving the State Board of Health power to prevent pollution of streams, was unconstitutional; and so on to the end of the chapter.

It was, altogether, as fine a representation of commercial sordidness and of opposition to betterment as could be found anywhere. It certainly was commercial sordidness, for emphasis was laid again and again upon cost. Of course, advancement and betterment costs money, but not near so much as retrogression and decay. During the lull which necessarily follows the obstructive measures of the authorities of Princeton, the State Board is receiving letters from the traveling public about the "stinks at Princeton," about the "viciousness and multitudinosity of the Princeton flies," about the "deadness of Princeton," and about the "odoriferous dead one." It is astonishing how much effort certain souls, which are cancerous with avarice, will put forth against public progress and their own best interests. It is still true as of old—"The love of money is the root of all evil." And it is also true that avarice and sordidness constantly masquerade as economy and prudence.

IGNORANCE, INACCURACY AND INCOMPETENCY.

Some death certificates received by the State Board of Health show an immense amount of ignorance, inaccuracy and incompetence. To receive certificates giving "dropsy," which is only a symptom, as cause of death is not uncommon. The last remarkable instance was a report of a death by "meningitis." The cause of the meningitis was not given. We wrote to the physician who reported the death, calling his attention to the fact that it was necessary to know whether it was epidemic cerebro-spinal meningitis, tubercular meningitis, or traumatic. We also should know if it followed scarlet fever, pneumonia, or some acute infection. In reply to these questions he says:

"I write you in ans to the withe in and will say that in my Opinion Mrs. _____ died of Meningitis I saw her on the 9th day of her sickness was being treated by Dr. _____ on my second visit right side was Parelized and their was Infection of one Ere their was bloody Puss Issuing from Ere being the cause of the Meningitis."

The above is quoted exactly as written, and, of course, explains why our physician was either inaccurate or possibly negligent. He simply was overcome with ignorance. However, ignorance is not always the explanation of inaccurate reports.

CHART SHOWING GEOGRAPHICAL DISTRIBUTION OF DEATHS FROM CERTAIN COMMUNICABLE DISEASES FOR FEBRUARY, 1910.

NORTHERN SANITARY SECTION.

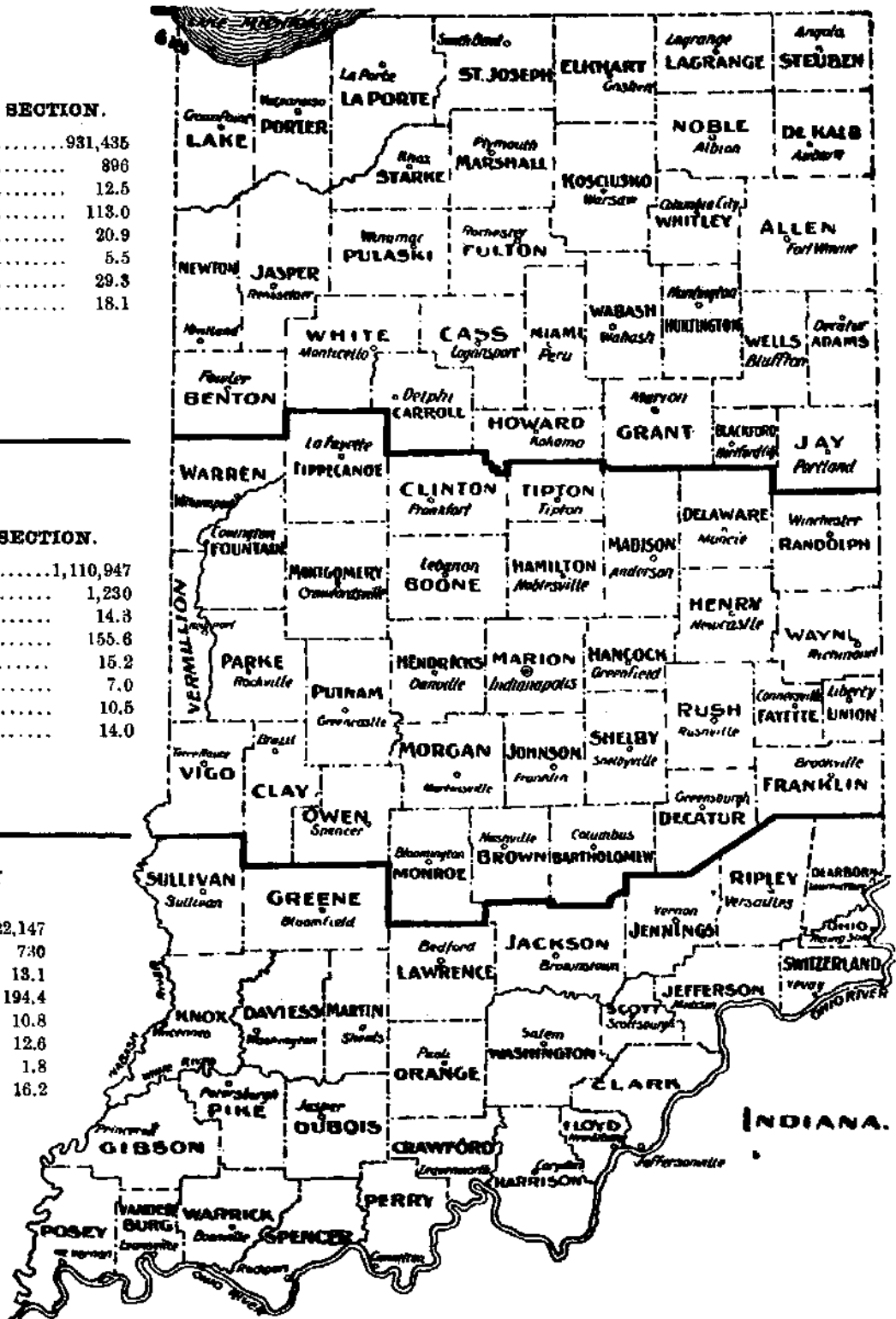
Total population	931,435
Total deaths	896
Death rate per 1,000	12.5
Consumption, rate per 100,000	113.0
Typhoid, rate per 100,000	20.9
Diphtheria, rate per 100,000	5.5
Scarlet fever, rate per 100,000	29.3
Diarrheal diseases, rate per 100,000	18.1

CENTRAL SANITARY SECTION.

Total population	1,110,947
Total deaths	1,230
Death rate per 1,000	14.3
Consumption, rate per 100,000	155.6
Typhoid, rate per 100,000	15.2
Diphtheria, rate per 100,000	7.0
Scarlet fever, rate per 100,000	10.5
Diarrheal diseases, rate per 100,000	14.0

SOUTHERN SANITARY SECTION.

Total population	722,147
Total deaths	730
Death rate per 1,000	13.1
Consumption, rate per 100,000	194.4
Typhoid, rate per 100,000	10.8
Diphtheria, rate per 100,000	12.6
Scarlet fever, rate per 100,000	1.8
Diarrheal diseases, rate per 100,000	16.2



Mortality of Indiana for February, 1910.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Population Estimated According to 34 times School Census 1908.	Total Deaths Reported for February, 1910.	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	2,784,529	2,858	13.4	160	384	13.7	163	5.7	49	1.7	48	1.6	71	2.4	853	33.3	322	151.4	65	36.5	34	15.0	17	7.9
Northern Counties	931,435	896	12.5	48	120	13.3	56	6.2	18	2.0	16	1.7	26	2.8	323	36.0	81	113.0	19	26.5	16	20.9	4	5.5
Central Counties	1,110,947	1,230	14.3	65	153	12.4	57	4.5	21	1.7	21	1.7	26	2.3	398	32.3	133	155.6	31	36.2	13	15.2	6	7.0
Southern Counties	722,147	730	13.1	47	121	16.5	50	6.8	10	1.3	11	1.5	16	2.1	232	31.7	108	194.4	15	27.0	6	10.6	7	12.6
All Cities	1,074,289	1,242	15.0	73	182	14.4	74	5.9	24	1.9	19	1.5	33	2.6	371	29.6	149	180.3	32	38.7	17	29.5	4	4.6
Over 50,000	411,829	397	12.5	27	53	1.3	21	5.2	10	2.4	9	2.2	7	1.7	118	29.7	50	157.8	14	44.1	6	18.9	3	9.4
25,000 to 50,000	43,599	57	16.9	2	14	24.5	6	10.5	2	3.5	1	1.7	3	5.2	7	12.3	7	208.7	3	89.4				
10,000 to 25,000	306,545	412	17.8	21	58	14.0	23	6.7	6	1.4	4	.9	14	3.3	131	31.7	48	207.6	7	30.2	8	34.6	1	4.3
5,000 to 10,000	179,028	199	14.4	17	28	14.0	14	7.0	3	1.5	2	1.0	7	3.5	48	24.1	27	196.0	6	43.5	3	21.7		
Under 5,000	139,238	177	16.5	6	29	16.3	5	2.8	3	1.6	3	1.6	2	1.1	67	37.8	17	158.6	2	18.6				
Country	1,690,240	1,614	12.4	87	213	13.1	89	5.5	25	1.5	29	1.7	38	2.3	582	36.0	173	133.0	33	25.3	17	13.0	13	9.9

Deaths and Annual Death Rates per 100,000 Population from Important Causes.

POPULATION BY GEOGRAPHICAL SECTIONS AND AS URBAN AND RURAL.	Croup.		Scarlet Fever.		Measles.		Whooping-Cough.		Pneumonia.		Diarrheal Diseases, Under Five.		Cerebro-Spinal Meningitis.		Influenza.		Puerperal Septicemia.		Cancer.		Violence.		Smallpox.	
	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	1	.4	31	14.5	51	23.9	50	23.5	415	185.1	34	15.9	2	.9	118	55.4	11	5.1	122	57.3	139	65.3	1	.4
Northern Counties			21	29.3	13	18.1	9	12.5	121	168.8	13	18.1	1	1.3	20	27.9	7	9.7	41	57.2	43	60.0	1	1.3
Central Counties			9	10.5	29	33.0	24	23.0	160	187.2	12	14.0	1	1.1	55	64.3	3	3.5	59	69.0	63	73.7		
Southern Counties	1	1.8	1	1.8	9	16.2	17	30.6	134	241.2	9	16.2			43	77.4	1	1.8	22	39.6	33	59.4		
All Cities	1	2.2	18	19.3	18	21.7	16	19.3	95	114.9	24	29.0	1	1.2	44	53.2	7	8.4	60	72.6	70	84.7	1	1.2
Over 50,000	1	3.1	3	8.3	9	28.4	4	12.6	81	255.6	8	25.2			20	63.1			26	86.3	25	78.9		
25,000 to 50,000			1	29.8					7	208.7	2	59.6			1	29.8			2	59.6	5	149.0		
10,000 to 25,000			10	43.2	4	17.3	2	8.6	71	307.1	7	30.2	1	4.3	11	47.5	2	8.0	13	56.2	21	90.8		
5,000 to 10,000			1	7.2	1	7.2	7	50.8	18	130.7	3	21.7			7	50.8	2	14.5	5	36.3	11	79.8		
Under 5,000			2	18.6	4	37.3	3	27.9	18	167.9	4	37.3			5	46.6	3	27.9	12	111.9	8	74.6	1	8.3
Country			15	11.5	33	25.3	34	26.1	320	246.1	10	7.6	1	.7	74	56.9	4	3.0	62	47.6	68	53.0		

U. S. Department of Agriculture, Weather Bureau. Condensed Summary for Month of February, 1910.

V. H. CHURCH, SECTION DIRECTOR, INDIANAPOLIS, IND.

TEMPERATURE—IN DEGREES FAHRENHEIT.

Section average.	Departure from the normal.	Extremes.					
		Station.	Highest.	Date.	Station.	Lowest.	Date.
27.3	-1.2	Bloomington	60	15	Judyville	-23	18
					Cambridge City	-23	19

PRECIPITATION—IN INCHES AND HUNDREDTHS.

Section average.	Departure from the normal.	Extremes.			
		Station.	Greatest monthly amount.	Station.	Least monthly amount.
3.04	+0.24	Jeffersonville	5.86	Rochester	1.26